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To: Adult Social Care & Health Cabinet Committee - 11 July 2014

Subject: KCC Accommodation Strategy – Better Homes: Greater Choice

Classification: Unrestricted

Electoral Division: All

Summary: To inform Cabinet Committee on the development and implementation plans of the Accommodation Strategy with specific focus on Older Person's services; extra care and intermediate care. The Strategy was launched on 2 July 2014

Recommendations:

Cabinet Committee is asked to:

- i) NOTE the launch of the Accommodation Strategy on the 2 July
- ii) ENDORSE the current position and directions attached in Appendix 1.

1. Introduction

- 1.1 Kent County Council, the Clinical Commissioning Groups and the District/Borough Councils have agreed an integrated strategy for developing accommodation services for vulnerable people. This Strategy was formally launched on 2 July 2014.
- 1.2 The Accommodation Strategy is required to provide strategic direction to the market who are developing various care services, all that potentially attract KCC revenue funding if the person is eligible for care. KCC previously has been unable to provide any definitive support regarding need or service type in particular locations and this strategy aims to provide that direction and management to a growing care market.
- 1.3 In the past 18 months, 28 different organisations have discussed developments with Strategic Commissioning including different financing models and options for development. The existing care sector have been provided with key messages regarding future purchasing through the contract re-let; some of which will require a re-modelling of their current services. The innovative sector of the market is ready and waiting for strategic direction and discussions on how to take forward particular developments.

- 1.4 Whilst the Accommodation Strategy will be the over-riding Market Position Statement for Kent, a series of local statements will need to be developed to detail particular areas that require developing.

2. Financial Implications

- 2.1 Looking specifically at older person's services, implementing a shift from residential provision and developing more extra care services, early analysis of the evidence base shows that by developing an additional 2,542 units of extra care by 2021 would cost £6.8m less than placing people in standard residential care.
- 2.2 It is expected that once the Strategy has been published, the market will respond as it is waiting for the document to be published. Direct intervention may be required in some areas of the County
- 2.3 Consideration should be made to the Kent economy given the drive for capital projects either through re-modelling or new build.

3. Bold Steps for Kent and Policy Framework

- 3.1 There are a number of strategies and frameworks within Kent that this Accommodation Strategy will have links with, form the evidence base for and support, these include the following:
- KCC Adult Social Care Transformation Programme
 - Bold Steps for Kent – all three themes; to help the Kent economy grow, to put the citizen in control and to tackle disadvantage
 - Facing the Challenge: Delivering Better Outcomes
 - Kent and Medway Housing Strategy – Better Homes: localism, aspirations and choice
 - Kent Telecare Strategy
 - Better Homes: Housing for the Third Age Protocol
 - Better Homes: Accessible Housing Protocol
 - Supporting People Commissioning Plan 2014-2017
 - KCC's 16 – 24 Vulnerable Young People Strategy
 - Care leavers strategy
 - Valuing People Now
- 3.2 It is likely that there will be a future requirement to formally consult on changing or varying services managed by KCC, however this will be undertaken carefully once any proposal is defined.

4. Why develop an accommodation strategy?

- 4.1 Adult Social Care spends £180m per year on residential and nursing care across all client groups. Research and evidence shows that there are greater

efficiencies and better outcomes for people if they live in their own accommodation.

- 4.2 The right type of accommodation in the right place - Kent has a growing care market with planning applications being submitted frequently for care homes or housing with support schemes for all client groups. To date this has been largely uncoordinated and has been market led.
- 4.3 Stimulate the market or directly intervene – identify areas that have over/under provision and issue local statements. See how the market responds prior to developing business cases in the event KCC needs to directly intervene.
- 4.4 Inform planning applications and work with District Councils in relation to making the case for the new types of services and accommodation required.
- 4.5 Address issues of quality and safeguarding where the physical environment does not promote good services. For instance, the room sizes could be too small for the service type and equipment may not safely be used within the service.

5. Impact on other agencies

- 5.1 KCC does not have the statutory duty to provide housing and has a long standing relationship with District/Borough councils in successfully delivering housing with care and support schemes either individually or through the large PFI schemes. This strategy must have approval from the Kent Housing Group and the Joint Policy and Planning Group (Housing) in order to successfully deliver the objectives.
- 5.2 Working much more closely with Health towards health and social care integration means that the provision of intermediate care, and continuing health care, must be taken into account. The review of the community hospitals that provide beds to older people and the commissioning intentions on use of the private and voluntary sector is a consideration and therefore a programme of engagement with CCG's is taking place.

6. Conclusions of the Strategy

- 6.1 Phase one of Facing the Challenge undertook a review of the KCC owned residential care homes. This required a particular focus on all older persons provision in Kent and workshops were held to review the evidence base, forecasting options and determine a district profile looking at national ratios of data and applying known profiling data. The outcome across Kent for older people is to:
 - Increase the provision of nursing care, particularly for those with dementia
 - Increase the provision of extra care housing
 - Reduce the provision of residential care

- Remodel services to be better geared up to accommodating people with dementia
- Complete bed utilisation reviews for intermediate care

6.2 Analysis of the size of a care home has shown some areas of concern in the County. The average size of a care home registering with CQC is 57 beds and de-registering is 27 beds. The average size of a care home in Kent is 35 beds (40 in West Kent and 32 in East Kent). This raises questions regarding ongoing sustainability of the homes. Furthermore, there is a question over the design and physical fabric of some care homes. KCC will be welcoming new developments of larger care homes meaning to a certain extent the market will adjust itself. The impact on the Kent economy could be significant.

