EXTRA CARE AND SPECIALIST HOUSING STRATEGY FOR LANCASHIRE

Lancashire Regeneration Property Partnership

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PREPARED FOR Lancashire County Council

carillion

CBRE

DEVELOPMENT OF AN EXTRA CARE AND SPECIALIST HOUSING STRATEGY FOR LANCASHIRE

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1) Executive Summary

1.1 Introduction

Nationally and in Lancashire we face enormous challenges in dealing with an ageing demographic profile. We are living longer but we can expect to live without good health for many of those additional years. More of our older people are therefore living with one or more disabilities alongside chronic health issues.

We simply cannot afford to continue to provide services for our older people in the way the we have historically and in terms of outcomes for our older people, we should not aspire to. The historic models of care provision and associated accommodation are out of date and many are not fit for purpose. Our housing stock does not meet the needs of many older people and hence investment is required to transform the way in which we provide for our older people.

LCC believes that investing in extra care facilities is the right thing to do, will help deliver better outcomes and will be a more cost effective solution for LCC and their partners in the medium and longer term. This strategy provides an evidence base in support of the case for investment in extra care and quantifies the benefits, providing an answer to the question that if extra care is more cost effective, by how much and what does this mean to Lancashire County Council? It then goes on to consider how LCC can most effectively support delivery of extra care schemes through the use of financial resources or other means of support.

1.2 National Evidence of Need

Whilst hard evidence of the financial benefits of investment in extra care is limited, evidence does exist. However, evidence for successful schemes, for improved outcomes and for positive experiences for service users is more abundant.

We conclude from the review of evidence nationally, that the model for provision of accommodation and care for older people needs to change to reflect the change in demand and changes in expectations. Dementia is placing increasing demands on services and residential care is moving increasingly towards a higher dependency model and in many cases becoming more about end of life care.

There is a need to promote and to make investments in accommodation for older people across all forms of tenure and across the spectrum of dependency and affluence. However, these investments need to be made with careful planning and with a focus on the needs of specific localities and the needs of the target population.

There is evidence to support consistent revenue savings through promoting extra care rather than defaulting to residential or nursing care.

If a genuine range of choices can be offered, older people will then need support in making choices which are right for them.

Although fewer in number, many of the same principles apply to vulnerable adults which includes those with learning disabilities, physical disabilities, mental health issues etc. Considering learning disability in more detail, provision tended to move away from residential care to supported living some years ago with small shared households. However, there is significant demand to now move to greater personalisation and provide individual flats in cluster (where appropriate) which can offer significant service benefits, reduce safe-guarding alerts and reduce the costs of providing a sleep in service as it is typically shared by a greater number of people. In many cases this model need not require any capital investment by the commissioning authority and should be promoted by LCC.

Up to the present time, accommodation provision for people with mental health problems has been in either residential care or in their own homes with minimum support. LCC and Health colleagues are currently developing a mental health whole system accommodation model which will reduce the number of people entering into residential care by providing an increase in the extra care/supported accommodation offer. This will be enabled through the development of the support provider market under the personalisation agenda together with a specialist team of staff whose role will be to manage placements and support people obtaining their optimum level of independence.

The needs of the black and minority ethnic (“BME”) population also need careful consideration particularly given the significant increase expected in the number of older people within the BME population. We identify that the BME population cannot be viewed as a homogenous group and that the different characteristics are exhibited by different elements of the population. Whilst the BME population exhibits a younger demographic profile than the White British population, that is set to change with a twelve fold increase in the over 65 BME population expected by 2051. Therefore whilst the needs of older people in the BME population may not be particularly apparent at present due to their lower numbers, this will change and hence service delivery will need to recognise this change accordingly if it is to remain effective.

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1.3 The Need in Lancashire

Through the development of this strategy we have identified an estimate of an immediate need for an additional 988 units of extra care across the county against a current provision of around 350. This level of provision could enable Lancashire to reduce its current reliance of residential care. A more ambitious target of around 2,600 units has been identified which is predicted to grow to 3,725 by 2033 along with a growth in demand for all types of accommodation for older people.

There is a tendency in Lancashire to overuse residential care (compensated in part through an element of apparent under use of nursing care) and hence the lower estimate for the demand for extra care is based on reducing the use of residential care. There may therefore be scope to further increase the provision of extra care over time to further reduce the use of residential care.

The underlying reasons for the over use of residential care are not clear. It is also understood than any over use is not necessarily consistent across the County with some areas performing differently than others. This may be due to different commissioning practices or simply inherent differences in the population served.

We have identified evidence that extra care provides a cost effective alternative to commissioning into residential care in many circumstances and that better outcomes can be expected both for the individual and the commissioning authorities.

It is further clear that whilst Lancashire has significant provision of sheltered housing, this will not meet the demand for extra care as generally it is well occupied, remains in strong demand in the main and is a different offer. Further evidence from else where indicates that the practicalities and costs of converting sheltered accommodation to good quality extra care facilities, offers little benefit over identifying new sites and delivering new build development.

The identified need is only a broad estimate of demand to attempt to support an understanding of any financial benefit of reducing reliance on residential care through provision of alternatives. However, as residential care increasingly moves towards a model of higher dependency and given the demographic change being experienced, residential and nursing care are likely to continue to remain a significant part of the commissioning landscape but potentially with fewer schemes of higher quality.

1.4 Care Costs Analysis

By changing the commissioning model to one which genuinely considers extra care as an option and which can deliver extra care, it is estimated that a minimum of 988 older people could be provided for in extra care rather than residential care.

The estimated service savings in residential care less the additional costs for the extra care service are indicated in the table below giving a net saving of £2.7M not including any finance costs associated with capital investment.

	2013	2021
Net savings from residential care (including savings in premises costs)	£13,064,388	£15,407,316
Net additional costs for extra care provision	-£10,357,402	-£12,214,867
Net service savings before extra care premises costs	£2,706,986	£3,192,449
Year 1 Revenue Requirement to Service Capital (assuming income strip)	-£ 5,151,592	-£ 6,075,462.91
Annual Income Rental Income	£ 5,344,884	£ 6,303,420
Total Revenue Savings	£2,900,279	£3,420,406

Whilst savings are likely to accrue to LCC as the social care commissioner there is evidence that savings to the health economy will be more significant through reducing A&E attendances and resulting in-patient service demands along with a reduction in the demand for out-patient services. We have not been able to quantify these savings as a part of this strategy but it is understood that work is ongoing within the health economy which may provide further quantitative evidence to support extra care.

The identification of potential savings to LCC which could be delivered through investing in extra care complements a range of other compelling reasons which support the investment in extra care such as wider benefits to the health economy, better outcomes for residents and a positive contribution to place making.

1.5 Commissioning Context

In considering the delivery of a strategy to prioritise extra care, there is strong demand for all types of residential development in Lancashire and hence extra care is competing for sites and for investment with other, better understood market sectors, such as family housing.

There are however, sites available that would be suitable for extra care. There are no insurmountable barriers from a town planning perspective to delivering a step change in extra care provision.

There are willing operators and providers although many have constraints on their ability to raise capital to invest at risk in the development of the extra care market.

There is a key risk around housing benefit and extra care as exempt accommodation. This clearly is of concern to providers and is hence a risk that LCC could consider taking themselves or taking steps to mitigate to help to de-risk development and drive development forward. Whilst there appears to be no intent from central government to fundamentally change the current arrangements around exempt accommodation to the detriment of this strategy, it remains a risk.

Any programme for investment in extra care however, can only deliver to its potential with strong partnership working between County Council, District Council, NHS Clinical Commissioning Groups and providers and operators. With the integration of health and social care moving forward and housing provision sitting with district councils, strong partnerships will deliver the best financial benefits and best outcomes for all of the organisations concerned, for our older people and vulnerable adults.

There is potential to co-locate other appropriate services within extra care developments such as GP surgeries or other public services. However, it is important to note that additional space requires additional capital costs and hence associated additional revenue streams to meet the financing of that capital. The ability of well designed extra care facilities to contribute towards regeneration and "place" should not be under-estimated and there is strong evidence to support highly positive contributions of such schemes in this regard.

There is a need to attract a range of operators across the spectrum to provide options across the market and demography but the main issue is at the lower mid end of the market (to provide for those from social, affordable and private rented sectors and home owners in lower value homes) as it is in this sector that the market is currently failing to deliver and within these sectors where LCC currently incur costs for commissioning into residential care.

1.6 Commercial & Financing Options

In 2013 £101M of capital grant was made available across England (outside of Greater London) to facilitate the development of extra care schemes. This cash originated with Department of Health but it was distributed through the HCA (Homes and Communities Agency) who have the infrastructure and expertise to manage large capital financing and delivery programmes of this type. The capital was made available as a non-refundable grant into 107 individual schemes to deliver a total of 3,162 units with an average grant of £32k per unit. In LCC's area Accent were successful in securing £495,000 for 17 units in the Ribble Valley.

It is therefore evident that Lancashire did not secure its fair share of funding which demonstrates the need to have a strong offer and to have sufficient schemes in a suitable state of readiness to respond to any future opportunities if this nature.

In the recent bidding round for the Affordable Homes Programme, extra care and specialist housing bids were submitted by Registered Providers for the Lancashire area: extra care bids for Preston (Community Gateway) and Wyre (Regenda) were successful, as well as bids for accommodation for people with mental health issues in Preston (Community Gateway and Adactus)

However, given the scale of the challenge in Lancashire, it is clear that whilst centrally funded programmes of this nature can make a contribution, other local interventions are needed to facilitate transformational change to the offer in Lancashire. Only through collaboration and with a sharing of effort, resources, investment and risk between LCC, the Districts, providers and CCG's is this change likely to be effected.

There is a compelling case for investment in extra care by LCC but it is recognised that this represents a risk and requires the raising of significant capital ahead of the realisation of the linked revenue savings. The investment case therefore requires robust testing and further discussion.

We have estimated that delivery of the programme identified will require capital investment in the region of £115M to achieve net recurrent revenue savings of £2.9M including the costs of servicing capital and allowing for rental income (based on the income strip funding solution).

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Depending on the financing mechanism used, through an income strip model this could require revenue of £5.2M per year to service the capital investment (rising to £6.9M through LCC's usual method of prudential borrowing through the Public Works Loan Board).

However this would deliver a approximately £5.3M rental income from operators or occupants and hence the net benefit of investment in the extra care programme is £2.9M per year taking account of savings in residential care, costs of delivering extra care services, costs of servicing capital for extra care investment and the rental income stream.

We also identify a number of alternative mechanism for LCC to support the delivery of extra care through providing support to developer / operators which could be via provision of grant, equity or loans to contribute to the funding of schemes. These routes could accelerate the delivery of a programme and potentially reduce LCC's overall capital exposure but require robust mechanism to appraise the support mechanism offered, value for money, monitoring arrangements and exit strategy.

1.7 Recommendation

LCC wish to pursue the delivery of at least one extra care scheme for older people in each district of the County. It should be noted that it will be appropriate to consider more than one scheme in many districts as local communities and housing markets often don't recognise or coincide with district boundaries, but a scheme per district is considered a reasonable starting point.

There is a compelling case for investment in extra care by LCC, but it is recognised that borrowing of large amounts of funding represents a risk and requires the raising of significant capital ahead of the realisation of the linked revenue savings. The investment case therefore requires robust testing. Consequently, LCC is seeking to adopt an approach which is flexible and able to respond to differing and changing funding and support requirements, enabling LCC to increase or reduce its exposure according to what can be achieved with other partners including health, developers and registered housing providers.

Where the market is not able to develop services without financial assistance from LCC, the County Council will look to provide financial input to schemes, including land value, not representing more than 30% of the total cost of a project.

However, in most cases the contribution of LCC would be expected to be significantly less. It is envisaged that joint working between all partners could enable the development of around 600 units which represents two thirds of the original target of 900 units.

The approach identified above will enable LCC to manage its risk and exposure in the early stages of the programme until such time as the benefits can be further assessed and proven. Thereafter it may look to raising capital through other means to support the on-going development of extra care solutions.

1.8 Further Considerations

The recommendations will only be achieved through further integrated working between the County Council, District and Borough councils, NHS Clinical Commissioning Groups and Providers.

Further consideration should be given to the following:

- Managing LCC's risk
- Prioritising between districts
- The consultation process
- The scale and ambition of any programme formed to implement the strategy
- Financial contributions or contributions in kind from partners (including District Council's and NHS Clinical Commissioning Groups
- Engagement with service users and potential service users (in the development of this strategy national evidence from service users has been used but there has been no direct engagement with service users in Lancashire)
- Development of allocations policies
- Further developing options for an available site to test assumptions.

The required actions to support the implementation of this strategy are identified in Section 8 and will require close working with partners.

EXTRA CARE STRATEGY FOR LANCASHIRE

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2) Introduction

Introduction

This strategy has been prepared in response to the brief prepared by the Lancashire Supporting People Partnership dated 7th June 2013 for the "Development of an Extra Care and Specialist Housing Strategy for Lancashire".

In common with all local authorities, Lancashire County Council ("LCC") face unprecedented budgetary constraints yet also face an increasing and changing demand for services. This pattern is particularly challenging in respect of older people and other vulnerable adults requiring specialist support such as people with learning disabilities, physical disabilities and people with mental health issues. Consequently LCC are exploring ways in which they can ensure that:

- Demand for services can be managed effectively
- The delivery of services to a suitable quality remains affordable

This strategy paper focuses on opportunities to provide more effective and cost effective social care solutions through investment in extra care and specialist Dementia Care for older people. Provision of accommodation for vulnerable adults is also considered where it may have a beneficial impact on service delivery and associated outcomes.

LCC opted to commission the strategy through its existing Lancashire Regeneration Property Partnerships ("LRPP").

The LRPP

The Lancashire Regeneration Property Partnership ("LRPP") is two partnerships between Lancashire County Council and Eric Wright Group in the west (covering the districts of Wyre, Fylde, Preston, South Ribble, Chorley and West Lancashire) and Carillion in the East and North (covering the districts of Lancaster, Ribble Valley, Pendle, Burnley, Hyndburn and Rossendale).

The partnerships were initially established with the purpose of driving greater value from the LCC surplus assets and to support LCC in delivering better value from their property assets and to bring investment and expertise to help drive regeneration and transformation across the County.

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2.1 Who are Carillion & CBRE?

Carillion is a leading integrated support services company with a substantial portfolio of Public Private Partnership projects and extensive construction capabilities. Carillion are supported by CBRE who are the largest property advisory firm in the world, operating across the corporate and public sectors. In the context of this strategy the two main aspects of the CBRE service offering are:

- Strategic Asset Management – focussing on how to better match property to the future needs of the Council with a view to achieving revenue savings, promoting or enabling enhanced service delivery and generating capital from surplus assets;
- Property Financing – consideration of different procurement and financing options for property related infrastructure such as care, housing, schools and regeneration. This has taken on significantly greater significance with the decline in PFI as the preferred financing option in the public sector.

In turn CBRE commissioned Fusion Health LLP to provide some of the specialist health modelling services for this review, to inform demand for services and the costs of provision of care services in a number of different environments.

2.2 Our Approach & Methodology

In preparing this strategy we have explored both the national and local demographic trends and trends in service delivery both from a social care, a healthcare and a housing perspective.

We have met with NHS commissioners locally to gain their perspective on the challenges faced and to how they might contribute to managing the evolving demand. We have met with representatives of each of the twelve districts to explore the town planning context, housing market context, active providers, developers and supply of land in each district. The summary of these discussions is included in Appendix (i).

We have met with a number of active providers of accommodation for older people and extra care, who operate across the County and in many cases, a wider geography, to understand their current view of the market, the challenges that exist and how these challenges might be met (summarised in Appendix (ii)).

We have undertaken an analysis of relevant data to understand demand for accommodation for older people across the full spectrum from retirement villages without care, sheltered accommodation through to nursing care and specialist dementia care, the costs of provision of care in various settings and how this might look if the model for provision was modified over time.

We have modelled the potential savings to LCC specifically for investing in extra care but also taking account of the benefits or impact on the wider public purse .

We have reviewed a representative selection of the available research and case studies into extra care and different models of provision of services and accommodation for older people and others with specialist need. We have used this to inform our findings and clearly referenced the research papers and case studies where applicable.

We have appraised the commercial options that are available to LCC to deliver the various potential projects and workstreams forming part of the strategy.

Finally we have considered how the various entities and agencies currently involved in the provision of care and accommodation in the target sectors might work more closely together to deliver the strategy, whether they are public sector, private sector or third sector. This is discussed in section 5 Commissioning Context.

2.3 What the Strategy Aims to Deliver

The Strategy firstly aims provide an evidence base against which decisions around extra care. It then seeks to offer a co-ordinated, strategic and transparent approach for LCC and their partners whilst also enabling the market to provide flexible and creative responses.

In order to produce a clear statement for the market, and all partners, the Strategy must:

- Define the model of extra care;
- Ensure that the proposed service models are affordable
- Provide an indicative number of units required by districts broken down by tenure
- Define an approach to prioritising the use of LCC capital funding
- provide an indication of the most appropriate proportion of one and two bedroom units

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- Outline minimum design requirements in conjunction with Regeneration Property Partnership
- Explore potential linkages with other services (including health and community services);
- Build on the work undertaken in relation to the commissioning of care and support in order to provide a clear model (or models) for the future;
- Explore the opportunities available in relation to place shaping and links with local communities;
- Propose a framework for letting extra care units and other suitable forms of tenure

2.4 Types of Accommodation for Older People - Overview

At present there are a number of different models that provide accommodation for older people that fit in the gap between residential care homes and general market housing (or general needs housing in the social sector). These tend to go by any of the following names including sheltered accommodation, retirement living, senior living, assisted living, extra care, housing with care amongst others. An increasingly commonly used collective term is "accommodation for third age occupiers". What these models all have in common is that they focus on older people and hence typically have a minimum age requirement in place for sales or lettings. At the most basic level such schemes will simply locate older people in close proximity with the intent of creating a community. These may or may not have any communal facilities to assist in that process. In a similar vein, the living space itself may or may not be any different to that serving the general population. Also, there may or may not be any specific provision of or reference to care within the scheme.

There is currently a lack of mobility in the sector in Lancashire at present between the various models of accommodation for older people. There is a significant amount of sheltered accommodation which is generally well occupied so there are unlikely to be voids in areas of strong demand. The residential and nursing stock is generally over provided so at present this naturally absorbs any demand created between individuals for whom their own home is no longer a suitable place to live and acute hospital care.

2.5 Retirement Villages

In parts of England retirement villages have been and continue to be developed. These tend to focus at the upper end of the affordability scale and the operating model tends towards a private market sale. They tend to be larger in scale (up to 500 units) and hence tend to be developed at urban fringes where there is more land and may well co-locate bungalows, apartments and specialist dementia care along with a significant communal and lifestyle offer possibly including gym, swimming pool and other sports and leisure facilities.

2.6 What is Extra Care Housing?

The ethos of extra care is that it should be specifically designed to meet the wide ranging needs of older people and other vulnerable adults. It will include communal facilities and will be operated with a basic level of on site domiciliary care provision which is available to all residents 24 hours.

There is no comprehensively accepted definition of extra care housing. Laing & Buisson suggest that extra care housing can be recognised by several characteristics:

"It is primarily for older people, the accommodation is self –contained and includes a private kitchen, care can be delivered flexibly, usually by a team of staff based on the premises providing 24 hour cover , domiciliary care is available, communal facilities and service are available and typically charged for as used and it also aims to be a home for the remainder of the persons life."

Interestingly however, providers invariably use any term other than "extra care" in the marketing of their schemes. The term extra care tends therefore only to be recognised by those working in the sector rather than by the users.

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The core principal to extra care housing is that in comparison to residential care, it enables older people and other residents to maintain their independence for longer whilst providing the safety net of support as it is needed. It also aims to provide a community to help address the challenges of social isolation which often afflict many older people in particular. It can often play a wider role in the community, either through provision of day services, co-location of other public services or wider integration into the community by opening up facilities such as gyms or cafes to the community. It should be noted that additional facilities and additional space require additional capital and hence revenue streams to support that capital. These elements are excluding from the financial modelling supporting this strategy and are more appropriately looked at on a scheme by scheme basis dependent upon location and how that scheme responds to place.

