

THURROCK SUPPORTED HOUSING REVIEW- APRIL TO JULY 2024

 thurrock.gov.uk



Contents

1. Introduction, background, scope & methodology

- 1.1 Introduction
- 1.2 Background
- 1.3 Definition of supported housing
- 1.4 Scope
- 1.5 Methods of engagement
- 1.6 Human Learning Systems
- 1.7 Links to other strategies and ongoing work

2. The current position

- 2.1 Thurrock statistics
- 2.2 Supported accommodation costs
- 2.3 Providers
- 2.4 Pathways into and out of supported housing
- 2.5 Moving on
- 2.6 New models for complex support
- 2.7 Standards
- 2.8 Framework agreements
- 2.9 Local Authority comparators

3. Future Need

- 3.1 Thurrock population increase
- 3.2 Children and young people with special educational needs
- 3.3 Care leavers
- 3.4 Ageing carers
- 3.5 Reduction in number of avoidable deaths of people with learning disabilities

4. Gap analysis

- 4.1 How much provision is needed in Thurrock?
- 4.2 Type of provision required in Thurrock

5. Key findings and recommendations

5.1 Key findings

5.2 Savings

5.3 Market development

5.4 Framework agreements

5.5 Closing the gaps

Chapter 1: Introduction, background, scope & methodology

1.1 Introduction

The Care Act (2014) requires local authorities to promote the efficient and effective operation of their local market for adult care and support. This applies to care and support purchased and provided by the local authority but includes services available to people who are self-funding or in receipt of direct payments as well.

Around 37% of care users in Thurrock receive a direct payment from Adult Social Care. This involves regular payments to a person to arrange and manage their own care. Successful management is dependent on suitable options being available and this in turns can be boosted by the provision of a wide range of micro-enterprises.

The care and support statutory guidance states (section 4.2)

“The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support”

Key to this responsibility is the development of a market position statement which summarises supply and demand in a local authority area and signals business opportunities within the care market in that area. This will help inform providers of their business choices and help them to plan for future business development.

The purpose of this paper is to identify what is needed to influence the supported accommodation market in Thurrock, by asking whether the current provision is appropriate to meet anticipated demand and if not, by defining the gaps and presenting opportunities for new models of support.

In so doing services and resources must be developed around the individual, rather than trying to fit people into standard pathways or service models – moving away from a “one size fits all” approach.

This aligns with Thurrock Councils’ new operating model and the Better Care Together Thurrock strategy (The case for further change) which builds on the principles of Human Learning Systems, recognising that human beings are individuals, and that one solution does not fit all. The importance of choice and control for service users is therefore a key component which must be incorporated into any future options.

The aim of this report is to

- Review the current market
- Identify future requirements and gaps
- Develop a strategy – including identification and testing of new models of care.

The new strategy will

- Increase choice & consistency
- Reduce placement failures
- Reduce out of borough placements
- Encourage new providers into the market
- Improve outcomes for service users
- Reduce placement costs

1.2. Background

The Supporting People programme was launched in 2003 as a £1.8 billion ring fenced grant to local authorities and was intended to fund services to help vulnerable people live independently. The level of the grant was reduced in subsequent years, and by 2012 it was removed altogether.

Whilst the government funding had enabled a framework to expand supported accommodation, its demise has resulted in the ad-hoc development of different services.

This is true for Thurrock Council which spends over £8m per year on supported housing for people with a learning disability, autism and/or mental ill health. Specialist options within the borough are limited, with out-of-borough accommodation being frequently used; subsequently, choice can be limited meaning people cannot always be accommodated in their local community or the area they prefer.

There has been a fragmented, albeit successful, development of move on options without an overarching strategy or direction for supported accommodation.

There are no framework agreements in place for commissioning providers and all supported accommodation provision is purchased via spot contracts, which may result in higher costs, inconsistency and lack of transparency. However, Thurrock has one of the lowest costs across the UK, relationships with local providers are generally very good and there do not appear to be shortages or long waiting lists for accommodation.

It is anticipated that the need for supported accommodation will increase over the coming years as the population in Thurrock is predicted to increase, and to get older but less healthy.

This is a good time to produce a supported housing strategy, with links to the progressive and integrated approach that health, housing, social care services and communities are developing across the borough, following the human learning systems principles.

1.3. Definition of supported housing

The government defines supported housing as below and this is the definition used throughout this paper.

“Accommodation provided alongside support, supervision, or care to help people live as independently as possible in the community. Individuals using supported housing include people with a learning disability, autistic people, people with mental ill health and elderly people”

Additional clarification around the separation of care and housing support is provided by CQC which defines supported living as

“Schemes that provide personal care to people as part of the support that they need to live in their own homes. The personal care is provided under separate contractual arrangements to those for the person’s housing. The accommodation is often shared but can be single household. Supported living providers that do not provide the regulated activity ‘Personal care’ are not required by law to register with CQC.

There can be some confusion regarding the difference between floating support and supported housing or accommodation.

- Supported housing/accommodation = where support is provided only within the linked accommodation. It does not move with the service user if they move to alternative accommodation.
- Floating support = support provided wherever you live i.e. not linked to a particular property and can move with the service user. Floating support is outside of the remit of this report although it may be referred to.

1.4. Scope

This report examines the provision of supported housing in the borough for working aged people (18-64) with a learning disability, autism, mental ill health or substance abuse (alcohol & drugs). It does not include floating support, housing for elderly people or residential care, although some reference is made on occasions to these accommodation types. The groups that are in scope are defined as follows:

1.4.1 Mental ill health

The World Health Organisation describes mental health as follows:

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.”

When people have mental ill health, they are unable to successfully carry out these functions.

The mental ill health may be classed as serious mental illness (SMI) where people have psychological problems that are so debilitating that their ability to engage in functional and occupational activities is severely impaired. Common illnesses include psychosis, bi-polar disorder, schizophrenia, or personality disorder and these are long-term conditions which often impact physical health as well.

Other people may experience less severe and more common mental ill health such as depression, obsessive compulsive disorder (OCD) and anxiety.

Accommodation provided to support people with mental ill health will therefore differ in terms of its longevity and the levels and types of support required.

1.4.2 Learning disability

A learning disability is defined by the department of health & social care as:

“a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.”

There is sometimes confusion between learning difficulty and disability:

Learning difficulty	Learning disability
A learning difficulty is a reduced intellectual ability for a specific form of learning and includes conditions such as dyslexia (reading), dyspraxia (affecting physical co-	A learning disability is different for every individual. The degree of disability can vary greatly, being classified as mild, moderate, severe or profound. In all cases, a learning disability is a lifelong condition and cannot

ordination) and attention deficit hyperactivity disorder (ADHD).	be cured. Therefore, any supported accommodation needed is likely to be long term.
--	--

A person with a learning disability may also have one or more learning difficulties as well.

1.4.3 Autism

Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms usually appear in the first two years of life.

Symptoms include:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviours
- Symptoms that affect the ability to function in school, work, and other areas of life

Although autism is a separate category, many people with autism also have a learning disability and will therefore be included in those statistics.

1.4.4 Substance misuse

Substance misuse is where people use alcohol, drugs or other substances in a way that they are not intended to be used, and which could be harmful to themselves or others around them.

1.5. Methods of engagement

This project will look at the two separate areas of accommodation and support, which may or may not be provided by the same entity.

Research has been undertaken using the following methods:

1.5.1 Data analysis

Research was undertaken through a desktop review, involving national, local, and individual intelligence to consider current and future data. This included JSNA reports and PANSI/POPPI statistics which are generated from the Office for National Statistics (ONS). More details can be found at appendix 1.

1.5.2 People with lived experience

Research included engagement with people with lived experience and their family members, and this was achieved through face-to-face and telephone conversations. Visits to 30 individual properties across the borough were undertaken where discussions were held with 41 residents.

Lived experience was also captured from the perspective of a parent who had been through the system with her autistic child (now an adult). This engagement is captured in appendix 4.

1.5.3 Staff

Engagement with staff was achieved through meetings with key managers including learning disabilities, mental health and transitions team managers, the brokerage team, the housing enforcement manager, housing tenancy and homeless managers, sheltered housing manager and with commissioners. Frontline staff were engaged through a survey to capture their views, including any concerns and ideas. 23 staff members took part, and the results can be seen at appendix 2.

1.5.4 Providers

A survey was developed for providers to determine their current provision and to engage regarding how things are currently working, what they see as future needs and what their future business plans involve. In addition, the offer of visits was made to all providers used by the Council across the borough to engage with provider managers and staff. Five providers took up the offer – these accounted for 54% of the overall provision. In addition, visits were made to four Peabody supported properties and the Medina Road accommodation to meet with staff and residents. Thurrock and Brentwood Mind were also engaged with. Results can be seen at appendix 4.

1.6 Human Learning Systems

Thurrock Council has adopted a new operating model which is based on the Human Learning System (HLS) approach. This is endorsed in the Better Care Together Thurrock strategy “The Case for Further Change”.

HLS supports the fact that as humans we are all unique and require different approaches to enable us to deal with issues in our lives, i.e. one size does not fit all. Unique and bespoke solutions are required to empower people to address their needs and develop their aspirations. Any new proposals must encourage bespoke solutions, assisting individuals to identify how best they can be supported.

Learning will be achieved through testing different options, flexing and evolving the individual offer for adaptable approaches. This may include experimenting different models. When models do not work it doesn't mean failure but that a different approach is required.

Systems are needed to enable processes to happen but building trusting relationships with other services, particularly within the Integrated Locality Teams (ILTs) will ultimately produce positive outcomes for service users. Any new approach must be collaborative in all it does to achieve this in practice.

1.7 Links to other strategies and ongoing work

It is important to ensure that any work undertaken as part of this review aligns to other relevant strategies. Key strategies include:

- Thurrock Council Housing Strategy
- Better Care Together Thurrock – The case for further change (2022-26)
- Thurrock Health & Wellbeing Strategy – Levelling the playing field (2022-26)
- Brighter Futures Childrens Partnership Strategy (2021-26)
- Thurrock's strategic commissioning strategy
- Thurrock autism and learning disability strategies
- Thurrock working age strategy
- The Thurrock corporate plan

To ensure consistency, any future steering groups falling out of the action plan must have membership from across appropriate areas within and outside of the Council, including people with lived experience.

This piece of work will feed into chapter 7 of Thurrock Council's strategic commissioning strategy (2024-26) which "describes our strategic commissioning approach and intentions for commissioning care services within the community aimed at people who are able to remain living in their own homes".

Chapter 2: The current position

This chapter considers the current need and provision of services in Thurrock.

2.1. Thurrock statistics

Statistics are provided in more detail at appendix 1 and this report should be read in conjunction with that, but the headlines are produced here:

The population in Thurrock totalled around 176,000 at the last ONS census in 2021, but it is growing at an average rate of around 10% every decade. Of this number around 110,000 (62%) are aged 18-64 with estimated growth to 121,200 by 2040¹

The information outlined below recognises need that is being met through the delivery of services through Adult Social Care (ASC). There is likely to be more need in the Thurrock population which is not being formally met – e.g. where informal carers are carrying out care and support, including elderly relatives looking after grown-up children. Such unidentified need is impossible to calculate but should be remembered when identifying future needs.

On 1 January 2024 Thurrock Council had 168 individuals living in supported housing, where care & support is financed through ASC.

Of the 168 people supported,

- 99 (59%) had a primary reason for support as a learning disability
- 69 (41%) had a primary reason for support as mental health

Appendix 1 outlines the statistics in more detail.

The statistics used throughout this report are based on these figures. It is recognised that there will be movement in numbers as service users change on a daily basis, but that movement is minimal and to provide a baseline figure these stats have been maintained throughout the report. This assumption was checked on 15 July 2024 when a newly generated report indicated a difference of only one person.

2.1.1 Mental health statistics

In 2023 there were estimated to be 35,876 people living in Thurrock aged 18 to 64 with a mental illness and this is estimated to grow to 39,388 by 2040 – growth of around 9%. This represents around 33% of this population group.

