

HOUSING WITH CARE STRATEGY



2020

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EXECUTIVE SUMMARY

Introduction

Covid-19 has highlighted the impact of housing inequality on the health and wellbeing of individuals, families, and communities. As Gloucestershire County Council (GCC) moves away from the commissioning of traditional residential care and nursing homes towards housing with care, any learning from Covid-19 needs to be considered in the planning of future developments. Working closely with district, borough and city council colleagues, the aim is to provide a range of accommodation for people in the county to help them remain independent and lead fulfilling lives. This strategy has been produced following extensive consultation with interested groups and individuals across Gloucestershire.

The Strategy

The majority of people will be able to live independently during their lives. Housing with care will not be appropriate for all people and therefore a range of other schemes such as Homesharing and cohousing are developing in the county. For some, an additional level of support will be required. For this group, housing with care may provide them with the right support to continue to live independently and thrive. For the purpose of this strategy housing with care is defined as:

- Extra Care Housing
- Supported living

Often older people would be prepared to move but are unable to for a variety of reasons, including the unsuitability of alternative accommodation and the financial cost of moving. Detailed research has been carried out looking at the current rate of housing with care across the county. This shows Gloucestershire has a higher rate of specialist housing for older people, compared to the national average. Currently the amount of housing with care available across the districts varies. With demand for housing with care in some areas of Gloucestershire is likely to almost double between 2020 and 2041 the Strategic Housing Partnership will be required to proactively influence the market, ensuring that housing with care is developed in locations where there is a demonstrable need, and meets the aspirations outlined in the strategy.

Conclusion

There is scope to increase the provision of housing with care in Gloucestershire, but due regard needs to be given to the type of provision and its location. The Strategic Housing Partnership will work together to ensure that the right type and range of housing is provided for the specific needs of the population of the county in each of the six districts.



1. PURPOSE OF STRATEGY

Covid-19 has amplified the impact of housing inequality on the health and wellbeing of individuals, families and communities.¹ The link between the negative impact of housing inequalities, COVID-19 and the associated lockdown measures has been widely reported.² Housing in regions of high air pollution, poor housing quality and household overcrowding are all likely to contribute to poorer health. This has urgent implications for informing the Housing with Care Strategy. The emerging national evidence linking housing inequalities to poorer health and wellbeing, along with local data, provides an opportune moment for Gloucestershire County Council (GCC) to review its commitment to developing housing with care which provides an environment that enables people to thrive.

The Gloucestershire wide Housing with Care Strategy sets out Gloucestershire County Councils commitment to developing its housing with care offer for people which provides security of tenure with flexible on site care arranged according to need. Complementing the locality approach within GCC the strategy

provides a clear indication of requirements for housing with care in Gloucestershire and will ensure that future developments provide accommodation of a high standard, which local people can afford to live in and would choose to live in; where quality care is available as required. For the purpose of this strategy the types of accommodation defined as housing with care are:

- Extra care housing
- Supported living

Extra care housing is defined in Housing our Ageing Population (HAPPI) as:³

“accommodation which can provide the required level of care and support for all tenants within the scheme either through an on-site care team or through a defined domiciliary care and support service contract”

While there is no legal definition of supported living there are a commonly accepted set of principles defined in the Reach Standards in Supported Living.⁴



¹<https://www.health.org.uk/sites/default/files/2020-05/Will%20COVID-19%20be%20a%20watershed%20moment%20for%20health%20inequalities.pdf> [https://doi.org/10.1016/S2215-0366\(20\)30240-6](https://doi.org/10.1016/S2215-0366(20)30240-6)

³https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/Housing_our_Ageing_Population_Plan_for_Implementation.pdf

⁴<https://paradigm-uk.org/what-we-do/reach-support-for-living/>



This strategy will be of use to:

- Elected members, other partners, local communities and neighbourhoods.
- Individuals who access services and their carers
- Key partners, including housing and care providers and developers
- People planning their future housing and/or care needs

The analyses presented in this strategy and the six District Plans has highlighted an over provision of housing with care in the Gloucestershire reflected in the:

- Low take up of ownership extra care housing and retirement living in Cheltenham, the Cotswolds and Gloucester City; indicating a lack of demand for the current types of retirement properties in the market which are not affordable at a local level
- Disproportionate high level of supported living in Gloucester City and the Forest of Dean

The over provision of housing with Care in these areas puts additional demand on health and social care services and has resulted in an inequitable housing with care offer across Gloucestershire. In addition, this presents a risk to housing developers, housing providers and care providers due to the high level of risk associated with void levels in areas where there is an over provision of housing with care. To support the viability of housing with care in Gloucestershire and address the inequitable offer of housing with care across the county the strategic priorities for Gloucestershire include:

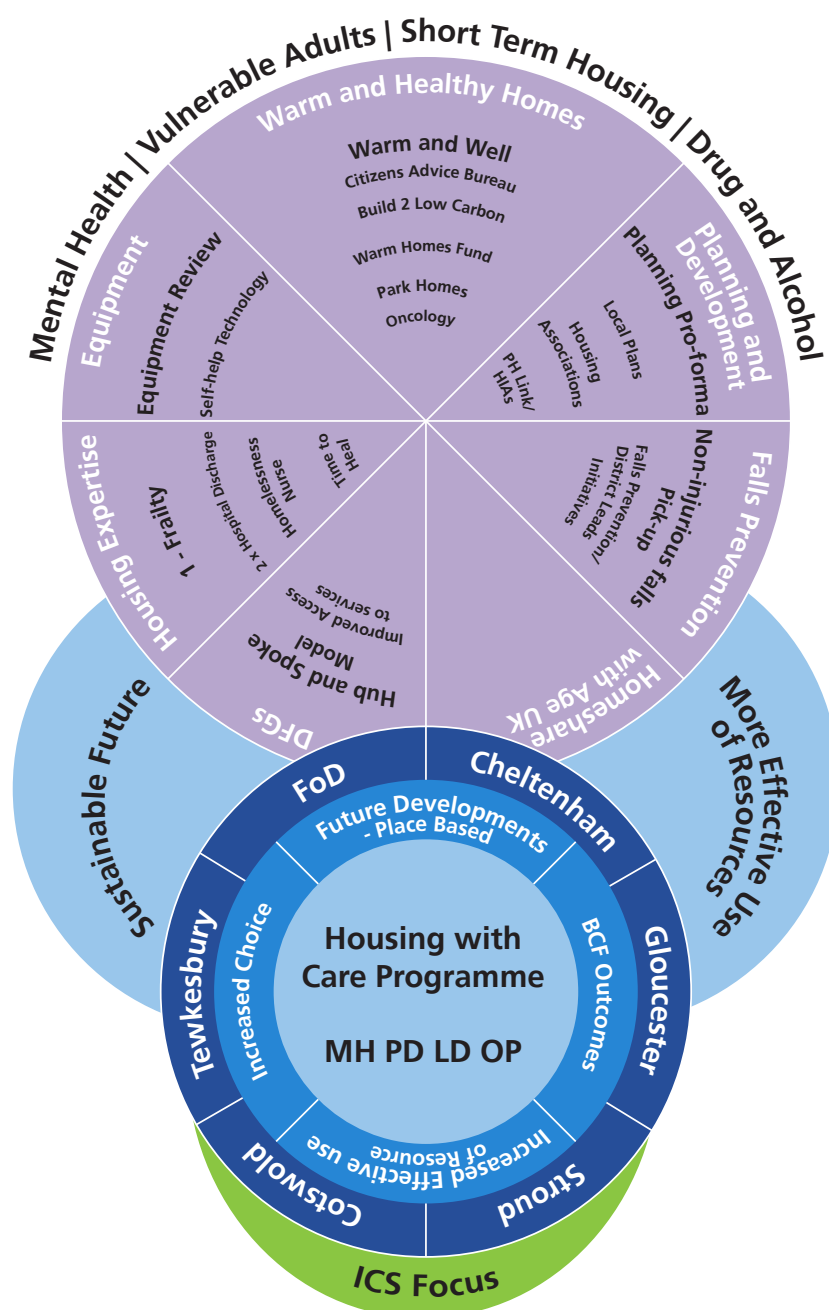
- Developing an affordable rented model of extra care in Stroud District
- Developing supported living in the Cotswolds and Tewkesbury
- Developing a specific housing specification for people with Autism
- Support the development of adaptable homes as part of inclusive communities to meet the housing need of local people



2. BACKGROUND

Housing is widely acknowledged as a social determinant of health and wellbeing. Inadequate housing causes or contributes to many preventable diseases and injuries and is estimated to cost the NHS at least £600 million per year.⁵ This strategy forms part of a wider Joint Housing Action Programme (JHAP) that focuses on improving health through innovative projects aimed at ensuring the home environment supports good health and wellbeing, supporting people to stay at home and maximising independence (Figure 1).

Figure 1 - Overview of JHAP





3. VISION

This strategy sets out the key priorities for housing with care in Gloucestershire for all adults with a care need that would be best met through housing with flexible onsite care. The development of this strategy has involved:

- A comprehensive review of national legislation and policy
- Review of local strategies
- Review of best practice in housing with care across all provision
- Review of national and local data
- Review of current housing with care provision across Gloucestershire
- Feedback from local engagement events and public survey ([Appendix 1](#))
- Feedback from housing and care providers ([Appendix 2](#))

Gloucestershire Market Position Statement (MPS) sets out the commitment of GCC to move away from the commissioning of traditional residential and nursing homes towards increasing the use of housing with care, which provides security of tenure with the option of flexible onsite care arranged according to need.⁶

GCC, NHS Gloucestershire Clinical Commissioning Group (GCCG) together with the six District and Borough Councils (the Strategic Housing Partnership (SHP)) are committed to improving access to a range of different accommodation options that are affordable at a local level and enable people to maximise independence. Working in partnership across housing, health and social care, the SHP will provide a strategic overview that will assist the effective planning and use of resources across all partners, ensuring that housing with care meets

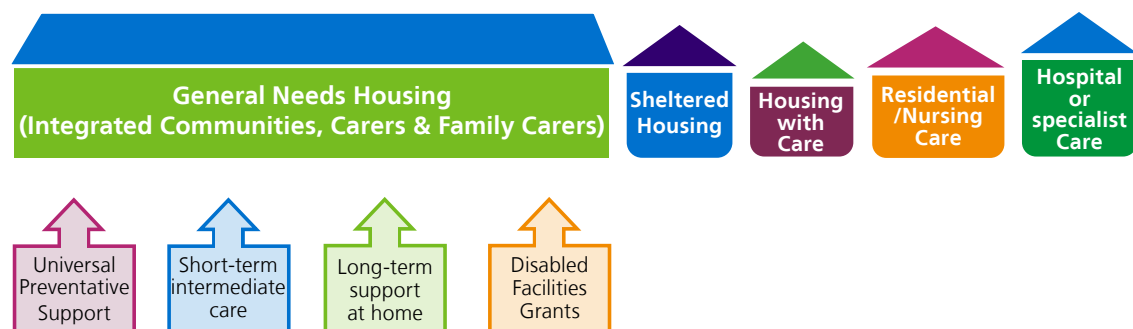
local demand across Gloucestershire and is utilised affectively.

Housing with care schemes can be run by housing associations, the local authority, voluntary organisations or private companies. Properties are available for affordable housing for rent (social and affordable), private/market rent, shared ownership or purchase. Some schemes have a mixed tenure model, with rented and purchased properties available as part of the same development. Housing with care is accommodation which has been designed to facilitate the care needs that tenants or owners may have now or in the future.

Across all ages and disabilities the majority of people are able to live active and independent lives in general needs housing. National and local evidence indicates that between 4-10% of the population live in specialist accommodation, representing a small percentage of the housing market.⁷ Housing with care will not be suitable for everyone, a range of options are required. Homeshare, Cohousing and Shared Lives are gaining traction in Gloucestershire, which all provide a viable, affordable option to support people to maintain independence. Sheltered and general needs housing provide further opportunities to reduce the need for health and social care services. The District Councils housing evidence base, including the Local Housing Need Assessment (LHNA), detail the number of homes across Gloucestershire required to be built to accessible Category M4(2) (accessible and adaptable dwellings) and M4 (3) (wheelchair user dwelling) building regulation standards.

By aligning commissioning models of care with new housing developments the SHP can help to reduce demand on housing, health and care services.⁸ This model supports the development of intergenerational communities, building cohesion and avoiding segregation. Access to a range of community based care and support services enables individuals and families to remain in general needs housing. Changes and developments at either end of the housing with care continuum will impact on the requirement for additional units of housing with care (Figure 2).

Figure 2 - Housing with care continuum



The Housing with Care Strategy has been developed through engagement with a broad range of interested stakeholders including:

- Carers
- Care providers
- Gloucestershire Clinical Commissioning Group
- Gloucestershire citizens
- Gloucestershire County Council
- People living in housing with care
- People with lived experience
- Providers of housing from statutory, social, charitable and private sectors
- The six district councils
- The wider Gloucestershire health and social care community

There are changing levels of need across the county based on efficacy and interdependencies between housing and other components in the health and social care system. To reflect this and acknowledge that future supply is subject to a range of policy interventions and external factors, this strategy should be regarded as a working document. It will be reviewed periodically, at least annually, to ensure that it reflects new patterns and trends that emerge, is up to date, remains relevant and presents a clear indication of demand for housing with care.

4. AIMS



- Ensure a good standard of housing provision, complimented by high quality care
- Improve the housing with care offer for people with a range of support needs, including complex needs and lifelong conditions, and reduce out of county placements
- Increase housing with care across Gloucestershire so each district has an equitable offer for older local people appropriate to need
- Increase the choice of supported living for younger adults with disabilities and mental health conditions
- To benefit the wider housing market through regeneration and by releasing family homes
- To utilise housing with care which delivers cost savings to the housing, health and care system
- To maximise the opportunities offered by advances in technology and Artificial Intelligence (AI) to support people in their own home
- To provide a viable alternative to residential care
- To provide wider community resources and facilities to connect and benefit local people



With an ageing population and increased complexity of individual needs, there is growing demand to develop services which deliver value for money. Housing options which maximise independence can alleviate pressure across housing, health, and care and improve quality of life, for example by ensuring that people are not in hospital for any longer than they need to be. The aims of the strategy will be measured through the Housing with Care Action Plan

[\(Appendix 3\).](#)



5. PRINCIPLES

The SHP supports the use and development of housing with care that meets the needs and aspirations of Gloucestershire residents Our principles are:

Strategic:

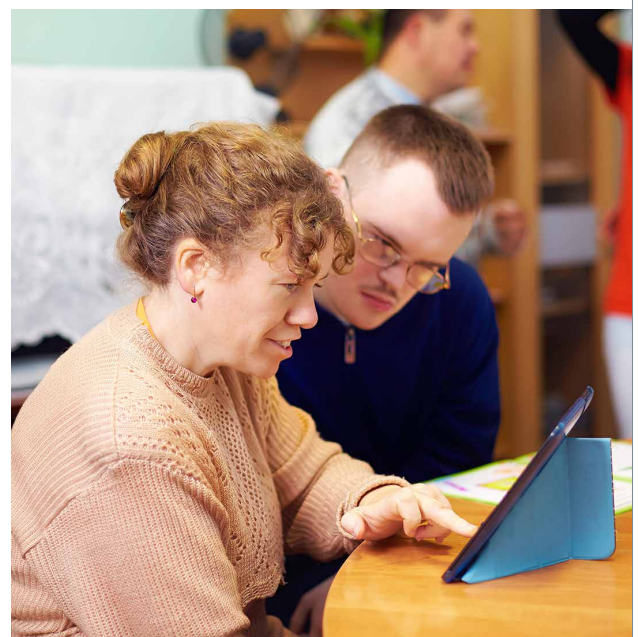
- As a statutory planning consultee commissioning will only support the development of good quality, accessible homes that support the aims of this strategy and meet local need
- The specific requirements for each district will be presented through place-based plans
- Housing with care schemes will play a pivotal role in communities, adding social value to the area
- Work with housing and care providers to review the financial viability of new developments to ensure housing with care schemes are sustainable
- Housing and care costs will be affordable for tenants and represent best value to the public purse

Development and design:

- New developments should be accessible to all and provide homes that can support people for life, be built to Buildings Regulation Category M4(2), or M4 (3), in line with the requirements in the LHNA, and other specific design standards relevant for the customer group
- Schemes will be designed to be sustainable, incorporating environmentally friendly standards that reduce the impact of extremes of temperature
- Technology and AI will be considered throughout the development and design stage to maximise personal independence
- When new schemes are being developed, they should be driven by community engagement, current and developing best practice and informed

by experts including:

- Health Professionals
- Planners
- People with disabilities



Model:

- People will be supported to be as independent as possible
- Care will be available at an appropriate level for the service; this could include 24-hour care, either on site or locally, capable of providing planned care and emergency response as required
- There will be an agreement regarding the ideal level of needs for each scheme, creating supportive, balanced, lively and sustainable communities
- Tenants will be supported to remain in their own homes as their needs change
- Choice of tenure will reflect local need
- Staff within housing with care schemes will work with health and social care services to sustain people through ill health, supporting them to return to good health and independence wherever possible
- People will be supported to maintain good health for as long as possible, decreasing and/or delaying the need for residential or care home placements
- An asset-based approach will be embedded to maximise assets within housing with care and the local community, supporting the integration of housing with care with local people, neighbourhoods and communities
- Commissioning and operational teams will work with District Councils, developers and registered providers to ensure developments offer value for money and affordability of sales, rent, service charges and care costs

Nomination/allocation:

- The district councils will offer housing to people with a local connection to their district in the first instance
- GCC, GCCG, district councils and housing and care providers will work in partnership to an agreed nominations process
- Any out of county nominations should demonstrate a local connection





6. POLICY CONTEXT

Local authorities and health organisations are bound by statute. Their functions are set out in Acts of Parliament and many of these functions have legal duties.⁹ Each of the partners involved in the development of this strategy has statutory responsibility for providing housing, health or social care services. The development of Sustainable Transformation Plans, Integrated Care Systems and the Better Care fund have all focused on the need for integration, supporting organisations across housing, health and care to work together across traditional boundaries to develop solutions that reduce pressure on housing, health and social care and improve the health and wellbeing of people.

