

DRAFT HOUSING AND ACCOMMODATION STRATEGY

Report of the Associate Director of Commissioning (Care and Health)

1. Recommendation

- 1.1 To comment on the draft housing and accommodation strategy for adults, before Cabinet is asked to formally adopt the strategy, and note the next steps.
- 1.2 The draft strategy is enclosed at Appendix A, with an Easy Read version of both this report and the strategy at Appendix B.

2. Background

- 2.1 We are committed to promoting the independence of all adults across Devon. A key part of delivering this work is increasing the range of housing and accommodation for people who receive or may receive health and care support over the course of their lives to sustain and/or maximise their capacity for independent living.
- 2.2 A draft joint strategy has been jointly developed by Devon County Council and Devon's Clinical Commissioning Group, in consultation with a range of partners, including the District Councils, people and their families/carers.
- 2.3 It sets out how we will work in partnership to increase the range of housing and accommodation so that more people can live in their own homes and make informed and planned choices about where they live throughout their lives.
- 2.4 The strategy is for all adults, including adults of working age with mental health needs and/or disabilities, young people with health and care needs who are approaching adulthood, and older people with increasing frailties. It is for the Devon County Council footprint only and does not cover the wider STP (specifically Torbay and Plymouth) given the differing housing responsibilities in these areas.
- 2.5 The strategy includes all the types of homes that people might live in, temporarily or permanently during their lives; with mainstream housing at one end of a spectrum of intensity of support, housing with some levels of care and support in the middle and residential/nursing care at the highest end. It will be supported by detailed action plans setting out the work at locality level to achieve our strategic intent.

3. Overview of the strategy

- 3.1 A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support. Good quality housing and accommodation in the right place contributes to health and wellbeing and cohesive communities. It opens up opportunities for people to live the independent life that is right for them.
- 3.2 Across Devon, accessible housing and accommodation options that support people with a range of needs to live in the community are limited. People tell us that they want more options to be available in communities to help them to live with and/or be supported by their family and friends in their own homes. They want information to help them and their families/carers to plan for the future.
- 3.3 This strategy sets out our vision for giving people a true choice in where they live; so that more people live in their own homes and make informed and planned choices about where they live throughout their lives. People's views have informed the

strategy and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support.

- 3.4 People’s care and support needs change over time and so might the housing and accommodation that they choose to support them to live as independently as possible. We will increase the range of good quality homes across Devon and make it easier for people to move between different housing options to develop their independence. We will shift away from traditional residential care models.
- 3.5 Our housing pathway will inform local plans, offer real choice for people and ensure that moves are planned and appropriate. No person will move straight from their home on a long-term basis at a point of crisis or when discharged from hospital. We will promote the use of Technology Enabled Care and Support (TECS) and encourage appropriate infrastructure to promote self-care.
- 3.6 To achieve the ambitions within the strategy we will need to develop effective partnerships with District Councils, the wider health and care system, voluntary, community and independent sector, housing and care providers and people in local communities. The strategy aligns with national and local approaches within the Devon health and care system and will inform planning in District Councils.
- 3.7 The strategy sets out priority areas of focus to increase the range of housing and accommodation within the community. The priority areas are set out in the table below and described in more detail within the strategy, supported by an action plan.

1	Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.
2	Increase the supply of accessible homes through new developments or adaptations to existing homes.
3	Develop the housing market so that housing with care settings are more flexible, support a wider range of needs and a fair price of care.
4	Develop care/nursing homes for people with only the most complex health and care needs and frailties.
5	Support recruitment and retention of workforce through access to housing.

- 3.8 The strategy also sets out how we will measure the impact of our approach. It will be regularly reviewed and informed by future developments.

4. Next steps

- 4.1 To continue discussions with health partners, District Councils, Public Health, children’s services and people and their families/carers to inform development and delivery of the strategy. The final strategy will be shared with DCC Cabinet in March and the Health and Wellbeing Board (to coincide with an update from the Chair of the Learning Disability Partnership Board) in April 2020.
- 4.2 A detailed joint action plan is being developed to sit underneath this strategy, taking into account existing and new activity. This will be informed by further conversations with District Councils in January/February.
- 4.3 Governance arrangements are also being refreshed to ensure that there is sufficient oversight of delivery of the housing and accommodation pathway and pipeline. It is important that the work taking place in each sector is supporting delivery of the wider strategic aims of this strategy.

5. Consultations/Representations/Technical Data

People's views have informed this strategy and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support. The strategic approach has been informed by and shared with a range of partners, including the District Councils, health partners, people and their families/carers.

6. Financial Considerations

The proposals within this strategy will support delivery of the adult care and health budget in 2020/21 and beyond.

7. Sustainability Considerations

We want people to lead meaningful lives within their communities. There are clear social and economic benefits in supporting all adults to live as independently as possible.

8. Carbon Impact Considerations

The impact on carbon emissions will be neutral.

9. Equality Considerations

It is intended that this approach will promote the equality of opportunity for people in Devon. We want people with health and care needs to have the same opportunities as everyone else and to lead meaningful lives in their communities. An equalities impact assessment of the joint strategy is being drafted.

