



## **WRITTEN EVIDENCE: A SUBMISSION BY THE HOUSING LEARNING AND IMPROVEMENT NETWORK (LIN) TO THE DCLG / DWP 'FUNDING SUPPORTED HOUSING' CONSULTATION – SHORT TERM SUPPORTED ACCOMMODATION**

**23 January 2018**

### **About the Housing LIN**

The Housing LIN (Learning and Improvement Network) is a sophisticated peer-to-peer network bringing together over 40,000 housing, health and social care professionals to exemplify innovative housing solutions for an ageing population, and to meet the needs and aspirations of disabled people, of all ages. It is a signatory of the pioneering Health and Housing Memorandum of Understanding<sup>1</sup>.

The Housing LIN is recognised by industry as the sector leading 'knowledge hub' on specialist housing. Its founder and director is also the author of several of the HAPPI reports referred to in our submission to the sheltered and extra care accommodation consultation. Furthermore, the Housing LIN's online and regional networked activities:

- Connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- Share thought-leadership, learning and intelligence on latest funding, research, policy and innovate developments to spread practice faster
- Engage with industry to raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population, and for people with physical and learning disabilities

For more information on the work of the Housing LIN, visit:

<http://www.housinglin.org.uk>.

### **CONSULTATION RESPONSES**

This document will address each of the Government's questions in turn.

#### **Definition (what follows is quoted from the consultation document):**

*Short term supported housing is for people who have experienced a crisis or emergency in their lives and need additional support for a short time or a planned short term stay as part of transition to stable longer term accommodation. For this model we have defined it as:*

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<sup>1</sup> <http://www.housinglin.org.uk/Topics/type/Pioneering-Health-and-Housing-Memorandum-of-Understanding/>

***Accommodation with support, accessed following a point of crisis or as part of a transition to living independently, and provided for a period of up to two years or until transition to suitable long-term stable accommodation is found, whichever occurs first.***

*This would apply, for example, to:*

- *People experiencing or at risk of domestic abuse;*
- *Homeless adults;*
- *Vulnerable young people (such as care leavers or teenage parents);*
- *Ex-offenders and offenders;*
- *People experiencing a mental health crisis;*
- *People with drug and alcohol dependencies;*
- *Vulnerable armed forces veterans;*
- *Others (such as refugees with support needs).*

*Supported in:*

- *Domestic abuse refuges;*
- *Homeless hostels;*
- *Bail hostels;*
- *Foyers for young people; and*
- *Other supported housing settings where stays may not be the housing solution in the longer term.*

*The definition does not apply to housing which does not provide soft support together with accommodation, such as general needs temporary accommodation or types of supported housing where length of stay is likely to be longer than two years.*

### **Question 1: Do you agree with this definition?**

Whilst the Housing LIN is broadly in agreement with this definition, we propose that it should be developed further, allowing sufficient flexibility to ensure that less conventional models of short term supported housing are not inadvertently excluded. For example, supported lodgings, where an individual (usually a care leaver aged 16 – 21) is placed in a family home, if this is a more appropriate placement than a conventional supported housing setting.

Another model currently commissioned by some local authorities involves the leasing of general needs accommodation for a short period of time for use as supported accommodation and the same property reverting back to general needs accommodation once an individual is ready to live more independently. For example, someone previously placed in a more institutional care setting.

There also needs to be flexibility around the length of stay. Whilst we agree that accommodation should be 'part of a transition to stable longer term accommodation' and that in most cases this should be for 'up to two years', there are some client groups that may require more flexibility around this two-year period, in terms of funding remaining available to support their supported or transitional housing service. For example, a care leaver aged 16 placed in supported lodgings may benefit from remaining in this placement after the age of 18 to ensure that they have the best possible chance of achieving their goals moving forward. Evidence suggests

that few 18-year olds are ready to manage an independent tenancy. Moreover, individuals with mental health support needs may also require slightly longer placements in transitional accommodation to ensure sustainable outcomes, as may a range of other individuals, depending on their individual needs.

Indeed, for people who require supported housing within this overall category, but who actually require it for a longer period of time (i.e. nearer to 2 years or more), and who may then need further support to transition into more independent living, it may be more appropriate for their housing to continue to be funded through the welfare system. The Government's proposals around the funding of short-term housing could then be clarified as applying only to schemes which meet emergency and very short term supported housing needs. There are already examples of the effective bed blocking of short term accommodation due to lack of suitable move-on or longer-term accommodation available. Therefore, it is essential that longer term accommodation options for these groups are also secured for the future.

