Kent Adult Social Care Accommodation Strategy:

Right Homes. Right Place. Right Support

Acknowledgements

to be confirmed

Contents

Foreword

TO BE ADDED

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Leader of Kent County Council

INTRODUCTION

The Adult Social Care Accommodation Strategy (originally launched in 2014) is unique in the respect that it sets out a Kent wide position, bringing together the aims of Districts, Boroughs, the County Council and other key stakeholders, to maximise opportunities for integrated approaches, identifying collective demand and projects and wherever possible aim to pool resources and work together to improve the outcomes and life chances for Kent's residents. The strategy will highlight the progress achieved since 2014, examine the local strategies, policies, projects, current market provision, demand for services and future population growth projections that impact on the future priorities.

This updated strategy provides the strategic direction for, and will help to enable the delivery of, suitable housing and care home provision for all Kent County Council Adult Social Care client groups. The Strategy will be supported by Market Position Statements outlining strategic commissioning intentions for the future.

Since the launch of the Strategy in 2014 the Care Act (2014) has been passed into Legislation, which aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. This legislation along with many other strategies, polices and research have been considered when writing this strategy and formulating Strategic Priorities for the future. All relevant documents are referenced in the bibliography in the Appendix.

Progress and Achievements (Summary)

In summary the performance against the Strategic Priorities between 2014 and the end of 2018 are highlighted below:

Right beds in the right place

- A number of varying factors across the County by District and Care Group
- Number of Care Homes in areas of largest population growth projects would not at this time appear to be in line with the growth projected.

Increase in extra care housing

- Since 2014 almost 1000 Extra Care homes have been completed
- Extra Care Housing development has been taken up in limited areas, leading to a concentration in some areas.

Increase in dementia specific care homes

- More care homes supporting those with Dementia – though not specifically an increase in care homes for those with complex Dementia.

Increase in nursing homes

- As CQC data shows the total number of Nursing beds available has increased.

Increase in supported accommodation

- There has been an increase in use of Supported Accommodation across all care groups

Less reliance on care homes

- KCC data shows there has been a steady decline in the number of people placed in residential or nursing care homes.

The following table shows several measures used to be able to account whether the above have been achieved.

Goal	Measure	2014	2015	2016	2017	2018	Direction of travel
Increase in housing completions	Energy Certificates issued for new build housing	869	1133	1532	1636	1705	↑
increase housing development of previously used land	Percentage of completions on previously developed land	75.1	74.2	75.1	68	65.6	↓
increase number of extra care housing units		429	553	898	898		↑
increase proportion of adult (aged 18 to 64) social care clients with community services	Adults receiving long term adult social care community services per 10,000 population aged 18 to 64		50.9	54.1	54.2	56.4	↑
reduce residential and nursing care admissions (aged 18 to 64)	Supported admissions to permanent residential and nursing care per 10,000 population aged 18 to 64	1.6	1.6	1.7	0.5	1.8	↔
increase proportion of older people (aged 65+) social care clients with community services	Older people receiving long term adult social care community services per 1,000 population aged 65 or over		15.8	18.2	16.6	16.5	↔
reduce residential and nursing care admissions (aged 65+)	Supported admissions to permanent residential and nursing care per 1,000 population aged 65 and over	6.7	6	5.9	5.7	5.6	↓
Average size of Care Home in Kent		35				40	↑

The Local Picture

The following section sets out relevant local strategies, policy and projects, and the current demand and population forecasts for Kent.

Local Strategy and Policy

The Kent and Medway Housing Strategy (2012-2015) identified and delivered key objectives regarding older people, including the development of an Older Persons Accommodation Protocol, Better Homes: Housing for the Third Age. The focus of this protocol was to set out a framework to ensure a consistent and positive approach to the delivery of older persons accommodation across Kent and Medway, responding to the existing and growing needs of the aging population across the County. The review and development of a new Kent and Medway Housing Strategy 'A Place People want to call home' (2019-2023) has identified the importance and commitment to meet the accommodation needs of older people, across all tenure types. The emerging strategy builds upon the successful commitment and outcome of relevant partners from the previous edition of the Kent and Medway Housing Strategy, with new consideration of a more flexible approach to the delivery of accommodation for older people, including how the type, tenure, place and designation of accommodation, including access to support and care services, can ensure that older people maintain independent living for as long as appropriate.

Kent County Council launched its Strategic Statement: ***Increasing Opportunities, Improving Outcomes (2015-2020)*** in 2015, setting out a vision to *"focus… on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and business"*. The statement articulates the vision and priorities of the council into three outcomes to guide the work of the council in a time of increasing complexity and financial challenge. The three strategic outcomes are:

1. Children and young people in Kent get the best start in life
2. Kent communities feel the benefits of economic growth be being in-work, healthy and enjoying a good quality of life
3. Older and vulnerable residents are safe and supported with choices to live independently

Outcomes 2 and 3 are relevant to this strategy. The strategic statement sets out a mandate for both commissioners and providers across the public, private and voluntary sectors to innovate and redesign services to meet those outcomes. Work has started to refresh the Strategic Statement for 2020 onwards.

'***Your life, your well-being***' is Kent County Council's vision and strategy for the future of Adult Social Care (2018-2021). The vision aims to help people to improve or maintain their wellbeing and to live as independently as possible. The demand for Adult Social Care is increasing, expectations are changing and Council finances are under pressure.

The Adult Social Care vision highlights three themes that cover the whole range of services provided for people with social care and support needs and their carers:

- *promoting wellbeing* – supporting and encouraging people to look after their health and well-being to avoid or delay them needing Adult Social Care;

- *promoting independence* – providing short-term support so that people are then able to carry on with their lives as independently as possible;

- *supporting independence* – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

To achieve this vision, in place must be effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working (see graphic below).
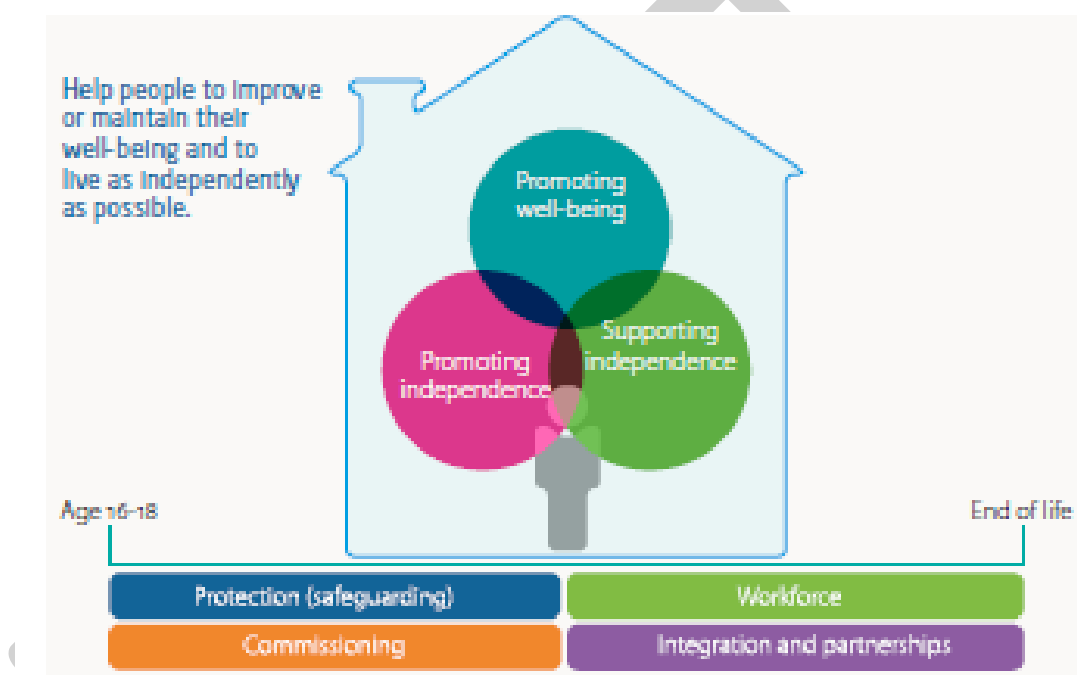
Kent County Council has a statutory duty to provide support to identified vulnerable adults who meet the eligibility criteria for care and support. Statutory responsibility for housing sits with the twelve Kent District and Borough Councils.

The *Being Digital Strategy (2019-2021)* for Kent County Council Adult Social Care and Health sets out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new operating models in Adult Social Care. The vision is to help people achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology. The strategy seeks to achieve three high-level aims:

- **Enabled People:** Embedding intelligent information and new technologies that promote individual health and wellbeing to empower people to self-manage and allow them to effectively access services
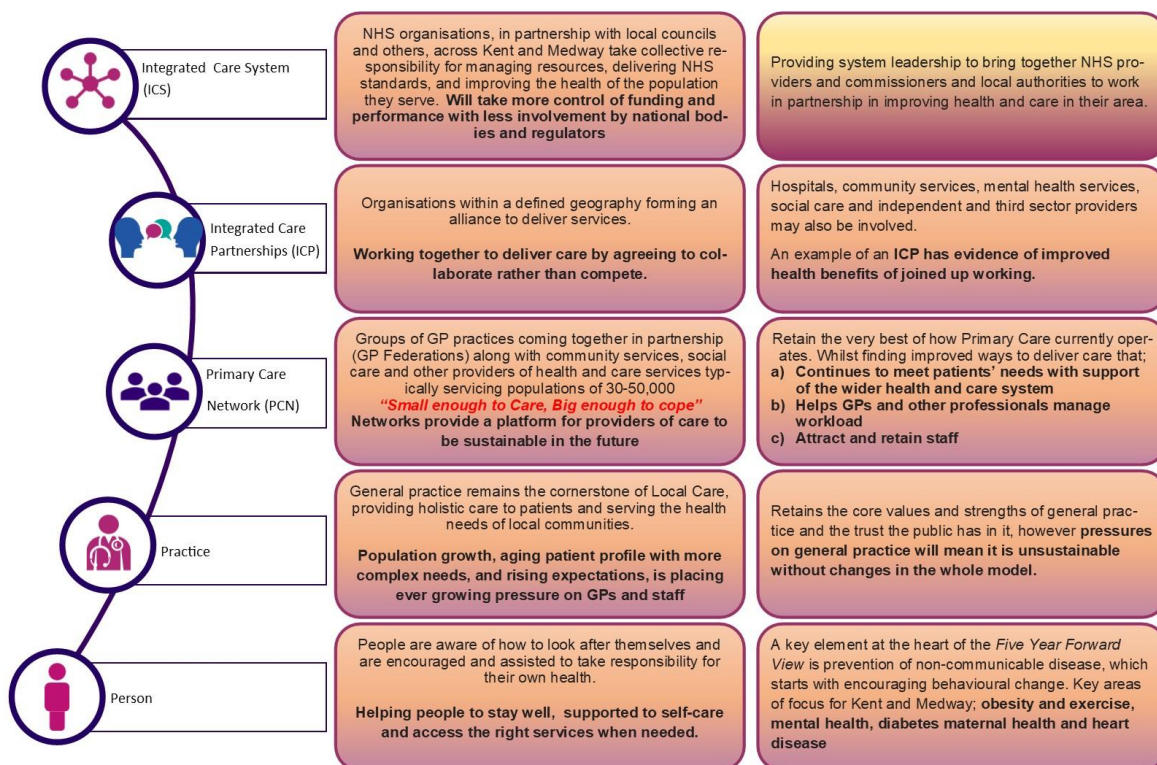
- **Empowered Workforce:** Developing a more productive, competent and confident workforce in KCC and in the Care Sector to use the tools and information they need to provide high quality care and support

- **Improved Partnerships:** Working closely with key partners across Kent to ensure we seek opportunities to collaborate, innovate and share information to deliver better outcomes for people

Kent and Medway Transforming Care Partnership (TCP) Housing Strategy launched in 2017 aims to manage and progress the development of accommodation and support needs for the specific cohort of people with complex needs and or significant behaviour that challenges.

The ***Kent Sufficiency Strategy (2019-22)*** dovetails with Adult Social Care in the period when a child moves from Children's to Adult's services. There is an approach of working with children from 0 to 25 years across social care, health and education. The accommodation needs of this group of young people need to be enshrined within this.

System Transformation

Kent (and Medway), like other parts of England, have the challenge of balancing significantly increasing demand, the need to improve quality of care and improve access all within the financial constraints of taxpayer affordability over the next five years. Health and social care, with partners, have come together to develop the ***Sustainability and Transformation Plan (STP)***. The partners have a track record of working together and, increasingly, of integrating our approach to benefit our population by achieving more seamless care, and workforce and financial efficiencies. The emerging integrated health and care model across Kent and Medway is illustrated in the following graphic.

Integrated Care System (ICS)	NHS organisations, in partnership with local councils and others, across Kent and Medway take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. **Will take more control of funding and performance with less involvement by national bodies and regulators**	Providing system leadership to bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.
Integrated Care Partnerships (ICP)	Organisations within a defined geography forming an alliance to deliver services. **Working together to deliver care by agreeing to collaborate rather than compete.**	Hospitals, community services, mental health services, social care and independent and third sector providers may also be involved. An example of an **ICP has evidence of improved health benefits of joined up working.**
Primary Care Network (PCN)	Groups of GP practices coming together in partnership (GP Federations) along with community services, social care and other providers of health and care services typically servicing populations of 30-50,000 *"Small enough to Care, Big enough to cope"* **Networks provide a platform for providers of care to be sustainable in the future**	Retain the very best of how Primary Care currently operates. Whilst finding improved ways to deliver care that; a) **Continues to meet patients' needs with support of the wider health and care system** b) **Helps GPs and other professionals manage workload** c) **Attract and retain staff**
Practice	General practice remains the cornerstone of Local Care, providing holistic care to patients and serving the health needs of local communities. **Population growth, aging patient profile with more complex needs, and rising expectations, is placing ever growing pressure on GPs and staff**	Retains the core values and strengths of general practice and the trust the public has in it, however **pressures on general practice will mean it is unsustainable without changes in the whole model.**
Person	People are aware of how to look after themselves and are encouraged and assisted to take responsibility for their own health. **Helping people to stay well, supported to self-care and access the right services when needed.**	A key element at the heart of the *Five Year Forward View* is prevention of non-communicable disease, which starts with encouraging behavioural change. Key areas of focus for Kent and Medway; **obesity and exercise, mental health, diabetes maternal health and heart disease**

The main priority is to transform Local Care through the integration of primary, community, mental health and social care and re-orientate some elements of traditional acute hospital care into the community, this allows residents to get joined-up care that considers the individual holistically. This transformation aims to:

- meet rising demand, including providing better care for the frail elderly, end of life care, and other people with complex needs;
- deliver prevention interventions at scale, improve the health of our population, and reduce reliance on institutional care.

