



Accommodation with Care and Support Strategy

2024 – 2027

Adult Social Care

1. Introduction

We are pleased to present Darlington's Accommodation with Care and Support Strategy for Adult Social Care 2024 - 2027. The Strategy forms part of [Darlington's Market Position Statement and Commissioning Strategy for Adult Social Care](#) and informs the wider Darlington Housing Strategy.

The Darlington Market Position Statement and Commissioning Strategy for Adult Social Care 2024 – 2027 (the MPS) sets out the key pressures facing the system and our vision for the future. It will enable providers to understand the local context, how this is likely to change over the next couple of years and where development opportunities might arise in the future, particularly those which **prevent, reduce, and delay** care and support needs.

People's aspirations are changing across all client groups with people wishing to live more independently within their own community (with their own front door) for as long as possible. Alternatives to traditional residential care homes are therefore being sought, driven by people exercising their right to choose.

Accommodation with Care and Support can be described as accommodation which has been designed, built or adapted to facilitate the care and support needs that its tenants or owners may have now or in the future with the aim of helping them to live as independently, as possible.

Supporting people to live independently is a shared priority for health, housing, and social care. However, the system is under significant strain and is facing sustained financial challenges. We therefore need to use all of our collective available resources to deliver our local ambitions.

The Accommodation with Care and Support Strategy outlines how we will work with all key partners with aim of:

- developing innovative solutions for our immediate priorities in terms of demographics, which are:
 - younger adults (18 – 65 years), who have a learning disability, autism diagnosis and/or mental health problem. This is also the area which is most challenging in terms of increasingly complex cases and a less stable provider market
 - people with complex care needs who are at risk of being admitted to or are being discharged from acute in-patient settings
 - people with learning disabilities and mental health needs who are reaching the age of 65+ years
 - older carers who are supporting someone with a learning disability, autism diagnosis and/or mental health issue

- young people who are transitioning to adulthood with ongoing care and support needs
- reducing the usage of residential care, particularly for younger adults, by developing innovative housing solutions and community support services
- providing accommodation, which is of the highest standard, in the right locations and includes support delivered by registered and responsive care providers
- providing supported accommodation which can be flexible, adaptable and can accommodate people with complex needs throughout their lives
- encouraging developers to work with providers to ensure supported accommodation maximises the use of Assistive Technology and strengths/asset-based approaches to increase independence and avoid restrictive practice
- reducing the need for out of borough placements by meeting needs locally

This strategy looks at the accommodation with care and support need requirements for:

- Older people – including those who are caring for working aged adults with disabilities
- Working Aged Adults with Disabilities including: people with learning disabilities; people with mental health issues; people with autism; people with physical disabilities and/or sensory impairment; people with disabilities who are reaching the age of 65+ years, and people who have complex needs and are at risk of being admitted to or are being discharged from acute in-patient settings
- Young people with care and support needs who are transitioning into adulthood

This plan is aimed at:

- Housing organisations that provide supported, specialist and mainstream housing, including those currently operating in Darlington and those who may consider operating here
- Support and care organisations that provide services in supported accommodation
- Voluntary and community sector organisations in Darlington with an interest in specialist and supported accommodation

A measure of success will be if service users say:

- I have maintained or improved my independence, health and quality of life
- I can make informed decisions and I am empowered by having choice and control
- I am treated with dignity and respect, and I have privacy when I want it
- I am safeguarded and protected from harm and abuse
- I feel safe and secure, and my home is well maintained and looked after
- I feel part of my community and I am able to maintain or develop relationships.

Older People in Darlington



The number of people living in care homes is set to rise by 16% in 2030 and 47% in 2040

People experiencing health issues and hospital admissions because of falls is increasing.

The number of people with Dementia is set to rise by 20% in 2030 and 4% in 2040

Within Darlington there are 20 residential care homes for older people. We have commissioned placements for approximately x older people in these homes at a cost of circa £ym per annum.

Hardwired schemes – There are currently 778 tenants living in these types of tenancies across 35 schemes

The number of older carers is set to rise

Darlington has a population of 107,800 people of which 22,000 are 65 or over. Darlington is expected to have an increasing aging population – between 2023 – 2028. An increase of 21% is expected

The number of older people who have a mental health issue, learning disability or autism diagnosis is set to rise.

