Extra Care Housing Strategy 2011-2029

Adult and Local Services Directorate

Adult Social Care

Cumbria County Council

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Appendix A: “Planning4Care” Final Report Cumbria - November 2009 - Care Equation and Oxford Consultants for Social Inclusion

Appendix B: Extra Care Housing Joint Working Protocol for Partners Delivering Extra Care in Cumbria - Revised 2012

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Appendix D: Projected future need for Extra Care Housing in Cumbria.
FOREWORD- Richard Parry, Corporate Director, Adult Social Care, Adult and Local Services, Cumbria County Council

1. Introduction - The National, Regional and Local Context

The development of Extra Care Housing exemplifies many of the best characteristics of the changing face of services for vulnerable adults living in the community. These include well designed housing, which enables people to self-care for longer, access to an on-site care team, privacy and choice and security of tenure.

This Strategy updates a draft Extra Care Housing Strategy written in 2009 which set out an ambition for future development in Cumbria. Since that time there have been a number of fundamental changes to the social care and housing landscape nationally and in Cumbria, which has prompted a refresh of the previous work.

At the time of writing, the way in which social care services are delivered is under review nationally. In late 2010, the Department of Health published ‘A Vision for Adult Social Care’ setting out a new direction for Adult Social Care in which personalised services and outcomes take centre stage for individuals and their carers. The vision states that the government ‘want professionals to have freedom from local authority procedures and be able to work more closely with people who use services’. The vision for a modern system of social care is built on seven principles; personalisation, prevention, partnership, plurality, protection, productivity and people.

The independent Dilnot Commission into Funding of Care and Support published recommendations in 2011 as a prelude to a White Paper on Social Care due by April 2012.

Other influences on social care policy include proposed changes within the NHS, and Public Health and by a review of the Law Commission of Adult Social Care legislation published in 2011.

Continued close partnership working between the housing and social care sector is vital to future development. The economic downturn, starting in 2008, saw dramatic falls in Britain’s economy with a corresponding increase in the budget deficit and the national debt. Recent research published in May 2011 predicted that “a return to a healthy/normal housing market is unlikely for the duration of the current Comprehensive Spending Review (2011-2015).”

The Cumbria Housing Strategy and Investment Plan 2011 –2015 is a new Strategy which has been prepared on behalf of the Cumbria Housing Executive Group and is welcomed as providing a clear direction and selection of priorities against a challenging background for housing development.

There are three key themes identified for Cumbria with associated action plans:

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1 P. Leather and B. Nevin, 2011. ‘North West Housing market Review Update: May 2011’. Institute for Political and Economic governance at the University of Manchester.
• Key Theme 1: Housing Growth, Affordability and Community Sustainability
• Key Theme 2: Vulnerable People, Supporting Independence
• Key Theme 3: Housing Market Renewal: Using Stock More Effectively

Extra Care Housing development aligns with key theme 2 - supporting the independence of vulnerable people.

Whilst Cumbria County Council is not a strategic housing authority in its own right, housing is about people foremost and the new housing strategy is a partnership document whose aims are compatible with the aspirations of the Cumbria County Council Plan 2011-2014 and the strategic direction of service delivery within the Adult and Local Services Directorate.

The aim of the County Council Extra Care Housing Strategy is enable people in Cumbria to plan for their future and realise their aspirations to live independently. It will complement and support the work of our colleagues in Housing who share this aim.

In addition, it will offer a definition of Extra Care Housing and present some demographic information linked to social need for older people (Planning4Care - Appendix A). It will identify current and future planned provision in the county and outline action areas for future development.

The development of the work has been further informed by meetings with groups of people in Cumbria, liaison with the third sector and colleagues in District Councils.

2. Definition and Current Provision in Cumbria

One definition of Extra Care Housing is provided by the Chartered Institute of Housing:

*Purpose-built schemes or those which have been remodelled to provide a barrier-free environment which facilitates mobility and access for frail older people. Such Schemes offer a sheltered housing style model of service delivery, in which the key support element, traditionally defined as “warden type” services, is available alongside domiciliary care service, as well as a personal care element. Extra Care schemes may be rented or leasehold. Some Extra Care schemes offer special facilities for those suffering from frailty and dementia, Names for this type of service provision may include Category 2 ½, Very Sheltered, Assitive Living, Frail Elders units etc.*

In Cumbria, Extra Care Housing is a broad spectrum where there will be, at one end, the creation of purpose-built schemes with flats, built to full disability standard with a dedicated care team on site 24 hours a day, 365 days a year. At the opposite end of the spectrum, additional home care and community support may be provided to existing sheltered housing schemes, underpinned with a close working relationship with Housing Management Services.