With the progression towards further integration, and integrated commissioning, the strategy would benefit from further engagement and input from Health partners to ensure a full picture of needs across all health and social care accommodation and support.

Local Projects

In 2015 the '***Your Life, Your Home***' project was launched, focussing on the accommodation needs for people with a learning disability, with objectives that;

- reduce the number of Learning Disability residential placements and the development of supported living options;
- design future cost effective service models to support both existing and future service users to live in the way they want, through a range of housing options.

In 2017 the project principles were extended across services for people with mental health needs with objectives to;

- create suitable supported living options to increase flow through services from acute to complex and forensic care home provision, through fewer placements in standard mental health residential provision;
- design future cost effective service models to support both existing and future service users to live in the way they want through a range of housing options.

The ***Kent Integrated Homelessness Support Service*** (commissioned by Kent County Council) is comprised of a range of Supported Housing, Floating Support and Rough Sleeper outreach services that enable Adult Social Care and Health to support vulnerable people that are homeless in each District. The service supports vulnerable adults with support needs who are homeless to learn the skills necessary to recover from homelessness (and circumstances that lead to it) and establish or regain their independence.

Current Provision and Demand

There has been some significant change in the Care Home market and the pattern of placements through Social Care teams, since the launch of the strategy.

The chart below shows the distribution of Care Home (all types) beds across Kent.
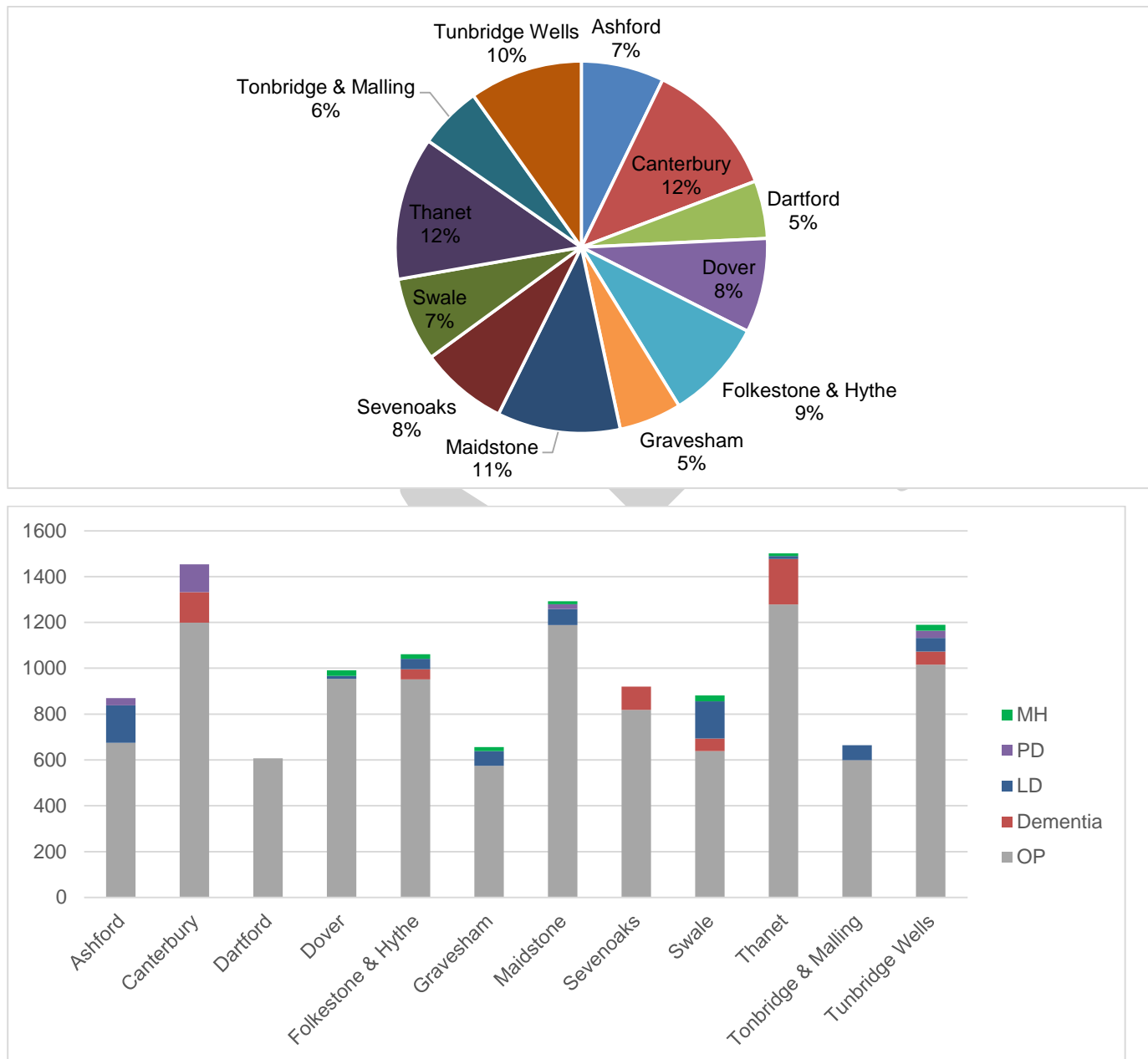
Chart above: Care home (CQC registered) places by District and Care group 'specialism'.

NB: Some homes specialise in more than one area – where this is stated the predominant group was used.

The chart shows that places for Older People is by far the dominant area, with Learning Disabilities and Dementia the next biggest areas. Three Districts dominate provision; Thanet, Canterbury and Maidstone.

The Care Quality Commission reports Kent has seen a decline in the number of Residential Care beds available (7%) and an increase in the number of Nursing Care beds (3%) since 2015 (see graphs below) for Older People. This can be explained in part by Care Home closures (intervention due to poor quality and standards or the market being less stable so providers withdrawing and closing Residential homes) and new developments (Nursing Homes) across the County.
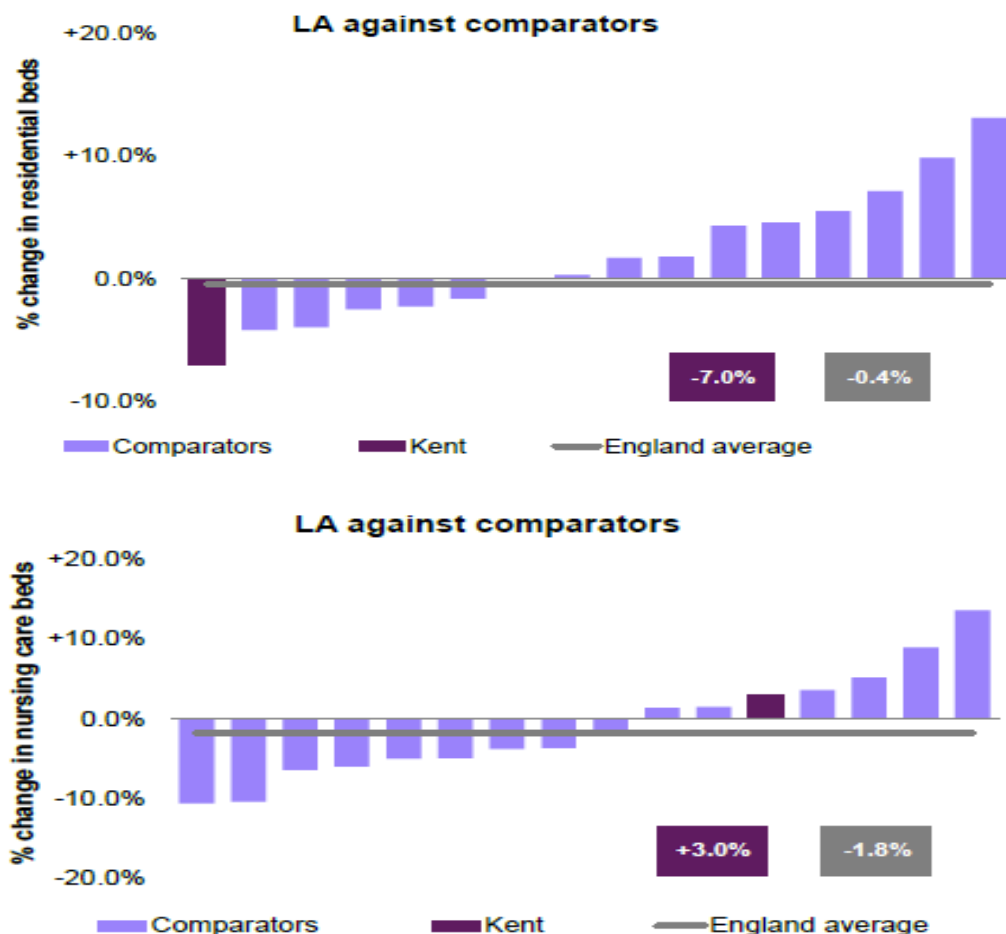
Source: CQC Local System Data Summary: Older people's pathway (2018)

In the same time period Kent has seen a significant increase (almost 200%) in the number of Extra Care Housing units completed and available (see below). The development of these Extra Care homes has not been uniform across the county, with a particular density of development in Ashford.
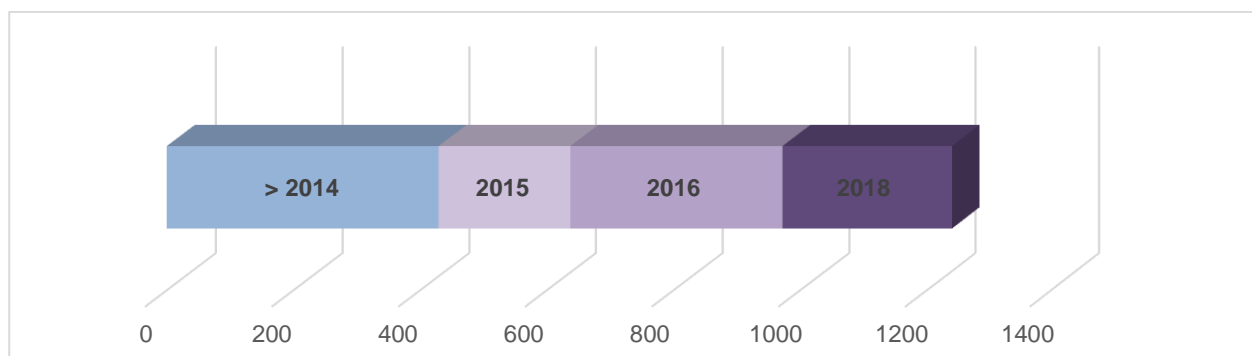
Care home Placements

Across all the homes within Kent, there are just over 12,000 available beds, with KCC placing in just over a quarter of those (27%).
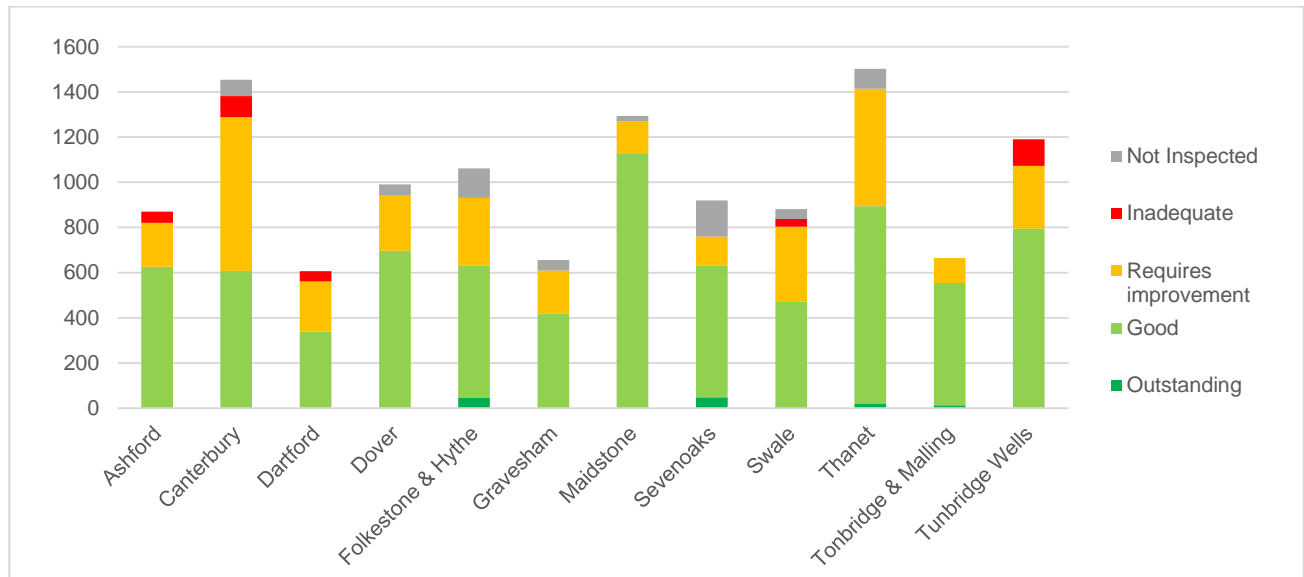

Graph above shows the number of available placements across Kent against care home rating in each District. The following maps show placements by care group.