The number of older people requiring domestic help or help with daily tasks or who have limiting long term illness or mobility issues that effects day-today activities is set to rise.

In 2022/23, 190 people (164 older people and 26 working aged adults) were living in DBC managed Extra Care schemes



We have 3 types of sheltered housing Schemes:

Good Neighbour schemes – There are currently 330 tenants living in Good Neighbour tenancies across 7 separate schemes

Sheltered schemes - There are currently 470 people living in 7 sheltered schemes in Darlington

Working Aged Adults with Disabilities and their Carers and Young People who are transitioning into adulthood

Darlington has a population of 107,800 people of which 63,500 are between 18 and 64 years old.

Darlington young people with complex support and care needs who are transitioning into adulthood and require accommodation. Some of these young people will have previously resided in the family home and have aging carers, carers with health needs or be naturally progressing on their journey to independence. Other young people will be moving on from residential care for disabled children.



There are presently 4 young people in residential care for disabled children.

The number of people with learning disabilities who are living with aging parents/carers is rising.

We have 10 residential care homes for working aged adults in Darlington. We have commissioned placements for approximately x people in these homes at a cost of circa £y per annum.

Darlington has the second highest suicide rate in the NE at 16.6 per 100k and a higher rate of emergency hospital admission for intentional self-harm than the 270.9 per 100k (North East 265.9 and England 163.9) (2021/22).

The proportion of working aged people reporting having an activity-limiting health problem or disability is above the national average.

The number of people with learning disabilities who are approaching old age is increasing.

9 providers currently support 115 people on our Homecare and Support (which included supported living) contract and 7 providers currently support 13 people in supported living services which aren't part of our framework contract.

2 Current Services

There are a number of models of accommodation with care and support in Darlington:

- Housing Related Support – including accommodation with care and support for people at risk of homelessness and people who have experienced domestic abuse
- Sheltered Housing
- Extra Care and
- Supported Living
- Intermediate Care, Respite and Short Stay beds
- Residential Care

In addition to the above services, people may also need adaptations, equipment or Assistive Technology to their homes in order for them to continue / return to live in their own home i.e. after a deterioration in their health or a short stay in a residential care home or hospital.

Adaptations

Our Housing Services team will do everything reasonably possible to ensure that our Council tenants can live independently in their homes for as long as possible. We aim to carry out effective, long-term adaptations that meet tenant's current and future needs and provide value for money. We offer a range of adaptations, based on an assessment of need, from grab rails, hand rails and stair lifts, to bathroom conversions and building extensions.

If it is not possible for us to adapt a tenant's current or prospective home, we will work closely with them to find suitable, alternative accommodation when this occurs and we will do everything we can to support tenants through the re-housing process.

Applications for adaptations are assessed on a case-by-case basis and we will take the following into account:

- Availability of other suitable accommodation.
- Individual circumstances and local connections.
- Future needs of the tenant.
- Location and type of property

- Suitability of the property for adaptation, accessibility and cost.

The Disabled Facilities Grant (DFG)

The DFG is a means tested statutory grant provided by the Government to undertake adaptations to owner occupied homes such as walk in showers, stair lifts, ramps, or building extensions for disabled adults or children to enable them to live independently in their own homes. Adaptations are arranged via a Shared Service Agreement with Durham County Council for the provision of a Housing Improvement Agency (HIA).

For the period 1st April 2022 to 31st March 2023, a total of 147 properties were adapted via a DFG. 135 of these were owner occupied (with expenditure of £764,882.85) and 12 were social rented (with expenditure of £64,812.38).

This is an increase from 1st April 2021 – 31st March 2022 when a total of 98 properties were adapted via a DFG. 78 of these were owner occupied (with expenditure of £594,269.23) and 20 were social rented (with expenditure of £111,181.67) when a total of 98 properties were adapted via a DFG.

Community Equipment

Community equipment is currently commissioned jointly with Durham County Council and the ICB. One provider delivers the service.

The Council aim to support people to maintain their independence at home for as long as possible. Community equipment enables this by preventing, reducing or delaying conditions worsening, e.g. aiding mobility and balance, preventing pressure sores and preventing falls.

Community equipment supports the prevention of admissions to hospital and swift discharge from hospital. All equipment is provided to support people with eligible health or social care needs following an assessment.