Extra care accommodation is intended to provide a positive choice for older people who may no longer be able to remain in the home in which they may have lived for many years. It is in effect a housing solution, to a health and social care issue.

2.7 Sheltered Housing

Whilst extra care housing and sheltered housing share many characteristics, sheltered housing will not have domiciliary care available on site. Sheltered housing typically tends towards supporting only those qualifying for affordable rents (and indeed was protected from right to buy of social housing) whereas extra care will typically allow for a range of tenure to provide a more mixed community.

Sheltered accommodation also tends to be offered to those over the age of 60 in many cases whereas the average age of entrants into extra care schemes is around 78 years old.

In some cases sheltered housing may have either been physically converted to, or designated as extra care accommodation by virtue of the services provided. Whilst this can be successful in cases it is also an approach with limitations for two main reasons:

- The costs and physical challenges in converting most sheltered housing schemes
- That most sheltered housing schemes are already well occupied

We explore these issues later in this strategy.

EXTRA CARE STRATEGY FOR LANCASHIRE

3) Identifying the Need Nationally

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3.1) Identifying the Need Nationally - Overview

3.1.1 Overview

In common with other local authorities, Lancashire County Council faces unprecedented challenges to provide an acceptable level of services in the face of enormous budgetary pressures. This pattern is particularly challenging in respect of older people and others requiring specialist support. Consequently LCC are exploring ways in which they can ensure that:

- Demand for services can be managed effectively
- The delivery of services to a suitable quality remains affordable

LCC is therefore exploring opportunities to transform the provision of health and social care services through investment in extra care and specialist Dementia Care. Provision of accommodation for vulnerable adults is also considered.

One of the primary objectives of such investment would be to help manage demand for services through enabling potential service users to maintain their independence for longer and to prevent the onset of conditions or events that then require the provision of services.

We explore here the context including:

- Overall population growth exerting increased pressure on all public services and increasing demand for all types of living accommodation
- An ageing population profile with changing care and housing needs
- A shift in the wider economy and availability of capital and other funding streams

Responses to the above challenges to date in Lancashire and elsewhere in the UK have generally been short term and have focussed on a move away from placing older people into residential care. This has the potential to improve outcomes and reduce costs. However, without viable alternative accommodation options, this strategy alone is unlikely to have a significant impact in managing demand for services and hence the cost of providing those services. It is therefore incumbent upon to LCC to explore:

- Enabling older people to make positive choices around their living accommodation through promotion of a variety of solutions
- Facilitating investment in assets where it can to help to manage demand, reduce operating budgets and free up revenue streams.

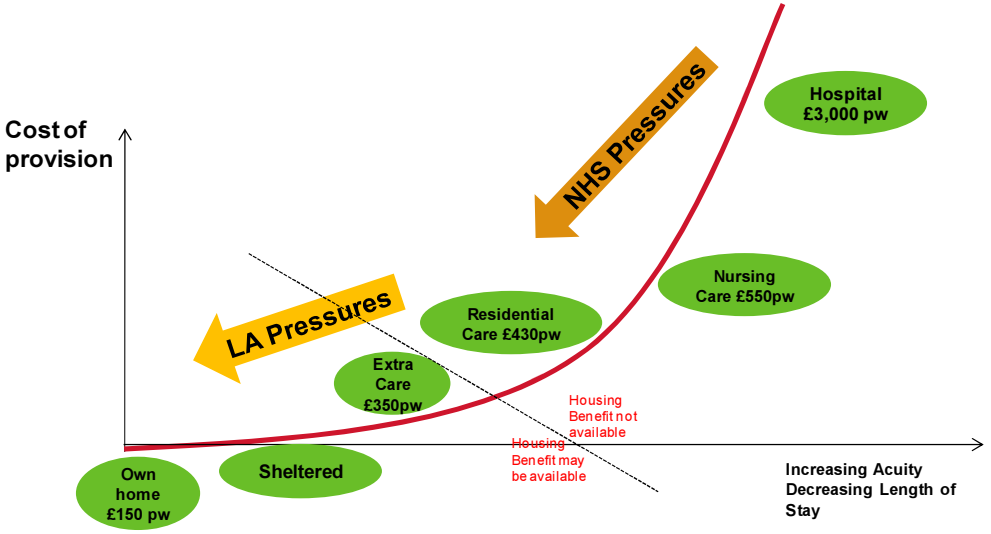
3.1.2 National Context

The growing population and advances in medicine are resulting in an ageing population profile and permanent changes in the demand for care services. People are living longer but often with long term health conditions which need to be managed effectively.

This general pattern is also replicated internationally although the responses in different countries can be quite varied.

In England and Wales budgetary silos between local government and the NHS have not always necessarily enabled the best use of resources to get the most effective outcomes overall but this is beginning to change with an increase in the joint commissioning of social care and healthcare services supported by the reallocation of resources towards integrated care in recognition of the often inextricable link between the two areas.

The diagram below provides a broad indication of the costs of supporting older people in different environments with costs escalating as the intensity of care increases but not necessarily proportionately. In response to pressure on public finances NHS entities are seeking to reduce length of stay in acute hospitals and local government tends towards providing services to individuals within their existing homes. (*The figures are not intended to be highly accurate but simply an indication to demonstrate the relative costs in each environment)*



3.2) Identifying the Need Nationally – Sources of Demand

3.2 Sources of Demand

There are a number of reasons why older people may no longer be able to remain in what they consider to be their home or a place where they have lived for some considerable time.

Whilst it is generally preferable for older people to remain in their own homes for as long as possible, circumstances arise where this is no longer a viable option. In some cases health may simply deteriorate to the point at which their conditions can no longer be effectively managed in a person's own home. Certain events such as death of a partner or death or ill health of a carer can also play a part. Falls often result in admission to hospital and individuals or their families may lose confidence in their ability to cope on their own.

Whatever the reason driving the change in individual's circumstances and the subsequent need to reappraise where an older person may choose to live or be best cared for, extra care facilities will typically be looking to admit people from one of the following environments

- NHS Acute Hospitals
- Residential Care Homes
- Individual's own homes

3.2.1 NHS Acute Hospitals

NHS providers and commissioners recognised some time ago that it was neither cost effective nor effective for the individual, for frail elderly people to be kept in acute hospital beds for lengthy period of time as it is both costly an is generally a negative experience for the person concerned. This is commonly referred to as "bed blocking". NHS providers in recent years have therefore sought to reduce the length of stay for all admissions wherever appropriate and possible. This clearly requires those discharged to be accommodated elsewhere. In many circumstances older people will require a level of care and support that could not reasonably be provided within their own homes and hence many are then admitted into residential or nursing care homes either as a step down provision, where the intention is that they will ultimately return home, or be admitted on a permanent basis.

In many circumstances individuals would have the capability to live independently and hence residential care is unlikely to be the best environment to help them to maintain their independence. However, their own home may no longer be an appropriate environment for a number of reasons, such as geographical remoteness or isolation, size placing an excessive demand on the individual, access and accessibility whereby an individual may no longer be able to manage stairs, for example, is one area where demand is created.

We would therefore envisage that a number of extra care units would provide step-down accommodation from acute hospitals in lieu of some of those placements which are currently made in residential and nursing care.

3.2.2 Admissions from Home

Demand is also likely to come from individuals who are simply making a choice to move out of their existing home into an environment where support can be more readily and effectively provided. This may be due to a sudden change of circumstances (such as a bereavement) or a concern over future suitability of a home for any of the reasons mentioned in the previous paragraph.

This area in particular is deemed to have strong links to prevention and managing demand for future services as it has the potential to delay the point at which individuals may first require assistance.

3.2.3 Residential Care

We explore in the follow sections in Lancashire there is an over-commissioning of individuals into residential care. We further suggest that there is potential to re-able a proportion of those placements to move into extra care where they could lead a life of greater independence and their needs can be managed more cost effectively.

Re-ablement would clearly require sufficient care and support to facilitate that move but for carefully considered individual cases is likely to provide a significantly better outcome. Therefore the link between extra care and residential care should not be considered only in the light of commissioning extra care as an alternative to residential care in the first place, but also for individuals to come out of residential care.

Whilst extra care should be a positive choice for older people, it is unlikely that many make a positive choice to move into residential care.

3.3) Identifying the Need Nationally – National Trends and Evidence

3.3.1 Introduction

There is a growing recognition in the UK that, considering the changing demography of the nation that the model of defaulting to supporting older people who can no longer remain in their own home, in residential or nursing care, will become unaffordable, is unlikely to deliver acceptable outcomes for individuals and is highly unlikely to be the option of choice for those individuals and their families.

However, the market for alternative options is relatively early in its development and is not consistent either geographically or across market sectors. There is a tendency towards greater choice in the South East of England but only for the more affluent communities as this is where private sector investment has tended to focus in recent years

In considering available evidence for the case for change, whilst significant anecdotal evidence and numerous case studies exist, robust, independent, objective and holistic evidence is harder to come by. Case studies understandably focus on the positives and on those schemes deemed to be successful by their sponsors.

The two main representative bodies for accommodation for older people in the UK are ARCO (Association of Retirement Community Operators) and Housing LIN (Housing Learning and Improvement Network). ARCO's members are typically private sector operators with a tendency towards the upper end of the market and Housing LIN tends to focus on the public sector and registered providers. Both are a useful resource for available evidence, case studies and research and also play a role in lobbying central government on matters relating to accommodation for older people.

There is also a growing understanding of the contribution that designated housing for older people could make to regeneration and to helping to meet the demand for family housing, the need for which is often better understood, better publicised and hence is where the majority of investment and market activity has focussed in recent years.

Prevalence of dementia is another area of significant concern nationally and there is evidence of extra care being of significant benefit in improving outcomes in dementia.

Demand for dementia related services will continue to increase for the foreseeable future and hence the role that extra care can play should be considered. Similarly with a trend away from lower dependency residential care. There is likely to be benefit in extra care reducing demand for residential care thereby releasing capacity in the residential care homes stock for redevelopment as specialist dementia care centres for those in the advanced stages of dementia and to provide step-up and step-down facilities.

3.3.2 Review of Evidence

Evidence of what works consistently points to good and thoughtful design as an essential attribute for a successful scheme. Similarly design which responds to and reflects the specifics of a particular location and the needs of a particular community is also a recurrent theme rather than a standardised model was also a consistent theme. Clearly there are common threads running through design principles but these do not translate to a singular or standardised set of models. The HAPPI2 report of November 2012 identifies refinements to the widely accepted HAPPI deign principles and reaffirms the need for local government adult social care commissioners to adequately prioritise the development of housing to meet the needs of older people. It similarly identifies the need for town planners to be more proactive in their approach to housing for older people.

Perhaps rightly, much of the evidence relating to extra care accommodation focuses on outcomes and "customer satisfaction". The financial benefits or dis-benefits are less widely, or publicly appraised. However, this strategy also requires a robust financial evidence base to support any change.

Media interest in the issues also appears to be growing and the BBC website report on 12 September 2013 entitled "Help Elderly downsize, say Demos" commented on a report by Demos, funded by the Home Builders Federation. This surveyed 1,500 people over 60 of which 58% were interested in downsizing but felt restricted by the lack of suitable housing or a fear of an unfamiliar environment.

The report identified a chronic under supply of suitable retirement housing especially for the very old, which it classified as those over 80. Of this group over two thirds have a long term illness or disability.

However, whilst providing for older people and thereby freeing up family housing may seem a sensible solution there are many barriers to delivery and clearly the attitudes of older people may not be quite as positive towards this proposed shift.

3.3) Identifying the Need Nationally – National Trends and Evidence

The University of Kent PSSR Unit paper " Evaluating Extra Care Housing for Older People in England: A Comparative Cost and Outcome Analysis with Residential Care, 2011" provides perhaps the most comprehensive national evidence base for understanding the potential cost savings for supporting older people in extra care rather than in residential care. The paper builds the growing demand for suitable accommodation for older people and goes on to compare the costs of provision in both environments and to compare outcomes measured by the Barthel Index which provides individuals with a score between 1 and 20 based on their physical ability and cognitive impairment measured by the Minimum Data Set Cognitive Performance Scale.

In East Sussex a commitment was made to delivering an extra care scheme within each district of the County. The East Sussex programme was delivered with a £35.1M investment including some grant from the HCA and following delivery, an independent review was commissioned.

This identifies a need to carefully manage admissions such that dependency levels across the extra care system neither become too high or two low such that a balanced an vibrant community can be maintained.

We focus here on those two pieces of evidence but also comment on others which are perhaps less comprehensive in their appraisal of extra care as a model, but are nevertheless useful in painting the picture. A summary of further evidence supporting the case for investment in extra care is included in Appendix (iv).

3.3.2.1 University of Kent 2011

This paper identifies many of the positive attributes of extra care but also seeks to establish evidence for improved outcomes against a return on investment in the physical infrastructure.

It identifies and discusses the issue of housing benefit. Individuals admitted to residential care on a permanent basis from a social housing setting, would not be entitled to housing benefit to contribute towards the costs of residential care fees. Where an individual is not required to contribute through means testing the residential care fee has to be met by the local authority commissioning the placement. If that same individual opted to the placed in extra care, as it is self contained accommodation, they would still be entitled to housing benefit to cover the rental element of the extra care unit. This research paper therefore raises the question of whether local authorities might commission extra care for that reason.

The research studies a controlled group of residents with an average age of 77.

The research identifies a pattern of increasing dependency of care home residents over recent years. At the time at which the study was undertaken it identifies an average cost of £374 per week for supporting a person in extra care in comparison to £409 for an individual with comparable needs. This equates to a saving of £35 per unit per week or a saving of £1,820 per year per individual. In the control group the abilities of the group in extra care increased marginally against decreases in the ability of the group in residential care, pointing to improved outcomes.

However, the study also points to greater variability in extra care costs in that, as care needs rise, so costs rise, whereas residential care tends to offer some protection against this as places are commissioned at a range of fixed fees which are less flexible. Whilst this perhaps offers greater cost certainty it may have the reverse effect for outcomes if demands for changing care are not adequately responded to.

The study also raises the challenge of the funding complexities hindering delivery of extra care.

The study concludes that extra care can support individuals more cost effectively that residential care but further work is need to establish how readily it can support individuals with far greater levels of dependency.

3.3.2.1 East Sussex County Council

East Sussex County Council's strategy for extra care was based on two hypotheses namely:

1. Extra Care is a preventative service model which enables people to remain in the community and not enter residential or nursing care.

2. Extra Care is a more cost effective model compared to residential/ nursing care or care provided in a person's own home.

The evaluation report of June 2013 set out to evaluate the performance of the delivered schemes against these hypotheses. East Sussex County Council delivered 5 schemes with a total of 217 units between 2003 and 2012 with three different care and support providers and three different registered housing providers. Overall 58% of the units were one bed but the mix varies significantly from scheme to scheme. 82% of residents had care needs. 14% of residents had a formal diagnosis of dementia.

3.3) Identifying the Need Nationally – National Trends and Evidence

The evaluation firstly identifies the positive impact of each of the schemes on the lives of the residents there. It goes on to identify an increase in informal care by residents families and between residents thereby reducing the need for formal care.

The schemes delivered what they set out to in terms of a mix of care needs categorised as high, medium or low with 86% on residents renting property.

Analysis of residents against a number of criteria indicated that had they not been admitted to extra care 63% of residents would have been placed in residential of nursing care and the remaining 37% requiring domiciliary care in their own homes or sheltered housing. It also cites the benefits to couples who are able to take residence where the needs of each of the individuals may be significantly different and may not have been able to remain together through a residential care solution.

In financial terms the evaluation concludes that the value for money case is clearly made with the alternative costs of provision for those in extra care calculated to be significantly higher. Disappointingly perhaps the detail of the financial evaluation and methodology is confidential and has not been made publicly available but the following summary was made:

Revenue : *On average, the cost of a placement in extra care is half that of the*

alternative placements.

Capital : *Return on capital investment by ESCC (based on capital contribution in the 5 schemes and gross savings) is 1.5 years in the best case scenario and 3.3 years in the worst case scenario.*

However, ESCC do make the point that they only provided a small proportion of the full capital requirement for each scheme.

3.3.2.2 Other Evidence

Appendix (iv) summarises other evidence reviewed in drafting this strategy.

This evidence is wide ranging and much focuses on the positive experience of occupants and service users moving into extra care. It identifies models where occupants care for and support each other thereby reducing the burden on “formal care”.

It further supports the challenges presented by our sheltered housing stock, most of which is available only as social rented accommodation and was designed and delivered in a different era.

Positive experiences of co-locating extra care housing for older people with other vulnerable adults and with general need housing is covered.

Much evidence also points to the desire of older people to have greater choice in their living accommodation than available at present and to offer support to them to enable them to make the right choices.

Extra care is viewed as a model which can offer choice and address many of the challenges faces by older people.

3.3.3 Conclusion

We conclude from this that nationally, the model for provision of accommodation and care for older people needs to change to reflect the change in demand and changes in expectations.

There is a need to promote and to make investments in accommodation for older people across all forms of tenure and across the spectrum of dependency and affluence. However, these investments need to be made carefully with a careful planning and with an attention to design which focuses on the needs of specific localities and the needs of the target population.

There is evidence to support consistent revenue savings through promoting extra care rather than defaulting to residential or nursing care.

If a genuine range of choices can be offered, older people then need supporting in making the right choices for their benefit and for the benefit of service providers and commissioners.

Although far fewer in number, many of the same principles apply to vulnerable adults. The needs of the BME population also need careful consideration particularly given the significant increase expected in the number of older people within the BME population.

3.3) Identifying the Need Nationally – National Trends & Evidence

3.3.4 Vulnerable Adults

Vulnerable adults is another area where there is deemed to be significant demand for models of extra care. This might include adults with learning disabilities, physical disabilities or those with mental health issues and other vulnerable adults. LCC currently spend around £70M of their budget providing services to around 1,850 individuals with learning disability £10M of which is on night time support. There are increasing numbers of people with very complex needs, many of whom require adapted accommodation to meet their needs.

There is an increasing demand for individual accommodation rather than shared accommodation which is resulting in significant voids within shared accommodation. This is driven and facilitated in part by personalisation and the introduction of personalised budgets.

In order that individuals in individual units can be provided with effective and efficient support services there is therefore an emerging demand for extra care accommodation comprising say 10 to 12 individual apartments with a small communal facility and a small flat for a sleep in carer. At present the service commissioners have identified a need for a facility of this nature within each district of the county with potentially more than a single facility in Chorley, Leyland, Preston, Burnley and Lancaster.

Laing & Buisson's report to the Department of Health entitled "Illustrative Cost Models in Learning Disabilities Social Care Provision" May 2011 provides some useful analysis on the cost effectiveness of an extra care model for learning disability which can also be applied to other vulnerable adults.

The report identifies a general shift in provision away from residential care to supported living in shared accommodation but that individuals now demonstrate preferences for individual units within either flatlet schemes and extra care where appropriate. This responds to increased personalisation and the ability and need of individuals to separate the provision of their care from their accommodation which was not possible under the residential care model. Indeed CQC guidance requires there to be "no significant connection between the two entities providing support and housing and for the two functions to run separately, without reliance on the other".

The report identifies that many individuals (tending to be those with less severe support needs) have tended to source individual accommodation through a registered provider. This can then represent a challenge in meeting the support needs of that individual in an effective way particularly if their needs change and increase.

Extra care accommodation in many circumstances, will provide a more appropriate and effective physical environment in which to support vulnerable adults, depending on their support needs. It offers the privacy and independence of their own home with 24 hour support where the needs of a number of individuals can be effectively met through sharing resources.

However, the Laing & Buisson report identifies the challenges in the current market of financing the acquisition or development of such facilities without the long term commitment of local authority commissioners. We identify further in this strategy that financing a facilitating the development of accommodation for vulnerable adults can be relatively simple and deliver significant savings and service benefits.

The Laing & Buisson report further identifies that it can be appropriate for a small number of people with learning disability to be co-located with older people within an extra care development depending on occupant mix. The report goes on to provide some comparative costs for supporting people in various settings and indicates potential savings for supporting individuals within extra care.

Generally there is an increasing recognition of the need to offer vulnerable adults a far greater choice in where they live, who they live with and how they are supported to live as independently as possible.

