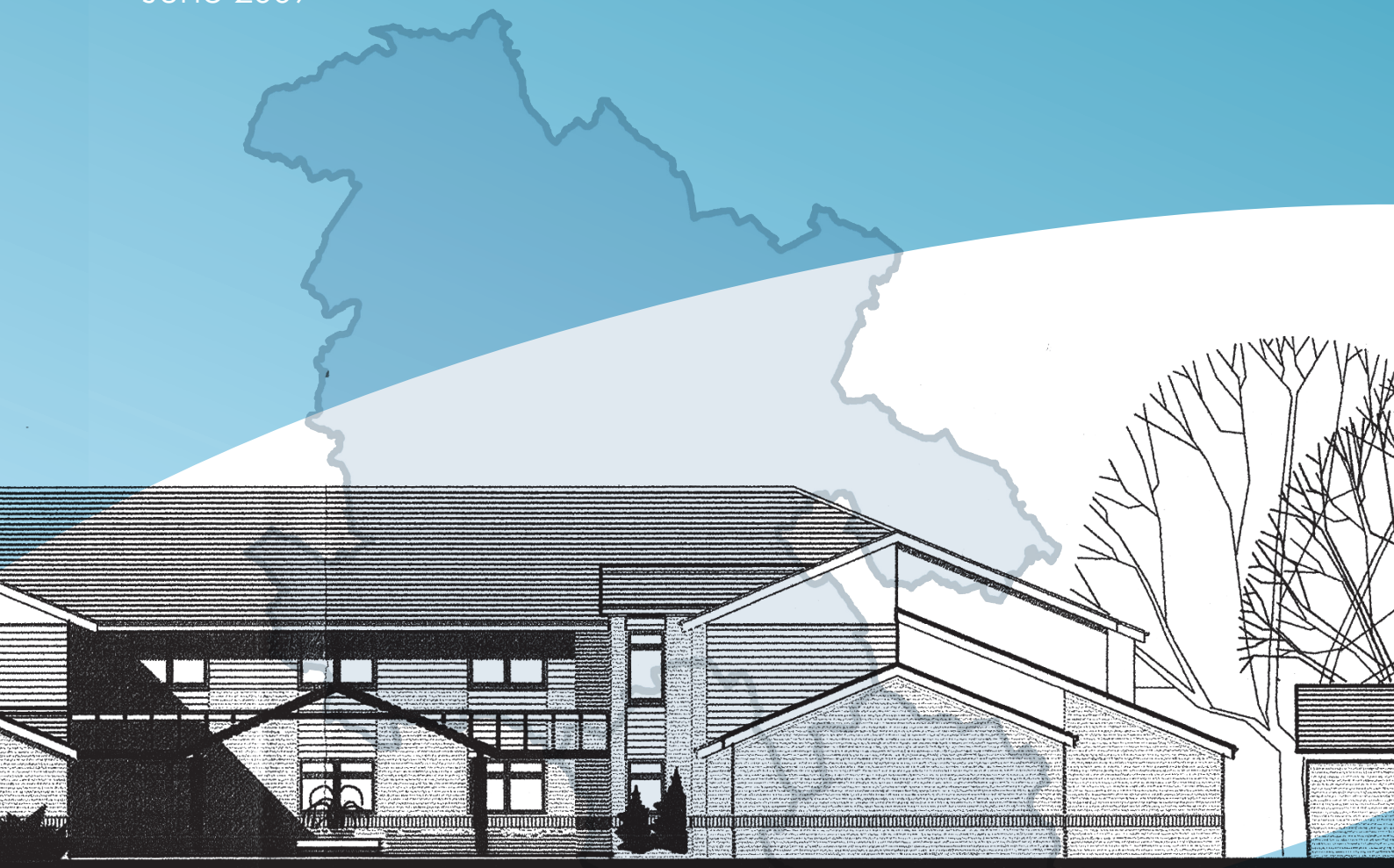


Buckinghamshire

12 Year Housing Plan for People with Support Needs

June 2009



Adult Social Care

Buckinghamshire councils – working together for better services, better value



Chiltern
District Council



South Bucks
District Council



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1. Executive summary

This document is a 12 year housing plan for people with support needs. It predicts the future housing needs for adult social care in Buckinghamshire. It has been produced in partnership between Aylesbury Vale District Council, Wycombe District Council, Chiltern District Council, South Bucks District Council and Buckinghamshire County Council.

The plan has the support of the county council and the district councils and has been agreed and approved by all parties at cabinet level.

The plan defines the level of housing required up to the year 2020 for the following client groups:

- Learning Disability
- Physical and Sensory Disability
- Mental Health
- Older People
- People at risk of homelessness

The level of housing required is further defined by whether the accommodation needed is 'specialist' or more 'general needs' and also where in the county the accommodation is needed. This is the first time that this level of detail has been provided in a housing plan.

The main functions of the plan are to define for the district councils:

- **How many** units of supported housing are going to be needed by adult social care over the next twelve years
- **When** they will be needed to be provided by
- **Who** the units will be needed for
- **Where** the units need to be located in Buckinghamshire
- The **design** implications of units for a specific need

This level of detail will provide the district councils with consistent and evidence based information about future housing requirements. It will assist in informing core strategies, Local Development Frameworks, planning decisions, housing allocations, local priorities and defining the level of developer contributions required.

The plan has been developed using the most up to date population predictions, research and other data to ensure that the levels identified are justified and acceptable. However it must be stated that predicting future housing need for social care is an underdeveloped area of practice, and the figures included within the plan are a best 'prediction' based upon current knowledge and understanding, and will need to be adjusted if more robust methodologies are developed in the future.

The levels of predicted housing need are detailed in the tables below. Further explanation of the content and methodology for reaching these conclusions is within the main body of the plan.

The figures quoted in all the tables within the plan are cumulative and are therefore carried forward to the next period if the demand has not been met. If any of the demand is met then the figures for the subsequent period will need to be reduced accordingly.

Table 1

For Learning Disability:

	2008			2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
Aylesbury Vale	29	122	151	44	118	162	71	124	195	106	141	247
Chiltern	14	57	71	20	55	75	32	55	87	47	62	109
South Bucks	10	42	52	16	40	56	24	43	67	36	47	83
Wycombe	26	109	135	38	104	142	60	104	164	86	115	201
Bucks	79	330	409	118	317	435	187	326	513	275	365	640

Table 2

For Physical and Sensory Disability:

	2008			2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
Aylesbury Vale	3	2	5	5	3	8	7	3	10	11	6	17
Chiltern	2	1	3	2	1	3	3	1	4	5	3	8
South Bucks	1	0	1	1	0	1	2	0	2	4	1	5
Wycombe	3	2	5	4	2	6	6	3	9	8	5	13
Bucks	9	5	14	12	6	18	18	7	25	28	15	43

Table 3

For Mental Health:

	2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
Aylesbury Vale	1	22	23	4	39	43	7	57	64
Chiltern	0	10	10	2	17	19	3	25	28
South Bucks	0	8	8	1	13	14	3	19	22
Wycombe	1	20	21	3	33	36	6	46	52
Bucks	2	60	62	10	102	112	19	147	166

Table 4

For Older People:

	2008			2010			2015			2020		
	Nurs.	Res.	Total	Nurs.	Res.	Total	Nurs.	Res.	Total	Nurs.	Res.	Total
Aylesbury Vale	73	167	240	59	207	266	95	327	422	154	408	562
Chiltern	49	112	161	39	138	177	56	219	275	87	273	360
South Bucks	34	77	111	28	95	123	38	150	188	59	187	246
Wycombe	73	169	242	59	209	268	88	330	418	137	412	549
Bucks	229	525	754	185	649	834	277	1026	1303	437	1280	1717

Table 5

For people at risk of homelessness:

	2008			2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
Aylesbury Vale	41	162	203	39	157	196	40	160	200	41	166	207
Chiltern	19	77	96	18	73	91	18	72	90	18	73	91
South Bucks	14	56	70	14	54	68	14	54	68	14	56	70
Wycombe	36	143	179	34	137	171	34	134	168	34	134	168
Bucks	110	438	548	105	421	526	106	420	526	107	429	536

From the above tables we are able to summarise for Buckinghamshire that:

- By 2020 there will be a predicted total demand across Buckinghamshire for 3,102 units of accommodation.
- The increase in need for accommodation is going to be greatest for older people.
- The prevalence levels for younger people with mental health or physical and sensory disability are predicted to remain stable for the next 12 years.
- For people with a learning disability, the main need will be for specialist accommodation.
- There is limited demand for accommodation for physical and sensory disability due to the adequacy of current supply, and lack of predicted increase in demand.
- The majority of future demand is predicted to be in Aylesbury and Wycombe.

Introduction

Background:

This is the fifth housing plan produced by Buckinghamshire County Council, and is the first to be developed in partnership with the district councils. The last strategy was produced in 2003 and ran until 2006.

Previous documents were all called Supported Housing Strategies, but there was some confusion around the similarity in the names of strategies and other documents developed by Buckinghamshire County Council and the four district councils and a lack of definition or separation between them. This has resulted in the development of a distinctive and readily identifiable title for the plan that focuses the reader on housing.

This plan is focussing on adult social care funding the support needs of people and how this impacts upon their housing need. However it also covers the housing needs for people that might not meet the eligibility criteria for adult social care, but have identified housing support needs that are met by the Supporting People team.

There have been a lot of developments in adult social care since the previous strategy in 2003 with new legislation and a clear direction of travel that promotes choice and independence being developed, and also legislative developments in housing that clarify and define the responsibilities of housing authorities. This strategy is needed to update our position, to frame how we are going to address the important issues raised, and to provide the district councils with the information that they need to take the messages forward and to meet the objectives within the plan.

There have also been changes in the way that adult social care commissions care. Historically, adult social care would purchase residential care which includes the care and the accommodation being 'bundled' together, so adult social care indirectly paid for a person's housing. Since the start of the century there has been a growing momentum towards 'supported living' (or derivatives of supported living). The implication of this is that adult social care does not pay for the accommodation and it is sourced separately from the care. This has meant that there is an increased responsibility on the district councils to provide the accommodation element as part of their duty, and in many cases, for housing benefit to pay for it.

We also want this plan to be adopted and used by the district councils, as well as the county council, to deliver what is needed in regard to supported housing across Buckinghamshire. This will be the first time this has been achieved and will provide a clear and consistent strategic direction for the whole of Buckinghamshire.

This plan is for 12 years, which on the face of it appears to be looking a long way into the future, however where housing is concerned if we are going to be effective and truly strategic in our approach to housing developments, then this is the timeframe we need to be using, considering the complexities involved with house building, the planning process and identifying suitable opportunities.

Having said that the plan is for 12 years, there will be elements that look further into the future than 2020, and some elements that will more relevant for the shorter term. This is unavoidable due to the flexible timescales needed when discussing and implementing ideas surrounding housing. The plan will be reviewed on a regular basis by the district councils and the county council to ensure that the content is still relevant.

What do we want the housing plan to do?

This 12 year housing plan for people with support needs has been designed and produced to:

- Be clear
- Be concise
- Be simple to understand
- Be informative for all stakeholders, especially the district councils
- Not repeat data, information, consultation or analysis that has been completed by the county council, the district councils or consultants that is relevant to housing and social care
- 'Pool' together relevant information to form a consistent view and approach
- Use the most up to date research and predictive models available
- Be informed by best practice and previous experience and successes

The main purpose of the plan is to inform the district councils and the county council about:

- **How many** units of supported housing are going to be needed by adult social care over the next 12 years
- **When** they will be needed to be provided by
- **Who** the units will be needed for
- **Where** the units need to be located in Buckinghamshire
- The **design** implications of units for a specific need, and to provide model examples of best practice
- **How** developments will be facilitated

More widely the strategy will be used to:

- Get formal agreement and 'sign up' to the content of the plan from Buckinghamshire County Council (BCC), Aylesbury Vale District Council (AVDC), Chiltern District Council (CDC), South Bucks District Council (SBDC) and Wycombe District Council (WDC).
- Clarify and define the roles and responsibilities of the county council and the district councils in the development of housing where there is an identified support need.
- Frame housing where there is the need for adult social care input in a strategic countywide way, and encourage partnership working across geographical and organisational boundaries.

- Support the district councils in the development (or review) of their housing strategies and other policies and procedures that have an interface with adult social care.
- Inform the district council's core strategies.
- Support district councils in decision making regarding future housing where there is an identified social care need.
- Support the recently produced commissioning strategies for Learning Disability, Mental Health, Physical and Sensory Disability and Older People.
- To provide clarity about Supporting People areas of work and influence, and how they will work with this wider housing plan.
- Predict the 'bricks and mortar' needs for the people of Buckinghamshire when they have a support need.
- Identify assistive technology developments and how they could influence and support housing developments.

What won't the strategy be able to do?

- Provide an action plan for how the identified future housing needs are to be met by the district councils. This will be done separately and subsequently to this strategy by the district councils in their own housing strategies and other local documents.
- Cover housing needs for people that are not supported by Adult social care or Supporting People.
- Directly secure capital, revenue or other resources to finance any developments.
- Be seen in isolation from other supporting evidence and other strategies.
- Be certain in the projections made. The future prediction of housing need is not an exact science and is subject to many external influences that can effect supply or demand projections (for example the current 'credit crunch').
- The impact of the current 'credit crunch' is manifesting itself in many ways, and will continue to have unknown affects after the publication of this plan. Already there are implications for levels of housing being built and sold, and the levels of developer contributions that can be realised.
- Commit to the provision of **all** the housing need identified. There will be wider discussions and prioritisation of the identified need but the plan sets the agenda and the levels required.
- There is limited research that provides a 'formula' that quantifies how many housing units will be needed based upon the prevalence within specific client groups. This will mean that the projections made are based upon our best understanding at the current time, and could be subject to change, as more reliable national methodologies are developed.

Adult Social Care vision for developing housing 2008 – 2020

In Buckinghamshire we will ensure that we develop, promote and commission services, and we will support accommodation that helps us in the delivery of our vision.