Links to national and local policies that this Housing with Care Strategy has interdependences with are provided below:

National Policy

[Care Act 2014](#)

[Improving Health & Care through the home: A National Memorandum of Understanding](#)

[National Planning Policy Framework](#)

[Better Care Fund](#)

[NHS Long Term Plan](#)

Local Context

[Gloucestershire's Sustainability and Transformation Plan](#)

[Integrated Care System](#)

[Gloucestershire's Health & Well-being Board](#)

[Better Care Fund Plan](#)

[Gloucestershire County Council Strategy 2019-2022](#)

[Market Position Statement: Adult Social Care 2018](#)

[Gloucestershire Older People Care Home Strategy 2019](#)

[Joint Core Strategy](#)

Local Authority

Local Plan website

Cheltenham

[Cheltenham Borough Local Plan](#)

Cotswold

[Cotswold District Local Plan](#)

Forest of Dean

[Forest of Dean Local Plan](#)

Gloucester

[Gloucester City Local Plan](#)

Stroud

[Stroud District Local Plan](#)

Tewkesbury

[Tewkesbury Local Plan](#)

7. FINANCIAL CONSIDERATIONS AND OPPORTUNITIES



There has never been a more challenging time for commissioners, developers and providers seeking to secure capital investment and/or sustainable revenue for housing with care. In a financial climate where sources of funding have reduced members of the SHP will work together to deliver the vision and objectives of this strategy.

Value for money and efficiency will be a focus of any review of current housing with care and future development as this strategy is implemented. Integrating housing with health and social care provides an opportunity to question how services can be commissioned to make the best use of available resources. Good quality accessible housing can have a significant role in helping family, paid carers and the wider health and social care system provide support more effectively. Evidence shows that government investment in specialised housing not only produces better outcomes for its tenants, it is also cost-effective, with a positive impact on the health and social care spend, through, for example, the prevention of falls and a reduction in the levels of hospital re-admission.¹⁰



Homes England

Homes England (formerly the Homes and Communities Agency) is the national housing and regeneration agency for England. Working with various partners Homes England's aims are to:

- Increase the number of new homes that are built in England, including affordable homes and homes for market, sale or rent
- Improve existing affordable homes and bring empty homes back in to use as affordable housing
- Increase the supply of public land and speed up the rate that it can be built on
- Help to stimulate local economic growth by using land and investment to attract private sector investment

A key consideration relating to the delivery of affordable housing with care is the inability to access Homes England funding for development on S.106 sites.¹¹ This will add constraints to the delivery of affordable housing with care.

Gloucestershire One Public Estate (GOPE)

Gloucestershire One Public Estate is a partnership that works to incentivise and coordinate development across Gloucestershire.¹² GCC is a member of GOPE and has developed an asset management plan for 2019-2024, which provides an overview of the priorities for managing and developing the GCC estate over the next five years.

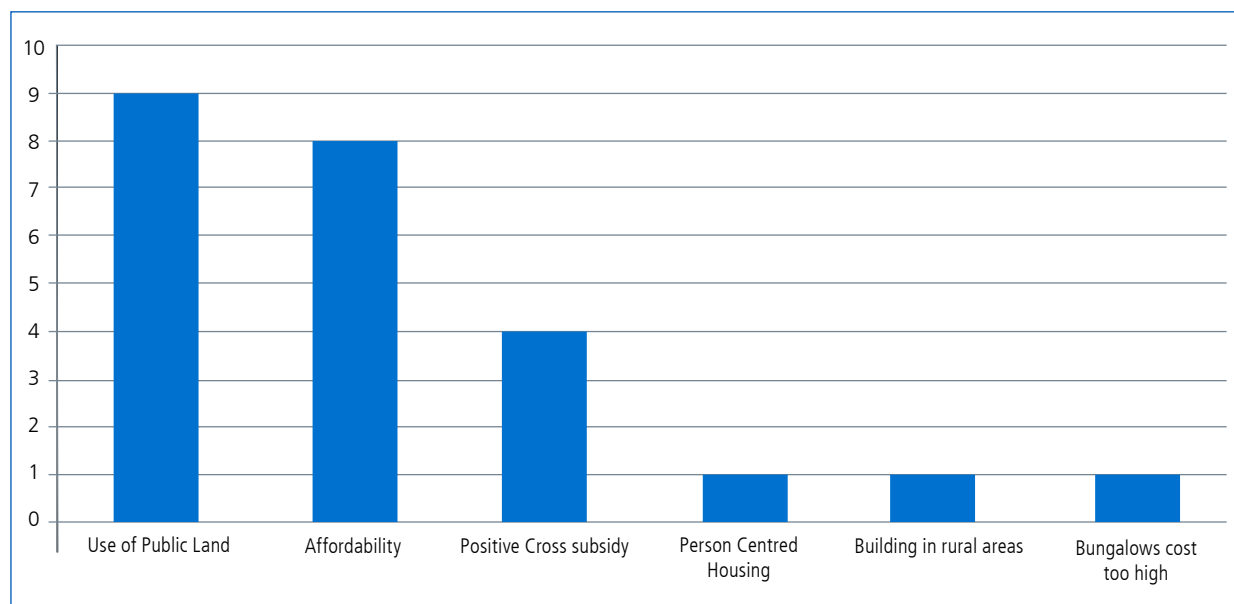
¹⁰ https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/Financial_benefits_of_investment_in_specialist_housing_FINAL.pdf

¹¹ <https://www.local.gov.uk/pas/pas-topics/infrastructure/s106-obligations-overview>

¹² <https://www.gloucestershire.gov.uk/council-and-democracy/position-statement-corporate-peer-challenge-2018/one-gloucestershire-estate/>

Feedback from an engagement event for housing and care providers highlighted the importance of incentives from local public stakeholders to ensure financial viability when developing housing with care. The key themes regarding financial viability are presented in Graph 1.

Graph 1 - Financial viability of developing housing with care themes



Working with the One Public Estate group will ensure that, where possible, the development of affordable housing with care can be incentivised through access to public resources, including land. Case studies demonstrate innovative approaches to developing housing with care that reflect local feedback:¹³

- Entrepreneurial approaches to maximising assets, particularly public sector land, by taking a direct stake in the development process and a more holistic approach to land value
- Innovative partnerships and joint ventures working across the county area, offering the potential to enhance council's financial resilience over the long term, in line with strategic objectives
- Positive cross subsidy to support development of housing with care and ensure financial viability across sites/districts for housing and care providers

8. WORKFORCE DEVELOPMENT



Social care and health organisations need to attract and retain staff with the right skills, values and behaviours to deliver quality care services. The national turnover of staff within the care workforce in 2018 was 37.7%.¹⁴ This has an impact on service delivery and the continuity of care delivered. Gloucestershire mirrors the national trend with issues around the recruitment and retention of staff across the care sector. Care workforce data indicates factors impacting on the labour market locally include an ageing workforce, a significant reliance on EU nationals and the potential impact of Brexit. Gloucestershire has a shifting demographic which further impacts on the workforce. On average Bristol attracts 4,000 young people every year while Gloucestershire loses 400.¹⁵ There are also variations in the recruitment and retention of staff across the districts, with rural districts struggling most with workforce sustainability.

With an ageing population as well as

increasing requirements to meet ever more complex needs, including providing for dementia and challenging behaviour, it is imperative that providers are supported to ensure that there is the capacity, skills and expertise within the workforce to meet these growing demands. To support this Gloucestershire has the following initiatives and functions in place:

1. [Enhanced Independence Offer](#)
2. [GCC Quality Assurance Team](#)
3. [Proud to Care](#)
4. [Proud to Learn](#)

As part of the development of housing with care various ways of commissioning will be explored to support the development of the local workforce including:

- Hub and spoke models of care
- Multi-disciplinary teams
- Self-managed teams
- Wellbeing teams

¹⁴ <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf>

¹⁵ <https://www.gloucestershire.gov.uk/media/2083983/gloucestershire-2050-concordat.pdf>



9. CARERS

Unpaid carers provide a vital role in caring for older people and working age adults with care needs. Nationally, the economic value of the care and support that is provided by carers is estimated to be worth £132 billion a year, an average of £19,336 per carer.¹⁶ Providing care can affect the ability of carers to participate in education and employment and can affect their relationships, household finances, health and well-being.¹⁷ The ICS has a range of services available to support carers.¹⁸ Housing with care providers and developers should work in partnership with carers and the services that support them to provide additional support/services where appropriate.



¹⁶ https://www.sheffield.ac.uk/polopoly_fs/1.546409!/file/Valuing-Carers-2015.pdf

¹⁷ <http://www.smf.co.uk/publications/caring-for-carers/>

¹⁸ <https://www.gloucestershire.gov.uk/health-and-social-care/carers/organisations-who-can-help/>

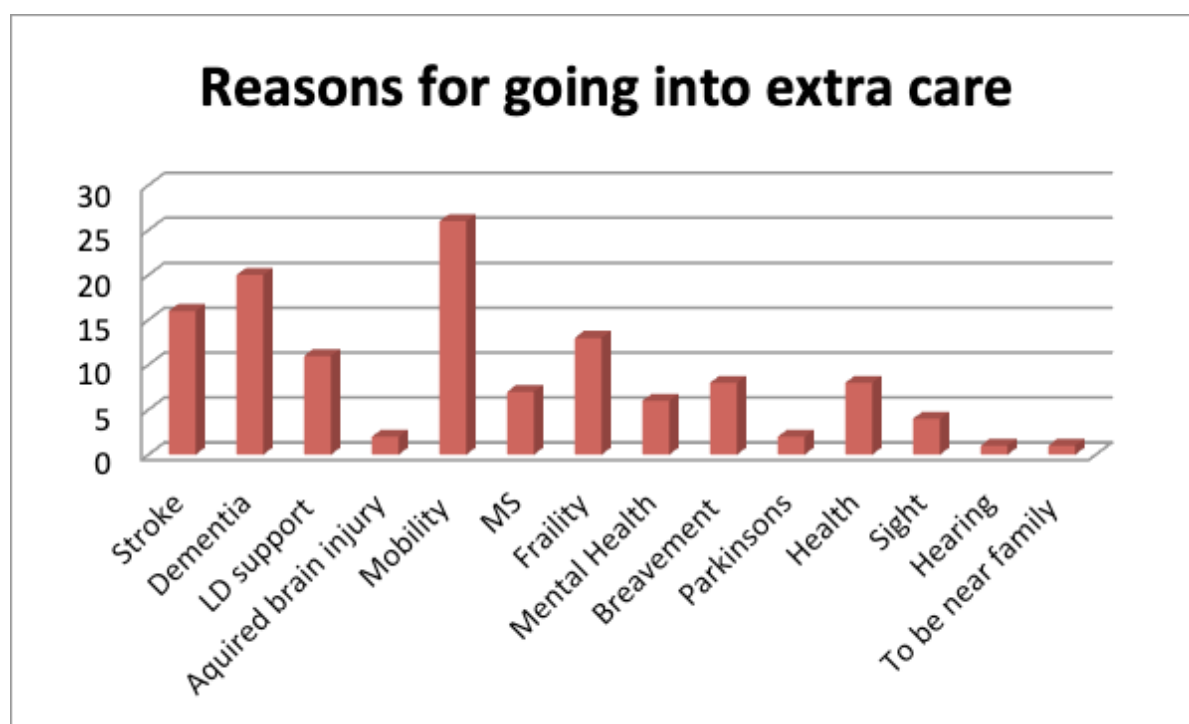
10. HOUSING WITH CARE FOR OLDER ADULTS



Gloucestershire has an ageing population; the number of people aged 75 and over is estimated to increase from 68,131 in 2021 to 120,363 by 2041, an increase of 52,232.¹⁹ Extra care housing is one of the options available to help meet the housing and care needs of an aging population. As the population ages, the occurrence of long-term health conditions is likely to increase, creating complex geographies of need and demand on various services. The prevalence of specific conditions, including physical disabilities, sensory impairments and dementia can trigger the need for housing with care. Dementia and decreased mobility are the predominant reasons why individuals move into GCC commissioned extra care (Graph 2).



Graph 2 - Reasons for going into GCC commissioned Extra Care





The number of people over 75 in Gloucestershire living with dementia is expected to rise from 9,684 in 2019 to 15,454 by 2035, an increase of 5,770.²⁰ Incidences of trips and falls resulting in emergency hospital admissions are set to increase in people over 75 from 2,929 in 2019 to 4,962 in 2035.²¹ Currently 1271 people aged 65 plus in Gloucestershire receive home care arranged through GCC. This indicates that there are a number of people currently receiving care who are able to remain independent in their own homes, but might, over time, benefit from living in extra care as their current homes become less accessible due to mobility needs, feelings of anxiety following the bereavement of a spouse, or the need to downsize.

Homeseeker Plus is the platform that Gloucestershire uses to advertise affordable housing.²² Whilst the waiting list for accommodation does not correlate directly to housing need, it is the best indication of the requirements of households seeking affordable housing. At the time of writing a total of 17,278 households were waiting for affordable

housing across Gloucestershire, of these 1,854 are aged 65 and over, whose housing need could potentially be met through extra care.

The strategic focus for GCC is to purchase fewer long-term care home beds and focus on supporting people in their own homes. A greater proportion of the beds that are purchased will be for residential and nursing dementia and other specialist services. As the Care Home Strategy²³ and the Housing with Care Strategy are implemented the relationship between any reduction in residential care beds and requirement for extra care will be reviewed.

Sufficiency in the care market for self-funders is the responsibility of the local authority under the Care Act (2014). Most self-funders arrange care with no contact with GCC, where support is sought it is most likely to be in an emergency. The Local Government Information Unit Independent Ageing Report estimates that nationally 9.3% of older people (aged 65 and over) are in receipt of community-based care, 19% of these are estimated to be self-funders.²⁴

²⁰ <https://www.poppi.org.uk/index.php?pageNo=334&arealD=8652&loc=8652>

²¹ <https://www.poppi.org.uk/>

²² <https://www.homeseekerplus.co.uk/choice/>

²³ <http://glostext.gloucestershire.gov.uk/documents/s46133/Item%2010%20-%20Commissioning%20Strategy%20-%20Residential%20and%20Nursing%20Care%20Home%20Provision.pdf>

²⁴ <https://www.lgiu.org.uk/wp-content/uploads/2012/04/Independent-Ageing.pdf>

This suggests that there are potentially 1,203 self-funders aged 75 and over receiving community-based care across Gloucestershire. Based on current population predictions this is set to rise to 2,127 by 2041. On average 41% of people entering residential care each year are self-funders, of these, 25% will run out of money. GCC is committed to the ongoing improvement of the advice and guidance offer to self-funders. Together with an increase in affordable market extra care options, which provide an opportunity for older people to 'right size', self-funders will have a real alternative to residential care and will no longer be in the position where they are unable to pay for their care due to diminishing financial resources.²⁵

Current Supply of Older People Housing

A review of the current provision of extra care and sheltered housing/retirement living was undertaken to develop a robust understanding across the whole market of housing for older people. The data collected forms the baseline for the projection of need for extra care housing up to 2041. The aim of this strategy is to look at future need for extra care housing and predicting the need for sheltered housing is out of the remit of the strategy.

Providers of all older people housing in Gloucestershire were contacted to verify:

- Number of units
- Classification (either specialist older people housing (SOPH (Sheltered housing and retirement living)) or extra care housing)
- Location

In total 8,007 units of older people housing across Gloucestershire were identified (Table 1).

Table 1 - Confirmed existing stock of housing for older people by district

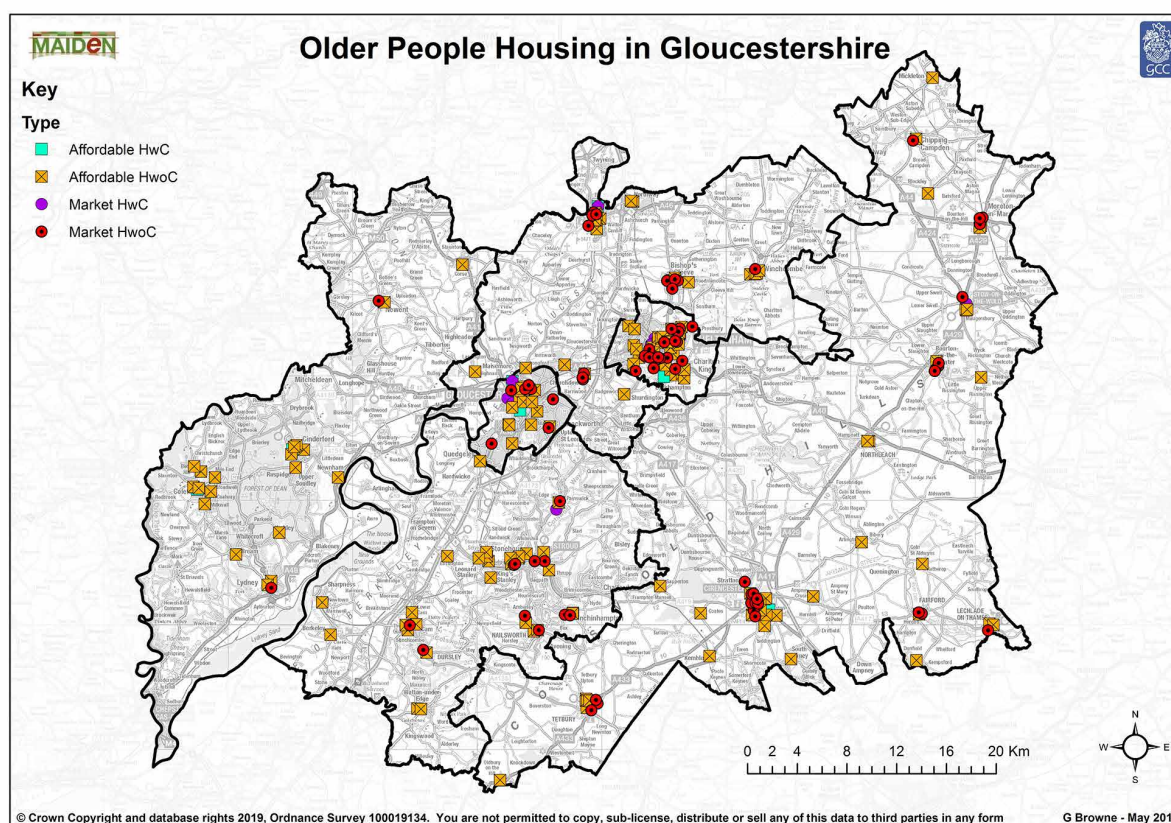
Property Type		Local Authority						Total
		Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	
SOPH	Owned	691	794	161	331	411	450	2,838
	Rented	778	806	644	674	810	620	4,332
Extra Care	Owned	225	59	0	161	56	32	533
	Rented	49	60	94	128	0	43	374
TOTAL		1,743	1,719	899	1,294	1,277	1,145	8,077

Gloucestershire has one of the highest rates of older people housing in the country. Research by Sheffield Hallam University identified that:²⁶

- Cotswold and the Forest of Dean are among the 100 local authorities with the largest prevalence rate of age exclusive housing per 1000 people aged 75+
- Cheltenham, Cotswold and Gloucester are among the top 100 local authorities for prevalence rate of older people specialist housing
- Cheltenham and Gloucester are among the 100 local authorities with the largest level of care beds.

