Improving Lives  
Hull's Extra Care Strategy  

2010 -2025  

“I want to live the way I want to not the way someone tells me”  

“If I had the choice of where to live, I’d stay right here”
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Forward

This Extra Care Strategy aims to improve the lives of a substantial number of people who live in Hull and describes our plans for how we will do this.

The Strategy identifies that the number of people who need social care and housing support in Hull is going to increase over the coming years. Through the provision of an extra care housing programme we aim to increase the choices available to people, as they grow older, about where they live, whilst also addressing the needs of younger people who need social care and support to live independently.

Extra care housing is a fantastic facility that helps those in need of extra care live a more independent and enjoyable life. It is not just for older people but also for younger people with mental health, learning or physical disabilities too. It provides self-contained housing with support and care, with on-site social care services. These services are available 24 hours a day, seven days a week.

Extra care housing is an especially useful provision for people with dementia, and the strategy highlights the increasing numbers of people who are likely to require such services. One of the benefits of extra care housing is that people can move there before they have a need for high levels of social care, and especially for people with dementia, the right design and familiarity with the environment and the people providing care and support can assist people in their everyday lives.

We believe that extra care housing will provide the people who live there with an increased quality of life and more choice and control in how they live their lives.

Councillor Stephen Baker Portfolio Holder for Adult Care, Health and Equalities

Councillor Rick Welton Portfolio Holder for Regeneration and Housing
Executive Summary

1. Introduction

This strategy for providing extra care housing sets the strategic direction for the next ten to fifteen years and a detailed action plan for the medium-term. The strategy sets out to provide approximately six hundred more units of extra care housing, over the next six to eight years, in the city. This will be through a combination of new build and enhancement of existing sheltered and supported housing. It is proposed to expand the benefits of housing with care to people living in the vicinity of the extra care schemes, by the development of care networks, operating out of the extra care housing hubs.

A longer-term target figure for Hull of 2,000 units of extra care housing is set for the city, based on an analysis of the evidence available at present, national data and achievability over the next ten to fifteen years. The target will need to be subject to regular review, taking into account changing demography and the projected increase in the number of people who would benefit from care and support. It will also need to be informed by the outcome of the current debate over the reform of the funding of care.

In 2008 it was estimated that 8,477 people in Hull over 65 lived alone and had a limiting long term illness, and that this figure is likely to increase to 9,900 by 2020. National data suggest that about 30% of people in such circumstances are likely to benefit from extra care housing.

The model proposed in this strategy is to create an option that will cater for, not only older people, who need care and support, but also younger people with disabilities and mental health problems; as well as people of all ages with dementia. The development of a city-wide network of care can potentially also support others in the future, including families with members who have support needs.

- 1,832 adults in October 2009 were supported by Hull City Council in residential care
- 356 of these were placements outside Hull
- It is expected that another 171 people will require a placement before the end of 2009-10
- Using past trends it is projected that by 2025, the need for residential care will have increased by around 750 places amongst the over 65 population alone unless alternative options are available
- There are 4,443 units of supported housing, around 76% of these are primarily for older people, people with disabilities and people with mental health problems
- 1,070 people are receiving care services in their own homes

1 From Department of Health “Projecting Older People Population information system” based on projections from 2007 population
2 Care Services Improvement Partnership – The Extra Care Housing Toolkit
2. What is Extra Care housing?

- Extra care housing is a type of housing designed to meet the needs of older people and other people with care and support needs, working age people with disabilities and mental health problems. Sometimes other terms such as “assisted living” or “very sheltered housing” are used to describe the same concept.

- Unlike residential care homes it provides people with their own individual home which they may rent or own (on a leasehold or shared ownership basis). Often the housing will be in the form of flats or bungalows and will have been designed or adapted to meet the care and support needs of the prospective occupiers.

- Access to care and support is available 24 hours a day either on site or by call. (Individual needs may vary). This is a key way it differs from traditional sheltered housing, along with the expanded range of services which will be provided on site or available nearby, such as a restaurant.

- Extra care housing may also incorporate intermediate care facilities. These provide temporary accommodation with care and support to people, for example on discharge from hospital.

- Extra care housing can provide people with an alternative option to moving to a residential care home and help people to remain in the community and continue to enjoy existing social networks.

3. How development of Extra Care housing will benefit people living in Hull

- Extra care housing provides an opportunity to improve the health and well being of the people living in it. It is an attractive option for many potential residents because they have their own home, which they can furnish how they like, and it is also easier for people to retain social networks.

- It contributes to the development of preventative measures which can defer or delay people needing longer-term services; with both savings from reduced use of residential care and better outcomes, especially in respect of performance against a range of national and local indicators. Especially NI 136: People supported to live independently through social services.

- A wider range of funding possibilities exists to fund extra care housing than residential care for both the local authority and potential residents. The value of any home owned by someone moving into residential care is taken into account after 12 weeks, in assessing the contribution needed towards paying for the placement. This normally means the home has to be sold to meet the cost of care. If, however, the move is to extra care housing, the sale of one home can be invested in the purchase of another.

- The following outcomes are expected from the Extra Care programme:
  - More people feel safe in their own homes and as part of the community;
  - Flexible care and support is provided closer to home;
  - Fewer disabled and older people are in care homes or hospitals;
  - More choice in housing and care is available for older and disabled people with less reliance on traditional models of delivery;

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3 Whether the house has to be sold to fund care is dependent on who else lives in the home
Carers are less isolated and have better support;
Local health and care employers make greater investment in their workforce development and the application of best practices;
The gap on national life expectancy is reduced as local life expectancy increases, and;
More specialised housing is available, built and designed for future flexibility.

4. Proposals for providing and funding Extra Care housing in Hull

- There are currently only 40 units of extra care housing in the city and these are all for social rent. Increasing the numbers will be through a package of different funding options with a Private Finance Initiative (PFI) providing an initial boost. We will also seek other funding opportunities and through savings in other budgets, seek to increase provision by converting existing sheltered housing.\(^4\)
- Extra care housing provides a flexible and hence sustainable model of housing. It is hoped that existing housing providers will seek to future proof their housing and that residential home providers, as elsewhere in the country, will consider diversifying into extra care
- Currently with only 40 units of extra care housing, most potential residents and many potential providers are not aware of the option; increasing demand requires demonstration of its benefits through increased supply and this needs to be initiated by public investment.
- Household income levels and current tenure mix require initial extra care housing to be focused on social housing for rent, with more limited public investment in facilitating low cost home ownership options

\[\begin{array}{|l|}
\hline
• It is estimated that each unit of extra care housing will generate savings of £3,300 per year to the local authority and £2,700 to the National Health Service
• The saving rises to £425 a day if there is speedier discharge from the Humber NHS Foundation Trust assessment and treatment services for adults with a learning disability.
• Supporting a person in existing extra care housing costs the local authority around £200 on average per person per week, with the highest current cost around £440 per week.
• The average cost of residential care purchased from in-house and independent providers is £433 per week.
\hline
\end{array}\]

\(^4\) The cost of residential care placements do however range from under £400 to over £1000 per week for external placements with an average figure of £386 per week and an average cost of £1287 per week for residential care provided by Hull City Council as an in house contract (based on 2009/10 outturn figures).
5 Monitoring the impact of the introduction of Extra Care housing

- Places in the proposed new extra care housing developments will be targeted initially at people, who would otherwise have needed to move into residential care, and people needing to move as a result of regeneration activities in the city for whom sheltered or supported housing would have been a possible option.

- The programme proposed in this strategy represents a major transformation in how care and support services are provided for many people. A rigorous monitoring and evaluation process will be put in place to check that the benefits anticipated are delivered, and to provide early information about any changes needed.

6. The future

- Nationally by 2029 it is expected that there will be three people under 65 for every person over 65; in the 1940s there were five people of working age to every person over 65.

- In Hull by 2025 it is expected the ratio will be 4.2:1.

- This change has led to a national debate on how we fund long-term care but will also mean that there will be fewer people in the working age population to do the caring.

- The model to develop extra care housing set out in this strategy is founded on developing care networks which can cover the city and making use of technology; combined with person to person contact to monitor individual health and well being as well as providing easy access to help and information.

- The model we adopt needs to be able to adapt to national policy and funding changes and local need and demand.

- New ways of working and opportunities for employment will develop and also new ways for users of care services to choose and control what they receive.

- The process described for funding extra care reflects current processes but policy will be amended to reflect proposed national changes to develop a national care service.
7. Layout of the Extra Care Strategy

Chapter One    Introduction

Chapter Two    Strategic vision and objectives

Chapter Three    Extra care strategy in context - links to national, regional and local strategies

Chapter Four    Summary of the evidence

Chapter Five    Delivering the objectives

Chapter Six    Resources to deliver the strategy

Chapter Seven    Monitoring and evaluating the strategy

Action Plan

“I feel safe and secure”
A Hull tenant of extra care housing
Chapter One: Introduction

This Hull's first Extra Care Strategy aims to provide a strategic direction for the next ten years with the overall outcome of improving the quality of life of older people and other people who need support and care to help them to live independently in the community by increasing the options available.

What is extra care housing?

- The key features of extra care housing are that it provides specially designed housing with access to care and support.
- It is designed to meet the needs of older people and working age people with disabilities and mental health problems with care and support needs.
- It provides people with an individual home which they may rent or own (on a leasehold or shared ownership basis). Often the housing will be in the form of flats or bungalows.
- The housing will have been designed or adapted to meet the care and support needs of the prospective occupiers.
- Access to care and support is available 24 hours a day either on site or by call. (Individual needs may vary).
- A range of services will be provided on site or available nearby.
- Extra care housing may also incorporate intermediate care facilities these provide temporary accommodation with care and support to people, for example on discharge from hospital.
- Extra care housing can provide people with an alternative option to moving to a residential care home and help people to remain in the community and continue to enjoy existing social networks.

The strategy sets a detailed programme to 2015 and looks forward to future years – the strategy will be subject to regular review.

Format of the strategy

- Chapter One provides a summary of why extra care housing is needed and what currently exists in Hull.
- The vision for the strategy and the strategic objectives are set out in Chapter Two.
- An explanation of how this extra care housing strategy is linked to and supports other national and local strategies found in Chapter Three.
- Chapter Four summarises the evidence.
- Chapter Five sets out the plan for achieving the strategy objectives with more details in the Action Plan.
- Chapter Six is concerned with the funding and other resources to deliver the extra care programme.
- Chapter Seven sets out how the strategy will be monitored and what measures will be used to check that the extra care programme is having a positive effect in increasing the well being of the people who live in it.
Why do we need extra care Housing in Hull?

- The number of adults with care needs helped to live at home is lower than the national average.
- Life expectancy in Hull is lower than the national and regional average.
- The extra care programme aims:
  - To increase the opportunity for people to continue to live in their own home, and;
  - To increase both quality of life and life expectancy by utilising telecare, and telehealth opportunities linked to a network of care and support services.