KCC Clients in Older People's Nursing Homes

OP Nursing
KCC Clients (16/12/18)
- ∘ 6 - 9
- ∘ 10 - 17
- ● 18 - 31
- ● 32 - 49
- ● 50 - 84
- ▢ District Boundaries

Produced by Strategic Commissioning – Analytics, Kent County Council
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Source:SWIFT week ending 16th December 2018

Kent County Council kent.gov.uk

KCC Clients in Other Adult Care Homes

Other Homes
KCC Clients (16/12/18)
- ∘ 6 - 8
- ∘ 9 - 11
- ● 12 - 17
- ● 18 - 22
- ● 23 - 36
- ▢ District Boundaries

Produced by Strategic Commissioning – Analytics, Kent County Council
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Source:SWIFT week ending 16th December 2018

Kent County Council kent.gov.uk

The graph below shows the proportion of KCC placements by care home rating in each District. When looking at number of placements within these homes (in county just over 3200), just under a third of all placements (31%) are currently in homes with 'requires improvement' or 'inadequate' CQC ratings. This proportion differs significantly when looking within each District as a proportion of beds within the District; Canterbury (53%), Dartford (44%), Swale (41%), Thanet (35%) and Tunbridge Wells (33%).

It should be noted ratings can fluctuate, and residents may have been placed in a home when a rating was either 'outstanding' or 'good', and the quality of service has deteriorated while resident in that home. There is also an element of personal choice when it comes to homes also, and residents may well choose to reside in a home that is geographically closer to their family and social networks, regardless of the CQC rating of a home.
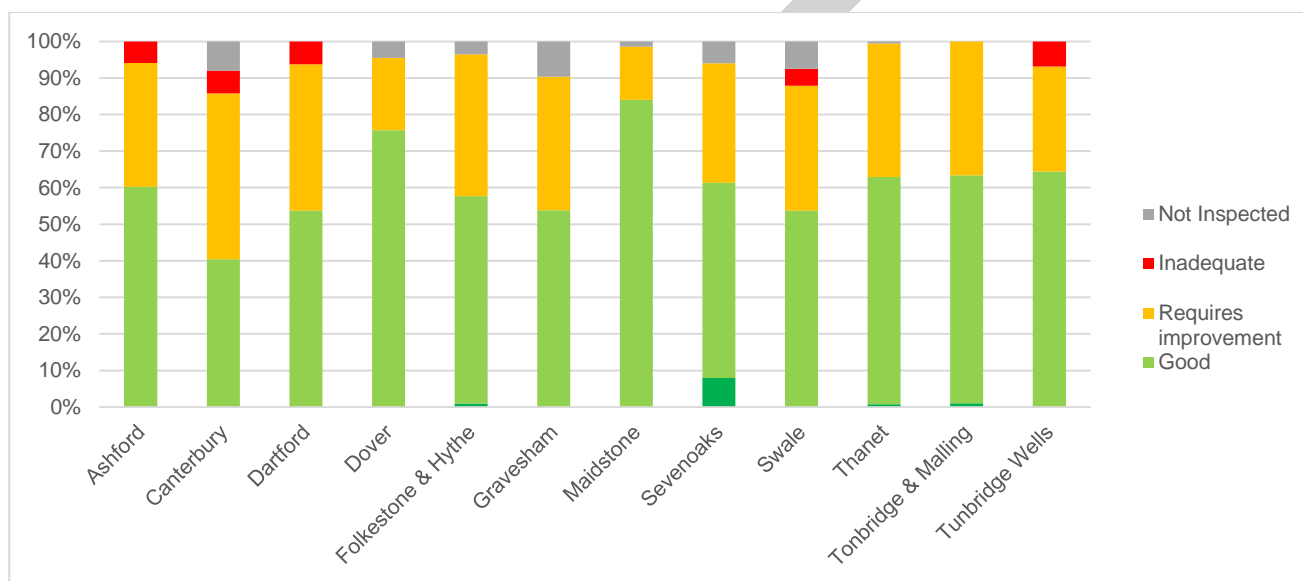
There should not be an assumption that clients who are resident in a care home setting or sheltered housing scheme are in the right type of accommodation. This will have an impact upon ensuring there is the right type and amount of accommodation across Kent.

Looking at the number of placements by KCC in accommodation settings across all care groups the following graph (with figures shown in the following table) shows the trends.
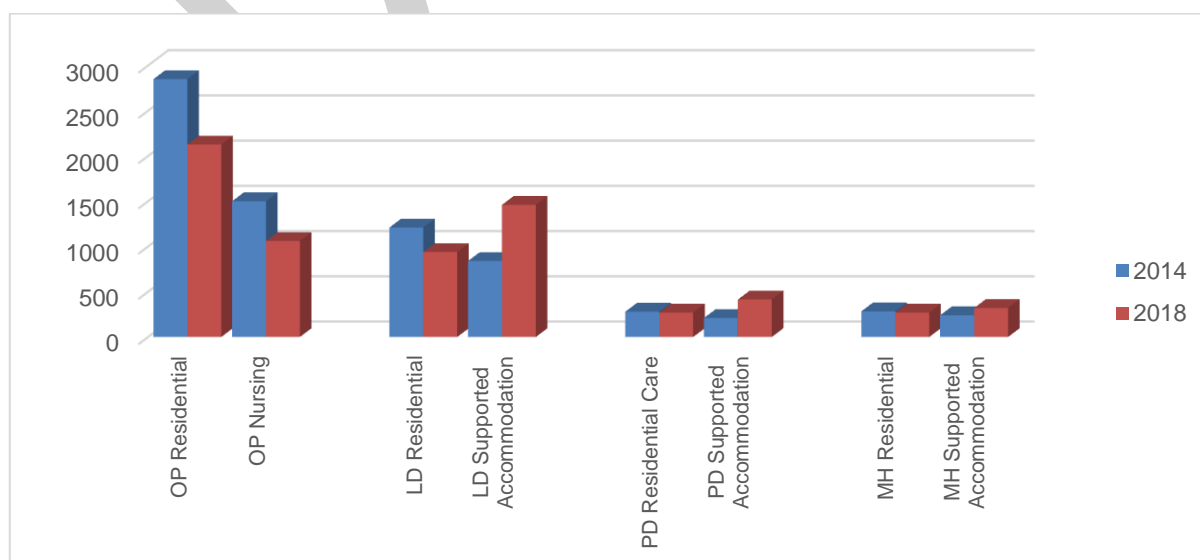
Older People:	2014	2018	Travel
Residential Care	2850	2127	↓
Supported accommodation/extra care	260	785	↑
Community Service	6870	8970	↑
Nursing	1500	1061	↓
Learning Disability:			
Residential Care	1210	938	↓
Supported accommodation	840	1460	↑
Community Service	1720	2720	↑
Adult Placement	110	184	↑
Physical Disability:			
Residential Care	280	270	↔
Supported accommodation	210	414	↑
Community Service	1300	2510	↑
Shared Lives		18	↑
Mental Health:			
Residential Care	283	270	↔
Supported accommodation	240	320	↑
Community Service	130	510	↑
Shared Lives		8	

Older People – reductions in number of residents within both Residential (25%) and Nursing (29%) Care homes can be seen. A significant increase (over 30%) has been seen in those supported with Community Services.

Learning Disability – reduced number of residents in Residential homes (22%) and a significant increase in those in Supported Accommodation (74%).

Physical Disability – a small reduction in those in Residential Care (4%), with a significant increase in those living in Supported Accommodation (97%).

Mental Health – has remained static, with a small decrease in those in Residential Care (5%) and a moderate increase in those in Supported Accommodation (33%).

It should be noted that across all care groups the number of residents supported through Adult Social Care has increased in this time period.

## Care Home Size and Sustainability

The following section only deals with Care Homes for Older people (due to the generally smaller size of homes for other specialities). The largest care home (for Older People) has 156 places (Dartford) with the smallest coming in at 4 (Swale). Swale and Tunbridge Wells have the smallest of the larger care homes across all the Districts, for older people with 75 places.

The chart below shows the highest and lowest sizes of CQC registered care homes for older people by District, with a line to show the average size, graph is aligned with the District with the smallest average for care homes on the left working to the right as the average increases, with a trendline showing the Kent average.
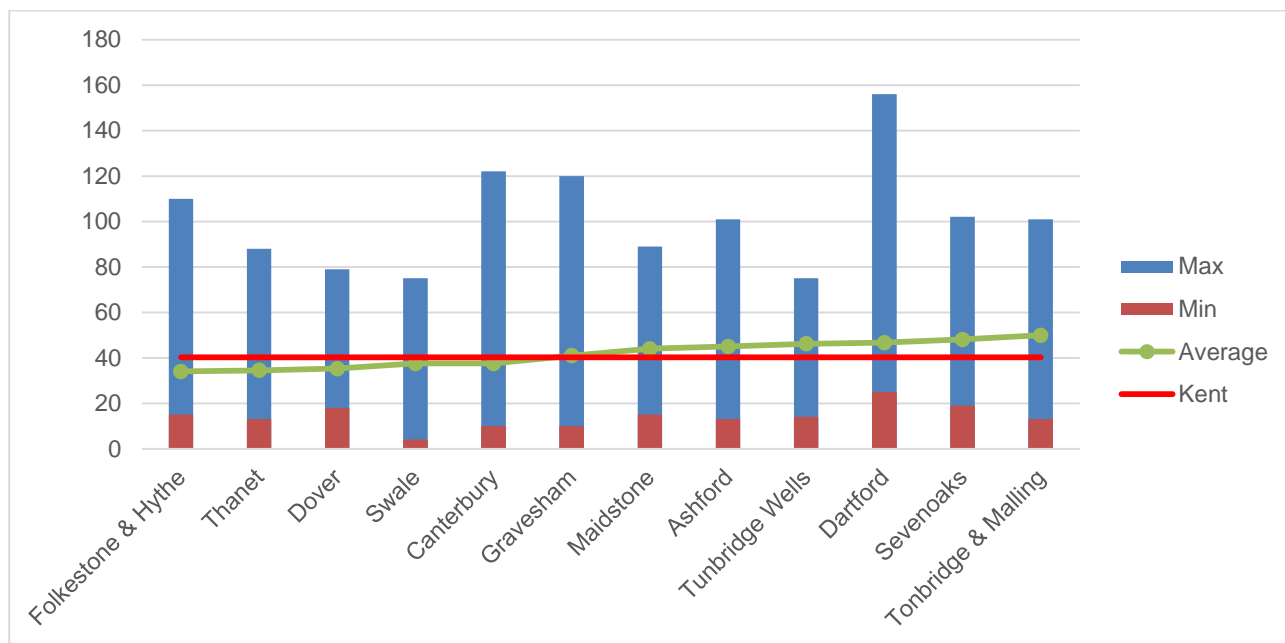
The average size of a care home (for Older People) in Kent now appears to be aligned with the England average of 40, this has increased over the last 5 years. However, there are still significant numbers of homes of a smaller size, which as demonstrated in the graph above are concentrated in all the Districts in Kent that have a coastal border.

Taking the accepted model of care homes (for older people) with over 60 places being more sustainable and operationally effective, the graph below shows that 86% of all care homes in Kent are below the sustainability threshold.
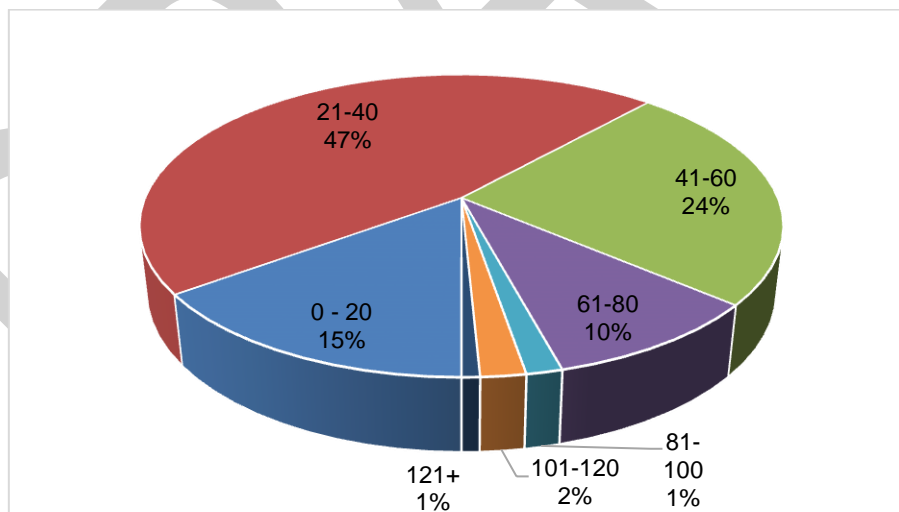
Care homes for people with learning disabilities, physical disabilities and or mental health conditions have not been included in this analysis as generally those homes are of a smaller size (which the data and analysis of Kent's Care Homes supports (87% of all Care Homes for people with Learning Disability are no larger than 20 places).
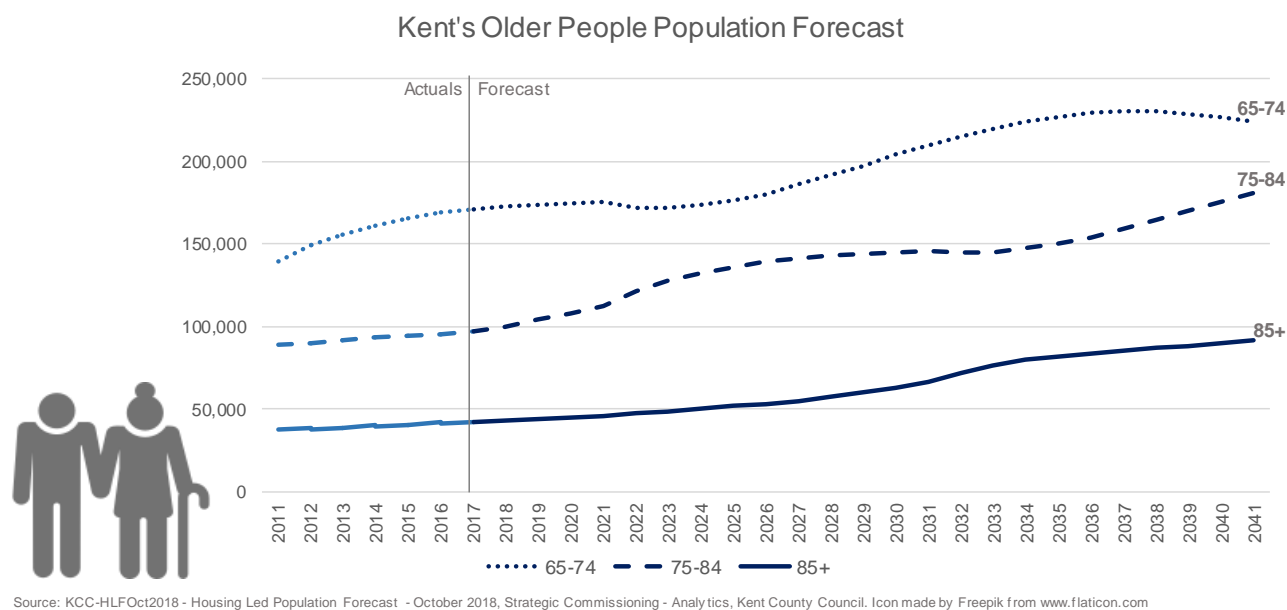
Future Demand forecasting

