

Homes for Older People

Accommodation Strategy
for Older People in Essex
2007-2009



Contents

FOREWORD	1
INTRODUCTION	2
OBJECTIVES	3
For Older People in Essex	3
For Partners.....	4
For Commissioners.....	4
DESIRED OUTCOMES OF SUITABLE HOUSING	4
BARRIERS TO ACHIEVING OUTCOMES	5
RECOMMENDATIONS	13
1) Establish improved joined-up delivery and partnership working.....	13
2) Extend low-level preventative services and increase the flexibility of care and support services	15
3) Increase the range, quality and timeliness of housing advice and information	16
4) Encourage the well-being and independence of older people by developing a range of accommodation options.....	17
5) Encourage older people and their carers to become more involved in policy making and service provision	19
NEXT STEPS.....	19
APPENDIX 1 – STRATEGIC CONTEXT	21
Sections:.....	21
Strategic Developments	21
The Essex Local Area Agreement (LAA).....	21
National Strategic Context.....	21
Local Strategic Context.....	21
Strategic Developments	21
The Essex Local Area Agreement.....	23
National Strategic Context.....	23
Local Context	25
APPENDIX 2 – HOUSING OPTIONS	28
ACCOMMODATION AND CARE/SUPPORT OPTIONS FOR OLDER PEOPLE.....	28
Care and Support Options	31
APPENDIX 3 – EXTRA CARE GUIDANCE	34
Essex Guidance for Extra Care Sheltered housing	34
Sections:.....	34
Executive Summary	34
Guidance to Accommodation Types for Older People Support Services	34
Essex Extra Care Sheltered Housing – list of schemes.....	34
Executive Summary	35
Strategic Context.....	35
APPENDIX 4 – ACTION PLAN.....	44

Foreword

Essex County Council has a strong focus on supporting choice and independence for people in Essex. An important part of this is the choice of accommodation and type of support setting available to older people because of its impact on their quality of life.

The aspirations of older people are changing and therefore the existing accommodation and care options available to them may no longer be suitable. The ageing population in Essex also means that more emphasis is needed on preventing people from becoming frail or dependent, for as long as possible. We need to give our older people more accommodation choices to remain safe, secure and independent in their own home, whether it is owned or rented, or specially adapted to their needs. Simple, low-cost assistive technology is now available which, if delivered with good information and backup support, can help people to remain in their own home for longer.

Our challenge is to encourage the development of the best mix of accommodation options for older people. Without it, the pressure on Health and Social Care will continue to increase. I am pleased that the Local Area Agreement has a strong focus on prevention and on keeping the older population healthy.

This strategy is aimed at Commissioning Partners and other stakeholders to help improve joint working. A separate document will be developed to share with the wider community. It proposes the bringing together of disparate housing-related services for Older people into commissioned investments that meet the needs of current and future older people in Essex. Some of the major change in the commissioning of new and better services for older people will need to be through the use of Individual Budgets and by strengthening the partnership approach between Health, District Housing & Planning Officers, and Essex County Council.

An Action Plan is included based on key recommendations to improve accommodation options for older people in Essex. It has been developed with our key partners and stakeholders, following a period of consultation, and has been endorsed by the Housing Policy Development Group, which is made up of Councillors from Essex County Council. I therefore encourage all stakeholders to work together to help achieve its objectives.

Jenny Owen
Executive Director of Adults Health & Community Wellbeing

Introduction

Care and Support

Older People in Essex are a large and diverse group and is set to grow substantially over the coming ten years. Older people are the most intense users of care and support services, but budgets are not likely to increase as much as the growth in demand. This means that services will have to achieve more at a reduced cost. This in turn has led to a new policy direction that if we want to continue to serve the people of Essex well, a greater emphasis is needed on prevention, i.e. to avoid people needing high levels of care or support in the first place. This means a greater emphasis on supporting people in their own homes and preventing, or delaying, the need for high-cost residential or nursing care homes.

The emerging importance of Individual Budgets to increase people's choice and independence will play a considerable part in the actions emanating from this strategy.

The Housing Challenge

Essex has a mix of rural and urban areas. In both the concentration of older people can be low or high, with older people living dispersed or concentrated, in private or social housing, in standard housing or in specialist older people accommodation.

A proportion of older people will in some way be vulnerable and therefore at risk of losing independence. They may need advice, support or alternative accommodation. Housing plays an important role in older people's lives: Older people spend between 70-90% of their time in their home.¹

A lot of current specialist (sheltered) accommodation has been identified as not being "fit for purpose" to suit the needs of future older people, and there may be too little of other types of suitable housing.

Definitions: Joint working on housing, support and care provision in Essex requires a common understanding of the terminology surrounding accommodation. This strategy suggests a definition in **Appendix 2** (accommodation and care/support options) and **Appendix 3** (guidance to defining Extra Care in Essex). Whether this is the most accurate and suitable

¹ Baltes, M.M., Wahl H-W, Schmid-Furstoss U. (1990), The daily life of the elderly at home. Activity patterns, personal control, and functional health. *Journal of Gerontology Social Sciences*, 45, 173-179

definition will require consultation and consideration by an expert panel of stakeholders. The action plan to this strategy lists this as a specific item of work.

Strategic Context

This strategy sits in the context of policy initiatives on a national, county-wide and Adults Health & Community Wellbeing level, as well as housing within Districts. This is described in detail in **Appendix 1**.

Equality Impact Assessment

This Strategy will have an effect on a large range of different social groups although its main impact will be on older people with the potential to discriminate. In recognition of this one of the recommendations is to “Encourage older people and their carers to become more involved in policy marketing and service provision”.

Objectives

This strategy aims to identify a range of housing and care options for older people. It will consider how housing can prevent older people from becoming vulnerable in the first place and propose what that means for current housing provision, new development and the delivery of care and support services.

Essex County Council provides a range of support and care services for vulnerable older people including “housing-related support” through Supporting People. It does not hold its own housing stock, but its services both affect and are affected by the accommodation they are delivered in. Therefore a strategic approach to housing that includes the delivery of care and support services will have a positive impact on older people, providers and commissioners.

This strategy has been developed together with key housing and support partners to help meet the following objectives:

For Older People in Essex

- Increase and improve the housing options for older people.
- Improve the effectiveness of current housing, care and support options available for older people.
- Encourage and increase joined-up working between Housing / Support / Care partners.

For Partners

- Help align Districts and County Council strategies.
- Integrate strategies for Older People within Essex County Council.
- Examine the potential role of social care provision in relation to other support and care services.
- Perform quantitative analysis of the needs and barriers of housing needs of older people.

For Commissioners

- Ensure coordination of District housing and planning strategies, and their involvement with Local Area Agreement targets.
- Develop existing Supporting People services for older people.
- Develop a common approach with Planning partners.
- Make suggestions for the future of residential care and domiciliary care.
- Demographic profiling and planning.
- Improved capital funding applications.
- Input into an Adults Health & Community Wellbeing Accommodation Strategy.

Desired Outcomes of Suitable Housing

In order to identify the problems with housing for older people we need to consider what outcomes they desire from their choice of accommodation. We have identified four key areas that together describe the positive outcomes we would wish to see from the implementation of this strategy.

- **Independence.** Older people should be able to carry out a range of tasks to the best of their ability, either by themselves or with the assistance of family, friends or carers. The place where they live should not inhibit them to do so and preferably encourage this.
- **Safety and security.** Older people should feel that their home and the surrounding area is safe and secure, in terms of both crime and/or potential accidents. For instance, buildings

need to be fully accessible with limited mobility and physical risks should be reduced as much as possible.

- **Access to support and care.** If a person requires care in their own home then the accommodation and its location should not be a hindrance. For instance, it may not be possible to install lifting equipment in a sheltered housing flat if the ceiling structure is too weak. Access to support and care forms the basis of the Essex Extra Care guidance (**Appendix 3**) which provides a common definition of accommodation and (supported) housing types for older people.
- **Social inclusion.** In some cases people are living in very isolated locations with limited (public) transport options, in houses with steps that discourage people going out and about, or in areas where people feel unsafe when leaving their house. The community and community facilities aim to be accessible to older people, in terms of the buildings themselves but also in terms of travel distance. Where this happens, it helps to reduce isolation and loneliness.

Barriers to Achieving Outcomes

We have identified a number of barriers to achieving the above outcomes.

1. Increase in the number of older people and vulnerable older people

The current population in Essex of people over 60 years old is estimated at approximately 318,000; this is set to rise by 2010 to 350,000, an increase of 9% over 4 years. The older people population is also growing increasingly elderly, with the growth rate of people aged 85+ at 14% over the same period. This is further illustrated in the population pyramid below. The increase in age is related to an increase in frailty, but also to an increase in the number of older people with dementia. A study of Essex' services for Older People with Mental Health problems has been published and its recommendations will be included in the action plan for this strategy (**Appendix 4**).

A recent internal needs-supply exercise² has shown that extensive Extra Care, Home Care and Residential housing opportunities ("care settings") are required to meet the projected increases in demand. This supply is required in both the public and private market.