Of these

- 58% had a common mental disorder e.g. anxiety, depression, OCD
- 42% had a serious mental illness such as a personality disorder, psychotic illness or two or more psychiatric disorders
- 56% are females and 44% are male

However, male and female numbers differ according to illness type

¹ PANSI Data - Projecting Adults Needs and Service Information – Institute of Public Care

- For common mental disorders – the breakdown between male and female was 38% male and 62% female – however, around 74% of suicides in 2022² were male which tends to suggest the difference could be due to under reporting by males.
- For serious mental disorders the numbers were generally similar. However, there is a much higher number of males with anti-social personality disorders (almost triple)

It is recognised that many also have drug and alcohol dependency, known as dual diagnosis.

This group is more likely to fluctuate as people move in and out of ill health. As a result, they are more likely to require step up or step-down accommodation throughout their lifetime, which means flexing their levels of support. This group often includes people with substance misuse as well i.e. dual diagnosis.

Of the 69 people in receipt of services on 1 January 2024 with mental ill health:

Almost two thirds (62%) were male – which contrasts with the overall male v female ratio for the population in Thurrock where 56% are female. This tends to indicate that supported housing for this group is being disproportionately used by males. This may be linked to the statistics above regarding triple the number of males with an anti-social personality disorder.

There is a wide spread of ages with the highest number being in the 50 to 59 age group. This group will be approaching older age and may move on to housing for older people in the next 10 years or so.

There is a wide range of ethnicity amongst service users, but the largest group at 77% was white, followed by black, black British, Caribbean or African at 8%. Again, this is not comparable to the Thurrock population of 86% white in the 2021 ONS census.

Adult mental health services such as assessment, community services and crisis teams, are run by Essex Partnership University (NHS) Trust (EPUT) from Grays Hall in Grays. This service is undergoing a transformation programme but was criticised by many of the providers and service users interviewed as part of the engagement exercise for this report.

Recurring themes included comments such as

“They don't return our calls or communicate”

“Staff members keep changing all the time”

“They just pass me onto another service”

“I understand they are busy, but I don't understand why they don't care”

2.1.2 Learning disability statistics

It is estimated that 2,685 people in Thurrock aged 18 to 64 had a learning disability in 2023, which accounts for just under 2% of the Thurrock population which is in line with the England average. This is estimated to grow to 2971 by 2040

Of these, around 617 are determined as having a moderate or severe learning disability which is likely to require support from a service provider.

²<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations>

- 228 (37%) of those with a severe or moderate learning disability are predicted to be living with a parent and almost half (108) are aged 35 and over, meaning their parent (probably their main carer) will be approaching, if not already at, pensionable age themselves.
- 10 of this group are aged 55 to 64 meaning their parent will already be in their 70s and above. The likelihood of this group requiring care and support in the near future will be high. The difficulty will be trying to pro-actively identify them.

A learning disability is a lifelong condition, and this group will likely be people with a severe or moderate learning disability, where residential accommodation is not required, or people with a milder learning disability who could move on to more independent living. Two thirds are male.

Of the 99 people in receipt of services on 1 January 2024 with a learning disability

The largest age group is aged 20 to 29 years with 68% of service users under the age of 40. This is unsurprising since learning disabilities are usually diagnosed during childhood and life expectancy is shorter.

82% of service users were white with the next largest ethnic group being black, black British, Caribbean or African at 14%. These figures are not closely aligned to the ethnicity data collected by the 2021 ONS census which indicated 86% of the Thurrock population are white. This suggests a higher proportion of service users come from BAME communities compared to the general population. Further investigation on this is outside of the remit of this report.

2.2 Supported accommodation costs

Supported accommodation has two separate elements for costing purposes:

2.2.1 Housing Cost

The cost of housing usually incorporates the following:

- Rent – the amount paid to live at the property. This is usually covered by Housing Benefit or the housing element of Universal Credit, and there will be a cap (maximum amount paid in benefits) which is determined by the Local Housing Allowance (LHA).

However, there may be some services provided within the rent charge to support the tenant to manage their tenancy (housing related support) e.g. paying bills and understanding the responsibilities in the tenancy agreement, and this means the rent can be much higher than the LHA rate. In such cases the rent can be classed as “Exempt accommodation” meaning the whole rent can be covered by benefit. Each case is individually assessed on its merits. This means there is no blanket policy for a building – each person living in the building needs to be assessed as needing that support to be eligible for the accommodation.

- Service charge – this can include costs for communal facilities e.g. window cleaning, cleaning and heating of communal lounges, caretaking and concierge services. Some of these may be eligible for Housing benefit / Universal Credit but there may be elements which are not covered and must be met by the tenant.

Unfortunately, over recent years there has been increasing abuse of the exempt accommodation rules with unscrupulous landlords charging very high rents for so called supported housing, whilst providing little or no support.

The introduction of the Supported Housing (Regulatory Oversight) Act 2023 aims to address this problem (see 2.7 above).

2.2.2 Care & Support costs

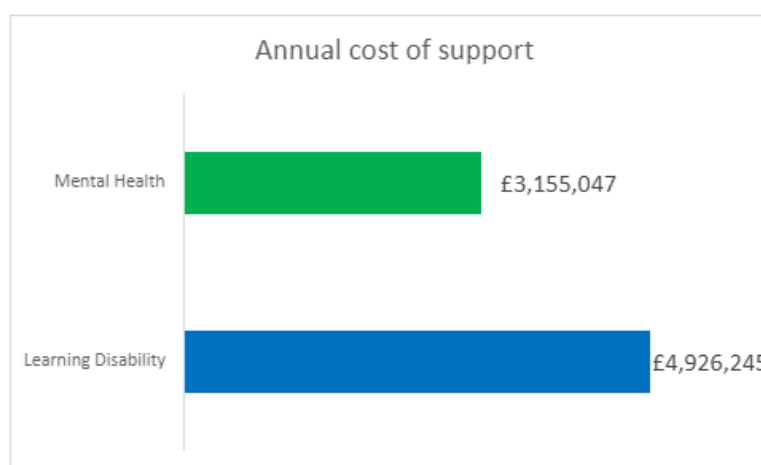
Housing benefit does not cover care costs.

Providing care and support to residents is the responsibility of Adult Social Care (ASC) under the Care Act 2014, but it is means tested and therefore some residents will be required to pay for some or all their care.

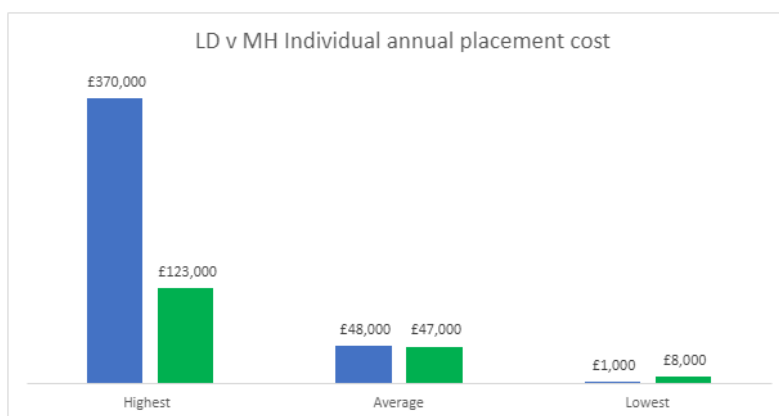
Thurrock ASC purchases care through the Brokerage Team. Providers have a good working relationship with the team, who contract for support on a case-by-case basis via a spot contract. Thurrock pays a basic rate of £784 per week per person (2023-24) which covers core services. Any additional support provision is negotiated on a specific needs' basis.

Needs are identified following a care needs assessment. These can increase or decrease in time, so they need to be carefully and regularly monitored by social workers and support planners to remain accurate. Ongoing high or additional costs are also regularly reviewed via a resourcing panel which meets weekly and includes senior managers.

The current total cost to ASC is just over £8m - this is broken down below.
(NB Mental health usually incorporates substance misuse too.)



The cost of an individual placement varies according to need, with the current lowest cost at just over £1,000 per year and the highest costing around £370,300 per year. The average cost is around £48,000 per year.



Current support within supported housing is classified as follows:

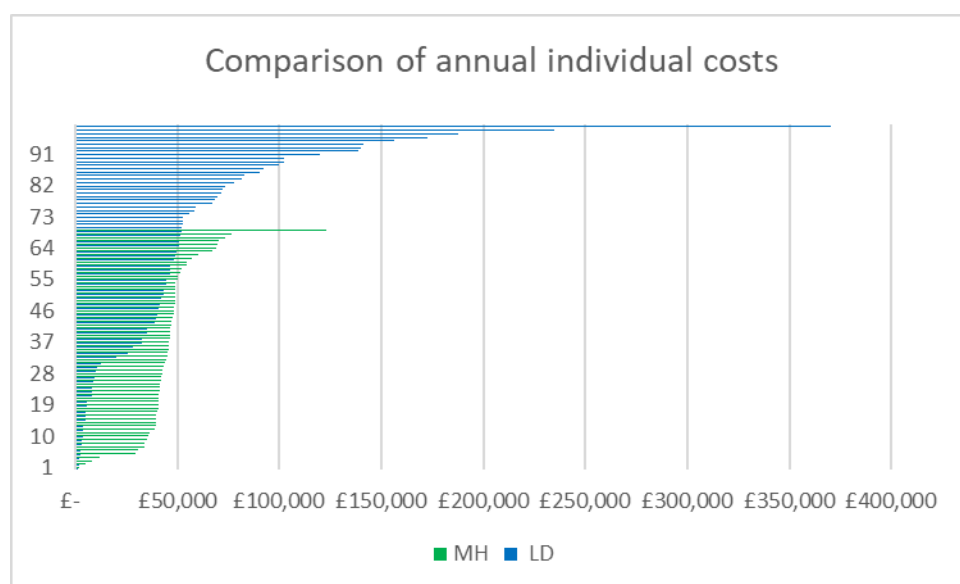
- Core Support

Includes, but is not limited to, support/prompts for medication, personal care, food preparation, room cleaning, laundry, integrating into social groups, participating in activities within the scheme, emotional support, engagement with staff; support with finance/money-management and tenancy management.

- One to one support

Support accessing the community, attending appointments and external activities may require 1 to 1, however, alternatives such as group outings, family or friends supporting, instead of providers, would always be explored first.

There is a greater spread in the cost for people with learning disabilities whereas the cost for mental health is more concentrated as can be seen below



Both The Care Act and Principle 5 of The Mental Capacity Act place a duty on the local authority to use the least restrictive care options.

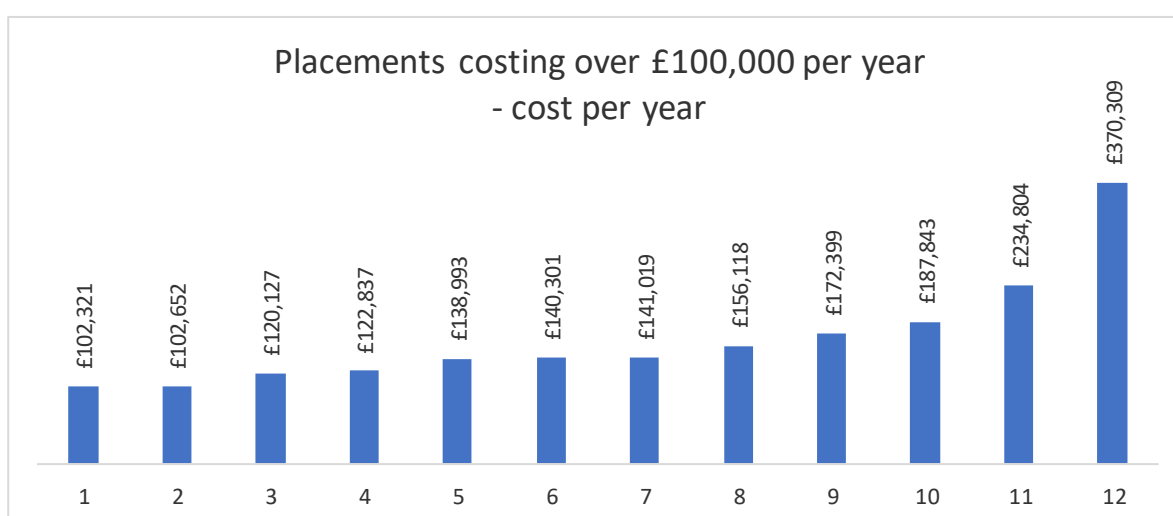
Purchasing care via spot contracts has worked in Thurrock for some time but there is concern that the practice can fail to give consistency and certainty and is dependent on the

negotiating skills of the brokerage team on a case-by-case basis. This can also impact other neighbouring authorities where the same providers may work. Many providers emphasised their good working relationships with the team which has resulted in Thurrock having one of the lowest care costs across the UK.