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2 Chartered Institute of Housing 2005 - *Sheltered and Retirement Housing – A Good Practice Guide* – Imogen Parry and Lyn Thompson:
This Strategy is against a “one size fits all” approach and specific extra care provision will need to be thought through locally in Cumbria, taking into account the detail of a particular geographical area, its existing extra care provision and financial implications which may impact on the range of initial range of facilities able to be offered in any scheme. Some of the opportunities and provision within Extra Care Housing, usually but not exclusively for people 55 plus, are:

- Self contained, well-designed housing provision which is housing first and helps reduce environmental risk, (for example less risk of falls for vulnerable people.)
- A Scheme Manager responsible for delivering housing related support services to assist those living in the scheme to successfully manage their tenancies.
- A Care Team on site operating 24 hours a day who can provide differential levels of personalised support at short notice depending on the individual’s wellbeing at any time.
- Additional support from bespoke Telecare services on site.
- Properties which are used on a short term basis to enable people to build up skills and confidence so that they can return home after rehabilitation.
- Other health based services and medical clinics on site.
- A Resident’s committee with a mandate on day to day decision-making within the scheme
- A laundry, restaurant, lounges, meeting rooms and hobby rooms with optional leisure activities.
- Some properties grouped together where people who have more intensive needs for example dementia receive more intensive support.
- Well situated within and maintaining strong links to the local community.
- Well co-ordinated provision within the scheme from different agencies working in partnership.
- Modernised day service provision as part of our new “day services” model which promotes social inclusion and independence.

The Revised Working Protocol at the end of this document (Appendix B) gives more information on roles and responsibilities within Extra Care Schemes, as successful Extra Care Housing provision often revolves around strong partnership arrangements between the Housing Provider, Scheme Manager, the on-site Care Team and the individual and their relative or informal carer. Good Extra Care Housing is defined as much by its philosophy as by its physical environment.

A resident from Station View (Accent Group) in Furness said:

“I was in hospital for a while and I had to go home again but I was no good – I couldn’t cope at all. Then they came from Carlisle to tell us that they were building this place and showing us photographs and all that sort of thing and if you were interested, to apply, which I did, and it’s one of the best decisions I’ve ever made because it’s brilliant…absolutely…I love it.”

A map at Appendix C shows the location of current and planned Extra Care provision in the county as of January 2012.
3. Cumbria and its Population

Cumbria is the second largest county in England. The county is made up of six districts; Allerdale, Barrow-in-Furness, Carlisle, Copeland, Eden and South Lakeland.

With a population of just under 500,000 Cumbria is the second least densely populated county in England. Cumbria’s population is an ‘ageing’ population; the number and proportion of citizens within older age groups is increasing. The ethnic profile of Cumbria is changing to become more representative of the rest of the UK with rapid increases in most minority ethnic groups.

Over the coming years the county will have an older and more culturally diverse population. There will be an increased need to provide high quality personalised services that meet the needs of the changing demographic and a need to ensure that there is equality across the county for residents to access to these services. This is well documented in various documents, for example the 2009 Cumbria Joint Strategic Needs Assessment.

Within the context of the growing older population, Cumbria County Council has commissioned “Planning4Care” (Appendix A) to provide further robust and detailed information regarding Adult Social Care services versus predicted needs and service requirements for people over 65 in our population, as they will be the bulk of people expected to take advantage of Extra Care Housing. The “Planning4Care” method is endorsed by the Department of Health.

“Planning4Care” looks at current and projected social care need of people in Cumbria. The most recent estimates (2009) show the 65+ population as 100,100 with 12,900 aged 85+. Of this group 36% (36,700) had some level of social care need with 26,400 identified as “moderate to high need” and 9% (9600) having very high needs. Within this figure of 9600, 3000 people are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).

Our commissioning plans need be informed by accurate projections of need for the future. "Planning4Care" estimates that by 2029 there will be 158,300 people over 65 in Cumbria, a 58% increase (of that number, 26,900 will be over 85.)

The number aged 65+ with any level of social care needs in Cumbria is projected to rise by 62% over the next 20 years (above the regional rise of 48% and the national rise of 53%). The number of people with very high social care needs is also projected to rise at the same faster rate (62% between 2009 and 2029) compared to the region (48%) and England (53%) over the next 20 years.

In addition, the total number of people with dementia is projected to rise over the 20-year period by 81% (84% for those with the ‘very high needs’ level of ‘severe cognitive impairment and functional disability’), above the regional (63%) and England (68%) comparative increases for total numbers with dementia.

The “Planning4Care” report contains comparisons with other Local Authorities in the Northwest region, and detailed analyses of trends in the six districts in Cumbria, in
Final March 2012

recognition of Cumbria’s health inequalities, local diversity and to assist local partnerships in planning for their particular area’s needs.

An analysis by partners in Housing of Extra Care Housing need for Cumbria based on district and ward level analysis is contained at Appendix C.