² Analysis of accommodation and care needs of Older People in Essex by 2020

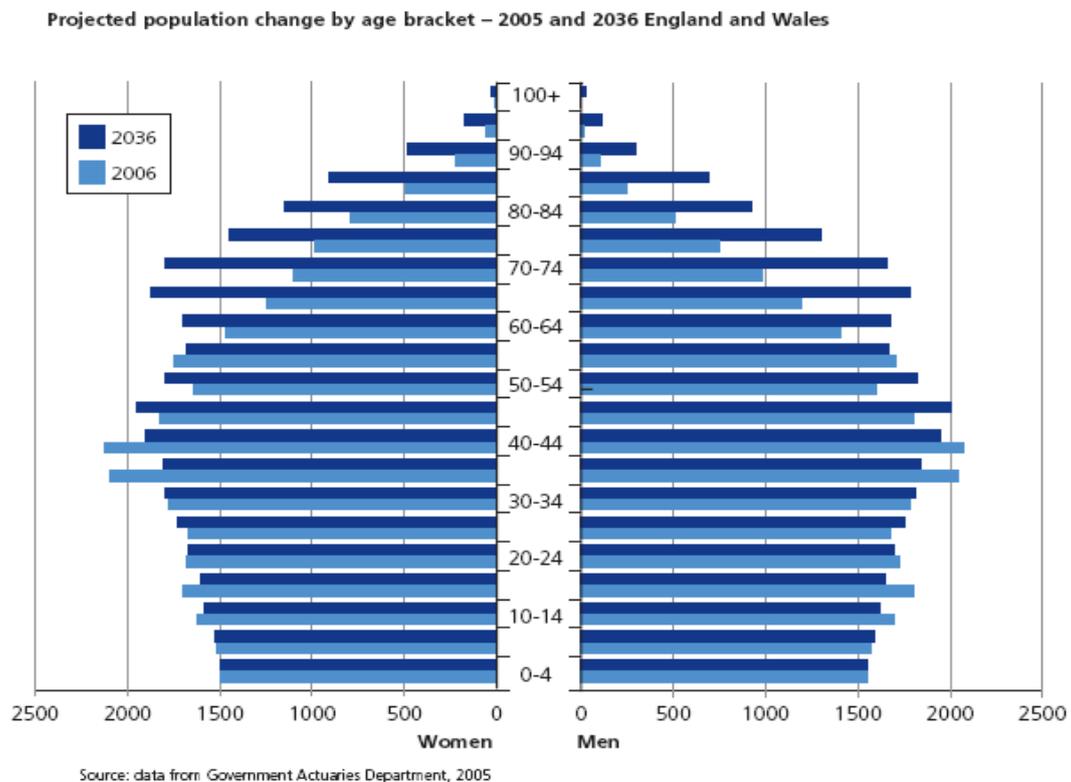
Extra Care Definition

The model does not distinguish between housing/care/support categories and assumes that in terms of their target group all are aimed at providing appropriate levels of care to frail elderly people.

Essex is now applying the Extra Care guidance (Appendix 3) to better classify its current services for frail elderly people. The guidance provides a common framework to be used by commissioning partners to define the expected levels of care, support and housing management arrangements within a scheme.

The model is being developed further to assist decision making on housing and support strategies, especially in terms of preventative measures, to reduce the need for people to move into Residential Care and/or Extra Care schemes. More detailed information will be used, including use of income profiles for older people households and specific accommodation issues in the private and social rented sector.

Figure: Older Population is set to increase



2. Inappropriate Housing – Provision of good housing options for people. These options include:

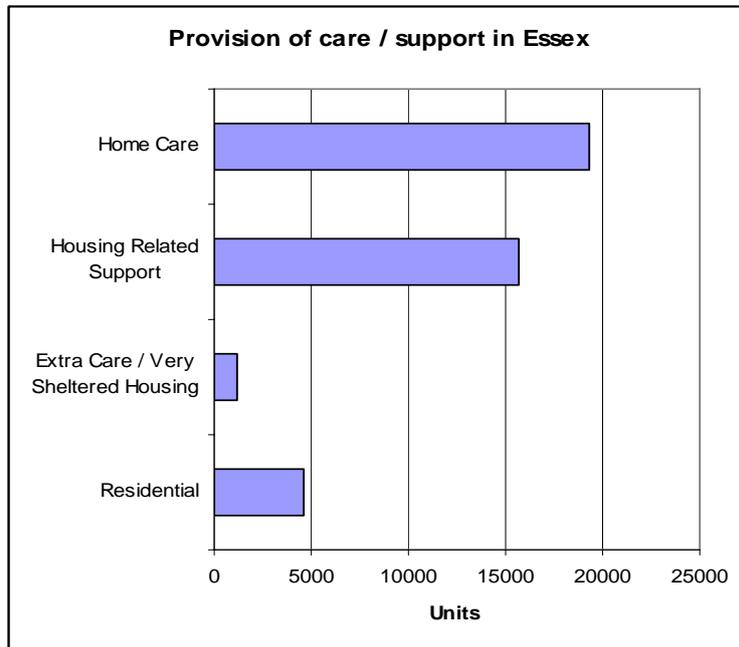
- residential care accommodation;
- extra care accommodation – all tenures;
- care villages accommodation;
- very sheltered housing;
- sheltered housing including (private) leaseholder schemes;
- adapted home (including owner-occupied private rented, social rented);
- home (including owner-occupied private rented, social rented).

A detailed breakdown of these categories and implications for care and support delivery is provided in **Appendix 2**.

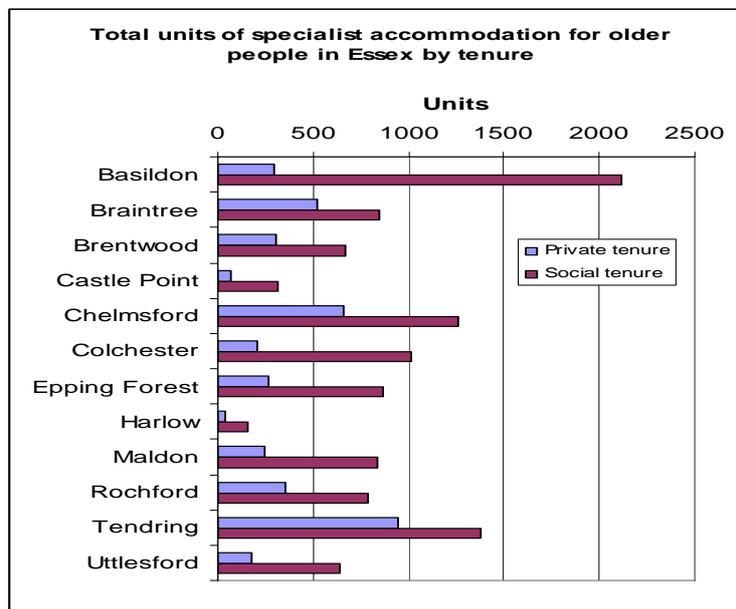
Housing for some older people is currently not adequate in terms of

- a) **Long-term access to flexible care/support.** Care and support are not flexible enough to meet a range of needs. Often people need to leave their accommodation, or move to unsuitable accommodation, because the care and support they need is not available to them. This can include all forms of supported and residential accommodation.
- b) **Desirability/expectations of accommodation.** Older people may be prevented from making a planned, positive and preventative move because the alternative housing options are undesirable.
- c) **Matching needs in terms of accommodation, support & location.** Many older people may find themselves in accommodation that is not suitable to their current or future needs. When people move, preventative factors should be important in choosing any type of accommodation.

The tables below show the location and tenure type of our current older people's accommodation;



Units = number of households (Source: SPOCC, BVPI 53 and 54 and ILC)



Units = number of households; Source: International Longevity Centre, 2006 (N.B. some Harlow data is missing)

Residential & Nursing Registered Beds and Clients per District compared to the older people population in 2005

District	Population 65+ (MYE 05)	CSCI Beds			Residential and Nursing Clients			
		Beds	% of pop 65+ in registered beds	Beds per 1,000 pop 65+	Clients	% of pop 65+ clients	Clients per 1,000 pop 65+	% of clients in registered beds
Brentwood District	13,072	627	4.8%	48	228	1.7%	17	36.4%
Rochford District	14,830	336	2.3%	23	121	0.8%	8	36.0%
Epping Forest District	20,679	1,120	5.4%	54	362	1.8%	18	32.3%
Tendring District	37,720	2,088	5.5%	55	1000	2.7%	27	47.9%
Uttlesford District	11,404	484	4.2%	42	178	1.6%	16	36.8%
Chelmsford District	24,455	623	2.5%	25	221	0.9%	9	35.5%
Colchester District	24,469	1,100	4.5%	45	564	2.3%	23	51.3%
Maldon District	10,168	514	5.1%	51	218	2.1%	21	42.4%
Braintree District	20,995	1,222	5.8%	58	633	3.0%	30	51.8%
Harlow District	11,713	147	1.3%	13	90	0.8%	8	61.2%
Basildon District	25,429	864	3.4%	34	439	1.7%	17	50.8%
Castle Point District	16,441	603	3.7%	37	252	1.5%	15	41.8%
Essex	231,375	9,728	4.2%	42	4306	1.9%	19	44.3%
Southend-on-Sea	29,853	1,838	6.2%	62	222	0.7%	7	12.1%
Thurrock	19,224	511	2.7%	27	22	0.1%	1	4.3%
Placed out of county					590	0.3%		
Total					5140	2.2%		

The figure below shows the breakdown for Extra Care and Very Sheltered Housing. We can see that there is considerable under-provision in certain areas, and it is a housing type that the private sector is not as keen to develop.

Table: Extra Care schemes in Essex receiving ECC funding, i.e. supported accommodation for older people with 24/7 access to care. For a more detailed description of Extra Care see the Extra Care guidance (Appendix). N.B. in these schemes ECC are funding households subject to housing benefit eligibility (Supporting People) or Fairer Charging.

