

CWOP/01/11**Policy & Scrutiny Committee** Community Wellbeing and Older People**Date** 13 January 2011

Report by: Susannah Westwood, Senior Planning and Commissioning Officer/James Wilson, Senior Manager, Adult Social Care Source and Supply
Telephone: 01245 436838/01245 434359
Email: Susannah.westwood.gov.uk/james.wilson@essex.gov.uk

Extra Care Housing

The term 'extra care' housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. In Essex the provision of a 24/7 on site care response has been identified as a fundamental feature of extra care. Extra care housing is popular with people whose disabilities, frailty or health needs make ordinary housing unsuitable but who do not need or want to move to long term care (residential or nursing homes). For a more detailed description of 'extra care housing', please consult the Housing LIN Factsheet No1 'Extra Care Housing: What is it?'

Although older people make up the majority of users of extra care, people with disabilities that are not age related are increasingly making use of this type of housing. Extra care provision comes in a huge variety of forms and may be described in different ways, for example 'very sheltered housing', 'housing with care', 'retirement communities' or 'villages'.

Increasingly extra care housing is recognised as an essential component of joint commissioning by health and social care. Extra care is now being used for intermediate care and rehabilitation as well as longer term housing. Extra care developments provide a focus for integrated working to meet housing, health and social care needs.

Extra Care in Essex

Extra care housing has been developed opportunistically over the past 15 years resulting in a variety of provision across the county – during 2009 a review of this supply was conducted and recommendations on the future made including the decommissioning of some schemes. A number of factors have contributed to the recommendation to decommission some of the extra care services; these include the size of the scheme making the provision of 24/7 care unviable, bedsit accommodation, building design and quality, location.

Current provision is 14 schemes, totalling 348 units with another 65 units in development in Basildon. All of the current provision is for social rent and a decision is being made on whether some of the apartments at the Basildon scheme are to be for sale. The most recent completion is the Helen Court scheme in Witham developed by Hanover Housing – to enable this scheme to be developed Braintree DC passed the land over at nil cost together with £1m grant and Maldon DC contributed a further £250,000 to the development costs.

New development of extra care housing requires the following to be in place:

- Availability of site in a location that can sustain independence and of a size big enough to develop i.e. > 1.25 acres
- Frequently this land has passed to the housing provider at nil cost or significantly less than market value from the LA or via planning gain and a Section 106 agreement
- Capital funding – historically development has received significant Homes & Communities Agency Capital Grant coupled with the housing provider borrowing the remainder. The Basildon scheme has received £5.3m from a Department of Health Extra Care Housing Fund for the development
- Revenue - rent to be affordable – meeting housing benefit levels
- To date all ECC schemes have Supporting People grant alongside commissioned social care services.

Projected Need in Essex

As a relatively underdeveloped housing option in the county it is difficult to gauge the current demand as it is an unknown product – we are hopeful that with the opening of the scheme in Witham that public awareness of this as a housing option will increase

Appendix 1 shows current and projected extra care housing need for Essex by District – the locally adjusted requirement is based on 25 units of extra care housing per 1,000 population over 65 years with care needs rather than the Department of health projection of 25 units of extra care per 1,000 of the over 65 years old population.

Delivering Extra care for Essex

There are a number of key players if extra care housing is to be developed in the county – be it social rented or for owner occupation:

- Housing providers – both social landlords and private developers
- District & Borough authorities
- Social care authorities
- Care providers

The current extra care provision is owned and managed by 10 different Registered Housing Providers. There is a proposed development on the Anglia Ruskin site in Chelmsford which has received Homes & Communities Agency grant and will be delivered by another housing provider – not yet operating extra care in the county. We are also in early discussions with another social landlord for a development in Dovercourt.

Any future development requires substantial capital – within the social housing model historically a substantial element of this provided by grant and the remainder via the organisation’s borrowings – however achieving an affordable rent is also a pre-requisite.

ECC is also exploring the possibility of being able to deliver 2 schemes via the Social Care PFI.

However there is also potentially a private market – although at this stage this is not developed in the county – as current provision for the over 55’s tends to be lacking the on site care presence needed to deliver extra care housing.

The current market conditions for both social housing providers and the private market brings with it some risks including the inability to sell new units as people are either unable to sell their current home, or unwilling to enter into a shared equity position. The delivery of a 24/7 care service also brings with it some further challenges around the personalisation agenda.

Conclusion

To enable extra care housing development that would contribute to meeting the projected needs in Essex would require significant capital or land investment from ECC or elsewhere. Activity continues around working with a range of partners in both social housing and the private market alongside the potential PFI or PPP schemes.

