

with you
for you



ST HELENS
BOROUGH COUNCIL

HOUSING WITH CARE STRATEGY

2024 - 2030



FOREWORD

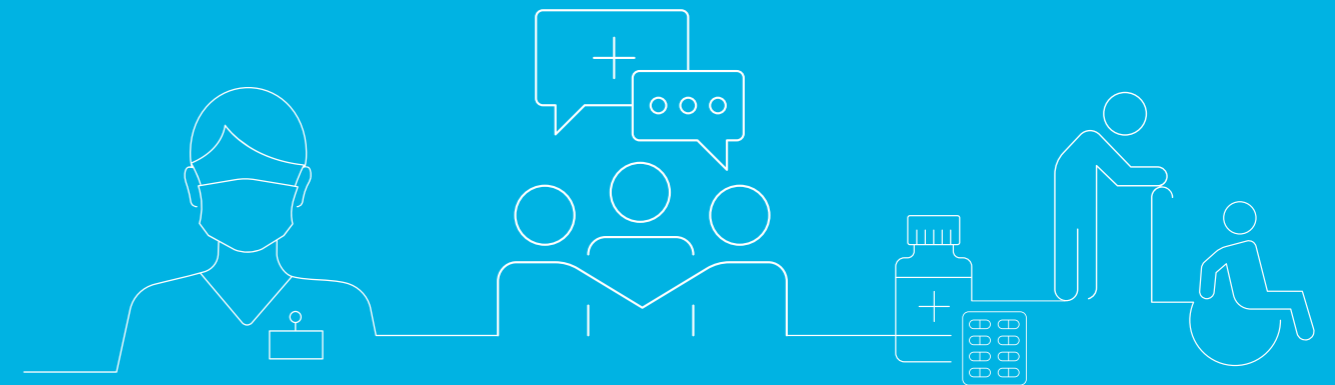
Through our Adult Social Care Strategy, we have given our commitment to work in a way that focusses on how we work with local people, their experience of Adult Social Care and how it supports them to achieve the things that are important to them. This commitment continues through the objective described in this document.

Our local environment, where we live and the homes that we live in are important to all of us and how we feel. We will listen to what people say about where they want to live, the type of homes that they want to live in and how they want to use their care and support to live healthier and happier lives. This plan is designed to make sure that people who need care and support now and, in the future, will be able to choose from a wide range of options, ensuring that they are able to live in a home that is right for them.



A stylized, handwritten signature of Andy Bowden in white ink.

Councillor Andy Bowden
Cabinet Member -
Integrated Health & Social Care



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EXECUTIVE SUMMARY

THIS STRATEGY SETS OUT 12 KEY OBJECTIVES FOR ST HELENS IN RELATION TO HOUSING WITH CARE SERVICES, AND HOW THEY WILL BE ACHIEVED.

Adult Social Care and Housing teams have committed to working in partnership to deliver the strategy, in line with the key actions plan. The strategy is aimed at people who use services, people planning and people supporting others to plan their future housing and care and support needs, our key partners and local communities.

The older population of St Helens is growing, and people are living with more complex needs for longer; it is anticipated that this will put increasing demands on the social care budget and workforce and on the supply of appropriate housing. St Helens has become increasingly reliant on residential care and care placements that are outside of the borough to meet people's needs. Such models can be costly and can increase dependency rather than supporting people to achieve their outcomes and wellbeing.

Housing with Care is purpose built or adapted housing and offers an opportunity to reduce our use of both residential and out of borough services. We are seeking to work in partnership with housing and care providers to develop a range of high-quality housing that can promote wellbeing and independence.

- We want to have developed 2-3 new extra care schemes over the next 5 years, accommodating an additional 130 residents. We want to develop a further 3-4 schemes over the following 5 years, accommodating a total of 350+ additional residents by 2034. We want to work in partnership with housing and care providers to develop schemes that can meet a range of needs and in which rich networks of support develop. We intend for these schemes to be for social / affordable rent. We want to support developers to identify appropriate sites for extra care to be developed in the communities that people want to stay as they get older, including areas such as Thatto Heath, Haydock, Moss Bank, Newton-le-Willows and Parr.
- We will keep a watching brief on the availability of privately funded retirement accommodation to ensure that there is sufficient supply for people for whom this is the preferred option, influencing the development of homes through our planning system and the council's enablement of regeneration and growth.
- We want an additional 10 units of supported living to be developed each year for the next 10 years. We want accommodation to be

smaller groups of units, giving people their own front door. We want people to be able to live in their homes as they get older, and we want decisions about where people live to be driven by their outcomes and wellbeing rather than with whom they are best 'matched'.

- We want to support partners to increase shared lives opportunities for people with a learning disability and / or autism.
- We want to increase the range of high-quality community-based care provision that can meet complex needs for older people and for people with learning disability and / or autism via our adult social care commissioning plans, frameworks and flexible purchasing systems.
- We want to increase the opportunities for people to live in general needs accommodation, particularly as they age, by working in partnership with housing providers and developers to increase the adaptability of homes where possible.
- We want to develop models of housing with care that support the development of care communities and locality-based approaches to meeting people's needs. Our social care specifications will ask care providers to take a key role in supporting the use of community assets and networks of support.
- We want to support developers to access grant funding opportunities and work with partners to develop affordable models of care and support. We also want to ensure that

housing providers and developers understand our vision for Housing with Care so that opportunities to adapt or re-model existing assets can be considered where this option offers value-for-money.

- We want to work in partnership with providers to develop the opportunities available for the care workforce, empowering and enabling those supporting individuals to work creatively and flexibility to support people to meet their outcomes.
- We want to work with housing and care providers who can harness the opportunities provided by technology and artificial intelligence.
- We want to work with partnership boards and people with care and support needs to co-produce the services that are developed. We will expect housing and care providers to meet needs in a way that is person centred and who are able to support people in a flexible way, such as through an Individual Service Fund.
- We want to ensure that decisions about future plans are based in the best possible evidence and that the journey of people using housing with care services are understood and used to make best use of current and future resources.
- We want to ensure that people have access to information about the Housing and Care options that are available to them so that they can choose how they want to meet their outcome.

1. INTRODUCTION

Housing with care and support is the terms used to describe a holistic approach to supporting people that considers both the physical environment in which the person lives and the care and support that they may need.

It is anticipated that there will be a growth in demand for housing with care services in St Helens as a result of demographic changes, increased focus on the development of the

capacity of community assets, increased need for affordable housing generally and disinvestment in more traditional institutions.

Housing with Care options is not a unique classification of service and does not have its own regulatory framework, it is a hybrid with a range of housing related and social care legislation and regulation applying to it.

1.1 NATIONAL STRATEGY / CONTEXT

There has been an increased focus nationally on the importance of developing housing with care. There is an increased focus on the development of choice and quality of housing with care options, which enable individuals to live within their community. There is increased recognition of the role that housing can have on the wellbeing of individuals and on the ability of services to address widening health inequalities.

This focus is reflected in a number of national policies and programmes, including:

- The Care Act 2014.
- Building the Right Support / Transforming Care Strategy.
- Right Support, Right Care, Right Culture.
- Older people task force.
- Support Housing (Regulatory Oversight) Act 2023.

Other relevant national policies / programmes include:

- The Marmot Review.
- Better Care Fund.
- Neighbourhood Planning Act 2017.
- Building out Homes Communities and Futures (2016).
- Improving Health and Care through the Home 2018 Memorandum of Understanding.
- Planning and Housing Guidance for Older and Disabled People 2019.
- Building Regulations and Accessibility (2022).



1.2 BENEFITS

The benefits of housing with care can impact the individual, the community and the wider health care system.

- Enhanced wellbeing and independence - the level of support provided is designed to be the least intrusive necessary; flexing in response to the needs of individuals to maximise independence and respond to needs proportionally.
- Accessibility and inclusivity of services - housing is designed to be accessible and inclusive to individuals. For older people, accommodation will continue to be accessible, safe and comfortable as they age. Accommodation for people who find it difficult to share space, will be designed to eliminate the need for communal spaces, with their environment contributing to an effective personalised positive behaviour support plan. The design and layout of accommodation can also be 'friendly' for those living within the accommodation e.g, lighting and the availability of quiet spaces can be considered where people with autism are living and signage and décor can be considered where people with dementia are living.
- The wider health care system can benefit from reduced incidents requiring ambulance call outs and non-elective admissions to hospital e.g., falls, behaviours that challenge, self-harm / self -neglect etc and from increased speed and sustainability of discharge from hospital settings to home with care.

- Communities benefit from being truly integrated, individuals with care needs are able to support their local community through employment, volunteering and social activities. Some housing with care can add to local community resources through the provision of accessible leisure facilities.

Where someone lives has a significant impact on the lives. Think Local Act Personal, in producing 'Making it Real', a set of co-produced statements that describe what good care and support looks like, highlighted the link between homes and wellbeing:

- I feel welcome and safe in my local community and can join in community life and activities that are important to me.
- I have a place I can call home, not just a 'bed' or somewhere that provides me with care.
- I live in a home which is accessible and designed so that I can be as independent as possible.
- If I move from my home to another place, the people who are important to me are respected, listened to, supported and involved in decisions.

MAINTAINING AND REGAINING INDEPENDENCE AND SOCIAL CONNECTEDNESS ARE ALSO TWO OF THE SIX KEY OBJECTIONS, SET OUT IN THE ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF).



1.3 CHALLENGES

Health and Social Care Service face significant challenges, housing with care is not an exception to this. The challenges include:

- Access to capital funding to invest in the development of housing with care options.
- Managing housing stock in line with demand in the context of:
 - o Aging social housing stock and implications of safety remediation works required on some properties.
 - o Capital investment in new developments.
 - o Transfer of social housing to private market impacting housing mobility and overall stock of social housing.
- Shaping the market to include specialist care provision in the context of increased pressure on social care budgets and workforces.
- Shaping the market to include specialist housing and support provision in the context of the removal of ring-fenced funding.
- Managing the market whilst encouraging the flexibility and choice required to deliver housing and support services that are person-centred.
- Shaping the housing market to make affordable provision for mid-market individuals who may not meet eligibility criteria for some housing options or who are aspiring to be homeowners. The affordability or shared ownership service charges has come under increased scrutiny at a national level and has impacted the ability of share owners / family members to sell properties on, leaving them vacant.
- Improving the quality and understanding of data held to best estimate and manage demand, including data from housing waiting lists, inpatient data, residential placement data, young people anticipated to transition into housing with care and demographic trend data.
- Ensuring that resources reflect the needs of the community in terms of health inequalities as well as demographic trends i.e. investing in neighbourhoods where resources could make a tangible difference to widening health disparities as well as neighbourhoods where there is a high population demand.
- Maintain the balance of long-term housing options and short-term placements to meet respite and transitional care needs.
- Ensuring that housing with care supply and allocation processes are equitable, ensuring that resources are prioritised based on need.
- Ensuring that the design and development of housing with care is in line with the needs and wants of people using services.



2. THE SCOPE OF THIS STRATEGY

Housing with care is the term used to describe a holistic approach to supporting people that considers both the physical environment in which the person lives and the care and support that they may need.

Housing with care and support can be used by:

- Older People.
- People living with Dementia.
- People living with a Learning Disability.
- People with Autism.
- People with a Mental Health Condition.
- People with a Physical or Sensory Impairment.

This Strategy relates to the planning of housing and care services that are within the scope of St Helens adult social care commissioning team. The strategy, therefore, takes into consideration services that meet the assessed needs of people and those that are used to support people who do not have a current eligible care need and where an assessed care need can be prevented or delayed by some intervention, such as housing support. The strategy focusses on housing and support facilitated by the local authority, it recognises that 'self-funders' have

the same rights to access social care and takes into considerations the authority's responsibility, under the Care Act 2014, of market shaping. This includes services arranged and paid for by the state through the authority and those services arranged and paid for by individuals, either by a personal budget or other funding source. The strategy will therefore consider the private market as well as local authority funded services and social housing.

For the purpose of this Strategy, housing where an individual lives but does not legally own or rent it and where the accommodation and care or support are conditional of each other is not considered and therefore residential and nursing home services are not included. The scope of this strategy also considers some services that compliment housing with support services, such as floating support services provided in adaptable general needs homes.

Housing with care and support can come in many different forms. They broadly fall into the following categories, however, there are often continuums between them:



2.1 EXTRA CARE

Extra care is a type of housing for people who are able to live independently within their own, self-contained accommodation, with an on-site care service and range of communal facilities. Facilities often include bistros, gyms, hairdressers, and shops. Extra care schemes can also be referred to as retirement villages. Extra care schemes / purpose built own front door accommodation are also increasingly being

designed and developed to support people with learning disabilities to live independently. Extra care accommodation can comprise of a range of accessible properties, including apartments and bungalows of varying sizes and including rental, shared ownership, and leasehold properties. Extra care housing will often incorporate the use of digital telehealth and telecare technology to maximise the independence of the individual.

2.2 TRANSITIONAL CARE

Transitional care is a broad range of time-limited services designed to promote the safe and timely transfer of individuals from one level of care to another or from one setting to another. In particular, individuals who are unable to return home after a period of time in hospital, may require transitional care in an appropriate

setting. Transitional care often mean staying on a transitional care ward or a residential care home but can also mean living for a period of time within a housing with care setting such as an extra care apartment or sheltered accommodation.