10. Legal Considerations

There are no specific legal considerations in our approach.

11. Risk Management Considerations

No risks have been identified.

12. Public Health Impact

Public Health are taking forward actions developed across the wider Council to support people to live as independently as possible within their communities and to reduce health inequalities. This strategy aligns with *Healthy and Happy Communities*, Devon's Joint Health and Wellbeing Strategy 2020 to 2025.

Tim Golby
Associate Director of Commissioning (Care and Health)

Electoral Divisions: All
Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter
Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Rebecca Hudson, senior commissioning manager for adults

Tel No: 01392 383000 Room: 2nd floor, The Annexe, County Hall

Background Paper Date File Reference

Nil

HEALTHY LIVES, VIBRANT COMMUNITIES, HOUSING CHOICES

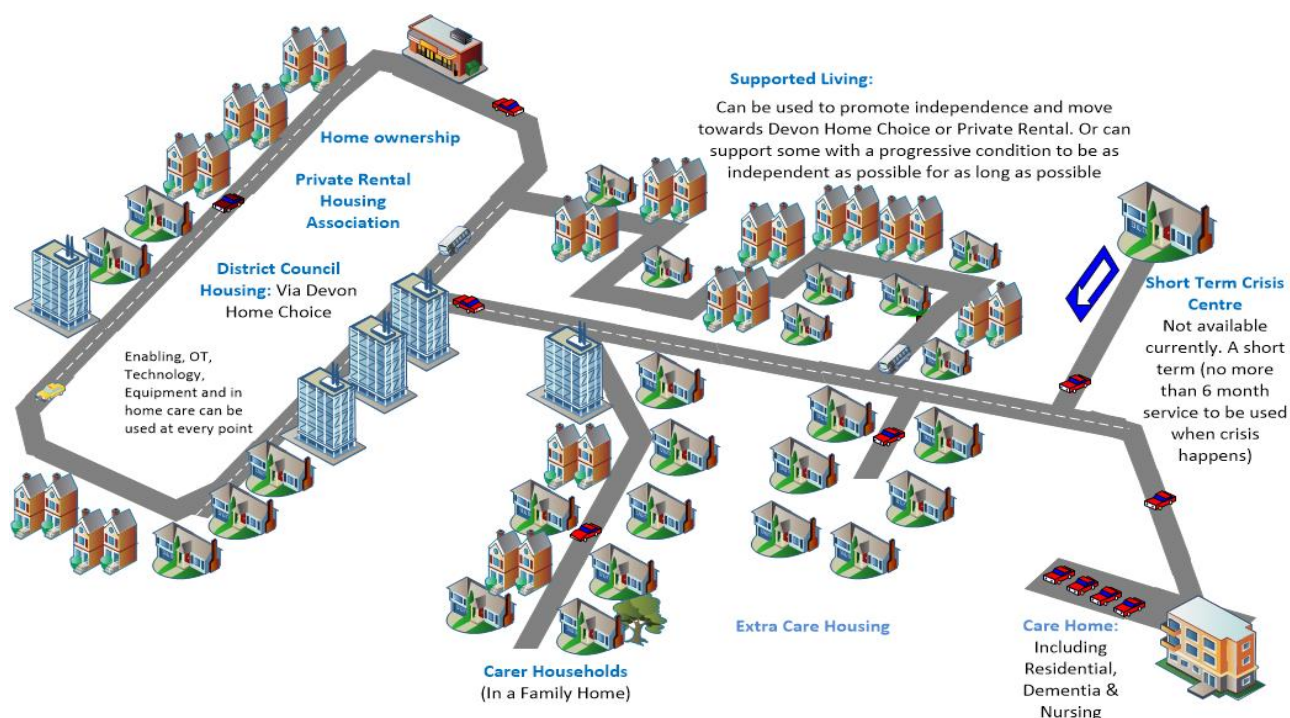
A JOINT STRATEGIC APPROACH TO SUPPORTING PEOPLE TO LIVE INDEPENDENTLY IN DEVON, 2020 to 2025

This strategy describes our vision for giving people a true choice in where they live.

It sets out how we will work in partnership to increase the range of housing and accommodation for adults, older people and young people approaching adulthood who receive or may receive health and care support during their lives to sustain and/or maximise their capacity for independent living.

It has been developed by Devon County Council and Devon's Clinical Commissioning Group, in consultation with a range of partners. It is for the Devon County Council area.

The strategy includes all the types of homes that people might live in, temporarily or permanently during their lives; mainstream housing at one end of a spectrum of intensity of support, housing with some levels of care and support in the middle and residential/nursing care at the highest end.



