

**Oxfordshire County Council, Joint  
Commissioning Team (Adult Care),  
Social & Community Services**

***A strategy for delivering an  
increased supply of  
Specialist Housing for  
adults with care and  
support needs in  
Oxfordshire***

**May 2013**

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## **1. Introduction and Summary**

Commissioning strategies for adults with a physical and learning disability, and those with mental health needs, increasingly stress the need for an increased and suitable supply of various housing options in order that such adults can live 'an ordinary life' in their community. For some this will also provide an alternative to living in a care home.

However, whilst there has been common agreement about the need for such provision there has perhaps been less clarity about the detail of the types of housing required, their number, location and how they may be delivered in collaboration with other key partners such as Registered Housing Providers and District/City Council housing departments. The ability to deliver such increased forms of housing has also had to recognise major policy changes in the way such housing is funded, both in terms of reduced capital and revenue streams plus new benefit arrangements.

In order to provide the important details about the need for such housing, the Joint Commissioning Team convened a group of various managers experienced in developing such services. Whilst recognising that a wider 'housing strategy' includes many other aspects such as adaptations, care and support models and the 'pathways' by which people are informed of and apply for such housing, the Group has concentrated initially on the delivery of the required specialist housing stock. The main outputs from this work are contained in this strategy as follows:

- An estimate of the number of housing units and types required for each service area from now until 2020. These total numbers are tabled at Appendix 1 and shown by District at Annex 2 to 7.
- Consideration of how such required housing can be commissioned and delivered in the context of partnerships both within and outside the County Council.
- A 'template' which describes further information for each housing type, such as its design requirement and specification, evidence of demand and supply needs, preferred locations and sites and typical care and support models. These templates are listed in Appendix 8

## **2. Why do we need a strategy for delivering an increased supply of Specialist Housing for adults with care and support needs in Oxfordshire?**

There is common agreement that we need to continue to enable adults with care and support needs to live in their own homes in the community. This is evidenced in many ways including:

- Various local and national policy and commissioning strategies support this objective. For example the recent discussion paper 'A joint health and social care Physical Disability strategy for Oxfordshire' states *'suitable housing within the individuals community...are cited as things that can have a positive impact on people's health and well-being. Conversely, unsuitable housing, or appropriate housing away from friends and family and even outside of Oxfordshire, can have an adverse effect'*.
- Our service users themselves tell us that this is clearly their preference. Most also agree that it is a basic 'human right' to live in your own home.
- Evidence from housing needs surveys and national 'prevalence rates' suggest that we require additional supply of such housing (or that some existing supply is

inappropriate and needs replacement) particularly as community care policies seek to support more people in their own homes

- There is also evidence that appropriate, properly designed housing can make care delivery more efficient and effective and in some cases substitute for higher costs of institutional care.

However, there are also other practical reasons for why we need a clear expression of the volume and type of specialist housing. This is because other key partners have suggested that in the absence of such needs and housing models it is more difficult to 'make a case' for producing such housing given other, competing housing needs. In particular we need a clear expression of our specialist housing requirements in order to:

- Influence the spatial planning agenda and ensure that such housing needs are reflected in Local Plans and housing strategies, Supplementary Planning Documents, strategic site master plans and town plans, etc. Without this 'up front' work there is a risk that such needs will be overlooked when detailed plans are approved later.
- Assist Housing Enabling and Planning Officers in each district to know our requirements so that they can reflect these when advising and agreeing new affordable housing planning applications.
- Encourage Registered Providers to know of our needs and models so that they too can consider such provision when building new homes or when considering how to re-model existing stock.
- Provide a consistent and clear set of needs to the property services and planning departments within the County Council. The Council still has various small sites for disposal which could lend themselves to specialist housing as has been the case in the past, as it has on several larger sites for Extra Care Housing (ECH) for older people.
- Enable us to make a more convincing case for capital grant or land subsidy both within the Council, the district councils and the Homes and Communities Agency (as again has been the case with the ECH programme).

### **3. What is the number and type of specialist housing required from now to 2020?**

The main product from the above group of managers in the Joint Commissioning Team has been to produce further detail on the type and volume of specialist housing requirements. This is shown for easy reference at Table 1 in Annex 1 which proposes a total of 391 such homes by 2020.

Discussions have also been conducted with all five district/city councils on this number and type of specialist housing and all are broadly supportive but wanted more detail on the preferred locations for such housing in their locality. Consequently, Annex 3 to 7 provides tables showing these locations.

Finally, more detail on each type of housing has been produced on a standard template and these are listed at Appendix 8. The idea of each template is to provide a simple specification which can then be referred to by managers both within and outside the Council in order to appraise the suitability of each new housing or site opportunity that comes forward for development or re-modelling. It is acknowledged that the information within it should be seen as a guide rather than a prescriptive model in order to maintain a flexible approach.

#### **4. What types of housing are being proposed?**

There is not a simple, 'one size fits all' definition of the type of housing required and, given the different client groups and range of needs, this is not surprising. Whilst Annex 1 shows 11 forms of provision these fall into broadly three main types of housing model;

- i) Specially adapted, purpose built accommodation for groups of residents to live together in either shared or self-contained homes with their own room or front door. Such housing is normally more suitable for people with complex or high support and care needs, often requiring 24/7 staffing. The need for communal space and staff bedrooms means that that such housing traditionally requires more space, a bigger plot and often greater capital subsidy. For these reasons this type of housing is often the most difficult to commission. Approximately 30 such specialist housing schemes are required to house 152 persons comprising; Physical Disability, 10 schemes (48 persons), Learning Disability and Autism 11 schemes (44 persons) and Mental Health 9 schemes (60 persons).
- ii) Dispersed, fully wheelchair accessible homes purpose built for a single household comprising a physically disabled occupant and family/carer. Such homes will need to be designed to the highest agreed disability standards for people with a physical and/or learning disability and a county/district group of managers are looking to produce such a common standard. Approximately 100 such units are required by 2020. We plan to achieve this by urging district councils to adopt a percentage of all new homes to be built to these higher standards (Oxford City for example are proposing 5% which is a good start).
- iii) 'Conventional' homes with limited adaptations and communal facilities but for groups of adults with a learning disability or mental health need (with varying levels of support needs) to live in as a group. This often involves single bedrooms in shared housing or, more independently, in self-contained one bedroomed accommodation. Whilst such homes could be regarded as forming part of the 'general needs' housing stock it was felt useful to still include such provision as an unmet need. Many of these homes may also be better provided outside of a conventional 3 or 4 bedroom house, for example as a small block containing 4 or 5 self-contained apartments. Approximately 34 such houses are required to house 139 persons comprising; Learning Disability 13 houses (52 persons) and Mental Health 21 houses (77 persons).