The purpose of the strategy

The strategy sets out the evidence for and the way to provide increased extra care housing in Hull. As a sub strategy of the Hull Housing Strategy, it provides the detailed action plan to deliver this specific form of housing, and also provides specific strategic direction for care and support commissioning plans. The strategy is linked to and derived from a wide range of national and local strategies as summarised in Chapter Three.

Consultation process

Development of this strategy has been informed by a wide ranging consultation process involving both people living in extra care housing, potential future residents and their families, people providing and commissioning housing and care and people supporting communities who may benefit from extra care housing. The consultation process is summarised in Appendix One and the results form part of the evidence base.

Further consultation took place on the draft strategy, and future consultation will take place to inform the development of specific extra care housing projects throughout the extra care housing development programme.

What extra care housing currently exists?

Grove House providing forty flats opened as Hull’s first extra care scheme in 2002 and was developed and run as a partnership between Anchor Housing Trust and Hull City Council. It provides evidence of demand for extra care housing and the benefits it can bring to people living there.

The Grove House experience

Many people currently living at Grove House moved in when it opened in 2002 and it is providing a home for life for most people living there. Generally the only reason people choose to move out is if they need 24 hour nursing care.

A consequence of this is flats rarely become vacant and the waiting list shows the demand that exists with over 100 people registered.
People living at Grove House are actively encouraged to do as much for themselves as they are able and a range of social activities are organised to reduce the risk of isolation.

Grove House’s manager has found working in partnership has proven to be successful. She reports:

“Communication between both agencies works extremely well, ensuring that continuous improvement is maintained for the well being of all individuals. Carers on site 24 hours a day respond promptly to the Anchor emergency calls. This gives all tenants peace of mind and security and takes the fear factor out of living alone and being isolated. This also takes pressure from families who care for their loved ones”.

Our programme is also informed by experience in providing an intensive care service for example to people with physical disabilities living in specially adapted housing. Development of supported housing for people with learning disabilities, such as the St Ambrose Court scheme provided by Hull Churches and English Churches Housing Group, which provides housing with support and personalised care packages provides another example of the type of provision we will seek to increase.

“I call this my home. It’s my own space“
A tenant of extra care housing in Hull
Our strategic objectives are:

a) To provide for newly arising needs for adults who might need residential care through development of new extra care housing whenever appropriate and gradually reduce reliance on the direct provision or commissioning of residential care places.

b) That the independent and third sector be encouraged to provide extra care housing and diversify from residential care provision when appropriate.

c) To enhance the quality of life of people through the provision of extra care housing and to close the gap of life expectancy between Hull residents and the national average, by improving the quality of life of residents through the provision of extra care housing.

d) To enhance existing sheltered housing provision to provide extra care housing based on a Hull standard. The actual numbers to be determined following detailed assessment of cost effectiveness on a scheme by scheme basis.

e) For people with learning disabilities: to incorporate existing supported shared housing schemes and provide self contained homes within the extra care programme. Expand the capacity to enhance shared housing provision and replace outdated permanent residential home provision over time.

f) For people with mental health problems: aim to provide new extra care places as an alternative to residential care but continue to fund dispersed supported housing places.

g) For people with dementia: aim to provide a Centre of Excellence providing 100 units, and ensure design and service provision of all extra care places takes into account the needs of people with dementia, but the minimum number will include those agreed in Project One (the initial PFI expression of interest).

h) The development of a City wide network of care can potentially also support others in the future including families with members who have support needs.

“If I had the choice of where to live, I’d stay right here.”
A tenant of extra care housing in Hull
Chapter Three: The Extra Care Strategy in context

The strategy sets out the actions that will result in additional new housing and care options being developed in Hull. Chapter Five summarises national and local evidence about why it is necessary to alter how services are currently provided, if residents are to have an improved quality of life, and services provided are to be sustainable and affordable into the future.

This chapter identifies national, regional and local strategies which delivery of the strategy supports and describes the strategic context in which it has been developed. The Extra Care Strategy is both a sub strategy of the Housing Strategy and guides care and supports commissioning.

**Shaping the future of care together**

In 2008 the Government began a comprehensive debate on how care and support for adults should be provided and paid for. This led to the production of a Green Paper in July 2009 called "Shaping the future of care together".

This diagram from the green paper shows the six national entitlements that the 2008 national debate identified as needed and the outcomes that will result in reform of care and support.

The need to reform the current system of care and support in England as a result of the increasing number of people who will need care and support as a result of long-term illnesses, being disabled, growing older or having an accident increases. Current levels of income from income tax and national insurance contributions will not be sufficient, as the age distribution of the population changes, as shown in the graph below taken from “Shaping the future of care together”.

The Green Paper set out different funding options for the future:

- **Partnership**: state pay set part, remainder self funded or state funded dependent on personal wealth.
- **Insurance**: voluntary insurance against cost of care with various payment options.
- **Comprehensive**: compulsory state insurance scheme, then free care.

![Projected number of adults aged 16+ with a care need in England, 2012–40s](image-url)
The White Paper “Building a National Care Service” was published on 30th March 2010 and sets out proposals to build a comprehensive National Care Service for all adults in England with an eligible care need, free when they need it.

Building the National Care Service

The six enduring principles for the National Care Service are set out below.

The National Care Service will:

1. **Be universal** - supporting all adults with an eligible care need within a framework of national entitlements.
2. **Be free when people need it** – based on need, rather than ability to pay.
3. **Work in partnership** – with all different organisations and people who support individuals with care and support needs day-to-day.
4. **Ensure choice and control** – valuing all, treating everyone with dignity, respecting and individual’s needs and putting people in charge of their lives.
5. **Support families, carers and community life** – recognising the vital contribution families, carers and communities play in enabling people to realise their potential.
6. **Be accessible** – easy to understand, helping people make the right choices.

The six pillars for the National Care Service describe what people can expect and are set out below:

1. Prevention and wellbeing services keep you independent.
2. Nationally consistent eligibility criteria for social care enshrined in law.
3. A joined-up assessment
4. Information and advice about care and support
5. Personalised care and support, through a person budget
6. Fair funding, with a collective shared responsibility for paying for care and support

The White Paper sets out a staged process for development of the National Care Service to ensure that it is affordable and sustainable.

Following the election in May 2010, the Government announced it will set up an Independent Commission to report within a year on responsible and sustainable funding for long-term care and that the Government will take decisive steps to accelerate the pace of reform so that older people and disabled people get the care they need and have more choice and control over how their needs are met and reiterated the importance of services working together to support people to live independently in their own homes.
Improving Lives : Hull’s Extra Care Strategy 2010-2025

Hull’s extra care strategy is underpinned by the values set out initially in “Shaping the Future of Care” and restated in the White Paper. The extra care strategy from the outset aims to improve and support delivery in:

- Prevention services;
- Personalised care and support;
- Information and advice, and;
- A joined up service.

This will result in demonstrable local improvements in:

- Quality and innovation;
- Joined up working, and;
- A wider range of services.

The solutions for a sustainable care and support system are built on the foundations of existing programmes and strategies.

Chapter Six describes the current resources available to deliver the extra care strategy; future local policy will be amended to reflect national changes.

**National Strategies and Programmes**

**Putting People First (2007)**

Aims to prevent people from developing care and support needs when possible and through a partnership between the whole of central government, local government, the NHS and independent and voluntary social care sector provide improved information, advocacy and provide more control of services with people who use them through the development of personalised services.

- **Delivery of the extra care programme builds on personal budgets commenced in Hull and the need for joined up services.**

**Lifetime Homes, Lifetime Neighbourhoods (2008)**

This sets out a cross government strategy linking housing, health and care to deliver lifetime neighbourhoods and specifically improve housing for older people and improve advice and information. It sets goals for all new housing to meet the lifetime homes standard by 2013 and for all public sector funded housing to achieve this standard by 2011.

- **Homes built to lifetime homes standard because of the facilities they contain and the potential to easily adapt them to enable most people to continue to live in them as they age, or if they become disabled. This will assist in increasing the number of people who can be supported to live in their own home with care.**

- **Hull City Council promotes building to the lifetime homes standard.**

**Independent Living Strategy (Office for Disability Issues 2008)**

This sets out a five year plan to help all disabled people to have the same choices and control over their lives as non disabled people, and helps people to achieve independent lives.
The extra care housing programme builds on existing housing and support projects in Hull to assist more disabled people to have their own home.

Right to Control included in Welfare Reform Bill (Office for Disability Issues 2009)

This will provide disabled people with more choice and control over certain support services.

High quality care for all (Department of Health 2008)

This focuses on prevention and the development of new integrated health and care organisations.

Hull City Council working with NHS Hull and Humber NHS Foundation Trust are exploring the potential and benefits of new ways of joint working. Hull is a pilot area for expanding choice and personalisation into health services for local people as part of the NHS Next Stage Review.

Independence and opportunity – National Strategy for Supporting People (Communities and Local Government 2007)

This sets out how the Supporting People initiative should be progressed with the target of improving service users’ choice and control.

Carers’ Strategy (Department of Health 2008)

This sets out a long-term vision for the future care and support of carers.

Hull City Council and NHS Hull work with the Hull Carers Centre to support carers. Extra care housing and the network of care will assist carers and build on initiatives such as shared care, operated locally, and which is targeted at adults with a learning disability and older carers.

National Dementia Strategy

This focuses on improving care, increasing awareness and earlier diagnosis and intervention. Hull City Council, the Hull Primary Care Trust and the Humber Mental Health Trust are developing a local action plan in consultation with the voluntary sector.

Developing a Centre of Excellence for people with dementia forms a key part of the extra care housing strategy and ensuring design of housing and services meet the needs of people with dementia is recognised to be critical. The impact on every day living of developing dementia is frequently a reason why people cannot continue to live independently in their own homes.
Local strategies

*Community Strategy and Local Area Agreement*

One Hull – the Local Strategic partnership produced a Community Strategy (2009 – 2011). It sets a direction for the city with goals of increasing earning, learning, health and safety for all residents. The Local Area Agreement (LAA) sets out Hull’s priority actions to support the community strategy based on a set of key indicators. The extra care strategy will make a substantial contribution to increasing performance against National Indicator 142 – which measures number of vulnerable people supported to maintain independent living.

**Housing Strategy (2008-11)**

The diagram above shows how Hull’s housing strategy supports the community strategy.

Delivery of increased extra care housing is a key action of the *Housing Strategy*. Increasing extra care housing is one of the building blocks to achieving the objective of
building stronger communities whilst also supporting the building a balanced housing market through delivery of increased housing quality, choice and affordability. This extra care strategy sets out the detailed delivery plan to deliver this action. It will also support a range of housing sub-strategies including the homeless strategy, as the provision of appropriate support and options through extra care housing will support the preventative agenda of the **Homelessness Strategy** and the **Affordable Warmth Strategy**.

