

**A Framework for an
Oxfordshire
Extra Care Housing Strategy**

**for
Oxfordshire County Council**

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Executive Summary

Background

This Report establishes the principles and approach for establishing an Extra Care Housing Strategy for Oxfordshire. It is the product of work undertaken by Concept Management Solutions on behalf of Oxfordshire County Council's Social & Community Services Directorate. As part of the process of developing the Report, consultation has taken place with the District Councils and the City Councils, the Primary Care Trust and the major, local Registered Social Landlords. Detailed recommendations on specific developments and their financial implications will be covered in subsequent work. It also reports the support of the partner agencies and recommends how Oxfordshire County Council should take the work forward.

The Strategic Challenge

The Report seeks to develop a multi-agency strategy for responding to the demographic challenge of an increase in the proportion of older people in the County's population. This is a strategic challenge that will face all health, housing and care services organisations in the next twenty years. The emergence of Extra Care Housing as a key policy area is due to a number of factors. The key driver is demographic change but there are other policy agendas that are an integral part of the development of both Extra Care Housing and 'housing plus'. In turn, these are also part of the wider national agenda of developing modern, efficient and responsive public services.

These wider policy issues include citizen and customer choice, the need to develop sustainable communities, service delivery at a sub-District locality level, locality based consultation and the over-arching need for improved efficiency in public expenditure. Improved efficiency will mean improved outcomes within each budget delivery area. Overall public expenditure levels are going to be constrained in the period from 2008 onwards. Service delivery solutions will therefore have to be innovative and capable of achieving strategic 'step change' rather than incremental efficiency improvement. The successful implementation of an ECH Strategy in Oxfordshire will itself be a driver for strategic 'step change' in the delivery of services for older people.

What is Extra Care Housing?

Extra Care Housing describes a type of housing, care and support that falls somewhere between traditional sheltered housing and residential care (Appendix 3 compares the main features). Extra Care Housing can provide the best features of both these forms of provision.

There will be a number of ways to develop Extra Care Housing but the key features, which any scheme should meet, are the provision of:

- Accessible and specially designed housing with ‘smart’ technology that makes independent living possible for people with disabilities, including those with dementia;
- Opportunities to build a real community hub by providing additional community facilities;
- Culturally sensitive services delivered within a familiar locality;
- Flexible, 24 hour care delivery from an on-site care team, based on individual need that can increase or decrease according to circumstances;
- The opportunity to maintain or improve independent living skills; and
- A real community including mixed tenures and mixed abilities, which contribute to the wider community and benefits from other services (such as leisure, information technology, art and culture, etc.).

Flats or bungalows will be available to rent or purchase (either by outright purchase, shared ownership or shared equity), have one and two bedrooms, and be open to couples. Residents will pay their own rent (perhaps with the assistance of Housing Benefit or Local Housing Allowance) or the purchase price plus a service charge to the landlord. They will also be subject to Fairer Charging by Oxfordshire County Council if they are receiving support sourced by the County Council.

The dependency mix of residents will vary but most schemes aim for a balance of high, medium and some more active older people in order to avoid re-creating an institutional scheme. A ratio of 40:40: 20 is an emerging pattern for a suitable dependency mix. The average care need will be ten hours of personal care but this can be varied up or down and delivered by the provider as an 'envelope of care', at times which best suit each resident. Given an enabling and accessible environment, there is no reason why older people should need to keep moving home. With the support of appropriate services, Extra Care Housing can offer a home for life.

Policy Drivers and Reasons for Developing Extra Care Housing

There are a number of reasons why all the relevant agencies in the County should support an Extra Care Housing Strategy. The key ones are:

- Older People want to live in their own home - older people often go into residential care because there is no alternative;
- The demographic challenge is not just that there will be many more older people, but that more of them will need more care and support;
- There will also be proportionately fewer people of working age to care for older people and the economic impact on services will be severe;
- Ordinary housing is mostly ill-suited to enabling older people to cope with increasing frailty and mobility problems and is often socially

isolating - Conventional 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 also become increasingly unaffordable (particularly in rural areas);
- Domiciliary care does not meet the need for companionship and social interaction;
- It is a more efficient way of delivering services given the scarcity, in numbers and skills, of social and care workers;
- It is more cost effective for both older people themselves as well as central and local government;
- It will reduce the carbon footprint of services provided to older people;
- The majority of older people in the future will be asset rich with equity to release - so, there will be a large, untapped market of potential purchasers;
- Developing the Extra Care Housing market will release housing which is currently under-occupied and may, therefore be capable of making a contribution to the need to provide additional affordable homes for younger age groups;
- It gets away from the 'pocket money' culture in residential homes and enables older people to have more disposable income - they are then able to make a bigger contribution to local economies and so support the sustainable communities agenda including, perhaps, enabling support for a local shop (perhaps incorporated into or located in close proximity to an Extra Care Housing development);
- It offers genuine 'aging in place' and reduces the risk of entering a residential care home or hospital or can reduce the typical length of stay in hospital;
- Extra Care Housing enables couples to remain living together and avoids the risk of separation when a spouse needs 'extra care' and has to enter a care home, and
- Extra Care Housing developments that are integrated with the community and are not isolating older people from the community address most of the key aspirations of older people.

All the relevant agencies and organisations in Oxfordshire, not just the County Council, need an agreed vision but not a 'one size fits all' strategy. There needs to be an overall strategic vision but with agencies recognising that the vision will be delivered differently in different parts of the County. There are different demographic pressures, different population needs, health inequalities and different community expectations.

It will need different approaches in different local communities to take advantage of the opportunities which present themselves. There is increasing interest in locality based working through a 'hub and spoke' model to serve a defined population. This reflects the historical, economic and cultural importance of the market town with its transport links, as the centre for delivering joint health and social care services to rural communities.

It is important to understand that this is a strategy which will take 10 -15 years to bring anywhere close to fruition. Plans will mature and change over time.

The Local Context

One of the principles underpinning this Report is that an effective and successful Extra Care Housing Strategy can only be developed if it is anchored firmly within the context of the particularities of Oxfordshire which is a County consisting of market and small towns with large rural areas around them. The exception is Oxford City itself which, apart from being a university city of world renown, has developed into an urban area with the associated urban issues. It is therefore crucial that the Strategy is not developed with an ‘off the shelf’ approach. It must be developed from the specific context of Oxfordshire taking account of the issues and agendas of all the relevant stakeholders as well as, of course, Oxfordshire’s older people themselves.

Extra Care Housing is above all a housing solution for older people. The role of the District Housing Authorities (as well as the County Council, the Primary Care Trust and Registered Social Landlords) within the County is therefore critical for the successful implementation of an Extra Care Housing Strategy. The County-wide Extra Care Housing Strategy must be an integral part of the development of local Housing Strategies and sub-regional Housing strategies.

The Market for Extra Care Housing

The future Extra Care Housing market must be based on choice. A variety of research clearly indicates that older people want choice in considering their future housing options. However, a gap can develop between need and demand where people have insufficient resources to exercise choice through the market. This is where creative financing and scheme development options should be developed in order to encourage a wider range of opportunities and to give older people the choices they want.

Quantifying the Scale of Need and Demand

The County Council, with its partners, has a specific responsibility to quantify need. It also has a responsibility to facilitate the provision of services for the whole population of older people and not just those who will eventually rely on the services provided by the Council. This means also taking a view on the potential demand for Extra Care Housing as well as the need. An Extra Care Housing Strategy is a housing strategy to increase choice across all tenures. It should provide for both mixed tenure and mixed dependency schemes. The local authorities in the County cannot and should not meet all the needs.

The 65+ population in the County is projected to grow from around 96,000 in 2008 to 136,000 in 2025, an increase of more than 40%. There will also be an increasing proportion of very elderly people with the 85+ population growing by 62% over the same period.

Using the Oxford Brookes model the summary core projection for the number of Extra Care Housing units required by 2025 is:

- A need for 7,832 units.
- The number of units at social rents will account for between 24% to 37% of the above and totals 2,192 units for the County as a whole.
- This equates to a continuous development requirement of approximately 129 units per annum from 2009 onwards.

The targeting of new schemes should reflect both the opportunities to replace existing institutional care and also target those areas of highest growth projections for the over 85's, as illustrated in the Director of Public Health's Annual Report for 2007 (OPCT, 2007, p 8).

Chapter 4 illustrates the range of ECH provision that might be delivered within Oxfordshire. The projected figures need to be kept under review given the imminent publication of "A National Housing Strategy for an Ageing Society". This policy guidance is expected to include a new toolkit to help commissioners to identify the whole population demand for Extra Care Housing and Enhanced Sheltered Housing as an alternative to traditional Sheltered Housing, which is seen as increasingly less able to provide for the long term support needs of the frail elderly.

Financial Model - Typical Development Costs

This Strategy advocates against a 'one size fits all approach' and suggests various scheme sizes according to the needs of urban, market town and rural communities. Clearly, larger schemes have economies of scale so as an example only a typical 60 flat scheme will require a 1½ acre site and have a footprint of 3000 square metres for the flats with a 20% addition for the communal facilities. The total scheme costs for a 60 unit scheme with 50% two bed flats are expected to be £6.5m (at today's prices) excluding land.

Funding the capital costs, assuming 60% of flats are for sale under shared ownership at a maximum of 75% equity with the balance being social rented properties at affordable housing rents, will leave a shortfall of £2.3 m in capital. The majority of the figure required to fund the residual capital consists of the value of the land. Appendix 4 provides further detail on typical development costs for a 60 flat model and other variations of schemes by number of units, proportion of two bed units and level of communal facilities.

There will be significant projected revenue savings from switching to Extra Care Housing from Residential Care. Assuming a worst case scenario of all residents being on Housing Benefit and eligible for free Home Support services, then the savings will be in the order of £200 per person per week. A full-year revenue saving of some £104k per annum would be achievable for every 10 units of ECH created to divert older people away from residential care and it is estimated that this could support capital expenditure of £1.50m to subsidise subsequent capital developments.

Need for a Multi-dimensional Strategy

This Report makes the case for a mixed development strategy given the difficult issues of Supported Housing Grant and the availability of land. There are at least five possible strands to developing a portfolio of Extra Care Housing schemes:

- Remodel or replace residential care homes (including rebuilding on site if this is feasible);
- Remodel or replace traditional sheltered housing schemes (including rebuilding on site if feasible);
- Remodel, reconfigure or replace community hospital services (including rebuilding on site if feasible);
- New build on a new site secured by disposal of a partner's redundant building, or surplus land, or through planning gain for affordable housing development; and
- Private sector development on a private sector site.

This Report highlights the need for a wider range of schemes than just stand-alone developments of specific older people's housing. Nevertheless, all the relevant agencies in the County need to get started even whilst the broader vision is being developed.

The initial reaction from officers at the City, District Councils and the Primary Care Trust is that this multi-themed approach makes complete sense. All the relevant agencies in the County need to work quickly on the development of a Strategy and need to 'catch up'. The County Council also needs to work hard on addressing the land availability question through its asset management strategy, planning gain mechanisms and the use of nomination rights.

Next Steps

In order to ensure the ongoing and effective development of extra care housing, it is proposed that the steps outlined below take place with involvement by the County Council, the Primary Care Trust, the City Council and District Councils, and, where appropriate, registered social landlords (RSLs) and the voluntary sector. It is imperative that this Strategy is linked effectively to other key strategies and developments in older people's services. It would be sensible to ask the new Health and Wellbeing Partnership Board to secure the widest possible ownership for the Strategy. The following actions could then be pursued through the Board:

- Setting up an Extra Care Strategic Steering Group at County level to drive the Strategy forward;
- Improving communication between agencies in respect of forward planning and service development activities;

- Delivering a communication strategy to keep all stakeholders up-to-date with the development and implementation of the Strategy;
- Briefing service users, front-line staff, other key partners such as GP's, Elected Members and Board Members;
- Building the Extra Care Housing Strategy into Agency and Regional strategies and delivery plans;
- Briefing District Planners and influencing Local Development Frameworks;
- Developing a service specification for Extra Care Housing;
- Doing the joint work on allocation policies and eligibility criteria;
- Establishing a selection process to identify development partners to provide Extra Care Housing schemes and to encourage them to come forward with proposals;
- Establishing Locality Project Groups to oversee the implementation of specific schemes once they are in the programme and to co-ordinate the agency work in briefing staff and managing the opening of schemes;
- Agreeing performance targets with the Local Strategic Partnerships, Practitioner Based Commissioning Consortia, Local Area Agreement Executive Groups;
- Establishing a system for measuring the performance and determining the effectiveness of the Extra Care Housing Strategy in delivering strategic objectives; and
- Taking this forward will require talking to and listening to older people - Oxfordshire County Council does have a well developed Older People Forum with links back to local groups.

In addition, Oxfordshire needs a Communication Strategy to describe its vision to the 630,000 people of the County, to Elected Members and to developers. It should hold a conference to inform and consult people about the model and about how Oxfordshire will go about delivering the desired outcomes.

The Oxfordshire Housing Market Assessment has stressed the need for District Housing Authorities to pay more attention to planning for older people. The subsequent stages of developing an Extra Care Housing Strategy should involve consulting a wide range of communities to identify the specific opportunities that will need to be built into a programme. This consultation work will include working closely with planning officers.

Implications for Oxfordshire County Council

Developing Extra Care Housing is an important strand to delivering the County Council's strategic shift away from residential care. It will increase the choices available to older people, including owner-occupiers who wish to retain an equity stake in their accommodation. It is consistent with the drive for greater value for money and, by enabling older people to have more disposable income; it will have an impact on local economies and in making local communities more sustainable.

Conclusions and Recommendations

Oxfordshire County Council should:

- Develop an Extra Care Housing Strategy for older people to deliver a broad range of affordable housing options and community facilities;
- Replace a significant amount of residential care with Extra Care Housing on a phased basis;
- Develop medium and long-term capital and revenue plans; and
- Develop the wider private market through the use of planning powers.

Public-sector bodies in Oxfordshire, including the County Council, will need to heavily discount or gift free land in all cases unless there is a willingness to develop schemes on the basis of an 80% for sale target. The funding appraisal makes it clear that new developments will need either a substantial level of other public subsidy from the partners or 60% shared ownership/for sale target in all cases where no Social Housing Grant is forthcoming.

The District and City Councils 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 Extra Care Housing with a reasonable balance between ownership, mixed equity and social rent. The availability of Social Housing Grant is likely to be limited. Developing a mixed tenure approach will be necessary if Extra Care Housing schemes are to provide affordable housing to both former social housing tenants as well as to owner occupiers on low incomes with limited capital resources, such as older people living in Right to buy properties.

Extra Care Housing is a housing issue as well as a social and personal care issue and the partnership arrangements put in place to oversee the development and implementation of the strategy will be crucial. The District and Housing sub-regional plans will have to include the local response to the ECH Strategy. Extra Care Housing should be built into the County Council Financial Plans.

The Partnership of Social and Community Services, Borough and District Housing Departments, Cabinets and Primary Care Trust Board should agree and adopt the following:

- The Extra Care Housing Strategy for Older People in Oxfordshire;
- Consultations with older people and key stakeholders on the best means of implementing the Extra Care Housing Strategy for Older People;
- The Development Plan and the proposed next steps.

A Partnership Board should have overall responsibility for ensuring that the Extra Care Housing Strategy is put in place effectively. Progress on the implementation of the Strategy should be reviewed by the Local Area Agreement Group or by the Health and Wellbeing Partnership Board on an annual basis from January 2008 onwards.

Chapter 1 Introduction

This Chapter:

- Gives the background to this Report and to the development of an Extra Care Housing Strategy for Oxfordshire,
- Discusses the nature of Extra Care Housing,
- Explains the need for a vision of Extra Care Housing and lists the objectives and outcomes that might flow from such a vision,
- Discusses the key elements of an Extra Care Housing Strategy,
- Looks at a mixed model of Extra Care Housing, and
- Provides an outline for developing an Extra Care Housing Strategy.

Background

- 1.1 This Report establishes the principles and approach for establishing an Extra Care Housing (ECH) Strategy for Oxfordshire. The Strategy has been developed with the assistance of management consultants who specialise in housing and care services. As part of the preparation of this Report, they have consulted with the District Councils and the City Council, the PCT and the major local Registered Social Landlords.
- 1.2 The Report recognises the demographic changes ahead and, in particular, the increase in the 'very elderly' and the implications for housing, health and care services for this population group within the County. The Report also describes the main policy themes and drivers, both locally and nationally, that will shape and guide the Strategy and its implementation.
- 1.3 In line with Government policy and the wishes of the majority of older people, Oxfordshire County Council is steadily increasing support to assist older people to continue to live independently in their own homes. The shift in the pattern of services is clear in the table below:

Older People's Services - Performance and Targets			
	2005/6	2006/7	2007/8 (target)
Intensive Home Care (per 1,000 65+ population)	10.5	10.6	11.5
Admission to Residential Care (per 10,000 65+ population)	69	61	61
Older People Helped to Live at Home (per 1,000 65+ population)	63	80	81

Source: Oxfordshire CC Social & Community Services

- 1.4 An ECH Strategy will contribute to the County Council's objective of supporting older people to maintain their health and independence. This will be achieved by promoting and supporting various models of new or re-modelled sheltered housing provision which will offer care, support and well-being services. These models may also include care villages or different sized ECH schemes serving both urban and rural communities within the County.
- 1.5 Such a Strategy will need to ensure that there is more choice for older people in how care and housing needs can be met and it will promote stronger, safer and more sustainable communities. The Report also examines best practice from other local authorities that have developed such strategies. These best practice examples illustrate a variety of models for enabling more older people to live as independently as possible within their own homes.
- 1.6 An ECH Strategy will also highlight potential revenue savings for the Council if the Programme can be supported by various planning, land use and capital initiatives. The Report concludes by suggesting the potential scale and scope of the Strategy, ways in which the Strategy can be taken forward, and a provisional timescale.

What is Extra Care Housing?

