Lifting the veil: removing the invisibility of adult social care

National Housing Federation submission to Adult Social Care Committee inquiry

May 2022

Summary

This submission considers the practical reforms and innovations that, by making care more visible, might enable the delivery of better care and support, and makes particular reference to housing. Good quality housing that is properly adapted to suit the needs of tenants, in addition to having the right support in place, helps people to live an 'ordinary life' with choice and control over their lives.

The pandemic has demonstrated the value of care and support services. It has highlighted the importance of person-centred support services and of taking a holistic and flexible approach to people's needs. This enables them to carry on living independently. The government has acknowledged that "too many people with care and support needs live in homes that do not provide a safe or stable environment. People's homes should allow effective care and support to be delivered regardless of their age, condition or health status."

The pandemic has also revealed the urgent need to address the underfunding of social care, limited integration across health and social care and lack of recognition of the skills and contribution of staff. It has also forced us to consider the interdependencies between social care, health care, public health and housing.

Supported housing transforms lives and people's wellbeing, allowing individuals to live independently and with dignity. Supported housing gives people choice about their lives, allows them to live in a home environment rather than institutional settings and frees up institutional care provision.

Quality of life and choice and control for service users should be central to any determination of care and support and housing quality. The government want people to have choice over their housing arrangements, and want places to "'think housing and community' when they develop local partnerships and plan and deliver health and care services."

In this submission, we've answered the following questions under the headings outlined below:

The invisibility of adult social care, and its consequences (skip to)

1. One of the fundamental challenges facing adult social care is that it is 'invisible'. Do you agree? What do you think explains this? (skip to)
2. What are the key changes that need to be made to reduce the invisibility of adult social care? (skip to)
3. How does this invisibility reflect the experience of social care for people who draw on care and support and their carers, and how is this experience different depending on the age range and particular circumstances of those who draw on care and support and their carers? (skip to)
4. How would you define the purpose of adult social care? How does the invisibility of adult social care get in the way of achieving this purpose? (skip to)
5. To what extent does the definition of the purpose of adult social care differ for younger and for older adults? How can future reform of the adult social care system best address these differences? (skip to)
7. How can other public services (such as the NHS) play their part in tackling the invisibility of adult social care? (skip to)
8. What effect has the COVID-19 pandemic had on adult social care? (skip to)

Putting co-production at the heart of care (skip to)

17. It is often difficult for people who draw on care and support and carers to exercise choice and control if they do not know what good support looks like or what kinds of care and support might be available. What information and support could be helpful to address this and how could it be made available more easily? (skip to)
18. We recognise that people with long-term conditions require different support at different points in their lives and that transitions, such as a change in health needs, moving from children to adult services, leaving education, starting a job or moving home, can be particularly challenging. Can you describe the key moments of transition from your experience? How have the formal processes worked during these periods of transition? What could or should have been in place to make these transition moments easier? (skip to)
19. What does truly co-produced care look like for younger and for older people with differing challenges and needs? Have you got any good examples to share? (skip to)
20. How can we design care and support arrangements which work both for the person drawing on care and support and for those who care for them? (skip to)

Introduction

The National Housing Federation (NHF) is the voice of England's housing associations. Our members provide more than two and a half million homes and support for around six million people who typically have greater social or health needs than the general population. Housing associations are important providers of care homes – 120 NHF members manage nearly 15,000 care home places.

Housing associations also provide three quarters of all supported and sheltered housing, including sheltered and extra care housing, homeless hostels, homes for people with learning or physical disabilities and people with autism, mental health step-down units and domestic abuse refuges. These homes transform people's lives and wellbeing, allowing them to live independently and with dignity. Supported housing gives people choice about their lives, allows them to live in a home environment rather than institutional settings and frees up institutional care provision.

The experience of the pandemic has demonstrated the value of care and support services. It has highlighted the importance of person-centred support services and of taking a holistic and flexible approach to people's needs in enabling them to carry on living independently and manage the challenges presented by the pandemic.

The pandemic has also revealed the urgent need to address the underfunding of social care, limited integration across health and social care and lack of recognition of the skills and contribution of staff, by considering the interdependencies between social care, health care, public health and housing.

Supported housing provides vital support for some of the most vulnerable people in society, for working age and older people alike. For many in these groups, the only viable alternatives to supported housing are residential care, hospital or another secure institution. This puts strain on already limited resources and can have a negative impact on people who could live independently with the right support. Supported housing helps save public money, avoiding lengthy and costly hospital stays. It also helps avoid rent arrears and tenancy breakdown.