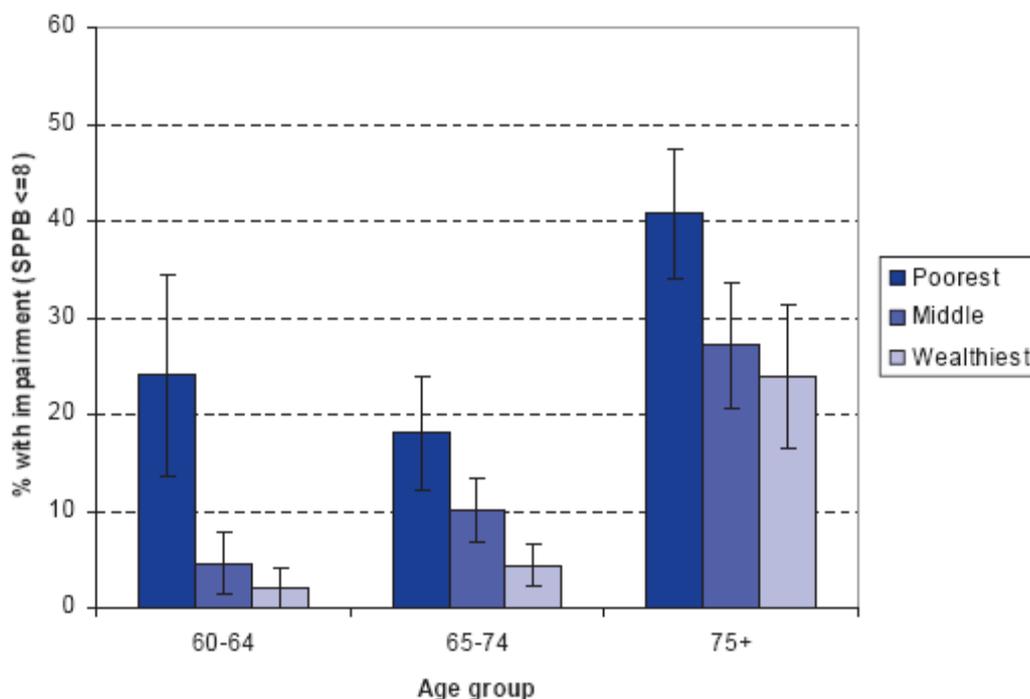
Extra Care Housing	Provider	SP ID No.	Service	Number of Households
Braintree	The Abbeyfield Braintree & Bocking Limited	1389	Great Bradfords House	34
Braintree Total				34
Chelmsford	Chelmer Housing Partnership Ltd.	291	Rohan Court	10
			Cottey House	8
	Springboard HA Limited	237	Fowler Court	24
		238	Hamilton Court, Chelmsford	26
Chelmsford Total				86
Colchester	Colchester Borough Council	987	Heathfields House	37
		988	Cannons	38
	Sanctuary HA	1411	Wren House - 1-18	18
	Springboard HA Limited	236	Five Fields Court	24
Colchester Total				117
Epping Forest	Epping Forest District Council	541	Jessop Court	10
	Springboard HA Limited	229	Finch Court	20
	The Abbeyfield Waltham Abbey Society Limited	1423	New Warburton Lodge	19
Epping Forest Total				49
Rochford	Springboard HA Limited	231	Lucam Lodge	12
	Swan Housing Association	1376	Dobsons Close	30
Rochford Total				42
Tendring	Hanover HA	758	Canters Meadow Court Extra Care Housing	30
Tendring Total				30
Uttlesford	Springboard HA Limited	239	Grove Court, Gt Dunmow	28
		892	St Edmunds Field, Dunmow	3
Uttlesford Total				31
Essex Total				397

Table: Very Sheltered schemes in Essex receiving ECC funding i.e. supported accommodation for frail elderly people but without 24/7 access to care. For a more detailed description of Extra Care see the Extra Care guidance (Appendix). N.B. in these schemes ECC are funding households subject to housing benefit eligibility (Supporting People) or Fairer Charging.

Very Sheltered Housing	Provider	SP ID No.	Service	Number of Households
Basildon	Basildon District Council	593	Queens Park Court	59
		603	Afflets Court	105
	Essex Social Services	1015	Afflets Court Housing Support Scheme(Older People Mh)	5
	The Abbeyfield Basildon Society Limited	487	The Abbeyfield Octagon	10
		488	Timberlog Lane - 200	9
	The Abbeyfield Billericay Society Limited	676	Abbeyfield Billericay Society Ltd	10
Basildon Total				198
Braintree	Abbeyfield UK	1361	Abbeyfield House, The Chase	9
	The Abbeyfield Braintree & Bocking Limited	438	Wickham House	18
Braintree Total				27
Brentwood	East Living Limited	177	Montbazon Court	26
Brentwood Total				26
Castle Point	Abbeyfield UK	670	Abbeyfield Hadleigh And Benfleet	14
	Mr E.C.T. Horton	885	(Private Landlord)	1
	The Abbeyfield Waltham Abbey Society Limited	886	Warburton Lodge	11
Castle Point Total				26
Colchester	Abbeyfield UK	1360	Gladstone Road - 2	7
	Balkerne Gardens Trust Limited	532	Balkerne Gardens	57
Colchester Total				64
Epping Forest	Bakers Benevolent Society	364	Bakers Villas	47
	New Leaf Supporting Independence Limited	442	Honeytree Court	40
	The Abbeyfield Loughton Society Limited	675	Abbeyfield Loughton Society	9
Epping Forest Total				96
Harlow	Harlow District Council	940	Sumners Farm Close	42
	Springboard HA Limited	230	Fitzwilliams Court	66
Harlow Total				108
Maldon	Maldon HA Limited	194	Fairfield House	17
		195	Deed House	20
		196	Berridge House	21
	Moat Housing Society	274	Knightswood Court	16
Maldon Total				74
Rochford	PG Properties Limited	888	Pg Properties	2
	Springboard HA Limited	228	St Lukes Place	50
	The Abbeyfield Barling & Wakering Society	669	The Abbeyfield Barling & Wakering Society Limited	10
Rochford Total				62
Uttlesford	The Abbeyfield Waltham Abbey Society Limited	279	Clarisse Lodge	9
Uttlesford Total				9
Essex Total				690

3. **Poor use of existing housing.** The lack of suitable housing alternatives means many people will remain in accommodation that is unsuitable for them. At the same time there can be a need for new housing from other client groups, such as young families and first time buyers.
4. **Equality barriers.** Those involved in planning or providing housing are at risk of making false assumptions about older people, their needs and the lifestyles they wish to pursue. In some cases suitable housing options may not be available to older people as a result of implicit or explicit ageism.
5. **Poor Access to Information.** Increased housing choices will only be relevant to older people and to professionals if the information on these choices is readily available and easy to understand.
6. **The financial strain of older age.** If old age is planned for in advance people will have considered their future accommodation needs, for instance by ensuring that adaptations are made in advance, or moving home to more suitable accommodation, often smaller. Owner-occupiers are often able to do this because of the equity release associated with “downsizing”. However, there are many people who do not have the financial ability to make such a positive and planned move.

Impairment on SPPB, by age and age-specific wealth quintile, men, with 95% confidence intervals



Source: ELSA 2006

The chart above is an example of variations in physical functioning by age and social class based on the Short Physical Performance Battery (SPPB) score – a combination of the results of a gait speed, chair stand and balance test (Guralnik et al., 2000) predictive at the pre-clinical stage of later disability. The chart above shows that the inequality gap for disability is widest in ‘younger’ old age, but closes significantly towards ‘old old’ age as more affluent groups enter their delayed ages of high prevalence for disability. To a greater or lesser degree, a similar pattern of prevalence along socio-economic lines exists for most diseases and chronic conditions.

7. **Strategic difficulties.** There have been a number of barriers to producing effective strategic plans for older people’s housing both locally and nationally, many of which still exist. For example the concentration on regeneration and the pressure to create affordable housing for young families.

Recommendations

Considering the accommodation, care and support options that are available to older people, and the barriers to people attaining the right option for them, the Housing Policy Development Group has developed five recommendations for the future of older people’s accommodation.

1) Establish improved joined-up delivery and partnership working

The different agencies that are involved in Older People’s accommodation and older people themselves need to work together to ensure that resources, expertise and skills are shared and implemented more effectively.

Partnership working, particularly within a two-tier authority such as Essex, is difficult but crucial in order to effectively break down the barriers that older people may face when it comes to housing.

The key partners for implementing this strategy are:

- Essex County Council including Adults Health & Community Wellbeing and Supporting People;
- District / Borough Councils;
- Developers/Providers;
- Primary Care Trusts and Health partners;

- Charitable and voluntary organisations.
- Service users/carers.

How we propose to do this

In order to deliver an effective message to our partners on accommodation issues Adults Health & Community Wellbeing needs to initially ensure its own strategies are coherent and consistent. As a result of the development process of the Accommodation Strategy for Older People an Accommodation Strategy for Adults Health & Community Wellbeing as a whole is currently being developed.

This strategy will act as a focal point for older people's housing strategies in the Sub-Regions and Districts and provide themes common to those expressed in these recommendations.

It is at the planning stages of any new development that we need to be able to better express what is needed for the older people of Essex, and we will ensure early engagement with planning authorities.

There already exists a forum for partnership working in the form of Local Area Agreements (LAA). Housing departments, Planning departments and Adults Health & Community Wellbeing need to work proactively in promoting the role of housing within the LAA targets.

It is vital that the relationship between the agencies that deliver housing, support and care to older people is a close one. Delivering flexible accommodation options to older people is not a task that can be achieved by any one agency and is reliant on effective partnerships.

Adults Health & Community Wellbeing needs to recognise and embrace its role as a commissioning body rather than a service provider. Key to this will be closer working with Planners, housing districts and the housing sub-regions, in terms of market management of developments in order to constantly promote the needs of older people. Furthermore, the effective use of the resources directly provided by ECC or the resources it can influence through established contracts (ie registered care) will also contribute to meeting the accommodation needs of Older People in Essex.