Appendix 1

Current Extra Care Housing Needs: 2010

| District | Population at Risk | | | Local Extra Care Housing Requirements | | | Current Capacity | | |
|----------------|-----------------------|-------------------------|-------------------------------------|--|----------------------|-----------------------|------------------|--------------------------|-------------------------------|
| | Population 75+ (2010) | Pop 65+ with Care Needs | % of population 65+ with care needs | Adjusted norm 25 per 1,000 65+ with care needs | Dementia 5 per 1,000 | Enhanced 10 per 1,000 | Current Capacity | Additional Future Builds | Variance from local estimates |
| England | 4,113,000 | 2,881,740 | 33% | 72,044 | 20,565 | 28,817 | - | - | - |
| Essex | 122,000 | 80,590 | 31% | 2,015 | 403 | 806 | 427 | 125 | -1,588 |
| Basildon | 13,100 | 9,890 | 36% | 247 | 49 | 99 | 61 | 65 | -186 |
| Braintree | 11,300 | 7,630 | 32% | 191 | 38 | 76 | 77 | 0 | -114 |
| Brentwood | 7,000 | 3,610 | 27% | 90 | 18 | 36 | 26 | 0 | -64 |
| Castle Point | 8,600 | 6,750 | 34% | 169 | 34 | 68 | 0 | 0 | -169 |
| Chelmsford | 12,600 | 8,070 | 29% | 202 | 40 | 81 | 20 | 60 | -182 |
| Colchester | 13,000 | 8,590 | 31% | 215 | 43 | 86 | 71 | 0 | -144 |
| Epping Forest | 10,900 | 6,560 | 30% | 164 | 33 | 66 | 79 | 0 | -85 |
| Harlow | 6,200 | 4,590 | 37% | 115 | 23 | 46 | 0 | 0 | -115 |
| Maldon | 5,300 | 3,630 | 30% | 91 | 18 | 36 | 17 | 0 | -74 |
| Rochford | 7,800 | 5,130 | 31% | 128 | 26 | 51 | 30 | 0 | -98 |
| Tendring | 20,200 | 12,330 | 31% | 308 | 62 | 123 | 46 | 0 | -262 |
| Uttlesford | 6,000 | 3,800 | 29% | 95 | 19 | 38 | 0 | 0 | -95 |

Projected Extra Care Housing Needs: 2010 - 2030

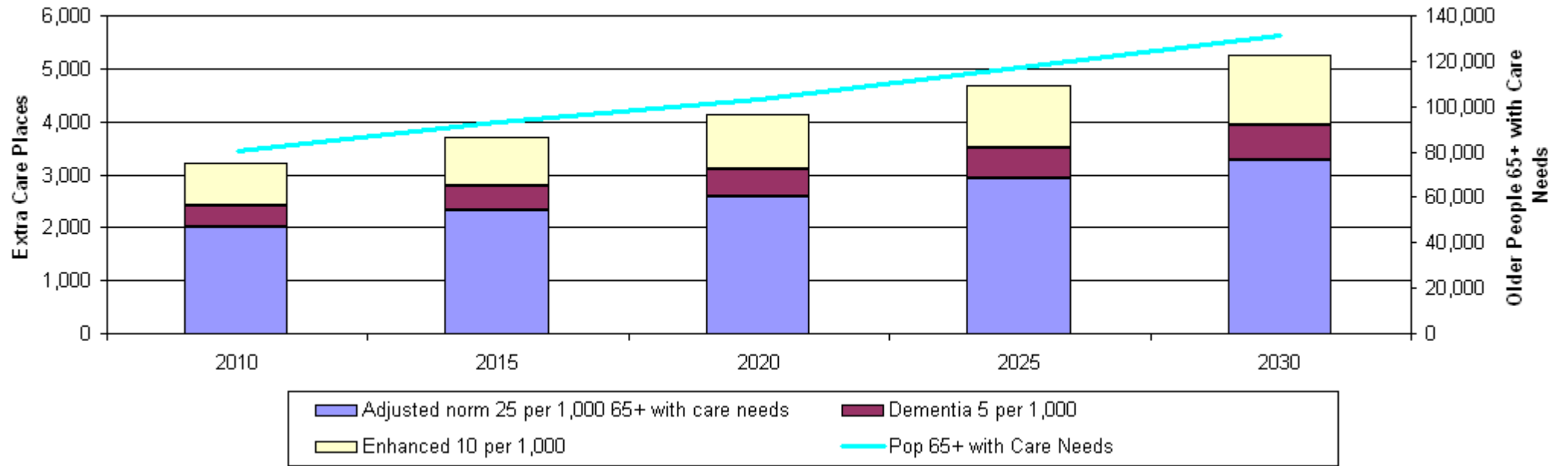
Please
Select an
Area:

Essex

| Essex | Numbers | | | | | % change from 2010 to: | | | |
|---|---------|---------|---------|---------|---------|------------------------|------|------|------|
| | 2010 | 2015 | 2020 | 2025 | 2030 | 2015 | 2020 | 2025 | 2030 |
| Population 75+ (2010) | 122,000 | 138,100 | 160,300 | 196,200 | 217,100 | 13% | 31% | 61% | 78% |
| Pop 65+ with Care Needs | 80,590 | 92,780 | 103,230 | 117,060 | 131,240 | 15% | 28% | 45% | 63% |
| Adjusted norm 25 per 1,000 65+ with care needs | 2,015 | 2,320 | 2,581 | 2,927 | 3,281 | 15% | 28% | 45% | 63% |
| Dementia 5 per 1,000 | 403 | 464 | 516 | 585 | 656 | 15% | 28% | 45% | 63% |
| Enhanced 10 per 1,000 | 806 | 928 | 1,032 | 1,171 | 1,312 | 15% | 28% | 45% | 63% |

Data Sources -
 Population: ONS 209 Mid Year Population Estimates
 Care Needs: Planning 4 Care, 2010
 Capacity: ECC, Strategic Commissioning
 Essex Extra Care Housing Requirements: Estimated using
 national norm of 25 per 1,000 applied to the population 65+
 with care needs

Projected Extra Care Housing Needs



Extra Care Housing What is it?

