

Accommodation with Care and Support Strategy

Torbay Council is building on its already strong record of partnership with Torbay and South Devon NHS Foundation Trust (TSDFT) and South Devon and Torbay Clinical Commissioning Group (SDTCCG). Since October 2015 TSDFT, also known as an Integrated Care Organisation (ICO), has been delivering acute (secondary care), community health and adult social care.

Additionally Torbay Council continues to work collaboratively with Devon County Council and NEW Devon Clinical Commissioning Group in identifying mutually beneficial solutions for Accommodation with Care and Support for the residents of Torbay and Devon.

This strategy forms part of Torbay's Market Position statement and subsequent Market Strategy, Housing Strategy and supports TSDFT's new model of care.

It will contribute to key priorities and ambitions linked to the Market strategy to deliver for the future using three main principles:

1. Using reducing resources to best effect
2. Reduce demand through prevention and innovation
3. Integrated and joined up approach

Our Priorities 2017-2027

- Co-ordinate and integrate health, social care, and housing policy
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- Develop the workforce across sectors in order they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.
- Introduction of a new performance and quality assurance framework for all providers of accommodation based support and / or care

Range of Accommodation with Care and / or Support

1. Domestic Abuse
2. Young Parents
3. Young People
4. Substance Misuse Rehabilitation
5. Homeless Hostel
6. Former Supporting People accommodation with outcomes based support
7. Accommodation with Outreach Service
8. Private retirement housing
9. Sheltered Housing
10. Intermediate Care (accommodation based)
11. Supported Living
12. Extra Care Housing

- 13. Care Home without nursing
- 14. Care Home with nursing

To support, for example:

People who need a low level of support to manage daily living including keeping their home clean, making regular rent or mortgage payments, paying bills, being part of the local community, avoiding or dealing with neighbour disputes, keeping their homes safe and clean, buying and storing foodstuffs and household items, setting up a home and help to resettle in a new home and community We acknowledge this is unlikely to meet national eligibility under care act; conversations with external agencies / third sector required.

- 1. People who need adaptations to their homes in order for them to continue / return to live in their own home after a crisis of health / incident e.g. hospital admission, change in their health or mobility, mental health or loss of independence as a result of age or disability to enable them to move from long term intensive or residential care into suitably adapted accommodation e.g. grab rails, adapted showers / wet rooms, flashing door bells, specialist equipment such as chairs and beds.

Equipment	HIA / DFG	Assistive Technology
Simple and complex	Structural adaptations	Sensors, community alarms, Smart homes

- 2. People who need a level of care as well as support to remain in their community. Shared hours / background support and care would be provided by a single care provider e.g. Supported Living, Extra Care. This may be for an Intermediate or transition period to help with regaining independence.
- 3. Residential with nursing care as an alternative to hospital admission and for end of life care if the person can no longer be appropriately supported to remain living more independently.
- 4. Devon Transforming Care Programme (TCP) – to improve the lives of children, young people and adults with a learning disability and / or autism with challenging behaviours, including mental health conditions. The programme aims include a better community infrastructure to substantially reduce the number of people in inpatient settings.

