CAMPBELL TICKELL

Transforming Care Partnerships – Housing Strategies Support: Evaluation Report

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1. INTRODUCTION

1.1 The Transforming Care Programme (with key partners NHS England, Local Government Association and ADASS) is working to support people with a learning disability and/or autism spectrum disorder who have behaviours that challenge or a mental health condition who are in inpatient care to move to community based services. The expectation of the programme is that people will be supported by community based services with the right kind of support in place for them to live the lives they choose and to reduce the risk of being admitted to hospital or other institutional care in the future.

1.2 The programme is due to complete in March 2019 and Transforming Care Partnerships (TCPs) have been established to implement the programme locally in each NHSE region. Each TCP is required to develop a housing strategy/plan. The overall aim of these strategies/plans is to develop more integrated community-based support and reduce the reliance on in-patient beds. NHSE requires each housing strategy/plan to include an analysis of current and future housing needs and a plan for the development of a pipeline of housing developments to meet those needs.

1.3 This evaluation reports sets out Campbell Tickell's experience of working with six Midlands and East Region of NHSE TCPs on the development of their Housing Strategies. Using two case studies we illustrate the approach taken and lessons learned.

2. BACKGROUND

2.1 The Midlands and East Region of NHSE commissioned Campbell Tickell (CT) to support six TCPs with the development of their Housing Strategies. The support was focussed on:

- Development of a housing strategy/plan - in line with the NHSE Transforming Care template

- Training and mentoring on how to conduct a housing needs analysis and support to gather and collate housing and support needs data

- Support on planning a pipeline of housing developments including a review of current supported housing provision and identification of funding opportunities and potential housing partners to support delivery

2.2 The support from CT was delivered between June and December 2018 to six TCPs, Northamptonshire TCP, Bedford, Central Bedfordshire, Luton and Milton Keyes TCP, Hertfordshire TCP, Birmingham and Solihull TCP, Lincolnshire TCP and Black Country TCP. We are grateful to all the Officers within NHSE, each of the local councils, the Clinical Commissioning Groups and TCP Boards who participated in the work to develop the housing strategies.

2.3 This report provides anonymised case study examples illustrating the work undertaken, in the belief that this will be useful to other commissioners involved in supporting people to move from institutional care into the community. The case studies are illustrative

amalgamations of issues drawn from all six TCPs, rather than being specifically focused on an individual TCP. We have set out some of the lessons learned from the process in the hope that these will provide food for thought and debate as well as support future commissioning.

3. CASE STUDIES

The outcomes planned for the work

3.1 The support from Campbell Tickell was commissioned to achieve the following outcomes:

- Participants would have increased knowledge about how to produce a housing needs analysis and develop a pipeline of housing
- Participants would report greater confidence to identify housing development opportunities including funding and potential housing partners
- Commissionerswould gain learning that can be used to inform any further, similar, work

3.2 The two case studies below illustrate the work we did with the TCPs, these have been anonymised.

TCP Case Study A:

Key issues:

This TCP has a small number of people in hospital requiring discharge through the TCP programme, the Council's Adult Social Care and Children's Services and the local Clinical Commissioning Groups (CCGs) are under significant and on-going financial pressure. The TCP partnership used the opportunity presented by the TCP programme to develop a five year accommodation plan with a strong focus on preventing people moving into institutional care in the first place, as well as moving people out of institutional care.

Our approach:

CT worked with the TCP to identify the **population in need** – people in the County estimated to have a severe or moderate learning disability - using POPPI[1] and PANSI[2] data. These individuals are those likely to be in receipt of services from the local authority of health. The data was shown by each Borough/District.

We estimated the **number of people in institutional care and able to move into accommodation with support in the community**, as well as those at risk of being placed in institutional care (people transitioning from children's to adult social care services and those living with older parents). We used data generated from the local authority's care

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[1] POPPI – Projecting Older Peoples Population Information system
[2] PANSI – Projecting Adult Needs and Service Information system

management system and from health and worked closely with care manager and social work practitioners to ensure assumptions made were based on practitioners experiences.