"**Being Part of it**, Hull’s Older People Strategy** (2008-11) addresses the needs of older people and their families through a partnership approach and as with the **Housing Strategy** and the **Learning Disability Commissioning Strategy**, the extra care strategy provides the detailed action plan to deliver the housing and care and support elements of these strategies.

**The Supporting People Strategy** (2005-10) identifies development of extra care housing as a priority. Revision and development of the supporting people strategy will be informed by the extra care strategy.

Investing in carers is **Hull’s strategy for carers** and the extra care programme will inform its development and revision. Supporting and working with carers underpins the approach to developing new housing and care options.

Other local strategic linkages include the **Digital Inclusion Strategy** and development of the Telehealth Institute with the Hull Primary Care Trust and the University and the development of a local dementia strategy.

The extra care strategy will link into and support delivery of the **NHS Hull Primary Care Trust’s Strategic Direction & Delivery Plan** and complement the **Commissioning Strategy (2009)**. The extra care strategy will directly support delivery of NHS Hull's Community Services Vision.

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**NHS Hull’s Community Services Vision**

We will invest in community healthcare services that:

- Improve the health of the population we serve;
- Place users, carers and families at the centre of designing services appropriate to their need;
- Recognise the importance of placing an increased emphasis on primary prevention of ill health and enable people to aspire to healthy lifestyles;
- Are integrated with local authority, primary care, acute care services and other healthcare partners to provide residents of Hull with services that are designed to work together for their health benefit;
- Are based on consistently high standards for healthcare providers ensuring consistently safe, high-quality services that meet demand, and;
- Innovate to improve efficiency and effectiveness

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It will also support the activities of the Humber NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust by reducing the length of hospital stays when possible by providing the opportunities to receive care at home; through the development of care networks operating from extra care housing centres, homes designed to be accessible, and the inclusion of intermediate care places within extra care housing. The Community Health Care Partnership will provide the intermediate care services to support the
discharges Extra care housing will also support emerging health strategies such as the
*End of Life Commissioning Strategy (2009–2014).*

**Hull’s Core Strategy** is in preparation and will set the overall vision for Hull and key
development principles and investment priorities in the city up to 2026. Extra care
housing development will play a major part in addressing specific housing development
needs.

**Regional and sub regional housing strategies**

Hull’s extra care strategy will also contribute to delivery of the *Yorkshire and Humber
Housing Strategy (2005-2021)* outcomes; to increase the amount of affordable
housing, meet decent homes standard, reduce fuel poverty, and specifically support
provision of specialist housing and appropriate support for older people and other
vulnerable client groups.

Meeting the diverse needs of people in the Humber is one of the objectives of the draft
*Humber Housing Strategy (2009-2019)* with increased provision of extra care housing
a key tool in doing this.

“I am happy here, I can do as I like”

A tenant of extra care housing in Hull
Chapter Four: Summary of the evidence

This section summarises why Hull needs to increase the supply of extra care housing to meet needs and increase quality of life. It summarises current provision of housing with care and support within the city.

The foundation for the evidence is found in the Joint Strategic Needs Assessment developed by Hull City Council and NHS Hull and which will provide a regularly updated evidence framework. This will guide future commissioning and revision of the extra care programme. It can be found at http://jsnaonline.org.

The long-term target figure of 2,000 extra care places is based on guidance within the Department of Health extra care toolkit, informed by evidence about need and supply and an assessment of what can be achieved in the next ten years.

The evidence is based on current prevalence figures and projected future numbers. Future projections and actual requirements can change. This may be for example as a result of changes in the composition and numbers of people in the local population; from people moving into and out of Hull and changes in the local and national economy. Current information available also suggests an element of hidden or unknown care and support needs. This is based on numbers of people receiving care and anticipated prevalence rates based on national figures of conditions such as dementia and learning disabilities.

Hull’s population

The table below shows population projections for the whole population and for people aged over 65 to 2025.

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<td>Total population</td>
<td>260,100</td>
<td>264,500</td>
<td>275,800</td>
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<td>Population aged 65 and over</td>
<td>36,300</td>
<td>36,400</td>
<td>40,000</td>
<td>43,100</td>
<td>47,500</td>
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<td>Population aged 85 and over</td>
<td>4,400</td>
<td>4,600</td>
<td>5,000</td>
<td>5,700</td>
<td>6,600</td>
</tr>
<tr>
<td>Population aged 65 and over as a proportion of the total population</td>
<td>13.96%</td>
<td>13.76%</td>
<td>14.50%</td>
<td>15.04%</td>
<td>16.01%</td>
</tr>
<tr>
<td>Population aged 85 and over as a proportion of the total population</td>
<td>1.69%</td>
<td>1.74%</td>
<td>1.81%</td>
<td>1.99%</td>
<td>2.22%</td>
</tr>
</tbody>
</table>

Source: Projecting Older People Population Information System (POPPI) based on ONS population projections based on 2006 mid year population estimates

The latest estimate of the number of households is 114,000 (2006). The Housing Market Assessment which was updated in October 2009 assumes a growth in the number of households by 710 per year, during the period 2008-2026. A copy of the Housing Market Assessment can be found on the Hull City Council website http://hullcc.gov.uk on the Planning/Planning Policy web pages.

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5 Hull's current population is currently estimated to be 258,700 based on 2007 mid year population estimates

6 The Housing Market Assessment Update (October 2009) is based on not only population projections but also takes into account a range of potential economic scenarios. Regional research by Edge Analytics suggests the population growth in Hull by 2026 may only be around 5100 people based on growth and migration estimates based on economic scenario setting.
Hull’s population is continuing to diversify with an increase in the City’s BME population, from 3.6% at the 2001 census to 8.8% in the latest 2007 population estimates. The JSNA concluded that it is difficult to estimate future BME population growth due to the unpredictable nature of migration, but it is anticipated that there will be further growth in all groups to 2030. White British is the largest ethnic group. There are a higher number of younger people than older people within other ethnic groups. It will be important to continue to monitor the ethnic make up of current and potential recipients of extra care services and undertake regular impact assessments of services provided and satisfaction levels, and take up by different ethnic and faith groups.

**Increase in Hull’s BME and Non White Population 2001 – 2007**

![Graph showing the increase in Hull’s BME and Non White Population 2001 – 2007](image)

Source: Population Estimates Unit, ONS © Crown Copyright. This data may be reproduced freely within the City Council, but it must not be used for commercial use.

A survey of Council sheltered housing tenants indicated that only around 2% classified their ethnic group as being non white British. The chart below taken from the Impact assessment of council housing services on older people, shows the ethnic breakdown of council tenants aged 56 plus.

![Figure 2, Ethnic origin of tenants over 56](image)
The table below derived from the Projecting Older People and Adults Needs and Service Information (POPPI and PANSI) databases shows the estimated ethnic breakdown by age group for Hull, and are based on the Office of National Statistics (ONS) experimental statistics.

**Estimated breakdown by ethnicity and age (mid 2007)**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>People aged 18-24</th>
<th>People aged 25-34</th>
<th>People aged 35-44</th>
<th>People aged 45-54</th>
<th>People aged 55-64</th>
<th>People aged 65-74</th>
<th>People aged 75-84</th>
<th>People aged 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White*</td>
<td>88.90%</td>
<td>87.71%</td>
<td>93.73%</td>
<td>96.52%</td>
<td>98.20%</td>
<td>98.58%</td>
<td>99.30%</td>
<td>99.33%</td>
</tr>
<tr>
<td>Mixed Ethnicity</td>
<td>1.71%</td>
<td>1.55%</td>
<td>0.91%</td>
<td>0.54%</td>
<td>0.38%</td>
<td>0.34%</td>
<td>0.22%</td>
<td>0.34%</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>3.96%</td>
<td>4.49%</td>
<td>2.20%</td>
<td>1.22%</td>
<td>0.58%</td>
<td>0.47%</td>
<td>0.17%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>2.11%</td>
<td>2.44%</td>
<td>1.45%</td>
<td>0.81%</td>
<td>0.34%</td>
<td>0.33%</td>
<td>0.17%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Chinese or Other Ethnic Group</td>
<td>3.31%</td>
<td>3.81%</td>
<td>1.70%</td>
<td>0.91%</td>
<td>0.50%</td>
<td>0.27%</td>
<td>0.15%</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

*(this includes British, Irish and Other White)*

The current ratio of people aged 16 to 64 compared to people aged over 65 is about 5.5:1 based on 2008 mid-year estimates. It is estimated that the ratio will reduce and using population projections based on 2006 mid-year estimates there will be about 4.2 people aged 15-65 to every person over 65 by 2025.

**Current and future need**

There are larger numbers of people who may have care and support needs who could benefit from development of extra care housing and an extended care network. The target figure of 2,000 extra care places in the city will be kept under review but is based on estimated current and future need and achievability.

**Numbers of older people**

Over the next two decades it is expected that the number of people aged over 65 will increase from just over 36,300 to 47,500 by 2025. The number of people over 85 is estimated to be 4,400 but with an expected increase to 6,600 by 2025. There are more women over 65 than men as shown in the graph below.
Projected increase in numbers of men and women over 65

![Graph showing increase in number of people aged 65+ by gender]

Source: Projecting Older People Population Information System (POPII) based on ONS population projections based on 2006 mid year population estimates

It is estimated that a quarter of people over 65 have a long-term limiting illness but this rises to nearly 60% of people over 85. The number of people over 65 who live alone and have a limiting long-term illness is projected to increase, from an estimated 8,461 in 2009 to 10,106 by 2020 based on POPPII data.7

The extra care toolkit suggests that 30% of this group might be anticipated to benefit from extra care housing.

Numbers of people with a learning disability

It is estimated that about 2.2% of the general adult population have a learning disability (Emerson and Hatton, University of Lancaster 2008). Based on these national prevalence figures the number of adults with a learning disability in Hull is estimated to be 3,914 and it is expected, based on national prevalence figures that this would equate to 974 out of this population having a severe disability.

In 2007-08 575 adults under 65 and 76 over 65 received a service for people with a learning disability, 460 adults under 65 and 45 over 65 received a community based service for people with a learning disability (source: Referrals, Admissions and Packages of Care (RAP) data).

Numbers of people with dementia

GP registers in 2006-07 show 775 people registered as needing services for dementia. This figure when compared to national prevalence rates suggest a high level of under reporting and hidden need, and would also suggest that only people in the higher needs group are being recorded.