2.3 SHELTERED ACCOMMODATION / INDEPENDENT LIVING / RETIREMENT LIVING

Sheltered accommodation is another form for self-contained accommodation, enabling individuals to live independently. Sheltered schemes comprise of properties of varying sizes. The tenure offered are usually rent. Many schemes offer some communal areas that can be used by residents for activities, however, facilities are generally more limited than in an extra care scheme. The level of support provided to residents can vary between schemes:

- Some schemes offer alarms only – enabling residents to access careline / telecare alarm services when they have an emergency need
- Some schemes offer floating / non-residents management or housing support
- Some schemes offer general / housing support staff on site
- Some schemes offer onsite care services and meal provision. These schemes are sometimes referred to as 'very sheltered' or 'extra care light'.

2.4 SUPPORTED LIVING / HOUSING WITH SUPPORT

Supported living is accommodation that includes care and support for people with an assessed need, in line with the Social Care Act. This type of accommodation is usually used by people with a learning disability and / or a mental health condition. People generally hold their own tenancies, and they can comprise of individual and shared properties. There are various different models of supported living:

- Purpose built specialist accommodation - purpose build accommodation grouped together providing self-contained units and facilities for 24/7 on-site staff support. This type of accommodation has limited shared / communal spaces and often comprises of bungalows rather than apartments due to the difficulties individuals have sharing their living environment. Features of this type of accommodation also include built in furniture, underfloor heating as opposed to radiators,

private garden areas, internal decoration that limits variation in texture and colour, wet rooms, unbreakable glass, incorporated blinds, anti-ligature furniture and fittings, reinforced walls and hinges.

- **Core and cluster** - this model allows for individuals with low needs to be supported in a cost effective way by the 'core' service, in which individuals with high level needs are accommodated. This with high needs may be living in shared units or self-contained flats.
- **Dispersed units** - accommodation that is located in a similar geographical area to enable support services to be shared between individuals living in those accommodations.
- **House with support** - accommodation can be for one person or shared between individuals.

Individuals will have their own bedroom and support and communal facilities are shared.

2.5 SHARED LIVES

Shared Lives is a form of accommodation with support where adults with needs are matched with a carer. The individual lives with the carer in the carers home and shares in family and community life. This form of support is mostly used by younger adults; individuals generally move on to other forms of housing with care as they grow older. Shared lives can also be known as adult placements.

Shared lives can be a cost-effective form of support in the community, encouraging people to live independently with the support of carers. Carers can come from all walks of life and receive training and support from the provider. Carers are given a support fee for their time and people using the service make a contribution towards household bills, and sometimes rent, usually funded through housing benefit.

2.6 GENERAL NEEDS HOUSING WITH FLOATING CARE AND SUPPORT

The range of housing with care options that are available should give consideration to whether people can be supported in general needs homes with the appropriate form of floating or home care-based support. The accessibility and adaptability of the general needs homes would need to be suitable for the individual and the right level and type of care / support would need to be

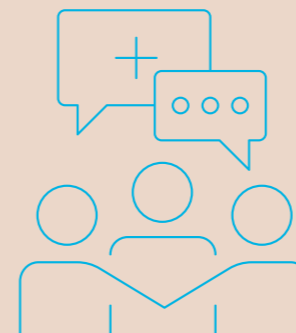
available for people to be supported effectively to meet their outcomes. The majority of these homes would be expected to be rental, however, for some individuals, shared ownership through schemes such as Home Ownership for people with Long-term Disabilities (HOLD) may be the preferred option.

WHAT IS HOLD?

UNDER THE HOLD SCHEME, A REGISTERED PROVIDERS WILL PURCHASE THE PROPERTY (USUALLY USING GRANT FUNDING FROM THE HOMES AND COMMUNITIES AGENCY) AND, ON THE DAY OF PURCHASE, WILL SELL A SHARE OF THE PROPERTY TO THE INDIVIDUAL. THE INDIVIDUAL WILL PAY RENT ON THE SHARE OF THE PROPERTY THAT THE REGISTERED PROVIDERS CONTINUES TO OWN AND SERVICE CHARGES. THE RENT AND SERVICE CHARGE IS ELIGIBLE TO BE COVERED BY HOUSING BENEFIT. THE INDIVIDUAL PURCHASES THEIR SHARE OF THE PROPERTY WITH A MORTGAGE, THE REPAYMENTS OF WHICH ARE COVERED BY A LOAN (SUPPORT FOR MORTGAGE INTEREST) LOAN. THIS LOAN IS REPAYED WHEN THE HOME IS SOLD.



The benefit of shared / home ownership is the security of tenure and the control that this offers to the individual to develop bespoke accommodation. The benefit of offering a range of general needs housing options is that individuals are able to live within the communities that they chose and develop natural relationships and can reduce dependency on care services.



3. THE PURPOSE OF THE STRATEGY

Where people live; their home, environment, community and sense of connectedness is central to wellbeing. The role of housing as a determinant of ill-health and therefore the quality of housing options for people with care and support needs must also play a key role in addressing health inequalities and in effective prevention, which are both key aims of the Cheshire and Merseyside Integrated Care Board.

The purpose of this Strategy is to set out our housing with care objectives through to 2034 and how we intend to achieve them. The strategy recognises that to address the financial, demographic and workforce challenges, we will need to work closely with statutory partners across the landscape and engage with providers in ongoing dialogue to take advantage of opportunities for innovation.

This strategy recognises the range of stakeholders involved in the delivery of the housing with care vision:

- Users of services, their families and carers.
- St Helens housing and planning teams.
- ICB and MerseyCare.
- Registered Housing Providers.
- Care Providers.
- Public Health.
- Homes England.



4. LOCAL CONTEXT AND OTHER KEY DOCUMENTS

This strategy depends on and supports the implementation of a wide range of other strategies and should be read alongside them. The relevant local context and strategies are summarised below:

4.1 DEMOGRAPHIC CONTEXT

St Helens has an aging population with projections suggesting that the number of residents aged 65 and over will increase by a quarter by 2043. The most rapid growth will be in the 75 plus population and the number of people aged 85 and over is projected to nearly double. Increases in healthy life expectancy are not keeping pace with improvements in life expectancy. People are living longer but in poor health, and their healthcare needs change as they age. Increased life expectancy increases the risk of developing age-related sensory loss. It is predicted that the number of people aged 75+ in St. Helens who will experience moderate to severe visual impairment will increase. The number of people with dementia will increase in line with an ageing population. Dementia now accounts for nearly 11% of all deaths in St Helens.

Frailty is a progressive, long-term health condition related to, but not primarily caused by, ageing and is usually characterised by a complex mix of physical health, mental health and increasing social care needs. However, it is important to note that not all older people are living with frailty, and not all people with frailty are old. In populations

with high levels of deprivation, frailty may start much earlier in life.

IN ST HELENS, 10,554 PEOPLE ARE IDENTIFIED AS BELONGING TO THE FRAILTY AND DEMENTIA SEGMENT, WHICH MEANS THEY HAVE EITHER MODERATE OR SEVERE FRAILTY OR DEMENTIA. THIS AMOUNTS TO 6.5% OF THE TOTAL POPULATION. 39.9% OF ST HELENS RESIDENTS AGED 65 AND OVER REPORT HAVING A DISABILITY, COMPARED WITH 33.8% OF OLDER PEOPLE IN ENGLAND.

The Borough is ranked 36th most deprived in England, a ranking that has deteriorated since the 2010 Index of Deprivation. Deprivation in some areas of the Borough have also worsened in comparison to others. St Helens has the levels of dependency on benefits that are above the national and regional averages; levels of economic activity are lower than regional and national averages.

The Borough is ethnically less diverse than many other areas, with 96.6% of the population identifying themselves as white, compared to 87.1% in the Northwest.

The complexity of need within the borough means that collaborative, creative and flexible approaches to finding the right housing and support options for people will be essential to achieving outcomes and managing the risk of homelessness.

4.2 ST HELENS BOROUGH STRATEGY 2021-2030

St Helens' Borough strategy sets out the vision for St Helens and the ambition to tackle the local challenges. The strategy identified six key priorities:



ENSURE CHILDREN AND YOUNG PEOPLE HAVE A POSITIVE START IN LIFE



PROMOTE GOOD HEALTH, INDEPENDENCE AND CARE ACROSS OUR COMMUNITIES



CREATE SAFE AND STRONG COMMUNITIES AND NEIGHBOURHOODS FOR ALL



SUPPORT A STRONG, THRIVING, INCLUSIVE AND WELL-CONNECTED LOCAL ECONOMY



CREATE GREEN AND VIBRANT PLACES THAT REFLECT OUR HERITAGE AND CULTURE



BE A RESPONSIBLE COUNCIL

4.3 ST HELENS JOINT STRATEGIC NEEDS ASSESSMENTS (JSNA)

JSNAs look at the health, care and wellbeing needs of residents in St Helens now and what they might need in the future. They should look at the wider social factors impacting the health and wellbeing of local populations, the impact of behaviours on health and wellbeing, identify health inequalities and use evidence to identify any gap between what the local population needs

and where services are currently succeeding in meeting health, care and wellbeing needs. St Helens has a number of JSNAs, including:

- St Helens Joint Strategic Needs Assessment 2023 - Older People.
- St Helens Joint Strategic Needs Assessment 2023 – Mental Health and Wellbeing.

4.4 ST HELENS HOUSING STRATEGY 2022-27

As a strategic housing authority, St Helens Borough Council has a duty to meet the housing needs of the borough residents. The authority's current Housing Strategy sets out the vision and priorities in St Helens until 2027. The strategy sets out the overarching vision for 'Quality and Accessible Homes for All'. The strategy commits the authority to continuing to invest in and commission specialist accommodation for residents who require supported accommodation

to achieve and maintain independent living. The strategy points to the Strategic Housing Market Assessment (SHMA 2019) indication that there will be a potential need for 1,200 units of specialised housing in St Helens, or 70 units per year between 2016-2033. As well as identifying a gap between supply and demand of housing with the support, the strategy also identifies the need for a review of the quality of accommodation.

4.5 ST HELENS ADULT SOCIAL CARE STRATEGY –

ENABLING PEOPLE TO LIVE HEALTHIER, HAPPIER LIVES

The Adult Social Care Strategy sets out the plans in place to support residents of St Helens. The strategy seeks to address some of the key themes and challenges facing adult social care. The plan estimates that within one year, the number of people living in a care home will increase by 6%, the number of older people needing support will increase by 3% and the number of older people living with a learning disability will increase by 2%. The demand and cost of care is increasing. The vision for

transforming adult social care includes delivering new practice models driven by strength-based approaches; locality-based models of care that put the right mix of skills and support in the local community; and a home first approach, where services are targeted at supporting people at the right time, in the right way to maximise their independence. Therapeutic models will take into consideration the impact that home and wider environments impact wellbeing and quality of life.

4.6 ST HELENS ALL AGE MARKET POSITIONING STATEMENT (MPS) 2024-27

An MPS is a published document produced by a commissioning authority that sets out a vision for social care in their local area. Market Positioning Statements are aimed at existing and potential adult social care providers and the community and voluntary sectors. The purpose of sharing this information is to help them shape their business plans and support the future vision for

adult social care. It will help providers develop their services to meet local needs and demands, understand the direction of travel for adult social care in St Helens, invest in new service areas, or diversify into others. A key commissioning principle outlined in the MPS is that people should be supported in their own home, rather than residential care, whenever possible.

4.7 EARLY INTERVENTION AND PREVENTION STRATEGY

Central to the early intervention and prevention approach is the promotion and encouragement of independence, health and wellbeing. Prevention is about having the right care available at the right time to manage the demand for acute and

complex care. Our resources and service should therefore focus on prevention and reablement, this is the home first approach, and requires collaborative partnership working between health, social care and housing colleagues.

4.8 LEARNING DISABILITY STRATEGY SEPTEMBER 2023

This Strategy sets out the vision, ambition and commissioning intentions for people with learning disabilities of all ages living within the borough. In relation to Housing and accommodation with care, the strategy commits the authority

to promote independent living for people with a learning disability, where it is feasible and affordable, so that those who are able to live independently can do so.

4.9 ALL AGE AUTISM STRATEGY SEPTEMBER 2023

The All-age Autism Strategy sets out the authority's vision, ambitions and priorities for meeting the needs and wants of people with autism in the Borough. The strategy identifies as part of key priority 5, fostering community support and helping those receiving inpatient treatment, the importance of decreasing avoidable admissions to inpatient care by

enhancing the availability of community services and by increasing the availability and suitability of social care and housing support. The strategy also identifies the need to focus on designing services, informed by locally based evidence, that will meet the accommodation needs of people with complex learning disabilities.

4.10 DEMENTIA STRATEGY SEPTEMBER 2023

The dementia strategy outlines the authority's overall framework for lowering the risk of dementia and promoting health aging in St Helens. The strategy sets out the vision of ensuring that people with dementia and their family and carers have the help and support that they require as the disease progresses, allowing them to live the best lives they can and live well with dementia. A key objective to deliver this, objective 10: considering the potential for housing support, housing-related services and telecare to support people with dementia, acknowledges the importance of creating housing alternatives and harnessing assistive technology in achieving the vision; this include developing different models of housing, including extra care.