Specialist housing for older people produces an annual saving to the taxpayer of around £3,000 per person through reduced reliance on health and social care services. For people with learning disabilities and mental health issues, the annual saving per person rises to between £12,500 and £15,500. A report by Look Ahead Care and Support projects that the NHS could save nearly £1bn if integrated mental health and supported housing models were scaled up across England. Support

services also help people experiencing homelessness into accommodation and to retain their housing long-term. Research shows public spending would fall by £370m if 40,000 people were prevented from experiencing a year of homelessness.

Support services help people settle into a new home, maintain their tenancies, ensure their property is safe and secure, learn life skills including cooking or budgeting and work with third parties such as landlords, Jobcentre staff or probation officers. They are designed for people who want to be as independent as possible but need assistance with some aspects of daily living.

The government's plan for adult social care in England should reflect the essential role of supported housing in delivering independence and wellbeing for many people with long-term care and support needs. Housing should be seen as a pillar of social care. The NHF welcomed the government's commitment in its 10 year vision for social care, People at the Heart of Social Care, to "[make] every decision about care a decision about housing." This marks a new starting point for discussion and partnership between all levels of government, the NHS and housing providers on how to give people housing choice and deliver services focussed on keeping people independent and in control.

The invisibility of adult social care, and its consequences

1. **One of the fundamental challenges facing adult social care is that it is 'invisible'. Do you agree? What do you think explains this?**

The pandemic has revealed the urgent need to address the underfunding of social care, limited integration across health and social care and lack of recognition of the skills and contribution of staff, by considering the interdependencies between social care, health care, public health and housing.

In some localities, housing (and care) providers report a varied and sometimes fragmented approach to the procurement of social care, with regular retendering of care contracts by local authorities, and in some cases, without any clear strategic plan for the development and delivery of (supported) housing (and care) to meet local need.[1]

[1] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

Reductions in local authority funding mean that councils have less budget to spend on adult social care and this is pushing the threshold for care ever higher. This makes it increasingly inaccessible and therefore unknown to those who don't have a need for care or whose needs do not meet the threshold. It is therefore conceivable that the invisibility of social care comes from a lack of funding. Care is not universally available either, it is paid for and comes with eligibility and wealth criteria, unlike the NHS, for example. Because of this "unknowability" there is a lack of planning for care. According to The King's Fund, care is often a crisis purchase rather than something planned for.[2]

Funding reductions have also had the effect of lowering pay for care workers. This likely devalues the sector because of the perception that it is a low paid and therefore underappreciated profession, adding to its invisibility.

Unlike the NHS, it is assumed that care will not be used by everyone and is therefore more likely to be neglected.

2. What are the key changes that need to be made to reduce the invisibility of adult social care?

The experience of the pandemic has demonstrated the value of care and support services. It has highlighted the importance of person-centred support services and of taking a holistic and flexible approach to people's needs in enabling them to carry on living independently and manage the challenges presented by the pandemic.

The pandemic has also shown that good quality, suitable housing is vital to a person's resilience, health and wellbeing. We welcome the government's 10 year vision for Social Care, People at the Heart of Care, which includes a significant commitment to housing related spending and recognition of the need to "[make] every decision about care a decision about housing."

However, there can be a disconnect between the housing options and social care part of local authorities, especially in two tier authorities where the two functions are within the purview of separate councils. A multidisciplinary and cross council approach to housing and care would bridge this gap and bring the role of housing in enabling care into view. This multidisciplinary approach would lead to strategic

[2] https://www.kingsfund.org.uk/publications/whats-your-problem-social-care

commissioning of housing with care and/or support, including community investment. This is why it is positive that the social care white paper proposes development of integrated housing, health and care strategies.

Supported housing providers have a vital role to play in the government's planned transformation of social care. Investing in decent housing for older people with appropriate care and support can be a cost-effective way of reducing the burden that chronic health conditions place on the NHS.

It should also be acknowledged that there is a crisis of recruitment and retention for social care driven by the poor pay, terms and conditions for workers in this sector, in turn caused by the difficulty in finding a sustainable funding model.[3] Solving this problem would reduce the stigma around the social care workforce and therefore the invisibility of the sector. It is very difficult to provide care and support without an adequately staffed workforce.

