



## Housing with Support for People with Learning Disabilities and/or Autism

# Contents

CLICK  
to jump to  
each chapter



Context .....	<b>4</b>
Demand for Housing with Support.....	<b>6</b>
Current Supply .....	<b>17</b>
Future Housing with Support Models.....	<b>22</b>
Opportunities for Future Investment in Supported Living .....	<b>34</b>
Capital and Revenue Funding.....	<b>51</b>
Working Together .....	<b>57</b>
Summary of Key Messages .....	<b>60</b>



# 1. Context

**The Market Position Statement for the South Yorkshire Integrated Care System (ICS) sets out the opportunities for developing new supported living provision across the ICS. The Market Position Statement is specifically aimed at Registered Providers but is also likely to be of interest to developers and private sector landlords.**

An ICS Housing Needs Assessment for people with learning disabilities and/or autism identified the demand for supported living in each authority over the next 10 years. These findings provide the evidence that can be incorporated into housing development plans. The needs assessment also provides a baseline for each authority to carry out more detailed cohort mapping, where this is required.

The principles for providing housing for people with learning disabilities and/or autism are based on those contained in 'Building the Right Home'<sup>1</sup>.

**These principles involve offering people with learning disability and/or autism the following:**

- A choice of housing to enable them to access the right home and support at the right time
- A choice of location and community in which they live
- A choice of who they live with (if the accommodation is shared)
- Support to live independently in their own homes in the community
- Settled accommodation, including owning their own home, and supported living
- Housing in which they can feel happy and safe
- Able to remain in their own home even where their care and support needs change (i.e. the provision of housing and the provision of support should be separate)

Those individuals who have the potential to move to a more independent setting will require a social care review and a best interests assessment carried out prior to any move. Social Care Workers will need to carry out these assessments, so that the individuals who require accommodation can decide whether they want to access housing in the development pipeline or other housing options.

Covid and Brexit have created staff shortages across the region, making shared care and the location of housing important issues to consider. Housing also needs to be located near to transport links to enable staff to travel to work and away from areas where there is a high concentration of care services e.g. care homes.

<sup>1</sup> Building the Right Home. NHSE, LGA, ADASS.2016



# 2. The Demand for Housing with Support

## 2.1 Context for the demand for housing

This section of the Market Position Statement summarises the demand for housing with support over the next 10 years, based on the finding of the ICS Housing Needs Assessment. These findings have provided a baseline for each authority within the ICS to carry out more detailed work on cohort needs mapping.

The table below summarises the total number of individuals in each authority with learning disabilities and/or autism, who are in receipt of long term adult social care services<sup>2</sup>. These individuals have moderate to severe learning disabilities. Only a proportion of these individuals have a housing need.

	People with Learning Disabilities (including People with Autism)	People with Autism	People with Autism and LD
<b>Barnsley</b>	<b>669</b>	<b>86</b>	<b>78</b>
<b>Doncaster</b>	<b>1,242</b>	<b>160</b>	<b>41</b>
<b>Rotherham</b>	<b>753</b>	<b>120</b>	<b>98</b>
<b>Sheffield</b>	<b>1,672</b>	<b>227<sup>3</sup></b>	<b>134</b>
<b>Totals</b>	<b>4,336</b>	<b>593</b>	<b>351</b>

The ICS Housing Needs Assessment involved an analysis of social care and health data from each authority to establish the level of demand for housing with support over the next 10 years. Interviews were also held with social care and health practitioners to understand the demand for housing experienced by each cohort and a survey was carried out of people with lived experience of services. The main findings of the housing needs assessment for each cohort are explained in the following sections.

## 2.2 People living in inpatient care

The Transforming Care cohort comprises those people who are in an inpatient setting, or who are at risk of becoming an inpatient in the future. The number of inpatients in hospital and specialist commissioning fluctuates from month to month, with some staying for short periods and others who are long term inpatients<sup>4</sup>.

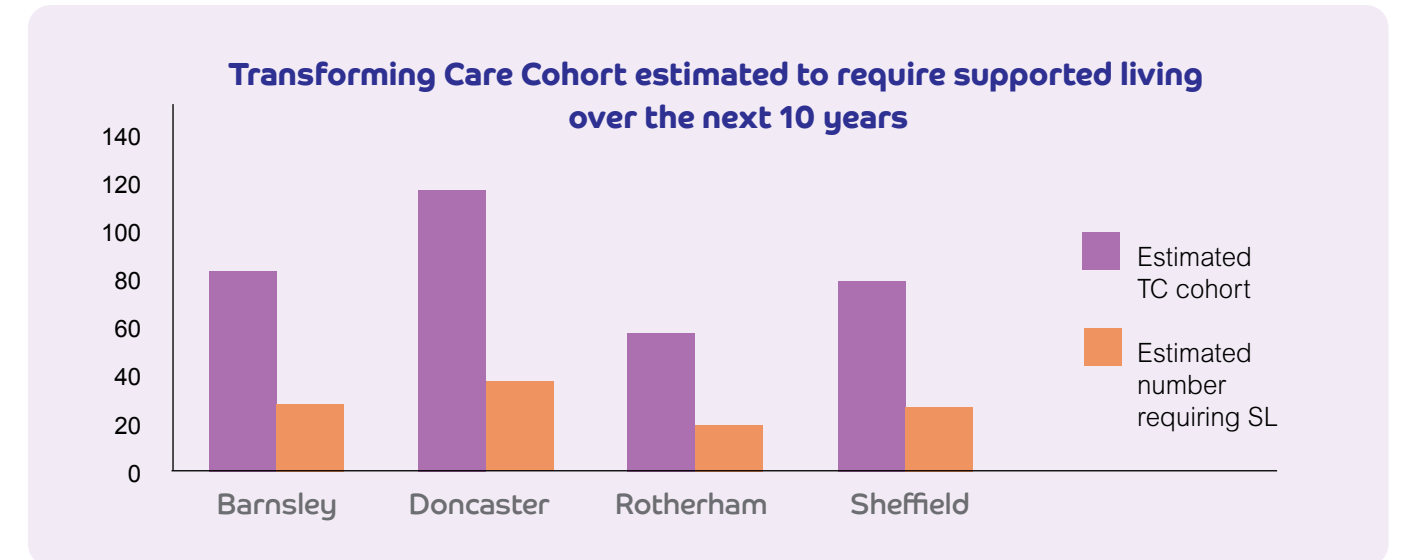
<sup>2</sup> The Autism self assessment framework 2018 provides data on those with autism and autism and LD.

<sup>3</sup> Estimates for people with autism or with autism and LD is based on the average proportion for other ICS authorities from the autism self assessment framework 2018

<sup>4</sup> The ICS Housing Needs Assessment shows 27 inpatients in CCG beds and 20 in NHSE beds across the four ICS authorities.

A number of adults who are in NHS England (NHSE) beds have forensic issues. Although not all these individuals are able to move to supported living schemes, some could if they were located away from families and schools.

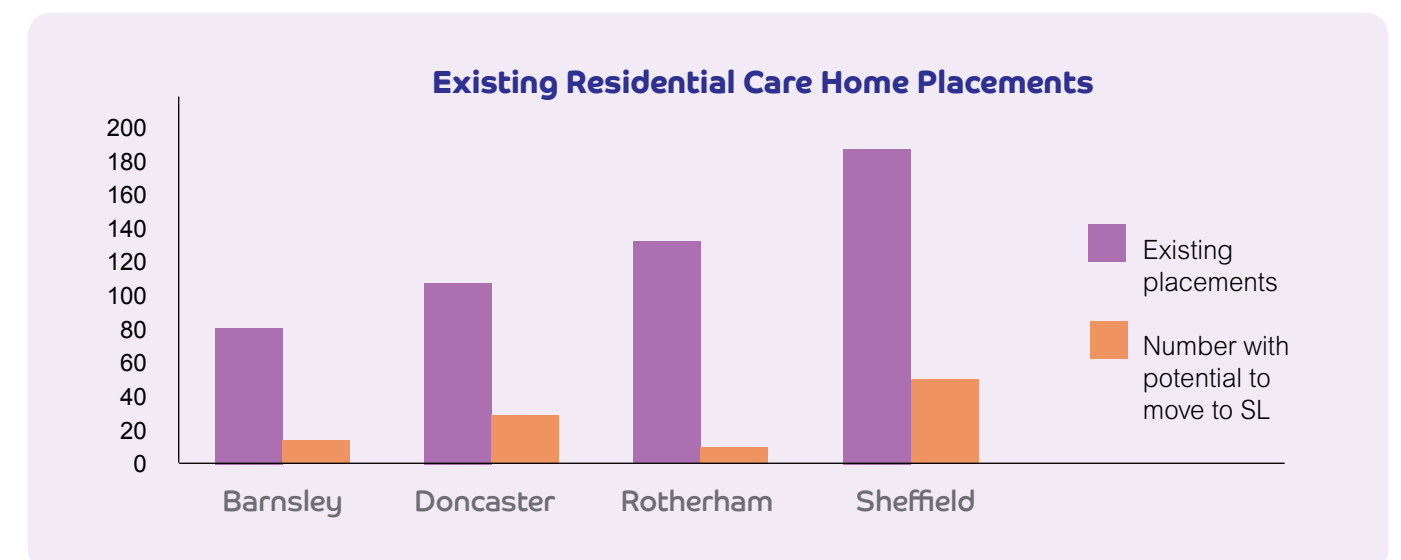
The ICS housing needs analysis has assumed that about a third of inpatients will require supported living, including purpose built autism accommodation. The estimated demand for supported living from current and future inpatients is summarised in the chart below.



## 2.3 People living in residential care

The ICS housing needs analysis suggests that those aged under 65 who have been placed in residential care have the most potential to move to supported living, although the numbers would not be large as many are long term residents. Some longer terms residents with low support needs could also move.

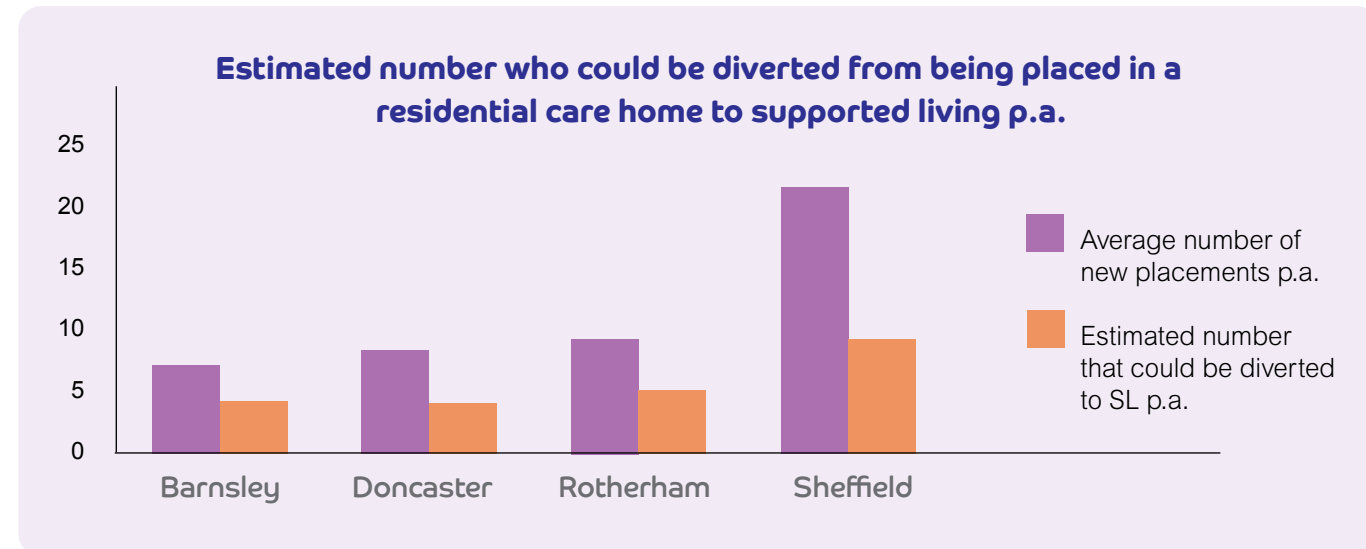
The chart below shows the estimated number of current placements who have the most potential to move to supported living on the basis that they are not long term residents. Many of this cohort are younger people with moderate needs, although some have complex needs.