3.3) Identifying the Need Nationally – National Trends & Evidence

3.3.5 The Black & Minority Ethnic Population ("BME")

In considering the needs of the Black and Minority Ethnic population we have reviewed national evidence to help understand how the needs and demands of this population might differ to the general population.

A report by the Runnymede Trust (authored by Omar Khan) entitled "Retirement Decisions Among older Black and Minority Ethnic People – November 2012" provides some useful evidence in this regard. In summary the report identifies that the older BME population is growing rapidly with the 65 years plus group set to increase from 230,000 people nationally in 2001 to 2.7M by 2051, a twelve fold increase. Whilst BME individuals within the older population have not been as noticeable to date, this will change in the coming decades. The report further identifies that the older BME population is currently more likely to live in large conurbations than rural or seaside locations and has a lower income and savings relative to the general population. Older BME people are more likely to have been born overseas and whilst this may influence choices of where they wish to spend retirement it is perhaps not as important as family, financial and community considerations.

The report identifies the changing characteristics and choices of the population in that whilst they are more likely to live in households with multiple generations, this tendency is declining. This is also true of the tendency for younger generations to care for their parents with some evidence that this pattern is also in decline. In any event at present 9 out of 10 households within the BME population are not multi-generational and hence models to serve the growing older BME population will need to recognise this.

The report identifies changing patterns of settlement although this appears to relate primarily to London with a reducing tendency towards the clustering that has perhaps characterised BME populations in the past. The report identifies a likelihood of increasing BME population in rural areas although there are significant barriers to this growth in terms of accessing appropriate services.

The barriers to accessing services are identified as follows:

1) Poor access to information and advice
2) Language and communication barriers
3) Lack of cultural sensitivity in advice given
4) Households lacking the capacity to influence service planning decisions.

The report identifies the varied patter of home ownership and tenure choices across the BME population which will require consideration in respect of extra care. Whilst the 72% of the White British population are home owners only 50% of the BME population are home owners. However in the Indian British population this rises to 74% and 68% in the British Pakistani population. Other BME groups are therefore far more likely to be in social rented or private rented accommodation.

The Better Housing Briefing 6 – Meeting the Sheltered and extra care Needs of Black and Minority Ethnic Older People, authored by Adrian Jones for the Race Equality Foundation in March 2008 identifies the common themes of previous research but a failure to implement the findings of that research in providing specific accommodation targeted at the needs of different ethnic groups that is sensitive to differing needs and addresses the barriers that are faced by older people in the BME population in considering their accommodation and care needs.

Common to much of the research is the needs to plan more effectively for a rapidly growing number of older people within the BME population.

EXTRA CARE STRATEGY FOR LANCASHIRE

4) Identifying the Need in Lancashire

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4) Identifying the Need in Lancashire

4.1 Introduction

Having identified the need nationally to evolve the way in which we care for and accommodate our older people and other vulnerable adults, to deliver significantly better outcomes and more cost effective service delivery, the remainder of this section identifies the specific needs and demands in Lancashire.

We identify the benefits of an extra care model for supporting vulnerable adults in comparison with shared accommodation schemes.

We identify a pattern in Lancashire of over reliance on residential care with a smaller under use of nursing care, as the needs of older people increase and they are no longer able to be supported in their own homes, either on a temporary or permanent basis.

We consider the use of residential and nursing care and whether is it the most appropriate and cost effective model and whether some of the need could be better met through extra care.

We then quantify the proportion of individuals who might be better supported within extra care rather than residential or nursing care.

4.2 Vulnerable Adults

Having moved away from a model of residential care for vulnerable adults and particularly those with learning disability, towards a supported living model, LCC are seeing strong demand for the further personalisation of accommodation which can be provided in dedicated extra care schemes or flatlet schemes or a number of units within a broader extra care scheme.

Historically supported living in a shared household has been provided with no more than 6 individuals supported in any one household. However, this model can be inefficient and expensive where sleep in support is required. LCC are therefore keen to explore the expansion of extra care facilities supporting up to 12 individuals. This can therefore realise significant savings in the provision of a sleep in service to support a larger group of individuals, and through accommodation no longer being shared but individual flats, can significantly reduce the number of safeguarding alerts which can put further pressure on the level of support needed and the cost of providing that support.

There is a clear need to limit the scale of such facilities to avoid them becoming institutionalised. The largest scheme at present in Lancashire provides accommodation for 14 individuals which is at the upper end of the scale.

The principle benefits of such a model are:

- The background / floating support being shared by a greater number of people
- The opportunity to maximise assistive technologies
- Appropriate individual units can provide a more personalised space with greater security and perceived security.

There is an expectation that people would need to buy into a level of support form the on site provider but could purchase 1:1 support from other providers if appropriate.

In Lancashire around 1,800 individuals with learning disabilities are in supported living arrangements. Around 500 of those individuals require a sleep in service at a cost of over £10M per year to the Council. The funding of the sleep in service is a significant challenge as it typically costs £260 per week and is shared between the individual tenants within the household.

Therefore facilitating or enabling the development of more extra care flatlets schemes could deliver significant financial and service benefits in respect of this sleep in service and reduce the number of safeguarding alerts.

In relation to mental health, the current LCC forecast net expenditure for residential and nursing care county wide is £10.7 million. The CCGs spend on jointly funded residential placements with LCC is £2.96 million. There are currently 348 commissioned placements; 259 of which are residential placements. There are 226 people in receipt of a direct payment which equates to 7% of the total mental health spend. There is therefore a need to develop the use of direct payments, supporting people to remain as independent as possible and with strong links with their community away from the traditional use of residential and nursing care which is often away from the area in which they originated.

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REGION AND COUNTRY PROFILES: POPULATION AND MIGRATION 1 MARCH 2014						
Subregional – Population Estimates & Projections, 2001 to 2022						
LA	Population, all ages 2011 (Thousands)	Projected population, all ages 2021 (Thousands)	Population growth, all ages 2011–21 (%)	**Population, aged 65 and over 2011 (Thousands)**	**Projected population, aged 65 and over 2021**	**Population growth aged 65 & over 2011-2021 (%)**
All Districts	***1,171.6***	***1,229***	***4.9***	***212.9***	***261.0***	***22.6%***
Burnley	87.0	87	-0.1	**14.2**	**17.0**	**19.7%**
Chorley	107.6	114	5.9	**18.2**	**24.0**	**31.9%**
Fylde	76.1	80	5.2	**18.5**	**22.0**	**18.9%**
Hyndburn	80.5	83	3.4	**12.9**	**15.0**	**16.3%**
Lancaster	137.8	146	6.2	**25.5**	**30.0**	**17.6%**
Pendle	89.6	95	6.2	**14.5**	**18.0**	**24.1%**
Preston	140.1	145	3.7	**19.4**	**22.0**	**13.4%**
Ribble Valley	57.3	60	4.6	**11.7**	**15.0**	**28.2%**
Rossendale	68.1	73	7.1	**10.6**	**14.0**	**32.1%**
South Ribble	109.2	117	7.1	**19.6**	**25.0**	**27.6%**
West Lancashire	110.6	114	3.5	**21.1**	**26.0**	**23.2%**
Wyre	107.7	113	5.3	**26.8**	**32.0**	**19.4%**

Population change to 2021 by District – actual population levels in thousands (Source: ONS)

LCC do not wish to provide nominations agreements but could simply offer support for schemes coming forward from registered providers and actively promote the desire to develop clusters of extra care accommodation for vulnerable adults with a "soft" nominations agreement whereby LCC are not guaranteeing occupancy but get first refusal over placements for a limited period upon a vacancy becoming available.

Similarly LCC have some smaller plots of land which could be released at an appropriate capital value, to facilitate the delivery of extra care schemes for vulnerable adults with minimal risk to LCC and minimal intervention.

4.3 Life Expectancy by Age & Gender

A pattern typical across Lancashire and indeed nationally, is one of increasing life expectancy but also one where individuals will live for longer periods with one or more disabilities and with one or more health conditions which will impact on their life and require managing, often with the support of social care or healthcare professionals. We therefore give consideration to the physical environment which will can cost effectively support this evolution and better support the individuals concerned.

We consider the demography across the county and how this demographic profile is expected to change over the next 20 years and the impact this may have on the demand for services for older people.

We then consider the admissions in the last three years into residential and nursing care and use national comparators to estimate the quantity of these admissions which are considered to be over admissions. This then provides a guide as to the quantum of admissions to residential care which could be dealt with in an extra care setting if sufficient facilities existed and commissioning pathways promoted the use of extra care appropriately.

It is important to note that we have based the assessments of over use of residential care on achieving the average of the national comparator group which provides an indicator of potential savings figures in achieving this outcome. However, whilst this would be viewed as a step in the right direction, it would not put Lancashire in a position where it were best in class or necessarily able to meet its statutory needs affordably.

4) Identifying the Need in Lancashire

The need for extra care could therefore be significantly greater and associated savings significantly greater. Similarly there is very little risk of over provision at this time given the level of need in the sector and growing demand against the low level of existing provision.

4.4 Demographic Changes

Demographic change information for the districts within Lancashire has been sourced from the Office of National Statistics (ONS) and is summarised in the table on the following page.

Overall, population change in Lancashire over the next 20 years follows national trends, particularly regarding older age groups, Figure 1 over identifies this population change by District.

Districts naturally vary in their population size and all districts with the exception of Burnley are expected to grow their overall population.

However, all districts will experience significant growth in their populations of older people.

4.5 Use of Residential and Nursing Care

In spite of efforts to move away from defaulting to the use of residential care through commissioning some extra care and providing domiciliary care packages, the reality is that there is still a very heavy reliance on residential care which has continued to grow. The reason for this is likely to be a combination of the following factors:

- Growth in demand for services from older people generally due to demographic change and NHS efforts to reduce length of stay in acute and community hospitals
- A lack of well understood and well developed alternatives to residential care
- The relatively high capacity in the residential care system in Lancashire (i.e. a large number of available beds)

In this section we seek to quantify the impact of that over reliance on residential care with reference to a comparator peer group.

4.6 Admissions Over the Last Three Years

An assessment of admissions over the past three years relating to residential and nursing care has been undertaken. This has considered short term admissions, long term admissions and permanent admissions. For the purposes of this exercise the average length of stay for long term and permanent admissions is so close that they have been combined and not differentiated between. Activity is also split by admission source (such as from home or from hospital) and broad age group, so that a demographic projection can be applied for future years.

We have considered only those admissions which are paid for by LCC in some form. Data for totally self funded admissions is not collected by LCC and is not available. This is not considered a problem however, as this section seeks to assess the savings which will accrue to LCC through reducing reliance on residential care and hence self funded admissions do not impact this assessment.

The table above right shows a the use of residential and nursing care in Lancashire compared with average uses for a peer group based on annual admissions per 100,000 head of population.

4.7 Residential Care Prevalence

3. The number of permanent admissions to registered accomodation per 100,000 population, by type of care, 2010-11 to 2012-13

Series	Year	Residential Care	Nursing Care	Total Of Residential Care and Nursing Care
Council	2010-11	731	207	938
	2011-12	737	187	924
	2012-13	695	182	877
Comparator Average	2010-11	495	214	708
	2011-12	500	218	718
	2012-13	495	223	717
England	2010-11	466	224	690
	2011-12	468	228	696
	2012-13	467	230	697

Residential care admission data for Lancashire residents (source: NASCIS)

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On a percentage basis residential care admissions in Lancashire are 40% higher than the peer group and 48% higher than the average for England. Nursing care admission are 18% and 20% lower than the peer group and the average in England respectively.

This highlights a significantly higher use of residential care in Lancashire than its comparator peer group but interestingly, a lower use of nursing. The modelling supporting this strategy then assumes that the proportion of people in residential care over and above the comparator average, could be reduced to the comparator average if appropriate alternative facilities and corresponding care packages were available. The modelling therefore assumes that the identified over use of residential care, will translate into demand for extra care for the purposes of understanding and quantifying any financial link between residential care and extra care.

It is also worth noting that there are variances across the County whereby in the north the use of residential care is deemed to be somewhat lower than elsewhere in the County.

The peer group is that used by National Adult Social Care Intelligence Service (NASCIS) which includes large county councils including Cumbria, Derbyshire, Essex Gloucestershire, Hampshire, Kent, Leicestershire, Lincolnshire, Norfolk, Northamptonshire, Nottinghamshire, Somerset, Staffordshire, Warwickshire & Worcestershire.

It should be noted that achieving the comparator average should not be viewed as an "aspirational target" but a pragmatic target at this stage with the potential to move to a more ambitious position, delivering greater savings and better outcomes, as a programme progresses.

As those already in an LCC funded (either wholly funded or part funded) residential care setting will have undertaken an assessment to establish FACS (Fair Access to Care Services) eligibility, resulting in a need classed as either substantial or critical, it is very likely that those individuals can no longer be supported through home care packages alone. It is also assumed that other than the lack of availability of alternatives, that there is no under-lying reason why reducing residential care placements to the comparator average is not achievable. National evidence and best practice examples indicate that this is a reasonable assumption at this stage.

Additionally the model makes the assumption that the lower than comparator average use of nursing care may be associated with higher use of residential care. Such comparisons may have resulted from different labelling of care provision or be based on initial placement to residential care places which become nursing care based provision as a person's needs increase.

The model recognises the potential for both residential admissions to decrease and for nursing admissions to increase.

The number of admissions in Lancashire described as permanent compared to those labelled long term for the population over 65 is c. 97%. We have therefore assumed that for the purposes of the model that admissions of long term and those described as permanent placements are synonymous.

The table below indicates the actual number of admissions to residential and care for the over 65 population (rather than admissions per 100,000 of general population referred to earlier). At this stage now only residential care is considered as the primary linkage for extra care is with residential care. The 3rd column shows what the admissions to residential care would look like at the comparator average which then enable the over admissions to be derived.

EXTRA CARE HOUSING CALCULATIONS	65+ residential admissions only	population 65+ based on 2012 pop estimates	Admissions needed to achieve comparator group average	Over admissions	Extra Care Units Required to remove over admissions
Lancaster	166	26,356	130	36	79
Fylde	106	19,104	95	11	26
Wyre	159	27,550	136	23	51
Preston	150	19,785	98	52	116
South Ribble	157	20,521	102	55	124
Chorley	117	19,253	95	22	49
West Lancs	127	21,968	109	18	41
Hyndburn	114	13,425	66	48	106
Ribble Valley	75	12,135	60	15	33
Burnley	134	14,751	73	61	136
Pendle	132	15,048	74	58	129
Rossendale	99	11,138	55	44	98
	1,536	**221,034**	**1,094**	**442**	**988**

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This suggests an over admission into residential care of 442 people per year in Lancashire.

This strategy requires that residential care home admissions can then be reduced by providing appropriate extra care accommodation and that the associated costs of residential care can reduce.

4.8 Conversion of Admissions Requirements Into Actual Beds Occupied

To convert over yearly over admissions to a bed complement the yearly over admissions have been multiplied by a factor calculated on the following basis.

The total number of weeks of long term residential care provision in Lancashire for 2012/2013 was 178,645 weeks. This equates (assuming all long term care is effectively permanent care) to 3,435 residents (178,645 divided by 52) at any one time who are receiving support funded by LCC. Annual long term admissions to residential care are 1,536. Dividing 3,435 by 1,536 gives a factor of 2.2 currently supported placements for every admission. It is therefore assumed that to support the reduction of long term residential care admissions, that 2.2 extra care units will be required for each annual over admission.

It is also worth noting that the actual number of people aged 65+ in a residential bed on 31st March 2012 was 3588 and on 31st March 2013, 3528 so using the average figure calculated above is broadly in accordance with the varying actual picture.

It has therefore been calculated that the 442 annual over-admissions, should require 988 extra care units to eradicate the over admissions and bring LCC back to the comparator average. It is this figure which is subsequently used to calculate the base level of potential savings on residential care spend, through investment in extra care. This is addressed in Section 5.

This is also the assessment of immediate need for extra care units.

4.9 Analysing Short Term Admissions

It is assumed that the impact of increasing the supply of extra care units across Lancashire will allow shifts in the location of care provision, particularly regards current residential care provision. In addition, there is a significant level of short term residential care provided to the population. The provision of additional extra care will have an impact on the requirement for short term residential care. Enhanced care levels within extra care, may well reduce the need for a proportion of short term referrals to residential care that currently occur.

The need for short term residential care is rooted in a variety of causes such as an acute phase of need or the need for some element of respite care provision.

This model does not seek to quantify the extent to which short term residential care requirements may be affected by increased extra care provision. Overall extra care provision is based on previous population needs work carried out as part of an earlier strategic needs exercise.

It is likely that both residential care and extra care will continue to be needed to meet some short term needs for respite, step up and step down care.

4.10 Understanding the Source of Residential Care Overuse

In addition to identifying the overuse of residential care compared to comparator counties, base data supplied by LCC identifies the prime source locations of residential care clients. These figures indicate the following approximate proportion in the sources of over used beds:

- 20% from hospital
- 20% from other residential care settings
- 60% from community settings

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4.11 Summary of Population Based Extra Care Requirements

The previous pages identify the over use of residential care and how investment in extra care should reduce the over use to comparator norms. Below we consider a different methodology for assessing the strategic need for extra care housing. The HGO methodology is summarised opposite. The results of using this methodology are summarised in the table below. This demonstrates a higher demand for extra care than simply considering over admissions based on a comparator group.

The figures are higher as this model looks to move more people from residential care than simply moving to a comparator average. It is more ambitious in that regard. Additionally the base strategic needs assessment has been subjected to demographic assumptions to calculate future need over a 20 year timescale.

	Extra Care Units required based on HGO methodology		
	2013	2023	2033
LANCASTER	331	386	468
FYLDE	240	285	349
WYRE	349	406	485
PRESTON	247	286	345
SOUTH RIBBLE	219	267	323
CHORLEY	196	250	303
WEST LANCASHIRE	240	288	343
HYNDBURN	160	187	220
RIBBLE VALLEY	127	157	189
BURNLEY	187	215	249
PENDLE	182	226	267
ROSSENDALE	119	149	184
	2,597	3,102	3,725

Summary of extra care requirements based on HGO population methodology, extrapolated for the effects of demography over 20 years

This model considers that **2,597** could be better supported in extra care thereby only leaving those with a far higher dependency level in residential care. At 31 March 2013 there were 3,528 individuals in residential care supported by LCC. It is this 2,597 figure that is used to calculate the higher, more ambitious savings target.

Simplified version of HGO Methodology for Calculating Extra Care Numbers

We start with the over 75 year old population.

We then segment the population according to a combination of the research underpinning the Wanless Review, which looked at difficulties with activities of daily living, and the General Household Survey which looked at difficulties with performing domestic tasks. We then link these segments to particular service interventions. For extra care we assume that the key segments of the population where the service is relevant are those classified by Wanless as Group 3 and Group 4, less a proportion that we assume still requires registered care. This amounts to effectively 10.14% of the older person population.

We the translate individuals into households by using the census figures on household size to produce proxy numbers for the 2 highest care needs groups on the basis that there is a relationship between age bands and care levels needed– the highest band has a deflator applied of 0.91 and the next highest a deflator of 0.84

We then use our study of Strategic Housing Market Assessments in 9 Authorities to estimate the proportion of this household population that we think would choose an extra care service – based on those who classified themselves as frail and who said that they either did live in specialist housing or would expect to move there in the next 5 years. This amounts to 25% of this population.

This produces levels of need on a national basis. We then apply a local indicator, calculated from a combination of the relative numbers of Attendance Allowance claims, Numbers of Lone Parent Households, Mortality Rates, and Income Distribution among Older Persons Authority by Authority.

4) Identifying the Need in Lancashire

The demand calculations in this strategy assume that all extra care occupants will have a minimum care need level defined as "low" which is summarised as follows:

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken

At present LCC only fund services to those who have a need defined as substantial or critical, as is their statutory obligation under Fair Access to Care Services (FACS). Therefore any savings identified in the change in the care model must assume and be based on the population with substantial or critical needs rather than those with a lower level of need. However, the actual model of future service provision in extra care may be different and be promoted to those with a lower level of need. It is proposed however that only the basic level of domiciliary care within an extra care scheme would be funded for those of a low or moderate need and not any additional planned care.