We reviewed the **supply of supported accommodation** in each District/Borough and used the data from Brokerage team to identify the re-let rates – this enabled us to identify the number of units that would become available each year.

We arrived at **a net demand figure** using the estimates of need for each area and the number of re-lets. We developed a summary of the number of units and the type of accommodation needed in each District/Borough over the next five years. This was shared with each District/Borough.

We then produced an action plant to support the delivery of a programme of new accommodation to meet the estimated demand over the next five years.

Further work is now being done by the TCP to engage partners in health and the local authorities to take this forward. The Learning Disability Partnership Board has provisionally agreed the plan, subject to an easy read version being produced and being made available online for 28 days.

Lessons learned:

A multi-agency steering group really helps: this TCP formed a group that included representatives from CCG and Adult Care commissioners; Social Work Team; Children's Services; Property Services; Performance Team; Local Government Association (LGA); and NHSE.

A clear data specification that was General Data Protection Requirements (GDPR) compliant – A data specification that enables the local authority to generate data for the accommodation plan without breaching confidentiality.

Persistence - persistence in following up on data gaps and obtaining supplementary data.

Engagement with practitioners – engagement with practitioners to work through credible assumptions for modelling was essential to ensuring the plan included accurate date on demand.

The accommodation plan *provides a robust and evidence based business case for an invest to save approach* that can be adopted by partnerships to move people out of institutional care and generate savings.

This approach identified the wider accommodation needs of people who are in all types of institutional care or at risk of being placed in institutional care and is underpinned by robust data, based on realistic assumptions that enables housing authorities to include this information in their own Local Plans.

TCP Case Study B:

Key issues:

This TCP covers four local authorities and three Clinical Commissioning Groups (CCGs). The TCP has a significant number of individuals in hospital requiring discharge. Members of the TCP were of the view that accommodation supply was not necessarily an issue in their area. Rather the issues were related to the type of supply and related to market management and the need to secure housing provision that was of a suitably robust design. This TCP had little engagement from housing strategy and housing supply colleagues in the councils.

Our approach:

Our initial diagnostic work with the TCP found that members had **variable understanding of housing options** and the length of time required by providers to secure or develop/refurbish new supply. They were also **missing opportunities to work across the TCP area** to commission joint services and accommodation schemes for people with specific needs.

The TCP members took an approach to securing housing that was based on a case by case basis. While this ensured that individuals received highly bespoke solutions, the approach was contributing to delayed discharge and made it difficult to implement shared care or to work with providers to develop housing schemes based on a more strategic assessment of needs.

Campbell Tickell worked with the partnership to:

*   To carry out **an evidence review of past and planned resettlement arrangements** / plans, and confirm that the adequacy of housing provision is not delaying resettlement

*   **Identify quality and commissioning and market shaping issues** that need to form part of an action plan

*   Produce **granular information about the housing needs of individuals**. Information collected included the type of tenure to be considered, whether shared or individual accommodation is appropriate, specific physical needs and public safety issues. This is enabling a bottom up approach to the developing the local housing strategy/plan.

Lessons Learned:

In areas where the local system considers that there is adequate housing provision for users covered by the TCP, the production of a strategic housing plan is not seen as a priority. The means that sufficiency, quality and future resilience are not tested.

The delivery of bespoke housing and support based on a personalised approach requires **flexible commissioning arrangements.**

Whilst many TCPs have multi authority footprint, resettlement is often organised on an authority of origin basis. As a consequence:

- Resettlement plans are dependent on local procurement and commissioning arrangements

- Opportunities to develop specialist services are hampered

- Best use is not always made of specialist accommodation

- Duplication in service development and tendering is not uncommon.

4. OUTCOMES FROM THE WORK CARRIED OUT

4.1 At the end of November 2018:

- Two of the TCP areas had their accommodation plans approved by their respective Transforming Care Partnership Boards.