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1. Introduction

- 1.1 A home is a critical foundation in all our lives, physically and psychologically, and is our primary location of care and support. Good quality housing and accommodation in the right place contributes to health and wellbeing and cohesive communities. It opens up opportunities for people to live the independent life that is right for them.
- 1.2 Across Devon, accessible housing and accommodation options that support people with a range of needs to live in the community are limited. This includes adults of working age with mental health needs and/or disabilitiesⁱ, young people with health and care needs who are approaching adulthood, and older people with increasing frailties.
- 1.3 People tell us that they want more options to be available in communities to help them to live with and/or be supported by their family and friends in their own homes. They want information to help them and their families/carers to plan for the future. People's views have informed this strategyⁱⁱ and we will continue to listen to residents and actively involve them in planning, shaping and reviewing support.
- 1.4 This strategy sets out our vision for giving people a true choice in where they live. It sets out how we will work in partnership to increase the range of housing and accommodation for people who receive or may receive adult health and care support over the course of their lives to sustain and/or maximise their capacity for independent living.
- 1.5 To achieve the ambitions with this strategy, we will develop effective partnerships with District Councils, the wider health and care system, voluntary, community and independent sector, housing and care providers and people in local communities. The strategy aligns with national and local approaches within the Devon health and care system and will fulfil the priorities in our Transforming Care Partnership Housing Plan.ⁱⁱⁱ This strategy will inform planning in District Councils. It will be regularly reviewed and informed by future developments, including national housing benefit reforms.
- 1.6 In this strategy, housing and accommodation means all the types of homes that people who receive or may receive adult health and care support during their lives might live in, temporarily or permanently. It includes mainstream housing at one end of a spectrum of intensity of support, housing with variable levels of care and support in the middle and residential/nursing care at the highest end^{iv}.

2. Our vision

- 2.1 We want local people to drive the delivery of care, health and wellbeing in communities across Devon so that people feel safe, healthy, connected and able to help themselves and each other.
- 2.2 ***Our vision is for more people to live in their own homes and make informed and planned choices about where they live throughout their lives.***
- 2.3 People's care and support needs change over time and so might the housing and accommodation that they choose to support them to live as independently as possible. We will increase the range of good quality homes across Devon and make it easier for people to move between different housing options to develop their independence. We will shift away from traditional residential care models.
- 2.4 Our housing pathway will inform local plans, offer real choice for people and ensure that moves are planned and appropriate. No person will move straight from their home on a long-term basis at a point of crisis or when discharged from hospital. We will promote the

use of Technology Enabled Care and Support (TECS) and encourage appropriate infrastructure to promote self-care.

3. Wider health, care and housing context

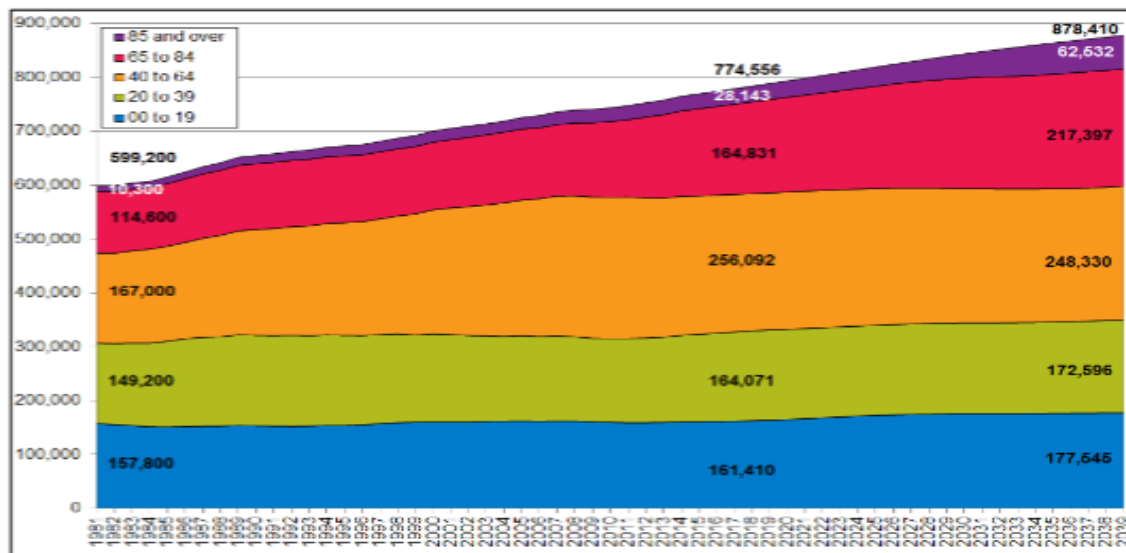
- 3.1 This strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon. This includes the Care Act 2014, Devon County Council's Promoting Independence Policy^v, Devon's Sustainability and Transformation Partnership^{vi}, Transforming Care Partnership^{vii}, Joint Commissioning strategies, Market Position Statements, and *Better for You, Better for Devon* long term plan (currently in development).
- 3.2 The strategy aligns with District Council housing strategies and plans. It supports *Healthy and Happy Communities*, Devon's Joint Health and Wellbeing Strategy 2020-2025, and the 'healthy, safe, strong and sustainable communities' priority on creating conditions for good health and wellbeing where we live, work and learn. The outcomes in this priority are to improve housing conditions, reduce homelessness and increase supply of appropriate housing; and create conditions for good health, physical activity and social interaction.
- 3.3 The Devon STP is working towards an Integrated Care System; to achieve equal chances for people living in Devon, Plymouth and Torbay to lead long healthy lives and to harness the value of partners tackling problems together. It will focus on creating the right social, economic, commercial and environmental conditions for health; access to homes that are safe, warm and stable, quality work and workplaces and reduce social isolation by establishing thriving communities for all.
- 3.4 This housing and accommodation strategy supports wider work to address health inequalities of people in Devon and sets out a more proactive approach to local partnership working to develop sustainable services for the future. There is much work already being delivered through local partnerships and real value in health, care and housing organisations working closely together locally.