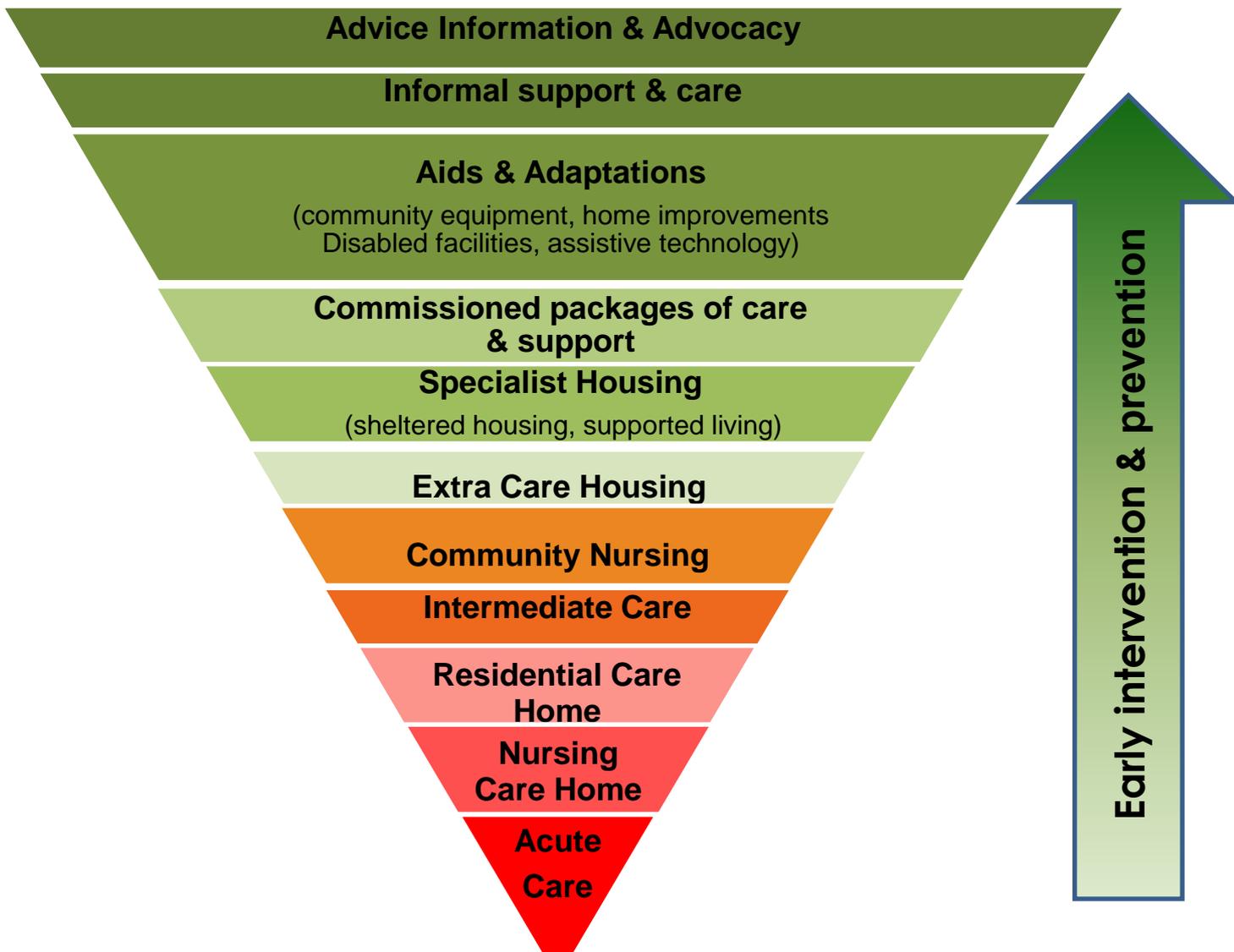
Our intentions

- 1. Domestic Abuse – long term funding for the domestic abuse service has now been secured through the Council. The current contract with Sanctuary Supported Living will run until September 2018. During 2017/18 DCLG funded support for women with more complex needs will be implemented and become part of the current service offer going forward. Decisions about the commissioning of future services after September 2018 will be considered during 2017. This will include exploring opportunities for co-commissioning with Plymouth or Devon.
- 2. Young Parents – Children’s Services have reiterated a need for this type of provision because there is no supported accommodation of this kind in Torbay. Since June 2016 the Service has been running a pilot targeting young parents whose child is undergoing or is at risk of a child protection intervention. This is being evaluated to inform future service design and commissioning which will take place in the summer of 2017.

