

**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 2 November 2022 at Woodhatch Place, 11 Cockshot Hill, Reigate, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Tuesday, 6 December 2022.

**Elected Members:**

- Nick Darby
- \* Robert Evans
- Chris Farr
- \* Angela Goodwin (Vice-Chairman)
- \* Trefor Hogg
- \* Rebecca Jennings-Evans
- Frank Kelly
- \* Riasat Khan (Vice-Chairman)
- \* David Lewis
- \* Ernest Mallett MBE
- \* Carla Morson
- \* Bernie Muir (Chairman)
- \* Buddhi Weerasinghe

(\* = present at the meeting)

**Co-opted Members:**

Borough Councillor Neil Houston, Elmbridge Borough Council  
Borough Councillor Abby King, Runnymede Borough Council  
District Councillor Charlotte Swann, Tandridge District Council

**37/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Cllr Chris Farr, Cllr Neil Houston, Cllr Abby King, and Cllr Charlotte Swann.

**38/22 MINUTES OF THE PREVIOUS MEETING: 5 OCTOBER 2022 [Item 2]**

The minutes to be agreed at the next public meeting on 6 December 2022.

**39/22 DECLARATIONS OF INTEREST [Item 3]**

Trefor Hogg declared a personal interest as a community representative for Frimley Health and Care Integrated Care System.

**40/22 QUESTIONS AND PETITIONS [Item 4]**

None received.

## **41/22 THE ACCOMMODATION WITH CARE AND SUPPORT STRATEGY PROGRESS UPDATE [Item 5]**

### **Witnesses:**

Liz Uliasz – Deputy Director for Adult Social Care

Adrian Watson – Programme Director, Adult Social Care (Land & Property)

Simon Montgomery – Senior Programme Manager for Accommodation with Care and Support Strategy

Kirsty Gannon-Holmes – Senior Commissioning Manager for Mental Health

Anna Waterman – Head of Commissioning for Disabilities

Maria Millwood, Board Director – Healthwatch Surrey

Dan Stoneman – Head of Commissioning Older People)

### **Key points raised during the discussion:**

1. The Senior Programme Manager presented slides which provided context to the item (Annex 1) and highlighted the importance of the Accommodation with Care and Support Strategy (AwCSS) in integrating residents into the community and having fulfilled lives.
2. The Chairman asked whether the views received in the consultation about sharing with others were expected. The Senior Programme Manager explained that the views varied dependent on the client group. For those with learning disabilities, it was emphasised that they wanted the choice of living alone or living with others. The shared occupancy option would have facilities for social workers to be present for those with higher needs. In terms of those with mental health issues, single occupancy accommodation would be prioritised as per the views of the consultation.
3. A Member queried whether the pandemic had an impact on the progress of the AwCSS and asked about any measures taken to overcome such challenges. The Programme Director explained that the pandemic had minimal effect on the early-stage planning of the programme, as they were still in the preparation stage and conducting due diligence. The greatest impact was on the Pond Meadow site, as procurement of the project was delayed. Acceleration and identification of pipeline sites had continued to take place and the programme was on track to achieve agreed targets. Additional resources to enable this had been secured. In terms of Adult Social Care (ASC) support, the pandemic limited the ability to fully support residents in their new accommodation.

4. A Member enquired about the impact of the cost-of-living crisis on the programme. The Programme Director shared that the rising inflation and increased costs had impacted the cost of construction. Although, financial planning and pre-market testing had included appropriate provision for construction-related inflation. The impact on extra care housing was not known yet. The Senior Programme Manager added that supported independent living was for those with eligible care needs and extra care housing was trying to increase the availability of affordable housing in the sector.
5. In response to a question on the AwCSS's contribution to the delivery of Surrey Community Vision for 2030, the Senior Programme Manager explained that currently there was too much reliance on residential care which limited independence, especially for those with learning disabilities and autism (LD&A). Therefore, the Strategy linked to empowering communities and tackling health inequalities, as well ensuring no one was left behind. The Deputy Director added that for those with mental health needs, the Strategy involved helping them back into employment and independent living.
6. A Member asked about the affordability of the accommodation. The Programme Director explained that the accommodation would be fully funded through housing benefits, however, each setting would be subject to the local rates. Measures had been taken to make settings as cheap to run as possible, through adopting the Council's sustainability ambitions. The Chairman asked whether there would be a requirement for external providers to comply with the level of housing benefits. The Senior Programme Manager explained that the providers were already working with housing benefits organisations and the Programme Director added that the market lease arrangements would stipulate it was based on housing benefit levels. If the operating costs of the building were not met through the housing benefits, that burden would be on the Council or the provider to meet. The Head of Commissioning explained that there had been extensive work with providers, social landlords, and District and Borough officers to look at housing benefit levels in respect of the cost of living. Utility costs were built into the arrangements and the work was linked in with the wider housing strategy across Surrey.
7. Responding to a question on meeting a variety of accessibility needs, the Senior Programme Manager explained that in the design process they worked closely with residents and