- 1.7 The key features of ECH are:
- It is first and foremost housing - it should not look or feel like an institution;
 - The management of care and support should take place close to the service user to achieve real flexibility, normally involving an on-site care team;
 - Staff providing the support and care need to learn new skills if they are to promote independence and encourage active citizenship;
- and

- Assessment and allocation of housing in ECH is a joint function which needs to facilitate scheme objectives, such as achieving a balanced community, with a positive approach to physical and mental health.
- 1.8 ECH describes a type of housing, care and support that falls somewhere between traditional sheltered housing and residential care (Appendix 1 compares the main features). It can provide the best features of both. There will be a number of ways to develop ECH but the key features, which any scheme should meet, are the provision of:
- Accessible specially designed housing with ‘smart’ technology that makes independent living possible for people with disabilities (including dementia);
 - Opportunities to build a community hub by providing additional community facilities;
 - Culturally sensitive services delivered within a familiar locality;
 - Flexible care delivery based on individual need that can increase or decrease according to circumstances and which normally involves an on-site care team offering 24/7 care;
 - Opportunities to maintain or improve independent living skills; and
 - A real community, including mixed tenures and mixed abilities, which contributes to the wider community and benefits from the provision of other services including leisure, information technology, art and culture.
- 1.9 Flats will be available to rent or purchase and be one and two bed (open to couples). Residents will pay their own rent (perhaps supported by Housing Benefit or Local Housing Allowance) or the purchase price (plus a service charge to the scheme managers). They will also be subject to Fairer Charging by Oxfordshire County Council if they are receiving support sourced by the Council.
- 1.10 ECH can provide short term services such as respite care and intermediate care. It can also meet the needs of many people in the early stages of dementia. This is critical as 33% of the 85+ population will develop this condition. The dependency mix of residents varies but most schemes aim for a balance of high, medium and some more active older people in order to avoid re-creating an institutional scheme. 40:40:20 is an emerging optimum pattern of dependency mix.
- 1.11 The average care need will be ten hours personal care. However, this can be varied up or down and delivered by the provider as an 'envelope of care' at times which best suit each resident. Given an enabling and accessible environment, there is no reason why older people should need to keep moving home. With the support of health and social services ECH can offer a home for life.

1.12 ECH varies considerably in design and service delivery. It is now generally agreed that good ECH is as much to do with its philosophy, as it is to do with bricks and mortar. The defining elements of ECH include:

- Living at home, not in a home,
- Having one's own front door,
- The provision of culturally sensitive services delivered within a familiar locality,
- Flexible care delivery based on individual need that can increase or decrease according to circumstances,
- The opportunity to maintain or improve independent living skills,
- The provision of accessible buildings with smart technology that makes independent living possible for people with physical or cognitive disabilities including dementia, and
- Building a community including mixed tenures and mixed abilities, which contributes to the wider community and benefits from other services?

1.13 There is no one model of ECH but there is a general set of key elements:

- It is a *housing* scheme to provide a home for life,
- People live at home - not in a home,
- They have their own front doors,
- All schemes have an on-site care team providing 24/7 care delivered according to a Care Plan,
- Flexible care based on individual needs,
- Schemes designed to high accessibility, space and equipment standards,
- Built-in broadband, tele-care and tele-health systems,
- A central lounge and restaurant providing a fresh midday meal (if residents want it),
- Assisted bathrooms in addition to facilities in residents' own flats,
- An opportunity to rebuild or maintain independent living skills, and
- A real community with active links to the wider community.

1.14 The key features are:

- Older people have security of tenure (a protocol for moving to more suitable accommodation needs to be in place if necessary),
- Accommodation fit for a variety of disability and dependency levels,
- Provision of special equipment and facilities e.g. community alarm system (24 hours),
- Provision of communal facilities which:
 - enhance social contact within the scheme (e.g. communal dining-room, lounges, laundry)

- afford the opportunity for the wider community (as appropriate) to use some of the facilities; this is more easily achievable in new build schemes than conversion schemes,
- Self-contained units incorporating bathroom and kitchen, with their own front doors,
- Providing the privacy and dignity desired by older people,
- Personal care (specialised and immediate access to equipment facilities),
- Availability of planned and emergency support and care throughout a 24 hour period (on site or very close to the site provision is essential),
- Availability of a flexible support/care/housing management contract designed to meet a wide range of needs, and
- Non-registered provision (in line with recent Department of Health Guidance on Regulation for Supported Housing and Care Homes, August 2002).

The Need for a Vision

- 1.15 All the relevant agencies in Oxfordshire need to find a way to meet the long-term needs of the rising number of older people in the future. This will require the County Council to work in partnership with other statutory agencies if it is to achieve its aims in reconfiguring local services for the older population. The overall aims should be to promote independent living at home, reduce the reliance on institutional forms of care, and promote forms of intensive home care. It follows that all the stakeholders across the County, not just the County Council, need an agreed vision and strategy. Such a vision and strategy will take 10 -15 years to bring to fruition and, of course, allowance must be made for plans to mature and change over time.
- 1.16 One of the cornerstones of the Strategy must be an approach that seeks to establish a balanced community within schemes, where dependency levels are mixed and not everyone requires a level of care commensurate with residential care. Given an enabling and accessible environment, there is no reason why older people should have to keep moving home. With the support of health and social services ECH can offer a home for life, even to the extent that in some parts of the Country, notably North Yorkshire, residential care is being phased out altogether.

A Vision for Extra Care Housing

- 1.17 The *vision* for the ECH Strategy is that extra care housing becomes a real housing option across all parts of Oxfordshire. It must contribute to older people's ability to live independently, in a home of their choice for as long as they want.

- 1.18 Such a vision of ECH for Oxfordshire will help all the agencies involved in the delivery of an ECH Strategy to agree what needs to be achieved. The objectives and outcomes might include:
- Putting older people at the centre of the service planning system;
 - Developing a commitment to quality services in supporting independence;
 - Developing high quality buildings that are suitable for frailer older people and integrated as far as possible into the wider community;
 - Offering a range of facilities that are valued by older people and contribute to an active, healthy and interesting life;
 - Facilitating a range of leisure activities;
 - Developing ways of working which support a healthy and active process of ageing in the individual's own home;
 - Offering applicants a range of options in terms of how they acquire their property and possibly also a range of options in how they fund care;
 - Being able to operate a flexible care and support service that matches individual needs and that is able to change on a day-to-day basis; and
 - Introducing a quality assurance system that reinforces the needs of residents as customers.

The Key Elements of an Extra Care Housing Strategy

- 1.19 ECH meets a number of key policy agendas. Primarily, it helps to promote the health and independence of older people in their own homes. This is one of the key requirements older people want in the provision of services for the future. It provides more choice for older people whether they are looking to rent or purchase specialist accommodation.
- 1.20 It also helps achieve improved key performance indicators. Examples include reducing the number of care home placements, and increasing the total number of older people supported in their own homes. It will also deliver better value for money. 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. It can also be argued that it will reduce the 'carbon footprint' for the provision of services for older people.
- 1.21 One of the key conclusions of this Report is that there cannot be a single 'one size fits all' model for the provision of services for older people. Apart from the City, Oxfordshire is a group of market towns, smaller towns and rural areas. Models of service provision must therefore fit local circumstances and local needs. As well as being driven by the needs and market preferences of older people it must take into account the governance and service delivery structures across

the County represented by a variety of agencies. This includes the two-tier local government structure and the need to fit into the agenda for improved working and co-operation between the two tiers.

- 1.22 ECH schemes will provide for mixed tenures and serve older people with different types of care needs. They will provide added value by incorporating a number of recreational, health and well-being services, ideally involving the local community, including all age groups. Larger models of 'extra care' provision could include the development of care villages, whilst smaller schemes can be designed to serve rural communities.
- 1.23 The issue of need is discussed in detail in Chapter 4. The scale of need has been quantified on a local basis and, whilst this will be subject to further analysis and consultation, a minimum estimate of 2,192 ECH units (that require some element of public sector funding) is shown as the requirement between 2008 and 2025. This will include the replacement of two thirds of current residential care home placements funded by the County Council. In addition to the development of ECH it will still be necessary to develop separate specialist registered nursing or residential home care for older people. This extra capacity will be required to ensure that the increasing needs for dementia care and other forms of specialised care can be met.

The Need for an Evolving Mixed Model of Extra Care Housing

- 1.24 The focus should begin with the outcomes that all the relevant agencies in the County want to deliver and to recognise that they can be realised in a variety of ways. It will be important for all the agencies to support an ECH Strategy that creates a local community hub, whether that be through new build of a standalone scheme, incorporation into a wider co-housing scheme, or the up-grading of an existing sheltered housing scheme. The core model needs to be developed through a variety of options including dispersed rural schemes. It will be important to work with local communities on how they want to see the range of ECH options developed in their particular location.
- 1.25 Oxfordshire County Council and the City and District Councils' have a crucial role in developing the market in order to encourage a wider range of opportunities and to give older people choice. The Oxfordshire local authorities should use the opportunity of enhanced two-tier working to consult the 70 -75 year olds on the ECH agenda encompassing a range of solutions. For example, there are a number of strategic sites to be developed over the next 15-20 years but all the local authorities in the County must move quickly to influence the shape of Local Development Frameworks to ensure the ECH agenda is addressed within local planning policies.

- 1.26 It is important, for example, that the County Council works on the basis of trying to reserve specific land sites in its ownership for ECH scheme development. In this context, it is much more important to obtain land from planning gain and not just money (in the form of commuted sums) as the County Council can then plan more effectively and deliver schemes with land available. The County Council should prepare statements and technical briefs for inclusion in the Local Development Frameworks setting out the needs for ECH and the types of development required.
- 1.27 Market research into local needs and cultural expectations is an important pre-requisite to developing and implementing an ECH Strategy as is a housing market assessment. In addition, before building a specific scheme, an advanced marketing campaign and sales strategy is needed as well as community engagement in developing the detailed brief and operational arrangements for the community facilities.

Developing the Strategy

- 1.28 The Strategy sets out to analyse the need for ECH and how it might be provided across the County. However, it is simply one element of a new over-arching strategy for older people's services in the County. It aims to promote discussion of an approach which will be developed and refined over time. It draws on:
- An analysis of National and local statistics,
 - Existing District/City housing strategies,
 - Interviews and discussions with a wide range of stakeholders; City and District Local Housing Authorities, the Oxfordshire Primary Care Trust,
 - A stakeholder workshop attended by twenty people who have an interest in older people's services and issues in the County, and
 - Experience of ECH elsewhere in the UK, studies of Extra Care, National policy and guidance.
- 1.29 At present ECH is not tightly defined or regulated in the same way as residential care or sheltered housing and other forms of provision. It is still a dynamic, flexible and evolving concept.

Conclusions

- Oxfordshire (and most of England) faces significant demographic change with an increase in the proportion of the population classed as 'very elderly'.
- There are major implications in this change for the provision of housing, health and care services for this age group.
- Government policy together with the expressed wishes of older people will mean steadily increasing support to assist older people to continue to live independently.
- A specific Extra Care Housing Strategy will contribute to the County Council's objective of supporting older people to maintain their health and independence.
- It will promote choice for older people in respect of housing, health and care services.
- It is important to have a clear vision for Extra Care Housing whilst recognising that it is a dynamic and evolving area of public policy.
- There are a number of Extra Care Housing models and it is important to choose those models that fit local circumstances taking account of Oxfordshire's particular characteristics.
- Extra Care Housing schemes should be mixed tenure and not just cater for those who have traditionally had access to social housing.
- Local planning policies and Local Development Frameworks will have a decisive influence on the success of an Extra Care Housing Strategy.
- An Extra Care Housing Strategy needs to fit into wider strategies for older people and with all the relevant strategies for the delivery of public policy and public services within the County.

Chapter 2 The Strategic Framework

This Chapter:

- Describes and discusses the main policy drivers and the rationale for developing Extra Care Housing,
- Looks at the National policy framework,
- Focuses on older people as citizens who should have full rights and choices,
- Discusses the changing aspirations and demands of older people,
- Examines self-care management of long-term conditions,
- Explores the mixed community model of Extra Care Housing,
- Highlights the need for cross-tenure provision, and
- Makes a strong case for the provision of Extra Care Housing.

Extra Care Housing - Strategy and Policy

- 2.1 Chapter 1 has highlighted the dynamic nature of ECH as both a part of wider public policy and as part of the future for the delivery of services for older people.
- 2.2 Looking at the National position, there are a number of policies shaping the nature of services for older people and people with learning disabilities, including:
 - National Health Service and Community Care Act (1990)
 - Royal Commission into Long Term Care (1999)
 - National Service Framework for Older People (2000).
 - Valuing People Department of Health (2001)
 - Office of the Deputy Prime Minister and Department of Health Quality and Choice for Older People's Housing (2001)
 - National Health Service Improvement Plan (2004)
 - White Paper: Our Health, Our Care Our Say (2006)
- 2.3 Social and health care policy for older people has moved away from a problem-based dependency culture towards an enabling culture. The new approach promotes independence, where support and care is provided at home or close to home, as opposed to institutional or residential based care. Recent Government policy including Better Government for Older People and the White Paper emphasise the

involvement of older people in service developments and the elimination of age discrimination.

- 2.4 The Government's *Strategic Framework for Housing for Older People* promotes interdependence between housing, social care and health in delivering services for an increasingly ageing population. *Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing* (Housing 21, 2000) presents findings from a research study on ECH within the framework of re-thinking patterns of services for older people.
- 2.5 This Report focuses on older people as citizens. The importance of partnership working and an integrated approach to strategy and service development, which cross traditional agency and departmental lines, is emphasised. A service delivery model which places ECH as an enabling service is proposed and developed. The model plots the interface between risk and intervention whilst indicating services which are enabling. Residential and some community based services have been mapped onto this framework. This indicates that ECH fits into the new enabling approach and promotes independence. In contrast, residential care is seen as promoting dependency whilst some sheltered housing may not offer sufficient support.
- 2.6 In addition, earlier this year the Audit Commission published a series of five reports that explored the nature of change required from public services in relation to the independence and well-being of older people. A key question is where does Oxfordshire stand in relation to the reliance on residential care home provision in comparison with elsewhere? This factor might imply a decreased reliance on more institutional forms of provision, to the extent that ECH can replace some residential care and offer a different choice with greater emphasis on independence.
- 2.7 There is also greater emphasis on whole systems strategies, which place housing and support services for older people within a broader based health and social care context. These strategies emphasise new and more focused interventions, jointly with partners. The emphasis, from a housing and social care perspective, will mean a shift away from a buildings focus to a people-centred service. A new maxim is that 'the right services should be delivered to the right people in the right place'. The key question to ask is: "Why should we isolate older people away in a building on the edge of town?"
- 2.8 Generally, older people want their own front door to their community as well as companionship and safety. It is important that people can be assisted to stay in a property that can help them maintain their independence through social interaction. One solution is to consider the courtyard form of design for the future as this will foster more awareness and interaction between neighbours.

- 2.9 ECH is seen as an important option for meeting the needs of older people if it is developed as part of a mixed community. The design, location and additional facilities are all seen as critical to creating a vibrant scheme. Future development of strategic sites may provide the opportunity to provide a scheme in the District Centre grouped together with other community facilities. These facilities will, in turn, help to bring in other day services.
- 2.10 It would be a mistake to see the ECH Strategy as requiring all future provision to be new-build, as the best of the existing sheltered housing schemes enjoy high levels of demand. An element of the Strategy should, therefore, be about developing on the best schemes to transform them to be able to cope with future needs and expectations for the next 30 to 60 years.
- 2.11 The Oxfordshire Housing Market Assessment has stressed the need for District Housing Authorities to pay more attention to planning for older people. This will include the question of how local planning policies can be used to influence purely private sector developments. In addition, there is a need to create an additional type of market by using the influence and substance of planning powers to encourage 'third sector' developments by RSLs or other not-for-profit organisations. This approach will ensure diversity and choice.
- 2.12 'Virtual' extra care services can also be created by extending the range of common and integrated home support services available backed up by tele-care. This will depend on the suitability of each property, as stairs and lack of level access to facilities for people with increasing mobility problems is a key pressure in delivering this type of service. A 'virtual care village' pilot can be considered in order to investigate an approach to the mainstream implementation of tele-care technology for people living in their own home. This model would involve an approach that enables ECH to be integrated with community based homecare services. This would require the development of a homecare zone in order to deliver responsive care services to people living in their own home, or in an ECH scheme. It is important to develop a clear understanding of the practicalities, costs and benefits of implementing mainstream tele-care.

The Changing Aspirations and Demands of Older People

- 2.13 The demands and aspirations of older people are increasing and changing rapidly. Some of the key issues are:
- Older people are more economically active, and if they are paying for services, they want high quality, flexible services and greater choice;
 - Older people who are owner occupiers (there is a very high percentage in Oxfordshire) are often reluctant to move into rented

- sheltered accommodation or residential care, because they do not want to erode their capital in paying for somewhere to live;
- The need for older people to maintain independence and control, at home, despite frailty, are important;
- Residential care is often the last option considered;
- There is an emphasis on citizenship and on the need to cater for individual need and preference;
- Most older people do not want to move and many older people will only consider a move within a very small geographical area and there is often a strong preference to remain in the locality close to familiar transport, support and care networks;
- Older people are moving into sheltered housing later in life, often in their late seventies, (not their mid-sixties as occurred twenty years ago), dependency levels may be higher at the point of moving;
- A physical environment which incorporates high standards for personal space and privacy and security is increasingly important; and
- Older people clearly support the aim to add life to years, not years to life as expressed in the trend towards the ‘compression of morbidity’; meaning that the number of years in old age when illness or disability is dominant are reduced -.

2.14 Consumer research has consistently highlighted that older people see the need for services to maintain ordinary living, as far as possible, in their own homes. Some of the key issues from this consumer research are:

- Choice about housing and services and how these are delivered,
- Access to responsive, flexible services,
- A safe, secure environment, and
- Help in developing and maintaining social activities and informal support networks.

2.15 The key areas in which people appreciate choice and control have been shown to be:

- No set times for getting up and going to bed,
- When to have meals,
- What to have to eat on any given day,
- What to buy for the preparation of meals and snacks,
- Whether to stay in the flat or join in with others,
- The feeling of independence which comes from your own tenancy or property, furniture and possessions, and
- Being able to close the front door and be on your own.

This latter point is particularly critical for older people with dementia as being “encouraged” to sit in a communal lounge is actually very disorienting and stressful if you are losing a sense of time, people and place.

Links to Oxfordshire Primary Care Trust's Strategy

- 2.16 The self-care management of long-term conditions closely mirrors the philosophy of ECH. So, for example, new ECH schemes should enable the District Nursing service to monitor a number of people's conditions at a distance if the appropriate technology is in place to upload monitoring information in relation to blood pressure, blood test sample results, etc. The District Nurse can then pick up any worrying trends and early signs of failure in order to manage the condition. This will help to reduce medical crises and unnecessary hospital admissions.

Target Client Group

- 2.17 There is a broad spectrum of vulnerable older people whose dependency levels and needs can be met through an integrated, flexible support and care package. The allocation of socially rented ECH will always be via a multi-agency allocations panel, using agreed eligibility criteria. These would include:
- Physically dependent people whose needs could be met in 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.

Intermediate Care and Extra Care Housing

- 2.18 The initial development of intermediate care in Oxfordshire has focused on residential based options. However, there is an increasing emphasis on community based settings for intermediate care. ECH and sheltered housing have considerable potential for incorporating intermediate care units into their provision. In particular, access to 24 hour care, which is intrinsic to ECH, lends itself to the development of intermediate care within such schemes.

The Mixed Community Model of Extra Care Housing

- 2.19 The mixed community model is promoted as the preferred model by the Department of Health, and is commonly used by providers of ECH

around the Country. The Department of Health describes this approach as “creating real communities, including mixed abilities, which contributes to the wider community and benefits from other services” (DH April 2005).