'Because Every Adult Matters' (bEAM) is the strategic framework for the development of adult social care in Buckinghamshire. It is the county council's way of supporting the implementation of the government white paper 'Our Health, Our Care, Our Say'. bEAM is an innovative approach to how we deliver services to the whole community that brings a shared philosophy to all areas of our work including housing.

Through this plan, and our work with the district councils it is our vision that housing provision for eligible people in Buckinghamshire is provided that:

- Promotes timely access to good quality, suitable housing that improves people's outcomes.
- Does not control or dictate, but supports appropriate levels of intervention.
- Safeguards all vulnerable people.
- Promotes independence, choice and control.
- Improves people's quality of life and domestic living environment.
- Provides accommodation of the right design, at the right time and in the right place.
- Has a preventative focus and helps to stop a person's needs increasing over time.
- Maintains sustainable communities and neighbourhoods that all people want to live in.
- Is proactive and strategic rather than reactive and 'blinkered' in approach.
- Reduces reliance on care homes and other inappropriate accommodation and support options.
- Is inclusive and promotes equality regardless of race, age, gender, disability, sexual orientation, faith or belief.
- Recognises the implications of the introduction of Self Directed Support.

4. What are the national, regional and local drivers for Adult Social Care and Housing?

Adult Social Care

Over time there have been major changes in the way adult social care services have been arranged and delivered, but the direction of travel over the last 20 years has all been towards increasing people's independence and choice. This message has been combined with an emphasis of more joint working and delivering services that are value for money.

One of the most important recent drivers for change has been the government paper 'Our Health, Our Care, Our Say', which has outlined outcome areas that should underpin all aspects of adult social care delivery.

Table 6

White Paper Outcome from 'Our Health, Our Care, Our Say'	What this means for people	Desired outcomes
Improved health and emotional well-being	'I am as healthy as I can be'	<ul style="list-style-type: none"> • People living longer • Better physical, mental and emotional health • More people living healthier lifestyles
Improved Quality of life	'I am able to live a fulfilled life'	<ul style="list-style-type: none"> • Better access to housing, transport, leisure and learning • Support that promotes well-being • Cohesive communities • Better environment • Reduced crime
Making a positive contribution	'I can participate as a full and equal member of my community'	<ul style="list-style-type: none"> • Living, working, learning and taking part in community life as equal members • More involvement in decision making • More people reporting positive experiences of services delivery
Exercise choice and control	'I have the same life chances as other adults'	<ul style="list-style-type: none"> • People determining where they live and how they spend their time • Better advice and information • More use of assistive technology • More use of individual budgets
Freedom from	'I have an equal chance	<ul style="list-style-type: none"> • Action is taken against maltreatment,

discrimination and harassment	to live free from avoidable harm, fear, discrimination and prejudice'	neglect and exploitation <ul style="list-style-type: none"> • Less discrimination on grounds of race, gender, age, disability, sexual orientation, culture or belief • Improved neighbourhoods
Economic well-being	'I am financially stable and have as much control as possible over my money'	<ul style="list-style-type: none"> • More people have access to good financial information and advice • Increased employment opportunities
Maintaining personal dignity	'I feel valued by others'	<ul style="list-style-type: none"> • More people experience stable and good quality care • Privacy and confidentiality are respected • Increased self esteem

Adult social care has new joint commissioning strategies in place for learning disability, mental health, older people and physical and sensory disability. These strategies have all recently been produced by the county council and the Primary Care Trust and they frame the strategic direction for the commissioning of services from 2008 to 2011. They also set 'big ideas' for action, and in all of the strategies, there is a principle of increasing the level of supported housing as a replacement for traditional registered care. The commissioning strategies detail the resource implications, how the change will be managed and appropriate targets.

In December 2007 'Putting People First' set out a shared vision and a commitment to the transformation of social care to have a more personalised approach – with a commitment for all people who use social care services to have an 'individualised budget' by 2011. Buckinghamshire County Council supports this, and is working towards making this a reality. This will mean that the county council will not dictate how people spend their money to meet their own needs, but people will be allocated an amount of money (based upon a self assessment) and will be able to decide themselves how they can best meet their needs using the cash provided. This could mean that people might decide that they can best meet their needs by adapting their accommodation, moving home or even out of residential care. All these above options could have implications for housing demand. The implications across adult social care of the introduction of self directed support for all (with a target of 80% of people using services having an individual budget by 2011) are extremely complicated and will necessitate 'system change'. For housing the implications will have to be monitored closely across the districts and the county, with a focus on being proactive and strategic when issues are developing.

Adult social care with the primary care trust have developed a Joint Strategic Needs Assessment (JSNA) that looks at the whole population of Buckinghamshire and identifies the current and future health and well-being needs and inequalities. The JSNA will help in the development of relevant strategies to address the identified issues and inequalities to reduce their impact.

Housing:

In Buckinghamshire, the four district councils (Aylesbury Vale, Chiltern, South Bucks and Wycombe) each act as the local housing authority for their respective areas. They are responsible for identifying and meeting local housing needs as well as managing the local housing waiting list and homelessness services. Each district council is also the local planning authority for its area, with responsibility for setting local planning policy and making decisions on planning applications. The national and regional context for the district's housing work can be summarised as follows:

National level:

- **Housing Green Paper – Homes for the Future (2007)** – Outlines the government's broader housing policy.
- **Planning Policy Statement 3 (PPS 3)** – sets down the national policy framework for delivering the government's housing objectives.

Regional level:

- **Regional Spatial Strategy (South East Plan 2006)** – sets down the region's approach for delivering a good mix of housing and details annual targets for new dwellings to be built in each district for the 2006-2026 period. The targets for the districts are:

Table 7

District	Annual target	Total target for 2026
Aylesbury Vale	1,345	26,900
Chiltern	145	2,900
South Bucks	94	1,880
Wycombe	390	7,800

The high figure for Aylesbury Vale is because it falls within the Milton Keynes and South Midlands (MKSM) growth area and this has been designated as an area of significant and rapid expansion by the Government to help to meet the national housing shortage.

- **Regional Housing Strategy 2008-11** sets down regional priorities and the framework for targeting resources e.g. sets the subsidy for new affordable housing

District level:

Local Development Framework (LDF) – Currently each district council has a local plan setting down the planning vision and policies for the local area. These are being replaced by district LDFs that are currently in development and which will be based around a core strategy developed by the individual district council concerned. The progress being made towards having a fully developed LDF is different for each district council.

Housing and Homelessness Strategies – Each district council has a Housing Strategy (that forms the basis of their strategic housing work to identify and meet local housing needs). There are also homelessness strategies which provide the framework for delivering homelessness services in the district concerned.

In developing their key planning and housing strategies and policies, district councils will also have regard to other specific guidance issued by government such as 'Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society', and also to locally commissioned research (e.g. the Bucks Strategic Market Assessment that was undertaken in 2007/08 to identify current and future housing needs and issues across the four districts).

Housing Delivery in Buckinghamshire

The provision of new housing in Bucks is influenced by two key factors – the availability of land and the availability of finance.

Land Availability

The availability of potential development sites is affected by a range of factors. District councils aim to be pro-active in identifying potential development sites, including undertaking Strategic Land Availability Assessments and working with partners such as RSLs (Registered Social Landlords). However, development opportunities in some parts of Bucks (especially the south) are limited by the restrictions imposed by Green Belt and AONB (Areas of Outstanding Natural Beauty). Additionally, new schemes that are brought forward must satisfy the district council's planning requirements if planning permission is to be granted.

Where large sites are being developed (e.g. 15 or more dwellings) then the district council's planning permission will normally require that a proportion of the scheme must be affordable housing (which can be rented or purchased by households who cannot afford open market housing). However, the economic downturn that began in 2008 has caused a reduction in new build sites coming forward, with a consequent impact on the number of new affordable homes being built.

Finance

All housing schemes need to generate sufficient income to be viable. This can include income from sales or rents or from subsidy via government agencies such as the HCA (Homes and Community Agency).

Where RSLs are seeking to build new affordable housing, the district councils have a key role in supporting bids to the HCA for subsidy. Bids must be backed up by clear evidence to show that the scheme will meet a local need (whether for general needs accommodation or for supported housing). However, the levels of government subsidy are limited and can be targeted on specific types of development to satisfy national targets and objectives rather than identified local need.

Many RSLs also seek to fund schemes via income from shared ownership sales (part buy/part rent) or contributions from private developers (where the affordable housing is being provided in a private development as a condition of the planning permission). This has become increasingly difficult due to the economic downturn as many RSLs struggle to sell shared ownership properties and many developers are reluctant to progress new build schemes due to falling demand. Therefore, the provision of affordable housing may become increasingly reliant on government subsidy if the economic downturn continues.

5. Understanding current and future housing needs for Adult Social Care (ASC)

Introduction

We understand that everyone needs somewhere to live that meets their needs. And this need is not defined by whether they receive a service from adult social care or whether they have a disability.

We also need to recognise that research by Oxford Brookes University for Buckinghamshire County Council highlighted that approximately 47% of people in residential and nursing homes fund their own care and support. These people may still have a specific housing need, but are not using a service provided by ASC. However, we still need to recognise that they should have equal access to appropriate housing that meets their needs.

We also need to be less focused on boundaries either between district councils, or the authorities that are neighbours of Buckinghamshire County Council. By being proactive and being less driven by these boundaries we can be more strategic in our approach, achieve economies of scale and improve outcomes for people. However, this approach requires open and transparent working at all levels and an understanding of when it might be more appropriate for other organisations to take the lead. This plan will assist by predicting the countywide demand and by promoting a joined up approach to delivery.

This plan will identify the number of specialist units that are needed to meet this demand, however it is understood that general needs housing is a vital resource for people in receipt of adult social care services and it will be able to meet the needs of the majority of the people that we are identifying.

Table 8

Type of housing	Characteristics
Specialist housing	<ul style="list-style-type: none"> • Specific design considerations • Housing units could be co-located • Support being provided on site, usually for 24 hours • Could be intensive supported living or residential care
General needs	<ul style="list-style-type: none"> • Standard accommodation from the housing stock • Minor adaptations • Independent, low support needs • People remain in own home

However, within the housing units we are identifying as being needed, there are a number of design and location considerations that should be made when allocating and defining any particular units of accommodation for the use by people with adult social care needs. These areas will be discussed in more detail when we are discussing the housing needs of particular client groups.

Table 9
Housing considerations

Issue	What should be considered
Location	<ul style="list-style-type: none"> • People need to have a choice in where they live • Close to local communities • Near bus routes and other transport links • Near to informal / formal support networks
Design	<ul style="list-style-type: none"> • Ideally built to 'lifetime homes' standards • Number of habitable rooms meeting relevant guidance • Sustainability • Sufficient space • Incorporating assistive technology if appropriate • External design that does not identify the needs of the occupants • Only general needs housing that meets a person's needs to be considered as appropriate

Access	<ul style="list-style-type: none"> • Level access • Living space being wheelchair accessible • Lift to units not on ground floor • Local built environment reflects access issues e.g. appropriate drop kerbs
Use	<ul style="list-style-type: none"> • Accessible to all members of the community regardless of race, age, gender, disability, sexual orientation, religion or belief • Use of the designated accommodation to be defined and allocated through agreed panel process with adult social care, district councils and housing providers (if appropriate)
Affordability	<ul style="list-style-type: none"> • Rented accommodation should be affordable and within target rents • Appropriate affordable housing available for purchase / shared ownership etc • Rent levels should be eligible for Housing Benefit
Facilities	<ul style="list-style-type: none"> • Appropriate heating, lighting and bathrooms • Assistive technology (if appropriate)
Security	<ul style="list-style-type: none"> • Secure home with appropriate measures in place • Telephone and other appropriate communication devices to promote contact outside the home • Local environment has adequate lighting and appropriate community policing

The county council (including Supporting People) and the district councils have some shared responsibilities, and some clear independent responsibilities when it comes to meeting the needs of people. This can be summarised in the table below.

Table 10
Table indicating housing and care support responsibilities:

General needs housing	<ul style="list-style-type: none"> • The responsibility falls to the district councils to provide or facilitate suitable general needs housing for their residents • District councils work with a number of stakeholders to make this a reality, including private developers and registered social landlords • Developments are framed and dictated by national, regional and local strategies
Supported living housing	<ul style="list-style-type: none"> • Provided by number of stakeholders (registered social landlords, private developers)

	<ul style="list-style-type: none"> • District councils can use general needs housing for this purpose • District councils can ask for private developers to provide supported living accommodation through developer contributions
Residential care accommodation	<ul style="list-style-type: none"> • Accommodation provided by ASC, private, charitable or voluntary organisations
Care support	<ul style="list-style-type: none"> • Care arranged by county council ASC
Housing related support	<ul style="list-style-type: none"> • Provided by Supporting People

This is an important distinction to make and frames the activity of the specific organisations, and will make it easier to manage the process of developing suitable housing, and access to existing housing.

Population

Predicting the future population and the changes within the demography of the population is an important element of understanding the numbers of housing units that adult social care will need in the next 12 years.

The population of Buckinghamshire is set to increase over the next 12 years, although the distribution of this growth across the four districts is varied, with the main growth being planned in Aylesbury Vale.