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7 This is based on Office for National Statistics (ONS) tables using information from the 2001 census. Numbers have been calculated by applying percentages to projected population figures.
The table below shows national prevalence of dementia by age.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2007</th>
<th>2017</th>
<th>2021</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-64</td>
<td>56</td>
<td>63</td>
<td>65</td>
<td>2628</td>
</tr>
<tr>
<td>65-74</td>
<td>431</td>
<td>493</td>
<td>520</td>
<td>2926</td>
</tr>
<tr>
<td>75+</td>
<td>2141</td>
<td>2370</td>
<td>2530</td>
<td>3115</td>
</tr>
</tbody>
</table>

These figures relate to moderate to severe levels of dementia but it is estimated by NHS Hull that in addition to the above figures, a further 3,000 people may have mild levels of dementia.

**Mental health**

641 adults under 65 and 474 over 65 received a mental health service based on Referrals, Admissions and Packages of Care (RAP) data during 2007/8, 533 people with a mental health problem under 65 and 220 over 65 received a community based service.
Numbers of people with a physical disability or sensory impairment

- 8.6% of Hull’s population was registered disabled in 2007.
- 2,165 people aged 18-65 and 6,485 over 65 received a service in 2007-08 based on the Referrals, Admissions and Packages of Care (RAP) data and 1,071 adults under 65 and 5,356 over 65 received a community based service.
- Based on national prevalence of disability, the Hull JSNA estimates that the prevalence rate in Hull will be 41,000 (all ages).
- Over 11,000 people living in Hull in 2008 had a blue parking badge.
- Adaptation projections are shown in the tables below based on a baseline of 1,746 major adaptations per year (set from the mean average of adaptations 2005-06 – 2008-09 and forecast for 2009-10); estimated 61% will be major adaptations for council tenants and 39% disabled facilities grants for people in other tenures

a. Adaptation projections for people aged 65+

<table>
<thead>
<tr>
<th></th>
<th>Baseline (mean average of last 5 years)</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population with limiting long term illness aged 65+</td>
<td></td>
<td>19,328</td>
<td>21,135</td>
<td>22,703</td>
<td>25,187</td>
</tr>
<tr>
<td>Major adaptations needed based on 4.6% of population</td>
<td></td>
<td>873</td>
<td>889</td>
<td>972</td>
<td>1044</td>
</tr>
<tr>
<td>Major adaptations for council tenants - based on 2.8% of population</td>
<td></td>
<td>533</td>
<td>541</td>
<td>592</td>
<td>636</td>
</tr>
<tr>
<td>Increase in minor adaptation requests from Council tenants</td>
<td></td>
<td>963</td>
<td>966</td>
<td>1056</td>
<td>1135</td>
</tr>
<tr>
<td>Increase in Disabled Facility Grant applications – based on 1.8% of population</td>
<td></td>
<td>340</td>
<td>348</td>
<td>380</td>
<td>409</td>
</tr>
</tbody>
</table>

b. Adaptation projections for people aged 18-64 with severe or moderate disabilities

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population with severe or moderate disabilities</td>
<td>16,207</td>
<td>16,726</td>
<td>17,476</td>
<td>17,985</td>
<td></td>
</tr>
<tr>
<td>Major adaptations needed based on 5.6% of the population</td>
<td>873</td>
<td>907</td>
<td>937</td>
<td>979</td>
<td>1007</td>
</tr>
<tr>
<td>Major adaptations for council tenants based on 3.4% of population</td>
<td>533</td>
<td>551</td>
<td>569</td>
<td>594</td>
<td>611</td>
</tr>
<tr>
<td>Increase in Disabled Facility Grant applications based on 2.2% of population</td>
<td>340</td>
<td>356</td>
<td>368</td>
<td>384</td>
<td>396</td>
</tr>
</tbody>
</table>

Source: Hull City Council Adaptation records and projections based on POPPI/PANSI projections
Health issues

About 7,000 people aged 18-64 in Hull are likely to have moderate or serious personal care disabilities in 2009 (Source: Projecting Adults Population Information System (PANSI). This is projected to increase to over a 1,000 by 2025.

Life expectancy

Life expectancy for people in Hull is over two years less than the national average for England and Wales and more than three years less than people living in East Riding of Yorkshire and is shown in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Hull</th>
<th>National ranking</th>
<th>East Riding of Yorkshire</th>
<th>National ranking</th>
<th>Kensington and Chelsea</th>
<th>National ranking</th>
<th>England &amp; Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>75</td>
<td>316</td>
<td>78.8</td>
<td>138</td>
<td>84.3</td>
<td>1</td>
<td>77.82</td>
</tr>
<tr>
<td>Women</td>
<td>79.5</td>
<td>314</td>
<td>82.3</td>
<td>166</td>
<td>88.9</td>
<td>1</td>
<td>81.95</td>
</tr>
</tbody>
</table>


Life expectancy varies from ward to ward in Hull with the highest life expectancy being 79.2 in Holderness and the lowest at 69.1 in St Andrew’s. Further details can be found in the Hull Atlas which forms part of the JSNA.

The incidence of various health conditions including depression, heart disease stroke and falls are predicted to increase as the population grows older; unless there are suitable policy interventions, such as the development of extra care housing to provide a safe and healthy place to live, with access to care and support. From local Hospital Episode Statistics data, the total number of hospital admissions involving a diagnosis of a fracture to the neck or the femur and a secondary diagnosis relating to a fall, for persons aged 65+ years for Hull was 464 between 2006-07 and 2008-09. With an ageing population, it is predicted that hospital admissions due to falls will increase 30% by 2025 (www.poppi.org.uk).

Poor quality housing contributes to excess winter deaths with an average 15 excess winter deaths per month recorded during 2006-2008.

There is a national recognition of the poor health status of individuals who have a learning disability. The evidence remains that people with a learning disability die at a younger age than the rest of the population. Local work is under way in partnership with The Valuing People Partnership Board, NHS Hull, Humber NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust and Hull City Council to address the issues of death by indifference for adults who have a learning disability.

Supply and demand

Hull City Council funded 1,832 adults in October 2009 to live in residential care homes. POPPI projections based on population increase and census 2001 data, would expect this figure to be 1,477 in 2009 and to have increased to 1,753 by 2020.

Over 400 adults each year move into residential care, 420 people in 2008-09 and a projected 411 in 2009-10. The table below shows the provision in the city at August 2009 (excluding nursing care); numbers do fluctuate from month to month.
<table>
<thead>
<tr>
<th>Client group</th>
<th>Total units</th>
<th>Self funders</th>
<th>Other LA</th>
<th>Voids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>1102</td>
<td>130</td>
<td>39</td>
<td>116</td>
</tr>
<tr>
<td>People with a mental health problem</td>
<td>162</td>
<td>2</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>People with a physical disability</td>
<td>87</td>
<td>3</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Older people with mental health problems</td>
<td>346</td>
<td>28</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>People with a learning disability</td>
<td>211</td>
<td>3</td>
<td>41</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>1908</td>
<td>166</td>
<td>131</td>
<td>176</td>
</tr>
</tbody>
</table>

Source: Social Care and Housing records

In August 2009 about 9% of people living in a residential care home were self funders. Nearly 7% of residential care places in Hull in August 2009 were purchased by other local authorities, primarily East Riding of Yorkshire. Nearly a quarter of residential care places provided in the city for people with physical disabilities were funded by local authorities other than Hull. Hull is funding 356 people in 2009 in residential care homes outside Hull.

There are 176 empty places in residential care homes at August 2009, which is around 9% of the total bed spaces, the majority being in homes catering for people over 65.

Hull’s Supporting People programme supports 3,386 places in supported housing for older people, people with mental health problems, physical, sensory and learning disabilities; but the majority of these places are for older people. The table below shows the breakdown by primary client group and compares to national provision.
Sheltered housing is a popular option for many people. The Supporting People programme provides funding for 2,968 sheltered housing units provided by Hull City Council and twelve housing associations; and funds 3,572 community alarms provided to homes owned by a range of housing providers. There is overall demand for sheltered housing but demand does vary dependent on the location and type of property. Sheltered housing schemes with bungalows are generally in high demand.

Around 3% of the council stock is defined as sheltered housing. Just over 9% of council owned sheltered housing were empty at November 2009 with 4.2% (35 properties) empty for more than six months, but over 40% of these were identified for disposal or demolition.

Sheltered housing with bedsits, located further from other amenities and services, or where the design makes access more difficult, are in lower demand.

504 people are registered with Hull City Council for sheltered housing (November 2009) and housing associations also generally report demand for this type of housing. Over 13,300 households of all ages are registered overall with the council’s choice based lettings scheme Homsearch; with a split of 77% new registrations and 23% transfer requests.

Most sheltered and supported housing in Hull is social rented with some limited options for shared ownership and leasehold schemes. The location and type of properties affects demand. 1,070 people are supported to live independently through care services provided to them in their own home and through day care options.

Around 238 people living in sheltered housing are in receipt of home based care services and 39 people living in supported housing schemes for people with a learning disability, or about a quarter of people receiving home based care services.

In 2008-09, 719 people received intermediate care to prevent a hospital admission and 748 to speed up discharge from hospital, in nearly 90% of cases this did not require a residential placement.

**Poverty and social exclusion**

Approximately 43% of Hull’s population live in areas defined as within the 10% most deprived nationally and Hull is ranked as the 11th most deprived district out of 354.\(^9\)

**Income levels in Hull**

Average household income levels and capital owned are generally low in Hull, meaning social rented and shared ownership, especially based on a deferred equity model, are likely to be the most popular tenure for extra care housing.

Hull is a low income city with an estimated 58.6% of households having an income of less than £20,000 and 31.6% less than £10,000\(^10\), the annual survey of hours and earnings shows a median income of £17,108, which is lower than the regional average. Hull is ranked as the 20th most deprived area based on income levels.

The table below based on the *Housing Market Assessment*\(^11\) findings estimates income required to afford to access homes in different tenures. This does not take account any existing equity and savings people may have to contribute to the cost.

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\(^9\) Indicators of multiple deprivation

\(^10\) – Housing Market Assessment 2009 based on CACI household income estimates 2008

\(^11\) Housing Market Assessment Revision 2009 – GVA Grimley
52.2% of the Hull population over 60/65 receive a state pension plus another state benefit (i.e. incapacity, carer, income related, disability, bereavement but not including housing benefit) compared to 31.85% nationally.

The table below provides information about the take up of a range of benefits in February 2009. For those over 60, the introduction of pensions credit from November 2003 saw 13,535 recipients of this entitlement, this rose to 17,370 by February of 2009.