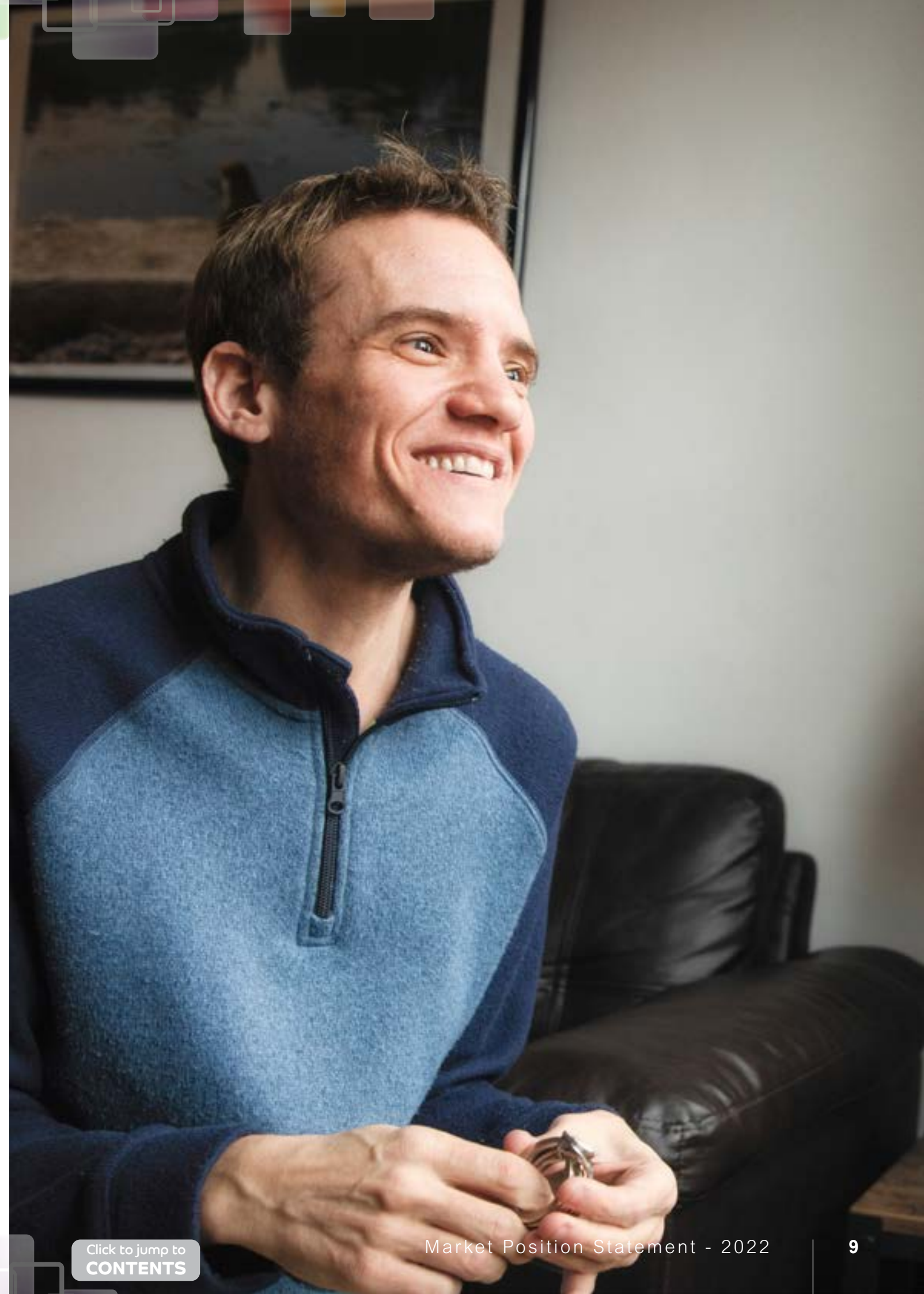
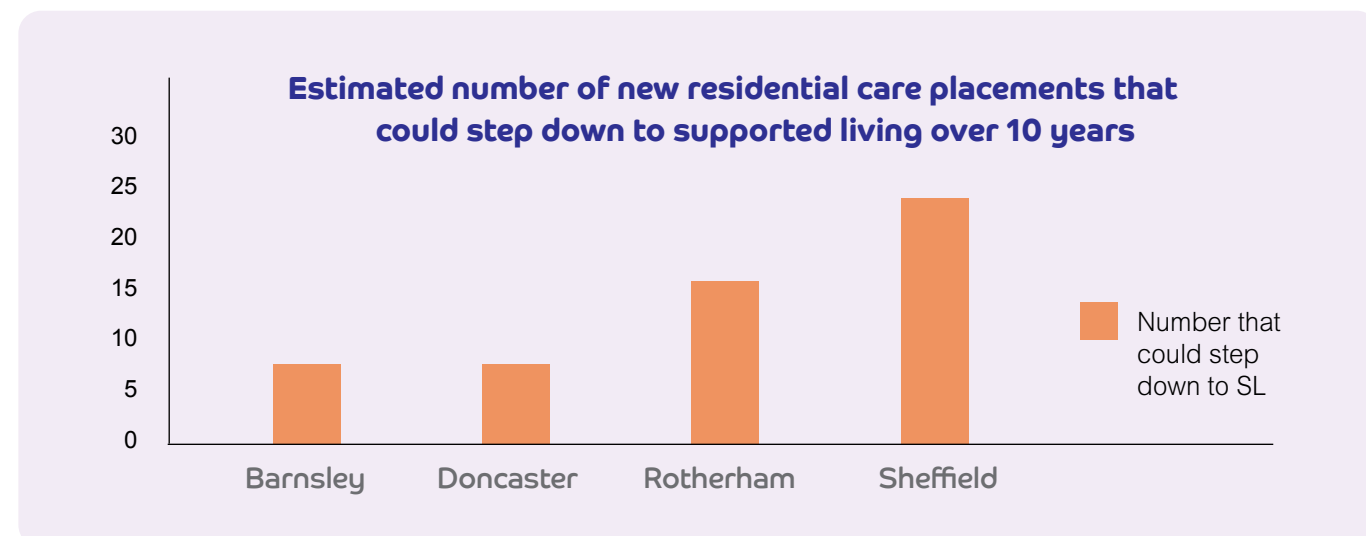
## 2.4 Diverting new placements to supported living

All the local authorities try to use supported living as a first option, rather than a care home placement. However, the needs assessment found that more individuals could potentially be diverted to supported living, if there was additional capacity available. This demand is summarised in the chart below.



## 2.5 Step down to supported living

The ICS housing needs analysis found that some individuals require residential care before stepping down to supported living. The chart below estimates the number of new placements to care homes that need to step down to supported living after three years, based on assumptions derived from practitioners.



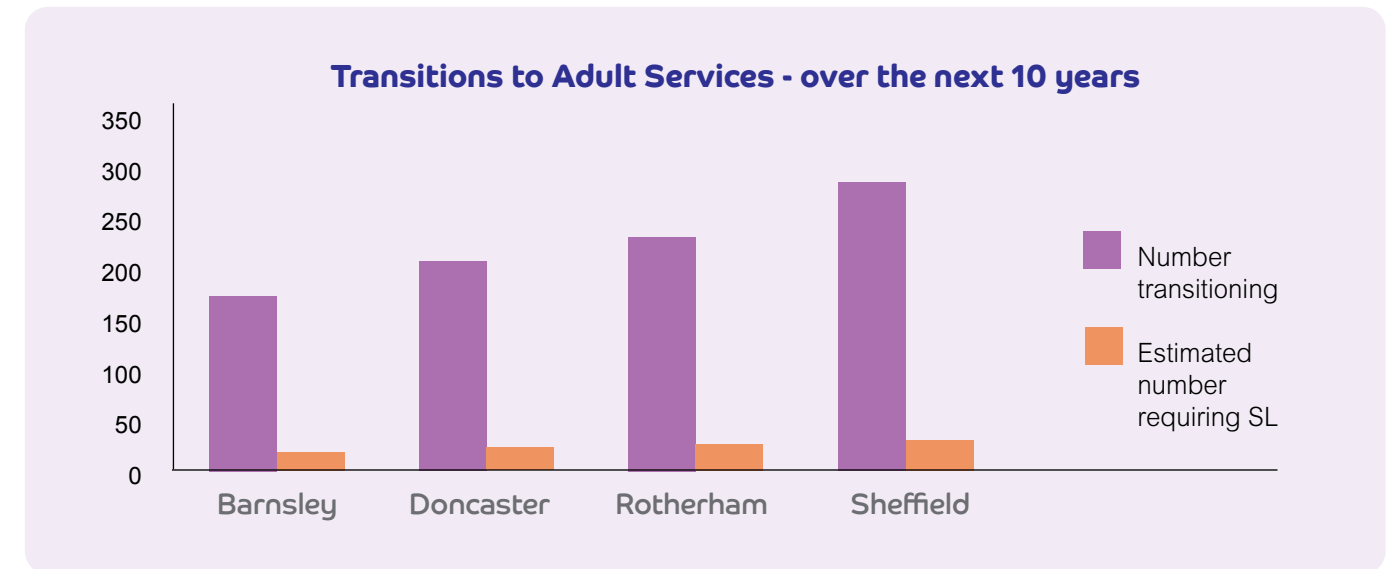




## 2.6 Young people transitioning to adult services

The needs assessment found that a small proportion of those who transition to adult services will require supported living at the point of transition, with the majority continuing to live with their families or in a foster placement and a small number requiring a care home placement. The main reasons cited for the low numbers requiring supported living is that most have not been prepared for independence at the age of 18 and their families often do not want them to move.

The chart below sets out the estimated number of those transitioning over the next 10 years and who are likely to require supported living.



Some of the local authorities are carrying out further work to identify the housing needs of this cohort in greater detail and how to support them to move to greater independence at the point of transition. Doncaster considers that the forecast of the number of young people preparing for adulthood in the authority appears to be low and work is underway to understand the housing and support needs of this group of people further.

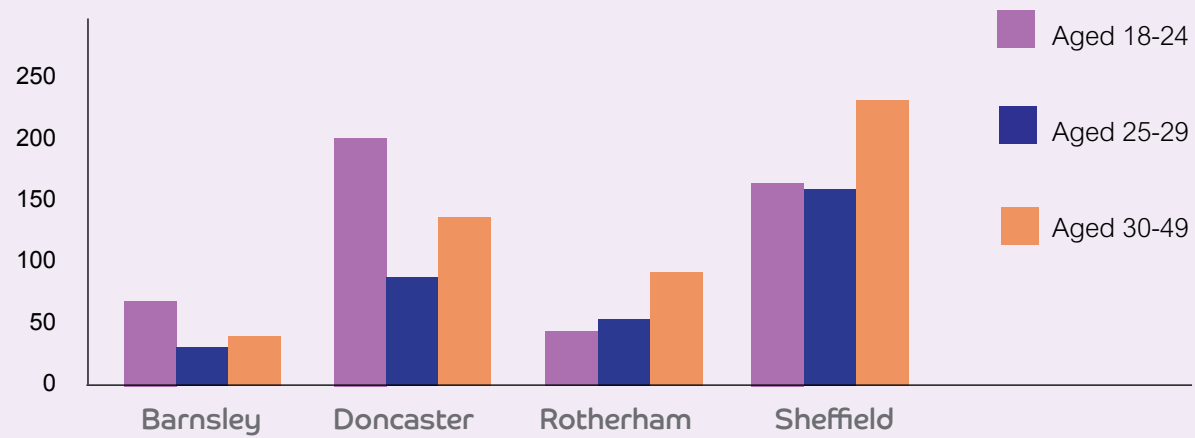
## 2.7 Living in the community with families who want/ need to move

The ICS needs analysis found that the number of individuals living with their family declines by age, as they move into alternative options such as supported living, shared lives, independent tenancies and care homes.