We currently have some 16 prescribers in Darlington. We work closely with our NHS colleagues and have joint contractual arrangements in place for loan store provision. This provided 2190 items to Darlington residents of all ages last year, such as specialist beds and chairs. We also provided 1056 simple aids for daily living, e.g. walking frames, bath steps and commodes.

The Lifeline Service and Telecare

Further information about the Lifeline Service can be found on the link below

<https://www.darlington.gov.uk/media/15037/lifeline-leaflet.pdf>

At present, the DBC Lifeline Service currently supports 3,451 people in a range of settings which include:

- 802 people living in DBC sheltered and good neighbour accommodation across 14 separate housing schemes.
- 106 live within one of the 3 DBC Extra Care schemes.
- 774 live in DBC properties that are part of a housing complex, there are 11 schemes like this.
- 1250 live within their own homes.
- 213 people have been referred to our service by Adult Social Services; and
- 300+ live in other types of setting.

Telecare equipment is also delivered as part of this offer. Examples of Telecare equipment includes:

- fall detectors
- bed sensors
- chair sensors
- movement detectors
- bogus caller buttons
- temperature sensors

Assistive Technology

Assistive Technology (AT) has an important role to play in managing demand for care and support services with the potential to maximise independence, improve outcomes and provide financial benefits.

Individuals are signposted to Assistive Technology as required and may choose to access this on a self-funding basis.

Just Checking is used as part of the Adult Social Care assessment process. This is an **activity monitoring system** which helps care professional's complete objective, evidence-based care needs assessments of adults with dementia, learning disabilities and autism. In many cases, individuals can demonstrate that they can live more independent lives.

[Activity monitoring for people with dementia, learning disabilities & autism | Just Checking](#)

Since 2022, a range of equipment has been accessed by commissioned care home and day service providers and Extra Care services using Ageing Well funding, including omivista magic tables, RITA packages and other items of sensory equipment. Extremely positive feedback has been received by all providers about the benefits of this equipment.

Housing Related Support Services

These preventative support services assist people to remain within their home without escalation of need and use social care resource. The main support areas the services offer are:

- Help with setting up a future home and tenancy or maintain a current tenancy
- Assisting Individuals to manage finances, maximise income and develop financial confidence and capability
- Providing active encouragement and support for Individuals to engage in training, education and employment opportunities
- Advocating on the Individuals behalf to enable them to gain access to appropriate services, statutory and non-statutory
- Assisting Individuals to settle and integrate into the community in which they live, through encouraging links with community resources
- Giving help and advice to maintain safe and secure accommodation
- Assisting Individuals to access shops and promote life skills such as cooking, shopping, budgeting, cleaning, basic food hygiene and the use of appropriate appliances etc
- Supporting Individuals to manage relationships with friends and respect neighbours and the wider community
- Providing help in accessing leisure and appropriate social activities in the local community

The Council currently commissions housing related support for those who are at risk of homelessness. We currently work with 5 providers over 6 contracts consisting of:

- Drug and alcohol outreach
- Enduring mental health
- Physical and sensory impairment
- Support for all – to assist with temporary accommodation
- Complex needs support for individuals who have offended or at risk of offending.
- Supported Living Network

Sheltered Housing and Extra Care

Sheltered Housing

Sheltered housing is self-contained accommodation which can vary in size and aims to provide a safe and secure environment that enables people to live independently. People in this type of housing have a tenancy arrangement (rent agreement) and it is therefore considered to be the person's own home. People living within sheltered housing are usually able to look after themselves with minimum support.

Sheltered housing offers affordable homes, social opportunities, scheme management support and everyday reassurance.

Darlington has a range of sheltered housing properties that are modern one and two bedroom apartments and bungalows with welcoming communal areas for social activities and useful facilities like level access wet rooms, hair salons, landscaped green spaces, laundry, and scooter storage areas.

There are three types of sheltered housing provided in Darlington:

- Hardwired schemes/warden call system and fire protection only. For people aged 55+. Ground floor accommodation where support is provided by the provision of telecare alarms and the responder service. The focus of this provision is on independence with the reassurance of remote support at the press of a pendant or pull of a cord. There is no on-site staff provision. There are currently 778 tenants living in these types of tenancies across 35 schemes

- Good Neighbour schemes. Ground floor accommodation for people aged 55+ with tenants having their own front door, access to a range of inclusive activities at a local community centre, a daily call and onsite support from a scheme manager to assist in times of poor health, crisis or when needed. There are currently 330 tenants living in Good Neighbour tenancies across 7 separate schemes
- Sheltered schemes for people aged 55+ Onsite scheme manager support, daily call and regular visit to maintain independence, health, mental health and wellbeing. Scheme managers do not provide personal care services but will work with agencies to facilitate packages of care and support for their tenants. There are currently 470 people living in sheltered accommodation and there are 7 schemes like this.