This factsheet gives essential basic information, explains the various forms extra care housing takes, and describes key ingredients and central principles. This new edition has been thoroughly revised by the authors of the original factsheet first published in July 2003.

For information on the criteria for extra care housing as set out in the Department of Health's Extra Care Housing Fund 2008/2010, visit:
<http://www.icn.csip.org.uk/housing/index.cfm?pid=761>

Prepared for the Housing Learning & Improvement Network by **Moyra Riseborough** of Riseborough Research and Consultancy Associates, and **Peter Fletcher**, Director of Peter Fletcher Associates Limited

Extra Care Housing – What is it?

| Contents | Page |
|---|-------------|
| 1. Essential short facts | 1 |
| 2. What is extra care housing? | 1 |
| 3. What is it for? | 2 |
| 4. What does extra care housing look like? | 3 |
| 5. What are the main ingredients? | 4 |
| 6. More on different buildings and styles | 5 |
| 7. Who benefits from extra care types of housing? | 5 |
| 8. Extra care developments: Examples | 6 |
| 9. What services are provided? | 12 |
| 10. Who develops and owns extra care housing? | 13 |
| 11. Finding extra care housing | 14 |
| 12. Want to know more? | 15 |
| 13. Contacts | 16 |

Commissioning Housing Based Models for Care

Extra Care Housing - What is it?

1. Essential Short Facts: Extra Care Housing

Extra care housing developments also called very sheltered housing or assisted living apartments are a growing and popular part of the housing with care market. Most 'extra care' consumers are older people and they often find it attractive because it offers them independent living in a home of their own with other services on hand if they need or want them.

Health and social care commissioners also like extra care housing since it can be a key element in reconfiguring and modernising long-term care provision for older people. For example, to replace some or all residential-care that doesn't meet modern standards. In other cases accommodation for older people can be part of a community based regeneration development to provide shops and community based services such as respite care and health services in a local area.

Extra care housing is gaining a reputation for being able to accommodate people who would otherwise be frequent users of acute services, largely because their housing is unsuitable for them to self-care. It is also arguably a better accommodation option than long-term care for older people unable to return home after a period in hospital because their housing is unsuitable – a proportion of whom are often referred to as 'delayed discharges'.

This factsheet gives essential basic information, explains the various models and key ingredients and central principles. You should also see other documents on the CSIP Housing LIN website at www.icn.csip.org.uk/housing

2. What is extra care housing?

It is a *concept* rather than a housing type¹ and while for simplicity's sake we use the term extra care throughout there are many different kinds of housing and services that come under this label (see later in the factsheet). They are aimed at people with different kinds of incomes and aspirations. Some are for rent only and are aimed at 'social' tenants while others are aimed at people who can pay market rents. There are developments that are purely for sale or leasehold and others that are mixed rental and leasehold, often called shared ownership.

Until quite recently most extra care in the UK was developed with public subsidy by housing associations and was only for social rent. This is no longer the case. Many housing associations now provide mixed tenure

¹ See work by Croucher et al (2007). Also work by the factsheet authors Riseborough and Fletcher for the Raising the Stakes project to identify the types of provision and describe them better. More information is at the end of the factsheet.

developments. There is a thriving commercial sector as well. It is likely that this will begin to outstrip the level of social extra care provision over the next few years, in line with tenure patterns in ordinary housing, where around 70% of older people own their own homes.

The most important fact is that extra care housing is housing first. People who live there have their own self-contained homes. They have legal rights to occupy that are underpinned by housing law. This means there is a clear distinction between extra care housing and residential care as recognised by the Commission for Social Care Inspection. Further information can be found by going to www.csci.org.uk

3. What is it for?

Mainly to provide well-designed housing that enables people to self-care for longer and give them access to care and other services, which help them, retain their independence.

Some properties in a development might also be used for providing intermediate care or rehabilitation services. Facilities might be based in a development to provide day centre activities, ageing well and keep fit for people living in and outside the development. These are usually separated from accommodation units in a development, to ensure privacy for the people who live there. Some developments also have office facilities for community-based teams of domiciliary care or housing related support and health workers.

Frequently asked questions on using specialist housing for intermediate care:

Why use extra care for rehabilitation or intermediate care rather than someone's own home?

Why not use the community hospital instead of extra care for rehabilitation?

Answers:

The advantage of good extra care (and some sheltered housing with well designed living units) is that the living environment is designed to support people who could manage independently with care and support and rehabilitation but who cannot go home because their home isn't suitable, or sufficient support cannot be arranged. Having bathrooms and kitchens that help people self care gives them the ideal environment to build up their daily living skills and confidence. It is difficult and unnecessary as a rule for community hospitals to do this.

Extra care and other housing based solutions can give people a much better and safer environment than home. Some people who move into extra care housing for intermediate care find it so good they decide to move in permanently.

4. What does extra care housing look like?

There isn't an easy way to describe the buildings because they are so diverse. They can look like a:

- Purpose built retirement village
- Large block of apartments with a restaurant or other linked buildings
- Leisure complex
- Development of bungalows and a mix of apartments and a central resource building that houses community health services or other facilities serving the occupants and local people
- Sheltered housing scheme
- Hotel.