Although many young people living with their families would like to move to housing with support, their opportunities are limited with some ending up in inappropriate accommodation as they are a low priority for social housing. Although the cohort aged 30-49 living with their families can be quite a settled group, there is still a significant number of individuals who are likely to require supported living.

The chart below shows the number of adults aged under 50 who are living with their family and are estimated to require supported living over the next 10 years.

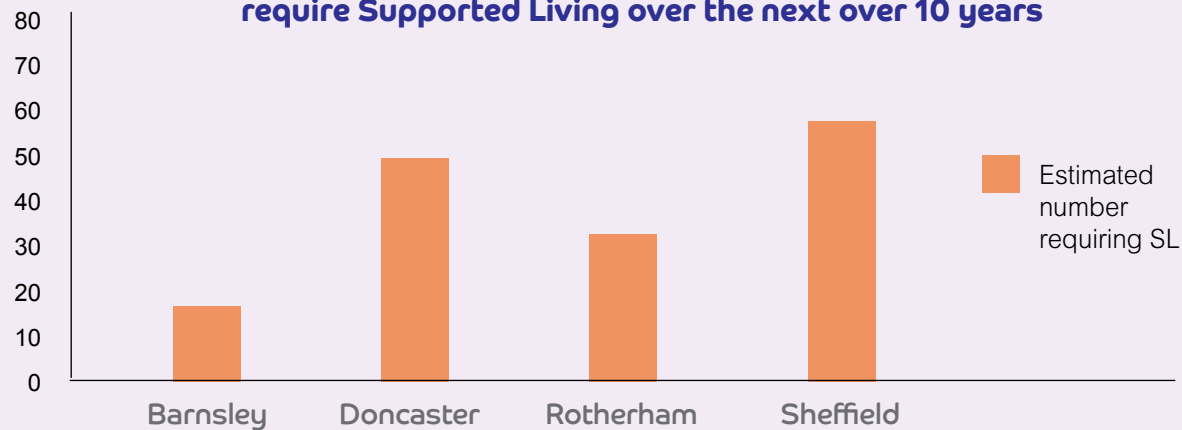
**Number living with family estimated to require supported living over the next 10 years**



One of the barriers is a lack of information for families on the housing options and pathways available. Generally, families are anxious about those they care for moving out of the family home into more independent living options.

The ICS needs analysis found that the current generation of older carers often made their life choices on the assumption that they would outlive their children - this is less the case now. Younger family carers have aspirations for their children to move on from the family home at an earlier age. The chart below shows the estimated demand for supported living over the next 10 years from people aged 50 or over living with older carers.

**Number aged 50 and over living with Older Carers who require Supported Living over the next over 10 years**



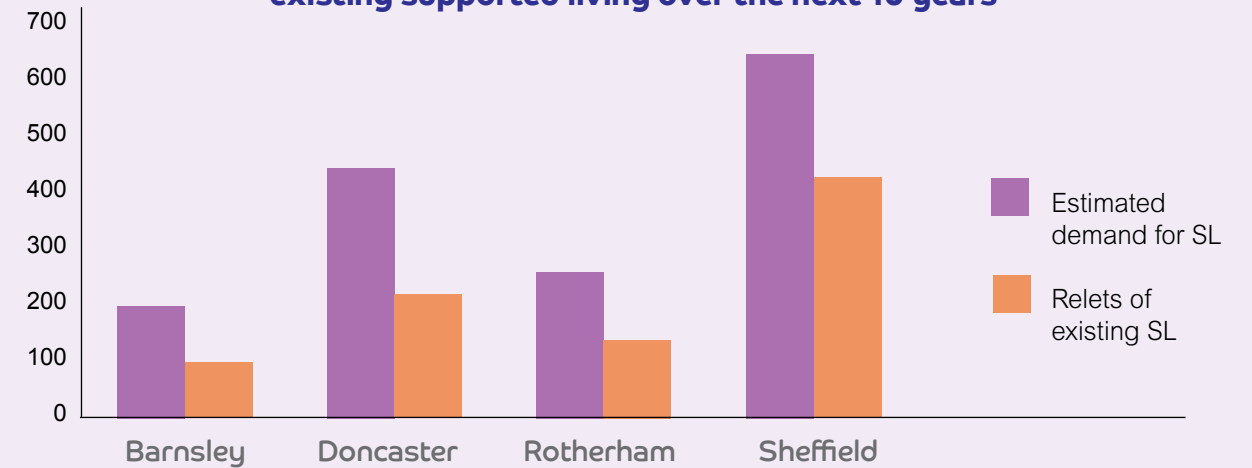
## 2.8 Summary of net demand

The following chart provides an overview net demand from people with learning disability and/or autism who will require supported living over the next 10 years, based on the ICS Housing Needs Assessment. The chart take account of relets<sup>5</sup> of existing supported living, which results in a total estimated requirement of 663 new units of supported living over the next 10 years.

<sup>5</sup> The relet rate does not take account of any remodelling of existing provision that may take place over the next 10 years.

A total estimated requirement of **663** new units of supported living over the next **10** years

**Estimated demand for supported living compared with relets of existing supported living over the next 10 years**



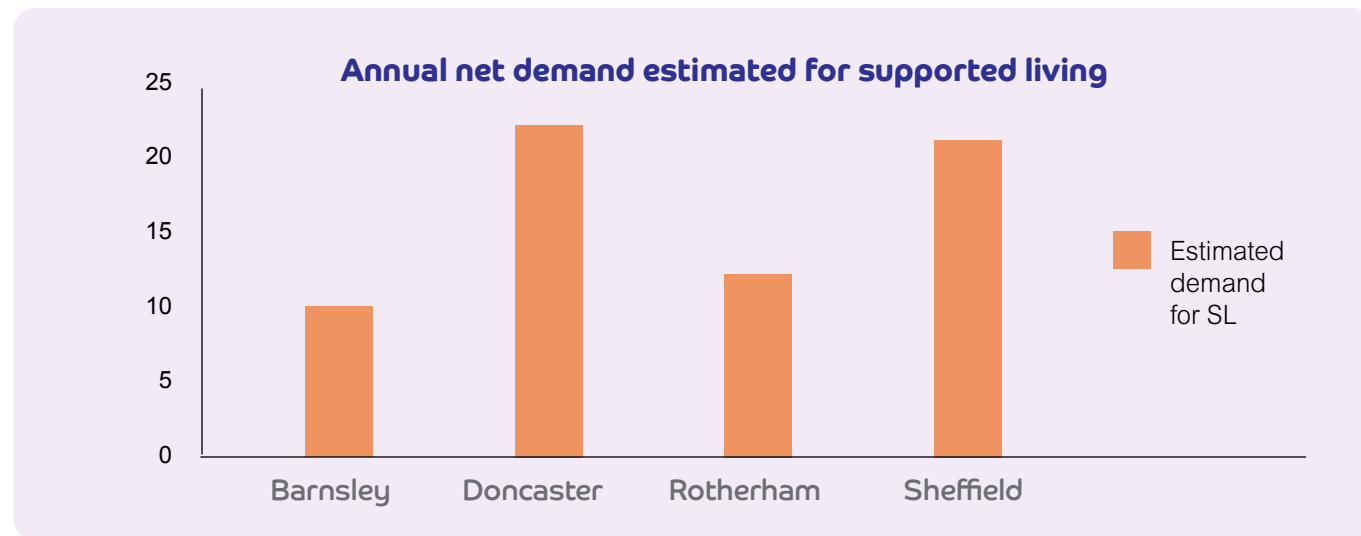
The ICS needs analysis provides an indication of the need for supported living in each authority. These findings provide a starting point for each authority when carrying out their own reviews of the needs of each cohort, which may result in some adjustments to these figures.

The table below summaries the current number of units, alongside the estimated relets and net demand over the next 10 years. The number of units will change over time, due to remodelling and new developments coming into management, and this will have an impact on the number of relets and estimated demand. See section 3 on supply.

SUPPORTED LIVING	Number of units	Relets over next 10 years	Estimated net demand over next 10 years
Barnsley	139	90	102
Doncaster	311	210	225
Rotherham	203	130	123
Sheffield	628	420	213
<b>Totals</b>	<b>1,281</b>	<b>850</b>	<b>663</b>



The chart below shows the net annualised demand for supported living for each authority, based on the ICS Housing Needs Assessment. Some of this demand may be met through Shared Lives, Extra Care Housing or other housing options including shared ownership.



The annual numbers shown in the above chart do not take account of supported living units in the development pipeline. Once these units come into management, they will offset the annual demand shown in the chart above as they are 'new lets'. Thereafter these units will generate relets when they become vacant, which is likely to be a small number as turnover rates for new supported living units are usually quite low.

The vast majority of people shown in the net demand chart are aged 18 to 64. Older people with learning disabilities and/or autism are mainly living in settled accommodation, although some are living with older carers who may increasingly struggle to manage. Potentially some of those living with older carers could move into extra care housing, where this option is appropriate – either through accessing existing extra care housing provision or provision in the development pipeline.

### Key Messages: Demand

- There is a small but consistent annual demand for supported living from the Transforming Care cohort.
- Some existing care home placements could potentially move to a more independent setting, particularly young people who are placed in a care home.
- Some new placements to care homes could move into supported living instead, if there was sufficient capacity.
- Some new placements may need to live in a care home for a short period before stepping down to supported living.
- Some young people could move into supported living at the point they transition to adult services, although many of this cohort are not prepared for independent living.
- There is a significant demand for supported living from those who are living with family carers.
- There is some demand for supported living from people aged 50 and over who are living with older carers.
- The net demand for supported living across the four ICS authorities is 663 units over the next 10 years. Some of this demand could be met by Shared Lives, Extra Care Housing and other housing options such as shared ownership.







## 3. Current Supply

This section of the MPS examines the supply of supported living in each authority and the extent to which it needs to be remodelled to meet needs.

### 3.1 What supply is already available?

The supply of supported living has been defined as those units to which the local authorities, or commissioned care providers, have nomination or referrals rights. Local authorities usually enter into nomination or referral agreements with landlords and then separately commission the care and support services for the individuals living in the accommodation. In addition, local authorities can spot purchase placements in supported living, often on an out of area basis.

The supply of commissioned supported living across the ICS is summarised in the following table.

SUPPORTED LIVING	Number of units	Per 100,000 of the adult population
Barnsley	139	71
Doncaster	311	127
Rotherham	203	98
Sheffield	628	135

The vast majority of commissioned supported living is owned or managed by housing associations, with each local authority entering into a voids agreement directly with the landlords or through the care provider.

In addition, there are a variety of supported living services that have been established by the private sector. The care and support services provided may or may not be commissioned by the Local Authority and the micro commissioning of these care packages will vary from one authority to the other.

### 3.2 General needs social housing

Although general needs social housing can be accessed by individuals applying to councils' housing registers, the ICS Housing Needs Assessment found that individuals with less complex needs were being allocated housing in less desirable areas, with some becoming vulnerable to exploitation and/or abuse as a result of becoming isolated. The ICS Housing Group is carrying out work that aims to address the way in which social housing is allocated to vulnerable individuals with learning disabilities and/or autism.