Overall, some flexibility around the definition may be required to allow the development of new and innovative models and to ensure that short term supported housing continues to be person centred. It is proposed that the core principles and expectations surrounding the three categories of supported housing should be clarified in a national framework or in more detailed guidance, to ensure that a postcode lottery does not develop. Guided by this, the categorisation of particular schemes should be undertaken (and agreed by) local commissioners and providers, as set out in the local Supported Housing Plan, and overseen by the Health and Wellbeing Board, or similar body. These allocations should then be accepted by Government for funding purposes.

**Question 2: What detailed design features would help to provide the necessary assurance that costs will be met?**

The ring fence should be guaranteed long term and beyond the current parliament in order for Local Authorities to plan for services beyond the 5 years, as envisaged in the new Strategic Plans. The grant agreement also needs to be long term to support market stability.

A mechanism should be included to enable the allocation to be reviewed based on needs assessments, allowing for local housing plans to be developed following changes in demand, and taking into consideration accommodation needs identified in local adult social care market position statements and/or local health plans as an alternative to residential or inpatient care (see our response to Question 3 below); this will need to allow for a growth in funding in response to growing demand.

Detailed information will be required by Local Authorities regarding how the new funding model will respond to future inflation and growth. A guaranteed inflation formula and recognition of any changes in local market rents is a key requirement. We note that long-stay accommodation is being offered a re-instated inflation rent formula (CPI plus 1%) so we would argue that the same should apply to the base allocation for short-term accommodation.

We would support a 'lift and shift' funding model whereby all short-term housing should be identified by government according to the newly proposed definitions and that the current rents and eligible service charges paid to such services should then be transferred over to the relevant Council. This will ensure the stated objective of 'matching the sums that would otherwise have been paid out in each local area to pay for housing costs through the welfare system' is fully achieved.

We also take the view that either short-stay housing is part of the 'lifted and shifted' funding allocation passed over to Councils, or if not, such housing should remain funded under the current long term supported housing benefit arrangements. It will be important to provide details of all such accommodation which forms part of the new and transferred budget and not an 'estimate' as this could mean funds are either under or over provided on transfer. This will require an extensive exercise to identify the full rent and service charge income of affected supported housing.

### **Question 3:**

#### **a) Local authorities – do you already have a Supported Housing plan (or plan for it specifically within any wider strategies)?**

Following the end of the Supporting People Programme, we are aware that many local authorities no longer produce a specific Supported Housing plan that considers the needs of all the client groups referenced in point 88 of the consultation. However, typically a number of wider strategies consider the housing needs of these client groups.

Where the local authority has a statutory duty to provide services for a specific client group, supported housing will typically be explicitly considered within individual strategies. For example, longer term supported housing for client groups with eligible care needs (specifically older people and people with learning disabilities) are considered as part of the commissioning strategies for those client groups.

Refuge provision is usually considered as part of the local Domestic Abuse Strategy where these are produced.

#### **b) Providers and others with an interest – does the authority (ies) you work with involve you in drawing up such plans?**

In our experience, where providers are involved in developing local strategic plans they are typically more robust and credible.

#### **c) All - how would the Supported Housing plan fit with other plans or strategies (homelessness, domestic abuse, drugs strategies, Local Strategic Needs Assessments)?**

This would bring together the supported housing elements of all strategies into one cohesive plan, to be managed jointly by partners. We agree with and support the proposal for a Strategic Plan and feel that it is well placed to take a strategic overview of need, future demand and supply.

Local Authorities should be encouraged to ensure that any future Supported Housing Plans are fully aligned with other plans and strategies. In particular, with the forthcoming adult social care green paper expected in 2018, there is an opportunity to embed an understanding of the key role that high quality, well designed supported housing plays in delivering positive health, care and wellbeing outcomes. The Supported Housing Plan should contribute to this holistic understanding at a local authority level (and at both levels, in two-tier areas), and with local commissioning and delivery partners across health, housing and social care.

At a local strategic level, Health and Wellbeing Boards, including representation from Housing, are often the leadership body in the best position to oversee Supported Housing plans, and to ensure a fully whole system, joined up approach is taken across the key functions of needs assessment, planning, finance, commissioning, and operational delivery.

Other plans with which the Supported Housing Plans should align, in addition to those outlined within the question, include Joint Strategic Needs assessments, and Joint Health and Wellbeing Strategies, developed by the Health and Wellbeing Board; Market Position Statements developed by social care; local plans aiming to reduce Delayed Transfers of Care (DToC) from hospital; Transforming Care Plans (focused on enabling people with learning disabilities and / or autism to move out of or avoid institutional settings); and Local Plans, within which Planning authorities set out their future plans for infrastructure and development, including housing.