Map 1 shows the current distribution of extra care (EC) and SOPH across Gloucestershire, highlighting the variance of choice across and within districts.

Map 1 - Older People Housing in Gloucestershire



A report by Knight Frank ranks Cheltenham and the Cotswold in the top 10 counties in England for high prevalence rates of market level SOPH and extra care.²⁷ Prevalence rates are an established method of predicting future demand for specialist older people housing. Nationally, the current average level of provision for SOPH is a rate of 15 units of specialist accommodation for every 1,000 people aged 75 and over, Gloucestershire has a rate of 14/1000.²⁸ Table 2 provides the range of prevalence rates for proactive, reactive and inactive approaches to the development of housing for older people.²⁹

²⁶ <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/older-peoples-housing-care-support-greater-cambridge.pdf>

²⁷ <http://thinkhouse.org.uk/2018/knight.pdf>

²⁸ Housing Learning and Improvement Network

²⁹ 2016-06-06 SHOP review

Table 2 - Proactive, reactive and inactive approaches to housing with care³⁰

Prevalence Rate per 1,000 people over 75			
	Proactive	Reactive	Inactive
Range of prevalence for extra care	30-40	10-30	0-10

Despite falling in the reactive category, Gloucestershire has some of the highest levels of SOPH and extra care in the country. Older people's housing in Gloucestershire has seen a slower than anticipated rate of sales. This has potential implications for the long-term viability for all parties involved in the development and delivery of SOPH and extra care in Gloucestershire. There are several schemes providing accommodation for home ownership operating at below 95% occupancy level. In some districts void levels in owned older people's housing are:

- 25% in extra care
- 15% in sheltered/retirement living

In affordable rented extra care schemes, placements from adult social care average 36% (Table 3).

Table 3 - Current utilisation of GCC commissioned extra care

District	Number of units available for GCC	Number of GCC funded individuals	Percentage of GCC funded individuals
Cheltenham	37	19	51%
Cotswold	60	17	28%
Forest of Dean	94	40	43%
Gloucester	128	43	34%
Stroud	0	0	N/A
Tewkesbury	43	12	28%

The government select committee on housing for older people reported that a third of older adults would like to move, but a combination of financial, practical and emotional barriers, prevented or delayed the process of moving home.³¹ Local feedback highlighted the concerns that citizens have around the affordability of living in extra care due to uncertainty around service charges. Clear financial models, across all tenures, would assist older people to make informed choices about what type of housing would best meet their future needs. Rent-to-rent models for extra care can provide choice for self-funders, creating an opportunity to capitalise on revenue income and an incentive to 'right size'. It is within the wider context of the housing with care continuum and the local market for SOPH that future demand for extra care housing has been modelled.

► Future Demand

The Housing LIN SHOP tool is a recognised methodology for identifying the future housing needs of older people. Predictions are based on existing types of housing (sheltered/retirement living and extra care) for older people. It is unclear if older people will aspire to these types of accommodation in the future and alternative options need to be explored. Innovative and creative housing and care solutions are required to meet the future demand for housing for older people in Gloucestershire including:

- Hub and spoke smaller models of extra care,
- Sheltered housing developments where GCC has a commissioned care contract
- Intergenerational models of housing with care

The modelled numbers of extra care required by 2041 take into consideration:

- Current hotspots of high concentration of housing for older people
- Creating more equity of choices in housing for older people across the districts
- GCC duty under the Care Act
- Sustainability of current housing for older people

People move into specialist housing for older people from an average radius of 3-miles.³² The disparity of housing for older people across Gloucestershire demonstrates the level to which development has been developer led. As a statutory planning consultee GCC will require future development to demonstrate that location and affordability have been considered to meet local need.

The Housing LIN provides guidance on tenure split.³³ The recommendations of leasehold vs rented are based on ratios of deprivation and affluence and will be applied to future extra care schemes to ensure local need is reflected.

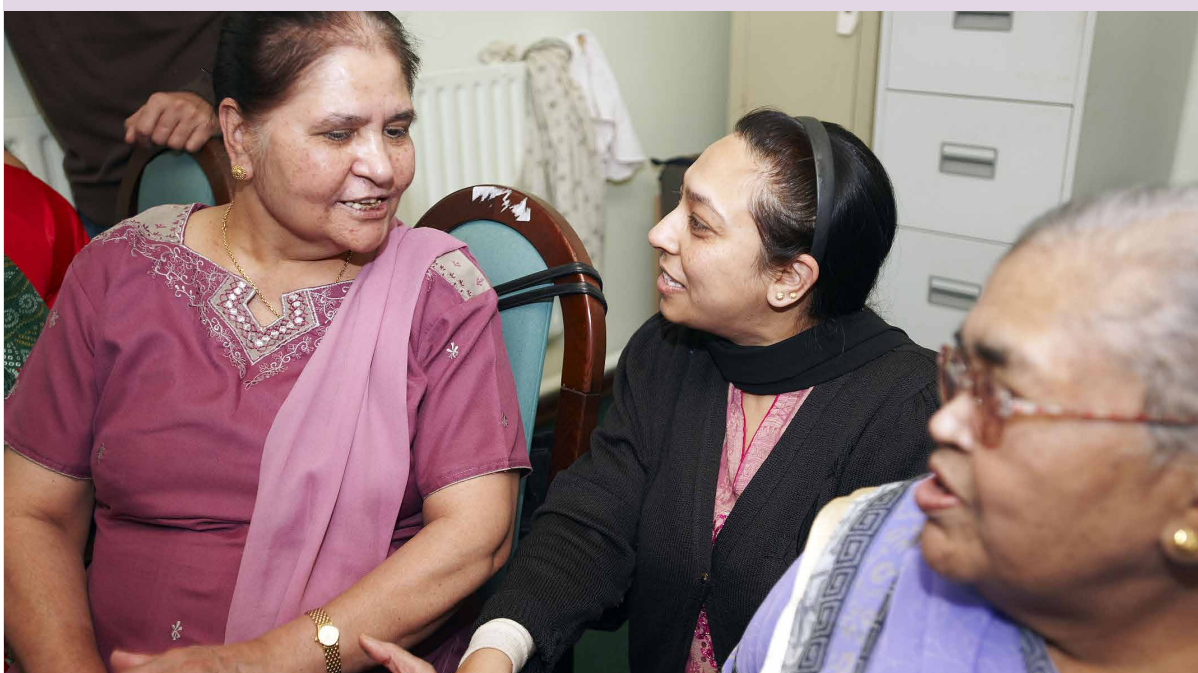


Table 4 outlines the modelled demand for extra care up to 2041. Across Gloucestershire the recommended prevalence rate for rented extra care is 5/1000 units and for owned extra care the required level is 10/1000.

Table 4 - Modelled demand for Extra Care Housing by 2041

Local Authority		Rate per 1,000 persons aged 75+	Gross need	Existing supply	New need by 2041
Cheltenham	Owned	10	202	225	-23
	Rented	5	101	49	52
Cotswolds	Owned	10	208	59	149
	Rented	5	104	60	44
Forest of Dean	Owned	10	181	0	181
	Rented	5	91	94	-3
Gloucester	Owned	10	194	161	33
	Rented	5	97	128	-31
Stroud	Owned	10	224	56	168
	Rented	5	112	0	112
Tewkesbury	Owned	10	190	32	158
	Rented	5	95	43	52

The SHP will proactively manage the market, ensuring that extra care is developed in locations where there is a demonstrable need, and meets all the aspirations outlined in this strategy. A commitment to ongoing consultation with registered social landlords (RSL) and private developers will ensure their involvement and partnership in the development of extra care and other creative housing solutions that help to reduce the demand on housing, health and care services and provide older people with a real choice of affordable housing options, enabling them to maintain their independence, health and wellbeing for longer.



The requirement for extra care housing will be amended to reflect changing levels of demand as:

- New developments become available
- Smaller hub and spoke models of care are developed
- Arrangements between District Council, County Council and Clinical Commissioning Group regarding nominations processes for properties developed to category M4(2) and M4 (3) standards in general needs developments (virtual extra care model)
- Reduction in care homes
- Capacity in extra care housing and SOPH increases/decreases



11. HOUSING FOR ADULTS WITH A DISABILITY AND MENTAL HEALTH NEEDS



The convention on the Rights of Persons with Disabilities aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.³⁴ Decent housing is a basic human right that helps people to have independent, fulfilled lives. Everyone should be able to live in an area of their choosing, cook and wash for themselves, avoid falls, make the choice not to live in residential care, go out to see friends and have them over.³⁵

Councils with social care responsibility return information to NHS Digital on how services are used.³⁶ Based on the data for 2018/19 in England most adults with disabilities aged 18-64 lived in settled mainstream housing with family or friends. 22% of working age adults with a disability receiving long-term support from social care lived in supported accommodation. The number of people in residential care is 16% nationally and the number in nursing homes remains static at 1%.



³⁴ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

³⁵ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

³⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19>

Thinking proactively and using the social model of disability can help to anticipate barriers to inclusion before they arise. The best way to minimise or remove barriers is to design them out at the planning stage and develop accessible, inclusive communities that reduce the requirement for specialist housing. For communities to be inclusive they need to be accessible. An accessible space is useful, easy to understand, safe (with hazards minimised or eliminated) and comfortably accessible for all, regardless of size, age, environmental needs, posture or mode of mobility. The proposed Barnwood Trust development at Manor Gardens is an example of inclusive development.³⁷ The project includes contemporary design, which is accessible, environmentally friendly and finished to a high standard. Manor Gardens is not specialist housing for people with disabilities, it is designed as a neighbourhood where people with different abilities can enjoy living alongside each other as part of a community. This reflects the National Development Team for inclusion (NDTi) call for good quality housing for all, for all new housing to be accessible, providing the opportunities and environment for natural support, and community.³⁸

2,481 households under the age of 55 registered on Homeseeker Plus have someone as part of the household with a specified disability (Table 5). While this does not necessarily indicate a need for supported living, it highlights the requirement for adaptable homes as part of inclusive developments.

Table 5 - Number of people under 55 with a disability on Homeseeker waiting list

District	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Total
Under 55	500	206	360	806	316	293	2,481

While supporting the development of inclusive housing and communities is the overarching vision for Gloucestershire, it is recognised that there are barriers within the planning process and the financial viability of developments to actualise this vision. Within these constraints it is important to develop supported living that meets local need, provides a range of choice, is safe, inclusive, developed to a high-quality and forms part of wider communities where people can thrive. Supported living is not a prescriptive model of service design and can look different for different people.

Current supply of housing for people with a disability

Gloucestershire County Council commissions a range of supported living:

- Single person services
- Shared supported living
- Supported living where people have their own front door
- Supported living as part of a larger general needs mixed tenure development

³⁷ <https://www.barnwoodtrust.org/news/barnwood-trust-builds-belonging-with-an-attractive-new-housing-development-at-manor-gardens-in-gloucester/>

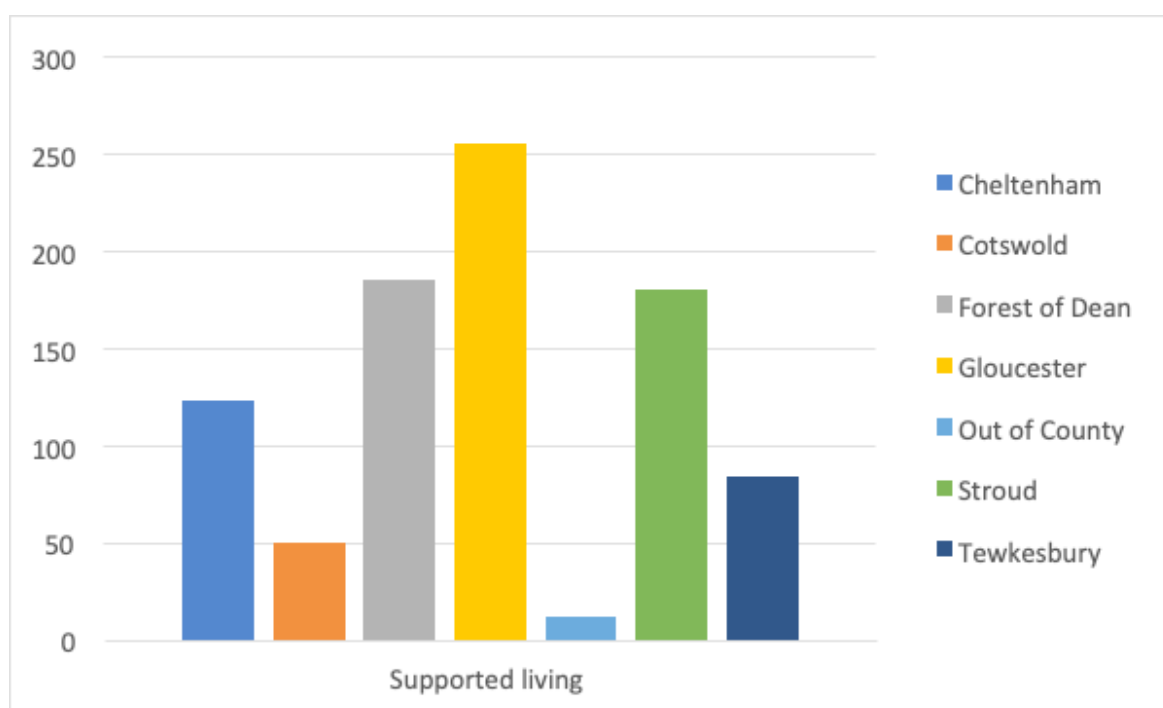
³⁸ https://www.ndti.org.uk/uploads/docs/Themes_from_Housing_Roundtable_1st_April_2019.pdf

Growth in demand for supported living will continue for the next twenty years due to:³⁹

- An increase in people with a disability whose parents are likely to have died or be very frail
- Changing expectations among people and families regarding the right to an independent life
- Increase in young people with complex needs coming through transition

Currently Adult Social Care fund 893 individual supported living placements. Gloucester, the Forest of Dean and Stroud have the highest number of supported living placements across the county (Graph 3).

Graph 3 - Number of supported living placements by district GCC data



From November 2019 till April 2020 on average there were 50 known voids in supported living each month. The average percentage of voids per district is presented in Table 6. 90% of voids are in shared accommodation, reflecting the fact that most supported living is currently shared. As new supported living schemes are developed voids will be reviewed to ensure that there is capacity in the market for both housing and care providers.

Table 6 – Average percentage of voids in supported living

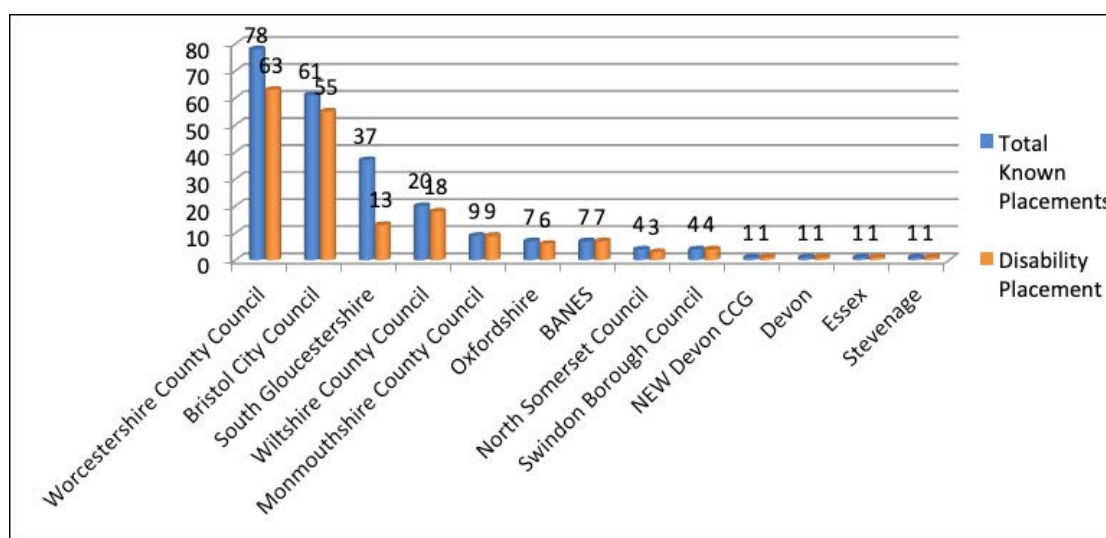
Local Authority	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Total
Number of voids	7.5%	1%	19.5%	56%	11%	5%	100%

³⁹ <https://www.laingbuisson.com/blog/homecare-and-supported-living-a-curates-egg-of-a-market-good-in-parts-not-in-others/>

Gloucestershire has a range of shared supported living, including some that is now outdated.⁴⁰ Where GCC is actively commissioning supported living, extra thought is required in the planning and design of shared accommodation. There will always be people who choose shared living; but it needs to be flexible and sustainable. Shared housing should be designed so that people have their own space, including en-suite rooms with more than one communal area to make shared living comfortable and sustainable.

Nationally there is a drive to reduce out of county placements. A significant number of people with a disability are placed in Gloucestershire from other Local Authorities (Graph 4). The high number of disability providers and services in Gloucestershire are attractive to other placing authorities. This puts pressure on GCC if the funding responsibility transfers due to Ordinary Residence or if an individual is detained under the Mental Health Act. The drive to reduce out of county placements should lead to a reduction of placements in Gloucestershire from other authorities. As these placements are reduced the appropriateness of any available supported living will be reviewed to assess if it can meet local need and aspirations.