4. Where we are now

- 4.1 Housing is complex and there is no single organisation in control of housing or planning across Devon. Devon is a two tier authority, with District Councils having responsibility for housing. Whilst housing policy is determined by central and local government, the majority of housing and accommodation is delivered by the private sector operating in a market that is sensitive to macro-economic forces and changes in resources. This strategy needs to be sensitive to the fact that there is a market in provision and support people to make informed choices at the right time for them.

A rapidly expanding population and complexity of need

- 4.2 People are living longer in Devon with more complex needs^{viii}. This includes young people moving into adulthood, people with disabilities living longer than their parents/carers and people over the age of 90 with increasing frailties. The table below shows the projected population in Devon to 2039 for all age groups.



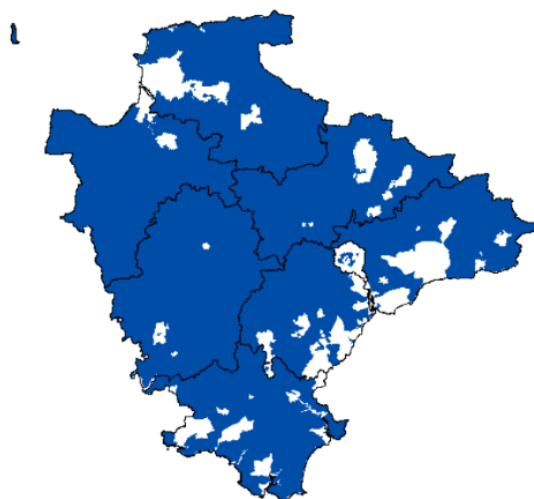
Source: ONS Mid-Year Population Estimates, 1981 to 2015, ONS Sub-National Population Projections, 2016 to 2039

- 4.3 In Devon, we have a rapidly expanding older population and a range of housing and accommodation that is at or near capacity. There are currently 200,271 people in the county who are over age 65. 3.4% of these live in care homes, increasing to 15.2% for over 85s.
- 4.4 According to the latest Census (2011), 38,626 people living in the county aged 18 to 64 have a disability. 75.5% of people with a disability live at home in Devon (compared to 77.2% England average) and 12.6% live in care homes (compared to 14.0% in England).
- 4.5 There are approximately 84,292 people aged 18-64 living in Devon who have a common mental disorder^{ix}. 61% of people who are in contact with mental health services on a Care Programme Approach live at home in Devon, compared to 58% England average^x. 11.7% of people receiving adult social care services live in care homes.
- 4.6 There are also increasing numbers of young people with disabilities and mental health needs who need to be supported as adults to live as independently as possible throughout their lives. Young people and their families/carers regularly tell us that their experience of transition from children to adult services could be improved.

Shortage of a range of housing and accommodation in the community

- 4.7 Across Devon, accessible housing and accommodation options that support people to live in the community are limited. Unsuitable and poor-quality housing can lead to an increase in people’s needs and reliance on statutory services^{xi}. Without better housing in the communities in which people belong, the choice can lie between getting by in an unsuitable home or uprooting to an institutional home, often removed from familiar surroundings.
- 4.8 Barriers to housing and the indoor environment are a challenge for certain parts of Devon^{xii}. The maps below show that 0.2% of the Devon population live in an area in the most deprived 20% nationally for the outdoors environment (air quality and road traffic accidents) sub-domain, compared with 46.6% for the indoors environment (housing quality and central heating) sub-domain.

Indoors sub-domain



Outdoors sub-domain



- 4.9 1 in 8 Devon households are considered to experience fuel poverty^{xiii} and there are a number of small rural communities across Devon. More homes need to be built or adapted with the specific needs of people with disabilities, complex needs, people who engage in substance misuse, or older people with increasing frailty in mind^{xiv}.
- 4.10 There is limited flexibility within the Supported Living, Extra Care Housing and Carer Household sector to meet people's changing needs as they progress towards independence or as their independence reduces. The majority of Supported Living settings in Devon are multi-occupancy buildings with 24 hour care. Their location often reduces choice for people to remain close to their families and/or local connections, and if people do not want to share accommodation, there are limited community-based options.
- 4.11 Moves to residential and/or nursing care are usually triggered by crisis and even if they are planned, they are constrained by location, availability and tenure. People may be accommodated in care homes when they have the potential to live in less dependent settings. There are also not enough nursing homes to support older people with dementia.

