
HARTLEPOOL

EXTRA CARE HOUSING STRATEGY

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The Range and Potential of Various Models of Extra Care Housing

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Created by

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EXTRA CARE HOUSING STRATEGY 2004 – 2016

1. Introduction and Background

1.1 “Extra care” housing is a label used to describe a range of housing and care options for people with a variety of needs – including those associated with age. It is a whole systems approach. The Change Agent Team defines Extra Care as:

“A whole systems approach is a mixture of different people, professions, services, buildings and organisations, all of which have patients and service users as their unifying concern and which deliver a range of services in a variety of settings to provide the right care in the right place at the right time.”

1.2 Extra care developments for older people have included re-modelled residential or sheltered housing schemes and new build schemes. They vary in size from less than 30 units of accommodation to large retirement “villages” with 200 or more units of accommodation. In most schemes not all people have “extra care” needs – indeed most seek a balance between people with low or no needs for support, people with moderate needs and people with substantial or “extra care” needs.

1.3 Extra care housing is intended to enable people to remain in their own homes for as long as possible. No longer possible is, in most extra care schemes, when physical care needs become severe and intense or when there is severe dementia present. For older people the phrase “age in place” captures what most older people want – to grow old in their own home rather than have to move to a care home.

1.4 A summary of the range and potentials of various kinds of extra care housing is attached as Appendix 1.

1.5 There has been considerable interest in housing options by stakeholders in services for older people in Hartlepool. “Extra care” housing is one option that that all stakeholders have agreed is under provided in Hartlepool. This strategy sets the joint strategic direction for the development of ‘Extra Care’ housing for older people in Hartlepool over the period 2004 – 2016. It has been produced within a strategic framework derived from national and local policies and will contribute to achieving the wider objectives detailed in those strategies.

1.6 This Strategy details the:

- Key national and policy drivers.
- kind of provision wanted in Hartlepool.
- population needs
- proposed level of provision

- how provision is to be developed and resourced.
- the timetable for development.
- key strategic objectives and an action plan to meet them.
- evaluation of schemes.

1.7 The Strategy has been agreed (following consultation with older people) by the Local Implementation Team and endorsed by the Health and Care Strategy Group, Social Services, the Primary Care Trust, and Supporting People.

2. Policy Drivers: National and Local Policy Context

2.1 The current Government Agenda for older people has informed and influenced this document.

2.2 The *Better Government for Older People* initiative, together with *Quality and Choice for Older Peoples Housing* (DETR 2001) and the policy drive through the *Extra Care Housing Fund* (Department of Health 2003 and 2004), make clear the importance of housing as part of an integrated approach to help people maintain independence and to achieve the standards set in the *National Service Framework for Older People*. These all stress the critical importance of robust partnerships between health, social care and housing agencies – partnerships based on engagement, involvement and participation of older people. These partnerships should lead to integrated approaches to help people maintain independence, choice and control as they age. Enhanced opportunities to make a contribution are likely to result from this. The interaction of well designed housing, preventative, rehabilitative and enabling health and care will help people enjoy an active and productive old age. Extra care housing is a key option to be developed with older people to achieve this outcome.

2.3 In Hartlepool the work of the *Better Government for Older People – Pilot Programme* has continued through the fifty plus Forum. This Forum helps ensure engagement and involvement with older people, and also provides representation on the Local Implementation Team (LIT). In 2004 the fifty plus forum, with extensive involvement of older people and in partnership with the LIT – produced the Hartlepool Older People’s Strategy setting 10 strategic objectives, two of which have immediate bearing on housing and care:

- Objective 4. - to ensure that older people can live in houses of their choice which best meet their needs and promote their independence with funding for support.
- Objective 5. – help older people to stay well by identifying ways to preventing ill health and accidents, but when they fall ill to ensure they receive the right services in the right place at the right time.

2.4 These objectives reflect, build on and are consistent with other Hartlepool direction setting documents:

- The Review of *Supported Living Options for Older People* (1999) (as part of a Best Value Review) concluded much sheltered housing in Hartlepool was not fit for purpose. Replacing at least some with extra care housing through

- either/or re-modelling existing schemes or new build was recommended.
- The *Supporting People Shadow Strategy (2002)* defines how the future funding for housing and support services will be complimentary to the delivery of other related statutory services and how these will be implemented. There are six Supporting People objectives and they in summary comprise:
 1. Prevention- helping to sustain people in the community and avoid crisis.
 2. Promoting independence- support to help people to take their own decisions.
 3. Resettlement- support for people to establish themselves in new communities.
 4. Inclusion – people with multiple/complex needs.
 5. A focus on people – person centred services.
 6. Alleviating crisis – support for people through crisis in their life.