3. How does this invisibility reflect the experience of social care for people who draw on care and support and their carers, and how is this experience different depending on the age range and particular circumstances of those who draw on care and support and their carers?

The invisibility of social care also means that preventative services, such as supported housing, are also neglected. Preventative services can provide support that meets people's needs and this can stop them from developing higher levels of need that require residential care.

Since the end of the ring-fenced Supporting People programme, there has been a significant reduction in revenue funding specifically for the support element of supported housing, as distinct from care. The funding of support currently relies on discretionary commissioning by local authorities, which is often not available or offered, or on housing providers to subsidise the support costs from their own resources.[4]

The social care white paper acknowledges that 'too many people with care and support needs live in homes that do not provide a safe or stable environment, within which care and support can be effective'. It also acknowledges that 'some people's

[3] https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-full-report.pdf#page=122
[4] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

care and support needs mean that specialised housing is likely to offer the best option for them,' and announces funding to cover support costs in supported housing (not just capital costs). This will help people to stay in mainstream housing.[5]

Discussions with commissioners in the framework of a Housing LIN report on long-term funding reflected the negative impact of the funding reductions experienced in recent years by local authorities. These impacted on local authorities' capacity to undertake long-term strategic planning and development work. Several participants highlighted that their teams have reduced in size in recent years, with each team member now holding responsibility for more client groups, service types and areas of priority need.[6]

4. How would you define the purpose of adult social care? How does the invisibility of adult social care get in the way of achieving this purpose?

Adult social care covers a wide range of activities to enable people who are older or living with disability or physical or mental illness live independently and stay well and safe. It is important to acknowledge the role of housing in enabling care – there can be no care without a home. When this is not acknowledged (is invisible) then care cannot be provided adequately (meet its purpose).

5. To what extent does the definition of the purpose of adult social care differ for younger and for older adults? How can future reform of the adult social care system best address these differences?

Ensuring people receive the right care and support all begins with where they live and who they live with. For people of working age and older people alike, for example those with learning disabilities, autism, substance misuse needs, homelessness, care and support provides a suitable home for them to maintain their independence, connect with the community, achieve ambitions and stay safe and well. It also promotes good health and reduces the need for healthcare and residential services now or later on. For older people, however, the need to prevent hospitalisation or admission into residential care can be more immediate.

[5] https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper
[6] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

7. How can other public services (such as the NHS) play their part in tackling the invisibility of adult social care?

The government should use the experiences of service users and service providers across the pandemic to inform what it hopes to achieve through long-term funding reform of adult social care. The debate should not just be about how something is funded but also what is funded. It is also worth considering how the need for services can be minimised through effective preventative measures and an enabling environment that promotes independence. The joint Health and HCLG committees' 2018 report, *Long-term funding of adult social care*, found that restricting focus for reform on funding mechanisms for registered care services risks failing to consider the value of preventative services, overall quality of life and what is needed to help people live independently.

The joint committees' 2018 report talked about the 'interdependencies between the provision of health care, social care, and also public health' and recommended 'that in its discussions of future funding settlements the Government should consider all these in the round'. The coronavirus pandemic has proven the importance of this recommendation and the need for social care reform to 'give due prominence and consideration to the role of housing as a key determinant of health and wellbeing and consequently need for health and social care support'.

Supported and sheltered housing providers have driven innovation in providing alternatives to residential care for people with long-term needs. Person-centred care and support, use of technology and giving people choice and control has transformed lives, prevented crisis and avoidable admission to hospital and reduced reliance on more institutional forms for care. They can be and, in many cases, are an integral part of the place-based approach to health and care that is being encouraged through integrated care systems (ICSs). It is important to recognise what is needed at local and national level to encourage the partnership between commissioner(s) and provider(s) that ensures this type of provision is in place, and that provision is planned based on need rather than what is cheapest to produce.

8. What effect has the COVID-19 pandemic had on adult social care?

The experience of the pandemic has demonstrated the value of care and support services. It has highlighted the importance of person-centred support services and of taking a holistic and flexible approach to people's needs in enabling them to carry on living independently and manage the challenges presented by the pandemic.

The pandemic helped the government to work with the housing sector to think about how people needing care and support can get it at the right time. There has been a realisation of the role of housing in enabling care and it is positive that this has been recognised in reform and new funding announcements.

