Care and Support Specialised Housing Fund: supplementary information

1. Will there be phased releases of the funding available under the Care and Support programme?

The programme has been split into 2 phases. Allocations for phase one totalling £101 million to deliver over 3,000 affordable homes were announced in July 2013 (details are on GOV.UK). Bidding for phase 2, which makes available up to a further £120 million funding for affordable housing schemes outside London was launched on 17 February 2015.

Although bids for all of the client groups described in the prospectus are sought, priority in phase 2 will be given to housing for adults with mental health problems and to affordable housing provided as part of mixed tenure sites.

2. Will funding under phase 2 be available for private market housing?

Funding through the Care and Support programme is available for the development of affordable housing only.

Through phase 2 we are keen to see bids where the affordable housing is provided alongside private market housing on mixed tenure sites, however our funding can only be used to fund the affordable housing element of the scheme, not the wider development.

We would expect to see good value for money on such proposals, given from the availability of cross-subsidy from the private market element.

3. Can providers bring forward proposals that include conversions to affordable rent to support the delivery of their programmes?

No, the conversion of existing social rented properties to affordable rent is not permitted under this programme.

4. Is it a requirement that the landlord of the completed homes must be a registered provider of social housing?

Yes, the owners of all completed properties funded under this programme, including shared ownership, must be registered providers.

5. Can a local authority which is not a registered provider of social housing bid under this programme?

All local authorities that manage their own housing stock are automatically registered with the regulator as a provider of social housing. Any local authority that wishes to apply under this programme, but is not already registered with the
regulator must notify the regulator of their intention to be a provider of social housing. Upon notification the local authority will become a registered provider.

Further information on registering as a social housing provider is on GOV.UK: https://www.gov.uk/register-and-de-register-as-a-provider-of-social-housing

6. Can Care and Support funding be used to fund supported housing on a Section 106 site?

In general, no. CASSH funding will only be agreed on Section 106 sites very exceptionally, where it can be evidenced that the funding will result in provision that is additional to that required through the Section 106 agreement.

Open book provision of data about the economics of the scheme will be required from both the developer and the long term owner of the affordable housing (if they are different). The economics of individual schemes will be tested through the HCA’s Development Appraisal Tool, and we reserve the right to request other information to inform our decision making if necessary. More detail on the HCA’s Development Appraisal Tool is on GOV.UK at https://www.gov.uk/government/collections/development-appraisal-tool.

7. Is there an expectation that grant rates will need to be in line with those achieved under the Affordable Homes Programme?

Bids will be assessed on their own merits and comparison with other similar bids submitted for funding through Care and Support phase 2.

Data from the Affordable Homes Programme and phase 1 of Care and Support will be used for comparison purposes where schemes are similar in nature.

8. Is Care and Support Specialised Housing Funding available for revenue support?

No the fund is for capital funding only.

9. Can Care and Support Specialised Housing Funding meet 100% of the total scheme costs?

No, we expect providers to contribute towards the total scheme costs with a mixture of their own resources (including borrowing supported from the rental stream), and other sources of subsidy including free land. Providers should seek to maximise the contributions coming from other sources to ensure that the CASSH funding requested is the minimum required to bring the scheme forward.

As noted in paragraph 86 of the bidding prospectus, we would expect that proposed bids demonstrate evidence of buy-in by members of the local Health and Wellbeing Board, based on the opportunities for improving local health and wellbeing, as well as potential joint savings for local health, social care and housing budgets. We also expect that discussions will take place to explore which commissioners would be willing to contribute resources towards the proposal.
10. Is Care and Support Specialised Housing Funding available outside of England?

No, the funding is available for England outside of London only. Providers wishing to bring forward schemes in London should contact the GLA http://www.london.gov.uk/priorities/housing/mayors-care-and-supported-housing-fund

11. Where a registered provider is currently part of a consortium delivering through the AHP, can they bid in their own right (ie do they have investment partner status or will they have to apply, or are they expected to bid through the consortium)?

Providers are free to bid directly on their own or as part of a different consortium arrangement for Care and Support Specialised Housing Funding. There is no expectation that providers who are part of an existing HCA investment partner’s consortium should bid through that consortium. Registered providers or local authorities or any other organisation which are currently part of an existing HCA investment partner’s consortium, who bid in their own right, will be required to qualify as an HCA investment partner in their own right if successful in securing an allocation.