It does not seem unreasonable that with over 14,000 residential care beds and nursing beds in Lancashire that just nearly 2,600 could be better accommodated in extra care. Indeed it might be considered that 2,600 is a conservative estimate and that the ambition should be to achieve a far greater shift over time but this ambition clearly has to be tempered by affordability underpinned by sound financial analysis and evidence of improved outcomes.

If extra care is to play its full role in prevention and in managing demand for services, it should also be promoted for individuals who may not yet have a care need but simply anticipate a future need or who foresee a change in personal circumstances whereby a move into extra care would be a sensible and positive choice. Such individuals should not be excluded from extra care but are not quantified in the assessments above. Such occupants would need to meet their own costs unless their level of need and circumstances changed. If taking residence in an LCC supported scheme such individuals would need a housing and support assessment.

Year	2013	2021	2033
Sheltered & Designated Housing for Older People Demand	18,500	21,300	*25,500**

4.12 Sheltered Accommodation and Other Housing Models

Lancashire currently has a significant stock of sheltered housing across the County which generally appears well managed and well occupied. There are a few schemes which suffer from voids and challenges in achieving full occupancy but these are the exception and tend to be the bedsit based schemes rather than the self contained apartments. Through discussion with providers, some have a clear preference for schemes which mix occupants with a defined care need with those who do not have care need.

A mixed model for extra care then clearly has an impact or interaction with sheltered accommodation & other forms of designated housing for older people. Those with an identified and increasing care need may enter extra care from sheltered housing, Similarly in a mixed extra care scheme individuals may choose to go straight into extra care, bypassing sheltered accommodation, from their own home. it is therefore relevant to understand hw the demand for sheltered accommodation might change.

The figures above indicate the anticipated demand for mainstream sheltered accommodation based on the HGO methodology. Due to available data sets the figure for 2033 is simply extrapolated from the previous 2 figures based on population growth in the over 65 population for the North West according to ONS data. It is worth noting that by 2021 it is forecast that the over 65 population in Lancashire will be 260,000.

This therefore indicates a strong demand for all forms of accommodation for older people, with an anticipated and sustained growth in demand for the foreseeable future, Against a backdrop of growth in demand for housing generally, we would expect that good schemes will remain well occupied, Others will present opportunities for redevelopment or desheltering which may be worthy of further consideration. It seems unlikely that the current social sheltered stock will be added to in any significant degree and hence net additional demand is likely to be provided as a part of larger extra care schemes and specialist "market" providers of new stock (such as McCarthy & Stone and the like).

EXTRA CARE STRATEGY FOR LANCASHIRE

5) Financial Analysis of Costs of Care

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5) Financial Analysis of Care Costs

5.1 Introduction

Any shift away from a model based around residential care, towards extra care accommodation has associated revenue and capital consequences. In this section we have made an assessment of those likely financial consequences, based around a number of assumptions relating to the model of care.

We have identified a significant element of over referral in Lancashire to residential care homes. Efforts to reduce this over referral have been made. However, these have not been wholly successful as demand for services continues to increase and alternative options (such as extra care) are lacking. Therefore the financial impact of any investment in extra care, should be offset (in part or whole) by associated savings against residential care costs.

The total number of extra care units currently required in Lancashire as defined in the previous section is 2,597, rising to 3,725 by 2033 which is detailed in Section 4.10. Of these, there are currently 671 units which are called “extra care” available in Lancashire (but only around 350 that are actually supported). These are a mix of purpose built facilities (Brookside in Ormskirk, Buckshaw Village in Chorley and Greenbrook House in Rossendale) and a number of units designated as extra care within sheltered housing schemes.

If we consider only the demand coming from currently over utilised beds this figure is 988 units as described in Section 4.7. This approach has been taken as whilst demand for a greater number of extra care units is likely to exist , the additional units may not result in a commensurate saving in residential care costs as those accommodated are likely to have a lower level of service need.

5.2 Residential Care Costs Analysis

Section 4 of this report identifies the extent to which residential care admissions are greater than the comparator average with the current number of over used beds at 988 beds in residential care.

The total current spend on long term placement residential care is deemed to be the most relevant cost when identifying the extent to which costs may shift from residential care towards extra care. The Council currently buys 178,645 weeks of residential long term care a year. The gross cost of this is £76.5M (£428 per person per week), the net cost after accounting for income received to offset this (top up payments etc) is £45.4M per year.

A reduction in residential care in line with assumptions regarding admission rates will therefore result in a reduction in net spend.

The current average length of stay in Lancashire is around 1 year. Typically either death or admission to another form of care will bring the stay to and end. However, by reducing admission to residential care through the use of extra care, it is possible that length of stay will further reduce as it is likely that the remaining admissions will be of higher dependency. However for prudence, we have assumed that the length of stay of the remaining admissions will remain unchanged (clearly any actual consequential reduction would yield further savings)

The number of admissions to residential care will come down to 1094 admissions (which is the comparator average), from 1,536 currently; a reduction of 442. These figures are derived from the previous section.

Assuming a pro-rating of net expenditure this will reduce from £45.4M currently, to £32.3M realising a saving in residential care placements of £13.0M.

Any further reduction in the use of residential care, either as a result of the use of extra care or other changes in the commissioning model could deliver further savings depending on the costs of implementing that change.

5.3 Extra Care provision Financial Analysis

The current expenditure on extra care provision (in terms of hours of care provision in an extra care setting) is £2.67M. The number of hours of care given (including nights and days) for this amount of money in the year was 225,940.

Where extra care is available at present, 24 hour domiciliary care is available with personal care then provide according to need through personalised budgets. The financial model assumes that service provision tends towards the more intensive end of the spectrum in the requirement for personal care. The reason for this is that that the additional extra care provision required within Lancashire is most likely to be taken up by a reduction in the current over reliance on residential care. Those individuals are likely to have a reasonably high requirement for personal care than those currently in their own homes and reliant on a domiciliary care service.

EXTRA CARE STRATEGY FOR LANCASHIRE

5) Financial Analysis of Care Costs

Extra Care Calculations

Average numbers of extra care units in a development				60
Total number of extra care units across the programme				988
	Hours	**Days per week**	**Hourly Rate (£/hr)**	**Cost**
Sleep in costs per week	7	7	12	588
Base care service	17	7	12	1428
				2016
Cost per user per week				34
Planned care per user per week	2	7	12	168
Total per user per week				202
Total Across Programme Annually				***£10,357,402***

Figure 16: Summary of extra care service cost calculations with service assumptions

The assumptions for the provision of extra care are as follows:

It is assumed that individual developments of an average of 60 extra care housing units will be constructed and therefore service resourcing has been based on this size of individual development. Based on the proportion of extra care places that would be taken up by people currently admitted to a residential home, it is assumed that each service user will contribute to the sleep in service and base level of care provision, and that each service user will on average, require 2 hours of planned care per day.

The model allows for such assumptions to be varied and in reality the provision will vary across schemes and between service users but this is a reasonable assumption based on the pattern of provision within existing schemes for LCC funded occupants. The calculation to the left have not taken account of any potential self-funding that may offset the total cost of extra care provision. For simplicity we have assumed that all units are single bedroom units. In reality demand will vary depending on location and a providers assessment of demand and value in a locality.

5) Financial Analysis of Care Costs

The consequential cost (based on a staff cost of £12 per hour) is £10.3M for 2013, rising to £12.2M in 2023. The simple model that calculates the above service costs is included below for reference.

5.4 Summary of Service Costs

The combined effect of savings in residential care costs transferred to extra care is shown below.

	2013	2021
Net savings from residential care (including savings in premises costs)	£13,064,388	£15,407,316
Net additional costs for extra care provision	-£10,357,402	-£12,214,867
Net service savings before extra care premises costs	£2,706,986	£3,192,449
Year 1 Revenue Requirement to Service Capital (assuming income strip)	-£ 5,151,592	-£ 6,075,462.91
Annual Income Rental Income	£ 5,344,884	£ 6,303,420
Total Revenue Savings	£2,900,279	£3,420,406

Summary of net savings arising from a shift to extra care from residential care

5.5 Capital Construction Costs

Capital requirements are discussed in Section 7 Commercial Delivery Options. It is also worth noting that from a cash flow perspective, capital outlay will be required in advance of revenue benefits being delivered which will need careful consideration and scrutiny.

5.6 Vulnerable Adults

In respect of vulnerable adults the costs of providing support tend to be significantly greater than for older people, depending upon the support need but the costs of providing accommodation need not be any greater particularly where opportunities for co-location within the same site (but separate buildings) are considered.

Investment in extra care for vulnerable adults, either alongside older people or separately, has the potential to realise significant savings through staffing efficiencies. The magnitude of these savings can be significant and hence the capital costs of investment should not present a significant barrier to realising these savings.

Specifically in respect of learning disability, the costs of providing a sleep in service to shared supported accommodation is currently over £10M per year. A move away from shared supported accommodation towards extra care or self contained flatlet schemes for up to 12 people could realise significant savings in the provision of the sleep in service, whilst providing a more personalised approach to accommodation for people with learning disabilities and potentially reducing the number of safeguarding alerts. Initial indications are that such a change, if applied across all accommodation for people with learning disabilities could halve the cost of the sleep in service annually.

In relation to mental health, the whole system accommodation model will include service users being supported to access not only the self directed support offer but also those services available through statutory sector, for example, the community rehabilitation team, community restart and home treatment resolution teams as well as those from the 3rd sector and universal services. It is envisaged that this development will realise savings of £1.35 million on the current mental health spend.

EXTRA CARE STRATEGY FOR LANCASHIRE

6) Commissioning Context – Achieving the Shift

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EXTRA CARE STRATEGY FOR LANCASHIRE

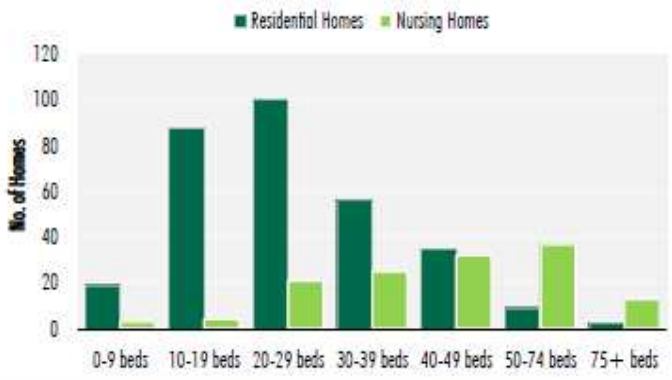
6) Commissioning Context – Residential Care Overview

Overview

	Residential	Nursing	Total
Current Supply			
- Homes	309	135	444
- Beds	7,863	6,143	14,006
Size			
- Average Beds	25	46	32
Construction			
- Purpose Built	17.5%	36.3%	23.2%
Accommodation			
- Single Room only	39.9%	?	?
- Single Room with E/S	?	?	?

Source: Laing & Buisson

Home Size Distribution



Source: Laing & Buisson

Funding Sources

Source: Laing & Buisson

Value Drivers

		Residential	Nursing
Regional Occupancy			
- North West Average		89.2%	85.8%
Local Authority Baseline Weekly Fee Rates			
- Elderly	Minimum	£312	£473
	Maximum	£421	£550
- Dementia	Minimum	£325	£486
	Maximum	£448	£596
Reported Weekly Fee Rates			
- Minimum		£270	£360
- Maximum		£1,000	£1,200

Source: Laing & Buisson

6.1 Overview of Residential Care Provision

The snapshot to the left provides a quick overview of residential and nursing care accommodation within Lancashire. Firstly this indicates the significant quantum of provision across the county. It is therefore not surprising perhaps that there has been an over reliance on this type of provision as the market is well-understood. Occupancy is manageable but with such a large quantum of places, there are generally likely to be places available. However, generally the stock is not purpose built and the size of the homes is relatively small compared to the national average. This suggests much of it is owned by smaller owner operators and is likely to need significant investment in years to come. Whilst there will undoubtedly be an ongoing need for some residential and nursing provision, if a market is to be created in extra care, it should seek to divert some investment away from the residential care stock but also to concentrate the investment in residential and nursing care to those homes and locations that have a sustainable future, allowing some consolidation of the provision.

A pattern emerging in many area is for residential care to move towards a higher dependency model including specialist dementia care.

6) Commissioning Context

6.2 Introduction

The previous sections of this strategy identify a growing need for extra care provision to help manage demand for social care and healthcare services, to improve outcomes and to ensure that those quality outcomes can be delivered cost effectively.

We have identified that there is an overuse of residential care in Lancashire , a pattern that can be changed if the right alternatives exist. Significant savings for reducing commissioning into residential care have been identified even taking account of the additional costs of extra care provision.

This section therefore seeks to establish what needs to be done from a commissioning perspective to enable implementation of a strategy that invests in extra care whilst reducing dependency on residential care. We also seek to identify any significant barriers to developing an extra care market taking account of the need for increased partnership working, housing market dynamics, site availability, town planning constraints and providers of extra care.

6.3 Housing & Planning Overview

Housing and planning are the responsibilities of the district / borough rather than falling to the County Council. ***Appendix (i)*** includes a summary snapshot of the town planning and housing context within each district or borough within the County.

6.4 Housing Demand Context

Across the twelve districts of the county the current requirement for delivery of all housing is over 3,000 units per year of housing of all types and tenure. This is significantly greater than the rate of historic delivery which reflects the challenges in the market for funding and delivery, although this picture is improving as the wider economy improves. It also highlights that delivering in excess of 2,500 extra care units across the county will be a significant challenge and will represent a significant proportion of that overall requirement if the extra care units are to be developed at a pace that makes a meaningful contribution towards revenue savings in the short to medium term.

Given that the majority of house building activity currently tends towards delivery or market family housing, leaving the delivery of extra care to “the market” is unlikely to make significant inroads into the requirement for extra care.

As previously identified in this strategy, the delivery of extra care housing will enable the freeing up of older people’s existing homes. In many cases these will be suitable for families and hence this makes a contribution towards meeting the demand for family housing.

In recent years the average age at which individuals typically choose to go into an extra care scheme is 78. Much of the analysis of census data generally available focuses on the over 65 population and whilst individuals of 65 would not typically need extra care housing, solutions cannot de delivered instantly and hence it is this population from which occupants are most likely to be drawn and those who will drive demand for services in the near and medium term. Hence considering the over 65 population is valid.

In our discussion with representatives of the districts and developers, it seems clear that housing delivery does not necessarily match need. It currently focuses heavily on family housing where demand is also strong and delivery can be paced to match market take up with little risk. However, we also observe a disproportionate under delivery in accommodation for older people as the model is perceived as more complex, specialist and schemes carry a greater void risk and sales risk.

It is also worth noting that whilst housing policy, planning policy, demographic analysis and provision are specific to a particular district and are identifiable, housing markets are far more fluid and ignore political boundaries.

For example Fylde and Wyre act as a single housing market with Blackpool which is excluded from this strategy as it does not fall within Lancashire County Council’s jurisdiction.

Similarly to the north of the County the housing market in Pendle interacts with that of Cravendale. In the South Chorley with Blackburn with Darwen etc.

In the recent housing needs survey conducted by South Ribble 7.3% of households advised that their homes required adaptation to meet their needs. Over ¼ of households in Central Lancashire with occupants over the age of 60 feel that their house is too large. 6.7% of respondents over 60 felt that their home did not meet their needs with the main reason being that it was too large. Whilst this is just a snap shot from one housing market area the issues are very likely to apply in varying degrees across Lancashire.

6) Commissioning Context

6.5 Site Availability

Whilst the availability of good, suitable sites will always represent a challenge, it is clear that there are many suitable sites available across the County for accommodation for older people. More needs to be done to bring these forward for development . A number of sites have been identified through the LRPP in LCC ownership which would be a good starting point. However, the strategy should not be reliant on delivery through LCC owned sites and will need to exploit sites in the ownership of the District and Borough councils, NHS entities, registered providers and private sector developers if it is to be delivered and if extra care housing is to be developed in the right localities rather than simply becoming a default option for surplus sites.

Where location is appropriate, larger strategic sites should provide a proportion of accommodation for older people which could also help to create a balance and mix within the communities created.

6.6 Planning Policy

It is evident from discussions with each of the districts and boroughs that the needs of older people are becoming increasingly important in planning terms. Whilst the emphasis of each district and borough and preparedness of each is subtly different. However, in every district it was clear that well thought through and appropriate schemes for older people would be welcomed and that there are no insurmountable barriers to delivery of this strategy from a planning perspective.

Many Districts are currently developing their local plans and this presents an opportunity for the delivery of importantly strategic housing types (such as Extra Care) to be considered and encouraged.

6.7 Existing Accommodation for Older People

There is a significant quantity of sheltered stock across the county but this is generally well occupied and well managed. There are some bedsit schemes which ultimately will require redevelopment but generally the existing sheltered stock meets a need and hence is unlikely to be able to meet the need for extra care. Through discussions with providers and through studies elsewhere we have learned that try to convert existing sheltered accommodation to extra care accommodation is very difficult, ineffective and often very inefficient way to address the need for extra care. This is particularly true where there is a growing demand for homes of all types whether for older people or other demographic groups.

6.8 Local Housing Allowance & Housing Benefit

The following are the current basic local housing allowance figures based on Valuation Office Agency data from April 2013 for one and two bedroom properties in Lancashire:

▪ Central Lancs	£87.69	£109.62
▪ East Lancs	£78.46	£90.00
▪ Fylde Coast	£85.15	£114.23
▪ Lancaster	£91.15	£114.23

Whislt most extra care schemes will be considered “exempt accommodation” by the Department of Work and Pensions in respect of housing benefit, the figures above represent the base figures against which there is considered to be a risk by providers. If for example, an operator requires a base rent of £130 per week to cover their costs and the local housing allowance is £90 per week. Then there is a risk that should there be a change of policy in respect of exempt accommodation, that the scheme would become unaffordable to housing benefit recipients thereby resulting in voids and the scheme failing to deliver what it set out to achieve. However, recent guidance from Department of Work and Pensions should have reduced this perceived risk somewhat in maintaining the existibng definition of exempt accommodation and clarifying the postion where the landlord is not the provider of care.

We set out later that this is a risk that LCC might consider taking or helping providers to mitigate against in order to drive greater pace of delivery in the creation of a viable extra care market.

6.9 Tenure Mix and Unit Types

Through discussions with providers it is clear that flexibility in the tenure mix within a scheme is essential particularly at this stage in developing a market for extra care. National evidence indicates that successful schemes will offer a mix of units for affordable rent, private market rent and market sale and a smaller number of shared equity units. The exact mix however, should be allowed to flex depending upon take up. This will reduce the risk of excessive voids or an excessive delay in scheme becoming well occupied. This is important socially in order to create the community within a scheme and financially to ensure that central operating costs a shared between a reasonable number of occupants.

6) Commissioning Context

The blend of tenure options will also vary from locality to locality (not simply district to district) dependent upon the degree of owner occupation. Even within areas where proportions of owner occupation is high, there is likely to be demand for market rent.

As service user choice is fundamental to the success of this strategy it is essential that all potential occupiers have reasonable access to extra care provision should they deem it necessary. Close monitoring of the choices service users make will therefore be required to anticipate future demand and to understand any areas of weak demand.

There can be a mismatch between an identified need for a move and the client's willingness or ability to move. This can lead to long void periods which could be overcome by having a joint assessment panel, including providers, to ensure that accommodation is filled quickly and the needs of the clients balanced against their ability to move when a vacancy ' occurs unexpectedly.

Within the financial modelling supporting this strategy it is assumed that all units will be single bedroom units. This way, capital outlay can be readily related to rental income and potential savings in service provision. In reality however, there is expected to be demand for some two bedroom units or even some 1 ½ units. The exact mix of one and two bedroom units should respond to a specific locality and expected demand and affordability for a specific scheme but generally two bedroom units are would be expected to account for around 20% of the total number of units within a scheme. This will vary from scheme to scheme and the case to be made on a scheme by scheme basis. Units with more than a single bedroom would be expected to attract a higher rent to compensate for the additional capital outlay.