Options for a 'Core and Cluster' approach will also be considered should a big enough and well located site be available to house a combination of any of the above housing types. This option allows for some economy of scale in providing care and support services as well as an opportunity for residents to share recreational, leisure and transport services should they so choose.

#### **5. How can the specialist housing strategy be commissioned and delivered?**

##### How can we plan to take this strategy forward?

The Joint Commissioning Team of housing managers has set out a decision 'pathway' for taking the strategy through to its adoption and delivery. This has partly drawn upon the experience from the ECH programme and the recently approved Housing Plan for people with Physical Disabilities. It is important that key partners are involved in this process in

order to promote co-ownership of the issues and help find delivery solutions together. A series of steps have therefore been undertaken as follows:

- Joint Commissioning Managers agreed outline draft as a basis for further consultation with other partners and service users
- District Council housing managers were consulted on the strategy in general and on how such needs apply to different localities.
- Invite Registered Providers to a discussion consultation meeting to gather their views on the strategy and its deliverability
- Prepare a final strategy and needs analysis document for approval by the Oxfordshire County Council Cabinet and/or the relevant Health and Wellbeing Board structure
- Provide periodic reports to the above Board and other partners in order to monitor progress in achieving an increased supply of specialist housing.

#### How can an increased supply of specialist housing be successfully delivered?

Experience suggests that there are three broad components to achieve the outcome required above. These can be summarised as the correct buildings, appropriate care and support services and clear 'pathways' that enable residents to choose and access such housing. These three elements are considered further below as follows:

- i) Ensuring that the 'bricks and mortar' to supply these new homes are built to the correct design, in the right locations and at an affordable price: This task can be seen as a 'cross-cutting' function involving engagement with a common set of partners including District Council housing and planning officers, housing and other providers, County Council property services department and capital budget managers both within and outside the council (such as the HCA). There are advantages in this common approach in that site opportunities can be appraised against all specialist housing needs and capital resources potentially pooled to serve different housing programmes. Equally, larger sites could be considered for co-location of different housing needs perhaps with a pooled staff group providing a core level of care and support.

New specialist housing capacity can also be increased by conversion of existing supported housing which may no longer be fit for its original purpose, for example smaller units of sheltered or older persons housing. Equally, extensions to existing schemes (as has often been the case in learning disability services) can add further capacity, whilst the growth of Extra Care Housing for adults aged 55 and upwards will increasingly attract the older residents of specialist housing, thereby freeing-up places for younger entrants.

There have also been strong messages from key partners that a 'single point of contact' from the County Council Social & Community Services department would be very helpful for them in their particular task of delivering new, specialist housing (rather than liaise with a number of housing development staff). The new Commissioning Manager (Housing) post in the recently implemented Joint Commissioning team organisational re-design will now pick up these cross-cutting tasks.

Provision of such specialist housing will be considered from all Registered Housing Providers, both smaller, specialist providers or those more locally based that meet a wider range of needs. Where possible the County Council will

consider its own sites for such new provision and offer capital grants to assist such developments subject to resources and value for money criteria. The County Council will often look to enter into Housing Management Agreements with RPs in order to secure nominations to such provision and offer rent guarantees to help reduce the financial risk for housing providers on void properties.

However, the County Council is also aware that traditional sources of capital subsidy for new build schemes are reducing whilst new sources of private finance and bond issues are emerging. These approaches offer new forms of partnership working and risk sharing. The County Council is therefore assessing these new options and how such initiatives can be properly procured.

- ii) Appropriate care and support services: Sufficient revenue streams will be provided to fund the required care and/or support services to such housing. These services will need to reflect the 'personalisation' agenda albeit balanced with the possibility of contracts with providers to deliver certain core tasks. The County Councils approach for some certain services is to procure such care and support provision via a tender process open to providers on an 'approved list' or a framework agreement (as is the case for our learning disability services). However, for other services a different procurement approach might apply. More specialist housing provision for those with complex needs will be expected to show revenue savings compared to other forms of accommodation or a residential care home placement. Such revenue savings are particularly important if the County Council are to consider allocating its sites or capital grants to new specialist housing.
- iii) Clear 'pathways' to enable residents to access such housing. These will need to consider how assessment for and referral to specialist housing is delivered, and what methods of nomination and allocation are adopted. Improved means of providing information and advice about such housing could also be seen as part of this pathway. A more accurate system of describing and updating types of adapted and supported accommodation will enable more choice for residents and a better 'matching' of applicants to properties.

## **6. Next steps: Consultation on the housing needs presented and hearing your views on how such new capacity can be delivered**

The County Council are keen to hear the views of housing providers on the overall strategy presented above and how these requirements can be delivered in practice, and indeed what opportunities or threats exist which have not yet been considered.

Comments or suggestions on how the aspirations within it can be taken forward are particularly welcome. These comments can either be given at the consultation event being held on May 14<sup>th</sup> or in writing to or meeting with;

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## Annex 1

### Summary of Specialist Housing required 2013/2020

Client	Housing type and care needs	Shared or self-contained (SC)	Purpose Build (PB) or Conventional	Accommodation required 2011-14	Schemes x occupants	Accommodation required 2015-17	Schemes x occupants	Accommodation required 2018-20	Schemes x occupants	Replacement?	TOTAL
PD	Complex high support	Mixed	PB	15	3 x 5	15	3 x 5	8	2 x 4	No	38
PD	Non-complex needs	Mixed	PB	5	1 x 5	5	1 x 5	0		No	10
PD	Dispersed, high need, for children & adults	SC	PB	50		50		0		No	100
LD	Complex, high support	SC	PB	8	2x4	8	2x4	8	2x4	Some	24
LD	Complex, high support	Mixed	PB	8	2 x 4	8	2x4	4	1x4	Some	20
LD	Independent living, low support	Shared	either	20	5 x 4	20	5x4	12	3x4	Some	52
MH	High support	Shared	Either	20	3 x 6/8	20	3 x 6/8	20	3 x 6/8	Yes all	60
MH	Medium support (Longer term)	SC	Either	15	3 x 5	0		0		No	15
MH	Medium support	Shared	Conventional	12	4 x 4	0		0		No	12
MH	Independent living, low support	Shared	Conventional	12	3 x 4	12	3 x 4	12	3 x 4	No	36
MH	Independent living, low support	SC	Conventional	8	2 x 4	8	2 x 4	8	2 x 4	No	24
	<b>TOTAL</b>			<b>173</b>		<b>146</b>		<b>72</b>			<b>391</b>