There have also been some issues about the robustness of general needs social housing, as the level of damage caused by some individuals can result in the property being vacant for some time. It is difficult and expensive to retrofit existing properties, which means that it would be more cost effective to develop general needs new build units based on a house type that includes more robust fittings and noise cancellation features.

### 3.3 Supported Living Supply in each authority

#### Barnsley

Barnsley has access to 139 units of supported living which are owned by a number of Registered Providers. Most of the supported living commissioned by Barnsley is in shared accommodation rather than self-contained apartments. As the accommodation is shared it can be difficult to find compatible referrals for vacancies, resulting in some long term voids.

Barnsley uses a framework agreement to commission care and support services for supported living. This framework has enabled tenancies to be separated from the support service, thereby encouraging more people down the universal route for accessing properties. The core hours in the supported living services are block purchased and the Council has referrals rights to these units as commissioned services.

#### Doncaster

Doncaster Council aims to work with people who need longer term care and support to understand what a good life looks like for them, and to make sure they have the resources and support to live the life they choose and do the things that matter to them, as independently as possible. Doncaster supports people to keep existing relationships and make sure they have opportunities to build new ones, and don't limit peoples choices.

These aims, and the values that underpin them are central to the approach Doncaster is taking in meeting the housing and support needs and preferences of people that are supported.

Doncaster sources 311 supported living unit through 11 Registered Providers and has nomination rights to all commissioned units. Doncaster has a mix of properties including 3 bed terrace houses, converted properties and new build, in addition to the in-house supported living services provided at Hamilton Court.

The most popular conversions have a mix of 1 to 3 bed units on a single site, although there is now increasing demand for single occupancy accommodation.

Supported living offers vary dependent on the level of need. Some people require a lower level of support of a few hours each week, and others with more complex needs may require support including waking nights. New accommodation will need to reflect the wide range of needs experienced by people with learning disability and/or autism in Doncaster.

#### Rotherham

Rotherham is the principal commissioner of supported living for learning disability and/or autism, although there are no dedicated autism supported living units in the authority. The authority has nomination rights to 203 units under block arrangements and has a few spot arrangements. Most of the commissioned supported living is in shared accommodation.

#### Sheffield

Sheffield commissions a mixture of supported living including large shared houses, smaller 2/3 bed shared houses, blocks of flats with support on site, shared flats, dispersed units in the community and core and cluster models. Approximate 75% of the 628 supported living units in Sheffield are in shared accommodation, although the greatest demand is for self-contained flats.

Most of the supported living has been developed by Registered Providers funded as social housing developments. There is also a significant number of units provided by Registered Providers and funded through exempt Housing Benefit. Over time the authority will be reviewing the suitability of larger shared houses and deregistered care homes and aims to increase the supply of self-contained accommodation.

An 8 unit purpose built development was completed in 2020 to accommodate young people being discharged from hospital or moved from care homes. Although the development has an enhanced specification it does not have all the features for people with highly complex autism.

### 3.4 What is in the pipeline?

There are a number of supported living units in the development pipeline. Some are due to come into management during 2022 and others in subsequent years. The table below provides a summary of those units in the development programme.

SUPPORTED LIVING	Number of units
Barnsley	0
Doncaster	Up to 38
Rotherham	22
Sheffield	24

There are a number of pipeline developments in Doncaster including 6 units for the Transforming Care cohort (January 2022), 16 self contained units and a further 22 units subject to approval. The final number of units available will depend on the assessed needs of individuals, some of whom may require single occupancy of 2 bed apartments.

In Rotherham 14 units of supported living are being developed in Rawmarsh – 8 flats and 6 bungalows. There is also a shared unit that is being developed through exempt Housing Benefit for a group of 4 individuals, as well as another 4 bed unit in the pipeline.

In Sheffield there are a number of new developments in the pipeline for this year. One involves providing 8 one bed general needs units as part of a new council development at Buchanan Green. The one bed units are clustered next to each other with a dedicated entrance and will provide designated accommodation to people with moderate learning disabilities.

There is also a housing association specialist development of 9 one bed units in a converted property. Both developments have 24 hour background support. Sheffield is also working in partnership with a housing association on a development of 5 units for the transitions cohort. Another one and two bed development (a total 4 units) is being developed by a housing provider at risk, although it will be used by the council as it meets their requirements.



### 3.5 What are the current models and remodelling implications

All the authorities are reviewing their commissioned supported living portfolio, with the aim of remodelling or replacing those properties that are not fit for purpose. Some of these schemes are quite institutional as they have previously been registered as care homes and others are large shared houses. Filling voids in these properties is difficult and many are not suitable for people with mobility needs.

Remodelling will reduce voids and may provide some additional capacity. However, some remodelling may also involve a net loss of units, where large supported living schemes are decommissioned and replaced with properties that provide a smaller number of units of self contained accommodation. Even where the net result is increased pressure on the accommodation available, the remodelling process does ensure that the accommodation is utilised.

Remodelling or decommissioning existing supported living is a complex process that requires co-operation from the landlord, capital funding or replacement properties and the decanting and rehousing of existing residents (either temporarily or permanently).

#### Key Messages: Supply

- **Barnsley** has access to 139 units of supported living which are owned by a number of Registered Providers, most of which is in shared accommodation.
  - **Doncaster** sources 311 supported living units through 11 Registered Providers with a mix of properties including 3 bed terrace houses, converted properties and new builds. Placement of new schemes and developments will be based on people's expressed preferences and need to achieve and maintain their good life.
  - **Rotherham** has nomination rights to 203 supported living units under block contract arrangements, most of which is in shared accommodation.
  - **Sheffield** has access to a mixture of 628 units of supported living including large shared houses, smaller 2/3 bed shared houses, blocks of flats with support on site, shared flats, dispersed units in the community and core and cluster models. Most of this accommodation is shared. It is estimated that Sheffield will lose about 34 existing units as a result of remodelling.
- There are a number of supported living units in the development pipeline and when they come into management the estimated annual demand will reduce in the relevant year and/or offset any loss of units due to remodelling.
  - All the authorities are reviewing their commissioned supported living portfolio with the aim of remodelling or replacing those that are not fit for purpose.





# 4. Future housing with support models

## 4.1 Introduction

'Building the Right Home' sets out the service model for housing for people with learning disabilities and/or autism where the overall aim is to support people to live independently as possible in settled accommodation in the community, rather than living long term in institutionalised settings.

'Building the Right Home' sets out two types of accommodation models

### Settled Accommodation

The accommodation provides security of tenure/residence and is intended to provide medium to long term accommodation

### Short term Accommodation

Where a person can go for a short period, for example to prevent avoidable hospital admission. This can include emergency or crisis accommodation.

Some of the ICS authorities identified a need for step down accommodation as part of a pathway to independence e.g. accommodation that is intended to provide a stay of up to 2 years

'Building the Right Home' identifies that people with learning disabilities and/or autism should have a choice of housing and be able to decide where, how and whom they live with and who should provide them with the support they need.

Whilst people with learning disabilities and/or autism have a diversity of housing needs, it is possible to plan future housing developments to meet these needs based on certain principles.

#### These are as follows:

- The housing must enable people to be as independent as possible
- The housing should enable peer support to develop, as far as possible
- The housing should be integrated with ordinary housing as much as possible
- The housing must not create an institutionalised environment
- The housing should generally be located near to public transport networks and shops.

Planning a housing programme based on these principles will enable people with learning disabilities and/or autism to have greater choice over housing options. This housing can be adapted to meet individual needs immediately prior to a person moving in, where appropriate.

It is also recognised that bespoke housing can also be planned into a housing development programme, where there are specific design features to meet the needs of people with complex needs who display behaviour that challenges. In addition, some bespoke housing will need to be acquired and adapted for specific individuals, where their needs are so unique they cannot be met in any other way or where they need to live in specific locations.

## 4.2 Separation of housing from care and support

The principle underpinning supported living is that housing must be provided separately from the care and support. This is important both from a regulatory perspective as well as enabling greater choice and control.

Where the same organisation provides both housing and care there is a risk that the service may be registered as a care home by CQC<sup>7</sup>. Building the Right Home advises that where the providers of care and accommodation are the same legal entity, there should be a clear separation between accommodation and personal care, with separate contracts in place.

The main purpose of maintaining separation is to enable the care provider to be changed without impacting on an individual's tenancy. A change of care provider may be required for a number of reasons including dissatisfaction with the delivery of care, issues with the carers themselves and concerns about safeguarding alerts.

A care provider can be changed through the local authority commissioning an alternative care provider, which should be done in consultation with the individual/s receiving the service. Local authorities usually have approved provider frameworks and can call off another provider to deliver the care service. Alternatively, an individual can request a Direct Payment and directly contract a care provider to deliver their own one to one care.

### What is supported living?

Supported living involves an individual having control over the way they want to live. This means that their housing and support is built around them rather than having to fit into an existing service.

Supported living involves an individual having choice about the housing they want to live in and its location. This involves providing individuals with the same choices over housing as other citizens.

Supported living also involves an individual having control over the care and support services they receive. This may involve participating in the process for selecting a commissioned provider, or choosing a commissioned provider from a short list, or requesting a Direct Payment to directly contract a provider or employ a Personal Assistant. Ultimately it is about the care and support provider building a person centred approach around their needs.

Supported living involves the accommodation being provided separately to person centred care and support. This means that an individual retains their accommodation even where the care provider changes.

<sup>7</sup> CQC Housing with Care 2015



### 4.3 The types of housing and support models

People with learning disabilities and/or autism want the same choices as other people in the wider population. These choices include living in their own self contained accommodation as well as sharing accommodation with others. They also want to live in an environment where they feel safe.

Most supported living across the ICS has been developed as shared accommodation, with some properties developed as large shared housing units. Long term voids can arise where there are difficulties matching referrals to the other residents in a shared house. Also, there is a risk that this type of housing can be allocated based on its availability rather than an individual's needs.

'Building the Right Home' guidance advises commissioners to carefully consider the service design, when contracting housing providers to develop multiple units within close proximity, to avoid creating an institutional model. The CQC supports this guidance, although does not require any specific maximum number of units for a supported living model.

The Market Position Statement emphasises the need to develop more self-contained units, which was a key finding of the ICS Housing Needs Assessment. Although there may be a need for some small shared units, for example as part of a pathway to independence, these developments should be the exception as much of the existing supported living stock across the ICS is shared.



The Market Position Statement has identified a number of broad supported living models that can be developed to address the needs that have been identified. These models are summarised as follows:

Models	Description
<b>Bespoke Supported Living</b>	This model either involves providing bespoke accommodation for an individual, or a group of individuals, with complex learning disability and/or autism, or a specialist purpose built development specified to a high standard with specialist features for autism. The staffing of a specialist development would involve providing 24 hour on site support.
<b>Core and Cluster Supported Living</b>	This model involves purpose built 'core' accommodation on a single site with 24 hour staffing, linked to independent dispersed accommodation clustered nearby within easy reach of the core. The core units are normally developed to much more robust standards than general needs housing, usually with communal facilities, while the cluster units are normally ordinary independent units. The core and cluster units are linked through the core staff providing a 'back up', or 'response', service to those living in the cluster units, who would also receive 'planned' one to one support either from the core staff or another provider.
<b>Purpose Built Supported Living</b>	This model is similar to 'core' accommodation and involves purpose built flats on a single site. The units normally incorporate features for people with more complex needs e.g. robust fixtures and fittings. Purpose built accommodation is increasingly provided as self contained one bed units, rather than as a shared unit. Communal facilities are usually provided to enable people to socialise. 24 hour on site support is also provided.
<b>Own Front Door model - Clustered Together</b>	This model involves a block of independent housing units clustered together, either as a block of flats or one/two bed bungalows. These units can be developed to a slightly more robust standard, if required. One of the flats in the block could be used as an office and/or to provide communal space for residents, if necessary. A single staff team would usually provide core and one to one support.
<b>Own Front Door model - Dispersed</b>	This model involves providing a number of dispersed independent units in close proximity to each other to create a 'community living network'. These units would be in ordinary independent accommodation with a staff team providing support across the network. As the units would be in close proximity peer support can be encouraged and care can be shared.