6.10 Providers Overview

In ***Appendix (ii)*** we provide a summary of discussions we held with a number of providers of extra care:

- Calico
- New Progress
- Regenda
- Housing 21
- Your Housing
- Together Housing
- Anchor Trust

Each provider has a slightly different operating model and a different focus, either geographically or towards different needs or demographic groups. Each also had a different level of maturity in this market and a different level of exposure to extra care at present. What each had in common was a view that this is an area in which they were keen to grow their business but often with a different view of the commercial risk they were either willing or able to take.

Some were willing to take on full occupancy risk, but this would be locality and scheme specific. Each viewed the risk around policy change relating to exempt accommodation as being significant and something which would certainly influence the pace at which they would expose themselves to the market.

It therefore seems unlikely that a single provider would develop a programme with sufficient pace to make a meaningful difference to LCC's commissioning options. Similarly it seems unlikely that each of the providers will bring forward capital investment with sufficient pace to address the current need and to provide those commissioning options. There is also merit in exploring the different models that each provider has a tendency towards, given that this is an emerging market which has yet to demonstrate any real successes or failures in Lancashire.

6.11 Care Commissioning

Adult social care commissioners and healthcare commissioners are increasingly working on a multi-agency and integrated care basis. In the context of extra care this also needs to involve lower tier local government where the responsibility for housing lies.

Central government policy is encouraging integration and this is likely to continue in order that demand for services can be effectively managed and savings delivered in response to the fiscal challenges faced.

In Lancashire it is clear that the successful delivery of an extra care strategy will require integrated working between the County Council, the district and borough councils, NHS Clinical Commissioning Groups and providers of services.

This therefore represents a real opportunity to demonstrate partnership working and to delivers benefits to all partners including service users.

In considering the current consultation on LCC's "Care and Support Model" each of the models considered for extra care are consistent with the model and would have the flexibility to adapt to any future changes to the model.

EXTRA CARE STRATEGY FOR LANCASHIRE

7) Commercial & Financing Options

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7) Commercial & Financing Options for Extra Care

7.1 Market Context for Finance Raising

The following provides an overview of the current situation and recent changes in the property financing markets which have relevance for this strategy.

Infrastructure Finance and Development Finance

There are two different types of finance that have been considered in this exercise and which have differing market contexts that the Council should be aware of:

1. Infrastructure Finance – our interpretation differentiates between hard infrastructure (roads, rail, etc) and soft infrastructure (housing, care facilities, schools, etc; and
2. Development Finance – shorter term finance that covers the build period for, primarily, regeneration and housing.

Private Sector Appetite for Soft Infrastructure Finance

There is huge appetite for long term, secure income streams, particularly if these can be index linked in some way either via an RPI or CPI link or fixed uplifts to provide some protection against inflation. Soft infrastructure projects can offer such income streams if the Council (or the public sector more widely) can in some way 'guarantee' the income, as was the case under PFI.

This appetite to provide finance is coming from UK based pension/insurance funds looking to match their future pension liabilities, including local authority pension funds but their is also appetite from:

- Ex-PFI type contractors who may invest capital to support the growth of their business in the post PFI era
- Service providers who also invest capital in the infrastructure. This is common in Care for example and we are seeing new providers entering the UK from overseas but this area is in the early stages of development and concentrated on prime assets in the South West predominantly.

A key aspect of finance provision via institutional investors is that they typically look to secure the finance against the asset allowing far greater flexibility over the provision of the service; a key difference to PFI.

Private Sector Appetite for Development Finance

The market for development finance differs markedly different to infrastructure finance and conditions, whilst improving, remain extremely difficult. Many institutions are still reluctant to lend to the property sector and are still over-exposed to this asset class, emphasised by the levels of 'toxic debt' which remain too high for many funders. Most lending that is available continues to gravitate to 'prime' assets with little interest in investing in 'sub-prime'. The definition of 'prime' covers a number of aspects but mainly considers location (very difficult outside of London), the quality of the asset (good quality, flexible, relevant) and a good covenant.

Major Shifts in Public Sector Finance

The pressure on revenue budgets is now being acutely felt and is likely to continue for the foreseeable future. However there has also been a significant reduction in capital funding from Central Government although some support is still available for affordable housing programmes through the HCA and for care assets with Department of Health funds distributed through the HCA.

Conversely, Local Authorities have been given some additional financial freedoms and encouraged to make more local financing decisions through aspects such as Business Rate Reform and recent temporary reductions in PWLB interest rates.

Some capital based programmes do still exist, particularly in relation to the Growth agenda and Care agenda but accessing these is highly competitive and requires high levels on readiness to demonstrate deliverability within (usually) constrained timeframes.

7.2 Innovation in Deal Making

The market situation described here is leading to innovation in new financing solutions and a change for the role that a Local Authority may need to play in order to achieve its priorities.

Most local authorities have some capacity to borrow funds through PWLB, and indeed the recent rate reduction makes this option even more competitive. Nevertheless, alternate financing and solutions are being developed and adopted elsewhere and this options review considers the options in respect of care assets. Clearly with any form of borrowing, the impact on the revenue line, return on investment, the ability to service that debt and repay the debt is a key determinant.

7) Commercial & Financing Options for Extra Care

7.3 The Opportunity

A structured approach to the delivery of extra care accommodation has the potential to contribute to the transformation of the way in which services are provided to a vulnerable group of people, which is growing in population and placing significant demand on Council resources as evidenced in the previous section.

There are a number of different ways in which delivery might be structured and in how the appropriate resources can be guided towards the desired outcome. The essential resources under consideration are as follows:

- Land
- Expertise
  - Service Delivery
  - Construction
  - Asset Management
  - Design
- Finance

To ensure that LCC gets best value for money requires an in depth understanding of the availability of land and relative value of land across the Borough, potential operators, service providers and investors in the market, their capacity to raise finance and to be a stable partner so as to ensure deliverability and balancing the varying risks appropriately.

7.4 Potential Delivery Structures

There are three principle delivery structures available to LCC illustrated diagrammatically overleaf. There are sub-options to each of the main delivery structures but we have focussed on the core structures at this point:

These are:

- The Direct Development Model
- Income Strip Model
- The Developer / Operator Model

7.5 Direct Development Model

LCC either buys land or uses its own land. It then procures a design & build construction contract to build the facilities and separately procures the services from an operator who will provide the base care package. In this model the Council raises the finance itself for the construction of the facility and retains ownership on completion – the asset is separate from the service.

7.6 Income Strip Model

This model is similar in structure but private finance is raised, although title of the asset does revert for £1 at the end of the financing period. Again a separate operator procurement is run with the Council guaranteeing occupancy through a block contract to facilitate the financing. There is no additional net cost to the Council for the facility and the value in the deal is achieved by 'wrapping' the lease payment made by the service provider with the Council's covenant.

7.7 Developer Operator Model

Here the Council retains no active ownership in the completed asset but is likely (but doesn't have to) to underpin the development through a block contract guaranteeing an element of occupancy or providing direct financial support to developers or operators (via loan or grant). The asset and the service are combined – this is the more common procurement option and is consistent with PFI.

7.8 Variables

The following vary between each model and influence the project pricing:

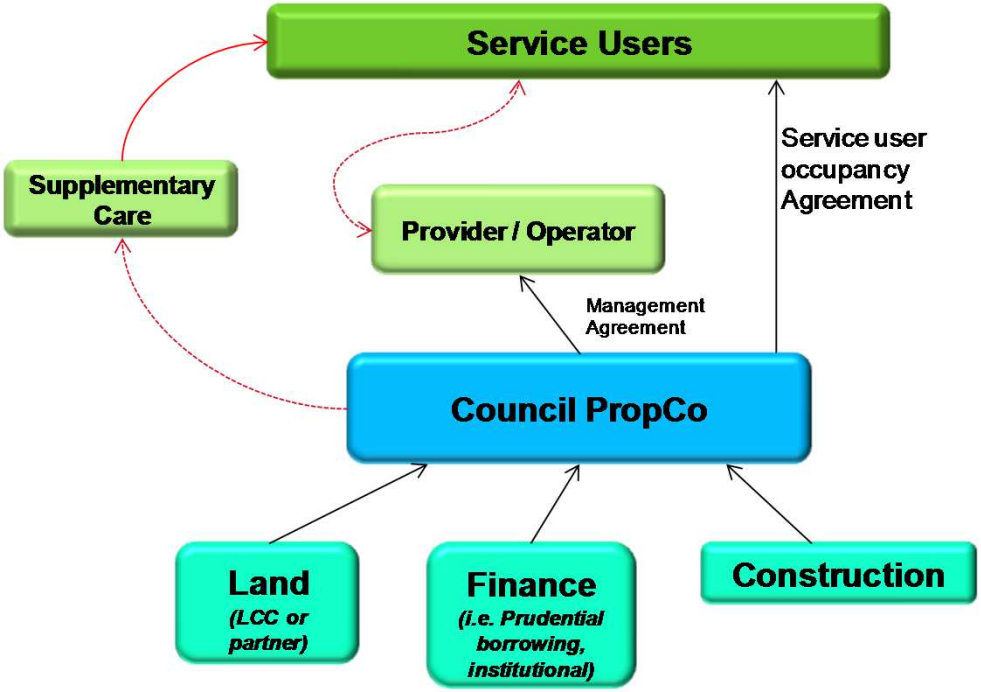
- PWLB or institutional financing
- HCA / Capital Grants
- Land – ownership and value
- Contractor & developer margin
- Funding the development cycle
- Occupancy risk
- Financing term
- Scale
- Covenant of counterparty (financial stability)

EXTRA CARE STRATEGY FOR LANCASHIRE

7) Commercial & Financing Options for Extra Care

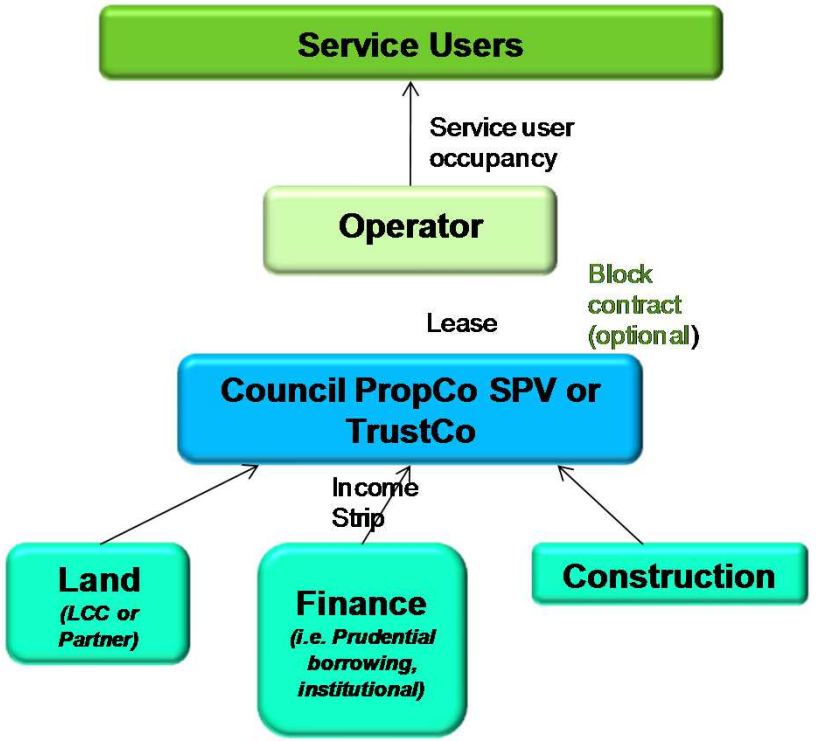
7.9 Direct Development Model

- A Council designed, financed and owned facility implemented through procurement of a construction contract
- Management agreement with operator
- Option to sell out interest at points in the future
- Care service can be separated from the operation of the facility
- Council take occupancy risk
- Solution on balance sheet



7.10 Income Strip Model

- Council designed, financed and owned facility
- 35-40 lease to an operator rising with RPI & reverts to LCC at end of term
- Care service can be separated from the operation of the facility
- Requires block contract to underpin the lease
- Solution potentially off balance sheet depending on structure of SPV
- Land typically invested at nil cost (if public sector partner)
- To be attractive to private funders would typically require minimum investment of £30M (which broadly equates to 250-300 units)

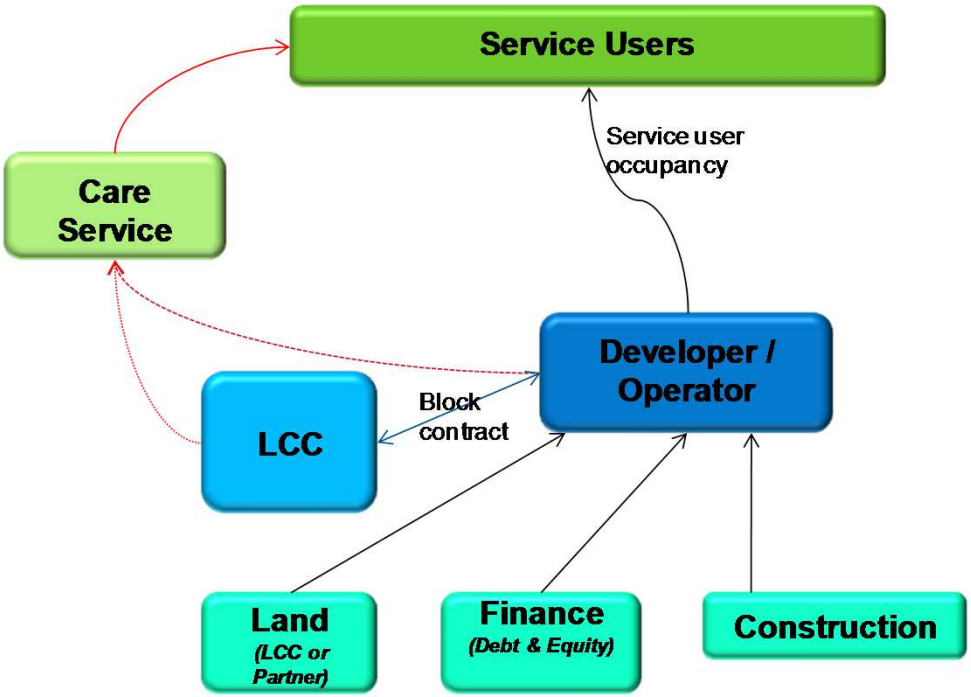


EXTRA CARE STRATEGY FOR LANCASHIRE

7) Commercial & Financing Options for Extra Care

7.11 Developer Operator Model

- Council retain no active ownership in facilities
- Council commission service on behalf of users
- Finance options dependent upon underwriting of occupancy risk. This option assumes a block contract to guarantee occupancy
- Care service can be separated from the operation of the facility
- Solution potentially off balance sheet
- Need to manage performance of operator who may also wish to deliver care services



7.12 Example Pricing Model

Below we have considered the pricing of a notional 60 single bed facility with the following assumptions:

- Land value - £0.5M
- Construction Cost (inc prelims, contingency, fees, OHP) - £1,353/m^2
- Unit size - 51m^2
- Finance Period – 35 years
- Overall Development Cost - £6.8M

The table below indicates the relative pricing in terms of net present value of the costs to the Council for each model and the weekly rent required per unit to support the overall development & financing costs. The direct development model assumes funding via PWLB (rates correct at 01/11/13).

	Direct Development (PWLB)	Income Strip	DEVELOPER/ OPERATOR
Present Value of Costs	£7,527,407	£6,364,121	£12,643,794
Equivalent Annual Cost	£524,533	£443,471	£881,058
Year 1 Payment	£158 per unit per week	£99 per unit per week	£266 per unit per week
Average Payment	£158 per unit per week	£155 per unit per week	£266 per unit per week

- This demonstrates significant variances in the real costs of each model . The chosen model will also need flexibility to deal with differing land ownerships.
- It should be noted that accessing Institutional investment is contingent upon scale and depending on the institution typically kicks in at aggregate values over £30M which may change significantly with recently announced changes relating to pension annuities.

The land value is an assumed notional value appropriate to the market and types of sites that would be appropriate in Lancashire but will vary from site to site.

7) Commercial & Financing Options for Extra Care

7.13 Overall Capital Requirement

Extrapolating the figures in *7.12 Example Pricing Model* across the identified requirement of 988 units this gives us an anticipated overall capital requirement of £115M (assuming £10M for land value and that construction costs remain constant across developments and over the period of delivery).

Through the income strip model this capital requirement would require revenue of £7.4M in year 1 to service the interest and principal assuming all of above capital obtained as debt through an institutional investor. This would rise each year with inflation and may not reflect the actual movements on the revenue account.

In Section 5 we estimate significant net annual recurrent savings of £2.7M for moving from a model of significant reliance on residential care to a more balanced model with extra care at its heart.

However, a significant proportion of the capital outlay would be likely to be covered by rental income from occupants (or through sales where appropriate).

If we refer to risks identified earlier and assume that extra care accommodation for older people is no longer classified as exempt accommodation, then the lowest weekly local housing allowance of £78 per week (East Lancashire) would be the amount that residents from a social housing background would be reimbursed through housing benefit. The highest Local Housing Allowance of £91.15 per week applies in Lancaster However, at present this type of accommodation is typically classed as exempt accommodation and there appears to be no intent to change from Central Government and hence we have assumed that all units are let at an appropriate rent (for which we have assumed £130/week which is consistent with existing schemes in Lancashire and elsewhere) with 5% allowed for voids and 15% management costs then in excess of £5.3M of annual rental income would still be received.

The net saving allowing for savings in residential care, additional costs for services to extra care facilities, financing the capital for extra care and allowing for reduced rental income is still £2.9M per annum.

For the more ambitious target of 2,597 units under the HGO methodology the overall capital requirement rises to £293M but it is unlikely that provision to this level could be directly linked to on-going and specifically identifiable reductions in the use of residential care.

However, LCC would be unlikely to play an active role in the delivery of an entire programme on this scale and would need to look to partners to deliver a significant proportion of the programme and the general market is also likely to bring forward schemes of its own accord. Given the scale of the programme and the market inter-dependencies, it is unlikely that savings could be directly attributed to any single element of the programme and hence LCC's focus should be on setting a strategic direction and creating a market for provision of accommodation to reduce demands and reliance on health and social care services.

It is also prudent to note that while savings are expected to be delivered through investment in extra care, the capital investment must be made in advance of savings being realised and hence may impact on LCC revenue budgets in advance of the benefit to those revenue budgets being delivered. Careful consideration of the cash flow is therefore needed.

The scenario modelled on the previous page assumes delivery in a single year and hence benefits realised in a single year. However, it is more likely that any programme will be a multi-year programme of say 3-5 years with capital invested over that period. Most schemes will typically take at least 18 months from inception to opening allowing for design, planning permission, construction and commissioning. Capital funding will flow out over that period and once open most schemes will take a period of around 3 months to reach a reasonable level of occupancy and 6 months to reach full occupancy and hence the benefit will begin to flow over that period. This strategy is therefore a medium to long term play.

7.14 Existing & Other Capital Programmes

It is also worth noting that delivery of new extra care units should attract New Homes Bonus. Whist the benefit of this diminishes each year, New homes bonus is currently available for each year up to financial year 2018/19, therefore any home built by the end of year 2014/15 would attract a grant equivalent to the council tax due for each year up to 2018/19 inclusive therefore 4 years of Council Tax at the appropriate band. 80% of the grant is made available to the appropriate District Council and the remaining 20% to the County Council.

Other elements of the existing or planned capital programme for ACS may also be able to contribute to the delivery of a programme of extra care facilities, where appropriate and subject to further discussions. The County's own residential care homes might also be considered for review and could provide some capital or sites for reinvestment in extra care.

There may also be further capital funding streams available from the HCA if the Department of Health allocates further capital to the development of extra care as a positive solution for the health and social care economy as a whole.

NHS Clinical Commissioning Groups may be able to make capital contributions to delivery through providing an element of funding or through providing land. The same applies to the district council's although typically their supply of land is limited.