occupational therapists to ensure that settings would be designed to meet a range of accessibility needs. The Member also asked whether there were plans to utilise any of the former anchor care home sites. The Programme Director informed Members that all available Council assets would be explored and proposals utilising a number of existing assets would be brought to Cabinet. At this stage, the specific sites could not be named due to confidentiality.

8. A Member highlighted the benefits of utilising Council-owned sites when receiving planning permission and raised potential issues of going through local planning committees. The Programme Director explained that for extra care sites, they were de-risking by seeking outline planning permission first. A Regulation 3 Surrey County Council planning-led approach was being taken for extra care and supported independent living sites; however, it may not be suitable for every setting. Thus far, there had been a supportive approach from District and Borough councils.
9. A Member asked about the Surrey-wide Support and Care Commissioning Strategy and how this would help to reduce health inequalities. The Senior Programme Manager explained that the Strategy would look at creating a consistent approach across the County to the commissioning of future extra care housing settings. It would cover all aspects involved in the delivery of dedicated Care Quality Commission (CQC) regulated services which provided a 24/7 on-site presence to respond to emergencies and meet the assessed needs of residents. The Strategy would reflect the fundamental purpose of extra care housing of providing support and security to residents to continue to live in a home of their own in a community which was responsive to their needs.
10. The Chairman asked about how it would be ensured that residents could afford the charged, communal facilities. The Senior Programme Manager shared that there were examples of best practice regarding communal facilities and they were working closely to the HAPPI principles. Accommodation would be located in areas with good transport links and in a community, as well as ensuring privacy and space. The Deputy Director explained that the ambition was for residents to be able to access opportunities such as, work and volunteering. The Programme Director added that the housing management function would be provided as part of the service charge. Some additional services would cost extra, such as, the hairdressers. The services which would be included or excluded would be

defined in the development stage, following resident focus groups.

11. In response to a question on the collaboration with District and Borough Councils, the Senior Programme Manager explained that the Council worked well with District and Borough colleagues and a Housing Partnership Management role had recently been recruited to. The programme prioritised care needs over housing needs, however, the housing partnership work was critical. The Programme Director explained that structures were in place to deliver the programme. There were some challenges due to levels of resourcing at different Councils, but there had not been blocking. There were healthy and challenging debates at partnership meetings.
12. The Chairman asked about the progress of the procurement process for the support and care provision. The Senior Programme Manager explained that it was on track and the procurement process would be completed within a suitable window. The Programme Director shared that the first phase development was with Pond Meadow Limited, and they were helping to shape the timings and processes to ensure that there was a suitable model in place, and there were no settings without the appropriate care in place. The Chairman queried whether there had been any considerations to build accommodation into the units for workers in Surrey. The Senior Programme Manager explained that at the current stage it was focused on adults with eligible care needs, with the ability for carers to stay but not as a form of permanent accommodation. However, they would look into the possibility of this in the future.
13. Responding to a question on the outcome of the planning application for Pond Meadow site, the Programme Director explained that Guildford Borough Council validated the planning permission on 23 September 2022 and there was a 13-week determination period. Thus, it was expected that planning determination would be received prior to Christmas. The Chairman asked about the time allocated to receiving planning permission in programme timelines. The Programme Director shared that there were short timescales included in the programme because of the outline planning approach. The next stage was based on reserve matters, but this would be known upfront.
14. A Member asked about the decision and impacts of using shorthold tenancies. The Programme Director shared that the decision was based on industry standards. It offered flexibility to

the landlord and the tenant, which allowed the settings to feel like a real home. Legal advice was sought for each setting and alternative arrangements would be considered if necessary.

15. A Member asked about the confidence that the delivery of the remaining 50% extra care units would be on target. The Programme Director explained that there were four phases of the extra care programme. During phase 1a and 1b, there were six sites which would deliver circa 368 units. Work was currently underway on phase 2 which involved four to five sites and officers were confident they were suitable and that the number of units in the sites could deliver against the Strategy. 100 to 125 units were required in phase 3 to achieve the target and sites were being identified and engagement had started with District and Borough colleagues. The Programme Director was confident that phase 3 would be achieved. The Member and Chairman noted the importance of proximity to transport links and the geographical spread of sites across the county. The Programme Director reassured Members that settings would not be developed in locations where there were not suitable transport links. The aim was for best geographical spread that could be achieved, relative to site availability.
  
