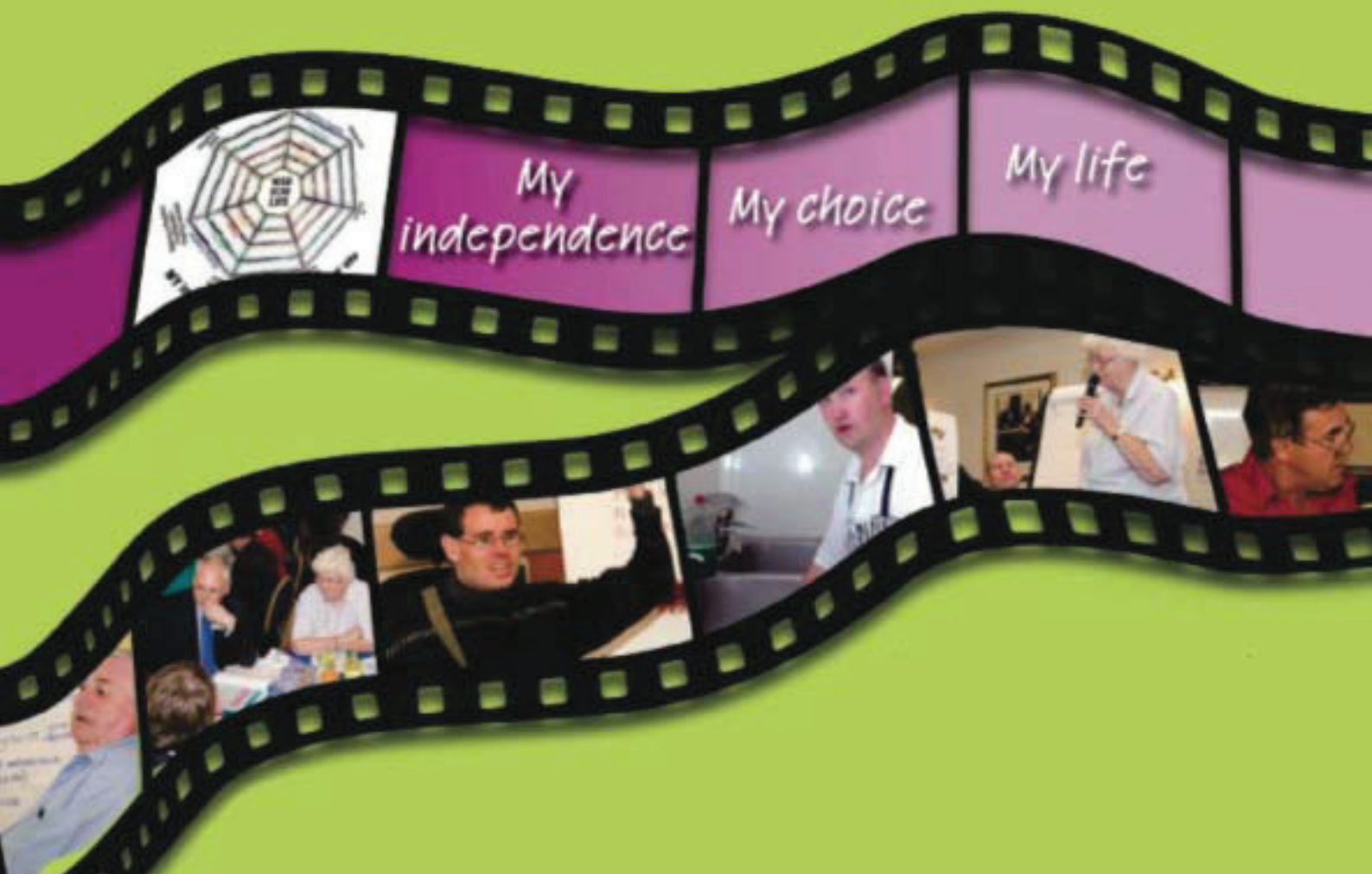


Putting People First

Extra Care Housing Strategy
Lincolnshire Adult Social Care
2009 - 2012



Contents:

	Page
Executive Summary	4
1.0 Introduction	6
Key Partners	7
Structure of the Document	7
2.0 National Strategic Context	8
Promoting Independence	8
3.0 Regional Context	11
4.0 Local Context	12
5.0 What are Older People telling us?	14
6.0 Local Drivers for Change	16
Increased Demand	16
Financial	16
Housing Market	17
Supporting People	17
7.0 Local Needs Analysis	18
Demographics	18
Health and Long Term Conditions	18
Housing	20
8.0 Our Vision for Extra Care Housing in Lincolnshire	22
The case for Extra Care Housing	22
Our Vision for Extra Care Housing in Lincolnshire	22
What is Extra Care Housing?	23
Commissioning Principles and Values	24
Models of Extra Care Housing	25
Choice of Tenure	25
9.0 How we are taking this forward?	26
Client Group	26
Care Support Criteria	26
Allocation Process	26
Scheme Size	27
Care and Support	27
Assistive Technology	28
Equality and Diversity	28
10.0 Resources	29
Land and Existing Outdated Stock	29
Capital Funding	29
Revenue Funding	29
11.0 Re-balancing the Accommodation System – Existing and Proposed Extra Care Housing in Lincolnshire.	30
Our Aims and Objectives	30

	Current Provision	31
	Identified need of Provision	32
12.0	Action Plan and Targets	36
13.0	Identifying Successful Outcomes	39
	Some Performance Measures	39
	Appendix A	
	Map of Current provision	41
	Map of Economic Zones	42
	Appendix B	
	List of Stakeholders	43
	References	44

Executive Summary:

Extra Care Housing has recently become a focus for National, Regional and Local strategies and policies. Lincolnshire Adult Social Care is committed to making a major contribution to the regional agenda.

The challenges within Lincolnshire are the growing demographics and to meet people's aspirations to remain independent as long as possible.

Lincolnshire is the fourth largest County in the UK, covering almost 6000 square kilometres, with a predominately rural based population of 692,800 people. It is predicted that the older population (individuals aged 65 and over) in Lincolnshire will significantly increase with East Lindsey, West Lindsey South Kesteven and North Kesteven having projected increases of over 80% by 2029.

These projected increases will create both financial and housing demands, for example from the projected figures by 2025 an extra 4843 older people would be resident in care homes.

Our ambition is to offer older people greater choice in accessing suitable housing and support, to enable them to remain in their own homes as a viable alternative to residential care. Central to achieving this ambition is a programme of rapid and extensive expansion of Extra Care Housing across the county. Currently there are only 190 units of Extra Care in Lincolnshire; all of these are available on a rental basis. We estimate that in the region of 2500 more Extra Care housing units will be required to meet potential demand over the next 25 years.

Extra Care housing is designed to offer a genuine choice/alternative to moving into residential care. The service will primarily be available to individuals aged 65 and over with an identified need for care support, regardless of the nature of their disabilities.

It is acknowledged that a range of accommodation (with support) is needed to enable individuals to exercise real choice and maintain their independence. Lincolnshire is committed to realising these choices, and this strategy sets out the vision and the framework for extra care in Lincolnshire. It identifies how the service fits within national, regional and local priorities, and highlights areas of demand within the county for the development of extra care facilities.

The strategic objectives are to:

- Provide choices for housing, support and care services, to meet future demand
- Design and develop schemes that provide options, in lifestyle, accommodation size, location, tenure and services
- Work in partnership with Health, Housing, District Councils, the Supporting People service, Independent sector bodies and voluntary groups
- Maintain and enhance older people's participation in the design and implementation of the strategy.

Adult Social Care cannot achieve these ambitions in isolation; it will involve close partnership working with all stakeholders, the involvement of service users, and their carers in order to deliver successful outcomes for the older population of Lincolnshire.

Working in partnership to achieve these objectives is essential; certain principles should govern the approach taken to the development of Extra Care Housing (ECH) in Lincolnshire:

- All ECH will be developed in partnership, by City and District Councils, partner Registered Social Landlord's/developers and the County Council - there is recognition that one agency cannot work alone;
- ECH services will be developed with a joint commitment to the provision of services which enable older people to remain at home for as long as possible, retaining privacy and independence.

The county map in appendix A, shows the distribution of the older population by districts and the current provision of Extra Care housing schemes. Areas highlighted in the strategy as having significant increases in Older People are East Lindsey, West Lindsey South Kesteven and North Kesteven. It should be noted, that there is currently no extra care provision in West Lindsey or South Holland.

Lincolnshire Adult Social Care envisage the development of 3 or 4 large scale care villages and approximately 10 -12 other medium sized Extra Care housing schemes around market towns in Lincolnshire over the next 15 years.

1.0 Introduction

This document has been produced by Lincolnshire County Council (LCC) in conjunction with partners to set out the vision and the framework for developing Extra Care housing in Lincolnshire. It builds upon and incorporates the extensive feedback received during the consultation with local people and key partner organisations (see below) about our vision for the future of accommodation and housing related support for older people across the County.

It sets out the first Extra Care Housing Strategy for Lincolnshire, and aims to help us to plan our investment, looking forward over the next 10-15 years.

This Strategy has been developed under the guidance of the *Extra Care Housing Board*, administered by LCC. Group membership consists of:

- Assistant Director of Adult Social Care Strategic Commissioning
- Head of Service Provider Relationships and Contracts
- Head of Service Older People and Long Term Conditions
- Head of Service Supported Housing
- Portfolio Holder Adult Social Care
- Partnership Manager Adult Social Care Commissioning
- Assistant Director Highways and Traffic
- LCC Planning Officer
- Administrative Support Officer
- Additional Officers or representatives will be invited to attend by invitation to advise on particular issues as and when appropriate
- Housing Representative, in the first instance to be a consultant
- NHS Lincolnshire Representative
- Older People's Advisory Group Representative
- Representative from The Lincolnshire Housing Forum

The views of older people have been identified through a range of national studies and local consultations, both of which have been a major influence on developing this strategy. A number of recent local analyses of current provision have shaped the vision for future provision outlined in this document.