 - The *Housing Strategy, updated 2002*, states four objectives of relevance to extra care provision:
 1. To ensure there is a choice of housing in sustainable communities.
 2. To enhance the availability of a range of housing, with support, so that all residents can live independently if they wish.
 3. To improve quality and safety within housing and the environment.
 4. To provide and encourage others to provide, well managed rented housing.

 - The *Local Delivery Plan 2003 - 04*, Targets 21, 22, and 23 include proposals that link ‘Extra Care’ provision to health/care support services e.g. prevention ‘Mature movers’ ‘Encore’ ‘Healthy Eating’. Increase the Primary Care workforce e.g. community nursing for specialist provision for older people.

2.5 The above national and local strategies and policies make clear the shared commitment nationally and in Hartlepool to develop a whole systems approach of which extra care housing plays a key part. Three *aims* will be achieved by the Hartlepool Extra Care Strategy:

- To increase older people’s choice and control over their housing
- To enhance opportunities for active ageing
- To reduce and compress periods of ill health and poor well being

3. Kind of Provision Wanted in Hartlepool

3.1. Specifically in relation to housing and extra care housing, consultation with older people has taken place as follows:

- In preparing the 1999 Review of Supported Living Options for Older People 102 older people were consulted about the kind of housing they would prefer.
- In 2004 a group of about 10 Hartlepool older people visited (together with other LIT colleagues) sheltered housing developments in Durham.
- In 2004 the fifty plus Forum arranged a visit for 11 people to Hartrigg

Oaks, a retirement village developed by the Joseph Rowntree Foundation in York. Extra Care housing has been discussed and well received at Forum meetings.

- The Older People's Strategy was formulated based on events involving over 100 Older People.
- The Hartlepool New Deal for Communities initiative has provision of sustainable housing as a key objective and in 2003 consulted local residents extensively – with over 1500 households including many older people living in terraced houses involved.

3.2. From this work and through review of the literature covered in Appendix 1 the following design and service features to be included in extra care developments have been identified:

- Modern (building/housing standards compliance) self-contained flats and or bungalows (re-modelled or new-build) that secure owner occupier, shared equity or tenant status for residents. Future proofing demand for accommodation developed as extra care is important and schemes should ensure most units have 2 bedrooms and are of sufficient standard to meet customer expectations.
- The housing will be clustered in ways that create security and allow effective deployment of care and support – such clusters to include a range of options from retirement villages to extra care as part of sheltered schemes to intensive home care being delivered to people in non “scheme” accommodation.
- Dwellings will incorporate sustainable, flexible, modern design, in structure and fittings to promote independence, including where possible the installation of (hard wire) ‘assistive technology’.
- Buildings and services designed to meet needs of people with dementia.
- To include within schemes or make accessible community facilities for an active life in old age e.g. shop, support and advice on opportunities for employment/volunteering, information and advice services (including benefits advice), laundry, assisted bathing, hair salon, activity/recreational rooms, computer suite, fitness/health suite and pool, GPs consultation room, lounges, restaurant, café, library room, transport accessibility.
- Services – often nurse and therapist led - will be available that reduce and compress morbidity through health promotion, early detection and treatment of illness, prevention of illness and accident, rehabilitation and re-ablement.
- Schemes should incorporate provision to ensure appropriate care pathways are available to support people on discharge from hospital
- There will be an on site scheme managers office, with CCTV and support staff available to manage all housing care/support services 24/7. These will work in co-ordination (integrated where possible) with health and social services staff including an on site team of qualified personal care staff including appropriate levels of night staff.
- A partnership/scheme philosophy that is community based, offering a managed access programme to some of the schemes amenities for other members of the community.
- The provision of be-spoke services designed with ethnic minority service users and providing these in consultation with the existing ‘Hartlepool Racial Harmony Group’ and BME group representatives.

- The schemes will be managed through procedures, criteria and allocation processes agreed jointly by the residents, housing agencies, social services and health services.