4.11 FORMER SUPPORTING PEOPLE PROGRAMME

Over 2300 residents receive housing related support from the former Supporting People Programme. St Helens Borough Council continues to commission and fund a housing related support programme (previously known as the Supporting People programme). A strategic decision was taken in 2023 to transfer this funding supporting Housing with Care settings from Housing to Adult Social Care. This funding was either been reviewed and combined with adult social care packages of support or continued. The adult social care commissioning team will conduct reviews of these services as part of its application of the commissioning cycle to all commissioned services.



5. THE VISION AND OBJECTIVES

5.1 OUR VISION

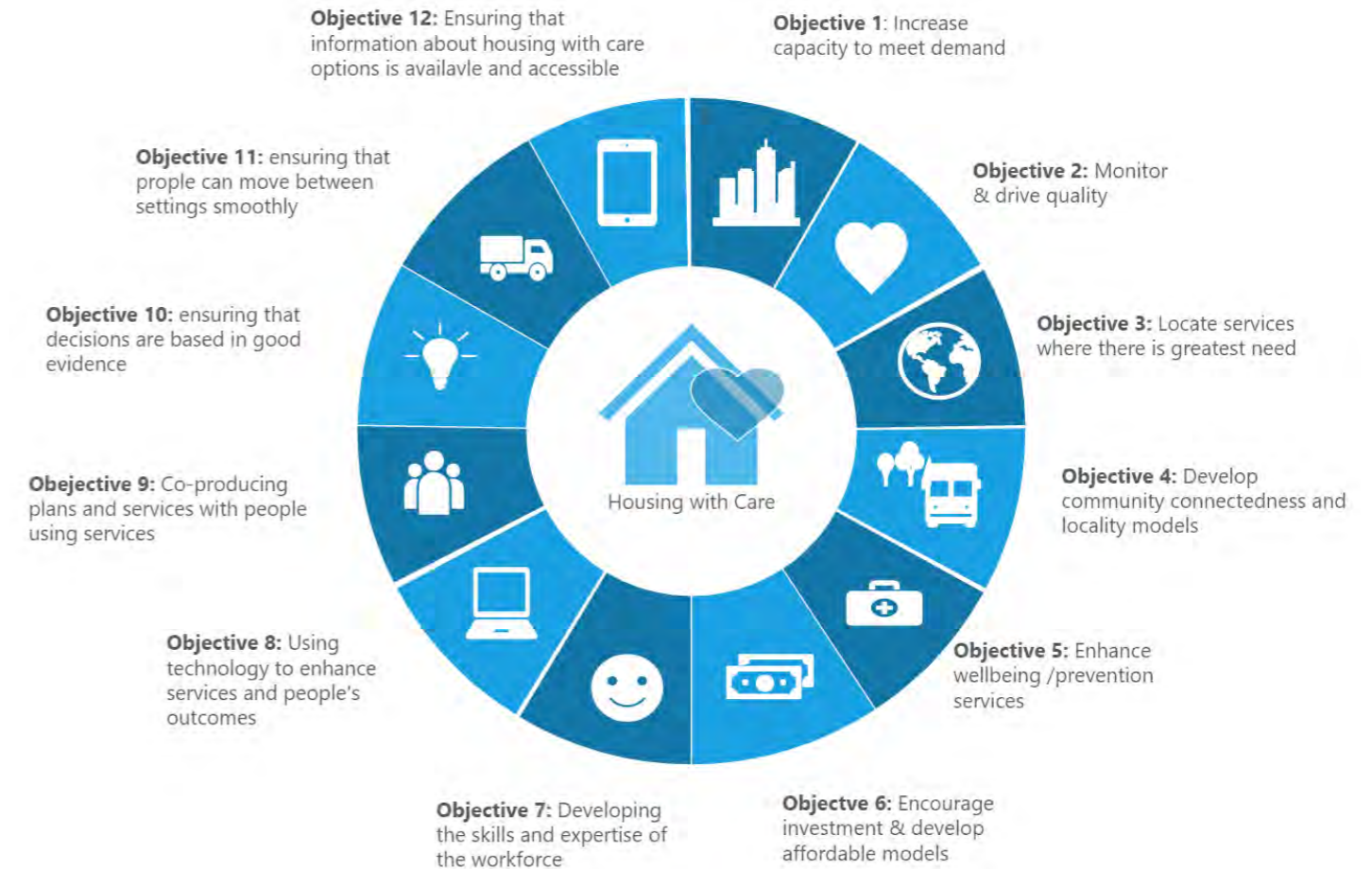
We want to ensure that accommodation with care services provide the holistic support that enables individuals with assessed care needs to integrate with their communities and to provide the physical and support environment that each individual

needs to pursue wellbeing. Achieving this vision will require partnership working between people with a care need, adult social care, housing, care providers and registered housing providers.

5.2 OBJECTIVES

We have identified twelve priority objectives that we want to deliver in the coming years.

HOUSING WITH CARE OBJECTIVES



Objective 1:

Meeting the demand for housing with care and ensuring that access to facilities is based on need. Meeting this demand and supporting people to move into appropriate accommodation with care will free up social housing and care placements for others. St Helens commissioning functions will be focussing on supporting and developing the local market and assets to meet the needs of local people. The sufficiency of housing with care will need to be such to respond to the anticipated contraction of the residential and nursing care provision within the borough over the coming years. In particular, extra care settings should offer an alternative to residential care for individuals whose independence can be maximised through reablement and assistive technology.

Objective 2:

Improving the systems in place to monitor and drive quality housing with care services. We will continue to look to best practice and to learn from the failings of past institutions to ensure that we strive to improve the quality of person-centred options. We will implement contract monitoring and quality assurance checks of services commissioned by social care. Housing with care is fundamentally a housing provision and it is essential that the fabric and environment that people call home are fit for purpose and serve to improve people's aspirations.

Objective 3:

Working with developers, providers and planning to ensure that housing with care options are located where they are most needed to meet demand and challenge health inequalities. We

want to support people to continue to live within the supportive communities that they value where this is possible. To people living with a disability, the location in which they live and it's proximity to the facilities and resources that are important to them can be non-negotiable, leading individuals to make greater compromises in their living standards if there is insufficient supply of the type of housing that they require in that location.

Objective 4: Working with providers, planning and community groups to ensure that housing with care services are connected via good transport links and partnerships with social, leisure and cultural community assets. Commissioning should consider how the value of schemes as community hubs can be realised and enhanced. We will look for opportunities to develop hub and spoke models of care.

Objective 5:

Developing links with health partners to ensure that housing with care services offer accessible health screening and provide information, guidance and support that encourages positive health behaviours that challenge health inequalities and indicators of risk within the population, including in relation to falls, alcohol and substance misuse, loneliness and cardiovascular disease. We want to ensure that there is a community-based model of care and support, enabling people to return to their homes from inpatient settings with appropriate reablement and support from occupational therapy.

Objective 6:

Working with housing, providers and the wider market to access capital funding for the development of housing that offers real choice, including for people accessing the private housing market. This includes supporting providers to ensure that housing options are affordable and to offer value for money housing and social support. This will include working with Housing Benefits teams consider the impact of enhanced housing benefit on the affordability of charges that are additional to rent and care charges.

Objective 7:

Working with providers to recruit and develop a talented and committed workforce that are able to provide flexible, holistic, dignified and person-centred support to individuals using housing with care services. We want to foster a culture of strong leadership, which values meaningful reflection, ongoing improvement and the involvement of staff and service users. We want to work with provider to develop Trusted Assessor models of care, enabling care providers to flex the package of care around an individual's changing needs.

Objective 8:

Work with providers to utilise assistive technologies where appropriate to enhance the quality of life and level of independence of individuals.

Objective 9:

Develop processes to involve users of services user in the development of plans and strategies relating to housing with care needs.

Objective 10:

Ensuring that decisions made about housing with care services are evidence-based and that the relevant data is collected and analysed to provide an accurate understanding of the markets, supply and demand. Decisions should also be shaped around the need to create meaningful choice for people who using services.

Objective 11:

Ensure that there are processes in place to support people moving between settings, including transitional accommodation which can effectively support individuals to return to their own homes or to make informed decisions about the best long terms accommodation for them and to support them to plan and prepare for this. We want to ensure that, where it is the persons' choice, services work together to facilitate community based intermediate and palliative care.

Objective 12:

Ensuring that clear and transparent information is available about housing with care options, how to access them, and affordability of options.

6. WHERE WE ARE NOW

6.1 EXTRA CARE

There are seven extra care service is St Helens. Six of these services comprise of services designed for older people and applicants to this accommodation must be aged 55 or over. Some of this accommodation is designed to meet general needs and some designed specially to meet the needs of people living with dementia. One scheme is designed specifically to support people of working age who have a learning disability and / or autism.

There are four general extra care, two dementia specialist schemes and one specialist scheme for people with a learning disability and / or autism support by St Helens. Within general and dementia specialist extra care, there is a mix of apartment sizes to accommodate couples and single people with a combination of two- or one-bedroom flats. Some schemes accommodate social and affordable rent tenure whilst others also accommodate shared ownership arrangements. In total, there are 557 units, 322 of which are social / affordable rent and allocated by the authority.

Scheme	Number of schemes	Total number of units	Number of units for which St Helens has nomination rights	Tenure	1 or 2 bedroom units
General Needs	4	514	279	Social/ affordable rent & shared ownership	Mix
Dementia Specialist	2	23	23	Social/ affordable rent	1 bedroom (3 flats accommodate 2 people)
Autism/ Learning Disability Specialist	1	20	20	Social/ affordable rent	1 bedroom

The schemes are managed by three different Registered Providers' Torus, Your Housing Group and For Housing. The schemes are broadly located across the central belt of the borough, within the following wards:

- Thatto Heath
- Town Centre
- Haydock
- Newton le Willows
- Parr

Of the schemes, 4 services are rated by the Care Quality Commission and 2 have not yet been rated. The rated services have been rated as either 'Good' or 'Outstanding'.

Across the general extra care services, demand for social and affordable rent properties is high and where voids occur, they are for a short period of time. Waiting lists for three of the four general extra care housing schemes have been analysed and show that individuals have been on the waiting list for from between 14 -years to several weeks. The reasons for long waits included, not having a housing priority, rejecting and waiting for specific type of accommodation to become available based on preference rather than need. Some individuals had found alternative housing whilst being on the waiting list, including older peoples and sheltered accommodation.

One waiting lists consisted of 175 individuals, one of 147 and the other 119 individuals. Applicants are asked to provide an estimate of the number of hours of support per week that they require. For each of the waiting lists, over 50% of applicants either provided no figure or recorded a '0' in response to this question.

Applications to general extra care housing are made digitally to Under1Roof. The eligibility criteria for general extra care consists of a requirement to be over 55, have a local connection and to have a 'support' need. There is no specific requirement for applicants to have met the local authority's threshold for care. The way that extra care housing nominations and allocations have been managed has varied over time.

In contrast to social rent properties, there are a number of voids of shared ownership / leasehold properties, housing providers have reported that it has become increasingly challenging for shareholders and homeowners to sell properties on due to affordability concerns. Some landlords have opted to transfer some shared ownership properties into rental properties as a result of this. This option is not always viable.

Extra Care Housing Models, are usually based on there being a balanced profile of care needs within each scheme. Within our general extra care housing services, a significant majority of residents have no or low eligible care needs. This has significant implications for the models in place and suggests that extra care social care resources are being under-utilized whilst residential care acuity is high. In addition, some providers of care within schemes are unable to accommodate larger packages of care due to the lack of flexibility in the way that care has been organised and commissioned in the past.

Unlike general extra care housing, dementia specialist housing applications are made via social work teams and referrals are made directly to the care provider once an application is approved by a social work team leader. In

additional to being over 55, applicants must have a dementia diagnosis. Over the past 18 months there have been persistent voids within these schemes, it is not known whether this is due to a lack of demand for specialist services, barrier in the route of referral, affordability or the attractiveness of the accommodation and care offer.

A number of extra care schemes have active residents' groups. These groups are not currently engaged in decision making at a strategic level in the council. Residents of extra care and been invited to participate in a new Older Person's Partnership Board. Prior to a retendering exercise for care service withing 4 of the extra care schemes in 2024, residents of all four schemes were invited to complete a survey to provide feedback about the current service

6.2 TRANSITIONAL CARE

There are currently only 3 self-contained transitional care properties across the Borough. All three of these units are located within Heald Farm Court extra care scheme. All three apartments are supported by the housing and care provider on-site at the extra care scheme. The local authority holds a license agreement with the housing provider for all three properties and service users are required to sign a transitional agreement. The individual therefore does not hold a tenancy for the property.

and what changes they would like to see made. No responses to the survey were submitted. In 2024, service users of the council's homecare provision were also asked to complete a written survey to gather their views about the service and about their opinions of extra care. Minimal responses were shared, however, of those that were, a number suggested that the respondent did not have a good understanding of what extra care is and that where people would consider living in extra care, things like proximity to their community and transport links were important considerations.