2) Extend low-level preventative services and increase the flexibility of care and support services

Essex County Council needs to enable older people to stay safe, healthy, independent and happy in their own homes and reduce the need for unnecessary hospital admissions, isolation from the community and residential care.

The Council is fully aware of the future increases in the amount of older people in the county over the next 20 years, and recognises its responsibility to provide for the increased volume of needs this will entail. To be able to provide for increased demand within budgetary constraints, Adults Health & Community Wellbeing (AH&CW) needs to target funding at lower level services such as preventative community based support.

Due to financial pressures, the County Council is unlikely to match this increase in volume with a parallel rise in funding into services for older people. However, AH&CW is committed to increasing the range of support and care on offer and to increase the amount of people in receipt of that care and support. Therefore it proposes to redesign the funding of its services to create more options for older people whilst remaining within pre-agreed budgets.

How we propose to do this

Increased community-based support/care. With our partners, we will examine the scope for the remodelling of current sheltered housing revenue funding, into an increased provision of community-based support. A lot of care and support that is delivered into sheltered housing could be delivered into a person's own home. We will therefore increase community outreach schemes, linked to existing sheltered housing. This will help develop large support networks within the community.

Telecare. As assistive technology provides both financial savings and improvements in service delivery, its use should be explored across all accommodation services for older people.

The Essex Telecare Board encourages the use of assistive technology by offering grants to services that can demonstrate savings, improvements to services that operate in Essex, as well as a sound business case for the grant. The Essex Telecare Board hopes to spend £2m over 2 years in supporting services to increase the use of assistive technology.

Support for carers. Incentive use of direct payments and Individual Budgets is needed to ensure carers are also able to maintain an element of independence in their lives.

Increase older people's access to private care/support opportunities. Working together with the Districts and Providers we need to compile information on what private services are available to older people in Essex. We should be able to offer people alternatives and give them a route of access to other services if they cannot be supported under Social Care criteria.

Adapted homes are an important way of creating an environment in which an older person can remain independent for longer. The uptake of home adaptations can be increased through targeted use of Home Improvement Agencies, Disabled Facilities Grants, direct payments and Individual Budgets.

All the above suggestions are aimed at creating a more flexible service that responds to a person's needs and can develop as the needs of that person develops.

3) Increase the range, quality and timeliness of housing advice and information

Information needs to be available to older people to allow them to make well informed and considered choices about their future housing options.

How we propose to do this

People in their 50s need to be encouraged to start to plan ahead for their accommodation needs in their older age, and should be aided in doing so. We will work with the district housing authorities and service providers to develop methods of communicating information to older people about their housing options at an appropriate time in their lives. If we wish to see more 'planned' movement as people reach older age, then we need to inform people of their options, and at an earlier point than retirement age.

One area that often has a large and negative impact on service users and carers is the financial problems caused by care costs. Helping people to deal with their financial difficulties surrounding care costs is a key part of the information sharing that this recommendation suggests and will help people to make planned and positive moves.

We have identified the following options. People can;

Rent their home out to cover their care costs whilst they are in residential care. There is scope to explore the role of Registered Social Landlords (RSL) acting as agents for elderly people who are leaving their homes to go into residential care or sheltered housing.

- Rent their property out and use the income to rent sheltered or Extra Care housing. The social responsibility of RSLs may not allow this because of the need to target the most vulnerable. However the private housing market may be more open to this.
- Sell their house and buy sheltered housing. This would increase owner/occupier stock and would enable housing providers to sell off unwanted and historical stock and use the capital to remodel. It would also allow service users to retain any assets and release extra money for their retirement or savings.

4) Encourage the well-being and independence of older people by developing a range of accommodation options

This should include flexible care and support, a mix of tenure and Extra Care provision. Support the growth of the private and voluntary sectors, working in partnership, to create schemes that are the centre of the community.

How we propose to do this

As we have already identified there are a range of housing options available for older people in Essex. But we have also identified that there are a number of barriers to people attaining the option that is right for them. The ways in which we suggest to address this imbalance are;

- **Capital funding applications.** We will be adequately prepared to mobilise bids for capital funding applications from both the Housing Corporation and also other pots of money that are made available for projects that are accommodation-related. Adults Health & Community Wellbeing needs to be fully supportive of all bids and needs to be able to demonstrate clear strategic need for a development, at the beginning of any such bidding process.
- **Flexible care and support.** This is vital in creating a range of options for older people. We need to examine how social care and support is delivered to people, as well as looking to the potential it has to develop. We need care and support packages that match an individual's needs as their needs continue to develop. We do not want to commission care and support that is the cause of an unnecessary change in accommodation, due to its inflexibility.
- **Develop targeted older people accommodation.** This strategy proposes that there is a need and a market for targeted older people accommodation that is attractive to them.

The term “targeted older people accommodation” refers both to general needs/private accommodation as well as specialist accommodation either with a care/support element, such as Extra Care, or without such as modernised sheltered accommodation schemes. Increasing the capacity of specialist accommodation needs to sit alongside creating general housing that fits, or can be easily adapted to, the needs of older people.

Due to the financial constraints that the County Council is currently operating under, the increase in targeted older people accommodation needs to be done either through capital funding bodies such as the Housing Corporation or through remodelling of existing stock. ECC, the Districts and providers need to start identifying where in Essex these opportunities exist; the Supporting People review looking at services for older people, will contribute to this.

Further work will be undertaken to explore options to work with private landlords and companies undertaking housing development in Essex to maximise capital funding opportunities to develop the range of housing options available to older people.

- **Needs information.** We are working with the International Longevity Centre to develop better needs data for older people housing in Essex. This information will give us and planners a better indicator of where in Essex we should be targeting specialist older people accommodation.
- **Review the role of Sheltered Housing.** Sheltered Housing has an important function, to provide accommodation, safety and social inclusion. However, there is a significant proportion of sheltered housing in Essex that is no longer fit-for-purpose and that have a high level of voids.

We have to reassess the funding of the support and care that goes into sheltered housing that is no longer fit for purpose or that runs high levels of voids. There are sites that can be reused and funding that can be reinvested into modern specialist accommodation such as Extra Care and community based support. We need to be clear about what it is we wish to fund and recognise that such a program of remodelling may meet with hostility.

A low level of preventative support is provided to sheltered housing tenants as part of their tenancy; however for the majority of tenants this is paid for through the Supporting People programme. This type of support would be very suitable to many vulnerable people outside sheltered housing schemes as well.

5) Encourage older people and their carers to become more involved in policy making and service provision

This will be achieved by consulting older people and carers regularly, with particular emphasis on enabling ethnic minority and other hard-to-reach groups to participate. Thus the County Council will continue to promote housing provision that accurately reflects the aspirations of older people in Essex.

How we propose to do this

Involve service users and carers in their own service provision via inventive use of Individual Budgets (IB) and Direct Payments (DP). Through these avenues we can encourage people to be in control and also to understand better what it is they are purchasing and exactly what they can purchase. IB and DP enable greater flexibility in the care and support a service user can receive.

Promote the use of HOPDEV. The Housing and Older People Development Group (HOPDEV) of central government has released guidance on age equality in housing and a tool for auditing housing services for its impact on Black and Minority Ethnic issues. It is the recommendation of this strategy that both of the above tools are used in the creation of all future policy and procedures.

Consider Specialist Cases. We also need to consider the future impact on different types of older people's accommodation of specific high-risk groups.

Next Steps

The housing needs and actions that are identified in this strategy will affect the commissioning of services by Adults Health & Community Wellbeing (AH&CW). It will do so through:

- the implementation of the action plan attached as Appendix 4
- incorporation into the AH&CW Accommodation Strategy that is currently under development;
- inclusion in the AH&CW Commissioning Plan, which will be developed later this year.

The action plan will be monitored by the County Councils Policy Development Group.

The AH&CW Accommodation strategy is being developed to coordinate the identified housing needs across AH&CW client groups and implications on housing development and care

commissioning, especially to improve the County Council's joined-up working with District Housing departments, planning departments, landlords and developers, in order to better influence the development of a housing mix that is appropriate to meet the needs of vulnerable people in Essex.

The AH&CW Commissioning plan will be at the centre of the work of the Strategic Commissioning team within AH&CW. The development of the Older People Accommodation Strategy is timely because it identifies how care services interact with the accommodation environment. The Commissioning Strategy is expected to deliver different care and support delivery models, as well as contracting arrangements, which will maximise return for investment in terms of outcomes that are achieved for AH&CW clients. Independence and developing appropriate accommodation choices are expected to be part of these outcomes.

Appendix 1 – Strategic Context

Sections:

Strategic Developments

The Essex Local Area Agreement (LAA)

National Strategic Context

Local Strategic Context

Strategic Developments

The key areas of strategic work that this strategy links in with are:

- **User/Carer Involvement.** A service user consultation has been completed. It is vital that both the service users and people who care for the service users are involved and have effective input into the planning and organisation of Extra Care services in order to target where real needs lie.
- **Data research.** International Longevity Centre (ILC) – The ILC has applied its toolkit for planners³ in Essex. The report, appears on the website of the DoH’s “Housing Learning & Improvement Network (LIN).
- **National Strategy.** A National Older People Accommodation Strategy is under development.
- **ECC Adults Health & Community Well being.** The Public Service Agreement 2 will include an emphasis on improving the quality of life for Older People. This includes increased independence and choice, as highlighted by the recent government green paper. Age of Opportunity – ECC Older Peoples Strategy Supporting People 5 Year Strategy
- **AH&CW Older People services in Essex.** The Essex Services for Older People Service Plan states that:

“Services for Older People supports Vulnerable Older People in their own home and in residential care enabling Essex County Council to meet its statutory requirements for community care and local needs. The service seeks to promote independence for older people and works with partners to commission care services to meet local and Essex wide needs. The service delivery plan states how the seven Essex Approach objectives most

³ Demographic work Extra Care Sheltered Accommodation Strategy – A guidance document on Extra Care

particularly relating to older people and older people with mental health needs will be implemented.”