7.15 Other LCC Support Mechanisms

We have identified above the potential for LCC to play a highly active role in the delivery and funding of an extra care programme. In order to balance risk and to achieve a broad range of approaches to delivering against the strategy, LCC could also support others in their delivery. Registered Providers (RPs) of housing may have significant land ownerships and may wish to play an active role in the development of their land. In order to facilitate this they may wish LCC to provide a nominations agreement in which LCC effectively guarantee occupancy in a scheme. This leaves LCC with an ongoing revenue risk that, having considered, they are not prepared to take. Previously LCC have agreed to cover the core wellbeing provision in a facility to mitigate an operators risk. This support mechanism could be used again, where necessary in isolated cases which may to go some way towards encouraging RPs and others to develop.

Whilst LCC do not wish to provide nominations agreements they will offer support for schemes coming forward from registered providers and actively promote the desire to develop clusters of extra care accommodation and could use a "soft" nominations agreement whereby LCC are not guaranteeing occupancy but get first refusal over placements for a limited period upon a vacancy becoming available. The allocations policy will need to be jointly agreed by district, LCC, landlord and care provider. This will detail issues like local connection, voids, prioritisation etc.

Given the constraints many RPs still have on their financing facilities, funding an entire development is still difficult for many. Many still rely on HCA grant to bring schemes forward and LCC could consider (on a case by case basis) providing additional grant to RPs (subject to appraisal and state aid) to help attract HCA funding. In some cases HCA grant will address any financial viability issues with a scheme but the developer / operator may still have difficulty in raising the necessary finance for the development. In these circumstances LCC could consider providing loans to developer / operators thereby receiving a return on the investment made. LCC could also consider undertaking a joint venture and taking an equity stake in a development or series of developments.

Provision of loans or equity in schemes requires LCC to have a robust financial and commercial appraisal model at the outset and it also requires the organisational infrastructure to monitor projects as they come forward and to monitor the performance of an investment once that investment is live.

7.16 Conclusion

There is a compelling case for investment in extra care by LCC but it is recognised that this represents a risk and requires the raising of significant capital ahead of the realisation of the linked revenue savings. The investment case therefore requires robust testing and further discussion to establish the quantum of investment, the mechanism for investment the required and expected return on that investment. It is therefore the intention to adopt an approach which is flexible and able to respond to differing and changing funding and support requirements, enabling LCC to increase or reduce its exposure according to what can be achieved with other partners.

EXTRA CARE STRATEGY FOR LANCASHIRE

8) Proposed Actions

CBRE

EXTRA CARE STRATEGY FOR LANCASHIRE

8) Proposed Actions

The following actions are proposed in order to support the implementation of this strategy.

- Produce an extra care development plan with partners which will consider:
  - opportunities for joint working between CCG, LCC and Districts in local area in relation to capital and revenue costs and co-location of services
  - potential sites
  - proportion one and two bedroom units
  - tenure mix
- Complete annual review of development plan which would include updating needs analysis and learning from development and operation of existing schemes in terms of outcomes, pathways and savings
- Identify needs of older people from BME groups and agree appropriate service model
- Target and review an agreed proportion of all new developments for people with a disability.
- Ensure that all schemes are designed to lifetime homes standards and sustainable homes standards and, in addition, consider the following as part of the development of all design specifications for extra care:
  - Assistive Technology,
  - Reablement
  - Hub and spoke
- Undertake detailed consultation with Health, Social Care, Districts and landlords/providers regarding draft standard specification included in Strategy
- Build in NHS involvement for planning and development, referrals, allocations and joint working with the schemes.
- Ensure positive engagement of local community organisations and residents in planning and developing extra care
- Ensure LCC and Health are routinely contacted as a key consultee in all planning applications for extra care, supported housing and large strategic sites where there may be opportunities for including extra care and supported housing provision.
- Agree approach to prioritisation of LCC funding
- Develop robust financial appraisal tool for determining LCC contribution to new extra care schemes
- Explore longer term financial options following analysis of impact of existing and new schemes developed in the short term
- Identify potential links with Better Care Fund
- Determine the most appropriate approach to marketing Lancashire with potential developers, taking into account the processes followed by district councils in relation to development.
- Produce a marketing strategy and tools for informing the public, carers and staff in all agencies
- Maximise referrals by social workers to extra care
- Develop procurement and contract management process in relation to care and support which will facilitate the development of
  - a core service in relation to well being, sleep in and unplanned care
  - maximisation of choice and control via personal budgets for planned care
- Develop a format for a standard agreement between extra care schemes and local health and social care services
- Develop allocations policy and procedures
- Identify and action any workforce planning issues

APPENDIX (I)

District by District Planning & Housing Context

CBRE

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context - Burnley

Demographic Overview

Population of Borough / District – 87,059

Proportion of Older People – 14,134 (65+) (16%)

Growth in over 65 population of 581 in the 2011 census but a drop in the overall population of 4.5% and a decreasing number of households (losing circa 30 per year). Working age population decreasing

General Housing Need & Market

Requirement per year – 160 (between RSS shortfall, economic & demographic projections) units across all types and form of tenure.

Currently consented – 1,400 units some schemes on site, mainly in Housing Market Renewal areas. Some schemes coming forward with benefit of Get Britain Building funding. Some in Padiham

Five year supply – Can be demonstrated. Viability is the challenge rather than supply of land.

Housing Market operates with Pendle but changes in demography and the economic forecasts make it very difficult to forecast housing need. A shortfall of 950 for the last 10 years from the Regional Spatial Strategy. Economic forecasts suggest a need for 380 homes per year.

Significant churn in the affordable & social stock due to challenges in quality so residents move to seek better quality accommodation. Challenge therefore in quality rather than numbers.

Social rents, affordable rents and market rents can be very close together

Strategic Sites

Local plan identifies some strategic sites

Hebden 200 units, Hameldon school site (subject to free school application)

Strategic sites generally targeting higher end of the local market.

Potential in some of the rural areas for higher end product.

Public Sector Land

Mainly in inner urban areas such as Housing Market Renewal areas where viability is most challenged.

Harrogate Crescent in Northern Part of the Borough, Old Vicarage, Padiham

Padiham Road – former school site

Section 106 *(of the Town & Country Planning Act)* **/ CIL** *(Community Infrastructure Levy)*

Affordable Requirement – 10% generally subject to viability test. Preference for on site delivery but will accept commuted sums.

Other specialist need – No specific policies at present but emerging policies likely to be more specific. All homes to lifetime homes standards.

Existing Accommodation for Older People

Some sheltered provision some of which is still bedsits and needs reconfiguring and not meeting the need of residents.

Demand generally for affordable rents.

Choice based lettings scheme should be able to help inform demand for accommodation types.

Active Providers

Calico have 1,200 sheltered homes in the Borough

Great Places – unsuccessful bid to HCA for extra care funding

Your Housing

Accent Northwest – 2nd largest provider of social and older people's stock but not currently developing.

Note: The community infrastructure levy (CIL) allows local planning authorities to make charges on development according to a pre-determined formula, with the purpose of supporting the delivery of hard infrastructure or social infrastructure (typically) impacted on, or needed as a result of development. This is many cases supersedes Section 106 of the Town & Country Planning Act, which gave planning authorities similar powers including the requirement to deliver "affordable housing".

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context - Chorley Council

Demographic Overview

Population of Borough / District – 107,155

Proportion of Older People – 17,962 (65+) 17%

Growth of 3,200 in older population in the 2011 census.

General Housing Need & Market

Requirement per year – 417 (currently delivering circa 500 units per year)

Currently consented – 3,184 at April 2013 of which 1,331 are to be delivered at Buckshaw Village.

Five year supply – 5.89 year supply in May 2012.

Housing Market – operates within a Central Lancashire housing market with South Ribble and Preston.

Generally very low levels of HMOs, 75% owner occupiers, 10% private rent, 13% social rent. Social stock of around 6,000 general needs only 1.1% long term voids.

Generally there is a lack of supply for older people.

Chorley generally experiencing net inward migration from Fylde Coast and Greater Manchester due to excellent connections to transport and to Central Manchester.

A need to demonstrate demand for specialist accommodation for older people which would then breakdown the barriers to delivery.

Strategic Sites

Buckshaw Village

Public Sector Land

Eaves Green, Chorley Town – partly owned by the Homes and Communities Agency, Cowling Farm, Chorley Town – owned by Chorley BC

Hodder Avenue, Chorley Town – owned by Chorley BC

Rydal House, Chorley Hall Road, Chorley Town – owned by Lancashire County Council, Land adjacent to Northgate, Chorley Town – owned by Chorley BC

Land at Southport Road, Chorley Town – owned by Chorley BC, Land off Chorley Old Road, Swansey Lane, Clayton Brook/Green – owned by LCC, Land to the East of Wigan Road, Clayton-le-Woods – partly owned by the HCA, Mountain Road, Coppull – owned by LCC, Land at Sylvesters Farm, Euxton – owned by the HCA, Land at Greenside, Euxton – owned by Chorley BC

Section 106 / CIL

Affordable Requirement – Subject to viability testing 30% in the urban parts of Preston, South Ribble and Chorley, and of 35% in rural areas on sites in or adjoining villages Green Belt there will be a requirement of 100%. Threshold will be 15 dwellings (0.5 hectares or part thereof) but a lower threshold of 5 dwellings (0.15 hectares or part thereof) is required in rural areas..

Other specialist need – From the Central Lancs Core Strategy (Chorley, Preston, South Ribble adopted July 2012): Strategic Objective 8: To significantly increase the supply of affordable and special needs housing particularly in places of greatest need such as in more rural areas.

CIL – Applies unless affordable or delivered by a charitable body.

Existing Accommodation for Older People

Circa 700 units of sheltered accommodation across the district.

Buckshaw Village struggled to fill due to high costs of around £300 / week.

Challenge with service charges which won't be covered by DWP through housing benefit which has led to problems for some schemes.

Active Providers

Adactus CCH (LSVT provider) provide half of sheltered stock

Places for People circa 1/3 of sheltered stock & Cat 1 units on choice based lettings

Anchor operate 2 sheltered schemes with 49 units in total.

Accent are 3rd biggest provider with 70 units

New Progress now entering the market for older people in neighbouring boroughs

Anchor at not part of the Central Lancashire choice based letting scheme.

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context - Fylde

Demographic Overview

Population of Borough / District – 75,757

Proportion of Older People – 18,343 (65+) 24%

Growth in over 65 population of 1,665 people in 2011 census and highest proportion of older people in Lancashire and further growth predicted

General Housing Need & Market

Requirement per year – Not provided

Currently consented – significant current consents not being delivered, circa 7,000 units

Five year supply – Current calculations indicate this won't be met with existing land allocations

Social housing sector comparatively small at 6% of the market but of this 40% is sheltered accommodation. However the social sector lack the move on accommodation to allow a more fluid market.

Owner occupation high at 80% of the market and remainder made up by the private rented sector.

Housing needs assessment currently being completed by Turley Associates but additional accommodation for older people needed in the market and affordable sectors. Market units have typically focussed at the upper end of the affordability scale.

The housing market operates as a single market across Fylde, Wyre and Blackpool.

Strategic Sites

Currently 7,000 units consented but challenges in pace of delivery. Supply side consultation document to be published in December 2013 for adoption.

Public Sector Land

Very little Borough land available, just small infill sites.

Section 106 / CIL

Affordable Requirement – 30% on site (extra care or specialist need exempt, but retirement living type units would not be considered exempt) subject to viability assessment .

Other specialist need –

CIL –

Requirement for lifetime homes. Potential for extra care in lieu of affordable.

Existing Accommodation for Older People

Market led development coming forward in Highbury Road.

Some of sheltered stock in need of remodelling to bring in line with market need and expectation.

New Fylde recently unsuccessful in HCA bid for funding for remodelling.

Significant private sector residential care provision for the self funder market.

Active Providers

New Fylde Housing and Progress Group

Active LD providers Ormerod Trust and Progress.

Muir Group and Great Places as main RP's.

Key Reference Documents

2012 Fylde District Profile

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Hyndburn Borough Council

Demographic Overview

Population of Borough / District – 80,734

Proportion of Older People – 12,809 (65+) 16%

Growth in over 65 population of 518 people in 2011 census. Over the last 10 years the over 65's population in Hyndburn has grown by an average of 4% across the borough. The projections for the future 2011 – 2021 show a % increase of 18.98% for over 65's and 27,57% for over 85's (Source Interim 2011 sub-national population projections ONS).

General Housing Need & Market

Requirement per year – 215 units but completions only at 60 per year at the moment

Currently consented – approaching 1,000 units (which meets 5 years supply)

Five year supply – Core strategy 2012 identifies a need for 3,200 homes over a 15 year period net of demolition. Requiring 26% detached, 49% semi-detached, 5% terrace, 8% bungalows, 12% flats.

Policy H1 Housing Provision – 'the development of bungalows and specialised extra care homes for the elderly will be supported"

Considering new housing needs assessment for early 2014. A need to rebalance provision towards family housing and away from small terraces. Extra care would be supported generally, particularly bungalows and apartments.

Viability is a challenge due to depressed values.

Choice based lettings scheme in the social sector across East Lancashire typically receive 17 or 18 bids per available bungalow, so strong demand and 2 to 3 bids per sheltered flat.

Generally declining owner occupation in the market with 21% private rent, 9/10 % social stock and 68% owner occupation.

Dementia care provision / housing a growing issue

Strategic Sites

Huncoat – circa 1,000 units likely to come forward within the next 5 years.

Junction 7 M65 – former large employment site mixed use with some sheltered units.

Former Woodnook Mill site, between greenbelt and town centre. Potential JV

Hilltop, Baxenden/Accrington border. Site of a former LCC Residential care home,

Accrington Town Centre – potential for office and retail conversions

Rishton at canal side – several development opportunities along the Leeds and Liverpool Canal, HBC are exploring immediate opportunities for extra care.

Great Horwood – East of Tesco, medium term opportunity

Public Sector Land

Former Housing Market Renewal site at West Accrington under-going redevelopment

Potential in Accrington town centre.

Hyndburn Homes sites at Lyndon House, Great Harwood – potential for conversion to extra care

Franklin Ainsworth House at Great Harwood – potential to redevelop and remodel for extra care

Section 106 / CIL

Affordable Requirement – 20% on schemes of over 15 units subject to viability assessment & typically flexible on affordable tenure but shared ownership typically little demand. Encourage mixed scheme, not just affordable & with affordable in a mixed community. Seek all homes to be to lifetime homes standards.

CIL – None proposed due to viability issues

Existing Accommodation for Older People

Some sheltered bedsit stock requiring remodelling to meet current need and expectations.

An issue in referral pathways for older people through to sheltered and how this fits with owner occupation. Needs further consideration. Referral pathways for the identification of suitable candidates for EC SH needs further consideration

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Hyndburn Borough Council *(continued)*

Hyndburn Homes have significant sheltered stock.

Over 25 private residential care homes in Hyndburn.

Challenges in the private rented sector where some homes are in poor condition.

Active Providers

Hyndburn Homes (now part of Symphony Group), Great Places, Twin Valley (part of Together Group) , Calico, Accent, Your Housing.

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context - Lancaster

Demographic Overview

Population of Borough / District – 138,375

Proportion of Older People – 25,365 (65+) 18%

Growth in over 65 population of 1,537 in 2011 census

Housing Need & Market

Requirement per year – between 510 and 610 per year. (current delivery circa 400

Currently consented – 2,429 units

No identified five year supply

Housing needs survey completed in 2011

Some specific needs around dementia identified.

Demand for bungalows often cited for older people

Generally targeting 60% 1and 2 bed apartments and 40% 3 and 4 bed houses for market housing. Affordable demand is typically 50% for 1 and 2 beds and 50% for 3 and 4 beds.

Strategic Sites

Luneside East – 20% affordable requirement. CTP lead developer, mainly lower density family housing.

Three strategic sites in South Lancaster

- Bailrigg, circa 1,000 units
- Whinney Carr, circa 1000 units
- Grab Lane, 400 units

Public Sector Land

The City Council have very little land available and have transferred 3 sites relatively recently to RPs.

Only HCA owned site is Lancaster Moor which is now being developed as a residential housing development (market housing only) through Liveseys and Story Homes. Luneside East was formerly Council owned but a 999 lease been provided to our development partner and the masterplan is still being worked up.

West End Morecambe has not been in the HCA's ownership but has been subject to tranches of HCA funding to deliver the West End Masterplan – more recently Cluster of Empty Homes funding for the Chatsworth Gardens scheme.

Section 106 / CIL

Affordable Requirement – Affordable contribution or on site provision sought from every scheme except for Housing with Care.

Other specialist need – No specific requirements for sheltered or accommodation for older people.

CIL – GVA assessed in 2012 but not being pursued at this time.

Some applications occasionally received for residential care and

Existing Accommodation for Older People

Lancaster City Council are the biggest provider of sheltered accommodation in the City. Some bedsit schemes which tend to be unpopular and some layout issues with schemes leading to voids and some without lifts. Some potential therefore for realigning the sheltered offer. Sheltered generally allocated to over 60's unless a specific need or disability. Typical sheltered rents around £130 / wk which is a barrier for some people.

Extra care partnership with the County Council to provide dedicated care into schemes. Two existing category 2 schemes have had significant void problems but the schemes in Morecambe are less difficult to fill . A greater understanding of the challenges is therefore felt to be needed.

Geographic choice is an issue as typically individuals are unwilling to move too far from their existing community.

Potential to de-shelter some stock to return to general needs.

Johnnie Johnson Derwent Court scheme – potential for conversion and expansion.

District identifies a need for a better understanding of the residential care home stock and the County's future commissioning strategy for new provision.

Planning & Housing Context – Lancaster *(continued)*

Active Providers

There is a private extra care scheme targeted at the over 55s

McCarthy and Stone have been active with schemes targeted at the over 70's

Impact Housing and Leonard Cheshire providing in LD

RPs

Full schedule providing which includes:

Places for People

Guinness Northern Counties

Great Places

Adactus

Johnnie Johnson

Key Reference Documents

Extract from Local Housing Needs & Demand Survey – 2011, Housing Needs of Disabled and Older People

2013 Housing Land Monitoring Report

Meeting Housing Needs Supplementary Planning Document

Lancaster District Housing Strategy and Housing Action Plan 2012-2017

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Pendle Borough Council

Demographic Overview

Population of Borough / District – 89,452

Proportion of Older People – 14,350 (65+) 16%

Growth in over 65 population of 622 in 2011 census

BME community represents 15% of the population.

Housing Need & Market

Requirement per year – 190 (currently 500 behind programme) Revisions of Core Strategy will increase this need

Currently consented – 830

Five year supply – Currently 1,700 homes which can be demonstrated.

Brownfield sites are typically not viable and greenfield land can be a challenge in certain areas. Persimmon have paid £400k per acre for a large site.

Private rents and social rents broadly similar in many areas for one and two bed dwellings.

Applications are very slow coming forward and the market is very slow but some stalled sites now appear to be moving.

Significant inflow of older people and outflow of younger people.

Barrowford area affluent. East side of motorway very depressed values (£30-35k terraced property), West side more affluent (£100k terraced property).

Strategic Sites

Gibb Hill and Peel Holdings site for circa 500 homes and some strategic sites which Barrett are pursuing

Public Sector Land

Clough Head – part of disposal programme

Clitheroe Road – Brierfield

Lob Lane Mill – JV with Barnfield,

Aspen Grove at Earby

Initial discussions with Together Housing Group regarding EC scheme at Bradley Village

Section 106 / CIL

Affordable Requirement – Strong need for affordable housing but approach is on a viability assessment on a site by site basis but in rural areas will look for some provision.

CIL – No CIL proposal at present.

Existing Accommodation for Older People

Around 1,000 sheltered units across borough with Housing Pendle (part of the Together Housing Group) and some other RPs.

Sheltered scheme in Barrowford which is a good area but the scheme is bedsits and struggles with voids.

Bungalows typically popular but a number are too small and cannot offer suitable wheelchair access.

Active Providers

LSVT provider is Housing Pendle (part of Together Housing Group).

Great Places Housing Group

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context - Preston

Demographic Overview

Population of Borough / District – 140,202

Proportion of Older People – 19,246 (65+) 14%

Growth in over 65 population of 297 in 2011 census, 10,000 increase across the general population. Significant BME population in City Centre.

General Housing Need & Market

Requirement per year – 507 (delivery currently around 200 per year)

Currently consented – 3061 at June 2013 with 850 in train.