The population of Kent is forecast to grow significantly over the next 20 years (see graph below). There are variations by District – with Dartford's (highlighted in yellow) forecast to grow much quicker than any other area or District in the County (due to the extensive development in the Ebsfleet area).
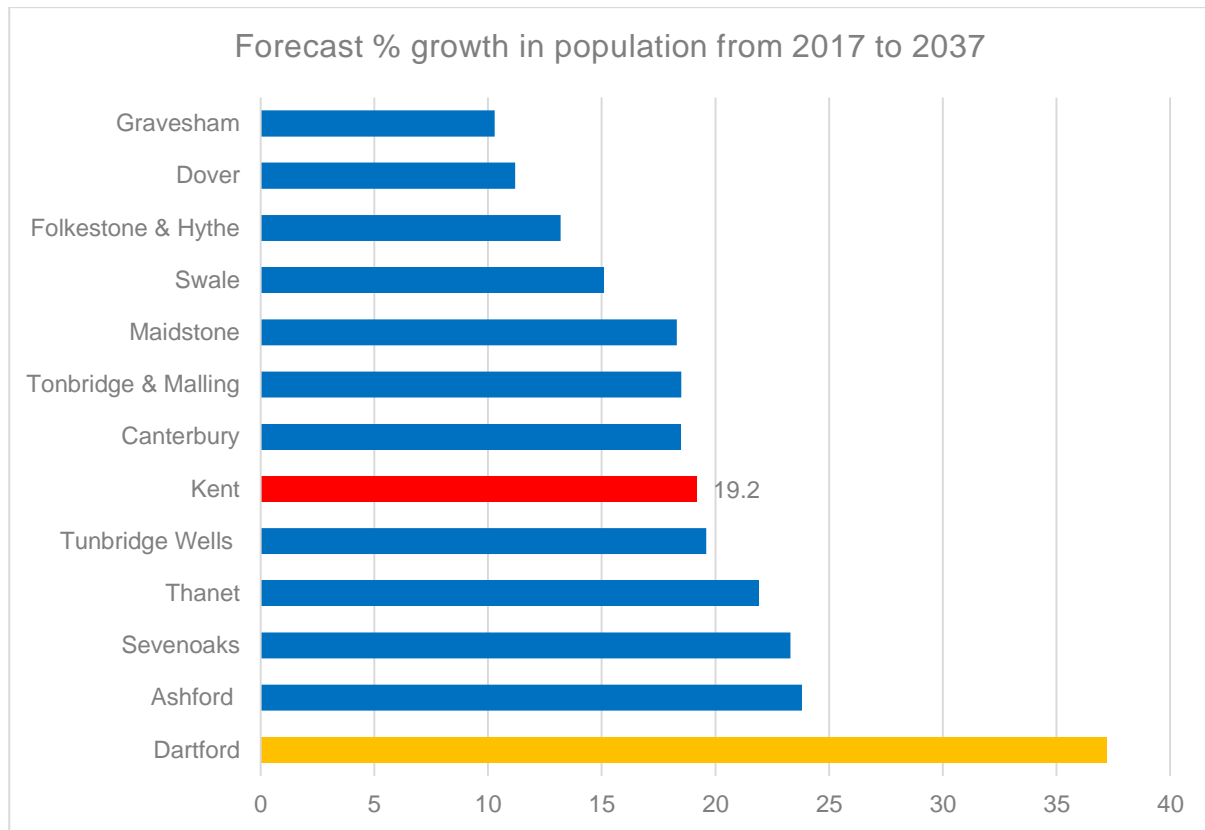

Kent's population, similar to England, is an aging population. The graphs below show the proportional forecast growth for all age groups and then specifically for older people.

Kent's Older People Population Forecast

Source: KCC-HLFOct2018 - Housing Led Population Forecast - October 2018, Strategic Commissioning - Analytics, Kent County Council. Icon made by Freepik from www.flaticon.com
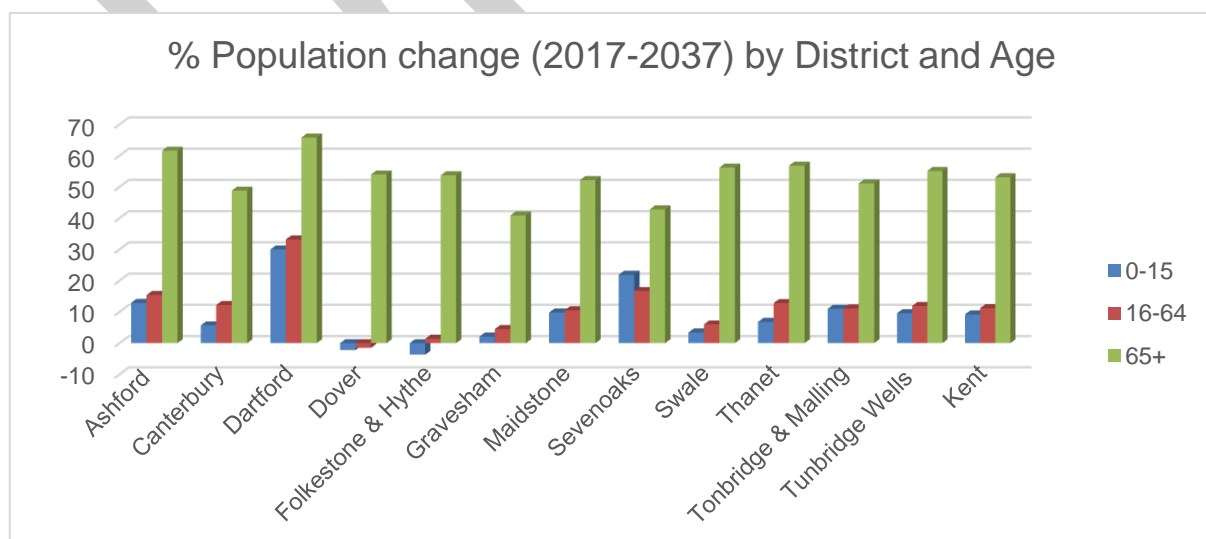
Across all Districts there is forecast to be growth in percentage terms of approximately 40% (Gravesham) and close to 70% (Dartford) in the over 65's. This could have significant implications for Adult Social Care, as the general population is aging and potentially requiring support. The following chart shows the population growth forecast of the older population by District. Thanet shows the largest forecast growth in Kent for people aged 65 and over (by 12,600 people). However, Maidstone shows the largest growth (in numbers) for those aged 85 and over (2,900).
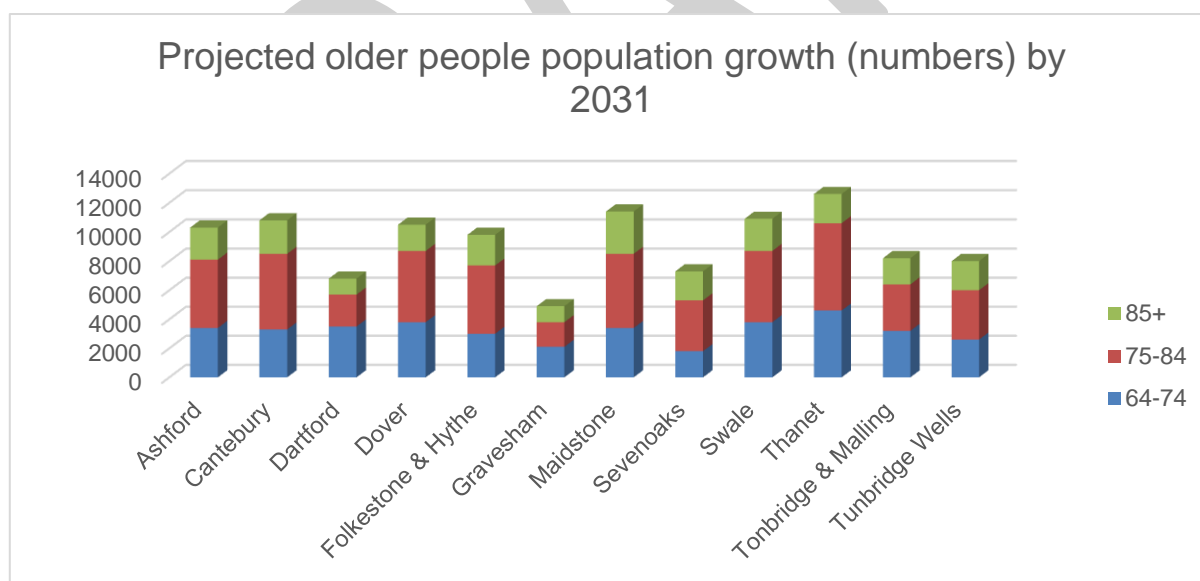
Dartford is forecast to have the largest proportional increase in over 65's by 2041 (a 78% increase), which considering Dartford is forecast to have the largest overall growth in general population is not surprising. However, in terms of actual numbers Dartford's older population is smaller in comparison to areas such as Thanet, Maidstone and Canterbury.

Older People Population increase (2017 to 2041)

Legend: 2017 | 2041 | % increase
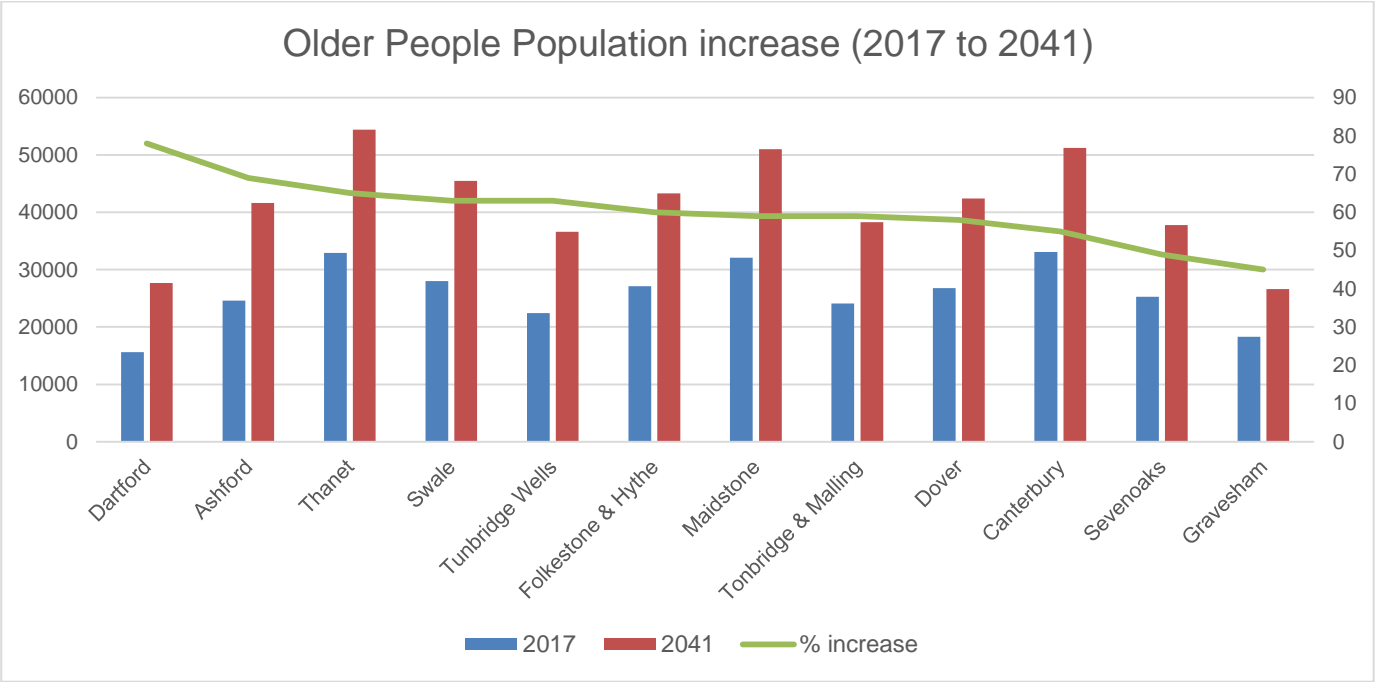
Population increase from 2017 to 2041: 65-74 year olds
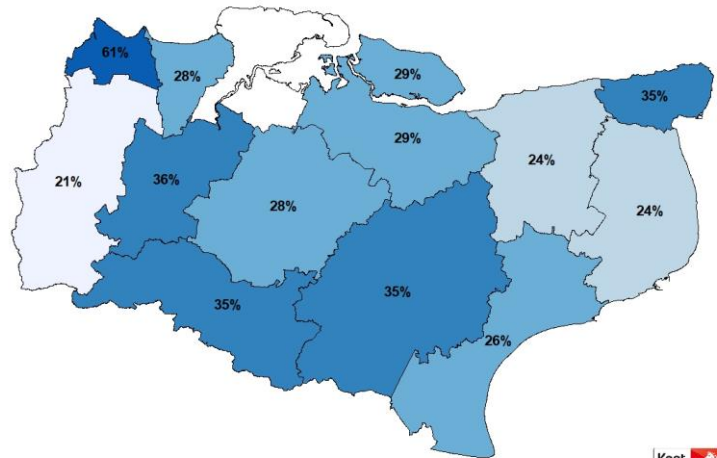
61%
28%
29%
35%
21%
36%
29%
24%
28%
24%
35%
35%
26%