## Annex 2

### Specialist Housing Requirements for Oxfordshire Districts 2013 – 2020 per capita of adult population

Cherwell	21%	82
City	26%	102
South Oxon	19%	74
Vale	18%	70
West Oxon	16%	63
Total	100%	391

## Annex 3

### Specialist Housing Need 2013 to 2020 identified by Oxfordshire County Council in Cherwell District Council Area

Housing type and care needs	Shared or Self Contained (SC)	Purpose Built (PB) or Conventional	Total Homes & (Residents)	Preferred locations in priority order
PD Complex and non-complex high support needs	Self-Contained	Purpose Built	2 (10 residents)	Banbury and Bicester are priority locations (with Kidlington as a reserve location)
PO Dispersed, fully adapted, individual households	Self-Contained	Purpose Built	21 (Various household sizes)	Banbury, Bicester and Kidlington followed by other larger villages.
LD Complex, high support	Mixed	Purpose Built	2 (8)	Banbury, Bicester or Kidlington
LD Independent living, low support	Shared	Either	2 (8)	Banbury, Bicester or Kidlington
MH High Support	Shared	Either	2 (6 to 8)	Bicester
MH Medium Support (Longer term)	Self-Contained	Either	1 (5)	Banbury
MH Medium support	Shared	Conventional	1 (4)	Bicester
MH Independent living, low support	Mixed	Conventional	3 (12)	Banbury, Bicester and Kidlington

## Annex 4

### Specialist Housing Need 2013 to 2020 identified by Oxfordshire County Council in Oxford City Council Area

Housing type and care needs	Shared or Self Contained (SC)	Purpose Built (PB) or Conventional	Total Homes & (Residents)	Preferred locations in priority order
PD Complex and non-complex high support needs	Mix of 3 shared and 2 SC	Purpose Built	2 (8 to 10)	Most City locations
PO Dispersed, fully adapted, individual households	Self-Contained	Purpose Built	26	Various spread of locations
LD Complex, high support	Mixed	Purpose Built	2 (8)	Most City locations
LD Independent living, low support	Shared	Purpose Built	2 (8)	Most City locations
MH High Support	Shared	Either	2 (6 to 8)	Most City locations
MH Longer term	Self-Contained	Either	0	
MH Medium support	Shared	Conventional	0	
MH Independent living, low support	Mixed	Conventional	3 (12)	Most City locations

**Source: Oxfordshire County Council, Social & Community Services, January 2013**

## Annex 5

### Specialist Housing Need 2013 to 2020 identified by Oxfordshire County Council in South Oxfordshire District Council Area

Housing type and care needs	Shared or Self Contained (SC)	Purpose Built (PB) or Conventional	Total Homes & (Residents)	Preferred locations in priority order
PD Complex and non-complex high support needs	Mix of 3 shared and 2 SC	Purpose Built	2 (8 to 10)	Any of Didcot, Thame, Wallingford or Henley
PO Dispersed, fully adapted, individual households	Self-Contained	Purpose Built	19	Various spread of locations
LD Complex, high support	Mixed	Purpose Built	3 (12)	Any of Didcot, Thame, Wallingford or Henley
LD Independent living, low support	Shared	Purpose Built	3 (12)	Any of Didcot, Thame, Wallingford or Henley
MH High Support	Shared	Either	2 (6 to 8)	Any of Didcot, Thame, Wallingford or Henley
MH Longer term	Self-Contained	Either	0	
MH Medium support	Shared	Conventional	1 (4)	Didcot
MH Independent living, low support	Mixed	Conventional	4 (16)	Any of Didcot, Thame, Wallingford or Henley

**Source: Oxfordshire County Council, Social & Community Services, January 2013**

## Annex 6

### Specialist Housing Need 2013 to 2020 identified by Oxfordshire County Council in Vale District Council Area

Housing type and care needs	Shared or Self Contained (SC)	Purpose Built (PB) or Conventional	Total Homes & (Residents)	Preferred locations in priority order
PD Complex and non-complex high support needs	Mix of 3 shared and 2 SC	Purpose Built	1 (5)	Abingdon or Wantage
PO Dispersed, fully adapted, individual households	Self-Contained	Purpose Built	18	Various spread of locations
LD Complex, high support	Mixed	Purpose Built	2 (8)	Abingdon or Wantage
LD Independent living, low support	Shared	Purpose Built	2 (8)	Abingdon or Wantage
MH High Support	Shared	Either	1 (6 to 8)	Abingdon or Wantage
MH Longer term	Self-Contained	Either	1 (5)	Abingdon
MH Medium support	Shared	Conventional	1 (4)	Abingdon
MH Independent living, low support	Mixed	Conventional	2 (8)	Abingdon or Wantage

**Source: Oxfordshire County Council, Social & Community Services, January 2013**

## Annex 7

### **Specialist Housing Need 2013 to 2020 identified by Oxfordshire County Council in West Oxfordshire District Council Area**

Housing type and care needs	Shared or Self Contained (SC)	Purpose Built (PB) or Conventional	Total Homes & (Residents)	Preferred locations in priority order
PD Complex and non-complex high support needs	Mix of 3 shared and 2 SC	Purpose Built	1 (5)	Witney
PO Dispersed, fully adapted, individual households	Self-Contained	Purpose Built	16	Various spread of locations
LD Complex, high support	Mixed	Purpose Built	2 (8)	Witney, Carterton
LD Independent living, low support	Shared	Purpose Built	2 (8)	Witney, Carterton
MH High Support	Shared	Either	2 (6 to 8)	Witney plus another market town
MH Longer term	Self-Contained	Either	1 (5)	Witney
MH Medium support	Shared	Conventional	1 (4)	Witney
MH Independent living, low support	Mixed	Conventional	3 (12)	Witney plus another market town

**Source: Oxfordshire County Council, Social & Community Services, January 2013**

## Annex 8

### Templates describing the particular housing models required by client group

#### **PD Template 1: Specialist Supported Housing Requirements for adults with a physical disability**

**1. Describe the model of housing required; Specialist housing which has been specifically constructed or adapted to provide communal and other facilities for a group of occupants (plus support staff), each of whom have either their own bedroom in a shared house or a self-contained flat linked to the shared house.**

Two models are described below:

- \* non- complex ( high physical needs and generally 24/7 support needs)
- \* complex ( mix of physical needs, estimated 60% high physical need and 40% low to medium physical need and medium to high support needs , generally 24/7 support needs, linked to range of behavioural/cognitive difficulties ( but not people with very aggressive or ant- social behaviour ).