However, whilst reviewing the provision of supported accommodation, alternatives need to be considered and the method adopted by most local authorities is the use of a commissioning framework, which is discussed below at 2.9.

2.2.3 High-cost placements

Of the 168 people in supported accommodation on 1 January 2024, there were 12 placements which cost more than £100,000 per year. Of these, 11 have a learning disability and 1 has mental ill health as their primary support reason.



The total cost for these 12 placements is £1,989,723- which represents almost 25% of the total budget spent on just 7% of service users.

Of these 12:

- 50% placed out of borough / 50% placed in borough
- 50% are female / 50% are male
- 75% are under the age of 50 - the eldest is 66 years old
- 83% have very challenging behaviour
- 50% have had frequent placement breakdowns due to aggressive behaviours
- 8 have transitioned from Childrens Services
- 8 also have physical health problems
- 5 also have autism
- 3 also have mental ill health in addition to their learning disability
- Several have been involved with the police, mainly due to their aggressive behaviour towards staff or the public

The case notes indicate that these are people with very complex needs, who traditionally would have been accommodated in residential care. Social workers are regularly reviewing their cases to determine if any reductions in support needs can be made.

It is important to note that these figures are based on a snapshot in time (1st January 2024) and therefore costs will naturally go up and down as people's needs change. In addition, some may become CHC funded in the future, and these are likely to be those with the highest costs, however, these could be replaced by new cases of equal or higher cost. A pragmatic view has therefore been taken, to use the snapshot figure throughout this paper.

One person in this group (placement 4 in the graph) was accepted onto Thurrock's Enhanced Housing First scheme in October 2023. Move on has been delayed due to limited suitable Council void properties but a property has now been identified and the service user has moved in. A care package will still be required but it is anticipated this will reduce due to the Housing First support and therefore costs should reduce dramatically (estimated to be at least £50,000 per year). This saving has been identified as a benefit to introducing the Enhanced Housing First programme.

There is no indication in the case notes of any other potential reductions in care costs due to the increasing complexity and frailty of the cases, but there is good evidence that costs are being regularly monitored in most cases.

The lack of suitable accommodation within the borough for people with severe and complex needs has made it very costly and means that 50% of people have been placed away from their families and community networks. It also means this money is leaving the borough and not benefiting local businesses.

2.3. Providers

This section relates to services purchased by Thurrock Adult Social Care via a spot contract for the 168 service users identified on 1 January 2024. Details in appendix 1

There are 32 different providers, and 118 separate properties used

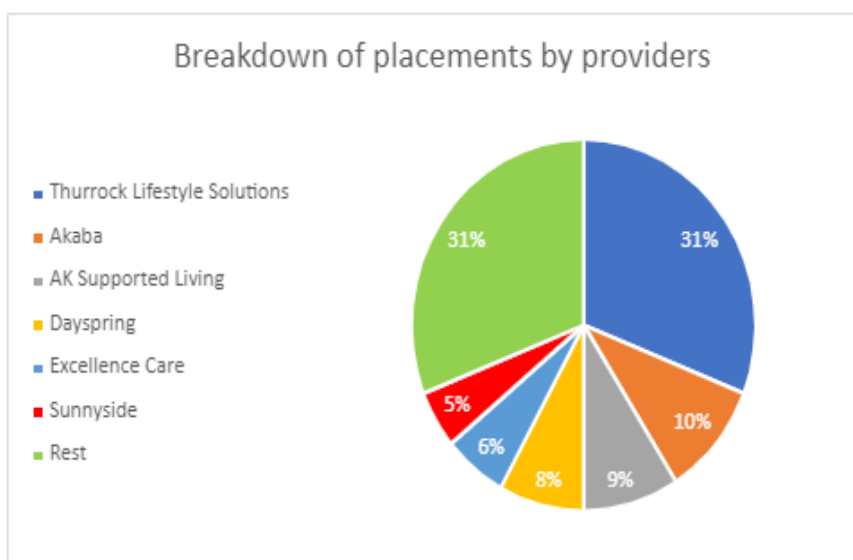
- 78 (66%) are within the borough
- 40 (34%) are outside the borough.

The graphs in appendix 1 show where these are geographically placed, but it is noted that the furthest placements are in Kent, London and Clacton-on-Sea – i.e. still within the southeast of England.

26 of the 32 providers (81%) have a most recent CQC rating of "Good" or "Outstanding" whilst two "Require Improvement" for the categories of "Safe" and "Well Led".

The brokerage team monitor all providers regularly and carry out annual inspections using the national Provider Assessment and Market Management Solution (PAMMS) system. Where providers have a CQC rating of "Requires improvement", they carry out more frequent visits and provide support and guidance on changes that need to be made. If required, they will embargo the provider i.e. not use them, until any required improvements are made.

69% of service users (116 people) are provided with support from just six providers, with one provider, Thurrock Lifestyle Solutions (TLS) supplying the largest group at 31% (52 people).



The remaining 31% of service users are supplied by 27 different providers.

2.3.1 Peabody Trust

Peabody are one of only two providers of supported accommodation with a commissioned service.

They are commissioned to provide supported accommodation at Devon House, Metcalf House and Lloyd House with 210 core hours per week across the three schemes.

Any support needed above the core hours is commissioned individually and most residents receive direct payments for this.

Hence, Peabody provide support to a very small percentage (<1%) of the 168 people accommodated on 1 January 2024 via spot contracts.

2.3.2 Services from providers

It is important to distinguish between the two different types of support received in supported accommodation. These are described in more detail in section 2.2 and are

- Housing related support
- Care and support

It is good practice, and recommended by CQC, that the providers of the two types of support should be different entities. This safeguards against the service user feeling constrained to use the same provider for fear of “upsetting” their landlord, thereby restricting their choice. There should therefore be two separate contracts:

- A tenancy or licence agreement for the accommodation and housing related support
- A contract for the general care provision

However, research carried out for this report shows that many residents of supported accommodation (within the remit considered) do not have separate providers.

Many providers are renting the property themselves from a private landlord and then reletting to service users. Some service users are renting directly from the private landlord with the requirement to receive support from the provider.

Many providers have built their financial model on providing both types of support simultaneously and that changes to this model would destabilise their finances. Some of the larger providers e.g. Peabody get round this by having two separate arms of their organisation, but most providers do not have this option.

Although good practice, the separation of roles is not mandatory, and the Council has not taken any actions to require it. Should the Council decide to do that, there is the risk that providers may withdraw from the market. There is also the risk of prejudice against smaller providers.

2.3.3. Non commissioned providers

In addition to the commissioned providers there are several other organisations such as MIND, the probation service, charities and churches who provide accommodation that may be supported. It is difficult to obtain a full picture since their work is not always visible. However, once the new registration process is introduced (see 2.7 below) this will become easier to achieve.

Thurrock and Brentwood Mind own 2 properties in Bridge Road, Grays which are available for people with mental ill health. The properties incorporate 2 self-contained flats and 7 individual bedrooms with shared facilities – bathroom, kitchen and lounge. Suitable applicants must have a mental illness, a local connection with Thurrock and be on the Council's housing register. MIND do not allow anyone with a drug/alcohol addiction, any history of arson, or dementia. The accommodation is only for single people (no couples) and no pets are allowed. Apart from Housing Management support no other support is commissioned with Mind.

Unfortunately, they often have voids that they cannot fill despite liaising with the homeless team, but this is possibly because of the high numbers of people approaching services who do not meet the criteria e.g. many have drug and alcohol issues.

2.3.4 Engagement with providers

An engagement exercise was carried out with providers and their staff and an outline of this is detailed at appendix 4 but the key themes were:

- There is a lack of suitable accommodation for people with complex needs and in particular dual diagnosis
- There is a lack of separation of the care provider and landlord functions
- There is a lack of move on flexibility
- The cost-of-living crisis has adversely impacted providers
- There is a shortage of accessible accommodation

2.3.5 Challenges for providers

During consultation with providers, it was indicated that the main challenge faced was staffing. This is a nationwide issue which is recognised as resulting from low wages alongside poor esteem for the role, despite high profile recognition of the work that carers carried out during the covid pandemic. The cost-of-living crisis has worsened this issue, with many workers finding higher paid roles in the retail and hospitality sectors.

Some providers have used international recruitment to counter this, but they cite cultural differences, language barriers and the lack of understanding of money as making this option more complicated. Some indicated that they would not use this measure again.

The cost-of-living crisis has also proved challenging with rising energy, food and other day to day costs. The Council has increased the amount it pays providers year on year to support with this, but with the very high inflation levels experienced in the UK over recent months, providers report that whilst easing the situation the increase has not resolved it.

2.4. Pathways into and out of supported housing

The pathway into supported accommodation is usually through the brokerage team who source suitable accommodation. However, people may move on to alternative accommodation or independent living as well.

Thurrock Council has developed several initiatives to encourage movement into independent or less supported living and to free up valuable spaces for new service users. These have been developed on an ad hoc basis and not through development of any specific strategy.

When an individual is identified as needing supported accommodation, usually via an assessment by a social worker or other qualified professional, options are discussed with them to determine their preferences and then they are referred to the Councils' brokerage team who source a suitable placement.

The brokerage team can usually source supported housing immediately once an assessment identifies what is needed, but occasionally this may take a few days. Accommodation within the borough will always be sought first, unless the service user specifically requests out of borough, or there are reasons why they need to move outside the borough e.g. domestic abuse or safeguarding.

If accommodation cannot be immediately found in borough or in the requested area, an alternative temporary placement may be set up until a suitable permanent placement becomes available.

Wherever possible, service users are given a choice of at least two comparable and similarly priced providers, but this will be dependent on availability.

For the 168 placements identified on 1 January 2024, the furthest distance away from Thurrock was Clacton in the East and Kent in the South. All placements remained within London and the Southeast of England.

Once in supported housing the suitability of the placement should be regularly reviewed by the allocated worker to ensure it continues to meet the individual's needs, which often change over time.

Where the accommodation is provided to support improved independence, it may be anticipated that the individual will move on into a less supported environment or independent living and the provider will be responsible for giving support that enables move on.

A pathway of move on accommodation is essential to ensure people are not living in supported accommodation for longer than necessary, albeit some people may never be able to move on. For these people the security of knowing they can remain in their current accommodation indefinitely is key to their wellbeing.

2.5 Moving on

“Move on” is a term used to describe moving from one form of supported accommodation to another requiring less support. Move on can include moving from the family home, a care setting, foster home or another residential placement. Sometimes the move is into short term accommodation but often it will be to a permanent home.

Very often, people in supported accommodation will be expected to move on to an alternative accommodation and subsequently their tenancies are short-term – licences or assured shorthold tenancies – with limited security.

In 2016 there were over 100 people with a learning disability living in residential care in Thurrock - this compares to 85 people in April 2024 (15% reduction) and indicates the success of moving on for people who can live more independently.