- One TCP, where partners had been doing excellent work across the county since 2012, were supported to produce a Position Statement that brought together the different CCG and County and District strategies and plans. This summary document set out how the partnership would work to achieve the wholesale transition from residential care to supported living over the next 10 years. This TCP has established District Accommodation Boards in each district. One of the key drivers for the Boards is to ensure that the accommodation related priorities of key partners, and people with lived experience of care and support, are promoted in local planning.

- One TCP was provided with intensive support to enable the partnership to provide assurance to NHSE that the TCP is able to mobilise sufficient and appropriate supported accommodation for current and future groups of users who require a resettlement plan.

- Two TCPs were supported to carry out data gathering exercises, one using a detailed data specification that drilled down to individual needs, this was used to support the TCP to identify a wider range of housing options that could be accessed, the other to carry out a more detailed data gathering exercise with partners.

5. KEY LEARNING POINTS

5.1 Ownership of the TCP Housing Plan at a senior level is key

Ownership of the TCP Housing Plan and the development of a good plan that met NHSE expectations was dependent on senior level engagement across health, social care and housing. The engagement of Senior Adult Care Managers, Senior Responsible Officers, Specialist Commissioners at NHSE, Housing Strategy and Enabling Officers (or equivalents) at District/Borough level made a key difference to the quality of the plan.

Senior Responsible Officers should be briefed on the project and the production of a housing strategy/plan and workplan incorporated as key success criteria for the relevant TCP Board.

5.2 Engagement of stakeholders

Engagement of the key stakeholders is essential. This will include local authority commissioning officers (including Children's), CCGs, housing development officers, social work practitioners, and others such as the LGA.

5.3 Sourcing Accommodation and Care

The TCP needs to work with local housing authorities to discuss how accommodation is to be sourced. A Local Plan that incorporates housing needs data from the TCP accommodation plan can enable supported living accommodation to be planned as part of each authority's investment plan. This approach will enable the right type of accommodation to be developed in the most appropriate locations. Some authorities have developed framework agreements for supported living to create a list of suppliers that can develop supported living accommodation.

A number of authorities develop framework agreement to be able to source care and support services. These frameworks ensure that care and support providers meet a certain level of quality and can deliver cost effective services. The services from providers on the framework agreement can be 'called off' when they are required. Some frameworks can involve the care and support provider sourcing the accommodation. While this approach can work in an emergency or for one off bespoke needs it cannot deliver housing at the scale and quality required by a TCP housing plan and enable care to be shared.

Finding the right point of entry to make the case for accommodation for people with severe or moderate learning disabilities in institutional care, or at risk of going into institutional care, with partners was however difficult for some TCPs. There has been variable engagement from housing colleagues in local authorities in TCP areas and this hampered the wider view of the housing options available.

Having an evidence base of accommodation needs can help to engage housing colleagues in discussions about increasing supply, it also gives housing developers and providers an

indication of what you need and how they may be able to help you develop new housing provision.

5.4 Knowing what is needed

The project has involved two very different approaches to collecting data on housing needs. The first approach has involved collecting data from local authorities and health on those in living in institutional care or at risk of institutional care and working with practitioners to understand how many require housing and the type of housing required. The second approach involves collecting information on each individual in inpatient care to collate information about individuals housing needs.

Articulating TCP housing needs is difficult without robust data gathering exercise using a detailed data specification that looks at current and future needs and supply using relevant data and realistic assumptions. This will help identify what kinds of housing response is needed and where for both the above approaches.