The components for these are different so will be described separately below.

**2. Describe the various accommodation components typically required for this type of housing including;**

#### **Non complex**

- a. Ideally minimum 5 residents per scheme plus 1 staff bedroom
- b. Either, 3/4 double bedrooms ( with wet room/ bathroom) as part of a shared house plus 1 or 2 self- contained flats in same development, or all 5 flats to be self-contained. Large bedrooms to take ceiling hoist. Self-contained 1 bed flats to be open plan with small kitchenette. In addition staff bedroom with en-suite.
- c. Communal accommodation should include – kitchen (for use of staff and tenants), units at appropriate level for residents use. Lounge and diner- can be one room as needs to accommodate 5 wheelchairs and say up to 3 staff at once. Utility room with industrial washing machine, tenants unlikely to need access. Large storage/buggy room. Garden and patio area.
- d. Lift not required; all ground floor although staff bedroom and utility/storage could be upstairs
- e. Large parking space for up to 6 vehicles and turning space for minibus, in addition to 3 staff parking places.
- f. Affordable housing to rent (possibly some shared ownership?)
- g. Full disabled and wheelchair access throughout ground floor
- h. Small garden with flat patio area. Street environment around the property flat to enable wheelchair access.

#### **Complex**

- a. Ideally 5 residents per scheme in total plus 1 staff bedroom
- b. 3 /4 double bedrooms with wet rooms as part of a shared house and 1 or 2 self-contained studio flats with kitchenette and wet rooms/ showers.
- c. Communal accommodation should include - kitchen for use by staff and residents - unit at appropriate level for residents use. 2 separate communal rooms

- downstairs (to allow space for a quiet room which can be fairly small - e.g. 1 person in wheelchair and 1 staff member). Utility room with industrial washing machine not for residents use. Large storage/ buggy room, anticipate 60% residents will have outdoor wheelchairs/mobility scooters). Garden and patio area.
- d. Lift not required. Estimated 60% of these residents will require ground floor, rest can manage appropriate stairs (therefore utility room, staff room and some resident's accommodation can be on the 1<sup>st</sup> floor).
  - e. Large parking spaces for up to 6 vehicles and turning space for minibus, in addition 3 staff parking places
  - f. Affordable housing to rent (possible shared ownership?)
  - g. Full disabled and wheelchair access throughout ground floor.
  - h. Large garden with flat patio area. Street environment around the property flat to enable wheelchair access

**3. What is the current supply of the above type of housing in the County at present or being built now (give examples and locations)?**

None that provides 24/7 supported living.

6 Independent living move-on flats near Banbury with limited day time support (subject to review)

**4. What is the future demand for this type of housing up until 2020 (see also demand table at Annex 1)?**

There is a need for 48 flats/units, comprising approximately 10 schemes. 30 of these for residents with complex needs requiring permanent housing and 8 for move-on accommodation plus 10 further move-on units for persons with non-complex needs.

**5. What methods have been used for predicting this demand requirement?**

Analysis of different groups of people has created a model that aims to accommodate 119 people in the 48 units over the next 9 years.

This included:

- People currently in care homes in and out of county funded by the Social and Community Services and the Primary Care Trust
- Future care home admissions that could be avoided over the next 9 years through providing alternative more suitable housing and support
- Younger people with a physical disability
- People with acquired brain injury in out of county residential placements

See the Physical Disabilities Housing Plan report for further analysis and detail.

**6. What are the preferred locations for the above new supply?**

Preference is for urban areas, market towns and large villages. Preference areas: Banbury, Bicester, Kidlington Oxford City, Didcot, Abingdon, Witney. We will also consider other market towns dependent on location.

**7. What site characteristics are required for the above new supply?**

Ideally sites located close to GP surgery, shops, public transport routes, and leisure facilities etc. A level site with level street environment near properties is also required.

**8. Give an outline description of the ideal care and support services associated with this type of housing.**

Staff needed on site 24/7 including sleeping or waking night staff. New schemes are likely to need a minimum core staff of two on duty during the waking day. Additional staff also required to support each individual care and support plan. This could be part of the core staff group or purchased from another care provider via an individual budget. Psychology and psychiatry resources will be required from the primary care trust/health service.

## **PD Template 2: Specialist dispersed housing requirements for children and adults with a physical disability**

**1. Describe the model of housing required; Individual, dispersed specialist housing which has been specifically constructed or adapted to provide a high level of disability living but for a range of household sizes (ranging from a single occupant and perhaps a live-in carer to a family with a disabled member or more than 1 disabled member).**

**2. Describe the various accommodation components typically required for this type of housing;**

1. From 1 to 4 /5 bedrooms
2. Large, main bedroom with en-suite bath/wet room to take ceiling hoist. Combination of other single and double rooms as required.
3. Communal accommodation should include most rooms found in 1 to 4/5 bedroom house e.g. – kitchen (with units at appropriate level), large lounge and dining room, utility room etc. storage area for wheelchair/buggy and other equipment. Garden and patio area.
4. Lift not required; main, disabled bedroom and wet room on ground floor. Other bedrooms and bathroom could be upstairs
5. Larger than normal parking space for up to allow parking for person with disabled needs.
6. Affordable housing to rent (possible some shared ownership?)
7. Full disabled and wheelchair access on ground floor
8. Small garden with flat patio area.
9. Street environment around the property flat to enable wheelchair access

**3. What is the current supply of the above type of housing in the County at present or being built now (give examples and locations)?**

The current supply across the whole county is unknown. Districts and providers are busy identifying wheelchair accessible stock currently. This is a key early action in the Oxfordshire Physical Disability Housing Plan, which has now been endorsed and will report to the SPIP on progress. The co-ordination of this will occur through the OPDHG (Oxfordshire Physical Disability Housing Group) which was launched last year (2012).