4. Population Needs and Required Level of Provision

- 4.1. Nationally and locally there has been, and continues to be, a substantial change in the age composition of the population. There has been particularly an increase in the proportion of people in the UK population aged 85 and over, accompanied by a decrease in those under 60.
- 4.2. Hartlepool Extra Care Strategy is underpinned by an analysis of demographic data to understand needs and plan the amount of provision to be commissioned.
- 4.3. **Table 1.** Shows how the population of over 65's is estimated to change between 2002 and 2016. This shows there will by 2016 be about 1,052 more people over 65 in Hartlepool.

Table 1

<i>Age</i>	<i>Numbers of People</i>	
	<i>2002</i>	<i>2016</i>
65-74	8390	8520
75-84	4578	4880
85+	1440	2060
Total	14408	15460

- 4.4. **Table 2.** Shows current and projected numbers of people supported in residential and nursing care in 2002 and 2016. This shows that by 2016 there will be about 135 more people with needs requiring care at this level.

Table 2

<i>Age</i>	<i>Numbers of People 2016</i>			
	<i>Current</i>		<i>Projected</i>	
	<i>Total in Age Band</i>	<i>Total in Residential/ Nursing Care</i>	<i>Total in Age Band</i>	<i>Est. total in residential/ nursing care</i>
65-74	8390	79	8520	85
75-84	4578	241	4580	253
85+	1440	253	2060	370
Total	14408	573	15460	708

- 4.5. **Table 3 and 4.** Hartlepool has a population with higher levels of morbidity than neighbouring local authorities, and the population nationally.

Table 3

	Hartlepool	Darlington	M'Bro	Stockton	England & Wales
<i>% people with a health problem</i>	24.4	20.4	22.3	19.9	18.2
<i>Standard mortality rate</i>	127	107	122	106	100
<i>Permanently sick disabled</i>	11.3	6.9	9.3	7.3	5.6

The impact of this on dependency levels in old age is significant, and reflected in the levels of service provision to older people. This is reflected in Hartlepool providing higher levels of care as measured by Department of Health Performance Indicator for care levels provided to older people:

Table 4

	2002 - 2003				
	Hartlepool	Darlington	M'Bro	Stockton	England & Wales
<i>Intensive Home Care</i>	18.8	9.2	15.6	10.7	12.3
<i>Older People Helped to Live at Home</i>	123.1	70.5	143.1	104.1	91.3

These high levels of morbidity contribute to high levels of referral and assessment activity carried out by Hartlepool Social Services.

- 4.6. The tenure held by people in respect of their homes is also relevant to consideration of the type of provision to be made. 63% of people in Hartlepool are owner/occupiers, compared with 69% nationally. Providing more property to buy as well as rent is therefore indicated.

Also relevant is the type of housing stock in the town. There are relatively high numbers of people living in terraced houses – 41% in Hartlepool compared with 26% nationally and 32% in the Tees Valley and North East.

Much of this terraced housing is small, with steep stairs. Again, much of it is in the inner town area and owner/occupied by pensioners living alone. Demand for these properties has slumped, with low market values. There are many vacant properties with problems due to vandalism and general decline of the areas. Some of the properties are in poor repair and unhealthy to live in. Consultation with residents in these areas by the New Deal For Communities initiative has led to a programme of house purchases with plans for demolition of about 400 properties with some rebuild. Many of the older people living in the NCD area would welcome choice of extra housing as part of re-housing options.

Given this relatively poor, age/disability unfriendly and low value housing stock it is appropriate to seek to provide relatively high rates of extra care, with shared equity as well as owner occupation and to rent tenure.

- 4.7. Sheltered housing for older people in Hartlepool is often not suitable for older people with disability and or care needs. The Supported Living Options for Older People Review in 1999 recommended re-provision or remodelling of many of the existing schemes. There are currently 1166 units of 'sheltered' accommodation in the town, provided by a range of Registered Social Landlords. Some schemes can only take relatively able-bodied tenants with very few needs for support or care.

Consideration is being given to reducing the numbers of units and remodelling and rebuilding the remaining accommodation to provide 'fit for purpose' housing for people with support and care needs. The provision of extra care will be integral to this redevelopment of supported housing for older people.

Alongside this remodelling and rebuilding there will be development of "for sale" provision of housing that is 'age friendly' to give people other options than extra care and so increase

choice and control.

Geographically, current provision for supported housing is 461 units in the North of the town, 374 in the Central area and 331 in the South. People are area sensitive in their choice of where they live and the Strategy will ensure access matches population need by area. Approximately one third of need falls in each of the three areas and provision will have to reflect this.