- **Sourcing Advisory Group in Essex (SAGE)** – the AH&CW commissioning strategy will tie in closely with procurement. SAGE is set up to coordinate and oversee major procurement exercises in AH&CW.
- **Supporting People Strategic Review of Older People services** – Supporting People has started a review of its current investment in Older People services with the objective to achieve improved alignment of its outcomes with its strategic objectives. Progress on this process is available on the SP in Essex website⁴ strategic
- **Local Area Agreement (LAA)** – work on the LAA is progressing, with the key priority areas affecting housing for older people are summarised below. Priority 4 includes specific targets aimed at “older people helped to live at home” and “reducing preventable emergency hospital admissions”.
- **Districts/Borough Councils.** Co-ordinated planning and development of schemes with each of the Housing Departments and in line with their individual Housing Strategies. Choice based letting will also create a new dynamic in all the districts. Improved working at a sub-regional level is being developed.
- **Health and Joint Strategic Needs Assessment.** Recently the Department of Health (DoH) presented a renewed drive to strengthen its prevention strategy to reduce hospital admissions, especially through the joint commissioning guidance that is under consultation and produced with the department of Communities and Local Government (CLG). The DoH highlights that preventable hospital admissions of Older People were an unnecessarily large cost to the government. Furthermore, hospital admission often signals or even speeds up the process of Older People losing their independence, which puts further pressure on specialist support and care provision in hospital or residential accommodation. The recent DoH paper ‘Independence, Well-being and Choice’ stresses the importance of enabling people with a choice of services and promoting independence.
- **Service Providers.** Service Providers need to work strategically with those involved in setting up each Extra Care scheme. There is also scope for joint ventures, especially when one service provider wishes to draw on the experience of another in creating an Extra Care scheme. Private Extra Care providers are also a valuable source of expertise.
- **Sub Regional Groups.** Housing is increasingly working along sub-regional lines and capital funding allocations from the Housing Corporation are channelled through the housing

⁴ <http://supportingpeople.essexcc.gov.uk>

sub-regions. These regions in Essex are the Greater Haven Gateway, Thames Gateway South East and the London Commuter Belt. All of the Essex Sub Regional Housing Strategies recognise the commitments of both ECC and Supporting People to the expansion of Extra Care.

The Essex Local Area Agreement

The following LAA priorities relate to Older People's accommodation:

Priority 4 (Reduce the need for older people to go into hospital or residential care)

This priority has currently three targets:

1. Satisfaction with the help received from Essex Social Services by people 65 and over using home care services provided through Social Care and people 65 and over who directly purchased services using Direct Payments.
2. Reduction in the number of emergency unscheduled acute, mental health or community hospital bed days occupied by a person aged 75 or more measured at PCT commissioner level for PCTs within the ECC area.
3. Increase the number of older people who are helped to live at home rather than living in registered care.

Priority 3: Ensure development is designed to promote healthier living in the built environment

This priority has currently two targets:

1. all Local Authorities will ensure that their Local Development Frameworks [or equivalent development plan document] contain a policy requiring Health Impact Assessments for relevant planning applications by 2009;
2. the number of new homes built to the Lifetime Homes Standards (LHS) in each borough/district will be a minimum of 3% annual completion by 2009.

National Strategic Context

It has been recognised for some time that the population of the UK is an ageing one. Over the last fifty years, birth rates have been falling and life expectancy rising. These two factors, combined with more general social trends of improving health and standards of living, mean that older people will make up an increasingly large percentage of the population in the

future. One area of ongoing debate is whether the future population will live longer, healthier lives, or longer lives with more time spent in poor health and disability.⁵

By 2008 it is anticipated that the over 65 population will out-number that of the under 16 population for the first time.⁶ As the baby-boomers of the post-war period reach old age over the next twenty years, the demographic make-up of the UK will undergo a major shift.

It is important that an ageing population is not seen as a negative development. One of the implications of an ageing society is that as life expectancy increases, people will stay healthy and active for longer. Tapping into this supply of able and willing people can be of great benefit as people will have a great deal to contribute in their retirement. With the average person now expected to live a third of their adult life after they reach 65, it is important to change society's perception that ageing and dependency go hand-in-hand.

There is an increasing recognition that people's wants and needs in old age are changing. Older people are now looking for service models which are enabling and give them choice and control over their lives. The concept of 'home' is seen as central to maintaining control and well-being. It is also key to delivering intermediate care models that promote enablement rather than dependence.

The Department of Health's Quality and Choice for Older People: A Strategic Framework states that⁷:

"Effective housing, allied to the right care, support, and wider services...can be the springboard that enables older people to live their lives to the full. Conversely, poor housing can be a fetter for older people, contributing to immobility, social exclusion, ill health and depression."

The Health and Social Care Green Paper, Independence, Well-being and Choice, outlined a vision for Adults Health & Community Wellbeing that emphasised the need to move away from traditional models of service delivery that can limit freedom of choice and ultimately make people dependent. The vision for the future is one in which service-users and carers will be at the centre of their own needs' assessment and supported to make informed decisions about the type of services that will suit their requirement.⁸

The subsequent White Paper, Our Health, Our Care, Our Say; a new direction for community services, reinforces this message and seeks to develop a shift away from the current focus on

⁵ Jennifer Rankin, A Mature Policy on Choice, Institute for Public Policy Research, Nov 2005

⁶ HOPDEV, Regional Housing Strategies; Planning for an ageing population

⁷ DH/ODPM (2000) Quality and Choice in older people's housing. London: Department of Health/Office of Deputy Prime Minister

⁸ Age of Opportunity, ECC Strategy for Older People

acute care towards prevention and community based care. The White Paper recognises the importance that housing plays in maintaining community well-being and encourages health, housing and social care to work together more closely.

The ODPM's recent Sure Start to Later Life report states that⁹...

“In relation to health and social care, we believe all older people should have access to a fair and transparent health and care service where they can **be treated with dignity and respect**. We intend to **build more capacity into services, make them more responsive** to the needs of individuals, more accessible to communities and **boost preventative approaches**. Health and social care services need to be underpinned by high quality information and joint working between services. Single, local points of access to information and services and increased role for users in delivering services are likely to be key in delivering this.”

Local Context

Essex is one of the largest counties in England. With a population of more than 1.3 million people, it is the third largest social care authority in England and operates in a complex public sector environment with:

- 12 District and Borough Councils;
- 3 Housing Sub-regions (London Commuter Belt, Greater Haven Gateway, Thames Gateway);
- 5 recently formed Primary Care Trusts, two mental health trusts and an Ambulance Trust;
- a wide range of Housing Associations and Trusts that deal with older people's housing.

The County's population is expected to grow rapidly, not only among its older population, but also generally as Essex falls within the Thames Gateway, identified by the government as a priority area for major regeneration, including major expansion of housing (almost 100,000 net increase in dwellings expected between 2001 and 2021)

Perhaps most importantly for the planning of future services for older people, the very large population growth (about 60%) that accompanied the New Town developments of the 1950s and 1960s (Harlow and Basildon) is now, 50 years later, appearing as a much higher than national increase in the older population.

⁹ Social Exclusion Unit (2006) Sure Start to Later Life: Ending Inequalities for Older People

Essex is a largely rural area, with large numbers of older people in particular, choosing to live in the more rural parts of the county. Only 23% of rural households are within 800 metres of an hourly or better bus service. This makes travelling to reach services difficult and can cause problems in providing a home-based service.

2.9% of the Essex population are from black and minority ethnic (BME) groups, but the percentage of BME residents increases to 5.1% in Harlow and 4.9% in Epping Forest. The numbers of ethnic minority groups among the older population are currently very low, but will become increasingly significant over the next twenty years.

Dementia prevalence in Essex, current and projected

Year	Age Groups		Total	Increase
	65-74	75+		
2007	2,182	12,727	15,267	
2021			21,962	44%

Source: Dementia UK, 2007

Consensus estimates of population prevalence (%) of late onset dementia

Age in Years	Female	Male	Total
65 – 69	1.0	1.5	1.3
70 – 74	2.4	3.1	2.9
75 – 80	6.5	5.1	5.9
80 – 84	13.3	10.2	12.2
85 – 89	22.3	16.7	20.3
90 – 94	29.6	27.5	28.6
95+	34.4	30.0	32.5

(Source – Dementia UK 2007)

Overall, approximately 74% of older people are owner-occupiers. Almost a third of homes owned by those aged over 60 are likely to need renovation or repair. 15% of householders rent social housing, but this proportion increases to 35% in Harlow and 23% in Basildon.

Although overall Essex is relatively prosperous, there are areas of deprivation, with Harlow, Tendring and Basildon among the most deprived 50% of English districts.

Alongside the more immediate serious health episodes, long term factors also need to be addressed. In Essex, 27,354 people over 65 years suffer with depression and a further 8,753 with severe depression. We know that helping people to remain physically and mentally active and to retain a sense of purpose can prevent them from becoming socially isolated and have a positive impact on their mental well-being, something housing can play a large part in.

Essex is recognised as a popular area for people to retire to (particularly for people from the East End of London). There is an emerging trend nationally of people in urban areas moving first to rural or semi-rural areas, but, some years later, making a further move to a market town to be nearer shops, banks and other local facilities.¹⁰ This trend is likely to be particularly true in Essex, with, for example, an older person moving from Barking to Tendring and then to Colchester as their housing and care needs change over time.

