



Health & Community Directorate
Supporting People Team

Commissioning Strategy
for Extra Care

May 2008



Contents

1	Introduction	1
2	Context.....	2
3	Extra care service models.....	23
4	Assessment of sheltered housing sites.....	34
5	Views of older people.....	40
6	Funding and developing extra care.....	46
7	Strategy and planning for commissioning extra care housing.....	54

Executive summary

Background

1. The purpose of this strategy is to provide you with a plan for commissioning extra care housing services. The aim is to meet the changing and growing needs of Halton's older population through a strategy which will achieve good quality, cost effective extra care housing services, making best use of available capital and revenue sources.

Approach

2. We were commissioned to assist you with the development of the strategy using the following methodology:
 - Desktop review
 - Analysis of key strategies, plans and bids
 - Collection of data on supply of services for older people, including existing extra care housing scheme
 - Collection of data on need
 - Identification of models of extra care housing
 - Collection of information on supply directly from providers
 - Sources of funding for extra care
 - Analysis of data
 - Effectiveness of previous bids
 - Needs analysis
 - Assessment of sheltered housing sites
 - Consultation on interim findings with:
 - Commissioners
 - Older People
 - Providers

Key findings

- The current core need for extra care is 166 units. This will increase to 214 units by 2017. In addition there is a current need for an eleven units of extra care provision for older people with learning disabilities.
- The initial need could be met through the development of four additional extra care housing schemes providing forty to fifty units by 2013.
- The preferred model is for schemes with a mixture of low, medium and high support tenants. This is based on the model for the existing extra care housing scheme in Halton with 30% of tenant having low support needs.
- There is an equal need for extra care housing schemes in both Widnes and Runcorn but actual location may depend on availability of sites.
- A number of existing sheltered housing sites have been identified as potential sites for new or remodelled extra care housing sites. Three housing associations are actively considering five existing sheltered housing sites.

Recommendations

Resources

- The strategy should be realised by pursuing funding opportunities offered through the National Affordable Housing Programme using SHG and through any future Department of Health funding for extra care provision. These options will need to be supplemented with private finance and land.

The Local authority should:

- Identify HBC land that might be suitable for the development of extra care housing
- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed

- Take Corporate responsibility for ensuring that the needs of older people are met through the provision of extra care housing
- Ensure co-ordination between adult services commissioning, planning, property services and finance do develop proposals for extra care in advance of the bidding rounds
- Work with providers to identify sites and develop joint plans for bids for extra care housing
- Build on the relationship between PCT partnership, estates and finance to ensure inclusion in development of bids.
- Work with older people in developing bids and planning new services

The Primary Care Trust should:

- Identify health authority land that might be suitable for the development of extra care housing
- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed.
- Consider the feasibility of extra care housing on sites that are redeveloped within the health authority
- Consider locating GP/Community nursing sites within extra care schemes
- Consider funding treatment rooms as part of extra care housing bids
- Explore opportunities to identify additional health funding for extra care bids including LIFT
- Identify health targets that will be helped by the provision of extra care housing and monitor impact of new extra care provision on the target (e.g. emergency admissions, demand for nursing home places)
- Build on joint commissioning arrangements for older people and ensure input into extra care housing bids

Providers should:

- Identify possible sites in Halton for extra care remodelling/ redevelopment
- Consider remodelling/redeveloping appropriate sites for extra care
- Ensure that existing models of provision for older people are strategically relevant and work with Halton council to ensure delivery of most strategically relevant provision
- Keep Halton council up to date with their own strategy for older person's housing and in particular any plans to provide more extra care services
- Work with the council and the PCT in developing bids for extra care housing

1 Introduction

1.1 Purpose of the strategy

1.1.1 The purpose of this strategy is to provide Halton Borough Council, Health and Community Directorate with a plan for the commissioning of extra care services. The aim is to meet the changing and growing needs of Halton's older population through a strategy that will achieve good quality, cost effective extra care services, making maximum use of available capital and revenue sources to achieve its implementation. The primary focus of the strategy will be on older people.

1.2 Approach to developing the strategy

1.2.1 Halton BC commissioned Tribal Consulting to assist them with the development of the strategy and the following methodology was agreed:

- Project initiation and reporting arrangements
- Desk top review
 - Analysis of key strategies and plans, collecting all available data on need and supply.
 - Needs analysis based on existing data
 - Identification of models of extra care
 - Evaluation of capital bids
 - Identify information gaps and collect data directly from providers of sheltered housing
- Interim findings
 - Needs analysis
 - Current supply/ Assessment of existing sheltered housing sites
 - Extra care service models
- Consultation with stakeholders to test initial findings and gather their views on the emerging extra care commissioning strategy. Stakeholders included older people, commissioners and providers.
- Draft and final reports including the results of the document and data review, strategic objectives with an outline action plan.

2 Context

2.1 Ageing population and the changing needs of older people

- 2.1.1 By 2026 older people will account for almost half (48 per cent) of the increase in the total number of households, resulting in 2.4 million older households. By 2041 the composition of the older age group will have changed dramatically. There will be a higher proportion of older age groups, including the over 85s, a greater number of older people from black and minority ethnic communities, and double the number of older disabled people¹.
- 2.1.2 The aspirations of older people have changed and there has been a move towards enabling greater independence and choice. Older people are more mobile than previous generations, in terms of employment and accommodation. Historically choice in housing as people aged meant staying in their long term home (possibly with this becoming difficult to maintain and increasingly inaccessible), moving to sheltered housing or moving to a care home. Recent changes have included an increase in support to people in their own homes, through assistive technology and domiciliary care and in the development of specialist housing providing for health and care needs. Extra care housing is one of the options becoming available to people in response to changing needs and by 2006 nationally there were 25,000 extra care housing units.
- 2.1.3 The Care Services Improvement Partnership (CSIP) has outlined a broad picture of the factors that are driving change in accommodation and care services for older people². These are:
- The majority of older people will live until the very end of their lives in general housing and may need adaptations and other forms of help and advice to cope with their homes
 - An increasing proportion of older people are homeowners (around 75-80% in most places) and they will be reluctant to transfer into rented accommodation in old age and see the value of the equity in their homes eroded
 - Much specialised accommodation is in sheltered housing, some of which is now quite old and lacks the space standards and facilities now accepted as normal

¹ National Strategy for Housing in an Ageing Society, CLG (2008)

² More Choice, Greater Voice, CLG, CSIP (2008)

- The average age of those living in such accommodation has moved upwards very rapidly in the last two decades, bringing higher levels of need for support that the design of these buildings does not always allow
- Some sheltered schemes have seen the retreat of amenities, such as shops, access to doctors and pharmacy and proximity to public transport – making independent life for their residents more difficult
- New models of enhanced and extra care housing have emerged, offering not only the possibility of supporting higher levels of dependency but also an environment for a lively and active old age
- Local authority residential care provision is generally housed in buildings that are now showing the limitations of their design concepts, even when the fabric is in good condition
- In the private sector the provision of traditional residential care in relatively small units is financially precarious and many providers continue to leave the market
- While the nursing home sector continues to provide a context for the care of the more physically dependent and mentally confused older people, the steadily rising cost makes it imperative that other solutions are explored
- Expectations among older people will continue to increase, in relation to their physical surroundings and access to facilities but also in their right to be consulted and to participate in decisions that affect their lives
- Increasing proportions of older people have the financial resources to fund their access to accommodation and care but do require information, advice and assistance in making sound decisions.

2.1.4 There are a number of key recent government strategies that impact on the development of extra care services. These include:

- Putting People First, DH (2007)
- Commissioning Framework for Health and Well-Being, DH (2007)
- Homes for the future: more affordable, more sustainable, CLG (2007)
- Our Health, Our Care, Our Say: a new direction for community

services, White Paper DH (2007)

- Independence, Well-being and Choice, Green Paper DH (2006)
- Dignity in Care, DH (2006)
- The Local Government White Paper: Strong and Prosperous Communities, DCLG (2006)
- Sure Start to later life: Ending inequalities for older people, ODPM (2006)
- Older People, Independence and Well-being: The Challenge for Public Services, Audit Commission (2004)
- National Service Framework for Older People, DH (2001)

2.1.5 The recent Communities and Local Government National Strategy for Housing in an Ageing Society is a key strategy that specifically references the future of specialist housing for older people.

National Strategy for Housing in an Ageing Society

2.1.6 Communities and Local Government recently launched a National Strategy for Housing for an Ageing Population³. The vision in the strategy is for all older people to have housing that supports them to live happy, healthy, active and independent lives in welcoming communities.

2.1.7 The aims and proposed outcomes of the strategy are to improve quality of life for all older people now and in the future, through:

- Housing that meets basic standards – Reduce the percentage not satisfied with housing or increase the percentage who say housing meets their needs. Increase the number of inclusive, mainstream and specialist housing appropriate for older people in areas of undersupply. Reduce the percentage of older people living in non-decent homes to the national average
- Better health – Reduce morbidity and mortality. Reduce the number of preventable deaths of older people, including ‘excess winter deaths’ and fire deaths. Increase healthy life expectancy
- Greater independence – Increase percentage and numbers of people over 80 living safely in own homes. Increase number of older people supported to live in own homes

³ National Strategy for Housing in an Ageing Society, CLG (2008)

- Sustainability – Increase percentage of houses meeting Lifetime Homes Standards. Reduce percentage of older people in housing failing decent homes thermal standards
- Preventing crisis – Increase the number of people receiving preventative Home Improvement Agency services. Increase the percentage of people in adapted homes where they require adaptation
- Reducing inequalities and promoting culture of age equality - Close the percentage gap between older and younger people in non-decent homes
- Stronger communities – Increase the percentage level of trust. Reduce percentage not satisfied with their community. Increase community participation and involvement
- Better use of housing resources – Increase the numbers of inclusive houses built. Increase the numbers taking up equity release products.

2.1.8 Priority areas in the strategy are:

- Setting a new direction of travel by giving leadership on planning, designing and building new housing and new communities and by encouraging innovation and new models of inclusive mainstream and specialist housing.
- Making the most of existing housing in both the public and private sector and across the full spectrum of mainstream and specialist provision, including sheltered housing and residential and nursing care homes. Ensuring that existing housing meets decent standards and is suitable for the person who lives there. This will require private investment and development of new options such as equity release.
- Meeting individual needs through enabling independence, choice and control at home, supported by coherent preventative services, including information, advice and advocacy, Home Improvement Agencies, Supporting People and housing options services. Ensuring housing services meet the needs of diverse communities including those in rural areas, and in black and minority ethnic communities, and those from the most excluded groups such as homeless people.