The strategic objectives are:

- Provide choices for housing, and housing related support and care services, to meet future demand;
- Design and develop schemes that provide options in lifestyle, accommodation size, location, tenure and services;
- Work in partnership with Health, Housing, District Councils, Supporting People, Independent sector bodies and voluntary groups;
- Maintain and enhance older peoples' participation in the design of such schemes, and implementation of the strategy.

The ongoing governance of the development and delivery of the strategy will be undertaken by the Extra Care Housing Board.

Key Partners:

A partnership approach is fundamental to the successful delivery of Extra-Care Housing. A range of organisations are required to be involved in both the development and operation of schemes.

- District Authorities
- NHS Lincolnshire (LPCT)
- Housing Developers
- Housing providers
- Care Providers
- Supporting People
- Service users and carers
- Voluntary/ Community sector groups

Appendix B, gives a more comprehensive list of partners.

For Extra Care schemes to be developed and to operate effectively it is important to recognise the roles of each partner, ensuring there is clear and open communication and involvement at each stage in the delivery of the proposed schemes.

Structure of the Document

This document sets out the national policy context and the Government's overall direction for the development of services for older people. Some of this thinking comes from national bodies such as the Association of Directors of Adult Social Services, the Better Government for Older People programme, and various national research organisations. This national policy is then set in a local context including the links to LCC & NHS Lincolnshire's corporate objectives and the links between this and other strategies that achieve change at the local level, such as the Community Strategy, and the Local Area Agreement (LAA).

The strategy has been developed from local interpretations of innovation and best practice in operation nationally and informed by recent work undertaken by Laing & Buisson (2008), Contact Consulting (2007), Peter Fletcher Associates (2009), and Savills (2009). These were commissioned by LCC, the Lincolnshire Assembly and the East Midlands Regional Assembly respectively. It has been further shaped by the extensive consultation that was undertaken during Feb – May 2009; building upon earlier work carried out at the 'My Independence, My Choice, My Life' events. The aim has been to develop a shared vision for Lincolnshire, that incorporates the housing, and housing related health and social care agenda for older people. Feedback gained through consultation processes will continue to influence the implementation of the strategy. It is acknowledged that earlier work undertaken in this area by Oxfordshire and Peterborough has helped in the development of this strategy. It also highlights the potential revenue savings for the Council if the Programme can be supported by various planning, land use and capital initiatives. The successful delivery of this strategy will have a positive impact as it contributes to improved performance around a number of key performance indicators. These include reducing the number of care home placements, and increasing the total number of older people supported in their own homes. The provision of 'on-site' care teams (as opposed to mobile carers) will also make more efficient use of a staffing resources at a time when there is likely to be a shortage of staff with the relevant key skills.

2.0 National Strategic Context

The age structure of the population is undergoing more rapid and fundamental changes than at any time in recent history. In 2001 the proportion of older people (60/65 plus) had reached around 25 per cent of the population and is projected to keep rising – up to 36 per cent by 2031. The proportions of the oldest within this age range are rising at an even greater rate (see chapter 7 – Local Needs Analysis).

An ageing population presents the public services, including housing, with a number of challenges to ensure the availability of adequate and appropriate services to support those who need them. These demographic changes require a policy response from local housing, health, and social care agencies.

The national policy debate has shifted from a focus on frail or vulnerable older people, and treating ill health towards an agenda that is about:

- Promoting independence
- Promoting well-being;
- Enhancing quality of life;
- Combating ageism;
- Recognising older people as full citizens within society.

It recognises the importance of investing in preventative services to enable people to remain as independent as possible, for as long as possible.

Promoting Independence:

In 2004 the Audit Commission report¹ described the key dimensions of *independence*, as defined by older people themselves:

- A safe comfortable home;
- Being close to friends and amenities in a safe environment;
- Able to take part in social activities;
- Keeping busy and getting out and about;
- Adequate income, paying for new expenses;
- Knowing how to find the way around the *system*; and
- Having good access to health services and how to stay healthy.

The Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), Audit Commission, Better Government for Older People (BGOP), and the Nuffield Institute for Health have all promoted this broader approach under the theme of Living Well in Older Age: Shifting the Agenda from Prevention to the Promotion of Successful Ageing (2003). This document called for a holistic approach which is:

- Comprehensive – embraces the concept of citizenship and the broad range of partners that need to be engaged in successfully promoting the social inclusion and independence of older people;

¹ Audit Commission Report on Older people: Independence and Well-being, Feb 2004

- Coherent – service users and older people should be included in the structures that make decisions and decides on funding priorities; and
- Community focused – focusing on older people as members of their local communities, recognising the important role of social networks in promoting healthy ageing.

In 'Independence and Wellbeing', its joint report with BGOP, the Audit Commission describes how the shift in demographic profiles, resulting in a larger population of older people in society, will require a new approach. They recommend a fundamental shift in concept and values and promote the following:

- A switch from an over concentration on dependency, to a focus on independence, well being and citizenship;
- The concept that independence is not just about doing things for oneself but is about choice, control and *interdependence*, giving help to others as well as receiving it; and
- It requests Local Authorities and their partners to switch from a primary role of providing services for the dependent, to a role of community leader, recognising and promoting older people as active, contributing members of the community.

The Government has introduced a whole raft of health and social policy initiatives supporting this approach to older people, and services for older people, including:

- The National Service Framework for Older People (NSF) covering health and social care, focussed on rooting out ageism and promoting well-being and its successor, the *Next Steps* initiative;
- Independence, Well-being and Choice Green Paper (Mar 2005) – Highlights the need to help maintain the independence of the individual by giving them greater choice and control over the way their needs are met. Make better use of technology to support people, and provide a wide range of supported housing options.
- Putting People First (Dec 2007) – States that it is essential to ensure older people have the best quality of life and the equality of independent living is fundamental. People who use the service and carers are active participants in designing the service and every locality should have a community based support system focused on health and well-being of the local population.
- More Choice, Greater Voice (Feb 2008) – Identifies the outcome should be accommodation for older people that provides a context for care, rather than being dictated or constrained by care needs. Also, the model of extra care housing offers not only the possibility of supporting higher levels of dependency but also an environment for a lively and active old age.
- Lifetime homes, lifetime neighbourhoods – Strategy for an ageing society (Feb 2008) – Clearly illustrates the need for changes within housing and care provision. "...if we do nothing to change the current housing situation, occupied places in care homes and hospitals would need to rise by 151 percent, from around 450,000 to around 1,130,000 by 2051." Also the need for lifetime neighbourhoods to promote health and well-being and this approach gives the opportunity to strengthen the relationship between housing, health and care services.

Further housing initiatives relating to older people also seek to address the prevention agenda including:

- Recognising the importance of housing in terms of service modernisation and rebalancing the system away from institutional care towards the provision of extra care;
- Promoting the role of Home Improvement Agencies and developing those services in areas such as reducing delayed transfers of care, reducing emergency admissions and improving safety and security in the home;
- New definitions of retirement housing from the HCA aiming to improve standards; and
- Introduction of the Decent Homes standards for vulnerable people in the private sector.
- The revision of the Supporting People Programme.

The government are now looking to local authorities and their partner agencies to draw these strands together and demonstrate a joined up approach, scrutinised through the development of the Comprehensive Area Assessment (CAA) introduced by the Audit Commission.

There are a wide range of policies and strategies nationally, regionally and locally that set the context for the development of older people's services across the County. Extra Care Housing is a key element in that development.

3.0 Regional Context:

The County Council is committed to making a major contribution to the regional agenda.

The Integrated Regional Strategy sets out the overarching vision of which the East Midlands Regional Housing Strategy 2008-2016 (RHS) underpins.

The Integrated Regional Strategy's vision is that:

“The East Midlands will be recognised as a region with a high quality of life and sustainable communities that thrives because of its vibrant economy, rich cultural and environmental diversity and the way it addresses social inequalities and manages its resources”

It sets the objective for housing, “to ensure the region provides a robust response to the housing implications of our ageing population”.

The RHS states that the population in rural areas is older than in urban and the predicted changes in demography means that the population will age even further. In some areas the levels of dependency are greater than the national average, when taking this into consideration along side poor access to services in some rural areas this becomes an important issue for the region.

The work carried out by Peter Fletcher Associates for the East Regional Assembly highlighted the growth of older people and the need to have a range of responses to address the differing need of the older population. The needs study also identified there is a shortfall in the provision extra care housing for rent and sale across the whole of East Midlands region and emphasised the need for building strong partnerships to develop extra care housing.

The Countywide Extra Care Strategy will form a key central component of both the revised Regional Spatial Strategy and the Sub-Regional Strategy currently being developed and also use the information produced in the Older People's Housing Needs Study to provide evidence for potential sites for new extra care villages/schemes.

4.0 Local Context

Locally, this agenda is being taken forward in a number ways. Many of the following initiatives have either informed, or have been drivers for the development of this Strategy:

- The Lincolnshire Supporting People Strategy 2008-2013 – Supporting People fund services to support individuals to live independently and maintain their own tenancies. The vision of the Supporting People Partnership is for vulnerable people to be offered the ability to access a range of effective, high quality Value for Money housing support service. One of the objectives from the strategy is to promote joint commissioning of enhanced and extra care service options.
- District Housing Strategies – All of the seven District Strategies refer to the older population accounting for an increasing proportion of the population. With four of the Districts making reference to the provision of extra care facilities as a requirement.²
- Lincolnshire Sustainable Communities Strategy 2009- - 2030 – sets out the overall strategic vision for Lincolnshire. One of the key themes within the strategy is 'Good connections between people, services, communities and places' therefore highlighting the need for choice in care and housing.
- Local Area Agreement 2008 -2011 – The development of Extra Care Housing will feed into the Vibrant Communities theme: specifically "Create Better Communities through Growth and improved housing provision." It will contribute to the following:
 - National Indicator 154 - total new housing provision
 - National Indicator 155 - affordable housing
- Older Peoples Commissioning Plan 2008-2011 – Clearly states under commissioning intention fifteen the need to change both the "pace and scale of development of Extra Care housing schemes across the county".
- NHS Lincolnshire's Strategic Plan – The plan sets out 5 goals and identifies 13 different programmes to achieve these goals. These include continuing care and long term conditions both of which the development of extra care housing will contribute to achieving.
- (Draft) Lincolnshire Housing Strategy 2009-2014 'Delivering for Lincolnshire' - Has eight key themes, theme eight is specific to managing the housing implications for an ageing society.