Produced by Strategic Commissioning - Analytics, Kent County Council
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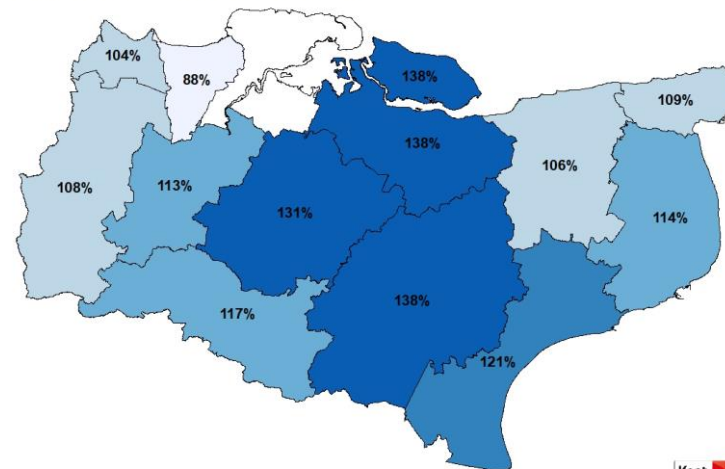Source:KCC-HLF Oct2018 - Housing Led Population Forecast - October 2018

Population increase from 2017 to 2041: 75-84 year olds
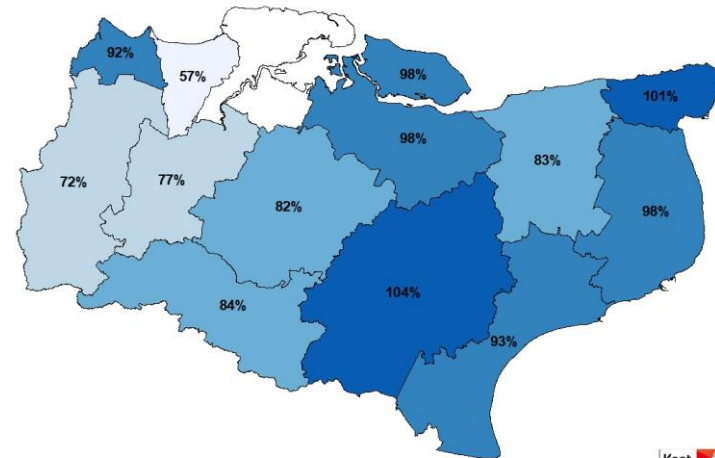
92%
57%
98%
101%
72%
77%
98%
83%
82%
98%
84%
104%
93%

Produced by Strategic Commissioning - Analytics, Kent County Council
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Source:KCC-HLF Oct2018 - Housing Led Population Forecast - October 2018

Population increase from 2017 to 2041: 85+ year olds

104%
88%
138%
109%
108%
113%
138%
106%
131%
114%
117%
138%
121%

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Source:KCC-HLF Oct2018 - Housing Led Population Forecast - October 2018

Demand forecasting for the potential need for Extra Care housing can be seen in the chart below. Two models have been used to forecast, given current Social Care demand and population growth. The chart below shows what these two models indicate (a lower and higher potential need), current 'housing with care' type homes in existence have been included to show what further progress could be required.
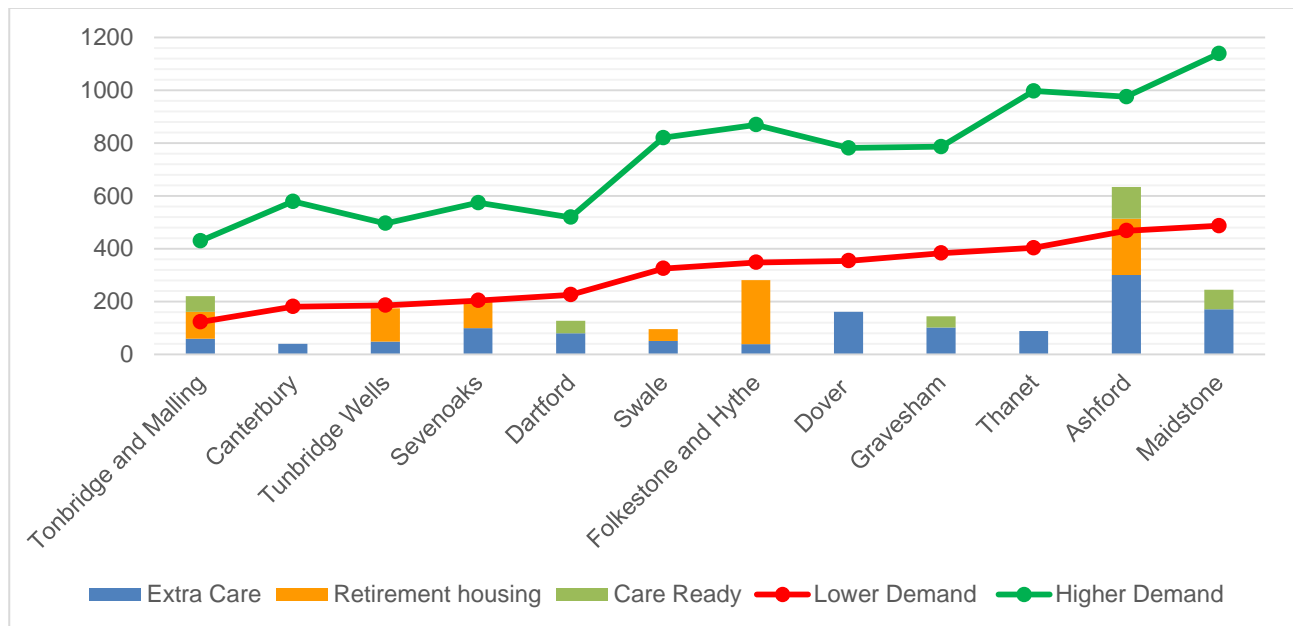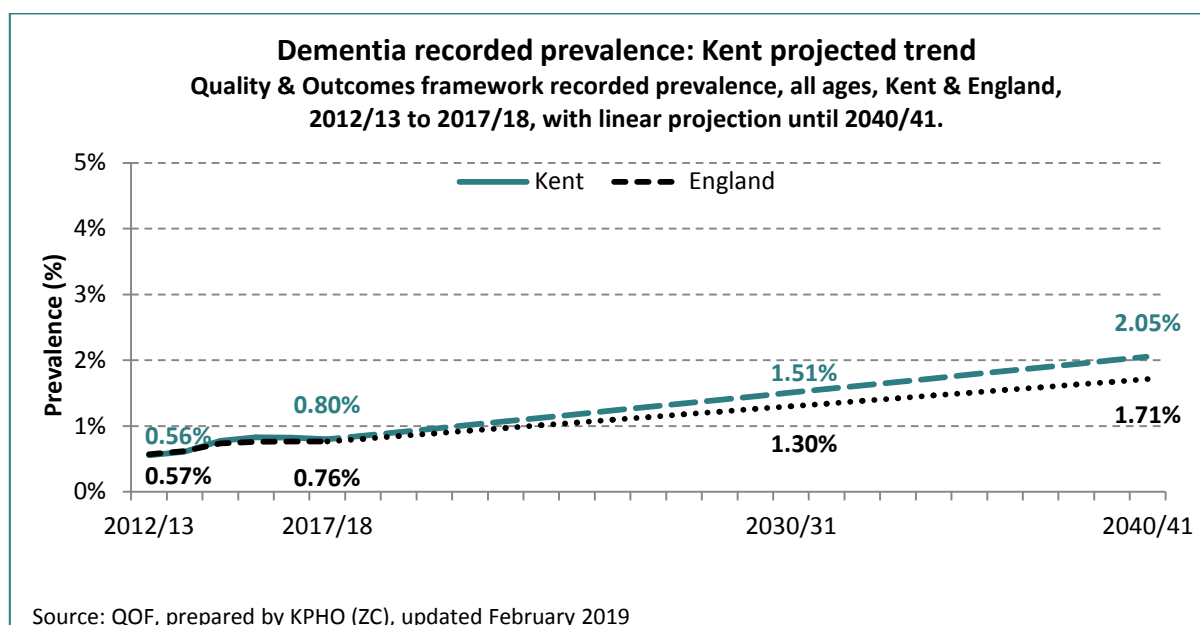

As shown in the chart above, Ashford Borough Council have successfully increased provision of extra care and other housing with care provision supply to be over their potential lower demand forecast. Only Tonbridge & Malling Borough Council, when combining all Housing with Care options, is also within the lower and higher demand thresholds. Tunbridge Wells, Sevenoaks and Folkestone & Hythe District Councils appear close to achieving the lower estimate.
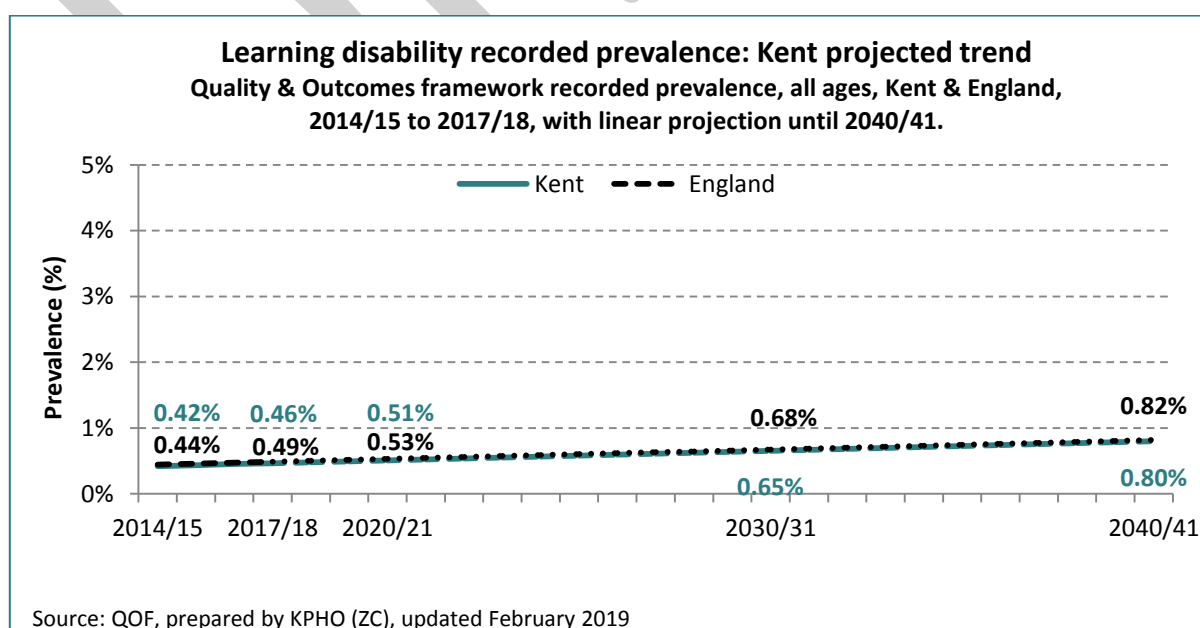
Both approaches suggest that there is a need to expand Housing with Care supply, especially with Social Care placing less within a Residential or Nursing Care home setting and preferring a more independent living style approach to care and support. It is recommended that the lower estimate is used as the target figure and the higher estimate is used as the upper threshold. To keep up with population growth, 2,500 units (4,000 upper threshold) are required by 2031.

In determining the need to meet demand it is important to consider the proportion of self-funders. Analysis of large amounts of complex data would be required to determine this, which is not currently available. In the absence of this data the 2015 IMD - Income Deprivation Affecting Older People was used to understand the 65+ population in deprivation and infer the likelihood of people eligible for Social Care support. It is noted that there are districts that show a high level of demand with a lower level of deprivation e.g. Maidstone. These areas would appear to be the priority districts to target Housing with Care to generate an income or for ownership. There are also districts with a high level of demand and a higher level of deprivation e.g. Thanet. These areas would be priority districts to target Housing with Care to meet the need of KCC's funded residents. Therefore, Districts may be prioritised differently to generate an income, ownership or to meet the need of KCC's Social Care eligible residents.

As people are living longer, Dementia is becoming more prevalent. Dementia is not necessarily linked to old age and younger people are being diagnosed with Dementia. The chart below shows the projected (linear) trend for Dementia prevalence in Kent, which is expected to increase from 0.56% to just over 2% by 2041 (a larger increase than that seen across all of England). This is likely to have a significant impact on the lives of residents, their families and Adult Social Care and Health service provision.

Dementia recorded prevalence: Kent projected trend
Quality & Outcomes framework recorded prevalence, all ages, Kent & England,
2012/13 to 2017/18, with linear projection until 2040/41.