Extra Care

Extra Care provides a purpose-built environment that is community friendly (has communal areas that can support outreach to vulnerable people), promotes independence and is flexible in terms of meeting the changing needs of individuals as they age. The Housing LIN (Learning and Improvement Network) has evidenced that the right model of Extra Care can reduce the need for residential care placements.

There are 4 extra care schemes operating within Darlington with 155 units available across the borough. The schemes predominantly serve people aged 55 and over, are a mixture of council and social rented tenure and are supported by a single home care provider under council contract.

DBC operates 3 extra care schemes, but also works in partnership with Anchor Housing to provide the fourth scheme. The 4 schemes in place are:

- Dalkeith (DBC)
- Rosemary (DBC)
- Oban Court (DBC)
- Mayflower (Anchor Housing).

Across these schemes the residents must meet the criteria of being 55 years old and must have an assessed care need. DBC commissions the regulated care provider which is Making Space.

At the moment, there are 148 people living across DBC's schemes and there is capacity of 155. We currently have 7 vacancies in the Council run schemes with a further 3 vacancies in the Anchor Housing scheme. Therefore, the demand for older people requiring extra care is not immediately required as there is no waiting list and sufficient capacity. It is also DBC's commissioning intentions to support people to live at home and to maintain their independence.

Further information on all of the above schemes as well as Extra Care can be found on the link below

[Darlington BC - 50+ Housing](#)

Supported Living

Supported living is the term used to describe housing that includes the care and support people need to lead a healthy and fulfilling life. People within supported accommodation hold either a tenancy or occupancy agreement. This type of accommodation is mostly used by people with learning disabilities and/or mental health conditions and can be shared or single tenancies within a complex of properties.

The following models of supported accommodation currently provided in Darlington

- House in Multiple Occupation (HMO) – This type of accommodation is shared by three or more people with on-site support staff. People have their own bedroom and share communal facilities such as kitchens, bathrooms, living space and toilets
- House with support – These homes are for one person or are shared by two people. Most are bungalow type accommodation. People have their own bedroom and may share communal facilities such as kitchens, bathrooms, living space and toilets

Our current Framework contract for Homecare and Supported Living is being retendered in 2024 and further details on this can be found in the Market Position Statement.

Shared Lives

As part of the retendered contract for Homecare and Supported Living we want to develop a Shared Lives service offer in Darlington.

“Shared Lives offers people who require care and support the opportunity to live independently in the community and can be an alternative to living in a care home, housing with care or housing with support. The Shared Lives scheme matches people who need care and support with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs. Some people live with their Shared Lives carer, while others are regular day-time visitors. Some people combine day-time visits with overnight stays.” SCIE. More information on this model can be found in the link below

[Shared Lives as a model for housing with care and support - SCIE](#)

Residential Care

A residential care home is a place where a number of people live, usually in single rooms with access to 24 hour on-site care and support. This type of service can provide care to older people and working aged adults with a learning and/or physical disability or people with mental health issue. Care homes provide personal care and support including helping people with washing, dressing and administering medication. Some care homes meet additional specific care needs, such as nursing or dementia care.

Residential and Nursing Care for Older People

Within Darlington there are 20 residential care homes for older people, 19 of which are contracted under our framework agreement. Most care homes are located within the town centre, with 2 in the surrounding villages.

The provider types are a mix of large corporate organisations through to single family-owned care homes. These care homes vary between purpose built and repurposed properties. They vary between 100 bedded homes down to 22 bedded.

Residential Care – Younger Adults

Current placements are made via the Disabled Adults Residential Framework or, if need cannot be met via these providers, direct awards are made 'off framework'.

We currently have 37 properties with 7 on framework providers and also have people placed with 13 off framework providers.

3 Housing quality and design standards

Good quality design is essential and specific standards for any proposed supported and specialist accommodation should be discussed and agreed with local authority commissioners, who will work with local service user forums in designing future services.