**4. What is the future demand for this type of housing up until 2020? 100 units**

(See also demand table at Annex 1 and by Districts at Annex 3 to 7)

**5. What methods have been used for predicting this demand requirement?**

Estimated 100 dispersed units is the unmet need (identified by the Habingteg modelling exercise) across the county for children and adults (all client groups), including older people (who choose not to move into extra care) as a snapshot at 2015.

It is recommended that through the work of the OPDHG this number needs to be tested against more local conditions, for example: turnover of current stock, supply of stock, new houses being built, waiting lists and local knowledge of trends held by local OT housing occupational therapists, demand on disabled facilities grants.

The nature of these units (level of accessibility, bedrooms etc.) should be linked to the work above and co-ordinated through OPDHG.

**6. What are the preferred locations for the above new supply?**

All locations will be considered but prefer urban areas, market towns and large villages. Preference areas: Banbury, Bicester, Kidlington Oxford City, Didcot, Abingdon, Witney, Thame, Henley, Wallingford, etc.

**7. What site characteristics are required for the above new supply?**

To be situated within any conventional residential area, but with level site and level street environment near each property. Ideally to be located close to GP surgery, shops, public transport routes, leisure facilities, etc.

**8. Give an outline description of the ideal care and support services associated with this type of housing.**

This will vary from staff needed on site 24/7 including live-in or sleeping or waking night staff to visiting care staff according to each individual care and support plan. Care to be purchased via an individual budget.

**LD Template 1: Specialist Housing Requirements Template; Adults with a learning disability/autism and complex or high support needs (Self-contained flats/ group home)**

**1. Type of housing required? Specialist housing which has been specifically constructed or adapted to provide communal and other facilities for more than one and normally a group of occupants, each of whom have their own self-contained flat or own bedroom in a shared house.**

**2. Describe the various accommodation components typically required for this type of housing ;**

- a. 5-8 tenants (the numbers depend on whether or not this is for people on the autism spectrum or with challenging behaviour, in both cases 5 or 6 flats is more appropriate)
- b. Block of flats with either a mix of shared flats and single person flats, or all single person flats if the tenants with learning disabilities need to live on their own, for instance where they are also on the autism spectrum or have challenging behaviour
- c. One bedroom flat required for a sleep-in member of staff, and the flat is also used as communal facilities for the tenants.
- d. A lift is preferred. Additional storage is needed within the flats as people with learning disabilities often have additional equipment.
- e. Parking spaces are needed for some, but not all of the tenants with learning disabilities. If the accommodation is for people with learning disabilities who are wheelchair users, then there will be a need for a parking space large enough for a

mobility vehicle and there may be a requirement for access by a minibus or other larger vehicle to take people off the site.

- f. Assured tenancies are expected as the accommodation should be available to people with learning disabilities as a home for life. There is no requirement to move on.
- g. Where possible, the ground floor of a block of flats would be wheelchair accessible. In all cases the fact that many people with learning disabilities have mobility issues or sensory impairments should be taken into consideration in the design.
- h. In general people with learning disabilities need to live near public transport and with easy access to community facilities such as education, leisure and opportunities for work or voluntary work. There are people who either prefer, or who due to their disability, need to live further away from towns or other people.
- i. Other components: For people with learning disabilities who are on the autism spectrum or who have challenging behaviour, special design features may be required including:
  - Escape routes for staff
  - Fully concealed piping
  - Toughened glass and integrated blinds
  - Multiple exits in communal rooms
  - Built in storage
  - Appliances to be minimum noise
  - Fully tiled wet rooms

**3. What is the current supply of the above type of housing in the County at present or being built now (give project names and locations or refer to separate database)?**

- a. B Way, Wallingford is a block of flats for people with learning disabilities and autism. There are 8 one-bed flats with staff flat and communal facilities. This was built as part of a mixed development.
- b. Q Close, Carterton is a block of flats for 4 people with learning disabilities and autism. There are 2 small one-bed flats on the ground floor and a two-bed flat upstairs where each of the two tenants has their own lounge and bathroom, but share a kitchen.
- c. G Lane, Wallingford is a small block of flats for people with learning disabilities with 3 very small one-bed flats and 1 two-bed shared flat for people with learning disabilities and no communal facilities.
- d. A Place, Wantage is a small block of flats for four people with learning disabilities and Asperger's syndrome. There are 2 one-bedroom flats on the ground floor, and 2 two-bed properties on the first floor (total tenants = 4)
- e. M Yard, Oxford: four one-bed flats on first and second floor (shared supported living below and next door).
- f. Former Dashwood school site, Banbury: this is a recently opened block of flats, with some one-bed and some two-bed shared flats housing a total of 9 people with learning disabilities

**4. What is the future demand for this type of housing up until 2020? If possible indicate flow of preferred supply for 3 year intervals 2012-14, 2015-17 and 2018-20.**

Overall we predict an increased demand for this type of accommodation because it provides economies of scale while maintaining the important aspects of supported living, such as increased independence, choice and control. Please see Annex 1 for details.

**5. What methods have you used for predicting this demand requirement (e.g. prevalence rate by population growth estimates, local or national studies, other research etc. This is important as requirements may be challenged in planning documents, etc.)**

The following methods have been used:

- Monitoring of local demand for existing accommodation
- Panel information – all referrals for vacancies and funding applications are taken to a Panel once a month where allocations are agreed.
- Feedback from stakeholders
- Demography data kept internally, particularly tracking demand from adults with learning disabilities currently living at home with their parents
- National prevalence data
- Number of out of county placements needed due to lack of suitable accommodation in county

**6. What are your preferred locations (name actual places/towns etc.) for the above new supply?**

- a. Oxford City (as part of a re-provision of Islip Road, a 9 bed residential care home in North Oxford). All residents have been consulted and want to stay in Oxford.
- b. Witney, or West Oxfordshire (but open to other options, particularly Banbury) – we need a block of 5 or 6 flats (plus sleep-in flat) for people with learning disabilities and challenging behaviour. This type of housing would assist with better outcomes for service users (for instance as a result of more consistent staffing due to reduced staff turnover) and would result in significant revenue savings.
- c. South (Abingdon, Wantage): family carers in the south are particularly concerned about the lack of supported living in the south for their adult children who are still living at home with them, but who will require supported living when their families are too old or frail to care for them.