- 4.8. Demand for 'for sale' accommodation has been tested through an eight-unit scheme at Middle Warren – recently developed by Tees Valley Housing. Many people wanted to explore shared equity and the four bungalows available on that basis sold very quickly. Far more could have been sold on a shared equity basis had they been available. A similar scheme built 12 years ago comprising flats and bungalows (Gaurdian Homes), situated in the southerly part of the Town equally attracted interest and currently have a waiting list. However none of these properties provide Extra Care facilities or services.
- 4.9. Older people have themselves (nationally and locally) expressed a wish to live in their own homes for as long as possible – leading the Department of Health to respond by taking measures to increase provision of extra care by up to 30% by March 2006, and to suggest that around 25% of people currently cared for in residential and nursing home care are able to take up an extra care option in the medium term.
- 4.10. Drawing this analysis of need and demand together the following conclusions can be drawn:
 - a) If demand and need continue at current levels, there will be about 700 people in Hartlepool with needs requiring provision at residential/nursing care level by 2016
 - b) Many of these people will prefer to stay in their own homes and would choose extra care housing as an option rather than a place in a residential or nursing home.
 - c) It is proposed to meet some of this need by commissioning 200 units of extra care housing by 2016. This provision would, by that date, meet the equivalent of 28% of the population needs for care currently provided by residential and nursing homes.
 - d) The provision should be available on a mixed tenure basis, with 25% owner occupied, 25% shared equity and 50% to let. There is preference for a variety of schemes – from retirement villages to sheltered schemes with extra care available to provision of intensive home care to people in ordinary housing stock.
 - e) Given the high rates of morbidity in Hartlepool, it is important that housing designed to meet older people needs and preferences is provided with access to integrated preventative, rehabilitative and care services, with opportunities for active aging and social inclusion.

5. How Provision is to be Developed

- 5.1 Effective partnerships are the only means to ensure extra care provision will work towards helping people “age in place”.
- 5.2 Partnerships have to first secure capital and revenue funding to commission extra care housing. The Older Peoples Local Implementation Team in Hartlepool is the focal point for commissioning agencies to agree priorities. The LIT will be the basic partnership and

reference point for all developments designed to achieve the strategic objectives detailed in this Strategy. The LIT includes representation from:

- Older people nominated by the ‘Fifty plus Forum’.
- Hartlepool Borough Council Social Services
- Hartlepool Borough Supporting People
- Hartlepool Borough Council Community and Leisure Department
- Hartlepool Primary Care Trust
- North Tees and Hartlepool NHS Trust
- Tees and North East Yorkshire NHS Mental Health Trust
- Registered Social Landlords
- Independent Care providers

5.3 Partnerships will be established to see through the build of new or remodelling of existing schemes. These Partnerships will have Project Management Boards including older people.

5.4 The Project Management Boards will have responsibility to produce design briefs, plan and manage consultation on the specific proposal, consider and determine options for tenure, commission and evaluate master plans, arrange mechanisms to agree detailed plans for the built environment of schemes, submit bids for funding, assist with planning applications, and plan and commission services to meet care needs. They will oversee implementation and update the LIT on the scheme’s progress. Over time the Management Boards will change in membership and purpose and eventually become the basis of individual scheme management arrangements. Initially they will incorporate the Local Authority - Social Services, Housing, and Economic and Planning and Community and Leisure Departments - together with the Primary Care Trust and North Tees Hospital Trust and an appropriate interested Registered Social Landlord. Each Management Board will agree and ensure capacity for a Project Lead.

5.5 Local voluntary organisations and small private businesses will be encouraged to play a key role in the overall service planning and on-going provision through regular consultation and representation.

6. Funding

6.1. Capital investment will be sought from various funding grants and streams:

- The Department of Health, Housing Extra Care Grant .
- The Department of Health, Housing ‘Assistive Technology’ grant.
- The Housing Corporation Grant (ADP)
- Equity/sales from owner-occupiers and shared ownership.
- Investment from private sources
- Funds from voluntary and charitable organisations

6.2. Revenue funding is to be met through a number of sources:

- Social Services mainstream budget for personal care and new funding to meet population increases
- Health Care (Primary and Acute) resources – including realignment of existing resources and new funding identified through the LDP.