This strategy is consistent with and has been developed within the framework of the Councils overall approach to expanding housing choice as a core component of promoting independent living options for all adults. Extra Care housing has become a key element in facilitating the transformation of adult social care as described in the cross government Ministerial Concordat Putting People First (Dec 2007). It has emerged as a significant positive housing option for an increasingly independent and aspirant older population. This is reflected in the government's commitment to

² Lincolnshire Housing Strategy Stage 2 – Establishing a baseline (Dec 2008)

independent living for all adults set out in Lifetime Homes: Lifetime Neighbourhoods – a National Strategy for Housing in an Ageing Society (Feb 2008).

At the same time, however, it is recognised that providing options to support older people in exercising choice over their personal circumstances, not least housing, means this strategy is located within the context of a broader range of related, coordinated actions to support the principles it embodies.

This includes the need to ensure the adequate supply of adapted and adaptable housing stock, access to that provision and appropriate levels of funding for such adaptations which will support older people to remain in their own homes (Disabled Facilities Grants, Home Improvement Agencies).

In embarking on such a strategy the Council is aware of the inter-dependencies of the expansion in the direction of Extra Care housing, with future levels of demand for long term care home provision and existing supported housing stock, and will ensure the implications of this initiative for the shape of these markets and local providers, are addressed as implementation progresses.

5.0 What Are Older People Telling Us?

We know that Lincolnshire's population is changing and getting older. Research by national organisations tells us about older peoples wishes and aspirations. The Older People Programme³ identified seven dimensions which older people themselves regard as important to achieving 'a good life':

- Being active, staying healthy and contributing
- Continuing to learn
- Friends and community – being valued and belonging
- The importance of family and friends
- Valuing diversity
- Approachable local services
- Having choices, taking risks

Older people and their carers in Lincolnshire have, via recent consultations, identified eight aspirations⁴ that would improve their health and well being. Supported housing (providing supported accommodation and helping people to live independently in their own homes), was one of these aspirations.

Better Government for Older People (BGOP) Listening to Older People Events, highlighted what older people want, these included:

- New homes to be designed around the needs of older people including those from minority ethnic communities;
- More practical help services around the home and garden and better transport facilities particularly in rural areas;
- More independent living opportunities and better quality provision of sheltered housing;
- Less waiting times for adaptations and equipment and moving home;
- More flexibility and choice in housing, care and support options and clearer information and advice on what is available;
- Housing solutions that facilitate living independently in the community and meet the needs of minority ethnic groups;
- Less disruption and inconvenience when a need or preference for moving arises, or unnecessary future moves because the accommodation was not the right solution in the first place;
- More involvement and a bigger say in the shaping of housing and related services.
- Increased insulation, help with heating and energy saving measures, home security improvements and local home safety advice services;

The national research findings from The Joseph Rowntree Foundation's (JRF) Growing Older Programme (GO), was coordinated through the National Collaborative on Ageing Research, based at Sheffield University and the JRF programme based in York. Between them they have commissioned 42 major studies looking at the wishes and needs of older people in this arena. They addressed the following areas identified by older people:

³ CSIP Person Centred Thinking & Self Directed Support with Older People June 2007

⁴ 'My Independence, My Choice, My Life' Putting People First, Your Vision for the Future, Lincolnshire County Council 2008.

- Quality of Life
- Active Promotion of Health & Wellbeing
- Starting with older peoples lives, their own definitions of what makes a life worth living

Responding to these findings, and the introduction of the personalisation agenda, Lincolnshire Adult Social Care wants to offer choice to older people relating to both their housing and care needs, and part of this choice is Extra Care.

Older people are no different to younger adults in wanting choice over where and how they live their lives, and access to good quality, responsive services to enable them to live life to the full.

6.0 Local Drivers for Change

The Lincolnshire Older People Commissioning Plan sets out three key drivers for change:

- The rapidly growing older people population is placing great pressure on traditional services,
- Trying to meet the growing demand for care through traditional residential care is not desirable and will become increasingly unaffordable.
- Existing services will be less able to meet the needs and expectations of future generations of older people

Increased demand:

Lincolnshire is the fourth largest County in the UK, with a total area of almost 6000 square kilometres. It has a predominantly rural based population of around 692,800. The county has a mix of some large conurbations, sparsely populated rural areas and coastal communities that have an inward retirement migration. The increase in the older population varies across the County; however each district is predicted to see an increase.

The majority of older people will lead full, active and healthy lives, playing a part in their communities, enjoying sport, leisure and cultural activities. However, there is an increasing number living longer which will also mean increased frailty and dependence, and poorer health. For example, if the numbers of older people in care homes were to continue at the current rate then:⁵

- by 2010 an extra 357 older people would be resident in care homes
- by 2015 this would rise to an extra 1488, (a potential need for 30 new 50 bedded care homes within 7 years) and
- by 2025 an extra 4843 older people would be resident in care homes. Using these figures we estimate that over 2500 more extra care housing units will be required to meet potential demand over the next 25 years

Financial:

Adult Social Care currently provides homecare support to 3,360 older people, who receive 47,150 visits each week. Demand for homecare is expected to grow in line with our ageing population, requiring partners in health and social care to find initiatives to support and extend resources to help people stay in their homes⁶.

Figures from 31 March 2008 show that 3,683 individuals aged 18 and over were supported by Lincolnshire Adult Social Care in residential and nursing homes. The older population accounts for 80% (2,954) of this figure. The standard cost per week for residential care for older people is £351 (2008/09 figure) and the demand is set to rise by 38% by 2025⁷. Therefore the current provision of care is not financially sustainable against the potential increases of the older population.

The increase will also cause constraints on the workforce. Currently the home care workforce is an ageing workforce; therefore the issue arises whether providers will be able to support the increasing numbers of people within their own homes.

⁵ Lincolnshire's Older People's Commissioning Plan 2008

⁶ Lincolnshire Joint Strategic Needs Assessment (JSNA), March 2008

⁷ Projecting Older Population Profile Information

The ability to realise the potential revenue savings relies in large part on being able to develop a supply of ECH across the County. The County Council needs to adopt an 'Invest to save' approach if it is to attract strategic partners to develop ECH provision on a sufficiently large scale to make the impact it is seeking.

The District Councils, the City Council together and the County Council will need to consider the best use of and value from their land and assets as part of an overall strategy for the development of ECH. This will need a reasonable balance between ownership, shared equity and social rent.

Housing market:

Alongside the national drivers for independent living and "lifetime homes", there are four main local housing issues that are influencing a demand for change, these are:

1. Currently older people housing is dominantly sheltered housing, many of which is dated bedsit style accommodation.
2. Majority of sheltered housing is only available for rent from social landlords. These conflicts with the county's figure of 72% of households are owner occupied, which will influence individual's choice and type of housing for later life.
3. The current provision of residential and nursing care will not be able to meet the demand of the ageing population.
4. Projected increase in the older population in each of the County's seven Districts.

Supporting People:

The Supporting People (SP) Programme is a national programme introduced in 2003. The Lincolnshire SP Partnership includes and is administered by Lincolnshire County Council and is made up with the District Councils, Health and Probation Services. Supporting People fund housing related support costs for vulnerable adults in order to promote their ability to achieve independent living and maintain tenancies.

Lincolnshire Supporting People's 5 Year Strategy identifies that older people make up 80% of the total users of Lincolnshire SP services. Older people are the largest single group of current and potential users and are the second highest priority for the Partnership. Following a strategic review of older people's services, a recommendation has been agreed to commence a process of remodelling of existing SP services from traditional models of housing related support to a floating support model which enables support to be provided regardless of tenure.

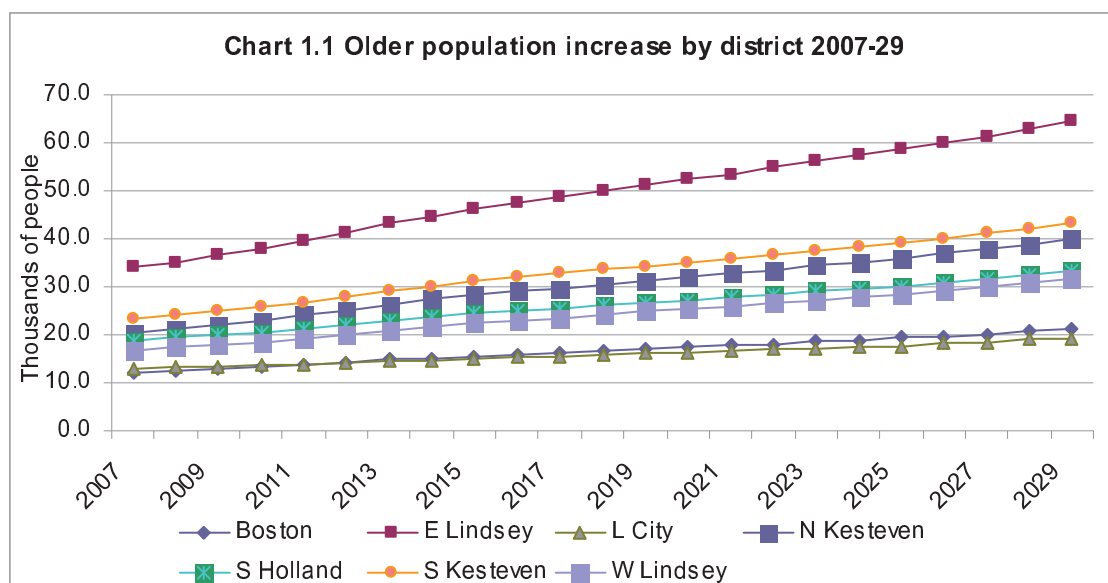
7.0 Local Needs Analysis

Demographics:

Over recent years through research and government publications it has been identified that there is a significant increase in the older population, it's also clearly evident that an ageing population will involve an increasing number of people competing for the services of a decreasing number of carers⁸. Lincolnshire is no different, by 2025 it is predicted that the older population will account for 27% of the total population this is an increase of 88,300. From the total population aged 65 and over, a considerable 66,400 (46%) of these will be aged 75 and over.