3. Young People – the pathway of young people’s services including supported accommodation for homeless young people aged 16 or more, and some universal and targeted youth services for those aged 13 to 19 years, is undergoing a redesign to form an integrated, “no wrong door” approach. Work is ongoing with the market to test the appetite for different commissioning models with a view to procuring a new outcomes based service later in 2017.
4. Substance Misuse Rehabilitation – contract annually reviewed and agreed by TSDFT, currently funds 20 rehabilitation units for Torbay residents.
5. Homeless Hostel – The current contract for the service at Leonard Stocks runs to June 2020. Decisions regarding the future of this post 2020 will be made late 2018.
6. Former Supporting People Accommodation – currently able to access some accommodation from three providers previously funded by SP monies. One service for substance misuse rehabilitation via a block contract with TSDFT (4). The other two via Independent Living Enabling Support (ILES) contract. Discussions taking place with one of the Providers to identify accommodation which might be released to support TSDFT client groups.
7. Accommodation with Outreach service – TSDFT Independent Living Enabling Support (ILES) (open tender) framework to support development of non-shared and lower level supported living and this service. Working with housing associations and in particular ex Supporting People funded services to identify opportunities to support this model.
8. Private retirement housing – via planning permission to identify proposed developments with intent to open dialogue with building contractor / involved parties to work collaboratively in creating community opportunities and identification of accommodation with care and support.
9. Sheltered accommodation – enhanced multi agency DHC panel in place to support older people whose housing affects their health and wellbeing. To work with housing association to explore potential reconfiguration and use.
10. Intermediate Care - to explore moving from bed based to accommodation based Intermediate Care. Bed based tender by TSDFT proposed in August 2017. Given the current financial restraints it is unlikely this model can be adopted within the time limit of this strategy ie 2020 but will be investigated as opportunities arise
11. Supported Living - current definition “The delivery of shared care and support to people within shared accommodation, a single building or buildings within close proximity. The shared staffing within their own accommodation enables people to live with a level of independence and autonomy in the community which may be difficult to achieve within more traditional residential care” to move to “Any housing scheme where housing, support and sometimes care services are provided to help people to live as independently as possible in the community”. Plans to launch the Supported Living project at Multi Provider forum, to create provider network initially via Provider workshops to promote greater partnership and collaborative working to shape the market. Working to align ourselves with DCC whilst being mindful of Torbay’s ICO status.
12. Extra Care Housing – on-going discussions with Torbay Development Agency and Housing Association for proposed additional Extra Care housing at Hatchcombe nursery site in Torquay. Reconfiguration and adaptation of existing stock highlighted by housing associations for consideration. Planning permission application to build private facility in Paignton; we will endeavor to establish a working relationship with building company to align with existing extra care and explore any community opportunities

13. Care Home without nursing – current projections assume the demand for this service will continue to fall as community alternatives are developed. Working with Providers we will explore alternatives to current business models, discourage the development of more residential without nursing care home beds and promote the development within existing stock of CQC rated outstanding and good quality homes.
14. Care Home with nursing – the demand for good quality nursing home care is expected to rise given increased dependency levels of service users together with a shift from acute hospital beds to other community bed based and other care options. We will encourage more good quality nursing home care bed developments with the CCG.

Promoting Independence



Background

Supported living / accommodation with care and support is characterised by enormous variation and diversity in the types of providers, scheme characteristics, client groups and housing models. Accommodation with care and support has developed in different ways, depending upon which client group it was intended to accommodate. What is meant by 'supported living' / accommodation with care and support has become increasingly complex; there is no single definition of this term. Currently there is no clarity in understanding the needs of Torbay's population for Accommodation with Care and Support. This strategy sets out Torbay's future plans for Accommodation with Care and Support.

Accommodation with Care and Support can be described as any housing scheme where housing, support and sometimes care services are provided to help people to live as independently, as far as possible, in the community. Current commissioning intentions for Accommodation with Care and Support are documented within Torbay Council's Market Position statement, these will be updated regularly, informed by our specialist housing needs assessment, as our intentions are developed. <http://www.torbay.gov.uk/media/1878/asc-mps.pdf>

Torbay is introducing a new performance and quality assurance framework for all providers of accommodation based support and / or care. The new framework will provide a greater focus on quality and outcomes assisting improvement alongside our statutory assessment function. The framework is intended as a focal point for joint working between partnership organisations and will reflect Torbay's integrated health and care service delivery model. Torbay's approach will align with Devon County Council as far as possible.