2.20 A mixed community can be achieved in two ways:

- If all tenancies within a scheme are used as Extra Care then consideration must be given during the allocation of tenancies to the maintenance of a balanced community, i.e. 40% high care needs (10 hours of care per week or more), 30% medium care needs (between 5-10 hours of care per week), and 30% low care needs (less than 5 hours care per week).
- Alternatively, only a proportion of tenancies within the scheme can be considered for the provision of Extra Care, (e.g. up to half of the total available) thus ensuring the provision of ordinary sheltered dwellings for people with low or no care needs.

We would expect the scheme to provide a 'home for life' with dedicated community health services involved fully. This also means that residents with low level needs can feel secure knowing that their future care needs will be provided for.

2.21 ECH can provide for dementia sufferers. Early schemes were based on specialist wings but recently other authorities have been ‘pepper potting’ people with such needs throughout the scheme.

Private Sector Development

2.22 There are a number of potential issues in relation to private sector development which have been highlighted by the research undertaken for this Report. Typically, private sector developers will advertise an ECH scheme for months in advance of the release of the first units on the site. High quality marketing material will be produced targeting venues such as supermarkets and backed by copy in the local press and initiatives such as providing DVDs in GP surgeries. This compares unfavourably with the typical Registered Social Landlord approach of a standard flyer and advertisement in the local papers of properties for sale. Older people appear reluctant to buy off plan for this type of development. It therefore makes sense to do an early ‘show flat’ for marketing purposes.

2.23 This private sector marketing approach sells a lifestyle and creates a positive image of ECH provision. However, pure private sector schemes may prevent the development of creative financing solutions for ECH which would involve cross subsidising ‘affordable’ units within a mixed tenure scheme. However, such schemes may be attractive to private developers if there is a contribution to land values by the public sector through gifting of land or through Section 106 Agreements. However,

under current planning regulations, a developer does not have to declare to planners that it intends to construct an ECH type scheme. There is, therefore, a need to see if there is any way to identify these developments at an early stage in order to see if there is any mutual benefit to be gained from collaboration.

- 2.24 A further issue arising from looking at private sector developers is that the public and or third sectors also need a Marketing Plan for ECH schemes, adequate contingency funds for delayed sales and a strategy for having a different mix of tenures according to site potential and community expectations. This should be supplemented by holding events in the local communities that bring people into show them what is being offered, give them the chance to ask questions and to gauge their level of interest and to assess what facilities would be needed and likely to be well used. These discussions can be difficult because, whilst people are used to pension planning, generally they have not thought about how to move house to better cope with the inevitable loss of mobility and deteriorating health.
- 2.25 Establishing links between an ECH project group and a local community group has been identified as a potentially critical success factor. A 'Friends of the Scheme' group could be very important to the success of the development. They will certainly become ambassadors for the scheme and may want to assist with fund raising, which will allow for an improved project whilst also reducing the service charge level.

The Case for Extra Care Housing

- 2.26 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)

Principles for Working Together

2.27 These are the principles that should ‘govern’ the approach taken to the development of ECH in Oxfordshire:

- All ECH will be developed in partnership, by OPCT, City and District Council, RSL’s and 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 Health and Wellbeing Partnership 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;
- A range of Registered Social Landlords and other potential providers will be identified to work in partnership and where 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 should be appointed.

Conclusions

- An Extra Care Housing Strategy needs to be built on relevant National frameworks and policies together with relevant good practice from across the public, not-for-profit and private sectors.
- The demands and aspirations of older people are increasing and changing rapidly and it is important that all the agencies involved in providing services for older people are aware of the changing environment in which they are operating.
- Generally, older people want to maintain their ability to live independently for as long as possible as this should be the starting point for the development of a Strategy.
- Extra Care Housing has close service links to health care services and the therefore to the relevant strategies of the Primary Care Trust.
- There is a broad spectrum of vulnerable people whose dependency levels and needs can be met through an integrated, flexible support and care packages.
- ECH schemes should be developed taking into account of the Department of Health's preferred mixed community model.
- ECH provision should not be a 'follow-on' from social housing. It should be mixed tenure and the role of the private sector is crucial in developing such schemes and also in marketing ECH as an attractive lifestyle choice.
- It is important for the success of ECH that the case for it is made widely and that the principles underpinning it are understood.

Chapter 3 The Local Context and the Market for Extra Care Housing

This Chapter:

- Looks at the local context for the development of an ECH Strategy,
- Highlights the changing demography relating to the population of older people,
- Gives an overview of the key messages from the Local Housing Authorities in the County,
- Discusses the main themes and issues which emerged in discussion with managers from the Local Housing Authorities,
- Discusses the importance of Local Development Frameworks, and
- Looks at the market and marketing issues for ECH.

Local Context

- 3.1 One of the principles underpinning this Report is that an effective and successful ECH Strategy can only be developed if it is anchored firmly within the context of the particularities of Oxfordshire which is a county consisting of market and small towns with large rural areas around them. The exception is Oxford City itself which, apart from being a university city of world renown, has developed into an urban area with the associated urban issues. The County consists of five districts: Cherwell; South Oxfordshire; West Oxfordshire; the Vale of White Horse and; Oxford City. It is affluent with an unemployment rate of only 1.8 per cent compared to the national average of 2.6 per cent. There are low levels of social exclusion compared with England as a whole, but some areas suffer from high deprivation levels. For example, Oxford City which has the highest level of deprivation within the county is ranked at 122nd out of 354 District Authorities.
- 3.2 It is therefore crucial that the ECH Strategy is not developed with an ‘off the shelf’ approach. It must be developed from the specific context of Oxfordshire taking account of the issues and agendas of all the relevant stakeholders as well as, of course, of Oxfordshire’s older people themselves. However, as with the development of all strategies, regard should be had to good practice developed across the country particularly where the local context is similar to that in Oxfordshire.

Demographics

- 3.3 The overall population of the County is 605,488 of which 4.8 per cent are from black and minority ethnic communities. Specifically in the context of this Report, there is an ageing population with 14.5 per cent of people being 65 or over, lower than the national average (England 16.4 per cent) but with 7 per cent of people over 75 years which is the fastest growing group. Detailed population statistics in relation to ECH are discussed in Chapter 4. Nationally, the population over pension age in 2003 was 18.5%, which equates to approximately 11 million people. This number is projected to increase to 12.2 million in 2011, 13.9 million in 2026 and peaking at 15.3 million in 2031. (Shaw, 2004)

Local Housing Authorities - Overview

- 3.4 ECH is above all a housing solution for older people. The role of the District Housing Authorities (as well as the County Council, the PCT and Registered Social Landlords) within the County is therefore critical for the successful implementation of an ECH Strategy. The County-wide ECH Strategy must be an integral part of the development of local Housing Strategies as well as of sub-regional housing strategies. Detailed interviews took place with the majority of relevant managers within District Housing Authorities (see below). However, the key messages from the Districts were:
- The County Council and the Primary Care Trust often seem to ignore the views of the District Housing Authorities and seem to disregard the housing expertise and resources available within each District and in the City,
 - The County Council needs to be much more effective at communicating with each of the District Housing Authorities,
 - The County Council needs to put much more emphasis on real delivery of the ECH agenda by making land available at less than market value (or at nil value) for the development of ECH schemes - the County has been generally unwilling to do this in the past,
 - The County Council needs to work constructively and with parity of esteem with District Housing Authorities - they have much to offer which is often ignored by the County Council leading to poor working relationships, and
 - A history of previously poor working relationships between the County Council and the District Housing Authorities needs to be overcome.

Local Housing Authorities - Views and Issues

- 3.5 In ascertaining the views and issues of the District Housing Authorities, there were, of course a number of issues raised which were specific to each area but generally, all those interviewed were positive about the

need for ECH and were keen to contribute in developing the agenda within the County. Most were looking to develop ECH issues further within their own local Housing Strategies and to identify resources to make practical progress with scheme development. However, it is also fair to say that a number of Authorities had not addressed the key issues in sufficient depth and needed to be more pro-active in this area of housing policy. In some cases, there was a feeling that very little could be done without the active co-operation of, and joint working with, both the County Council and the Primary Care Trust.

- 3.6 It was therefore difficult to ascertain whether the Districts were unable to make progress because of a perceived lack of action by the County Council or vice versa. Most Local Housing Authorities expressed some frustration with what they perceived to be a lack of progress to date and also what they perceived to be the difficulties in co-ordinating the efforts of all the relevant public sector organisations on the agenda. There was also a strong view that more needs to be done to involve their professional Local Planning Authority colleagues in developing the agenda.
- 3.7 An important issue is that most of the Local Housing Authorities in the County are no longer landlords in their own right. In this respect they are now enablers and depend on Registered Social Landlords (RSLs) for the direct delivery of many aspects of their housing strategies. Even where an Authority is still a landlord, as in the case of the City Council, strategy delivery is still largely dependent on RSLs. This is an important factor. The successful delivery of an ECH Strategy will depend on RSLs and it is therefore important to involve appropriate RSLs in the development of the Strategy if they are also going to be key players in its delivery.
- 3.8 The readiness of Local Housing Authorities to proceed with development varied, with some Authorities already advanced with specific potential projects and others needing to begin by reviewing their existing stock of sheltered housing. Each Authority showed an understanding of the nature of ECH and the level of co-operation needed with other agencies, especially with the County Council and the Primary Care Trust. Most of the Districts contain rural areas with small communities which may not lend themselves to large ECH developments. There is a willingness to try out new models of ECH that could address the issues in rural areas.
- 3.9 Generally, many of the current sheltered housing schemes across all the Local Housing Authority areas were low demand and not felt to be 'fit for purpose' in the current environment. The need for re-investment and new innovative models of provision was recognised as important and timely. However, there are some sheltered housing schemes across the County that are still successful and meeting a clearly identified need. It will therefore be important to build on the success of such schemes in implementing an ECH Strategy.

3.10 Generally, in developing this Report, the current situation within each District Housing Authority and the City Council has been considered alongside the following criteria:

- The current supply and condition of sheltered housing
- Whether any existing strategy was in place in respect of ECH
- The existence or not of sheltered housing to convert to ECH
- Information about black and minority ethnic groups
- The supply position on development land
- Workforce issues in relation to ECH
- Provision by Registered Social Landlords and any plan to develop ECH
- Availability of accessible housing
- Current levels of voids in sheltered housing
- Other relevant services, for example care and repair projects
- Research that may exist regarding the availability of sheltered housing
- Ongoing relationships with the Primary Care Trust and with the County Council, particularly in respect of residential care.

As a rural county, Oxfordshire faces a number of sparsity factors, which provide a stimulus to whole system approaches, multi-use local services and use of tele-communications.

Local Development Frameworks

3.11 An important factor at District Authority level is the future implementation of Local Development Frameworks (LDFs). The assumption is that if the LDF has a local policy for a type of development then a developer who submits a development proposal complying with the LDF will achieve planning permission. If there is evidence of need and a strategy for the type of developments required to meet the housing needs of older people, then it will be possible to influence the local planning policies to guide developments and allocate sites.

3.12 ECH may be one of the few housing options that can be developed on NHS land which has been designated for health related purposes only - "Health is made at home". Following the North Yorkshire approach, Oxfordshire County Council will need to get statements and technical briefs in to the LDFs, setting out the needs for ECH and the types of development required. There are a number of strategic sites to be developed over the next 15-20 years but the County Council must move quickly now to influence the LDF.

3.13 Older people do not live in new developments from the outset but eventually these settlements will age together. Dispersed families will

face caring crises and some will want to bring their older parent to live with them or in nearby facilities. Further middle-aged people moving in now will in 20 years time become the next generation of older people and will then have to move away from their community if they want to access older people friendly facilities. We need to plan now for those situations and develop more mixed communities. For example in a neighbouring shire county, a large site is being developed as a village and it has in its heart a brand new extra care scheme which is fully accepted and really wanted by the village.

- 3.14 The County Council will be faced with private sector large village and retirement home schemes, which will attract those able to pay. This might distort the local market for ECH as a mixed tenure development and may import many fit older people who could eventually become the County Councils' financial responsibility. The County Council and the Local Housing Authorities have a crucial role in developing the market in order to encourage wider range of opportunities - how to develop the market to give older people the choices. It is too big a step for the average 55-65 year old to contemplate what they will want for housing if they are no longer able to cope. The Council need to be consulting the 70 -75 year olds on the Housing Plus agenda encompassing a range of solutions to meet the agreed set of outcomes.
- 3.15 Previous work with older people makes it clear that some of the important outcomes are community safety, availability of reliable and responsive care, social interaction, and access to transport. ECH can be marketed successfully by emphasising a lifestyle choice and by offering exceptional quality surroundings and support from a handyman and practical help with shopping and cleaning. The emphasis is that personal care is available but that the older person will remain fitter if they can continue to do things for themselves. This also buttresses their dignity.

The Market for ECH

- 3.16 If ECH is to be a successful and viable option for older people in the future, a number of issues need to be tackled including:
- The image and marketing of ECH,
 - The need for ECH, and
 - The demand for ECH.
- 3.17 The future ECH market must be based on choice. A variety of research clearly indicates that older people want choice in considering their future housing options. However, a gap can develop between need and demand where people have insufficient resources to exercise choice through the market. This is where creative financing and ECH scheme development options should be developed in order to encourage a wider range of opportunities and to give older people the choices they

want. A starting point would be market research and consultation with the relevant age groups on the ECH agenda so as to be clear on the potential ECH market in potential target localities based on the need and demand for a range of solutions.

- 3.18 However, it is also important not to miss opportunities as they arise. For example, there are a number of strategic sites to be developed over the next 15-20 years but Oxfordshire County Council must move quickly now to influence the Local Development Frameworks. It should work on the basis of trying to reserve land for an older people development. It is much more important to obtain land from actual planning gain and not just from money generated by commuted sums. It can then plan provision more effectively and so produce scheme development proposals for the available sites. Oxfordshire County Council should prepare statements and technical briefs for inclusion in to the Local Development Frameworks setting out the needs for ECH and the types of development required.
- 3.19 Market research into local needs and cultural expectations, a housing market assessment and advanced marketing campaign and sales strategy, as well as community engagement in developing the detailed brief and operational arrangements for the community facilities, are needed before the final decision to build a new scheme is taken.

Conclusions

- It is crucial to develop an ECH Strategy taking full account of the Oxfordshire local context.
- All the relevant partners need to work together closely.
- The overview from the District Housing Authorities give a number of key messages including the need to take full account of the housing and planning expertise of the District Councils and the City Council and the need for better communication and genuine and sustained joint working together with much improved working relationships.
- A range of detailed views and issues has emerged from discussions with managers from the Local Housing Authorities, which need to be taken into account when developing and implementing a County-wide ECH Strategy.
- The market for and the marketing issues for ECH need to be taken into account in order for ECH to be 'sold' as an attractive housing and lifestyle choice for older people.

Chapter 4 Estimating Need and Demand

This Chapter illustrates the range of ECH provision that might be delivered within Oxfordshire. It presents a “Whole Population” model based on the work of the Institute of Public Care. The projected figures need to be kept under review given the imminent publication of “A National Housing Strategy for an Ageing Society”

Context

- 4.1 The County Council, together with its partners, has a specific responsibility to quantify need. It also has a responsibility to facilitate the provision of services for the whole population of older people and not just those who will eventually rely on the services provided by the County Council. This means also taking a view on the potential demand for ECH as well as the need. An ECH Strategy is a housing strategy designed to increase choice across all tenures with the real prospect of achieving significant gains in the prevention agenda.
- 4.2 An ECH Strategy should provide for both mixed tenure and mixed dependency schemes. The scale of new provision required is deliverable assuming the stimulation of a private sector market. The local authorities in the County cannot and should not meet all the needs.
- 4.3 The development targets are based on recent work by the Institute of Public Care, based at Oxford Brookes University (CSIP, Housing Learning Information Network, 2007), in developing a model of the need for ECH units applicable across all local authorities. The figures produced are significantly larger than those considered at the interim report stage in July 2007. This change flows from adopting a ‘whole population’ approach as opposed to focusing on the people that the County Council expects to fund in respect of care costs. The wider availability of ECH is likely to stimulate demand. It is therefore important to keep the projected development targets under review and to test the housing market needs analysis in specific localities as new mixed tenure scheme proposals are brought forward.
- 4.4 For the purposes of the overall Strategy we have provided a general estimate of how many ECH units we expect to be required, per District, based on population projections, Age Standardised Demand for residential care and likely diversion rates. The estimate of future ECH

need has to be tempered by the reality of what it is practical to deliver over certain time scales, but a well argued estimate is needed if the County Council is to secure eventual 'sign-up' to any such estimate.

Population Ageing

- 4.5 There is increasing recognition that as people age, accommodation becomes a key defining environment. Older people spend a much greater amount of their time at home than do other age groups. As our physical capacity declines with age, the condition, design and location of housing becomes increasingly influential on our health, mobility, social inclusion and wellbeing.
- 4.6 Age, ill-health and disability are useful indicators of likely demand for housing related services, such as maintenance work, adaptations, and domiciliary support services. They are also drivers of demand for specialist accommodation, such as ECH. Tenure is often a useful proxy for wealth inequalities and socio-economic groupings, which are in turn predictors of patterns of ill-health and disability.
- 4.7 The distribution of population by age, tenure, living alone and living with a limiting, long term illness therefore has major implications for public services and housing-related care strategies. This includes community based non-acute healthcare services, specialist housing, housing-related care provision and preventative strategies to maintain wellbeing and independence in later life.
- 4.8 There is a dilemma to resolve between acknowledging the widespread resistance amongst the younger old to living in designated older people housing built around 'corridor living' and the need for achieving cost savings in delivering support to increasing numbers of people. This is likely to be resolved on the basis of the real quality of housing options put before older people at the time they choose to move to find additional support, companionship and an increased sense of security.
- 4.9 The Strategy should take into account the role of sheltered housing within health and social care, as an 'enabling' service by developing an extra care approach that includes the principles of ageing in place and the commitment to a home for life in existing sheltered housing as well as the development of new extra care schemes, which offer a recognised alternative to residential care. Provision of ECH schemes will meet a small but significant niche in the market for older people's housing and will seem extremely attractive to isolated older people living in substandard housing or communities that no longer seem so welcoming.

Population Growth

4.10 The 65+ population in Oxfordshire is projected to grow from around 96,000 in 2008 to 136,000 in 2025, an increase of more than 40%. There will also be the consequences of an increasing proportion of very elderly people as can be seen from the fact that the 85+ population will grow by 62% over the same period.