- Supporting People Fund
- Rentals and service charges.
- Charges for personal care
- Self funding by residents
- Small-scale independent business investments/charges.

7. Management, Service Criteria and allocations

- 7.1. Each scheme will have a joint access criteria and allocation process should be agreed by the RSL, Social Services, Housing, Supporting People and Health. Assessments should be through a single assessment procedure.
- 7.2. A joint panel of multi-disciplinary representatives – as is best practice – (see ‘*An introduction for commissioners’ Extra care housing for older people’ DH Jan 04*) should meet regularly to determine applicants eligibility, with information provided by the scheme manager and care manager to make decisions on personal care levels and tenancy allocation or termination.
- 7.3. Provider managing schemes should have responsibility for housing and facilities management, monitoring site security, and care and support ensuring that people living in the scheme can access help with these through a “one stop shop”.
- 7.4. Recruitment and training of staff by the providers should be designed to achieve a culture where enablement, independence and flexibility are key factors.

8. Service Commissioning

- 8.1. A fundamental part of any extra care scheme is the provision of care and support that includes flexible, quality services, for the tenants. The higher level of care, i.e. equivalent to approx 20 hours or more per week (residential care), is likely to encompass the proposed 60 extra care unit provision. However care will be available to those who may fall within a middle or lower level of need.
- 8.2. The Council will, jointly with the Service Provider, agree a block contract for the provision of personal care and support that defines the number of hours of care and support required for a range of needs.
- 8.3. The care provision will be outcome focussed promoting the tenants’ independence and listening to their views on the service they receive. The actual delivery of care to individuals and the duration of each visit being agreed between the tenant and the service provider.
- 8.4. The contract will be open-ended, i.e. no end date, with the Council and Service Provider working together to develop a relationship based on trust and integrity that provides a quality service to those requiring care and support.

9. Delivery and Time Scale

- 9.1. Over the next 12 years 200 units of extra care (equivalent to Residential Care) housing are required in Hartlepool.

- 9.2. It is proposed to commence with a new build 'Extra Care Retirement Village' scheme to include 60 units designated for the higher level of care (equivalent to residential care needs) with personal care provided, where appropriate, to the remaining units at middle or lower levels. There will be mixed tenure up to 225 units (total) and this will be taken forward in a LIT partnership with the Joseph Rowntree Foundation.
- 9.3 One further scheme to re-provide Orwell Walk (Sheltered Housing) and Swinburne House (Local Authority Residential Home) is being developed with Housing Hartlepool. This will provide 20 extra care units (higher level equivalent to residential care) with middle and lower levels of personal care delivered where appropriate as part of a 60 unit scheme.
- 9.4 These developments would provide a total of 80 units of Extra Care (higher level) and further schemes totalling 120 additional places will have to be commissioned by 2016. This would be part of the overall implementation of improved housing for older people that are underway to deliver the recommendations of the Review of Supported Living Options for Older People.

10. Monitoring, Review and Evaluation

- 10.1. Each scheme will have to build in an approach to monitor and evaluate the outcomes for people living in them. Key issues to monitor and evaluate will be:
- Occupier satisfaction – does the built environment together with care and support lead to outcomes that people want
 - Extent to which joint working is seamless and leading to easily accessible relevant services
 - Use of scheme – does it reflect the nature of the population it serves?
 - Uptake of health promotion opportunities – e.g. fitness suite users
 - Engagement in activities
 - Extent of mutual/self help activity
 - Numbers (of non extra care) people engaged in employment/voluntary activity
 - Uptake of information and advice services
 - Rates of admission to care homes and hospitals
 - Lengths of stay in hospital
 - Up-take of primary care.
- 10.2. Overview reports detailing monitoring and evaluation will be received by the LIT on a regular basis.