You can find photographs and even plans of many developments detailed on the Elderly Accommodation Counsel extra care website www.extracarehousing.org.uk

Buildings may be new and purpose built or they may be older buildings that are re-used. Sometimes buildings are 'remodelled' so that each occupant has better facilities such as walk-in showers.

Extra care developments can contain a laundry for residents (or each apartment has a washing machine and dryer), lounges, meeting rooms, hobby rooms, and space for health or care staff. They may, but don't have to have a specially equipped bathroom for assisted bathing and a restaurant.

Extra care developments that have been built with public funds tend to make support and care *accessible* 24 hours a day. This doesn't necessarily mean that it is all on site, although this may be subject to conditions of some capital and/or revenue arrangements. The level of support and care required is something that has to also be addressed by commissioners. For example, if people need waking night cover it is likely that support and care staff will have to be based at, or close to, the development. More information on this subject is given in *Essential Short Facts: Extra Care Housing, Factsheet 2 Commissioning Housing Based Models for Care* at www.icn.csip.org.uk/housing

5. What are the main ingredients?

At its heart extra care housing is about 'quality of life' not just 'quality of care'. Although there are many different kinds of provision and there are differences between 'social' or public subsidised provision and purely private, there are universal aspects. We can describe the main ingredients under four universal headings, which together support a Quality of Life approach. They are:

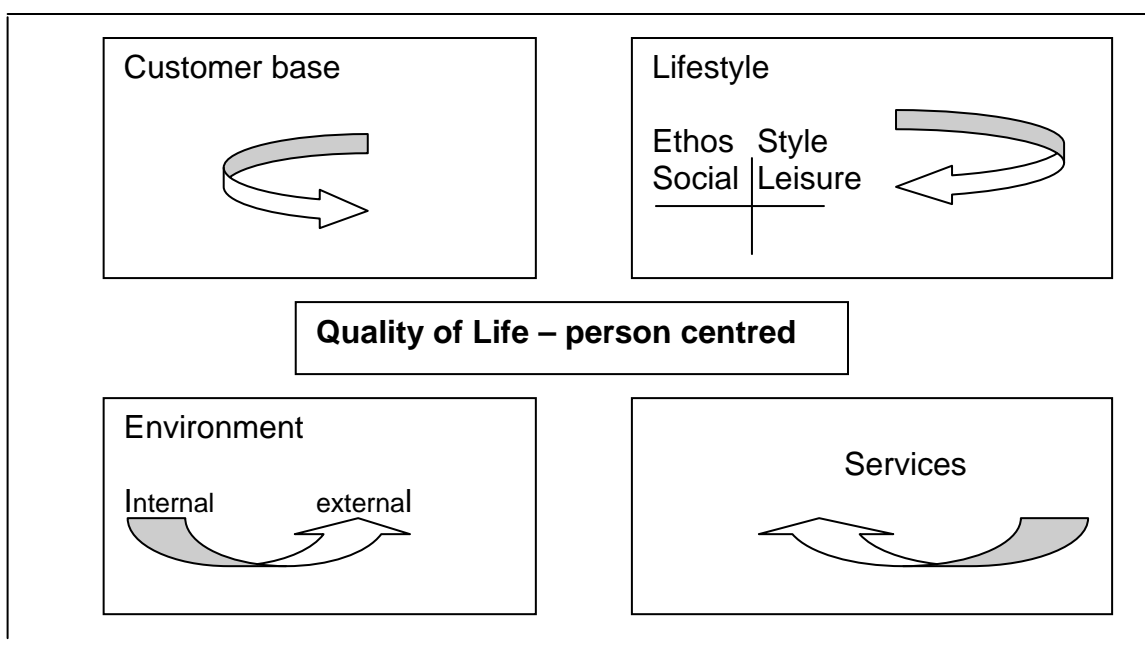
Customer base

Lifestyle

Environment

Services

Universal aspects*



*Taken from work by Riseborough and Fletcher *Raising the Stakes* (2008) and work by Riseborough and Fletcher for the Housing Corporation to better describe specialist housing (forthcoming).

The universal approach to describe the key ingredients that should be in extra care housing is a conceptual way to show how things should be. It starts from the person and her or his quality of life and then considers ingredients under four headings. This approach can be used to look at both social and commercial or mixed extra care provision. It has been tested with a number of leading private and social providers of extra care and local authorities who commission extra care. It can be used to assess its 'fit' with key ingredients that are said to constitute extra care (shown under the four universal headings).

6. More on different buildings and styles

As we said there are many building types and even more arrangements and styles. Some are large scale and may contain up to 300 properties. They could be apartments, bungalows, houses or a mix and may be developed in all kinds of modern or vernacular styles. Apartments and bungalows may be built around the development and are occupied by people who don't need a lot of help at the moment but who have access to it when they do. Larger developments tend to have more facilities and services. They include 'extra care villages' and 'continuing care and retirement communities'. At the other end of the scale are very small developments of 6 apartments or bungalows, sometimes in the grounds of care home or in rural areas (see Factsheet No.17).

More detailed information on particular developments is covered in CSIP Housing LIN factsheets and case study reports.