16. In response to a question on the criteria for eligibility for supported independent living for individuals with LD&A, the Senior Programme Manager explained that the primary cohort was those with eligible care needs. The Programme was intended to reduce the reliance on residential care, thus, individuals in those settings would be prioritised. The Deputy Director added that individuals would receive a Care Act Assessment to understand their needs prior to allocation to a setting. The Head of Commissioning for Disabilities added that following an assessment, a detailed care package would be put out to brokerage. The Deputy Director shared that there would be a review shortly after an individual moved into their accommodation to assess whether the level of need was suitable. There would be constant monitoring through the provider and reviews would occur as and when needs changed.
  
17. The Board Director of Healthwatch Surrey queried whether there would be differentiation between autism specific needs and learning difficulty needs. The Head of Commissioning explained that they would be considering potential sensory overload and understanding that some autistic individuals would benefit from being around their peers, whereas others would prefer to be alone. The geographical location would be taken into account,

such as, being next to a church that produces loud noise may not be suitable.

18. A Member asked about gaining data of the cohort of those with LD&A who were currently supported by their family. The Head of Commissioning for Disabilities explained that the LD&A Joint Strategic Needs Assessment (JSNA) would provide a better understanding of the data available. There had been an increase in need and numbers post-pandemic. There was a separate JSNA on neurodiversity to learn more about the needs of that cohort. Surrey Carers Partnership Board has been refreshed and there was a sub-committee to look at neurodiversity.
19. In response to a question on the challenges with repurposing residential care settings, the Senior Programme Manager explained that officers worked closely with existing providers of residential care and the challenges were regarding the structure of existing buildings and whether they were suitable to be reconfigured. There was also work with providers around the behavioural piece of adjusting from residential care to supported independent living.
20. A Member asked about whether the increase in the mental health need due to the pandemic had created greater demand for supported independent living accommodation, and what kind of support could be expected for those residents. The Deputy Director explained that there had been an increase in referrals to teams which included increased complexity of needs and new cohorts. This had translated to an increase in requests for supported independent living. In terms of support, this would focus on helping people back towards independence, through finding employment and reintegrating into the community. It would also include teaching individuals to recognise when they were in crisis. There would be collaboration with Surrey and Borders Partnership and the voluntary sector for early identification and preventative work.
21. The Chairman asked about the criteria for providers to be involved in the programme, such as, prior performance records. The Deputy Director explained that there would be contract monitoring and there would be key performance indicators and criteria that they would need to meet. Previously, the Council had supported a provider to close due to poor quality of work. The Senior Commissioning Manager added that it was difficult to get good data on providers, especially if they were new to supported independent living provision. Therefore, officers would visit new providers prior to bringing them onto the framework.

Once established, information would be received from frontline staff and there would be quarterly performance monitoring meetings with providers. They were in the process of developing a more detailed quality assurance framework and have visited providers to meet service users and receive their feedback. The Board Director of Healthwatch Surrey explained that it can be difficult for vulnerable clients to know how to report issues. The Senior Commissioning Manager explained that in order for a provider to get onto the framework, they would need to have mechanisms in place to allow users to voice their concerns.

22. A Member asked about how the effectiveness of the partnership working would be determined and whether it would be successful in delivering a patient led approach. The Senior Programme Manager explained that it was about co-designing and co-producing with residents and routinely capturing feedback and outcomes from services. If the programme was delivering outcomes, then that would evidence that partnership working was successful. The Head of Commissioning for Disabilities added that there were meetings every other month with the Learning Disabilities and Autism Partnership Board. There were also mechanisms in place to ensure the work was patient-led, such as, commissioning being linked to Care Act Assessments.

23. A Member asked about the mitigating actions taken to minimise challenges to delivery. The Programme Director explained that an assessment had shown that they needed to improve officer resources to deliver the capital strategy, and this was a key risk area. A mitigating action taken was recruiting the Programme Director. High amount of supplier and provider engagement was crucial for effective delivery. In terms of de-risking the Council assets, they were seeking and achieving outline planning permission.

**Actions/requests for further information:**

*For Accommodation with Care and Support Strategy Leads at Surrey County Council:*

1. To organise site visits for Members of the Adults and Health Select Committee to Extra Care and Supported independent Living Sites.
2. To Hold a meeting with the Chair and Vice-Chairmen of the Adults and Health Select Committee and the Chairman of the Surrey Carers Partnership Board.