Extra care housing and accommodation with support for working age adults with care and support needs should reflect as far as possible the Housing our Ageing Population Panel for Innovation (HAPPI) design principles

<https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

Where appropriate consideration should also be given to guidance from the Department of Health Building the Right Support; NHS Building the Right Home, and CQC Right Support, Right Care, Right Culture.

[NHS England » National plan – Building the right support](#)

[NHS England report template cobranded-supporting partners](#)

[Right support right care right culture \(cqc.org.uk\)](#)

We are also keen to work with providers to deliver new models of support that meet the National Service Model Principles

[service-model-291015.pdf \(england.nhs.uk\)](#)

In order to support one of the Council Plans core values “Tackling Climate Change”, all new building work should be designed to be as energy efficient as possible.

Appropriate design features for extra care housing and accommodation with support for working age adults with care and support needs should include:

- Self-contained homes that are built with older people and other people with care and support needs in mind, which can be easily adapted.
- Modern building standards and energy efficient design to help to keep energy costs as low as possible

- Maximise levels of natural light throughout the scheme and include windows with low windowsills to allow people who are seated or in bed to easily see out of the windows
- Equipment, signage, internal décor and landscaping that enable people who have physical, sensory or cognitive impairments to be as independent as possible
- Fully accessible, landscaped outside space that is stimulating, contains seating and opportunities to be active
- Hardwiring and wi-fi enabled telecare and telehealth equipment. Potential for the use of different types of assistive technology
- Communal facilities that are sufficient for the size of the scheme, providing facilities and activities that are complementary to those available in the local community and that facilitate a healthy and active lifestyle
- Located close to local amenities in order to enhance the opportunities for residents to take part in the life of the local community. Residents should have easy access to shops, doctors, pharmacists and leisure activities
- A restaurant/cafe to give residents the option to eat a hot meal with friends and visitors (in extra care housing).

Good design for a complex needs supported living scheme would ideally meet the following requirements:

- A maximum of four fully self-contained flats with a mix of two- and three-bedroom flats, to accommodate staff and/or sensory room requirements
- Separate external entrances to each flat i.e. not a shared hallway to allow clients to avoid others when entering their flat
- Located in a quiet area, not close to schools and accessible for buses
- Level access throughout, big enough for wheelchair access
- Access to secure, enclosed garden space
- Measures to limit noise and visual contact to/from neighbours
- Self-contained communal staff space

- Staff/visitor parking or at a minimum street front pick up
- Built in assistive technology such as door sensors
- Robust door and window frames and fixtures and fittings that can withstand behaviour that challenge
- Capacity for adaptations such as secure, lockable cupboards and covers for electrical appliances, knives, cleaning products
- Capacity for other adaptations as required to suit the needs of the tenant
- Access to a Disabled Facilities Grant (DGF) may be available for essential housing adaptations to support people to remain in their own home

Both the accommodation and the care and support services need to be of good quality. Providers will need to meet legislative, regulatory requirements as appropriate (Charity Commission, Regulator of Social Housing, the Care Quality Commission and Community Interest Companies regulated by the Financial Conduct Authority).

In particular, the Council will expect providers to meet the requirements set out in the Supported Housing (Regulatory Oversight) Act which became law in August 2023. This is likely to require the following (to be confirmed following a second consultation exercise due to take place in 2024):

- A licensing scheme for all supported housing providers. All providers of supported housing in Darlington will be required to be licensed by the councils in order to provide supported housing.
- Only providers of supported housing that are licensed by the councils will be able to access specified and exempt accommodation housing benefit status.
- The councils will also review the quality of the provision of support in supported housing services to ensure customers are getting the support they need and require, for example, as part of the Council's approach to safeguarding vulnerable adults.
- Assessment of the value for money provided by supported housing services, ensuring they are affordable for the councils and for the people who live in them.