**Numbers of claimants**

<table>
<thead>
<tr>
<th></th>
<th>Working age</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incapacity benefits</td>
<td>14685</td>
<td></td>
</tr>
<tr>
<td>Total number of people claiming working age benefits</td>
<td>39690</td>
<td>6835</td>
</tr>
<tr>
<td>Attendance allowance</td>
<td>6835</td>
<td>40760</td>
</tr>
<tr>
<td>State pension</td>
<td>40760</td>
<td>17370</td>
</tr>
<tr>
<td>Pension credit</td>
<td>17370</td>
<td></td>
</tr>
</tbody>
</table>

*Source - Office for National Statistics (ONS)*

Over a third of households in Hull are in receipt of housing or council tax benefit. At March 2009 Council records indicate 38,778 claimants.
There are 116,690 domestic dwellings in Hull (source: Council Tax records, April 2009), 29.6% of these are social rented and 70.4% privately owned. The table below shows the estimated tenure split.

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Number of properties</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority</td>
<td>27,480</td>
<td>23.50%</td>
</tr>
<tr>
<td>Housing Association</td>
<td>6,922</td>
<td>5.90%</td>
</tr>
<tr>
<td>Public Other</td>
<td>227</td>
<td>0.19%</td>
</tr>
<tr>
<td><strong>Total Social Housing</strong></td>
<td><strong>34,629</strong></td>
<td><strong>29.60%</strong></td>
</tr>
<tr>
<td>Owner Occupied (estimated)</td>
<td>69,752</td>
<td>59.80%</td>
</tr>
<tr>
<td>Private Rented</td>
<td>12,309</td>
<td>10.60%</td>
</tr>
<tr>
<td><strong>Total Private</strong></td>
<td><strong>82,061</strong></td>
<td><strong>70.40%</strong></td>
</tr>
<tr>
<td><strong>ALL</strong></td>
<td>116,690</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

There are eight schemes in Hull providing shared ownership/leasehold options within Hull, and 21 schemes providing ownership/shared ownership schemes within a 21km radius from Hull City centre. Source: Elderly Accommodation Council website www.eac.org.uk/ and the linked housing care facility at www.housingcare.org/.

Housing associations provide 409 units of shared ownership/leasehold schemes for the elderly in Hull and 220 in neighbouring East Riding of Yorkshire, where there are more options provided by independent providers. Around one third of council tenants or 8,365 people are over pensionable age.

Average house prices are lower than the national and regional average as shown in the table below.

<table>
<thead>
<tr>
<th>Hull</th>
<th>Yorkshire and Humber</th>
<th>England and Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>£74,957</td>
<td>£126,898</td>
<td>£164,288</td>
</tr>
</tbody>
</table>

Source: www.landregistry.gov.uk as of March 2010

Recent research undertaken by Fordhams on behalf of Hull City Council and Gateway Housing Market Renewal Pathfinder into housing needs and aspirations and market research by Axciiom indicate that many people in Hull have limited savings.

The HMA (2009) estimates a need for about a quarter of new build housing to be affordable, with an annual new build figure of over 900 new homes; the numbers of new affordable housing units has increased since the housing market assessment in 2008

**Housing preferences and aspirations**

A study in 2009 commissioned by Gateway and undertaken by Fordhams covering the Hull housing market area including part of East Riding, found limited demand for shared ownership, with it being the preference of only 0.3% of households surveyed. Amongst people interviewed who anticipated moving in the next five years there was a clear preference for owner occupation and social housing. None of the people who anticipated moving within Hull wanted shared ownership, 3.7% wanted sheltered housing. A total of 19.7% of households surveyed currently living in Hull expects to move in the next two years, increasing to 34.7% over five years.
There is a high level of satisfaction amongst Hull City Council sheltered housing tenants with 76% of respondents rating various aspects as very good or good in response to a satisfaction survey in 2008-09. The sheltered housing service provided by Hull City Council generated few complaints with only two recorded in 2009-10. Residents of Hull's first extra care housing scheme indicate high levels of satisfaction with limited turnover and around 100 people on the waiting list.

**Older people impact assessment**

An older people impact assessment was carried out in respect of housing services delivered by Hull City Council. Key issues identified were:

- Continued need for home adaptations;
- Access to advice and information;
- Continued need to provide enhanced digital link up;
- A need to ensure existing and future facilities meet the needs and aspirations of BME groups;
- Confirmed the need to progress the delivery of extra care services and to continue to work with the Police and Citysafe to reduce anti-social behaviour – a concern of many older people, and;
- A need for increased handy person services to assist with minor repairs. This has been addressed by commissioning an enhanced service from Anchor Trust.

**Cost of current services**

The *average* cost per week of a place in a residential care home is £433 but costs do vary. The Supporting People Programme funds housing support[^12]. Sheltered housing support costs range from £8.69 to £18.76. Average housing support costs for supported housing for people with learning disabilities is £278.48, for people with physical disabilities £19.14 and for people with mental health problems £114.77. The regional average cost for extra care places funded through Supporting People programmes is £20 per week, the majority of residents are older people).

The anticipated annual saving to the Health Service from each additional unit of extra care housing provided is £2700.

The average cost of adaptations for adults in 2009/10 was £2711 for a major adaptation and £128 for a minor adaptation and £4724 for a Disabled Facilities Grant resulting in a requirement for around £5.9 million to support the cost of adaptations however projections indicate a 30% increase in the need for adaptations by 2025 from current figures.

**Conclusions**

The above evidence supports the continuing and increasing need to plan to provide increased provision for older people, people with disabilities and mental health problems and dementia.

The actual numbers of people who could benefit from Extra Care housing are likely to be higher than 2,000. It is therefore important that the target figure is kept under regular review and the programme adjusted accordingly. It will also be necessary to regularly review the appropriate tenure mix to take account of changes in housing need and the updated housing market assessment.

[^12]: Subject to the Fairer Charging Policy
Chapter Five: Delivering the strategic objectives

Our model for extra care aims to provide a service that will meet the needs of a wide range of people at different stages of their lives and is designed to assist in supporting cohesive communities.

A range of different models is described in *Care Services Improvement Partnership Extra Care Toolkit* and these are shown in the diagram below.

The Hull model is a combination of models 2 and 3 to provide a range of opportunities and a continuum of care. This results in:

1. Extra care housing catering for people with a range of dependency needs and providing them with a long-term home; but with some residential care provision to cater for emergency and short stay placements, respite care and very high care needs.
2. Home care provision available to people living in their own homes throughout the city but normally operating out from the extra care hubs.
3. Extra care provision provided by a combination of new build and improvements to appropriate existing sheltered and supported housing; by providing additional care services and facilities and adaptation of homes, supplemented with floating support services and alarm services available to others.
4. Extra care housing will be one of several options available to people in Hull.
The extra care programme is designed to deliver the following benefits to people living in Hull, now and in the future.

1. More choice in housing and care is available for older and disabled people with less reliance on traditional models of delivery.
   - Through increasing provision of a wider range of housing with care and support in different parts of the city, and providing a choice of tenure, and location.
   - By providing both new build extra care housing but also enhancing existing housing and developing housing with care delivered in a care network.

2. More specialised housing is available, built and designed for future flexibility.
   - By ensuring new and refurbished housing converted to extra care housing or housing with care, is designed to high quality, sustainable standards and provides future flexibility of use; and makes full use of modern technology.

3. Flexible care and support is provided closer to home.
   - By providing care and support closer to home from central hubs delivering extra care services to a wider locality.
   - Offering choice through provision of personalised care services for residents and the wider community.
   - Flexible care which can respond to changing personal or family circumstance.
   - Increase the numbers of vulnerable people supported to remain at home.
   - Provide access to information technology and support residents and the community to maximise their use of and benefit from existing and new technologies.

4. Carers are less isolated and have better support.
   - By supporting carers to remain part of the individual’s network and also providing support to relieve stress and reduce isolation.

5. Fewer disabled and older people are in care homes and hospitals by developing care pathways which:
   - Expand provision for early intervention to reduce hospital and traditional residential care admissions;
   - Reduce length of stay in hospital of older and disabled people, and;
   - Preventing the need for out of area placement and supporting the return of those people currently out of area where appropriate.

6. The gap on national life expectancy is reduced as local life expectancy increases.
   - A range of projects will support this goal including actions to reduce falls and focusing on prevention and better outcomes for people who have long-term conditions.

7. More people feel safe and part of their community.
   - Develop links to help people plan ahead, explore new horizons, access work, leisure and social networks whilst adopting safe by design principles for housing; and installing appropriate technology to make where people live as safe as possible.
8. Local health and care employers make greater investment in workforce development and the application of best practices;

- By developing the workforce through access to research and best practice to provide sustainable job opportunities, and respond to the projected reduction in the potential workforce as a result of demographic change. By 2025 it is anticipated that nationally there will be 4.8 people of working age to support every person over pensionable age in Hull, the estimated ratio in 2008 was 6.2:1.

**Building new housing**

The initial new housing will be delivered through the Department of Health Extra Care Private Finance Initiative (PFI) Programme. An initial expression of interest for 120 new homes has been approved and an outline business case is in preparation. A further expression of interest was submitted and approved by the Department of Health in March 2010. The combined projects will deliver an estimated 220 units of new, self contained extra care accommodation and hub facilities for service delivery on three sites in different parts of the city. The buildings will be designed to high quality standards and be suitable for those with a range of needs. The actual numbers delivered will be dependent on the level of PFI credits awarded and partners’ capacity to deliver.

These initial extra care schemes will include mainly homes for affordable rent and but with an estimated nine properties provided on a shared ownership basis based on the analysis of needs and the current market.

Our programme aims to provide extra care facilities throughout the city through a network of care. The selection of the sites for the initial new build is designed to contribute to this aim but also overall city regeneration priorities. One of the sites for the initial schemes will provide a direct contribution to the western housing market renewal priority area at Newington St Andrew’s and another complements the housing PFI project to regenerate Orchard Park.

The map below shows the three sites proposed for initial development and their relationship to the city’s regeneration programme and priority areas.

<table>
<thead>
<tr>
<th>City priority areas for regeneration and redevelopment</th>
<th>Programme Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newington and St Andrews (NaSA) in central / west Hull</td>
<td>Area Action Plan / Gateway Housing Market Renewal Programme</td>
</tr>
<tr>
<td>Holderness Road Corridor in East Hull</td>
<td>Area Action Plan / Gateway Housing Market Renewal Programme</td>
</tr>
<tr>
<td>City Centre</td>
<td>Area Action Plan / Hull Forward</td>
</tr>
<tr>
<td>North Hull</td>
<td>Housing led regeneration and revision aligned to Local Investment Plan.</td>
</tr>
</tbody>
</table>
The site selection contributes to providing a city wide distribution of extra care facilities. The current small extra care scheme is located on Beverley Road.

We will also seek to provide additional new extra care housing by including proposals for funding from the Homes and Communities Agency, and explore other funding options, that may become available. Selection of future sites for new build and enhancement of existing housing will be informed by the wider regeneration programmes.

Future development will include proposals for providing housing for sale and through shared ownership options including deferred equity schemes as well as providing housing to rent. Tenure mix will be guided by housing needs evidence and market trends.