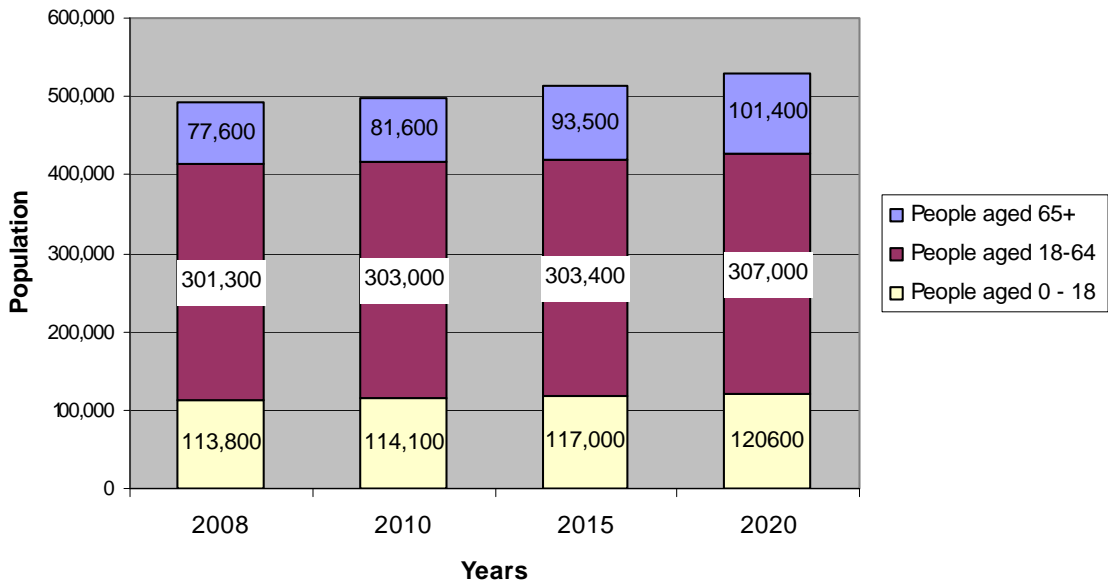
There are various models that have been used to predict the future population of Buckinghamshire, and the projections are subject to change on a regular basis and are reflective of the prevailing economic, political and social climate. This uncertainty means that any prediction about population levels must be seen as, at best a 'good estimate'.

For the purposes of this plan we have used the population projections developed by Care Services Efficiency Delivery (CSED) in their Projecting Adult Needs and Service Information System (PANSI). This is a recognised model and relates population projections to service areas that are relevant to adult social care and also to a district level.

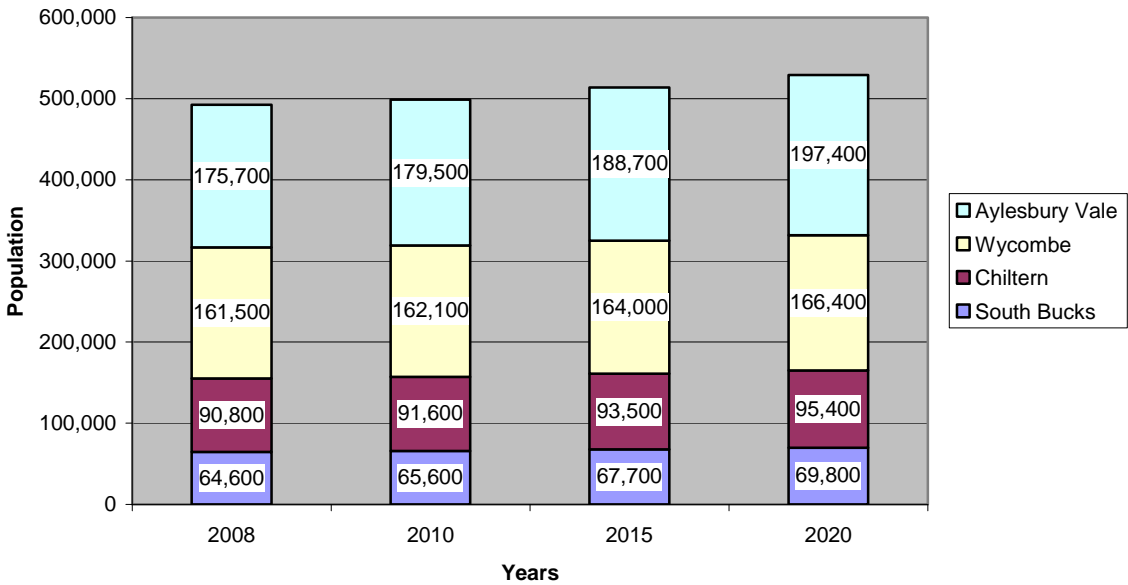
PANSI is a new tool that was introduced in October 2008 that uses the most up to date and robust data and research to predict how population changes will impact upon prevalence of learning disability, mental health and physical and sensory disability (amongst a wide range of other criteria).

The use of this tool has been agreed by Buckinghamshire County Council as the variance, with internally developed population projections at less than 2% by 2020.

Total Population in Buckinghamshire



Total Population in Buckinghamshire by District



We also need to consider the demographic change within the existing population as it is predicted that Buckinghamshire will experience a rapidly ageing population. This can largely be attributed to the increasing life expectancy of the general population, and the 'baby boom' population reaching old age.

How will we use the population figures to come to a prediction of the number of housing units needed?

How we define the number of housing units needed for people with adult social care is not an easy process, especially when we are looking up to 12 years into the future.

The four Bucks district councils commissioned a countywide Strategic Housing Market Assessment (SHMA) in 2008 which assessed housing need and predicted the number of affordable homes required based on population predictions and regional plans. There is limited information about groups of people that might need housing due to their social care needs, and this to a degree is expected as it is the county council's responsibility to meet a person's assessed social care needs, and the strategic information exchange between housing and social care have been historically weak.

PANSI gives us information about prevalence, which is the number of people that can be expected to have a particular condition based upon a given population. But the next stage of relating prevalence to the number of people that will need housing is an area that PANSI does not assist with.

There is limited national research and evidence available to support this 'leap' from a person's social care needs to housing need. However, there are a variety of documents that have been produced locally that attempt to perform this task. These documents are relatively individual in their approach and come up with a range of predicted numbers.

Work is developing in this area and this plan will use a more robust and evidenced approach to defining housing need, developed by the HGO consultancy.

Estimate of predicted housing need is based upon developmental work completed by HGO consultancy for 4NW (a body in the North West of England, established to manage the predicted housing support needs for the whole region). The work is a more refined version of previous work completed by National Housing Federation, Housing Corporation and the Greater London Authority (Building for all: Identifying the need for supported housing in London). The principles of the work we are completing have been shared with them and they have expressed satisfaction in how we are using the HGO model in our refining of housing need.

The wider methodology that we have followed for all identified client groups including learning disability, mental health, physical and sensory disability, older people and people at risk of homelessness is detailed below:

Table 11

Whole population	This is the whole population base. We take the population figures from PANSI
Population base – ‘relevant population’	This is a subset of the whole population e.g. number of people 18-65 years old
Population ‘at risk’	This is the subset of the relevant population that projects the prevalence of a particular need e.g. the predicted number of people with a learning disability. This is sometimes called ‘true prevalence’ as it is the number of people within the general population, and not the number of people known to adult social care. We use PANSI for these figures
Population ‘in need’ of housing	This is the total number of people that it is predicted will need housing at any given time. It is a subset of the ‘at risk’ figure
Population ‘in need’ of specialist housing that provides high level on-site care and support	This is an estimate of the population that will need specialist housing at any given time. It is a subset of the wider ‘in need’ figure.
Population ‘in need’ of non specialist housing with no on-site care and support	This is an estimate of the population that will need non specialist housing at any given time. It is a subset of the wider ‘in need’ figure.
Local demand for housing	This is an estimate of additional local need for housing and is based upon our local knowledge and is added to the ‘in need’ figures.
Supply	This is the projected level of current / future supply.
‘Gap’ analysis	The estimate of the need for specialist / general housing at any given time is then compared with levels of supply at that time.
Net requirement for housing	This is an estimate of demand that is

	not being met through current supply. This then gives the net requirement for specialist / general needs housing at any given time.
Local net requirement	The net requirement is then apportioned to the district councils based upon local population.

These figures below are instrumental in making the leap from population ‘at risk’ to population ‘in need’ and are based upon the HGO consultancy work for all 43 North West local authorities with Supporting People responsibilities. They estimate (using available data) that the percentage of people within the general population (‘true’ prevalence) with a learning disability, mental health need or a physical or sensory disability that will need housing to be as follows:

Table 12
Process for defining housing need

	Learning disability	Mental health	Physical and sensory disability
Population ‘in need’ of housing as a % of prevalence	12.5%	1.5%	1.2%

Table 13
Split of % of people ‘in need’ of housing between specialist accommodation and general needs

% of population ‘in need’ that will require specialist supported housing with care support attached to the accommodation	53%	40%	22%
% of population ‘in need’ that will require more general needs housing with care support that is not based at the accommodation	47%	60%	78%

These percentages are based upon certain assumptions and default positions created for the North West region across 43 separate authorities. The figures for LD and PSD were fixed for all authorities, but for MH there was a variance between 1.3% and 2.5%, with the average being approximately 1.6%. However the higher percentages relate to more urban populations and analysis of the data indicates that the Buckinghamshire population profile will reflect a population in need of 1.5%.

However it is recognised that within the above percentages there are a number of variables that are hard to define and measure, regarding relating prevalence to housing need. These could be areas such as number of people satisfied with current accommodation, people living with families in informal caring situations and people informally adapting their property or current living situation to meet their needs.

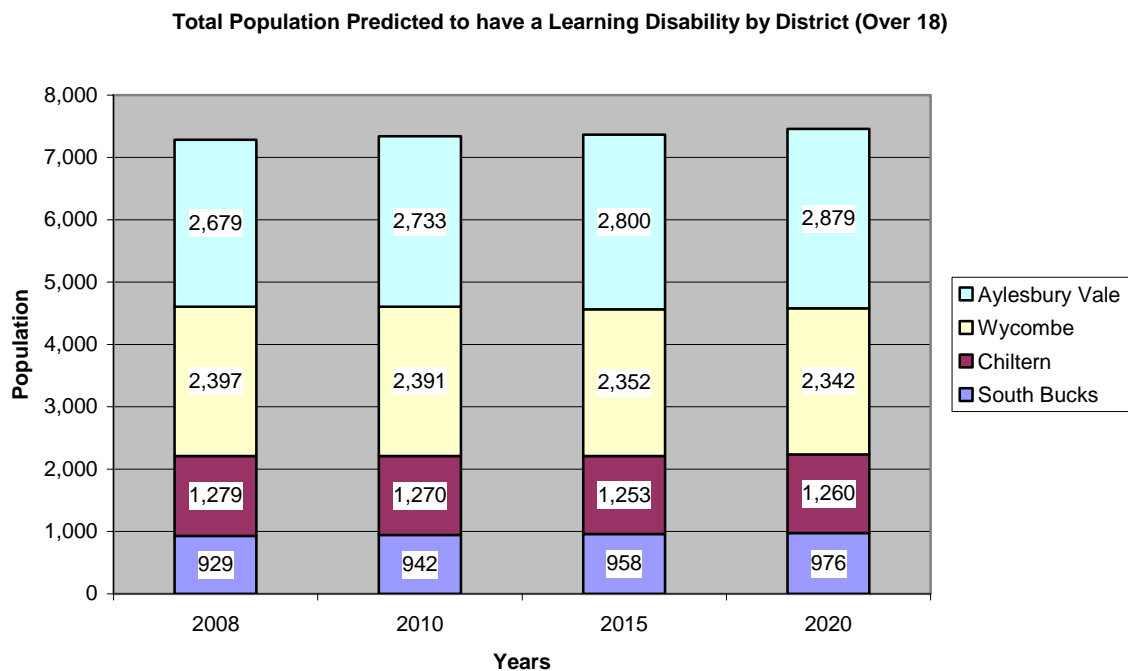
The methodology is used by Supporting People to ascertain the level of accommodation-based support units that are required. For the purposes of this plan we have used the methodology to define the levels of adult social care housing and the Supporting People housing units.

6. Defining the housing needs for identified client groups

Learning Disability

Prevalence

The prevalence is defined as the expected number of people within a general population that can be expected to have a learning disability.



The information provides details of the number of people expected to have a learning disability within the population. This is sometimes referred to as 'true' prevalence. Sometimes figures are quoted that are referred to as 'administrative' prevalence. These are normally much less than the 'true' figures and are a reflection of the numbers of people known to services rather than the number of people with a learning disability in the general population.

The prevalence figure takes account of a range of local variations in population and the factors that are influencing the numbers of people we are expecting to present with a learning disability. These factors include the increase in the number of young English adults who belong to South Asian minority ethnic communities.

However there are other more specific **local demands** that are reflected in commissioning strategies and other local information that need to be 'overlaid' on to the PANSI predictions. All of which will add to the levels of new supported housing units needed.

The local demands are:

- Commissioning priority for a change from residential care to supported living arrangements.
- The Learning Disability commissioning strategy indicates there will be a reduction of 10% of the number of people placed out of county over the three year life of the strategy.
- It is estimated in the commissioning strategy that older carers being unable to continue to provide support for their offspring, combined with children and young people becoming adults and in need of accommodation, will lead to the need for an additional 23-27 units of accommodation per annum over the next three years, and there is no evidence that this need will not continue for the life of this strategy.
- People with learning disabilities are living longer and reaching older age in more cases.
- Move-on for people from more intensive supported living arrangements, although this accommodation would mainly be within general needs housing, although consideration would need to be given to location of housing, and wheelchair accessibility.

Table 14

Shows the projected number of housing units needed up until 2020, for people with a learning disability.

This table shows the number of specialist and general needs accommodation that it is predicted will be needed, it also shows the numbers required by district and how many will be needed in the period up until 2020.

	2008			2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
AVDC	29	122	151	44	118	162	71	124	195	106	141	247
Chiltern	14	57	71	20	55	75	32	55	87	47	62	109
South Bucks	10	42	52	16	40	56	24	43	67	36	47	83
Wycombe	26	109	135	38	104	142	60	104	164	86	115	201
Bucks	79	330	409	118	317	435	187	326	513	275	365	640

The detail regarding the methodology and the range and sources of data used to predict the number of housing units needed is available in appendix 1.