Age Concern Essex has identified the following key areas that need to be looked at with regard to Older People's Housing in Essex:

- Social inclusion and quality of life. Older people want to feel safe and to be valued members of their communities. Easy access to public transport, shops, services and leisure facilities is essential.
- Changing housing needs. Lifetime Homes standards would prevent older people having to move when they grow older or their health deteriorates. Help and advice with regard to repairs and adaptations should be widely available.
- Lack of local appropriate housing means older people have to move away from their communities, or continue to under-occupy their existing family home. This has an effect on the market. In addition, previous retirement patterns have led to some areas having insufficient appropriate housing whilst others have a disproportionate amount.
- Lack of support services. Handyperson, housework and gardening schemes are in short supply. An increase in floating support could offset the need for new sheltered/accommodation.
- Choice – there is a place for residential/nursing care homes as well as extra care housing in order to give older people as much choice as possible.
- Low income amongst pensioners can also restrict choice. There needs to be an adequate supply of affordable, energy efficient properties in friendly accessible locations. Shared ownership schemes could also be considered for older people unable to buy at the market rate.
- Diversity. The housing needs of the increasing number of older people from black and ethnic minorities need to be addressed.

¹⁰ HOPDEV (2005) Delivering Housing for an ageing population: Informing housing strategies and planning policies

Appendix 2 – Housing Options

Accommodation and Care/Support Options for older people

There exist a number of accommodation options available for the older people of Essex, ranging from high intensity residential care through to low-level support in a person's own home. However, the options that are currently available are distributed unevenly across the districts and do not match the actual needs of older people in Essex.

This section addresses what the current accommodation options are and what types of care and support can be delivered to the older people of Essex.

Accommodation Options

The older people population of Essex live in a variety of different settings. Some of these settings are suitable to their needs, some of these settings are not and some could be improved.

There is a choice for people as they age as to what type of accommodation they can live in. These types of accommodation are varied and have different levels of security, independence, social inclusion and levels of support and care that can be delivered there.

It is important that people have a choice in the type of accommodation they can move into. The main area of choice will be within the private market for older peoples housing. But the amount of social housing for older people is still considerable in Essex, as is the amount of care and support that is delivered.

The current choices for older people that are identified for Essex:

- **residential care;**
- **extra care;**
- **care villages;**
- **very sheltered housing;**
- **sheltered housing;**
- **adapted home;**
- **home.**

Residential Care. Intensive, 24-hour personal care provided within a communal accommodation based setting. Exclusively for those with advanced care needs who are not able to look after themselves in their own home.

In residential care you have your own bedroom but share communal facilities with other people. There is a manager and staff who will help and support you. A care home is for people who need care and support with everyday living. Sometimes people go to a care home for a short amount of time to allow their carer to have a break.

In residential care accommodation, living costs and care are not individually charged for. Instead the resident pays a single weekly charge which covers the different components. Most residential care is private, but there is a large amount of socially owned stock. Residential care is expensive and all care homes will have some level of charge for the service.

Extra Care, Flexible, 24-hour care and support delivered in an accommodation based setting comprised of individual flats or units. Ideal for those with high care needs but whom wish to retain as much independence as possible.

In Extra Care you move home into your own individual flat or bungalow, either rented, shared ownership or outright purchase. There is a manager and staff who will help and support you. Extra Care is for people who need care and support with everyday living. But it also for people with lower care needs, and ideally in Extra Care you will have a mixture of people with high intensity needs and low intensity needs. Extra Care promotes independence.

Extra Care services can be funded from a variety of different sources, including Supporting People and care costs are met by Adults Health & Community Wellbeing and Health partners, subject to financial assessment.

Care Villages. A care village is a large and concentrated amount of housing which can include sheltered, Extra Care and registered care accommodation. People live in their own homes and enjoy as much privacy and independence as they wish while surrounded by like-minded people of a similar age. These villages often appeal to couples whose children have left and they occupy a home larger than they now need.

Such schemes – usually located within easy reach of a town or village centre - will typically provide self-contained housing, ranging from bungalows and cottages to apartments, designed to meet differing needs and levels of infirmity and covered by a 24 hour emergency call facility. Central facilities often include a restaurant, shop, health suite, and in some cases a swimming pool and registered care home.

Care villages exist in the private housing market and there is a growing demand for “close care” living. However, there are also real concerns around creating ‘older people ghettos’ in which the creation of such a community can actually lead to increased social isolation.

Very Sheltered Accommodation. Groups of units or flats that receive intensive housing related support and high levels of domiciliary care, but the care is not 24-hour or based at the scheme. These schemes sit between sheltered and Extra Care housing by taking in service users with high intensity support and care needs compared to standard sheltered housing, but with less need for 24-hour care as those who may go into Extra Care. This housing type has a focus on promoting independence.

Sheltered. Groups of units or flats that receive housing related support, usually through community alarms. Some residents may have care packages. Promotes independence and provides a secure environment and community. Sheltered housing varies dramatically across the county, from new build, modern-design buildings with large amounts of support, communal activities and use as a hub by the surrounding community, through to old non-fit-for-purpose bed-sit accommodation with high void rates, and everything in-between.

Occupants are tenants or leaseholders and hence have housing rights. They are charged separately for accommodation, living costs and care and support, and, hence, potentially have more choice and control over their lives. Eligible for Housing Benefit, tenants typically have higher disposable incomes than their residential care counterparts. However, should they need higher levels of support or care, sheltered housing may not be the appropriate setting and will not constitute, for many, a ‘home-for-life’.

Adapted Home. Your own home that is adapted through either Home Improvement Agencies, Disabled Facilities Grant or the inclusion of telecare. Quite often it can be a mix of all three. Floating support and home care can be delivered into an adapted home more effectively.

Adapted homes go a long way to help combat architectural disability and enable people to remain independent for longer. Simple things such as handrails can greatly reduce the likelihood of a fall in an older persons own home.

Home. A number of services can be accessed when a person remains within their own home. This includes home care, floating support, telecare services, special equipment, meals or accessing a day centre. There are many agencies involved in delivering services into a persons own home including Age Concern, the Pension Service, local GP, Home Improvement Agencies, District/Borough councils and Adults Health & Community Wellbeing.

Care and Support Options

Independence is important to the majority of people in society, and for older people this is not different. Therefore independence needs to be built into all of our service delivery. As someone ages it is inevitable that certain tasks and activities become difficult for them and the number of tasks that cause difficulty tend to increase as people get older. It is important for people who provide support and care to realise that as certain tasks become inaccessible to a person as they age, this does not diminish their desire to remain as independent as possible.

Flexibility of service delivery is key in promoting independence. Rigid, tightly defined care packages tie people into routines set by social services and therefore generate dependence on the system.

Older People generally wish to remain as independent as possible. The level of independence possible is determined by their care needs and the accommodation this will be delivered in. The following is a list of the care and support options available to older people.

24-Hour Care. This is care that is available to the service user for 24 hours a day on-site in specialist accommodation. 24-hour care is generally quite flexible due to care staff always being present on site. This care tends to be intensive personal care, but can also provide low-intensity care i.e. in Extra Care schemes. 24-hour care outside of specialist accommodation is private care and usually very expensive.

24-hour care is not delivered as 'care packages'. It tends to be responsive to service users needs as the permanent presence of carers is there specifically for those inside the scheme. Residential 24 hour care will, by its nature, be more intense and more rigid than the 24-hour care in Extra Care, which should be more flexible and adaptive.

Domiciliary Care. This is care delivered in 'care packages' and can be delivered in a wide range of housing types from sheltered housing to someone's own home in the form of home care. The aim of domiciliary care is to enable older and vulnerable people to continue living in their own homes, avoid or reduce admissions to hospital and residential care and also to reduce physical or emotional stress to service users and their carers.

Housing Related Support. Housing Related Support is low level support tasks that are not delivered as part of social care, but are important in helping people to maintain their tenancy and to maintain their independence. This can be delivered in all housing types except for residential care. Housing Related Support is funded by Supporting People.

Some examples of housing related support are:

- help with managing money and paying bills;
- help with understanding the rights and responsibilities of a tenancy agreement;
- provision of a community alarm service, or a warden or scheme manager;
- help with house hold tasks.

Telecare. “Telecare is the use of a combination of communications technology and sensing technologies to provide a means of manually or automatically signalling a local need to a remote service centre, which can then deliver or arrange an appropriate care response to the telecare service user.”¹¹

Telecare services are known by a variety of names, including social or community alarm, lifeline or careline services. Special equipment linked to your telephone system enables you to get help quickly, even if you are unable to speak. This help is available 24 hours a day, 365 days a year. It is also able to carry out minor care tasks, such as dispensing medicine or alerting a call centre to a fall.

Home Improvement Agencies. Home Improvement Agencies are small, locally based not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their homes. They provide people-centred, cost effective assistance, and help to tackle poor or unsuitable housing, enabling clients to remain in their own home, safe, secure, warm and independent.

Disabled Facilities Grant. A Disabled Facilities Grant is a local council grant that helps towards the cost of adapting your home to enable you to continue to live there. A grant is paid when the council considers that changes are necessary to meet your needs and is happy that the work is reasonable and practical.

Independence. This is not a care type as such, but the ability for a service user to care and support themselves. Their environment must be conducive to this.

We have tried to show in the table below that certain types of care and support can only be delivered in certain types of accommodation, such as 24-hour care. Whereas other types of care and support, such as Housing Related Support, can be delivered in a wide variety of accommodation settings.

¹¹ Telecare Services Association - <http://www.asap-uk.org/>

Figure 4: Availability of Care Type in the different Accommodation Types.

Care Type	Residential	Extra Care	Very Sheltered Housing	Sheltered Housing	Adapted Home	Home
24 hour care						
Domiciliary Care						
Housing Related Support						
Community Alarms						
Telecare						
Home Improvement Agencies						
Disabled Facilities Grants						
Independence						

 Care Type Available

Appendix 3 – Extra Care Guidance

(Appendix to the Older People Accommodation Strategy)

The guidance below was originally set up as a separate strategy for Extra Care, but has since been subsumed in the wider Older People Accommodation strategy.