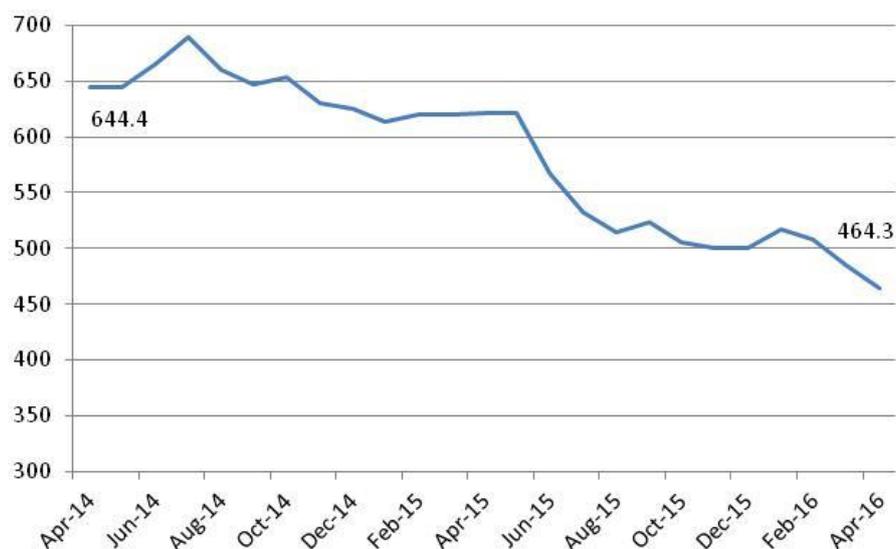
Within Torbay our objective is to move towards an enabling environment with measurable outcomes to promote people's independence, quality of life and health and well-being. Our new model of care focuses on delivering care and support closer to home in the community with the emphasis on 'the best bed is your own bed'. Accommodation with Care and Support has a key role to play in supporting care and treatment outside of the Acute setting i.e. Torbay hospital and other District General hospitals

There are a number of different types of Accommodation with care and support currently available within Torbay. For the purposes of this strategy Care homes with and without nursing will be considered as a bed based service, separate from Independent Living accommodation i.e. accommodation with a tenancy providing care and / or support. Statistics and commissioning intentions relating to residential care can be found separately in Torbay Council's Market Position Statement (MPS) as above.

It is the Council's intention to work with current and prospective Service Providers together with people in receipt of services, particularly those already living in accommodation with care and / or support, in identifying and reviewing current supply and demand with consideration of alternative accommodation and technology in building design. This is likely to be a mixture of adaptation and new build. (See Torbay Council's Market Position statement which identifies a key gap in the provision of alternative care and support options in the community).

Demand

In recent years there's been a decrease in the number of bed based placements in Torbay.



Permanent care home admissions of people aged 65+, crude rate per 100,000 in Torbay Better Care Fund, TSDFT

People’s aspirations are changing across all client groups; wishing to live more independently within their own community (with their own front door) for as long as possible. Alternatives to traditional residential care homes with and without nursing are being sought, driven by people exercising their rights to choose.

The demand for long-term care services is predicted to rise, primarily as a result of longer life expectancy, as people with existing long-term conditions live longer and more people survive into very old age. (Wanless, 2006; Emerson and Hatton 2008; Department of Health, 2009). While many people with long-term impairments can continue to be productive with minimal support, caring for those with higher and on-going levels of impairment can incur higher costs, whether those costs are borne by the individual, their families, the third sector or the state, each with limited resources. Resources need to be targeted to incur the most benefit with the ability to identify, measure and monitor that benefit. This is true for central government in allocating funding across a wide range of activities; those commissioning long term care and other services and support as well as those providing and quality assuring these services.

Samples of factors leading to people requiring specialist accommodation / accommodation with care and support are listed below:

Torbay has a higher proportion of people self-reporting in the census that their day to day activities are limited by a disability / health issue compared to England. Age standardisation shows this is not due to age, even though there is a higher proportion of older person living in Torbay. A possible explanation could be the higher prevalence of diagnosed long term conditions (LTC) in the population compared with England, based on GP practice data.