All the districts within Lincolnshire (shown in table 1) have projected increases in their older population (people aged 65 and over), rising from 139,000 in 2007 to 192,000 in ten years and 241,000 in twenty years. East Lindsey, West Lindsey South Kesteven and North Kesteven are projected to have increases of over 80% by 2029.

Table 1: Increase in older population by district⁹



This potentially huge growth in demand is both a national and local issue for funding, and service capacity, including the workforce.

Health and long term conditions:

The predicted increases in the elderly population and in associated age-related ill health will therefore have an increased demand on health care. Long Term Conditions place huge burdens on health and social care services consuming a disproportionate amount of health resources. Long term conditions account for 8 of the top 11 causes for hospital admission¹⁰. Table 2 below shows the projected numbers of individuals aged 65 and over with a limiting long-term illness.

⁸ Kevin Doughty et al Telecare, telehealth and assistive technologies – do we know what we're talking about? Dec 2007.

⁹ Laing & Buisson the Supply and Demand for Care Services in Lincolnshire Jan 2008

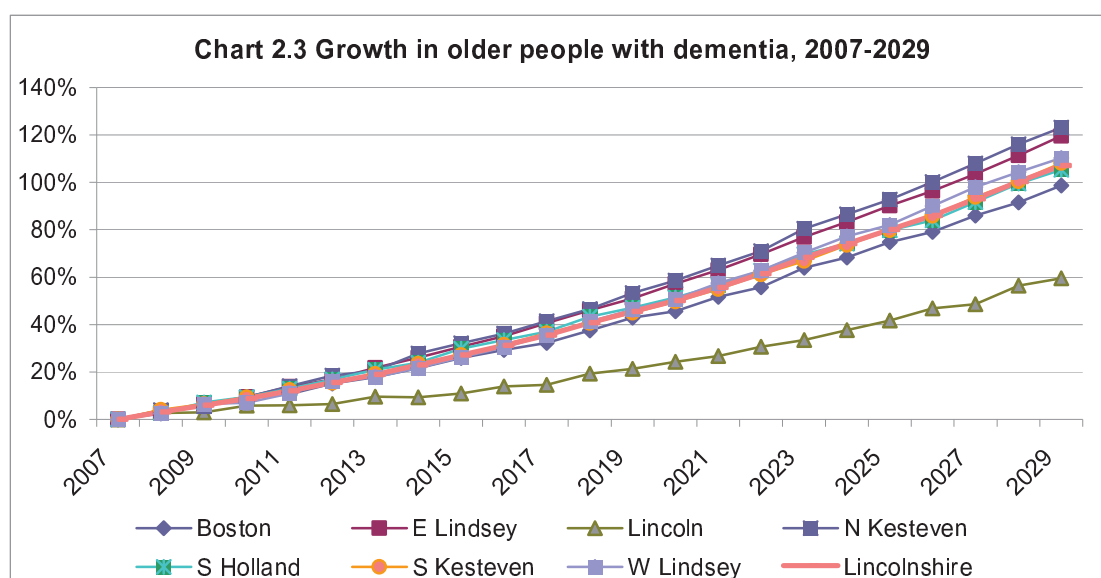
¹⁰ Evaluation of Lincolnshire Telecare Service July 2008

Table 2: People aged 65 and over with a limiting long-term illness projected to 2025¹¹

	2008	2010	2015	2020	2025
People aged 65-74 with a limiting long-term illness	29,000	31,000	38,000	40,000	41,000
People aged 75-84 with a limiting long-term illness	24,000	25,000	29,000	34,000	43,000
People aged 85 and over with a limiting long-term illness	9,000	10,000	12,000	15,000	19,000
Total population aged 65 and over with a limiting long-term illness	62,000	66,000	79,000	89,000	103,000

The projected growth of older people with dementia will have a significant impact on resources. Lincolnshire currently has approximately 10,300 dementia sufferers this is projected to increase to 17,800 by 2025 (78%)¹² Apart from Lincoln (60%) it is estimated that the number of older people with dementia will grow between 99% and 123% in each District by 2029.

Table 3: Lincolnshire’s projected increase of older people with dementia¹³:



The research study, Does Housing in Lincolnshire meet the needs of dementia sufferers? involved 1180 dementia sufferers who are currently on the case loads of Lincolnshire Partnership Foundation Trust (LPFT). The study highlighted the fact that 51% of the dementia sufferers were aged between 81-90 years old, but also gave the family make up of sufferers. Showing that the majority of households in the County are made up of 1 or 2 people (Table 4), this is an issue as living alone is one of the most common factors for ‘moving into a residential home’ as most dementia sufferers are dependent on carers to support them.

¹¹ Projecting Older People Population Information

¹² Projecting Older People Population Information System - Sept 2008

¹³ Laing & Buisson the Supply and Demand for Care Services in Lincolnshire Jan 2008

Table 4: Family make up of dementia sufferers¹⁴

No. living in the household	Number of households in the county
1	438
2	424
3	45
4	9
4+	4

The facilities and activities that Extra Care delivers, will contribute to the reduction in both hospital admissions and individuals moving in to residential care. It would enable early detection of a change in care and support needs, the on-site availability of 24 hour help and support, and a rapid response capability to emergency situations. In particular, to individuals with dementia, people who have a history of falling and have reduced independence. All of which have a particularly detrimental affect on an individual's ability to sustain their independence, and incur significant costs for health and social care services.

Housing:

The strategic review of the Supporting People services provided to older people indicates how the provision of older people's housing may change. One of the most significant findings is the majority of sheltered housing provision is only available to rent, which means that the number of units for rent needs to decrease by almost 3,000, whilst the units available for 'leasehold' should increase by around the same proportion¹⁵, alongside the under supply of extra care within Lincolnshire.

Each District Council recognises that older people will potentially develop more complex needs in later life. This will have an impact on the type, mix and quantity of new housing provision. It could also potentially have an impact on current housing stock for older people, around design, quality and continuing relevance to individual's needs.¹⁶

The development of Extra Care housing in Lincolnshire has, historically, been slow. There are currently 190 confirmed Extra Care units in Lincolnshire. However a number of new schemes are now under development or awaiting capital funding approval.

All the current Extra Care units provided in the county are for rent from social landlords. There is likely to be a substantial demand for Extra Care housing to buy rather than rent, particularly in Lincolnshire where according to the 2001 Census owner-occupation accounted for 72 percent of households¹⁷

The requirement for socially rented units will be subject to these future trends in owner occupation and these trends will need to be considered in any scheme development. It can be seen from the current provision that there is a significant shortfall that a substantial and early investment is required to even begin to provide sufficient units to meet the need for ECH before future population growth is taken into account. The tenure trends will not impact the total requirement for ECH units but may in future reduce the number of socially rented units required.

¹⁴ Trevor Young - Does Housing in Lincolnshire meet the needs of dementia sufferers? Mar 2009

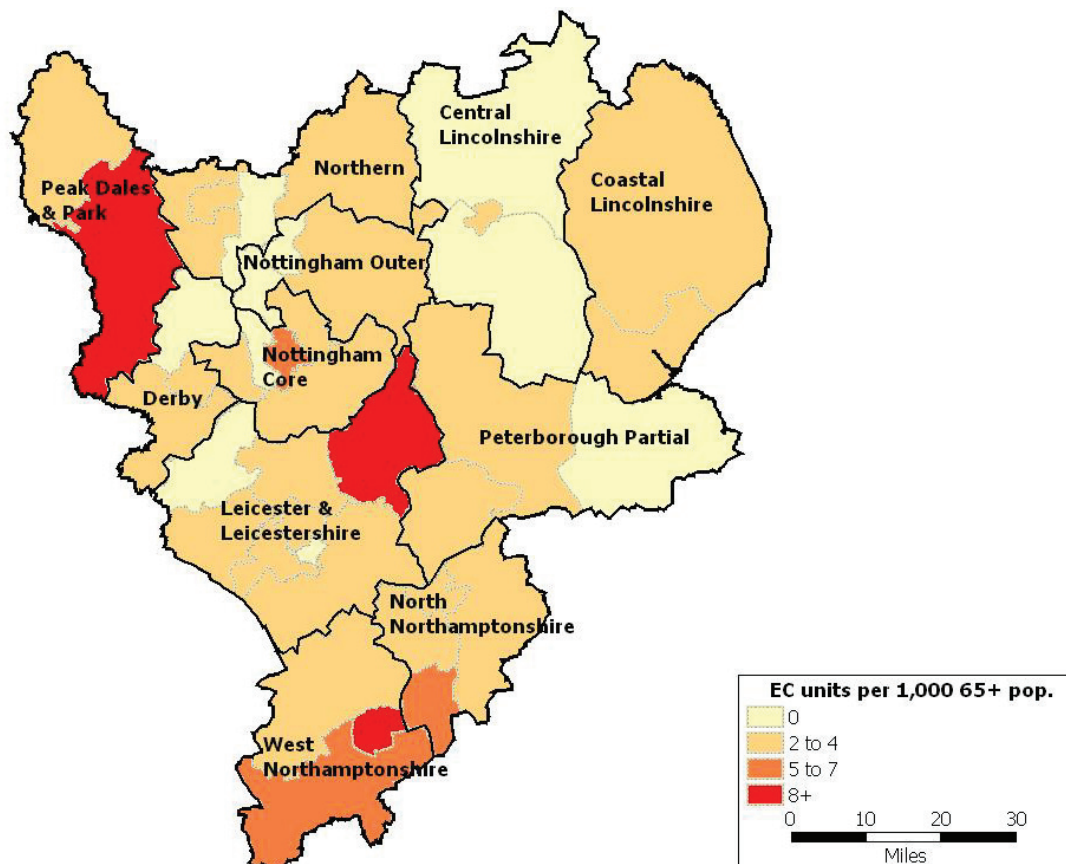
¹⁵ Supporting People Older People's Strategic Review

¹⁶ Savills – Lincolnshire Housing Strategy Stage 2 – Establishing the Baseline Dec 2008

¹⁷ Laing & Buisson the Supply and Demand for Care Services in Lincolnshire Jan 2008

The diagram below shows the lack of extra care housing in relation to the population size in the Eastern Midlands Region. The Central Lincolnshire area has a particularly low ratio of extra care housing to population size.