The pandemic has also revealed the urgent need to address the underfunding of social care, limited integration across health and social care and lack of recognition of the skills and contribution of staff, by considering the interdependencies between social care, health care, public health and housing.

Housing associations that offer independent living schemes can play a key role in the social care sector, which is facing rising pressure, and in providing good housing solutions for people with care and support needs. Housing should be seen as a pillar of social care.

With the introduction of a longer-term commitment to fund support as part of the Social Care White Paper, the government has demonstrated its awareness of the importance of stable funding to underpin housing provision for people with support needs.

Putting co-production at the heart of care

17. It is often difficult for people who draw on care and support and carers to exercise choice and control if they do not know what good support looks like or what kinds of care and support might be available. What information and support could be helpful to address this and how could it be made available more easily?

In relation to 'supported living', Care Quality Commission (CQC) guidance emphasises people having real choice as to where they live, and on ensuring a person-centred culture in the service, in terms of the way that people are supported and how care is provided.[7] However, people with learning disabilities reported in the Housing LIN report that in their experience, housing choice can be very limited. They also described how difficult it can be for them to access useful information, advice and advocacy about their housing options (including supported housing), without which many people are unable to make real choices, even if choices are in theory available to them. Equally, respondents highlighted barriers to being able to change

[7] https://www.cqc.org.uk/sites/default/files/20151023_provider_guidance-housing_with_care.pdf ; https://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf

where and how they live, in the way that most non-supported housing residents would expect to be able to do as their housing needs and lifestyle preferences change throughout life. Given the lack of housing choice, some respondents reported that they have been 'placed' in a particular supported housing setting mainly in order to fill a void, rather than to meet their own needs and preferences. As a result, they may not get to decide who they live with or who supports them.[8]

18. We recognise that people with long-term conditions require different support at different points in their lives and that transitions, such as a change in health needs, moving from children to adult services, leaving education, starting a job or moving home, can be particularly challenging. Can you describe the key moments of transition from your experience? How have the formal processes worked during these periods of transition? What could or should have been in place to make these transition moments easier?

There is a welcome understanding in the social care white paper of the need to integrate housing into local health and care strategies. It says, '[r]ather than focusing on approaches to delivering care that intervene at a time of crisis, care and support services should intervene early to support individuals, helping people retain or regain their skills and confidence, and prevent needs from developing.' This feeds into effective planning for transitions.

Some housing associations providing supported housing have found that adult social care can be reluctant to intervene when a person's support needs increase to a need for care and exceed the support that can be provided within the supported housing service, which appears to be based on an assumption that "they are ok where they are as long as they are housed". This has also been experienced by some Housing First (support) services. This is likely to be caused by funding pressures on adult social care too but there also need to be arrangements for adult social care to intervene where the person lives rather than assuming that a supported housing service can provide care for people when this is not commissioned (this can also be unsafe). It should not be expected that a housing provider should issue a notice to terminate the tenancy in order for adult social care to intervene. There is a need for statutory services need to work with providers to gain a better understanding of the needs of users.

[8] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

When a person leaves a psychiatric hospital or has care needs, homelessness services are not appropriate places for them to be referred to. And yet homelessness service providers (providing supported housing) find that they are receiving referrals for people with high levels of need / complex needs that they are not commissioned or equipped to provide support for.

It is useful that the social care white paper acknowledges the role of repairs services in keeping people in their homes. Housing associations provide adaptations, responsive repairs and home improvements, which play a role in positive health outcomes too, e.g. allowing people to be discharged from hospital back to their home faster.

A lack of suitable properties can lead to long delays in patients being discharged from hospital, with NHS data suggesting that over 40% of patients currently receiving care in mental health hospitals do not actually need to be there. Hospital discharge partnerships between health, social care and (supported) housing can help people move (back) home quickly and avoid getting stuck on hospital wards (delayed days). This work includes:

- Reactive repairs.
- Putting a support service in place.
- Arranging key safes.
- Supporting with food parcels.
- Identifying and reducing the risk of falls.
- Benefit checks.
- Arranging for the installation of equipment such as grab rails or furniture aids.

  This partnership working also helps reduce readmissions caused by inappropriate housing options that do not meet people's support needs.[9]

19. What does truly co-produced care look like for younger and for older people with differing challenges and needs? Have you got any good examples to share?