In addition to extra care units for older people, St Helens Borough Council supports a 20-unit specialist extra care scheme which is suitable for people with autism, a learning disability, acquired brain injury, physical disability and mental health.

These resources are well used but have been decreased over recent years following the closure of another setting. The local authority's community support services coordinate the self-contained transitional units, allocating these resources to individuals who are the process of stepping down their service with the aim to eventually return to their own property. There is a need to increase the supply of step up/step down services. Extra care type accommodation is an option due to the flexibility of the on-site care available, however, sheltered accommodation with spot purchased care may also be suitable.

6.3 SHELTERED ACCOMMODATION

There is limited data relating to sheltered accommodation stock across the borough as a whole, as a wide number of housing providers deliver sheltered accommodation across St Helens. There is also little data available about the age and condition of sheltered housing accommodation across the borough.

In terms of housing stock, the council does not hold any stock directly. Whilst some new accommodation has recently been developed, the capacity of much of the supported older people's housing stock has limited capacity to be adapted. Issues that can arise, with this type of accommodation, include the use of PVC doors and porches which are difficult to adapt for wheelchair access. In recent years, the council has found it challenging to when encouraging developers to include options such as bungalows in projects.

Whilst some schemes such as Henbury Court in Eccleston and Parklands in Rainford are leasehold only, the majority of sheltered accommodation and retirement villages are social / affordable rent tenures. Applications for sheltered accommodation for social rent are managed by Under1Roof. To qualify for this housing, individuals must be 55 or over and must have a housing need.

A full mapping exercise of the supply and demand of sheltered accommodation and the geographical spread of both across the borough has not been completed. However, the large number of individuals with no care needs applying for extra care housing suggests that sheltered or accessible older people accommodation is either in low supply or is less desirable due to age, facilities or accessibility. The local authority is currently subsidising some housing support in sheltered schemes and older persons.

6.4 SUPPORTED LIVING

St Helens adult social care commissions 224 supported living tenancies, 186 of these are in Borough (66 properties), the remaining placements are commissioned outside the Borough (32 properties). There are a number of providers across the Borough, the largest of which is CIC Ltd. The capacity of supported living has increased within the past 12 months following the opening of Heathside, a collaboration between the authority health and Torus, adding an additional 7 apartments designed to support people with a complex learning disability. Supported living schemes are either contracted services or commissioned on a spot basis from a framework.

There is a consistent waiting list of individuals for supported living accommodation. Applications to these services are made via social work teams and allocations for vacancies are agreed via a panel process. Referrals into the panel are triggered by a range of events, including, young people transitioning into adult services, inpatients being discharged from hospital or specialist units, repatriating service users who have been placed out of area due to a lack of local accommodation, and breakdown of existing placements.

The number of young people with a learning disability and/or autism in receipt of Children's and Young Persons services or under an Education Health Care Plan remain relatively stable amongst each age cohort (11 individuals turning 18 each year for the next 5 years). This figure provides a basic measure of the level of demand, however, there will be significant variation between people's circumstances. The

Cheshire and Merseyside Transforming Care Partnership commissioned Campbell & Tickell in 2022 to assess future accommodation and support needs across the sub-region. This work estimates that, across the sub-region, there is a gap of 1700 homes for people with a learning disability and / or autism (160 supported housing and 28 general housing units in St Helens). It was estimated by Campbell & Tickell 2022 that 23 individuals with learning disabilities and / or autism who are over the age of 50 and living with a family carer, who is likely to be aged 75+. These arrangements may breakdown if the needs of the family carer restrict their ability to care for the individual. Those living with a family carer in their 20's and 30's may be more likely to be ready to move into supported living of other forms of housing with support.

THE TRANSFORMING CARE COHORT HAVE LARGELY BEEN PLACED IN COMMUNITY SETTINGS. THE INTENTION IS TO REDUCE THE NUMBER OF INPATIENTS WITH A LEARNING DISABILITY AND / OR AUTISM EACH YEAR, HOWEVER, WITH LEVELS OF ADMISSION SUGGEST THAT THE NEED TO IDENTIFY HOUSING WITH APPROPRIATE CARE WILL CONTINUE TO BE NEEDED TO DISCHARGE PATIENTS / PREVENT ADMISSION.

A number of service users are living in out of borough placements. These placements are more likely to be specialised and therefore it may be very challenging to identify appropriate provision for all of these individuals to move back in area to supported living. For a proportion of individuals in out of borough placements, they will have developed networks and lives in these areas and therefore returning to St Helens may not be their preferred option.

St Helens anticipates that there may be need to change some models of supported living to update accommodation and meet the changing needs of individuals. Shared accommodation has been replaced with homes that give individuals their 'own front door'. The council also anticipates that services may need to accommodate non-commissioned services as housing with support developed with cohorts of service users and funded by direct payments may not be sustainable.

Supported living services do not necessarily require registration with the Care Quality Commission and therefore are not always rated by an independent regulator. Services are monitored by the authority's quality team. In addition, the council's housing team has been delivering the Supported Housing Improvement Programme (SHIP) as one of 25 local authorities in the country delivering on behalf of the Department for Levelling up, Housing and Communities (DLUHC); the programme focusses on the quality of non-commissioned supported accommodation across the borough. Out of borough services

are vetted by the authority and their quality is monitored by the host local authority.

In terms of housing stock, whilst some new accommodation has recently been developed, the capacity of some of the supported housing stock has limited capacity to be adapted, challenges include narrow stair cases. In recent years commissioners and strategic housing partners have found it challenging to attract investment in more complex developments, barriers have included the level of rent that would be needed to make a scheme viable rising above the affordable rent threshold, limiting the possibilities for using Homes England grant funding to finance some types of developments. Historic grant funding restrictions can also limit options for re-modelling of existing buildings. These barriers can make the provision of single bespoke tenancies challenging; these are often tenancies for people with sensory needs and who are unable to live near to others, in these circumstances the property often has to be located so that it is not overlooked and there are no neighbours close by.

6.5 SHARED LIVES

St Helens Borough Council currently support 21 shared lives placements, with a total of 19 families. Of these families, 8 are within the borough and 11 are outside of the borough. This compares to a wide range of shared lived placements across the region. The Cheshire and Merseyside Housing Needs Assessments, conducted by Campbell and Tickell in 2022 showed that whilst some local authorities had only a couple of individuals living in shared lives circumstances, others recorded up to 60.

The arrangements in St Helens are support by service such as PSS, United Response and McIntire. The offer usually includes provision for 28 days respite per year for the host family, facilitated by the supporting provider. Many of the arrangements have been inherited from

arrangements in place to support children services. For adults who are considering shared lives options, social workers will submit pen pictures to support providers directly who will match those profiles with host families. Due to challenges in identifying appropriate respite for existing families, shared lives is not always considered a desirable option. Providers have been developing their processes and digital systems to support the matching process.

Where a host family cannot be identified, alternative placements are identified for individuals. There is therefore no waiting list for shared lives services or collation of data around people who had identified shared lives as a preferred option.

6.6 GENERAL NEEDS HOUSING WITH FLOATING SUPPORT

The Cheshire and Merseyside Housing Needs Assessments, conducted by Campbell and Tickell in 2022 estimated that there were approx. 400 individuals, with a learning disability and / or autism, living within general needs accommodation (not supported living or extra care settings). This included people living with family members, in private or registered landlord rented properties or in their own homes / shared ownership homes. Most individuals in the above figure are those living at home with family carers.

A range of commissioned social care services are currently provided for people who live in their own homes. This include domiciliary care services, which are generally used by people who are elderly. A framework of providers is also in place for people with complex needs who are living in their own homes. The process of allocating more complex packages of care is different from domiciliary care packages;

sourcing care that is value for money and which meets more complex needs can be challenging. Quantifying the number of packages can also be challenging as the council's systems often categorise them in the same way as domiciliary care packages. For 2023/24, it was estimated that just over 400 individuals between the ages of 18 and 64 were supported at home, just over 160 of these individuals used this service and had learning disability support or mental health support as their primary support reason.

There is demand from people with care needs to access general needs housing, access to general needs social housing is through Under1Roof. The strength or assets-based model of care supported by St Helens social care strategies, recognises that the connection between a person and their community can improve their outcomes and reduce their level of dependency on formal services.

7. WHAT WE WANT TO ACHIEVE

7.1 OBJECTIVE 1 – MEETING DEMAND

Extra Care and Housing with Care for Older People

It is projected that an additional 350 extra care units will be needed over the next 10 years. Demand for extra care will be driven by two factors:

- Growth in older population and therefore people who will require support to live at home
- Implementation of home first approach and disinvestment in residential care beds, reducing the number of people accessing residential care beds by 40%. It is assumed that Extra Care Housing may need to accommodate 5% of individuals who would previously have accessed residential care

Some capacity will be created within existing extra care schemes through the reallocation to flats where residents have no care needs, to applicants with higher levels of need. The rate at which units become available will vary and it is assumed that those without current needs will continue to occupy their homes in the short and medium-term.

There are several models used to estimate the future demand for housing with support for older people. One such model, presented by ADASS in its paper titled Strategic Housing for Older People, suggests that 45 general extra care apartments per 100,000 of the 75+ population and 6 dementia specialist apartments per 100,000 of the 75+.

Based on population estimates from ONS, this formula predicts a gap in supply of 400 general and 100 dementia specialist extra care units to meet by 2028. The data suggests that there is current underuse of existing extra care resources (balance of care in general extra care and long-term voids withing dementia specialist extra care), which suggests that unless there is a significant shift in culture across health and social care, the above level of demand will not materialise.

LONDON SCHOOL OF ECONOMIC (LSE) PREDICTS THAT THE NUMBER OF OLDER PEOPLE REQUIRING SUPPORT IN THE COMMUNITY WILL INCREASE BY 13% BETWEEN 2023 AND 2028 AND BY 30% BETWEEN 2023 AND 2033. LSE PREDICTS THAT THE DEMAND FOR RESIDENTIAL CARE (BOTH PRIVATE AND PUBLICLY FUNDED WILL INCREASE BY 11% BETWEEN 2023 AND 2028 AND BY 29% BY 2033.

To accommodate the growing older population and to support the disinvestment in residential setting and accommodate increase in demand for people with higher levels of need, capacity in extra care would need to be increased over the coming years. The below table details the number of additional units and schemes that is predicted to be needed.

	Demand 2028/9	Demand 2033/4
Total additional units required	130	352
Additional schemes (based on 60 unites per scheme)	2.5	6

These units should be social / affordable rent and the care provision commissioned via adult social care. The wards where there will be the greatest demand for these services are detailed below. Approx 15% of the social care market in St Helens is self-funding; assuming that this proportion will remain stable over the coming years, the private market should be encouraged to develop the following number of privately owned / rented retirement accommodation where they are predicted to be in demand:

	2028/9	2033/4	Geographical Focus
Extra Care Units (85%)	130	350	<ul style="list-style-type: none">• Thatto Heath• Haydock• Moss bank• Newton-le-willows West• Parr
Privately funded retirement accommodation where on-site care can be purchased from a care provider	23	60	<ul style="list-style-type: none">• Billinge• Rainford• Rainhill• Eccleston

Additional capacity could be created by:

- Identifying developers to build new schemes
- Reviewing opportunities to develop existing sheltered accommodation into extra care light accommodation (on-site 24/7 care and support but with reduced communal facilities).

The authority wishes to support the development of schemes appropriate to meet a mixture of needs and which can accommodate older people and people with autism and / or a learning disability. The vision of such schemes will be for the development of a vibrant network of self-support, supplemented by formal care when needed, where residents can benefit from a mix of strengths and assets within their community.

The authority will focus in developing new extra care schemes on 100% social / affordable rent models. The authority would only support the development of further mixed tenure schemes after careful consideration of the model and its potential impact.

The extra care allocations policy is being reviewed and will be adopted in 2024/25. The key aims of the policy are to promote:

- Equity of access for people eligible for extra care services.
- A proactive approach to managing the balance of care within each scheme.
- Nominations processes that match individuals to available units, taking into consideration levels of priority and providing the right level of care at the right time.
- Maximizing the use of affordable housing across the borough, managing voids effectively and;
- Appropriate use of social housing resources - promoting housing mobility and supporting people to move from / avoid more intensive care settings where possible.
- Gathering data about demand and capacity to inform extra care strategies that can meet the demands of an older population.



To be considered for Extra Care housing applicants must meet the following criteria:

- Age - 55+ will be the initial qualifying criteria, however, someone below this age with for example, a long-term disability, considerable care needs and older carers of adults with disabilities will be considered.
- Local Connection - will have a local connection with St Helens through residence, family, or employment.
- Housing Need - will have an identified housing need for Extra Care. The authority must ensure that affordable options are available in the borough for older people's housing who would not have a high housing need i.e., homeowners. Housing and social care need will be analysed in the round to determine an applicant's overall level of priority for extra care.
- Care and Support Need - Will be an adult with a care and support need who meet the eligibility criteria under the Care Act 2014 and, or be an older carer with a s dependent who requires care and support
- Agreement to a financial assessment - must agree to be financially assessed to determine if they should contribute towards the support services provided within the service.