Each of these models can be developed in a number of ways as explained below.

## Bespoke Accommodation

Bespoke accommodation can be provided for an individual, or a group of individuals, as a new build development or retrofitting an existing property. This accommodation is normally provided where no other suitable accommodation is available. The accommodation provided is generally larger than general needs housing and may include a number of features to make the property more robust.

Highly bespoke purpose built specialist accommodation for people with very complex learning disability with autism, or autism only, includes a large number of specialist features and is built to very robust standards e.g. windows with enclosed blinds, underfloor central heating, strong fixtures and fittings. Such accommodation may need to be provided on a cross authority basis, where the numbers in each authority are too low to make it cost effective for a single authority to develop. This model normally involves providing a cluster of self contained one bed apartments or bungalows on a single site with space for staff but no communal facilities.

## Core and cluster supported living

Core accommodation is normally provided as purpose built 'settled' accommodation for people with complex learning disabilities and/or autism. Core accommodation can also be provided as step down supported accommodation (for up to 2 years) as a pathway to independence – a periodic assured shorthold tenancy can be granted where the accommodation is provided by a housing association.

The 'core' accommodation will need to provide a number of self contained one bed units on the same site, although shared units may be appropriate where the accommodation is intended to be step down. The space standards for the flats would generally be more generous than general needs housing and they will need to be built to a robust standard and may include some specialist features. Communal space can also be provided for the residents to socialise, as well as staff office space.

The 'cluster' self contained one bed units do not have to be located adjacent to the core accommodation and could be dispersed nearby within easy reach of the 'core'. Also, the 'cluster' accommodation does not have to be provided by the landlord for the 'core' accommodation and could be provided by different social housing landlords.

## Purpose built supported living on a single site

Purpose built flats are similar to settled 'core' accommodation, but without any link to cluster accommodation. The main type of accommodation required is one bed flats, although some two bed flats could also be provided for those who want to share. Communal space can also be provided for the residents to socialise, as well as staff office space.

The flats and any communal areas will need to be built to robust standards and may include specialist features, although these will depend on the needs that are being met. Generally, this type of housing is intended to accommodate people with challenging behaviours, but not necessarily those with complex autism who may need accommodation specially designed to take account of their sensory needs.







### Own front door model – Clustered Together

This model involves providing independent accommodation clustered together, without any built in specialist features. The model can be delivered in a number of different ways, including a block of flats on a new build development or as a standalone new build or renovation development.

A new build development of a block of flats for general needs housing could be designated as supported living for people with learning disabilities and/or autism. These types of developments would usually be more suitable for people with moderate needs, although the standards could be slightly enhanced for those with higher needs e.g. improved acoustic insulation. The flats may also need to be built to accessibility standards. Some models involve using one of the general needs flats as a staff office and/or to provide communal space for the residents.

New build one/two bed general needs bungalows could also be designated as supported living, particularly for people with more complex needs. These units may need to be built to accessibility standards, with the specification for general needs housing slightly enhanced to reduce maintenance costs and improve acoustic insulation.

### Own front door model - Dispersed

This model involves providing ordinary dispersed flats, either on a new housing development or acquired separately to provide a 'community living network'. No specialist features are required for these units.

New housing developments could include designating some general needs one bed flats as supported living for people with learning disabilities and/or autism. These units will need to be selected so that they are easily accessible to shops and transport links and maximise safety for the individual. These units do not have to meet different build standards, although some may need to be built to accessible standards. These types of units would normally be suitable for people with moderate needs.

This own front door model can also be delivered through a council's own acquisition programme ensuring that social housing is scattered amongst market housing. Properties can also be acquired on the open market by specialist Registered Providers, or private sector landlords, to meet the needs of specific individuals. Shared ownership through a Registered Provider is also an option.

## 4.4 Implications for standard house types for each model

All new build social housing is developed using standard house types. Purpose built housing for people with learning disabilities and/or autism will need to be described as a specific house type so that the local housing authorities can identify suitable sites and consider planning issues in collaboration with Adult Social Care.

**Therefore, the following purpose built house types for supported living have been identified:**

- Highly bespoke purpose built specialist housing for people with complex learning disability and/or autism
- Core and cluster accommodation, with the 'core' being a new house type
- Purpose built flats on a single site (this could be the same house type as a 'core' model).



General needs social housing is developed using standard house types. Where new build general needs accommodation is designated as supported living for people with moderate needs there should be no requirement to enhance any housing standards, although some of these units may need to be built to accessibility standards.

Where new build general needs housing units are designated for people with more complex needs, for example in a block of flats or a bungalow, there may need to be changes to the standard house type to allow for a slightly enhanced specification such as block work walls and improved acoustic insulation. This will effectively become a new general needs house type, although the associated costs will not be that significant.

## 4.5 Designated accommodation and allocation process

Purpose built supported living accommodation for people with learning disabilities and/or autism is by definition designated accommodation that can only be used to meet these needs. This type of accommodation is normally allocated outside the housing register process, usually through a panel process managed by Adult Social Care.

New general needs housing units could also potentially be designated as supported living for people with learning disabilities and/or autism. There may be a number of reasons for designating general needs housing, for example where it is provided as a block of flats to meet these needs or where it is provided as a bungalow built to slightly more robust standards. Also, it may be possible to designate a number of dispersed units of ordinary general needs housing on a new development to provide a community living network, subject to the allocation policies of individual local authorities.

Designated general needs units would be managed by the council, or an ALMO, or a Registered Provider, with the care provided separately. Designated general needs units can subsequently revert to being allocated through the housing register, where they are no longer required for people with learning disabilities and/or autism.

## 4.6 Future proofing

Within the context of housing for people with learning disabilities and/or autism the aim of future proofing is to ensure that the accommodation continues to be available to meet needs into the future.

A key theme that emerged from the ICS housing needs analysis was the demand for more self-contained one bed accommodation, either dispersed or clustered together. Most existing supported living in the ICS is provided as shared accommodation and it will be important to provide greater choice over housing options. This does not mean that some new housing developments should not provide shared accommodation, but this type of accommodation should be provided as an exception (e.g. where friends want to live together).

Future proofing means that properties that have been designated for people with learning disabilities and/or autism can be used for other needs if there is no longer a demand. For example, self-contained units in purpose built developments could be used for other vulnerable adults and designated general needs housing could be de-designated and allocated through the housing register.

## 4.7 Concept of shared care

The concept of shared care involves a staff team that provides care and support to more than one person so that care can be delivered cost effectively, either in accommodation on the same site or in dispersed accommodation.

Shared care usually involves a core staff team providing 24/7 care including waking nights, where appropriate. In addition to the 'core' care each individual will have one to one care<sup>8</sup>, either provided by the same staff team or other care staff contracted separately.

Each individual who is eligible for care under the Care Act has to be assessed to determine the level of care required. This assessment process can take account of the level of 'core' care available in assessing the one to one care needed. The level of one to one care assessed under a Care Act assessment can be reviewed by a social worker on an individual basis, whilst core care can be flexibly applied across the cohort.

## 4.8 Assistive technology

There are a number of different types of assistive technology that are available. The technology broadly falls into two types: assistive technology to monitor the welfare of an individual and assistive technology for an individual to use themselves to achieve greater independence and monitor their own welfare.

Assistive technology that can be used to monitor the welfare of individuals usually involves activity sensors which alert support workers to unexpected movements in the resident's home, using products such as 'Just Checking' and 'Canary'. Increasingly, local authorities are commissioning this type of technology to replace sleeping in staff and to provide back up 24 hour support.

Assistive technology for individuals can include tablets which offer software to provide an interface with a range of assistive technology applications, for example smart locks to enable an individual to open their front doors from their device. Also, individuals can use assistive technology when going out to feel safer and more confident allowing them to alert a support worker when assistance is required<sup>9</sup>. Brain in Hand is an example of a digital self-management support system for people who need help remembering things, making decisions, planning, or managing anxiety.

<sup>8</sup> The term one to one means care specifically for an individual. The care can be delivered as 1:1 and 2:1 depending on their needs

<sup>9</sup> Oysta watches have been piloted in a joint venture between Mencap and Vodafone



## Key Messages: Models

- Bespoke accommodation may be required for an individual, or a group of individuals, with more complex needs where the accommodation needs to be located in a specific area and/or requires particular design features.
- Highly bespoke specialist accommodation for autism involves a specialist purpose built development to ensure a robust environment with many specialist features. It would normally need to be provided on a cross authority basis due the low numbers in each authority and the cost involved in developing this type of provision.
- Core and cluster accommodation normally involves purpose built core accommodation comprising self contained flats with communal facilities linked to independent accommodation which is clustered nearby within easy reach of the core.
- Purpose built flats with communal areas will need to be built to robust standards and may include specific features, although this model will not need to be specified to the level required for bespoke specialist accommodation for autism.
- A new build general needs block of flats, or bungalows, could be designated as supported living for people with learning disabilities and/or autism. This means that they are allocated outside the housing register process. Depending on the needs being met, these flats could be built to a slightly more robust standard.
- Some dispersed general needs units on new build developments could be designated as supported living to provide a community network for people with learning disabilities and/or autism, provided that the units are easily accessible to shops and transport.
- Future proofing new purpose built supported living developments for people with learning disabilities and/or autism will mean providing a high proportion of self contained one bed accommodation.
- The concept of shared care can enable a more efficient and cost effective care and support service to be provided to supported living, either as clustered or dispersed units.
- There may be opportunities to incorporate innovative Assistive Technology solutions into new and existing supported living services.





# 5. Opportunities for future investment in supported living

## 5.1 Overview

This section of the MPS highlights the potential opportunities available to develop supported living in each of the local authorities across the ICS. The term supported living is used throughout this section, although some of the opportunities identified could be delivered through Shared Lives or Extra Care Housing.

**In developing new supported living across the ICS a number of guiding principles will need to apply, which are as follows:**

- Most of the demand can be met through general needs housing with some adjustments to the design specification, if required (e.g. improved acoustic insulation).
- The type of general needs accommodation required is predominantly one bedroom self contained flats, with a smaller proportion of shared flats (e.g. two bed).
- Where purpose built supported living is required the model should mainly involve developing one bed self contained flats, or bungalows, so that the accommodation can be future proofed and to reduce voids.
- There are some individuals whose needs can only be met through a bespoke solution e.g. in terms of location and/or design. This accommodation may not need to be as highly specified as the more bespoke purpose built accommodation for autism.
- Highly bespoke purpose built specialist accommodation for people with autism, or people with learning disability and autism, could be delivered more cost effectively on an ICS footprint, as the number of individuals needing this type of accommodation is likely to be small.
- As far as possible supported living accommodation should allow for shared care to be delivered i.e. the deployment of staff to ensure care and support is delivered cost effectively to those living in clustered flats or living in dispersed housing in close proximity.

Some newly built general needs housing could potentially be designated as supported living for people with learning disabilities and/or autism. Designation means that these units are allocated outside the housing register process e.g. through a panel. Depending on the needs being met some design adjustments may be required e.g. robust internal walls, improved acoustic insulation, accessibility requirements.

Supported living independent one bed flats can also be developed by specialist housing associations, specifically for people with learning disabilities and/or autism, which could include some design adjustments where required.