The new extra care housing will also include flats to provide intermediate care housing, which can provide an opportunity for earlier discharge from hospital, or in some cases preventing people needing a hospital stay. This is because the extra care housing design will remove the physical barriers people may experience in their own existing homes, which can result in falls and other problems. Living in an intermediate care flat will enable the person's needs to be assessed and care provided whilst either a permanent move is organised or their own home is adapted. This element of the extra care scheme can also be used to provide respite care opportunities.

**Enhancing existing sheltered and supported housing**

We will develop proposals to provide additional extra care housing elsewhere in the city through enhancement of existing housing. This will form a key part of our strategy.

In planning how we will address the expansion of extra care housing, we need to develop options if funding for new build housing is less than required; or becomes available more slowly than anticipated. Enhancement of existing housing and expansion
of domiciliary care and telecare services will play a key part in this. We will look to divert revenue budgets currently funding residential care to fund additional domiciliary care.

The map overleaf shows the location of current sheltered and supported housing in the city for which extra care housing will provide an alternative approach. We will work with current providers to identify which of these schemes can be incorporated into the extra care programme and so assist current and future residents living there to live there longer.

In respect of supported projects currently providing shared facilities we will seek over time to replace shared housing provision with individual units within extra care schemes.
Current Provision and supported housing in the city

The map above does not include any Supporting People programme funded floating support services.
A cost/benefit option appraisal will be undertaken to decide whether existing sheltered housing and other housing is suitable for conversion to extra care housing. The following will need to be considered:

- A minimum number of sixty properties – however this may be built up by combining two or more sites in close proximity.
- A larger number of two bedroom flats and bungalows.
- Homes all on one level or with lift access.
- Homes that are designed or adaptable to life time homes standard.
- Close to services such as shops, doctors’ surgeries and bus stops.
- A community room where a range of activities can be provided.
- Properties easy to maintain and heat (what improvement work is needed and how much will this cost?).
- The opportunity to provide a café on site or nearby facilities for people to get hot meals.
- The opportunity to prove a base for care and support staff.
- No other extra care housing in the area.

Many sheltered housing and supported housing schemes successfully support their residents to live in them for many years. National and local experience is that the key reasons why people cease to be able to live in their own home, is lack of access to appropriate care and support services; rather than the design of the building, provided the building is designed or adapted to take into account mobility issues, such as the need for people to have the space to use walking aids and store scooters or wheelchairs for use outside.

We will seek to improve existing sheltered schemes by an improvement programme which will deliver:

- Technology to deliver telecare and telehealth;
- Improved energy efficiency;
- Adapted bathrooms and kitchens to take into account mobility issues as appropriate.
- Link to a care network to be delivered from the new build extra care projects.
- Provide facilities and services as appropriate to the neighbourhood and that enhance community cohesion. For example, whilst an objective of extra care housing is to ensure that residents have access to the services that they need to live in their home, including provision of food; if there are alternative options available to residents nearby, providing a café as part of the extra care scheme may not represent value for money or residents’ wishes.
- Many people wish to continue to live in current home and neighbourhood. We will assist them to do this by helping with adaptations, care services delivered from local care hubs in extra care schemes and opportunities for people to design
their own care through personalised budgets. However many older people wish to downsize to smaller properties, and the council and housing associations will seek to help tenants wanting to move from larger homes to smaller ones, including extra care housing.

- The council seeks to encourage residential home providers to diversify provision and expand the services which some residential home providers already provide elsewhere, such as “assisted living” as an option for people who will fund their own housing and support; as well as seeking to commission such services for people the council fund. In line with the housing strategy the extra care strategy aims to provide a balanced housing market which provides options for all and by so doing, reduces the need for people to seek options outside the city.

**Building on existing services to support people at home**

Current services to help people to remain in their own homes include:

- Adaptations which enables people to have their home adapted to meet their needs. In respect of council tenants, following an assessment of needs which includes exploring the full range of options available including moving to more accessible housing; adaptations of their existing home may be selected as the preferred option and this is organised and paid for by the council as landlord.

- The Tenant Incentive Scheme, which assists council tenants to move to smaller houses and letting adapted properties to people who need the adaptations; assist those people who want to explore other housing options including sheltered housing. The council and local housing associations work together to ensure properties designed for disabled people are let to them.

- Housing support services including generic floating support services and home based care services and day care programmes.

- Build on existing foundation in utilising telecare and telehealth:
  - Hull is pioneering work on telehealth and is advancing the development of a Centre for Telehealth with local partners, including Hull University;
  - Social Care and Housing working with housing associations in the development of telecare systems in their properties, and;
  - Council sheltered housing team awarded premium accreditation from the Telecare Services Association (TSA) for Kingston Care alarm service.

The programme is being progressed to upgrade lifeline systems in council sheltered schemes to support the range of telecare now available and discussions have begun with housing associations about the potential for telecare options on individual schemes.

Independent Living Service piloted by Hull City Council in partnership with NHS Hull and Broadband Capital/STREAM through the medium of Internet Protocol television to provide access to personalised and locally relevant set of public services.
Telecare and telehealth services

This consists of assistive technology, from simple safety and security devices such as flood and smoke detectors, fall detectors and emergency pendants for older people, through to more advanced technologies such as monitoring of vital-signs for those with long-term conditions. The range of possible technological options is shown in the diagram below:


Telecare and telehealth options can provide support for a wide range of carers and people with support needs and by providing increased support at home results in less reliance on traditional models of care.

Satisfaction levels with sheltered housing and responses to the extra care programme provide evidence to support provision of services through extra care; and a continuation of supporting people to live in their own homes and hence a virtual extra care type service. Key issues for many respondents in having access to a range of services and facilities close by and timely provision of dependable care and support services.

**Addressing specific needs**

In developing our extra care programme we will seek to meet the needs of all individuals who need care and support. Individuals will receive care and support services tailored to meet their specific needs.

We will build on the experience gained through development of our Supporting People Quality Assessment Frameworks and specifications for care and support services. We will ensure that services address the needs of all communities within the city. This will include continuing to explore with specific communities, for example gypsies and travellers and black and minority ethnic communities, who are under represented in sheltered and supported housing, their specific needs.
Design of individual extra care schemes will be guided by consultation with communities, both people living in the neighbourhood of proposed new schemes and communities of interest such as older people, people with physical, sensory and learning disabilities and people with mental health problems; to ensure that new provision is suitable for all people who may require it in the city. It will also ensure that delivery of extra care housing does not result in discrimination in respect of an individual's religion and beliefs and sexual orientation or gender.

**Changing service delivery**

New ways of delivering care and support are needed to ensure future sustainability and affordability and to respond to increasing need and demand which includes increased support to informal carers.

The council will, through its commissioning policy and its own workforce development, promote integrated working and access to research and best practice.

Whilst the numbers of people supported to live in residential care has decreased over the last few years, as a result of an increase in people provided with domiciliary support at home or with intermediate care; there are still 1,657 people supported in long-term residential care and 1,832 people in total placed in residential care, when short stays are also included in 2009.

The table below provides an estimate of savings that will be generated by providing additional extra care housing units.

<table>
<thead>
<tr>
<th>Housing Provider</th>
<th>Potential saving per annum per unit</th>
<th>Number of units</th>
<th>Total savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull CC</td>
<td>£3,300</td>
<td>220 (13)</td>
<td>£27,200</td>
</tr>
<tr>
<td>NHS</td>
<td>£2,700</td>
<td>600 (15)</td>
<td>£5,984,000</td>
</tr>
<tr>
<td>Public Sector</td>
<td>£6,000</td>
<td>1,500 (15)</td>
<td>£40,800,000</td>
</tr>
<tr>
<td>Informal Carers</td>
<td>£21,200</td>
<td></td>
<td>£21,200</td>
</tr>
<tr>
<td>Total savings</td>
<td>£27,200</td>
<td></td>
<td>£27,200</td>
</tr>
</tbody>
</table>

The cost of extra care housing is about £210 per week, almost half of the cost of a residential care placement as shown below.

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average additional cost to the council in supporting one more person in residential care</td>
<td>£433</td>
</tr>
<tr>
<td>Average additional cost to the council in supporting one more person through home care</td>
<td>£210</td>
</tr>
<tr>
<td>Average cost of providing extra care</td>
<td>£210</td>
</tr>
</tbody>
</table>

13 Based on a 40:40:20 mix between high : medium and low care and support needs .
14 It is anticipated that our PFI schemes will deliver in the region of 220 units
The table below shows the projected increase in need for residential care in the over 65 age group alone if current trends were to continue.

<table>
<thead>
<tr>
<th>Projected number of people aged 65+ living in residential care based on current trends</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2009</td>
<td>1,391</td>
<td>1,498</td>
<td>1,609</td>
<td>1,753</td>
</tr>
</tbody>
</table>


Projected numbers have been calculated by applying percentages of people living in care homes/nursing homes in 2001 to projected population figures

“Residential is okay when you’ve first had a stroke, as you’re not with it, but its better here as I have my own space”

Tenant of extra care housing in Hull
Chapter Six paying for Extra Care - resources to deliver the strategy

This section summarises the funding sources available to the council and its partners to deliver the extra care strategy. Delivering the extra care programme will make use of a range of potential resources. The model Hull is adopting is designed to maximise opportunities to co-ordinate a range of investment, to obtain maximum benefits and efficiencies, for example by locating new build schemes alongside community developments provided through the Building Schools for the Future and Health Investment Programmes. The programme will require a review and realignment of how current assets and revenue funding streams are used.

Chapter Six describes the current resources available to deliver the Extra Care Strategy; future local policy will be amended to reflect national changes for funding care as they are introduced.

Capital resources to build new Extra Care housing and enhance and convert suitable existing housing such as sheltered housing

Delivery of Hull’s extra care programme is based on using a range of funding opportunities, but with an emphasis on the initial period of the programme, that a major contribution is made through public sector funding. Initial extra care schemes will be developed through a combination of the PFI programme and enhancement of existing sheltered housing schemes.

The table below sets out what will need to be delivered to achieve the medium-term target of an additional 600 extra care homes and potential funding sources and routes to achieve it.

<table>
<thead>
<tr>
<th>Programme to deliver additional extra care housing 2010-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units</td>
</tr>
<tr>
<td>Medium-term goal</td>
</tr>
<tr>
<td><strong>Bids in place</strong></td>
</tr>
<tr>
<td>Funded through PFI schemes</td>
</tr>
<tr>
<td>Balance</td>
</tr>
<tr>
<td><strong>Funding not in place</strong></td>
</tr>
<tr>
<td>Potential through enhancement of sheltered housing and new build</td>
</tr>
<tr>
<td>Balance</td>
</tr>
</tbody>
</table>

The cost of enhancing existing housing will be verified by appraisal of individual schemes against a Hull standard, to be developed in consultation with residents, housing and care providers.
Sources of finance to deliver the Extra Care Programme include

**Private finance credits through the Department of Health Private Finance Initiative (PFI) scheme:** expressions of interest for £65 million of PFI credits have been approved by the Department to date, actual payment being subject to submission and approval of a successful business case and procuring of partners. It is anticipated that our PFI schemes will deliver 220 units.