Supported Living and Housing for Young Adults with Support Needs

The Cheshire and Merseyside review of housing with care for people with learning disability and / or autism, carried out by Campbell and Tickell and published in 2023, predicts that within St Helens, 10 additional supported living units will be required per annum.

Nationally, approx. 25% of people with a learning disability and / or autism and who are receiving support, live in supported living settings. The number of people living in a residential setting has reduced, however, the number of people living with family has remained the same. Despite this, research suggests that the preference for people is to live independently / alone, unless they are living with a partner. Research also suggests that people who require housing are of a younger age profile, this suggest that investment in homes that are flexible and adaptable and take into consideration individual growth and ageing, can be a game changer for individuals and budgets. The potential outcomes of this approach include reduction in hospital admissions, reduction in behaviours that challenge services, greater staff retention and job satisfaction of the care workforce and a decrease in the use of medications.

ST HELENS HAS SUPPORTED THE DEVELOPMENT OF SUPPORTED LIVING HOUSING OPTIONS TO REDUCE THE NUMBER OF INDIVIDUALS LIVING IN SHARED AND IN-PATIENT SETTINGS.

The model of care delivery has focussed on core and personal care, with individuals sharing a core service and having personalised care to meet their individual needs. This model supports the remodelling of services towards single tenancies that are self-contained and provide a person with their 'own front door'.

The capacity of supported living services within the borough needs to increase if demand for complex care is to be met without having to utilise

more out of borough placements that are high cost and taking individuals away from their family, community and natural networks of support.

Capacity within the borough should be sufficient to respond to the discharge of in-patients, young people transitioning into adult services and people living with family carers who wish to move out. Although the number of adults with a learning disability and / or autism is predicted to remain stable over the coming decade, as the population of St Helens ages, there will be increasing number of older family carers and therefore more individuals who may need housing with care support later in their life. The individuals using services will also live for longer and therefore

services may need to respond to increased complexity of needs to offer homes that adapt to ageing and that can therefore be considered a home for life.

An ageing cohort of people using supported living services also means that, where vacancies become available, it is increasingly challenging to match younger people to these vacancies, where other tenants are entering different stages of their life. Supported living models therefore must become less reliant on the need to ‘match’ tenants.

The below table summarises how the predicted demand has been broken down:

Source of Demand	Predicted Number 2023-2033
Inpatients who will require accommodation	43
People at risk of admissions and will require accommodation	20
New residential placements that could be diverted to accommodation in the community	11
Individuals currently in a residential placement who could move into community-based accommodation	26
Young people transitioning to adult services requiring community accommodation	14
People living with family and who will likely want to live in their own accommodation	100
People in supported living likely to need to move placements	20
People who are likely to move from temporary accommodation	10
Gross Need (adjusted to take into consideration PNSI and POPPI predictions)	246

It is predicted that there will be 150 placements created from re-lets of existing placements and therefore the net increase in placements required is 96 (approx. 10 per annum over the decade). This does not take into consideration bringing people currently living in neighbouring authorities back into borough. As these individuals may be settled in their homes and communities, the priority will be to prevent the need from spot-purchasing additional out of borough placements.

THE GAP IN CAPACITY IS INTENDED TO BE MET BY A COMBINATION OF DEVELOPING EXTRA CARE AND SPECIALISED HOUSING OPTIONS FOR PEOPLE, INCREASING THE NUMBER OF SHARED LIVES OPPORTUNITIES, AND BY MAKING GENERAL NEEDS HOUSING ACCESSIBLE TO PEOPLE WITH COMMUNITY-BASED SUPPORT IN PLACE.

Whilst there may be opportunities to re-model existing buildings, the development of new supported living properties will generally be new builds due to grant funding restrictions and physical restrictions on and high cost to adapting existing buildings into supported living homes that provide tenants with their ‘own front door’. To meet the requirements for additional capacity, between 3 and 4 properties will be required each year. In 2024, 2 properties of 6 on-suite units are due to come online, whilst these units have been allocated to younger adults who have been matched, this reliance on the matching of tenants is restrictive in the longer-term. Due to the relatively small size of these types of development, it is likely that there will be land opportunities available within the community for new builds.

The average weekly cost of an out of borough placement is £460 more than the average cost of in borough placement. One third of placements are out of borough. If the additional capacity required over the next 10 years were commissioned as out of borough placements at the same rate (32 of 96), the weekly cost at the end of this period would be £14.8k more than if all placements were in borough. This weekly saving could be doubled if existing out of borough placements were brought back in borough, assuming the complexity of need could be met in-line with the average cost of an placement in borough. This saving could free up £1.5m to invest in services.

We will support Registered Providers with applications for grant funding to invest in specialised housing, i.e., Affordable Homes Programme. We will also ensure that Registered Providers and housing benefits are working together to consider the implications of more complex housing requirements on viability of a scheme and therefore rent and enhanced housing benefit. The financial model should be agreed at the outset to ensure services are sustainable and affordable.

Supported living can be a relatively intensive form of Housing with care and therefore should be accessible to people with an appropriate level of need. Placing individuals in intense support settings can have the outcome of maintaining or even increasing dependency levels. The commissioning team are working with systems developers and social work practitioners to develop an assessment pathway which ensures that alternative plans of support and housing options have been considered before a

supported living placement is considered. This process will support the home first model and ensure that assessments are care planning is outcome focussed and is carried out with the abilities and strengths of the individual as the starting point.

Increasing the shared lives offer will also be required in order to meet the demand. This option is shown to be effective in reducing dependency and supporting individuals to achieve positive outcomes. There is limited evidence about the potential demand for shared lives services due to the lack of data collated about the numbers of people for whom this would be an appropriate option and the lack of promotion of these schemes with social workers, service users and the potential carers. To review the degree to which shared lives can meet the demand for housing with care options, commissioners will carry out a review of the current contracts that are in place and consider commissioning options that would address the current barrier to the growth of this service offer.

The authority intends to join the Liverpool City Region Complex Care Flexible Purchasing System (FPS) to support the micro-commissioning of packages of care for people with complex needs. The framework includes provision of supported living, shared lives, and day opportunities. It is anticipated that joining this framework will support more strategic market facilitation and engagement to improve the range of option available within the borough of St Helens.

The authority is also intending to develop the opportunities provided by the market for people to be supported in general needs housing by developing the range of services commissioned

via a domiciliary framework. The authority will develop a specific framework for the provision of domiciliary care services that will identify providers within the borough who are able to provide appropriately trained and skilled care and support workers who can deliver bespoke packages of care to individuals living in general needs accommodation, this may include providing scheduled domiciliary care, live-in care, sit-in / respite care and community-based day support. As part of developing this framework, commissioners are reviewing how individual service funds can be facilitated, enabling individuals to develop support in partnership with providers which is flexible and focusses on achieving their outcomes.

Individual service funds (ISFs) were introduced in the Care Act 2014. They offer service users a form of self-directed support which enables choice and control whilst reducing the burdens associated with direct payments. To realise the benefits of ISFs, assessments should not restrict individuals to meeting needs, and rather allow them to co-produce a set of outcomes that are meaningful to them. The individual's indicative budget is transferred to a provider organisation who will manage the budget and work with them to plan care and support services and activities that will help them to achieve their identified outcomes.

We will work with developers and Registered Providers to encourage the building of homes that go beyond minimum requirements in relation to accessibility and adaptability and meet M4(2) and M4(3) standards by default, where this is in line with our affordable housing strategy. The evidence suggests that building homes that are

accessible and adaptable (future proofed) is more cost effective and delivers much greater flexibility to adapt to changing needs. Adaptability allows for changes to be made to homes in a more cost effective way, taking into consideration the strength of walls that may need to support grab rails in the future; the steepness, width and layout of stairs that may require stair lifts, level thresholds, limiting falls hazards, wet room options installed under baths, turning space in hallways and sufficient space for wheelchairs in areas such as dining rooms, accessibility of external environments and parking, levels of switches and sockets, ability to open doors fully, limiting the use of sliding doors and non-grip-able door handles, and sound proofing of areas that are likely to house noisy equipment such as washing machines.

EVERYONE HAS THE RIGHT TO A SAFE AND ACCESSIBLE HOME THAT CONTRIBUTES TO THEIR WELLBEING AND ACHIEVEMENT OF THEIR OUTCOMES; THIS MEANS ENCOURAGING THE DEVELOPMENT OF ACCESSIBLE AND ADAPTABLE HOMES IN THE PRIVATE, AFFORDABLE AND SOCIAL RENT MARKETS.

We will also review the current processes in place for mapping available accessible and adaptable housing with the needs of individuals, to ensure that individuals and practitioners are supported to plan for the housing needs of individual with complex care needs. Our allocation policies will also ensure that accessible housing is matched against the needs of applicant.



7.2 OBJECTIVE 2 – DRIVING THE QUALITY OF HOUSING WITH CARE AND FOCUSING ON OUTCOMES

Extra Care and Housing with Care for Older People

The providers of care and support in extra care will continue to be required to hold a rating of 'Good' or better with Care Quality Commission. The general extra care contracts commencing in 2024 will require each individual scheme to be registered with CQC, in compliance with rule 5 of the regulator's definition of a location. This will enable service users to make an informed decision based on the quality rating of the specific scheme that they are interested in. Providers who are not yet rated, will be required to maintain and provide access to the council to internal audits and live action plans against the new quality statements and I / We statement. Providers will continue to be required to complete an on-line assessment of their service via PAMMS and will be subject to a face-to-face audit by the authority's quality team.

Contracts for care and support in extra care, commencing 2024 and onwards will be subject to a new regime of contract monitoring, lead by a named commissioning office and contracts monitoring officer. We will work with providers to develop quality and KPI frameworks, monitoring providers more frequently where concerns or risks have been identified.

Quality reports will include performance in relation to:

- Service throughput and responsiveness to need
- Achievement of Outcomes
- Social Value
- Qualitative Testimonials of Service Users

Supported Living and Housing for Young Adults with Support Needs

The authority will continue to identify people who are in receipt of housing benefit (enhanced) and ensure that standards are met via the Supported Housing Improvement Project, especially where landlords are not Registered Providers.

Contracted and spot purchased services providing housing and support within the borough will be subject to a new regime of contract monitoring lead by a named commissioning office and contracts monitoring officer who will work in partnership with providers to develop reporting and KPI frameworks. Providers will continue to be required to complete an on-line assessment of their service via PAMMS and will be subject to a face-to-face audit by the authority's quality team. We will work in partnership with host authorities, who conduct their own contract management and quality assurance of services within their borough, where St Helens residents are living, to ensure that any intelligence about quality is shared and risks appropriately assessed.

The authority awaits the implementation of the anticipated Supported Housing (Regulatory Oversight) Act and will continue to hold regular meetings with the market to ensure that stakeholders are prepared for this change and to ensure that the council is aware of any potential withdrawals from the market as a result of this legislation.

We want to ensure that investment in development of supported homes is value for money. We will work with colleagues across the council to develop a supported housing brief, setting out, for developers and Registered Providers, the type of housing and the specification required to ensure that homes are developed in line with current needs, are adaptable to meet future changes in need and which is environmentally sustainable. This brief will encourage M4 (2) / M4(3) standards in new supported homes, where affordable, in St Helens and will ensure that the things that people tell is are important about their home, including a non-clinical feel, accessibility to outside spaces, installation of flexible equipment and visual contrast between floors and walls, are adopted as minimum requirements for supported housing properties.



7.3 OBJECTIVE 3 – ENSURING HOUSING WITH CARE OPTIONS ARE LOCATED

WITHIN THE COMMUNITIES THAT PEOPLE WANT TO LIVE

Extra Care and Housing with Care for Older People

St Helens JSNA for mortality for 2023, confirms a strong link between healthy life expectancy and deprivation across the borough. When compared to statistics for England, St Helens faces particular challenges, including admission of over 65s to hospital due to falls. The data suggests that services that reduce inequalities will reduce future demand. ONS data shows that healthy life expectancy in St Helens is one of the lowest in the region. Average life expectancy in St Helens is 77 for men and 80 for females. This means that people are living on average 19-22 years in ill health.

The residential Mobility Index (population churn) 2013 to 2023 so that there is significantly less movement of households in some areas than in others, including Rainford, Rainhill, Eccleston, Windle, Haydock, Moss Bank, Thatto Heath and Sutton. Population churn is highest in areas around the town centre and Newton-le-Willows / Earlstown. With the exception of Newton-le-Willows, the areas of highest population churn tend to match the areas with the highest levels of deprivation and health deprivation. This data suggests that more affluent populations have more stable communities and better health outcomes.

Commissioners and housing leads will meet regularly and with Under1roof to monitor where demand exists within the borough for older people's housing and match this with potential or available sites. Creating capacity within extra care services that are flexible and able to meet a range of needs, will reduce the need for individuals to leave their local area to move in to residential or intense support.

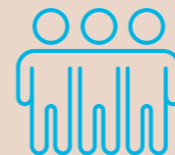
There may be limited availability in terms of sites for larger developments, in communities where it is not possible to build new developments, we will review opportunities to develop existing assets such as sheltered accommodation into extra care light services. We will also work with existing schemes to ensure that residents are being effectively supported to develop links with the local community and that extra care schemes are adding value to local communities.