**7. Are their specific site characteristics required for the above new supply (e.g. town centre, close to public transport, shops, level access, ideal co-location or shared with other uses, close or distant from neighbours, etc.)?**

In general we would want town centre, close to public transport/shops, level access, co-location with other uses possible, some distance from neighbours (for instance people with autism do not like to be overlooked and people with challenging behaviour may be noisy), garden.

In some cases we need sites which are either out of the town centre or are further away from neighbours so that noise from the tenants is not an issue and so that there is more likely to be a higher level of outdoor space easily accessible.

One of our existing blocks of flats (Carterton) is next to the RAF base, and the noise levels are problematic for some of the people with learning disabilities and autism who live there.

**8. Give an outline description of the ideal care and support services associated with this type of housing (e.g. 24/7 live in care staff, amount of hours, waking or sleeping care staff, one-to-one staff support for community activity outside house, fixed staff group or scope for personal choice, etc.)**

This varies, but a large percentage of people with learning disabilities and/or autism would need either 24 hour support including waking or sleep-in staff to meet their night time support needs. (Where possible we use assistive technology to meet people's night time support needs.) Staff members do not live-in, so the staff flats required would be for staff

working for the support provider on a rota basis, generally providing 'sleep-in' support, but sometimes providing support on a 'waking night' basis.

We have a LD Framework Agreement, so we are able to do mini-tenders for support contracts.

**9. Any other requirements associated with this type of housing not covered in the responses above?**

People with learning disabilities are at greater risk of hate crime within some communities. Support providers report that it is difficult to recruit adequate numbers of staff in the more rural locations in Oxfordshire.

**LD Template 2: Specialist housing for adults with a learning disability (purpose built, shared accommodation for residents with high, complex needs).**

**1. Describe the type of housing required: Specialist housing which has been specifically constructed or adapted to provide communal and other facilities for more than one and normally a group of occupants, each of whom have their own bedroom but share other communal lounge and dining areas.**

**2. Describe the various accommodation components typically required for this type of housing including;**

- a. Minimum of 3, maximum of 4 resident occupants per house
- b. Residents require double bedroom room size each, usually ask for 15sqm for people with mobility issues as there is always additional equipment
- c. Other shared space; Bath/wet room, staff sleep-in room, as much storage as possible, utility room, lounge, kitchen, diner (need there to be two separate rooms so that people can meet in privacy with staff or family in a room other than their bedroom and so people can have space away from each other at times)
- d. A need for a lift would depend on the accommodation/intended tenants
- e. Parking required for staff (potential of high staffing levels – 3 staff on some shifts – depending on physical care needs and other needs of tenants (lack of parking can cause neighbour disputes due to staff need for parking))
- f. Tenure mix? Assured tenancies (people are likely to live there for long periods of time or for life – LD housing is rarely short term and while some people have shared ownership, it isn't likely to be possible for many)
- g. Mobility standards? This would vary, but generally we need Lifetime Homes plus as people with learning disabilities often age faster and therefore have ageing needs sooner. Also people with learning disabilities are more likely to have mobility issues and/or sensory impairments.
- h. Core and Cluster? We have a few examples of adjoining bungalows, where there is one sleep-in room for both bungalows – either with the sleep-in room being located where the two bungalows join, or where there is access between the bungalows via a door between them or a gate between the gardens. This model allows for sharing of night staff, but also sharing of daytime support staff, which reduces revenue costs, but still allows people to live in a house with 2 or 3 others rather than one larger house of 6 or so.

**3. What is the current supply of the above type of housing in the County at present or being built now (give project names and locations or refer to separate database)?**

We have nearly 200 shared properties, 18 of which have been purpose built for people who are wheelchair users or who need ground floor accommodation due to mobility issues, for instance because of being at risk of falling on the stairs.

**4. What is the future demand for this type of housing up until 2020? If possible indicate flow of preferred supply for 3 year intervals 2012-14, 2015-17 and 2018-20.**

Please see table at Annex 1.

**5. What methods have you used for predicting this demand requirement (e.g. prevalence rate by population growth estimates, local or national studies, other research etc. This is important as requirements may be challenged in planning documents, etc.)**

The following methods have been used:

- Monitoring of local demand for existing accommodation
- Panel information – all referrals for vacancies and funding applications are taken to a Panel once a month where allocations are agreed.
- Feedback from stakeholders
- Demography data kept internally, particularly tracking demand from adults with learning disabilities currently living at home with their parents
- National prevalence data
- Number of out of county placements needed due to lack of suitable accommodation in county

**6. What are your preferred locations (name actual places/towns etc.) for the above new supply?**

Please see tables at Annex 3 to 7 but note there is a particular shortage of provision in the South and Vale districts of the county.

- Abingdon
- Wantage
- South and Vale in general
- Banbury
- Bicester
- Less requirement for shared housing in Witney or Wallingford

**7. Are there specific site characteristics required for the above new supply (e.g. town centre, close to public transport, shops, level access, ideal co-location or shared with other uses, close or distant from neighbours, etc.)?**

Prefer town centre location, close to public transport/shops and other mainstream community facilities, level access and some distance (garden) from neighbours.

**8. Give an outline description of the ideal care and support services associated with this type of housing (e.g. 24/7 live in care staff, amount of hours, waking or sleeping care staff, one-to-one staff support for community activity outside house, fixed staff group or scope for personal choice, etc.)**

This varies, but a large percentage of people with learning disabilities and/or autism would need either 24 hour support including waking or sleep-in staff to meet their night time support needs. (Where possible we use assistive technology to meet night time support needs.)

We have a LD Framework Agreement, so we are able to do mini-tenders for support contracts.

**9. Any other requirements associated with this type of housing not covered in the responses above?**

People with learning disabilities are at greater risk of hate crime within some communities. Support providers report that it is difficult to recruit adequate numbers of staff in the more rural locations in Oxfordshire.