7. Who benefits from extra care types of housing?

Extra care housing can enable most older people to continue to self-care and enjoy their independence. In many cases it offers people the opportunity to continue to live independently and have the same privacy they would have in any other kind of housing but with access to other services and facilities that help them. Much depends on people's individual preferences and extra care has to be seen as one of the choices available to people. It is often a preferable choice to residential care.

Extra care can also benefit people who need a good living environment to recover in following a stay in hospital, or have a break, regardless of their health or need for care and medical treatment. In short it helps people take care of themselves for longer. Medical care and community nursing is brought in exactly as it would be in ordinary housing.

Some extra care developments include a wing, or a part of the development, for people who have dementia. People who have moved into extra care and later develop dementia almost always continue to be supported by their neighbours. Moving people in with dementia to live alongside people who don't have dementia is more complicated, particularly for people who have moderate or severe dementia. Experience so far has shown that it is appropriate only where careful thought is given to matching with the neighbours and where staff are well trained to provide care and support. It can also be an excellent choice for a couple where one partner is caring for the other who has dementia. (Issues about extra care housing for people with dementia have featured in previous CSIP Housing LIN factsheets.)

8. Extra care developments: Examples ²

Blake Court, London, leasehold for sale development

A purpose built extra care development occupied by older people who are leaseholders. It has 73 apartments

- Apartments cost about the same as a 3-bed semi in the area.
- Residents have their own management committee – they control service contracts for managing the building, cleaning, maintenance and housekeeping
- A basic support service is available as part of the service charge
- Residents purchase support and care, or obtain them via state domiciliary services if they qualify. Care and support charges are affordable for anyone receiving Attendance Allowance and who has no other income than the State Retirement Pension. Most people are eligible for Attendance Allowance
- The aim is to enable people to maintain independence and live full lives

Dementia specialist schemes

Heathcote House, Brandon. Extra care with dementia component

- Purpose built extra care housing for rent in Suffolk
- 24 flats of which 8 are “extra care” for people with dementia in one area on the ground floor;
- Two double extra care flats for people with dementia and their partner/carer
- Also houses a 20 place day centre
- Psycho geriatric and risk assessments are done for all extra care tenants
- Heathcote House was developed in partnership between Orbit housing association and the local District Council and Social Services Department. Social Services provide the care service. The housing association provides basic support and housing management services.

² To speak to someone about the examples please see the ‘contacts’ at the end of the factsheet

Independent living houses for people with dementia: Dementia Care Partnership (DCP)

DCP is a carer led voluntary organisation based in Newcastle upon Tyne in England. The organisation was set up by family carers dissatisfied with the services available to their relatives and loved one's. They wanted to develop services that were more responsive to people with dementia and their carers. DCP started to provide support and care services into the home, using locally based small teams of carers who offered a very individualised service, based around the expressed needs and wishes of the family carer and person with dementia. However, in some cases it was no longer possible to support the person at home, though family members were reluctant to see their relatives with dementia go into what they saw as large impersonal residential care or nursing homes

DCP therefore started small independent living houses, using ordinary houses and bungalows in the community, for people with dementia who would otherwise be in institutional care. People with dementia were matched with each other in small groups of between 3 and 5, depending on the size of the building. Buildings were adapted if necessary. For example, by putting a walk-in shower in the bathroom, or putting a stair lift in

The service model is one of 'normalisation' achieved through living in ordinary forms of housing, and recreating as many aspects of normal living as possible. For example going out to a bar or the cinema, helping with food preparation and cooking. DCP believes that this is easier to achieve in a domestic rather than larger group living setting. DCP has developed the PEACH philosophy which is at the heart of its approach:

P = PERSON AND PARTNERSHIP
E = EMPOWERMENT AND EMPLOYMENT
A = ATTACHMENT, ATTITUDE AND APPROACH
C = CONTROL, CHOICE AND CONTINUITY
H = HOME FOR LIFE

The model is very popular amongst tenants for whom it offers:

- An alternative to residential care for people who want to share a house which offers friendship and companionship, private space and communal facilities
- Security of tenure and a commitment, unless there is challenging behaviour which affects the group, to a home for life
- Involvement in decision making about day to day living and the retention of community links
- Very personalised care, support and supervision by staff on a 24 hour basis, with a staff ratio of 1:2 or 1:3, which, within the domestic scale environment provided, results in improved mental and physical well being, quality of life and family relationships

It is also popular with family carers, who can maintain relationships and remain involved with the care, whilst being relieved of the main burden of

care. It is also popular amongst staff, reflected in the fact that staff turnover is very low. DCP now runs a range of houses, one of which is for younger people with dementia. A recent development has grouped a number of bungalows on the same site – similar to models in Holland and Denmark - in order to achieve economies of scale without losing the independent living philosophy.

Re-modelled extra care

Re-modelling sheltered housing to extra care. Lonsdale Court, Penrith

Lonsdale Court is owned and managed by Housing 21. It was a sheltered housing scheme, which was refurbished using a mix of joint finance and Social Housing Grant (SHG) with a financial top up from Housing 21. The scheme has 30 units, 20 funded for extra care and 10 ordinary sheltered.

A rolling programme of refurbishment was undertaken. This meant that when a sheltered unit became vacant it was refurbished. All communal areas have been refurbished. A new kitchen has been provided which meets modern catering standards.