## **Recommendations:**

*For Accommodation with Care and Support Strategy Leads at Surrey County Council:*

1. To ensure that Extra Care and Supported Independent Living Accommodation is genuinely affordable in line with welfare benefits for individuals who qualify for such accommodation, and to provide a **future written update** to the Adults and Health Select Committee on this.
2. To develop explicit plans on the specific and specialised facilities that will be available within the context of the Extra Care and Supported Independent Living Facilities/sites, and to provide a **future written update** to the Adults and Health Select Committee on this, including on what is included in the rent and what is chargeable.

## **42/22 SURREY ALL AGE MENTAL HEALTH INVESTMENT FUND PROGRAMME: UPDATE ON PHASING OF IMPLEMENTATION PLANNING [Item 6]**

### **Witnesses:**

Rachel Crossley, Joint Executive Director for Public Service Reform (Surrey County Council and Surrey Heartlands ICS)

Lucy Clements, Health Integration Policy Lead (Surrey County Council and Surrey Heartlands ICS)

Kate Barker, Joint Strategic Commissioning Convenor – Children

Liz Williams, Joint Strategic Commissioning Convenor – Learning Disability and Autism and all age Mental Health

Clare Burgess, Chief Executive of Surrey Coalition of Disabled People

### **Key points raised during the discussion:**

1. The Joint Executive Director explained that the Mental Health Investment Fund (MHIF) was all age and there was delegated authority for both health and the Council, and therefore, it was run as a joint fund. The MHIF did not need to be spent completely in the current financial year (2022-23); some larger procurements may be supported. The first round of the grant process was expected to take place prior to Christmas (2022) and to then run every two to three months. Opportunities could include early help projects for winter pressures. The work would also be linked in with the key neighbourhoods of the Health and Wellbeing Strategy (HWB Strategy).
2. The Chairman asked about other organisations that were approached to be involved in the MHIF and their responses. The

Joint Executive Director explained that the Council approached Surrey Heartlands ICS (Heartlands) and Frimley Health and Care Integrated Care System (Frimley). Frimley were supportive but did not have the finances to invest in the fund at the time and the conversation remained open for future opportunities. Heartlands had funding available and contributed £4 million to the fund. District and Borough Councils did not formally want to pursue the opportunity. Community Foundation Surrey was able to raise a substantial amount of funding. Private sector funding was not explored and the Police and Crime Commissioner nor the Chief Constable did not indicate interest.

3. The Chairman asked how the priorities of the MHIF synergised across the organisations involved. The Joint Executive Director explained that the fund was separate to allow focus on the Mental Health Improvement Plan (MHIP), however, prioritises would be assessed against priority two of the HWB Strategy.
4. The Chairman queried whether there were plans to increase the funding available in the MHIF and asked about the length of funding. The Joint Executive Director explained that they were looking at seed funding, where they would get a project off the ground which would enable them to access longer term funding elsewhere. The Council could look to agree a different approach to the ring-fencing of the funding, which would enable more opportunities. The Joint Strategic Commissioning Convenor for Children added that there were two parallel work programmes, one on prevention and one on intervention, but a collaborative decision was taken to merge the work programmes, and this has resulted in improvements.
5. In response to a question on the amount of money available for investment at a time of increasing demand, the Joint Executive Director responded that officers shared the concerns. In terms of prevention work, this money increased the capacity and opportunity. They needed to think about maintaining some funding going forward, whilst recognising the other pressures on the Council's budget.
6. A Member asked about the criteria used to reach out to individuals to identify projects that are suitable for funding. The Health Integration Policy Lead explained that it was early stages of reaching out and there would be various different channels of communication when it goes out to public. Officers had linked in with the Mental Health Service Delivery Board (MHSDB) and asked them to identify areas for early support, as well as speaking to place leaders at ICS level who would liaise with their Alliance Partnerships to identify areas of need. The Joint

Strategic Needs Assessment (JSNA) would also inform this process.