Population Growth 2008 - 2025 Oxfordshire Totals						
Age Bands	2008	2010	2015	2020	2025	% change 2008-2025
65-69	26,300	28,100	34,300	31,300	34,200	30.04%
70-74	22,800	23,700	26,300	32,100	29,300	28.51%
75-79	19,100	19,200	21,300	23,800	29,400	53.93%
80-84	14,300	14,900	15,900	18,100	20,500	43.36%
85+	13,900	14,600	16,600	19,000	22,600	62.59%
Total 65+	96,400	100,500	114,400	124,300	136,000	41.08%

Population Change in Oxfordshire 2008 - 2025 by District Area

GEOGRAPHICAL AREA	AGE 65+	AGE 65+	AGE 65+	AGE 85+	AGE 85+	AGE 85+
	POP IN 2008 (1,000s)	POP IN 2025 (1,000s)	%AGE INCREASE 2008 TO 2025	POP IN 2008 (1,000s)	POP IN 2025 (1,000s)	%AGE INCREASE 2008 TO 2025
CHERWELL	20.2	31.5	55.9%	2.7	4.7	74.1%
OXFORD CITY	16.7	20.9	25.2%	2.7	3.5	29.6%
SOUTH OXFORDSHIRE	21.8	30.3	39.0%	3.1	4.2	64.5%
VALE OF WHITE HORSE	19.8	27.6	39.4%	2.8	4.8	71.4%
WEST OXFORDSHIRE	17.6	25.7	46.0%	2.6	4.5	73.1%
OXFORDSHIRE	96.4	136.0	41.1%	13.9	22.6	62.6%

Source: ONS: Sub-national population projections based on 2004 mid-year estimates. These show what the population will be in the future, given the current trends

4.11 The tables above and graph below show the projected growth in the population of older people in Oxfordshire. It is striking that there is a substantial increase in just this 17 year period expected in the older elderly: those over 85. In addition, these figures indicate that there is also a marked increase in the newly retired population who will, in effect, become the next generation of ECH residents.

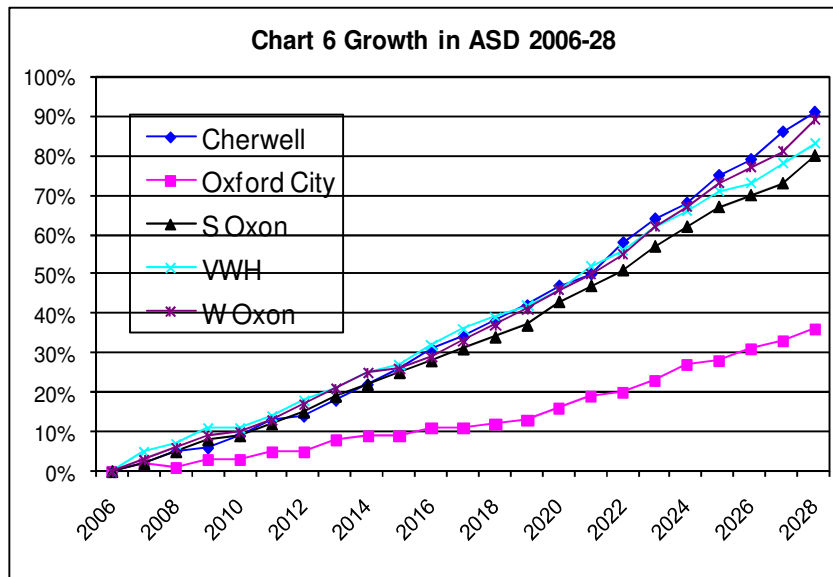


Diagram 1 Taken from Lang & Buisson report

- 4.12 In addition to simple population growth, demand for services will also be influenced by changing standards of acceptable quality of life amongst older generations and changing service policies.
- 4.13 Population growth will not be evenly distributed across the County with the lowest projected increase seen in the City and the largest increases in the Cherwell and West Oxfordshire Districts. Taking the County as a whole, and allowing for the growth in Age Standardised Demand, there would have to be a 76% increase in care home funding if the relative provision of residential care, demand and the thresholds of eligibility remained the same (see Diagram 1). Age Standardised Demand uses national data that records the ratio of older people in care homes by various age groups. These ratios are then applied to Oxfordshire population projections. Whilst ASD is a good estimate for future demand of people in need of care it assumes current care methods will remain unchanged. However, more initiatives, such as the development of Extra Care Housing, to support older people at home could reduce the projected increase in care home demand.
- 4.14 The picture of a high level of owner occupation applies to older people just as much as it does to the general population. In nearly every local authority, between three-fifths and three-quarters of the retired population are now owner-occupiers. This has implications for the type and location of the models of Extra Care Housing which will be appropriate to different parts of the County. The 2001 Census data shows a marked difference between the City (63%) and the four rural Districts which all have a much higher proportion of owner occupiers ranging from 72 - 75%. According to the Institute of Public Care, amongst the 65+ age group home ownership is likely to increase to 80%

with the level of social renting falling to just 12% over the period to 2025.

Key Factors in the Need for Extra Care Housing

4.15 The key factors linked to needing ECH are age, gender, living alone, and the involvement of a resident carer. One further indicator as to the need for ECH provision, both now and in the future, is the number of people with a ‘long term limiting illness’. This implies some level of disability or sensory impairment. Table 3 below shows that this affects around one in two of the 75+ population. The picture by District area of the number of older people aged over 75 years, who are living alone and who have self reported a long-term limiting illness is set out below for both 2008 and 2025. The importance of this group is that it represents a good proxy indicator of those vulnerable older people living in the community for whom ECH offers more appropriate housing with care to meet their increasing care and support needs. ECH offers a proportion of this group a way of avoiding or deferring the need for more intensive care and support in future. These are people, who have not yet reached the point at which residential care or its alternatives are necessary, but nevertheless have an emerging or imminent need for an intensive level of home care that can be organised more effectively and delivered in an ECH scheme.

Table 3a Number of People aged 75+ Living Alone in 2008 and 2025

Area	All 75+ People Living Alone		No. of 75+ People Living Alone with Limiting Long Term Illness	
	2008	2025	2008	2025
Cherwell	4458	7298	2318	3795
Oxford	4101	4794	2133	2493
South Oxfordshire	4893	7534	2544	3918
Vale of White Horse	4514	6832	2347	3553
West Oxfordshire	4079	6400	2121	3328
Oxfordshire	22017	32917	11449	17117

Source: Office for National Statistics, 2004 midyear population estimates

Demand for Extra Care Housing

4.16 The demand for ECH across the whole population of older people has been estimated following a model developed by the Institute of Public Care, Oxford Brookes University based on the following four factors:

- A high-level dependency needs stream based on diversion from residential and nursing home care purchased by Oxfordshire County Council,

- Vulnerable older people living in the community,
- People choosing to move in later life seeking accommodation with care, and
- Allowing for a 5% void level in schemes.

4.17 The IPC model has been adapted, where appropriate to fit the-proposed Oxfordshire County Council Strategy. The detailed figures for 2007 as given below are:

- Oxfordshire County Council Social & Community Services purchased 1,850 residential care and nursing home places for older people (including 100% NHS funded patients) in September 2007. A total of 841 residential care places were purchased, including 79 out-of-County placements. The strategy is that 60% of the older population that currently enters residential care will be diverted into new ECH schemes requiring provision of 505 of ECH units.
- Self funded residential care purchases in the private sector are likely to generate a similar level of demand for ECH once the choice begins to be more freely available. Demand from this source is counted against the older people moving in later life to seek more appropriate accommodation with care in order to avoid double counting those people currently self funding their residential care.
- Oxfordshire SCS believes that a proportion of the older people entering Nursing Home care do not need intensive and continuing nursing care. The reason for seeking a Nursing Home placement is often more related to stress on the carer and that at any particular time they might need nursing supervised care. The development of ECH, particularly with appropriate back up from telecare and telehealth facilities could divert or delay some 20% of nursing home admissions. This will require 202 units of ECH.
- Vulnerable older people - Table 3a showed that across Oxfordshire there are some 22,000 over 75 year olds living alone of whom just over 50% report a limiting, long term illness. ECH will provide accommodation for 15% of these households (using the Oxford Brookes formula) requiring provision of 1,719 units.
- Accommodation choice - according to a recent MORI survey of The Aspirations of Older People (MORI, 2004) 30% of the over 65 population choose to move to different accommodation of whom 12% seek accommodation with care. This will require 3,463 ECH units to meet the demand arising from Oxfordshire's 96,000 65+ year olds. In order to avoid the risk of double counting we have discounted those people entering residential care and nursing home care against this block of the model. This reduces the total number of units to meet people's accommodation choices to 2,706.
- Allowing for a 5% void level the total projected requirement for Oxfordshire would be 5,442 units in 2008.

4.18 The core projection for 2007 for the number of ECH units required is 5442 units of which between 25 - 37%, depending on the District, will be provided by the social renting sector, namely some 1,537 units of socially rented ECH units.

- 4.19 These findings give a planning norm of 115 units per 1000 75 year olds. This contrasts with the existing, baseline provision of some 252 units in total as reported in recent SCS returns to the Department of Health. The provision of this new level of ECH units will take a number of years to deliver depending on the availability of suitable sites and the commissioners and partners ability to develop schemes without reliance on Housing Corporation funding.

Total Projected Number of Extra Care Housing Units - 2008 to 2025

- 4.20 The demographic challenge will apply equally to the ECH as it does to residential care provision and the target number of units to keep pace with population growth by 2025 will be 7,832 based on a whole population projection model. The more detailed breakdown of how these figures were calculated is set out below.
- 4.21 Using the Oxford Brookes model the core projection for 2025 is built up as follows:
- The County Council demand for care home places or alternatives is projected to grow by 11 percent within five years, 26 percent within ten years and by 76% percent by 2028. These projections are based on 'Age Standardised Demand' (ASD) calculations prepared by Laing & Buisson.
 - The demand for Oxfordshire SCS to purchase residential care will have risen by 2025; everything else being equal, to 1480 places and a 66% diversion rate will require the provision of 977 ECH units in 2025.
 - Diversion from Nursing Home Care will require by 2025 the provision of 355 ECH units.
 - Vulnerable older people - Table 3 showed that across Oxfordshire by 2025 there will be some 33,000 over 75 year olds living alone of whom just over 50% or 17,085 older people will report a limiting, long term illness. ECH will provide accommodation for 15% of these households requiring provision of 2563 units.
 - Accommodation choice - 30% of the over 65 population choose to move to different accommodation of whom 12% seek accommodation with care. This will require 4,896 ECH units to meet the demand arising from the projected growth in the Oxfordshire population of 65+ year olds to 136,000. Discounting the number of people moving to residential or nursing home care reduces the requirement to 3,564.
 - Allowing for a 5% void level the total projected requirement for Oxfordshire would be 7,832 units in 2025.

4.22 The summarised position for 2025 is as follows:

- A need for 7,832 units.
- The number of units at social rents will account for between 24% to 37% of the above and totals 2,192 units for Oxfordshire.
- This equates to a continuous development requirement of roughly 129 units per annum from 2009 onwards.

4.23 The development programme must cope with the backlog of under provision of ECH up to 2007 and then with the impact of the significant population growth between 2007 and 2025. An early task for the Oxfordshire County Council should be to review existing schemes which claim to provide Extra Care Housing facilities. The County Council could usefully better codify the existing provision and build a local register of ECH schemes. There is room for discussion of how many schemes there are but what is certain is that by comparison with the planning norm presented in this strategy the current level of provision is minimal. There is only one scheme in the County, commissioned by the County Council that provides for 24/7 support. There may be other schemes provided in the private sector or by Housing Associations that are close to providing Extra care Housing in all its dimensions and upgrading these schemes may provide a good source of more Extra Care Housing schemes.

4.24 Applying the “Whole Population” model norm to Oxfordshire would see a pattern of ECH developed across the County by 2025 with a total of 7,832 units. The detailed breakdown of the pattern by each District Housing Authority area is shown in the tables below. If Oxfordshire adopts a planning norm based on the Oxford Brookes model then it will need to commission some 2, 200 units and encourage the development of over 5, 640 new household units of Extra Care Housing. This will amount to some 10% of the new housing to be developed in the County.

4.25 These numbers are significantly higher than any projections considered previously. This is because the model takes a whole population perspective. Most significantly it includes a substantial amount of private sector development to improve and meet older people’s housing choices. It relates to a broader concept of choice and a long-term preventative strategy based on research findings from talking with older people about their future housing options and choices. The Local Authorities will not play a direct development or service provision role but should build these needs into their strategic plans because they will need to stimulate a private sector market in ECH to deliver this level of development.

4.24 Development on this scale could be seen as a threat to the strategic affordable housing priorities for delivering more family housing. Such a response would be misconceived on two fronts. Firstly, the ECH build programme will release a significant proportion of larger family housing

which is currently under occupied. Many people over retirement age will be living in their own occupied home or renting from the local authority (or housing associations) but be living in ordinary general needs accommodation rather than sheltered housing. Enabling these people to exercise their choice to opt for more age appropriate accommodation with care will therefore lead to no net loss to the supply of larger family housing. The more efficient use of the existing stock of family housing is an important social policy objective in its own right.

Table 4 Whole Population Needs Model

District Area	Estimated Demand for ECH in 2008	Estimated Demand for ECH in 2025
Cherwell	1,129	1,788
Oxford City	971	1,183
South Oxfordshire	1,225	1,762
Vale of White Horse	1,118	1,603
West Oxfordshire	999	1,496
Oxfordshire	5,442	7,832

- 4.27 Secondly, the loss of the opportunity to develop a more diverse range of accommodation suited to provide a home for life for increasing numbers of frail elderly people will condemn yet further generations to live in unsuitable accommodation ramping up the costs of care and health.
- 4.28 The scale of provision of ECH units to meet the accommodation choices of older people is really for private sector developers to explore and then establish an accurate market assessment. The projection will clearly need validating but as such we believe it lies outside the scope of this Report.

Social Rented Units

- 4.29 The Local Authorities will be directly concerned with planning for the socially rented accommodation as either part of a single or mixed tenure scheme. The projection of the need for socially rented ECH units has been estimated taking into account the relevant District level of owner occupation and the demographic growth amongst the older population.
- 4.30 The detailed breakdown by each District Housing Authority area is shown in the following table for both 2008 and 2025:

Table 5 Socially Rented Units

District Area	2008	2025
Cherwell	313	495
Oxford City	360	439
South Oxfordshire	303	436
Vale of White Horse	281	403
West Oxfordshire	280	418
Oxfordshire	1,537	2,192

- 4.31 2,192 units are required across Oxfordshire by 2025. The City will show the smallest increase in demand due to demographic pressure but because it has a significantly larger social rented sector it will still require the second largest amount of socially rented ECH units to allow for equitable access to ECH across the County for all sections of the older population. The four rural Districts will exhibit similar levels of increase as shown above in Diagram 1.
- 4.32 The requirement for socially rented units will be subject to future trends in owner occupation and the projected estimates should be reviewed in the light of those trends. It can be seen that there is such a significant shortfall to be made good that 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.

Other Local Authority Strategies

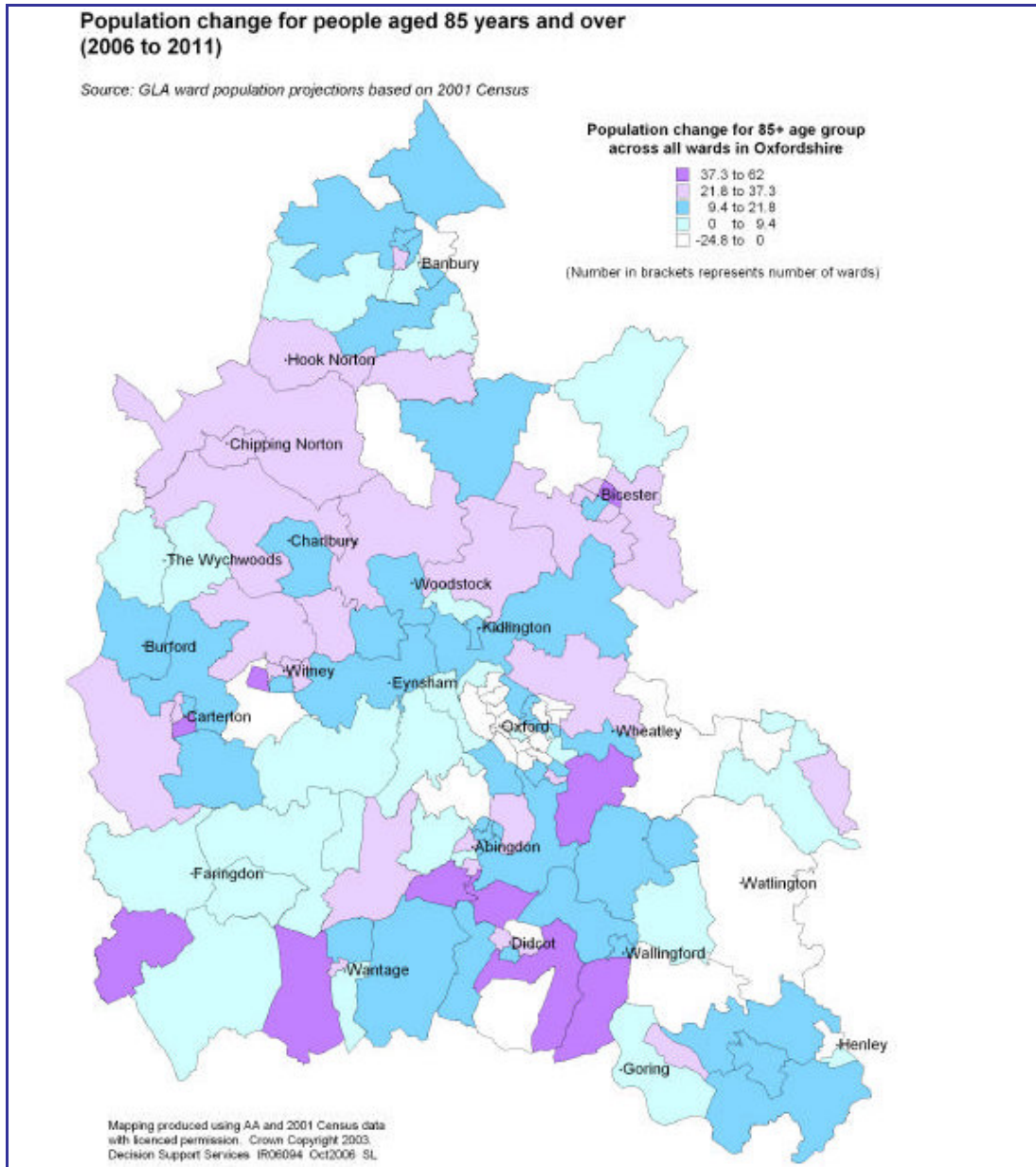
- 4.33 We have looked at other largely rural local authorities who are adopting a strategic commissioning approach to this issue. North Yorkshire County Council stands out as a leading example of good practice.

4.34 North Yorkshire County Council has been developing a broadly based ECH strategy to replace all its residential care homes together with some outdated sheltered housing schemes and to offer older people the choice of a Home for Life, through working with private sector developers. Its Commissioning Strategy aims to develop some 4,000 units of ECH by 2020. The Oxfordshire projections are comparable given the differences in population and tenure patterns and taking account of the significant growth expected between 2020 and 2028. The North Yorkshire Commissioning Strategy is aiming to provide for all its residential care provision and purchased places plus a 40% increase in units to allow for sustaining the mixed community within each ECH scheme.