Graph 4 - Into county placements by Authority



This strategy is aligned to the transforming care agenda. Gloucestershire ICS is committed to ensuring that people in long stay hospitals are supported to return to live in Gloucestershire. There are currently 35 people within the transforming care cohort, though it is acknowledged that this is a fluctuating number as people are resettled in to accommodation with care locally and other people are admitted to hospital as part of a treatment plan. Ensuring that the right accommodation is available locally is a key component to achieving reductions in inpatient capacity and a timely discharge from hospital. The accommodation requirement for this cohort may include bespoke housing and adaptations which could include:

- Walls or radiators padded to provide protection from self-harm
- Elements of the home to be made more robust to prevent damage

⁴⁰ https://www.ndti.org.uk/uploads/files/Supported_Living_-_Making_the_Move_May_2010.pdf

For some people, the location and design of home will need to ensure that consideration is given to sensory needs which could include:

- Away from busy, noisy roads
- Avoid bright lights

In addition, there may be specific triggers that need to be considered both within the home and the surrounding area. Discussions with developers and housing providers will consider how any potential developments can address the specific accommodation needs of people in long stay hospital, ensuring that the right accommodation is developed in Gloucestershire to meet this need as part of a community package of care to ensure:

- A reduction in long stay hospital admissions
- Timely discharge from hospital for future admissions
- Where possible prevent future admission to hospital

The Government's policy decision in October 2017 to continue funding enhanced rates of Housing Benefit for supported living provided an incentive for investment.⁴¹ Private investment plays an important role in supporting growth and sustainable development. Investors have backed the launch of several specialist Real Estate Investment Trusts (REITs). The sector's watchdog, the Regulator for Social Housing (RSH), has expressed concern that the financial model can leave housing associations financially weak, unable to fulfil their obligations to tenants and exposed to a

potential significant void/rental shortfall risk.⁴² To ensure risk is minimised the SHP are keen to work with a variety of financial models to ensure that supported living is developed that is of the highest quality for the people who will live there and is sustainable for all parties, including appropriate levels of rent and associated charges. GCC, District Councils and housing benefit teams will work closely with developers and registered providers to ensure that there is transparency in the costs associated with the enhanced level of core rent and service charges. Where higher rates are applicable this should be reflected in the level of need; resulting in housing for people with complex needs, that require a robust construction and other additional costs agreed by all parties through the planning and development process.

Understanding the future need for supported living requires a review of the whole provision, across all disabilities. The 2014 Learning Disability Market Position Statement (MPS)⁴³ reflects this approach, outlining Gloucestershire's commitment to increasing the joining up of services across all disability. People with disabilities are not a homogeneous group; they are all individuals with their own needs, abilities and aspirations. Future developments of supported living will need to be adaptable to support a range of requirements, ensuring Gloucestershire continues to build on the work of the Learning Disabilities MPS, providing homes where people can age well and receive the right level of care and support.

⁴¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792650/Lease-based_providers_of_specialised_supported_housing_-_April_2019.pdf

⁴² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792650/Lease-based_providers_of_specialised_supported_housing_-_April_2019.pdf

⁴³ <https://www.gloucestershire.gov.uk/media/15891/gloucestershire-ld-mps-july-2014.pdf>



12. AUTISM

The definition of Autism in the Gloucestershire strategy for people with Autistic Spectrum Conditions (ASC) is:⁴⁴

"Autism is neither a mental illness nor a disease. It is neurodevelopmental in nature and reflects a difference in the wiring of the brain. This means you think, feel, perceive and react differently to the world around you and often have a different set of strengths and limitations. You learn that there are certain environments you feel more suited to than others. The challenge is finding the right settings that support the abilities"

This definition highlights the importance of the environment to enable individuals with ASC to flourish. With the right accommodation and support people with complex ASC can, and should, remain within their community in smaller settings. Getting the accommodation

right can have a positive impact on levels of required care and increase personal dignity and development. The use of inappropriate accommodation can lead to issues ranging from personal distress, extreme anxiety, increased support needs, social isolation and regression to physical damage, costly repair works and unsafe places. It is essential that the location of a person's home reflects their individual needs and preference.

General Practice (GP) data indicates there are 1931 people in Gloucestershire with ASC.⁴⁵ This number reflects cases where a GP is either aware of a diagnosis of ASC or suspects that the patient has ASC and marks this on their records. The national estimated prevalence rate of ASC in adults is 1%.⁴⁶ The numbers of adults with ASC based on PANSI population data and number of people with ASC on GP data is presented in Table 7.

Table 7 - PANSI Population and GP data for ASC

Local Authority	Population data 2020 from PANSI	GP data	Difference between population and GP data
Cheltenham	712	367	345
Cotswold	478	139	339
Forest of Dean	486	261	225
Gloucester	804	597	207
Stroud	678	414	264
Tewkesbury	516	152	364
Total	3,674	1931	1,743

Based on ONS population data the percentage of people with ASC recorded by GPS against population data on working age adults is presented in Table 8.

⁴⁴<https://www.gloucestershire.gov.uk/media/2086394/gloucestershire-autism-strategy-2018-2021.pdf>

⁴⁵<https://www.gloucestershire.gov.uk/media/2086394/gloucestershire-autism-strategy-2018-2021.pdf>

⁴⁶<http://www.ic.nhs.uk/pubs/autism11> . 2012. 7-7-2012.

Table 8 - Percentage of people with ASC compared to ONS⁴⁷ working age adult's population data

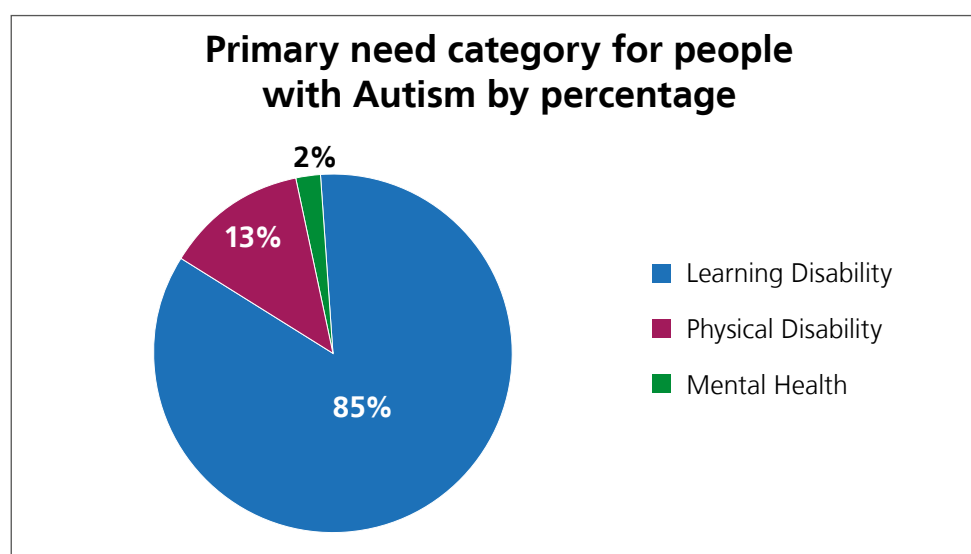
Local Authority	GP data	Population data ONS	Percentage
Cheltenham	367	75,397	0.48%
Cotswold	139	51,737	0.27%
Forest of Dean	261	51,989	0.50%
Gloucester	597	84,458	0.71%
Stroud	414	72,491	0.57%
Tewkesbury	152	55,022	0.28%

Comparison of GP and population data highlights a wide variation of ASC identified across Gloucestershire. The lower prevalence of ASC in the Cotswolds and Tewkesbury could reflect their relative affluence and lower levels of deprivation.⁴⁸ The higher prevalence of people with ASC in Gloucester could be due to people living where services are located, as opposed to where they would choose to live.

Across Gloucestershire the number of people recorded as having ASC identified through GP data is below the national average. Based on the national estimated prevalence rate of ASC of 1% there are potentially 1,743 people in Gloucestershire undiagnosed with ASC and not known to GPs. A diagnosis of ASC later in life can help people make sense of the condition and enable them to live a fulfilling life and access a range of support. The 'Girl who climbs' highlights the negative impact the wrong environment and support can have and how the right support can truly enable someone to make the most of their gifts and live a healthy and fulfilling life.⁴⁹

Data from adult social care identified 509 people with ASC receiving a service from GCC. The majority of people with ASC who access social care have a learning disability (Figure 3).

Figure 3 - Primary need of people with ASC based on GCC data



The living situation for people with ASC identified through GCC data is presented in Table 9.

⁴⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/populationofstatepensionageandworkingageandoldagedependencyratiosforlocalauthoritiesandregionsinengland>

⁴⁸ https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-indices-of-deprivation-2019?mod-area=E07000079&mod-group=AllDistrictInRegion_SouthWest&mod-type=namedComparisonGroup

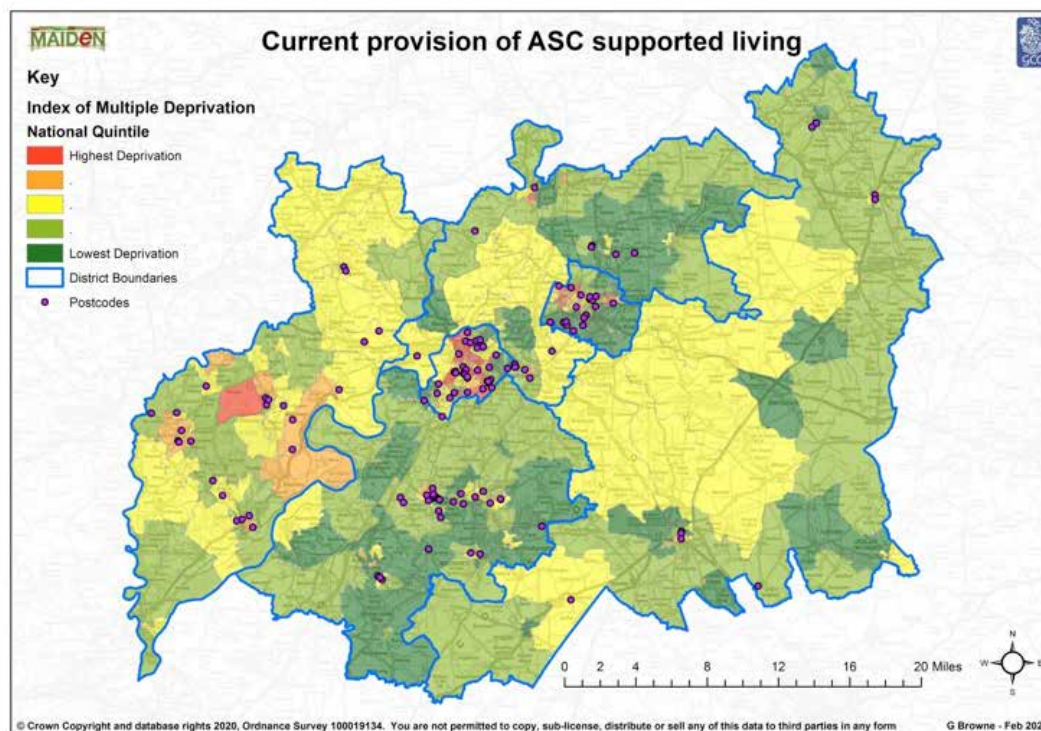
⁴⁹ <https://www.youtube.com/watch?v=XOHGN7ikxFO>

Table 9 - No. of GCC funded individuals with ASC by locality GCC data

Local Authority	General Housing	Nursing	Residential Care	Supported Living	Total
Cheltenham	19	0	12	25	56
Cotswold	11	0	0	14	25
Forest of Dean	21	0	30	58	109
Gloucester	39	1	36	54	130
Stroud	39	0	22	48	109
Tewkesbury	17	0	20	25	62
Out of County	0	0	16	2	18
Total	146	1	136	226	509

Map 2 shows the location of supported living for people with ASC across Gloucestershire:

Map 2 - Supported living for people with ASC in Gloucestershire



- Majority of supported living located in urban areas of Cheltenham and Gloucester
- Supported living predominately located in the more deprived areas

The highest number of people with ASC live in Gloucester, Forest of Dean and Stroud. Cheltenham is predicted to have the second highest prevalence rate of ASC and has the third highest number of people with ASC identified through GP data. However, it has the second lowest number of people with ASC living in supported living, reflecting that most development has focused on Gloucester and the Forest of Dean.

► **Future demand**

Despite the clear link between the importance of the environment and wellbeing for people with ASC, there is no national guidance or data on predicting prevalence rates of specialist housing for people with ASC. National and local evidence indicates that between 4-10% of the population live in specialist accommodation.⁵⁰ GCC currently provide support for 362 people with ASC to live in either supported living or residential care. Based on the current population of people with ASC GCC provides housing services to 10% of the predicted number of people in Gloucestershire who have ASC. The required number of supported living for people with ASC by 2035 has been calculated using the evidence base that 10% of the population with ASC will require supported living (Table 10).

Table 10 - Modelled demand for supported living for people with ASC by 2035

Local Authority	Predicted population with ASC by 2035	Gross need*	Existing supply	New need by 2035
Cheltenham	702	70	37	33
Cotswold	456	27	14	13
Forest of Dean	467	47	88	-41
Gloucester	824	82	90	-8
Stroud	682	68	70	-2
Tewkesbury	528	53	45	8

*Cotswold modelled on 6% based on local intelligence

Modelling demand on 10% of the population with ASC requiring supported living will enable GCC to ensure that equity is developed across all districts. Table 10 highlights the current high levels of supported living for people with ASC in the Forest of Dean and Gloucester and the lack of provision in the Cotswold and Cheltenham. This has been further evidenced through conversations with local housing, health and social care professionals and feedback from the Joint Learning Disability and Autism JSNA service user engagement. Where table 10 indicates a modelled over provision the present accommodation provides homes to people and is reflective of current household formations. However, the over provision provides a clear indication that GCC are not currently seeking to commission supported living within these districts.

Some of the existing supported living is anticipated to not be 'fit for purpose' with a proportion of people with ASC housed in environments that impact on their wellbeing. An action within the Gloucestershire Autism Strategy was to work with Gloucestershire Health and Care Foundation Trust (GHC) to develop a specification for ASC specific housing. This should include:

- Working with housing providers to consider how reasonable adjustments to existing accommodation could enable people with ASC to maintain existing accommodation, for example sound proofing where excessive noise is becoming a specific challenge due to sensory, anxiety-based or noise related issue.
- Working with housing developers and providers to be considerate of sensory and ASC needs in the design and development of new accommodation, particularly for those people with more complex needs.





13. LEARNING DISABILITY

The Learning Disability and Autism Joint Strategic Needs Assessment defines a learning disability as:

‘A person is identified as having a learning disability and being eligible to receive a service if **all** three of the following are present:

1. Significant impairment of intellectual functioning; and
2. Significant impairment of adaptive behaviour; and
3. Onset before adulthood

(The British Psychological Society, 2016)

Intellectual functioning: The person will have significant challenges in general mental ability which includes reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning quickly and learning from experience. Just over 2.4% of people (determined by reference to a normal distribution with the general population) may be expected to have a general level of intellectual functioning commensurate with a diagnosis of a Learning Disability.

Adaptive behaviour: Concerns ‘the collection of conceptual, social and practical skills that have been learned and are performed by people in their everyday lives’.

Examples may include:

- **Conceptual skills:** language, reading and writing; and money, time and number concepts;
- **Social skills:** interpersonal skills, social responsibility, self-esteem, gullibility, naivety (i.e. wariness), follows rules/obeys laws, avoids being victimised, and social problem-solving
- **Practical skills:** activities of daily living (personal care), occupational skills, use of money, safety, health care/ transportation, schedules/routines, and use of the telephone.

Relative to the general population a person with a Learning Disability has significant difficulties with such activities of daily life.

Onset before adulthood: Means there should be evidence of the presence of each of the other two criteria before the person attains the age of 18 years.

These definitions highlight the lifelong nature of learning disabilities and the importance of developing housing with care that enables people to age well throughout their lifetime, in an environment where they can thrive.

People with learning disabilities are among the most vulnerable and socially excluded in society. It is estimated that there are approximately 20 out of every 1000 people with mild learning disabilities and 4 out of every 1000 with severe and profound learning disabilities in the UK.

People with learning disabilities have substantially higher rates of major mental health problems, dementia and higher rates of common mental disorders such as anxiety and depression.⁵¹ Over the past three decades, almost all the long-stay NHS beds for people with learning disabilities have closed and most people with learning disabilities now live in the community.⁵²

⁵¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf

⁵²<https://www.england.nhs.uk/wp-content/uploads/2019/05/gms-contract-qof-guidance-april-2019.pdf>

Estimated projections suggest that in 2020 there will be approximately 11,913 people aged 18+ living with a learning disability in Gloucestershire, 1.9% of the adult population.⁵³ Of this group 2,042 are estimated to have moderate or severe learning disabilities and 534 are predicted to have a severe learning disability. People with moderate or severe learning disability are more likely to require social care services than those with mild conditions.⁵⁴ Table 11 shows the comparison of the predicted number of people with a moderate to severe learning disability with GP data.

Table 11 - PANSI Population and data for learning disability

Local Authority	Population data 2020 from PANSI	GP data	Difference between GP data and PANSI data
Cheltenham	398	574	176
Cotswold	267	199	-68
Forest of Dean	267	633	366
Gloucester	447	1129	682
Stroud	376	678	302
Tewkesbury	287	213	-74
Total	2,042	3,426	1,384

Using ONS population predictions the number of people with a learning disability recorded by GPs data in Gloucestershire is calculated as a percentage of the working age adult population in Gloucestershire (Table 12).

Table 12 - No. of people with a learning disability as a % of working age adult population

Local Authority	GP data	ONS population predictions ⁵⁵	Percentage of people with LD on GP data against ONS population data for 2020
Cheltenham	574	75,397	0.76%
Cotswold	199	51,737	0.38%
Forest of Dean	633	51,989	1.22%
Gloucester	1129	84,458	1.34%
Stroud	678	72,491	0.93%
Tewkesbury	213	55,022	0.39%

The Comparison of GP and population data highlights a wide variation of people with a learning disability living in Gloucestershire at district level compared to population predictions (Table 11 and 12). The Forest of Dean and Gloucester have the highest percentage of people with a learning disability and the Cotswold and Tewkesbury the lowest, reflecting the picture for people with ASC.

⁵³ <https://www.gloucestershire.gov.uk/media/12777/equality-profile-2019-final.pdf>

⁵⁴ <https://inform.gloucestershire.gov.uk/media/2089571/ld-prevalence-of-needs-2019-final.pdf55>

⁵⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/>

In 2018/19 Gloucestershire GPs recorded that 0.6% of their registered patients were known to have a learning disability, higher than the national average of 0.5%.⁵⁶ In 2019, 1.3% of people aged 16+ who completed the GP patient survey in Gloucestershire, reported that they had a learning disability; lower than the national figure of 1.6%. 1425 people receiving a service from GCC have a primary need recorded as a learning disability (Table 13).