Limited leverage in the market to develop supply and ensure fair price of care

- 4.12 Current provision is comprised of a mix of spot purchase and block contract arrangements with inconsistencies in contract terms and service provision being offered. There are limited ways to contract with new providers to the market and historic arrangements with no common monitoring or performance oversight. It is difficult to track spend and forecast need and there is limited leverage in the housing market to ensure a fair price of care.

Housing and accommodation pathway not understood or used

- 4.13 Operational teams and housing providers tell us that the housing and accommodation pathway is not clear and is therefore not used. Alongside this, the housing and accommodation offer in Devon is often focused on age rather than need, which limits choice. Extra care housing is almost exclusively used for older people, with supported living and carer households aimed at working age adults.

People do not plan for independent living

- 4.14 Many people, including people with disabilities or long-term ill-health and their family/carers, make no plans for their future housing and accommodation needs^{xv}. This can mean that people are admitted into care homes at a point of crisis when an earlier opportunity for more independent living might have been possible^{xvi}.

Lack of collaboration at a local level to inform new developments

- 4.15 New homes and adaptations to existing homes offer opportunities to encourage healthier lifestyles, greater independence and access to community facilities. However, collaborative action is limited by gaps in understanding across health, care and housing organisations, and opportunities are missed. Local planners and providers tell us that they want to understand the types of housing and accommodation required to inform provision. We need to improve local collaboration, including through the Market Position Statement.

Working together to address homelessness

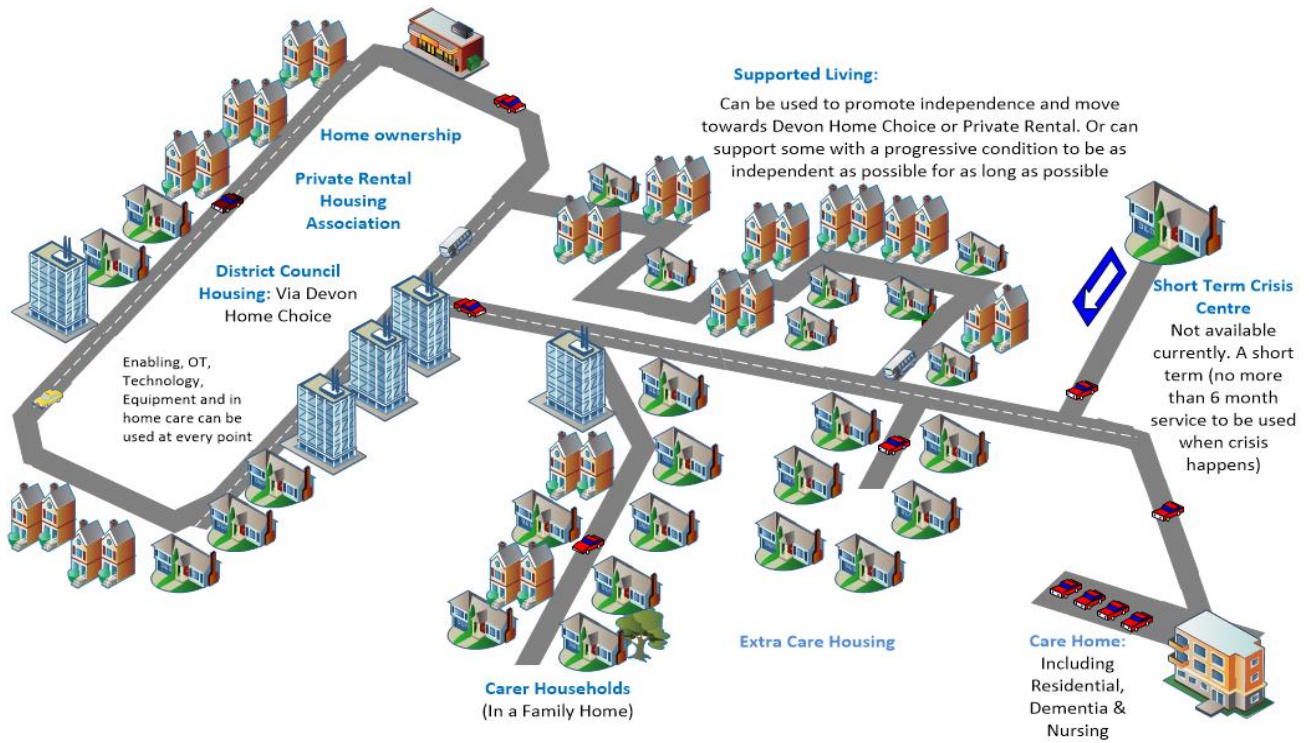
- 4.16 Homelessness is a significant issue in Devon, with average earnings below the national average and house prices over the national average. Nationally, Exeter has the 9th highest^{xvii} volume of rough sleepers and North Devon is in the top 50 areas with the highest rough sleeping. Bringing together local resources has supported homeless people to recover their independence. We need to build on this and ensure that commissioning arrangements are informed by a local understanding of why people are homeless.