People with disability that limited day to day activities		
<i>Area</i>	<i>Limited a lot</i>	<i>Limited in some way</i>
Torquay	11%	23%
Paignton	12%	25%
Brixham	13%	26%
Torbay	12%	24%
England	8%	18%

www.nomisweb.co.uk

Number of people aged 65+ predicted to be unable to manage at least one mobility activity on their own projected to 2030						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Number aged 65 and over	6,400	6,478	7,188	8,133	9,273	44.9%

www.poppi.org.uk

Activities include: Going out doors and walking down the road, getting up and downstairs, getting around the house on the level, getting to the toilet, getting in and out of bed.

People aged 18-64 predicted to have a moderate or serious physical disability projected to 2030						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Number aged 18-64 - Moderate physical disability	6,192	6,198	6,260	6,220	5,985	-3.34%
Number aged 18-64- Serious physical disability	1,897	1,900	1,942	1,953	1,867	-1.58%

www.pansi.org.uk

Personal care includes: getting in and out of bed, getting in and out of a chair, dressing, washing, feeding and using the toilet. A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means the task requires someone else to assist / help.

Torbay residents aged 65+ predicted to be unable to manage at least one self-care activity on their own projected to 2030						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Number aged 65 and over	11,533	11,690	12,871	14,504	16,347	41.7%

www.poppi.org.uk

Activities include: Bathe, shower or strip wash, dress and undress, wash their faces, hands cut their toenails, take medicines and feed.

The Commission on Residential Care states that “Disabled people, many who might have died in childhood just 20 years ago, are living longer – into adulthood and with a desire to live independent lives.” This will include demand for supported housing options and other types of housing with support for different levels of need.

Long term conditions

Long term conditions are those that, at present, cannot be cured but can be managed through treatment and behaviour. These include conditions such as heart disease, diabetes and mental health problems (JSNA Ageing & Dying Well, page 30)

Half of people aged over 60 in England have a long term condition. With an ageing population and the growth of health harming behaviours such as physical inactivity, harmful alcohol consumption and smoking, we would expect the prevalence of long term conditions to rise unless this trend is checked by preventative input. The number of people with comorbidities (more than one morbidity) is expected to rise by a third in the next ten years. People with a long term condition are the most frequent users of health care services (JSNA Ageing & Dying Well, pages 30 & 2).

Predictions for future numbers of people with some long term conditions are below:

Torbay residents predicted to have a learning disability projected to 2030						
<i>Age range</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
18-24	257	257	235	223	247	-3.9%
25-34	336	339	356	351	331	-1.5%
35-44	349	336	323	343	359	2.9%
45-54	441	442	407	355	344	-22.0%
55-64	397	401	441	465	431	8.6%
65-74	383	390	404	390	433	13.1%
75-84	214	218	252	310	322	50.5%
85 and over	101	101	117	142	177	75.3%
Total	2,477	2,485	2,534	2,580	2,645	6.8%

www.pansi.org.uk

Torbay residents predicted to have a mental health problem projected to 2030						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Common mental disorder	11,927	11,893	11,759	11,655	11,383	-4.6%
Borderline personality disorder	334	333	329	326	319	-4.5%
Antisocial personality disorder	254	255	251	249	245	-3.5%
Psychotic disorder	297	296	292	290	283	-4.7%
Two or more psychiatric disorders	5,312	5,303	5,239	5,195	5,079	-4.4%

www.pansi.org.uk

The percentage of GP registered population on the mental health register (2014/15) is higher in Torbay at 1.11% compared with 0.88% in England. (Market Position Statement for Adult Social Care and Support and Childrens' Services in Torbay 2016+, page 14)

Depression is the most common mental health problem of later life, affecting 10–20 per cent of older people (National Institute for Mental Health in England) and up to 40 per cent of care home residents. However, in older people depression is often under-diagnosed and undertreated (JSNA Ageing & Dying Well, page 21)