Table 13 - Number of people with a learning disability by district from GCC data

Local Authority	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Out of county	Total
Primary need of learning disability	194	75	329	377	259	158	33	1425

Social care records identify that 85 people with a learning disability recorded as a primary need have complex needs and behaviour that challenges, of these 70 (82%) also have ASC. While 42 people within this group live in supported living and 26 in residential care, 17 currently live in their own home and receive a mix of direct payments, day care and transport services to support them to live independently in the community. This indicates that with the right housing and community-based solutions people with complex needs can live independently as part of inclusive communities.

82% (425) of the total number of people diagnosed with ASC have their primary need recorded as a learning disability. To avoid double counting this section will focus on the 1000 people with a learning disability that do not have an additional ASC diagnosis. GCC data shows that the number of adults with a learning disability in receipt of social care support has increased year-on-year from 1,186 people in 2014 to 1,429 people in 2018, representing an increase of 20.5% over the 5-year period. The living situation for people with a recorded primary need of learning disability is presented in Table 14.

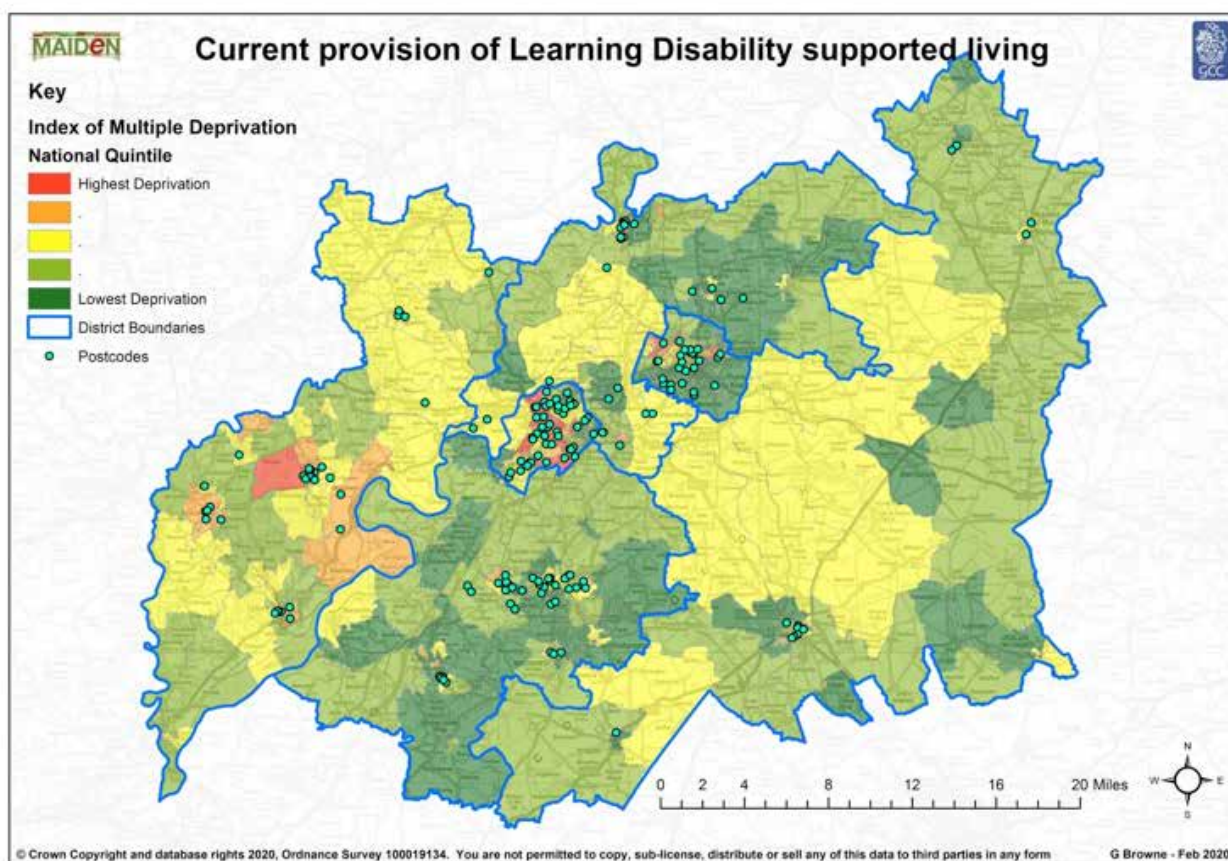
Table 14 - Individuals with a learning disability by locality GCC data

Local Authority	General Housing	Nursing	Extra Care	Residential Care	Supported Living	Total
Cheltenham	34	0	3	40	74	151
Cotswold	16	0	0	1	36	53
Forest of Dean	46	0	4	69	113	232
Gloucester	78	0	2	64	123	267
Stroud	50	0	0	22	104	176
Tewkesbury	30	0	1	17	53	101
Out of County	0	0	0	12	8	20
Total	254	0	10	225	511	1000

The highest numbers of people with a learning disability receiving a service from GCC live in Gloucester and the Forest of Dean. While Gloucester has the highest number of people predicted to have a moderate or severe learning disability up to 2035, the Forest of Dean has one of the lower levels of predicted numbers; Cheltenham, Stroud and Tewksbury all have a higher predicted prevalence rate. This indicates that supported living developments for learning disability have not been needs led. Map 3 shows the location of supported living:

- Most provision is in Gloucestershire, the Forest of Dean and Stroud.
- High percentage located in the more deprived areas

Map 3 - Supported living for people with a learning disability in Gloucestershire



► **Future demand**

Based on the current number of people with a learning disability GCC directly fund supported living placements for 25% of the overall number of people predicted to have a moderate to severe learning disability in Gloucestershire. Nationally 22% of working age adults with a disability who receive long-term support from social care, live in supported accommodation.⁵⁷ The required number of supported living for people with a learning disability has been calculated using the evidence that 25% of people who have a moderate to severe learning disability will require supported living (Table 15).

Table 15 - Modelled demand for learning disability supported living

Local Authority	Population with moderate to severe LD 2035 (PANSI)	Gross need*	Existing supply	New need by 2035
Cheltenham	397	99	74	25
Cotswold*	261	52	36	16
Forest of Dean	263	66	113	-47
Gloucester	466	116	123	-7
Stroud	383	96	104	8
Tewkesbury	298	75	53	22

*Cotswold modelled on 20% based on local intelligence

Table 15 highlights the current high level of provision in the Forest of Dean and Gloucester and the lack of provision in the Cotswold, Cheltenham and Tewkesbury. This is further evidenced through conversations with local housing, health and social care professional and feedback from the Joint Learning Disability and Autism JSNA service user engagement. Given that some of the existing supported living accommodation is anticipated to not be 'fit for purpose', and that a proportion of people in residential care are likely to wish to move to supported living in the future, some additional development will be required for the county in upcoming years as we move away from using outdated accommodation.

Where table 15 indicates a modelled over provision the present accommodation provides homes to people and is reflective of current household formations. However, the evidence provides a clear indication that GCC are not currently seeking to commission supported living within these districts.

⁵⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19>

14. PEOPLE WITH MENTAL HEALTH NEEDS



In December 2017, GCC and GCCG produced the “Gloucestershire Adult Mental Health and Wellbeing Needs Assessment”. Under the heading Prevalence of severe mental illness, it stated:

“**There is no consistency of definition of Severe Mental Illness (SMI). In practice, SMIs include a range of diagnoses such as severe non-psychotic disorders, psychosis and cognitive impairment**”

Mental health needs are not static, the number of people with SMI who will need ‘specialist housing’ at some point in their lives will be different to the proportion who need support at any given time. The model of supported living for people with SMI is based on the principles of recovery. A key requirement of this model is the flexibility to step down support as people recover, with the ultimate aim of finding suitable permanent housing in the community with the required level of support, including maintaining the current accommodation where appropriate.

Lack of suitable housing creates pressure within the Mental Health acute inpatient beds in Gloucestershire:

- Occupancy levels consistently run at 100% and above
- Annual audits have found that 40% of mental health inpatients have a housing need at any time.

Appropriate supported living can aid patient flow, significantly reduce the number and frequency of emergency hospital admissions, help reduce offending rates and improve quality of life.⁵⁸ National research by Mind reflects the current situation in Gloucestershire:⁵⁹

- Discharge from hospital is a high-risk period for homelessness, readmission, suicide, or harm to others
- Access to appropriate accommodation and support can significantly improve outcomes
- Lack of suitable housing and or housing support is the single largest cause of delayed discharge from hospital
- Discharge to inappropriate housing harms recovery and is a major cause of readmission

Getting the housing with care offer right is vital to reducing delayed discharge from acute hospital beds, this includes looking at long term housing as well as short term services. National Mental Health Development Unit (2010) suggests that housing related services should be regarded as an essential part of the care pathway; they can reduce overall costs to the system and improve outcomes for people.⁶⁰

Nationally, one in four tenants with mental health conditions has serious rent arrears and is at risk of losing their home. People with a mental health condition are four times more likely to report poor housing has made their health worse. GPs identify housing as a common contributing factor to patients’ poor mental health.

⁵⁸ <https://www.mind.org.uk/news-campaigns/legal-news/legal-newsletter-march-2018/brick-by-brick/>

⁵⁹ <https://www.mind.org.uk/news-campaigns/legal-news/legal-newsletter-march-2018/brick-by-brick/>

⁶⁰ <https://mhfe.org.uk/content/national-mental-health-development-unit-nmhdh-website>

The best estimate of adult SMI in England is 1.1% (around 350k adults in England).⁶¹ Public Health England statistics on mental health show the number of people 18+ registered with a GP with a SMI in Gloucestershire in 2019 was 4563, 0.9 % of the population (Table 16).⁶²

Table 16 - Number of people on SMI register by locality GP data

Local Authority	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Total
No. of people on SMI register	1127	552	489	1241	775	379	4,563

While most people are unlikely to require supported living, as their illness can effectively be managed through treatment, for some people their ability to work and sustain accommodation will be impacted. The 368 people who receive a service from GCC represent 8% of the number of people on the SMI register. Table 17 shows the setting for people receiving support from GCC with a primary need of mental health.

Table 17 - No. of individuals with MH need by locality GCC data

Local Authority	General Housing	Taylor made MH Placement	Residential Care	Supported Living*	Total
Cheltenham	12	4	22	33	71
Cotswold	1	0	2	0	3
Forest of Dean	10	0	13	6	29
Gloucester	24	6	8	149	187
Stroud	21	0	7	25	53
Tewkesbury	3	0	2	0	5
Out of County	2	3	14	1	20
Total	73	13	68	214	368

*This includes both supported living and supported housing

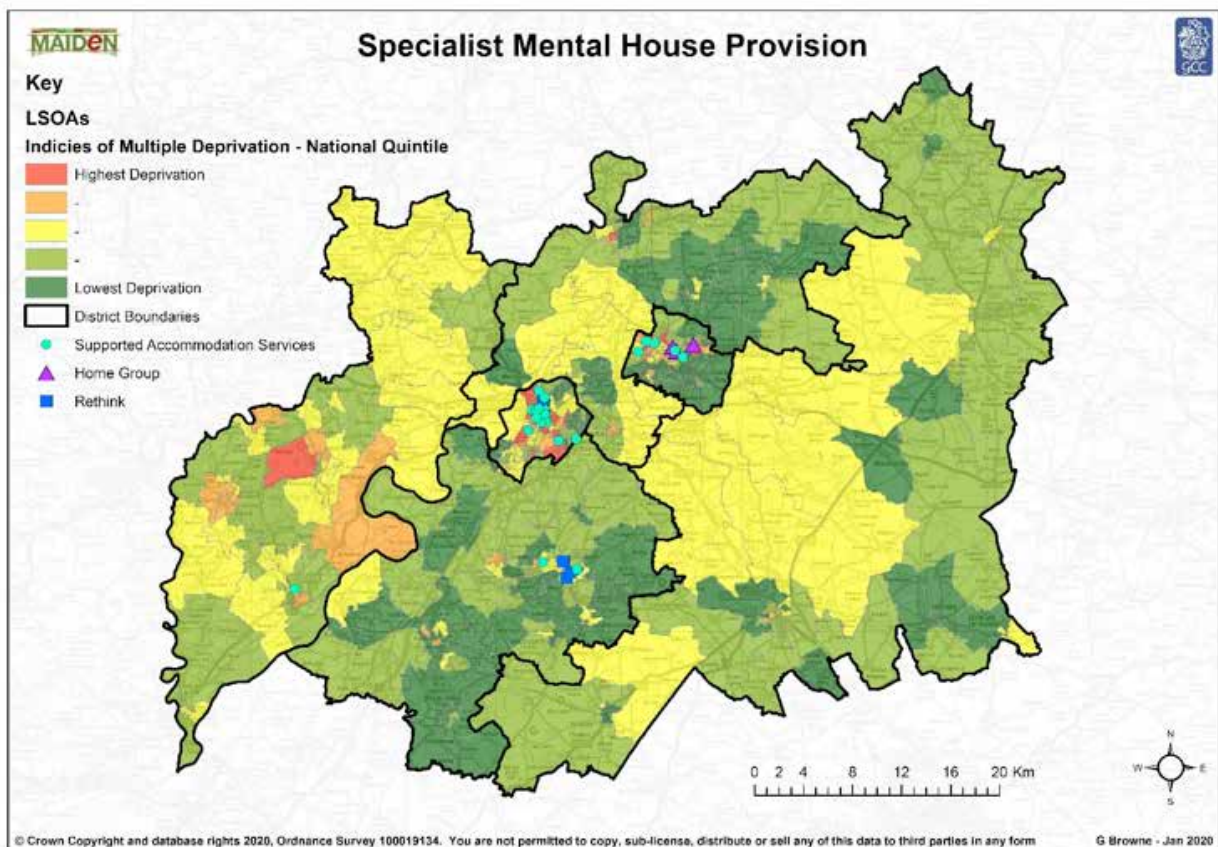
Out of these 368 people, 295 have been supported to access a form of housing from GCC; this equates to 6.46% of people on the SMI list. Other people requiring support for their mental health could be coded to a different primary need; the co-morbidity of mental health problems, physical health problems, learning disabilities and mental ill health in older people are all high.⁶³ There are also strong links between mental health and alcohol and drug use.

⁶¹ https://www.cambridge.org/core/services/aop-cambridge-core/content/view/F4FA80EB6EB9FBE20729F986853E7718/S000712501900196Xa.pdf/revisiting_the_one_in_four_the_prevalence_of_psychiatric_disorder_in_the_population_of_england_20002014.pdf
⁶² <https://www.england.nhs.uk/statistics/>

⁶³ <https://www.mind.org.uk/media/17947884/20171115-brick-by-brick-final-low-res-pdf-plus-links.pdf?ctald=/news-campaigns/campaigns/housing/housing-facts-and-figures/slices/brick-by-brick/>

In Gloucestershire specialist interventions for mental health are provided by community-based teams. Part of this offer is a range of supported living, accessed via the MH accommodation panel. There is strong evidence that the characteristics of a neighbourhood have a significant impact on mental health, if people feel unhappy or unsafe their mental health can be negatively impacted. Most of the accommodation is in the two urban areas of Gloucestershire. People often must choose between the housing/location they want and the support they need, particularly in rural areas.⁶⁴ In addition most of the current provision of specialist mental health housing is in the most deprived areas of Gloucestershire (Map 4).

Map 4 - Supported living for mental health in Gloucestershire



► **Future demand**

There is a wide range of evidence that suggests that modelling for future demand of specialist housing for people with mental health needs should be based on 10% of the SMI population. Local research and data indicate that currently housing services are provided to 6.49% of the number of people on the SMI register. In planning for future demand for supported living calculations are based on 8% of the SMI register. This reflects the current level of provision and the requirement for an increase in supported living to help alleviate the pressures currently experienced by the acute inpatient wards and GCC commissioning intention to move away from residential care (Table 18).

Table 18 - Modelled demand for supported living based on 8% of people on SMI register

District	Number of people on the SMI register in each district	Number of estimated MH housing placements needed in each district based on 8% SMI register needing specialist housing *	Total number of current specialist placements	New need by 2035
Cheltenham	1127	90	59	31
Cotswold	552	22	3	19
Forest of Dean	489	39	19	20
Gloucester	1241	99	163	-64
Stroud	775	62	32	30
Tewkesbury	379	30	3	27

*Cotswold modelled on 4% of SMI based on local intelligence

Modelling demand at 8% of the SMI register will enable GCC to ensure that equity is developed in the market across all districts. Cotswold and Tewkesbury have the lowest levels of provision to meet the needs of people that may require specialist housing to help support their recovery, followed by the Forest of Dean. This reflects national evidence that rural areas have worse access to health, public health and care services and may need different models of services to meet local need.⁶⁶ Consideration also needs to be given to the location and quality of the current accommodation to ensure that it is fit for purpose.

⁶⁶ file:///C:/Users/secro/AppData/Local/Packages/microsoft.windowscommunicationsapps_8wekyb3d8bbwe/LocalState/Files/S0/7528/Attachments/1.39_Health%20in%20rural%20areas_WEB[11630].pdf



15. PHYSICAL DISABILITY

The 2019 GCC report 'Adults with Physical Disabilities in Gloucestershire Prevalence of Needs' provided a general definition of physical disability:⁶⁷

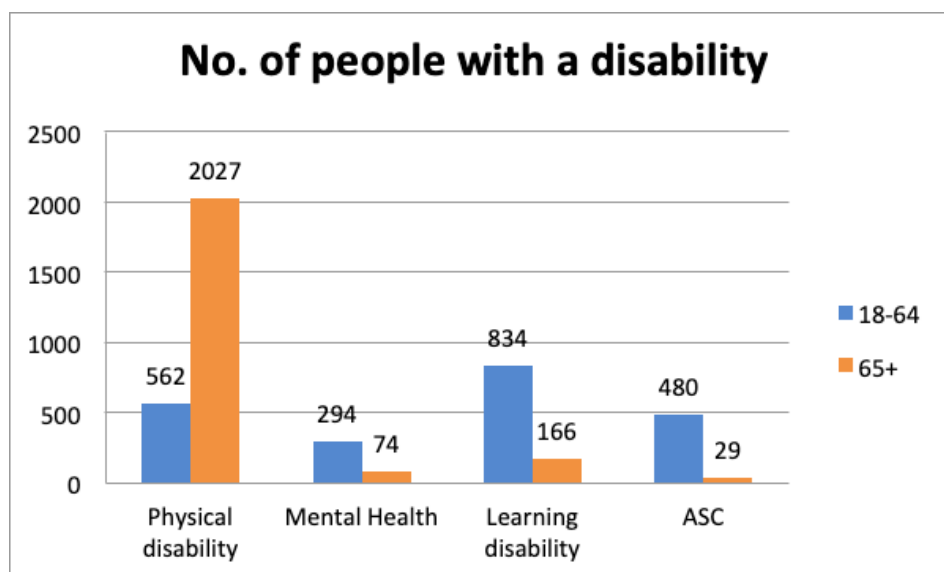
'A physical disability is generally understood as a limitation on a person's physical functioning, mobility, dexterity or stamina. Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, visual impairment, hearing impairment and epilepsy'

The World Health Organisation regard disability as not being just a health problem but a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which they live - the social model of disability as highlighted in section 7. There are two broad categories of physical disabilities:

- A congenital anomaly – a medical condition that is present at or before birth and can be developed during the foetal stage of development or because of genetic reasons
- Acquired disability - Acquired disabilities commonly arise from accidents, illness, working conditions that expose a person to an unhealthy environment, or repetitive physical stresses

The number of people 65+ with a physical disability is higher than any other group (Graph 5). The housing needs of people 65+ will not be reviewed in this section, as they are covered in the older people section. However, it is important that in planning housing for an aging population consideration is given for the high prevalence of physical disability in older people and the importance of building to Category M4 (2) and M4 (3) building regulation standards to meet the predicted future demand.