**LD Template 3: Specialist Housing requirement for adults with a learning disability (conventional, shared housing for residents with low support needs)**

**1. Type of housing required: Conventional housing with no significant adaptations but with two or more bedrooms and which can be let to persons with lower level care or support needs so that they can live together on a house share basis.**

**2. Describe the various accommodation components typically required for this type of housing including;**

- a. minimum of 3 bedrooms (plus small staff sleep-in room), maximum of 6 (plus small staff sleep-in room)
- b. all double bedrooms, except for sleep-in room
- c. shared bathroom; as much storage as possible, utility room if possible; lounge, kitchen/diner (two separate communal rooms preferable so that people can meet in privacy with staff or family in a room other than their bedroom and so people can have space away from each other at times), plus small staff sleep-in room as mentioned above
- d. ideally parking for staff (lack of parking can cause neighbour disputes due to staff need for parking)
- e. assured tenancies (people are likely to live there for long periods of time or for life – LD housing is rarely short term)
- f. mobility standards may vary, but as people with learning disabilities often age faster and therefore have ageing needs sooner, it is preferable to have properties with some ground floor bedrooms and a level access shower on the ground floor. Also people with learning disabilities are more likely to have mobility issues and/or sensory impairments.
- g. Properties near to other supported living houses are preferred as this can allow for the sharing of night staff, but also sharing of daytime support staff, which reduces revenue costs.

**3. What is the current supply of the above type of housing in the County at present or being built now (give project names and locations or refer to separate database)?**

There are nearly 600 people with learning disabilities in supported living in Oxfordshire. We have use of or nomination rights to approximately 200 shared supported living properties across Oxfordshire (and the majority of these are conventional houses, albeit with some adaptations such as hoists or other specialist equipment, level access showers, etc). Of these, 55 have some accessible bedrooms (not necessarily wheelchair accessible).

**4. What is the future demand for this type of housing up until 2020? If possible indicate flow of preferred supply for 3 year intervals 2012-14, 2015-17 and 2018-20.**

We need a further 20 bed spaces (as many as possible on the ground floor) by 2015. Therefore the requirement is for circa 5 or 6 homes of 3 to 4 bedrooms each (see details in table at annex 1)

**5. What methods have you used for predicting this demand requirement (e.g. prevalence rate by population growth estimates, local or national studies, other research etc. This is important as requirements may be challenged in planning documents, etc.)**

The following methods have been used:

- Monitoring of local demand for existing accommodation
- Panel information – all referrals for vacancies and funding applications are taken to a Panel once a month where allocations are agreed.
- Feedback from stakeholders
- Demography data kept internally, particularly tracking demand from adults with learning disabilities currently living at home with their parents
- National prevalence data
- Number of out of county placements needed due to lack of suitable accommodation in county

**6. What are your preferred locations (name actual places/towns etc.) for the above new supply?**

We require provision in a range of locations (see Annex 3 to 7) and in particular;

- a. South Oxfordshire (Abingdon, Wantage): family carers in the south are particularly concerned about the lack of supported living in the south for their adult children who are still living at home with them, but who will require supported living when their families are too old or frail to care for them.
- b. Bicester
- c. Banbury

**7. Are their specific site characteristics required for the above new supply (e.g. town centre, close to public transport, shops, level access, ideal co-location or shared with other uses, close or distant from neighbours, etc.)?**

Generally we need town centre, close to public transport, community facilities and shops, level access, access to garden.

**8. Give an outline description of the ideal care and support services associated with this type of housing (e.g. 24/7 live in care staff, amount of hours, waking or sleeping care staff, one-to-one staff support for community activity outside house, fixed staff group or scope for personal choice, etc.)**

This varies, but a large percentage of people with learning disabilities would need either 24 hour support including waking or sleep-in staff to meet their night time support needs. (Where possible we use assistive technology to meet night time support needs.)

There is a LD Framework Agreement in place for support contracts

**9. Any other requirements associated with this type of housing not covered in the responses above?**

People with learning disabilities are at greater risk of hate crime within some communities. Support providers report that it is difficult to recruit adequate numbers of staff in the more rural locations in Oxfordshire.

**MH Template 1: Specialist Housing requirement template; Adults with medium support mental health needs and requiring self-contained flats in separate block/house.**

**1. Describe type of housing required; Specialist housing which has been specifically constructed or adapted to provide for a group of occupants with medium support needs, each of whom have their own self-contained flat.**

**2. Describe the various accommodation components typically required for this type of housing including; a) min to max number of occupants/tenancies per dwelling, b) single/double bedroom mix, c) communal rooms required (e.g. staff sleep rooms etc., lounge, kitchen, buggy store, etc.), d) lift?, e) parking spaces, f) preferred tenure mix, g) what mobility standards required, h) other components?**

- a. 3-8
- b. Mainly single. Double bedrooms up to 10%
- c. Just a staff room and toilet required. Common entrance to block/house.
- d. Helpful but not required
- e. Helpful but not required
- f. All AST
- g. Should have disabled access for ground floor residents
- h. None

**3. What is the current supply of the above type of housing in the County at present or being built now (give project names and locations or refer to separate database)?**

7-Bicester: Palm Court

33-Oxford City: Scrutton Close, Cave St, Garden House

**4. What is the future demand for this type of housing up until 2020? If possible indicate flow of preferred supply for 3 year intervals 2012-14, 2015-17 and 2018-20.**

15 units (See table of demand at Annex 1)

**5. What methods have you used for predicting this demand requirement (e.g. prevalence rate by population growth estimates, local or national studies, other research etc. This is important as requirements may be challenged in planning documents, etc.)**

Demand for mental health provision itself is not predicted to change hugely over the next 20 years (source-Institute of Public Care and Oxford Brookes) so we are fortunate that we have stable data to predict need going ahead.

What also needs to be considered is good move-on accommodation in order to enable the County Council and PCT to achieve revenue savings. Per year many individuals will need to move on from medium support into independent housing. Having attractive and affordable housing will be crucial for this group as well.

**6. What are your preferred locations (name actual places/towns etc.) for the above new supply?**

See annex 3 to 7. Whilst some of this stock currently in Oxford will need replacing other priorities are Banbury, Abingdon and Witney.