The Council has several options available to support move on:

2.5.1 Re-housing via the Councils' Housing Allocation Scheme

Thurrock Council still has its own housing stock, along with nomination rights to Registered Providers' properties within the borough. A protocol allowing priority for people moving out of supported accommodation has been in place for many years and states:

“Move-on Priority can be awarded where the Local Authority has placed an applicant in supported housing, and that applicant is ready to move on to independent living, thereby freeing up space in the supported accommodation for another suitable and eligible applicant.”

This arrangement allows people who are ready to live independently to move into social housing with a secure (lifetime) tenancy. They receive the appropriate priority banding (level 3) to enable them to successfully bid for a property of their choice. Often, they continue to receive support through a package of floating support in their new home.

However, this option can be complicated and delayed due to the low numbers of available Council and Registered Provider stock and the competing priorities for properties. Suitability, including the area of choice can also be a delaying factor.

2.5.2 Supported tenancies at Chichester Close

Thurrock JSNA, published in 2012, identified the need for more supported accommodation in the community for people with a learning disability who were living in residential care or transitioning from Childrens Services, and for whom a move into the community could be achieved with the appropriate support enabling residents to live more independently.

Eight flats at an ex-sheltered housing scheme in Chichester Close, Aveley were identified. The flats were decanted and fitted with up-to-date energy efficient heating and electrical systems, including cabling to support the use of assistive technology. The four ground floor flats were adapted to wheelchair standard for impaired mobility. The site was landscaped, with new paths making it more accessible, and creating a private courtyard garden.

The flats are let on an initial introductory tenancy, which changes to a secure tenancy after 12 months. This enables people to live there permanently providing security and stability.

There is a housing related support charge attached to the rent and the support is provided by the Councils sheltered housing team.

Any additional support needs are commissioned via floating support either directly with a provider or through a direct payment to the service user to arrange their own support.

When a property becomes available it is allocated according to need rather than via a waiting list, since voids can be very few and infrequent. Service users will have a learning disability and possibly additional needs and will be assessed as capable of living independently via a social care assessment.

2.5.3 Ex staff properties – “The Move on Project”

The Council's housing service has several so called “Ex-Warden” properties which were previously used as tied accommodation for sheltered housing officers. When the service model changed these properties were no longer required and stood empty. Around 2015-16 a joint project between Housing and ASC enabled four of these properties, which were three bedroomed houses or flats sited on sheltered housing complexes, to be used for a move on project. The properties were:

- 41 O'Donoghue House – Chadwell St Mary
- 7 Arthur Barnes Court – Chadwell St Mary
- 37 Rookery Court – West Thurrock
- 18 Lansbury Garden – Tilbury

The project provided shared accommodation for two residents with support from an external provider, originally Family Mosaic (now Peabody) and more recently Thurrock Lifestyle Solutions (TLS). Initially, core support was commissioned with any extra hours provided on a one-to-one basis as needed. The third bedroom could provide sleep in accommodation if required. The rooms were let on a licence basis, the plan being that people would move on into more independent accommodation when ready. It was anticipated that this would usually be no longer than two years.

Residents would have a learning disability and would move into the accommodation as a steppingstone to living independently, often moving on from living with parents or from residential accommodation. The rents were social rents and therefore very low (£156 to £176 per week) and tenancy management was in-house meaning more flexibility and housing management support could be provided as opposed to a typical private landlord.

Initially the scheme was very popular with a waiting list of applicants. This resulted in a fifth property being added – Airey Neave Court in Grays.

However, as time went on the waiting list dwindled and rooms were left empty, leaving ASC to pick up the rent. It was decided to hand all the properties back to housing when the existing residents moved on and to provide one to one support rather than any core hours in the interim. The arrangements with TLS were ended and floating support was provided as needed for any remaining tenants.

Currently the situation is as follows:

- Lansbury Gardens, Arthur Barnes Court and Airey Neave court have all been handed back to Housing and are being used for other temporary lets such as decants for tenants and temporary accommodation. There are also plans to enable the Childrens Head Start project to use Arthur Barnes Court in the future.
- O'Donoghue House and Rookery Court both have one tenant left awaiting move on. It has been agreed that these two tenants can move together into one property and continue with the shared arrangements leaving Rookery Court to be passed onto the Head Start project

Therefore, none of the properties which have been handed back are still void and there will be just two tenants remaining in the project.

Unfortunately, now they have been handed back, it is unlikely these properties will become available again to ASC as they are due to be used for other purposes. Had it been possible to use them for alternative client groups e.g. complex autism or mental health they may have been repurposed.

The project has shown the need for flexibility around the client groups in supported housing projects.

Despite the current lack of need, the project has previously been very successful, with many residents achieving a successful move on to independent living.

The learning disability team manager has said:

“Many tenants have been individuals who have moved from their family home for the first time, the scheme has given an ideal ‘real life’ home to assess and monitor over time an individual’s ability to learn, practice and retain skills to be able to live as independently as possible. In my view this is not the same in most supported living (larger group home) environments. It has also been very suitable to people who find larger/busy supported living environments difficult such as adults with autism”.

2.5.4 Medina Road

Medina Road scheme consists of six new build properties - five x 1 bed bungalows and one x 1st floor 1 bed flat – completed in March 2022, and specifically designated for people with autism. The properties are built to a high specification with many features designed to support people with autism e.g. all walls have rounded edges in case of self-harm. There is a communal garden area and on the ground floor underneath the flat the support team are based along with a small communal lounge and kitchen for residents to meet.

Peabody Housing is the landlord and each flat is let on an assured shorthold tenancy, which is not a lifetime tenancy and only requires two months’ notice to quit, however, the landlord is a Registered Provider and as such would be looking to sustain tenancies for the longer term, meaning someone could potentially live there indefinitely.

Peabody provide an overnight concierge from 10pm, but at a high cost to residents at £1,161 per property each month. This cost has been deemed too high to be eligible for Housing Benefit and therefore must be met by the residents themselves. Subsequently, many residents have high rent arrears which Peabody need to manage. The total rent is £2,209.56 per month excluding any care charges. It was determined that a concierge is required due to potential issues with neighbours or from anti-social behaviour in the area, however, there have been no incidents reported to date – which could mean it is either not necessary or is working well as a deterrent.

Support is provided through a core support contract of 150 hours per week and the care provider is Creative Support who have staff on site 24/7, including a sleeping night staff member. The scheme is not CQC registered due to it not providing personal care. One core worker is on site during the day and evening and provides support with budgeting, housework, cooking, IT skills and social activities. In addition, some residents may have one to one support hours depending on the complexity of their needs.

The scheme is designed for people with complex needs, but the needs of current residents are quite low level. However, core hours can be increased should more complex support be required in the future.

The allocation criteria are:

- Aged 18 or over (no upper age limit)
- Must have a diagnosis of autism
- Must have a local connection to Thurrock.
- Must be able to live independently but with a floating support option that can flex up and down as required.

Currently (June 2024) there are no vacancies and no waiting list. Should a property become vacant then social workers would be asked for potential cases to be nominated. There is currently no formal pathway identified into this scheme, and this requires clarifying for the future; this was identified in the frontline staff survey (appendix 2).

This accommodation could be a steppingstone to general needs housing, or alternatively a lifetime home depending on the circumstances of the individual.

2.5.5 Move on from children's care

Children and young people with health and social care needs are supported by children's services until the age of 18. However, if needed, a period of transition to adult social care services starts from the age of 16. Not all young people will require supported accommodation, but where they do this transition period allows for good preparation to achieve the best outcomes.

Where young people have been cared for by family members, they may not require supported accommodation immediately, but there may be a longer-term need as carers get older and/or cannot provide the best environment any longer.

Where young people have been "looked after children" they are more likely to need the accommodation as soon as they reach 18 as foster parents or residential placements end.

The process begins with a referral from Children's services to the ASC transitions team, who will then carry out assessments before their 17th birthday and get to know the young person. The assessment is holistic and will consider:

- What skills they have and what they need to build on
- What capacity they have, to make their own decisions and what they aspire to do in the future
- The least restrictive option – in line with care act requirements
- What the young person needs in terms of local connections, family contacts etc.
- Any further education or training

The brokerage team are then included in finding a suitable placement. When the young person has very complex needs this process starts much sooner as suitable placements will be more difficult to find.

Experience has shown that placements through Children's Services can be very expensive – for example one current placement is more than £12,000 per week (£624k per year). The brokerage team may challenge the need for such an expensive placement into adulthood and on many occasions, they have been able to reduce the cost considerably.

Example provided by the transitions team:

“A young person lived in a solo supported living placement in Wolverhampton prior to his 18th birthday. The placement cost was more than £4,000 a week. Following his adult assessment, Adult Brokerage found him a supported living placement in Gray’s which was just under £2,000 a week. Children’s services had advised that the risks were too high for this young person to live with others however, he is doing well living with other young people. With time, he will probably be moving into independent living once he has built on his independence living skills”.

When considering suitable placements options such as shared lives and other move on options discussed above are considered. Where the young person has been living out of borough, they may have built up local connections which they want to keep – in such circumstances, accommodation in their existing area would be considered.

Numbers coming through the transition service are a key tool in predicting future need of services. These are discussed in chapter three.

2.5.6 Mental health move on

It is noticeable that, except for the move on priority banding, available move on accommodation in Thurrock is only for people with a learning disability and not for those with mental ill health. This could be because mental ill health can be transitory whereas a learning disability is lifelong, but the difference is stark.

An area of concern recognised nationally, is the high number of out of area hospital placements for people with ill mental health, who need a hospital bed but where there is no availability locally. Sometimes beds are provided hundreds of miles from the persons community, making it difficult for support networks to continue and costing the NHS an estimated £102million per year.³

There is a recognised danger that a patient living miles away can become “Out of sight out of mind” i.e. they can be forgotten. Worse still, there could be an unconscious secondary gain for professionals in that some very difficult patients “disappear”.

Currently there are 6 Thurrock residents placed in hospital beds outside of the borough⁴.

The number of providers for people with serious mental ill health in Thurrock is limited; one provider is notable in their willingness to take the most complex of cases, but others are limited.

2.6 New models for complex support

People with serious mental health needs may become homeless having lost accommodation due to their inability to adhere to tenancy terms and conditions whilst unwell. Many will have drug and alcohol issues too (dual diagnosis) and no family or friends able or willing to support them. Private landlords are reluctant to provide tenancies and subsequently they will need to apply for accommodation through the Homeless legislation (Housing Act 1996 part 6).

Often, they refuse to engage and are found to be intentionally homeless, meaning the local authority has no duty to permanently house them. Alternatively, they may be offered

³ Policy Briefing: Eliminating Inappropriate Out of Area Placements in Mental Health – Royal College of Psychiatrists 2021

⁴ Information provided by EPUT on 18 July 2024

accommodation but are then unable to maintain their tenancy and get evicted. The homelessness “revolving door” continues.

Thurrock Council has made some good progress in supporting several people in this position through the Housing First and Complex Housing Intervention Programme (CHIP) initiatives. However, these schemes are currently available only to those with the most severe needs whilst those with lesser needs may fall through the net.

This is a gap which is identified and discussed further in 2.6.1. and in chapter 4.

2.6.1 CHIP

The recent introduction of the Complex Housing Intervention Programme (CHIP) has indicated some early success in engaging the most disengaged people, particularly those with a dual diagnosis of enduring mental health, and drug and/or alcohol addiction.

The model provides a multi-disciplinary team consisting of a psychologist, drug & alcohol worker, local area co-ordinator and mental health social worker. The team bring their individual disciplines but work so that there are no hand offs to other services, but any therapy or support needed is provided within the team.

Housing is provided within local social housing stock, giving a greater tolerance by the landlord and extra security of tenure. However, due to the highly complex and anti-social nature of many of the clients using the service, it can be very difficult to identify suitable properties which can hold up the process.

The team works around the client rather than the client having to engage with several different services. This provides a much more joined up and person-centred approach.

The success of this programme has been indicated in a recent report to DMT which indicates savings across the system of around £54,000 per year per person.