In addition when using an approach involving collecting and collating information on individual housing need a very granular specification that goes beyond saying someone needs supported accommodation is key. A good granular specification should ask about:

- Geographical areas required and/or to be avoided

- Availability of public transport is a key factor in staff recruitment, so accessible (by public transport) locations, or clustering of units are important

- Design considerations - is sound proofing required, is underfloor heating or radiator covers needed, should robust furniture be provided

- Staffing – skills, experience, support to develop and maintain resilience

- Personal preferences – can the person share with other, doe they require outside space, what are their care requirements

5.5 Considering a wide range of housing options

For a number of the TCPs there was limited knowledge of the kinds of housing options beyond social housing through the local authority. While there are considerable housing pressures around the country there is a range of housing options that should be considered. TCPs should be considering:

- Whether there are opportunities for shared care and core and cluster models of housing and care to be developed

- Whether Disabled Facilities Grants (DFGs) can be used to make accommodation fit for purpose and enable an individual to live in the community

- Whether some people can take up shared ownership housing – there are organisations specialising in supporting people with learning disabilities to benefit from shared ownership

- How they can access Section 106[3] developments on larger schemes - supported living/extra care housing is popular with developers as less car parking spaces are likely to be required. It also enables developers to demonstrate they are providing housing for mixed communities.

- How they can work with Registered Providers (commonly known as Housing Associations) to bid for capital funding through Homes England, or through the NHSE capital programme, which will be available until 2021, to develop new housing.

- Whether it is possible to access local authority land – a business case for this would be that it can reduce the revenue costs to the local authority over time as more people are moved from institutional care.

- How TCPs can work with equity investors to source properties on the open market – which could be adapted using DFGs for example and where rents can be funded through the use of the exempt accommodation rules within Housing Benefit[4] – a good option where bespoke solutions are required.

- Whether there is scope to work with modular housing providers to develop housing within Local Housing Allowance levels or to save money over the longer term by having efficient, replicable, basic housing models.

- Working with NHS property services to access land and existing properties that could be re-purposed to improve hospital discharge rates for people with severe to moderate learning disabilities.

- Whether there are opportunities to work with others cross-authority commissioning particularly of specialist services, or whether agreements could be made to share voids information and allow cross-authority placements and where possible seek a TCP approach to allocation.

5.6 **Securing housing and moving people in to it requires lead in time**

Housing providers require time to assess individuals, and identify, purchase/lease or refurbish housing, the discussion regarding hospital discharge of an individual needs to start as soon as possible after admission, or if they are already in hospital needs around 6-12 months. Both the individual, the housing provider and the care provider need to work together throughout this process to ensure that the discharge process is smooth.

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[3] Planning obligations under Section 106 of the Town and Country Planning Act 1990 (as amended), commonly known as s106 agreements, are a mechanism which make a development proposal acceptable in planning terms, that would not otherwise be acceptable. The common uses of planning obligations are to secure affordable housing, and to specify the type and timing of this housing.

[4] Specialised Supported Housing is defined within The Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016 as supported housing which meets certain specific criteria

5.7 **Savings may not be made immediately**

Individuals who have been in institutional care and/or hospital settings for a long time will need time to adjust to being in the community, and for some individuals the level of care provided on discharge may be as high or higher than in hospital. However if resources are put in at the beginning and the focus of the care and support is to increase independence then care packages can be reduced over time as people grow in confidence and develop their independent living skills.

5.8 **A TCP Housing Plan can succeed if…**

Partners know their local housing market – the type and location of current provision, who the housing developers and housing providers are and how to engage with them using the Housing Plan

Partners understand their environment locally for housing development – do market management and market shaping activities need to be put into action?

Partners are aware of opportunities to add developments to their Councils' existing housing and regeneration strategies – housing for people with learning disabilities can be included as part of a mixed economy of provision. Additionally many Councils are establishing housing development companies of their own, and the governments recent announcement to increase Council's borrowing abilities could be an opportunity to secure investment in housing for people with severe or moderate learning disabilities who are in institutional care or at risk of entering it.

5.9 **Looking beyond the TCP Strategy**

TCPs should be considering how they could be accessing the Better Care Fund and how they can link their TCP Strategies and Housing Plans with Sustainability and Transformation Partnerships and their plans, or City Deals.

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