7. A Member questioned how often the Allocation Panel would meet. The Health Integration Policy Lead shared that they had taken advice from other fund programmes, and they would take place on a quarterly basis. They would work with the Cabinet Member for Adults and Health to ensure that the Panel was representative and there would be those with lived experience on it. The Joint Executive Director added that they would work with the Voluntary, Community, and Social Enterprise (VCSE) sector to ensure they were represented on the Panel, whilst recognising when conflicts of interest could occur. The Select Committee could be advocates of the Panel.
8. The Chairman asked how the MHIF would not impinge on the priorities of the MHIP. The Joint Strategic Commissioning Convenor for Children explained that the MHIF was linked to the priorities and were looking for projects which could be scaled up to bring significant benefit to the population. The Joint Strategic Commissioning Convenor for Learning Disability and Autism (LD&A) and all age Mental Health added that the JNSA would provide a source of evidence and priority setting would be based on evidence and impact. Programme one of the MHIP would set the priorities of the fund.

*Cllr Robert Evans left the meeting at 1pm.*

9. A Member asked about the potential innovative forms of mental health support the MHIF could support. The Joint Executive Director explained that these could be digital solutions, such as the use of artificial intelligence or predictive analytics. In terms of the workforce, it could explore what healthy work looks like post-pandemic. The Joint Strategic Commissioning Convenor added that there had already been school-based group work around transition points which was a 6-to-12-week course that allowed young people to have a trusted safe space to discuss with peers. The early indications had been positive, and this was an example of a low-cost scheme which produced a high impact.
10. Responding to a question on demographics that could be overlooked, the Joint Executive Director explained that there were six key neighbourhoods identified in the Health and Wellbeing Strategy, as well as full insight packs on 21 neighbourhoods. There would be work with District and Borough colleagues to balance the services which already existed. The

JSNA would provide information on some of the priority population groups as well.

11. A Member asked about plans to increase awareness amongst partner organisations of services funded through the MHIF. The Health Integration Policy Lead explained that there would be significant public facing communication through their website, an engagement event, and they would be working with community organisations, such as libraries. Information for Members to share with their residents to promote the MHIF would also be provided.
12. In response to a question on parameters of the allocation of the direct award to Community Foundation Surrey, the Joint Executive Director explained this was because they match funded. Their award would be focused on 0- to 30-year-olds and it was a scale-up fund which was identifying programmes that were working well in communities and could be scaled up across the county.
13. A Member asked about how the MHIF would help to reduce health inequalities through early access to support. The Joint Executive Director explained that there were immediate capacity gaps and unmet need, with communities not currently being supported. The MHIF aimed to resource the voluntary sector appropriately. Employees were being supported through welfare hubs and through the cost-of-living crisis work. The Joint Strategic Commissioning Convenor for LD&A and all age Mental Health explained that there was a Centre for Mental Health evidence base which did not include social isolation within the support. The Chief Executive for Surrey Coalition of Disabled People added that there was evidence to show that public living rooms reduced loneliness and social isolation. A meeting was taking place with Camerados to discuss bringing it to Surrey.
14. The Chairman asked whether initiatives would be IT based and link to patient health records, as well as capture data. The Joint Executive Director shared that patient health records were being improved and anything new should fit and if not, would be conscious of alternatives.
15. The Chief Executive of Surrey Coalition of Disabled People queried whether there was a potential risk of the MHIF having to prop up the system during the winter, due to reduced mental health funding for winter pressures. The Joint Executive Director explained that there were a number of risk areas, but they had not been tasked with reimagining the MHIF.

### **Actions/requests for further information:**

1. The Joint Executive Director for Public Service Reform to provide a full list of organisations approached for collaboration on the Mental Health Investment Fund and their responses.
2. To have a discussion with the Chairman & Vice-Chairmen of the Adults and Health Select Committee to agree a future role of the committee in the Allocation Panel of the Mental Health Investment Fund. The Chairman expressed concerns for any potential to redirect the funds towards winter pressures and should this potentially occur, the Committee should be kept informed.

### **Recommendations:**

*For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors:*

1. To continue to work closely with Frimley Health and Care Integrated Care System and other relevant organisations to participate in funding contributions for the Mental Health Investment Fund in the future.
2. To ensure that the decision-making parameters and priorities of the Mental Health Investment Fund, are closely aligned with priorities determined by the Mental Health Improvement Plan.
3. To formulate a focused list of criteria to determine the priorities and geographical spread involved in making parameters for the Mental Health Investment Fund.
4. To recognise that tackling social isolation is amongst the key priorities of the Mental Health Investment Fund, and that measures are taken to tackle such isolation.
5. To provide a **report and future update** to the Adults and Health Select Committee on progress made on all the above in a **formal** select committee meeting.

### **43/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]**

#### **Key points raised during the discussion:**

None.

### **44/22 DATE OF THE NEXT MEETING [Item 8]**

The Select Committee noted that its next meeting would be held on Tuesday, 6 December 2022.