The figures show us that:

- The main need for units broadly reflects the sizes of the populations in the four district councils, with Aylesbury Vale and Wycombe needing the highest number of units.
- The proportion of units needed across the county is set to increase most in Aylesbury Vale from 36.7% in 2008 to 38.6% in 2020.
- The majority of housing need will be for general needs housing rather than specialist accommodation with 24 hour staffing.
- There is an existing undersupply of units which makes up 64% of the total need by 2020.
- Only 34% of the projected need is coming from growth over the 12 year period.
- The vast majority of the growth in housing need is due to local factors and not due to population growth or demographic change

The housing and support partnership in 'Identifying the housing needs of social care groups in Buckinghamshire' – May 2007, states that there is a need for 480 units of accommodation for people with a learning disability by 2016. This equates to 48 per year, between 2006 – 2016. This plan is a 12 year strategy (2008-2020) so could assume by 2020 using their model that there would be a need for 576 units, which is comparable to this plan's projection of 640 units.

It could be argued that this plan is more useful as it splits between specialist and more general needs housing and also takes account of changes to LD prevalence across districts and more accurate PANSI predictions.

What do people with a learning disability require from their housing?

When considering the development of any new housing, or conversion of existing housing to meet the needs of people with a learning disability there are a number of issues that need to be considered;

- **Where** any learning disability units of accommodation are located. They should be in an area that the person has expressed a wish to live, and consider the suitability of the surrounding environment. Any accommodation should be close to local communities and people should be close to suitable transport links. Specialist accommodation in which people require 24 hour support should be modelled on supported living and be located close to each other to enable care support to be efficiently delivered.
- **What** the accommodation looks like. The design of the accommodation should be suitable for the needs of the person living there, and should incorporate design features to promote a person's choice, independence and security. The appearance of any accommodation should not identify the occupant as having a learning disability. As 'lifetime homes' standards become more widespread, the housing stock will become more reflective of the needs of people with a learning disability and the need for specialist or adapted accommodation will become less of an issue. However, this will be a lengthy process and will not effect existing accommodation that will continue to provide the vast majority of the housing for people with a learning disability.
- **How** a person with a learning disability gets to live at the right accommodation. The use of the accommodation should be available to all people with a learning disability regardless of race, age, gender, sexual orientation, religion or belief. The allocation of accommodation should be appropriately managed to match the right people with the right accommodation at the right time. This should be done through robust allocation and 'panel' processes that involve the appropriate stakeholders.

How will this extra capacity for learning disability accommodation be met?

This plan will not directly dictate how the capacity is to be met as the provision of appropriate housing is the responsibility of the district councils, and will be covered in more specific, local housing strategies. However, there are a number of ways in which this plan can assist in the development of the right accommodation:

- Ensuring quoted levels of learning disability accommodation are embedded within local housing strategies and other documents and are therefore able to influence developments and be recognised as a need.
- Including specified learning disability accommodation within section 106 developer contributions where appropriate.
- Discussion with planning to raise awareness of the need for specific accommodation for learning disability.
- Including the need for specific learning disability accommodation within allocated sites for future development.
- Including learning disability in agreed affordable housing quotas.

- Stimulate partnership working between district councils, housing associations and the county council to work together to deliver the right accommodation.
- Use the identified need to influence registered social landlords in their developments.
- It supports the learning disability commissioning strategy and provides a 'joined up' approach.
- Buckinghamshire County Council are identifying a provider to help us deliver a shared lives scheme (formally called adult placement) and the levels of predicted supply have been included in the model. However by including shared lives in this plan will help us to promote it as a concept and to identify when placement with a shared lives carer might be appropriate for individuals.
- Adult social care have a project called 'building for our futures' which is prioritising people known to us that are currently out of county, living in situations that are in risk of breakdown, overprovided for in residential care, or are coming to adult services from children's services. The result of this work will allow us to be more strategic in our approach and plan with districts, developers and registered social landlords to source appropriate accommodation. This project is expected to deliver additional capacity across all client groups.

'Knotty' Issues:

Predicting housing need is a difficult, complicated task that is subject to external influence that is largely beyond the control of even the largest, most influential organisations. And this coupled with the uncertain nature of population predictions and the future needs of social care services, means that the number of variables in any model can make even the best predictions difficult and subject to change and should have a 'health warning'. This has become very clear with the recent credit crunch and the stagnation of the housing market.

From 2011 Self Directed Support is the way that local authority adult social care departments are going to be allocating resources to people. It is based upon giving the person the cash for them to meet their own assessed needs. How this will effect the market is unclear at present, but there are potentially implications for accommodation. For example a person could use the allocated money to pay for adaptations to their home, upgrade by paying more rent, have a live-in carer etc.

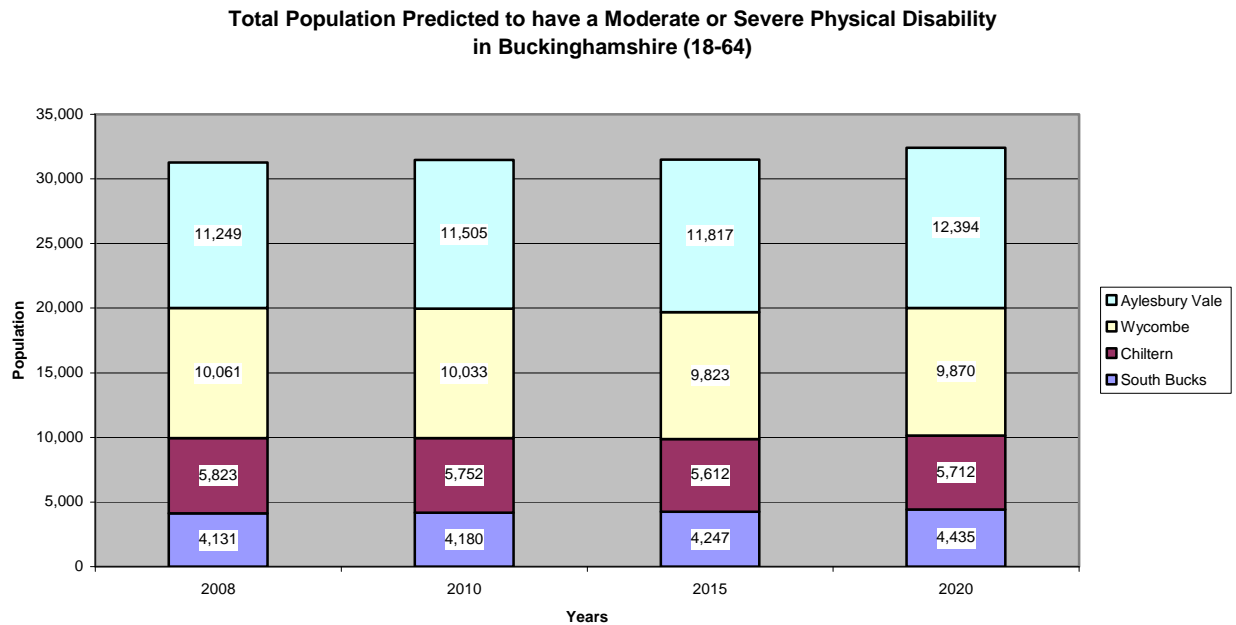
The impact of the 'Lifetime Homes' directive is still unclear, it's primary function was to enable older people to live in their own home for longer by making homes more easily adaptable, accessible and practical as people age. However, there will be implications for learning disability, as the principles would also assist someone with a learning disability to remain in their own home for longer and potentially reduce the need for specialist accommodation.

The balance between general housing demand within the wider populations in the districts, and the demand for accommodation for people with learning disabilities (and other client groups) is a difficult balance and is a question of prioritising needs.

Physical and Sensory Disability

Prevalence

The prevalence is defined as the expected number of people within a general population that can be expected to have a physical or sensory disability.



The information provides details of the number of people expected to have a physical or sensory disability within the population. This is sometimes referred to as 'true' prevalence. The figures for 'true' prevalence are large with approximately 1 in 10 people between the age of 18 and 65 being defined as having a moderate or serious physical disability.

Table 15
Shows the projected number of housing units needed up until 2020 for physical and sensory disability.

This table shows the number of specialist and general needs accommodation that it is predicted will be needed. It also shows the numbers required by district and how many will be needed in the period up until 2020.

	2008			2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
AVDC	3	2	5	5	3	8	7	3	10	11	6	17
Chiltern	2	1	3	2	1	3	3	1	4	5	3	8
South Bucks	1	0	1	1	0	1	2	0	2	4	1	5
Wycombe	3	2	5	4	2	6	6	3	9	8	5	13
BCC	9	5	14	12	6	18	18	7	25	28	15	43

The detail regarding the methodology and the range and sources of data used to predict the number of housing units needed is available in **appendix 2**.

The figures show us that:

- The demand for units of accommodation to support physical and sensory disability over the next 12 years is predicted to be slight.
- The current supply of general needs housing for people with physical and sensory disability is satisfactory.
- There is very limited predicted growth in the prevalence of physical and sensory disability over the next 12 years, so if supply is currently satisfactory then it will be satisfactory in 12 years time.
- Aylesbury Vale has the highest need for additional units, especially for specialist accommodation. There is a predicted need for an additional 11 units by 2020.
- The majority of the need for specialist accommodation is attributable to the commissioning priority of providing accommodation and support to people in Buckinghamshire who are currently living in residential accommodation in other counties.

The housing and support partnership in 'Identifying the housing needs of social care groups in Bucks' – May 2007 states that there is a need for 21 wheelchair accessible housing units per year. Using the PANSI and 4NW prediction model of housing need there is a need for 388 units by 2020. If this figure is divided by 12 to get an annual need figure for the life of the plan it equates to 32 units needed per year to meet this projected demand. However there is supply that Housing and Support partnership did not consider, and with this model supply of 362 units (as of 2008) is included, as such there is a large discrepancy between the two figures.

The level of current supply within Buckinghamshire has been assessed based upon the number of people currently receiving residential or nursing care and the number of people receiving packages of support in their own home. This total figure is an estimate of the wider housing supply and assumes that the housing for people supported in their own home is satisfactory and meets their need and therefore can be counted as relevant supply.

However it has to be recognised that defining housing supply for people with physical and sensory disability is complicated and any model or process used has inherent difficulties, and at best is an estimate.

We will continue to work closely with Buckinghamshire County Council commissioning to review the level of supply and demand and reflect changes within reviews of this housing plan.

What will help over the next 12 years to decrease demand for specialist housing for physical and sensory disability?

The Buckinghamshire joint commissioning strategy for physical and sensory disability 2008 -11 outlines a number of commissioning priorities that are focussed on promoting prevention, self support and independent living. This will have the effect of enabling more people to receive the support that they need in their current accommodation and help to embed the idea of bringing 'services to people' rather than taking 'people to the service'. This should result in less need for specialist accommodation, and for less people to have to move to have their needs met. Priorities include:

- The development of a clearer and more focussed community equipment loans service (CELS).
- Focussing on providing support in a person's home by using domiciliary care rather than providing residential care.
- Development of user led organisations and creating a 'centre for independent living' in Buckinghamshire.
- Increase the use, range and availability of telecare and telehealth equipment to support people.

There are other more general initiatives that will help to promote people being able to stay in their own home:

- The Disabled Facilities Grant (DFG) is a grant that is made available through housing authorities for adaptations to a person's home to promote independence, and enable a person to live in their own home for as long as possible. The maximum grant available has recently increased from 25K to 30K. The government is keen to promote the use of the DFG and to remove barriers and complications in how it is accessed.
- As previously stated in the learning disability section of the plan the impact of 'lifetime homes' will be felt more over time as an increase in new supply has to meet the requirements. This will mean that more general needs houses will meet the needs of people with a physical disability, and if someone acquires a physical disability, the need for moving home will be reduced.

- The development of extra care housing for older people will promote choice for older people with a physical or sensory disability, and will reduce the demand for residential care.
- The increased personalisation of adult social care in the form of Self Directed Support, will allow people to meet their needs in more creative ways and should encourage a more holistic approach to people's needs that more directly includes the spending of adult social care finances on housing, if that is what the individual thinks is best.

What do people with a physical and sensory disability require from their housing?

For those people requiring accommodation then the following issues should be considered when deciding whether accommodation would be suitable:

- Accessibility within the home and in the local neighbourhood
- Long term suitability, and whether adaptations would be able to be incorporated if a person's needs change
- Nearby local facilities – shops, leisure, library
- Close to public transport links
- Energy efficient homes
- Appropriate adaptations within the home to promote independence
- Wheelchair accessibility (if appropriate to a person's needs)
- Assistive technology, or the ability to install appropriate technology
- Involvement in the design and specification stage of any new development

How will this extra capacity for physical and sensory disability accommodation be met?

As previously stated, there is limited demand for additional capacity, and the actions within the commissioning strategy will assist in addressing the minor shortfall.

The 'building for our futures project' that was explained in the learning disability section of the plan will also help to address the minor shortfall.

'Knotty issues'

The vast majority of people with a physical or sensory disability will remain in their own home, and manage their issues independently with little contact with adult social care. We need to be aware of this and provide a clear 'route map' and information for people to help them to access services in a preventative way to stop peoples' conditions worsening, resulting in the need for higher level services and possibly avoidable specialist accommodation.

How the personalisation agenda will affect the need for housing for people with physical or sensory disabilities is largely unknown at this time. Although we do know that personalisation (in the form of Self Directed Support) will allow people to have a

'budget' to meet their assessed needs in a way that they see fit rather than the county council deciding which services are appropriate. This could have implications for housing, adaptations and equipment and additional services being provided to maintain peoples' independence. As part of this plan we will need to monitor the impact of personalisation and adapt to facilitate the market and promote independence and choice.

We know that there are going to be an increasing number of older people with physical and sensory disabilities. How the interface is managed between Older Peoples Services and PSD services will need to be managed effectively, to ensure the right housing and support are available to maintain independence and the ability for people to continue to live in their own homes for as long as possible.