PFI schemes involve a local authority working with a private sector consortium typically consisting of a bank, a developer and probably a housing association. The private consortium form a special purpose vehicle (SPV) which will undertake all of the work, either directly or through sub-contractors, and will borrow money from a number of banks, the money markets or other sources to finance this work. In return they will receive from the Council two types of payment:

- A number of bullet payments on achievement of certain milestones.
- A performance based unitary charge.
- Performance is measured against the local authority's output specification for the stock, which describes the desired level of service.
- The private consortium is only paid in full when the agreed standards are met.

In a PFI scheme the local authority will receive PFI credits from Central Government to pay to the consortium the unitary charge and any bullet payments. The care element of projects is supported by the local authority through normal funding. Management and maintenance will be the responsibility of the PFI contractor who will also collect the rents. PFI schemes provide additional funding that is not available in any other way.

**Grant from the Homes and Community Agency to support building or conversion of homes as part of a rolling Local Investment Plan agreed with the Local Authority and Local Strategic Partnership:** This forms part of a funding package with grant aid from the National Affordable Housing Programme being used to part fund the building or conversion of homes with the balance met from borrowing or reserves. It is normally used to fund development by housing associations. The communal facilities will be provided by locating any new build housing near existing facilities or accessing additional sources of capital.

**Private finance:** Developers may choose to speculatively build extra care homes for sale or to deliver housing to meet contracts to deliver care with local authorities. This is comparable to how independent sector residential care homes are funded

**Local authority capital programme and support:** The council can provide land for building by others and funding conversion and improvement of its own stock through its Capital Programme. Extra care housing development is anticipated to result in savings because it separates the cost of providing accommodation and care. People living in extra care housing will be eligible to apply for Housing Benefit or Local Housing Allowance unlike residents of residential care homes.

Reducing vacancies in sheltered housing and residential care homes will generate savings which the council will be able to invest in extra care housing.

The funding sources identified earlier in the chapter are subject to competition from other priorities and agencies. If the level of funding required above is not available in the short and medium-term; an alternative option is to increase the number of people who can be supported at home, by placing an emphasis on increasing intermediate and domiciliary care services and revising the use of revenue funding. Initial pilot schemes focused on
increasing provision of care services and telecare solutions to sheltered housing schemes will enable this approach to be evaluated.

Enhancing sheltered housing schemes and increasing care services that are provided to people in their own home will help to increase the number of people supported to live independently. New build extra care housing will assist in helping meet the overall need for additional homes in the city.

Other funding sources

Other grant regimes may assist, for example funding to address climate change and improve energy efficiency and funding to provide adaptations for disabled people.

Development of new build extra care schemes may impact on the demand for adaptations with enhancement of sheltered housing requiring increased targeting of adaptation funding. Projections in 2009 to 2025 suggest the financial resources needed to fund adaptations in 2025 will rise (prior to inflation) to £8.15 million per year from a baseline, based on the five years from 2005-06, of an average financial requirement of £6.5 million. This projection was based on population projections and may rise further if more people are supported to live in their own homes.

Revenue resources

Housing and running costs: People living in extra care housing will either rent or purchase their home on a leasehold basis, any future sales will need to be people who have a requirement for extra care housing. Ownership may be on a deferred equity basis, which means any loan taken out to purchase or improve the property is repaid on the sale of the property or shared ownership (which is a combination of part ownership/part rent). These options may provide the ability for people who do not have sufficient capital to purchase outright, or enable people to make use of equity release schemes to increase available funds for day to day living expenses.

People who are tenants of extra care housing will be able to access Housing Benefit (social housing tenants) or Local Housing Allowance (private sector tenants) unlike people living in residential care homes.

Care and support costs

- Currently over £49 million is spent annually by the local authority on supporting placements in residential care. Contract lengths vary from spot purchasing arrangements to block contracts over several years.

- Residential care accounted for around 70% of the local authority social services annual budget in 2008-09. Performance in Hull compared to the other unitary authorities is shown in the tables below.

- The Supporting People budget is currently £11.059 million and in the region of 40% of this amount funds schemes that are primarily for older people, and people with disabilities and mental health problems.

- Care and support costs will be met for people eligible under the Fairer Charging Policy\(^{16}\). Over time a higher proportion of funding currently allocated to fund people in residential care will be used to fund support services provided to people in their own homes.

\(^{16}\) The policy is subject to review as part of the national review of the funding of long term care
• The Supporting People programme is subject to regular review to ensure it is supporting delivery of the Community Strategy outcomes. Its incorporation in Area Grant, whose use is prioritised by the Local Strategic Partnership, will assist in this and also provide the potential to access other Area Grant funding to support delivery of the extra care programme. Current contracts for older people and people with physical disabilities and sensory impairments run to 2012 whilst contracts for support services for people with a learning disability and mental health problems run to 2011.

Nursing and Residential Care: Proportion of Gross Expenditure on people aged 65 or over in 2008/9

<table>
<thead>
<tr>
<th>Authority</th>
<th>% spend on residential /nursing care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull</td>
<td>70.8%</td>
</tr>
<tr>
<td>Average spend by unitary authorities in 2008/9</td>
<td>53.5%</td>
</tr>
<tr>
<td>Lowest spend on residential /nursing care in 2008/9 by unitary authorities</td>
<td>37.8%</td>
</tr>
</tbody>
</table>

Source: National Adult Social Care Intelligence Service (NACSIS)

Savings on health costs

It is anticipated that each additional extra care unit will generate savings in the region of £2,700 per annum; and potentially higher in respect of reducing stays in specialist treatment and assessment centres for people with a learning disability. Savings on delayed discharge from the Humber Mental Health Teaching Trust’s assessment and treatment services for adults with a learning disability – costs average £425 per night for a delay in discharge due to unavailability of home based support. Faster discharge will enable the service to assess and treat more people as well as reducing the need to make out of area placements.

Developing the workforce

The current staffing resource of people working in providing care and support services will be the foundation of new extra care programmes. Continuing to provide training and development opportunities for the current workforce and to encourage more people into this employment sector is crucial. Population projections indicate fewer people of working age compared to people of pensionable age in the future; and hence a need to develop additional ways to provide information and assistance through telecare technology and continue to work with the partners on developing and evaluating digital and technological based services.

What is the cost of extra care housing for people living there?

There are three elements to the cost of living in extra care housing.

1. The cost of renting or buying a home.
2. The service charge connected with that home e.g. maintenance, security and any communal facilities
3. Individual care and support packages.
4. The amount charged for each of these elements will depend on individual circumstance
**A case study**

Mrs Smith, who is 80 years old, lives alone and owns her own property. She has a high level of disability.

If Mrs Smith moves into residential care, after 12 weeks the value of her property will be taken into account, and she will have to use this (usually forcing her to sell the house) to pay for the full cost of her care (at least £359.50 per week). When her capital is reduced to £23,000 through funding her own care she can apply for financial assistance with her fees.

**Option A**

- If Mrs Smith moves into extra care housing she could sell her house and buy a leasehold flat outright so her capital is still protected - invested in her property.
- From her income she would then pay all the usual living expenses, Council tax, food, heating, laundry etc. She would also pay a service charge for the support element of the accommodation covering maintenance, grounds and communal facilities. The rest of her income would be entirely at her disposal. If she needs care she will pay a contribution towards that. Her income assuming she is living on state pension without additional income would be approximately £253.20.
- Mrs Smith will decide what she spends that on.

**Option B**

- Mrs Smith might choose to sell her house and put the money in the bank.
- She could then rent a flat.
- Financially she would have the same income and be able to spend most of it the same way but she would have the additional expense of the affordable weekly rent.

If Mrs Smith currently rents a property

- If she moves into extra care housing, her income, housing and care costs will remain as in her previous accommodation apart from a possible increased expense of a service charge.
- She will retain an income of £253.20 to spend as she sees fit.

“I want to live the way I want to not the way someone tells me”
Tenant of extra care housing in Hull
Chapter Seven: How will we measure the impact of the extra care programme - Monitoring and evaluating the strategy?

The success of the extra care strategy will be measured by how it increases the quality of life and health of people living in extra care housing. The following indicators have been chosen to measure the impact of the programme.

Individual extra care schemes will be monitored through the quality assessment framework which will also provide an opportunity for potential and current residents to compare extra care schemes as well as monitoring the overall programme.

Success in progressing towards meeting our outcomes will be judged by measuring the development/progress of key performance indicators related to outcomes.

A continuous improvement programme will be established. This will include using impact assessments based on the Equality Impact Assessment Toolkit to measure the impact the service is having on specific groups of people.
Along with health services, the environment in which residents live must be of a high standard which means improving homes, schools, local services, public transport and promoting healthy living. Achieving this goal will result in the following outcomes to which the extra care strategy contributes:

- Improved supply of quality housing across all tenures
- A balanced housing market and strong communities contributing to improving health
- Supporting people to maintain independent living
- Enable people to address their support needs, in a person centred way
- Improve mortality rates for chronic long-term health conditions

<table>
<thead>
<tr>
<th>Strategy outcomes</th>
<th>Measures of Success</th>
<th>Baseline 2008-09</th>
</tr>
</thead>
</table>
| More choice in housing and care is available for older and disabled people, with less reliance on traditional models of delivery. | NI 139: The extent to which older people receive the support they need to live independently at home  
NI 145: Adults with learning disabilities in settled accommodation  
NI 149: Adults in contact with secondary mental health services in settled accommodation  
Telecare and telehealth are used to deliver the services in/around the extra care sites | 33.3  
68.2 |
| Flexible care and support is provided closer to home  | NI 142: Vulnerable people who are supported to live independently  
NI 125: Achieving independence for older people through rehabilitation / intermediate care | 98.44  
89.29 |
| Fewer disabled and older people are in care homes or hospitals | NI 131: Delayed transfers of care  
NI 134: The number of emergency bed days per head of weighted population (emergency bed days per long-term conditions)  
NI 136: People supported to live independently through social services (all ages)  
Reduction in % spend on residential care as % of overall social services budget | New indicator  
663.7  
2,554  
70.8% |
| Carers are less isolated and have better support       | NI 135: Carers receiving needs assessment or review and a specific carer’s service or advice and information  
Increase in satisfaction with services reported | 32.30 |
### Strategy outcomes