Diagram 1: Current Extra Care Supply per head of population in the East Midlands Region¹⁸



Projected demand for Extra Care Housing units for 2008-2025, has been based on the demand to meet demographic growth and the current provision of residential care. This has led to a projected figure of at least 2500 new extra care units by 2025 (see chapter 6 – local drivers for change) we regard this as a lower estimate as in addition owner occupiers self funders may also wish to purchase ECH.

To achieve our ambition of offering older people the choice of support in their own homes rather than residential care, a rapid and extensive expansion of Extra Care Housing is required.

¹⁸ Peter Fletcher Associates Older People's Housing Needs Study for East Midlands Regional Assembly Apr 2009

8.0 Our Vision for Extra Care Housing in Lincolnshire

The Case for Extra Care Housing (ECH):

There are a number of reasons why all agencies should support an ECH Strategy. The key ones are:

- Older people want to live in their own home. They need more housing options if they are to maintain their independence. Older people go into residential care because there is no alternative.
- The demographic challenge is not just that there will be many more older people but more of them will need more care and support.
- There will also be proportionately fewer working people to care for older people and the economic impact on services will be severe.
- Ordinary housing is mostly ill suited to the needs of older people who have to cope with increasing frailty and mobility problems and it is often socially isolating. Ordinary sheltered housing can also fail on the home for life criteria.
- Delivering 24/7 care and support to dispersed individual properties is inefficient, ineffective and will become increasingly unaffordable particularly in rural areas. Domiciliary Care does not meet people's needs for companionship and social interaction.
- ECH is an efficient way of delivering scarce social and health care workers and this is cost effective for older people, the state and reduces the carbon footprint.
- The majority of older people will be capital rich and with equity to release. So, there is a large untapped market of purchasers.
- Developing the ECH market will release under-occupied stock and is as good as building new affordable family housing.
- ECH gets away from the residential care "pocket money" culture and enables older people to make a bigger contribution to the local economy, which will help deliver the sustainable communities agenda. For example, sustaining a local village shop might be a realistic prospect if incorporated into or located in close proximity to an extra care scheme.
- ECH offers genuine aging in place and reduces the risk of entering care home and hospital, or will reduce the typical length of stay in each which again is good for older people and central and local government.
- Larger ECH schemes enable and provide added value (activity and transport, etc) which will help deliver the wellbeing agenda and help maintain informal care (whereas care homes can discourage informal care)

Our Vision for Extra Care Housing in Lincolnshire:

To establish, across the County, sufficient Extra Care housing provision to maximise the number of older people who are able to exercise meaningful choice in maintaining their independence through choosing where and how they receive support services in the accommodation of their choice (within existing resources). We will achieve this by providing quality accommodation and support services that:

- Support older people to remain living in a home of their own - through the availability of 24 hour care, assistive technology and the provision of daily living aids;

- Promotes the development of flexible living environments by design – i.e. adaptable to the changing needs of the resident – great potential from new build developments
- Are developed in suitable locations, and compliment the surrounding environment
- Maximise peoples potential to play a full, active part in the wider community
- Addresses the social, cultural, and religious needs and aspirations of Lincolnshire's increasingly diverse older population, not least members of ethnic minority groups – both personal and social

Working with partners from all sectors, we will achieve this through:

- Investing in the commissioning, construction, redevelopment and re-provision of specialist accommodation (short and long-stay), where appropriate, to meet the full spectrum of needs:
- Promoting the building of accommodation to Lifetime Homes standards
- Investing in Extra Care (very-sheltered) housing
- Ensuring that all people have equal access, according to their needs, to these forms of housing and support, to enable them to live safely and with comfort in the home of their choice.

What Is Extra Care Housing?:

Extra Care housing does not have a precise definition, (variously known as very sheltered housing, category 2.5, sheltered housing plus, housing with care, enhanced sheltered housing, assisted living or close care) and can vary enormously in scale, care and support services offered. However, the development of Extra Care services within Lincolnshire will be in line with the following Department of Health definition of Extra Care housing;

“Purpose built accommodation in which varying amounts of care and support can be offered and where some facilities and services are shared”¹⁹

There are a number of features that can be considered to define them:

- Self-contained flats or bungalows with their own front door - a defining feature distinguishing extra care from residential care;
- Choice of tenure and care provider;
- Opportunity to maintain or improve independent living skills – a fitness facility and areas for physical activities
- Dwellings will incorporate design features and assistive technology to facilitate the independence of frail older people and provide a safe environment - alarm systems, telephone/computer sockets for internet/e-mail usage. Cabling should be installed to allow the flexibility to add specialist Telecare options – e.g. for medicine management technology;
- provision of an appropriate package of care, in the individuals own; dwelling, to a high level if required – up to 24 hour waking care staff and support available;
- catering facilities with one or more meals available each day;
- more comprehensive and extensive communal facilities than *Category 2* sheltered - restaurant, lounge(s), activity room(s), library, health suite, computer suite, consultation rooms;

¹⁹ The Extra Care Housing Toolkit Oct 2006

- Storage space for communal items including electric buggies/scooters, often neglected or inadequate for the required purposes
- External recreational area suitable for tenants and others who may be visiting;
- Guest suite facility;
- Energy efficient design principles;
- Partnership working

It is our intention to develop a range of Extra Care provision for older people in partnership with colleagues in Health, District Councils, Registered Social Landlords, property developers, service users and voluntary sector organisations.

The focus needs to be on quality accommodation. Extra Care is housing first, it is a major shift away from traditional methods of care.

Though Extra Care provision varies in its design and service delivery, research and experience has evidenced that good extra care is about a community ethos and not just the building²⁰.

Commissioning Principles and Values:

The values of Lincolnshire County Council are abbreviated by the word PERFORMS, this stands for:

- **P**utting People First
- **E**ncouraging innovation in a learning organisation
- **R**esults in successful outcome matter most
- **F**ocused on the needs of the citizen, customer and community
- **O**penness and honesty, welcoming of challenge and being accountable
- **R**especting and including everyone, with equality of opportunity and celebration of diversity.
- **M**aking a difference through community leadership
- **S**etting challenging standards; always striving to improve services.

Supplementary to these values, Adult Social Care Commissioning services aim to:

- Have the right services available, which are in the right place and are provided at the right time
- Improve the well being of the County's adult community
- Have clear standards and commission services providing high quality care
- Improve access to a range of services
- Improve the service user experience through greater choice and control
- Ensure fairness and equity in service delivery through putting people first.

These will be central to any development of extra care within the county.

Extra Care housing is increasingly seen as a viable alternative to residential care and commonly as preferable to traditional sheltered housing. It is intended to offer an additional choice for people seeking specialist housing with support. Future planning and service delivery for older people's accommodation services will be shaped by this vision, which forms the basis of the Strategy.

²⁰ CSIP Extra Care Housing – What is it? Feb 2008

The realisation of the vision will mean changes to the way we currently deliver services. Some of these changes are already in progression and will continue to be taken forward, others are new initiatives.

The nature of individual schemes will be influenced by local demand, the availability of land, the identification of suitable development partners and finances to deliver the schemes.

Models for Extra Care Housing:

We recognise that one size does not fit all and needs vary across the county. Proposed developments will vary in scale, from larger retirement or care villages (200-300 units) to smaller individual schemes (40-60 units). Some will be located on the fringes of the major market towns and others will make use of brown-field sites within existing towns and communities, contributing to urban and rural regeneration initiatives.

The schemes will need to be sympathetic to the localities in which they are to be located and their architecture will need to reflect this requirement. Building styles will vary from complexes of flats over three or four stories, to low-rise developments of just two floors. Others will consist of a mixture of apartments and bungalows. All will encompass extensive communal facilities as noted above. These may provide facilities that can be accessed by the wider communities within which the schemes are located.

The inclusion of some short-stay accommodation for intermediate care purposes may also be appropriate.

There are two identified approaches which will be used to develop Extra Care in Lincolnshire:

New build – which offers the greatest flexibility as the building can be designed to incorporate all the facilities, technology and design requirements. However, it does involve identification of land and capital expenditure for development of the schemes.

Re-modelling – Lincolnshire has a significant over provision of sheltered housing which is outdated and therefore lacks popularity. These schemes could potentially be remodelled for the provision of Extra Care, especially if they are centrally located and in the identified areas of demand for this type of housing.

Choice of Tenure:

We are also mindful of the differing financial circumstances and aspirations of older people across the county. Whilst there is a clear need for significant quantities of rented social housing, it is recognised that there is a particularly high level of owner-occupation amongst Lincolnshire's older population. It will therefore be important to ensure the development of sufficient extra-care housing for purchase (usually leasehold) to offer those who wish to maintain their investment in housing the opportunity to do so whilst benefiting from living in such schemes. A range of hybrid, shared ownership/equity schemes will also need to be considered, particularly in the current economic circumstances.

Each scheme will have a mixed tenure and a mix of one and two bed apartments. Each tenant will have their own tenancy agreement as they would have if they lived in any private dwelling in the community, they will pay their own rent or purchase price plus a service charge to the landlord.

9.0 How we are taking this forward:

Client Group:

Extra Care housing is designed to offer a genuine choice/alternative to moving into residential care. The service will primarily be available to individuals aged 65 and over with an identified need for care support, regardless of the nature of their disabilities.

Those eligible might include:

- Physically dependent people whose needs could be met in either extra care housing or residential care, but for whom the environment and ethos of ECH is more appropriate;
- Those who are vulnerable because their existing accommodation, combined with their physical and mental health needs, result in a level of risk warranting a secure, safe environment, focused on independence, rather than dependence;
- Older people with mental health needs which can be managed appropriately in a communal setting;
- Those at risk of premature entry to residential care; and
- Those requiring nursing care which would be provided by community-based nursing services commensurate with someone living in their own home

For some of the proposed schemes Lincolnshire Adult Social Care may consider appropriate design revisions aimed at providing independent living options for other client groups e.g. younger adults with physical disabilities.