Meeting ended at: 1.39 pm

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**Chairman**



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# Accommodation with Care and Support

## Adults and Health Select Committee

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Simon Montgomery, Senior Programme Manager

Wednesday 2 November 2022

# What is our ambition for Surrey residents?

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In 2018 Surrey County Council embarked on a large scale engagement activity with residents, staff, members, partners and businesses to shape our vision for Surrey in 2030. Together we agreed that:

*'By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.'*

It is essential that the care and support provided by Adult Social Care enables us to deliver our Community Vision for 2030 and promotes the independence for our residents in all we do and offer. Through our Accommodation with Care and Support Strategy we will work to enable people to access the right health and social care at the right time in the right place through the provision of the most suitable accommodation with care and support for Surrey residents.

There are three distinct Programmes within the Accommodation with Care and Support Strategy

- 1. Extra Care Housing** for older people
- 2. Supported Independent Living** for working age adults with learning disabilities and/or autism
- 3. Supported Independent Living** for working age adults with mental health needs

# Accommodation options for Older People

## MAINSTREAM HOUSING

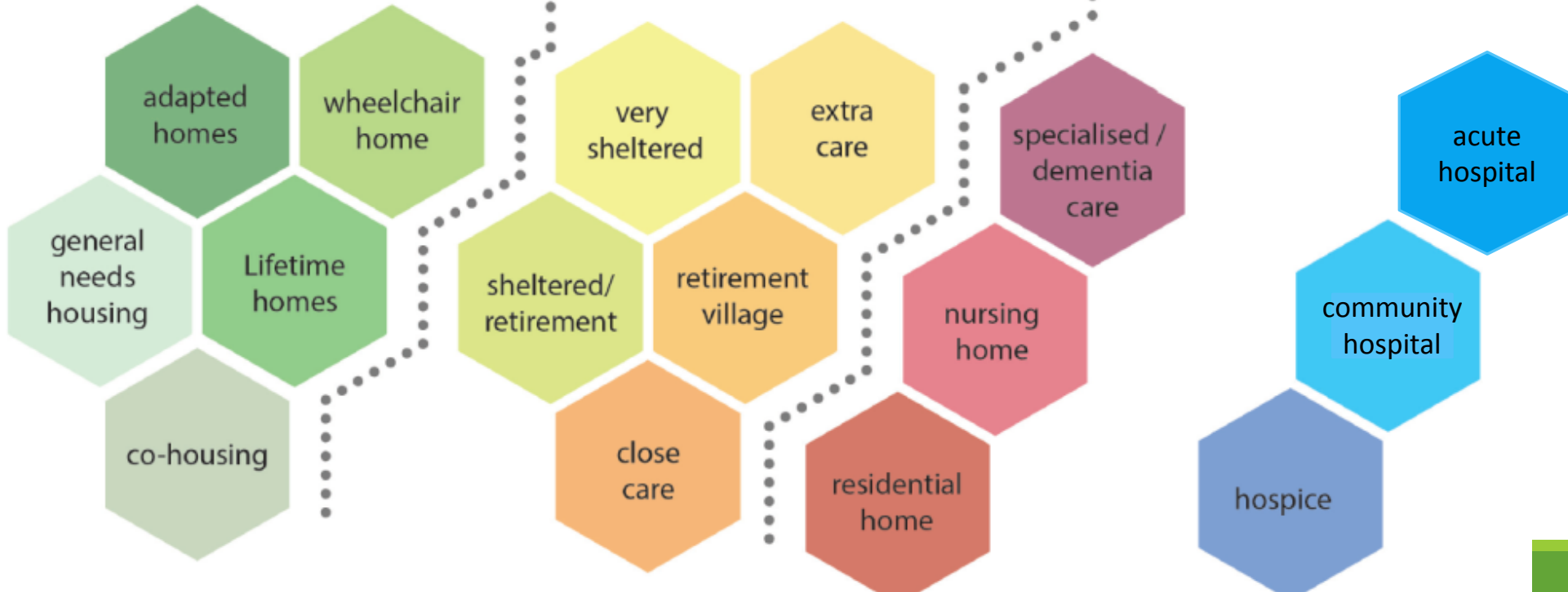
Individual homes to buy or rent – not designated for any specific user group (though Lifetime Homes includes age-friendly features and wheelchair housing is specially designed). Personal care, support, other services and amenities available within the community.

## SPECIALISED HOUSING

Groups of homes (usually flats) to buy or rent – designated for older people (typically 55+). Flexible personal care and support usually arranged or provided within the development together with shared facilities and activities. Common facilities may also be shared with the wider community.