Purpose built supported living will also be required to meet more complex needs. Purpose built housing could be developed through mainstream council programmes or through working in partnership with Registered Providers. Purpose built housing would normally be new build accommodation but could also be a renovation that incorporates specific design features.

Bespoke housing to meet the specific needs of individuals or group of individuals may need to be separately commissioned, where it is not possible to deliver through the mainstream housing investment process. There are opportunities for specialist housing associations to develop housing solutions to meet these needs, either as a new build or renovation.

There is also a need for highly bespoke purpose built housing developments for people with autism, or people with learning disability and autism, where the accommodation will need to be provided on an ICS wide footprint to make it more cost effective. This would need to be a new build development because of the standards required for this type of accommodation.

**There are a number of guiding principles for the location of new supported living units, which are as follows:**

- Units should be located near to public transport networks
- Units should be located near to shops and other facilities
- Units should be located in safe areas and not isolated from the community
- Exceptionally, some units may need to be located away from schools or in a rural area to meet particular needs e.g. forensic needs.

Some of the authorities have identified specific locations in which they would like supported living units to be developed, while other authorities are being guided by the above principles and by individual preferences. The map below provides an overview of the geographical scope of the four ICS local authorities that are covered by this MPS.





## 5.2 Supported living requirements in each local authority

### Barnsley

Barnsley Metropolitan Borough Council is a metropolitan district council in South Yorkshire. Barnsley is the largest town in the borough.



The borough's Strategic Housing Market Assessment (SHMA) 2020 provides up to date evidence to inform the borough's five-year review of their Local Plan and Housing Strategy. The SHMA found that there is an overall imbalance between the scale of affordable housing that is needed and the scale of supply on an annual basis.

The ICS Housing Needs Assessment found that on average Barnsley requires 10 new supported living units each year over the next 10 years.

Any pipeline provision will adjust the annual need, when the new units come into management.



The types of supported living accommodation required by Barnsley are summarised in the table below.

Model	Needs	Build type	Type of units	Staffing
<b>Core and cluster</b>	Complex Needs LD and/or autism (core) Moderate needs (cluster)	Core purpose built to higher standards and cluster in general needs type units	Core – self contained one bed flats with communal facilities where required. Approximately 6 units of core. 'Cluster' provided in ordinary general needs units	Core 24 hour onsite staff with care and support to cluster units depending on needs. Care is shared.
<b>Purpose built flats</b>	Complex Needs LD	New build or renovation units built to robust standards, and to accessibility standards	One bed flats clustered together on one site One bed units clustered together on a single site	24 hour staffing
<b>Own front door - Clustered together</b>	Moderate needs Complex Needs LD	New build general needs one bed units with level access. New build general needs bungalows designated for LD	One and two bed bungalows built to accessible standards with slightly more robust standards	Background support 24/7. Care is shared. 24 hour staffing
<b>Own front door - Dispersed</b>	Moderate Needs	General needs units designated for LD as a community network model	Self contained one bed flats to accessible standards with no specialist features.	Staffing depending on needs.
<b>Bespoke supported living units</b>	Complex Needs LD including the Transforming Care cohort	Bespoke units for individual or groups of individuals	One bed bungalows or flats built to robust standards with specialist features	24 hours staffing

'Core' accommodation is intended to provide longer term accommodation, although individuals will be encouraged to move onto cluster accommodation when they are ready. In particular Barnsley has identified that a specific core and cluster development may be needed for young people with autism, in addition to an existing development that meets these needs.

Barnsley has seven master plan sites led by private developers. It may be possible to have early discussions with the developers to incorporate some of the purpose built housing requirements for people with learning disabilities and/or autism. These requirements could be delivered through Section 106 agreements with the relevant properties being acquired by Registered Providers.

#### The main master plan sites for housing are:

- Royston
- Carlton
- Three sites at Hoyland

The own front door model for supported living could also potentially be developed on the borough's master plan sites. It may be more feasible for Registered Providers to acquire semi-detached one bedroom bungalows rather than dispersed flats, although a block of designated one bedroom flats could be an option.

There are some inpatients who are particularly challenging to accommodate. These individuals require bespoke accommodation, for example located in a rural area or developed to meet particular needs. These more bespoke units could be delivered through Registered Providers through the exempt accommodation route.



## Doncaster

Doncaster Metropolitan Borough Council is a local authority in South Yorkshire.



Doncaster's housing delivery plan (2020-2025) includes plans to provide 500 new build council homes and up to 900 affordable homes in partnership with housing associations.

The ICS housing needs assessment identified that on average Doncaster will require an estimated 22 new supported living units each year over the next 10 years. Any pipeline provision will adjust the annual need, when the new units come into management.

Doncaster is currently carrying out an in-depth assessment of the needs of several cohorts including young people preparing for adulthood. The intention is to understand the types of accommodation and the locations required by the different groups of people to inform the Housing and Support delivery plans.

Doncaster's is adopting two broad approaches to meeting the needs identified:



### Pathway Model

This model would involve people learning independent living skills in a supported living environment and then moving through a pathway to a more independent housing.

### Own front door model

This model involves sourcing long term self contained housing for individuals with wrap around support. This model could be developed in a number of ways, including a small block of one bedroom flats or standalone one bedroom flats in the community.

Doncaster's aspiration is to offer people accommodation options based on their needs and preferences. This involves carrying out an individual needs assessment to identify the types of housing and locations required by individuals and then sourcing appropriate housing to meet these needs, as far as reasonably possible. Supported living is based on an individual person's needs, and accommodation and occupancy levels will need to reflect those different needs, offering both single and shared occupancy





## Rotherham

Rotherham is a metropolitan borough of South Yorkshire. The largest town in the borough is, Rotherham, but it also spans the outlying towns of Maltby, Swinton, Wath-upon-Dearne, Dinnington and also the villages of Rawmarsh and Laughton.



The 2019 SHMA identified that there is a shortfall of 716 affordable units in the borough. The reasons include general increases in need amongst existing households, affordable units lost through the Right to Buy and a decline in the level of social housing relets. As a guideline the SHMA suggested that 25% of units could potentially be shared ownership, affordable rent or other intermediate products, with the majority homes for social rent.

The ICS housing needs assessment found that on average Rotherham requires 12 new supported living units each year over the next 10 years. Any pipeline provision will adjust the annual need, when the new units come into management.

The types of supported living required to meet the needs identified in Rotherham are summarised in the table below.



Model	Needs	Build type	Type of units	Staffing
<b>Core and cluster – long term settled accommodation (Type 1)</b>	Complex Needs LD	Core purpose built. Cluster general needs type dispersed nearby (could be different landlords)	Core – self contained one bed flats with communal facilities and staff office (no more than 6 units) Cluster – one beds with some 2 beds	Core 24 hour onsite staff and cluster depending on needs. Care is shared
<b>Core and cluster (core providing interim step down accommodation) (Type 2)</b>	Pathway to independence e.g. transitions or young people who need to learn independent living skills	Core purpose built Cluster general needs type dispersed nearby (could be different landlords)	Core – self contained one bed units of no more than 6 units (although some units could be 2 person shared), with communal facilities and staff office Cluster – one beds with some 2 beds	Core 24 hour onsite staff and cluster depending on needs. Care is shared
<b>Own front door- Dispersed</b>	Complex Needs LD & Moderate Needs LD	General needs type with some adjustments if required e.g. acoustic insulation	Self contained one bed designated units (maybe some 2 bed) located near to each other as a community living network	Staffing depending on needs up to 1:1. Care is shared
<b>Bespoke supported living units</b>	Complex Needs LD with autism and/or Autism only	Higher spec property for an individuals or group of individuals	Various including one bed bungalows, one bed developments on a single site	Staffing depending on needs up to 1:1

A spread of locations is required for supported living across the borough, although the intention is to avoid new developments in the areas around Maltby and Wath-upon-Dearne, where existing provision is concentrated.

The types of supported living identified in the table above are not intended to be a one size fits all. For example, the pathway model may be suitable for some young people coming through transitions, but others may require the own front door model.

Of particular importance for Rotherham is the development of supported living that can encourage peer support. This means developments where there are opportunities for individuals to meet and support each other, in particular core and cluster developments and the community network model. This approach aims to create small communities and reduce reliance on paid staff.

Potentially the more specialist developments could be delivered in Rotherham through Registered Providers accessing Homes England and NHSE funding. Also, bespoke accommodation for individuals, or groups of individuals, could also be delivered through Registered Providers using the exempt accommodation route.



## Sheffield

Sheffield City Council is a metropolitan borough council in South Yorkshire. The city of Sheffield is the second largest in the Yorkshire and the Humber region.



The 2019 SHMA identified that there is a shortfall of 902 affordable units in Sheffield. As a guideline the SHMA suggested that 25% of units could potentially be shared ownership, affordable rent or other intermediate products, with the majority homes for social rent.

The ICS Housing Needs Assessment found that on average Sheffield requires 21 new supported living units each year over the next 10 years. Any pipeline provision will adjust the annual need, when the new units come into management.

The types of supported living models required are summarised in the table below.







Model	Needs	Build type	Type of units	Staffing
<b>Core and cluster</b>	Complex Needs LD and/or autism (core) Moderate needs (cluster)	Core purpose built to higher standards and cluster in general needs type units	Core – self contained one bed flats with communal facilities where required. Approximately 6 units of core 'Cluster' provided in ordinary general needs units	Core 24 hour onsite staff with care and support to cluster units depending on needs. Care is shared
<b>Purpose built flats</b>	Complex Needs LD Moderate needs	New build or renovation units built to robust standards, and to accessibility standards	One bed flats clustered together on one site One bed units clustered together on a single site	24 hour staffing
<b>Own front door - Clustered together</b>	Complex Needs LD	New build general needs one bed units with level access.	One and two bed bungalows built to accessible standards with slightly more robust standards	Background support 24/7. Care is shared 24 hour staffing
<b>Own front door - Dispersed</b>	Moderate Needs	New build general needs bungalows designated for LD	Self contained one bed flats to accessible standards with no specialist features.	Staffing depending on needs.
<b>Bespoke supported living units</b>	Complex Needs LD including the Transforming Care cohort	General needs units designated for LD as a community network model Bespoke units for individual or groups of individuals	One bed bungalows or flats built to robust standards with specialist features	24 hours staffing

Adult Social Care (ASC) often works with strategic housing on new housing developments, where there are long lead in times as priorities need to be worked through for each site. This means that in addition to any supported living delivered through the housing development programme, ASC also needs to work with specialist Registered Providers to identify opportunities for more immediate provision to meet needs. Sheffield would like more supported living developed as clustered housing for people with complex needs in a community setting, either as a core and cluster model or clustered self contained flats. These models mean that individuals become less isolated, and staff burn out is reduced. Many of those with complex needs that are placed in accommodation cause noise and acoustic insulation needs to be built into these properties from the outset.

ASC has data on where people are interested in living in the city and can plot supported living addresses on a map to identify where there is overprovision or limited provision. Generally, individuals want to live near to their families and have access to good transport links. Access to the City centre is not a requirement for new developments outside the centre, provided that there is access to local facilities.

In summary, Sheffield aims to develop more one bedroom accommodation for people with learning disabilities and/or autism in locations with good access to facilities. These developments will include core and cluster units, independent one bed units clustered together, new built general needs units designated in areas where they want to grow supported living, and designated one/two bed general needs bungalows for those with more complex needs. Some of the supported living developments can be delivered through the mainstream council housing development programme, while others will need to be delivered through Registered Providers, either using grant funding or through the exempt accommodation route.



## 5.3 Specialist purpose built accommodation on an ICS basis

Although there is some specialist purpose built provision available to meet local needs within the ICS, there is also a need for a highly bespoke purpose built ICS wide development for people with complex autism. The numbers in each authority are too low to make it cost effective for individual local authorities to develop such a model. There is some consensus about a new specialist development involving approximately eight units located centrally within the ICS (see map in 5.1).