Arrangements at Lonsdale Court are underpinned by a partnership between Housing 21, the Social Services Department and the PCT. The partners hope to demonstrate that extra care is a realistic alternative to residential care. Social Services have had people assessed for residential care who have chosen to wait for a place in Lonsdale Court. The assessment and lettings profile is one third high (10 hours+), one third medium (5-10 hours) and one third low care needs (0-5 hours)

- The personal care service is purchased by Social Services from Housing 21 after individual residents needs have been assessed. Each individual has a care contract with the Social Services Department
- Night time cover is presently available via waking night cover
- The PCT purchases an assessment and rehabilitation flat in the scheme
- People living in ordinary sheltered flats may purchase care services from Housing 21. Some individuals have some home care spot purchased for them by Social Services.

Aston House, Pewsey, Wiltshire

A Sarsen Housing Association sheltered scheme known as Aston House in Pewsey is in the process of being redeveloped to provide a 24 unit mixed tenure extra care scheme plus 8 cottages. The scheme will open in Jan 09 and is being jointly capital funded by Sarsen HA, Kennet District Council and the Housing Corporation. Wiltshire County Council (WCC) will provide social care and SP revenue funding. The development is an example of a hub and spoke model of provision with the scheme being the hub. Services are available to older people living in the local community in Pewsey including people occupying 80 Sarsen HA bungalows close by. Conceived as a partnership between Sarsen HA, Kennet DC, WCC and the Housing Corporation. Key parameters around access criteria; assessment process and other key policies are currently under discussion between Sarsen and WCC.

Resource centre model

Holm Court, Suffolk

Holm Court in Suffolk provides an alternative to residential care. It is the outcome of a wider local authority strategy to shift the balance of long term care. The key characteristics are:

- Home for life and positive approach to mental health
- Integrated housing care and support service via Housing 21. Scheme manager responsible for all aspect of internal and outreach services
- Focus on maintaining independence and quality of life
- Outward approach to local community - resource and outreach services
- 32 self contained flats
- Respite care flat
- Progressive privacy
- One large and four small lounges, activity rooms, dining lounge, hairdressers room, laundry, assisted bathing suite, buggy store, staff office
- Encourages people to continue cooking. It also provides meals on wheels and help for people to cook chilled food with assistance from the home care staff rather than full meals provision
- The minimum care requirement amongst tenants is 4 hours; Average care requirement 10 hours; Average age now 82
- Care team offer 24 hour service
- In reach of people living in Holm Court are a: day care; drop in to day care lounge and range of other activities - Day and evenings
- Outreach: home care team at scheme delivers home care into the community

- Friend and family maintain regular contact
- 4 years of learning
 - Design and support to older people with dementia
 - Meals
 - Evening activities

Rural model

Barons Meadow/Esmond House, Orford, Suffolk

This is a rural partnership scheme between a housing association, the County Council, the District Council the local community

- 6 bungalows for frail older people
- Day centre for 15 people in local parishes
- Mini bus provided/funded by local charity
- Flexible staff for home care and day care
- Local people closely involved in concept and as local resource

Older People's Village model

Older People's mixed tenure village - Ryefields, Warrington

Ryefields is an Older People's Village in Warrington developed by Arena Housing Association and managed by the Extra Care Charitable Trust.

There are 240 units, mostly flats, of which 41 are for outright sale, 31 are shared ownership and 168 are for rent.

The development includes a restaurant, gym, and a range of shops. There is a major focus on activity which challenges traditional assumptions of what older people can achieve, for example in terms of rehabilitation and mobility. There is also a well-being nurse.

80 people receive care services through a 24/7 care team, funded through a contract with Warrington Council. They have a spread of dependency levels up to and including nursing needs.

Close care linked to a care home

| Stanton Lodge, apartments for couples where one person has dementia, Swindon, Wiltshire. Methodist Homes | |
|---|--|
| Tenure and price | Leasehold or shared ownership. Leasehold prices range from £135,000 for a 1 bed apartment to £160,000 for a 2 bed apartment and £170,000 for a large 2 bed apartment. Shared ownership prices at 75% and 50% of the value of the properties, plus a monthly rent on the outstanding amount of the capital payment |
| Size | 4 one bed, 6 two bed, and 4 large two bedroom apartments equipped with the latest assistive technology |
| Development | Apartments on the same site as, and adjoining Fitzwarren House, a purpose built dementia and nursing care home. Both buildings are colour coded design to assist with finding your way around |
| Facilities | Secure communal landscaped gardens designed with people with dementia in mind |
| Services | Well-being package which includes 24 hour staffing support on site, an activities and events programme and respite care (up to 10 days per year) tailored to suit individual needs, charged at £125 a week. Additional, cleaning, washing, shopping care and support services can be purchased on demand, as can meals services. |
| Attached care home | 60 en suite rooms. Registered to provide personal care with nursing |
| Location | Rural location in open countryside near Stratton St Margaret, two miles from Swindon |
| Lifestyle | Pioneering lifestyle option offering purpose designed self contained apartments and flexible tailor made specialist care and support for couples where one person has dementia. The aim is to enable couples to stay together in comfort and security with total peace of mind, whilst gaining access to the best possible support |
| New residents accepted from | Couples where one person has dementia |