Care support criteria:

Each new development will aim to have a balanced population with regard to support and care requirements, to ensure that a vibrant, varied community can be developed. The intake, therefore, will be based on a '20, 40, 40% principle' as indicated below:

- **Low (20%)** - People who have low (up to 5 care hours per week) need for care provision and might otherwise be suitable for current sheltered housing type provision, but may have need for low home care provision to achieve the outcome of independence.
- **Medium (40%)** - People who have a need for moderate support service provision (5-10 care hours per week) where there is regular need for a level of care and support to achieve the outcome of independence.
- **High (40%)** - People who require a high level of support service (10 plus care hours per week) where there is a need for an intensive level of care and support to achieve the outcome of independence, and might, in the past, have been admitted to residential care.

Allocation processes:

Once eligibility has been established using 'Fair Access to Care' there is a need to determine if Extra Care will meet the identified needs of those concerned.

Applications may be made by for a single person or two people household. It is predicted that referrals will come from social care and health professionals e.g. community care staff, social workers, or district nurses.

The allocations process needs to be simple and straightforward and should be made as a joint decision. The allocations panel should be made up of representatives from Housing Provider, Social Care, Health and the District Council. Some modifications to current District Council housing allocations policies across the County are likely to be required, to ensure timely allocation to the intended target population can be achieved.

- The social care manager must approve the care requirement element of the application
- The housing provider must approve the final decision regarding allocation of the tenancy. This is due to the legal tenancy agreement being with the housing provider.

Scheme size:

The extra care housing toolkit produced by the Department of Health Networks (Housing) previously the Care Services Improvement Partnership (CSIP), recommends the following resident accommodation sizes:

- 1 bed - 2 person flat – 51 sq metres
- 2 bed - 3 person flat – 68 sq metres

Although in limited and particular instances, this may not be feasible this is the standard that potential developers will be measured against.

Schemes must ensure they meet current Homes and Communities Agency requirements including Scheme Development Standards (SDS), Lifetime Homes and Wheelchair Standards, but should also plan for future requirements.

Care and Support:

All extra care housing schemes must provide waking night care, a safe, secure environment together with person centred support and care, through a range of integrated facilities.

It is envisaged that schemes will act as a hub for the wider community, using the communal facilities but also providing both formal and informal support. They will at the same time be sensitive to the needs of those living in the schemes (e.g. privacy, security).

In the future people will use Individual Budgets to purchase their care from providers, therefore new contracting arrangements will be required to enable choice, but also to ensure that there is availability and flexibility to enable care providers to deal with unplanned episodes of care.

It is acknowledged that the development of these schemes will increase demands for new kinds of care staff, with new skill sets – most of the elements identified as necessary to develop a strategy of this nature have significant implications for care staff currently working for the Council, the community nursing services, the Mental Health Trust community staff and independent sector care providers (ADASS, 2007, DES/DH, 2006, NIMHE/CSIP 2007). This work will link into the developing cross-sector workforce development strategy.

Assistive Technology:

It has already been demonstrated in Lincolnshire how vital telecare and telehealth technology is for individuals to be supported within their own home and has received national recognition for its achievements. Extra Care housing will incorporate assistive technology to support the residents and the wider community.

Dementia was identified in the evaluation of Lincolnshire's Telecare Service²¹ as one of the top three dominant primary health problems of the service users currently using telecare. Extensive work has been undertaken by health to determine the number of patients with dementia currently being admitted to the local community or for whom a protracted length of stay could be avoided. In both cases it was evidenced there was an adverse impact of admission to an acute care environment and of extended length of stay. With the projected increase of individuals with dementia in Lincolnshire, it is therefore essential the latest developments in technology to support individuals in their own homes are incorporated within Extra Care.

Vital signs telehealth equipment will be used, particularly as an individual's health needs increase. The monitoring will give regular updates and then enable early detection of changes in an individual's condition.

Extreme temperature sensors and smoke alarms will be fitted to each apartment developed as a standard procedure.

Equality and Diversity:

Lincolnshire is a diverse area. In terms of our environment, the array of cultures and traditions that exist within our communities; and diverse in terms of the people who live and work here.

Schemes must strive to provide a service that is appropriate to all ethnic and cultural needs, considering each one of the six equality and diversity strands²² listed below, alongside the rural make up of the county.

- Race, nationality, national or ethnic origin;
- Gender, gender identity and marital status;
- Disability;
- Age;
- Sexual orientation;
- Religion or belief, including the belief in no religion and non-religious belief;

²¹ Evaluation of Lincolnshire's Telecare Service July 2008.

²² Equality Standards for Local Government (I&DeA, 2007)

10.0 Resources

The development of Extra Care Housing in Lincolnshire requires the securing and co-ordination of:

- Land and existing outdated stock
- capital funding
- revenue funding

Land and Existing Outdated Stock:

Land as a commodity potentially exists with all partners. It is essential that redundant or un-used plots of land are identified and considered for the development of Extra Care. The same applies to existing outdated housing stock (e.g. sheltered housing schemes), these need to be assessed for potential remodeling or demolition for a new build.

Capital Funding:

Grants tend to be seen as the main area for raising capital funding; however there are a number of potential routes which include:

- Capital funding from the Homes and Communities Agency Annual Development Programme.
- Capital funding from the DH Extra Care Housing Fund.
- Contribution from District Council, City Council and County Council towards a development.
- Contribution from Housing Provider towards the cost of the development.
- Potential for intermediate sale, rent, part rent – part buy developments.

Revenue Funding:

Revenue funding for schemes could be made up from a range of sources, including:

- Rental and Housing Management charges (set within Homes and Communities Agency regulations).
- Adult Social Care funding to provide a 24/7 care team
- Supporting People funding for Housing Related Support Services, such as the floating support and Community Alarm provision.
- Health, or joint Health / Social Services funding for the provision of facilities as required.
- Potential for rental of multi-functional space to community organisations.

Joint-commissioning is needed to combine capital and revenue funding and ensure all potential opportunities are identified for the development of Extra Care schemes.

11.0 Re-Balancing the Accommodation System - Existing and proposed Extra Care housing in Lincolnshire

Our Aims and Key Objectives:

To ensure the effective delivery of this vision it must be underpinned by the availability of appropriate and sufficient general needs and affordable housing, together with support and repair solutions to enable people to remain safely in their own homes. Extra Care housing is not a single panacea; it is intended for the significant minority of older people whose physical (or mental) frailty means that they need additional support and care to maintain their independence.

Our key objectives are to:

- Work in partnership with the district councils, NHS Lincolnshire, our identified strategic partners and other key partners to:
- facilitate investment in Extra Care Housing;
- ensure the provision of sufficient high quality long-stay care homes for older people, including those with mental health needs;
- facilitate the provision of sufficient short-stay, intermediate care and residential/nursing rehabilitation resources to enable timely hospital discharge and avoid unnecessary hospital admissions;
- facilitate the provision of adequate capacity for short-term breaks (respite care);
- Make better use of existing sheltered housing and encourage the rationalisation of existing provision;
- Central to ensuring informed choice and making best use of all such facilities is the availability of high quality advice services to support older people in the decision-making process.

Working in partnership to achieve these objectives is essential; certain principles should govern the approach taken to the development of ECH in Lincolnshire:

- All ECH will be developed in partnership, by City and District Councils, partner Registered Social Landlords's/developers and the County Council - there is recognition that one agency cannot work alone;
- Commissioner and provider roles and expectations need to be clearly identified, defined and agreed at the outset of all new projects;
- Proposals for ECH should be considered and endorsed by the Extra Care Board;
- ECH will be developed in-line with jointly agreed strategic priorities;
- ECH services will be developed with a joint commitment to the provision of services which enable older people to remain at home for as long as possible, retaining privacy and independence;
- There is an acknowledgement that significant policy changes in one agency have an impact on other agencies;
- Commissioning will be based on an assessment of need in relation to health, housing and social care, within the local population;
- Good practice models of commissioning will be utilised from elsewhere in the country and abroad;
- A range of Registered Social Landlords and other potential providers will be identified to work in partnership and wherever appropriate potential providers will be involved from an early stage in the planning and design of services;

- Capital and revenue funding opportunities will be maximised;
- Wherever appropriate, pooling of resources will take place using appropriate mechanisms;
- Older people will be consulted and centrally involved in extra care housing developments; and
- Whenever a new build scheme is commissioned, a project manager and delivery team should be appointed.

Lincolnshire County Council and the City and District Councils' have a central role to play in developing the local markets to encourage a wider range of opportunities and to give older people choice. The Lincolnshire local authorities should use the opportunity of enhanced two-tier working to consult 70 -75 year olds on the ECH agenda. For example, there are a number of potential sites that could be developed over the next 15-20 years, but all the local authorities in the County and LCC itself will need to move quickly to influence the shape of Local Development Frameworks to ensure the ECH agenda is addressed within local planning policies.

Current Provision: (Lincolnshire Adult Social Care has a care contract in place)

Scheme name	Location	District Council	Housing Organisation	Flats/ Bungalows	Status
Elizabeth Court	Louth	East Lindsey	New Linx Housing	40	Operational
Reverend Bill Baker Court	Sutton-on-Sea	East Lindsey	Anchor Trust	36	Operational
Olsen Court	Lincoln	Lincoln City	Lace Housing	38	Operational
Eslaforde Gardens	Sleaford	North Kesteven	North Kesteven District Council	12	Operational
Worth Court	Bourne	South Kesteven	Lace Housing	34	Operational
Olsen Court (Phase 2)	Lincoln	Lincoln City	Lace Housing	9	Operational
Olsen Court (Phase 3)	Lincoln	Lincoln City	Lace Housing	21	Operational
Broadfield House	Boston	Boston Borough	Boston Mayflower & ASC	40	Commence September 2010
Springfield Park	Grantham	South Kesteven	LACE Housing	48	Commence July 2010

The county map in appendix A, shows the distribution of the older population by districts and the current provision of Extra Care housing schemes. Areas previously highlighted in the strategy as having significant increases in Older People are East Lindsey, West Lindsey South Kesteven and North Kesteven. It should be noted, that there is currently no extra care provision in West Lindsey or South Holland.