2.1.9 More specifically the strategy focuses on specialist housing. The largest sector is sheltered housing; there are about 100,000 private properties and 400,000 rented properties classified as private retirement, sheltered or extra care properties. About 330,000 older people live in care homes. Extra care housing makes up only a small minority of these properties.

This strategy identifies three problem areas to address:

- In some areas people do not have a good range of specialised housing options available. The challenge will be getting the right supply of a range of good quality specialised housing to expand choice and meet projected future demand
- To improve the quality of all forms of specialised housing. For some people moving to specialised housing means making compromises in terms of the location, design, tenure and specification of their new housing. This also means making the most of existing stock
- Getting good information and advice on what specialised housing options are.

2.1.10 The strategy identifies the need for more specialised housing of a range of types. The evidence shows a projected sharp growth in demand for housing with care service such as care homes and extra care housing. There is strong continuing demand for good quality sheltered and retirement housing. In many areas retirement housing is sold before it is built and there are long waiting lists for good public sector housing. There is also a growing need for specialised housing for the growing numbers of older people with special needs, such as learning disabilities and mental health problems.

2.1.11 The need for a wider choice of tenure options in specialised housing is also recognised and support for private sector developers and providing wider tenure options is seen as an important part of improving choice for older people.

2.1.12 The strategy also supports the continued use of existing specialist stock while recognising that some specialist housing may be hard to let, possibly because of poor quality, degradation or poor location. The strategy notes that in some cases there may be an economic and social case for remodelling, but this can be expensive and selling the land for reinvestment is sometimes more economic. Existing research in this area, which examines re-modelling sheltered housing and care homes into extra care housing, shows that, with notable exceptions, it can be complex and expensive. Communities and Local Government and the Department of Health will be undertaking strategic work with the Housing Corporation,

and in the future, with the Homes and Communities Agency and the Office for Tenants and Social Landlords, to consider what options there are for supporting re-modelling, where appropriate.

Housing Corporation strategy

- 2.1.13 The Housing Corporation's strategy 'Investing for Lifetimes, Strategy for Housing in an Ageing Society'⁴ emphasises the demographic context in which the strategy has been developed, stating that over the next 30 years, the number of people in the UK aged 65 years or more is projected to increase by 75% from 9.7 million to 17 million. The number of people aged 85 or older will increase by 184%. Additionally, an increased number of older people will have greater health care needs, with projections of increases in the proportion of older people with dementia and disabilities.
- 2.1.14 Most if not all housing associations have older residents. Currently, 34% of housing association households are headed by someone aged over 65. Additionally, designated or specially designed housing for older people constitutes 15% of housing association stock and 40% of all housing associations own some of this specialist provision, some owning this type of provision only.
- 2.1.15 With regard to extra care housing the strategy notes that this has emerged as a new and popular model of housing for older people that meets housing needs, provides support and care and is at its best when it is outward facing and links into the community. The Housing Corporation does not see extra care as a single model of housing and expects it to be planned for in the context of a spectrum of housing provision including general needs housing, care homes and a range of tenure including home ownership.
- 2.1.16 The strategy aims to:
- Invest a proportion of the capital funding programme on housing which meets the needs of an ageing society
 - Co-ordinate the funding and regulatory systems with those of other parts of government
 - Identify and promote best practice models and new ideas for the provision of housing, care and support for older people
 - Encourage providers to offer choice to older people and a maximum degree of independence in the way in which they live their lives

⁴ Investing for Lifetimes, Strategy for Housing in an Ageing Society, Housing Corporation, 2008

- Ensure consistency with the Corporation's equality and diversity policy and strategy

2.2 Halton strategic context

2.2.1 There are a number of key local strategies and plans that are relevant to the development of a commissioning strategy for extra care services and provide evidence of need for additional extra care provision in the Borough.

A community strategy for a sustainable Halton 2006 to 2011⁵

2.2.2 All strategies within Halton should relate to key themes that are developed in the community strategy:

- A healthy Halton
- Urban renewal
- Halton's children and young people
- Employment, learning and skills in Halton
- A safer Halton

2.2.3 The strategy is concerned with addressing social exclusion. Overall poverty, unemployment and material deprivation are diminishing, but Halton continues to have high rates of benefit dependency. Another key feature of the population is the rate at which the population will age. The next ten years (from 2006) will see a dramatic rise in the over 60s (27%) and over 75s (19%). Single person households will rise and may result in an increase in social isolation which will have a profound effect on people's health and involvement in their communities. There is growing pressure on housing and a key area of action will be choice and quality in housing across all tenures in all parts of Halton. The community strategy is also committed to supporting all carers and cared for people with disabilities in Halton.

2.2.4 The partnership's approach to addressing issues raised in the strategy will be guided by the following principles:

- Anti-discrimination - ensuring disabled people are not subject to discriminatory practices
- Equality of opportunity for disabled people
- Independence not dependence – enhancing the independence of disabled people
- Individual needs - recognising that disabled people are individuals with needs, rights and responsibilities

⁵ Making it happen, A community strategy for a sustainable Halton 2006-2011, Halton Strategic Partnership, 2006

- Accountability - responsibility for securing equal treatment lie with all partners
- Integration – services for disabled people are provided as part of an integrated whole
- Involvement in decision-making

Halton Local Area Agreement⁶

2.2.5 The Community Strategy provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. The Local Area Agreement (LAA) provides a mechanism by which key elements of the strategy can be delivered over the next three years.

2.2.6 The health outcomes in the LAA Delivery Plan will include a range of targets shared across the system. Targets will be specifically focused on those people most at risk of using higher-level services or at risk of exclusion from mainstream services.

2.2.7 The LAA is concerned with addressing social exclusion and notes that social exclusion can happen when people face a multitude of problems such as poor housing, high crime, poor health, worklessness, discrimination and poor relationships. The delivery of services to reduce social exclusion will focus on:

- Poverty and material deprivation
- Choice and quality in neighbourhoods and housing.
- Equality of opportunity for everyone and ending discrimination.
- Responding to the needs of older people as the population ages.
- Policies and programmes that look forward and help to achieve sustainable development.

2.2.8 The LAA identifies a number of outcomes that it hopes to achieve, many of which impact on older people with support needs. In particular the following outcomes relate to the provision of extra care housing:

- Improved Health and reduced health inequalities
- Enhance the health & well being of Halton people including vulnerable seldom heard groups such as older people
- Improved care for long term conditions and support for carers

⁶ A Local Area Agreement for Halton 2007 -2010, Halton Strategic Partnership

Economic, social and environmental audit of Halton

2.2.9 The state of the Borough in Halton report⁷ compares and benchmarks the performance of Halton against a selection of comparator districts, the Greater Merseyside sub-region, the North West, and the rest of Britain. Findings include:

- Halton is still one of the most deprived districts in England, but its ranking has improved from 21st in 2004 to 30th in 2007 (out of 354 districts in England).
- Halton remains relatively unhealthy, ranked 383rd out of 408 districts in the country, compared to 384th three years ago.
- Halton still contains some of the most affordable housing in the country, but its ranking has fallen from 30th in 2004 to 61st in 2007, out of 376 local authorities in England and Wales.

Local Public Health Summary Report – Health Profile Urgent Care⁸

2.2.10 The aim of the health profile for urgent care is to provide information to the urgent care steering group on local utilisation of services to try and identify any areas where service provision could be improved for patients.

2.2.11 The report notes that deprivation is a major determinant of health. More deprived populations generally suffer higher levels of ill-health and create greater demand for healthcare services. The most up to date measure of deprivation is the English Indices of Deprivation 2004 (ID 2004)⁹. Halton's deprivation index ranked 19th out of 354 boroughs in England.

2.2.12 Latest Life Expectancy data for Halton shows that there has been an increase of 0.4 years amongst males over the last data period – taking male life expectancy in the borough to 74.5 years. This means the gap between Halton and England as a whole has narrowed very slightly to 2.4 years.

2.2.13 Female life expectancy within Halton has increased by 0.2 years since last year's figures, taking life expectancy at birth amongst females within the borough to 78.3 years, the gap between Halton and England as a whole, however, has remained the same at 2.8 years. Halton females have the 4th lowest life expectancy of all boroughs in England and Wales.

⁷ The State of the Borough In Halton, An economic, social and environmental audit of Halton (2008) Research and Intelligence Unit, Halton Borough Council

⁸ Local Public Health summary report (undated) Halton and St Helen's PCT derived from Annual Public Health Statement (2006), compiled for Urgent Care Steering Group

⁹ Office for the Deputy Prime Minister, 2004

2.2.14 The report identifies the following key indicators of health in Halton:

- Current rates for cardiovascular disease mortality for Halton for the three-year period 2003-2005 show a 38.8% reduction on the baseline. This percentage decrease exceeds the percentage reduction experience across both the North West and England as a whole. The gap between mortality rates within Halton and England as a whole has narrowed from 29.5% in 1995-1997 to 23.7% in 2003-2005.
- Current rates for Halton show a 9.7% reduction for cancer mortality on baseline. Rates until 2004 had been showing a fairly steady decrease, however rates increased quite sharply in 2004 and remained high in 2005, meaning that the rate for the current three-year period is higher than in previous years, and the gap between Halton and England as a whole has increased since baseline.
- Age bands over the age of 70 had the highest rate of non-elective admissions to hospital. The age group 85 and over saw the next highest number of admissions, with all age groups over the age of 70 seeing number exceeding 2600.

Commissioning strategy for older people 2004-2008¹⁰

2.2.15 This strategy outlines the vision for older people's services in Halton. To promote:

- A positive image of ageing to ensure that older people in Halton are able to live as independently as possible within a safe environment of their choice
- The goals of active ageing, quality of life and well-being, and move towards models of services and housing, in their widest sense, which address the 'whole' needs of each individual, and enables all Older People both active and people with ill health or disability - to realise these goals
- To work with and empower older people as equal citizens first, not clients or users, and to work in partnership with them.