| The Paddocks, Honiton, Devon. Stepping Stones Group | |
|--|--|
| Tenure | Leasehold |
| Size | 10 x 2 bedroom bungalows completed in 2001. the second phase of a further 12 X 2 bedroom bungalows are now on release |
| Development | The bungalows are situated within 12 acres of Gittisham Hill House. The properties are in an open setting around two paddocks with views across the grounds |
| Facilities | 2 bedroom properties with bathroom and shower room. Nurse call system linked to Gittisham Hill House |
| Services | 24/7 alarm service and access to services at Gittisham Hill House |
| Attached Care Home | Gittisham Hill House which is a registered residential home for 30 residents |
| Location | 1.5 miles from Honiton in Devon |
| Lifestyle | The properties are designed for safety and security and to enable residents to retain their independence. Residents have the use of the grounds and access to the facilities of the care home. Stepping Stones offer a menu of services and tariffs from the basic monthly service charge, meals, domestic assistance, laundry and care services |
| New residents | The second phase is now on release and prices start at £275,000 for a 125 year lease. |

9. What services are provided?

Extra care social housing

There are usually housing services, housing related services and some care services. There is usually a restaurant or provision for people to have some meals prepared for them. In addition most people find there are some domestic services and some social activities. In some large developments and those that serve a wider community people may also have access to keep fit, a gym, a swimming pool and many more hobby classes and activities.

Typically in developments built with public subsidy that have at least some social rented properties, there will be someone who manages the building, manages cleaning staff and co-ordinates a range of services to do with the building. Others may manage the care and other services such as meals. Managers include Social Services or independent care providers. In some developments one organisation may manage all the services including care.

In the social sector there is usually a contract to provide care, which is between the Social Services Department and the care provider. Some private sector schemes also offer a range of tenure and service options and may have a care contract with the local authority. Regardless of the arrangements

for care and support, if residents are assessed by Social Services as requiring care and by Supporting People³ as in need of support, they will have individual care and/or support packages that are tailored for them. Other staff may be based at a development if they provide services there or to the community nearby. More information on care, funding and mixed tenure arrangements in extra care housing are contained in the respective technical briefs on the Housing LIN website.

Extra care commercial or private housing

Much depends on the style of the development. Some emphasise leisure while others emphasise the lifestyle and hotel and domestic services on offer. Hotel and domestic services tend to include cleaning services, housekeeping services and arrangements for room service (for meals). There is often a mini bus or other flexible transport assistance for occupants.

In leasehold and owner occupied developments consumers generally find the management arrangements are simpler. Sometimes the manager is called a housekeeper. They have similar responsibilities to managers but may do some additional tasks, such as, manage catering staff and handyman services. A managing agent usually employs the housekeeper and the managing agent is employed under a service contract with leaseholders/owners. Where care staff are employed there are separate service arrangements. As in social extra care housing, care and support staff may be based in the building or they may visit people as required.

As we said, many people in commercial extra care housing receive social care and other services that are not private but which are commissioned through the local social services department and local Supporting People teams. They have the same access to services as other older citizens depending on their needs and will pay something toward the costs the same as other people do depending on their income.

Services in both social or commercial extra care housing have to be paid for and they are usually paid separately from rent or leasehold or other housing charges.

10. Who develops and owns extra care housing?

The specialist housing market aimed at older people is growing rapidly and becoming increasingly diverse with a range of both social and private sector providers in the market place. The social housing sector is mainly made up of housing associations and charities although there are some schemes run directly by local authorities, often in re-modelled sheltered housing.

Private sector providers include specialist providers in the older people's housing market, owners of care and nursing homes, and property developers who normally develop general needs housing. The days of social providers

³ Supporting People was implemented in 2003 and it separates support from care and housing services. Housing Benefit no longer covers support charges. See www.spkweb.org.uk for more information.

only providing rented housing and private providers only providing leasehold housing are gone. Providers increasingly offer a range of tenure options in line with the local housing market.

11. Finding extra care housing

It can be very difficult to find developments that have extra care design features and or care and support services to help people live independently. This is because some organisations misuse the 'extra care' label and it can be misleading for potential customers and their families.

The Raising the Stakes project which was completed in 2007 by Elderly Accommodation Counsel, Moyra Riseborough, Peter Fletcher, Deborah Coggins and Rebecca McLinden has gone some way to encouraging housing developers to describe what they provide more clearly. This builds on the work Moyra and Peter did for the Housing Corporation to better describe supported and sheltered housing including extra care. The descriptions are now standard in CORE and the Housing Corporation Regulatory Statistical Return.

To find out about the supply of extra care housing in England see the Property Locator on the Housing LIN website at

www.icn.csip.org.uk/housing and www.extracarehousingcare.org.uk

Key points and next steps

- The factsheet gives basic information on extra care housing. It is not a type of housing it is a concept that covers many types
- There are guiding principles. Above all it is housing not residential or nursing care although it can play a part in re-provisioning residential care, and as a setting for intermediate care.
- The factsheet gives examples of various extra care developments however things get out of date surprisingly quickly.
- It is worth looking at other sources of material given on the Housing LIN website which underlines the following:
 - The importance of understanding how extra care fits with strategic commissioning in order to meet the priorities for older people locally and in the future
 - The necessity of good partnerships at a strategic as well as at a service commissioning level – good commissioning cannot be done without such partnerships, which need to include private sector as well as social providers
 - Funding the investment to achieve strategic priorities requires commissioners from health, housing, care and support working together. There are also regional changes affecting funding for housing and planning that have to be understood

- It is vital to have intelligence about local markets and demand
- Also to understand local supply and ensure that service commissioning e.g. for extra care takes account of what can be used and re-used or re-modelled

The philosophy of independent living and re-ablement require different staff skills and ways of working. There are implications for workforce planning.