4. Future Commissioning Intentions - Messages to Providers

Mainstream housing	<ul style="list-style-type: none"> As more people choose to live independently and prefer to be supported in their own home, there is a growing demand for this type of provision particularly for people with learning disabilities, autism and mental health issues We want to develop accessible apartments and bungalows that maximise the use of technology and promote health and wellbeing through design and provision of communal spaces We are keen to explore co-housing or intergenerational housing opportunities. We want to maximise the usage of HIA, DFG, Assistive Technology and Community Equipment
<p>Darlington Borough Council is using a strength based approach to underpin its commissioning approach and transform its social work practice model. We are keen to explore this approach further with providers, to ensure a strength-based approach is also applied in accommodation with care and support provision. see link below</p> <p>Strength Based Practice in Darlington - Adults Social Care Services</p>	
Supported Living for Working Aged Adults Including those who are reaching the age of 65+ years	<ul style="list-style-type: none"> We will explore opportunities to use Council assets to provide housing options We want to develop affordable provision in this sector by working with registered providers and partners in the VCSE sector, as well as supporting open market provision. We will be retendering the DBC Homecare and Supported Living Contract in 2024. We want to work with providers to deliver good quality accommodation and support services, and adopt good design practice as outlined in section 3 of this strategy We want to develop Learning Disabilities services that plan to meet needs through people's whole life. Services will be expected to focus on reducing long term dependency and enabling people to reach their full potential. We will commission services in ways that reward providers for reduced dependency We want to work with partners to reduce incidence of mental ill-health and to reduce the levels of suicide and prevalence of common mental ill health conditions. We will be focussed on commissioning mental health services that enable recovery, reduce longer-term dependency, and maximising community and employment-based activities We are interested in developing Core and Cluster models of delivery i.e. where a number of two or three bedroom, self contained properties (bungalows, flats or houses) are situated together known as 'Clusters'. This type of housing has a central community 'Core' that has staff facilities and may make provision for community based activities

	<ul style="list-style-type: none"> We want to make it easier for new providers to enter the market, and to build capacity and sustainability for providers. We recognised the need to diversify the market and will be looking to develop microenterprises and newly started businesses. We are also interested in working with providers who operate cooperative models of service delivery
Shared Lives	<ul style="list-style-type: none"> We will be looking to develop this provision in Darlington as part of the retendered Homecare and Supported Living Contract
Specialist supported Living for people with complex needs who are being discharged from acute in-patient settings	<ul style="list-style-type: none"> We will explore opportunities to use Council assets to provide housing options We want to develop affordable provision in this sector by working with registered providers and partners in the VCSE sector, as well as supporting open market provision. We want to develop housing and accommodation that can support vulnerable people with complex needs. We will be retendering the DBC Homecare and Supported Living Contract in 2024 We want to work with providers to deliver good quality accommodation and support services, and adopt good design practice as outlined in section 3 of this strategy
Extra Care/Sheltered Housing and Retirement properties	<ul style="list-style-type: none"> We will continue to review alternative accommodation options for people with support needs including our extra care and sheltered housing provision, to ensure future demand can be met. We will identify potential alternative solutions such as Apartment Schemes for younger adults with disabilities. We will be increasing the use of the most up to date Assistive Technology and equipment to enable people to live independently for as long as possible We want to work with providers to deliver good quality accommodation and support services, and adopt good design practice as outlined in section 3 of this strategy
Residential Care for older people	<ul style="list-style-type: none"> The residential care market is stable and occupancy rates have recovered following the pandemic. The Council feels it has sufficient supply of residential care and it offers local people a good choice. We would not therefore encourage new care homes to be built within Darlington, however, we will encourage current care homes to modernise their building where possible, for example ensuring the access and usage of new technology We will arrange residential and nursing care for people with the highest levels of need: typically those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home