#### **Question 4:**

**a) Local authorities – do you already carry out detailed needs assessment by individual client group?**

Joint Strategic Needs Assessments (JSNAs) typically include in depth assessments of areas and population identified as requiring further understanding. This will include those client groups where the local authority has a statutory duty to provide services and develop strategies to ensure that needs are met. The JSNA could be extended to include other client groups; however, completion of detailed needs assessments in terms of requirement for supported housing may require additional resources depending on the depth of work required.

**b) Providers – could you provide local government with a detailed assessment of demand and provision if you were asked to do so**

The Housing LIN would not be able to provide a direct answer to this question, as we are not a provider of services. However, in the Housing LIN's experience, providers are often well placed to identify need and demand, especially 'hidden need' where people are not formally in the 'care system' but may be well known to individual providers of services. However, this is likely to be predominantly on a case by case basis.

**c) All – is the needs assessment as described in the National Statement of Expectation achievable?**

Yes, if sufficient resources are made available and all partners commit to supporting the process.

**Question 5: Do you agree with this approach?**

Yes. The upper tier authority has a wider strategic overview and is responsible for producing a range of strategic plans relating to most of the client groups referenced. In most cases, where accommodation-based services currently exist for these groups, the support element of the service is commissioned and funded by the upper tier authority, as is currently the case with many residential care short stay placements. Allocation to the upper tier authority will support the stated objective of ensuring that local authorities are able to commission both accommodation and associated support costs in a more aligned and strategic way, working closely with District and Borough Councils, NHS partners, providers and tenant / user groups, with strategic priorities set out clearly in an agreed local Supported Housing Plan.

More widely, County Councils should be encouraged to work in partnership with district and borough authorities to bring together county wide strategies and plans that consider and reflect the diversity within the area. Allocation of the grant to the upper tier authority would reduce administration costs and support the best use of units of short term supported accommodation by the target client groups across the county, not just at district level.

**Question 6: The draft National Statement of Expectation (see Section 4) published today sets out further detail on new oversight arrangements and the role of local authorities. We would welcome your views on the statement and suggestions for detailed guidance.**

More detailed information about the services and funds being transferred and a minimum inflationary formula is required in order to help local authorities achieve these Expectations.

Funding of units as opposed to people suggests that people with no recourse to public funds will be able to access short term services. Has this been considered?

Whilst local flexibility is needed to manage a cash limited fund, some nationally determined rules around the range of costs that the grant is intended to cover are also required.

Within the current financial climate, it will be difficult to meet 'local needs'. Supported housing by its nature is housing provided alongside support. Whilst the new grant may meet the housing costs of supported housing, no additional funding has been made available for support costs. Funding housing costs alone is unlikely to meet the needs of some client groups, resulting in a widening gap in provision for those who sit outside of statutory duties.

In addition, consideration needs to be given to capital costs. Much existing accommodation is of poor quality and in need of repair. Local authorities and provider partners will need to undertake comprehensive stock appraisals to ascertain

options for improvements, remodelling or new build, (for example) by applying to the Department of Health's CASSH Fund.

**Question 7: Do you currently have arrangements in place on providing for those with no local connection?**

In our experience refuges can be accessed by people with no local connection.

Whilst Councils typically support this approach to local connection, as part of the detail of the funding model, consideration needs to be given to whether refuges are national or local resources. If they are to be national resources, a national formula should be set to ensure that a certain number of units are commissioned in each area. Recognition also needs to be given to evidence that suggests that better outcomes are often achieved when, where it is safe to do so, victims of domestic abuse are supported to access services locally and maintain their existing support networks.

We are aware that councils will always look to give priority, for most client groups, to those with a local connection so that they can access local services. However, we are aware that many specialist short stay services are not available in all local areas, so it will be important, in two tier areas, to allow residents who live in a wider county area to access such services even though they may not have a local connection to the district in which such services are based. We therefore welcome plans to allow councils to extend the concept of local connection to a wider 'county connection' for short term supported housing.

Consideration may also need to be given to the rules around the social care funding of 'out of area placements', where this is relevant, as set out in the Care Act 2014. This sets out that where a local authority makes a placement in certain types of accommodation outside its own area, the person is treated as 'ordinarily resident' in the area where they were living before the placement was made (Care Act 2014, Section 39). This means that the placing authority remains responsible for the person's care. Similar rules apply in relation to mental health after care (under Section 117 of the Mental Health Act 1983) and when a person is in NHS accommodation, such as a hospital (the latter provisions are set out in the Care Act 2014, Section 39(3), 39(4) and 39(5)).