Difficult to recruit health and care workers

- 4.17 Across Devon, it is difficult to recruit health and care workers to support people in housing and accommodation settings. The adult social care workforce is growing and has increased by 6% in the South West region since 2012. If the workforce grows proportionally to the projected number of people aged 65 and over, by 2035, in Devon it is estimated that approximately 30,000 care workers will be needed, this is more than double the current number of care workers in Devon which is approximately 13,500.

5. What we will do to achieve our vision

- 5.1 We will develop a clear housing pathway for people, communities, housing planners, providers and the wider health and care system. It will inform local plans, offer real choice and ensure that moves are planned, appropriate and support people to live as independently as possible.
- 5.2 Our approach will be multi-faceted and flexible as people's needs and contexts change over the course of their lives. It will be based on how needs and goals can best be supported, rather than by age. It will also adhere to the principles of *Building the right support* for people with a learning disability, autism and/or mental health needs who display behaviours that challenge.
- 5.3 Working in partnership, we will work to ensure that people have timely access to information about their housing and accommodation needs. This includes current housing advice and support and reviews of a person's care or support needs, including young people transitioning to adulthood.
- 5.4 The housing and accommodation pathway, set out below, is the range of housing options for people. It is described in more detail throughout this strategy.



5.5 To achieve our strategic intent and develop the housing and accommodation pathway, priority areas of focus are set out in the table below and described in more detail within this section of the strategy. They are supported by a detailed action plan.

1	Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.
2	Increase the supply of accessible homes through new developments or adaptations to existing homes.
3	Develop the housing market so that housing with care settings are more flexible, support a wider range of needs and a fair price of care.
4	Develop care/nursing homes for people with only the most complex health and care needs and frailties.
5	Support recruitment and retention of workforce through access to housing.

PRIORITY ONE: Build joint understanding of market towns and localities to inform development and increase opportunities for independent living.

5.6 We will support communities and providers to have a shared knowledge of local housing and accommodation supply and demand, alongside other opportunities to support people to live independently. We will work together at a local level towards shared goals to develop the range of independent living and improve outcomes for people, such as social isolation and confidence to self-manage health needs.

Actions
Improve local information and data sharing across health, care and housing to understand how people are currently living in localities and the types of homes they want to live in, to shape future provision to help people achieve what matters to them. This includes supporting District Councils as they refresh their housing strategies.

Be clear with housing planners and providers about the types of homes we need and where, including through the Market Position Statement.
Improve information for people and their families/carers about how (with or without social care support) they can access housing and accommodation, information on understanding tenancies and negotiating splits of utility bills, etc.
Create three designated housing leads whose role is to coordinate and share knowledge on housing, health and care across Devon.

PRIORITY TWO: Increase the supply of accessible homes through new developments or adaptations to existing homes.

5.7 We will increase the supply of general housing (new and existing stock) through improved health, care and housing collaboration at a local level, with District Councils, to share information, develop plans and deliver actions. New housing and community developments are ideal opportunities to create inclusive neighbourhoods that are accessible for all people.

Actions
Through active involvement in the preparation of local housing plans we will: <ul style="list-style-type: none"> • ensure that local assessments of housing need include the needs of people who require health and care support; • shape planning requirements for new developments and housing policies to provide more homes that meet accessibility standards; • support Local Planning Authorities to ensure that the built environment meets health and care needs and facilitates access to a wide range of community facilities; • encourage all new builds to be fitted with appropriate infrastructure to enable TECS to be easily incorporated within the home; • describe our requirements as part of negotiated agreements (section 106 agreements) between planners/developers to stimulate development of housing; and • ensure planning applications for new developments are consistent with our strategic intentions and understood levels of need.
Align work in communities with Primary Care Networks so people have access to a far broader range of alternatives to statutory interventions where appropriate.
Promote the use of adaptations and technology enabled care and support (TECS) and home improvements.
Make existing homes more adaptable, including through the Disabled Facilities Grant, sheltered, private, and rented accommodation, floating support arrangements and keyring schemes.
Identify people whose health and or independence is at risk due to poor housing to target multi-agency support, including where appropriate, supporting a move to a more suitable house.
Support multi-agency arrangements that address homelessness prevention and offer support with the additional challenges faced.
Stimulate the development of extra care housing in identified areas in collaboration with partners and commission Supported Living in areas where people want to live.

PRIORITY THREE: Develop the housing market so that housing with health and care settings are more flexible, support a wider range of needs and a fair price of care.

- 5.8 Develop Supported Living, Extra Care Housing and Carer Households, as part of the housing pathway, to be more flexible in the range of needs that they can support, support achievement of outcomes and be part of the community. Our approach will be informed by learning from supporting people in the Transforming Care Partnership cohort from hospital settings to greater independence within local communities.