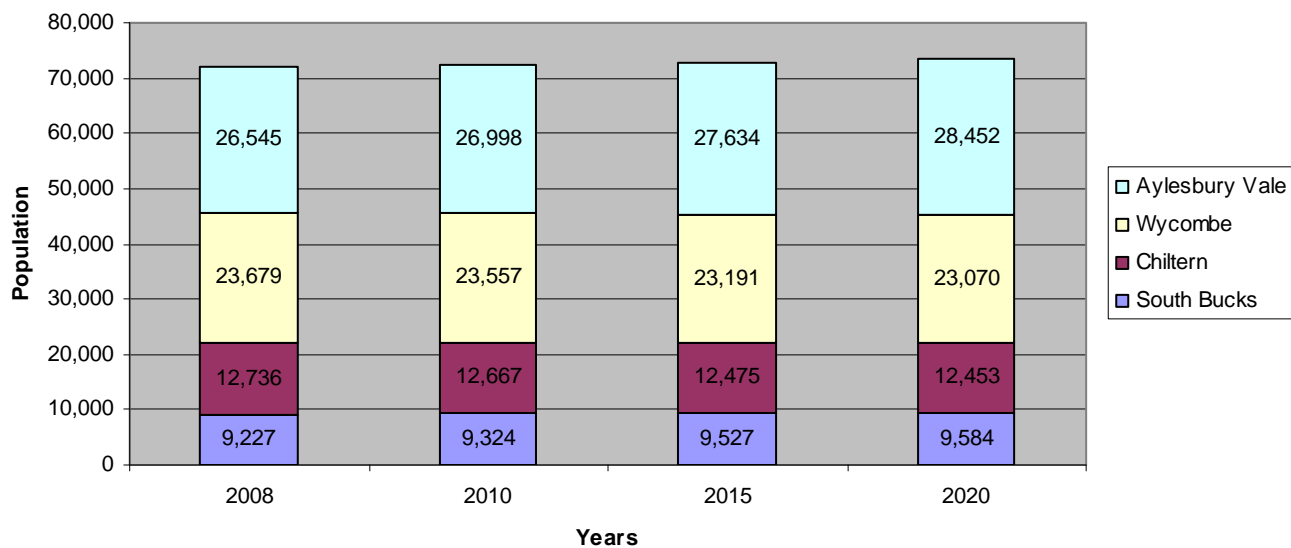
There is no countywide register of adapted homes available, and there could be inefficient use of resources for housing associations, district councils and adult social care. Individuals adapt their own home and then move on with no consideration of the use of the home being available for someone else with a disability. This has been recognised as an issue with the district councils and thought should be given to how a practical register of adapted housing could be developed. A possible approach could be to commission a local voluntary organisation to develop and maintain such a register, as done by some other local authorities.

Mental Health

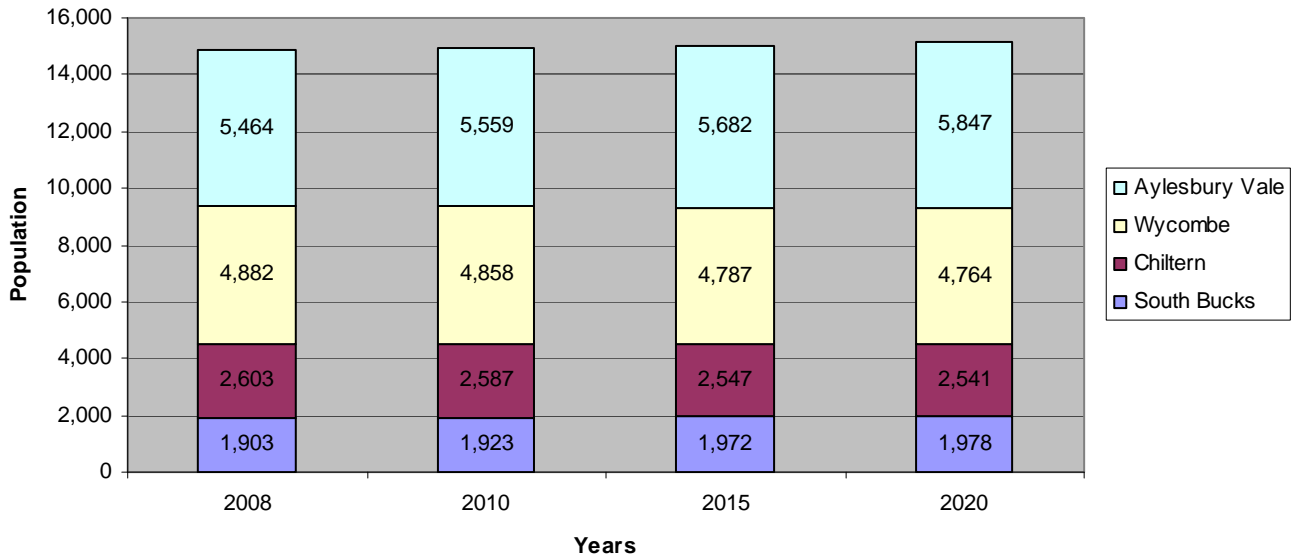
Prevalence

The prevalence is defined as the expected number of people within a general population that can be expected to have a mental health issue.

Total Population Predicted to have a Mental Health Problem in Buckinghamshire (18-64)
(Depression, Neurotic Disorder, Personality Disorder, Psychotic Disorder)



**Total Population Predicted to have a Mental Health Problem in Buckinghamshire (18-64)
(Personality Disorder and Psychotic Disorder)**



The information provides detail of the number of people expected to have mental health issues within the population. This is sometimes referred to as ‘true’ prevalence.

The data from prevalence shows us that there will only be an increase of 1.4% in the number of people in Buckinghamshire with mental health issues in the period up to 2020.

We are considering the housing plan for mental health from 2010 to 2020. This is due to the fact that the situation is rapidly changing between now and 2010, and these changes have been factored in to developments. It will be a lot more useful to focus on the more stable, changed position that will be in place from 2010.

We also need to consider the levels of mental health that will potentially be a need for housing. For the purposes of this plan we have only considered the higher level of mental health needs that can be defined as ‘personality disorder’ and ‘psychotic disorder’ as they are a more accurate reflection of the true prevalence of the number of people that are ‘at risk’ of requiring housing in any year, and of the people that might require input from adult social care.

Personality disorders can be defined as people with Obsessive-Compulsive, Avoidant, Schizoid, Paranoid, Borderline, Antisocial, Dependent, and Schizotypal disorders.

Psychotic disorders can be defined as one of a number of disorders under the categories of ‘schizophrenia, schizotypal and delusional disorders’ and affective disorders such as manic episodes and bipolar affective disorder. They are disorders that produce disturbances in thinking and perception that are severe enough to distort the person’s perception of the world and the relationship of events within it. They are normally divided into two groups: organic psychoses, such as dementia

and Alzheimer's disease, and functional psychoses, which mainly cover schizophrenia and manic depression.

The vast majority of people with a mental health problem will have low level of needs and will not require any input from ASC or Supporting People. Only a small proportion of people with a neurotic disorder or depression will be met by adult social care or require specialised housing, or a specific housing requirement that can be attributed to their mental health.

However we do need to recognise that there might be a small number of people within the less severe categories of mental health that could potentially need housing. We have estimated the figure 'in need' as being 0.2% of the 'at risk' population in these categories. In real terms this means that it is expected that in 2008 there would have been 116 people with a neurotic disorder or depression that need accommodation, and this figure has been incorporated into the demand side calculations for general needs housing.

Table 16
Shows the projected number of housing units needed up until 2020 for mental health

This table shows the number of specialist and general needs accommodation that it is predicted will be needed. It also shows the numbers required by district and how many will be needed in the period up until 2020.

	2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
Aylesbury Vale	1	22	23	4	39	43	7	57	64
Chiltern	0	10	10	2	17	19	3	25	28
South Bucks	0	8	8	1	13	14	3	19	22
Wycombe	1	20	21	3	33	36	6	46	52
Bucks	2	60	62	10	102	112	19	147	166

The detail regarding the methodology and the range and sources of data used to predict the number of housing units needed is available in appendix 3.

The figures show us that:

- The demand for low support general needs housing is substantially more than for specialist accommodation
- The main need for housing is in Aylesbury Vale and Wycombe
- The demand for general needs housing is predicted to double over the ten year period being covered by the plan
- Growth in demand is more due to local pressures than population increases

How have local mental health priorities affected the need for housing?

The recently produced joint commissioning strategy for adult mental health services 2008-11 has a number of core values that will underpin all commissioning and strategic planning activity, these values can be summarised as:

- Maintaining independence
- Delivering services that are well planned and integrated
- Effective use of resources
- Delivering high quality services
- Having a focus on prevention
- Supporting community based activity
- Partnership working

All these core values will be used to improve outcomes for people, and many of them can be translated into how accommodation and support are delivered in the future.

There is a long term commitment to:

- Reduce the reliance on residential care, and replace with supported living model of care and accommodation.
- If appropriate to return people currently accommodated out of county to suitable provision in the county of Buckinghamshire.
- Facilitate people to move on from intensive supported living to lower level support in the community.
- Promote independence and allowing people to receive appropriate support in place, rather than having to move to receive services.
- Use Self Directed Support to increase a person's choice in who, when and how services are provided, including housing.

What do people with mental health issues require from their housing?

People with mental health issues can have a wide range of needs that can present at different levels at different times, and often in an unpredictable manner. With regard to housing, the requirements could be extremely varied depending upon the mental health issue being managed and the current mental state of the person using

services. As such it has to be flexible and take account of the parameters of behaviour that could be demonstrated, and not just be planned for when a person's needs might be low.

However, we can say that the vast majority of people will manage their condition in their existing living environment and will not require the districts or adult social care to be involved.

The location of any accommodation is important, as it needs to be near local facilities to promote social inclusion and be part of a community. However the co-location of larger numbers of units accommodating people with high level mental health needs might not be beneficial for the people concerned.

People with mental health needs are more likely to need low level support to help manage their tenancies and other activities associated with running a home.

How a person accesses suitable accommodation is an ongoing issue. People with mental health difficulties can find it hard to find a way through the sometimes complicated and confusing 'pathway'. There needs to be clear information and support provided to enable people to have fair and equal access to accommodation and associated services.

Some people with mental health difficulties are vulnerable, easily exploited and targets for abuse. As such, accommodation needs to provide a safe and secure environment. This could mean accommodation being in areas of good street lighting and low crime.

Accommodation should not identify the occupant as having mental health problems or stigmatise the person for living in a particular unit of accommodation.

How will this extra capacity for accommodation for people with mental health difficulties be met?

As the figures show, the majority of the accommodation will be for general needs housing and this issue is more about ensuring fair and equitable access to accommodation through supporting people through the pathway of accessing housing.

However, the need should continue to be recognised and suitable units identified for mental health use. This will be achieved through agreement with registered social landlords and district councils and the involvement of other stakeholders including the county council, voluntary organisations and other pressure groups.

The new 'choice based lettings' (CBL) process that is currently being adopted across Buckinghamshire by the district councils should assist in helping people access a wider range of more appropriate housing in areas that they would wish to live. CBL allows people to apply for accommodation in competition with others and put more control in the hands of the potential tenant rather than the district allocating a unit of accommodation, it promotes independence and choice.

For people requiring more intensive supported living, a number of units in the core and cluster model for people with mental health difficulties should be planned for in both Wycombe and Aylesbury.

With the growth in Aylesbury Vale, a number of units could be designated for mental health use as part of the developer contributions to support the infrastructure needed to build a healthy and sustainable community. We have already included the requirement for two flats to be included in the validated infrastructure report.

The 'building for our futures project' that was explained in the learning disability section of the plan will also help to address the shortfall.

'Knotty issues'

The uncertain nature of people's mental health is an enduring and complicated issue that makes it difficult to plan accurately for accommodation needs.

We need to avoid the 'revolving door' that people can encounter if we do not recognise the need to provide flexible levels of support determined by need. But this needs to be considered alongside the promotion of independence with people moving on into less supported accommodation and environments. It is a difficult balance to maintain.

How do we use assessments effectively to determine whether someone needs general needs accommodation, low level supported living, intensive supported living or inpatient care? And is there a way of managing these boundaries in a more flexible way without moving people unnecessarily?

Self Directed Support is going to challenge the whole range of adult social care services and mental health is no exception. With mental health it will present more complicated challenges of how we determine the appropriateness of how people have spent their allocated resource. There could be issues with rent arrears and not being able to maintain their tenancies, especially if there are changes to the way Supporting People are being funded and structured.

Also as part of Self Directed Support, how individual budgets are implemented across integrated teams is going to be an issue that is going to be difficult to manage.

Older People

The population predictions for older people are taken from Projecting Older Peoples Population indicators (POPPI) and these are predictions for the population over 65. These statistics are produced by the same organisation (CSIP) that produce the PANSI figures that we have used for the other client groups.

Table 17
Predicted population figures for people aged 65 and over for Buckinghamshire

	2008	2010	2015	2020
Aylesbury Vale	24,700	26,300	31,600	35,700
Chiltern	16,600	17,300	19,400	20,400
South Bucks	11,400	11,800	12,900	13,800
Wycombe	24,900	26,100	29,600	31,800
Bucks	77,600	81,600	93,500	101,400

All districts are to expect large increases in their older population. This is especially true for Aylesbury Vale.

Table 18
Shows % increase of 65+ 2008 to 2020 for Buckinghamshire

Bucks % increase	0% (2008)	5.1% (2010)	20.5% (2015)	30.7% (2020)
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As can be seen this is a dramatic increase in the percentage of older people and creates many issues for health, social care and housing.