11. Summary of Strategic Aims, Objectives and Key Actions

Strategic Aims	Objectives And Key Actions
<p>Increase older peoples choice and control, over housing.</p> <p>Enhance opportunities for active ageing and social inclusion.</p> <p>Reduce and compress morbidity.</p>	<ol style="list-style-type: none"> 1. Commission 200 units of extra care housing through a variety of schemes: <ol style="list-style-type: none"> 1.1 . Through LIT based partnerships maximise opportunities to gain capital through grants and private finance for scheme developments 1.2 . Establish for each proposed scheme a Project Management Board, initially for the development of: <ol style="list-style-type: none"> a) A Extra Care retirement village of 225 units of which 60 are to be at the higher level of extra care (residential level) others middle and lower. b) A 60 unit scheme to replace the existing sheltered housing/residential care facility at Orwell Walk – Swinburne House – to include 20 units of extra care at higher level (Res.Care) others at middle to lower. c) Further work on plans to replace or remodel existing sheltered housing schemes and/or residential care to include another 120 extra care units by 2016. 2. Maintain and enhance older peoples participation in the design and implementation through membership of Project Management Boards. 3. Work in partnership with the Joseph Rowntree Foundation and the University of York to ensure that each scheme makes best use of assistive technology including installation of hard wire capacity and CCTV for security purposes. 4. Work with RSLs and private sector through the design phase of each scheme to ensure accommodation affords maximum opportunities for people to age in place – through structure and fittings that promotes independence and provision of support – including meeting the needs of people with dementia. 5. Provide extra care housing for people wishing to <ol style="list-style-type: none"> a) owner occupy b) share equity c) rent 6. To include or make accessible community based facilities for an active life in old age – e.g. shop; employment support; information and advice services (including financial and benefits advice); assisted bathing; hair and beauty salon; activity/recreational rooms; computer suite; fitness/health suite and pool; GP/Nurse consulting rooms; lounges; restaurants and cafes; library room; accessible transport.

	<p>7. Each scheme to include services from integrated multi-disciplinary teams that:</p> <ul style="list-style-type: none"> Promote healthy lifestyles. Assist with the early detection and treatment of illness. Prevent illness and accidents. Help people regain functioning through recuperation, rehabilitation and re-ablement – including support to assist with discharge from hospital. Provide or arrange personal care and supporting people low level support. <p>8. Each scheme to include an on site scheme manager (with support staff) responsible 24/7 for the housing, monitoring security of the site, low level support through supporting people and personal care provision.</p> <p>9. Schemes will, where ever possible, acknowledge the needs of residents for security and also for social inclusion by including facilities accessible by the wider community and also by including where appropriate making the local community accessible to residents.</p> <p>10. Each scheme will include a Diversity Impact Assessment detailing how provision will impact on and be available to all members of the community regardless of ethnicity or gender.</p> <p>11. Each scheme will include an approach to monitoring, review and evaluation.</p>
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12. References and background papers:

- DoH and DETR (2001) ‘Quality and choice for older People’s Housing: A strategic Framework.
- Joseph Rowntree Foundation ‘Planning for the Majority’ 2002.
- Office of National Statistics: <http://www.statistics.gov.uk/>
- Office of the deputy Prime Minister: www.housing.odpm.gov.uk/statistics/index.htm
- Care and Repair England: www.careandrepair-england.org.uk/factshousing.html
- DH ‘Extra care housing for older people’ An introduction for commissioners, Jan 2004.
- Social Services Management Information 2002/04.
- Hartlepool National Service Frame Work, Older People, Local Implementation Team, Joint Investment Programme, Local Deliver Plan 2004, Hartlepool Older Peoples Strategy (draft) 2004.
- Hartlepool BC Housing Strategy 2002.
- Hartlepool BC Shadow Supporting People Strategy 2002.
- Hartlepool BC ‘Best Value Review – ‘Supported living options for older people’. Nov 2000.
- Housing 21 – ‘Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing 2001