Actions
Develop and implement a new 'housing with health and care' contracting framework to support people with a range of needs, achieve personalised outcomes (including use of TECS), ensure quality and be located in the right place.
Create leverage in the market to ensure a fair price of care through a fairer pricing policy. Where we are unable to resolve pricing discussions, we will develop options to change the provider and consider direct care provision in this sector for people with complex needs.
Develop options for where people want to share support that are not based within a house/building. For example, hub and spoke and 'on call' support.
Progress a more flexible Carer Household offer to support people with high levels of needs as short-term respite and alternative to residential care, or to develop independent living skills.
Work earlier with young people to understand needs and jointly commission housing that is part of the community to support their progression and prevent transition to residential care.
Develop enhanced provider engagement and contract management infrastructure in localities to support strategic approach.
Develop short-term provision for people to avoid residential care placements at a time of crisis.
Work across the STP to develop good quality housing and accommodation to support people with complex needs in communities (including through the Transforming Care Partnership and in accordance with NICE guidelines).

PRIORITY FOUR: Develop care/nursing homes for people with only the most complex health and care needs and frailties.

- 5.9 Whilst our aim is for people to live in their own homes, there will always be a need for some residential and nursing care for people with complex and/or intensive health and care needs ^{xviii}. We will encourage the development of care and nursing homes in Devon that deliver high quality care for these people.

Actions
Ensure nursing homes meet the needs of people with behaviours that challenge, advanced dementia and end of life.
Work more closely with acute hospitals to prevent admission to residential care for people with mental health needs.
Increase cost transparency and improve quality of care homes through development of a Devon fee model and regional contract for people with the most complex health and care needs.
Ensure quality through robust contract management.
Support care homes, where appropriate, to develop a more community-based offer.

Work with people currently living in care homes who have the potential to live more independently, to consider alternative housing and accommodation that is based in the community and will better support them to achieve their goals.

PRIORITY FIVE: Support recruitment and retention of workforce through access to housing.

- 5.10 We will continue work with housing planners and providers to support potential health and care workers to be able to live and work in Devon, to improve recruitment and retention of this valuable workforce.

Actions
Develop plans for affordable housing for workers in localities, including Right to Buy and Shared Ownership schemes.

6. How know if been successful

- 6.1 This strategy will be reviewed every year to understand the impact of our approach and to reframe plans accordingly. Our approach will evolve over time and we will continue to listen to the views of people and their families/carers as we progress to inform our work.
- 6.2 The impact measures, through which we will understand our impact, include:
- % of people who are in residential and/or nursing care
 - % of people living independently (either in housing with care or mainstream housing)
 - Proportion of people who say that they feel safe and connected in their communities
 - % of people who report good social contact
 - Satisfaction of people and their families/carers
 - Number of people who use adaptations/TECS to enable them to remain in their own home
 - Number of affordable home ownership properties purchased by essential local workers
 - % new build properties constructed to M4(2) and M4(3b) standards
 - Number of people waiting for extra care housing

APPENDIX A **Learnings from people and their families/carers**

We regularly listen to people with disabilities (learning disabilities, physical disabilities, sensory needs and/or autism) and their feedback is summarised below and informed this strategy. We will continue to listen to people and understand the impact of our approach.

This is what people have told us....



- I often do not have the same freedom, choice, dignity and control as other people at home.
- I do not feel that they have been given a choice about where they could live.
- I want to live with other people and to know these people well. For example, friends or a partner. I would like to live in a house, in a quiet area and with a garden. I would like the choice to have pets.
- I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
- I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
- I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
- I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff teams who work in them to be aware and accepting of autism.
- I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
- I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
- I want to know that my family can get help and support when they need it.

- I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
- I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
- **People would like to get paid work**, doing things like working in a cinema or café. Or, doing courses to learn maths or IT. And learning to use an iPad. And see more people/friends in the evenings. And going to discos/socialising with friends in one's own home. People have also told us that they don't like doing nothing or staying in all day.
- **The Supported Living model is greatly valued by people** who live in this setting, and by their families/carers. There is wide agreement about the advantages offered in terms of building support networks of friends, and skills for independence.
- **Greater transparency over money helps people** to get involved in the different options they have about where they live, and how their support is delivered. Clarifying the separation between shared and individual hours and quantifying these different elements of a person's budget is an important step towards promoting independence.
- **People don't always want to share the same living space with others.** There need to be more options to share support, without necessarily having to share accommodation. E.g. Supported Living as 'dispersed networks', rather than a shared building. Good information about assistive technology is needed.
- **The location of Supported Living houses is an important factor** that affects people's access to transport, support networks and work. Better information about the implications of living in different geographical locations would help people make choices.
- **People need information about how housing changes at different stages of their lifetime.** This would help people to plan for the different options of where to live, and how any support needed would be delivered.