Graph 5 - Number of people with a disability by age range GCC data



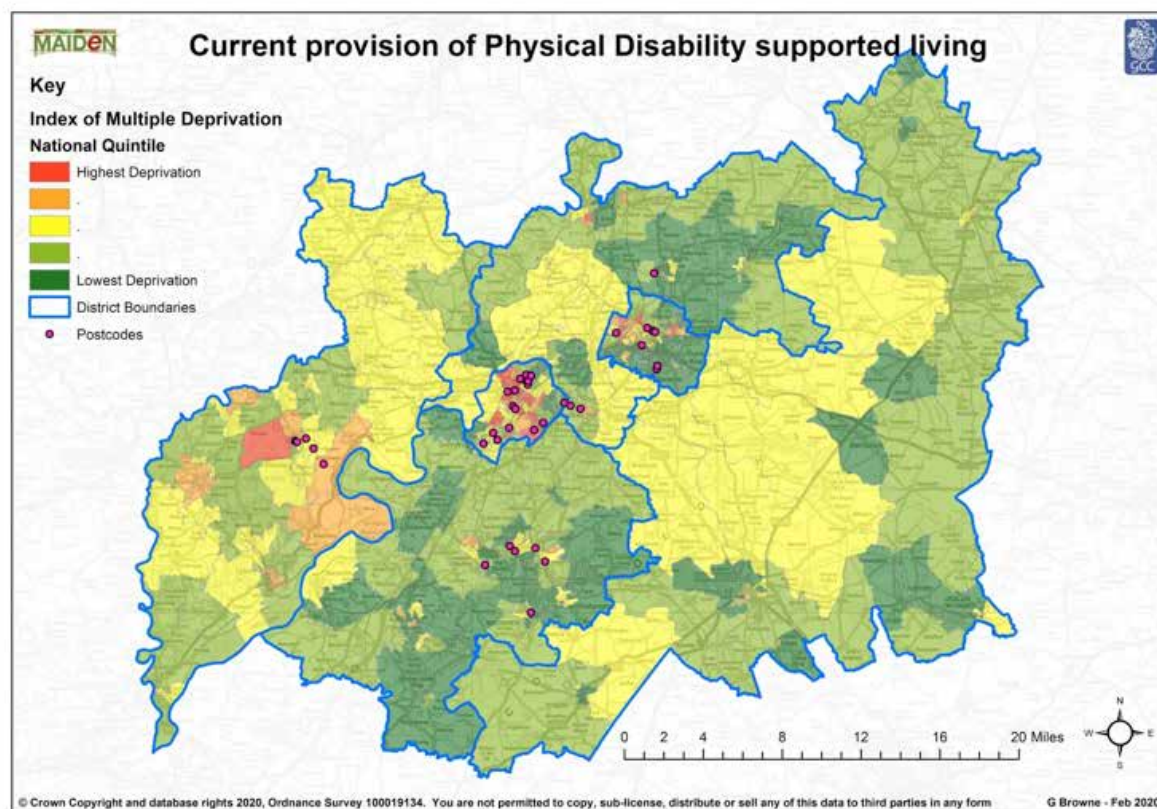
The physical disability JSNA 2016 housing and accommodation survey showed that the majority of people with a physical disability live in general needs housing and this is reflected in the current analyses (Table 19).⁶⁸

Table 19 - Living situation for people with a physical disability 18-64 by locality GCC data

Local Authority	General Housing	Nursing	Residential Care	Extra Care	Sheltered	Supported Living	Total
Cheltenham	85	11	16	2	8	9	131
Cotswold	26	0	2	1	1	0	30
Forest of Dean	43	5	5	5	3	8	69
Gloucester	103	9	12	9	6	29	168
Stroud	60	3	3	0	5	6	77
Tewkesbury	56	4	5	0	0	3	68
Out of County	2	3	12			3	20
Total	383	38	45	17	24	55	562

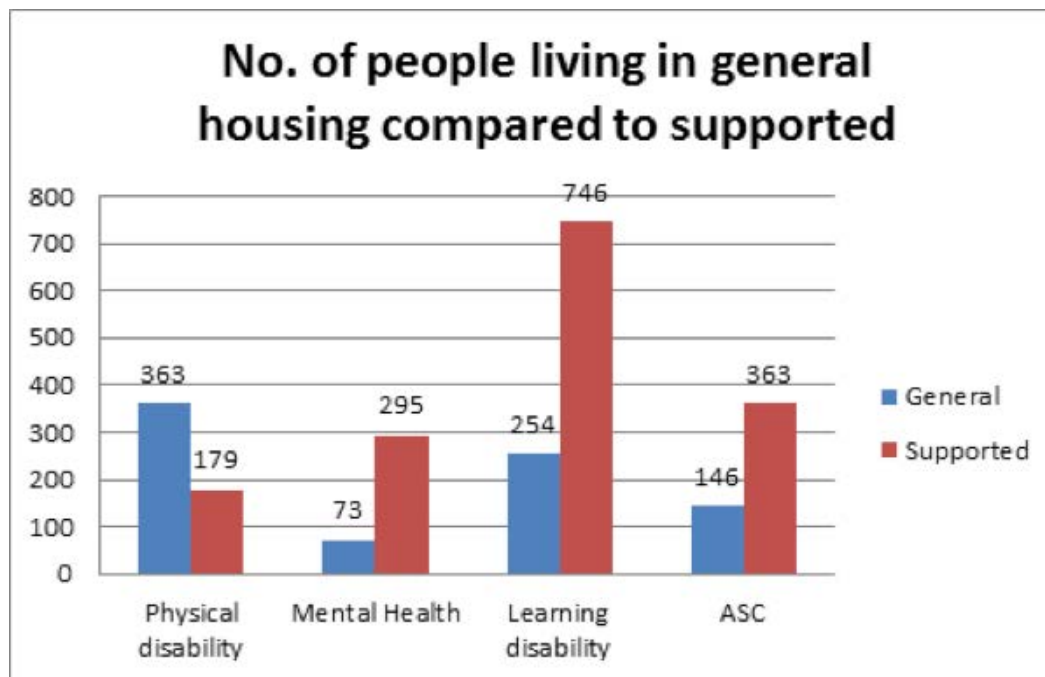
The majority of supported living for people with a physical disability is located in the two urban areas with a large proportion located in areas of high deprivation (Map 5).

Map 5 - Supported living for people with a physical disability in Gloucestershire



People with a physical disability are less likely to require alternative accommodation if their current home can be adapted to meet their needs. Signposting to relevant agencies, including the voluntary sector and adaptation and assistive technology may prevent unnecessary admissions to hospital and/or placement into a residential care home setting. In contrast to the other disabilities a higher number of people with a physical disability live in general housing compared to specialist housing (Graph 6).

Graph 6 - General needs compared to specialist housing *GCC data



*residential, nursing and supported living

Disabled Facilities Grants (DFGs) provides opportunities for integrated working across housing, health and social care. Effective use of DFGs can enable people with a physical disability to stay in their own home. In 2018/19, 235 DFG's were recorded by the six districts. Of these:

- 112 applications were for wet floor showers
- 77 applications were for stair lifts and through floor lift
- 32 applications for better access; 27 of which were for ramp access
- 10% of DFGs were for large applications; 22 of which were over £10k with 6 of these over £20k
- 49% of applications where age was recorded were made by people under 65.

While it is positive that the majority of people with a physical disability live in general needs housing, this does not mean that it is suitable to meet their needs long term. Nationally, 1 in 5 disabled people requiring adaptations to their home believe that their accommodation is not suitable.⁶⁹ This can result in high packages of care due to lack of suitable housing with care in the community. An analysis of the 50 highest costing adult social care packages categorised as physical disability demonstrates that just over 33% of people receiving high cost care packages have an Acquired Brain Injury (ABI).⁷⁰ The high average cost of care, when benchmarked with Gloucestershire's comparable local authorities, demonstrates a need for GCC to work with its partners to develop the care market to include a range of accommodation and specialist provision, including for people with ABI Injury.⁷¹

The data presented shows there is currently very limited supported living for people with a physical disability in any of the districts apart from Gloucester. Historically housing provision for people with a physical disability has been met through the use of residential care settings, reflected in Table 18. Although for some this is appropriate in other cases such placements are likely to have been due to the lack of available suitable accommodation and not the choice of the individual.



Housing with care needs to evolve and become more flexible in managing the complex and sometimes multiple health issues that may need to be addressed when considering housing for people with physical disabilities.

⁶⁹ <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#fnref:22>

⁷⁰ <https://www.gloucestershire.gov.uk/media/17428/joint-pdsi-needs-analysis-report-final.pdf>

⁷¹ <https://www.gloucestershire.gov.uk/media/17428/joint-pdsi-needs-analysis-report-final.pdf>

► Future demand

As outlined above, the exact demand for housing with care for people with a physical disability is hard to quantify as different people require different solutions. Additionally, there is no national guidance on predicting housing with care for people with a physical disability and few examples of specific models which are recognised as “best practice”. Based on GCC commissioning intentions to purchase fewer residential and nursing beds supported living will need to be designed to meet the diverse needs of people with a physical disability. Across Gloucestershire the disabilities housing broker assesses the need for specialist supported accommodation for people with a physical disability as part of the development of all supported living schemes. The work undertaken in this area includes:

- Working with housing providers to deliver specialist housing schemes and make better use of adapted properties
- Developing independent living schemes that support the most vulnerable adults with physical disabilities
- Facilitating appropriate supported living opportunities

Developing general needs properties to Category M4 (2) and M4 (3) would help meet the housing with care needs for people with a physical disability and would offer universally appropriate housing. Where achievable Category M4 (2) and/or M4(3) housing clustered near to a larger supported living development could form part of a hub and spoke model of housing with care provided across all ages/ disabilities. The resulting benefits of economy of scale would ensure financial viability across all parties while helping to reduce high cost packages of care without compromising safety or quality of life.

An in-depth analysis around the needs of people with ABI is currently being undertaken jointly across health and social care. This work will identify the housing needs of people with ABI with the intention of going to the market with the specific housing requirements for this cohort of people.





16. SUMMARY

There are examples both locally and nationally of supported living and extra care housing being under used, whilst other schemes are in high demand. An explanation for this is that demand for housing with care is reliant on getting the right accommodation for the local area, with the right services available to those that need them locally.

With increased demand on housing, health and social care services innovative thinking is required to ensure a range of housing with care is developed as part of inclusive communities where local people want to live and that enables them to stay healthy, independent and active for as long as possible. This means decent, accessible homes with adaptations as required and neighbourhoods and communities that enable people to stay connected to others and continuing to do the things they enjoy as they age.

As highlighted in the introduction demand for housing with care can also be met through other initiatives including cohousing and shared lives. While the projected requirement for housing with care will be populated into districts plan the figures may change as the inputs are variable and this should be taken into consideration. From this data the requirement for housing with care can be reviewed at a district level, where creative solutions can be identified to meet the housing with care need across all ages and abilities. This will ensure that housing with care is developed to be:

- The right size that people want to move in to and enables them to age well
- The right size for the local area so that it is part of a fully inclusive community
- The right size to provide a sustainable housing with care model for developers, housing and care providers and tenants.



APPENDIX 1 - Feedback from engagement compiled

Focus group comments and free-text responses to survey questions

The free-text survey answers have been aggregated into Gloucestershire-wide totals, as there was no discernible difference between the districts for any of these answers. Where relevant, answers are complemented with comments from group engagement events.

Are you answering this survey as... (Other)

There were low numbers of responses from: Parents of someone with LD (1), those "thinking about ageing" (4), "need a home" (1), "care leaver"(1), students (2), neighbours (1), those wanting to move back to the Cotswolds (1), support workers (1), independent disabled (1), local councillors (2), planning specialists (1) and interested residents (1).

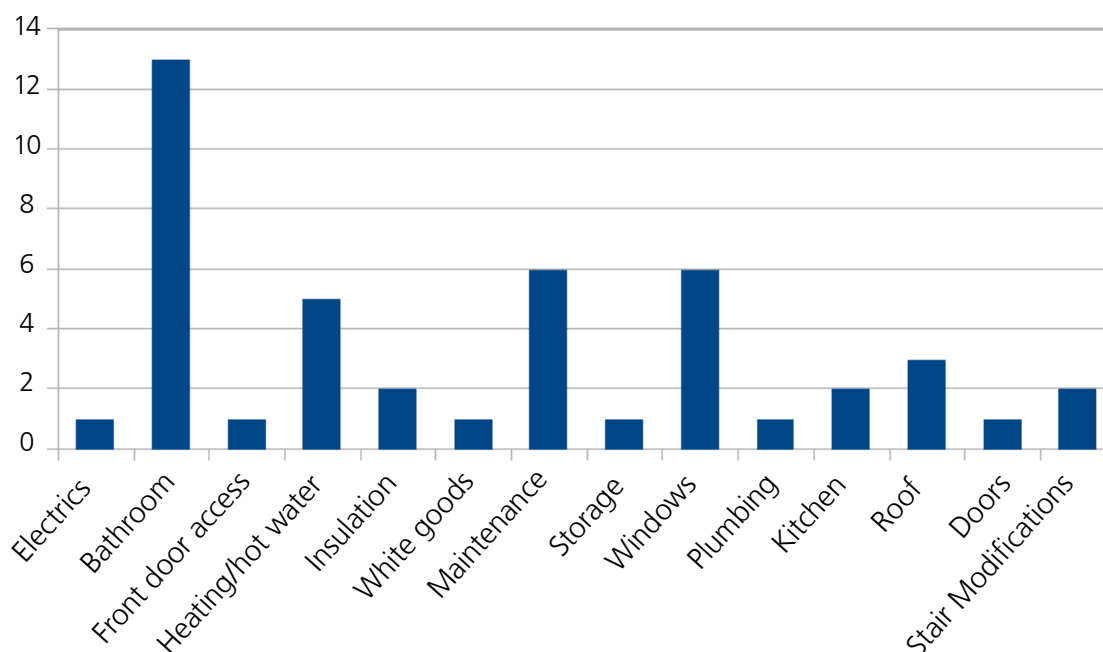
Tenure (Other)

13 responded that they were living with friends or family and 2 were of no fixed address.

Type of improvement to current house (Other)

Answers to this were mostly specifics that would reasonably fit into other given categories. Figure 1 shows counts of answers to this question from respondents across Gloucestershire.

Figure 1| Most frequently desired improvements to respondents' current homes. Bathroom improvements were mentioned the most, followed by windows (which could be for heating or security reasons) and general maintenance (which seems to cover a lot of the other responses).



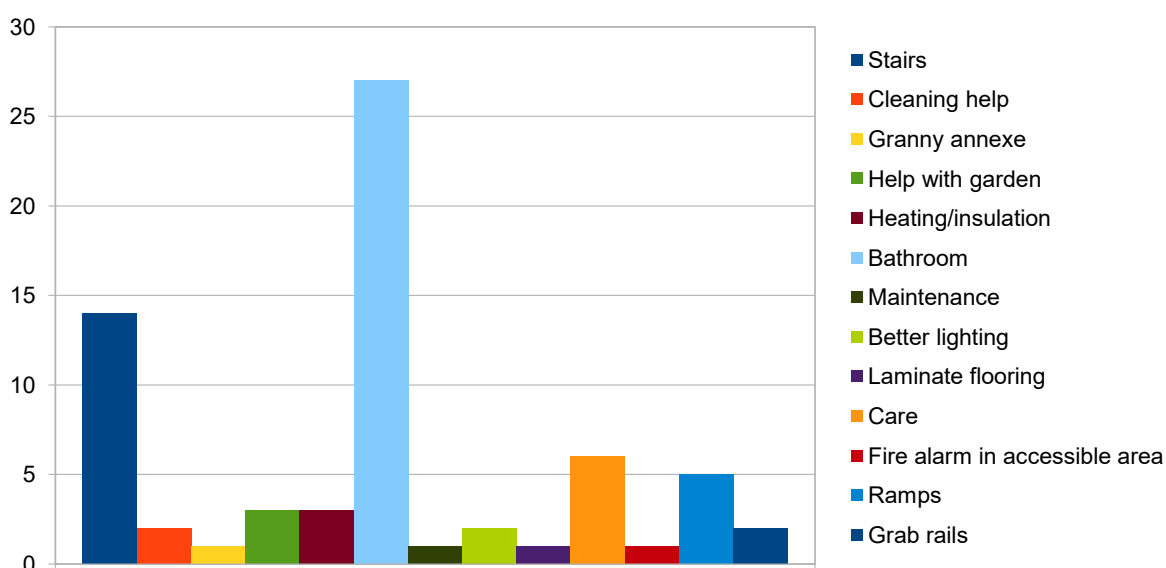
Adaptations in current home (Other)

There were very low numbers of other responses including: vibrating smoke alarms (1), flashing doorbells (1), toilet in garage (1), hospital bed (2), hearing assistance (1), downstairs living (1) and white paint on step edges (1).