This model could be extended to include people needing supported accommodation, with the support flexed up and down to manage needs, and delivered within a supported accommodation setting, adding the extra benefit of learning for support workers from the team. It brings the security of a long term (or even lifetime) tenancy, mitigating the negative impacts of having to “move-on”. This model could also be used to support rehabilitation, and the younger transitioning people identified as at risk of exploitation due to substance misuse and offending behaviour – see 3.2 below

2.6.2 Housing First

Housing first is a model that works alongside CHIP but for people who are homeless. It provides a home first with intensive support that follows.

Again, these are the most disengaged people who through the support of dedicated workers are enabled to live independently.

2.6.3 Low level mental health and homelessness

Homeless managers have reported that whilst the new models for supporting complex care are proving successful, there are still some people who are falling through the net because of mental capacity issues

This happens most commonly when someone is homeless and discharged from hospital. They do not have capacity to sign a tenancy agreement but are not in need of full supported accommodation

Whilst there is a social worker based in the homeless team the role provides a link between services and does not undertake needs assessments, or commission care.

2.7 Standards

Supported accommodation in England is subject to the National Statement on standards in Supported accommodation⁵ which was introduced in 2020. However, many landlords have used the term supported accommodation to enable them to demand higher rents whilst providing little or no support. This is now being addressed through new legislation.

The Supported Housing (Regulatory Oversight) Act 2023 was given royal assent on 29 June 2023 and further cements the requirements from landlords and care providers when delivering supported housing. More details are found in appendix 5

The accommodation provided through Thurrock Adult Social Care is scrutinised by the brokerage team who carry out regular assessment visits. Social workers also visit accommodation to meet with service users and will raise any concerns appropriately.

In future, all providers will be licensed by the local authority who will hold the duty to ensure standards are met. Plans are underway to implement the license scheme and monitoring for this new duty, which is held by the Housing department, with the expected participation of Adult Social Care and other partners.

Included is a duty to produce a supported housing strategy, but further Government guidance is awaited prior to the start of this work.

Housing Benefit departments must undertake a full desk-based review of their Housing Benefit stock cases from April 2023 and DWP has supplied extra funding for this. This has already been carried out in Thurrock.

In Thurrock the brokerage team carry out regular checks on providers including an annual assessment known as PAMMS (Provider Assessment and Market Management Solution). This requires providers to demonstrate how they are meeting CQC standards and will involve site visits from the brokerage team, discussions with staff and managers and meeting service users.

Alongside the PAMMS, CQC also carry out assessments and rate providers accordingly. Not all the providers of supported housing used by Thurrock are CQC registered – this is only required where personal care is provided.

Of the 32 providers used (on 1 January 2024) 27 were registered – of which one was rated “Outstanding”, 24 were rated “Good” and two were “Requiring improvement”. These two providers will receive extra oversight, monitoring and support from the brokerage team. Where the team determine the service is not meeting its duties, any further placements will be suspended until this is rectified.

With 93% of providers rated “Good” or “Outstanding” Thurrock Council is in a strong position regarding the standard of care provided. However, there may be providers, not used by Thurrock Council, who are providing care privately but not meeting the same standards;

⁵ [Supported housing: national statement of expectations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations)

these will be identified under the new licensing scheme and can then be dealt with accordingly.

2.8 Framework agreements

In the context of commissioning services, frameworks help public and third sector buyers to procure goods and services from a list of pre-approved suppliers, with agreed terms and conditions and legal protections.

Where used, providers will bid to join the framework, which may be divided into “lots” by product or service type and will need to demonstrate how they can provide the services needed to the standard required. Whilst no guarantee of purchasing is made by the Local Authority, any purchases that are made for the specified service will be via the framework and to those suppliers on it.

The agreement may be open, whereby other suppliers can join at any time, or closed and only opened for new providers at certain periods e.g. every four years.

The lack of a framework agreement in Thurrock has not been detrimental to the provision or cost of services. This is largely due to the rigorous scrutiny of the brokerage team and the excellent relationships that they have built with providers when using spot contracts. However, long term it is not sensible or good practice to rely on individual personalities in a team and the goodwill they have built with suppliers.

There are positives and negatives for moving to a framework agreement and argument can be made for each case. Feedback from other local authorities (appendix 3) identified some of the positive and negative outcomes they had experienced.

When the subject of framework agreements was discussed with providers during the engagement exercise, most said that they had never worked in this way and did not wish to change the way they currently worked as it worked well.

An example of a very simple framework for supported housing is shown below where providers can bid to join the framework to provide supported housing within a determined area defined by level of support and tenure.

Tenure type					
Support level	Housing provider	Licence agreement (Short term, temporary)	Assured shorthold tenancy (Medium term)	Secure or Assured tenancy (Long term/life)	Owned accommodation (Floating support)
	Support provider				
	Low = basic core hours only	A1	B1	C1	D1
	Medium = core hours to access community plus possible one-to-one support	A2	B2	C2	D2
	High = 24-hour care plus one-to-one support	A3	B3	C3	D3

- Example: The provider may supply low level support to people with a Learning disability who are living in long term accommodation with a lifetime tenancy – they would bid to join lot C1.
- Example: They could provide high-level 24-hour support to people with complex needs on a short-term tenancy – they would bid to join lot B3.

Providers could bid to join more than one lot. The pricing and expectation for each lot would be fixed so that providers know exactly what is required and how much they will be paid.

2.8.1. Advantages & disadvantages of a framework agreement

The main advantage of a framework is that it allows a more strategic approach to how supported housing is developed and managed.

It can also result in more consistency around price and the standard of service delivered, so customer choice and control are the deciding factors for individual support arrangements, rather than cost.

Where similar frameworks can be agreed across a larger footprint e.g. Southend, Essex & Thurrock (SET) this prevents providers from driving prices up by offering outside of borough to neighbouring local authorities. SET commissioners have already indicated their desire to formulate a SET wide framework for mental health supported accommodation, which is an option that could be pursued.

However, the disadvantage is the lack of a bespoke agreement designed to reflect individual person-centred needs. There is also the potential for a greater number of providers to join without the prospect of any placements, leading to unnecessary increased vetting and quality auditing which is resource intensive. Alternatively, providers may decide not to join the framework which could lead to shortages.

It may be beneficial to introduce a framework for one or two smaller specific contracts to trial the method – this would follow the exploratory nature of the HLS approach.

2.9 Local Authority comparators

It is useful to compare Thurrock's practices with other Local Authorities of a similar size, population and needs base. Thurrock has several Local Authorities considered as good comparators and these were approached with a questionnaire to obtain the required knowledge.

The information gained is found at appendix 3 but key outcomes were:

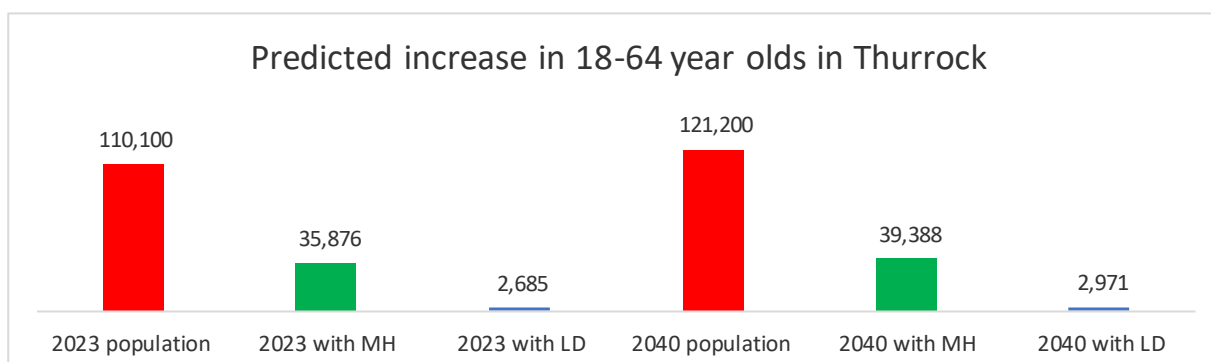
- All had shortages of suitable accommodation for people with complex needs and/or dual diagnosis, especially for people with risky or challenging behaviour – this mirrors Thurrock
- Unlike Thurrock – no one else solely uses spot purchasing – they all use a framework or combination of the two
- There are some interesting experiences with frameworks – all the expected positives, but some of the negatives which could prove costly and counteract the benefits e.g. more resource intensive in terms of management and more difficult to maintain quality

- No-one was able to accommodate all needs within borough, but they all indicated out of borough accommodation was rarely used or only where the service user had a preference or need for it
- Only 50% used step up or down accommodation
- Weekly costs were generally higher than those of Thurrock, who would fall into the £750 to £1,000 per week group
- There appears to be little innovative or new work being carried out to meet the gaps in supply within local authorities which is unsurprising given the increased pressures on local authority budgets

Chapter 3: Future Need

3.1. Thurrock population increase

As outlined in 2.1 above, the 18–64-year-old population in Thurrock is predicted⁶ to grow as shown below. The graph includes predicted increases in the number of people with mental ill health (MH) and learning disabilities (LD)



This indicates:

- An increase of 3,512 people (9.8%) living with mental ill health (MH)

To determine how many more of those people will require supported housing, the following method was used:

Only 69 people with mental ill-health as their primary support reason, were living in supported housing funded by Adult Social Care on 1 January 2024, which represents 0.2% of the estimated Thurrock population with mental ill health in 2023.

If we multiply the predicted population with mental ill health in 2040 (39,388) by 0.2% we get an additional 9 people likely to need accommodation – total 78 people.

Alternatively, if we increase the 69 people currently being supported, by the population increase of 9.8%, then it can be anticipated an extra 7 people will require supported accommodation – total 77 people.

This indicates between 7 and 9 extra people with mental ill health are likely to require supported accommodation by 2040. (This is extra to the existing number)

However, this is a very simplistic calculation and does not account for environmental factors which can impact growth or decline in mental ill health. For example, during the Covid pandemic the increase in mental ill health was much higher. It is impossible to predict such factors; we can only reassess the figures if/when these factors occur.

- An increase of 286 (10%) living with a learning disability (LD)

To determine how many more of those people will require supported housing the following method was used:

⁶ PANSI data - Projecting Adults Needs and Service Information – Institute of Public Care

99 people with a learning disability as their primary support reason, were living in supported housing funded by Adult Social Care on 1 January 2024, which represents 3.7% of the estimated Thurrock population with a learning disability in 2023.

If we multiply the predicted population with a learning disability in 2040 (2971) by 3.7% we get an additional 11 people.

Alternatively, if we increase the 99 people by 10% then it can be anticipated an extra 10 people will require supported accommodation by 2040.

This indicates between 10 and 11 extra people with a learning disability are likely to require supported accommodation by 2040.

Again, this is a simplistic calculation. Learning disabilities can be congenital or can be caused by other factors such as illness or accident – e.g. insufficient oxygen during birth. But these are usually on a case-by-case basis rather than any mass environmental factor, which are fortunately very rare e.g. nuclear accident or drug exposure such as thalidomide. Therefore, it is reasonable to expect these calculations to be fairly accurate.

Whilst none of the above increases are large in themselves, they do represent a potential need for increased accommodation.