## CARE HOMES

Care homes are a residential settings where a number of older residents live, usually in single rooms. Full-time personal care and support is typically available within the development together with shared facilities, activities and catering.

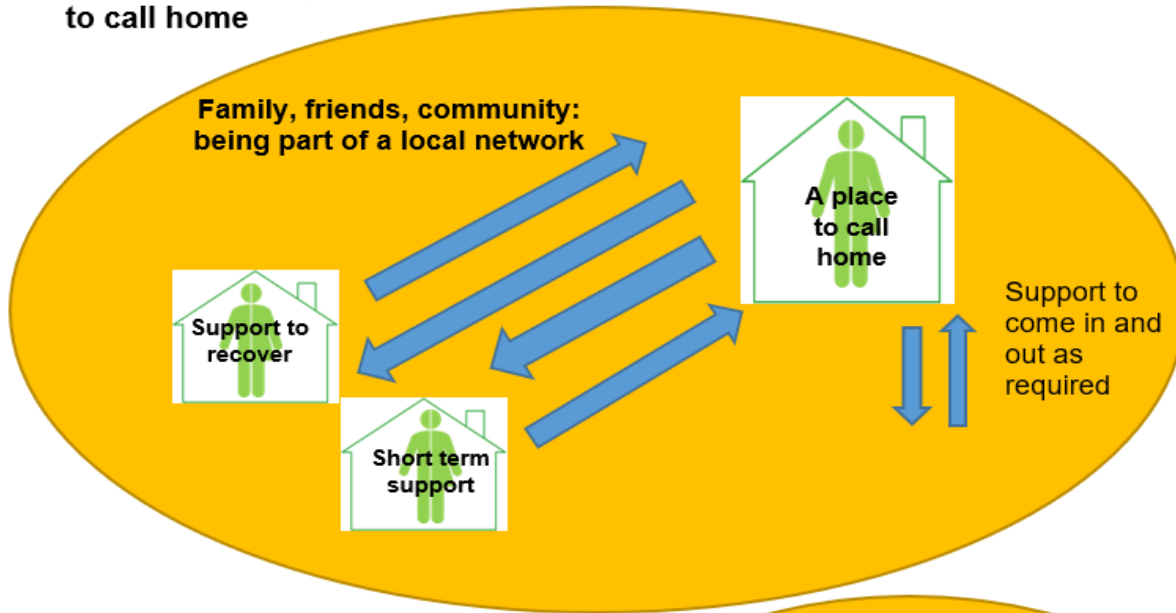


# Accommodation options for individuals with Learning Disabilities



# Accommodation options for individuals with Mental Health needs

## Our vision for a place to call home



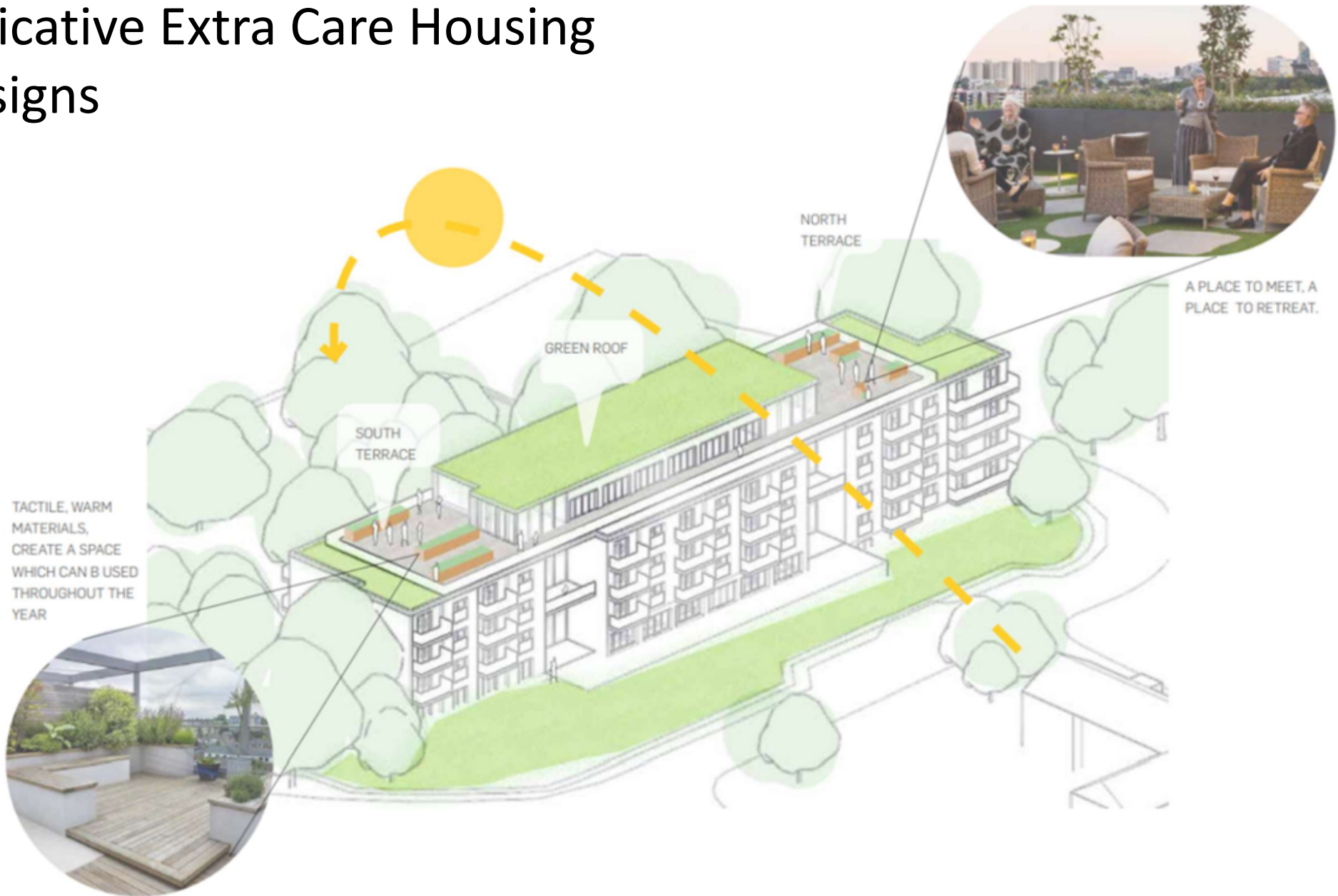
**A place to call home** that meets people's long term accommodation with support needs. This could include ongoing support from skilled staff from mental health services, adult social care, the voluntary sector and/or housing with support providers. People with a range of mental health needs including those who have more complex needs through to those who benefit from a small amount of support to stay well and included in the community can be supported in this way, to help people live and thrive in the place they call home.

**Support to recover** that is medium term and helps people to recover. This is can be high/medium/low need support from skilled staff who can support people including those who have more complex needs. Aimed at enabling people to recover and be well enough to move into a place to call home within two years.

**Short term support** is accommodation with support options to help prevent a hospital admission, manage a crisis or to avoid homelessness - this could be spending a few nights in temporary accommodation then going home again or staying for a number of weeks whilst accommodation is identified to prevent someone becoming homeless.

**Family, friends, community: being part of a local network** is integral to feeling included and well. We expect all support providers to take social inclusion into consideration and work with carers, families, friends and the voluntary sector to promote and support this.

# Indicative Extra Care Housing Designs



# Supported Independent Living Designs



# Supported Independent Living Designs



PHOTOGRAPHY 1