	<ul style="list-style-type: none"> • We will not place people in long term residential care if we can support them at home or in a setting which provides accommodation with care (either Extra Care or sheltered housing) • We will be reletting our contract for Residential and Nursing Care for Older People in 2024. As part of this work, we will be reviewing the outcomes being delivered in partnership with providers, service users and their families, and the associated Standards and Outcomes of Care. • The Council recognises that the sector is facing significant challenges such as inflation related costs, an increase in operational costs, recruitment and retention, and the move of small providers leaving the market, or merging with national providers. The Council, through our commissioning intentions, aim to support providers to build resilience to enable them to mitigate these challenges.
Residential Care for Working Aged Adults	<ul style="list-style-type: none"> • We are looking to reduce the number of working aged adults in residential care, however, we would consider developing or working with new schemes, companies or services who are small, personalised, accessible and local. Any developments would be done in consultation with the council and local community. • We will only arrange residential and nursing care for people with the highest levels of need: typically, those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home • We will not place people in long term residential care if we can support them at home or in a setting which provides accommodation with care (either Extra Care/ Apartment Schemes, Supported Living or alternative offers including Shared Lives schemes) • Whilst some people do require longer term formal support such as residential or nursing care, a strength based/reablement approach should still be at the heart of service delivery • We want to work with providers with the aim of developing improved pathways to independence where people. Where possible people should be supported to move on to services provided in other Tiers of support. • We will collaborate with the NHS and the VCSE to provide wrap around care and support in advance of crisis to keep people at home and reduce the need for residential care or hospital admissions
Young People Transitioning into Adulthood	<p>There is a need and wish to work with providers who understand Preparing Preparation for Adulthood outcomes and can work creatively with an emphasis on developing independence skills and approaches to managing risk that lead to proportionate support. Too many young people are currently being placed outside of Darlington at high cost. We are interested in working with providers and local/ regional partners. Of importance is:</p> <ul style="list-style-type: none"> • Dual registration (Ofsted and CQC): 16 - early 20s/ 25. • Expertise in engaging young people and providing age-appropriate experience.

	<ul style="list-style-type: none"> • Travel training, local community links, orientation and rehabilitation support • Ability to support engagement with local post 16 and post 19 educational offer. • Supporting young people with Employment pathway, short and long term, including job coaching, apprenticeships, and links to provision such as the Job centre. • Affordable housing options that enable young people to move on at appropriate time • Provision that can flex as skills develop, reducing levels of input (and cost). • The development of independent living skills. • Building resilience through building own social networks and friendships. • Building and develop the capacity in local communities to support and engage disabled young people. • Working with universal and mainstream provision. • Support that provides breaks for parents where young people are still “living at home” (as do many young adults) in ways that develops the skills and independence of the young adult. <p>There is a particular need to develop:</p> <ul style="list-style-type: none"> • Provision that supports (proportionately and appropriately) young adults (and their families) who exhibit challenging behaviour (some of which may be as a result of adverse childhood experience and complex developmental trauma) and/or emerging personality disorders. • Provision that supports young adults with high levels of anxiety and/or issues arising from high functioning social communication/ integration issues. • Provision that supports young adults with complex neurodevelopmental conditions and associated behaviour that challenges.
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4 How We Will Work with Providers

Coproduction and engagement with service users and communities as commissioners or service providers is key to service improvement and development and ensuring quality service provision.

- Through our monthly Care and Support Provider Forums and specific Market Engagement Events, providers working in Darlington will have the opportunity to significantly contribute to shaping local services, helping us to remodel or develop new and innovative models of accommodation with care and support.
- We work with Service Users and their Carers to inform future commissioning intentions, ensuring outcomes being delivered are important to them, to determine how effective services are and to identify if any support services are missing or need improving/changing. We can build on our existing engagement activities to help you reach local audiences, undertake consultation activities and explore market opportunities.
- The councils own a range of land and buildings in Darlington which can be considered to support delivery of accommodation with care and support services. The Council can guide you to the relevant planning policies for particular sites and give you information about other permissions in an area

What we are seeking from housing and support providers

- We want to be involved at an early stage in considerations and discussions regarding the reconfiguration or disposal of existing provision.
- We want to agree priority notification/nomination rights on existing and new accommodation with support in Darlington
- We want providers to develop proposals for accommodation with support that are effectively tailored to meet local need and to consult with local communities prior to and during the implementation of these proposals
- We want providers, to help to contribute to the wider health and wellbeing of people through their accommodation with support services
- We want you to be willing to work with other partners/agencies to help facilitate the delivery of intergenerational and diverse communities

- We are looking to work in partnership with providers who will enhance the social value associated with this Service.
- We will be asking providers to give consideration to the employment needs within their local community when recruiting and selecting staff and as such must give consideration to how their recruitment processes support the local economy for example targeting recruitment at the long term unemployed, accessibility for disabled users to resources or by monitoring ethnicity within their organisation.
- We will be asking care and support providers to strive towards the principles of the Ethical Care Charter. <https://www.unison.org.uk>
- We will be asking providers to strive towards reducing its carbon emissions for example by ensuring that travel is kept to a minimum within the areas in which they operate, using sustainable materials and low emission vehicles. New building work should also be designed to be as energy efficient as possible. <https://www.darlington.gov.uk/media/20275/climate-change-strategy-2023-web-version.pdf>