6.3 Further focused work is required for people with a learning disability, physical disability and mental health needs. It is expected that this piece of work will be completed by the end of the year.

6.4 The current position and future direction for each client group is documented in summary at Appendix One.

6.5 The conclusions as documented in the Strategy are that KCC and its partners want to see:

- Responsible, flexible and integrated commissioning of services to respond to current and future need
- More people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments
- More Extra Care Housing, exploring the opportunities to develop mixed tenure models of extra care housing
- More Supported Accommodation (learning disability, mental health needs and those with an autistic spectrum disorder)
- A reduction in the reliance on care home settings
- A greater focus on preventative services designed to keep people at home longer
- Regular review of placements into care homes when this is the immediate appropriate accommodation solution
- Flexible business models in both care homes and housing to adapt to the need for short and long term re-enablement needs
- A range of housing options available for all the adult social care client groups

- A commitment to avoid isolation and ensure integration within a community
- A commitment to review existing provision across all accommodation types, to re-model/develop to more specialised provision where required, undertaking cross agency needs assessments
- Innovative design and technology ready accommodation
- Partnership working and delivery of accommodation solutions across District and Borough Council boundaries and Clinical Commissioning Groups

7. Document design and areas covered

- 7.1 The Strategy is dynamic with reviews built in and updates to the District Profiles as and when projects are developed. This will mean that the market will be able to see the developments required and openly discuss plans at an early stage with the commissioning team.
- 7.2 It is an on-line document with links to other documents and strategies. The scope for this type of strategy is far reaching as the expected units of accommodation are based on the whole preventative nature and other services and organisations have responsibilities to delivering specific outcomes. For instance, if community services are more effective in peoples own homes, what would be the number of people requiring purpose built accommodation?
- 7.3 The strategy is supported by an in depth Evidence Base, a number of case studies, some initial findings by user group, a look at the financial impact, district profiles, design principles and land issues and funding opportunities. It is designed to be a document that a developer could pick up and look at what it is like to work in Kent, in a particular district or for a particular client group.
- 7.4 With the direct links to the district and borough councils through both Housing and Planning, the document has been presented using district boundaries. However, when the focused work is undertaken through the workshops, the data is cut to look at Clinical Commissioning Group boundaries. This provides a cross cutting view for commissioning and clearly identifies responsibilities for progressing the implementation and delivery of projects.

8. Forecasting for older persons

- 8.1 As stated in 6.1, the initial focus of developing the strategy has been on older people's services. There is more information available about the need for services for older people which has meant that it has been easier to develop the strategy in this area. There are also national ratios identified through various forecasting tools developed by the Housing Learning Improvement Network (LIN).

- 8.2 It is not possible to simply apply projected population forecasts to previous placement data. Through the various Transformation Programmes and review of commissioning activity across organisations, different assumptions have been applied.
- 8.3 For older persons, indicative figures have been projected which will be used to target priority areas. The numbers will need to be periodically reviewed and adjusted in line with the performance of enhanced community services.
- 8.4 In order to determine the indicative forecasts, existing provision has been reviewed, the research undertaken that there are approximately 30% of people in residential care that could be accommodated in different types of services should that be available, apply the population forecasts and impact of known growth, placement patterns where people are not being accommodated in their local community due to availability of accommodation, a market appraisal and the impact of community services.

9. Findings

- 9.1 The detailed work undertaken through the analysis of the evidence base and the workshops produced the District Profiles. These are presented in the Strategy by district. The overall picture for Kent is shown as follows:

Older People	EXISTING (2013)	2021	+/-	Known
Residential Care including Dementia	8200	5730	-2470	70
Nursing Care including Dementia	3730	5661	+1931	170
Extra Care Housing	490	3032	+2542	946
Sheltered Housing	17950	17706	-244	0
	30370	32129	+1759	1186

- 9.2 In order to prioritise the work programme and to ensure these opportunities are secured a series of “candidate projects” will be identified in each district area.
- 9.3 The term ‘candidate projects’ is used to describe potential projects which will be defined based upon the information provided at meetings with partners who are at different stages with regards to determining their strategies.
- 9.4 Feasibility work and option appraisals need to take place before project briefs can be agreed. The programme will need to be flexible and, as strategies are developed and projects become defined, other projects will emerge.

10. Intermediate Care

- 10.1 Intermediate care is defined as a range of integrated services to promote faster recovery from illness and maximise independent living - (Halfway Home 2009). Intermediate care services should be targeted at older people who would

otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care or long term residential care. It should be time-limited, normally no longer than six weeks and frequently as little as one to two weeks.