Lincolnshire Adult Social Care envisage the development of 3 or 4 large scale care villages and approximately 10 -12 other medium sized Extra Care housing schemes around market towns in Lincolnshire over the next 15 years.

Potential Areas/locations for schemes:

The information below demonstrates the preferred areas for schemes to be developed, including the evidence to support these. The Zones referred to have been identified by the Lincolnshire Research Observatory as the economic zones within the County.

**West Lindsey District Council:
(Particularly the Gainsborough Zone & Market Rasen Zone)**

Demographics	<p>Total older population (65+ years old) is 17,300 (2008) by 2025 this is projected to increase to 29,400. An increased change of 70%.</p> <p>85+ population is projected to rise by 104%</p> <p>(Mid-2007 experimental figures for Gainsborough Zone estimate OP pop. is 6,000 and Market Rasen zone estimate is 4,300)</p>
Health projection (all figures used are projected)	<p>Number of older people with dementia: 1,200 (2008) raising to 2,200 in 2025</p> <p>Number off older people with a Long Term Limiting Illness: 7,700 (2008) rising to 13,300 in 2025.</p> <p>In West Lindsey, rates for all cancers, stroke, diabetes and accidents are higher that national rates. Premature death rates are also significantly worse.²³</p>
Current Extra Care Housing	None
Residential Care	18 residential care homes that have a Adult Social Care contract
Sheltered Housing	496 units in the District
Estimated demand of units*	184 units. This can be made up of a care village and smaller schemes or a series of smaller 40/50/60 bed schemes

**South Kesteven District Council:
(Particularly the Grantham Zone – North)**

Demographics	<p>Grantham is classed as a growth town.</p> <p>Total older population (65+ years old) is 24,000 (2008) by 2025 this is projected to increase to 40,500. This is an increased change of 69%</p> <p>85+ population is projected to rise by 102%</p>
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²³ Lincolnshire Joint Strategic Needs Assessment Mar 2008

	(Mid-2007 experimental figures for Grantham Zone estimate OP pop. is 13,900)
Health projection (all figures used are a projected)	Number of older people with dementia: 1,700 (2008) – increasing to 3,200 (2025). Number off older people with a Long Term Limiting Illness: 10,200 (2008) increasing to 17,600 (2025)
Current Extra Care Housing	34 units in Bourne (48 unit scheme being built in Grantham town will be operational July 2010)
Residential Care	23 residential care homes that have a Adult Social Care contract
Sheltered Housing	1,356 units in the District
Estimated demand of units*	178 units. This can be made up of a care village and 2 smaller schemes or a series of 40/50/60 bed schemes

**East Lindsey District Council:
(Particularly in the Skegness, Horncastle and Mablethorpe Zones)**

Demographics	Total older population (65+ years old) is 34,200 (2008) by 2025 this is projected to increase to 56,200. An increase of 64%. 85+ population is projected to rise by 105% Skegness has a high percent of inward migration and the Mablethorpe zone has the highest percentage of older age dependency ²⁴ . ** (Mid-2007 experimental figures for the zones estimate OP pop. is Skegness 12,700, Mablethorpe 6,400 and Horncastle 7,500)
Health projection (all figures used are a projected)	Number of older people with dementia: 2,200(2008) increasing to 4,000 (2025) Number off older people with a Long Term Limiting Illness: 15,800 (2008) rising to 26,200 (2025). When compared Mablethorpe zone has the highest percentage of Long Term limiting Illness. Death rates for diabetes and accidents are higher than the national average and the percentage of healthy eating adults in significantly lower ²⁵ .
Current Extra Care Housing	76 in total. 36 units in Sutton on Sea and 40 in Louth Town centre.

²⁴ Drivers for Change 2009 Lincolnshire Research Observatory

²⁵ Lincolnshire JSNA (March 2008)

Residential Care	60 residential care homes that have a Adult Social Care contract
Sheltered Housing	1,028 units in the District
Estimated demand of units*	304 units. We anticipate this to comprise of one care village and 2 or 3 schemes.

**North Kesteven District Council:
(Particularly the Sleaford Zone)**

Demographics	Total older population (65+ years old) is 21,000 (2008) by 2025 this is projected to increase to 35,200. 68% increased change. 85+ population is projected to rise by 107% (Mid-2007 experimental figures for Sleaford Zone estimate OP pop. is 8,500)
Health projection (all figures used are a projected)	Number of older people with dementia: 1,400 (2008) increasing to 2,600 (2025) – there is an identified need for specialist dementia provision in the district. ²⁶ Number off older people with a Long Term Limiting Illness: 9,100 (2008) rising to 15,600 (2025)
Current Extra Care Housing	12 units is Sleaford town centre
Residential Care	24 residential care homes that have a Adult Social Care contract
Sheltered Housing	554 units in the District
Estimated demand of units*	449 units This again can be made up of a care village and 2 smaller schemes or a series of 40/50/60 bed schemes

**South Holland District Council:
(Particularly the Spalding/Holbeach Zone)**

Demographics	Total older population (65+ years old) is 19,000 (2008) by 2025 this is projected to increase to 28,900. An increase of 52%. 85+ population is projected to rise by 108% (Mid-2007 experimental figures for Spalding/Holbeach Zone estimate OP pop. is 20,400)
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²⁶ Peter Fletcher Associates Ltd – Older People’s Housing Needs Study (Apr 2009)

<p>Health projection (all figures used are a projected)</p>	<p>Number of older people with dementia: 1,300 (2008) increasing to 2,300 (2025). This rate is below Lincolnshire's prevalence rate but is still above the rate for England.</p> <p>Number off older people with a Long Term Limiting Illness: 8,100 (2008) raising to 12,500 (2025)</p> <p>The Active People survey stated identified South Holland was one of the least physically active districts nationally²⁷.</p>
<p>Current Extra Care Housing</p>	<p>None</p>
<p>Residential Care</p>	<p>27 residential care homes that have a Adult Social Care contract</p>
<p>Sheltered Housing</p>	<p>1,074 units in the District</p>
<p>Estimated demand of units*</p>	<p>99 we anticipate this will be made up of 2 40/50 bed schemes.</p>

* The estimated demand of extra care units are taken from Contact Consulting – Supporting People Programme Identifying need and setting priorities (Jun 2007) and they are based on the projected Older People population figures.

** Older age dependency – ration of those aged 65+ males and 60+ females compared to working age population.

²⁷ Lincolnshire JSNA (Mar 2008)

12.0 Action plan and targets:

Action	Task	Timescale	Responsibility
Secure Ownership of the Strategy with Key partners		October 2009	Extra Care Housing Strategic Board
Secure strategic partners		May 2009	Complete
Update communication plan to raise awareness of Extra Care Strategy and monitor outcomes	Using Putting People First template	On going since launch August 2009 updated plan	Alex Newton
Work with partners to identify potential resources available		Ongoing from launch	Extra Care Housing Strategic Board
Work with District Councils of the locations highlighted as areas of need	Priority areas to be outlined in the revised strategy	August 2009 the launch of updated and revised strategy	Sue Cragg and Alex Newton
Draw up a more detailed implementation plan for each new scheme as they emerge	Including the costing for hub and spoke care model	In place for the Boston Scheme	Project leads as identified by Extra Care Housing Strategic Board
Develop an Outcomes and Performance framework within specification for extra care		In place for Boston Scheme by October 2009	Extra Care Housing Strategic Board

housing schemes		will for the template for future schemes.	Board
Review Adult Social Care contracts with existing Extra Care Housing schemes to bring them into line with the new specification	2 existing schemes 2 existing schemes	Financial year 2010/11 Financial year 2011/12	Joint Heads of Service Commissioning & Contracting
Apply for funding	Identify sources and application round scheduling – HCA/DH/PFI etc	Ongoing	Strategic Partners
Completion of in-house care homes for older people review & recommendations to Council	Results/recommendations feed into future developments	October 2009	Head of Strategic Commissioning
Completion of day care for older people review & recommendations to Council	Results/recommendations feed into future developments	September 2009	Head of Strategic Commissioning
2 extra care housing schemes being developed	<ul style="list-style-type: none"> • Identification of site • Successful planning application • Start on site 	Financial year 2010/11	Head of Contracts & Market Development and Extra Care Housing Strategic Board

<p>2 extra care housing schemes being developed</p>	<ul style="list-style-type: none"> • Identification of site • Successful planning application • Start on site 	<p>Financial year 2011/12</p>	<p>Head of Contracts & Market Development and Extra Care Housing Strategic Board</p>
<p>First Care Village location identified</p>	<p>Work with strategic partners in identifying potential sites</p>	<p>End of financial year 2009/10 – March 2010.</p>	<p>Head of Contracts & Market Development and Extra Care Housing Strategic Board</p>
<p>First Care Village completed and operational</p>		<p>End of financial year 2011/12 – March 2012.</p>	<p>Head of Contracts & Market Development and Extra Care Housing Strategic Board</p>

13.0 Identifying Successful Outcomes

The focus should begin with the outcomes the partnership in the County wants to deliver and to recognise that it can realise them in a variety of ways. It should pursue an ECH Strategy that creates a local community hub whether that be through new build or a stand alone scheme; incorporation into a wider co-housing scheme; upgrading an existing sheltered housing scheme.

The county and its partners will need to work with its local communities on how they want to see this range of Older People Extra Care housing options developed in specific communities.

The approach outlined in this strategy aligns with the Government's White Paper, Our health, our care, our say; a new direction for community services, published in January 2006, which emphasises community planning frameworks to deliver the desired outcomes and fits well with the partnership approaches advocated in this report. The White Paper promotes more joined up approaches from all councils, including those without social care responsibilities, primary care trusts, voluntary sector, other providers, and police and fire services. Its main aim is to give more emphasis to wellbeing, prevention, citizen/user control, and more coordinated services including a range of support and housing options, and making use of assistive technology/Telecare.

Local and organisational priorities are indicated in Action Plan above and local strategies, some of which are already in place. Ongoing consultations with local people will identify or confirm local priorities.