The key objective of the guidance is to develop a common understanding on the different models of Extra Care and to use a single definition for Extra Care and Very Sheltered Housing in Essex.

The next step for this guidance is the development of an Essex Design Guide for accommodation (and residential housing) with clear specifications for extra care services.

Essex Guidance for Extra Care Sheltered housing

Sections:

Executive Summary

Guidance to Accommodation Types for Older People Support Services

Essex Extra Care Sheltered Housing – list of schemes

"Sheltered accommodation for physically or mentally frail older people, with on-site support and enhanced communal facilities, specialist design features and the capacity to offer a range of care and support services." – ODPM¹².

"Extra care housing supports independent living and increases choice by providing older people with their own homes together with care and support that meets their individual needs. Extra care housing schemes can provide 24-hour support, meals, domestic help, leisure and recreation facilities and a secure environment."

-DoH, 2002.

"Extra care housing varies considerably in design and service delivery. It is now generally agreed that good extra care housing is as much to do with its philosophy, as it is to do with bricks and mortar." – DoH, 2004.

¹² www.odpm.gov.uk

Executive Summary

Strategic Context

Extra Care Sheltered Housing is an important area for Essex County Council and its partners to explore in more depth and is receiving considerable government backing. This strategy aims to provide a countywide line on what Extra Care Sheltered Housing is, what are the different models and to what extent and where Extra Care is needed in Essex. The expansion of Extra Care is considered by many to be desirable due to it reducing the need for more expensive forms of care, such as Residential Care and hospitals.

Partnership Working

Most Extra Care schemes will be founded on existing partnerships. They will be further developed by working closely with existing partners and also forging new partnerships. Key partners include:

Essex County Council Adults Health & Community Wellbeing; Health; Older People; Districts/Boroughs; Supporting People; Housing Providers, Service Providers; Housing Sub Regional Groups; Users and Carers and their representative groups.

What is Extra Care Sheltered Housing?

Extra Care Sheltered Housing is suitable for Older People who have found that their current accommodation is no longer suitable for meeting their care and support needs, but who do not wish to move into residential care, with the inevitable loss of independence that such a move can entail.

Extra Care Sheltered Housing creates an environment for Older People to live as independently as possible whilst being assured of timely access to care and support. The support and care on offer has to be available 24 hours a day and should, ideally, be based inside the scheme. This unique access to care and support is what differentiates Extra Care Sheltered Housing from traditional Sheltered Housing, whilst the retention of independence is what separates Extra Care from Residential Care.

Examples of what can be provided inside an Extra Care scheme are:

Cleaning; Laundry; Shopping; Meal provision (once a day); Garden maintenance; Transport assistance; Chiropody/hairdressing/massage etc; Dressing / undressing; Bathing; Medication; Emotional support.

Community Structure

Key to successful Extra Care Sheltered Housing is creating a sense of community both inside the scheme and with the community that already exists and surrounds the scheme. Residents in Extra Care have the choice to be a part of the community inside the scheme as little or as much as they please. For those residents who are not able to access facilities in the community that already exist, then those facilities should be brought to them by the scheme. Conversely, if the resident is capable and wishes to access services and facilities in the wider community, then an Extra Care scheme (unlike a residential care scheme) should be able to facilitate their residents to do so.

A major advantage of the unique community structures created by Extra Care schemes is that they can also act as a 'hub' for a whole range of external support and services.

Referral

Allocations to Extra care are traditionally made on the basis of the highest need and longest wait. This will change, however, with the upcoming Choice Based Letting system of allocation, planned to be rolled out by 2010 (see 2.4 Choice of Tenure). Already being trialled and initially being viewed as a success, Choice Based Letting will create a more empowering way for service users to apply for vacant units in all forms of social housing, including Extra Care.

What are the Accommodation Types of Extra Care?

Extra Care Sheltered Housing varies from scheme to scheme, but whatever the housing type, all accommodation should be self-contained. Extra Care accommodation can be both purpose built or re-modelled accommodation. The buildings can be bungalows, flats, housing developments, small villages or other accommodation types (the most common form will be a core of flats on two floors).

- **Minimum Model:** A re-modelled Sheltered Housing style block of 10+ self-contained flats, either stand-alone or attached to another scheme. Each flat contains a bathroom, bedroom, kitchen and living area. All accommodation is accessible by wheelchair. There are minimal communal facilities available. There is office space for care and support staff, although these staff may be shared amongst other schemes in the immediate locality.
- **Optimum Model:** A purpose built core and cluster development of 40-60 units. A core block of self contained flats and 10-20 bungalows in the immediately surrounding area. Each unit contains a bathroom (with walk in shower), bedroom, kitchen and living area. All accommodation is accessible by wheelchair. There are extensive communal facilities including a communal lounge, restaurant, activities area, shop, hairdressers and other

extras (i.e. exercise area). There is separate access for residents and public. There are good facilities for support and care staff, adequate enough to be able to be used by other services, i.e. the 'hub function'.

Re-modelling and Purpose Built

The best Extra Care schemes are ones that use imaginative thinking and original ideas to create an excellent environment for older people to live in. In most instances, originality will only be achievable in new build schemes. The layout of the rooms and the extra amenities that are appearing in many of the new Extra Care schemes need to be built into the original design of the buildings. Furthermore, in terms of economies of scale, large Extra Care schemes will be more economically viable.

Remodelling existing Sheltered Housing schemes will be a more attractive proposition for local housing authorities from a cost perspective. The viability of this has to be judged on a scheme-by-scheme basis. There are already existing schemes that could be remodelled into Extra Care Sheltered Housing with the minimum of disruption, most of which are current classed as Very Sheltered Housing. At the bare minimum this would involve providing 24 hour, flexible care to the residents.

Funding

Funding for Extra Care schemes, both new and remodelled, will come from a variety of different sources. The capital funding for new schemes can be drawn from Housing Corporation monies, Essex County Council, the Districts/Boroughs and the Department of Health. The Department of Health currently holds an Extra Care Housing Fund, a fund that authorities can bid for each year in order to set up new Extra Care schemes. This fund is due to end after the 2006 bidding round.

Revenue funding will come from a mixture of sources and will be concerned with covering the elements of support, care and housing management in the scheme. The housing related support should be funded by Supporting People, the funding for care will usually come from either Social Services or Health and the housing management will be part of the housing providers remit. There are also other funding streams, such as private and charitable, which already operate in many Extra Care schemes. There may also be an impact on other service areas, such as residential care, if this revenue funding needs to be redirected from elsewhere.

Choice of Tenure

In the interests of creating balanced communities and offering choice, Extra Care schemes should consider the merits of including units that are for both rent and restricted private

ownership. There is scope here for the potential of cross-subsidising rented units with money received from the sale income of non-rented units. Introducing mixed tenures inside schemes can increase the viability of some projects and possibly, as a result, increase the overall provision of Extra Care.

Growth of Extra Care

The need for Extra Care in Essex is rising. Older people populations have been increasing rapidly over the last ten years and there is clear evidence to show that levels of disability increase with age. The current level of provision fails to match the current need and any further increases in need.

The government are keen to promote Extra Care housing. Through the Extra Care Housing Fund they made £87m available through 2004-06 to increase Extra Care provision through three bidding rounds, with the potential for a further fourth year of bidding. We intend to support all bids made for any future funding rounds.

In order to close the gap between need and supply of Extra Care for older people we may need to look at remodelling our existing Sheltered Housing stock. We have some limited ways of determining where this could be done. But we need the input of all our partners during this consultation period in identifying exactly where these opportunities are.

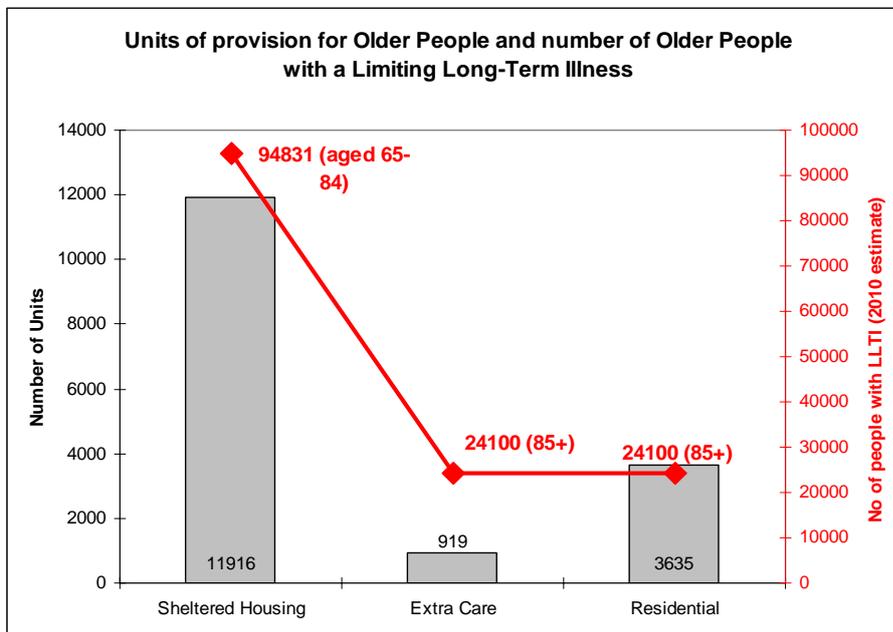


Chart 4. Units of accommodation / no of people with a Limiting Long Term Illness by age group (2010 GAD estimates).