Supported Living and Housing for Young Adults with Support Needs

Mapping of existing supported living schemes in the borough shows that they are distributed across the borough, this provides opportunity for some people to live in their communities, whoever, there are a significant number of individuals placed in supported accommodation which is outside the borough.

This spread of people aged 16-65 across the borough, suggests that working age people are living in the following areas, which should, therefore, be prioritised when considering the location of housing with support for younger peoples:

- Town centre
- Sutton
- Earlstown
- Newton-le-willows
- Windle
- Moss Bank
- Thatto Heath
- Ashtons Green
- West Park



7.4 OBJECTIVE 4 – PROMOTING COMMUNITY CONNECTEDNESS

Extra Care and Housing with Care for Older People

The NHS Cheshire and Merseyside Joint Forward Plan 2023-28 identified the development of Care Communities as a key priority; delivering multi-disciplinary neighbourhood teams, reducing system pressures in primary and secondary care (including non-criteria to reside rates), and treating and supporting people to recover and stay well in their own homes (including reducing injuries caused by falls). The 2024-27 priorities confirmed that adult social care would remodel services, rebalance demand and develop value for money within the sector.

We have developed service specifications for contracts commencing in 2024, which mirror the neighbourhood approach. Providers based within these extra care schemes will be required to work with the local authority to develop a range of services that enhance the capacity of individuals in the locality to live independently and the capacity of the community to create sustainable self-care networks. These models will be aligned to the locality and home first approaches outlined in the adult social care strategy document. Over the lifetime of the contracts for 4 schemes, the following model will be developed:

- **Hub and Spoke Model of Community Support**

The provider will be required to deliver responsive care and support to people living at home in the local community, using the extra care schemes as a central hub. This may be in the form of traditional domiciliary care where needed, however, the provider will also be

required to work with individuals and the local community to develop strength and community-based approaches to meeting needs. This may include facilitating social networks and peer support groups that can meet the needs of people in the community in a more holistic way without the need for ongoing intervention from social care. This may also include offering day services on-site at the scheme, giving unpaid carers in the local community access to respite opportunities. The provider will have a good understanding of the local community and identify opportunities for peer-to-peer networks and build on existing assets within the community.

- **Community Night Service Hub**

Requiring support during the night, often means that a person is signposted to residential care settings. The provider will be required to develop a service which can meet the needs of people in the local community during the night, using the scheme as a central hub, ensuring that individuals are able to remain at home.

- **No Support Hospital Discharge Hub**

Returning home from a long period of time in hospital can give rise to practical and psychological challenges that result in a person being unable to maintain their independence. The provider will be required to provide short term 'safety net' support to people in the local community, who have no assessed care and support needs, to return to and remain at home following discharge from hospital. The support required could range from carrying

out wellbeing checks to supporting people to contact their pharmacy to address any medication concerns to contacting landlords to make any needed improvements to their home. The provider will therefore have an excellent knowledge of the range of services that are available to local residents.

When we tender for extra care contracts, we will ask providers to demonstrate the social value that they will be committed to delivering to the local community, including their commitment to reducing social isolation of people living in the community in and around the extra care housing schemes and how they will be supporting SME's and community groups to thrive. We will monitor how care providers are progressing towards the agreed targets throughout the duration of the contract.

Research suggests that to support the wellbeing of individuals, the journey to access amenities should not exceed 15 minutes; shops, services and green spaces should be comfortably and safely accessible via foot. When considering the development of new schemes, we will be reviewing existing and other developments in the pipeline for that area to review the capacity of community resources in the area to meet the needs of people living there now and in the future. We will seek the views of people who use those services about their accessibility, sufficiency and inclusivity. We will also seek the views of older people and people with a learning disability and / or autism about where they would like to live and the type of facilities that they would like to be close to so that we identify the

right areas for new schemes to be located. It is estimated that amenities should be within 1km of people's homes.

We will be asking providers to report on a regular basis, the number of events held and the number of people who have engaged in leisure, cultural and faith activities from both in and outside of the scheme in order to measure the impact of extra care on community connectedness.

Supported Living and Housing for Young Adults with Support Needs

We are committed to supporting people to live within their local communities, where resources exist that support them to live independently, including community assets and natural networks. The authority is developing a directory of services to ensure that community assets and services are mapped across the borough; the aim of this digital directory is to empower individuals to identify the resources and services that are local to them and can support them to achieve their outcomes.

The authority intends to join the Liverpool City Region Complex Care Flexible Purchasing System to support the micro-commissioning of packages of care for people with complex needs. The framework includes provision of supported living, shared lives, and day opportunities. It is anticipated that joining this framework will support more strategic market facilitation and engagement to improve the range of option available within the borough of St Helens

The authority is also intending to develop the opportunities provided by the market for people

to be supported in general needs housing by developing the range of services commissioned via a domiciliary care provider framework. The authority will develop a specific framework for the provision of domiciliary care services that will identify providers within the borough who are able to provide appropriately trained and skilled care and support workers who can deliver bespoke packages of care to individuals living in general needs accommodation who have a learning disability or mental health need, this may include providing scheduled domiciliary care, live-in care, respite / sit-ins and community-based day support. As part of developing this framework, commissioners are reviewing how individual service funds can be facilitated, enabling individuals to develop support in partnership with providers which is flexible and focusses on achieving their outcomes.

We will be reviewing opportunities to develop different models of support for people living in the community, including options to commission keyring type models of community support, an asset-based approach which focuses on facilitating a network of support developed by and between people with a learning disability in the community. We will be implementing contract monitoring to ensure that existing arrangements and suppliers are facilitating meaningful community engagement that reflects the outcomes of individuals and that social activities are balanced with developing daily living skills and accessing learning, volunteering and employment opportunities.

The authority will ensure that there are a range of options that are accessible to people who want to live in the community, this includes accessing general needs housing that is located in the communities that people feel the most connected. We will work with colleagues in planning to ensure that the environment in which people live is accessible as the default. This includes facilitating the accessibility of local shops and restaurants, ensuring the present of pavements, and that walkways, public transport and road crossings are safe and accessible to everyone, ensuring that there is sufficient accessible parking, and that sound and light pollution is managed effectively.



7.5 OBJECTIVE 5 – PROMOTING HEALTH LIFESTYLES, WELLBEING AND PREVENTION

Extra Care and Housing with Care for Older People

St Helens is investing in early intervention and preventative services to reduce the demand on primary, emergency and hospital care in the long-term. The below diagram shows how resources should be distributed across services:

Extra care will work towards achieving this by focussing on preventative activities. When we commission extra care services, we will ask providers to use core hours to support preventative activities and we will ask providers to report on the preventative outcomes achieved by service users, including:

- Number of people with reduced risk of falls following engagement with falls prevention services
- Number of people with pressure care management plans in place that have improved / prevented deterioration of skin condition
- Number of people supported to engage with opticians, podiatry, dental services
- Number of residents supported to receive seasonal flu vaccinations.
- Number of residents supported with nutritional plans to manage conditions such as diabetes / pre-diabetes.

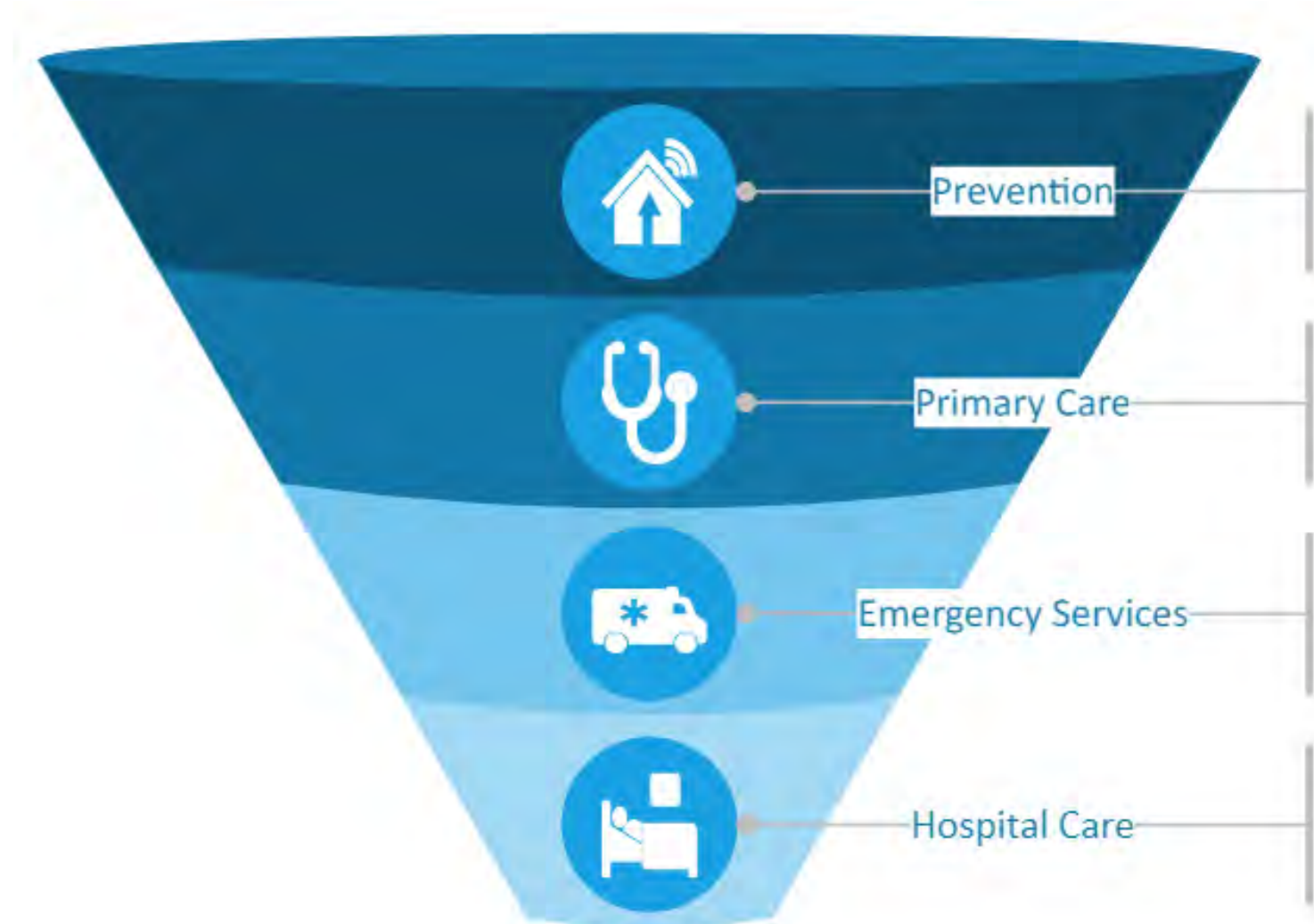
We will also work with public health colleagues to facilitate health screening and prevention activities within the schemes, for example, facilitating strength and balance taster sessions during falls prevention week.

As part of a hub and spoke model, over the coming years, providers of general Extra Care care and support services, will be required to support the authority to develop its falls prevention and falls response services. They will be required to use their knowledge of the local community to proactively identify and assess individuals who may be at risk of falls, and who are unknown to health and social care, and refer them to prevention services before they experience a fall. Extending the reach of falls prevention services is key to reducing the impact of falls on individuals and our health services. Using the schemes as a hub, staff based at extra care services may be the best placed resources to support someone who has experienced a fall to get up, once it has been assessed that they do not require any clinical intervention.

Supported Living and Housing for Young Adults with Support Needs

We will continue to ensure that providers are supporting individuals to access annual health checks through service specifications and contract monitoring. We will work with colleagues in home care providers and public health to review the take-up of annual health checks for people living in general needs housing when compared with supported living settings.

We will also work with service user groups to seek feedback from people using services about the accessibility and inclusivity of the Livewell directory, advice and guidance and wellbeing services.



7.6 OBJECTIVE 6 – MAXIMISING INVESTMENT IN HOUSING WITH CARE SERVICES AND FACILITATING AFFORDABLE OPTIONS

Extra Care and Housing with Care for Older People

Achieving our objective to increase the supply of housing with care options is dependent on securing capital investment and sustainable funding streams for the delivery of care and support. We will work with housing colleagues to ensure that there is a sufficient supply of specialised and accessible accommodation within the borough. We will continually review data from adult social care and housing options colleagues to identify the types, tenures and location that will be required to meet the needs and preferences of residents within the coming years. We will use Market Positioning Statements and Market Sustainability Plans to communicate to the market our future social care commissioning intentions.

We will support Registered Providers to undertake reviews of their existing stocks, such as sheltered accommodation, to ensure that resources are used most effectively and reflect what people want from accommodation. Where accommodation is not in demand or meeting a need, we will work with landlords to use these assets in a different way where possible.

As a local authority, we will encourage developers to consider accessibility and adaptability in the development of all housing in the future, reducing the need for people to move away from their homes and community as their needs change in the future. We will do this by collating data about what people want and case studies of successful mixed communities.

We will be requiring extra care schemes to provide regular updates in relation to rent and charges and sharing this information with internal teams to ensure that affordability is kept under review and that people are provided with accurate information when considering extra care as an option.