# Support and Care at Extra Care Housing and Supported Independent Living

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SCC will not only need to get this housing built – the right support and care needs to be delivered within each setting

## What does this mean?

- **Developing the right care models** – so that people receive the care that they need, and the assurance of an emergency care presence (if required), through a high quality and financially sustainable service
- **Engaging with experienced CQC regulated care providers**, to convey the key elements of our approach that will ensure the settings offer a way to achieve independence and positive outcomes. (*NB. We might not need CQC registered providers for mental health outreach services*).
- **Co-producing an approach to care delivery** – not only to understand how best to develop new, good quality services which can cater for a wide variety of needs, but to refine existing services too
- **Reflecting on increasing expectations of care delivery** – factoring in our learning from the Covid pandemic, Discharge to Assess (D2A) and the need to maximise our offer of reablement and rehabilitation.

# Resident, Family and Carer Engagement

Early in 2022 we completed another round of engagement events with residents, their families and carers on the proposed designs for Supported Independent Living.

Through our Valuing People Groups and the Independent Mental Health Network we reached over 100 individuals. The feedback on our designs was very positive and we were able to demonstrate to groups that we had built on earlier feedback they had shared with us.

The feedback also demonstrated the importance of:

1. Getting the care and support right
2. Giving people security in their tenancies
3. Having the option to live in their own place or sharing with others
4. Making sure the buildings are accessible
5. Being able to play an active role in their local communities

We do need to consider the best ways to engage our older residents.