
Subject:	KCC FAMILIES AND SOCIAL CARE – ACCOMMODATION STRATEGY
Meeting and Date:	South Kent Coast Health and Wellbeing Board – 22 October 2013
Report of:	Mark Lobban – Director, Strategic Commissioning – KCC FSC
Classification:	Unrestricted

Purpose of the report:	To provide an overview of the Accommodation Strategy being developed by KCC FSC and to outline the phases in its delivery
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Recommendation:	To note the report
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1. Summary

This report has been produced to provide South Kent Coast Health and Wellbeing Board an overview of the Accommodation Strategy being developed by KCC Families and Social Care and to outline the phases, stakeholders and timescales in its development and delivery.

2. Introduction and Background

- 2.1 KCC has a statutory duty to support people eligible for adult social care. An Accommodation Strategy is being developed to demonstrate the need for controlling FSC spend in a growing care market and to shape services that promote independence with better outcomes for those who use them. For many years, the care market has grown without any strategic direction or proper needs analysis for the types of services required. Historically, there has been greater care home provision in East Kent than there has been in West which has been identified as having cheaper, more suitable land and properties in comparison to West Kent. As a result, case managers have had to display different behaviours depending on the provision and have had to find alternative services for people eligible for FSC support. A whole system review is required to provide strategic direction to the market for all adult client groups; older people, learning disability, physical disability and people with mental health needs.
- 2.2 National research shows efficiencies can be made by developing services that are a genuine alternative to residential care and provide better outcomes for people. For some time, the strategic direction of the Council has been to develop extra care housing for older people and supported accommodation for people with learning disabilities or mental health needs. Access to capital monies to develop services is no longer available from KCC and opportunities for bidding for capital funding is reducing. However, there is still an active market with one or two care home applications being received every couple of weeks in the County.
- 2.3 There is clearly enough available resource and there is a need to redirect developers into looking at alternative housing provision that meets the need of those eligible for care services. There are economies of scale and KCC has been successful in delivering these services with its partners.

2.4 Kent County Council does not have a statutory duty for housing; this is the responsibility of the district or borough council. Therefore, this piece of work is being undertaken jointly with KCC's local authority partners with support from the Kent Housing Group. KCC has a long standing relationship with its housing partners with successful project delivery for the PFI extra care schemes, the NHS campus re-provision, Horizons redesign of mental health in-patient provision and other supported housing schemes. The Heads of Housing are fully engaged with the Strategy along with other key officers within the District Councils. A programme of visiting CCG colleagues is being planned to gain support and engagement going forward; particularly with the impact of community hospital provision and intermediate care.

3. Process for delivery

3.1 Continuing to fund accommodation based services with out strategic direction is not an option. KCC undertook stakeholder engagement in 2012/13 with local authority housing colleagues and the care home sector and has a fully represented Steering Group in place to take this piece of work forward. The Steering Group includes Health, housing and social care operational colleagues, Supporting People (who are also undertaking their needs analysis) and the private sector.

3.2 The needs analysis will be complete by the end of November 2013 along with the Strategy document and the mapping exercise. Once this is complete, a review will take place to prioritise and sequence 'candidate project' areas which will be identified as natural communities and clusters of services (or not). This means that when the candidate projects are identified, all stakeholders will be invited to review the areas and develop and undertake options appraisals. This will take into account the supply and demand, the impact of other local services (for instance community hospitals, enablement services etc) and local knowledge to start to shape service delivery in that particular area.

4. Timeline

July 2013 – November 2013	<ul style="list-style-type: none"> • Needs analysis • Stakeholder engagement • Regular Steering Group meetings • Map supply of provision • Publish document
November 2013 – January 2014	<ul style="list-style-type: none"> • Review findings • Identify candidate project areas and prioritise • Confirm any procurement activity to move projects forward • Map stakeholders for second phase projects
February 2014 – ongoing	<ul style="list-style-type: none"> • Publish candidate project areas and priority • Invite stakeholders to review workshops • Develop options • Confirm vision for the area • Engage in discussions with providers to move services into that vision • Make it happen

5. Recommendation

South Kent Coast Health and Wellbeing Board are asked to note the contents of this report

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