Supported Living and Housing for Young Adults with Support Needs

We will continue to work with social care colleagues to identify people with a long-term disability who would prefer to own their own home and work in partnership with housing providers and the Homes and Communities Agency and housing benefit to consider options to use the HOLD scheme. We will liaise with regional colleagues to identify best practice and potential housing providers to partner with. It is likely to a relatively small number of people who will wish to pursue these models.

With the support of the Home Improvement Agency, we will support individuals to make any necessary adaptations to their home, including accessing the Disabled Facilities Grants for major adaptations, we will provide individuals with information about how much they may need to contribute to these costs to enable them to make informed decisions about the affordability of home ownership.

WE WILL PILOT THE USE OF CARE CUBED TO BENCHMARK COSTS OF BESPOKE AND COMPLEX PACKAGES AND JOIN THE LCR FRAMEWORK TO ENSURE THAT ALL AFFORDABLE OPTIONS AVAILABLE IN THE MARKET ARE IDENTIFIED TO GIVE INDIVIDUALS MEANINGFUL CHOICE WHERE POSSIBLE.

Commissioners will also work with the providers of complex housing services to review opportunities to share the void risk for those properties. This may include developing bespoke nominations agreements. The objective will be to support providers to develop confidence in the complex market and reduce the pressure on any single agency to allocate resources in a way that is not cost effective in the long term.



**7.7 OBJECTIVE 7 – SUPPORTING THE DEVELOPMENT OF A SKILLED WORKFORCE
AND INCLUSIVE COMMUNITIES**

Extra Care and Housing with Care for Older People

Commissioners will continue to introduce new models of care outlined in the specification for general extra care contracts commencing in 2024. Changes will be made during the life of the contract and will include the development of a Trusted Assessor model. This will be introduced in conjunction with domiciliary care to ensure a standard approach across the two service areas. Trusted assessors will be based within community care providers and will be empowered to make responsive and person-centred decisions to flex individuals' care packages to best achieve their identified outcomes. The aim of this model is to ensure that packages of care are shaped by individuals and those who work most closely with them, to reduce the impact of over-commissioning of care packages, to respond quickly to a person's change in need and to ensure that capacity within social care can be released as quickly as possible where care is no longer needed or can be met by self-care of community assets. This model will require the development of the provider workforce, it will be empowering and offer new development opportunities for social care professionals.

Commissioners will continue to encourage, and support providers to access best practice, funding and opportunities for workforce development. Skills for Care representatives will be invited to all extra care provider forum. Providers will be encouraged and supported

to use the adult social care workforce data set so that local support relating to training and development can be informed by evidence. Providers will also continue to be informed of registered manager development opportunities via skills for care registered manager's network. Access to learning resources will also continue to be shared via the St Helens Cares Skills Academy.

Supported Living and Housing for Young Adults with Support Needs

Our learning and development teams will continue to support providers to access mandatory training such, such as Oliver McGowen training on learning disability and autism. Access to learning resources will also continue to be shared via the St Helens Cares Skills Academy.

We will also review opportunities to develop the skills of the workforce in relation to trauma informed approaches to care and support, particularly where services are supporting people with complex needs such as mental ill health, alcohol misuse and who have been or are at risk of homelessness. We will also review opportunities to develop bespoke roles across the workforce such as Positive Behaviour Support coaches, such role would be to support the frontline workforce, increase job satisfaction and reduce turn over. We will also review what bespoke support and skills may be required to meet the needs of people managing alcohol misuse and / or have mental ill health.

**7.8 OBJECTIVE 8 – ENABLING INDEPENDENCE AND EMPOWERMENT
THROUGH TECHNOLOGY**

The authority is committed to investing technology that will enable people to live independently and achieve their outcomes. We will support people to consider purchasing technology, that will reduce dependency on services, using their individual budget. We will consider the use of technologies such as Canary Care sensors, Smart technology such as smart speakers, and Yourmeds across care settings.

We will be using AI (artificial intelligence) technology to streamline assessment and review processes so that interactions with social care can focus on discussions about achieving people's outcomes. We will use digital front door access to the local authority to ensure that quick responses are provided to people and to allow more complex cases to reach advisors more quickly. Future iterations of this technology will allow individuals to register with the service, allowing responses to be specific to the particular individual based on the client level data that has already been collected by the council.

Extra Care and Housing with Care for Older People

We want to ensure that residents of extra care have access to the same therapeutic offer as those in the community and other care settings. We will work with providers to develop trusted assessor models, enabling providers to access some equipment and technology for residents quickly.

We will work with colleagues in urgent community response services and providers to ensure that the right staff have access to equipment and training to support people quickly after a fall, where no injury has been sustained.

We will ensure that staff and residents within extra care are aware of any innovative or creative uses of technology to support wellbeing, such as robotic pets, happiness activity tables, and remote medication administration and facilitate pilot projects where opportunities are identified.

We will review opportunities to use Artificial Intelligence within schemes to support providers to ensure that care is provided in the right way at the right time e.g., facial recognition of pain, analysis of care records to identify falls risks, wearable health monitoring devices etc.

Supported Living and Housing for Young Adults with Support Needs

We will be reviewing the impact and outcomes of ongoing pilots in supported living, using technology to reduce individuals' dependence on core / background staffing. Grant funding has been used to support supported living providers to purchase tablets that are being used to support with meds prompts and access to remote support as well as door sensors. This has reduced the need for oppressive 24-hour staffing in some settings.

7.9 OBJECTIVE 9 – EMBEDDING CO-PRODUCTION IN HOW HOUSING WITH CARE

IS COMMISSIONED AND DELIVERED

Extra Care and Housing with Care for Older People

An Older People’s Partnership Board was established in 2024. Commissioners will continue to work with partners to establish a membership of people using older people services; this includes promoting the board and membership with residents of extra care and sheltered accommodation so that the lived experience of people using older people’s care and housing services can be heard. The board will meet quarterly and all future plans and developments relating to extra care will be discussed with the board. It is anticipated that the specification for future extra care services can be co-produced.

The lead commissioner for adult social care will attend extra care residents’ meetings when agreed with the committees to listen to the views, wishes and experiences of residents, helping to shape the way that services develop over time.

Feedback from extra care service users will also be gathered from 2024 onwards as part of contract monitoring, providers will be required to share the following information at least quarterly:

- Service Complaints.
- Compliments received about the Service.
- Case studies and service user testimonials.
- Quantitative feedback from resident / service user satisfaction surveys, which must be completed at least annually.

Supported Living and Housing for Young Adults with Support Needs

Several partnership boards were established in 2024, including boards for people using or with experience of specialised housing services. Commissioners will continue to work with these boards to broaden their membership and to identify opportunities for members to co-produce service design, specifications, provider selection, contract monitoring frameworks, workforce development and consultation.

These relationships will become increasingly important in the shaping of services as adult social care implements its strategy and decisions need to be made about the services and support that the community needs to achieve meaningful outcomes. Commissioners will be held to account by the partnership boards, who will challenge values and behaviour that are not aligned with collaborate ways of working, behaviours that do not facilitate:

- Sharing power and decision-making responsibility.
- Openness and transparency.
- Respect and value for experience in parity with expertise.
- Clear communication and access to information.

Commissioners will also work in partnership with users of services, landlords, housing, social work and care providers to develop services that have the freedom and flexibility to co-produce care plans with individuals, this will include reviewing opportunities to utilise individual service funds and to adapt their home environment to reflect their priorities and preferences.

Feedback from supported living service users will also be gathered from 2024 onwards as part of contract monitoring, providers will be required to share the following information at least quarterly:

- Service Complaints.
- Compliments received about the Service.
- Case Studies and Service User Testimonials.
- Quantitative feedback from resident / service user satisfaction surveys, which must be completed at least annually.

We will also work with developers and Registered Providers to encourage that users of supported homes are involved from the earliest stages of the design and development of supported housing. Environmental assessments, which involve the users of a home will help Registered Poviders to consider different perspectives in relation to the design of the home environment and help to identify any design features that cause barriers or obstacles to people enjoying their home space. This may include involving people in the selection of colour tones that create contrast between walls and floors and walls and doors, colour chromas that reduce the cognitive load on a service user with a sensory processing difference, and the choice of furniture to identify more naturalistic shapes that require less cognitive functioning to process than geometric shapes.

**7.10 OBJECTIVE 10 – MAKING DECISIONS ABOUT MEETING NEED BASED ON
GOOD EVIDENCE AND DATA WHILST EMPOWERING INDIVIDUALS AND PROVIDERS
TO FOCUS ON ACHIEVING OUTCOMES**

The council will pilot the use of Care-Cubed to inform decision-making and value for money. This care costing tool holds a national database of evidence used to support open transparent negotiations of costs for care placements, particularly where packages of care are required to meet complex needs. The use of this evidence-based system is intended to increase the transparency of care costs and to ensure that individuals, providers and the council receive a fair deal.

We will also continue to review opportunities to engage in academic research around innovative and invest-to save services to ensure that we are commissioning services that improve the long-term quality of life of individuals.

We will work with developers to ensure that best practice is applied in relation to the design and development of supported homes, taking into consideration cognitive burden of sensory processes difficulties experienced by people who are neurodivergent and who have a neurodegenerative disease. This may include taking into consideration multi-way finding and the recognition of place to ensure that individuals are living in homes that are easily navigable and that do not increase the cognitive burden of people in people with a sensory processing difference. The design of spaces can help people to navigate their environment more easily and safely, reducing distress, confusion and risk of falls. For example, logical zoning, pause or preview areas, ensuring

that toilet doors are visible from bedroom doors can help people to process the change from one area to another and the use of tonal contrast can help people to identify steps.

Extra Care and Housing with Care for Older People

From 2024, providers will be required to report robust information with which contract performance can be assessed. Reporting will be at least quarterly and will include aspects such as:

- Service throughput/ capacity monitoring.
- Social value.
- Staffing.
- Equality and diversity.
- Engagement and feedback.
- Compliments and complaints.
- Business contingency planning.
- Case studies demonstrating achievement of outcomes.
- Health and prevention outcomes.
- Quality assurance activities.
- Lessons Learnt.

Commissioners will have up-to-date information about how extra care services are performing and take appropriate action where there are concerns that services are not working as well as they could to support residents.

Commissioners of adult social care will also work with Under1Roof and brokerage services to develop the use and analysis of data about extra care applications and waiting lists to monitor:

- Population demand data (application volumes, sources, types of properties in demand).
- Allocations by priority levels.
- Waiting list durations for schemes, types of accommodation and priority level.
- Offer rejection frequency and reasons.

The application and allocation process for extra care housing will be reviewed to ensure that it is working effectively for all general and specialist extra care.

Supported Living and Housing for Young Adults with Support Needs

We will review opportunities to develop a complex care brokerage service, this function would identify providers able to support individuals to meet their outcomes. It is intended that this resource will release the capacity of social workers to work more closely and creatively with individuals in the design of their care. It is also intended that this function will maintain a live track of demand trends and market supply.

We will continue to review data in relation to population demand, such as the number of inpatients, young people transitioning into adults' services, out of borough placements to ensure that there is sufficient capacity within the local market.

From 2024, providers will be required to report robust information with which contract performance can be assessed. We will review the role of partnership boards and service user groups in the evaluation of contract monitoring and consider establishing an outcomes framework to support the monitoring of contracts, particularly as the use of ISFs increases.

We will continue to strengthen the role of the Specialised Housing Meeting, between adult social care and housing, keeping the membership of the group under review and considering the value of including planning colleagues and children's commissioners to ensure that housing with care options are developed with the needs of young people in mind. This group ensures that St Helens approach to meeting the needs of people with a housing and care needs is holistic and strategic.

7.11 OBJECTIVE 11 – FACILITATING SMOOTH TRANSFERS OF CARE BY WORKING

IN PARTNERSHIP

Extra Care and Housing with Care for Older People

The three transitional units will continue to be supported that Heald Farm Court Extra Care and will be managed by in-house community support services. The care provider based at this scheme will provide flexible support to meet the needs of the people using these properties.

Commissioners will work with social work colleagues to use extra care to increase transitional capacity where this is a need. Opportunities will be explored to convert voids into transitional units, this includes where shared ownership / lease hold units cannot be sold or where rental units cannot be allocated and where this is a cost to the council / Registered Providers. Voids impact the financial viability of the model of care with extra care schemes and therefore are monitored on an ongoing basis.

Supported Living and Housing for Young Adults with Support Needs

We will review opportunities to increase partnership working with Children's services in order to agree transitional plans at an early stage (aged 13-14 years), focussing on addressing skills gaps that will reduce long term dependency of individuals on services. We will also work in partnership with the families of individuals at an earlier stage, inviting them to participate in partnership boards and the shaping of the services that their family members will using in the coming years.

7.12 OBJECTIVE 12 – ENSURING PEOPLE HAVE ACCESS TO INFORMATION

ABOUT HOUSING WITH CARE OPTIONS

Extra Care and Housing with Care for Older People

Feedback from surveys completed with users of homecare services suggested that people living in the community may not have access to information about what extra care is and what options there are for different type of older people's accommodation. This may be impacting the applications received for extra care, as people with a care need may believe that this type of support is more restrictive. Commissioners will work with the housing providers, care providers and colleagues within the council to identify effective ways to share information with St Helens residents about housing with care options. The aim will be to promote extra care as an alternative to more intense forms of care and must provide accurate information so that people feel able to make informed decisions.