This model would involve a cluster of purpose built one bed apartments, or one bed bungalows, with specialist features including robust fixtures and fittings, under floor central heating, blinds incorporated into windows etc. The model would also include designated staff facilities. The design specification for the model would need to be produced with input from occupational therapists, care providers and families.

To operate effectively the model needs to be governed by a number of management and contractual arrangements so that there is clarity in relation to the roles and responsibilities of the local authorities.

### These would include:

- An **ICS Memorandum of Agreement** on ordinary residence, so that the placing authority continues to be responsible for funding the placement. [Link to MOU]
- A **Nominations Agreement** between the parties to specify the number of nominated places within the service for each authority and the process for offering a nomination to another authority where an authority cannot make a placement.
- A **Care Contract**. A lead authority will need to commission and procure the 24 hour care service. The Care Contract will need to set out how the arrangements will work between the authorities and the provider. The care would normally be delivered by a core staff team involving a fixed number of hours to provide 24 cover, the cost of which would be shared between the authorities according to the number of nominations they receive. In addition, there would be one to one hours for each individual placed, based on their Care Act assessment, normally delivered by the on site provider.
- An **ICS Protocol** may need to be developed to ensure that the providers of specialist health services are adequately equipped and resourced to provide safe and effective support to those people placed into the communities they serve from elsewhere in the ICS.

There would need to a firm commitment from all the partners from the outset, including arrangements for the transfer any resources to cover the costs of commissioning and procurement, which would be formalised in a partnership agreement.

## 5.4 Emergency/crisis accommodation

Although emergency or crisis accommodation cannot be defined as housing, as no rent is charged nor a tenancy issued, a need for this type of accommodation for adults has been identified across the ICS.

The provision of emergency accommodation can be costly as it needs to be continuously available for an emergency or a crisis, with staff ready to respond. One way to reduce costs is to link a crisis unit to a core and cluster development so that staff can be deployed in a flexible way when an emergency arises. This would mean that one or more units would need to be designated as emergency accommodation.

There may be other models for delivering emergency accommodation and this MPS has highlighted this need so that providers can consider innovative ways in which to respond.

## 5.5 Challenges for providers

### There are a number of challenges for providers in delivering new supported living across the ICS. These challenges can be summarised as follows:

- Working in partnership with the local authorities so that the development of supported living accommodation is commissioning led, based on the needs identified.
- Ensuring that supported living is developed on the basis of the principles identified by the MPS, in particular the principle of separating housing from support.
- Ensuring that the accommodation meets the standards required by the local authorities including space standards, robust fixtures and fittings any any specialist features.
- Identifying how bespoke features can be funded, where they are required.

### Key Messages: Opportunities

- Providers will need to adhere to the guiding principles for developing new supported living set out in the MPS, in particular the provision of self contained one bedroom accommodation.
- Providers will need to adhere to the guiding principles on the location of new supported housing units
- There are opportunities to develop approximately 10 units of supported living p.a. in Barnsley including core and cluster, own front door model and bespoke accommodation for individuals.
- There are opportunities to develop approximately 22 units of supported living p.a. in Doncaster. The types of units required, and their location will depend on the assessment of individual needs, which is being carried out on a cohort basis.
- There are opportunities to develop approximately 12 units of supported living p.a. in Rotherham, including core and cluster, community network model and bespoke accommodation for individuals. Rotherham want supported living developed in a way that encourages peer support.
- There are opportunities to develop approximately 21 units of supported living p.a. in Sheffield. The council would like more supported living developed as clustered housing for people with complex needs in a community setting, either as a core and cluster model or clustered self contained flats.
- Any pipeline provision will adjust the annual number of supported living units estimated when the new units come into management.
- A need has been identified for a highly bespoke purpose built ICS wide development to meet the needs of people with complex autism. The new development would involve approximately eight units located centrally within the ICS.
- Although crisis accommodation is not housing, a need has been identified for emergency provision for adults which could be linked to a core a cluster development in one or more authorities.





## 6. Capital and revenue funding

### 6.1 NHSE Capital funding

NHS England has made available capital funding to support the Transforming Care programme. NHSE capital is focused on those with the most complex needs who require housing, often with bespoke features. This capital can be available for those who require housing within a particular authority area, as well as more bespoke cross authority provision where the numbers are too small in each authority to make it cost effective to develop.

#### The scope of the NHSE capital funding is as follows:

- NHSE capital can be mixed with other capital funding, as well as private finance.
- NHSE require a charge on the property and where the property is disposed of then the full capital grant will need to be repaid to NHSE.
- The grant can be used for long term or short term accommodation options for children, young people and adults with a learning disability and/or autism.
- The capital can be used for new build development, the acquisition of properties on the open market or the refurbishment of existing properties.
- The capital can be paid to a local authority, a registered provider or a charitable body

From April 2021 NHSE capital funding for housing for people with learning disabilities is being managed by regions working in partnership with Integrated Care Systems.

### 6.2 Homes England capital funding

Homes England allocates capital funding to Registered Providers to develop affordable housing. The 2021-2026 Affordable Housing Programme (AHP) aims to deliver up to 130,000 new build properties outside of London by 2026. AHP funding is also available to local authorities.

Affordable housing is defined as housing for sale or rent for those whose needs are not met by the market. The AHP provides grant funding to support the capital costs of developing affordable housing for rent or sale, with 50% as social and affordable rented housing and 50% as affordable shared ownership. Within the overall programme 10% will be for supported housing including supported living.

The grant funding for supported housing is for any housing scheme where accommodation is provided alongside care, support or supervision to help people live as independently as possible in the community. The eligibility criteria include people with learning disabilities or autism who need support to maintain their level of independence.

The AHP also includes Shared Ownership purchase of a home on the open market for people with a long-term disability who are unable to find a new build home which meets their specific needs. See paragraph 6.6.



## 6.3 Housing developed through the HRA

Local authorities with a Housing Revenue Account are able to borrow capital funding for housebuilding against their expected rental income. All the ICS local authorities have an HRA capital funded programme for building new council housing.

The HRA can be used in a number of ways including working with developers to purchase homes for social housing, directly providing housing on council owned sites and using their acquisition programme to purchase ex-council housing as well as open market housing.

Each authority will need to assess what types of supported living provision could be developed through the HRA and how it will be managed. Mostly general needs housing is delivered through the HRA although some authorities can develop core and cluster developments, for example. Where purpose built properties are developed through the HRA they could be leased to a Registered Provider to manage.

There are limitations on the level of provision that can be developed through the HRA. Each authority needs to assess its capacity to understand what can be developed through the HRA and how they can support Registered Providers to develop supported living, including more specialist options.

## 6.4 Section 106 agreements

Section 106 agreements are planning obligations that can be attached to a planning permission, where local authorities require a developer contribution. This could be in the form of a commuted sum or on-site provision.

Section 106 agreements are often used to secure affordable housing, including purpose built housing such as supported living or extra care housing. These housing units are usually acquired by a Registered Provider on completion, with the care and support being delivered separately.

There are opportunities across the ICS for supported living to be developed through Section 106 agreements. This may be in the form of general needs housing with a slightly higher specification or a purpose built development. Other arrangements can be agreed, such as delivery of these obligations off site or using part of the site for a purpose built development through a Registered Provider.

## 6.5 Use of exempt accommodation housing benefit

Specialist supported housing is a type of accommodation with support that can be funded through higher rents that are eligible for Housing Benefit. This type of housing is not necessarily specialist in terms of providing bespoke specialist features, as most of this housing is no different to mainstream supported living. The term has been used by the housing benefit regulations as rent restrictions do not apply to this type of accommodation.

Specialist supported housing is largely provided by Registered Providers (RPs), although it can be provided by other providers such as charitable bodies. The financial model used by these providers involves borrowing private finance from investors to acquire and refurbish properties or to develop purpose built accommodation. The housing related revenue costs are met through exempt housing benefit, including loan repayments.

### **The way in which capital funding is sourced for developments depends on the type of provider, as the following explains:**

- Mainstream RPs tend to develop this type of housing through using their existing lending facilities.
- Specialist RPs with a diverse portfolio of supported housing tend to use a mix of private capital including social investment.
- Specialist RPs that predominantly manage specialist supported housing usually enter into leasing arrangements with a developer or investor. This model has been highlighted in recent regulatory notices and judgements.

### **The types of accommodation developed through providers of specialist supported housing can include the following:**

- Bespoke accommodation for individuals – the advantage of this approach is that it may be more feasible to identify specific locations to meet individual needs
- Core and cluster accommodation
- Purpose built self contained flats with communal areas on a single site
- Self contained flats clustered together on a single site

Developing supported living through exempt housing benefit does allow for this type of accommodation to be developed relatively quickly. The MPS therefore recognises that this is an important resource in supplementing housing developed through the other funding mechanisms, provided that it meets the requirements of the ICS authorities as set out in the MPS.

Where the landlord is a not-for-profit housing provider, but is not a Registered Provider, it can still charge and receive exempt rent. However, in these circumstances the local authority can lose Housing Benefit subsidy, where the rent is over a certain threshold. Therefore, the MPS recommends that ICS local authorities should only work with not-for-profit Registered Providers in developing exempt accommodation provision. [[Link to exempt accommodation guidance](#)]

## 6.6 Home Ownership for People with Long Term Disability (HOLD)

HOLD is a variant form of Shared Ownership, which operates in the same way as the Shared Ownership model. It is designed to assist people with a long-term disability to purchase properties on the open market to meet their needs. This option can be offered where suitable properties are not available for Shared Ownership near to where they need to live to access their support services and networks.

Under the HOLD scheme, buyers can select a property either on the open market or a new build. A Registered Provider purchases the property and then sells a percentage share of it back to the buyer, with the remaining percentage owned by the RP and funded by Homes England. Users of the HOLD scheme initially own between 25% to 75% of their home.

If a person with learning disabilities and/or autism is not employed, an interest only HOLD mortgage, for up to £100,000, can be made available provided that certain criteria are met. This type of mortgage is for people on high levels of state benefits with long term disabilities.



## 6.7 Private rented accommodation and the Local Housing Allowance

Although private landlords do not provide much accommodation to people with learning disabilities and/or autism across the ICS, this option may be appropriate for some individuals particularly where the accommodation is intended to be long term. In these circumstances the authority may require a Registered Provider to enter into a lease arrangement with the private landlord to provide longer term security.

Private landlords are not eligible for the higher rates of exempt Housing Benefit and can only charge rent up to the Local Housing Allowance.

Some of the authorities have accreditation schemes for private landlords and those that wish to provide accommodation for people with learning disabilities and/or autism must first become accredited.

## 6.8 Commissioned care and support

The principle underpinning the commissioning of care and support for supported living is that it should be provided separately from the accommodation. This means that if the contract for care is terminated then an individual does not lose their housing.

There are a number of arrangements that the local authorities currently have for commissioning care and support for a supported living service, and these can be summarised as follows

<b>Barnsley</b>	Barnsley has developed the Adult Community Support & Enablement Service (ACSES) framework agreement which is used to commission the care and support services to people in supported living. This has enabled tenancies to be separated from the support service. The framework agreement will be recommissioned during 2022. Barnsley is considering incorporating another tier into its new framework to deliver specialist supported living services.
<b>Doncaster</b>	There are currently three framework agreements for providing care and support to supported living. There will be a strategic review of how these arrangements work. One of the considerations is how the needs for autism will fit in and whether an enhanced complex care framework is required.
<b>Rotherham</b>	Rotherham currently doesn't have a framework agreement for care and support providers and is in the process of developing a flexible purchasing system. The intention is to have an approved list of care and support providers that can deliver these services within a supported living context.
<b>Sheffield</b>	Sheffield has a framework agreement with 32 care and support providers, of which 22 are currently active. Sheffield calls off care packages from the framework and shortlists down to 3 providers to give individuals choice of provider. A similar process applies to larger contracts, where providers are shortlisted down to 3 and then advocates of individuals and/or people with learning disabilities select the provider.  Sheffield will be recommissioning the framework, which will take into account any improvements required.