[9] https://www.nationalcareforum.org.uk/integrated-care-systems/case-studies-top-tips/look-ahead/ https://homesforcathy.org.uk/2022/01/10/the-value-of-cross-sector-collaboration-to-improve-health-outcomes-for-homeless-people/

Some examples are below.

Golden Lane Housing: two accessible homes in Leeds for ten people with a learning disability

Golden Lane Housing provides supported living accommodation to nearly 2,200 people with a learning disability in 1,106 properties that they own or lease.

This scheme was designed to meet the needs of ten people with a learning disability, who had been living together for many years in a residential care home in Leeds. Everyone wanted to remain in the same area as they knew it well and it is close to their activities. Two large detached properties were purchased in the same area and close together, so the group could live together, maintain their friendships and continue to receive support from staff they knew well. The ten residents moved into their two new homes in 2019, with five people living in each of the two properties. It was important to find out who wanted to live together along with what suited their needs. It was agreed, Diane, Debra, Nigel, Sam and Sam would share and Hazel, Sandra, Susan, Shane and Sharon would live together. Leeds Mencap provide the personal care for the people living in their homes.

Golden Lane Housing worked closely together with Mencap, Leeds Mencap and the commissioning team from Leeds City Council on the development process and financial details. The closure of the residential care home was only months away and the level of urgency had mounted when Mencap approached Golden Lane Housing, after Leeds Mencap had reached out to see if they could help. Golden Lane Housing's development manager discussed options with the CEO at Leeds Mencap before meeting with the local authority to see how they could support the individuals. The two large detached properties were purchased and specially adapted using the capital raised by Golden Lane Housing at a cost of around £1.2m. They negotiated a few extra months with the developer who was buying the care home. Contractors agreed to a faster work schedule and work started on site to make them accessible. New wet rooms were installed, and ramps built so people could gain easy access. Ground floor bedrooms were created and new kitchens and bathrooms installed. Each person chose the wallpaper and colours for their bedrooms. Nearly everyone has an en-suite bathroom or wet room.

As a specialist supported housing provider, Golden Lane Housing is exempt from the Regulator of Social Housing rent standard. The rent is paid by housing benefit, using housing benefit regulations applied to landlords meeting supported housing exempt

status requirements. The service charge amount is £17.38 per person per week. The support package is funded by the local authority.

Michelle Wilks, scheme manager from Leeds Mencap explained: “It couldn’t have turned out better for everyone! I had worked at the residential care home for over 20 years. We knew it was going to close, and the team spent a lot of time supporting people to understand why they were moving and looking at choices. We were involved every step of the way. Golden Lane Housing were great. They listened and worked with us and carried out the adaptations. They worked to a tight deadline, and all the work was completed on time.

Both properties are absolutely fantastic. They are spacious and homely with lovely gardens. It’s great as they’re only round the corner from each other too. The day of the move came. I’ll never forget the look on their faces as they walked through the door. They were so thrilled, it was better than their dreams. Supported living is more personalised. People are getting more time with staff, which has opened up a new world of possibilities. I can already see a difference; people are getting more involved in doing things around the house. They have already decided on a rota for cooking and cleaning! I’ve noticed people are more relaxed, happier in themselves and their confidence has grown in a short space of time. I went into the upstairs sitting room on the second day, and Sam and Nigel had their jigsaws out already, they just felt so settled and at home. It’s so nice; everyone is constantly telling me how much they love it!”

Nigel, Golden Lane Housing tenant said: “It’s brilliant here.”[10]

Grand Union Housing: High Oaks, St Albans, four flats for adults with learning disabilities

Grand Union Housing Group owns and manages 12,184 homes – including 546 supported units across 114 schemes of varying sizes.

The High Oaks supported living scheme for adults with learning disabilities in St Albans is made up of four self-contained flats and has been designed to be fully accessible for wheelchair users.

[10] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

High Oaks was transformed from a Walsingham Support registered care home that was at risk of closure into a modern scheme with a light and spacious communal area used as a lounge, diner and summer room. It overlooks a large, level communal garden that has been landscaped with user-friendly raised planters where the customers grow flowers and vegetables. These planters were funded by the money raised by people running the London Marathon in aid of Grand Union.

Walsingham Support provide on-site care, with differing levels of support available 24-7, specific to the individual's needs. The customers also benefit from attending locally run day centres, as well as the close proximity to a small number of local shops, a church and parks. The alternative housing options for those customers would undoubtedly be residential care, whereas this scheme has provided them with a home for life with a secure tenure.