Examples:

- The numbers of people with dementia is set to increase rapidly, with the National Dementia Strategy 2009 stating that in the UK there will be twice as many people in the UK with dementia in 30 years time.
- People are living longer, but perhaps what is more important is how healthy people remain when they age. There is some debate about this issue, but there is evidence that the % of a person's life that they experience 'good' or 'fairly good' health is decreasing (between 1981 and 2001 the percentage of healthy life for men fell from 90% to 88.5% - source www.statistics.gov.uk)

In order to make sense of this dramatic increase insofar as housing demand and adult social care is concerned, we are using the following methodology:

Table 19

Process	Indicator / evidence / rationale
Population	All population taken from POPPI, and then appropriate subset taken (over 65 years old) and projected up to 2020
Prevalence	<p>The most reliable and accurate tool to state the prevalence of the need for residential or nursing accommodation is provided by Laing and Buisson who state that:</p> <ul style="list-style-type: none"> • 19.4 units of nursing care per 1,000 population • 32.7 units of residential care per 1,000 population
Demand	The demand for the number of units is provided by using the Laing and Buisson formula, and is projected up to 2020
Supply	<p>The supply figures are provided by looking at the number of units that will be provided between 2008 and 2020:</p> <ul style="list-style-type: none"> • Nursing home places current / future • Residential care places • Extra care places • Sheltered accommodation that is being used as a substitute for residential care • Supporting People providing services to frail elderly • Future provision of shared lives accommodation
Net need for accommodation	This is the difference between the predicted supply and demand up to 2020

The Laing and Buisson prevalence formula is used nationally in projections and has been used locally in other strategies when there has been a need to project residential and nursing care demand. It has also been used by the county council in the adult social care contributions to predict the infrastructure requirements due to growth in Aylesbury Vale and growth and demographic change in Chiltern, South Bucks and Wycombe.

We are reducing our reliance on residential care and wish to see wider choices for older people that promote their independence and well being.

Table 19**Shows predicted housing demand for older people with adult social care need**

	2008			2010			2015			2020		
	Nurs.	Res.	Total	Nurs.	Res.	Total	Nurs.	Res.	Total	Nurs.	Res.	Total
Aylesbury Vale	73	167	240	59	207	266	95	327	422	154	408	562
Chiltern	49	112	161	39	138	177	56	219	275	87	273	360
South Bucks	34	77	111	28	95	123	38	150	188	59	187	246
Wycombe	73	169	242	59	209	268	88	330	418	137	412	549
Bucks	229	525	754	185	649	834	277	1026	1303	437	1280	1717

NB By residential care (Res. In the table) we mean supported living arrangements, as seen as a replacement for residential care and could include extra care, remodelled sheltered accommodation or other individualised accommodation delivering an alternative to residential care.

The detail regarding the methodology and the range and sources of data used to predict the number of units needed for older people is available in **appendix 4**.

The figures show us that:

- The percentage of older people in Aylesbury Vale as the total population over 65 in Buckinghamshire will increase from 31.9% in 2008 to 35.1% in 2020
- It will fall in the other three districts, with it being most significant in Chiltern and South Bucks
- The figures support the expectation that demand would increase with the ageing population
- There is an increase in demand over the period for 963 additional units
- There is an increase in demand to 755 residential units
- There is an increase in demand for 208 nursing beds by 2020
- There is a current under supply of both residential and nursing units.

What factors do we think will affect the need for future housing?

The projection of the level of housing is a complicated issue and not a precise or exact science, and the longer we look into the future the less sure we can be about predictions. However we know that people are going to live longer and increasing numbers will have more specific and individual housing, health and support requirements.

There are a number of national, regional and local drivers that will have an effect on the future demand or supply.

The government produced '**Lifetime Homes, Lifetime Neighbourhoods – a national strategy for housing in an ageing society**' in February 2008. This strategy provides a rationale, framework and a commitment to address the major issues raised in this area. The strategy includes:

- More public funding for housing for older people as part of the £8 billion announced in the Housing Green Paper.
- All public housing being built to lifetime homes standards by 2011 and an aspiration that all new homes will be built to the standard by 2013. In practical terms lifetime homes means that homes will be built that will allow a person to age 'in place' through good design, such as incorporating wide doorways, ground floor bathrooms, suitable windows and plug sockets. It will also mean that homes will be easier to be adapted further and incorporate telecare.
- The Disabled Facilities Grant (DFG) funding is to be increased by 31% by 2011 and the grant limit was increased to £30,000 in April 2008.
- The DFG ring-fence was relaxed from April 2008. This means that the 60:40 split of national and district council funding was abolished with district councils no longer required to provide match funding. The implications of this could be that anticipated rise could be less than expected due to districts reducing commitment.
- The role of Home Improvement Agencies is to be developed with increased funding available for rapid repairs and adaptations.
- £800m is being made available in the Warm Front Programme over the next three years.
- The development of a national housing advice and information service and strengthening local housing information services.
- Promotion of good planning. Regional and local plans are now required to take proper account of the needs of older people and to be reflected in action plans.

The level of the effectiveness of all these initiatives are still unclear, but if they were fully implemented it can be assumed that they will make a significant contribution to address a number of reasons why people have to move from their own home into alternative accommodation or even residential care. It should mean that when older people are seeking alternative accommodation that more positive choices and options will be available.

Telecare, sometimes called assistive technology, provides the opportunity to support older people to live independently within their home by helping to contribute towards managing the associated risks with doing so, especially those living on their own. There is a telecare project within Buckinghamshire with 9,488 known current users of Telecare within the county representing some 12% of the population aged 65+. Telecare is an evolving area and by 2020 the advances could be substantial and be more wide ranging than they are now, with telemedicine and other innovative methods being widely used.

Forecasting take up of telecare within Buckinghamshire is difficult with little historical data, however, estimates suggest an annual increase of those living alone to be around 766. Making an assumption that half of those living alone would benefit from Telecare and be prepared to have the service if they were aware of the benefits that a Telecare service could offer them and it was easily accessible; we would arrive at an annual figure of around 380. If this was achieved it could help people to remain in their own home for longer and reduce take up of traditional residential care and possibly nursing care.

The focus of telecare is in supporting older people to remain independent for longer, but the benefits for younger adults should not be ignored. Telecare could also be beneficial for people with mild learning disabilities, physical or sensory disability or mental health.

Buckinghamshire is a wealthy county with a high proportion of people that fund their own care and support, these people are normally referred to as **self-funders**. There is evidence that self funders overestimate their own needs and place themselves in residential care earlier than they need to. With improved information, advice and alternative options we could reduce inappropriate take up of traditional residential care and support the whole population to make wiser, more informed choices that will promote independence.

We have an **extra care** strategy in place that has recently been refreshed that details our plans. There is a real commitment to expand the use of extra care in Buckinghamshire. The districts, county and other stakeholders are working to increase the capacity from the 48 units we currently have. The strategy outlines there is a need for 560 units across the county by 2016, but it is recognised that this figure could change over time especially considering the scale of the self funding market. We see extra care as an alternative to residential care and will promote independence, reduce isolation and strengthen communities.

The re-modelling, or development of **sheltered accommodation**. District councils and registered social landlords who took over the housing stock are all looking at the future for their sheltered housing stock and how to reduce void rates, make them meet decent homes standards and a more attractive proposition for tenants. The level of success of this work will affect the numbers of desirable units available.

It is recognised that **falls and continence issues** are major factors in people no longer feeling that they can support themselves at home, and are admitted to residential care or nursing care, often inappropriately. We are working with the PCT on ways of reducing the number of falls and the long term impact of a fall. The PCT spent over £3m on treating injuries from falls in 2007.

Adult social care is keen to provide **support to live at home** in the form of domiciliary care, and are driving to reduce the number of people placed or using residential care.

The quality and timeliness of any **advice and information** provided to people potentially in need of housing and / or support will be important in determining the levels of usage and demand. The better the information that is provided, or the

ability to ‘signpost’ people to appropriate external advice, the clearer the route to the right accommodation at the right time will be.

There is an expectation that all people using adult social care will be using Self Directed Support by 2011. This will mean that people will have an individual budget to meet their own assessed needs, and will be able to spend the money allocated creatively and innovatively. This could have implications for housing as people might be able to remain in their own home for longer by paying for adaptations, employing carers that are more focussed on their personal situation, and developing wider support networks and a more person centred range of solutions.

What do older people require from their housing?

This is a complicated issue, and we do not want to ‘pigeon hole’ people into generic older peoples accommodation. The table below highlights areas that should be considered when building new accommodation or allocating accommodation for older people.

Table 20

Issue	What should be considered
Location	<ul style="list-style-type: none"> • Near relatives, family and other support networks • Within or close to a vibrant community that provides green space, good shops, benches, suitable toilets, pubs, community centres • Local area that is accessible to all – drop kerbs, road crossing places, street lighting • In an area that is familiar to the person • Near good transport routes • In a neighbourhood with other people of a similar age group • Located in an area that will allow the person to express their race, sexuality, religion or belief
Design	<ul style="list-style-type: none"> • Built to ‘lifetime homes’ standards • Fully adaptable for telecare • Built in adaptations to support ‘ageing in place’ - such as easy open windows, light switches and plug sockets at suitable height, wide doorways, lift and accessible bathrooms • External design that does not overly identify the needs of the occupants • Only general needs housing that meets a person’s needs to be considered as appropriate

Use	<ul style="list-style-type: none"> • Accessible to all members of the community regardless of race, age, gender, disability, sexual orientation, religion or belief • Use of the designated accommodation to be defined and allocated through agreed panel process with adult social care, district councils and housing providers (if appropriate)
Affordability	<ul style="list-style-type: none"> • Rented accommodation should be affordable and within target rents • Appropriate affordable housing available for purchase / shared ownership etc
Security	<ul style="list-style-type: none"> • Secure home with appropriate measures in place • Telephone and other appropriate communication devices to promote contact outside the home • Local environment has adequate lighting and appropriate community policing

How will this shortfall be met?

The projected shortfall will be met through:

- Additional extra care – this agenda is being taken forward separately with a strategy identifying the need for over 500 units of extra care housing for use by adult social care by 2016.
- Providing support and accommodation in creative ways that deliver viable alternatives to residential care. So the projected figures for residential care can be substituted for other models such as providing intensive support at home, adaptations, remodelling sheltered accommodation, creative use of Self Directed Support, telecare etc.
- Private developers providing extra care, close care communities or nursing homes.
- Creative use of the sheltered accommodation assets.
- Registered Social Landlords accessing capital grant from the Homes and Community Agency (HCA) to help finance the development of affordable housing for older people.
- Working in partnership with BCC, district councils and RSLs to ensure that more housing appropriate for older people is included in new developments and working towards identifying appropriate developer contributions.
- A clear % of affordable housing quota agreed by the districts being allocated for older people. This % will be dependent upon size, location and suitability of the site.
- Inclusion of the projected numbers of units of housing in relevant strategies and other local delivery framework documents.

‘Knotty issues’

The ageing population is a ‘ticking bomb’ that everyone is aware of, but few people seem to be addressing as a matter of urgency. There is sometimes the sense that it is too big a challenge and always someone else’s responsibility. The analogy could be made with attitudes to global warming.

So one of the major challenges is **raising the profile** of the issues and making relevant stakeholders take the agenda seriously and adapt their ways of working.

Buckinghamshire is an attractive county to live in, which does create **dilemmas between maintaining the environment and its green spaces with the need for additional infrastructure**, including housing for older people. Decisions will have to be made by the district councils as to where their priorities lie.

The current **stagnant housing market** is making predictions hard to make, and targets harder to deliver. So if there are no changes in the market in the near future, the delivery of the numbers of units predicted to be needed is going to be harder to realise, especially as the number of people ageing is a robust figure and not subject to change.

Also the **‘credit crunch’** could have implications with people finding it more difficult to sell their home, or receiving less money for their home, and therefore meaning people will have less money to finance their own care and support. This will have implications for the adult social care budget.

Other areas of supported housing need (Supporting People)

This section of the plan is relates to the housing needs of people that do not normally receive support from adult social care as they would not meet the current eligibility criteria, but would be eligible to receive housing related support from Supporting People.

Supporting People help vulnerable people to live independently in the community. They pay for housing related support which helps people to manage their homes by enabling them to make decisions and do things for themselves rather than having things done for them.

Supporting People do not directly provide or source any accommodation for the people that they work with; they only provide low level support.

This plan is looking at the housing requirements for a cluster of people that are at risk of homelessness. This cluster includes:

- Homeless people
- People escaping domestic violence

- Offenders
- Drug and alcohol users
- Young people at risk
- Teenage parents
- Some black and minority ethnic (BME) groups such as gypsies and travellers

Supporting People are in the process of undertaking a five year strategy update of the Supporting People Programme. This update will cover the period up to 2012. It is being completed by The Housing and Support Partnership.

This plan has referred to the updated Supporting People strategy, and relied heavily on the evidence used and predictive models adopted. However this plan has taken assumptions and projected them to 2020.

In order to make sense of the data and evidence and relate it to housing demand we are using the following methodology:

Table 21

Process	Indicator / evidence / rationale
Population	All population taken from PANSI, and then appropriate subset taken and projected up to 2020
Prevalence	This could be seen as the proportion of the population 'at risk', and for this plan we have used the figures developed by the Housing and Support Partnership. They are based upon local figures for Buckinghamshire relating to the cluster identified
Demand	This is seen as the population within the cluster that could require housing at any given time. The Housing and Support Partnership has predicted that this will be 10% of the population 'at risk' This demand for the number of units is projected up to 2020 based upon PANSI population projections up to 2020
Supply	The supply figures are provided by looking at the number of units that will be provided for the designated use of the cluster group between 2008 and 2020
Net need for accommodation	This is the difference between the predicted supply and demand up to 2020
Factoring due to length of usage	The figures are then factored down to take account of the fact that people move on from accommodation into more general needs housing.
Split between	The model recognises that some people escaping domestic

specialist and more general housing	violence, offenders and young people at risk might need more specialist accommodation to meet their needs. The split between the specialist and general needs is based upon supply information
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Table showing housing unit need across districts up to 2020 for people at risk of homelessness including homeless people, those suffering from domestic violence, offenders, drug and alcohol users, young people at risk, teenage parents, and some BME groups such as gypsies and travellers.

This table shows the number of specialist and general needs accommodation that it is predicted will be needed. It also shows the numbers required by district and how many will be needed in the period up until 2020.