Predicted extra need based just on the above figures:

Between 7 and 9 extra people with mental ill health will require supported accommodation by 2040	8
Between 10 and 11 extra people with a learning disability will require supported accommodation by 2040	10
Total extra supported accommodation spaces required (average)	18

This represents a rise of 11% on the current number being supported (168)

But other factors could also increase the need for more supported accommodation in future:

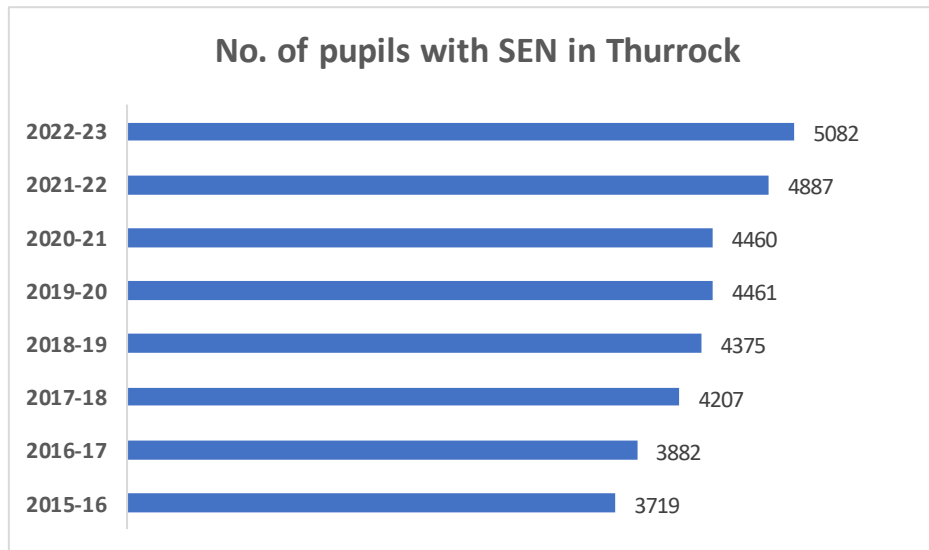
3.2 Children and young people with special educational needs

Data can be seen in appendix 6.

The 2024 JSNA update report⁷ (which updates the 2018 JSNA on SEND) indicates an increase in the number of children registered with a Special Educational Need (SEN) in Thurrock and that this trend is likely to continue.

Over the past 5 years the proportion of children on the school roll with recorded SEN has increased from 15% in 2018/19 to 16.1% in 2022/23. The rise in number of children with SEN in Thurrock can be seen below:

⁷ SEND JSNA Update January 2024



Whilst the year-on-year changes are small, this still represents a likely increase in the number of young people transitioning to ASC and supported accommodation in future.

One of the recommendations from the JSNA update is
“Thurrock needs to be able to meet the needs of this increasing cohort of CYP, in terms of identification, diagnosis and then support. Children who do not get the support they require for whatever reason are at higher risk of poor outcomes”

Support includes accommodation into adulthood.

3.2.1 Impact of special schools in Thurrock

Treetop's school in Grays and Beacon Hill Academy in South Ockendon are both special schools for children with SEN, which have obtained “Outstanding” status under Ofsted.

- Beacon Hill specialises in services for severe and complex learning difficulties, from ages 2 to 19 years and can accommodate up to 75 pupils. Children are more likely to need high level support, possibly residential, in the future.
- Treetops specialises in Autistic Spectrum Disorder and moderate learning disability for children aged 5 to 19 years and can accommodate up to 291 pupils. These children are more likely to be able to live in supported accommodation with the appropriate level of support when they reach adulthood.

The status of “Outstanding” has made the schools popular within the learning disability community and anecdotally we know that some families move to the area just for these schools. When children are no longer in education, their families may not be in a position to support them in the family home. The work of the transitions team is crucial in ensuring early planning for future supported accommodation is carried out.

Medina Road has been built specifically with this cohort of young people in mind providing six properties - see section 2.5.4 above. There is currently no waiting list, but more work is required to identify future interest.

3.2.2. Identifying future housing need for young people

To determine possible future need amongst children and young people with SEN, the number of people on an Education, Health and Social Care (EHSC) plan was used as a baseline. This is a legal document for children and young people up to age 25, which describes special educational needs, the support required and the outcomes to be achieved.

On 27 June there was a total of 2171 people in Thurrock with an EHSC plan, aged from 5 to 26 years.

All children and young people on an EHSC plan on 27 June 2024	Birth year	Current age (up to)	Age in 8 years' time	Total in group	Special Need													
					Autistic Spectrum Disorder	Behaviour, Emotional & Social Difficulty	Hearing Impairment	Moderate Learning Difficulty	Multiple Sensory Impairment	Other Difficulty / Disability	Physical Difficulty	Profound & Multiple Learning Difficulty	Severe Learning Difficulty	Social Emotional and Mental Health	Specific Learning Difficulty	Speech Language & Communicative Needs	Visual Impairment	
Nursery 2	2019-20	5	13	9	3	0	0	0	0	0	0	2	0	0	0	4	0	
Reception	2018-19	6	14	101	26	0	2	2	0	0	5	0	3	3	0	60	0	
NC Year 1	2017-18	7	15	126	29	0	2	2	0	1	9	4	2	3	0	74	0	
NC Year 2	2016-17	8	16	154	46	0	2	6	0	0	8	4	0	13	0	74	1	
NC Year 3	2015-16	9	17	158	53	0	1	10	0	0	5	0	2	22	1	63	1	
NC Year 4	2014-15	10	18	117	34	0	2	7	0	1	11	0	0	19	0	42	1	
NC Year 5	2013-14	11	19	140	51	0	0	23	0	2	6	2	1	21	0	32	2	
NC Year 6	2012-13	12	20	163	43	0	3	29	0	1	11	0	4	37	1	32	2	
NC Year 7	2011-12	13	21	169	48	0	6	30	0	1	4	0	3	48	0	29	0	
NC Year 8	2010-11	14	22	153	50	0	4	43	0	3	9	0	0	28	1	15	0	
NC Year 9	2009-10	15	23	136	38	0	2	25	0	3	9	1	3	34	1	17	3	
NC Year 10	2008-09	16	24	158	47	0	2	37	0	3	10	0	3	39	1	15	1	
NC Year 11	2007-08	17	25	157	44	0	4	32	0	3	9	0	3	38	1	22	1	
NC Year 12	2006-07	18	26	142	34	1	2	30	1	1	6	0	1	45	3	16	2	
NC Year 13	2005-06	19	27	105	33	0	2	12	0	3	4	1	3	28	1	15	3	
NC Year 14	2004-05	20	28	68	21	0	1	16	0	0	8	1	0	10	1	10	0	
NC Year 15	2003-04	21	29	47	12	0	2	11	0	1	2	3	2	8	1	5	0	
NC Year 16	2002-03	22	30	26	6	0	0	5	0	1	3	1	0	6	0	3	1	
NC Year 17	2001-02	23	31	20	8	0	1	7	0	1	0	0	1	0	0	2	0	
NC Year 18	2000-01	24	32	9	3	0	1	2	0	0	0	0	1	1	0	1	0	
NC Year 19	1999-00	25	33	12	1	0	0	5	1	0	1	0	1	0	0	3	0	
NC Year 20	1998-99	26	34	1	1	0	0	0	0	0	0	0	0	0	0	0	0	
Total in special need group				2171	631	1	39	334	2	25	122	17	33	403	12	534	18	

Of these 25% were in special schools.

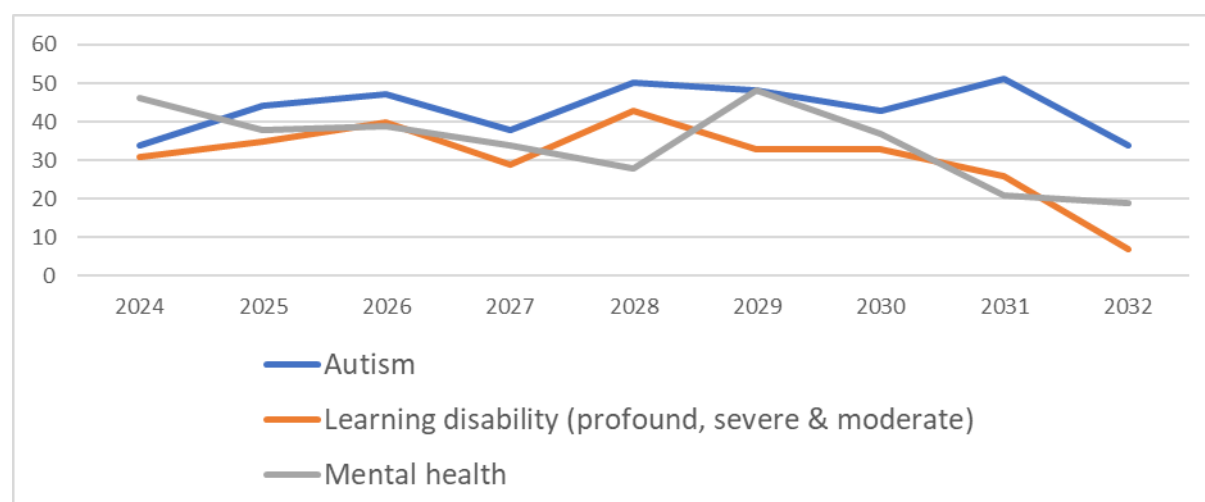
To determine which people in this group might need a service in the coming years, the cohort of people reaching the age of 18 in each of the next 9 years was identified. This totalled 1335. See appendix 6.

People were then categorised by their primary "special need" which includes physical, mental and behavioural difficulties.

Below shows those with a special need of autism, learning disability or mental health. An average of 108 people each year needing an assessment and possible accommodation.

Needing assessment	Autism	Learning disability - profound, severe or moderate (LD)	Mental health (MH)	Total per year
2024	34	31	46	111
2025	44	35	38	117
2026	47	40	39	126
2027	38	29	34	101
2028	50	43	28	121
2029	48	33	48	129
2030	43	33	37	113
2031	51	26	21	98
2032	34	7	19	60
389 (40%)				277 (28%)
				310 (32%)
				976

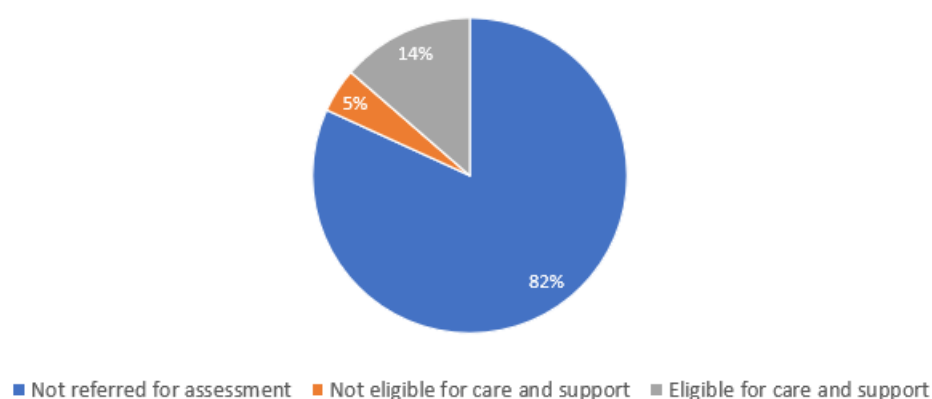
This is further detailed below to indicate the possible need assessment requirements year on year.