10.2 Intermediate Care is largely delivered in community hospitals or integrated care centres. Many community hospitals are not fit for the future. All CCG's are reviewing the efficiency and effectiveness of the services to focus more on rehabilitation. The outcome of this work, along with the focused projects for the Accommodation Strategy, will identify how many beds are required and where they will be delivered. Re-provision of a service from a community hospital could mean a Public Private Partnership of some description or block purchased beds in a private development. The business cases will be developed along with the consultation and communications plans for each project area.

11. Next Steps

11.1 A series of local statements will be developed and published and KCC will see if and how the market responds prior to determining any intervention steps needed.

11.3 Projects will be identified, prioritised and sequenced with approval through DMT and/or the Adults Transformation Board.

11.4 Options appraisals and business cases will be developed along with establishing the consultation route.

11.5 Focused work will take place on all other service user groups where it is intended the same process will be followed and partners engaged throughout.

12. Equalities and Health Impact Assessments

12.1 An Equalities Impact Assessment has been undertaken and identifies no discrimination to any groups.

12.2 Public Health commissioned a Health Impact Assessment which sought to identify potential health issues and gaps, investigate potential distributions and magnitude of outcomes and provide evidenced based recommendations. The final report confirms that there is no need to progress to a full Health Impact Assessment. Equalities were also considered in this review and the initial findings confirmed that the Strategy does not discriminate.

13. Recommendations

Recommendation(s):

Cabinet Committee is asked to:

- i) NOTE the launch of the Accommodation Strategy on the 2 July
- ii) ENDORSE the current position and directions attached in Appendix 1

14. Contact details

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Background Documents:

- Accommodation Strategy – Better Homes: Greater Choice
- Evidence Base
- District Profiles
- Design Principles
- Maps of Provision
- Confidential Workshop notes
- Equalities Impact Assessment
- Health Impact Assessment

Appendix One:

Current Position and Direction

Through the development of this Strategy, evaluation of the Evidence Base and engagement with key stakeholders, there have been a number of emerging themes which have formed the conclusions of this Strategy. A summary of the current position and future direction across Kent is detailed below, however there will be local variations and therefore the District Profiles and emerging Market Position Statements will provide greater information:

Client Group	Current Position	Future Direction
Older People including Dementia	<ul style="list-style-type: none"> • Over-provision of residential care • Under-provision of nursing care, specifically for people with dementia • Under-provision of extra care • Average size of a care home in Kent is 40 beds • Evidenced efficiencies through extra care housing • Community hospital provision older and smaller not getting best value • Inefficient rehabilitation and enablement model for intermediate care 	<ul style="list-style-type: none"> • Increase provision of extra care housing and other models • Increase provision of nursing and dementia care homes • Increase fit for purpose modern care homes and as a result reduce older converted care home provision • Investment in Community Services, both health and social care, to prevent reliance on long term residential services • Greater use of tele-technologies across all provision
Learning Disability	<ul style="list-style-type: none"> • Growing care home market that is not supported strategically by KCC • Other local authorities placing people in Kent providing issues for ordinary residence • Varying availability of supported accommodation • Lack of choice and availability of alternative provision resulting in the only option for people to be placed in residential care • Needs of individuals not clearly understood • Needs of people in residential care currently range from very low to very high 	<ul style="list-style-type: none"> • Provision of some specialist residential provision targeted to move people into independent living • Undertake detailed review of the needs of individuals to determine whether they are in the best place for them • Understand and make provision for the range of needs of people in care homes • Undertake detailed commercial understanding of sector • Develop provision as an alternative to residential care • Greater use of tele-technologies across all provision
Physical Disability	<ul style="list-style-type: none"> • Some specialist residential provision across the County • Varying waiting lists for DFG's 	<ul style="list-style-type: none"> • Through development contributions, increase the supply of wheelchair accessible housing • Undertake detailed review through

	<p>across the County</p> <ul style="list-style-type: none"> • Wide ranging needs of individuals difficult to predict • Specialist provision developed for access across the County means local provision is impacted 	<p>workshops on the current activity and models and research service provision around the country for best practice</p> <ul style="list-style-type: none"> • Promote use of tele-technologies across all provision
Mental Health	<ul style="list-style-type: none"> • The market believes there is a need to develop more residential care, this is not supported strategically by KCC • Some interest from the market to develop large supported accommodation schemes, determined as more than 12 units, this is not supported strategically by KCC • Supported accommodation with assured shorthold tenancies effectively working to progress people through services 	<ul style="list-style-type: none"> • Develop more supported accommodation in some areas of the County • Adequate provision of supported accommodation in some areas at the current point in time, will need a further focus as the move to decommission further residential care provision is appropriately managed • Undertake a review of the care and support provision to make sure best value is achieved
Autistic Spectrum Disorder	<ul style="list-style-type: none"> • Insufficient provision for those that challenge services • Continued use of services for people with learning disabilities or mental health needs as a lack of alternative suitable services 	<ul style="list-style-type: none"> • Develop more supported accommodation with specialist design and tailored care and support services
Children	<ul style="list-style-type: none"> • Over use of bed and breakfast accommodation 	<ul style="list-style-type: none"> • Promote the need for younger people to hold tenancies