Next Steps

This strategy for Extra Care Sheltered Housing is a descriptive document, not a prescriptive one. We have aimed to develop an understanding of what Extra Care is and what forms it can take, in light of existing documentation and our own research.

Once the consultation period is over we shall revise the descriptive elements of this strategy in the light of the feedback we receive. Service user feedback will also be included, and from these sources we aim to have more detailed knowledge about where the opportunities are for the expansion of Extra Care in Essex.

Following on from the consultation period we will release the final Extra Care Sheltered Accommodation Strategy. This will form the basis of ongoing work to attempt to pinpoint planning opportunities for new Extra Care and also to continue assessment of the need for Extra Care in Essex. This will be done in co-operation with all of our partners and we hope it will lead to effective service development in the area of older people accommodation.

In a wider context, the completed strategy will link in with the ECC Older People accommodation strategy, which is currently being created, as well as being the basis of Supporting Peoples involvement in developing Extra Care and remodelling existing Sheltered Housing. Extra Care will help to increase independence and choice for Vulnerable Older People in Essex, and thus help to satisfy some of the key objectives of ECC Adults Health & Community Wellbeing.

Guidance to Accommodation Types for Older People Support Services

Introduction

The following guidance is designed to help providers to determine if their Older People Sheltered Housing scheme is one of the following accommodation types:

- **extra care sheltered housing;**
- **very sheltered housing;**
- **sheltered housing.**

To achieve this, we have broken down the key aspects of Extra Care Sheltered Housing. These have been divided into ‘essential’ aspects of Extra Care and ‘desirable’ aspects of Extra Care. This list is not exhaustive or official, and is very much open to discussion.

Essentials

1. 24-hour access to care - **Vital**
2. 24-hour access to support
3. Fit for purpose building
4. Strong partnership presence

Desirables

5. Meal provision
6. Communal Extras (i.e. shop, hairdressing etc)

For each of these six key aspects of Extra Care Sheltered Housing there is an explanation and guidance on the extent to which they will be expected to be present in the three accommodation types. Using this document housing providers should be able to determine their housing type.

For a more detailed analysis of Extra Care, please see the Essex County Council document 'Essex Strategy for Extra Care Sheltered Housing'.

Extra Care Sheltered Housing Essentials

1. **24 hour access to care**

All Extra Care Sheltered Housing schemes should have 24-hour, on-site¹³, access to care. If a scheme does not have this, then that scheme is not Extra Care Sheltered Housing. The scheme should have the relevant facilities to be able to support the presence of 24-hour care. This is the key aspect that truly separates Extra Care Sheltered Housing from Very Sheltered Housing.

- **Extra Care:** Compulsory.
- **Very Sheltered:** Unlikely to have this.
- **Sheltered:** Not available.

¹³ If not on-site, then the care should at least be in an adjacent building with an official agreement for the external site to provide 24-hour care to the scheme.

2. 24-hour access to support

Housing related support can be in the form of either a warden or an alarm system. Most commonly in Very and Standard Sheltered Housing it will be in the form of an alarm system. In Extra Care there will usually be sleep in staff.

Extra Care: Compulsory.

Very Sheltered: Usually available, warden or alarm system.

Sheltered: Alarm system.

3. Fit for purpose building

Extra Care Sheltered Housing will demand more from its building than other types of Sheltered Housing. Extra Care buildings need to have:

- extensive wheelchair access;
- lifts (if necessary);
- self-contained living areas (cannot be bed-sit);
- accessible bathing facilities, ideally walk in showers;
- facilities for care staff;
- facilities for support staff;
- laundry room;
- communal areas;
- communal kitchen;
- secure.

Extra Care: Should have all of these requirements.

Very Sheltered: Have at least seven of these requirements.

Sheltered: Less than seven, not necessarily any.

4. **Strong partnership presence**

Extra Care Sheltered housing requires strong partnership working during the creation of the scheme and through the day-to-day running of the scheme. This partnership is between:

- housing provider;
- health;
- community care / older people services;
- housing district;
- supporting people.

Extra Care: Partnership should be strong, seamless and visible on a day-to-day basis.

Very Sheltered: Partnership should be present, but not always relevant on a day-to-day basis.

Sheltered: Based on a partnership, but run relatively independently.

Extra Care Sheltered Housing Desirables

5. **Meal Provision**

The bulk of literature on Extra Care Sheltered Housing identifies the importance of Extra Care schemes providing one meal a day for its residents. This is a desirable aspect of Extra Care Sheltered Housing, but may not always be possible. It is usually arranged by the scheme, contracted out to caterers and supplied in communal areas. In other Sheltered Housing this will be unlikely to happen and would only occur on the insistence of the residents.

Extra Care: Highly desirable.

Very Sheltered: Unlikely.

Sheltered: Not available.

6. Communal Extras

At the core of an Extra Care scheme is the unique community structures they create. This relies on all the 'extras' that a scheme provider. The provision of these 'extras' is user-led and funded, but are facilitated by the housing management. For example:

- shop;
- hairdressing;
- laundry;
- activities/exercise area;
- gardens;
- massage;
- chiropody;
- day centre;
- mobility aid parking area.

These are just some examples of what can be made available. It may not be practical to provide some of these, but it is certainly desirable. The first three should be standard in Extra Care schemes. In other Sheltered Housing types the provision of 'extras' is desirable, but at the discretion of the service users and housing management. In many instances it would not be viable.

Extra Care: Highly desirable.

Very Sheltered: Desirable, but not necessary.

Sheltered: Not necessary.

Appendix 4 – Action plan

Work Stream	Action	By	Lead
1. Policy Development			
	AH&CW Prevention Strategy: sign-off	Jan 2008	Adults Health & Community Wellbeing (AH&CW)
	AH&CW Assistive Technology Strategy: start of implementation	Jun 2008	+ Supporting People (SP)
	AH&CW Older People Mental Health Strategy: development of themes	Jan 2008	
	Measuring the Impact of Self Directed Support Agenda on Extra care Housing and other Older People Services.	Jan 2009	
	Identification and action planning to overcome barriers to policy development and to encourage culture change with ECC.	Nov 2008	
2. ECC Supply / Demand Information Development			
	Ongoing development of care needs/delivery information, including high needs personal care, housing-related support, low-level/preventative support etc.	Jun 2008	SP + AH&CW
	Collate information on housing and supported housing nomination rights held by AH&CW across the County	Sep 2008	AH&CW
	Quantifying the efficiencies and benefits of increasing Home Care and Extra Care provision.	Dec 2007	AH&CW + SP
	Model/quantify impact of prevention services on (delay of) care needs and related cost savings	Oct 2008	AH&CW + SP
3. Mapping the Existing Market Place for supported housing and residential care Includes ECC Registered Care, Home Care, Extra Care Housing Schemes, Private Sector schemes.			
	Joint mapping of Residential Care beds across AH&CW, Health, Local Authorities, RSLs and the Private Sector Cost of schemes to all commissioning partners Scheme models & services delivered across client groupings LD, PSI or MH Issues arising, concerns & history	Jun 2008	AH&CW
	Review and improve records across Finance and AH&CW databases. Database maintenance & analysis.	Jun 2008	AH&CW
	Collate data on nominations and access to accommodation. Set up database in order to inform staff.	Sep 2008	AH&CW
	Research influence of Private sector / Mixed tenure market & Third Sector (social enterprise) on residential / supported housing	Jun 2008	AH&CW + SP

Engagement with Strategic Housing Market Assessments (SHMAs) by Housing departments : Inform SHMAs and resulting housing strategies on future accommodation needs for older people, supported / residential care needs Obtain information on general housing condition / needs/supply gaps, including affordable housing options for older people.	Dec 2008	SP + AH&CW
4. User and Carer involvement in policy making		
Development of best practice in Older People services to include Individual Budgets, and links with carers strategy	Apr 2008	AH&CW + SP
5. Improved Joined up Delivery		
Involve existing partnerships with commissioners, stakeholders, user groups and providers (including RSLs and the private sector) in the delivery of the older people accommodation strategy.	Apr 2008	SP & AH&CW
Establish link between key activities and LAA (stretch) targets. Link in with Local Area Agreements, ECC Corporate Plan, AH&CW Service Plan and commissioning strategies.	Apr 2008	
6. Increase low-level preventative services		
AH&CW / Source & Supply strategic review of investment in Older people services including residential care, extra care, HIA and domiciliary services	Oct 2008	AH&CW + SP
SP Older People Review “the future of sheltered housing” baseline report + strategic analysis	Jan 2008	SP
Draft recommendations	Apr 2008	SP
7. Market Management of accommodation and of support/care provision Improving housing options for all Older people in Essex		
Compiling an Accommodation Essex Design Guide for specialist accommodation and service delivery models in Essex: Needs-Supply gap analysis following mapping exercise Involvement with EHOG’s BME network and BME OP housing conference; incorporation of findings Develop and appraise options for development Expert panel from SP Older People strategic review & ECC Strategic Planning & Commissioning Strategy Develop Leaseholders/Owner Occupiers ability to access mixed tenures schemes Evaluate the outcomes to be achieved by the new service models Evaluate strategic fit of all bids for new capital development and influence supply (e.g. through Housing Corporation capital allocation).	Oct 2008 Jul 08 Mar 08 Jul 08 Jul 08 Jul 08 Jul 08 Oct 08 For each bid round	SP & AH&CW EHOG SP + AHCW

For further information relating to this document please contact:

Susannah Westwood or Bauke van der Meer

Susannah.westwood@essexcc.gov.uk

Senior Planning & Commissioning Officer

Adults Health and Community Well-Being

Tel: 01245 10430217 Mobile: 07825 401198

Bauke.VanderMeer@essexcc.gov.uk

Strategy Manager,

Supporting People

Tel: 01245 437858