12. Want to know more?

As well as providing a range of factsheets, resources and case study material on extra care and other matters CSIP Learning Networks regularly hold workshops and training events. To keep up to date visit the CSIP and Housing LIN websites regularly by going to www.icn.csip.org.uk/housing

References

To see more about the Raising the Stakes project go to www.extracarehousing.org.uk

Croucher K, Hicks L, Bevan M and Sanderson D (2007). *Comparative Evaluation of Models of Housing with Care for Later Life*. York. Joseph Rowntree Foundation.

The work to develop better descriptions for supported and sheltered housing was done under a project called Towards A Common Currency. One of the outputs was a change in the Housing Corporation's Regulatory Statistical Return which all registered housing associations are required to complete each year. See the circular Regulatory Circular Number 03/04.

Further reading and resources

Tinker A, Hanson J, Wright F et al (2007). *Remodelling sheltered housing and residential care homes to extra care housing*. London. Kings College, University of London.

Evans S and Vallely S (2007). *Social well being in extra care housing*. Literature Review. York. Joseph Rowntree Foundation.

Evans S and Vallely S (2007). *Social well being in extra care housing*. York. Joseph Rowntree Foundation.

Contact Consulting (2003). *An Introduction to Extra Care Housing. A Guide for Commissioners*. Housing LIN. London.

Fletcher P and Riseborough M et al (1999). *Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing*. Beaconsfield. Housing 21.

The Institute of Public Care, Oxford Brookes University (2006) *The Extra Care Housing Toolkit*, Housing LIN. London.

13. Contacts

For more information on the extra care examples contact the following:

| | |
|--|--|
| Heathcote House, Brandon | Orbit HA, Tel 024 76438000 |
| Barons Meadow/Esmond House 2188818 Blake Court, London | Orwell HA, Tel 01394 459964 Retirement Security Ltd Tel 01789 292952 |
| Holm Court, Suffolk | Housing 21, Tel 01473 631606 |
| Ryefields, Warrington | Tel Arena HA – Developers 01928 790345 |
| Dementia Care Partnership Newcastle | www.dementia.care.org.uk |
| Aston House, Pewsey | Ridgeway/ Sarsen HA Tel 01380 726710 |
| Stanton Lodge, Swindon | MHA, Tel 0845 1249836 |
| The Paddocks, Honiton | www.tssg.co.uk |

Links

The Housing Corporation maintains an innovation and good practice database – for information go to www.housingcorp.gov.uk/server/show

The Joseph Rowntree Foundation regularly publishes reports and papers on housing and care issues – go to www.jrf.org.uk/housingandcare

- - . - -

Other Housing LIN publications available in this format:

- Factsheet no.1: **Extra Care Housing - What is it?**
- Factsheet no.2: **Commissioning and Funding Extra Care Housing**
- Factsheet no.3: **New Provisions for Older People with Learning Disabilities**
- Factsheet no.4: **Models of Extra Care Housing and Retirement Communities**
- Factsheet no.5: **Assistive Technology in Extra Care Housing**
- Factsheet no.6: **Design Principles for Extra Care**
- Factsheet no.7: **Private Sector Provision of Extra Care Housing**
- Factsheet no.8: **User Involvement in Extra Care Housing**
- Factsheet no.9: **Workforce Issues in Extra Care Housing**
- Factsheet no.10: **Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care**
- Factsheet no.11: **An Introduction to Extra Care Housing and Intermediate Care**
- Factsheet no.12: **An Introduction to Extra Care Housing in Rural Areas**
- Factsheet no.13: **Eco Housing: Taking Extra Care with environmentally friendly design**
- Factsheet no 14: **Supporting People with Dementia in Extra Care Housing: an introduction to the the issues**
- Factsheet no 15: **Extra Care Housing Options for Older People with Functional Mental Health Problems**
- Factsheet no 16: **Extra Care Housing Models and Older Homeless people**
- Factsheet no 17: **The Potential for Independent Care Home Providers to Develop Extra Care Housing**
- Factsheet no 18: **Delivering End of Life Care in Housing with Care Settings**
- Factsheet no 19: **Charging for Care and Support in Extra Care Housing**
- Factsheet no 20: **Housing Provision and the Mental Capacity Act 2005**
- MCA Information Sheet 1: Substitute Decision-making and Agency**
- MCA Information Sheet 2: Lawful restraint or unlawful deprivation of liberty?**
- MCA Information Sheet 3: Paying for necessities and pledging credit**
- MCA Information Sheet 4: Statutory Duties to Accommodate**
- Factsheet no 21: **Contracting Arrangements for Extra Care Housing**
- Factsheet no 22: **Catering Arrangements in Extra Care Housing**
- Factsheet no 23: **Medication in Extra Care Housing**
- Case Study Report: **Achieving Success in the Development of Extra Care Schemes for Older People**