Without strong partnership working, the scheme would never have been completed. Hertfordshire County Council were heavily involved in decision making and helped meet individual health and social care needs. The scheme cost just over £1.2m to develop, made up of £635,000 capital investment, £435,000 investment by Grand Union, and £200,000 grant from Homes England and Hertfordshire County Council. The redevelopment and extension allowed for customers to be involved in the whole process of seeing their homes develop, from choosing which flat they preferred and looking at the plans, to making choices for their kitchen cupboards, worktops and flooring throughout their flat. Customers pay Affordable Rent, which has been capped at the Local Housing Allowance level for one-bedroom flats, including service charges. Care and support costs are funded via the local authority.[11]

20. How can we design care and support arrangements which work both for the person drawing on care and support and for those who care for them?

We have an acute shortage of affordable housing in most of the country, which has led to increasing numbers of people desperate for a home. This can make it feel impossible for people to say no to the offer of a home, even if it does not feel safe or is in an area where the person has no local connections.

Supported housing plays a vital role in our society, ensuring that thousands of people have the home and support they need to live independent and healthy lives.

[11] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

We must continue to invest in it and develop it, including building more supported housing to help more people access these desperately needed services.

Supported housing can be a lifeline for older people and people with long-term care and support needs, including learning disabilities, autism and mental health conditions. For many people in these groups, the only viable alternative to housing with support would be residential care, hospital or another institution. This puts strain on already limited resources and can have a negative impact on people who could live independently with the right support. A recent NHF and Housing LIN report[12] highlighted a number of case studies of new supported housing schemes for people with long-term need for some support. In every case, the housing association noted that the alternative for residents would be hospital or residential care.

Quality of life and choice and control for service users[13] should be central to any determination of quality.[14] Case studies in the NHF and Housing LIN report[15] showed how residents had choices, such as who they wanted to live with or what they wanted in their individual kitchens. Each of the case studies demonstrated how the quality of life of the residents and confidence improved thanks to their supportive living environment that was very clearly their own home.

For the market to deliver solutions that are cost effective and promote independence, choice and control, commissioners need to be able to take a strategic overview rather than purchasing care and support based on short-term considerations of unit price. There is an important role for housing associations engaging with commissioners to inform their strategic vision, to better understand local supported housing need, and how supported housing can deliver cost savings and efficiencies. One route to engagement might be by participating in local Health and Wellbeing Boards and other formal mechanisms for collaboration and partnership.[16]

That is why it is to be welcomed that the social care white paper aims, with its promised investment in supported housing, to ‘provide choice of alternative housing and support options’ to people. This emphasis on choice within housing and the need for advice, support and information around housing choices is very significant.

The government should recognise the importance of support, as well as care, in making supported housing work and in contributing to the positive outcomes for

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[12] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf
[13] https://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf
[14] https:/www.cqc.org.uk/sites/default/files/20151023_provider_guidance-housing_with_care.pdf
[15] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf
[16] https://www.housing.org.uk/globalassets/files/long-term-delivery-of-supported-housing.pdf

people, which forms a core part of the value for money and impact offered by supported housing.

To achieve successful schemes, commissioners should:

- Have a clear vision and shared approach with housing providers.
- Develop a strategic understanding of the level and range of need for long-term supported housing in their area.
- Create a robust strategic plan for how those housing needs should be met.
- Undertake active engagement with the supported housing market in their area, building strong relationships with providers and risk sharing with housing and care providers (for example, as regards voids), to encourage development, especially when a development meets a strategic priority.

These actions would deliver improved outcomes for people who require supported housing. They would also be better value for public funds because need would be more closely matched with the most appropriate supported housing solutions,[17] potentially reducing demand for institutional care.

Many of our members who provide supported housing are reporting significant issues with recruitment and retention of staff at the moment, and that they are experiencing greater difficulties now than at any point in a long time. This has been exacerbated by coronavirus but is also linked to the levels staff pay they are able to offer. Without the ability to increase staff pay through appropriate commissioning agreements, the supported housing sector will struggle to recruit and retain the staff needed to provide the support that government has recognised is key to residents' wellbeing.

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[17] https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Healthand-social-care/Care%20support%20for%20adults/Extra-Care-and-Supported-Housing-StrategyNCC-2018-v3.pdf