2.2.16 This vision will be equally applicable to the commissioning strategy for extra care.

¹⁰ Commissioning Strategy for older people 2004 – 2008, Halton Borough Council Social Care, Housing and Health Directorate

2.2.17 A number of the key priorities identified in the strategy by older people in

Halton through the Older People's Enabling Network are very relevant to the provision of extra care housing. These include:

- Quality, up-to-date and accessible information on all aspects of care and services.
- They need to be able to combat loneliness and social isolation.
- Training of health & social care staff in communication, respect, dignity and discrimination awareness.
- Improvements in the provision of equipment.
- More prevention/health promotion for older people – screening, health checks, medication reviews.
- Greater opportunities and services available to people more locally and in their own homes.
- Wider range of housing in all communities.
- Waiting times for services to be reduced, and people to be kept informed.
- All care professionals working more closely together, communicating with patients and each other.

2.2.18 The priorities identified for development in the strategy are:

- Development of intermediate care service at all levels which includes the development of integrated intermediate care services for people with mental illness.
- Services for those older people who have a mental illness
- Development of Housing options including extra service (often known as extra care) housing
- Further development of the preventative services strategy
- Development of carers support
- Developing systems and social work practice to increase the number of Older People who have direct payments

2.2.19 The strategy provides an analysis of the current (2004) and future population of older people. It states that there will be a significant increase in people over 65 from 2008 and a sharp rise from 2011 onwards and these figures will be above the national average. There is more or less and even split of older people between Runcorn and Widnes.

2.2.20 The population of people of Black or Minority Ethnic (BME) origins is extremely small (sometimes less than 5 people in any one grouping) and this is not predicated to change significantly over the next 10 years. Currently the BME sector accounts for 1.2% of the population of which the largest ethnic group is comprised of those people identifying themselves as 'White Irish'.

Older Persons Service Plan 2007- 2010¹¹

2.2.21 The Older Person's service plan highlights Halton's ageing population and notes that the largest proportionate growth is in the population of people, aged 85 and over and an increase in the number of older people with more complex needs, for examples, linked to homelessness, alcohol abuse and dementias. The plan has a number of service objectives linked to corporate objectives that may impact on the development of this extra care commissioning strategy. These include to:

- Submit bids to DH, Housing Corporation for at least one extra care development by March 2008 to provide additional extra care tenancies
- Launch a directory of services for older people (June 2008)
- Launch an ageing well strategy to ensure that Halton has a single approach to aging within a consistent framework (June 2008).

Halton Housing Needs and Market Assessment 2006¹²

2.2.22 The findings in the housing needs and market assessment report are based on a postal questionnaire completed in December 2005.

2.2.23 Findings from the survey suggest that there are 24,739 people aged 60 and over living in the borough with 7,241 aged over 75. Over 18,000 households contain at least one person who is aged over 60 and 8,305 older people living alone, with 5,470 older couple households. Nearly half (48%) of older person households contained a household member with a

¹¹ Service Plan April 2007 to March 2010, Halton BC Older People's Service

¹² Halton Housing Needs and Market Assessment Survey final report (2006), Halton BC

disability or limiting long term illness, equating to 6,538 households. Over half of these households identified care and support needs.

2.2.24 Over half of older person households own their property outright and a third are social housing tenants. Social housing makes up 26% of the overall housing stock in Halton. Overall 10% of older person households indicated that their current accommodation was not suitable for their needs, the main reason being the need for improvement or repairs. Three quarters of owner occupiers who responded identified spare equity of over £75,000 and a quarter had equity of over £150,000. Table 1 below shows the tenure details of older people and the current 45-59 age group who will become the older age group in 10 to 15 years time.

Table 1

Tenure	Age 45 - 59	Age 60-74	Age 75+
Owner occupier (mortgage)	9235	1569	338
Owner occupier (no mortgage)	2822	5990	2562
Private rent	493	247	199
Social rent	3661	3307	2182
Shared ownership	26	0	93
Tied to employment	137	61	13
Rent free	17	40	237
Other	153	110	17
Total	16,544	11,324	5,641

2.2.25 The findings indicate that the total annual level of outstanding affordable housing need is 176 units, after allowing for current re-let supply. The social rented stock in the borough is high at 27.6% compared to the national average of 19.3% and meets most of the need. Within this target an equal balance of rent and intermediate market housing is recommended.

2.2.26 The findings also indicate a combined requirement over the next three years for sheltered accommodation of 748 units, 435 in the affordable sector and 313 in the private market. There was recognition that some of this need will be addressed through existing sheltered stock, although this was not quantified.

Draft Housing strategy 2008/09 to 2010/11¹³

- 2.2.27 The draft strategy identifies priorities in the North West Regional Housing Strategy and Regional Housing Board that impact on the delivery of Halton's housing ambitions, in particular, the greater emphasis on the delivery of affordable homes. The North West resource allocation remained static for the period 2006/7/8 and Halton's share of the pot reduced as investment was refocused on those areas exhibiting more extreme problems of affordability and low demand. The strategy notes that this is a trend that is likely to continue.
- 2.2.28 The strategy notes that social rented housing at 26% of the stock still represents an unusually large sector when compared to the North West and the whole country which is 18%. Although house prices are still low by national levels, the housing needs survey completed at the end of 2005 identifies an affordability issue arising from the relationship between local incomes and the supply of cheapest stock available.
- 2.2.29 The housing need survey identified 13.5 % of homes in the borough have been adapted to some degree, but there was still a significant demand for adaptations, particularly, bathroom and ground floor extension.
- 2.2.30 The 2001 Census showed that Halton has a very small Black and Minority Ethnic population, with no one group higher than 1% of Halton's population. On the whole, BME households were identified as more affluent than the White British households, were larger and with a generally younger age profile.
- 2.2.31 The adopted Regional Spatial Strategy (2003) sets a target for the provision of 330 new dwellings per annum for Halton, but the strategy is in advanced stages of review and new net dwellings for Halton is currently set to increase to 500 dwellings per annum for the period 2003-2021
- 2.2.32 The Housing Strategy Action Plan 2008/09 to 2010/11 identifies a number of priorities which include improving the provision of supported housing for an ageing population, which would be partly met by the development of an extra care housing scheme with a target timetable of 2009..

Halton Supporting People strategy 2005 –2010¹⁴

- 2.2.33 The following Information on supply of services and future need for older people services in the Supporting People strategy are outlined below.

¹³ Draft Housing Strategy 2008/09 to 2010/11, Halton Borough Council Health and Community Directorate (2008)

¹⁴ Supporting People five year strategy 2005 – 2010, Halton Borough Council (2005)

- The number of frail elderly people receiving support is currently less than one-third of regional and national averages and support is wholly accommodation-based. Percentage spending allocated to this client group is relatively low, compared to the countrywide percentage. There is a need to develop provision for this client group
- Overall provision for older people with support needs is higher than both regional and national averages, but is highly reliant upon floating support. This is reflected in the fact that the percentage spending is low compared to the countrywide percentage
- Support offered to older people with mental health/dementia problems is higher than both regional and national averages.

2.2.34 The strategy identified the need for the development of extra care accommodation, recognising that Dorset Gardens was already committed and that a further two bids totalling 83 units were in place. These bids were unsuccessful.

Draft Domiciliary Care strategy¹⁵

2.2.35 The strategy estimates that forecast changes to the population in Halton will result in a steadily accelerating increase in the number of older people who are likely to have care needs arising from high levels of chronic ill health and disability.

2.2.36 The estimated future demand for domiciliary care services in relation to externally provided services suggests that there will be a slight decline in the demand for domiciliary care services for adult services by 3 service users by 2015 and a significant increase of 119 service users in the over 65s. The combined effect represents 116 additional service users, an increase of 17%.

2.3 Current supply of older people's services in Halton

2.3.1 The current supply of relevant services for older people that have an impact on the provision of extra care housing is outlined below.

Residential care

2.3.2 There are eight residential care homes in Halton providing places for older

¹⁵ Halton Draft Domiciliary Care Strategy, stage one research and analysis, CPEA (November 2007)

people including older people with physical disabilities or dementia. Two of the homes have dual registration with 64 places currently designated as care beds. There total residential care capacity for Halton is 327 units and 298 are currently occupied (March 2008). **Table 2** provides a breakdown of this provision.

Table 2

Service/Scheme Name	Ward	Type of Service	Number of units/places
Beechcroft	Halton Lea	Dual Registration	42
Ferndale Court	Riverside	Dual Registration	22
Cartref	Farnworth	Residential Home	24
Croftwood	Halton Lea	Residential Home	41
Hannah & Olivia Court	Appleton	Residential Home	63
Oak Meadow	Appleton	Residential Home	32
Simonsfield	Halton Brook	Residential Home	59
Trewan House	Ditton	Residential Home	44

- 2.3.3 There are also two nursing homes for older people, and five nursing homes for people with dementia.
- 2.3.4 The number of placements of older people in residential care are reported to have reduced over the past three years, though this has not been quantified. The CSCI annual performance assessment report 2006-07 identified the Borough's very good performance on the number of older people and other adults admitted to residential care.

Domiciliary care

- 2.3.5 There are currently 23 domiciliary care organisations providing service to 616 individuals. Information about these services is not broken down by client group, however the Halton draft extra care housing strategy identifies 80% of domiciliary care service users as older people.

Floating support

- 2.3.6 The Halton BC Older People's Team is funded to provide housing related

floating support services to 136 older people. The service is currently provided through sub-contracted domiciliary care providers.

Community Alarms

- 2.3.7 Supporting People fund five organisations to provide dispersed alarm services. The largest provider is Halton BC Older People's Team and this service also includes a mobile warden response. **Table 3** provides a breakdown of the services by provider.

Table 3

Provider	Type of service	Capacity
Riverside Housing	Dispersed Alarms	32
Arena Options	Dispersed alarms	11
English Churches	Dispersed alarms	16
CDS Housing	Dispersed alarms	46
HBC - Older Peoples Team/Contact Centre	Mobile Warden/Alarms	1860

Sheltered Housing

- 2.3.8 There are 18 sheltered housing schemes provided by housing associations in Halton, with a capacity of 550 units. In addition there is an Abbeyfield very sheltered scheme for ten people and a private sector sheltered development in Widnes. The sheltered schemes are located throughout Runcorn and Widnes with a fairly equal distribution between the two areas. **Table 4** provides information about each of the sheltered housing services provided by housing associations.