4. Dementia Support

In February 2009, Living Well With Dementia: A National Dementia Strategy was launched. Objective 10 of the Strategy considers the role of housing support, housing related services and Telecare as options which can be offered to support people and their carers.

From research, key factors in enabling people to manage their illness in the community seem to hinge around the training, responsiveness, availability and ethos of the care team in situ and the ethos and partnership approach within the scheme itself. Links with local health partners and good planning at an appropriate stage in the individual’s care pathway are vital, meaning, for example, that they are able to contribute to arrangements made for their care (co-production) and understand the implications of living within a community.

Information on the web page Implementing the National Dementia Strategy -Working together to Improve Life with Dementia in Cumbria identifies progress on Cumbria’s Dementia Strategy which will support better outcomes for people living with this condition and their carers. A key part of delivering better outcomes for people will be Extra Care Housing.

5. Our Vision, and Priorities.

The Cumbria Commissioning Strategy for Older People and their Carers 2010-2019 identifies that Extra Care Housing is one part of ensuring that older people should have choice in their provision and be able to access social care services of the right quality in the right place and at the right time in order to promote their independence.

Shaping our Lives is a consultation for Cumbria County Council and the NHS which took place in 2009 to assess future provision for older people. The report explores barriers which stand in the way of people choosing to stay at home. Key messages support the development of Extra Care housing and concluded:

- The housing needs of older people should not be a secondary consideration to care needs and care services. Older people want a secure, accessible and affordable place in which to live.

- Older people want to stay in their own homes, receiving domiciliary care when and if needed. The barriers in the way of them doing this are:
  - Concerns over standard of care
  - Lack of accessible, reliable and frequent appropriately timed transport
  - Lack of affordable and reliable services to help with house and garden maintenance and repairs, particularly small jobs
Final March 2012

- Delays to adaptations to home
- Fear and isolation

- The vast majority of people do not want to live in residential homes.

- Extra care sheltered housing was viewed positively by people when anticipating situations which meant they may have to move from their ‘own home’.

- If people decide to move because their present home no longer meets their needs, their first choice is to more suitable general housing. For example, a bungalow nearer other amenities, or a house with a smaller garden.

- Many older people expect to participate in decisions affecting them. This is true for all aspects of their lives, including housing.

The views expressed in the report echo those we have heard in other consultation events.

Investment into alternative types of provision such as reablement, assistive technology, intensive Home Care and other Community Support Services will complement the development of Extra Care Housing to deliver a changed landscape as regards support for vulnerable people.

Many local towns have existing older people’s accommodation and general needs housing, often provided by local housing associations. These clusters of accommodation offer an opportunity to provide an extra care housing level of service, where the use of assistive technology and a locally based domiciliary care service can provide similar levels of risk management and response as would be expected within a scheme based extra care housing development. This approach is described as a virtual care village, or virtual extra care housing scheme.

5.1 The Virtual Care Village- An Alternative Approach to Extra Care Housing

We will, seek to develop the ‘Virtual Care Village’ Model in selected areas to enhance our current provision. This core and cluster type approach consists of the following key elements:

- A geographical area within which mobile care and support services can remain responsive to the needs of local people living in the identified cluster of accommodation. This may be based on ‘response times’ or journey times, which vary according to the nature of the locality rather than, by a defined size or particular radius.
- The use of community alarm and Telecare services including a range of sensors that enables the management of risk and the targeting of services in the event of an emergency, or to call for personal care when required.
- The use of mobile technology to enable support workers to be contacted by the alarm provider and access information (such as current health needs and care services provided to the client) as required.

We are committed to improving the lives of local people and delivering good quality services that are responsive to local needs and expectations
6. Delivering Change

“Planning4Care” tells us to expect a significantly increased need for care support for people in the future as numbers rise allied to a fall in take-up of Local Authority funded places in residential care for older people.

Proactive action is required in Cumbria to achieve a shift in emphasis. Based on national models, the ideal mix of provision includes a variety of services with sufficient Extra Care Housing places for sale or rent.

The table below highlights the level of Extra Care Housing provision in December 2011 including some private provision, and identifies future demand based on the assessment undertaken within the “Planning4Care” research document:
Table 1

<table>
<thead>
<tr>
<th>District</th>
<th>Current Extra Care Provision December 2011 (approximate as some units may revert to Sheltered Housing to maintain the “mix” of residents at some stage)</th>
<th>Conservative estimate of ECH required (2009) Source - “Planning4Care” research document</th>
<th>Conservative estimate of ECH required (2019) Source - “Planning4Care” research document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumbria</td>
<td>209</td>
<td>1465</td>
<td>1850</td>
</tr>
<tr>
<td>Eden</td>
<td>31</td>
<td>110</td>
<td>150</td>
</tr>
<tr>
<td>Carlisle</td>
<td>70</td>
<td>265</td>
<td>340</td>
</tr>
<tr>
<td>Copeland</td>
<td>28</td>
<td>210</td>
<td>275</td>
</tr>
<tr>
<td>Allerdale</td>
<td>0</td>
<td>300</td>
<td>380</td>
</tr>
<tr>
<td>Furness</td>
<td>47</td>
<td>320</td>
<td>390</td>
</tr>
<tr>
<td>South Lakeland</td>
<td>33</td>
<td>255</td>
<td>320</td>
</tr>
</tbody>
</table>