Source: QOF, prepared by KPHO (ZC), updated February 2019

The trend is also for numbers of people with a Learning Disability to increase in the coming years. This can be down to a number of factors, including people with Learning Disability live longer now, than any time in the past. The chart below shows a similar forecast increase to that of the England trend, increasing in prevalence from 0.76% to 1.17%. The impact of this on services is likely to be significant, especially taking into consideration the National Strategy 'Building the Right Support', supporting people with a Learning Disability to remain in local communities and not reside within hospital type settings or institutions.

Learning disability recorded prevalence: Kent projected trend
Quality & Outcomes framework recorded prevalence, all ages, Kent & England,
2014/15 to 2017/18, with linear projection until 2040/41.

Source: QOF, prepared by KPHO (ZC), updated February 2019

Financial considerations and opportunities

In a financial climate where sources of funding have and continue to reduce, the challenge is for Kent County Council and its partners to deliver the objectives of this Strategy. This document should be considered as the over-arching housing strategy for people who use Social Care services. Specific strategies or commissioning intentions for particular care groups will provide the specific detail. Therefore, when Councils are undertaking housing needs assessments to inform their Local Plans, they and their consultants should have regard to the specialist housing needs identified in this strategy and other supporting documents.

Kent County Council commissioners and providers will have to consider the impact of the personalisation agenda upon their business models with increased choice and control over purchasing by individuals. This means that people will be able to choose who delivers their services and whether, particularly for extra care housing and supported accommodation, they will buy in to the services offered on site.

Value for Money and efficiency will be a focus of any review of service and as the journey of integration is progressed, how the services can be commissioned to realise efficiencies and make the best use of available resources.

Using extra care housing as an example, research and evaluation undertaken across the country demonstrates that this model benefits many. There are revenue financial benefits, additional provision of accessible housing for older people supporting housing strategies and reducing the need for Disabled Facilities Grants and better health and social care outcomes for individuals.

Homes England Shared Ownership Affordable Homes Programme 2016-21 (launched in 2016) aims to increase new shared ownership and affordable homes. The programme welcomes a mix of tenures including Affordable Home Ownership, Affordable Rent and Rent to Buy. The rules have been reformed to make these homes available to the widest possible range of buyers and to make capital grant open to the widest possible range of developers and housing providers.

In 2018, Homes England announced the extension of Phase Two of Department of Health and Social Care's 'Care and Support Specialised Housing' (CaSSH) Fund programme for supported and specialist housing for older and vulnerable people. Details of the programme, and the accompanying prospectus, can be found at: https://www.gov.uk/government/publications/care-and-support-specialised-housing-fund-phase-2-prospectus

The review of the Future Funding for Supported Housing saw developments stall in and new developments in this area have slowed. The plans to introduce a "Sheltered Rent", announced through the consultation, provides some reassurance for future funding and it is hoped developments will soon commence accordingly.

Districts in Kent are in varying stages of adopting the Community Infrastructure Levy (CIL). Dartford Borough Council, Folkestone & Hythe District Council, Maidstone Borough Council and Sevenoaks District Council have adopted CIL.
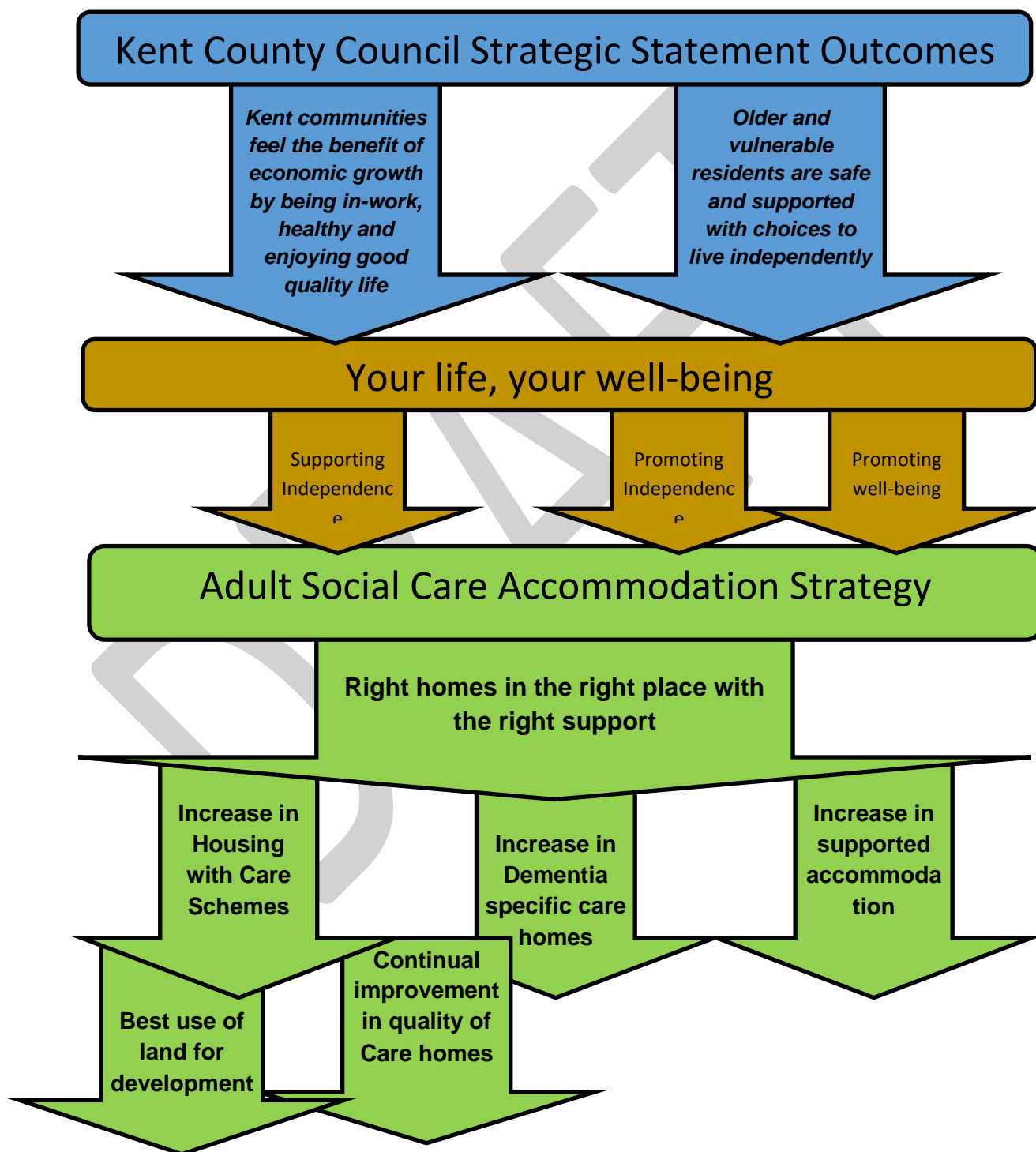
The CIL is a tool for local authorities to help deliver infrastructure to support the development of the area. The levy is charged on new developments. The money raised through levying a CIL can be used to fund a wide range of infrastructure that is needed as a result of development.   This includes transport schemes, flood defences, schools, hospitals and other health and social care facilities. Kent County Council's priorities for CIL are schools, transport and the needs of older people. The levy is intended to focus on the provision of new infrastructure and cannot be used to remedy pre-existing deficiencies in infrastructure provision unless those deficiencies will be made more severe by new development. Also charging authorities cannot use the levy to fund affordable housing.

The introduction of 'self-financing' for Local Authorities with a Housing Revenue Account (HRA) and housing stock allowed the retention and reinvestment of income generated locally where appropriate. Local Authorities in Kent have used this change in subsidy as an opportunity to review business plans and promote investment and development with use of their own assets. Kent Local Authorities, through the Kent Housing Group are continuing to challenge and lobby the Ministry of Housing, Communities and Local Government (MHCLG), asking them to work with Local Authorities that have reached capacity with regards to their HRA debt cap and agree the opportunities to work with them individually to further increase the debt cap limit and therefore deliver more affordable housing.

The Council operates a Deferred Payment scheme in accordance with the provisions of the Care Act 2014. An existing resident privately funded may apply and become eligible for Deferred Payments. In the case where the Council has a legal charge or operates a Deferred Payment on a resident's property and is funding the resident until the property is sold and the resident becomes self-funding the price payable in respect of the individual will automatically revert to the Providers Indicative Price for the relevant category Level of Need. For new placements, where the Individual Placement Process has been followed and an individual is eligible for Deferred Payments, the price agreed is the price determined through the Individual Placement Process.

Strategic Priorities

This chapter outlines how the data presented in this strategy formulates revised Strategic Priorities, encapsulating the aspiration of Adult Social Care's goal of maintaining people's independence living in their own homes and raising their horizons and how the strategy supports the priorities in the Adults Social Care and Health Strategy 'Your Life, your well-being' and Kent County Council's Strategic Statement. The diagram illustrates how the priorities all relate and support Kent County Council's overall direction.

Kent County Council Strategic Statement Outcomes

Kent communities feel the benefit of economic growth by being in-work, healthy and enjoying good quality life

Older and vulnerable residents are safe and supported with choices to live independently

Your life, your well-being

Supporting Independence

Promoting Independence

Promoting well-being

Adult Social Care Accommodation Strategy

Right homes in the right place with the right support

Increase in Housing with Care Schemes

Increase in Dementia specific care homes

Increase in supported accommodation

Best use of land for development

Continual improvement in quality of Care homes

It is widely acknowledged, and shown by the data, that in the next 20 years, the population will grow and with that numbers of older people, aged 65 years or over will increase and so will those with complex care needs. There will be more individuals over 85 years of age with higher levels of dependency or dementia, and more working age adults with complex needs and behaviours that challenge, that Health and Social Care services must adapt to meet. While the Strategic Priorities in the 2014 strategy remain the general direction of travel, five years on the Strategic Priorities are now set to give a broader more encompassing perspective and fit with the Adult Social Care Strategy '*Your life, your well-being*'. While these strategic priorities are set for a county-wide perspective. there are geographical differences within Kent. To understand these differences and therefore the priorities on a smaller geographical footprint see the Market Position Statements that support this strategy.

The strategic priorities (and detailed outcomes) are as follows:

Strategic Priority 1: Right homes in the right place with the right support
- Investment in Community Services, both health and social care, to support independent living
- Greater use of digital technologies across all provision – including development of smart homes
- Digital connectivity – rollout of Gov Roam to Care Homes
- Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them
- Continue detailed commercial understanding of sector
- Develop more supported accommodation with specialist design and tailored care and support services for those with ASD
- Through developer contributions, increase the supply of wheelchair accessible housing

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Strategic Priority 2: Increase in housing with care schemes
- Increase provision of extra care housing and other similar models
- Provision of more specialist residential provision targeted to move people into independent living

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Strategic Priority 3: Increase in dementia specific care homes
- Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia

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Strategic Priority 4: Increase in supported accommodation
- Develop and increase housing capacity (Supported Accommodation, shared houses, Shared Lives and independent flats)
- Greater use of digital technologies – including development of smart homes

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Strategic Priority 5: Work with the market to foster continual improvement in the quality of nursing and residential care homes
- Increase fit for purpose modern care homes and as a result reduce older converted care home provision
- Reduce reliance on in-patient facilities
- Support the market to work, innovate and provide services using digital technologies
- Availability of Learning and Development Opportunities through KCC to ensure standards and economies of scale.
- KCC systems available for providers to access to enable sharing of information
- Assistive and smart technology available in resident's and care homes.

Strategic Priority 6: Make best use of land availability for developments of housing that meet the strategic priorities of this strategy
- KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the

strategic priorities of this strategy
- Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy

The following tables illustrate the above priorities and outcomes in an action plan / timetable format.

Right Homes: Right Place: Right Support Action Plan

	Right Homes	Right Place	Right Support
SHORT TERM	Provision of more specialist residential provision targeted to move people into independent living	Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them	Investment in Community Services, both health and social care, to prevent reliance on long term residential services
	Reduce reliance on in-patient facilities	Continue detailed commercial understanding of sector	Greater use of digital technologies across all provision
	Develop and increase housing capacity (Supported Accommodation, shared houses and independent flats)	Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy	Support the market to work, innovate and provide services using digital technologies
		KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy	
MEDIUM TERM	Develop more supported accommodation with specialist design and tailored care and support services for those with ASD	Increase provision of extra care housing and other models	
	Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia		
LONG TERM	Through developer contributions, increase the supply of wheelchair accessible housing		
	Increase fit for purpose modern care homes and as a result reduce older converted care home provision		

Right Homes: Right Place: Right Support Action Plan

| Short Term (1-2 years)	Medium term (3-5 years)	Long Term (5+ years)
Right homes in the right place with the right support		
Investment in Community Services, both health and social care, to prevent reliance on long term residential services	Develop more supported accommodation with specialist design and tailored care and support services for those with ASD	
Greater use of digital technologies across all provision		
Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them		
Continue detailed commercial understanding of sector		
Through developer contributions, increase the supply of wheelchair accessible housing ⟶		
Increase in housing with care schemes		
Increase provision of extra care housing and other models ⟶		
Provision of more specialist residential provision targeted to move people into independent living		
Increase in dementia specific care homes		
	Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia	
Increase in supported accommodation		
Develop and increase housing capacity (Supported Accommodation, shared houses and independent flats)		
Work with the market to improve the quality of nursing and residential care homes		
Support the market to work, innovate and provide services using digital technologies		Increase fit for purpose modern care homes and as a result reduce older converted care home provision
Reduce reliance on in-patient facilities		
Make best use of land availability for developments of housing that meet the strategic priorities of this strategy		
KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy		
Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy		

Implementation and Measuring impact

The Accommodation Strategy is an evolving dynamic document. The strategy has been developed in partnership and collaboration with a number of key stakeholders. Engagement with those key stakeholders highlighted a lack of reporting on achievements and accountability for partners and stakeholders in delivering against the strategic priorities. Therefore the following mechanisms will be built into the implementation and measuring impact of this strategy.