Table 4

Provider	Service/scheme name	Capacity
Anchor Trust	Broome Court	36
Arena Options	Elaine Price Court	28
Guinness Trust	3 Iveagh Court	20
Halton Housing Trust	Brunswick House	35
Halton Housing Trust	Quarry Court	30
Halton Housing Trust	Queens Close	32
Hanover	Runnymede Court	33
Hanover	Hanover Court	42
Hanover	Runnymede Walk	16
Hanover	Runnymede Gardens	20
Housing 21	Cannell Court	28
English Churches	Victoria Court	30
English Churches	Southlands Court	40

English Churches	St Georges Court	34
English Churches	Woodend Court	42
English Churches	Hargreaves House	23
Pentecostal	Fairhavens Court	44
William Sutton Trust	Thornhills	17

2.3.9 The performance returns made by providers of this accommodation to Supporting People identify very high utilisation rates for sheltered housing with an average of 98%. Consultation with providers identified a significant demand for most services with the exception of two schemes where the accommodation was in need of improvement.

Extra care housing

2.3.10 Halton currently has one extra care housing scheme providing 40 flats (37 one bed flats and three two beds) for a range of needs; the targets set for the service are 30% low dependency, 40% moderate dependency and 30% high dependency residents.. The scheme has a lounge, restaurant, buggy store, therapy space, laundry, assisted bathing facilities and hairdressing room. It is owned by ECHG and managed by Halton Adult Services. Halton Adult Services also provide the care services.

2.3.11 The scheme has been operating for 18 months. In the last 12 months there have been eight voids. There is currently a waiting list of 11 people for the service and no more people are being accepted for referral to the panel for decision about acceptance for inclusion on the waiting list. The model is seen as successful by the service manager and by other stakeholders.

Comparison of extra care units with other boroughs

2.3.12 In comparing the number of extra care units with a sample of local authorities in the North West (using the same comparator authorities used in developing the Halton domiciliary care strategy), Halton has a similar number of units in proportion to the older population as Blackpool, but a significantly lower number than Warrington and Blackburn. See **Table 5** below. Information in this table includes extra care villages. It does not break down the figures into high, medium or low support needs or tenure.

Table 5

Authority	Extra Care Units	Population (65+)*	Population (all)	% of people 65+	% of all people
Warrington	475	29,700	193,600	1.60%	0.25%
Blackpool	59	27,400	145,000	0.22%	0.04%
Blackburn	220	18,000	142,200	1.22%	0.15%
St Helens	318	29,300	177,800	1.09%	0.18%
Halton	40	16,500	118,900	0.24%	0.03%

2.4 Quantified need for extra care provision

2.4.1 In quantifying the core need for extra care provision we have used the following assumptions which were arrived at through consultation with stakeholders:

- 25% of the number of older people currently in residential care who could otherwise be housed in extra care, plus
- 50% of the number of older people in receipt of intensive domiciliary care support (over 10 hours a week) with data based on PAF indicator of intensive home care = 11.1 per 1,000 population.

2.4.2 The current estimated need has then been applied to future population projections of older people in Halton to determine future need.

2.4.3 On this basis, the core need for extra care housing for older people is 166 units (25% of older people in residential care (298) = 74.5) + (50% of people currently in receipt of intensive domiciliary care (183.15) = 91.5).

2.4.4 **Table 6** shows the projected need for extra care based on the projected future population growth of the population of people aged 65 and over.

Table 6

Future Need	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Projected population 65+	16800	17200	17400	17800	18400	19100	19700	20300	20800	21300
Projected percentage in need	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%
Identified need for extra care	169.1	173.1	175.1	179.2	185.2	192.2	198.3	204.3	209.4	214.4

- 2.4.5 This needs analysis is based on data from older people who currently access services (domiciliary care and residential care). This has produced a baseline need. However, there may be additional need in the older population that has not been quantified and the baseline assessment needs to be viewed in this context. This may include some older people who have not accessed domiciliary or residential services but may also benefit from extra care housing.
- 2.4.6 In addition stakeholders identified possible future need amongst the current younger population of Halton in the 55 to 65 age range who have significantly higher long term conditions than the national average. This age band was not included in the assumptions used for the needs assessment, but as this group ages they are likely to require higher levels of care and support and may add to the estimated need for extra care housing.

Older people with learning disabilities

- 2.4.7 The overall need for extra care for older people identified above excludes the needs of older people with learning disabilities who may benefit from extra care housing. Total need can be adjusted to take account of those people age 65+ with learning disabilities who currently receive a service. Older people aged 65+ with learning disabilities are a fixed population as diagnosis is made at birth and not acquired. Whilst numbers aged 65+ currently are low at 23 people, there are a further 58 people in the 55-64 age group who are likely to develop age related conditions which will become their primary need, rather than their learning disability.
- 2.4.8 An additional factor to consider is that people with learning disabilities develop pre-senile (early onset) dementia on average 15 years earlier than the general population at age 54 but onset for some can occur in their 30's particularly for those with Downs syndrome.
- 2.4.9 Examination of the 23 people aged 65+, currently receiving a service shows:
- 19 living in their own home with intensive support
 - 3 in residential care – two recent admissions as older people and one discharged from long stay hospital in the 1980's
 - 1 out of area specialist placement
- 2.4.10 Based on for this information about older people with leaning disabilities it is estimated that need for extra care housing for this group equates to 11 units. The assumption resulting in this estimate is that the two people in older people's residential care plus 50% of the people living in their own homes with intensive support would benefit from extra care

accommodation. An examination of the age profile of people with learning disabilities aged 65+ over the next ten years shows that the level of need for extra care housing during the years 2010 to 2015 will double to 22 units and then stabilise.

3 Extra care service models

3.1 Introduction

3.1.1 There is no one definition of extra care housing, but it could be described as ‘purpose built accommodation in which varying amounts of care and support can be offered and where some services and facilities can be shared’

- It is first and foremost a type of housing. It is a person’s individual home. It is **not** a care home or hospital and this is reflected in the nature of the occupancy through ownership, lease or tenancy
- It is accommodation that has been specially designed, built or adapted to facilitate the care and support needs that its owners/tenants may have
- Access to care and support is available 24 hours a day either on site or by call

3.2 Models of accommodation based services

3.2.1 CSIP has outlined the main models of extra care housing and given examples of the different types of provision, see **Table 7**¹⁶.

¹⁶ The Extra Care Housing Toolkit CSIP (2006)

Table 7

Type of scheme	Description	Examples
Purpose built extra care scheme without community resources	Normally around 40-50 units of accommodation in one location. • Flats or bungalows (often dependent on whether scheme is inner city or in suburbs). • Scheme for use by residents only	Linters Court in Redhill is an example of an 'Assisted Living' scheme provided by McCarthy & Stone and Hanover Property Management Ltd. Flats are sold on a long leasehold basis (99-125yrs) with roughly equal numbers of one and two (wheelchair accessible) bed apartments. All schemes incorporate a restaurant in addition to resident lounges, guest suites, laundry facilities and lifts. Southfield Lodge in Durham is provided in partnership between the county council and Bradford and Northern care partnerships. It was built to provide a directive alternative to residential care for older people and replaced two existing care homes. Many residents had lived in residential care for many years, so skills and confidence had to be rebuilt.
Purpose built extra care scheme with community resources	As above but with attached community facilities, e.g., resource or activity centres, health, recreational and leisure facilities, which are open to local older people.	Hillside Court is a scheme located in Bristol and provided by Housing 21. It specialises in providing accommodation for people with hearing impairments. A number of flats are equipped with technology specifically to support people with hearing impairments to remain at home. The scheme also includes a full catering restaurant which is open to both members of the scheme and the surrounding community.
Core and cluster extra care scheme	Small local schemes with a core central building, e.g. a scheme spread across four or five villages, with eight to ten housing units in each location but with services based at one central building - shared housing, care management and staffing of all schemes - local housing units are often bungalows – schemes may be virtual, i.e. the link is via the services provided rather than geographical closeness	Harp House in Barking has been developed in partnership with the London Borough of Barking and Dagenham and Hanover Housing. It is a core and cluster scheme with the core being extra care and the cluster being a number of nearby sheltered schemes and older people's properties. The sheltered tenants and older people can make use of the facilities within the scheme and care is delivered out of the core scheme to individual's homes if required.

Type of scheme	Description	Examples
Remodelled extra care scheme from existing sheltered housing or residential care home	Probably at least 30 units of accommodation if they are to achieve viability - Due to the need for a minimum number of units to make a scheme viable, remodelling tends to be of newer and larger sheltered schemes or homes - Schemes may not have all the facilities of a new build extra care scheme e.g. buggy store and charge and extensive communal facilities- Cost, in most instances will determine the appropriateness of ordinary sheltered housing for conversion.	Banlier Ct is a remodelled development with 24 flats and bungalows for rent. It is owned and managed by Tintum HA which specialise in providing housing and care services for black and minority ethnic groups. The design and facilities within the buildings were changed to bring them up to extra care standards
Retirement village/ continuing care communities	100 plus units of accommodation. •Large development spread over one large site. • Often incorporate a range of buildings including flats, houses and bungalows. • Extensive communal, health and leisure facilities. • Scheme may incorporate a residential care or nursing home on site.	St Monica’s Trust is an extra care retirement village situated in North Bristol and provided by St Monica’s Charitable Trust in partnership with Bristol City Council. The community consists of approximately 170 flats available for sale, shared ownership and to rent, and a 60 bed care home. All properties are laid out around a central cricket field complete with a pavilion and public house. Avonpark Village is situated on the outskirts of Bath and is one of the Care Village Groups five developments. The scheme consists of a mix of studio, 1, 2, and 3 bed properties available for leasehold purchase and both a residential and nursing home. Short and longer term rentals are also available. The village has extensive on site social facilities including restaurant, library and visiting doctors’ surgery.