Torbay residents aged 18-64 predicted to have a drug or alcohol problem projected to 2030						
	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Aged 18-64 predicted to have alcohol dependence	4,376	4,384	4,321	4,291	4,206	-3.9%
Aged 18-64 predicted to be dependent on drugs	2,487	2,489	2,455	2,437	2,387	-4.0%

www.pansi.org.uk

The rate of alcohol admission episodes for alcohol-related conditions (2014/15) in Torbay -770 per 100,000 population (all ages, directly age standardised rate) is worse than the rate for England - 641 per 100,000 (Public Health Outcomes Framework www.phoutcomes.info)

Although alcohol abuse is a problem for people of all ages, it is more likely to go unrecognised among older people. Reasons for alcohol abuse in older age include bereavement and other losses, loneliness, physical ill health, disability and pain, loss of independence, boredom and depression, which is also linked to the other factors (JSNA Aging & Dying Well, page 20)

Torbay residents predicted to have Type 1 or 2 diabetes projected to 2030						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Number aged 18-64	2,668	2,672	2,697	2,680	2,561	-4.0%
Number aged 65 and over	4,184	4,287	4,610	5,030	5,566	33.0%
Total aged 18 and over	6,851	6,960	7,307	7,709	8,127	18.6%

www.pansi.org.uk and www.poppi.org.uk

Torbay residents aged 65+ predicted to have dementia projected to 2030						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Number aged 65 and over	2,507	2,572	2,885	3,376	3,962	58.0%

www.poppi.org.uk

Torbay residents aged 65+ predicted to be obese or morbidly obese projected to 2030						
<i>Year</i>	2014	2015	2020	2025	2030	% Change
Number aged 65 and over with a BMI (Body Mass Index) of 30 or more	8,726	8,893	9,407	10,113	11,051	26.6%

www.poppi.org.uk

Torbay residents predicted to have visual impairment						
<i>Year</i>	<i>2014</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>% Change</i>
Number aged 18-64- serious visual impairment	48	48	47	47	46	-4.2%
Number aged 65 and over- moderate or severe visual impairment	2,981	3,023	3,342	3,798	4,208	41.2%
Number aged 75 and over- registerable eye conditions	1,024	1,037	1,190	1,440	1,594	55.7%

www.poppi.org.uk and www.pansi.org.uk

Torbay residents predicted to have a hearing impairment projected to 2030						
Year	2014	2015	2020	2025	2030	% Change
Number aged 18 and over- moderate or severe hearing impairment	17,947	18,156	19,927	22,591	24,601	37.1%
Number aged 18 and over- profound hearing impairment	434	437	480	544	627	44.5%

www.poppi.org.uk,

Unpaid Carers

The census shows across Torbay as a whole a higher proportion of people of all ages self-reporting they provide unpaid care compared with England. (JSNA Living and Working Well, page 59)

“As the population ages, and people with disability and serious illness live longer, they are more likely to live at home. Going forward, we might expect community based care to rely increasingly on family and community members as carers” (JSNA Living and Working Well, page 2)

Housing with care (includes entire spectrum of options from Care Homes to Extra Care villages and supported living apartments) needs to have a range of options available which can meet the variety of needs, outcomes and preferences of people who need it, and is flexible enough for people whose

support needs may increase over time (“A vision of care fit for the twenty-first century” The Commission on residential care, Demos, 2014 pages 180-181)

Delivery / Action Plan

Our Action plan has been drawn up to reflect Torbay’s housing strategy and the ICO’s (Integrated Care Organisation) new model of care together with priorities identified and issues highlighted from data, consultation results, reviews, policy and legislative changes.

How we will monitor our Delivery Plan

The following groups report to Social Care Programme Board

Torbay Council

- Policy Development Group
- Housing Members Group
- Housing Delivery Group
- Market Management Group
- Youth Homelessness Prevention panel
- Domestic Abuse and Sexual Violence
- Homelessness steering group

Torbay and South Devon NHS Foundation Group

- Quality Improvement Group
- Social Care Strategic Change
- Supported Living Steering Group
- Independent Living Panel

Governance