Delivery of the Accommodation Strategy will be monitored and governed by Kent County Council Strategic Commissioning team, with a communication strategy developed to report progress to Cabinet Members of Kent County Council (through the Social Care Cabinet Committee) and the Health and Wellbeing Board on an annual basis), and through Kent Housing Group on a more regular quarterly update basis.

Kent County Council and all relevant partners will come together to consider potential opportunities. These are going to be areas where there is potential to use the evidence base to reduce/increase or remodel existing provision, including working across local boundaries where appropriate. This may also include the identification of where services or accommodation solutions can be 'clustered', ensuring the provision of more services across more than one location and a more efficient commissioning process, or where there are potential opportunities in the availability of land for development that could help meet the strategic priorities of this strategy and the Council and key partners.

It may well be necessary to create project or task and finish groups from time to time in order to facilitate projects or work to progress against the strategic priorities of this strategy.

## How will we know we are delivering the strategy?
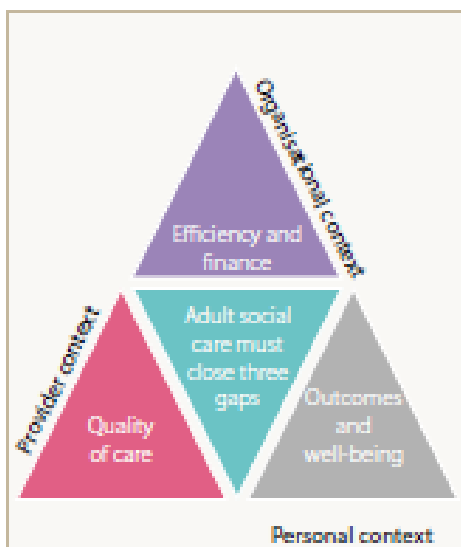
The Adult Social Care Strategy sets out a monitoring model that should be replicated within this strategy (see graphic to the left).

Three areas need to be monitored in relation to achievements against the strategic priorities:

1. Efficiency and Finance
2. Quality of Care
3. Outcomes and Well-being

Focussing on progress against the strategic priorities in this context will also ensure

translation across to the Adult Social Care Strategy and achievements toward the priorities there.
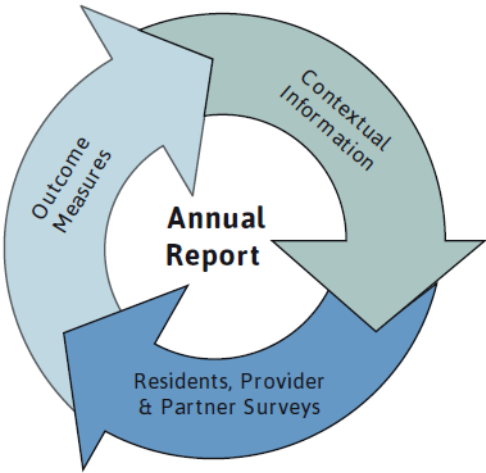
Collecting information in the following ways (also identified within the Adult Social Care Strategy) will again ensure data collection is happening in a co-ordinated way and able to be shared and jointly managed. The three domains for collecting information are set out in the following graphics and should feed into regular highlight reports and an annual progress update.

Outcomes Measures	We will base our identified in this financial measur that information
Contextual Information	We will draw on surveys by other evaluations of ou our progress in t
Residents, Provider & Partner Surveys	We will regularly partners across t understand wha do better

Appendices

Progress and Achievements

The following section details what progress has been achieved against the Strategy's goals and aspirations.

To review the progress of this strategy several engagement events were held including a variety of key stakeholders. A summary of the comments and achievements are included in the tables below.

Generic Adult Social Care	Progress Made (2018)
Responsible, flexible and integrated commissioning of services to respond to current and future need	An aspiration made in the original strategy. Commissioning has come together across Kent County Council and now housed within Strategic Commissioning, bringing together Public Health, Adults and Children's Commissioning. There is also an Integrated Commissioning Team working across Health and Social Care.
More people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments	No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly. It was suggested that Housing with Care was currently being used to support a housing need as opposed to a social care need However, housing provision with care and care homes attract people with eligible needs and where a model of care provided is not in line with Kent County Council strategic direction, the consequences for Kent include increased numbers of empty units, out of County placements and increased resource pressure on all statutory services.
More extra care housing, exploring the opportunities to develop mixed tenure models of extra care housing	Extra Care Housing schemes of various mixes of tenures have been developed since 2014. The number of units available now is almost three times as many as when the strategy was launched. The development of these schemes does vary by District. The immediate requirement for Housing with Care varied from district to district i.e. there were long waiting lists in some areas and none in others. It was felt that this was related to differing operational practice, eligibility criteria and differences in understanding in relation to the purpose of this type of provision. GPs stated that they could readily identify candidates for Housing with Care. In phase one of the Care and Support Specialised Housing Fund (CaSSH) Kent was awarded £5,922,000, delivering 119 units across three schemes. Phase two funding delivered 34 units across one scheme. The

	allocation of this funding was critical to meeting the objectives of this Accommodation Strategy, providing a long-term solution to housing and care needs, avoiding where possible unnecessary placements into residential care.
A greater focus on preventative services designed to keep people at home longer	The numbers of residents supported through Community Services has significantly increased across all care groups since 2014 (OP = 30% / LD = 58% / PD = 93% / MH = 192%) though not all groups are showing as significant a decrease in care home placements (OP = 25% / LD = 12% / PD = 4% / MH = 5%) Need to consider and include isolation and loneliness and the benefits that Extra Care can bring to reduce this, affordability to the resident and the presence of care needs.
Regular review of placements into care homes when this is the immediate appropriate accommodation solution	No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly.
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 range of housing options remains available for all Adult Social Care client groups Difficulties in introducing the right cohort to Housing with Care. Attendees noted that it is imperative to ensure schemes are attractive to the resident and that they can have the opportunity to own the property given the right means.
A commitment to avoid isolation and ensure integration within a community	Feedback from engagement with stakeholders would seem to indicate that this aspiration is not being met. Many developments are cited as being too remote from local amenities with little or poor transport links into main towns or services. This has led to an increased isolation of residents that are less mobile and unable to make journeys of too long a distance from where they live. Further consideration needs to be given for applications for developments and where they are located and what local amenities are nearby and or transport links.
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	There have been reviews and recommissioning of Nursing and Residential Care for Older People, with the implementation of a new Dynamic Purchasing System. There has been a review and recommissioning of Housing Related Support Services. There is a current review of the future needs and aspirations for Extra Care Housing for Older People. There are reviews underway for the provision and commissioning of accommodation for residents with a Learning Disability, Mental Health issue or a Physical Disability.

Innovative design and technology ready accommodation	Adult Social Care, before the Accommodation Strategy, was selective on the new care homes it supported based on alternative provision in the market at the cost of new developments with modern design standards. ASC will be actively encouraging new care homes for older people in an attempt to redress the balance of ageing provision.
Partnership working and delivery of accommodation solutions across District and Borough Council boundaries and Clinical Commissioning Groups	Examples of delivery through partnership working can be found in some Districts (Ashford, Gravesham, Ebbsfleet). It is recognised that Housing with Care can play a pivotal role in reducing health costs through creating a community that has access to health services in one place. Health colleagues have highlighted difficulties in accessing capital funding, citing that it is easier to access revenue funding.

Older People (including Dementia)	Progress Made (2018)
Over-provision of residential care for general frailty	There has been an overall decrease in numbers of beds in Residential Care provision. The majority of provision is still focussed on general frailty.
Average size of a care home in Kent is 39 beds	Average size of care home (Nursing and Residential) in Kent is:
Under-provision of dementia nursing care	
Under-provision of extra care housing	There has been a significant increase in Extra Care Housing. Given the population growth forecast, particularly in the over 65 age range, there is forecast to be need and demand. However, the picture differs across the Districts. Provision in Ashford is already over the forecast demand for 2037. All other Districts could benefit from development of Extra Care, Housing with Care or Care Ready housing. It was felt that Housing with Care should be aimed at 75+ (with exceptions allowed).
Evidenced efficiencies through extra care housing	
Community hospital provision older and smaller not getting best value	
Inefficient rehabilitation and enablement model for intermediate care	

Learning Disability	Progress Made (2018)
Greater understanding of the care home market, although some homes are still not supported strategically by KCC	There has been considerable work undertaken to get a better understanding of the local care home market. The has been no change in the position regarding strategic support of care homes. However, a significant procurement exercise is due to be undertaken in the near future.
Other local authorities placing people in Kent providing issues for ordinary residence	The Care Act (2014) has resolved this issue in general – placing Local Authorities remain responsible for the individual wherever they are placed. However, this does impact on the Local Authority in terms of Safeguarding as it would fall on the responsibility of the Authority where the individual is living to deal with any safeguarding issues. This also impacts on health services and budgets, as the individual would most likely register with a local GP and therefore become the responsibility of the local CCG and not the CCG from where they came from.
Varying availability of supported accommodation	This position has not changed.
Need further progress in delivering more choice and availability of alternative provision to residential care	This position has not changed. Figures would suggest that there is less reliance now on residential care, and more people supported to live independently.
Needs of more complex individuals not clearly understood	There is some significant partnership working between Strategic Commissioning and Social Care Operational staff to fully understand the complexity and spectrum of needs, demands and behaviours in order to ensure a robust and successful procurement exercise in the near future.
Needs of people in residential care currently range from very low to very high	This position has changed through the Your Life, Your Home project. The current position is there are fewer in residential care with low needs. There remains a mix of low and high needs in residential care.
Reliance on in-patient facilities for people with LD and/or autism and people with mental health needs who display behaviour that challenges	
Autistic Spectrum Disorder (ASD)	**Progress Made (2018)**
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	

Physical Disability	Progress Made (2018)
Some specialist residential provision across the County	Specialist provision remains limited across the county.
Varying waiting lists for DFG's across the County	This position remains unchanged.
Wide ranging needs of individuals difficult to predict	Of all Social Care client groups Physical Disabilities is the one group that forecasting and predicting need and demand is challenging. There are limited models and robust data in order to predict need and demand.
Specialist provision developed for access across the country means local provision is impacted	This position remains unchanged.

Mental Health	Progress Made (2018)
The market believes there is a need to develop more residential care, this is not supported strategically by KCC unless for complex/forensic	
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	

Market Position Statement

The figures and forecasts in the Market Position Statements (MPS's) are not designed to be targets for each Local Authority to deliver. The development of different accommodation and services will assist Kent County Council in meeting objectives in terms of the transformation agenda and efficiencies, in line with the vision of this Accommodation Strategy.

Kent County Council and its partners have a long history of delivering and developing innovative accommodation solutions across the spectrum of vulnerable people in Kent and will welcome any opportunity to continue this partnership working.

Maps have been developed by district and client group detailing the current supply of accommodation against deprivation. It is envisaged that these maps will be utilised and supported by SHAPE, an interactive mapping tool, to overlay with other services including GP provision and populations going forward.

Case Studies

HOLD – Home Ownership for People with Long-Term Disabilities

If you have a long-term disability, the HOLD scheme in England could help you buy any home for sale on a shared ownership basis (part-rent/part-buy). You could buy a share of your home (between 25% and 75% of the home's value) and pay rent on the remaining share.

You can only apply for the HOLD scheme if the homes available in the other shared ownership schemes don't meet your needs, e.g. you need a ground-floor home.

You could buy a home through the HOLD scheme if you have a long-term disability and meet the following criteria:

- your household earns £80,000 a year or less outside London, or your household earns £90,000 a year or less in London
- you are a first-time buyer, you used to own a home but can't afford to buy one now or are an existing shared owner looking to move.

Only military personnel will be given priority over other groups through government funded shared ownership schemes. However, Councils with their own shared ownership home-building programmes may have some priority groups, based on local housing needs.

Dementia Village Development - Dover

Funding has been secured from the Interreg 2 Seas programme (co-founded by the European Regional Development Fund) which is a 4-year project called CASCADE (Community Areas of Sustainable Care and Dementia Excellence in Europe). The project will see the construction of new facilities for the elderly and for people living with dementia and will create a Centre of Excellence for dementia suffers across partner regions. Medway and Christ Church University are involved in Kent as well as Universities and Care Centres in Belgium, the Netherlands and France.

The dementia facility is a core element of the CASCADE project and will provide longer term and short-term respite care for people living with dementia which will fully engage with the local community. The wider project will be the basis for sharing research results, expertise and knowledge in dementia care for the future. It will support people to live well in therapeutic communities rather than hospitals.

12 Semi-detached 5-bedroom homes that were previously staff accommodation behind Buckland Hospital have been given over to this project and planning permission has been given. The development will provide houses for 5 people in each property, and a Community Centre, the whole area will be gated. The complex will be registered with CQC as a Nursing Home. A guesthouse with 6 rooms to facilitate tourism, where someone who has a relative with dementia could stay for a break whilst visiting the area is also planned.

The proposal is for the homes to be based on a non-risk averse culture where they can take advantage of technology to monitor e.g. sound technology which the carers will be aware by noise what is happening e.g. at night. The plan is to arrange the day around the person's preferences e.g. if they want to sleep in or have breakfast in the evening then that will be tailored to the individual hence with a view to keeping anxiety at a minimum. There will be diagnostic services as required and around the clock monitoring instead of acute care.

The centre is due to open in Aug/Sept 2019.

Ebsfleet Development Corporation

"Our Vision for the Garden City as a model development for the 21st Century has HEALTH at its heart including the delivery of an exemplar built environment, served by an innovative model of care services, where citizens are positively encouraged to embrace healthier lifestyles, through the use of our green and blue natural assets, which are open and available to 'everyone'."

The working title for the Ebbsfleet bid is, 'The Health and Longevity Community Model.'