Type of scheme	Description	Examples
ECH linked to care home provision	<p>Small number of units – often flats.</p> <ul style="list-style-type: none"> • Attached to existing care home. • Units often specifically for couples of whom one has a very high care need, or specialist need, and the other who is their carer. • Ability to access care, support and facilities of existing home. 	<p>The Ridings in Swindon Borough Council (in partnership with Kennet Housing Society), has been remodelled to provide 25 extra care flats. A large conservatory style building has been added, as well as a shop, hairdresser and shop. The scheme incorporates a day centre and has an important role as a resource centre for residents and the wider community of older people.</p>
Extra care schemes for people with specialist needs	<p>Smaller than many other schemes often around 20-30 units.</p> <ul style="list-style-type: none"> • Scheme specifically developed for individuals with specialist needs, e.g., cognitive impairment or learning difficulty. • Scheme incorporates specific care and health facilities, and is designed to specifically meet the needs of these groups. • Scheme may incorporate a day resource for individuals both in and outside of the scheme with similar specialist needs. 	<p>Yew Tree Court in Leeds is provided by Methodist Homes Association. It provides fifty, 1 and 2 bed flats for frail older people. Situated next to the scheme is Rosewood Court, a bespoke extra care scheme offering 20 flats for older people who have a dementia. Also available at the scheme is a dementia day care centre. The Seven Oaks Dementia Care Unit in Northern Ireland is managed by Fold Housing Association and provides purpose built specialist extra care. It is designed specifically for people with dementia and provides 30 units, all with en suite facilities and includes 5 two bed bungalows which enable couples to stay together.</p>

<p>ECH as a co-housing scheme</p>	<ul style="list-style-type: none"> • A model of shared ownership provision originally developed in the Netherlands and Denmark. • The concept behind co-housing is that of independent living within private space, but alongside others within a community that promotes active engagement with others, in communal spaces and around common interests. <p>The key features of co-housing are:</p> <ul style="list-style-type: none"> • Common facilities. • Private dwellings. • Resident-structured routines. • Resident management. • Design for social contact. • Resident participation in the development process. • Pragmatic social objectives. 	<p>The Peabody Trust Housing Association has developed a purpose built community in Southwark, London (Darwin Court). It offers 76 new flats for people over the age of 50, community facilities such as a health care suite and swimming pool, and provides a range of health living and educational activities for older people. The Threshold Centre in Dorset currently comprises a group of six individuals, all age 50-plus, with a common interest in all aspects of sustainable/holistic. They commonly purchased Cole Street Farm in November 2004 with the aim of creating a small, informal community, ultimately of 12-14 people, with shared values, linked to the wider community.</p>
-----------------------------------	---	--

3.3 Model of community based services

3.3.1 Not all extra care services are linked to specialist buildings. A combination of telecare, visiting warden services and linked domiciliary and other services has been developed. This model can allow older people to stay in their own homes and staircase up to higher levels of service as their needs grow.

Cumbria County Council virtual model of extra care

3.3.2 Cumbria County Council has developed a virtual care village model of extra care. This was developed in response to the problem of developing appropriate models of extra care in rural Cumbria and in organising the care services to support tenants and older people living in the surrounding community.

3.3.3 The approach that Cumbria has adopted has created clearer links between extra care housing, the commissioning and delivery of domiciliary care, and the introduction of Telecare (Assistive Technology).

3.3.4 The model comprises the following elements

- A geographical area within which mobile care and support services will be more responsive to peoples needs. 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 Telecare services (managed by the Integrated Community equipment Stores – ICES) including a range of sensors that enables the management of risk and the targeting of services in the event of an emergency
- The use of mobile handsets (and the Telecare database) to enable care workers to be contacted by the alarm provider and enable secure access to information (such as current health needs and care services provided to the client) as required
- The use of telemedicine services, purchased by the local Primary Care Trust (and managed by ICES) to enable the monitoring of a person's vital signs from home as part of the strategy for managing Long Term Conditions
- Continued development of Extra Care housing schemes for people who choose, or need to move into a more enabling type of dwelling

- Continued development of homecare services dedicated to meeting the care needs of all those living in the area, including Extra Care schemes and responding to Telecare calls
- Continued development of a responsive night time care service available across the area defined, (with possible retention of on site waking night service within Extra Care schemes and use of the scheme as a base for the night time care team)
- Developing the potential for integration and modernisation of Housing Visitor, Housing Warden and Floating Support Services
- Reinforce partnership with Health, supported by extended use of Health Act Flexibility agreements. These developments significantly contribute to the implementation of new arrangements for meeting 'Long Term Conditions' targets, the agenda for integrating community and social work teams; developing community provider services such as generic home care services, and ICES
- Potential for the development of shared information systems, including a client information database
- Development of a co-ordinated handyperson service
- Integration of voluntary sector community support services such as, the Alzheimer's Society Family Support Service, Carers Associations, and services offered by Age Concern to provide the support required to maintain the quality of life for people who choose to be cared for at home. A Virtual Care Village Model Cumbria, Housing Lin (July 2005)

Halton Council plans for virtual extra care

- 3.3.5 Halton council are exploring the concept of virtual extra care and are reviewing the in house community alarm and domiciliary care services with a view to developing a service more responsive to older people's needs. This service will be provided in addition to the provision of accommodation based extra care.
- 3.3.6 The aim of the service will be to support Halton citizens who are vulnerable to remain independent in their own home during times of change in their circumstances. The service will: focus on the individual and their needs; promote rehabilitation; and promote access to and the use of community resources and activities.

3.3.7 During the initial pilot period the capacity of the service will not exceed 30 (active) service users at any one time.

3.3.8 The Lifeline/Community warden service will provide the initial response element of the service 24 hours a day. Key workers will be developed across home care seniors and the community wardens. Each service user assessments and support and contingency plans. Needs and support will be reviewed every three months.

3.4 Services provided as part of extra care

3.4.1 Services may be on site or off site and available to the wider community. There may be a range of service which commissioners and providers agree would be suitable to co-locate. There are a number of services which are seen as essential to extra care.¹⁷

- On-site provision or access to 24 hour personal and practical care services. Provision of personal care needs to be flexible and tailored to individual needs, so that as these change people can remain in the same place
- Access to one or more meals every day which can help to ensure that residents receive their minimal nutritional value per day. These may be provided by onsite catering facilities or by existing providers within the authority
- Access to domestic and housing support services particularly services which 'work with' rather than 'doing for residents'
- The use of a range of assistive technology approaches designed to be enabling rather than disabling
- Access to a range of community health services. Some of these may be on site, some from nearby health facilities or agencies. In either instance their availability in sufficient volume to maintain people within the community is likely to be as critical as the care and support services. Examples of these services include; district nursing, CPNs, community dentistry, chiropody services, continence services, mobility assistance through physiotherapy or personal assistants, occupational therapy services. Such services may, of course, not be an additional requirement as they may already have been provided to ECH occupants in their former homes

¹⁷ The extra care housing toolkit, Housing Lin (2006)

3.4.2 The following range of facilities may be incorporated into extra care schemes:

- Care or nursing care
- Day services
- Assessment services
- Community based care teams
- Respite care services
- Intermediate care and rehabilitative services
- Technology response centre
- Health care services
- Leisure facilities, shops etc.

3.5 Support needs of service users in extra care

Dependency of service users

3.5.1 The dependency mix of the service users in extra care schemes needs to be determined in advance of developing the schemes. For example, the existing extra care scheme in Halton has a range of low, medium and higher support tenants. This was identified as the preferred model through consultation with stakeholders prior to the development of the service.

Mix of client groups

3.5.2 Extra care housing has also been developed for other client groups, including people with dementia, older people with learning disabilities and people with physical disabilities.

3.5.3 Where models have been developed for people with dementia, the scheme has been developed with the incorporation of dementia friendly design principles and appropriate staffing and support.

3.5.4 The incorporation of units within a scheme for older people with learning disabilities also requires a consideration of the specific design and services needed. The use of enabling assistive technology together with specially designed or adapted units can be used in designated units. There are a number of best practice examples of innovative design developments available through the Housing LIN, DoH.

3.5.5 Consultation with providers identified examples of schemes where there was a mix of care and support needs of service users and these schemes were generally seen as a successful model.

3.6 Location of extra care housing

3.6.1 Location is very important in the development of extra care housing and can mean the difference between a scheme and its residents integrating and becoming part of the community or remaining socially isolated. The following site specific criteria should be considered in the assessment of any potential new site:

- The relationship of a scheme to the local community in which it is to be located
- Level assess to the scheme and the surrounding facilities
- Proximity to retail/GP/leisure facilities/places of worship
- Links to existing services for older people
- Proximity to other older people's accommodation
- Easy access to GP/primary care and other community health services
- Planning requirement constraints
- Low crime/low risk neighbourhood
- Easy access to local transport services
- Potential market for mixed tenure
- Whether an existing sheltered scheme will be refurbished or land used for new build

3.7 Mixed tenure in extra care housing developments

3.7.1 Many extra care housing schemes offer a range of tenures and this approach operates across all models. The advantages of cross tenure provision include:

- Catering for the increasing number of older owner occupiers identified in demographic analysis and projections
- Creating balanced communities
- Meeting demand

- Meeting the needs of asset rich, cash poor older owners
- Offering choice

3.8 Comparing models of extra care

3.8.1 A recent research report published by the Joseph Rowntree Foundation¹⁸ noted that there appeared to be no single dominant model of housing with care that was most effective. The combination of independence and security offered by all schemes appeared to be very attractive to older people.

3.8.2 The research found that:

- The profile of residents was different in each scheme, reflecting the selection criteria in each scheme
- Schemes developed in partnership between housing associations and local statutory services were more likely to respond to local need.
- The size of scheme did not seem to influence the level of care offered, but did affect the variety and range of facilities and amenities available
- The housing needs of people entering the schemes was as important a consideration as their care needs
- Not all care and support needs could be met within the schemes.

Stakeholder views on scheme models

3.8.3 Consultation with local stakeholders in Halton found general agreement with the JRF research that no one model was more effective. Providers thought that the model of service developed may be dependent on the site, location and resources available. However, most of the providers and other stakeholders thought that the village model was not necessarily suitable for Halton given the size of the identified need. The village model requires a significant number of units to be viable. Stakeholders view was that smaller schemes in different locations throughout Halton would be a more appropriate model. One stakeholder thought that the model of a village could be considered if included in part of a larger development, such as the sites available through English Partnerships.

¹⁸ Comparing models of housing with care for later life, JRF (2007)

4 Assessment of sheltered housing sites

4.1 Purpose and approach

- 4.1.1 The aim of this part of the methodology is to identify existing sheltered housing sites and or buildings with the potential to be used as extra care housing through remodelling or redevelopment.
- 4.1.2 Sheltered housing providers in Halton were asked to complete a questionnaire providing information about their sheltered housing provision including information on the location, site, layout and size of scheme and the age and domiciliary care needs of current residents.
- 4.1.3 Questionnaires were completed by all but one of the providers, although not all information was available for all schemes.

4.2 Criteria for the assessment of sites

- 4.2.1 Schemes were assessed for their potential suitability as a site for extra care using the following criteria:
- Size of whole site
 - Size of units
 - Accessibility
 - Location and access to amenities
 - Service user profiles
 - Design.