The County Council will develop an outcome performance management system to help it deliver effective services. The Centre for Public Innovation's approach to Outcome Funding provides a helpful starting point for developing such a system, whilst the Housing Learning and Information Network has published a paper on the Evaluation of Extra Care Housing, which deals with measuring the softer outcome data such as customer satisfaction and other benefits.

Some Performance Measures:

The development of ECH services provides very significant help for social services to deliver on their performance measures such as:

- C26 - Admissions of supported residents aged 65+ to residential/nursing care will decrease
- C28 Intensive Home Care will increase
- C32 Older people helped to live at home will increase, and
- B11 Intensive home care will increase as a % of intensive home and residential care.

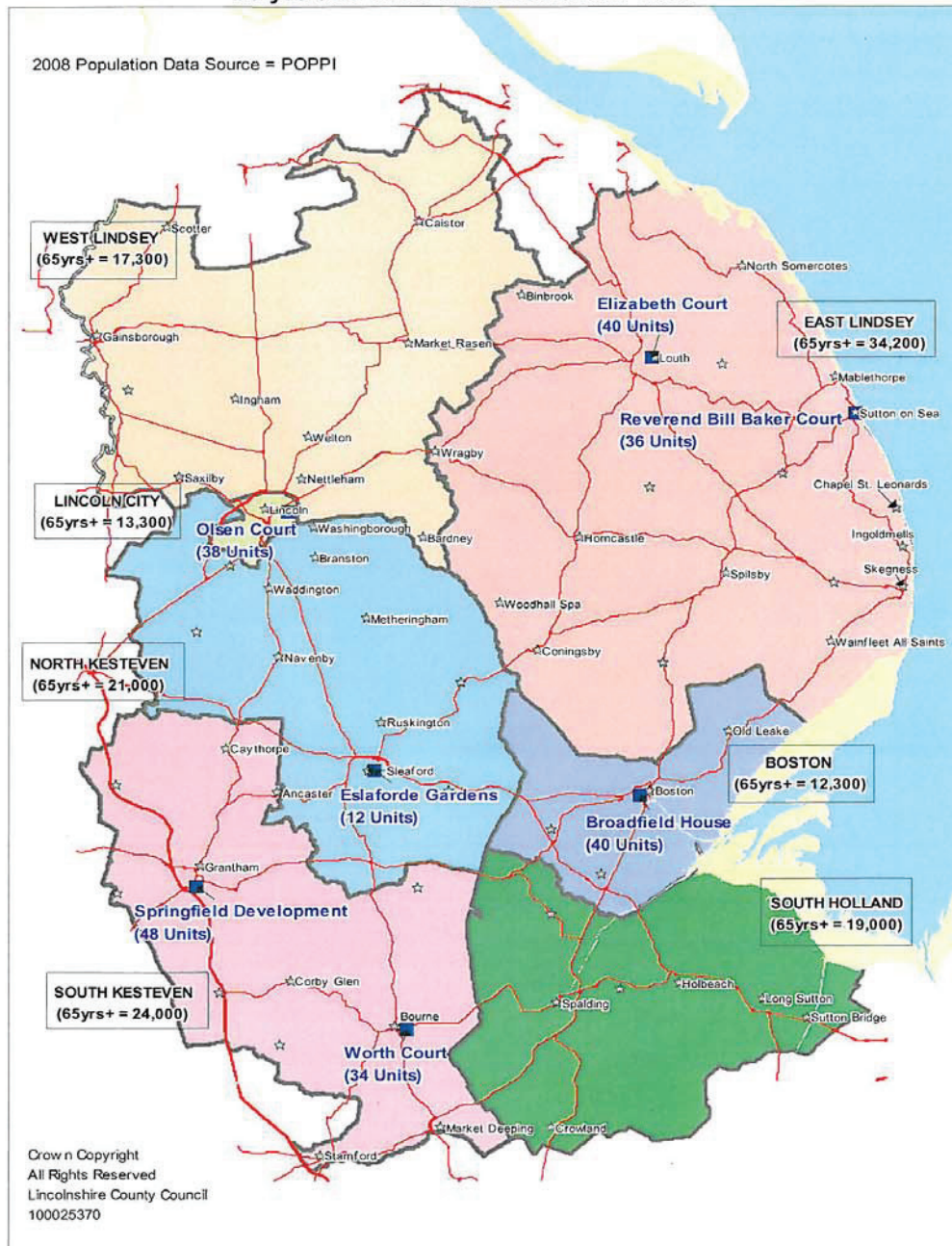
These will of course need to be supplemented by more locally determined measures. Taking into account how residents feel about their lives, their futures and their ability to stay in their home for life.

From the provider's perspective, the containment of care costs within an agreed annual budget, and at the same time accommodating frail and vulnerable people who might otherwise be placed in more expensive forms of care, will register as successful management of the Extra Care Housing scheme.

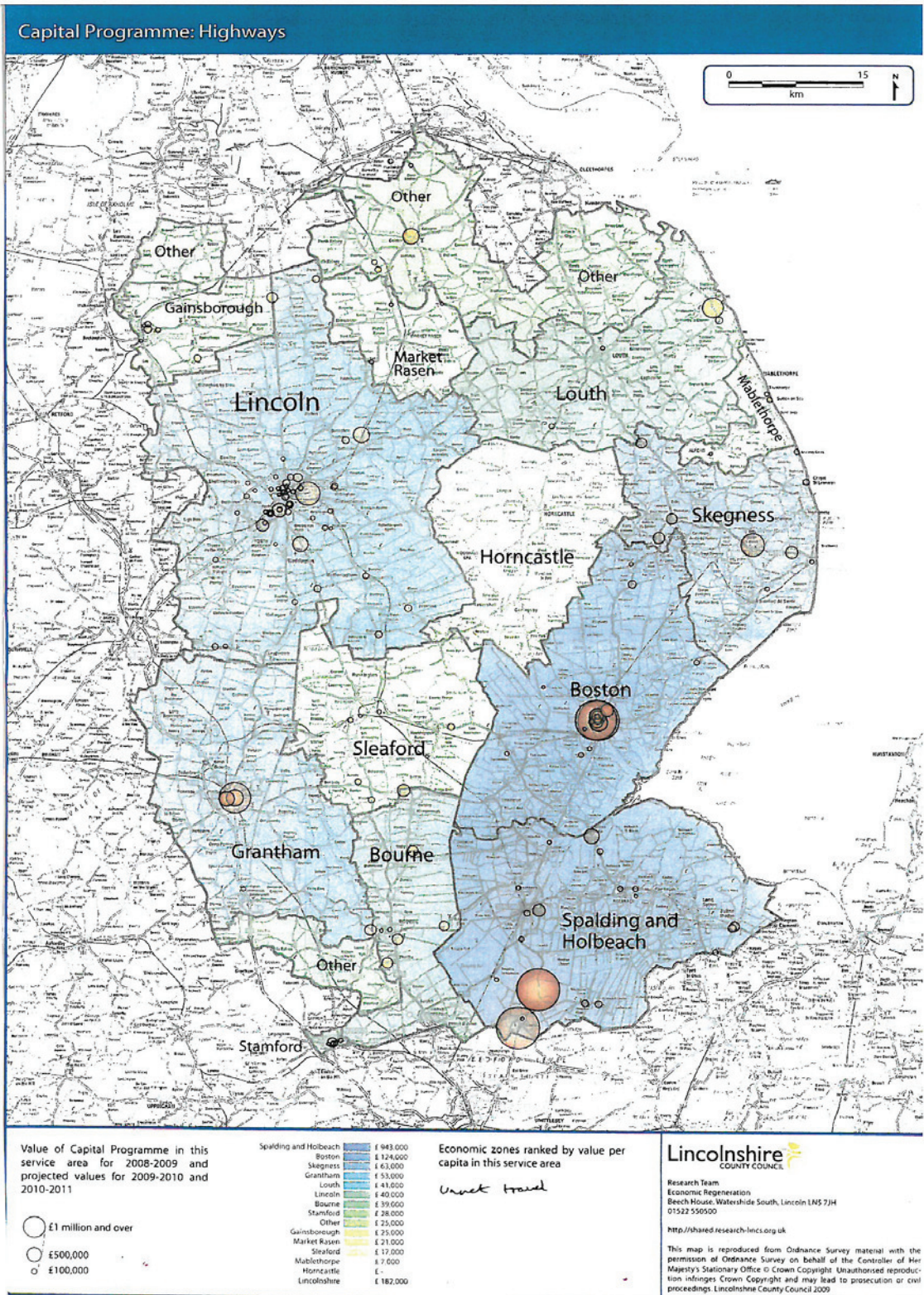
These changes in key performance criteria are critical if the County Council is to achieve a high 'star rating' and the important autonomy and funding streams that accompany such an outcome. The provision of ECH is therefore highly virtuous in shifting the balance away from 'institutional' and towards 'home based' indicators

Appendix A:
(Map produced April 2009)

**Distribution of Extra Care Housing and District Populations
65 yrs and Over as at December 2008**



Economic Zones:



Appendix B:

List of Stakeholders/Key Partners:

- Housing:
 1. Registered Social Landlords
 2. Private/Independent Developers
 3. Charities
 4. Supporting People Partnership

- District Authorities
 1. Lincoln City
 2. West Lindsey District Council
 3. East Lindsey District Council
 4. North Kesteven District Council
 5. South Kesteven District Council
 6. South Holland District Council
 7. Boston Borough Council

- NHS Lincolnshire (PCT and specialist provider Trusts)
 1. G.P's
 2. Occupational Therapists and Physiotherapists
 3. Speech and Language Therapists
 4. Pharmacists
 5. Lincolnshire Partnership Foundation Trust
 6. Mental Health Services

- Care Providers
 1. Adult Social Care
 2. Independent providers
 3. Nursing and Residential Care Home Providers

- Service users and carers

- Voluntary sector/Community groups

- Councillors
 1. County Council
 2. District Council
 3. Parish Council

This list is not exhaustive. The size and location of the scheme will affect different partners with varying levels of involvement.

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Housing LIN factsheet publications available from <http://www.dhcarenetworks.org.uk/>