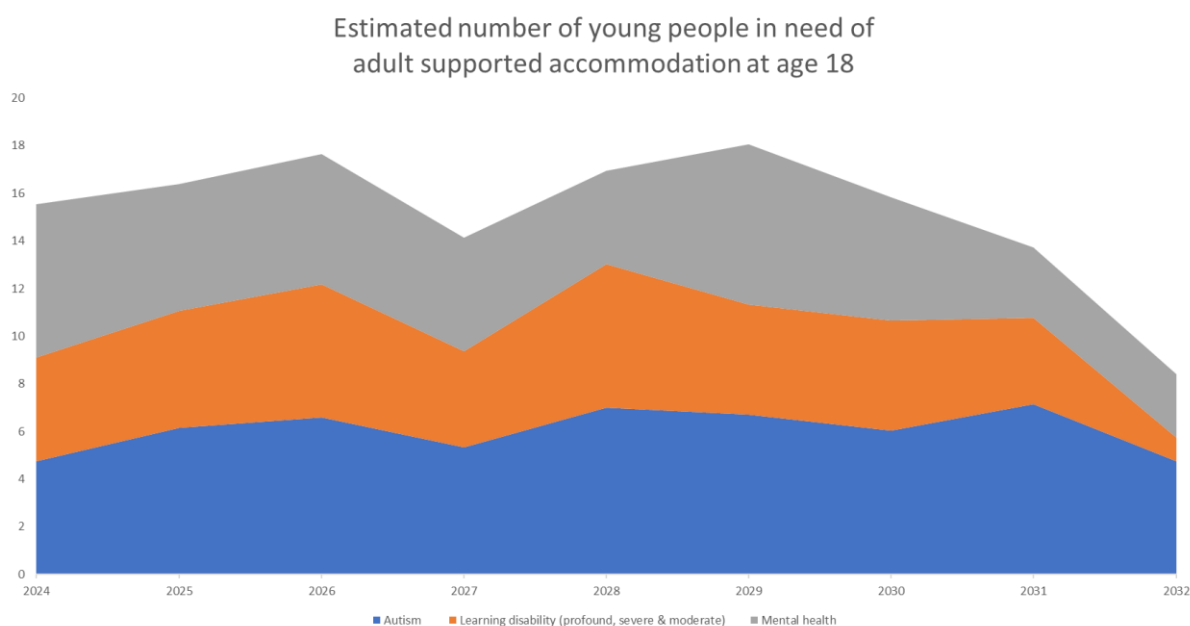
It is noticeable that the numbers drop quite starkly in the last two years projections (2031 and 2032) in all three categories with an overall drop of around 30% from 2030 to 2032.

However, not all these people will require a service. The transitions team have advised that they received a list of 44 young people in supported accommodation in 2024 and of these only 8 were referred for an adult assessment as the rest do not have care and support needs. Of these 8, at least 2 have been determined as not eligible for care and support, leaving only 6. This represents around 14% of the original 44

Results of assessment in 2024



Applying this percentage to the figures in the graph above indicates an average number of 15 young people transitioning into ASC and needing a service each year. Whilst this is not a scientific calculation it gives some indication of the numbers of people. The chart below shows the cumulative numbers year on year.



Many young people transitioning to adult services may not require supported accommodation immediately at age 18 because they remain at home with family members. However, as time goes on and their informal carers get older, they may suffer from carer fatigue and require extra support or even emergency placements if support breaks down. A carefully planned transition will be better for all involved.

3.2.3. Identifying gaps in provision type

Social work teams indicate that gaps in the current provision tend to be for more complex needs, both physical and psychological. For example, some young people have very large wheelchairs, and this limits the number of providers in borough who can physically accommodate them.

Those with profound learning disabilities and complex psychological needs may require specialist providers which can only be found outside of the borough – a recent example was a young person who had to be placed in residential care in Wales because a specialist provider could not be found any closer.

Another cohort of young people identified as difficult to place, are those at risk of exploitation. This includes young offenders and substance misusers, who can be exploited by gangs and unscrupulous people, but who can also pose a risk to other vulnerable people in shared accommodation. This group has been highlighted at the Brighter Futures Board and may benefit from a model of support like the CHIP model – considered further below.

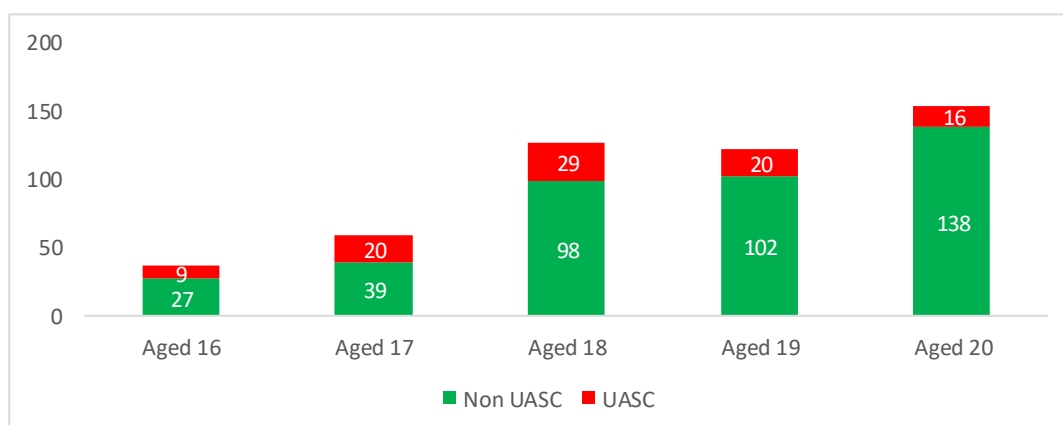
Unfortunately, not all carers are able to do this and subsequently some cases reach crisis point, for example when the carer can no longer cope due to illness, or they pass away.

3.3 Care leavers

Whilst not all care leavers will have care and support needs eligible for a service under the Care Act 2014, many will need some level of supported accommodation into their early adulthood, due to their disadvantaged start in life.

The Council has a corporate parenting responsibility for such children which includes the responsibility to provide suitable accommodation.

Currently the following numbers of care leavers are heading towards adulthood – some of whom are unaccompanied asylum seekers (UASC) awaiting determinations.



The numbers vary year on year but are never less than 120 for age groups over 18.

Whilst there is a priority banding awarded through the Councils Housing allocations scheme not all care leavers are allocated a social tenancy due to shortages – it is estimated that around 50 properties are needed each year but only 25 are being allocated. It is unlikely this number will increase unless more social housing is developed, because care leavers are competing with other applicants who also have priority needs e.g. homeless people.

The Council runs the HeadStart scheme for care leavers with relatively low levels of support needs, and shared accommodation is provided at the Clarence Road hostel and at other Council owned properties across the borough with low level floating support provision.

The main alternative is private rented accommodation but there are difficulties with rent deposit and guarantees. Often young care leavers will struggle to manage a tenancy both in terms of financial management and maintaining tenancy conditions and floating support is frequently required. Alternative solutions such as shared lives, supported lodgings and a foyer are good considerations.

Housing, adults and children's social care departments need to work closely to develop a safe and sustainable pathway for all care leavers, following some of the good practices already developed in other areas – such as the Barnardo's & St Basils framework. There is little suitable provision for people with drug and alcohol issues and/or complex and challenging behaviours.

A multi-agency project group has been implemented to work on this.

3.4 Ageing carers

It is estimated⁸ⁱ that 228 people in Thurrock with a learning disability are currently living with a parent - 8% of the LD population in Thurrock. It is also predicted⁹ that by 2040 the number, will increase by 10% (from 228 to 251). See appendix 1

⁸ PANSI Data – Projecting Adults Needs and Service Information – Institute of Public Care

⁹ PANSI data - Projecting Adults Needs and Service Information – Institute of Public Care

Of these, 112 (45%) will be over the age of 35 – meaning their parents will be into, or fast approaching, retirement age.

The estimated increase assumes that unpaid carers will continue to support their adult children at the same level as now. This increase in the age of carers could result in a higher risk of carer breakdown and therefore increased need for accommodation however, this is very subjective as it is dependent on personal relationships. It also does not take account of the lower life expectancy rate in people with a learning disability and therefore it is difficult to predict the future need with any accuracy.

Supporting these carers is crucial, but it can be difficult identifying unpaid carers, not least because some do not identify as a carer and will have no interaction with formal services until they reach crisis.

The Healthwatch survey on unpaid carers ¹⁰ undertaken in 2022, highlighted several concerns that unpaid carers have, these included:

- Difficulty in being able to manage appointments and communications with organisations when the carer is working
- Concerns that formal carers can't be trusted
- Lack of wellbeing calls from social workers – waiting for carer breakdown before any support is given
- Accessing services
- Recent reductions in respite service provision.

This report covered a wide range of carers, including those looking after adult children. Thurrock Council has developed an action plan following the report and this includes improving communications and available information and providing training for carers. It also supports future contingency planning and more flexibility around respite options ensuring a bespoke offer is available and that the likelihood of engaging with services only at crisis point is minimised.

The economic benefits of unpaid carers have been measured¹¹ and estimated at £445 million pounds every day to the economy in England and Wales – equal to £162 billion per year. It is therefore essential that unpaid carers are recognised and adequately supported, and this includes recognising the need for supported accommodation for family members which should include respite options.

3.5 Reduction in the number of avoidable deaths of people with learning disabilities

Since 2017 a national Learning Disability Mortality Review (LeDeR) has been monitoring premature deaths amongst people with learning disabilities. These are avoidable deaths with the most common being respiratory illness, circulatory conditions, sepsis and cancer.

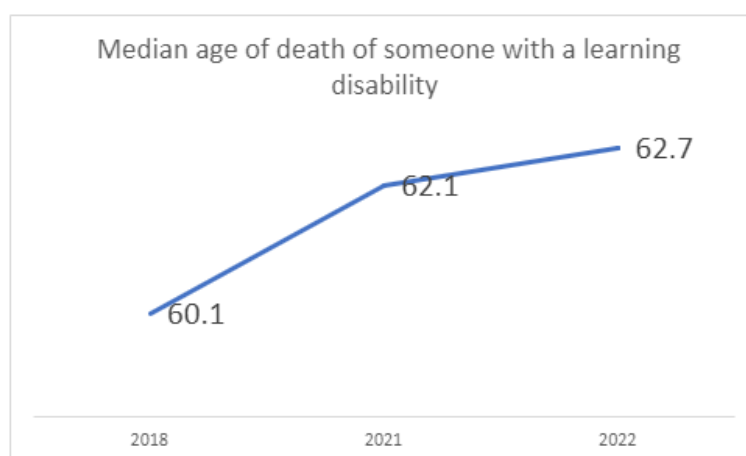
The numbers are much higher than in the general population. The 2022 LeDeR found that the median age at death was 63 for someone with a learning disability. This means, on average, a woman with a learning disability dies 23 years younger than women in the general population, and a man 19 years younger.

¹⁰ <https://www.healthwatchthurrock.org/report/2023-05-24/unpaid-carers-report>

¹¹ Petrillo & Bennett, 2023

Unfortunately, in Thurrock this health inequality is greater with the average age of death for someone with a learning disability at 60.6 years.¹²

However, lots of initiatives have been undertaken to address these inequalities and whilst there is a long way to go there has been a consistent year on year increase in average length of life in people with a learning disability since 2018¹³. This is expected to continue. Whilst these figures indicate good news, the impact on Thurrock in terms of numbers is likely to be very minimal.



¹² SET LeDeR annual report 2022-23

¹³ <https://www.kcl.ac.uk/research/leder>

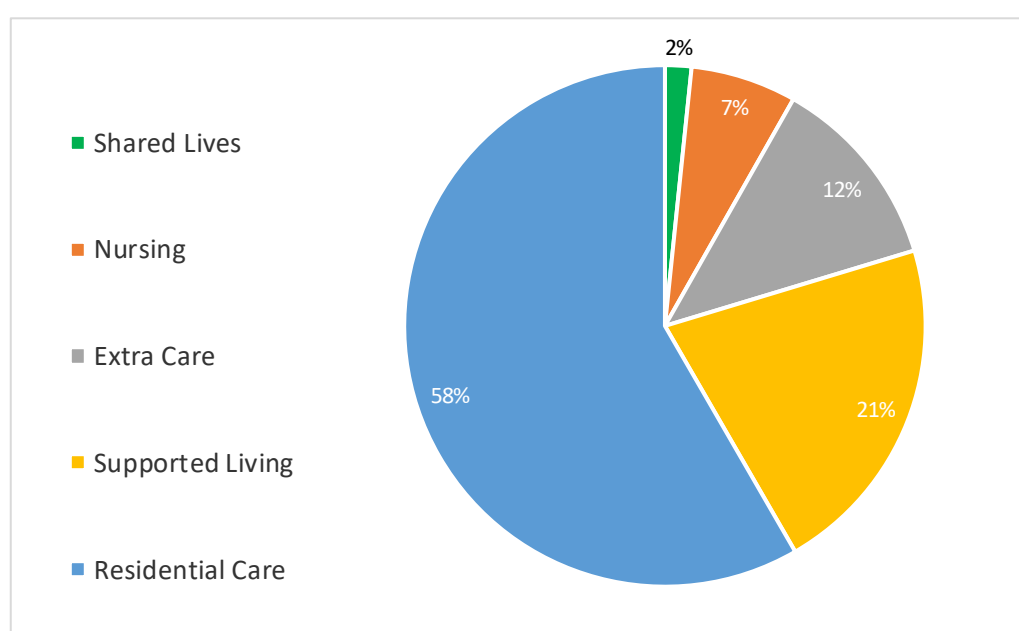
Chapter 4: Gap analysis

To identify the gaps between current provision and need, two separate areas have been considered:

- How much provision is needed?
- What type of provision is needed?