4.3 Consultation with providers on initial assessment

- 4.3.1 An initial desktop assessment of sites and schemes was tested out with providers at a consultation meeting with providers. The discussion at this meeting also identified the providers' current strategies for extra care and plans for existing sites.

4.4 Findings

- 4.4.1 The assessment of sites and schemes is outlined in **Table 8** below. This is based on information provided in the questionnaire and discussion with providers.

- The assessment of sites indicates that there are eleven possible sites with the potential to be used for extra care housing, generally subject to remodelling or redevelopment of the site. However, not all sites/schemes identified as potential sites were viewed by providers as current options for extra care remodelling or redevelopment. Three providers are currently considering developing five sites for extra care.

Table 8- Analysis of existing sheltered housing schemes and sites

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
Halton Housing Trust	Clarke Gardens	Sheltered scheme demolished. Site suitable for development of extra care scheme	Possible site
	Queens Close Queens Drive Runcorn WA7 4PF	Initial assessment is that this is a bungalow scheme with limited communal space, so not an obvious candidate for use as extra care. However, HHT would consider conversion to two bed accommodation and the inclusion of some extra care services	Possible site
	Brunswick House, Water Street, Runcorn WA7 1DG	The size of units and of the overall scheme are sufficient, accessibility and age profile indicate good potential. HHT would consider this site for remodelling to an extra care scheme.	Possible site
	Quarry Court, Widnes WA8 7XL	Bungalow scheme and location not suitable for use as extra care	Not suitable site
Hanover Housing	Hanover Court, Brookvale, Runcorn WA7 6EJ	Site is a good size for use as extra care. Current buildings do not appear to meet the criteria. Access to amenities is poor. Service user profile indicative of future need in the location. From the information provided the site rather than the scheme seems to be a good candidate for extra care development.	

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
	Runnymede Court, Walk and Gardens Williams Street, Widnes WA7 6RN	Site is a good size for use as extra care. Current buildings do not appear to meet the criteria. Service user profile indicative of future need in the location. Access to amenities. The site is a good candidate for extra care development. Extra care bid unsuccessful 2008.	Possible site
		Hanover are very keen to promote extra care housing. However, following the unsuccessful bid in 2008 there are no plans to bid for redevelopment of either site in the near future.	Possible site
ECHG/Riverside	Hargreaves House Off Warrington Road Widnes WA8 0QB	Initial assessment was that site and units appeared to be too small to consider for use in providing extra care. However, ECHG are interested in remodelling the scheme as extra care and will look at models for this scheme.	Possible site
	Southlands Court Moughland Lane Runcorn WA7 4SA	Overall size of site potentially big enough to consider for extra care development subject to remodelling/redevelopment. Location close to amenities. Service user age profile indicative of future need in location.	Possible site
	St Georges Court Dundalk Road Widnes WA8 8BS	Overall size of site potentially big enough to consider for extra care development subject to remodelling/redevelopment. Service user profile indicative of future need in location.	Possible site

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
	Victoria Court Mottershead Close Widnes WA8 7ND	Overall size of site potentially big enough to consider for extra care development subject to remodelling/redevelopment. Service user profile indicative of some future need in location.	Possible site
	Woodend Court Moorfield Road Widnes WA8 3JX	Overall size of the site potentially big enough to consider to extra care development subject to remodelling/redevelopment. Service user profile indicative of future need in the location.	Possible site
		ECHG have no current plans to re-model or redevelop as extra care all the above sites apart from Hargreaves House. They believe that some of the service users would benefit from the provision of virtual extra care services.	
Arena	Elaine Price Court Balfour Street Runcorn WA7 4QT	This site has some potential particularly if it could be linked with the residential care site, but this would be dependent on flexibility about existing plans to use this site for a physical disability service. The units and site are a good size, the location and quality of accommodation seem reasonable.	Possible site

Providers	Schemes	Assessment from questionnaires and providers comments	Possible site
		The current profile of service users does suggest a sufficient core of potential extra care service users. Arena would consider the development of extra care on this site.	
Anchor Trust	Broome Court Brookvale Ave North Runcorn WA7 6EF	No Information available	Unknown
Guinness Trust	3 Iveagh Close Palacefields Runcorn WA7 2RD	Scheme too small and location unsuitable for development of extra care	Not possible site
Housing 21	Cannell Court Palacefields Runcorn WA7 2T	Site too small for consideration as extra care housing.	Not possible site
Pentecostal	Lugsdale Road Widnes WA8 6DA	Good large site with potential for use as an extra care site, but insufficient information to establish whether existing buildings could be remodelled or site should be fully redeveloped. No information on support needs of residents	Not possible site
William Sutton Trust	Thornhills Cherry Sutton Hough Green Widnes WA8 4PQ	Too small to consider for extra care provision	Not possible site
Abbeyfield	Littlemore House Coroners Lane Widnes WA8 9JB	Units and overall scheme size is too small to consider as a potential site for extra care. However Abbeyfield consider that there is potential for expansion if the adjoining site (approximately ¾ acres) was acquired.	Not possible site

5 Views of older people

5.1 National research

5.1.1 Recent research commissioned by Communities and Local Government¹⁹ explored the influences on participants' housing decisions, and their future housing intentions and aspirations. The groups were located in different parts of England, including rural, urban and suburban areas. Groups were purposefully recruited to include people who owned their own properties, or were renting from the social and private rented sectors, older people with disabilities, older people from black and minority ethnic (BME) communities, and older lesbian, gay, bisexual and transgender (LGBT) people.

5.1.2 The summary findings from the report are outlined.

Influences decisions to move

5.1.3 Most participants expressed their determination to stay where they were currently living for as long as possible. The following factors underpinned decisions to move or to stay put, and were common to all the groups regardless of composition:

- Attachment to current home
- Complexity of family/caring relationships
- Neighbours and neighbourhood
- Access to services and amenities
- Health and well-being.

5.1.4 Most people were happy with their current homes, and felt they would be able to stay put as they grew older. Some had already made changes to their homes (most usually installing walk-in showers and/or downstairs toilets) either because they were already experiencing difficulties or because it seemed a good way to prepare for possible future needs.

5.1.5 Family relationships often determined housing decisions. The housing and care needs of the very old often influence the housing choices and decisions of their 'younger' older relatives, both in terms of being able to offer an older person a place to live, and also in terms of living near to older relatives to offer care and support as necessary. For those living in the public rented sector, choice of accommodation that sustained family relationships could be limited either in terms of size or location.

¹⁹ Housing Choice and Aspirations of Older People, University of York (2008)

- 5.1.6 Neighbours and neighbourhood were also a key influence on people's housing decisions and their satisfaction with where they lived. Good neighbours were an incentive to stay, however bad neighbours could force a move. The attitudes of neighbours and in the wider neighbourhood were of particular importance to participants in the LBGT group. While local neighbourhood services were valued,
- 5.1.7 Most people acknowledged that it would be their health that would be the deciding factor if they were to move in the future. Almost all those who had or were in the process of moving or had moved more recently were to a greater or lesser extent experiencing health problems of one type or another, most usually mobility problems.

Future intentions

- 5.1.8 Participants were generally reluctant to consider their future selves and what steps they might take now to make life easier and more comfortable in the future. Most participants felt their current homes could be successfully adapted if necessary, although wheelchair access would be problematic, but very few had made any significant changes to their homes in preparation for later life. Many felt that it was impossible to plan for future uncertainties, and that they could make any necessary adaptations if and when the need arose. However some older participants stressed the importance of considering housing options, and if necessary moving, when you are young enough to cope with moving.
- 5.1.9 Those few people who had moved said they had been determined to make a deliberate choice to move to a particular place, rather than be forced to move when they might not have the capacity to look at different alternatives and make a considered decision as to what was best for them. For those who were moving, finding suitable properties either to buy or to rent was not always easy.
- 5.1.10 Most people, whether or not they themselves intended to draw on the equity in their homes, were supportive of the principle of equity release especially if people did not have pensions, or family who would inherit. Some participants saw their housing equity as an essential source of income in later life. There were, however, some people who were adamant that they would not use the equity under any circumstances, particularly the older people from the African-Caribbean community who did not trust equity release products, or want to get into debt.
- 5.1.11 Despite the general support for the principle of equity release, a lack of faith in current equity release products was evident in all the groups.

Housing options for older people

- 5.1.12 Some participants, particularly those from the Asian community, would welcome better independent advice about the range of housing options available to them.
- 5.1.13 Most people thought that bungalows are the best option for older people because of their perceived accessibility. Two bedrooms were seen as a minimum requirement for most people, as well as having reasonable space standards for the whole dwelling. Good access to local services and transport links was also essential.
- 5.1.14 Few people spoke about the potential role of assistive technologies or the possibility of home care. The older disabled participants, however, had some experience of home care and were concerned about the quality of care, the sometimes difficult relationships and negotiations between carers and the person receiving care, and about the supervision of home carers. They noted a lack of support services that would generally make their lives easier, for example, help with small household repairs.
- 5.1.15 The general view was that sheltered housing was a “good thing”, but only really necessary for the very old or for those who were infirm. Sheltered housing was seen to be a more attractive option than a care home. Those participants who lived in sheltered housing appreciated the combination of independence and security.
- 5.1.16 Very few people had heard of extra care housing, although some had heard of retirement communities and villages, usually through media reports. People generally had very low opinions of care homes. Their views were informed by the experience of visiting people, but also by negative media reports that highlighted cases of abuse or neglect.
- 5.1.17 Future care and housing was a concern for the older lesbians and gay men. Most felt that they would want to stay in their own homes and receive home care due to concerns about possible homophobic attitudes among staff and other residents in specialist housing or care homes.

5.2 Consultation with Halton OPEN

- 5.2.1 Halton Older Person Enabling Network (OPEN) is an established forum for older people. The network was consulted on the development of the Halton Commissioning Strategy for Older People in 2004 and identified the following key priorities for older people in Halton:
- Quality, up-to-date and accessible information on all aspects of care and services.

- To be able to combat loneliness and social isolation
- Training of health & social care staff in communication, respect, dignity and discrimination awareness.
- Improvements in the provision of equipment.
- More prevention/health promotion for older people – screening, health checks, medication reviews.
- Greater opportunities and services available to people more locally and in their own homes.
- A wider range of housing in all communities.
- Waiting times for services to be reduced, and people to be kept informed.
- All care professionals working more closely together, communicating with patients and each other.