Conclusions

- The targeting of new schemes should reflect both the opportunities to replace existing institutional care but should also target those areas of highest growth projections for the over-75 population as illustrated in the Director of Public Health's Annual report for 2007 as well as areas of social deprivation, particularly for publicly funded schemes. See the map overleaf.
- This more detailed needs analysis should be tested at the local level to also take into account the way people perceive the area they live in, and determine suitable locations, based on 'natural communities' identified by the community themselves.
- The suggested approach is to adopt a very broad brush planning norm and a phased approach to delivering the strategy. This will allow time to take into account the implications of the Government's National Housing Strategy for an Ageing Society, which is expected to be published in the near future and to do more work on the local POPPI figures; to research the care pathways to confirm the level of diversion that might be achievable, whilst making an urgent start on delivering the first schemes.
- The immediate target should be to establish a number of schemes in each District by taking advantage of the early opportunities provided by building on strategic sites, remodelling existing Sheltered Housing schemes and redeveloping residential care; a second stage would see an expansion of provision to meet a 2,596 unit target required to enable a substantial reduction in reliance on residential care and meet the demographic challenge by 2025; another strand would see the programme pushing on to encourage the private sector to develop the much greater availability of ECH units required to offer it as a mainstream housing option.

Potential Target localities for ECH schemes based on highest growth rates for the 85+ population



Chapter 5 A Model of Extra Care Housing

This Chapter

- Looks at the various options and issues involved in developing a model of ECH suitable for the particular characteristics of Oxfordshire. It has been based on extensive research but takes into account the rapidly evolving picture of good practice that it is emerging across the Country.

An Oxfordshire Model for Extra Care Housing

- 5.1 Oxfordshire is a diverse county in respect of its pattern of settlements. It consists of differing types of rural and urban localities ranging from very small rural villages, to busy market and tourist towns. There is one City and a few large towns characterised by high population density. Oxfordshire is due to have 47,000 new houses developed on a number of strategic sites over the next couple of decades.
- 5.2 As part of the preparation of this Report and an ECH Strategy a workshop was held consisting of senior managers from the main stakeholders. It acknowledged the need to respond to the ‘demographic challenge’ by improving the housing options for older people. All those present recognised the rising expectations of older people and acknowledged the need to plan for the next 30-60 years. The emphasis, from a housing and social care perspective, will mean a shift away from a buildings focus to a people centred service. The new maxim is that ‘the right services should be delivered to the right people in the right place’.
- 5.3 The vision for ECH was discussed in Chapter 1. To make a reality of this vision, all the agencies that have a stake in the ECH Strategy have to work in a genuine partnership and be more ambitious than just wanting to build a new block of flats with some add-ins. For the Strategy to be successful, the partnership of agencies needs to think more broadly about the potential impact on local communities. For example, the development of a new scheme could be used as an engine for starting to regenerate a whole estate or as part of sustaining the economy of a rural community.

5.4 As long as a scheme meets the core standards for the design of accommodation, the support provided and the community facilities integrated or co-located with the scheme, then there are a variety of ways of developing Extra Care Housing as a community hub for services to older people. These include:

- Development of co-housing schemes including flats and houses for all age ranges as well as a Club House with a dining room which is open to the wider community.
- Creation of ‘virtual’ extra care services by extending the range of common and integrated home support services available to all residents backed up by tele-care.
- Build on the best existing sheltered housing schemes to transform them to be able to cope for the next 30-60 years.

5.5 This is a much more diverse vision and whilst new build may be the right solution it might not be suitable in every circumstance, such as a small rural village. There is a challenge in looking to develop schemes below 30 units for rural areas. The pure ECH model as outlined in Chapter 1 and explored in more detail in this Chapter is not financially viable on this small scale. There are difficulties in affording a building scheme manager, meals provision on site, 24/7 care and the range of community facilities envisaged. Nevertheless, rural communities will be the locus of the highest growth rates in the older elderly population across the county. Oxfordshire will need to explore a variety of options for adapting the ‘core model’. For example, by relying on meals cooked offsite at local residential facilities and transported to the scheme; provision of night cover on a standby basis and greater use of telecare as in a ‘virtual’ care model; increased use of volunteers playing a good neighbour role or providing additional domestic support and activity programmes. There will need to be good consultation with the local community over the range of facilities required and making the best use of the existing village amenities.

5.6 More generally, each scheme will have a unique profile due to the differing communities, location of the scheme and the specific potential of the sites or existing building to be converted. Nevertheless, it is essential that Oxford takes the first steps to develop the “early win” schemes even whilst the broader vision is being developed.

5.7 The initial response from officers of the housing authorities and the Primary Care Trust is that this makes complete sense. Generally, the agencies in the County need to ‘catch up’ in developing a strategic response. However, there is the opportunity to learn from the pathfinding authorities and to develop an Oxfordshire approach to a broader vision of Extra Care Housing, including rural schemes.

Desired Outcomes

5.8 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 standalone scheme; incorporation into a wider co-housing scheme; upgrading an existing sheltered housing scheme. Oxfordshire needs to pursue the core model through a variety of options including dispersed rural schemes. Oxfordshire 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. Whilst Oxfordshire has moved from a narrow definition of ECH to one concerned with a range of models to deliver the prevention agenda it must remember that a key role for ECH is to provide for very frail elders and should avoid diluting the vision so far such that no specialist schemes are built.

5.9 The approach outlined for Oxfordshire 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. It describes seven outcomes, which are now identified in the White Paper as the ones which need to be developed. They are:

- Improved health;
- Improved quality of life;
- Making a positive contribution;
- Exercise of choice and control;
- Freedom from discrimination and harassment;
- Economic well being;
- Personal dignity.

Local and organisational priorities are, or will be, indicated in Action Plans and local strategies, some of which are already in place. Consultations with local people will identify or confirm local priorities.

5. 10 The County Council should develop an outcome performance management system to help it deliver effective services. The Centre for Public Innovation's approach to Outcome Funding will provide a helpful starting point for developing such a system for Oxfordshire 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.

- 5.11 The application of outcomes models to the care of older people has been questioned. Caring for older people is often focused on helping to maintain a level of social functioning in the face of loss. This does not appear to sit easily with those outcome models which look to monitor completion of treatments, recovery or achievement of independence. Nevertheless, the ultimate outcome that older people want for themselves is a dignified death at home having enjoyed a good quality of life for as long as possible in all the circumstances of increasing frailty and possibly illness. The challenge will be to evidence how Extra Care Housing plays an increasingly significant part in helping to realise that for many older people.

Performance Measures

- 5.12 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.
- 5.13 These changes in key performance criteria are critical if the County Council is to enjoy 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.

Measuring the Effectiveness of the Strategy

- 5.14 The overall objective is that ECH residents feel happy and fulfilled and positive about their lives; their futures and their ability to stay in their home for life. From the provider's perspective, containing 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.
- 5.15 These issues require monitoring so that schemes can be compared and so that providers can ensure that the original objectives are continuing to be achieved. Alongside the outcome objectives and the action plan the strategy needs to develop outcome measures that will be used to gauge its effectiveness and relevance.

Principal Decisions on the Local Models

5.16 There are some key decisions to be made about all possible variety of models of ECH, while accepting there will be a variety of scale and type of provision. The common features to be decided will include:

- The balance of tenures in a scheme. A mixed tenure approach is essential to develop a programme of schemes across the county. Providing flats or properties for owner occupation or shared ownership will help to meet the needs of the large and increasing numbers of elderly owner occupiers and particularly those needs of less well off older home owners - including those living in poor conditions or low value properties and who are unable to buy outright.
- How to fund care in ECH schemes whilst also responding to the increasing wish for Individual Budgets, which will put the budget for purchasing their care in the hands of individual service users.
- The separation of the provision of housing from the provision of care. This is so that organisations that are most expert in housing development or management do not have to provide care and vice versa. The separation also makes it possible to change the contracted care provider where Oxfordshire Social Services or Supporting People Team are commissioning a care or support service. A number of potential strategic partners have developed expertise in delivering both aspects of ECH schemes.
- Selection of tenants at initial letting and for all subsequent re-lets should be a collaborative function involving the partners. A joint assessment panel involving the scheme provider(s), the County Council and the local housing authority should manage the lettings process in the best interests of the scheme and achieving the overall strategic objectives of the partnership. The allocations criteria will need to be agreed with the joint commissioners and should reflect the agreed purpose of the Extra Care scheme. This should prioritise allocations on the basis of care needs rather than housing needs or tenure.
- An allocations and lettings process should be agreed to operate across the county. In principle the lettings policy should respect the “balanced or mixed community agenda”. Vacancies should not be let exclusively to those who are already quite frail. This is to ensure a mixed, more vibrant community is maintained and older people continue to have a range of choices and options.
- Subsequent, individual letting decisions will need to be taken in the light of the current level of frailty at the scheme, bearing in mind the available care resource.

Core Features of Extra Care Housing

- 5.17 The fact that residents are either owner occupiers or have a tenancy is significant. Residents have housing rights and responsibilities. The housing provider, if it is a Registered Social Landlord is bound by statute and Housing Corporation regulation to pay due regard to protecting those rights. These rights are closely bound up with independence and privacy. An initial core “vision” of the principal features for ECH in Oxfordshire, as developed in most other Authority areas is summarised below. These principal features would be expected to be delivered in any model of Extra care that is developed in Oxfordshire.

The Enabling Model

- 5.18 The Enabling Model sets out to maintain helping people to help themselves wherever this is possible and to maintain effort towards this objective over a sustained period, whilst providing an appropriate level of personal care which is flexible and tailored to the individual. It may be a time consuming approach, at least initially. However, it has been shown to work in the interests of service users and service providers.

Flexible Care

- 5.19 For a resident in ECH the initial assessment for care should be at the point of taking up the tenancy or purchasing the flat. Thereafter the actual level of care provided will vary according to changing needs. If appropriate this could be on a daily basis. The provision of care will be continually reviewed by the care provider and agreed with the tenant and County Council to match personal needs arising from the Enabling Model set out above. This may indicate increasing levels of care to meet deteriorating health or temporary illness, or it may mean less care if tenants feel confident about carrying out tasks partially or alone. It will also mean carers watching or helping instead of doing, which may take more time initially. Carers who are experienced in residential care may require some retraining to achieve this approach.
- 5.20 The experience of ECH is that the risks are willingly undertaken by residents who wish to remain in control of their lives and of their personal care. In this respect ECH provides a subtle but important difference to residential care which provides a more ‘risk-free’ environment but less opportunity to be truly independent. The majority of older people are prepared to take that risk, particularly where they are mitigated in ECH by the availability of care staff 24/7, the provision of personal alarms and assistive technology. There is also experience of family carers accepting that care ‘in your own home’ is not risk free and understanding that whilst crises cannot be completely avoided the scheme systems and staffing will optimise the chances of containing and managing the risks. Older people may still have a fall and have to

go to hospital but their chances of making a quicker and fuller recovery are higher for ECH residents than for older people living in other settings.

Potential for reducing the Level of Support

- 5.21 In 1999, an evaluation of Extra Care carried out by Anchor Trust showed a decrease in care costs overall as tenants begin to gain confidence and either maintain personal capability or regain lost capability. Amongst the benefits to tenants, the report noted:
- A reduction of stress and improved mental health
 - Improved physical health as diet and diabetes is monitored
 - Better sleep patterns
 - Feeling more secure and confident
- 5.22 This is not yet proven because as well as a potential for improved personal coping due to: reduced depression and social isolation; better self care and diet there is the possible loss of hidden informal care since the family may feel they can back off because Mum or Dad are now in a scheme. The potential of social interactions to improve a sense of well being is not in question but the loss of informal care might reveal higher levels of dependency than initially expected. More recent evidence of the benefits of ECH provision is appearing, see the Housing 21 study of the impact on people with dementias (“Opening doors to Independence”) but many important questions remain unanswered about how best to organise schemes and particularly whether to develop specialist schemes or blocks within schemes for people with dementia.

Community Integration

- 5.23 The greatest risk in the management of ECH is that of social isolation, especially for dementia sufferers. A feature of the community consultation prior to developing a scheme should concern the range of social clubs and activities that the ECH scheme could accommodate and support. The success of a range of facilities will vary between communities depending on scheme location amongst other factors. Provision for recreational clubs such as a community film club or camera club together with other community facilities such as a shop, hairdressers, IT suite and cafe should encourage a vibrant interaction between the community and the residents.
- 5.24 Staff will also wish to help organise events with the more vulnerable tenants. These events could include exercise classes, fundraising activity, bingo or parties. The type of events would reflect the wishes of the tenants but be organised by the staff. The provision of a mid day meal is in itself a social event and some tenants may choose to take lunch together in a central dining room.

Management and Supervision

- 5.25 This approach requires positive on site management of both the Housing and the Care elements which make up the total Extra Care service to residents. Regular dialogue with the owner occupiers and tenants and with staff is needed to identify and maintain the uniqueness of the service. Management includes monitoring, discreetly, the impact of care inputs and motivating care workers to understand and achieve the objectives of the tenants themselves.

Management and Care

- 5.26 We support the conclusions from the Derbyshire strategic review about the separation of roles of care and building manager. They summarised their reasons for this conclusion as follows:
- We would not wish to exclude good care providers if they were not able to compete successfully as building providers.
 - Although there is a need to co-ordinate the activity of two managers on each site there is also some advantage in not placing the whole range of responsibilities in one pair of hands. Recruitment of a single manager would be quite difficult because it is such an unusual range of skills.
 - Whereas the building provider role is a semi-permanent function carrying with it the responsibilities of building owner and landlord, care provision needs to be the subject of regular review and re-tendering to ensure value for money. Commissioning bodies would need the flexibility to separate the roles at a later date and this may create a redundancy situation as the joint management is ended.
 - We are playing to the strengths of both types of provider. The care management function is subject to registration and external supervision by the Care Commission; the building provider by the Audit Commission and the Housing Corporation.
 - A strong building provider role will tend to reinforce the different relationship to home owners or tenants compared to residential care and will emphasise the rights and responsibilities of tenants and leaseholders.

The Building Provider Role

- 5.27 It is proposed that a number of building providers of the affordable housing schemes be selected as preferred partners following a joint selection process. They will generally speaking be Registered Social Landlords and will bid jointly for funding to provide schemes in line with this strategy.
- 5.28 They may receive capital grant monies and other public subsidy, procure the building process and subsequently own the resulting buildings. The

design of these buildings will be agreed jointly by parties to the individual scheme, including the Commissioners. They will then manage all the housing functions including:

- The employment and line management of a Scheme Manager.
- Repairs and maintenance
- The provision of building based services, for example cleaning of circulation space, communal areas and gardening
- Through the Scheme Manager, supervise the provision of facilities for example the Shop and Fitness Suite, including the management and recruitment of volunteers.
- Implement the letting procedures following the joint selection process.
- Participate in and lead joint liaison meetings with the care provider.
- Maintain a close working knowledge of the circumstances of all tenants in conjunction with the care provider.
- Setting and collecting rents and service charges.
- Provide all tenancy documentation
- Carry out Best Value monitoring of the housing service

5.29 Where Registered Social Landlords are the housing provider, which will normally be the case for mixed tenure and socially rented schemes, they will be required to follow Housing Corporation Scheme Development Standards, have rents restricted by the Corporation rent regime and have to fit within a variety of financial and other restrictions. A limited amount of funding from the Corporation in the form of Social Housing Grant (SHG) may be available. Housing Associations have to bid for an allocation.

The Care Provider Role

5.30 The care provider role is subject to periodic review by the commissioners / funders. This review will set the target level of frailty and the resulting number of care hours to be allocated to the scheme. The review should be carried out in co-operation with the housing provider as well. The contract for the delivery of care should be for a three to five year period subject to the review. Re-tendering should occur six months ahead of the expiry of the contract. Continuity of the care provider role has a significant value so, wherever possible, the Council should be seeking a long term relationship with a care provider. The care provider could be an “in house” service but more likely an independent or private sector service. Not for profit organisations are part of the private sector.

5.31 The role is to co-operate with the building provider to meet the agreed purpose and objectives of the scheme. This must incorporate maintaining on site management and meeting a written service specification which is tailored to the Extra Care scheme and which reflects this strategy. The care provider should:

- Employ a dedicated manager to be based on site,
- Employ dedicated staff to work solely at the scheme,
- Work closely with the Scheme Manager to ensure the ‘Enabling Model’ of care, and
- Be responsible for the day-to-day deployment of carers to meet the changing needs of tenants.

Conclusions

- The provision of ECH is highly virtuous in shifting the balance of performance indicators away from ‘institutional’ towards ‘home based’ indicators
- There are a variety of ways of developing Extra Care Housing as a community hub for services to older people
- Each scheme will have a unique profile due to the differing communities, location of the scheme and the specific potential of the sites or of an existing building to be converted
- The County Council should develop an outcome performance management system to help it deliver effective services
- A mixed tenure approach is essential to develop a programme of schemes across the county.
- The provision of housing should be a separate responsibility from the provision of care - a strong building provider role will tend to reinforce and emphasise the rights and responsibilities of tenants and leaseholders
- An allocations and lettings process should be agreed to operate across the county - the lettings policy should respect the “balanced or mixed community agenda”.

Chapter 6 Financial Strategy

This Chapter:

- Looks at the comparable costs of residential care and ECH to underpin an ‘Invest to Save’ strategy,
- Illustrates the capital cost of developing a 60 unit scheme with 50% two bed flats,
- Explores the availability of Social Housing Grant and Department of Health Grant and the importance of making sites available to develop new build or remodelled schemes
- Considers the critical success factors for realising the potential revenue savings; and hence
- Assesses the financial and asset management implications of the proposed ECH Strategy.

Key Issues

- 6.1 ECH is a housing issue and all the Local Housing Authorities in the County have a responsibility to drive the agenda in their respective District and Housing Sub-regional Plans. Too many older people have moved to residential care for lack of good affordable housing alternatives. Many older people make their hoped for last move around their early 80’s in search of more suitable accommodation. They can then find that such a move does not work out as they planned if they have not moved to mobility standard accommodation with access to well organised Intensive Home Support.
- 6.2 The proposed switching of Oxfordshire County Council’s strategic plans from replacing out-of-date care homes to developing ECH should be attractive to developers and to District Councils and the City Council. This is because such a change will count towards the delivery of affordable housing on development sites. It should also help to forge an understanding of a shared agenda.
- 6.3 The ability to realise the potential level of 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. It should consider a prudential borrowing strategy to help bring forward more capital

development if it is to offer its older people a better range of choices for an active, interesting and safe later old age.

- 6.4 The District Councils and the City Council together with 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. The availability of Social Housing Grant is likely to be limited.
- 6.5 Developing a mixed tenure approach will be necessary if new ECH schemes are to attract Housing Corporation funding in future and provide affordable housing. The key groups will be both former social housing tenants as well as those owner occupiers on low incomes with limited capital resources, such as older people living in Right to buy properties.