<i>Type</i>	<i>Definition</i>
Mainstream housing (or general needs housing)	Includes (privately owned or rented) general housing with no specialised features. Housing can be adapted homes to meet the needs of residents or designed to meet access and adaptability standards for people.
Age exclusive housing	Schemes or developments that cater exclusively for older people and may have communal facilities but do not provide any regular on-site support to residents.
Sheltered housing (specialist housing)	Developments of self-contained homes, with support available via a full or part time manager whose job includes providing support and advice to residents. This enables residents to continue to live independently. Properties may be purchased or rented.
Extra care Housing (specialist housing)	Developments that comprise self-contained homes with on-site care and support who can provide personal care and support to meet resident's needs. Residents may be owners, part owners or tenants. The homes have been designed with features and services available to enable self-care and independent living. Can be called housing with care.
Supported Living (or housing with care)	Arrangement whereby someone who has support from a "Care and Support" provider who already has or wants their own tenancy, is helped to live as independently and safely as possible. People who live in supported living arrangements can live in different settings: <ul style="list-style-type: none"> • With other people with similar needs but have their own tenancy agreement and bedroom. This provides both independence and companionships. • In their own in flat / house or bungalow, with their own tenancy but in close proximity to other people with similar needs. "Care and Support" providers visit to help residents live as independently and safely as possible.
Shared Lives (or carer household or adult placement)	The schemes (from age 16) match someone who needs care with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Some people move in with their shared lives carer, while others are regular daytime visitors. Some combine daytime and overnight visits. This offer supports people to be introduced to higher levels of independence, whilst remaining in a safe and protective family environment.
Residential care homes	Provides living accommodation and personal care for people who may not be able to live independently but aren't yet in need of nursing care. Staff are available 24 hours a day, 7 days a week.
Nursing care homes	A nursing home, as distinct from a residential care home, provides medical care from a qualified nurse who is on site 24 hours a day 5 days a week.

- ⁱ People with a learning disability, physical disability, autism and/or sensory needs.
- ⁱⁱ Detailed feedback is set out in Appendix A.
- ⁱⁱⁱ Devon Transforming Care Partnership Housing Plan for people with complex needs.
- ^{iv} Detailed definitions are set out in Appendix B.
- ^v Promoting Independence Policy available at-
<https://devoncc.sharepoint.com/sites/PublicDocs/AdultSocialCare/SocialCareAndHealth/Policies/Promoting%20Independence/Promoting%20Independence%20policy.pdf?slrid=94a2609e-90af-5000-9951-466607a9e19c>
- ^{vi} Sustainability and Transformation Plan available at <https://www.devonstp.org.uk/wp-content/uploads/2018/07/2016-11-03-wider-Devon-STP-Published-Final-4-1-1.pdf>
- ^{vii} Source: Devon Transforming Care Partnership (2018). Devon TCP/learning disability/mental health housing plan 2018/19-2020/21
- ^{viii} Kingstone et al., (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). *The Lancet*, 390(10102), pp.1676-1684; Public Health England. (2017) Improving health through the home. Available at: <https://www.gov.uk/government/publications/improving-health-through-the-home>
- ^{ix} Source: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital
- ^x Source: ASCOF 1H 2018-19.
- ^{xi} Public Health Directorate NHS Devon (2011) Housing Health Needs Assessment 2011. Available at: <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/08/Housing-HNA-2011.pdf>; Building Research Establishment. (2016). Factsheet: risk factors for dementia. Accessed at https://www.alzheimers.org.uk/download/downloads/id/1770/factsheet_risk_factors_for_dementia.pdfhttps://www.alzheimers.org.uk/download/downloads/id/1770/factsheet_risk_factors_for_dementia.pdf;
- Equality and Human Rights Commissions (2018). Housing and disabled people: Britain's hidden Crisis.
- ^{xii} 2019 Indices of Deprivation
- ^{xiii} Public Health Devon (2018). Joint Strategic Needs Assessment: Devon Overview 2018. Available at:
- ^{xiv} Source: Department for Communities and Local Government. (2014). As cited in Government Office for Science (2014) Future of an ageing population: evidence review. Available at: <https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/gs-15-11-future-ageing-homes-neighbourhoods-er21.pdf>; Equality and Human Rights Commissions (2018). Housing and disabled people: Britain's hidden Crisis. Available at: <https://www.equalityhumanrights.com/en/publication-download/housing-and-disabled-people-britains-hidden-crisis>
- ^{xv} Strutt and Parker (2017). Housing Futures: Platinum Generation. Available at: <https://www.struttandparker.com/publications/platinum-generation-2017>; Sense. (2018) When I'm Gone. Securing long-term care and support for disabled adults. Available at: <https://www.sense.org.uk/support-us/campaigns/when-im-gone/>
- ^{xvi} Alzheimer's Society 2009 -YouGov Poll for Alzheimer's Society March 2013; Holland, C et al., (2015) Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust. *Aston University* Available at: <https://www2.aston.ac.uk/migrated-assets/applicationpdf/lhs/245545-final%20report1.pdf>; Bolton, J and Provenzano, P. (2017) Six Steps to Managing Demand in Adult Social Care : A Performance Management Approach. *Institute of Public Care*. Oxford Brookes University, Oxford.
- ^{xvii} <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016>
- ^{xviii} NHSE 2016 - Enhanced Health Care Framework, accessed via <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/>