The Range and Potential of various models of extra care housing

1. There are two distinct origins apparent in the development of extra care housing that are clearly documented.

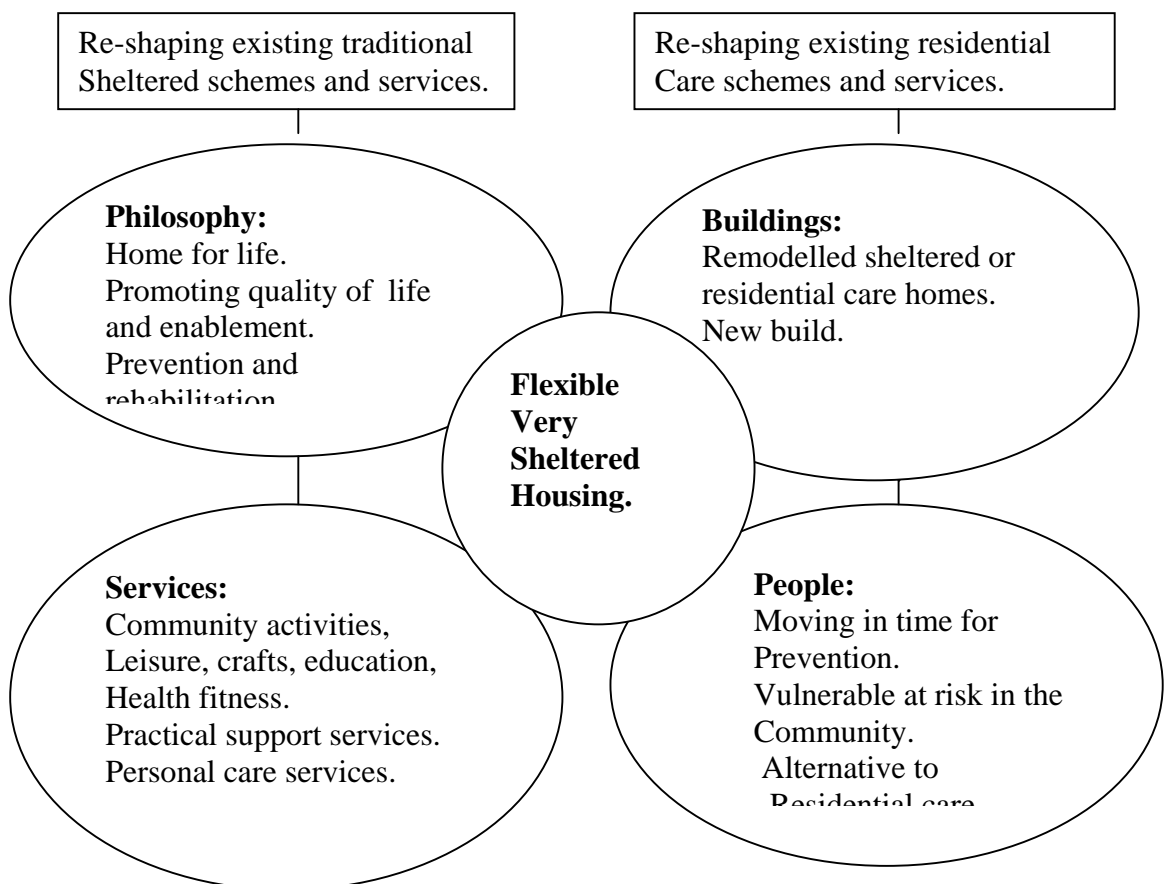
These are:-

- Residential care – reconfiguring residential homes into extra care schemes.
- Sheltered housing – provision of enhanced care and support within existing sheltered schemes.

These reflect a tendency by Social Services and Health to move away from institutional care to a community-based service. From a housing perspective, there has been a trend to develop a different form of housing provision with a different philosophy from traditional sheltered housing.

2. The origins of very sheltered housing and the common ground might best be illustrated thus:-

- Creating an environment where ageing in place can occur.
- De-institutionalisation of Residential Care.
- Re-inventing of residential and sheltered accommodation.



3. Where extra care housing has developed from a residential root there is often an emphasis on higher dependency levels and consequently the scheme is likely to operate as a direct alternative to residential care. However, if extra care housing has evolved from sheltered housing it is likely to be a more balanced community with low as well as high levels of need, (*Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing- Housing 21*).

Potential models of extra care housing:

Model	Advantages	Disadvantages
Extra Care housing as a direct alternative to Residential Care	<ul style="list-style-type: none"> • Promotes independence and enables people to live in the community not in an institutional setting. • Enables Social Services to increase choice for older people needing residential care. • Provides an appropriate service model for re-provisioning of residential care. 	<ul style="list-style-type: none"> • It is difficult to maintain a non-institutional environment due to high dependency levels. • Participation in active lifestyle • Limited community integration
Extra Care housing as a 'balanced community'	<ul style="list-style-type: none"> • Tenants prefer to live with a mix of dependency levels. • Fits with the focus on prevention, enablement and rehabilitation. • A positive role model is provided for less able tenants, by those who are more able. 	<ul style="list-style-type: none"> • May re-create an expensive form of sheltered housing. • If dependency levels decrease (tenant improvement) tenants may be inappropriately placed.

4. It may be that one model will be more suitable for development in one area than another, depending upon salient factors, for example existing provision e.g. sheltered housing, residential-care and the demographic pressures. Other key issues include, availability of funding and the strategic priorities of Housing, Health and Social Services.