Would anything else make it even easier for you to live independently at home? Yes:

Again, answers to this question would often reasonably fit into other given categories from the previous question. However, the high mentions of certain adaptations may reinforce their popularity across the respondents. Low numbers of other responses included alarm system (1), parking (1), permanent accommodation (1), washing line (1), washing machine (1), hoists (1), wider corridors (1), company (1), technology (1), my pet (1) and storage for mobility scooter (1).

Figure 2| Most frequently mentioned things that would make it easier for respondents to live independently at home. Again, bathroom improvements were mentioned the most, followed by stair-related improvements, in-home care and ramps.



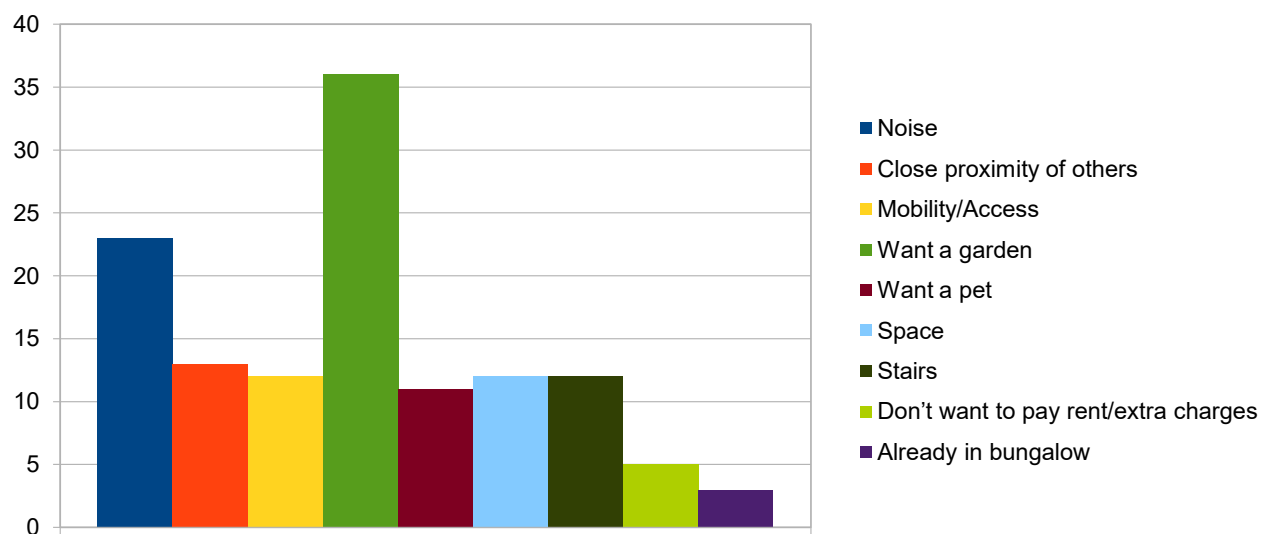
An adapted bathroom (usually a wetroom) was a common answer in the focus groups.

Would you ever consider living in a flat? No – why not?

A general preference for moving into a bungalow was expressed during focus groups. There was a certain level of mistrust expressed by some attendees towards private providers of extra care housing and other retirement accommodation. Some extra care residents mentioned high staff turnover, poor communication and slow responses to problems, and expressed concerns that the level of care on offer was decreasing (which is not what they had signed up for). However, others were enthusiastic and would recommend the accommodation to others.

Other answers at low frequencies in the survey included heights (1), “if no other option” (1), “want own home” (1), “don’t like change” (1), isolation (1), fear of fire (1), too dangerous (1), less freedom (1), “don’t like lifts” (1), and stress (1).

Figure 3| Most frequently mentioned reasons why respondents would not consider moving into a flat. The most common reason was that they would want a garden, followed by concerns about noise, close proximity of others, mobility/access (to which ‘stairs’ could be added for a total of 24) and the fact that they “want their own home”.



If you were thinking of moving to a different type of housing what things would appeal to you? (Other)

There were low numbers of other responses including: Parking space/garage (7), transport links (5), good light (3), a workshop (2), close to a GP/medical services (2), a bungalow (2), care (2), spaciousness (2), a swimming pool (1), flat ground for a wheelchair (1), attractive designs (1), fitted carpets (1), proper kitchen (1), shower/bath (1), an older development with no affordable housing (1), growing produce and trees (1), easy heating (1), views (1), broadband (1), close to a city (1), open plan (1), near place of worship (1), near community centre (1), a window to look out of (1), privacy (1), eco-friendly (1), a gym (1) and a lift (1).

The increased security of moving into sheltered housing was brought up regularly in the groups. Two specifically mentioned security cameras as a draw to this type of accommodation. Inside and outside social areas for activities were popular. Multiple people mentioned storage space, especially for mobility scooters, as a plus. The ability to have pets was important for people in multiple groups. One mentioned that “long corridors with no outlook are unattractive” and that it was hard to make this environment feel homely.

Barriers to moving in the future (Other)

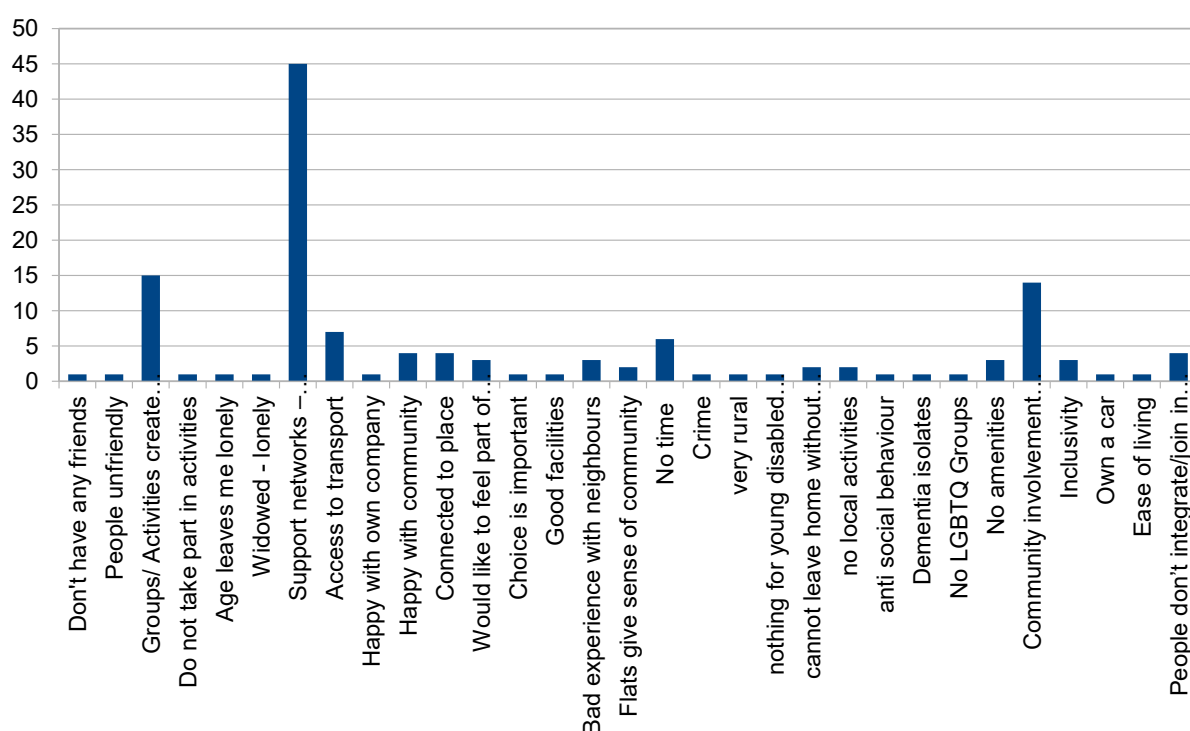
There were low numbers of other responses, some of which would reasonably fit into other given categories, including: affordability (5), poor design/size (3), "new developments are too mixed" (2), "I like where I am" (2), "fear" (2), no bus route (2), shortage of decent bungalows (2), difficulty making decisions due to having a learning disability (1), a partner who is unwilling to move (1), the fact that there is no supported accommodation for deaf people (1), "don't want to live with elderly people" (1), location (1), pets allowed (1) and the lack of a garden (1).

Cost was a very common concern in the focus groups. People were concerned about the cost of the move itself, and about losing money in the sale of their current home. There were also concerns about the re-sale value of the property they would be moving into if it was in sheltered housing/age-designated accommodation. One extra care resident addressed this worry: "It's not an investment, it's a way of life – don't allow yourself to think about the financial investment, you have to let that go". Multiple groups mentioned feeling "too old" to make a move, and that it was too stressful an experience. One suggested that a 'help to move' service would encourage them to move.

Do you feel part of your neighbourhood? Please explain:

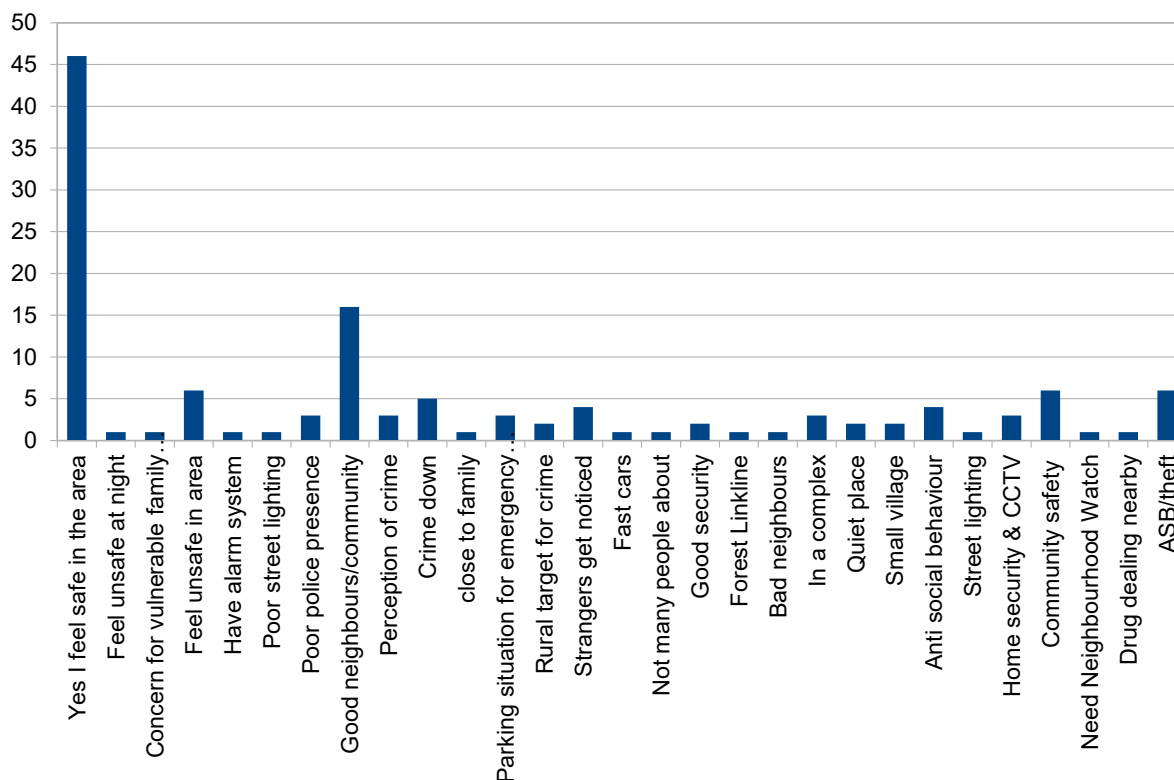
In the extra care focus group, residents expressed feelings of isolation before moving into the scheme. In one group, those attendees living alone liked the company that living in shared accommodation would offer. Companionship was important to group attendees. Some worried about losing the sense of community that they currently had if they were to move, especially those coming from a tight-knit village community.

Figure 4| Explanations why respondents do or do not feel part of their neighbourhood. The notably common responses were: support networks (neighbours, family and/or work), groups/activities and community involvement/activities (which could reasonably be combined with the previous category). Other responses were low in number.



Do you feel safe in your neighbourhood? Please explain:

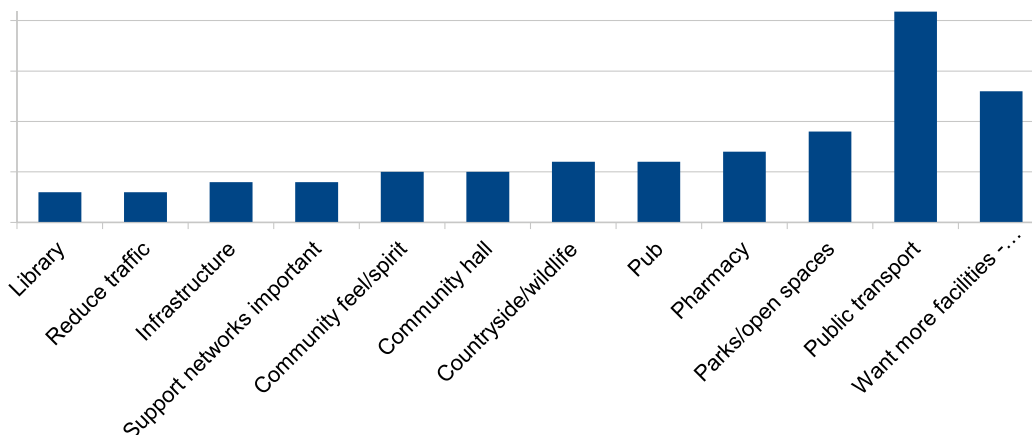
Figure 5| Statements of and explanations of whether or not respondents feel safe in their neighbourhood. The vast majority of respondents feel safe in their area. The most frequently mentioned reason for this was good neighbours/community. Other explanations for either feeling safe or unsafe were mentioned at very low frequencies



None of the group attendees expressed explicitly that they felt unsafe. However, safety and security was a common desire for their future environment. CCTV cameras were mentioned on two occasions.

What makes a good neighbourhood? (Other)

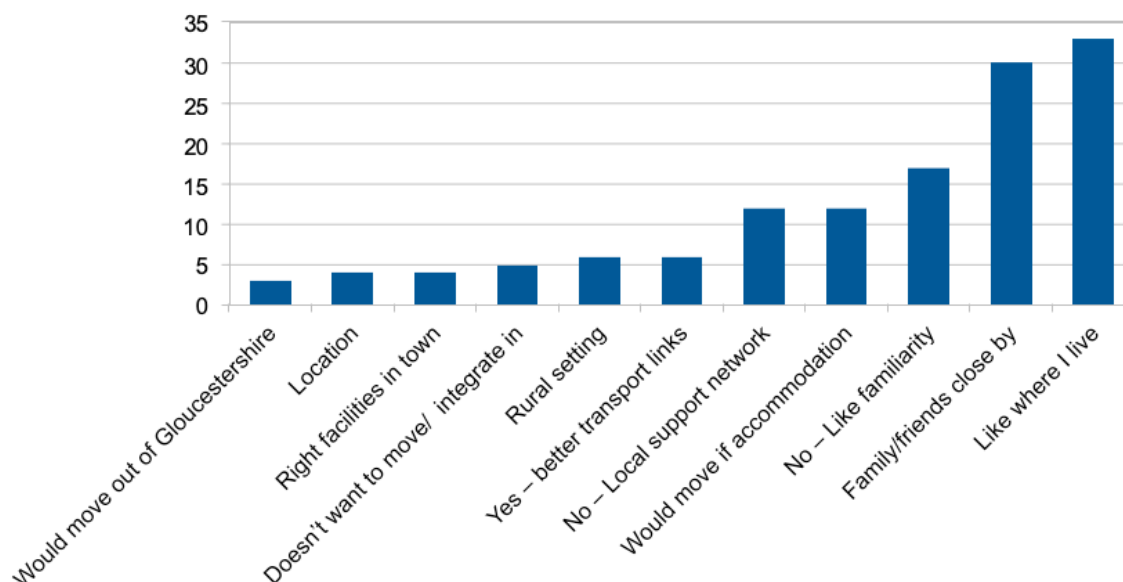
Figure 6| Respondents stating whether there was anything missing from the list of things that make a good neighbourhood that are a top priority for them. The most common answer was public transport. The second-most common response was that respondents wanted more facilities (cafes, restaurants etc.), followed by parks/open spaces (which was actually in the list). Other responses which had 2 or fewer mentions and were not included in Figure 6 were: Clubs and societies, gardens/allotments, good schools, low crime, parking, place of worship, privacy, quiet areas, swimming pool, theatre, activities, being close to family, benches/seating, chiropodist, clothes shop, dentist, drive/garage, good repairs and upgrades, ground floor accommodation, health and beauty shops/services, local newsletter, post office, bank, proximity to town, lower crime and work space.



Good public transport, particularly bus routes, was mentioned frequently during the group engagement events as something very important to have near the home. In fact, access for a bus route to some was “essential”. Many people wanted to live near certain facilities, particularly shops, cafes and medical services such as a doctor. Outside seating and gardens were mentioned as important, especially as places to meet new people and socialise.

Would you consider moving to a different area in Gloucestershire in order to have these things to hand? Please explain:

Figure 7 | Explanations of whether or not – and why or why not – respondents would move within Gloucestershire. The most common response was no, because they like where they live. Family and friends being close by was the most common thing influencing this decision. This theme was continued with the mentions of support networks and familiarity. Other responses which had 2 or fewer mentions and were not included in Figure 7 were: “AONB will become a prison with age”, “Can’t afford Stroud”, “Close to where I am”, to be closer to services, cost, for better access, for specialist supported living (hearing difficulties), need a live-in carer, no (can’t drive), “Nowhere is as stimulating as Cheltenham”, “Planning to move”, “Rural England is dying”, schools, “Too old for change”, “Unless no other option”, “Want local activities”, “Want to feel safe”, “Want to move away from anti-social behaviour”, “Access to services”, “Access to work”, “Cheltenham or a larger town”, “Living near facilities”.



Questions I don't have access to but have written a summary of the related focus group comments for:

Service charges

"Service charges go up but services don't improve..."

There were mixed opinions on whether or not service charges are worth paying for. Some were prepared to pay as long as there was effective management; some would pay for a warden or service manager; some wanted it to go towards communal facilities. Some current extra care residents were not happy about some financial aspects of living in the schemes, such as inefficient use of the money and people's estates being charged rent after their death. One resident felt trapped by the 10% charge they would have to pay if they tried to sell.