The aim of The Health and Longevity Community Model is to demonstrate that a strong and unified community framework (and the supporting tools which help realise and sustain it) can help its citizens live longer and healthier. And that this model can replicated anywhere to create local and global impact at scale.

Ebbsfleet has already made a name for itself as one of the leading innovators in the NHS's Healthy New Towns programme. Many initiatives have been successfully tested and tried within Ebbsfleet, demonstrating real success in increasing the wellbeing, connectivity and health of its residents. Being chosen to be part of the industrial challenge around healthy ageing, would allow Ebbsfleet to build upon the success of the Healthy Towns foundational activities and to further develop its emerging community model as a way of increasing the health and longevity of all its older residents.

The diagram below shows how Ebsfleet is looking at and building in an intergenerational approach to the development.
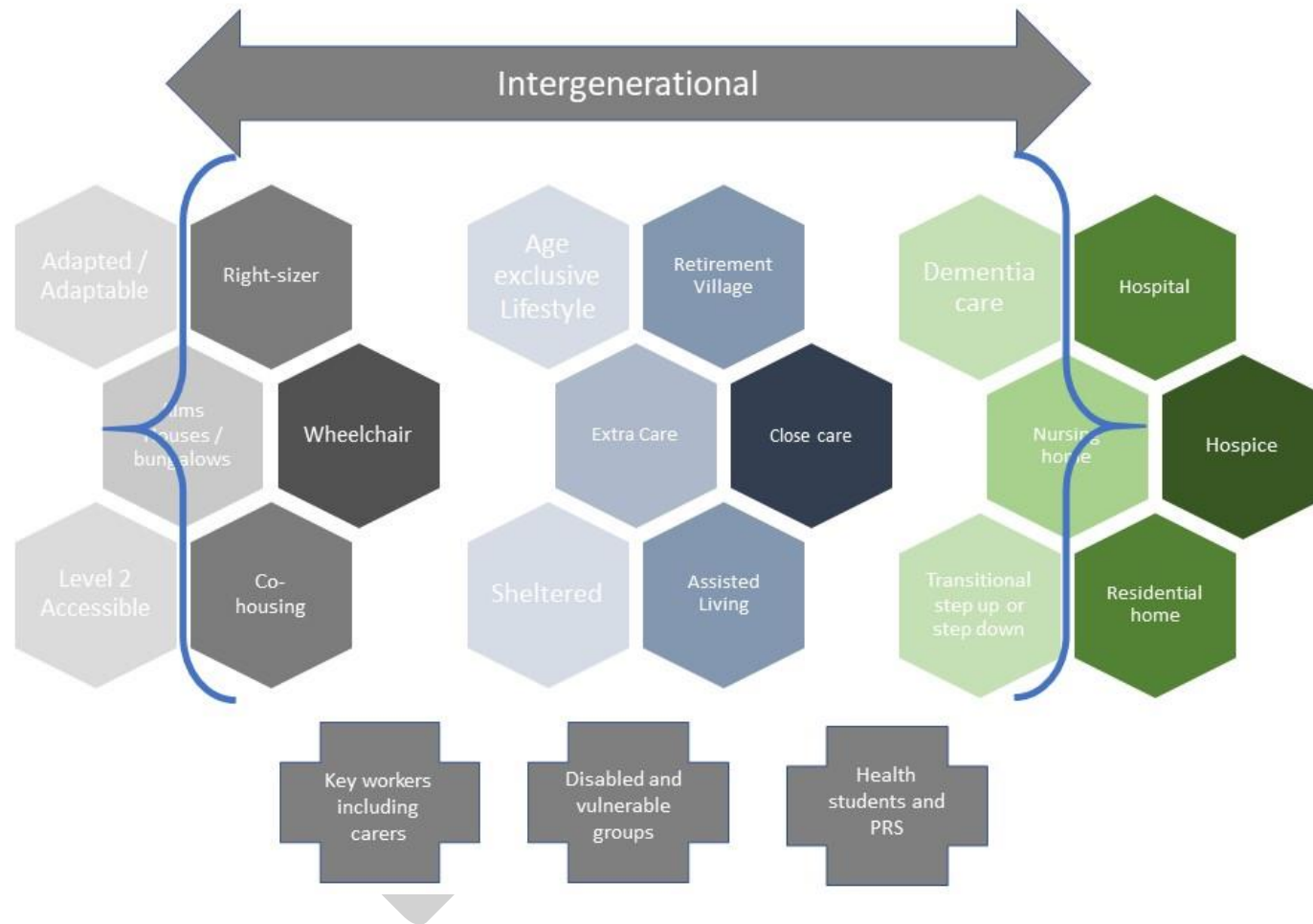
References and Links to other strategies

There are a number of strategies and frameworks within Kent that this Accommodation Strategy links with and form the evidence base for and support, these include:

Strategic Kent Documents:

Increasing Opportunities, Improving Outcomes

www.kent.gov.uk/__data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

Facing the Challenge: Delivering Better Outcomes

www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/facing-the-challenge

Your Life Your Wellbeing:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing

Kent Count Council – Adult Social Care Local Account:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care

Better Housing for Better Health, Kent Public Health Report 2016:

www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/annual-public-health-report

Kent and Medway Housing Strategy

www.kent.gov.uk/Documents/community-and-living/Regeneration/KFHS%20Refresh%20FINAL.pdf

Kent and Medway Sustainability and Transformation Partnership:

kentandmedway.nhs.uk/stp/

Accessible Housing Strategy:

www.kent.gov.uk/Documents/council-and-democracy/policies-procedures-and-plans/policies/accessible-housing-strategy.pdf

Valuing People Now:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/making-valuing-people-now-happen-in-kent

Kent Learning Disability Partnership Board:

www.kentldpb.org.uk/areas/19-kent-partnership-board/index.php

Mental Health Live It Well Strategy:

www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/live-it-well-strategy

Looked-after Children and Care Leavers Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

Children in Care Sufficiency Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

KCC Sufficiency Strategy:

www.kent.gov.uk/Documents/childrens-social-services/children-in-care/KCC%20Sufficiency%20Strategy%202013-2015.pdf

Kent Housing Group Reports:

Better Homes: Accessible Housing Framework

www.kenthousinggroup.org.uk/uploads/PandDProtocolFinalNov13.pdf

Better Homes: Housing for The Third Age:

www.kenthousinggroup.org.uk/uploads/OPFrameworkFINAL2.pdf

Housing Mind the Gap:

www.kenthousinggroup.org.uk/assets/uploads/2016/07/ThinkHousingFirstNov13-Final.pdf

National Agency Reports / Websites:

Homes England– Affordable Housing Programme 2015-18:

www.homesandcommunities.co.uk/ourwork/affordable-homes-programme-2015-18

Homes England - Shared Ownership and Affordable Homes Programme 2016-2021

www.gov.uk/government/publications/shared-ownership-and-affordable-homes-programme-2016-to-2021-prospectus

Closing the Gap (Mental Health):

www.gov.uk/government/publications/mental-health-priorities-for-change

Better Care Fund:

www.gov.uk/government/publications/better-care-fund

Transforming Care Programme:

www.england.nhs.uk/learning-disabilities/care/

Housing Learning and Improvement Network:

www.housinglin.org.uk/

Sight Loss, Home and the Built Environment

www.housinglin.org.uk/Topics/browse/sight-loss-home-the-built-environment/

HAPPI 3 Report – Housing our ageing population: Positive Ideas. Making Retirement Living a Positive Choice (2016).

HAPPI 4 Report – Rural Housing for an Ageing Population: Preserving Independence - The Rural HAPPI Inquiry (2018).

www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/HAPPI-4-Rural-Housing-for-an-Ageing-Population.pdf

More Choice, Greater Voice:
https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/MCGVdocument.pdf

The House of Commons, Communities and Local Government Committee published a report in February 2018, *'Housing for older people'*

Building for the baby boomers: Making a housing market for an ageing population. Policy Exchange 2018

PROJECTED DEMAND FOR SUPPORTED HOUSING IN GREAT BRITAIN 2015 TO 2030 Raphael Wittenberg And Bo Hu. Economics Of Health And Social Care Systems Policy Research Unit. March 2017

Yu-Tzu Wu A. Matthew Prina Linda E. Barnes Fiona E. Matthews Carol Brayne MRC CFAS, Relocation at older age: results from the Cognitive Function and Ageing Study,
Journal of Public Health, Volume 37, Issue 3, 1 September 2015, Pages 480–487,
https://doi.org/10.1093/pubmed/fdv050

Glossary

Affordable Housing	Housing either for sale or rent, or a combination, at below current market values provided to specified eligible households whose needs are met by the market. Typically, it takes the form of low-cost home ownership or below market rent.
Better Homes: Accessible Housing	Kent-wide Framework developed by the Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high-quality housing for people in Kent and Medway that have a physical and/or sensory disability.
Better Homes: Housing for the third age	Kent-wide Framework developed by Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high quality, aspirational accommodation for older people.
Care and Support Fund	The main aim of the fund is to support and accelerate the development of the specialised housing market, particularly at a time when the wider economic factors may place limitations on the growth of this market.
Care Home	A residential setting where people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only, help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.
Care Act	A reform of the law relating to care and support for adults, the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect and to make provision about care standards.
Care Ready	Housing designed with the needs of older people in mind and with the opportunity to access varying levels of care and support available locally, that can be delivered in the home to support independent living. Must be designed to HAPPI standards. Different to Extra Care Housing as care not necessarily on site 24/7.
Clinical Commissioning Group (CCG)	NHS organisations set up by the Health and Social Care Act 2012, to organise the delivery of NHS services in England.
Community Right to Challenge	Enables communities to challenge to take on local services that they feel they can run differently and better.
Enhanced Sheltered Housing	The provision of Sheltered accommodation where the resident has access to an on-site warden 24/7 to call upon in an emergency. This warden is not a carer able to undertake personal care tasks.
Extra Care Housing	In general terms, extra care housing is related to sheltered housing but with higher level support and care to help residents live independently (for example where the likely alternative might be a residential care home) and could include: - adaptable accommodation above Lifetime Home standards so the accommodation changes with the needs of the individual (i.e. able to take ceiling track hoists, fully wheelchair accessible with adjustable height kitchen design)

	- access to at least one hot meal a day through communal dining whether through full restaurant or bistro café design, depending on local facilities in the area - access to personal care services 24 hours a day, either on site or within a reasonable response time - flexible care provision with ability to meet an individual's night time needs as well as emergency or 'checking in' service - means-tested charges for care including a charge for 24-hour background support (Wellbeing Charge) - access via a panel process with an over-riding nominations agreement between partners.
Homes England	Homes England is the new housing agency for England, launched in January 2018, the successor of the Homes and Communities Agency, with the purpose of boosting housing delivery.
Housing Needs Assessment	Studies by local housing authorities to assess future local housing requirements, particularly in relation to affordable housing.
Housing with Care	**Care Housing** is also known as very sheltered **housing**, assisted living, or simply as '**housing with care**'
Kent Housing Group (KHG)	Kent-wide forum to represent the collective voice of Kent's housing bodies.
Lifetime Homes Standards	A set of 16 design criteria that provide a model for building accessible and adaptable homes.
Local Housing Authorities	Authorities with direct responsibility for delivering housing within their area. In Kent this is the Districts and Boroughs.
Local Housing Strategy	Statutory document produced by local housing authorities setting out their future local housing priorities, including key housing issues such as affordable housing and property condition.
Local Planning Authorities	Authorities with direct responsibility for delivering planning within their areas. In Kent, this is the District and Boroughs.
Ministry for Housing, Communities and Local Government (MHCLG)	Government Department that sets policy on supporting local government communities and neighbourhoods, regeneration, housing, planning, building the environment and fire.
Nursing Care	NHS-funded nursing care is care provided by a registered nurse, paid for by the NHS, for people who live in a care home.
Personalisation Agenda	Individuals will receive their own budget and can decide how, who with and when they want to spend that budget, in order to meet their needs and achieve their desired outcomes.
Private Developments	Self-contained properties normally privately owned. On-site care or support services are not provided. Larger developments may include shops and recreational facilities. Residents can buy in care if they require it.
Residential and Nursing Care	Individual rooms within an overall care home, where there is a weekly charge either to the individual, the local authority or both. Care homes provide the highest level of on-site care and support, both for personal care and for nursing needs if required. Some care homes specialise in particular types of illness, such as dementia.

Respite Care	Temporary care that provides relief for the permanent care giver.
SHAPE	SHAPE is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy.
Shared Equity	Scheme whereby a person buys a property using a low-cost loan provided by the government, which buys the government a stake in the equity of the property.
Shared Ownership	Form of low-cost home ownership, whereby a person buys a share of their home and pays a rent on the remaining share.
Sheltered Housing	Sheltered housing is housing designated for occupation mainly by over-55s with low-level care and support needs. The majority of residents are above the state pension age, but some are of working age. Their needs are at least in part met by extra housing facilities and services available to residents. This support could be either physical (getting in and out of the property) and/or emotional/mental (emergency help or assurance). Features of a sheltered unit might include: 24-hour emergency help (alarm system); Warden present some of the time; some communal facilities, i.e. lounge, restaurant, laundry, garden; rooms available for outreach services; often accessible buildings designed for communal purposes.
Social Care	Provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age and/or poverty.
Social Innovation Lab for Kent (SILK)	Social Innovation Lab for Kent was set up in 2007, with two central tasks. First, to provide a creative, challenging environment for a wide range of staff to work together on some of the toughest challenges the County faces and second, through drawing upon cutting edge practice in the sectors of business, design and the social sciences. SILK set out to embed a way of working across the Council that puts people – citizens – at the centre.
Strategic Housing Market Assessment (SHMA)	A cross-boundary study of the operation of Housing Market Areas.
Supported Housing	Accommodation provided to vulnerable people assessed by the local authority as being in need of residential care.
Telecare	Innovative technology project piloting the use of specialised equipment to help people in Kent with chronic diseases to better manage their own health needs.