Care Funding Arrangements in Extra Care Housing

- 6.6 The approach to costing and contracting for the personal care and support element provided in ECH schemes varies between and within local authorities. In some projects, a block contract is based on an assumed average input - and thus average cost - per tenant within each dependency group. This is probably the most common and administratively simplest arrangement. The use of the average cost as the basis for a fixed weekly charge irrespective of care hours received is coming under increasing scrutiny from self funders. The fixed average charge is based on an insurance approach to dealing with the almost inevitable increase in level of dependency and consequently increased spending on care over the life time of the resident at the scheme. This is difficult for some people to understand and is not universally popular.
- 6.7 More recently, and in line with thinking about Individual budgets, providers are charging residents in line with the hours agreed on their care plan. Hence the level and costs of personal care and support charged to individual residents vary according to the level and type of need and dependency. This is a key feature and advantage of ECH schemes. It does mean that contracts with care providers need to have in-built flexibilities and tolerances to allow for day to day and week to week variation in the needs of individual residents and the balance of dependencies. The provision and charging for night care however is usually shared amongst all residents as this is a real benefit that all enjoy whether they use it (most don't) or have the peace of mind of knowing its available if required.
- 6.8 Care and support may be provided by the housing provider, directly by statutory social care or by a separately contracted care provider. In the latter case, the care contract may be either between the local authority and that provider or between the local authority and a

housing provider who sub-contracts with a care provider. The most common practice seems to be to have a single care provider operating within a scheme but there are examples of projects where a number of providers, all contracted to the local authority, are used within the one scheme (different providers working with different residents). This does not appear to be a very successful arrangement but it is one that may have to be facilitated in future.

- 6.9 The costs of personal care and support provided to individual residents will be funded by the County Council's Social and Community Services Directorate in line with the Fair Access to Care eligibility criteria from the community care budget in the locality in which the planned development is to be located. Residents will pay charges for the care in line with the Fairer Charging policy, just as they do if receiving care in the community currently.
- 6.10 The implementation of an ECH Strategy for Oxfordshire will have significant implications for the contract between the County Council and the Oxfordshire Care Partnership (OCP), which is the main supplier of residential care in Oxfordshire. Officers have been working with managers from The Orders of St John Care Trust, on behalf of the Oxfordshire Care Partnership, on completed developments which have replaced residential care with new ECH schemes, such as Isis Court in Oxford. A further development strategy is also being considered which could see eight more residential care homes being modernised via the provision of additional ECH schemes and other care services. The contact between the County Council and OCP will form a major part of the wider ECH Strategy in due course.

Comparing the Cost of Residential Care and Extra Care Housing

- 6.11 This Report has adapted a costing model (see below) developed by Derbyshire County Council to give an example of how costs could be met for a pensioner with few savings receiving Pension Guarantee Credit. This has been done by modelling some figures for an individual resident aged eighty and with a high dependency. It should be noted that this is a generalised example and is not based on Oxfordshire costs and charging policies.

EXPENDITURE		INCOME	
	£		£
Rent (including some housing services)	135.00	Housing Benefit	135.00
Council Tax	8.00	Council Tax Benefit	8.00
Heat, light, power	15.00	Pension Guarantee Credit	105.45
Food, clothes, household bills, personal items, entertainment etc	90.45		
Personal care and support	280.70	Severe Disability Addition 44.15 Attendance Allowance 58.80 Local Authority care contribution (i.e. cost not covered by charging 177.75 policy)	
TOTAL	529.15		529.15

6.12 The position for someone who is above benefit thresholds is that:

- they would be able to claim whatever State and other pension they are entitled to
- irrespective of financial circumstances, they may claim attendance allowance - this is a non-means tested benefit
- they will be responsible for their own rent, service charges (housing related support costs) and Council Tax,

Depending on the specific arrangements for the scheme:-

- The Local Authority may still provide/arrange care under a contract - in which case the individual would be means tested and asked to contribute under the councils prevailing charging policy
- Alternatively, the individual may purchase their care and support package direct from the provider.

6.13 Someone who was asset rich but income poor could protect their asset by purchasing their flat. If they purchased a 75% equity stake under the HomeBuy Shared Ownership Scheme or purchased the leasehold equity outright, they would then have no rent to pay. They would, of course, need to pay the relevant service charge for scheme maintenance and the communal services, included in the rent in the above example, and which are incurred irrespective of tenure. The precise arrangements would be determined by the model/providers.

6.14 It can be seen from this that the net care cost to the County Council is in the order of £176 per week. The gross cost will be £281, as opposed to around £400 to £500 for purchased residential care places from the Councils various spot and block contract providers. As compared with residential care, it also leaves the individual with considerably more

disposable income (but also with more expenses to set against that income) - for transport, food, clothes, household bills, personal items, entertainment etc as compared with the £20 personal expenditure allowance left after meeting Local Authority charges.

- 6.15 Providing care and support in ECH schemes is estimated as saving the County Council between £200 to £250 per place per week on residential care placements. There will, therefore, be significant projected County Council revenue savings from switching to ECH from Residential Care. Assuming a scenario of all tenants being on Housing Benefit and eligible for minimum charge Home Support services then the savings will be in the order of £200 per person per week. A saving of some £104k per annum would be achievable for every ten residents no longer using residential care. The accumulation of savings to be reinvested in further capital developments will depend however on the provision of suitable land and capital resources (particularly for socially rented or affordable housing) in the early stages of implementation. This is the major challenge in delivering this strategy.
- 6.16 For the 40% of tenants who have lower levels of dependency then the costing model is making an assumption of no savings as the balance of any home support costs will switch to be met in ECH. The worst case scenario is that there will be the same level of costs to be met but there will be efficiency savings in the delivery of care due to reduced travel time and travel costs.
- 6.17 The model assumes that all potential residents will be on benefits and will receive Home Support free of charge, whereas in reality there are between 60-70% of older people who are partially or fully responsible for meeting their FACS charges. Hence the projected savings have a substantial margin of safety built into them.
- 6.18 We have set out above the basic elements and parameters for a Financial Model that is based on the worst case scenario approach to costing the policy alternatives. This gives the County Council a means of building the case for the scale of the achievable savings and producing very robust forecasts of their prudential borrowing capacity. Initial estimates suggest that capital subsidies totalling £30 million could be funded by this means. The strategy is to utilise existing resources and land wherever possible and to optimise as many sources of funding - including sales of equity to older people.

Capital Costs and Equity Subsidies

- 6.19 A Basic Cost Model for developing a range of ECH schemes is set out at Appendix 4. The typical 60 flat scheme will require a 1.5 acre site and have a footprint of 3000 square metres for the flats with a 20% addition for the communal facilities. The total build costs for a 60 unit scheme with 50% two bed flats are expected to be £6.5m at today's prices.

- 6.20 On the capital side, in principle, we anticipate the use of a combination of free / low cost land or buildings from one of the partners; other public subsidy from local authorities and RSL reserves, Social Housing Grant or Department of Health Grant where available; private loan finance and proceeds of sales on some properties. For reasons set out below we anticipate that alternatives to funding from the Department of Health and Housing Corporation will need to be developed further and hence the overall Business Model will encompass mixed tenure and 100% for sale as well as social rented affordable housing.
- 6.21 Funding the capital costs assuming 30% of flats are for sale under shared ownership at a maximum of 75% equity with the balance being social rented properties at affordable housing rents will leave a shortfall of £2.3 m in capital per 60 unit scheme. The majority of the residual value is in the land. Funding the typical development costs will therefore rely on a mixed tenure approach as well as land and capital subsidy if the strategy is to provide affordable housing. This funding model will be applicable in areas of higher social deprivation.
- 6.22 There will be a need to develop schemes in localities or communities which may not support a high level of shared ownership or outright sales. It will be important to assemble ECH schemes from different localities as a set of packages if the strategic partners are to be able to cross subsidise schemes from the higher level of equity receipts achievable in other schemes. This approach will give the partnership the opportunity to develop new schemes in some of the areas of greatest deprivation and need without having to await the availability of large tranches of Social Housing Grant and face stiff competition from bids from other local authority areas.
- 6.23 Not every scheme will require a capital subsidy at net cost to the County Council. Capital subsidies to fund a new scheme can be created by the inclusion of a mix of shared ownership flats as well as other properties for outright sale, depending on the particular sites in question. There are also examples where heavily discounted or free land has been gifted to a scheme but capital receipts have still been generated as part of a wider set of land transactions.
- 6.24 For the Strategy's longer-term implementation an exciting aspect is the possibility for reinvesting funds currently used for residential care across the County together with the release of land by the County Council to housing association partners. It is, of course, possible for the County Council not to take all the revenue "savings" from reducing the care costs in the form of reduced overall spending. It could choose instead to plough those savings back into reducing the need for SHG or RSL borrowing. This will make those individual bids for Supported Housing Grant more attractive to the Housing Corporation.

Department of Health and Housing Corporation Funding

- 6.25 The Department of Health has in recent years made a capital grant available to invest in new ECH schemes by inviting local authorities and their development partners to bid for the grant to help stimulate the growth in ECH. The Government has done this in recognition of the impact of ECH on the reduction of falls, inappropriate hospital admissions and delayed transfers of care.
- 6.26 Further grants may be announced following the Comprehensive Spending Round published in November 2007. It will be of great interest to see if Health Ministers stick with their previous strategy of funding proven preventative services to achieve longer term reduction in spending pressures. Oxfordshire should gear up for another bidding round because the work to do so will be needed to progress its own strategic priorities with development partners.
- 6.27 The Housing Corporation remains a source of capital funding for extra care projects. The next bid cycle is November 2007. This will be for a three year funding allocation effective from April 2008. Consultation on drawing up proposals for extra care housing projects for funding within this time frame has already begun and will need to be progressed in time for this bid round. There may be an opportunity for in year bidding in the third year. Whatever the outcome of this bidding round, work for the next bid round should commence from the start of 2008.
- 6.28 The availability of Housing Corporation SHG will depend on the Regional or Sub-Regional allocation to the Supported Housing investment theme and on the competing priorities for all supported housing across the Housing sub region for the coming three-year allocation round. District Housing Authorities could also explore the use of the rural funding stream for rural ECH schemes.

Other Public Subsidy and Asset Management

- 6.29 Land assembly will be a critical challenge and the implementation of an ECH Strategy will require willingness on the part of a range of agencies and organisations to review their asset management strategies and identify options for land exchanges and other measures to ensure that there are sites of the right size in the right location. ECH is a housing issue as well as a social and personal care issue and all the relevant agencies in the County will have to include the Strategy in the District and Housing sub-regional plans.
- 6.30 ECH should be built into the County Council's Financial and Asset Management Plans so as to properly account for the use of land and other surplus assets. It will also secure the necessary level of corporate support for a critical, inter-agency strategy.

- 6.31 As highlighted in previous chapters, there is a need to think through carefully the planning gain that can be achieved from developers. There is a need to review the current position where public agencies are not being offered land or sites directly for affordable housing but only commuted sums and no nomination rights. The North Yorkshire County Council experience confirmed that doing land deals but not necessarily gifting free land was critical to getting their early schemes off the stocks. It has not had to put substantial capital subsidy in to make the deals stack up - it has, for example, topped off the missing capital when a late change to the proposed scheme mix was required by the Local Planning Authority in order to increase the proportion of two-bedroom flats.
- 6.32 North Yorkshire County Council created a prudential borrowing fund but has not had to spend it all and in some cases has still achieved a capital receipt for itself whilst swapping land to achieve a better outcome for a range of services in a town, including library, highways depot and Primary Care Health Centres. It is all about having a flexible approach to doing deals that best suit partners for specific locations.
- 6.33 Each District Housing Authority, in collaboration with its planning officers, should be asked to identify, in consultation with statutory and voluntary/independent sector partners, those buildings or sites which have the potential for development or re-modelling as ECH schemes in their area. The local project groups will then decide which model or models best fit local circumstances and then prepare an action plan to progress the preferred scheme(s) and models.
- 6.34 Key in this work with private sector developers and planning officers will be scheme wise residual value appraisals to determine the level of public subsidy required to make a scheme add up in financial terms. These appraisals have to be site and scheme specific. Nevertheless it is possible to undertake a net present value option appraisal to help determine the scale of the programme to be pursued. This is further work which should be undertaken at the next stage with accountants, housing enabling staff from one or more of the District Housing Authorities, and potentially a housing provider or strategic housing development partner. The partnership should support and promote mixed tenure developments which encompass homes for rent, shared ownership and to buy as they provide local residents greater choice and flexibility, as well as giving the partnership the ability to direct public funding to those without an alternative solution.

Realising the Revenue Savings

- 6.35 There are a number of critical factors which will determine how successful the County Council will be in realising the potential revenue savings. Other local authorities have found that, due to the high levels of unmet need, developing ECH has added to the supply of services but has not necessarily reduced the need for residential care expenditure.

The long-term effectiveness of the ECH Strategy will require the partnership to invest in capacity to allow for balanced communities. This capacity will exceed the level of provision required to replace residential care by at least 40% and possibly by as much as 60%.

- 6.36 There are at least five issues which need to be addressed if the potential savings are to be realised. These include:
- Developing ECH on a sufficient scale to offer a real choice to those older people who have little option but to accept a residential care placement under the existing system;
 - Balancing this with provision for low dependency cases as part of the wider development strategy - this is a long-term prevention strategy with a fifteen year lead time for less dependent residents
 - Getting the assessment and allocation processes right so that people move early enough to establish relationships and to become a valued member of the community before they become dependent on care. ECH is supported housing and should not just be used to provide better accommodation save in meeting real housing need **and** imminent care needs
 - Achieving resource and funding contributions to reflect the pattern of savings - this is particularly the case for Health which can anticipate substantial savings in a reduced number of falls and other 'social' A & E admissions; earlier transfers back home from hospital because of the access to 24-hour support; increased self management of long term conditions through improved facilities for monitoring
 - Turning off the tap of current spending on residential care - otherwise ECH just adds to the range of better provision available without leading to better use of funding.

Conclusions

Oxfordshire County Council should:

- Develop an Extra Care Housing Strategy for older people to deliver a broad range of affordable housing options and community facilities.
- Replace a significant amount of residential care with extra-care housing on a phased basis.
- Develop Medium and Long Term Capital and Revenue Plans to underpin the strategy.
- Develop a clear Investment Option Appraisal scheme so as to sustain the prudential borrowing that is needed to subsidise further developments.
- Develop the wider private market through the use of planning powers.

Chapter 7 The Way Forward

This Chapter stresses the need for:

- Partnership working, recognising the resources, skills and experience of partners such as Housing
- Adopting a flexible locality based approach within an agreed strategic vision
- A mixed tenure development strategy to maximise the number of schemes that can be developed
- The development of ECH schemes will be enabled by a mix of approaches
- District Housing Authorities to pay more attention to planning for Older People in responding to the Oxfordshire Housing Market Assessment.
- Commissioning for the whole population and adapting the role of the local “strategic” authorities accordingly
- Private developers to be encouraged to offer more choice to older people by developing a wider range of user friendly life time homes as well as Extra Care Housing.

Context

- 7.1 All the relevant agencies involved in the County need to find a way to meet the long term needs of the rising number of older people in the future. This will require the County Council to work in partnership with other statutory agencies if it is to achieve its aims in reconfiguring local services for the older population to promote their independent living at home, to reduce the reliance on institutional forms of care and to promote forms of intensive home care.
- 7.2 All the relevant stakeholders, not just the County Council, need an agreed vision but not a ‘one size fits all’ strategy. Allowance must be made for plans to mature and change over time.
- 7.3 The *vision* on which this Strategy has been built is that ECH becomes a real housing option across all parts of Oxfordshire so that it contributes to older people’s ability to live independently and in a home of their choice for as long as they want.

A complex cross cutting agenda

7.4 A number of critical tasks need to be undertaken to deliver ECH on a whole population scale. This is a wide ranging and complex agenda that will need multi-agency ownership. The tasks are summarised below:

- Setting up an Extra Care Strategic Steering Group at County level to work as part of the Local Area Agreement or Health and Wellbeing Partnership Board decision making machinery and to drive the Strategy forward;
- Improving communication between agencies about forward planning and service development activities. Delivering a communication strategy to keep all stakeholders up to date with development and implementation of the strategy;
- Briefing service users, front line staff, other key partners such as GP's, Elected Members and Board Members;
- Identifying a strategic programme of ECH developments so that schemes are targeted at areas of highest population growth and greatest concentration of social deprivation, based on the health, disability and wealth inequalities identified;
- Building the ECH strategy into other Agency and Regional Strategies and delivery plans so as to secure timely investment;
- Briefing District Planning Officers and influencing Local Development Frameworks as well as meeting and working with private sector housing developers;
- Developing a service specification for Extra Care Housing;
- Doing the joint work on allocation policies and eligibility criteria;
- Establishing a selection process to identify development partners to provide Extra Care schemes and to encourage them to come forward with proposals;
- Establishing Locality Project Groups to oversee the implementation of specific schemes once in the programme and to co-ordinate the agency work in briefing staff and managing the opening of new schemes;
- Agreeing performance targets; and
- Establishing a system for measuring the performance and determining the effectiveness of the ECH Strategy in delivering strategic objectives.

A local approach

7.5 There are different demographic pressures, different population needs, health inequalities and different community expectations and it will need different approaches in different local communities to take advantage of the opportunities that present themselves. There is increasing interest in locality based working through a hub and spoke model to serve a defined population. This reflects the historical,

economic and cultural importance of the market town with its transport links as the centre for delivering joint health and social care services to rural communities.

- 7.6 Each scheme will have a unique profile due to the differing communities, location of the scheme and the specific potential of the sites or existing building to be converted. This reinforces the need for an overall strategy but agencies recognise that it will be delivered differently in different parts of the County. Solutions will be developed on the basis of local opportunities, resources and needs.

A Strategic or Core Model

- 7.7 The overall parts of a strategic model for providing ECH will comprise the following elements, which all have to be addressed in establishing the business case for investing in a new or remodelled scheme:

A Care Model - pathways and types of support made available, mobility and personal care, dementia care, use of telecare and telehealth technology

A Business Model - mixed tenure and 100% for sale as well as social rented Affordable Housing

A Community Model - spatial planning and community development issues - good to offer a shop, hairdressers, community centre, meeting room space for clubs. The design, location and additional facilities are all seen as critical to creating a vibrant scheme. The strategy will require work on a broader level about the potential impact of developments on the local community. For example it could use the development of a new scheme as an engine for starting to regenerate a whole estate or as part of sustaining the economy of a rural community. Enabling older people to have more disposable income will have an impact on local economies and making local communities more sustainable.

A Build or Design Model - setting out the specifications for providing a safe and secure place as a Home for Life adapted to increasing frailty in order to sustain people and avoid future expensive adaptations to include the options for the provision of e.g. a restaurant and assisted bathing rooms, co-location with a Day Centre. Some of the sheltered housing in the County is no longer considered 'fit for purpose' and sooner or later will either have to close or be re-modelled with some substantial new investment.