Under these arrangements the vast majority of care and support is delivered through approved providers. Where an authority commissions care and support outside of an approved list it retains the option to terminate the contract with the care provider and put in place an alternative provider, should that be required.

The Yorkshire and Humber enhanced framework for Transforming Care has been used by the ICS authorities to develop more bespoke types of supported living, although this framework is due to end in 2022. This framework involved care providers being selected to source a housing partner. Each of the authorities is considering whether to integrate the scope of the enhanced framework agreement into their own arrangements.

The way in which an individual has choice over the care and support provided will vary depending on the procurement arrangements in each authority and how providers are contracted. Options may include people with learning disabilities being involved in the call off process, or having a choice over short listed care providers, or purchasing their own 1:1 care through a Direct Payment, or introducing Individual Service Funds (ISF) to give people greater control over their care and support.

### Key Messages: Funding

- NHSE capital funding is focused on those with the most complex needs, often with bespoke features. The funding can be paid to a local authority, Registered Provider or charitable body.
- Homes England grant funding can be used to develop supported living for people with learning disabilities and/or autism through a Registered Provider.
- Local authorities can develop supported living through the HRA, although this would mainly be general needs accommodation. Purpose built supported living could be HRA funded and leased to a Registered Provider.
- Section 106 agreements can be used to secure supported living, which could either be acquired by a Registered Provider or a specific arrangement agreed with the developer.
- Supported living can be developed through a Registered Provider borrowing capital funding with repayment costs met through exempt housing benefit. A variety of provision can be developed including purpose built supported living.
- HOLD can be used to provide shared ownership for people with learning disabilities and/or autism, where they want this option.
- Private landlords can provide rented accommodation, provided that it can meet certain standards and it is a long term arrangement.
- The principle underpinning the commissioning of care and support for supported living is that it should be provided separately from the accommodation.





## 7. Working together

### 7.1 Registered Providers

There is currently a number of Registered Providers that deliver supported living across South Yorkshire. The MPS aims to set out some key principles that will apply to the arrangements between Registered Providers and the ICS local authorities, including those already working in South Yorkshire and those interested in doing so.

To ensure that the market for supported living is led by the local authorities the following principles will apply to all new and existing Registered Providers that wish to work across the South Yorkshire ICS to deliver this type of accommodation.

#### Principles for Working with Registered Providers Delivering Supported Living

- Any supported living service developed within the ICS should support the strategic objectives of the relevant local authority and meet the requirements of the commissioning team.
- The supported living requirements for each authority will be guided by the Market Position Statement and any new supported living proposals must meet these requirements.
- The ICS local authorities will only develop new supported living provision in partnership with housing providers that are registered with the Regulator of Social Housing.
- The ICS local authorities will only work with not-for-profit Registered Providers in relation to the use of exempt Housing Benefit to make developments viable. This is to ensure that there is no loss of subsidy to the local authorities.
- Where an authority has a framework of approved Registered Providers, or similar, any Registered Providers that wish to apply must meet the criteria to become an approved provider.
- Registered Providers that work across the ICS must be compliant with all the financial checks required by the Regulator of Social Housing.
- The local authorities will determine how the care and support is to be commissioned for any supported living that is developed by a Registered Provider.
- Where care and support is contracted outside of an authority's approved list of care providers, then this contract must not be linked to the provision of the accommodation.
- The local authorities can decide whether to commission an alternative care and support provider at their sole discretion and the person in receipt of services can request a Direct Payment to commission their own care and support.



## 7.2 How we will work with Registered Providers

Our main partners for delivering supported living will be Registered Providers. From a strategic housing perspective each local authority has its own arrangements for working with Registered Providers, which are summarised below.

<b>Barnsley</b>	<p>There is currently a strategic housing framework agreement for Registered Providers, which is due to be reviewed. Registered Providers that acquire Section 106 properties need to be placed on the framework. Specialist housing associations could apply to join the framework as potentially more properties will be developed that meet the needs of people with learning disabilities and/or autism.</p> <p><b>Barnsley</b> is aiming to develop more supported living through working directly with housing providers and in these circumstances the care and support would be commissioned from the list of approved care providers, rather than relying on the care provider to source a housing partner.</p>
<b>Doncaster</b>	<p><b>Doncaster</b> will be developing a DPS for Registered Providers in early 2022 to develop new build housing. As part of the housing delivery plan the intention is to call off Registered Providers from the DPS to source appropriate land for developments. There is therefore an opportunity for supported living to be developed by a Registered Provider, which may involve bidding for capital funding from Homes England.</p>
<b>Rotherham</b>	<p><b>Rotherham</b> is intending to develop a framework agreement for Registered Providers to develop general needs housing. One possible option is to include specialist Registered Providers as a separate list of approved providers for supported living and other similar developments.</p>
<b>Sheffield</b>	<p><b>Sheffield</b> does not have a formal framework agreement and works with housing providers through a housing forum. There are large number of Registered Providers operating in Sheffield, including specialist RPs, and the market is managed through existing engagement mechanisms.</p>

The framework agreements/DPSs that are in place, or being developed by strategic housing, are intended to be used to select Registered Providers to develop general needs accommodation.

Currently a lot of supported living is sourced through care providers working with housing providers to bring forward opportunities to the local authorities. In these circumstances the local authorities do not have any control over how the housing is provided. In future the ICS authorities want to have a more direct relationship with Registered Providers.

### There are a number of potential options for working with specialist Registered Providers to develop supported living. These could include:

- Incorporating specialist Registered Providers into existing framework agreements or DPSs, or proposed framework agreements/DPSs, so that they can be called off when a new supported living development is required. Care and support providers would be selected separately by the authorities.
- Commissioning specialist framework agreements/DPSs managed by Adult Social Care for Registered Providers that develop supported living through exempt accommodation or NHSE funding. Care and support providers would be selected separately by the authorities.
- Commissioning an ICS wide framework agreement/DPS for all supported living developments that can be accessed by each authorities (both strategic housing and ASC) and can also be used to select a Registered Provider for ICS wide developments. Care and support providers would be selected separately by the authorities.

The advantage of a formal arrangement for the local authorities is that all the Registered Providers will have to meet certain requirements to be placed on a framework/DPS for supported living. The advantage for the Registered Providers is that they can become approved providers and will be approached first when a supported living development is required.

## 7.3 Engagement with the market

We will carry out market engagement events both at an ICS level as well as at an individual local authority level. The purpose of these events will be to disseminate the MPS and to engage with the market about the potential opportunities across the ICS. The engagement process is intended to be ongoing as housing plans are further developed and refined.

### Key Messages: Working together

- The market for supported living across the ICS will be led by the local authorities.
- Registered Providers will need to meet the principles set out in the MPS to develop supported living across the ICS.
- The local authorities are considering how existing and future arrangements could incorporate new and existing Registered Providers as approved providers of supported living.
- There will be ongoing engagement with the market about potential opportunities.



## Summary of Key Messages

### Key Messages: Demand

- There is a small but consistent annual demand for supported living from the Transforming Care cohort.
- Some existing care home placements could potentially move to a more independent setting, particularly young people who are placed in a care home.
- Some new placements to care homes could move into supported living instead, if there was sufficient capacity.
- Some new placements may need to live in a care home for a short period before stepping down to supported living.
- Some young people could move into supported living at the point they transition to adult services, although many of this cohort are not prepared for independent living.
- There is a significant demand for supported living from those who are living with family carers.
- There is some demand for supported living from people aged 50 and over who are living with older carers.
- The net demand for supported living across the four ICS authorities is 663 units over the next 10 years. Some of this demand could be met by Shared Lives, Extra Care Housing and other housing options such as shared ownership.

### Key Messages: Supply

- **Barnsley** has access to 139 units of supported living which are owned by a number of Registered Providers, most of which is in shared accommodation.
- **Doncaster** sources 311 supported living units through 11 Registered Providers with a mix of properties including 3 bed terrace houses, converted properties and new builds. Placement of new schemes and developments will be based on people's expressed preferences and need to achieve and maintain their good life.
- **Rotherham** has nomination rights to 203 supported living units under block contract arrangements, most of which is in shared accommodation.
- **Sheffield** has access to a mixture of 628 units of supported living including large shared houses, smaller 2/3 bed shared houses, blocks of flats with support on site, shared flats, dispersed units in the community and core and cluster models. Most of this accommodation is shared. It is estimated that Sheffield will lose about 34 existing units as a result of remodelling.
- There are a number of supported living units in the development pipeline and when they come into management the estimated annual demand will reduce in the relevant year and/or offset any loss of units due to remodelling.
- All the authorities are reviewing their commissioned supported living portfolio with the aim of remodelling or replacing those that are not fit for purpose.







## Key Messages: Models

- Bespoke accommodation may be required for an individual, or a group of individuals, with more complex needs where the accommodation needs to be located in a specific area and/or requires particular design features.
- Highly bespoke specialist accommodation for autism involves a specialist purpose built development to ensure a robust environment with many specialist features. It would normally need to be provided on a cross authority basis due the low numbers in each authority and the cost involved in developing this type of provision.
- Core and cluster accommodation normally involves purpose built core accommodation comprising self contained flats with communal facilities linked to independent accommodation which is clustered nearby within easy reach of the core.
- Purpose built flats with communal areas will need to be built to robust standards and may include specific features, although this model will not need to be specified to the level required for bespoke specialist accommodation for autism.
- A new build general needs block of flats, or bungalows, could be designated as supported living for people with learning disabilities and/or autism. This means that they are allocated outside the housing register process. Depending on the needs being met, these flats could be built to a slightly more robust standard.
- Some dispersed general needs units on new build developments could be designated as supported living to provide a community network for people with learning disabilities and/or autism, provided that the units are easily accessible to shops and transport.
- Future proofing new purpose built supported living developments for people with learning disabilities and/or autism will mean providing a high proportion of self contained one bed accommodation.
- The concept of shared care can enable a more efficient and cost effective care and support service to be provided to supported living, either as clustered or dispersed units.
- There may be opportunities to incorporate innovative Assistive Technology solutions into new and existing supported living services.



## Key Messages: Opportunities

- Providers will need to adhere to the guiding principles for developing new supported living set out in the MPS, in particular the provision of self contained one bedroom accommodation.
- Providers will need to adhere to the guiding principles on the location of new supported housing units
- There are opportunities to develop approximately 10 units of supported living p.a. in Barnsley including core and cluster, own front door model and bespoke accommodation for individuals.
- There are opportunities to develop approximately 22 units of supported living p.a. in Doncaster. The types of units required, and their location will depend on the assessment of individual needs, which is being carried out on a cohort basis.
- There are opportunities to develop approximately 12 units of supported living p.a. in Rotherham, including core and cluster, community network model and bespoke accommodation for individuals. Rotherham want supported living developed in a way that encourages peer support.
- There are opportunities to develop approximately 21 units of supported living p.a. in Sheffield. The council would like more supported living developed as clustered housing for people with complex needs in a community setting, either as a core and cluster model or clustered self contained flats.
- Any pipeline provision will adjust the annual number of supported living units estimated when the new units come into management.
- A need has been identified for a highly bespoke purpose built ICS wide development to meet the needs of people with complex autism. The new development would involve approximately eight units located centrally within the ICS.
- Although crisis accommodation is not housing, a need has been identified for emergency provision for adults which could be linked to a core a cluster development in one or more authorities.

## Key Messages: Funding

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