12. Would a county council or local authority be able to register with the HCA to submit bids for the schemes that they believe would meet the bidding prospectus requirements, but transfer the allocation to a registered provider once the schemes have been tendered?

A county council or local authority wishing to deliver homes through Care and Support is eligible to bid for funding but not to be the final registered provider owner. They may bid as an unregistered provider with a named registered provider as the owning organisation which will take ownership of the properties after completion. Or they may transfer secure legal interest in the land to the registered provider for them to develop alone. In the latter option the registered provider should bid for funding.

13. Are schemes which incorporate individual bedrooms with shared facilities for individuals suffering with learning disabilities, mental health problems or dementia eligible under this programme?

This programme aims to support and enable independent living and therefore schemes aimed at assisting individuals requiring a high level of care and support who are unable to live independently are not eligible. We expect accommodation funded through CASSH to be self-contained and incorporate a full range of facilities to enable the residents to live independently. However, in exceptional circumstances we will consider proposals which include some shared accommodation where this is the most appropriate provision to support independent living for members of the client group.

14. Would schemes that include “Continuum of Care” qualify given the restriction of not offering support to residential care homes?

Schemes that offer the flexibility of care levels from extra care in the home, through to full registered care facilities would be eligible under this programme providing that any aspect of the scheme for people who are no longer able to live
independently and require a high level of care and support is funded through other means.

15. **Given the move from block care contracts to individual budgets as part of the personalisation agenda what is the HCA’s expectation in terms of statements of revenue support from local authorities?**

Either that revenue funding is in place or will be within a reasonable timeframe so as not to put at risk delivery within our timeframes. Where the local authority is using personalised budgets the statement from the local authority should reflect their expectation that there will be enough need for the facility as to make it viable.

16. **What is the expectation on support, evidence of need etc from local health commissioners?**

Please refer to paragraphs 84 – 86 under the heading Health and Wellbeing Boards, Joint Strategic Needs Assessment and Wellbeing Strategies.

17. **What are the expectations on match funding?**

We expect that providers will seek to improve the prospects of their bids by reducing their reliance upon grant by maximising other cost contribution including free land and providers own resources (including borrowing supported by rental income).

18. **How many schemes do we envisage this funding will deliver and what will be the geographical split of funding?**

We have no fixed view on either the numbers of schemes which will be funded or the geographic split of funding and will allocate to the bids that offer good value for money and demonstrate best fit with our published criteria.

19. **How will these schemes differ from extra care – is there an expectation they will?**

This programme aims to fund a range of provision, one option is extra care, but we don’t expect that to be the only option. We want to develop a wide range of innovative options so that people can exercise real choice about their accommodation options according to their individual needs, circumstances and preferences.

20. **If there is more than one bid in a single local authority area will they need to prioritise support even if they are for different needs groups?**

All bids must have local authority support, but there is no expectation that local authorities should feel restricted to only supporting one bid or that they should rank them. We won’t automatically reject bids just because we’re already proposing to support one in the local authority already.

21. **Is the development of leased property eligible under this programme?**

Yes, provided that the lease length for the property meets the Agency’s minimum requirement of at least 60 years’ unexpired duration.
22. In view of the government’s review of Housing Technical Standards, have the design standards requirements for care and support schemes now changed?

The main outcome of the government’s review of Housing Technical Standards has sought to bring housing standards into nationally described standards and building regulations. As such it is intended there are no longer any additional prescribed design standards for housing developments outside of the potential for nationally described space standards or Building Regulation optional requirements. This provision would apply to schemes developed under Care and Support.

Bidders for Care and Support are however still be expected to demonstrate how the design of their proposals will help older people or people with disabilities or mental health problems to achieve an optimal quality of life and to live independently within their homes, and how they have included consideration of residents’ future needs.

Priority will be given to those proposals that present innovative design solutions or best demonstrate good practice, for example through their response to the HAPPI principles.

23. If I already have a Care and Support allocation under phase one do I need to submit a new offer in IMS in order to bid for phase 2?

No, bidding for phase 2 will use the same Care and Support offer type. Bidders who already have an allocation under phase one will be able to submit new Offer Lines within their existing approved Care & Support offer.

24. Have there been any system changes in IMS since phase one?

There has been one key change to the system since phase one. In line with the priority for mixed tenure (affordable and private market) schemes in phase 2 a new tick box has been added to the Products tab within the Offer Line for bidders to identify these schemes.