Land assembly

- 7.8 This Report makes the case for a mixed development strategy given how difficult accessing Supported Housing Grant and availability of land issues are going to be. Land assembly will be a critical challenge and the implementation of this strategy will require a willingness of a range of agencies and organisations to review their asset management

strategies and identify options for land exchanges and other measures to ensure that there are sites of the right size in the right location.

7.9 The development of ECH schemes will be enabled by a mix of approaches such as:

- The development of schemes by the independent sector on land owned or acquired by them. This will include a variety of Retirement Village type or purpose built stand alone Extra Care Housing developments.
- New build on a new site secured by disposal of a partner's redundant building or surplus land or through Planning Gain for affordable housing development
- The remodelling of existing sheltered housing schemes or residential care homes by local authorities, registered social landlords, or the independent sector.
- The decommissioning of existing District Council owned and run sheltered housing schemes. Some of these might be remodelled, whilst others could be demolished with the land used for the development of new purpose built housing schemes.
- The decommissioning of existing County Council owned Residential Care Homes. The homes might be demolished and the land used for the development of new purpose built extra care housing schemes.
- Remodel, reconfigure or replace older NHS services and sites (including rebuilding on site if can flatten the existing building)
- The development of schemes by independent sector providers on council owned land, on private land or land owned by other public body, e.g., NHS.

Mixed Tenure

7.10 This Strategy would prioritise affordable housing schemes including mixed tenure schemes in line with meeting the needs of people who will be reliant upon publicly funded care. Nevertheless the Local Housing and Social Care Authorities have a responsibility to encourage a wider market in new housing options for older people. This approach would rely on working with local planners to identify sites that would provide appropriate opportunities for private sector developments of varying scales.

7.11 The picture of housing tenure does vary around the County and hence the opportunity to develop mixed tenure schemes will vary by locality. Oxfordshire should consider assembling development packages of schemes with strategic partners so that the partners can assure the development of affordable, social rented schemes by cross subsidy between the different developments. The partners will have their publicly funded priorities relying on a degree of subsidy in terms of

land or capital but this strategy should allow local opportunities in non priority areas if the specific proposal does not have a direct negative impact on delivering the main public programme by requiring Supported Housing grant or discounted land. In order to develop new ECH schemes successfully it is important to recognise the role of each partner, ensuring their proper involvement in service planning, development, and operation.

Working with Local Planning Authorities

- 7.12 The County Council must involve the Planning Policy Officers closely in order to ensure that the policy gets into the right documents and work with the Development Control Officers to ensure that it is used to encourage the extra care market. The site allocation documents will be critical in this respect as the big sites will present the best opportunities although it will pick up smaller sites through RSLs. Local planning and land-use frameworks will need to be influenced in order to support the implementation of the strategy.
- 7.13 The County Council must also develop an evidence base if it is going to negotiate effectively and successfully with developers. An approach to doing this based on small area statistics has recently been published and is summarised in Appendix 5. Essentially, the County Council SCS should be planning on the basis of the super output areas because the specific data requirements for each locality. This will also play well into the need to engage very local communities if the ECH Strategy is to produce vibrant schemes that are owned, used and wanted by the local communities.
- 7.14 Sources such as the 2001 Census can be used to create a profile of older populations in any given local or regional area. Planning officers can then consider how the circumstances of older populations will affect demands for three main housing options for older people, which are to:
1. Remain in their own home, adapt/maintain the property as required and organise equipment and support if needed.
 2. Move to different location (e.g. closer to shops, family amenities, better climate) or accommodation with different design or facilities. (E.g. better access, one level, lower maintenance)
 3. Move to specialist housing with a high degree of in house-support (e.g. Extra Care, residential or nursing home accommodation.)
- 7.15 Planning officers can consider how demand for housing and housing-related care will evolve in different areas. For example, demand for specialist housing in the private rented and leasehold sector is likely to increase where large concentrations of high socio-economic groups exist. Suitable development sites close to these communities should be earmarked, and information services to promote these options should

be available. On the other hand, where populations of low social economic groups exist, services will need to act to reduce the likely burden of ill-health, disability, social exclusion. Funding pots for Supporting People or social-rented sheltered and ECH could be strategically invested in or close to these areas. Where large groups of older homeowners and private renters exist with relative income deprivation, services will need to help overcome the likely backlog of repairs, maintenance and demand for adaptations. Information on housing and service options may need to be made more accessible.

Ownership of the Strategic Agenda

- 7.16 This is a complex cross cutting agenda that requires all stakeholders to play their part in delivering ECH. So whilst the County Council will redirect its care purchasing budgets from residential care to ECH it will require close support from and partnership with District Councils and Registered Social Landlords in order to deliver the housing component of the ECH strategy. Similarly, support from the Oxfordshire Primary Care Trust is required in order for ECH to deliver dedicated health care services to each new project.
- 7.17 A shared vision of Extra Care between the District Authorities, County Council and Primary Care Trust will help the Partnership to agree what it is looking to achieve. A recent workshop of senior officers from these main stakeholders acknowledged the need to respond to the 'demographic challenge' by improving the housing options for older people. They recognised the rising expectations of older people and acknowledged the need to plan for the next 30-60 years.
- 7.18 In order to ensure the ongoing and effective development of ECH, it is proposed that a series of next steps take place with involvement by the PCT, the County Council, the City and District Councils, and where appropriate RSLs, private developers and the voluntary sector. It is imperative that this Strategy is linked effectively to other key strategies and developments in older people's services. It will be important to have in place arrangements to ensure appropriate high level oversight and ownership of the strategy.
- 7.19 There is a need to use the Local Area Agreement machinery, the Health and Wellbeing Partnership Board, Oxford Housing Forum as well as the Oxford Planners meeting in order to secure the widest possible ownership of the strategy. This is an absolute prerequisite for sustaining co-ordinated activity over the time span required to deliver this strategy.
- 7.20 However, ECH is not the highest priority for the City and District Councils, reflecting supply problems facing them on a range of family general needs and other supported housing requirements. There is also a concern from the Local Housing Authorities relating to ECH becoming

a County Council driven agenda and missing out on the housing expertise available from a District sheltered housing perspective.

- 7.21 The County Council has to be mindful of those concerns whilst encouraging a new start with those Local Housing Authorities that have still to publish clear strategies in relation to ECH. Nevertheless District Housing Authorities should pay more attention to planning for Older People in responding to the Oxfordshire Housing Market Assessment and recognise that the ECH strategy meets a number of strategic objectives for the District and City Councils. It also fits very well with the Primary Care Trust agenda.
- 7.22 ECH is one of the most practical strands to how Oxfordshire is going to cope with the rising older people population in 30 years time. The initial reaction from officers at the OPCT, City and District Councils is that this multi-themed approach makes complete sense.

Next Steps

- 7.23 A vital part in the development of this strategy will be listening to the voice of older people and representatives from tenant organisations and the older people's forums across the County. Their views should help shape and revise the Strategy and there should be a commitment that this debate with older people will be ongoing. Therefore one of the next important steps will be to consult with older people and the other key stakeholders regarding the implementation of this strategy. In order to provide consistency and efficiency in implementing a major strategy a County-wide steering group is envisaged. Decisions on scheme selection and delivery might best be conducted through local partnership arrangements. Proposals for the arrangements for County-wide and local oversight and implementation will be included in the proposed consultation on the implementation of the Strategy.
- 7.24 **The critical objectives for the next steps have been grouped around the following themes:**
- Raising the profile of ECH to broaden the choices available to older people;
 - Identifying a strategic programme of ECH developments so that schemes are targeted at areas of highest population growth and greatest concentration of social deprivation, based on the health, disability and wealth inequalities identified;
 - Engaging local communities in the development of specific schemes;
 - Detailing the business case to underpin the investment of resources such as land, capital grant and revenue support into ECH;
 - Selecting strategic development partners
 - Mobilising the resources from all the stakeholders to help deliver the programme;

- Assuring the quality of services and the cost effectiveness of the programme; and
- Monitoring the outcomes produced and managing the performance of the services.

7.25 Taking the ECH Strategy forward will require the partners talking to and listening to older people. Consultation and work with older people, through the County's Older Person's Panel and other processes will be a fundamental part of detailed development of the Strategy and its implementation. The subsequent stages of developing an ECH Strategy should involve consulting a wide range of communities to identify the specific opportunities that will need to be built into a programme. This consultation work will include working closely with Local and County Planning Officers. It should be noted that the Oxfordshire Housing Market Assessment has stressed the need for Local Housing Authorities to pay more attention to planning for older people.

7.26 The broad objectives will be secured by the following range of strategic tasks:

- Present the ECH Strategy to District and County Members, non-executive PCT Board members and engage with RSLs.
- Consult older people about their requirements for models of Extra Care Housing, with a focus on design and space issues.
- Create the appropriate partnership group, linked to the Local Area Agreement structure or Health and Wellbeing Partnership Board to approve a vision for Oxfordshire and to oversee the development of the Extra Care Housing Strategy and to monitor its delivery.
- Identify those communities subject to highest population growth and with concentrations of socially rented housing to help target future scheme developments, to inform strategy developments.
- Establish Local Project Groups to deliver the specific schemes in collaboration with providers and community groups.
- Engage all significant stakeholders and commissioning partners to help deliver the Strategy.
- Raise the profile of Extra Care Housing as a viable housing option and a realistic alternative to residential care with staff working in health, housing and social care.
- Identify available resources to be committed by partners, including property assets. OCC to assess the extent of savings from residential care that could be recycled to fund capital subsidy as well as the care contracts in extra care.

- Develop a Strategic Partnership with one or more RSLs to deliver new ECH schemes.
- Work with Local Planners and Developers to secure appropriate mixed tenure affordable housing as well as private sector developments.
- Support early quick wins to attract Housing Corporation funding in the November 2007 bidding round.
- Work on opportunities to develop schemes from the following sources:
 - Remodelling OCP's residential care facilities
 - Planning gain on strategic sites
 - Re-modelling sheltered housing schemes
- Refine the capital costing model as the basis for assessing the level of capital subsidy required by strategic development partners.
- Develop the financial and investment appraisal model for valuing Nomination Rights against the cost of asset contributions to scheme developments.
- Review the County Council asset disposal policy in the light of the critical contribution that subsidised land will make to secure the development programme and to achieve consequent revenue savings.
- Evaluate all new extra care housing schemes, including pilot projects and monitor jointly by Housing, Social Services, Health, and Supporting People and where appropriate the relevant provider.
- For each extra care housing development there will be a multi agency group to work as a project team through development process. Six months after completion of all extra care housing developments the project group will reconvene to evaluate the scheme in terms of design, service delivery and wider benefits. The results will be shared with Extra Care Housing Steering Group and lessons learnt will be forwarded to next development project group.

7.27 A Plan has been drafted (see Appendix 6) to illustrate the range of activities that the ECH partnership will need to tackle if it is to deliver the key objectives of the ECH Strategy as set out above. The following assumptions have been made in writing the draft overall programme:

- The partners have already subscribed to the objectives and the agenda of tasks,

- It is not a project plan setting out a detailed and integrated project timetable,
- It does indicate the principal tasks to be undertaken to deliver an ECH strategy with these objectives,
- The priority tasks will need to be worked on concurrently within a realistic and achievable timeframe,
- The need for a partnership approach to the development of the Extra Care Housing is understood and accepted, and
- It is not exhaustive of all the actions required of each partner.

- 7.28 Dedicated resources will need to be identified to co-ordinate and implement these 'next steps'. As joint commissioning teams are developed in local health economy areas, the development of extra care housing and implementation of the development programme should be included. In addition housing resources will need to be allocated and linked into these teams. In the interim, Social and Community Services should resource specific tasks from relevant Operational Managers and the Contracts Unit.
- 7.29 One of the early steps is the work on agreeing a more detailed action or project plan taking into account the resources, which each partner is able to contribute, the dependencies between various strands of activity and the priorities assigned by the partnership. Action Planning is an important step to assure good partnership working but it must not detract effort from tackling the immediate priority issues of promoting bids through the Affordable Housing Programme bidding round and securing strategic development partners to begin the urgent work of delivering schemes as soon as possible for the older people of Oxfordshire.
- 7.30 The County Council and its partners should review the proposed 'Next Steps' before seeking agreement to an appropriately detailed Action Plan from the relevant high level partnership body. A Project Plan needs to be prepared for joint ownership by all the key stakeholders in early 2008.

Conclusions

The critical tasks are to:

- Secure ownership of the ECH Strategy
- Establish robust partnership working to oversee and deliver the Extra Care Housing strategy
- Develop a Communications Strategy
- Detail the business case to underpin the investment of resources such as land, capital grant and revenue support into Extra Care Housing
- Draw up a more detailed investment programme based on the need appraisals at the locality level
- Develop the market for ECH
- Deliver a range of ECH schemes as quickly as possible
- Develop an Outcomes and Performance Management Framework

Chapter 8 Overall Conclusions and Recommendations

Overview

- 8.1 This Strategy is intended as a reference point, so that ECH in Oxfordshire means housing built to a defined standard with a set of defined characteristics. With an increasing older population, and as one of the LAA objectives is to reduce residential placements and hospital admissions, it is imperative that ECH becomes more widely understood and recognised as a viable housing option.
- 8.2 ECH can take many forms and one 'model' will not fit all circumstances, particularly in terms of the rural context of much of the County. However, there is now an agreed definition of what will constitute extra care. Central to developing the Strategy is the principle of partnership working and listening to the views of older people as service users and potential service users. Funding opportunities in terms of capital finance and revenue funding streams have been identified. Work has begun and must continue on building up appropriate bids for Housing Corporation allocations and releasing revenue funding from the existing care budget.

Implications for Oxfordshire County Council

- 8.3 Developing ECH is an important strand to delivering the County Council's strategic shift away from residential care. It will increase the choices available to older people, including owner occupiers who wish to retain an equity stake in their accommodation. It is consistent with the drive for greater value for money and by enabling older people to have more disposable income will have an impact on local economies and making local communities more sustainable.

Conclusions and Recommendations

Oxfordshire County Council should:

- Develop an Extra Care Housing Strategy for older people to deliver a broad range of affordable housing options and community facilities.
- Replace a significant amount of residential care with extra-care housing on a phased basis.
- Develop Medium and Long Term Capital and Revenue Plans
- Develop the wider private market through the use of planning powers

The District and City Councils 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 extra care housing with a reasonable balance between ownership, mixed equity and social rent. The availability of social housing grant is likely to be limited. Developing a mixed tenure approach will be necessary if Extra Care Housing schemes are to provide affordable housing to both former social housing tenants as well as to owner occupiers on low incomes with limited capital resources, such as older people living in Right to buy properties.

Extra Care Housing is a housing issue as well as a social and personal care issue and the partnership arrangements put in place to oversee the development and implementation of the strategy will be crucial. The District and Housing sub regional plans will have to include the strategy. Extra Care Housing should be built into the Oxfordshire County Council Financial Plans.

The Partnership of Social and Community Services, Borough and District Housing Departments, Cabinets and PCT Board should agree and adopt the following:

- The Extra Care Housing Strategy for Older People in Oxfordshire; and
- Consultations with older people and key stakeholders and partners on the best means of implementing the Extra Care Housing Strategy for Older People.
- The development plan
- The proposed next steps

A Partnership Board should have overall responsibility for ensuring that the extra care housing strategy is put in place effectively. Progress on the implementation of the strategy should be reviewed by the Local Area Agreement Group or by the Health and Wellbeing Partnership Board on an annual basis from January 2008 onwards.

Appendix 1 Indicators of Need

When these factors, in particular the key factors of age, gender, living alone, and the involvement of a resident carer, are linked to demographic trends and projections, it is possible to ascertain where the greatest concentrations of older people at risk of entering residential care or needing extra care housing are living in Oxford.

DOH Indicators

- *How Many Older People? - including population projections*
- *How many older people live alone?*
- How safe do older citizens feel?
- What is the local mix of housing tenure amongst older people?
- How many elderly carers are there?
- What is the quality of the housing stock in which older owner-occupiers are living?
- The local prevalence of dementia, mental ill health and physical impairment
- How many older people currently live in Sheltered Housing and Extra Care Housing?
- To what extent do Sheltered Housing and Extra Care Housing currently support people who are physically frail or who suffer from dementia?
- What are the estimated numbers of residents currently in care homes, whom the experience of Extra Care would have enabled, continued independent living?
- What is the volume of intermediate care and delayed discharge where housing is the only, or predominant factor in inhibiting a return home?

Appendix 2 The ‘Virtual Care Village’ Model

The model, as developed by Cumbria County Council, consists of basic elements that enable its repetition in other areas. The basic elements are;

- A geographical area within which mobile care and support services can remain responsive to people’s needs. This may be based on ‘response times’ or journey times, which vary according to the nature of the locality rather than, by a defined size or particular radius.
- The use of community alarm and Telecare services including a range of sensors that enables the management of risk and the targeting of services in the event of an emergency.
- The use of mobile handsets to enable care workers to be contacted by the alarm provider and access information (such as current health needs and care services provided to the client) as required.
- The use of telemedicine services, purchased by the local Primary Care Trust to enable the monitoring of a person’s vital signs from home.
- Provision of an Extra Care housing scheme in the area for people who choose, or need to move into a more enabling type of dwelling.
- Provision of a homecare service dedicated to meeting the care needs of all those living in the area, including the Extra Care scheme. This removes the need for an on-site care team during the daytime, whilst still providing the level of care required.
- Provision of a responsive night time care service available across the area defined, (with possible retention of onsite waking night, or sleepover service within the Extra Care scheme and use of the scheme as a base for the night time care team)
- The provision of a modern housing visitor service (floating support service funded via the Supporting People Grant) that is capable of providing support to all, regardless of tenure.
- Partnership with Health, to enable provision of telemedicine to people in the area.

Appendix 3

Comparison between Sheltered Housing, Residential Care and Extra Care Housing

	Sheltered Housing	Residential Care	Extra Care Housing
Personal Accommodation	One bed flat or bedsit with kitchen and bathroom. Space and equipment standards will vary according to age of the scheme.	13m bedroom	46m one person flat or 55m two person flat with kitchen and en suite shower and toilet facilities, built to modern wheelchair mobility standards.
On site care	Housing Scheme Warden to offer good neighbour support (Resident or Peripatetic) Home support according to care plan.	24/7 care provided by the on-site care team. Average of 7 hours per week face to face care from staff.	24/7 support provided by intensive home support with night cover. Average of 10 hours per week intensive home support.
Communal facilities	Lounge, laundry, assisted bathrooms	Lounge, dining room	Restaurant, lounge or club meeting area, shop, laundry, hairdresser, IT suite
Independence	Supports independent living as long as tenant does not require mobility standard accommodation	Tends to create dependency because of the lack of private space to encourage continued self care such as cooking.	Supports independence and with appropriate support from Health Services will delay the need for nursing home care.
Disposable income for people reliant on State benefits	Residual income from state pension having paid utilities	Minimum Personal Expenditure allowance of £20 per week.	Residual income from state pension having paid utilities.