5.2.2 The group was also consulted on the emerging themes in the development of the extra care commissioning strategy. They were asked to:

- Review the vision for older people services that was established for the older person's commissioning strategy
- Review the priorities identified above
- Consider suitable models and location of extra care in Halton
- Identify any other issues that should be included in the strategy

5.2.3 The group thought that the vision identified in the Commissioning Strategy for Older People 2004-2008 outlined below is still relevant and could equally applied to the extra care commissioning strategy. The vision is to promote:

- A positive image of ageing to ensure that older people in Halton are able to live as independently as possible within a safe environment of their choice
- The goals of active ageing, quality of life and well-being, and move towards models of services and housing, in their widest sense, which address the 'whole' needs of each individual, and enables all

Older People both active and people with ill health or disability - to realise these goals

- To work with and empower older people as equal citizens first, not clients or users, and to work in partnership with them.

5.2.4 They added another priority to those identified in the commissioning strategy which was to ensure that older people had access to social activities, education and training. They also thought that the priority regarding professionalism of staff should be emphasised.

Service models and location

5.2.5 The group thought that it would have been a good idea to have the consultation meeting at the existing extra care scheme in Halton as this would have given them a clearer view about what extra care housing is.

5.2.6 The group thought that new developments on new sites rather than remodelling of existing sheltered housing would be preferable as it would not result in disruption to tenants. However, if remodelling was an option then it would be better to do this where it was possible for tenants to stay on site.

5.2.7 They thought that a village model may be more suitable for more active older people rather than people with higher support needs.

5.2.8 A mixed level of support needs was seen as preferable in services located equally between Runcorn and Widnes.

5.2.9 Ideally there should be a number of two bed flats within the scheme for people with carers or for people who had relatives visiting on a regular basis.

5.2.10 There was support for prioritising housing for rent rather than housing for sale in any new extra care housing developments.

Additional comments and recommendations

5.2.11 The group thought that it was important to provide information and advice about the different housing and care options available to older people in Halton, including information about sheltered housing, extra care and residential care and the different rights and responsibilities in each service. If shared ownership schemes were to be developed then that should also be explained and advice given.

- 5.2.12 They thought that a commitment was needed from the local authority to continue to provide the levels of care and support needed before developing any new schemes.
- 5.2.13 There was a recommendation that general needs housing associations should consider the needs of their tenants as they aged and consider identifying land for use as extra care housing.
- 5.2.14 Members of the group would like to get involved in the planning and development of any new extra care housing services and would volunteer to be on any working group. In particular they would like to be involved in identifying potential sites, assessing suitability of sites and the design of schemes.
- 5.2.15 One possible site was identified - the school in Green Lane which is going to be demolished. The group were unsure about what plans there were for the site, but thought that it would be a good location for an extra care scheme and wished the local authority to follow this up as a potential site.
- 5.2.16 Age Concern representatives attended the meeting and wished to emphasise the need to very good transport links on any site that was to be considered. They also thought that an information pack about services was useful and noted that they would be able to act as advocates for tenants.

6 Funding and developing extra care

6.1 Sources of funding for extra care

6.1.1 The basic capital finance for most extra care housing schemes, at least where there is a large social rented element, are in the main Social Housing Grant, Department of Health Grant (to Social Services Authorities), private finance in the form of a mortgage (or similar loan mechanism) and contribution of land and/or buildings from one of the partners involved in the development..

6.1.2 The table below from the technical briefing from the Housing Learning and Improvement Network²⁰ sets out the common capital and revenue streams that are in use.

Table 9

Source	Comment
Social Housing Grant (SHG)	Only available to Registered Social Landlords (RSL). Often will only in practice meet a proportion of costs of “excellent” model of extra care partly because may well not fund full range of communal services characteristic of extra care. 80% of Housing Corporation allocation now goes to 71 associations only. Extra care is competing with all other needs. Need housing authority (District/Borough/City) Councils to prioritise bid by RSL to Housing Corporation to have chance of success. Important therefore where Social Services are the lead agency to involve and inform the relevant housing authority very early on. Allocations to associations from the Housing Corporation are now made on a 2 year cycle around July time it is therefore essential to have a clear strategy in place well in advance.

²⁰ Funding Extra Care Housing, Housing Learning and Improvement Network, DoH (2005)

Source	Comment
Department of Health Grant	At present there is an opportunity for Social Services Authorities to bid for grant funding for extra care from the DH. The total fund available is limited, part is already pre-allocated and competition is considerable. Bids are scrutinised using criteria similar to those used to appraise RSL bids. It is possible to have both DH Grant and SHG together. The DH expect the HC to be aware of any bids being made by an RSL in partnership with a Social Services Authority.
Mortgages	The developer, particularly if a housing association or private company, will be borrowing part of the capital required against their Extra Care Housing scheme and/or other assets. The rental stream – including rents on any shared ownership properties – will often also be used to make loan repayments. Note of course it is only net rents, after allowing for management, maintenance and a sinking fund for longer term major repairs, which is available to make repayments. Larger associations may not strictly speaking have a mortgage linked to a particular scheme but may have a variety of sources of long term finance such as bonds in place to fund a portfolio of development. It is usual for all developments to include some element of private finance alongside capital grant (DH and/or SHG)
Free or low cost land	Commonly provided by local housing or social services authority. Sometimes via a charity or housing association; for example, as part of redevelopment of sheltered housing or in social services' case re-provision of a residential care home.
Charitable	A few schemes include an element of charitable funding but this is unlikely to contribute more than a small percent of costs. It is usually easier to fund-raise for equipment or a special facility than bricks and mortar. A few of the major village developments have attracted significant charitable funding either from an established charity already involved in provision for older people or from individual wealthy benefactors. Lottery funding has occasionally contributed to meeting elements of development.

Source	Comment
Department of Health LIFT²¹	NHS LIFT provides capital for developing frontline primary and community care facilities. It allows PCT's to invest in new premises in new locations, not just to reproduce existing types of service, but to provide modern integrated health services.
PFI Public Private Partnerships	PFI housing projects are usually initiated by local authorities as a way of improving or replacing existing services. A PFI company will contract to rebuild, manage and repair properties for a fixed term of years by raising private sector loans. PFI companies can be RSL's or builders or a combination of both. The lender also holds equity in the PFI company. The loan is serviced by income from the commissioners which is supported by Government. A service specification is agreed by the commissioners and the providers and this is self-monitored but subject to audit. Tenancies can remain in the name of the commissioning authority. At least one PFI project has been established to improve sheltered housing stock and is the basis of a local strategy for older people's housing, including extra care housing.
Developer's own resources	Sometimes developer housing associations have put in a small amount of capital from their free reserves to make schemes work financially. This is more likely/attractive when the developer: <ul style="list-style-type: none"> • Will also be providing long term management and maintenance services • Will be the support and/or care provider either directly or via a linked organisation such as a care provider subsidiary.

²¹ Local Improvement Finance Trust

Source	Comment
Section 106 agreement	On larger sites planners may require private developers to enter into Section 106 agreements. These require the developer to make available a proportion of the site or dwellings for social housing as a condition of planning consent. There are different ways of formulating agreements and meeting the planning requirements which may result in either a plot of land suitable for extra care becoming available as part of a wider development or in effect a subsidy for a building elsewhere.
Business activities	An experienced provider would be expected to prepare a business plan for significant community services. Some services can produce a very limited additional income to help meet the direct cost of providing the facility through rental payments, sale of a lease or franchise. This is more likely in bigger developments where facilities like hair dressers, gyms, bars/cafés, and restaurants may be sufficiently attractive to produce a net income to contribute to building costs. It should be stressed this source is likely to be relatively very modest. A prudent assumption is break even on the supply of communal services.
Primary Care Trust	Either PCT's could choose to part fund schemes through either capital finance from the PCT's ordinary budget or by contribution in kind (eg land). PCTs could fund health related facilities such as consultation/treatment rooms, and intermediate care facilities directly or indirectly (See Housing LIN fact sheet no.11: An Introduction to Extra Care Housing and Intermediate Care) Similarly, PCT's might also fund specialist equipment or telemed/telecare packages
Social Services	Either Social Services or the relevant housing authority (District or Borough Council) could choose to part fund schemes through either capital finance from the authority's ordinary budget or by contribution in kind. Typically this is additional land or buildings. Service charges and/or Supporting People Grant which are revenue sources may be able to, in effect, meet some of the capital costs of equipment such as alarms/assistive

	technology through the service or support element of payments to eligible individuals.
Source	Comment
Mixed use development	Scale economies sometimes help to make schemes viable. It does not double the cost to build a two storey rather than a single storey building – there are in effect scale economies. This principle has sometimes been used to make smaller developments viable. As examples, one authority has imaginatively combined the building of a library with extra care provision. Prime town centre sites, have combined commercial development with retirement housing.

6.2 Assessment of extra care bids

6.2.1 Halton's unsuccessful bid for capital grant from the Department of Health Extra Care Housing Fund for 2007- 2008 was assessed against the criteria used by the department to identify areas which might have been improved upon.

6.2.2 **Table 10** provides commentary on the bid in relation to the qualifying criteria.

Table 10

Qualifying criteria 2007/08	Assessment of Halton's bid (Grange Court)
The Department of Health will only consider bids from Social Services Authorities that have not already received an Extra Care Housing Grant from the Department.	Met
Only one bid per Local Authority Social Services Department can be accepted	Met
Bids must provide research and evidence of how proposed developments will result in improved health outcomes for the target groups.	The bid asserts benefits that will accrue, but does not provide research and evidence to support this. Also the section on health impacts includes other impacts/benefits e.g. social inclusion, choice and involvement
Only capital bids for new build or remodelling will be considered, where other sources of supporting capital and revenue funds have been committed	Met

Qualifying criteria 2007/08	Assessment of Halton's bid (Grange Court)
Partners, which must include active involvement of the relevant Primary or Health Care Trust, must sign a statement to confirm their commitment to and support for the scheme's development	The commitment and involvement of Health partners is not put strongly enough. For example, in the table providing information about partners and their role, local Health partners are well down the list and the narrative section on partnerships is not sufficiently persuasive of the engagement of partners, including Health in driving the bid.
Proposed schemes must meet local strategies, including the Supporting People strategy, local housing for older people strategy and/or regional housing strategy	Links are made with these local strategies, but these could have been expressed more effectively – in places they read too much as if they have been cut and pasted and not adapted.
Rent levels, indicative sales prices, nomination agreements and care arrangements must be agreed between partners	This is not evidenced in the bid
The care partner must be a provider of domiciliary care which is registered with the Commission for Social Care Inspection.	The bid states that this will be the case, but more information about the care provider would have strengthened the bid, for example the selection criteria and minimum requirements to be applied.
Building design must satisfy the Housing Corporation's Scheme Development Standards (2005), Housing Quality Indicators and Eco-Homes rating	Although there is information about design, the bid's supporting document does not explicitly state that SDS (2005) will be met – this is included in the covering letter, but for ease of assessment could have been included in a section on scheme development.
All bids must confirm that they will be able to start on site no later than March 2008	Met
The Department of Health will seek the views of the Housing Corporation and the Commission for Social Care Inspection regarding deliverability of the bid	Information to enable this assessment is not as robust as it could be. For example, including information about the site, Cosmopolitan's development track record, project plan, any assurances you could have given in respect of Planning.