Five year supply – 8,000 needed to 2023

Housing Market – some outward migration to South Ribble and Chorley due to limitations of the housing offer in Preston. Older people moving to the Ribble Valley and Fylde Coast due to better housing offers.

Need for additional affordable (not social) rents.

Need to consider the pathways and moving people through tenancies rather than using a licence to occupy.

Strategic Sites

Urban extension proposed to North West Preston for 4,000 homes but not all for delivery in the current plan period. Supported by new junction (J2) from the M55 which services the enterprise zone BAe at Wharton.

Some stalled sites with RPs and private developers – generally higher density schemes (up to 300 units) which could be reconsidered.

Public Sector Land

Current challenge of land being disposed without recognition of the contribution it could make to service delivery.

A working group including LD providers and RPs currently considering options for sites and land to target for new provision.

Mental Health day care centre owned by LCC potentially to come forward for housing for mental health.

Section 106 / CIL

Affordable Requirement – 30% generally with 35% in rural areas with viability tests for schemes over 15 dwellings.

Other specialist need – Covered in Policy 7 of the Core Strategy which South Ribble & Chorley & addresses specialist need, the need to be well located etc.

CIL – £65/m2 for houses, nil for apartments. Exemptions for charitable bodies

Existing Accommodation for Older People

One existing sheltered scheme which targeted the BME population in Preston City Centre.

Sheltered accommodation across the city generally well managed and well occupied.

Active Providers

23 RPs overall active in Preston but those developing are Symphony, Great Places, Your Housing Group, Progress, Places for People. Community Gateway, Adactus

Successful bids have been submitted to HCA by Community Gateway for an extra care scheme and accommodation for people with mental health issues. Adactus has also submitted a successful bid for accommodation for people with mental health issues.

Key Reference Documents

Housing Needs and Demand study due end of September 2013

Population breakdown by ward provided & site allocations draft proposals plan.

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Ribble Valley

Demographic Overview

Population of Borough / District – 57,132

Proportion of Older People – 11,531 (65+) (20%)

High proportion of older people with significant increase in the 2011 census of 2,242 people.

General Housing Need & Market

Requirement per year – 161 units

Currently consented – 1074

Five year supply – 965

Housing Market – large proportion of owner occupation. Significant need identified for older people but the market failing to provide generally.

Generally under occupation in the family housing stock due to lack of options for older people.

Core strategy not yet adopted and demonstrating 5 year supply is a challenge. Currently 32 applications for residential in which include affordable provision. Historically been an issue in getting RPs to commit to taking the affordable.

Strategic Sites

Standen – 1400 units proposed

Whalley – 325 units

Clitheroe – 325 units

Barrow – 600 units (subject of an appeal)

Public Sector Land

Very little RV land or Ribble Valley homes land available expect small infill or garage sites.

Section 106 / CIL

Affordable Requirement – for schemes exceeding 30 units 15% required to be built to lifetime homes standards and 50% of those to be market & 50% affordable but none built under that policy to date. Criteria often challenged but commuted sums generally not accepted by RV.

Typically try to apply affordable principles to any residential care facilities coming forward either by providing nomination rights or a contribution.

Other specialist need – No significant recent LD developments but St Vincents operate a 8 unit facility for LD.

CIL –

Existing Accommodation for Older People

600 currently on the waiting list for social sheltered stock for only 650 units. RV has the smallest social housing stock in the NW of England. List exacerbated by a culture which drives people to get on the list early.

Limited existing extra care within sheltered at St Anns Court and Plessington which present challenges in monitoring and the balance of dependencies.

New dementia care facility of 12 units developed by Abbeyfield in 2010 with some HCA funding.

Significant self pay provision in residential care sector

St Vincents were successful in securing Care and Support funding for 19 apartments built to HAPPI standard in Ribble Valley 2014/15

Active Providers

Limited provision with Ribble Valley Homes and St Vincents

McCarthy & Stone have developed some schemes

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Rossendale Borough Council

Demographic Overview

Population of Borough / District – 67,892

Proportion of Older People – 10,541 (65+) 16%

Growth in over 65 population of 1099 in 2011 census.

Dementia Profile – 340 registered cases in Rossendale, 1,247 across Pennine Lancashire and only 42% of estimated cases registered.

General Housing Need & Market

Requirement per year – 247 units

Currently consented – 1,054 of which 499 built to date.

Five year supply – 1,482 required Yes (currently 8 year supply demonstrated)

Housing Market is very localised with Whitworth & Bacup acting together & Rawtenstall & Haslingden tending to be more popular and focussing on market for sale. Some areas of Whitworth would work for market for sale. Parts of the market do operate with Bury.

Shortage of older people's housing to buy.

Strategic Sites

Potential for a scheme in Rawtenstall Town Centre.

Likely to be some potential in the green belt and changes to the urban boundary.

Preparing the Site Allocations and Development Management DPD and will be identifying sites for allocation – due out for consultation November 2014.

Public Sector Land

Former playing fields sites, Oakenhead , Stubby Lea Hall.

Section 106 / CIL

Affordable Requirement – 30% on greenfield sites over 8 dwellings and up to 40% on large sites with strong demand. 20% for brownfield sites over 15 dwellings. All subject to viability test, Equal mix of tenures preferred and a presumption in favour of on site provision unless no local demand in which case commuted sums will be accepted.

Other specialist need – Land to be specifically allocated. Active support for accommodation for older people, care provision, physical disability, learning disability and mental health.

CIL – Looking at viability in association with the emerging Site Allocation DPD.

Existing Accommodation for Older People

Some difficult to let bedsit sheltered accommodation.

Green Brook House (operated by Green Vale Homes).

Active Providers

Green Vale Homes (part of the Together Housing Group) – LSVT (large scale voluntary transfer) Provider

Together Housing Group – a JV with the Borough Council and Barnfield (initial discussions held regarding Rossendale market town centre site)

Great Places

Calico (LSVT in Burnley but provision in Rossendale) – submitted scheme for HCA funding but subsequently withdrew.

Key Reference Documents

Core strategy now adopted. SHMAA (Strategic Housing Market Assessment) will be available in February.

Lancashire Dementia QUIPP Initiative

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – South Ribble Borough Council

Demographic Overview

Population of Borough / District – 109,057

Proportion of Older People – 19,412 (65+) 18% but 60% of households in Western Parishes have at least one occupant over 60 with further concentrations in the rural areas.

Growth in over 65 population of 3,244 in 2011 census with a further 5,400 increase predicted up to 2017.

General Housing Need & Market

Requirement per year – 417 up to 2026

Currently consented – 1,549 (at 31 March 2013)

Five year supply –

Housing Market – Significant proportion of owner occupiers. Housing market is a Central Lancashire footprint with Preston and Chorley.

Planning policy takes a positive view of older people's accommodation but developers are not coming forward. South Ribble happy to encourage discussions with the developer community.

Housing needs survey results recently received and final report anticipated November 2013.

Strategic Sites

HCA significant land ownership (include further details)

Pickerings Farm, south of Kingsfold, Penwortham

Land between Heatherleigh & Moss Lane in Farington Moss

Moss Side Test Track, west of Leyland

Land between Altcar Lane / Shawbrook Road, Leyland

Land off Brindle Road, Bamber Bridge

Public Sector Land

CCG keen to be part of discussion but further discussion needed with regard to potential support by way of land or funding.

HCA are significant land owners which could be brought forward for development for suitable schemes. Nick Jackson is the Area Manager, North West Directorate at the HCA.

Borough Council owned land at:

Hastings Road, Leyland

Ash Grove, Bamber Bridge

Maple Drive, Bamber Bridge

371-375 Station Road, Bamber Bridge

Phase 2 of the Hulmes Mill site in Leyland, which, although earmarked for commercial development, has been considered recently for affordable housing.

Aspinall Close, Penwortham

Section 106 / CIL

Affordable Requirement – through on site delivery or commuted sum.

Other specialist need – Policy 7: "Affordable and Special Needs Housing" in the Central Lancashire Adopted Core Strategy, July 2012 is the requisite policy, which includes special needs housing including extra care accommodation. The Central Lancashire Core Strategy covers South Ribble, Preston and Chorley.

CIL – Not advised

Existing Accommodation for Older People

New Progress operate 22 sheltered schemes for older people with Housing 21 providing care to one of the schemes which has had a positive impact in managing voids. Sheltered accommodation generally well occupied, fit for purpose and well managed but some lacking in the communal facilities to provide a wider community feel and address potential isolation issues.

Planning & Housing Context – South Ribble Borough Council *(continued)*

No provision in the borough between sheltered accommodation and residential care.

200 hours of care provided at Greenwood Court and 170 hours of care at Bamber Bridge schemes.

Refer to Chorley summary for Buckshaw Village.

Active Providers

LSVT provider is Progress Housing Group.

Accent North West, Contour Homes (Symphony Housing, Eavesbrook (Your Place), Great Places, Places for People

Key Reference Documents

Central Lancashire Supplementary Planning Document on Affordable Housing (October 2012)

Councillor & Officers Met

Jane Maguire – Housing Services Manager

Mike Eastham – Housing and Planning

Sue Witham – New Progress

Cliff Hughes – Cabinet Member, Planning & Housing

Helen Hockenhull – Planning Manager

Denise Johnson – Director of Regeneration & Healthy Communities

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – West Lancashire Borough Council

Demographic Overview

Population of Borough / District – 110,685 (2011 Census)

Proportion of Older People – 20,875 (65+) 19%

Growth in over 65 population of 3,951 (23%) between 2001 & 2011.

General Housing Need & Market

Requirement per year – 302 units per year 2012- 2017 (139 delivered last year following a number of years below 100 through recession. Significantly more dwellings expected 2013/14 onwards.

Currently consented – 1,055 at April 2013 of which 950 will realistically be delivered.

McCarthy & Stone current application for 40 units granted permission 27 August 2013

Five year supply – Can be demonstrated

Housing Market – Housing Needs Survey of 2010 identifies an annual shortfall of affordable units of 201 per annum (this assumes that historical shortfall in affordable housing provision would be made up over a five year period; thereafter, annual affordable housing need would reduce). Current stock of 6,200 council dwellings for general needs mainly in Skelmersdale so shortfalls of affordable homes in the rest of the Borough.

Generally the Borough is predominantly rural with a number of popular settlements. A high number of students with Edge Hill University. Affordability a challenge across most of the Borough, especially in rural areas. Market more depressed in Skelmersdale but market for purchase is weak there. Any extra care provision in Skelmersdale would therefore need to be skewed towards affordable and balanced between rent, sale and shared ownership.

600 or so HMO's with 20 or so schemes licensed through a mandatory scheme. HMO market services the needs of the migrant workers in rural areas.

Of the 600 HMO, 400 are student HMO in Ormskirk.

Housing market links with Liverpool, Sefton, Southport and Formby from a travel to work area. Viability less of a challenge outside Skelmersdale.

Public Sector Land

Borough Council currently preparing their strategic asset management plan which will generate some potential land. Not expected to be major sites but some useful smaller and infill sites.

Potential Sites

Skelmersdale Town Centre - 500 units

Yew Tree Farm – Burscough - 500 units

Firswood Road, Lathom / Skelmersdale - 400 units

Whalleys Sites, Skelmersdale – 615 units (HCA & Market)

Grove Farm, Ormskirk – 300 units (Market)

Chequer Lane, Up Holland – 175 units (Wain Homes)

Fine Jane's Farm, Halsall – 60 units

New Cut Lane, Halsall – 150 units

Guinea Hall Lane, Banks – 115 Units

Tarleton Mill – 70 units

Former Alty's Brickworks, Hesketh Bank – 270 units

East Quarry, Appley Bridge – 60 units

Section 106 / CIL

Affordable Requirement – Generally: none required for schemes up to 8 units; 25% for 8-9 units; 30% for 10-14 units; 35% for 15 units and above. 10% in Skelmersdale Town Centre; 20% for schemes of 15 units or more & 30% for greenfield sites in Skelmersdale. All subject to viability but working successfully. WLBC Housing Division would typically input on the type of affordable but generally prefer on-site provision rather than commuted sums (Local Plan policy also seeks onsite provision). Market homes to be to lifetime homes standards and schemes of 15 units and above will require 20% of homes for older people. (This can overlap with the affordable requirement if deemed appropriate; viability will also be taken into account.) However, a nascent policy which is yet to be tested.

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – West Lancashire Borough Council *(continued)*

CIL – from April 2014, £85 /m2 for residential (excluding Skelmersdale)

Existing Accommodation for Older People

Brookside – successful scheme developed by Your Housing in Ormskirk.

Were originally 1,650 sheltered units but now around 1,000 through reconfiguration.

Careful consideration needed with regard to the physical product, quantum delivered and balance between C2 and C3 consents.

Active Providers

Regenda

Muir Group

LHT

Cosmopolitan / Sanctuary

Key Reference Documents

West Lancashire Local Plan 2012-2027 (adopted October 2013)

An Ageing Population in West Lancashire July 2009

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Wyre Council

Demographic Overview

Population of Borough / District – 107,749

Proportion of Older People – 26,625 (65+) 25%

Growth in over 65 population of 3,204 in 2011 census and the largest population of older people in the County based on absolute numbers.

Housing Need & Market

Requirement per year – 206 likely to increase to a figure within the range of 340 and 485 dwellings as recommended in the Fylde Coast Strategic Housing Market Assessment 2013/2014

Currently consented – 1594 (April 2013)

Five year supply – 7.7 year supply based on the RSS target figure. It is currently anticipated that Wyre will be able to continue to show a 5 year supply based on an annual target figure within the range indicated in the 2013/2014 SHMA once an allowance has been included for allocated sites, Strategic Housing Land Availability Assessment sites and windfalls, in addition to the published figures for extant residential planning permissions.

Housing Market – owner occupiers represent 83% of housing market, 7% social / affordable rent and 9% private rent.

Currently down to last 32 bidders for Big Lottery funding (100 authorities invited to bid. Strong on provision of dementia care and working with partners and CCG to deliver. Currently 2,520 individuals diagnosed with dementia with 1 in 7 over 65s being diagnosed in Wyre compared to 1 in 14 nationally coupled with highest rates on undiagnosed dementia (Wyre & Fylde CCG), currently 40% but plan to improve to 55% by 2014/15

Generally relatively affluent population but with some deprivation in Fleetwood and Thornton with high numbers of older people in the rural areas.

A focus on people with multiple long term conditions and council working closely with health partners.

Opportunity, with a quality offer, to encourage older people out of family housing to dedicated housing for older people within the right community settings.

Demand for older people's accommodation in both owner occupier and social housing sectors.

Strategic Sites

Scheme in Fleetwood with Regenda Extra Care - bid has been resubmitted to the HCA and has been successful – it is for 72 units.

Public Sector Land

Thornton area action plan.

Ashdell Nurseries offers some potential & some former schools sites.

Section 106 / CIL

Affordable Requirement – 30% for developments over 15 units subject to viability assessment

Other specialist need –

CIL – No details made available. Further discussion at next stage with David Thow

Existing Accommodation for Older People

Low numbers of sheltered units in the district.

Lakeland View with New Progress.

Some with LSVT provider Regenda

Some bedsits that are not fit for purpose in the sheltered stock that need remodelling which will reduce the net amount of sheltered accommodation but will greatly improve the housing offer for older people

Asking developers to start providing Bungalows on our future affordable developments such as Carr Lane, Hambleton and Bluebell Close, Pilling. This has also been conveyed to developers at the pre-app stage. There was discussion at a recent pre-app in Garstang proposing a potential Extra Care facility

EXTRA CARE STRATEGY FOR LANCASHIRE

Planning & Housing Context – Wyre Council *(continued)*

Active Providers

Regenda

New Progress

Great Places

Key Reference Documents

Fylde Coast Housing Strategy

Fylde Coast choice based letting system could provide details of where demand is, high turnover and where supply is limited.

www.fyldeandwyreccg.nhs.uk Commissioning Plan 2013/14

The Wyre Health Plan and the Vision for Health and Care in Wyre and Fylde (NHS Fylde and Wyre Clinical Commissioning Group)

EXTRA CARE STRATEGY FOR LANCASHIRE

NHS Commissioners

NHS East Lancashire Clinical Commissioning Group

A mix of health provision and housing can work very well and deliver positive impact in terms of dementia care. AW has a preference for a housing based model for intermediate care rather than a residential care model.

Extra care should also be viewed as a potential route for self funders who may want to take responsibility for their own care in a different way.

In any scheme it is important to balance the care needs with the need to create a community which may not always suggest the same solution.

Models which facilitate re-ablement have had some success and could be explored further so it shouldn't be assumed that individuals cannot be moved from residential care into a housing based model.

Budgetary silos currently create a barrier but closer working is having success but a clear challenge is the lack of an embedded philosophy around extra care and hence it needs promotion, success stories and a clear articulation of the benefits to create a viable option.

Opportunities to recommission individuals out of residential care into extra care and out of acute beds into extra care.

A clear benefit is that a housing based model can enable couples with different levels of need to stay together.

However, the evidence base is currently focused around individual case studies and successes rather than a whole system focus or larger scale programme successes.

Lancashire is an outlier on premature ageing and people seem to go into the system earlier and in greater numbers.

Different groups have different needs. For example the Asian community generally exhibits a greater prevalence of long terms conditions. Therefore one size won't fit all so the right thing is needed in the right place for different groups to enable individual needs to be met.

A greater number of housing based options are needed such that people will recognise the choices available and over time the different models will become recognised and accepted.

Models which co-locate healthcare and social care staff could be considered to improve communication, support improved outcomes and help efficiencies.

The market at present offers little choice. There a feeling that scenario may have been fine for the current generation but there's a sense that it won't be acceptable to the coming generation of older people who have a different level of expectations.

A sense that the idea that residential care provides genuine interaction needs challenging and is this a gap that other models could help to provide genuine social interaction to reduce isolation.

Another positive for housing based models is that they should allow individuals to hold on to equity in their homes which is not currently afforded in the residential care model.

Models which consider the 5 tiers of need and the ability to step people through those 5 tiers would be worthwhile exploring and could deliver significant savings.

AW has an example where £2M was saved in the ongoing healthcare provision for 57 individuals and enabled 110 acute beds for dementia to become 30. This needs alignment in the goals of all partners to deliver change.

APPENDIX (II)

Provider Discussions Summary

EXTRA CARE STRATEGY FOR LANCASHIRE

Provider Discussion Summaries

Introduction

The following summarises discussions held with a number of providers of accommodation for older people and other specialist need and existing extra care providers to establish the following:

- Overview of the provider
- Existing provision in Lancashire
- Provider areas of focus such as development, housing management, care provision
- Strategic direction
- Provider appetite for investment in accommodation for older people and vulnerable adults
- Geographic focus
- Other partner organisations such as developers, funders, care providers etc
- Characteristics of successful and unsuccessful schemes

Discussions were held with the following:

- Calico
- Your Housing
- New Progress
- Together Housing
- Regenda
- Anchor Trust
- Housing 21

Calico

Currently giving consideration to models where specialist dementia care might co-locate with extra care but need to be very careful in considering the impact on a community.

Calico would generally take occupancy risk if scheme characteristics were right but would also consider tie ins to nominations agreements to offer greater flexibility in the model.

Would typically expect occupancy of 95%.

Would consider models where purchase of existing homes is guaranteed to lubricate the market and advocate allowing adequate flexibility in the tenure model across affordable rents, market rents and sale options.

Issue with exempt accommodation and service charges poses a significant risk so designs should consider minimising service charges where possible.

Calico are interested in performing the functions of landlord, housing management, care and support provider and will consider development, typically through a JV co.

Currently also provide to learning disability and will consider growth in provision.

Success of a scheme heavily influenced by location needing good access to transport, public services, desirable location etc.

Resident expectations are changing and hence need to consider HAPPI principles, dual aspect design etc.

Provider Discussion Summaries

Together Housing

The Together Housing Group (THG) currently has ten extra care schemes in management, with three additional schemes coming on line in 204/15 in Derbyshire. Derbyshire County Council appointed Chevin Housing (part of the THG) following a PFI–based commissioning process albeit PFI funding and are being built without grant so are based upon a less traditional funding model. A further scheme is in development for Wakefield Council which includes a dementia wing and is targeted to those with high needs. This scheme will come into management in summer 2015 utilising regeneration funding via the Council.