5 Implementation of the Strategy

	Purpose and Actions 2024 – 2027
Housing Liaison Group	The Housing Liaison Group enables operational staff, commissioning officers and housing officers to discuss potential accommodation with support development opportunities using both council owned property/land and registered landlord/service provider owned properties.
Accommodation Advisory Group (AAG)	<p>The AAG enables operational staff, commissioning officers and housing officers to discuss cases and agree actions required which will:</p> <ul style="list-style-type: none"> • Ensure all services/schemes have the relevant governance/quality assurance <ul style="list-style-type: none"> ➤ Care & support - all schemes are on a framework contract or have been through assurance checks ➤ Housing – providers are registered with an appropriate regulator e.g. Regulator of Social Housing • Ensure people with the highest need/urgency can access the support they require • Reduce the time required to sourcing a placement and avoid inappropriate crisis placements • Ensure accommodation with care and support placements provided are proportionate, that they meet need and not want, and that they are delivered within the resources that are available to the Council
Review of Existing Services and Contract Tenders/Relets	<ul style="list-style-type: none"> • Tender of Homecare and Supported Living contract - 2024 • Contract relet Older Persons and Older Persons with EMI - 2024 • Contracts for Working Aged Adults Residential Care - 2024 • Extra Care Review - 2025

APPENDIX 1: KEY POPULATION DEMOGRAPHICS

Please note that whilst the effects of demographic changes over time are important in predicting future needs, there is not a definitive correlation between the anticipated level of growth in key population groups and subsequent demand for statutory commissioned services.

Condition	Percentage change 2023-2030 (%)	Percentage change 2023-2040 (%)
Living Alone	14.12%	30.45%
Living in a care home	16.19%	46.97%
Require help with at least one domestic task	15.92%	33.96%
Require help with at least one self-care activity	16.23%	33.22%
Limiting Long term illness that effects day-today activities a little	14.65%	29.28%
Limiting Long term illness that effects day-today activities a lot	14.94%	32.63%
Falls	16.20%	32.54%
Falls - hospital admissions	20.94%	43.43%
Dementia	19.87%	46.42%
Cardiovascular disease	14.95%	29.81%
Depression	14.62%	27.36%
Severe Depression	14.53%	30.89%
Bronchitis/Emphysema	15.04%	28.07%
Obesity	14.89%	26.63%
Moderate or severe visual impairment	15.34%	33.85%
Continence - People to have a bladder problem at least once a week	14.81%	31.10%
Moderate/some hearing loss	16.68%	34.84%
Severe Hearing Loss	23.06%	46.34%
Mobility - people unable to manage at least one activity on their own	15.85%	37.51%
Diabetes	15.32%	27.02%
Autistic Spectrum Disorders	15.77%	27.93%
Learning Disability	15.04%	29.07%
Unpaid Carers	14.65%	24.42%

Source: [Projecting Older People Population Information System \(poppi.org.uk\)](https://poppi.org.uk)

Population aged 18-64

Condition	Percentage change 2023-2030 (%)	Percentage change 2023-2040 (%)
Learning Disability	-2.88%	-6.10%
Autistic Spectrum Disorders	-3.65%	-6.97%
Challenging Behaviour (With learning disability)	-3.57%	-7.14%
Down's Syndrome	-2.63%	-5.26%
Impaired Mobility	-4.41%	-12.04%
Moderate personal care disability	-4.66%	-10.55%
Serious personal care disability	-4.26%	-9.57%
Longstanding health condition caused by a stroke	-4.98%	-8.46%
Diabetes	-4.73%	-9.55%
Serious Visual Impairment	-2.50%	-7.50%
Moderate Hearing Impairment (some hearing loss)	-4.49%	-11.59%
Significant Hearing Impairment (Severe Hearing Loss)	-3.99%	-12.72%
Common Mental Health Disorder	-2.97%	-6.22%
Antisocial Personality Disorder	-3.34%	-6.64%
Alcohol-related Health Problems	-3.58%	-7.38%
Drug dependence	-1.05%	-3.96%
Early Onset Dementia	-3.33%	-13.33%
Survivors of sexual abuse	-2.88%	-6.12%
Suicide rate	0.00%	0.00%

Source: [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://pansi.org.uk)