4.1 How much provision is needed in Thurrock?

The living circumstances of individuals who are supported under the Care Act 2014 with accommodation (on 17 July 2024) can be broken down as follows:



This indicates that 21% of eligible people are living in supported accommodation. There is currently no indication of a provision shortage i.e. no current waiting list, however, research in section 3 has indicated areas of probable future increased need which are shown here:

Cause of increase	Evidence	Estimated extra placements required by 2040
Population growth	National data section 3.1	18
Young people transitioning to adult services	Local data sections 3.2	240 (Estimated extra 15 placements a year)
Total by 2040 (16 years) Average per year		258 16

Basing the identified extra spaces on the current breakdown between mental ill health and learning disability suggests:

- Learning disability (59%) – 9 extra spaces per year
- Mental ill health (41%) – 7 extra spaces per year

4.2 Type of provision required in Thurrock

This section considers gaps in types of accommodation.

4.2.1 Dual diagnosis

Throughout the engagement exercises the issue of finding and sustaining accommodation for people with a dual diagnosis of mental health and drug & alcohol misuse has been emphasised as very difficult. There is no supported accommodation that specifically meets this need in the borough and therefore people are supported through different services with little or no joined up approach.

Equally, the transitions team identified a concern over increasing numbers of young people with mental ill health who have been in the care system and who are exploited by gangs, resulting in drug use and criminal activity. These young people may need some form of supported accommodation where intensive work can be carried out to achieve a better pathway into society.

53% of frontline staff taking part in the survey indicated that multiple needs, mental health and drug/alcohol abuse were areas where, in their experience, more accommodation was needed

Alongside this evidence, we have early successes indicated with the CHIP and Housing First models, working with some of the most disengaged and complex people. These models may appear a costly solution, but evidence has already shown it to be a cheaper but more effective solution across the whole system (Health, Housing, Social Care, Criminal justice system etc.) with early indicative savings of around £54,000 per person per year¹⁴.

4.2.2 Complex cases

As indicated above, and not unexpectedly, the most complex of cases are costing the most money – the costliest 7% of cases are costing 25% of total budget. This is the result of using private providers who can charge higher amounts because of the scarcity of provision.

Using accommodation that is owned and managed by the Council could reduce costs by enabling greater flexibility in stepping support up and down, whilst gaining more control over costs through in-house staff provision. A purpose-built site with flexibility to use for different service user groups (Learning disability, autism and mental health) would ensure maximum usage and minimal voids.

In addition, some of the core costs could be shared. An example of how this could be achieved is discussed in chapter 5.

4.2.3 Increased security of tenure

Most people want to feel settled in their accommodation, knowing that, so long as they pay their rent and uphold the tenancy terms and conditions, they will be able to remain. Moving can be a very stressful experience, especially for those with vulnerabilities. Equally, some

¹⁴ Funding report to DMT on 9 July 2024

people currently living in supported housing are unlikely to ever be able to move on to more independence.

Despite this almost all the properties used for supported housing have assured shorthold tenancies, meaning less security of tenure. Whilst this is understandable for shared accommodation it does not seem logical for those who have their own self-contained accommodation e.g. Peabody properties.

Throughout the engagement exercise many people living in supported accommodation expressed concerns that they would have to leave their homes and “move-on” and whilst this requirement was made clear to them from the start, it was still unsettling for them with one service user declaring that if he had to move on he would “cut himself”.

Ultimately this has the adverse effect of disincentivising the goal of achieving more independence.

Using a model of floating support which can flex up and down according to need within someone’s life-long home would resolve this issue. This is the model used at Chichester Close which has proved successful.

4.2.4 Accessible accommodation

Another area of concern is the lack of accessible accommodation – particularly for the larger specialised and/or bariatric wheelchairs that many have.

Wherever possible people are maintained in their own home with adaptations, but where people need to move into supported accommodation and need accessible accommodation this can sometimes be challenging.

Whilst some properties do have such accommodation it is not possible to keep it void waiting for a suitable applicant in need of it, subsequently, it may be given to someone without need only to find that a short time afterwards it is required by someone with a need for it.

Any future options must bear in mind this requirement.

4.2.5 Flexible move on options

“Move on” is a term used to describe moving from one form of supported accommodation to another requiring less support. Several options have been described in 2.5 above.

The need for move on accommodation in Thurrock has fluctuated for people with a learning disability and/or autism, which was clearly seen through the “move on project” which assisted a back log of people into long term accommodation where they have remained, and now the project is no longer required.

Move on for people with mental health needs is very different since people move in and out of poor health. The survey for frontline staff indicated a need for more flexible accommodation, perhaps flexing up and down according to the level of illness.

Some people in current move on accommodation do not necessarily need to be there and would benefit from more secure tenures with a floating support package.

However, there may still be a need for some move on provision – for example where some time is required to step down from residential care, or where a young person is transitioning from living with parents and needs to experiment living independently.

The key message across all groups is flexibility, which has perhaps been prevented where certain schemes are identified only for specified groups. E.g. Chichester Close for learning disability, Medina Road for autism.

Accommodation that can flex according to current need will not only benefit the cohort of people using it but will prevent voids, making the scheme more affordable and therefore more viable in the longer term.

Chapter 5: Key findings and recommendations

5.1. Key findings

5.1.1 Current provision



Complex care is very costly – 25% of the total supported accommodation budget is spent on 7% of people with the most complex needs



50% of the 12 highest cost placements are outside of the borough



There are gaps in the current provision for the following groups:

People with a dual diagnosis of mental ill health and substance abuse

Very complex cases in all categories

People needing accessible accommodation

Move on accommodation for people with mental ill health



There is a lack of flexibility around the use of accommodation which means sometimes it is underutilised because no one in that cohort needs it at that specific time



The number of children and young people in all Thurrock schools with an SEN has increased by 37% since 2015 - this trend could continue as more people are attracted to special schools in the area

5.1.2 Future need

The number of people needing supported accommodation is expected to rise by more than 11% by 2040

The number of children transitioning from children to adult services in need of care and support is around 15 per year but likely to increase as outstanding schools in the borough attract more people

There is anticipated to be an increase of 10% in people with a learning disability who are living at home with parent carers

45% of parent carers are approaching or already at retirement age which could increase the need for supported housing soon, but which cannot be measured

5.2 Savings

Thurrock already has one of the lowest costs of care in the UK and it is unlikely that lower costs can be achieved, especially in the light of the cost-of-living crisis. There is a danger of pricing providers out of business by undercutting costs or reducing standards of care by asking for more service for less money. This would result in a shortage of providers which would just push the price up and risk the Council being unable to meet its responsibilities.

However, potential savings could be made through sustaining existing budgets despite increasing demand and by using resources more wisely.

This involves reducing reliance on very costly placements by providing more accommodation in Thurrock Council stock with shared provision of core costs.

By allocating self-contained properties situated in the same location, the core costs can be shared and there is also opportunity to share and monitor more closely the one-to-one support costs, possibly sharing some of these too.

Depending on the client group accommodated there is potential to make very large savings if this model proves successful. In line with the Human Learning Systems model, an experimental pilot should be trialled to test this theory.

5.3 Market development

The current system of commissioning works well, and there are plenty of good providers already in position and looking to continue their working relationships with Thurrock. There is no indication that these providers will pull out of the market or that any are in financial difficulty – this is carefully monitored by the brokerage team. But of course, this can change in future.

The two biggest challenges indicated by providers are maintaining the workforce and managing increasing costs – most notably utility costs and staff wages.

To sustain a good and varied marketplace there is support that the Council could provide:

- Ensure payments for services are promptly made
- Continue to provide uplifts year on year – this will help providers with their financial planning
- Support providers with training – this was highlighted by a number of providers as this provision has been removed over the past few years. Subsequently, training will be more inconsistent
- Continue to support providers with forums and a close and open relationship so that any concerns are picked up at an early stage.

Thurrock Council has an excellent relationship with providers, and this should be maintained.

5.4 Framework agreements

There are arguments for and against framework agreements – see section 2.9 above.

This report cannot make full recommendations either way as there are merits for and against. The new integrated commissioning strategy has indicated a desire for a framework

approach. However, a suggested trial for one or two contracts may be an alternative option.

5.5 Closing the gaps

Gaps identified in provision are around the ability to flex accommodation to suit changing cohorts of people which can best be achieved by the provision of self-contained accommodation with flexing support provision.

This is not feasible with existing providers since almost all of them only provide shared accommodation.

5.5.1. Purpose built accommodation

The provision of a purpose-built scheme in borough, which could flex accommodation types and tenures according to varying needs, could resolve this shortfall.

The ideal solution would be new purpose-built accommodation (or a repurposed existing scheme) with individual self-contained homes, possibly a hub and spoke build with accessible accommodation around the perimeter and a hub building with flats above in the centre - like Medina Road, but on a larger scale to ensure economies of scale.

An example of this can be seen at the Billing Brook Road site in Northampton.

[Billing Brook Road - Maber](#)

The new model would need:

- Flexibility to accommodate different groups (LD and/or MH) depending on need
- Flexibility to step up and down support as needed
- Include complex need & dual diagnosis
- Self-contained properties with a tenancy - to give private space and autonomy
- Owned by the Council to maintain complete control regarding flexibility
- Some permanent accommodation for long term needs – the rest on shorter term tenancies enabling a step up/down to more independent living
- On site CHIP type team for mental health to wrap the support around the person – no more hand offs or placements of very complex cases into existing Council estates where there are already problems with ASB etc
- Care team also on site – working closely with CHIP
- Integrated into the community and Integrated Locality Teams
- With on-site therapy rooms and communal areas
- Garden areas and exercise equipment available e.g. outdoor gym and in ground trampoline to encourage exercise, communal interaction and gardening groups
- Accessible for larger wheelchairs & other equipment
- Providing Tec enabled care
- Of sufficient capacity to enable economies of scale
- Managing risks through concierge provision and secure by design
- Shared base core hours with individual 1:1 hours as required – enabling lower costs

Historically, funding for new build accommodation would have been achieved through borrowing or grants. However, with the restrictions imposed on the Council because of the s114 notice, borrowing is no longer an option. Therefore, intensive research and application would be required to secure alternative funding measures.

5.5.2 Adapting existing accommodation

There is a potential case for using a sheltered housing scheme to accommodate supported housing residents. This could provide savings but would be particularly useful for the high costed out of borough placements.

By allocating self-contained properties situated in the same location, the core costs can be shared and there is also opportunity to share and monitor more closely the one-to-one support costs, possibly sharing some of these too.

There would be more provision for service users to remain within Thurrock and money is spent within the borough.

Depending on the client group accommodated there is potential to make very large savings if this model proves successful. In line with the Human Learning Systems model, an experimental pilot could be trialled to test this theory.

This type of accommodation could also provide a base for the CHIP team enabling more embedding in the community – a key requirement if CHIP is to be extended into Primary Care Networks (PCNs)

However, the model is based on sheltered housing schemes becoming available for reuse.

Thurrock Council's Housing strategy (chapter 5) discusses options for reviewing sheltered housing across the borough as it is currently under-utilised. The action plan identifies a need to *“rationalise sheltered housing stock in order to identify opportunities to provide new housing”*

This presents an opportunity to further consider this option.

END OF REPORT