Residents at Sherborne, Stonehouse commented that they had 'signed up' for extra care which had since been withdrawn. This chimed with concerns brought up by other groups about transparency on the providers' part upon moving in to this kind of scheme.

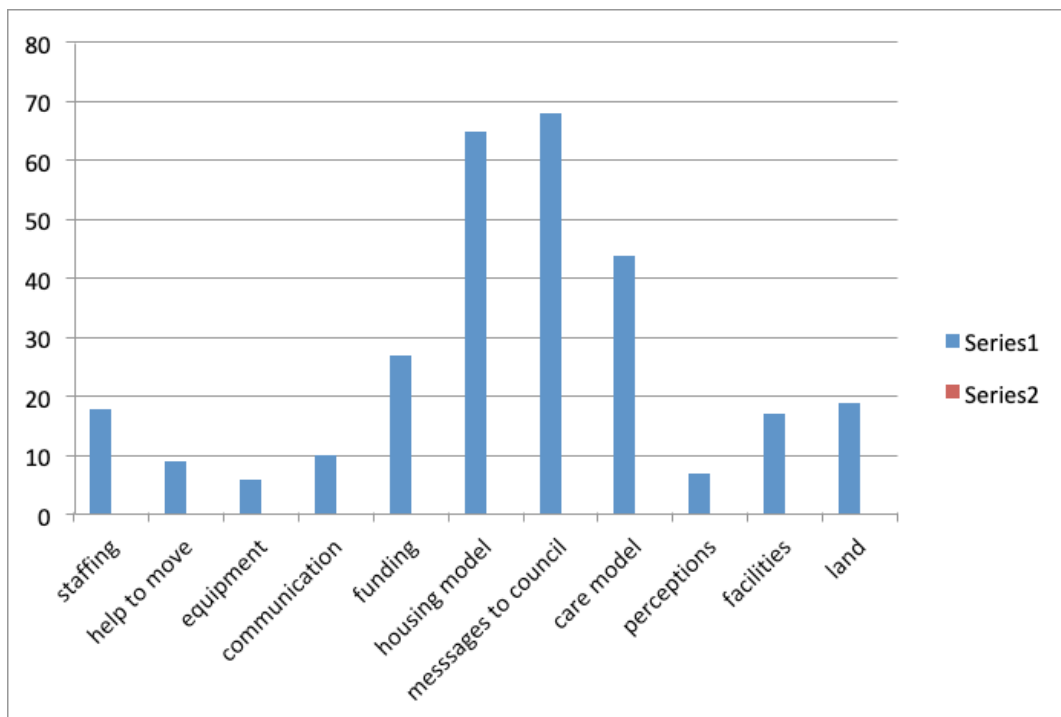
Older people for neighbours or a mix of ages?

The matter of age-designated vs intergenerational living split opinion in the focus groups. One extra care resident wanted more young people coming through, whereas another was concerned that residents under 55 would just go to their own activities outside of the scheme. Concerns about anti-social behaviour when living near or with school age younger people were raised. However, some wanted a 'mixed community feel'. Some remained undecided on the issue.

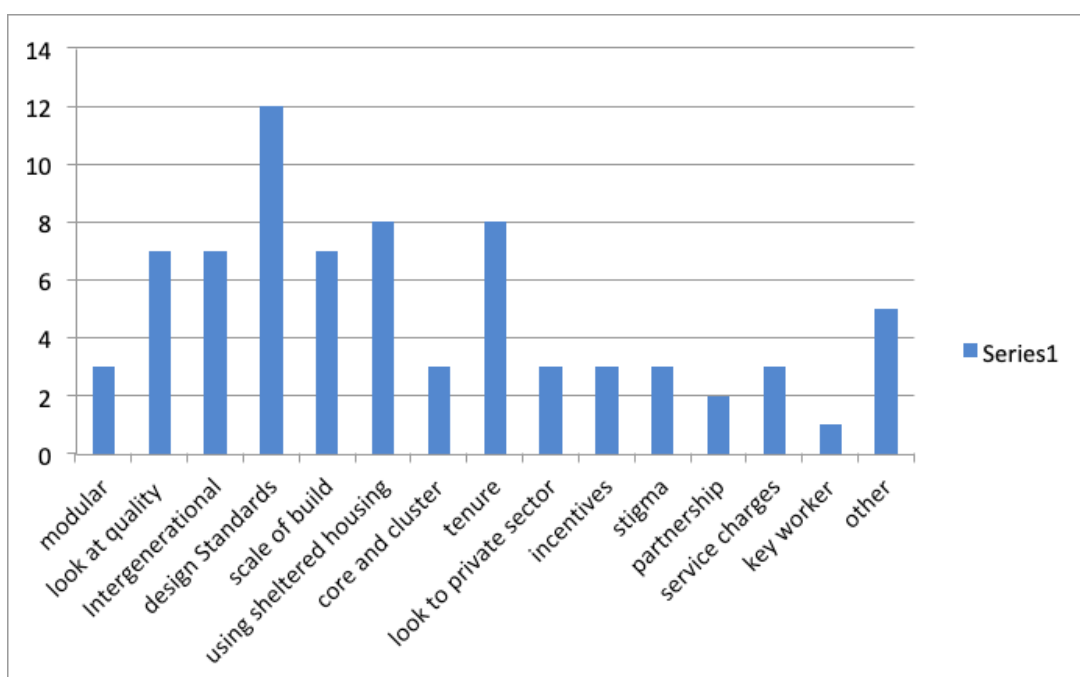


APPENDIX 2 - Feedback from providers event

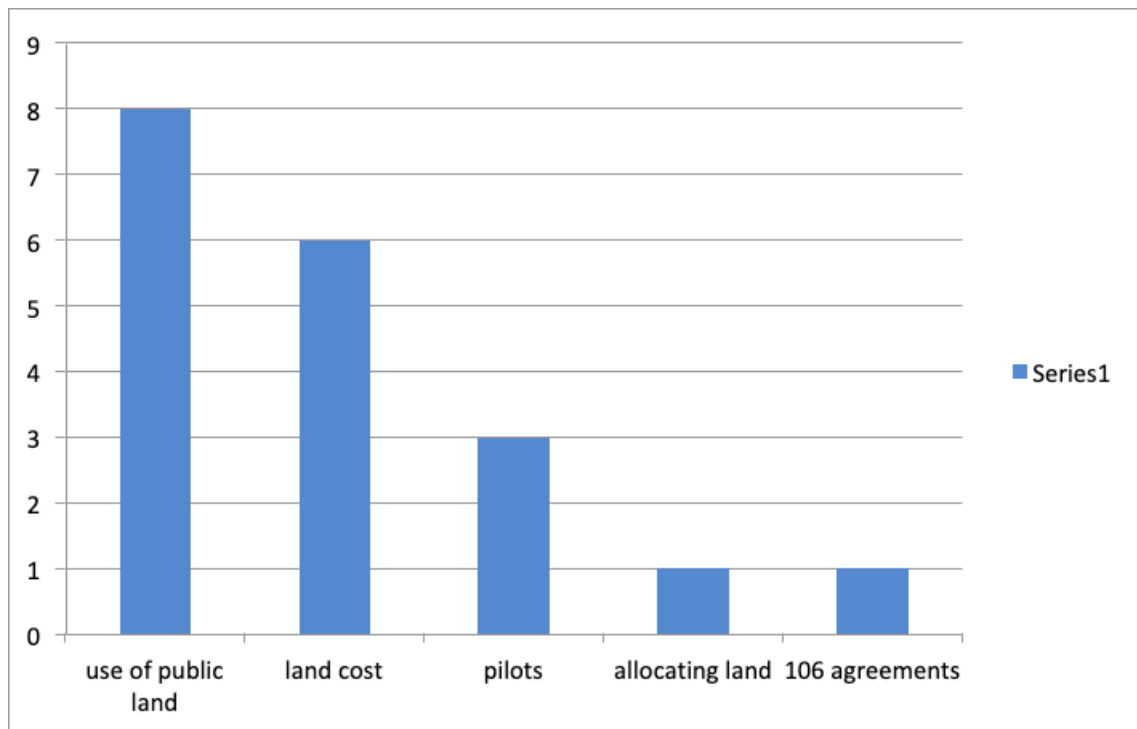
Themes from the 26th September



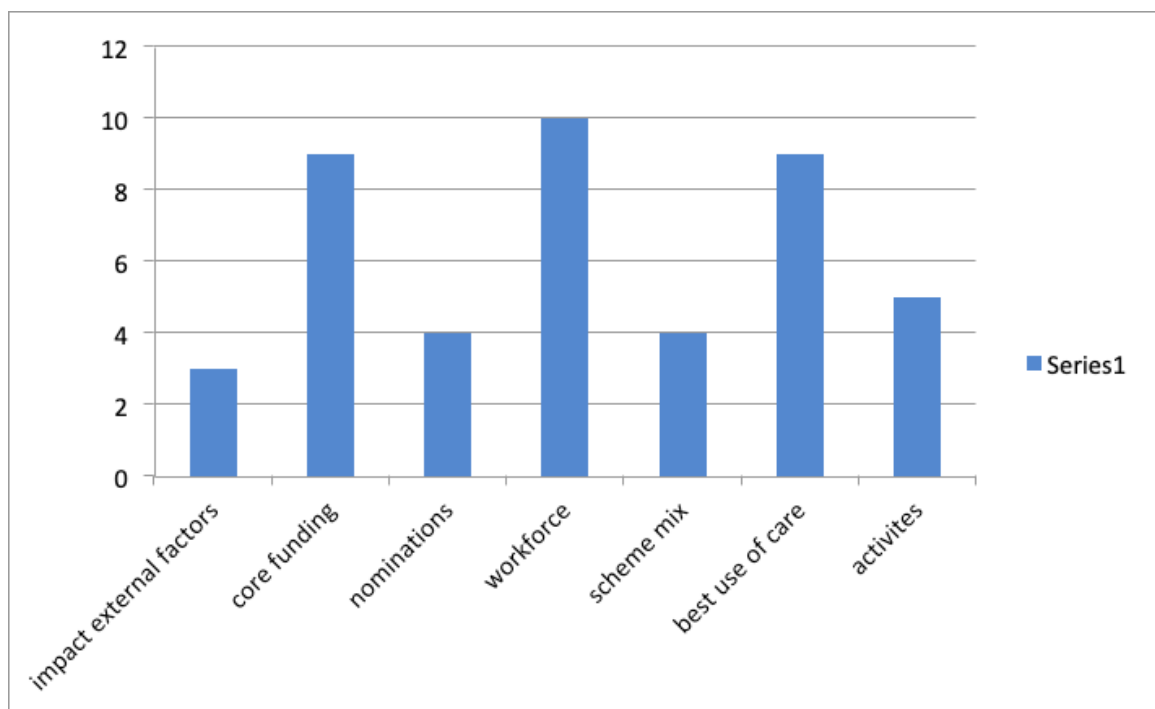
Housing Model



Land Model



Care Model



APPENDIX 3 - Action Plan

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
Ensure a good standard of housing provision, complimented by high quality care	Launch HwC at online engagement event	Programme Director – Housing, Health and Care	January 2021	GCC effectively manage the HwC market Increase in developments of HwC to meet local need and a decrease in speculative developments that do not meet local need Develop a financially sustainable HwC market for all parties
	Develop ASC housing specification in partnership with GHCNHST	Senior Project Manager HwC	1st of December 2020	ASC accommodation specification developed
	Review quality of built environment of current HwC portfolio in Gloucestershire	Senior Project Manager HwC	June 2021	Comprehensive understanding of current provision of HwC in Gloucestershire Unsuitable accommodation identified and reduced Gaps in current provision identified Individuals supported to move into suitable housing
	Review current MH provision	Mental Health Commissioning team	September 2021 for review	New developments designed and built to meet local need
	Work with developers, registered housing providers and care providers to promote Gloucestershire's climate change strategy			Work with developers, registered housing providers and care providers to promote Gloucestershire's climate change strategy

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
Improve the housing with care offer for people with a range of support needs, including complex needs and lifelong conditions, and reduce out of county placements	Review and reduce all out of county placements (OfC)	Outcome Manager Disabilities Hub Mental Health Commissioning team	TBC	Comprehensive understanding of all OfC placements Housing and care developed to meet requirements of OfC placements Reduction in OfC placements across all disabilities Improved outcomes for people supported to move back to Gloucestershire
	Review and reduce hospital placements	Transforming Care Partnership Mental Health Commissioning team	TBC	Comprehensive understanding of housing and care needs for individuals in hospital Housing and care developed to meet requirements of individuals in hospital Reduction in hospital placements Remodelled mental health team resulting in a reduction of metal health admission Improved outcomes for people supported to live in the community in Gloucestershire
	Review housing needs for people with Acquired Brain Injury (ABI)	Outcome Manager Disabilities Hub	TBC	Comprehensive understanding of housing and care needs for individuals with an ABI
	Review of the housing and care needs of the ageing population with a serious mental health need	Mental Health Commissioning team	TBC	Individuals supported to move into more appropriate housing suitable to their long needs as they age

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
	Commissioning to attend ISCM meetings	Senior Project Manager HwC/ Disabilities Housing Broker	To be reviewed September 2021	Increase understanding of operational demands relating to HwC
	Develop relationships with developers, architects and registered housing providers to ensure local needs are reflected in building design	Programme Director – Housing, Health and Care	In place – on going	Influence the design and materials used in the construction of new developments of HwC to ensure that the building meets local needs
Increase housing with care across Gloucestershire so each district has an equitable offer for older local people appropriate to need	Develop HwC promotional material	Senior Project Manager HwC	April 2021	Increase use of HwC and other community-based housing solutions Reduction in residential care placements Increased awareness of HwC and the benefits it can offer across health and social care staff and the wider population of Gloucestershire Increase in transparency of service charges
	Develop contractual arrangements for HwC	Programme Director – Housing, health and Care	April 2022	New contractual arrangements in place for HwC Clear and consistent process in place for nominations into HwC Reduction in void levels in HwC Improved value for money in commissioning model of HwC Improved outcomes for individuals living in HwC

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
	Support development of affordable extra care housing in districts with the highest modelled demand	Senior Project Manager HwC	To be reviewed June 2021	Development of affordable extra care in Stroud Perrybrook development in Tewkesbury Borough completed Reduction in housing inequality across the districts for older local people Improved out comes for people moving into extra care housing
Increase the choice of supported living for younger adults with disabilities and mental health conditions	Engage with all disability boards	Senior Project Manager HwC and Disabilities Housing Broker	To be reviewed June 2021	Increase understanding of local need for HwC Increase understanding around barriers to accessing HwC HwC developed to meet local need
	New developments follow agreed development process	Disabilities Housing Broker	November 2020 – then reviewed annually	All new developments progressed following a formal development process with clear lines of accountability across housing, health and care partners Developments progressed that meet identified need Positive relationships with developers/housing providers and care providers maintained Smooth transition into HwC for individuals
	Work with transition team in children's services	Disabilities Housing Broker	November 2021	Housing with care developed to meet the needs of young adults coming through transitions from children's services

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
To benefit the wider housing market through regeneration and by releasing family homes	Create a demand tracker for DFG process that categorises demand	Health and Housing Hub and Spoke Officer	Ongoing	Understanding of demand for DFG Quicker completion of DFG Better commissioning of DFG services More cost effective DFG services Better understanding of system pressures Improved experience for individuals requiring DFG
	Scooping of a help to move services for all ages and disabilities	Senior project Manager HwC	January 2021	Develop options paper for help to move service and present to relevant governance boards
	Develop an adaptable housing register	Health and Housing Hub and Spoke Officer	Ongoing – to be reviewed March 2021	Matching adapted properties to individual need Reduction in delays of individuals moving into adapted properties suitable to their needs
	Work with registered housing providers across Gloucestershire to creating innovative housing and care solutions to meet local need through the Joint Housing Action Plan	Programme Director – Housing, Health and Social care	In place - ongoing	Creative solutions in place to meet local need Use of Better Care Fund and warm and well funding to improve housing, health and care outcomes across Gloucestershire Improved outcomes for individuals
To utilise housing with care to deliver cost savings to the housing, health and care system	Monitor use of HwC	Senior Project Manager HwC	In place – ongoing	Monthly report created tracking use of HwC and system wide benefits reported to relevant boards Promote benefits of HwC through use of case studies

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
	Review voids over previous 12-month period	Disabilities Housing Broker	February 2021	Understanding of themes impacting on void levels Reduction in voids HwC developed to meet any identified gaps in current HwC offer
	Work with finance team to ensure cost savings related to more efficient use of HwC is captured across Health and Social care partners	Programme Director – Housing, Health and Care	In place – on going	Savings are captured and reported in line with governance requirements Cost avoidance across housing, health and social care evidenced and reported in line with governance requirements to demonstrate the additional benefits of HwC Demonstrate the cost benefit of using HwC to avoid hospital admissions and residential care placements
	Implement the findings of the Integrated Accelerator Programme	Mental Health Commissioning Team	TBC	Reduction in expensive residential and OfC placements
To maximise the opportunities offered by advances in technology and Artificial Intelligence (AI) to support people in their own home	Promote use of technology and AI within HwC	Adult Single Programme	In place	Increased awareness of technology and AI solutions that can support individuals to remain independent Increase use of technology and AI within HwC and the community Increase in independence and wellbeing for individuals using technology and AI Decrease in residential care placements
	Share updates regarding technology and AI with housing providers	Adult Single Programme	In place	As above

Aim	Actions/ outputs	Owners	Time scales	Measuring success - outcomes
	Work with developers of HwC in the county to ensure best use of technology, Artificial intelligence and material are considered at all stages	Programme Director - Housing, Health and Care	In place	Influence the design and materials used in the construction of new developments of HwC to ensure that the building meets local needs Included the use of equipment in the design and development in all new HwC developments
To provide a viable alternative to residential care	Align development of HwC with Care Home Strategy	Programme Director - Housing, Health and Care	In place	Demand for HwC reflects changes in residential care Increase use of HwC Decrease in residential care placements Improved outcomes for individuals using HwC
	Review placements in Residential care	Housing and Support Officer	In place	Individuals supported to move into appropriate HwC Decrease in residential care placements
To provide wider community resources and facilities to connect and benefit local people	Engage with current providers of HwC to develop community offer	Programme Director - Housing, Health and Care	April 2022	Increased community offer in HwC Increased integration of HwC with local communities
	Work with District Housing Colleagues to ensure that any new developments of HwC complement and enhance the community offer	Programme Director - Housing, Health and Care	In place	New developments of HwC add value to local communities Improved outcomes linked to resources with HwC