	Sheltered Housing	Residential Care	Extra Care Housing
Revenue Costs	Home Care Charges paid by OCC or person subject to FACS. Rent paid tenant or by Housing Benefit	£384-£550 per week per person paid by OCC subject to CRAGs charges	£200-£300 per week per person subject to individual charging under FACS
Capital Costs	Housing Provider meets the costs	OCC meets the costs through its contract prices.	OCC subsidy required to enable development.

The cost components in extra care

The following sets out the range of costs and related financial assistance available to people living in Extra Care schemes. It attempts to explain the position for both tenants and owner occupiers.

COSTS	TENANTS	OWNER OCCUPIERS
Property and property maintenance/ management costs	Rent and some non Supporting People eligible service charges - paid by the individual but may be covered wholly or partly by (means tested) Housing Benefit	Individual responsibility to be met from pension/ other personal resources
Individual heat, lighting, power, water charges	To be met from pension/other personal resources	
Council tax	To be met from pension/other personal resources - means tested council tax benefit may apply. Single person rebate and disability reduction will apply as appropriate	
Personal care and support	Care contract funded by Social Services but subject to prevailing charging policy	To be met from pension/other personal resources plus any attendance allowance/ disability premiums etc
Help with housework	May be included within care package for more disabled people. Otherwise to be purchased from pension/other personal resources	

Appendix 4 A Model of Financial Costs for ECH Schemes

The table (see below on next page) shows the total scheme costs comprising construction costs, land price and fees for schemes ranging in size from 30 to 60 units. Within each size band there are different levels of communal space allowed and different proportions of 2 bed properties.

The model projects the costs of future proofing schemes against the rising space standards of the Housing Corporation and the expectations of future generations of older people. One bed flats could easily become the 'hard to let' bedsit equivalent of today. Older people will be going into extra care largely from owner occupation and may want somewhere for their visitors (possibly elderly in their own right) to stay if they've come from far away...which will be the trend. An extra small room would be advisable; not having this facility will make it feel like a care home.

The other issue is how to scale the communal facilities for different sizes of scheme ranging from 30 units up to 60 units depending on available sites. This will depend on the outcome of local consultations over what facilities are required in each specific scheme. 20% will provide for a reasonable range of facilities for a 60 unit scheme but for a thirty unit scheme the proportion of communal space may need to rise as the office for scheme manager and other staff rooms are not going to shrink proportionately, etc. The model uses 15% to test the financial impact of having minimal communal facilities as perhaps might result in a Sheltered Housing conversion scheme or in a locality where additional facilities were co-located or provided in the wider community. The model also gives the costs of providing up to 25% in a new build community hub type scheme.

The construction costs, fee rates and land prices are based on recent trends from a comparable Home Counties shire but Oxfordshire Social and Community Services should consult their own Property Asset and Housing colleagues. Most Quantity Surveyors will use Spons' "Architects' and Builders Price Book" which is now available for 2008 published by the RICS.

There is plenty of room for argument over the appropriate level of build rates i.e. the construction costs per m². It would be sensible in the light of recent experience to project costs at no less than £1500 per m² as schemes should have a high level of mechanical and electrical features built in; plus construction will need to be to a reasonably high specification to cover both Housing Corp standards plus the additional environmental requirements that most Local Authorities are introducing e.g. 10% energy to be generated on site. This is a 25% increase on the original costing estimate of £1200 per m².

The costing model is based on the following sizes of site: 0.5-0.75 acres for 20 units, 1 acre for 30-40 units and 1.5 acres for 50-60 units. The assumptions on land take are generally robust although at or below the one hectare level it very much depends on the shape of the site that is acquired. Land costs at £1.5m per acre are probably in the mid-range of prices and will be too low for competing with speculative developers in accessible locations. Oxfordshire will need to pay up to £1.75m per acre if they want to develop schemes close to local community centres and near the shops. This would add £375,000 to the quoted total scheme costs of the largest schemes.

There is some scope to negotiate a lower range of fees to reflect scale i.e. repetitive design, single site acquisition. This will depend in part on the procurement strategy. It would also be sensible to allow for building cost inflation running at 7% for the foreseeable future.

Total Cost Model for Extra Care Housing schemes

15% Communal Facilities		Total Scheme Costs			
% 2 beds	Units	30	40	50	60
25		£4,421,417	£5,395,223	£6,744,028	£8,092,834
50		£4,557,649	£5,576,865	£6,971,081	£8,365,298
75		£4,693,881	£5,758,508	£7,198,134	£8,637,761
100		£4,830,113	£5,940,150	£7,425,188	£8,910,225

20% Communal Facilities		Total Scheme Costs			
% 2 beds	Units	30	40	50	60
25		£4,548,435	£5,564,580	£6,955,725	£8,346,870
50		£4,690,590	£5,754,120	£7,192,650	£8,631,180
75		£4,832,745	£5,943,660	£7,429,575	£8,915,490
100		£4,974,900	£6,133,200	£7,666,500	£9,199,800

25% Communal Facilities		Total Scheme Costs			
% 2 beds	Units	30	40	50	60
25		£4,675,453	£5,733,938	£7,167,422	£8,600,906
50		£4,823,531	£5,931,375	£7,414,219	£8,897,063
75		£4,971,609	£6,128,813	£7,661,016	£9,193,219
100		£5,119,688	£6,326,250	£7,907,813	£9,489,375

The table shows the expected range of costs depending on the scale of the scheme, the proportion of two bed flats and the level of communal facilities provided.

Other Construction and Capital Cost Assumptions (Based on recent experience in a Comparable Home County Shire, 2007 prices)

Interest rates 6.5% (Effectively can borrow up to 15 times the available mortgage repayment part of the rental income stream)

Size of 1 bed / person flat 46m²

Size of 2 bed flat 55m²

Revenue Cost Assumptions

Residents will require on average 10 hours per week care and support (Use this as an eligibility criteria for ECH)

Estate Manager will cost a salary of £20-£25k per annum

Residential care in Oxfordshire

£400 to £500 per week Residential care

£542 to £624 per week Nursing Home

Domiciliary Care

£28.50 per hour at Isis Court (inclusive of 24/7 night care etc)

£17.50 per hour OCC standard contract

£12 per hour private sector charges to self funded clients in large private 'care village' type services

£285 per week to support an ECH tenant for 10 hours per week

Funding Cost Assumptions

Landlord and Care Provider are separated - there is no crossover between capital subsidy and saving on revenue costs for OCC

The affordable target rent will support a mortgage; fund the maintenance and depreciation sinking fund and meet housing management costs.

There will also be a housing service charge and housing related support costs to be funded. The service charge can be claimed from HB whilst there will be no SP funding to meet the HRS costs - self funders will need to meet both costs from their own money.

OCC can increase its contribution to meet Housing Related support charges to reduce the charges to tenants and self funders and to effectively maximise the mortgage repayment capacity within the target rent.

The role of other public subsidy (OPS) is about achieving delivery of schemes at affordable rents in the first place.

There are a number of ways of contributing OPS to schemes: direct capital contribution; heavily discounted or free land.

Capital can also be raised from the proceeds of sales from a mixed tenure scheme - this will of course reduce the rental income from the scheme.

Shared ownership or outright sale schemes are generally configured to achieve a nil rental on the outstanding 25% of the equity in order to avoid asking the self funders to pay rent as well as the housing service charge and care costs. Target rents in Oxfordshire will be in the range of £85 per week for a 1 bed flat and £90 per week for a 2bed flat.

Service charges will be £45 per week per flat.

There will need to be written guarantees from the RSL or developer that HB will fund their declared level of rent and service charges.

Void rates will be set at 10% for budget construction purposes (expect rates closer to 2-4% in actual operation)

Total Housing Corporation SHG available is likely to be £3.5m for all supported housing per Housing sub region for the coming 3-year allocation round (N.B.

We could also explore the use of the rural funding stream for rural ECH schemes) - assuming that the Housing sub region has or will agree an 8-10% allocation to the Supported Housing theme.

All figures are rounded to make a worst case scenario for revenue planning purposes.

All residents will be charged for the care hours as agreed on their care plan.

There will be a fixed service charge for housing services such as cleaning of communal facilities, provision of meals, etc.

Projected Rental Stream and Capital Income from Sale of Shared Ownership Equity

£85 x 60 units x 0.9 x 50 weeks will provide for a potential annual rental income stream of £240,000. The potential loan repayment will be a maximum of 66% of the rental stream yielding £160,000 per annum. At an interest rate of 6.5% this will support £2.7 m of capital borrowing. This will be reduced by whatever proportion of the properties is allocated for shared ownership or direct sale.

The 2 bed flats will be worth £175k and a 75% shared ownership stake will realise a capital contribution of £130k with no additional rental charge on the outstanding 25% equity.

For each block of 12 flats (20% of the total) that are released for shared ownership the Mortgage payable from rents will be reduced by £0.54m whilst the capital contribution from sales will be £1.56 m. The total capital funding available will therefore rise by £1m for every 20% shift in the balance from social rented to shared ownership.

The capital costs for a sixty bed scheme built to the high specification of the Housing Corporation with a good range of communal facilities, excluding land will be £6.3m at today's prices.

The high costs of construction and the anticipated shortage or lack of Social Housing Grant mean that up to 60% of the flats will have to be for sale to fund the construction. A contribution of £0.5m from Housing Corporation SHG and free land from Section 106 planning gain, surplus sites gifted by partners or

other direct subsidy contributions from partners will balance the capital funding requirements to ensure that development is affordable.

Assuming the average price of a two bed semi acquired under RTB legislation in Oxfordshire is £200k then these schemes will be attractive to those “asset rich and revenue poor” older couples who wish to downsize whilst retaining an equity stake for passing on as a legacy to their children. The release of capital will also free up resources to pay for their care. The rate of attrition of the capital at Fairer Charging rates will be £285 per week or just under £15k per annum on average. This will mean that the typical OP couple will be able to fund their care for three years before becoming a new “threshold case” as their capital is depleted below £20,500.

Conclusions

- A 60% for sale target will be needed on a 60 flat scheme if no SHG is available.
- An 80% for sale target will be needed on 60 flat schemes if there is no SHG and only a minimal discount for land.

Appendix 5 Population Data and the Implications for Planning Housing for Older People

Sources such as the 2001 Census can be used to create a profile of older populations in any given local or regional area. Planners can then consider how the circumstances of older populations will affect demands for three main housing options for older people, which are to:

- Remain in their own home, adapt/maintain the property as required and organise equipment and support if needed
- Move to different location (e.g. closer to shops, family amenities, better climate) or accommodation with different design or facilities. (E.g. better access, one level, lower maintenance)
- Move to specialist housing with a high degree of in house-support (e.g. Extra Care, residential or nursing home accommodation.)

Planners can consider how demand for housing and housing-related care will evolve in different areas. For example, demand for specialist housing in the private rented and leasehold sector is likely to increase where large concentrations of high socio-economic groups exist. Suitable development sites close to these communities should be earmarked, and information services to promote these options should be available.

On the other hand, where populations of low social economic groups exist, services will need to act to reduce the likely burden of ill-health, disability, social exclusion. Funding pots for Supporting People or social-rented sheltered and Extra Care housing could be strategically invested in or close to these areas.

Where large groups of older homeowners and private renters exist with relative income deprivation, services will need to help overcome the likely backlog of repairs, maintenance and demand for adaptations. Information on housing and service options may need to be made more accessible.

This data can be used to help planners consider existing and future housing provision along the lines of the three general housing options set out above as these will cover the great majority of older people.

Planners may wish to refer to demographic data when considering multiple applications for development sites and give preference to those that feature older people's housing where necessary.

Furthermore, data on tenure, health, disability and deprivation should be useful to local planners in considering the circumstances and means of older populations. Tenure is closely linked to need for adaptations, health and disability and social class (Lifeforce survey 2005). In addition, it is a useful indicator of access to capital and the ability to provide for care and housing needs in later life.

Wealth and socio-economic status is an enormous differential in terms of health and disability in older populations. Planners can use two key assumptions that emerge from survey data; firstly that chronic health conditions and disability strongly correlate to the overall socio-economic patterns of different older populations.

This is particularly notable in 'young old' age (i.e. 50 to mid 70s) where numerous conditions, such as reporting balance or dizziness problems, show the largest inequalities (ELSA 2006).

Predicting demand is important in helping planners to determine:

- Investment in health and social services that promote independence
 - The extent and nature of specialist provision such as sheltered housing
 - The environmental and housing arrangements that will enable people to continue to be integrated within local neighbourhoods as they age
 - Strategies for managing the local housing market both public and private
 - How new build developments can respond to an ageing population. (For example via Section 106 agreements or guidelines for statutory planning.)
 - Investment in information services to assist individuals in planning for their future needs

The study also pointed to a strategic role at the County-level in helping Districts identify Section 106 priorities. Section 106 allows local authorities to set demands for community resources as a condition of planning permission for developments, such as affordable housing or community resources. Data on the characteristics of district-level older populations is expected to be helpful in ensuring the older people's housing and community needs receive a higher priority in future.

This is particularly the case in Extra Care Housing provision, where Districts must venture to promote the development of the housing stock, but the County must actually commission the social care and work with existing and prospective residents on their care choices. The greater the evidence-base on

likely future demand, the less chance of mismatch between housing stock, demand, and allocation care and low-level preventative resources.

It is very important that unsuitably located sheltered schemes or residential care homes are not replaced by unsuitable Extra Care schemes. The Department of Health criteria for site selection set a high standard in relation to the location of sites and the level of interaction with the community. This should be reflected in local planning considerations such as the Local Development framework.

Schemes which are obviously poorly located are much less attractive to older people. They are therefore much less likely to get external grant funding from the Housing Corporation or Department of Health unless they can clearly demonstrate counter balancing advantages.

Other LA's have developed experience in working with the private sector developers. OCC will need to take this on if it is to persuade the private sector to develop some of the accommodation. OCC needs to develop a clear strategy, work on a robust specification and emphasise the benefits to the developer of key deliverables.

Consultation should take place with RSLs, nationally and locally, to ensure their involvement and partnership in the realisation of the strategy at an early stage. RSLs manage a range of sheltered housing schemes which may be suitable for conversion to extra care housing and are also providers of housing-related support and care. It may be possible to attract inward investment from RSLs.

A critical part to delivering this strategy will be working with the private sector developers and planners by engaging the private sector housing developers through the District level meetings that Housing hold.

Appendix 6 Draft Action Plan

Objective	Task	Action by	Timescale
Secure ownership of the ECH Strategy	Present the ECH Strategy to District and County Members, non-executive PCT Board members and engage with RSLs.	Health, Housing, Social and Community Services staff.	December 2007
	Consult older people about their requirements for models of Extra Care Housing, with a focus on design and space issues.	Incorporate into existing Consultation processes	December 2007 onwards
Establish robust partnership working to oversee and deliver the Extra Care Housing strategy	Create the appropriate partnership group, linked to the Local Area Agreement structure or Health and Wellbeing Partnership Board to approve a vision for Oxfordshire and to oversee the development of the Extra Care Housing Strategy and to monitor its delivery.	Social and Community Services staff.	December 2007 onwards
Establish Local Project Groups to deliver the specific schemes in collaboration with providers and community groups.			
Develop a Communications Strategy	Engage all significant stakeholders and commissioning partners to deliver the Strategy.	Social and Community Services staff.	December 2007 onwards
Raise the profile of Extra Care Housing as a viable housing option and a realistic alternative to residential care with staff working in health, housing and social care.			

Objective	Task	Action by	Timescale
<p>Draw up a more detailed plan based on the need appraisals at the locality level</p>	<p>Identify those communities subject to highest population growth and with concentrations of socially rented housing to help target future scheme developments, to inform strategy developments.</p> <p>Identify available resources to be committed by partners, including property assets. OCC to assess the extent of savings from residential care that could be recycled to fund capital subsidy as well as the care contracts in extra care.</p>	<p>Health, Housing, Social and Community Services staff.</p> <p>Housing, Health and OCC</p>	<p>Spring 2008 onwards</p> <p>December 2007 onwards</p>
<p>Develop the market for ECH</p>	<p>Develop a Strategic Partnership with one or more RSLs to deliver new ECH schemes.</p> <p>Work with Local Planners and Developers to secure appropriate mixed tenure affordable housing as well as private sector developments.</p>	<p>Extra Care Housing Steering Group</p>	<p>December 2007</p>
<p>Detail the business case to underpin the investment of resources such as land, capital grant and revenue support into Extra Care Housing</p>	<p>Refine the capital costing model as the basis for assessing the level of capital subsidy required by strategic development partners.</p> <p>Develop the financial appraisal model for valuing Nomination Rights against the cost of asset contributions to schemes.</p>	<p>SCS and EE staff Strategic Housing Officers OCC Technical Accountancy staff Selected RSL Development Partners</p>	<p>December 2007 onwards</p>

Objective	Task	Action by	Timescale
	<p>Review the County Council asset disposal policy in the light of the critical contribution that subsidised land will make to secure the development programme and consequent revenue savings.</p>		
<p>Developing an Outcomes and Performance Management Framework</p>	<p>All new extra care housing schemes, including pilot projects will be evaluated and monitored jointly by Housing, Social Services, Health, Supporting People and where appropriate the relevant provider.</p> <p>Six months after completion of all extra care housing developments the project will be evaluated in terms of design, service delivery and wider benefits. The results will be shared with Extra Care Housing Steering Group and lessons learnt will be forwarded to next development project group.</p>	<p>Extra Care Housing Steering Group</p> <p>Lead for project group that oversaw the development.</p>	<p>For life of scheme development normally in region of 18 months to 2 years.</p> <p>For initial schemes anticipated date for evaluation July 2010</p>

List of Organisations and People Consulted

Organisation	People Consulted
Oxford City Council	Michael Lawrence & Graham Stratford
South Oxfordshire DC	Anna Robinson
West Oxfordshire DC	Lesley Sherratt
Cherwell DC	Frances Brown
Vale of White Horse DC	Paul Staines - no response
Cottsway Housing Association	Stuart Edlington, Helen Scragg & Paul Hemming
Oxford Citizens Housing Association,	Ian Gilders
South Oxfordshire Housing Association	Carol Hall
The Vale Housing Association	Bill Henderson & Roger Bartlett
Bedfordshire Pilgrims Housing Association	John Cross & Alison Baggett
The Orders of St. John Care Trust	Andrew Cheeseborough
Banbury Homes Housing Association Ltd.	Ian McDermott - <i>no response</i>
Charter Community Housing Ltd	Fiona Underwood - <i>no response</i>
Oxfordshire Primary Care Trust	Penny Astrop & Suzanne Jones
Oxfordshire County Council - Social and Community Services	Sandra Stapley, Rachel Pirie & Julie Smith
East Sussex County Council	Jenny Tuck
Durham County Council	David Shipman
North Yorkshire County Council	Neil Revely & George Lee
Derbyshire County Council	Julie Vollar & Sharon O'Hara
Hanover Housing Association	Teresa Snaith