**Question 8: How can we help to ensure that local authorities are able to commission both accommodation and associated support costs in a more aligned and strategic way? Do you have further suggestions to ensure this is achieved?**

This should be achieved through allocation of the grant to the upper tier authority, which should be expected to work in partnership with other local government partners, NHS, provider and tenant representative groups, in order to develop an agreed strategic Supported Housing Plan for their area. New burdens funding should be allocated based on the size of the area and early indications of the size of the allocated funding pot to ensure that each Local Authority has the resources required for both implementation and ongoing management.

The DCLG should facilitate forums to share good practice and develop toolkits prior to and following implementation. If funding for short term supported housing is transferred to local authorities, adequate funding will also be required to provide the matching support costs for such housing.

The Housing LIN is well placed to support this process in the same way that it works closely on knowledge and information exchange with the Department of Health's Care and Support Specialised Housing Fund.

**Question 9: How will you prepare for implementation in 2020, and what can the Government do to facilitate this?**

As part of the new burdens funding an early pre-administration grant will be required and should be allocated at the earliest opportunity to ensure sufficient resources are available to adequately plan for the changes following the publication of more detailed guidance.

2020 should ideally be a shadow year in which, for example, Strategic Plans can be written ready for publication in 2021, especially if 2019/20 is dominated by defining what short stay housing funds will be transferred over and other points of detailed preparation for full implementation. There will also be a need to assess any requirements for councils arising from the forthcoming social care green paper, which may impact on the funding, commissioning and delivery arrangements for future short-term housing provision. More detailed guidance should include a structured lead-in timetable, with clear milestones.

We have mentioned above the need for clarity regarding how the initial grant to be transferred will be 'sized'. Early indications of the grant allocation (based on the sums that would otherwise have been paid out in each local area to pay for housing costs through the welfare system) would support planning.

National benchmarks for eligible service charges would support better understanding of the reasonable housing costs for different types of short term accommodation.

Local authorities may also have to consider their contract procedures and rules if they are to enter into financial and service contracts with providers who have 'transferred' funding status and are exempt from normal competitive tendering arrangements. Local authorities will also need to consider the term of these new contracts given uncertainty of the Ring Fence funding arrangements in future. For these reasons we would prefer a longer-term commitment to future funds in this area from the Government in order that this can be reflected in longer term contracts with service providers.

The Housing LIN would also strongly support a mechanism that allows growth funds in the grant that will be transferred so that local authorities can plan for future provision to meet needs and make 5-year Strategic Plans more meaningful in meeting future need. Whilst local authorities will look to potentially 're-allocate' transferred funds from some areas of lesser need to greater need we believe there will be limited 'headroom' to meet all future needs from this process within current budgets.



**Question 10: What suggestions do you have for testing and/or piloting the funding model?**

We suggest a pilot project, similar to NHS England's 'New Models of Care' programme, using a service type or a selection of two tier and unitary authorities. However, we are concerned that the timetable for implementation does not allow sufficient time for pilots and subsequent evaluation.

**Question 11: If you have any further comments on any aspects of our proposals for short-term supported housing, please could you state them here.**

As indicated above, the Housing LIN strongly suggests that new burdens funding must meet the costs of ongoing management and administration of the programme.

The Housing LIN is concerned about the security of tenure the occupants of short term housing will have if they are not paying rent. Local Authorities do not have a statutory duty to provide specialist support services to some of the specific client groups named within the policy document as requiring consideration within the needs assessment. If a need is identified and other agencies are not able to contribute support funding, some services will not be able to be commissioned. The government should consider some ring-fenced funding to meet the support needs of vulnerable client groups who may fall outside of eligibility for local government funded care and support.

There is also a significant about current and future confidence in the short-term accommodation market place. There is a risk that we could see a number of social housing providers exiting the market and the diminution of housing choices for vulnerable people, arising from perceived – or actual – lack of security in terms of future funding arrangements. This will place additional financial pressures on local authority and health commissioners as they resort to more expensive and inappropriate placements in residential or other institutional settings.

The protracted consultation process currently under way also poses a risk of further stalling new supply and impacting negatively on investors' and providers' confidence in this sector. Further delays would have negative impacts on vulnerable people and on potential worsening health and social care outcomes, as a consequence.

**Conclusion**

The Housing LIN works closely with the sector to share best practice and enable high quality networking and knowledge exchange, and collaborates with many strategic partners both nationally and regionally to achieve this. The Housing LIN will continue to be well placed to support and enable this thought leadership and to act as a catalyst in promoting and encouraging improvement across health, housing and social care. For access to a comprehensive library of best practice, research and resources, please visit the Housing LIN's website at <https://www.housinglin.org.uk/>