Based on the methodology used within the “Planning4Care” research document, Appendix D to this strategy projects the future requirement for Extra Care Housing in each of Cumbria’s wards up to 2019. Based on this ward level assessment, a breakdown, providing an indication of appropriate quantum’s of development at differing settlements has been provided (replicated in Table 2). Giving weight to this breakdown, the County Council is committed to working with Local Planning Authorities to identify and deliver appropriate scales of Extra Care Housing at key sustainable locations. Achieving this will help ensure that extra care housing is delivered close to the communities where need emerges and where residents can access a range of services by foot, reducing reliance on cars or public transport.  

Table 2

<table>
<thead>
<tr>
<th>District</th>
<th>Community</th>
<th>Extra Care Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlisle and District</td>
<td>Brampton</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>City of Carlisle</td>
<td>215</td>
</tr>
<tr>
<td></td>
<td>City of Carlisle</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Dalston</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Longtown</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>340</td>
</tr>
</tbody>
</table>

3 The analysis is based on population figures for those aged 65 and over. (ONS data)
The list below is not exhaustive and we welcome all intentions to enhance and improve current provision for people in the county.

The move from residential towards enhanced extra care provision is a long term one, which is reflected in the extended timescale for this current strategy. Extra Care Housing moves away from the traditional continuum of care model, which sees admission into residential care as an inevitable consequence of increased dependency.

More detailed commissioning plans will be developed for individual areas, and for other vulnerable groups.

7. Conclusion
Within the current funding climate the delivery of appropriate levels of extra care housing to meet needs will be challenging. Within this context Cumbria County Council is committed to working closely partners including housing authorities, registered providers/housing associations, the National Health Service and government agencies. The County Council will encourage local planning authorities to identify land in suitable locations to accommodate extra care housing units within their development plans. To
aid the delivery of housing, working with partners, weight will also be given to innovate means, including planning contributions, to aid the delivery of the required levels of extra care housing units.
8. Action Areas for the Cumbria Extra Care Housing Strategy 2011-2029

<table>
<thead>
<tr>
<th>Develop and support a learning infrastructure for Extra Care Housing</th>
<th>Build and agree an evidence base with partners in District Councils to support future Extra Care Housing development</th>
<th>Continue to develop capacity in Extra Care Housing to meet identified demand</th>
<th>Strengthen existing partnership arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Includes:</strong></td>
<td><strong>Includes:</strong></td>
<td><strong>Includes:</strong></td>
<td><strong>Includes:</strong></td>
</tr>
<tr>
<td>Maintain and develop quarterly Extra Care Housing Forum. Improve advice and information mechanisms to encourage people to plan their housing needs. Ensure housing providers have up-to-date information to action new thinking and initiatives, e.g. Dementia Gold Standard re buildings design and decoration so that ECH can be an exemplar of best practice in this area.</td>
<td>Input to the Joint Strategic Needs Assessment to support the role of Housing in social care arrangements and ensure findings are reflected in subsequent social care commissioning planning. Refine Planning4Care estimates currently at District level) to indicate demand within communities within each District and embed data within SHMA (Strategic Housing Market Assessments) Provide input and dialogue in order to contribute to the development of the Cumbria Housing Strategy. Complete appraisal of potential development opportunities in Allerdale.</td>
<td>Successful completion of the new 60 unit extra care housing scheme in Carlisle (Heysham Gardens) in partnership with Eden Housing Association and Carlisle District Council. Successful bid to HCA re development of Greta Court ECH scheme in Keswick in Partnership with Derwent and Solway HA and Allerdale BC which will lead to the development of a scheme of over 67 units to be completed during 2013. Identify local opportunities for development of new extra care housing schemes with partners (District Councils, Registered Social Landlords and Private Developers Commission in line with current best practice, for example the Strategic Housing for Older People (SHOP) framework from the Housing LIN.</td>
<td>Support the Cumbria Housing Strategy and Investment Plan 2011-2015 and its associated action plans Maximise use of local resources by exploring a wide range of contributions to ECH development, including the NHS. Build awareness of the value of housing in health and wellbeing forums at local and county level. Support and promote awareness of complementary initiatives e.g. Active Living in Cumbria, –CCC Prevention Strategy Develop partnerships so that Cumbria can confidently apply for any emerging national funding for Extra Care Housing</td>
</tr>
</tbody>
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