Table 22

	2008			2010			2015			2020		
	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total	Specialist	General	Total
AVDC	41	162	203	39	157	196	40	160	200	41	166	207
Chiltern	19	77	96	18	73	91	18	72	90	18	73	91
South Bucks	14	56	70	14	54	68	14	54	68	14	56	70
Wycombe	36	143	179	34	137	171	34	134	168	34	134	168
Bucks	110	438	548	105	421	526	106	420	526	107	429	536

The detail regarding the methodology and the range and sources of data used to predict the number of housing units needed is available in **appendix 5**.

The figures show us that:

- The vast majority of the demand for housing is current
- The demand up to 2020 is steady, which would be predicted because the population is only slightly increasing over the period for the age groups concerned
- The demand for general needs housing is higher than any specialist accommodation
- The figures provide an overall figure for the cluster. If more detail regarding the specific need for each specific group within the cluster is needed, this is possible to do by looking at the percentage 'at risk' prevalence rates for each element of the cluster and then breaking the total figure down into a percentage of the total. The percentages to be used for the purposes of this exercise are:

Table 23

Element of 'cluster' of people at risk of homelessness	% split between people in the total 'at risk' cluster
Homeless people	5.8
People escaping domestic violence	46
Offenders	17.8
Drug and alcohol users	20
Young people at risk	7
Teenage parents	2
BME groups such as gypsies and travellers	1.4
Total	100

(Data from Housing and Support partnership)

What do people at risk of homelessness require from their housing?

The cluster of people falling within 'people at risk of homelessness' is wide and varied and the housing and support needs will be diverse, and will have to be managed on an individual level, and reflect personal circumstances.

However there would be core requirements for all people as part of the identified 'cluster' of need.

Table 24

Issue	What should be considered
Location	<ul style="list-style-type: none"> • Located in an area that will allow the person to express their race, sexuality, religion or belief • In an area that will promote positive outcomes for the person • Close to established support networks

Design	<ul style="list-style-type: none"> • Only general needs housing that meets a person's needs to be considered as appropriate • If a person has specific needs relating to age, gender, disability, sexuality, religion or belief the accommodation should not prevent the person from expressing themselves.
Use	<ul style="list-style-type: none"> • Accessible to all members of the community regardless of race, age, gender, disability, sexual orientation, religion or belief • The person should be supported to maintain independence in their home through supporting people and other agency input
Affordability	<ul style="list-style-type: none"> • Rented accommodation should be affordable and within target rents.
Security	<ul style="list-style-type: none"> • Secure home with appropriate measures in place especially for people escaping domestic violence or at risk of exploitation and abuse • Telephone and other appropriate communication devices to promote contact outside the home • Local environment has adequate lighting and appropriate community policing

How will this shortfall be met?

The **district councils** will need to reflect the level of demand for these specific groups within the strategies that they are developing and ensure that people have fair and equitable access to accommodation.

Choice based lettings should help promote independence and choice and put more control in the hands of the person needing accommodation.

Supporting People will assist with individuals to maintain their independence, and to flag up any potential issues and problems with housing.

Supporting People in the updated strategy will support the need for increase in appropriate accommodation and lobby for appropriate developments to be created, and also support the ongoing functionality of specialist accommodation e.g. Bearbrook in Aylesbury.

'Knotty issues'

Predicting accommodation needs is difficult and especially with such a diverse, hard to engage 'cluster' of people at risk of homelessness.

The future of the funding for Supporting People is uncertain as the grant is not ring-fenced from next year and the money could be used in a different way as part of the area based grant, with consequences for the levels of support being made available to vulnerable people if it is decided that the money would be better utilised in other areas of county council business.

At the time of writing this plan the Supporting People Strategy is still being developed to reflect these tensions and will be agreed by Buckinghamshire County Council and the action plan implemented. So to a degree the processes for meeting the need will be dictated by this new strategy.

7. What else do we need to consider if this plan is to be successful?

As stated at the beginning of the document, the primary audience for this plan are the four district councils in Buckinghamshire, to assist them in developing their housing strategies, core strategies and local development frameworks.

However no single stakeholder can work in isolation and there are clear interdependencies between organisations if the levels of housing in the plan are to be successfully achieved.

Table 25

Stakeholder	Main roles	Interdependencies	Preferred Outcomes
District Council Housing	<ul style="list-style-type: none"> Define the housing need Enable the development of affordable housing Structure access to housing for relevant people 	<ul style="list-style-type: none"> With planning to approve developments or changes to accommodation With county to ensure that there is a need for the accommodation, and that the social care costs can be paid With housing providers to work through what accommodation is possible to be developed 	<ul style="list-style-type: none"> That the right housing is available, at the right time and in the right place at the right price That identified housing needs are satisfactorily met
District Council Planning	<ul style="list-style-type: none"> Consent to the development of the new / existing 	<ul style="list-style-type: none"> With district council housing on identified need 	<ul style="list-style-type: none"> That developments are in line with the vision for the district council

	<ul style="list-style-type: none"> housing Advise on planning issues 	<ul style="list-style-type: none"> With housing providers and developers to advise on design and suitability 	<ul style="list-style-type: none"> That any development meets planning guidance
County Council	<ul style="list-style-type: none"> Provide revenue funding to ensure people are supported in their housing Ensure that the right people are accommodated Predict levels of social care housing need 	<ul style="list-style-type: none"> With district councils to ensure that they are aware of adult social care housing and support needs With housing providers to encourage development 	<ul style="list-style-type: none"> That people requiring a service are appropriately accommodated at a sustainable cost.
Housing providers	<ul style="list-style-type: none"> Build the accommodation needed Make existing accommodation available 	<ul style="list-style-type: none"> With county council to ensure that there is a need for development and that ongoing support is provided With district planners to ensure that design, location and other issues are managed effectively With district council housing to access grant support and that there is a need for housing 	<ul style="list-style-type: none"> That accommodation is occupied and sustainable That any accommodation provides adequate income

The table above indicates the level of interdependence between stakeholders; however the list is not exhaustive and only highlights the major stakeholders. In reality the stakeholders are many and varied and interdependencies far more complicated than a simple table can show.

However, the clearer we are in communicating across the boundaries, the more successful we will be in identifying outcomes that will benefit all parties. And this strategy will be a major 'plank' that will assist in the development of a consistent,

agreed approach to the levels of accommodation that are needed to support the social care needs of local populations.

8. How will we prioritise the housing needs identified in the plan?

As detailed elsewhere the main function of this plan is to indicate:

- The numbers of units needed
- The evidence base for making these decisions
- When units will be needed
- Where units will be needed
- For whom the units will be needed
- Possible methods for how the units will be delivered

And also to inform local housing strategies and other district based documents that will support future development.

This plan recognises that there is a substantial requirement for housing for adult social care across Buckinghamshire, but does not say where the priorities lie within the various client areas. Ideally all the identified housing need within this plan will be met within the timescales identified, but realistically we are aware that there will be conflicting priorities within housing and that adult social care presents only part of the overall demand for housing.

It is understood that the level of prioritisation for housing should be led by the district councils based upon individual circumstances and need of the local population. However the county council adult social care department will provide advice, guidance and evidence based information to support and assist the decision making process.

There also will be a commitment from adult social care to provide the required resources to ensure that support to maintain people in their accommodation is available prior to any commitment by the district councils or other stakeholders to undertake development.

The Joint Strategic Needs Assessment, commissioning strategies and other strategic documents developed by adult social care will help to inform priorities across service areas, and the messages from these documents will be shared with district councils.

The only way that the right accommodation can be delivered across the county is through communication, sharing information and using forums to discuss, negotiate and strategically plan. All stakeholders need to be included in the process to ensure that organisations have equal access to information and can inform the direction of travel.

9. What else will the housing plan be used for?

- It will be a document that provides consistent and agreed levels of housing need
- It will provide a sound evidence base to support decision making processes
- It could be used to provide an evidence base to support grant applications
- It can be used to inform section 106 decisions on new developments
- It can be used to support decision making when looking at new infrastructure developments
- It will provide a rationale for including accommodation specifically for adult social care as part of Local Development Frameworks
- Ensure that there is revenue funding from ASC for the ongoing support that people may need before any development is agreed

10. What will we do to monitor the success of the housing plan?

This plan is adventurous in its scope and covers specific types of housing need for all four districts over a 12 year period.

The plan has been agreed by county council and district council members, and has the support of adult social care and Supporting People, all of whom have been consulted on the content and messages included within this plan.

There is an ongoing group that meets regularly to discuss the implications of the plan, and to review and update its content. The membership of this group is flexible, and could include representatives from any identified stakeholders, but will always include representatives from the district councils and the county council.

The Buckinghamshire Chief Housing Officers Group (BCHOG) meets quarterly to discuss a wide range of housing issues that affect the whole county. It includes a wide membership of senior officers from district councils and the county council. Any issues, actions or discussion points resulting from this plan will be raised at BCHOG.

The success of the plan might be seen in a multitude of ways. Some successes might be direct, in that needs identified in the plan are translated into new or existing housing being transferred for the use of ASC. Other success criteria will be less easy to define in that the plan will be used to influence and provide evidence for other high level strategic documents such as Core Strategies and Local Development Frameworks.

To be successful it is vital that this plan is known and publicised to relevant stakeholders and that the content of the plan is used to inform future thinking.

11. Appendices

Appendix 1

Background data and methodology supporting the number of **Learning Disability** housing units predicted to be needed detailed within the plan:

Process to define housing need	Year	No. of people	Explanation
Whole population	2008	492,700	This is the whole population of Buckinghamshire.
	2010	495,700	
	2015	498,700	
	2020	501,800	
Population base – 'relevant population'	2008	301,300	This is a subset of the whole population e.g. number of people 18-65 years old in Buckinghamshire.
	2010	303,400	
	2015	303,400	
	2020	307,000	
Population 'at risk'	2008	7,293	This is the subset of the relevant population that projects the prevalence of a particular need e.g. the predicted number of people with a learning disability. This is sometimes called 'true prevalence' as it is the number of people within the general population, and not the number of people known to adult social care.
	2010	7,339	
	2015	7,364	
	2020	7,457	
Population 'in need' of housing	2008	911	12.5% of population at risk.
	2010	917	
	2015	920	
	2020	932	
Local demand	2008	1	Out of county placements commissioning strategy indicates reduction of 10% over the life of the strategy. Currently there are 143 people placed in residential care out of county, therefore 10% = 14 people over three year period. It can be assumed that this strategy will continue leading to a total of 53 people being provided with supported housing accommodation in the 12 year life of this strategy.
	2010	12	
	2015	20	
	2020	20	

	2008 2010 2015 2020	23 = 12 spec 11 gen 46 = 24 spec 22 gen 92 = 48 spec 44 gen 115 = 61 spec 54 gen	It is estimated in the commissioning strategy that older carers being unable to continue to provide support for their offspring combined with children and young people becoming adults and in need of accommodation will lead to the need for an additional 23-27 units of accommodation per annum over the next three years, and there is no evidence that this need will not continue for the life of this strategy, which equates to a total of 276 units.
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Process to define housing need	Year	PAN SI	Out of county	Carer break down	Total	Explanation
Population 'in need' of specialist housing that provides high level on site care and support	2008 2010 2015 2020	483 486 487 494	1 13 33 53	12 36 84 145	496 535 604 692	This is an estimate of the population 'at risk' that will need specialist housing at any given time. (53% of population in need of housing) plus local identified need, of which all of out of county returnees need specialist accommodation. And 53% of carer breakdown situations require specialist accommodation.
Population 'in need' of non specialist housing with no on site care and support	2008 2010 2015 2020	428 431 433 438	0 0 0 0	11 33 77 131	439 464 510 569	This is an estimate of the population 'at risk' that will need general housing at any given time. (47% of population in need of housing) plus local identified need. 47% of predicted carer breakdown situations are to be met through non accommodation based support.
Total demand						By 2020 there will be a predicted demand for 692 units of specialist supported housing across Buckinghamshire and for 569 units of more general accommodation suitable for learning disability use.

Supply	389 – 143 = 246 171 specialist supported living arrangements that provide on site support. 109 people currently receiving packages of	389 registered care places, but 143 are out of county and cannot be counted as Buckinghamshire's supply. 109 people receiving domiciliary care packages, but are appropriately accommodated.
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	<p>support in their own or family home.</p> <p>Shared lives new service predicted to supply the following units of accommodation in the following years: 2008 – 0 2010 – 38 2015 – 75 2020 – 95</p>	<p>Shared lives – new service being set up predicted that the number of units planned is 150 by 2012 so therefore could reasonably predict an extra 20 placements a year 2012 – 2018 = 6 years x 20 = 120 total by 2018 = 150 + 120 = 270 provided in a person's home with 70% being for LD - 189 units will be provided over the life of the plan = approx 19 per annum.</p>
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Gap analysis leading to requirement for housing	Year	Total demand	Total supply	Number	Explanation
Specialist LD housing units	2008	496	417	79	Anything above the supply figure of 417 is a demand for specialist housing.
	2010	535	417	118	
	2015	604	417	187	
	2020	692	417	275	
General LD housing units	2008	439	109	330	This is an estimate of demand that is not being met through current supply. This then gives the net requirement for housing at any given time.
	2010	464	147	(109 + 38) = 317	
	2015	510	184	(109 + 75) = 326	
	2020	569	204	(109 + 95) = 365	

Table showing the % split of learning disability prevalence by district, this was used to inform the numbers of units needed in each district up to 2020.

	2008	2010	2015	2020
Aylesbury Vale	36.7	37.2	38	38.6
Chiltern	17.5	17.3	17	17
South Bucks	12.7	12.8	13	13
Wycombe	32.9	32.6	32	31.4
Bucks	100	100	100	100

Appendix 2

Background data and methodology supporting the number of **Physical and Sensory Disability** housing units predicted to be needed detailed within the plan.