THG's first extra care scheme was opened in 2001 as part of a SRB project. This was developed via the remodelling of a traditional sheltered housing scheme and experience has shown that there are many limitations to the remodelling approach and THG would not replicate but would always advocate new build. Other schemes have been developed on the sites of previous sheltered housing but on a demolition / new build basis and subject to careful appraisal of the location which is key (rather than being driven purely by availability of land)

Successful schemes are typically determined by location. With quality of design and services also being key. This informs desirability and hence saleability and letability and viability of mixed tenures and also having balanced/sustainable communities. However, a sale model does not fit well with higher dependency residents or less desirable locations. In terms of current portfolio, rent is the predominant tenure although four schemes have some shared ownership/leasehold for sale; leasehold for sale will also be offered in the Derbyshire schemes.

From a quality perspective THG advocates making schemes as ordinary as possible but to a high standard of quality (achieving the balance between functionality and aesthetics) and all aspects of the design are "customer driven" rather than technical led to achieve contemporary finishes and avoid an institutional feel.

Imperative that discussions with commissioners are balanced and equal from the outset at the commissioning stage, recognising the housing provider's role and experience and as the partner making the long term investment. Recognition on the need to rationalise the offer given pressures on capital and revenue funding and long term sustainability, including proper assessment of key risks (voids, WBR, exempt accommodation etc) . The links with health partners still need to be strengthened re: understanding the role/benefits and to make better use of extra care as a valuable community-based resource across the health, housing and social care spectrum.

In terms of delivery. THG's preference is to provide both the housing/facilities management and housing support to enable presence on site but not personal care albeit is exploring

feasibility of providing a wellbeing core service .THG asserts that models must provide at least a core 24/7 care/wellbeing service to deliver on the principles of extra care.

Your Housing Group

Currently focusing on developing the market rent business and retirement living. Currently have ten new build large extra care schemes with a further six to be delivered in the next financial year. Seen as a major growth area for the group and look to balance risk across a portfolio with different forms of tenure. Would typically want to be flexible in the tenure offered in each scheme and would typically look to offer market and affordable rents, shared ownership and market sale.

Work with a number of development partners but working closely with Eric Wright in Lancashire for construction and FM delivery. Work with HICA to deliver care packages and other care providers elsewhere in close partnerships.

Opportunities in both rural, suburban and town centre locations. The largest scheme comprises 243 units and includes day care. Typically looking to a larger model whereby perhaps 1/3 of occupants only would have significant care needs, with the rest being more active and supporting a vibrant community.

Pay close attention to linked regeneration opportunities and "place". Have one scheme developed in partnership with the Alzheimer's Society with 111 units of which 35-40 are on care packages and where dementia provision is a key aspect

Advocate a model which forms strong community links and opens up to community for catering uses, gyms etc.

Typically look for sites of 2-3 acres for a scheme depending on location.

Operate 3 care homes in house of circa 30 beds each and would consider developing higher dependency care models alongside extra care.

Brookside in Ormskirk has 5 step down / up units commissioned by care commissioners for step down from an acute care setting or step up from the community.

Work with other agencies on Dementia, LD and mental health such as Parkhaven Trust, Leonard Cheshire etc.

Catering is important but needs to be flexible and can require subsidy. Communal facilities need to be specific to the setting and hence one size does not fit all. Schemes need to tie in with transport networks.

Your Housing don't focus on the term "extra care" in any of their literature and typically use "Retirement Living" as extra care is part of this wider offer.

Regenda

Regenda owns and manages 911 units of supported accommodation across different client groups in the North West. Provided in partnership with a variety of managing agents/care agencies/councils providing the care. It is them majority social housing provider in Wyre having been the LSVT. It has 92 supported housing bed spaces in Fylde, Wyre and Blackpool.

It has a corporate strategic aim to develop its first purpose built Extra Care scheme within the next three years.

It has one Extra Care scheme currently but not specifically developed and forms part of a wider sheltered scheme (Torentum Court, Thornton, Wyre).

Its most recent Extra Care scheme application was to HCA for £3.5m capital funding to support development of 72 one and two bedroom apartments in Fleetwood, Wyre on the site of Wansbeck House (total development costs = £7m). Planned rent for this was £125/week, plus £25/week service charges. This did not included support or care costs.

Whilst there was local and county strategic support for the development regarding need and planning, the bid to the HCA for capital funding was unsuccessful. Alternative capital investment, either from the council or from private placement, therefore needs to be sought, and in doing so it is also prudent to examine risk allocation regarding any investment, and to apportion risk to where it can best be managed / borne.

It suggests considering whether wider efficiencies for Adult Social Care can be gained in the delivery of care using Extra Care schemes (e.g. Planned scheme in Fleetwood) as a hub to provide outreach care services from.

It is also currently monitoring the government review of "Exempt" status within Universal Credit for Extra Care housing, to ensure that rents higher than local housing allowance levels continue to be eligible.

New Progress

Personalisation driving more family members to take on board care responsibilities And could represent a barrier to delivery.

Greenwood Court offers confidence in demand in Fylde. Progress now interested in developing a rental model. Bringing forward a scheme of 69 units overall with some bungalows. Would advocate a model of mixed tenure to meet demand rather than fixing tenure at inception.

Partnership for delivery of care with Housing 21 and Carewatch but would consider taking on the domiciliary care provision if necessary. Would also like to consider step down provision within extra care.

Would consider development of new schemes and also potential for development of dementia care alongside extra care.

Issue of housing benefit exemption is a key risk that needs to be managed.

Progress currently have 90 residents across their sheltered housing portfolio who receive personal care packages from support agencies totalling 1087 hours per week and 182 residents who receive family or private care.

Housing 21

H21 are the largest not for profit provider in the UK. Members of ARCO – Association of Retirement Community Operators.

Typically target rents of £150-160/wk outside of London for extra care schemes. H21 deliver care themselves, typically up to 15 hours per week for each occupant in an extra care scheme.

Offer a range of tenure options including outright sale, shared ownership and rental models.

H21 see large potential for growth in the market for accommodation for older people and believe that the bulk of the potential market isn't currently anywhere on the local authority or social housing spectrum and hence will come from private sales or market rent.

Provider Discussion Summaries

H21 typically deliver under a C2 planning use class to avoid S106 demands for affordable housing.

Accelerated delivery could be achieved by taking away an element of demand risk or alternatively as H21 deliver care too, a commitment to delivering a minimum number of hours care (say 400 hours per week).

Anchor Trust

Circa 1,000 sites nationally with around 700 retirement living units. 100 care homes within the group, 15 nursing and some dual registered. 27 extra care schemes nationally but care no longer delivered in house following the sale of the domiciliary care business to refocus the business on housing investment and housing management.

Two thirds of Anchor stock is currently north of Birmingham but development activity focussed in the South East of England but would consider development or acquisition opportunities in Lancashire.

Their portfolio currently runs at 98% occupancy with only 300 vacant units across a portfolio of 23,000 properties. Recent drivers for increased occupancy appears to have been driven by downsizing to reduce costs.

Some difficult to let schemes in Burnley & Nelson but better market fundamentals in Ribble Valley.

Model is currently moving away from Local Authority nominations agreements and block contracts to targeting private fee payers.

Anchor have observed a trend in entrants to sheltered accommodation coming forward at a younger age, possibly driven by economics and the community aspects of schemes is seen as being highly important.

Competitors in housing based models are mainly Housing 21, Hanover and Palaces for People.

In the care home market HCI, Barchester, Sunrise, BUPA and Care UK.

APPENDIX (III)

A Draft Specification for an Extra Care Facility

CBRE

EXTRA CARE STRATEGY FOR LANCASHIRE

Example Outline Specification

Draft Outline Specification

The following outline specification is suggested as a starting point for further discussion and for the purposes of assisting in the identification of suitable sites.

A more detailed specification will need to be developed dependent upon the specific needs of the target occupiers, location and particular site to ensure that the any scheme is appropriate to its occupants and locality.

Design should focus on the ageing population but not to produce products solely for older people."Design for the young and you exclude the old; design for the old and you include the young." *The late Bernard Isaacs, founding director of the Birmingham Centre for Applied Gerontology*

Site identification criteria:

- The site should be suitable to support up to 200 extra care residential facilities (or suitable mix of residential facilities) and a minimum of 60 units.
- Capable of achieving a residential planning consent but needn't already have consent in place.
- To accommodate a minimum 4,500 sq m (GIA) accommodation.
- New build or conversion can be considered or a combination of each on any site.
- Within ½ mile of local amenities such as shop, GP Surgery, pubs, cafes with safe pedestrian access between.
- Parking for visitors
- Location - rural, suburban and town centre locations can be considered.
- Tenure - freehold or long leasehold (minimum term 125 years) acceptable

A Generic Specification

Criteria for Extra Care accommodation

The following criteria and considerations have been taken *from local requirements for Extra Care Accommodation* and from the following publications:

- *Housing our Ageing Population Plan for Implementation 2 – November 2012 (HAPPI 2)*
- *Design Principles For Extra Care - Care Services Improvement Partnership , Housing Learning and Improvement Network Factsheet no. 6 Feb 2008*
- *The Extra Care Housing Toolkit – Housing Learning & Improvement Network updated 2008*

- **Overall policy considerations**
  - The provision of Extra Care should be in line with policy and best practice:
    - To provide a 'home for life' as far as practically possible
    - To create an enabling environment.
    - To be domestic in style.
    - To create a building to be proud of.
    - To enable staff to run and manage the building efficiently and to meet care and support needs of residents.
    - To allow individuals to find privacy, comfort, support and companionship.
    - To create a resource for the local community.
    - To provide green and intelligent housing.

(Source: Extra Care Toolkit Housing LIN updated 2008)

EXTRA CARE STRATEGY FOR LANCASHIRE

Example Outline Specification

- Extra Care is not based on one model of building design
- Lifetime homes standards- buildings with a life expectancy of 60 years
- Accessible dwellings – meeting all relevant standards including wheelchair standards, Accessible Property Register
- Planning and design standards – any conversion will need to meet national, London wide and local standards

- **Location of site and suitability of site**
  - Site proximity to:
    - Shops
    - Local transport
    - Community facilities/leisure/places of worship
    - Health facilities- doctors surgery
  - Provision of parking (for residents but mainly visitors)
  - Design of site allows for circulation of vehicles, including residents being picked up and dropped off by ambulances and mini buses close to the entrance. Provision of a covered area is desirable
  - Grounds that can be used by residents for sitting, relaxation and gentle exercise through the provision of gardens, seating areas, walkways etc
  - All access and gradients should be suitable for access by ride-on-buggies and wheelchairs.

- **Resident's homes/flats**
  - Consider the possibility of a mix of one and two bed flats. One bedroom flats should be at least 50 sq. m. Two bedroom flats should be at least 60 sq.m.
  - All flats to be accessible for wheelchairs and mobility aids and meet wheelchair standards throughout
  - Thresholds - the height of the thresholds into flats and lounges must meet the housing standards set for disabled living but also must eliminate any potential for trip hazard
  - Flats should be able to be flexible in design in order to accommodate people with varying and increasing levels of dependency and need
  - Space and access provided around bed and with the possibility of changing the position of the bed to accommodate the lifting of resident
  - Able to install hoists
  - Able to adapt flats with assistive technology, smart technology as people's needs increase
  - Bathrooms that can be easily converted from a step-in bath to a level access shower tray and enclosure, or vice versa, as needs change
  - Bathrooms and shower areas allow for residents to be wheeled in on shower chairs safely
  - Bathrooms can be adapted to have grab rails, lowered sinks to meet needs
  - Flats adhere to Housing Corporation's recommendations that schemes should provide three habitable rooms
  - Installation of entrance systems to building and flats
  - Kitchens have adequate an accessible storage space

EXTRA CARE STRATEGY FOR LANCASHIRE

Example Outline Specification

- **Communal facilities and spaces**
  - Communal facilities that allow for a range of activities and amenities to improve residents' independence and sociability
  - A communal lounge area/room with the possibility of TV, games rooms or smaller rooms for activities
  - A communal dining room
  - A communal laundry (or space in flats for washer/dryer machines)
  - All communal areas to be accessible by wheelchairs and mobility aids
  - Parking room for indoor scooters (buggy) and powered wheelchairs with exterior access should be provided
  - Clear entrance point for visitors and building layout should be clear. Able to distinguish between private and communal areas
  - Ability to offer shops / hairdressers is a consideration
  - Cafe or bistro where appropriate which is accessible to the local community
  - Installation of hand rails etc in communal areas
- **Staff accommodation**
  - Staff accommodation consisting of:
    - two small separate offices
    - a staff bathroom big enough to change in (doesn't have to have showering facilities)
    - a staff room that can be used as a meeting room/lunch room
  - Should ensure privacy for staff but also the ability to appropriately observe the residents. Provision for staff to speak to residents in private for confidential matters.
- **Overall Scheme/buildings**
  - Able to have interior design that supports people with mobility, visual, hearing and cognitive impairments i.e. easy to find way about the scheme, good acoustics, use of contrasting colours and textures to help people with dementia, breaking up long corridors, creating light and space, use of lighting, seating areas to break up walking distances
  - Circulation around the building(s) is possible for older people, frail people, people with dementia
  - Walking distances i.e. corridors can be minimised or broken down through design
  - All doors to the building with easy to use controlled entry system. The door opening / closing mechanism should be able to be operated by frail older people and with people with mobility issues. All fire doors should meet this requirement. *Free swing door closers linked to fire alarm*
  - Lifts - two lifts for schemes of more than 16 units and more than two floors
  - Lifts to be compatible with Part M of the Buildings regulations – large enough to accommodate a stretcher
  - Lifts to be located to maximise their visibility and minimise distance from residents' flats
  - Building(s) meets all fire regulations
  - Commercial kitchen - suitability for full catering kitchen or regeneration kitchen for heating frozen meals
  - Provision of refuse collection and storage areas
  - Building design to be flexible over time to meet changes in local national policies/priorities and models of older people accommodation
  - Able to meet sustainability requirement
  - Hub and spoke - Extra Care schemes are a very good resource from which to base other community/outreach services so, although not essential, an extra lounge/office on site could be used as a base for other services.

Example Outline Specification

- **Meeting the needs of people with dementia**
  - The ability of the scheme (in all areas referred to above) to meet the needs of people with dementia through its design, layout, interior design.
    - A pleasant familiar domestic environment
    - Domesticity in scale and character
    - Space to be surrounded by personal possessions
    - A simple, easily comprehensible layout
    - Visual accessibility, key vistas, open plan, etc
    - Visual cues; personalising entrances, use of colour, artwork etc
    - Small scale living – cluster arrangement
    - A plan to facilitate wandering
    - Elimination of 'dead-end' corridors
    - Security
    - Appropriate garden/amenity provision
    - Integration with the community

Source Design Principles For Extra Care - Care Services Improvement Partnership, Housing LIN Factsheet no. 6 Feb 2008

- A number of publications give further detail on design for people with dementia, for example: *The design of housing for people with dementia* Damian Utton Journal of Care Service Management Vol 3 No. 4 pg 380-390

APPENDIX (IV)

Wider Evidence to Support Investment in Extra Care

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EXTRA CARE STRATEGY FOR LANCASHIRE

Appendix (iv) – Wider Evidence to Support Investment in Extra Care

Other Evidence

Housing LIN – Cohousing Briefing Paper 1, Work on the Wild Side: For Developers and Architects, October 2013.

Identifies innovative ways in which we might think differently about where older people live and how they might support each other.

Joseph Rowntree Foundation – Housing Research Paper 166 December 1995, Difficult to Let Sheltered Housing.

Whilst 18 years old this paper raises some challenges with sheltered stock that are still valid today. Whilst many of the issues of shared bathrooms and unappealing spatial standards have been addressed some still exist and present opportunities for reconfiguration or redevelopment.

Housing LIN & CIH – Creating Housing Choices for Life, The Role of Retirement Housing in Creating a Better Offer for Older People – June 2013

Identifies the need for a greater range and greater choice in accommodation for older people. Whilst this paper does not consider extra care Housing or Assisted Living where specific care needs are identified, many of the issues raised are equally applicable to extra care.

Care Services Improvement Partnership, Housing LIN with Department of Health – Design Principles for Extra Care – February 2008

Identifies suitable design principles for extra care schemes.

Housing LIN Case Study 76 - Assisted Living Platform - The Long Term Care Revolution: A study of innovatory models to support older people with disabilities in the Netherlands, September 2013

A case study based on an alternative Dutch model where reliance on formal care is greater then in the UK but part funded by a contributory social insurance scheme.

Housing LIN Case Study 73: A healthy partnership: predicting future demand for extra care housing in Calderdale – Pennine Care

Identifies alternative models for Pennine to develop extra care and provide housing management with the local authority commissioning care from other providers.

Housing LIN Case Study 74 - Independent Living with Care: Giving greater choice as you like it

The development in Warwickshire consists of 64 self-contained one and two bedroom apartments with a range of communal facilities. It offers 18 apartments for shared ownership and 46 for rent, giving older people a choice of tenure.

Housing LIN Case Study Report - Growing Older Together: The Case for Housing that is Shaped and Controlled by Older People

Identifies concerns over insufficient planning for an ageing population and identifies 6 case studies for accommodation and the need to promote increased interest in the sector across both the public and private sectors.

Housing LIN Case Study 75 - Roden Court: Integrating community, integrating care – September 2013

A high density development of 40 extra care units by One Housing Group in London within a 136 unit development for market housing and general needs family housing.

Housing LIN Case Study 77 - Quality design attracts downsizers October 2013

Accommodation for older people of 170 units across mixed forms of tenure.

Housing LIN Case Study 78 - The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex

Provides an independent review of East Sussex's investment of £35.1M in an Extra Care scheme in each district of the County. Importantly holds up the two hypotheses:

- Extra care housing acts as a preventative model, supporting • independence and avoiding admissions into residential care;
- Extra care housing is a more cost effective model of care delivery than • other models, including residential care and care in the community.

Concludes that 63% of those supported in extra care would otherwise have been in residential or nursing care.

EXTRA CARE STRATEGY FOR LANCASHIRE

Appendix (iv) – Wider Evidence to Support Investment in Extra Care

Housing LIN Viewpoint 46 - An older person's perspective on the housing landscape in England

Considers the perspective of the older person and the need to improve the range and choice of accommodation on offer.

Housing LIN Viewpoint 50 - Sharing Hope: Extra Help for Extra Care

Explores shared ownership models in extra care

Housing LIN Viewpoint 51 - What is the future of supported housing?

Explores the challenges and future of the supported housing model including extra care and Sheltered Accommodation.

Housing LIN - Funding Extra Care Housing, TECHNICAL BRIEF. A comprehensive review of the principal ways in which Extra Care Housing is financed.

Joseph Rowntree Foundation - Telling the story of Hartfields - A new retirement village for the twenty-first century - April 2010

Journal of Service Science and Management, 2011, 4, 523-539 **Evaluating Extra Care Housing for Older People in England: A Comparative Cost and Outcome Analysis with Residential Care - Theresia Bäumker, Ann Netten, Robin Darton, Lisa Callaghan**

National Housing Federation – Briefing - Benefits for people living in supported and sheltered housing, January 2013

Housing LIN - May 2013 - DISCUSSION PAPER, Improved Personalisation in Older People's Housing with Care?

Housing OLDER PEOPLE our Ageing Population: Plan for Implementation – All Party Parliamentary Group on Housing and Care for Older People – HAPPI

JRF Programme Paper (Joseph Rowntree Foundation)

A better life: Alternative approaches from a service user perspective

Fran Branfield and Peter Beresford Shaping Our Lives

October 2010

If older people are to be able to make real choices about what kind of support and accommodation they prefer to live in, then they will need an initial level of capacity-building or personal empowerment to be able to think through what might be best for them individually.

Housing LIN Case Study 82 – Blazing a trail: Extra Care Housing in Blandford Forum, Dorset – February 2014

Reviews Dorset County Council's extra care programme and identifies evidence for significantly improved outcomes for residents in terms of well being, some additional costs for adult social care provision and significant savings in terms of healthcare provision in measuring A&E attendances and out patients services.

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