**7. Are their specific site characteristics required for the above new supply?**

Ideally, to be close to public transport and shops, etc. Distance from neighbours would be preferable for the higher support facilities.

**8. Give an outline description of the ideal care and support services associated with this type of housing;**

For medium support, day time support with on call emergency out of hours telephone service.

For long term support, extended day time cover with sleep over

For move on accommodation-only floating support which is flexible and can float away

**MH Template 2: Specialist Housing requirement template; Adults with high to medium support mental health needs and requiring own bedroom in a shared house.**

**1. Describe type of housing required; Supported housing which has been made available for more than one and normally a group of occupants, each of whom have their own bedroom but share other communal lounge and dining areas.**

**2. Describe the various accommodation components typically required for this type of housing including; a) min to max number of occupants/tenancies per dwelling, b) single/double bedroom mix, c) communal rooms required (e.g. staff sleep rooms etc., lounge, kitchen, buggy store, etc.), d) lift?, e) parking spaces, f) preferred tenure mix, g) what mobility standards required, h) other components?**

- a. 3-5 (sometimes larger, up to 8 units)
- b. Mainly single. Double bedrooms up to 10%
- c. Communal lounge, kitchen, staff room and toilet required-preferably an interview room
- d. Helpful but not required
- e. Helpful but not required
- f. All AST or licence
- g. Should have disabled access for ground floor residents
- h. None

**3. What is the current supply of the above type of housing in the County at present or being built now (give project names and locations or refer to separate database)?**

- 24-Oxford City: Rowan House
- 8-Oxford City: Kate Turnbull House
- 15-Oxford City: Rectory Rd
- 23-Oxford City: Mind Houses
- 12-Oxford City: Grove House
- 8-South Oxon: Cholsey
- 11-West Oxon: Hedgerows and Bramblings

**4. What is the future demand for this type of housing up until 2020? If possible indicate flow of preferred supply for 3 year intervals 2012-14, 2015-17 and 2018-20.**

(See Annex 1)

**5. What methods have you used for predicting this demand requirement (e.g. other research etc. This is important as requirements may be challenged in planning**

**documents, etc.) prevalence rate by population growth estimates, local or national studies.**

Demand for mental health provision itself is not predicted to change hugely over the next 20 years (source-Institute of Public Care and Oxford Brookes) so we are fortunate that we have stable data to predict need going ahead.

We have also examined predictive demand data from other local authorities, for example Hertfordshire County Council has used data from the 1996 national audit (Lelliott) to create an estimate of need for high and medium support accommodation per year per 100,000 of population. Such estimates, together with an attempt to assess length of stay less existing provision have identified a need for approximately 72 further units of such housing.

**6. What are your preferred locations (name actual places/towns etc.) for the above new supply?**

For medium support, market towns as these offer the right mix of diversity and amenities but do not have the impersonalised and risky urban environment of the city.

Therefore places such as Bicester, Abingdon, Witney and Didcot. For high support, Oxford City is preferable due to the higher density of support team and acute hospital provision. For further detail see Annex 3 to 7.

**7. Are their specific site characteristics required for the above new supply (e.g. town centre, close to public transport, shops, level access, ideal co-location or shared with other uses, close or distant from neighbours, etc.)?**

Such housing should ideally be close to public transport and shops. Distance from neighbours would be preferable for the high support facilities.

**8. Give an outline description of the ideal care and support services associated with this type of housing (e.g. 24/7 live in care staff, amount of hours, waking or sleeping care staff, one-to-one staff support for community activity outside house, fixed staff group or scope for personal choice, etc.)**

For medium support, day time support with on call emergency out of hours telephone service.

For high support-24 hour on site waking cover

**MH Template 3; Specialist Housing requirements for adults with mental health needs (Independent living, low support, shared or self-contained accommodation)**

**1. Describe type of housing required; Conventional housing with no significant adaptations but with two or more bedrooms and which can be let to persons with lower level care or support needs so that they can live together on a house share basis.**

**2. Describe the various accommodation components typically required for this type of housing including; a) min to max number of occupants/tenancies per dwelling, b) single/double bedroom mix, c) communal rooms required (e.g. staff sleep rooms etc, lounge, kitchen, buggy store, etc.), d) lift?, e parking spaces, f) preferred tenure mix, g) what mobility standards required, h) other components?**

a. 2-4

- b. Mainly single. Double bedrooms up to 10%
- c. Lounge, kitchen, bathroom
- d. Helpful but not required
- e. Helpful but not required
- f. AST or assured
- g. Should have disabled access for ground floor residents
- h. Potentially assistive technology

**3. What is the current supply of the above type of housing in the County at present or being built now (give project names and locations or refer to separate database)?**

Approximately 150 units across the County

**4. What is the future demand for this type of housing up until 2020? If possible indicate flow of preferred supply for 3 year intervals 2012-14, 2015-17 and 2018-20.**

Approximately 60 bedrooms in 15 houses

(See Annex 1)

**5. What methods have you used for predicting this demand requirement (e.g. prevalence rate by population growth estimates, local or national studies, other research etc. This is important as requirements may be challenged in planning documents, etc.)**

Good move-on accommodation in order to enable the County Council and PCT to achieve revenue savings. Per year approximately 54 individuals will need to move on from medium support into independent housing. Having attractive and affordable housing will be crucial for this group.

Shared housing is particularly attractive to individuals who need different levels of support and engagement and might struggle to live in self-contained housing. Assistive technology might also help enable people to live more independently in the community within such housing as has been evidenced by the work of learning disabilities.

**6. What are your preferred locations (name actual places/towns etc) for the above new supply?**

This type of housing is not so location sensitive as the other types of mental health housing.

Market towns are preferred as these offer the right mix of diversity and amenities but do not have the impersonalised and risky urban environment of the city. Further details are given at Annex 3 to 7.

**7. Are their specific site characteristics required for the above new supply (e.g. town centre, close to public transport, shops, level access, ideal co-location or shared with other uses, close or distant from neighbours, etc.)?**

Prefer close to public transport and shops

**8. Give an outline description of the ideal care and support services associated with this type of housing (e.g. 24/7 live in care staff, amount of hours, waking or sleeping care staff, one-to-one staff support for community activity outside house, fixed staff group or scope for personal choice, etc.)**

Floating support which is flexible and can float away; individualised domiciliary care packages, assistive technology.