6.2.3 Bids meeting these qualifying criteria would then have been assessed against the assessment criteria:

- Health impact
- Partnership
- Value for money
- Strategic fit

6.2.4 The weaknesses referred to in the table would have impacted on this assessment particularly in relation to the detailed evidence required to demonstrate health impacts and partnership arrangements.

6.2.5 The bid format requirements were largely met, but some areas could have been strengthened:

Requirement	Commentary
A coherent structure with an index	Structuring the report in a way that would enable easy cross referencing with the assessment criteria could have helped to ensure compliance and facilitate the assessor.
Summary sheet with brief details of the bid, bidding partnership and contact details	This does not seem to have been provided
Project delivery plan approved by project partners	The project delivery plan was insufficiently robust
An undertaking to start on site before 31 March 2008	This is included but as a commitment from the RSL in a reference note in the main document supporting the bid. Although this is restated in the covering letter, it could have been more firmly expressed here.
Confirmation of agreed other capital and revenue funding sources	The confirmation in respect of other funding does not include funding for care.
Confirmation that nomination arrangements, rent levels, indicative sales prices are agreed with partners	This is not included
Local strategies and plans must only be referenced as WEB/URL links within the bid documentation	WEB/URL links were not made which meant that the assessment would have relied on the summaries only.
If possible architect drawings	Met

6.2.6 The documents also included a number of typing and grammatical errors, which although not directly impacting on the assessment criteria, would not enhance the impression gained by the assessor.

6.3 Success factors in bidding for capital funding for extra care

6.3.1 Success factors in bidding for capital funding for extra care through either Department of Health or Housing Corporation grant programmes need to demonstrate value for money, deliverability and support from the local housing authority, this can be expressed through demonstrating:

- Clear local strategic need for the service
- Clarity about who the provider will be (and who will be developing the scheme)
- An identified site and if possible existing ownership of the site
- Agreed revenue funding
- Effective relationships between housing and planning departments

6.3.2 When completing bid documentation it is important to ensure that the bid criteria are fully met and it can be useful to structure the bid so that it is easy to see that each element of the criteria has been met. This will help the bidder and the bid assessor.

6.3.3 Bids need to be competitive; this means that it is not enough to simply meet the criteria. Draw attention to elements of your bid that 'go the extra mile'.

6.3.4 Ensure that your bid is accurate, attractive and easy to read and that you have assessed it against the criteria.

6.3.5 Always comply with the bidding guidance and ensure that all of the criteria are addressed.

6.3.6 Ensure sufficient time is allowed for preparing the bid; a hurried bid will usually look like a hurried bid.

6.4 Sample bid structure

6.4.1 A sample bid structure based on the bid criteria for Department of Health funding (May 2008) is provided in **Appendix 1**.

7 Strategy and planning for commissioning extra care housing

7.1 Strategy

7.1.1 The aim of the strategy for commissioning extra care services is to ensure that older people in Halton have access to a wider choice of care and support options that includes extra care housing and service provision. The objectives for achieving this are:

- To meet the quantified projected need for extra care provision in Halton
- To provide extra care housing models that are most appropriate to the Halton context
- To make best use of existing resources in the Borough , in particular sites
- To access capital funding through a combination of grants and other sources to enable the provision of new and or remodelled housing provision for extra care
- To work with partners and stakeholders to ensure a cohesive contribution to achieving the aims of the strategy and to ensure that it remains aligned to wider older people's strategy for the Borough.

7.2 Quantified need for extra care

7.2.1 Current core need has been identified for 166 units of extra care housing provision. This will increase by an additional 48 units by 2017 to 214 units. In addition there is a current need for 11 units of extra care provision for older people with learning disabilities, this will increase to 22 units by 2015.

7.2.2 Initially, the response to this need will be the development of four additional extra care schemes each providing forty to fifty units by 2013. There will be some take up by couples which will increase mean that the numbers of people benefiting from the service will exceed the number of accommodation units.

7.2.3 Some of the places in the extra care services will be designated for low to medium support (see service type description below).

7.2.4 Needs assessments should be revisited annually to update the analysis.

Location

- 7.2.5 There is an equal demand for services in the two main centres of Halton, Widnes and Runcorn. It is proposed that as far as possible, depending on two areas.
- 7.2.6 The location of individual schemes must be appropriate to the needs of older people having reference to the criteria set out in 3.6 above.

7.3 Tenure

- 7.3.1 High levels of deprivation and poverty in Halton mean that there is a need for schemes for rent. However, as over 60% of older people (60 plus) are currently owner occupiers, and this will increase as the 45-59 cohort become older (currently 73% owner occupiers). This indicates a demand for housing for sale or shared ownership in new extra care developments.

7.4 Extra care housing models

- 7.4.1 There is no one preferred model of extra care housing. The type of service would be dependent on the location and site. Currently, there is no evidence to support the development of a retirement village model. A mix of high, medium and low care and support levels within the scheme is desirable.

Virtual extra care

- 7.4.2 There are plans to pilot an enhanced community alarm/domiciliary care service as a virtual extra care model during 2008. The pilot will be managed by Adult Services as an in-house service and this will be aligned with the existing floating support service for older people.
- 7.4.3 The service should be reviewed in 2010 to assess whether the service should be recommissioned and or expanded to include all floating support domiciliary care services for older people.

7.5 Resources

Existing sites

- 7.5.1 A number of existing sheltered housing sites have been identified as potential sites for the development of new or remodelled extra care services.
- 7.5.2 Other local authority sites should continue to be considered for extra care

and consideration should be given on the use of section 106 powers on new developments in locations that are suitable for extra care housing

- 7.5.3 The Primary Care Trust should be asked to identify potential sites for extra care provision as a contribution to the capital costs of schemes.

Access to capital funding

- 7.5.4 The strategy should be realised by pursuing funding opportunities offered through the National Affordable Housing Programme using SHG and through any future Department of Health funding for extra care provision. These options will need to be supplemented with private finance and land.
- 7.5.5 The authority should work with its partners to maximise the potential success of bids by working together to develop and submit funding bids.

7.6 Partnership working

- 7.6.1 There has been a National Service Framework Board for older people operating in Halton since 2001, with a local implementation team. Joint commissioning arrangements between Health and the Local Authority are continuing to develop. Halton council is the lead commissioner for older people services and there is a joint commissioning manager for older people services funded through a Section 75 agreement.
- 7.6.2 Partnership working to deliver the extra care strategy should be enhanced through the following actions by partners.

Local authority

- Identify HBC land that might be suitable for the development of extra care housing
- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed
- Take Corporate responsibility for ensuring that the needs of older people are met through the provision of extra care housing
- Ensure co-ordination between adult services commissioning, planning, property services and finance do develop proposals for extra care in advance of the bidding rounds
- Work with providers to identify sites and develop joint plans for bids for extra care housing

- Build on the relationship between PCT partnership, estates and finance to ensure inclusion in development of bids.
- Work with older people in developing bids and planning new services

Primary Care Trust

- Identify health authority land that might be suitable for the development of extra care housing
- Explore potential to identify capital resources to supplement future bids to the Homes and Communities Agency or the DOH, in order to reduce unit costs and make Halton's bids more likely to succeed
- Consider the feasibility of extra care housing on sites that are redeveloped within the health authority
- Consider locating GP/Community nursing sites within extra care schemes
- Consider funding treatment rooms as part of extra care housing bids
- Explore opportunities to identify additional health funding for extra care bids including LIFT
- Identify health targets that will be helped by the provision of extra care housing and monitor impact of new extra care provision on the target (e.g. emergency admissions, demand for nursing home places)
- Build on joint commissioning arrangements for older people and ensure input into extra care housing bids

Providers

- Identify possible sites in Halton for extra care remodelling/redevelopment
- Consider remodelling/redeveloping appropriate sites for extra care
- Ensure that existing models of provision for older people is strategically relevant and work with Halton council to ensure

delivery of most strategically relevant provision

- Keep Halton council up to date with own strategy for older person's housing and in particular any plans to provide more extra care services
- Work with the council and the PCT in developing bids for extra care housing

7.7 Outline action plan

7.7.1 The table below identifies some initial action points that will help to progress the strategy.

Table 11

Action	Responsibility	By when
Review plans for development of virtual extra care service to ensure that all existing resources are considered	Health and Communities	May 2008
Establish joint discussions with the PCT to explore the potential for using LIFT to invest capital in the health elements of extra care provision	Adult services/ housing/PCT	May 2008
Senior members and officers of council and health agree strategy	PCT Health and Communities	June 2008
Set up housing sub-group of older people's Local Implementation Team. Membership to include PCT, Health and Communities, providers and service users.	Health and Communities and PCT	June 2008
Develop terms of reference for housing sub-group	Housing sub group - LIT	July 2008
Set up extra care housing development working group of housing sub group	Housing sub group	July 2008
Ensure sign up of the strategy by providers	Health and Communities	July 2008

Action	Responsibility	By when
HBC to establish a preferred care provider list to provide extra care services in the Borough	HBC Health and Communities	October 2008
Agree use of section 106 powers for new developments to be considered for extra care	Housing/planning/finance	July 2010
Strategic review existing sheltered housing provision to determine if continues to be strategically relevant	Health and Communities	2010
Identify health authority land that might be suitable for development of extra care housing and report to the multi disciplinary team	PCT	Ongoing
Identify HBC land that might be suitable for development of extra care housing and report to the multi-disciplinary team	HBC	Ongoing
Work with Halton OPEN members on planning of new services	Housing sub group LIT	Ongoing