Process to define housing need	Year	No. of people	Explanation
Whole population	2008	492,700	This is the whole population of Buckinghamshire.
	2010	495,700	
	2015	498,700	
	2020	501,800	

Population base – ‘relevant population’	2008 2010 2015 2020	301,300 303,400 303,400 307,000	This is a subset of the whole population e.g. number of people 18 - 65 years old.
Population ‘at risk’	2008 2010 2015 2020	31,324 31,472 31,491 32,361	This is the subset of the relevant population that projects the prevalence of a particular need. In this case the number of people with a severe or moderate physical disability.
Population in need of housing	2008 2010 2015 2020	376 377 378 388	1.2% of population at risk [based on 4NW consultancy work].
Local demand	2008 2010 2015 2020	1 3 9 17	<p>Commitment to provide support in peoples own home and to return people from out of county to a more local provision.</p> <p>In 2008 28 units out of county, expectation to return people to in county provision. If 60% are returned by 2020, we will need the 17 units provided over 12 year life of the strategy. Expectation that we’ll need specialist accommodation and support on return to the county.</p>

Process to define housing need	Year	PANSI	Explanation
Population ‘in need’ of specialist housing that provides high level on site care and support	2008 2010 2015 2020	82 83 83 85	This is an estimate of the population ‘at risk’ that will need specialist housing at any given time. (22% of population ‘in need’ of housing).
Population ‘in need’ of non specialist housing with no on site care and support	2008 2010 2015 2020	293 294 295 303	This is an estimate of the population ‘at risk’ that will need general housing at any given time. (78% of population ‘in need’ of housing).

Total demand			By 2020 there will be a predicted demand for 85 units of specialist supported housing across Buckinghamshire and for 303 units of more general accommodation suitable for PSD use.
Supply	Supply (specialist): 61 residential placements 41 nursing residential placements 102 – 28= 74		28 of the residential units are out of county and therefore cannot be considered as Buckinghamshire's supply. This represents 27% of supply.
	Supply (general needs): 288 people currently receiving packages of support in their own or family home.		288 on 31/3/08 and are therefore accommodated and their independence maintained.

Gap analysis leading to requirement for housing	Year	Demand	Supply	Total	Explanation
Specialist PSD housing units	2008	83 (82+1)	74	9	This is an estimate of demand that is not being met through current supply. This then gives the net requirement for housing at any given time.
	2010	86 (83+3)	74	12	
	2015	92 (83+9)	74	18	
	2020	102 (85+17)	74	28	
General PSD housing units	2008	293	288	5	
	2010	294	288	6	
	2015	295	288	7	
	2020	303	288	15	

Table showing the % split of physical and sensory disability prevalence by district. This was used to inform the numbers of units needed in each district up to 2020:

	2008	2010	2015	2020
Aylesbury Vale	36	36.5	37.5	38.3
Chiltern	18.6	18.3	17.8	17.6
South Bucks	13.2	13.3	13.5	13.6
Wycombe	32.2	31.9	31.2	30.5
Bucks	100	100	100	100

Appendix 3

Background data and methodology supporting the number of **mental health** housing units predicted to be needed detailed within the plan

Process to define housing need	Year	Population figure	Explanation
Whole population	2010	495,700	This is the whole population base.
	2015	498,700	
	2020	501,800	
Population base – ‘relevant population’	2010	303,400	This is a subset of the whole population e.g. number of people 18-65 years old.
	2015	303,400	
	2020	307,000	

Levels of housing need based on national findings:

Population ‘at risk’	2010	14,947	These are the number of people PANSI predicts to have a severe mental health problem (classed as a personality disorder or psychotic disorder) as they are the most likely to present to Adult Social Care and require a specific housing need.
	2015	14,960	
	2020	15,156	
	2010	57,695	These are the number of people PANSI predicts to have less intensive mental health problems that are classed as depression and neurotic disorders. These people are much less likely to present to Adult social care.
	2015	57,775	
	2020	58,515	
Population with a severe mental health problem in need of housing	2010	1.6% of 14,947 = 224	HGO consultancy work with 4NW calculate that 1.6% of the population predicted to have a severe mental health problem will need accommodation support in the year.
	2015	1.6% of 14,960 = 224	
	2020	1.6% of 15,156 = 227	
Population with less intensive mental health problems in need of housing	2010	0.2% of 57,695 = 116	It has been assumed that 0.2% of the population with lower level mental health needs will need accommodation support in the year.
	2015	0.2% of 57,775 = 116	
	2020	0.2% of 58,515 = 118	
Total population with mental health problems in need of housing	2010	224+116 = 340	This is the total of severe and lower level need.
	2015	224+116 = 340	
	2020	227+118 = 345	

Local demand factors in Buckinghamshire adding to levels of housing predicted by national findings:

Year	Number	Explanation
2010 2015 2020	Number of people planned to return from out of county provision to in county specialist residential care 1 7 14	In 2008 BCC commissioned 35 units out of county specialist accommodation for people with severe mental health problems. There is an expectation to return people to in county provision. If 40% of people are returned by 2020, we will need 14 units of specialist accommodation to be provided over the ten year life of the plan.
2010 2015 2020	Number of people planned to move out of specialist housing into ' non' specialist 1 6 10	Commissioning strategy plans for 5% of people per annum to move out of specialist residential accommodation into non specialist housing. There are currently 20 units of residential+ care. Therefore it's planned for one person per annum to move on.
2010 2015 2020	Non specialist accommodation 0 42 84	Predicted that 30% of people will be moving out of intensive supported living into general needs housing every two years. There are currently 56 units of intensive supported living available. Therefore it is estimated there will be a throughput of 84 people requiring non specialist accommodation by 2020. (30% of 56 = 16.8, this figure is for every two years, x5 for 10 years of plan = 84)

Total demand for specialist and 'non' specialist housing (national plus local prediction from tables above:

Specialist Accommodation:

Year	National demand for specialist accommodation	Local demand for specialist accommodation	Total demand for specialist accommodation	Explanation
2010 2015 2020	136 136 138	1 7 14	137 143 152	This is an estimate of the number of people that will require specialist accommodation. It is estimated that this will be 40% of the people 'at risk' identified by PANSI e.g. for 2010 it will be 40% of 340 = 136.

Non specialist accommodation:

Year	National demand for 'non' specialist accommodation	Local demand for 'non' specialist accommodation	Total demand for 'non' specialist accommodation	Explanation
2010	204	1 + 0	205	This is an estimate of the number of people that will require 'non' specialist accommodation. It is estimated that this will be 60% of the people 'at risk' identified by PANSI e.g. for 2010 it will be 60% of 340 = 204.
2015	204	6 + 42	252	
2020	207	10 + 84	301	

Current and predicted future supply of accommodation

Specialist Accommodation:

Year	Specialist supply	Total specialist supply	Explanation
2010	56 + 20 +59	135	<ul style="list-style-type: none"> • 56 is the number of shared supported living units that provide intensive support • 20 is the number of in county residential units • 59 is the number of in county inpatient beds available. This will be reducing to 57 by 2012.
2015	56 + 20 +57	133	
2020	56 + 20 +57	133	

Non specialist accommodation:

Year	Non specialist supply	Total non specialist supply	Explanation
2010	78+20+20+26+1	145	<ul style="list-style-type: none"> • 78 - Number of people currently receiving packages of domiciliary care support in their own or family home (on last day of RAP return 2007/08), however they are currently accommodated in suitable housing. • 20 - Number of people in unstaffed group homes • 20 - Number of people in independent supported living (low support) • 26 - Number of units with nomination rights for mental health • Mental health service can expect 3% of total number of units made available by shared lives. This will equate to approximately ten units by 2020.
2015	78+20+20+26+6	150	
2020	78+20+20+26+10	154	

Gap analysis leading to total predicted need for accommodation for mental health service:

Specialist accommodation:

Year	Demand for specialist housing (A)	Supply of specialist housing (B)	Net need for specialist housing (A-B)
2010	137	135	2
2015	143	133	10
2020	152	133	19

Non specialist accommodation:

Year	Demand for non specialist housing (A)	Supply of non specialist housing (B)	Net need for non specialist housing (A-B)
2010	205	145	60
2015	252	150	102
2020	301	154	147

Table showing the % split of mental health prevalence by district, this was used to inform the numbers of units needed in each district up to 2020:

	2010	2015	2020
Aylesbury Vale	37.3	38	38.7
Chiltern	17.3	17	16.8
South Bucks	12.9	13	13
Wycombe	32.5	32	31.5
Bucks	100	100	100

Appendix 4

Background data and methodology supporting the number of **older people** housing units predicted to be needed detailed within the plan

Over 65 Population (figures from POPPI)

	2008	2010	2015	2020
Aylesbury Vale	24,700	26,300	31,600	35,700
Chiltern	16,600	17,300	19,400	20,400
South Bucks	11,400	11,800	12,900	13,800
Wycombe	24,900	26,100	29,600	31,800
Bucks	77,600	81,600	93,500	101,400

Demand:

A: Residential care (32.7 per 1000 of population over 65years old – Laing and Buisson)

	2008	2010	2015	2020
Aylesbury Vale	808	860	1033	1167
Chiltern	543	566	634	667
South Bucks	373	386	422	451
Wycombe	814	853	968	1040
Bucks	2538	2665	3057	3325

B: Nursing care (19.4 per 1000 of the population over 65 years old – Laing and Buisson)

	2008	2010	2015	2020
Aylesbury Vale	479	510	613	692
Chiltern	322	336	376	396
South Bucks	221	229	250	268
Wycombe	483	506	574	617
Bucks	1505	1581	1813	1973

A +B: Total residential and nursing demand

	2008	2010	2015	2020
AVDC	1287	1370	1646	1859
Chiltern	865	902	1016	1063
South Bucks	594	615	672	719
Wycombe	1297	1359	1542	1657
Bucks	4043	4246	4876	5298

Supply

Nursing	2008 - 1276 2010 - 1396 2015 - 1536 2020 - 1536	127 current supply, extra 120 coming on stream early 2009, 140 extra being supplied through Project Care reprovision by 2012.
Residential (including supported living arrangements for older people)	2008 - 2013 2010 - 2016 2015 - 2031 2020 - 2045	1561 residential care places available in Bucks. To this can be added: 48 extra care 31 services for frail older people from SP 1 in 6 people in sheltered accommodation receive a domiciliary care package with an average of over 4.75 hrs per week. Total sheltered stock is 2243 therefore 373 (1 in 6) could be classed as a replacement for residential care, and without this accommodation could be in more traditional extra care, seen as a replacement for residential care. Therefore $1561 + 48 + 31 + 373 = 2013$ Shared Lives supplying 32 units for use by older people by 2020 = 1.6 per year over the 12 years of the plan – this accounts for increase from 2013 to 2045 (difference of 32).

Gap analysis of number of units needed for Buckinghamshire

Nursing Accommodation

Year	Demand	Supply	Gap
2008	1505	1276	229
2010	1581	1396	185
2015	1813	1536	277
2020	1973	1536	437

Residential Accommodation (future supported living)

Year	Demand	Supply	Gap
2008	2538	2013	525
2010	2665	2016	649
2015	3057	2031	1026
2020	3325	2045	1280

These figures then apportioned down to district level.

Appendix 5

Background data and methodology supporting the number of housing units for people at risk of homelessness predicted to be needed detailed within the plan.

	Year	Population figure	Explanation
Whole population	2008	492,700	(This is the whole population base)
	2010	495,700	
	2015	498,700	
	2020	501,800	
Population base – ‘relevant population’	2008	301,300	(This is a subset of the whole population e.g. number of people 18-65 years old)
	2010	303,000	
	2015	303,400	
	2020	307,000	
Population ‘at risk’ (the number of people that could be in need of housing at any given time)	2008	10,299	Factored up for population increase over the 12 year period
	2010	10,371 0.7%	
	2015	10,371 0.7%	
	2020	10,495 1.9%	
Population in need of housing (demand) (10% of population at risk)	2008 – 1,029	1,029	
	2010 – 1,037	1,037	
	2015 – 1,037	1,037	
	2020 – 1,049	1,049	
Supply	2008 - 306		
	2010 - 342		
	2015 - 342		
	2020 - 342		
Requirement for housing	2008 - 1029 – 306 = 723		
	2010 - 1037 – 342 = 695		
	2015 - 1037 – 342 = 695		
	2020 - 1049 – 342 = 707		
Factoring down to account for short term stays (Ratio of 1:1.32 to reflect annual average usage)	2008 - 548		
	2010 - 526		
	2015 - 526		
	2020 - 536		
Split between specialist (20%) and more general accommodation (80%)	2008 110 + 438 = 548		
	2010 105 + 421 = 526		
	2015 106 + 420 = 526		
	2020 107 + 429 = 536		

Percentage split of population across districts

	2008	2010	2015	2020
Aylesbury Vale	36.8	37.2	38	38.6
Chiltern	17.6	17.4	17	17
South Bucks	12.8	12.9	13	13.1
Wycombe	32.8	32.5	32	31.3
Bucks	100	100	100	100

Glossary

Acronyms:

ASC	Adult Social Care
BCC	Buckinghamshire County Council
BCHOG	Buckinghamshire Chief Housing Officers Group
BME	Black and Minority Ethnic Groups
CBL	Choice Based Lettings
CSED	Care Services Efficiency Delivery
CELS	Community Equipment Loans Service
CSIP	Care Services Improvement Partnership
DFG	Disabled Facilities Grant
HCA	Homes and Community Agency
LD	Learning Disability
LDF	Local Development Framework
MH	Mental Health
PANSI	Projecting Adult Needs and Service Information System
PCT	Primary Care Trust
POPPI	Projecting Older People's Population Indicators
PSD	Physical and Sensory Disability
RAP	Referrals Assessments and Packages of Care
RSL	Registered Social Landlord
SHMA	Strategic Housing Market Assessment
SP	Supporting People

Additional information:

HGO - Are a consultancy that are experienced and innovative in assessing the need for supported housing. They have worked with the National Housing Federation to produce a document called 'Building for all – Identifying the need for supported housing in London'. They developed a methodology to support and evidence findings. This work has led to more widespread use of the methodology in the North West.

4NW is the regional leaders forum for the North West of England that has the responsibility for housing, planning and economic development. They have recently produced the Regional Supported Housing Strategy and used the methodology developed with HGO to define need.