As part of regular contract monitoring, the council will be requiring regular information to be provided about rent and service charges at each scheme. This will ensure that accurate information can be provided to social work colleagues supporting service users about the affordability of each scheme. Commissioners will also work with finance teams to simplify the charging process for care services. Service users are currently charged based on the level of care within which they fall, as a result, people can be receiving 30 minutes more of care than another but be charged significantly more. It also means that when a service users care package increases above the upper threshold of the level of care,

there can be a significant jump in the charge that they are required to pay for their care. To address this, service users will be charged for the number of actual hours of planned care that they have received, mirroring the model currently used in domiciliary care. The council is not intending to introduce a wellbeing charge for core services for existing extra care schemes at this time.

Supported Living and Housing for Young Adults with Support Needs

We will review opportunities to ensure that communities and referral processes for universal services are accessible to everyone. This includes ensuring that for people who want to access general needs housing, are able to navigate and use the Under1Roof / registered providers' applications and assessment processes. We will ask users of services to help us to carry out these reviews so that we understand a range of experiences and support service to make improvements.

The range of housing option available to individual should be well communicated. We will review how information is shared by registered providers, care providers and the authority to ensure that information is accessible and in plain English. We will encourage partners to use the Livewell directory to keep people informed of the services that they offer and how to access them. We will continue to work with advocacy services so that support is available to people to navigate the housing options available to people. We will seek the view of service user groups in relation to how accessible and helpful information is.

8. DELIVERY OF THE STRATEGY

1	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
	Meeting the demand for housing with care and ensuring that access to facilities is based on need.	Increase total capacity of extra care units by 130 by 2028/9	Seek authority to support developments for extra care schemes in right locations.	Extra Care Commissioner / Strategic Housing Officer	2028/9
			Provide data to inform developers of extra care schemes / retirement villages consisting of shared ownership properties	ASC commissioners / Strategic Housing Officer	2024/25
		Achieve balance of care within existing schemes by 2029.	Review and implement nominations policy and re-instate nominations panels for extra care housing.	ASC commissioners	2024-29
		Reduce number of new out of borough placements.	Engage with Registered Providers and developers to communicate needs for new supported living homes via forum, market positioning statement and strategy.	ASC commissioners and strategic housing.	2025/6
		Create 10 additional housing with care placements per annum for young adults with a support need, including shared lives opportunities and supported living settings	Encourage housing associations to increase the adaptability of new homes being built.	Strategic housing / planning teams.	2024-2030
		Ensure that housing stock, include general needs housing, can be used as flexibly as possible to make best use of available resources by making homes as accessible as possible and arranging floating and community based care services.	Review current contracts relating to shared lives and opportunity to expand these services.	ASC commissioners	2025/6
			Review and recommission care at home services for people with complex needs in general needs homes and use sub-regional provider frameworks to access specialised care.	ASC commissioners	2024/25
	WHAT	GOAL	HOW	WHO	WHEN

2	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
	Improving the systems in place to monitor and drive quality housing with care services.	Ensure that extra care housing services are of a high quality.	Contracts for extra care care and support will be subject to a new regime of contract monitoring.	ASC contract monitoring and quality assurance teams.	2024/25
		Ensure that there is appropriate oversight of the quality of services that are facilitated through out of borough placements.	Providers who are not yet CQC rated, will be required to maintain and provide access to the council to internal audits and live action plans.	ASC contract monitoring and quality assurance teams.	2024/25
		Ensure that supported living services are of high quality, including the physical environment and support provided.	Identify all service users in receipt of enhanced housing benefit whose landlords are not registered and assure quality of these homes	Supported Housing Improvement Programme (due to cease 31st March 2025 unless funding continued).	2024/25
			Ensure that all contracted services are subject to contract monitoring.	ASC contract monitoring and commissioning officers	2024/25
		Ensure that the authority is compliant with legislation relating to the quality of supported housing	Implement the anticipated Supporting Housing (Regulatory oversight) Act	Supported Housing Improvement Teams	n/a
	WHAT	GOAL	HOW	WHO	WHEN

	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
3	Working with developers, providers and housing / planning to ensure that housing with care options are located where they are most needed to meet demand and challenge health inequalities	Ensure extra care housing is located in areas where it can make the greatest impact on preventing / addressing health inequalities.	Commissioners and housing leads will meet regularly to identify where demand exists within the borough and in line with the JSNA	ASC commissioners	2024/25
			Engagement with RPs, attend forums to encourage development in the right places and access to grant funding.	ASC commissioners and strategic housing.	2025/6
		Collate data about where people aged 18-54 and with a care need, want to live, particularly those who are accessing new out of borough placements	Brokerage and placement processes to capture data about where individuals would prefer to live via improved digital referral forms.	Working age social work teams, adult social care brokerage teams	2025/6
	WHAT	GOAL	HOW	WHO	WHEN

	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
4	Working with providers, planning and community groups to ensure that housing with care services are connected to community resources and facilities via good transport & community links	Ensure that extra care is contributing to the development of care communities, locality based working and home first approaches.	Monitor social value outcomes of care providers support extra care schemes.	ASC contract monitoring and commissioning officers	2024/5
			Monitor KPIs related to community activities delivered by extra care providers.	ASC contract monitoring and commissioning officers	2024/5
			Develop hub and spoke models of extra care services.	ASC commissioners	2024-2029
			Ensure that the Livewell directory is up to date and publicised to people using services.	ASC commissioners	2024/25
			Review opportunities to implement individual service funds	ASC commissioners	2025/6
			Review opportunities to develop community based models of support e.g. keyring networks	ASC commissioners	2025/6
	WHAT	GOAL	HOW	WHO	WHEN

5	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
	Developing links with health partners to ensure that Housing with Care options offer accessible health screening and encourages positive health behaviours	Ensure that preventative and health monitoring services are accessible to residents of extra care and the local community and that people are support to live healthy lifestyles.	In partnership with public health colleagues, ensure that health screening / monitoring is accessible to extra care residents, using schemes as a hub for the community where appropriate.	ASC commissioners / public health commissioners.	2024 - 2029
			Work with care and support providers in extra care to develop a hub and spoke falls awareness and prevention service for residents and people in the local community.	ASC commissioners	2024-2029
		Ensure that individuals living in supported living homes are able to access annual health checks and are supported to live healthy lifestyles.	Monitor health outcomes as part of contract management processes for housing with care services.	ASC contract monitoring and commissioning officers	2024/25
		Review opportunities to monitor that people who are supported by home care provisions are also able access annual health checks.	Monitor health outcomes as part of contract management processes for care at home services.	ASC contract monitoring and commissioning officers	2024/25
	WHAT	GOAL	HOW	WHO	WHEN

6	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
	Working with housing, providers and the wider market to access capital funding for the development of new housing with care services and for adapting existing homes. Maximising and aligning revenue funds to ensure that housing with care models are affordable and sustainable.	Ensure that there is investment in housing with care and accessible general needs homes in line with assessments of supply and demand.	We will update our Market Positioning Statement for providers to communicate our commissioning priorities and intentions. We will work with planning colleagues to identify opportunities to use planning processes to influence developments e.g. section 106 agreements We will work with partners at different levels for funding for investment in specialist housing to be made available.	ASC commissioners / strategic housing	2024/5
				ASC commissioners / strategic housing	2024/25
				Leaders in housing and ACS	2024-2030
		Ensure that there are affordable housing with care options and a variety of tenure options, including shared ownership.	We will support and work with housing associations to access funding e.g. grants We will work with registered providers to develop models of care that take into consideration the levels of rent and charges. We will identify best practice in relation to HOLD opportunities.	Housing	2024/25
	Ensure that the authority is negotiating the best possible value for money when purchasing services on behalf of people using housing with care			ASC contract monitoring and commissioning officers	2024/25
				ASC commissioners	2024/25
			We will monitor social rent and shared ownership voids to understand demand and supply in relation to extra care tenures. We will pilot the use of benchmarking tools when commissioning care.	ASC contract monitoring and commissioning officers	2024/25
				ASC commissioners	2024/25
	WHAT	GOAL	HOW	WHO	WHEN

7

OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
Work with providers to recruit and develop a talented and committed workforce that is able to provide flexible, holistic, dignified and person-centred support to individuals using housing with care.	Ensure that there are sufficient and trained staff to meet needs of extra care housing residents, including where complexity of needs increases.	Implement trusted assessor models of care to facilitate new roles and expertise	ASC commissioners	2024-2029
		Promote the use of ASCWDS.	ASC commissioners	2024/25
		Invite Skills for Care representatives to provider forums to share information about resources and practice	ASC commissioners	2024/25
		Promote St Helens Skills Academy.	ASC commissioners	2024/25
		Continue to support the delivery of Oliver McGowen training.	ASC commissioners / learning and development team	2025/26
		Review opportunities to develop expertise in trauma informed care and support and positive behaviour coaches.	ASC commissioners	2025/6
WHAT	GOAL	HOW	WHO	WHEN

8

OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
Work with providers to utilise assistive technologies where appropriate to enhance the quality of life and level of independence of people using housing with care services	Ensure that individuals are aware of the types of technologies available that may be of benefit to them.	Develop trusted assessor roles within settings to empower providers to support the use of assistive technology.	ASC commissioners	2024-2029
		Review opportunities to increase use of AI technologies by and to support providers.	ASC commissioners	2024-2029
		Establish and encourage providers to visit the tech flat.	ASC commissioners	2024/25
		Ensure that support plans and personal budgets are flexible enough to allow use of funds to purchase assistive tech where this will support an individual to achieve their outcomes.	ASC commissioners and social work	2024/25
		Identify funding opportunities to invest in technology and research opportunities to pilot emerging technologies / equipment.	ASC commissioners	2024/25
WHAT	GOAL	HOW	WHO	WHEN

	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
9	Develop processes for the commissioning of Housing with Care service to be co-produced with users of services and commission services that have the flexibility and capability to co-produce care delivery with individuals.	The planning, delivery, management and review of commissioned services to be co-produced with people using services.	Service user groups and partnership board to be promoted and their role developed.	Head of Contract Management and Co-production	2024/25
			Commissioners to attend resident meetings and monitor feedback from service users.	ASC commissioners	2024-2029
			Commissioners to involve partnership board and resident committee members at an early stage in the development of service reviews and commissioning activity.	ASC commissioners	2024/25
			Contract monitoring to seek regular feedback from users of services.	Contract monitoring officers	2024/25
	WHAT	GOAL	HOW	WHO	WHEN

	OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
10	Ensuring that decisions made about housing with care services are evidence-based and that the relevant data is collected and analysed	Decisions about future housing with care services will be informed by reliable evidence about supply, demand, the outcomes of people using services and the community assets supporting wellbeing.	Work with partners to analyse data about demand and referral pathways for specialised housing.	ASC commissioners	2024/25
			Contract monitoring officers to collate regular feedback from housing with care providers about throughout / output and outcomes.	Contract monitoring officers	2024/25
			Brokerage and placement processes to capture data about where individuals would prefer to live via improved digital referral forms.	Working age social work teams, adult social care brokerage teams	2024/25
			We will pilot the use of benchmarking tools when commissioning care.	ASC commissioners	2024/25
	WHAT	GOAL	HOW	WHO	WHEN

11

OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
Ensure that there are processes in place to support people moving between settings, including people transitioning from inpatient / step down settings to their own accommodation and young people transitioning to adult services.	Support effective and sustainable discharge pathways for people requiring Housing with Care.	Continue to commission transitional units within extra care services and review opportunities to increase this capacity.	ASC commissioners	2024-2029
	Work with commissioning partners in childrens services and the NHS to identify opportunities to skill / re-skill individuals and reduce long-term dependency on services.	Adult social care / transitions team to work with children's services at an early stage to gather data about the needs of young adults in the coming years to inform commissioners of future needs	Transitions team	2024/25
	Engage with individuals at an early stage to co-produce transitional plans that identify suitable housing with care options.	Brokerage functions to be developed to support the use of specialised care frameworks to identify placements to meet individual needs.	Working age social work teams, adult social care brokerage teams	2024/25
		Brokerage and placement processes to capture data about where individuals would prefer to live via improved digital referral forms.	Working age social work teams, adult social care brokerage teams	2024/25
WHAT	GOAL	HOW	WHO	WHEN

12

OBJECTIVE	OUTCOME	ACTION	LEAD	MILESTONES
Ensuring that clear and transparent information is available about housing with care options, how to access them, and the affordability of options. Ensure that referral, application and assessment processes are accessible and that any barriers to accessing / navigating services are removed.	Develop materials to communicate housing with care options and maintain up-to-date information about services offered.	Obtain regular information about charges / rents from registered providers. Ensure that providers keep their Livewell directory profiles up-to-date. Involve service users in the review of accessible information and application processes to ensure that barriers are identified and removed.	Contract monitoring officers	2024/25
			ASC commissioners	2024/25
			ASC commissioners	2025/26
	Ensure that people with a disability have access to information about opportunities for home ownership.	Review best practice of regional colleagues and information about HOLD scheme.	ASC commissioners	2025/26
WHAT	GOAL	HOW	WHO	WHEN



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