<table>
<thead>
<tr>
<th>Measures of Success</th>
<th>Baseline 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>The gap on national life expectancy is reduced as local life expectancy increases</td>
<td>• NI 137: Healthy life expectancy at age 65</td>
</tr>
</tbody>
</table>
| More specialised sustainable housing is available, built and designed for future flexibility | • Increase in number of extra care homes
• Increase in number of new build homes meeting lifetime homes standard |

### Supporting achievement of Community Strategy objective: Increasing learning

Achieving this goal will result in the following outcomes to which the extra care strategy contributes:

- A highly skilled and qualified workforce
- Lifelong learning at all levels

<table>
<thead>
<tr>
<th>Measures of Success</th>
<th>Baseline 2008/9</th>
</tr>
</thead>
</table>
| Local health and care employers make greater investment in workforce development and the application of best practices. | • Increasing numbers of Hull’s young people choosing to work in adult social care
• Retention of care staff remains stable or is improved upon over the next 5 years
• Numbers of staff entering the services (attached to extra care services)
• Numbers of training sessions delivered on site |

| | Baseline 2008/9 |
| | TBD |
| | TBD |
| | TBD |
| | TBD |
Supporting achievement of *Community Strategy* objective: Increasing earning
Achieving this goal will result in the following outcomes to which the extra care strategy contributes

- Improving competitiveness of key sectors including healthcare
- Encourage employers to invest in higher level skills for their employees
- Create new ways to get into work and learning for Hull’s economically inactive residents
- Developing a work force that is skilled, well motivated and capable of meeting the needs of the local economy

<table>
<thead>
<tr>
<th>Strategy outcomes</th>
<th>Measures of Success</th>
<th>Baseline (2008/9)</th>
</tr>
</thead>
</table>
| Local health and care employers make greater investment in workforce development and the application of best practices | Proportion of workforce qualified to:  
  - Level 2 or higher  
  - Level 3 or higher  
  - Level 4 or higher | TBD  
TBD  
TBD |

Supporting achievement of *Community Strategy* objective: Increasing safety
Achieving this goal will result in the following outcomes to which the extra care strategy contributes

- Reduce the impact of anti-social behaviour within the city
- Support victims of crime

<table>
<thead>
<tr>
<th>Strategy outcomes</th>
<th>Measures of Success</th>
<th>Baseline 2008/9</th>
</tr>
</thead>
</table>
| More people feel safe in their own homes and part of their community             | NI 138: Satisfaction of people over 65 with both home and neighbourhood  
Residents of extra care housing reporting increase in satisfaction with safety | 83.20  
TBD |
Appendix One

The consultation process

If extra care housing is to be successful it must meet the needs and aspirations of people who are going to live in it. The strategy and individual project consultation process is designed to ensure that the voices of people who may live in extra care housing are heard.

This strategy has therefore been informed by a continuous process of consultation with people who live in extra care housing, who may in the future live in extra care housing, people who provide housing, support and care services as well as people who represent people for whom extra care is provided.

It draws on the findings of national and local research about not only extra care housing, but the housing market and care and support requirements. It is informed by the consultation exercises undertaken in the development of the wide range of other strategies which it contributes to and which are outlined in Chapter Three.

The strategy has been informed by discussion with:

- Providers of sheltered and supported housing
- The third sector
- Council and health service staff
- Current and potential users of services.

Third sector representatives at a workshop organised by North Bank Forum in October expressed general support for the concept of extra care housing and stated that it could improve the quality of life for people living in it. Support was based on it providing an additional option. The design of extra care housing was highlighted by participants and the need to ensure wide consultation in detailed design of specific extra care schemes, to ensure they meet current and future needs. Extra care housing should be designed and delivered to support community cohesion and mixed communities. The voluntary sector representatives suggested the potential contribution of social enterprises should be explored.

Housing associations providing sheltered and supported housing were also consulted and supported the concept of extra care and its provision to a wide range of people. The potential for enhancing existing housing especially sheltered housing was supported by housing association managers and the recognition that extra care can vary in how it is provided. The need to future proof schemes and ensure that they are affordable was stressed.
Voluntary sector organisations and housing associations both stressed in the workshops organised for these sectors that they would welcome continued involvement in the development of the extra care programme.

A wider consultation exercise on the draft strategy was undertaken from January to March 2010, and included consultation of voluntary organisations, providers of supported housing and care services as well as utilising the corporate consultation processes and consultation of specific interest groups; such as the Learning Disability Partnership Board, Learning Disability Housing Service Group and Housing Disability Service Improvement Group.

The extra care strategy has been endorsed by the Health and Wellbeing Service Delivery Board on the Local Strategic Partnership – One Hull.

The following organisations provided written responses to consultation on the draft strategy:

CASE, Age Concern, Skills 4 Communities, Hull Link, Housing 21, Johnnie Johnson Housing Association, Pickering and Ferens Trust Habinteg Housing Association, Hull Churches Housing Association and Chevin Housing Association.

Wider publicity has been through the council’s city wide newsletter *Hull in Print* and the creation of specific pages on the council website.

A process to gauge public concerns and issues has been established through an online questionnaire on the council website which can also be provided in a paper form. This will provide quality information about the needs and concerns of specific communities both of location and interest. This mechanism will provide an ongoing information base to inform future specific project development and planning. Initial responses indicate that potential residents would welcome a range of services to be available that will support learning and leisure activities as well as meeting every day needs.

The consultation exercises to date indicate general support for extra care housing. The table below indicates trends from a combination of an online exercise and questionnaires, provided to people in the Homethorpe and Hawthorn Avenue areas.

| Statement |
|-----------------|-----------------|
| Extra care housing helps to combat loneliness | 78% -93% |
| Extra care housing helps people to live independently for longer than they would in standard housing | 83%-97% |
| Extra care housing helps people get access to health care and advice more easily than they would in standard housing | 67%-93% |
| People would prefer to live in extra care housing than in sheltered housing | 67%-90% |
| People would prefer to live in extra care housing than in nursing homes | 74% - 97% |
Appendix One

Responses to the initial city-wide questionnaire to assess support for the extra care concept, showed that around 48% of respondents indicated that they might be interested in extra care now or in the future; but over 76% of respondents indicated that their preference was to continue to remain where they currently live for as long as possible. Respondents to this questionnaire ranged considerably in age from 43 to 95 with 42% of respondents being 74 or under.

Higher levels of support for the statements were reported in the areas where it is proposed the PFI extra care schemes are to be located. Residents in those areas had the opportunity to visit a display and talk to council staff about the extra care concept.

However talking to people about what they want and need will continue with discussion about the individual projects. It is important that the people who will live and work in extra care housing are involved in shaping it. New projects will be informed by experiences of previous ones and a rolling programme of customer satisfaction surveys and impact assessments will inform this.
## Glossary

<table>
<thead>
<tr>
<th><strong>Affordable housing</strong></th>
<th>Homes provided with public subsidy both for rent and as low cost home ownership, for people who are unable to resolve their housing needs in the general housing market, because of the difference between local housing costs and income.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domiciliary care</strong></td>
<td>Care services provided to people in their own home.</td>
</tr>
<tr>
<td><strong>Housing Association</strong></td>
<td>A not for profit organisation registered with the Tenant Services Authority (previously the Housing Corporation).</td>
</tr>
<tr>
<td><strong>Homes and Community Agency</strong></td>
<td>New agency which combines the regeneration and housing development functions previously provided by English Partnerships and the Housing Corporation.</td>
</tr>
<tr>
<td><strong>Intermediate care</strong></td>
<td>Intermediate care services can be delivered either at home or in designated care settings, and are designed to promote independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission; and effective rehabilitation services to enable early discharge from hospital and to prevent unnecessary admission to long-term residential care.</td>
</tr>
<tr>
<td><strong>JSNA: Joint Strategic Needs Assessment</strong></td>
<td>Assessment by the Primary Care Trust and local authority of health and wellbeing in the area and used to guide future commissioning and strategies.</td>
</tr>
<tr>
<td><strong>Lifetime homes</strong></td>
<td>Homes that provide accessible and adaptable accommodation suitable for everyone</td>
</tr>
<tr>
<td><strong>Housing market assessment</strong></td>
<td>Assessment of housing market used to guide planning policy and strategic housing decisions – assesses current situation and projects future needs based on type, tenure, affordable/market housing needs.</td>
</tr>
<tr>
<td><strong>PANSI- Projecting Adults Needs and Information Service</strong> <a href="http://www.pansi.org.uk">www.pansi.org.uk</a></td>
<td>Internet based service developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED) used by local authority planners and commissioners of social care provision in England. It is designed to help explore the possible impact that demography and certain conditions may have on populations aged 18 to 64.</td>
</tr>
</tbody>
</table>
Internet based service developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED). Used by local authority planners and commissioners of social care provision in England. It is designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and older.

The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects. Contracts typically last for 30 years.

Residential care homes provide accommodation, meals and personal care. Residential care homes are registered and regulated by the Care Quality Commission. Nursing homes must have qualified nurses on the premises.

Assesses potential land availability for housing.

Telecare provides equipment and services that support a person’s safety and independence in their own home. Telehealth uses technology to enable the electronic exchange of personal health data from a person in their own home to health staff and assists in diagnosis and monitoring. Examples include monitoring and support for people with a heart condition, lung function problems or diabetes.
Extra care strategy action plan to increase the health and well being of Hull residents

The purpose of the action plan is to deliver the vision of the extra care strategy and meet the strategic objectives. Hull's extra care programme will meet the needs of most people who need care and support by providing a range of different housing types and tenures, with flexible care and support services distributed throughout the city. Extra care will enable older people and others such as people with disabilities and mental health problems to live in their own homes and participate fully in the community.

a) To provide for newly arising needs for adults through development of new extra care housing when ever appropriate and gradually reduce reliance on the direct provision or commissioning of residential care places.

b) That the independent and third sector be encouraged to provide extra care housing and diversify from residential care provision when appropriate, to increase the choice of local care options; and minimise the number of moves a disabled person may need to make if their personal circumstances change or their health deteriorates.

c) To enhance the quality of life of people through the provision of extra care housing and close the gap of life expectancy of Hull residents and the national average by improving the quality of life of residents by the provision of extra care housing.

d) To enhance existing sheltered housing provision to increase the confidence and security of residents to provide extra care housing based on a Hull standard.

Key to outcomes the action plan will deliver

A  More choice in housing and care is available for older and disabled people with less reliance on traditional models of delivery
B  More specialised housing is available, built and designed for future flexibility
C  Flexible care and support is provided closer to home
D  Carers are less isolated and have better support
E  The gap on national life expectancy is reduced as local life expectancy increases
F  Fewer disabled and older people are in care homes or hospitals
G  More people feel safe in their own homes and part of the community
H  Local health and care employers make greater investment in their workforce development and the application of best practices
### Increase supply of extra care housing

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deliver three schemes through private finance initiative</td>
<td>Outline business case submitted</td>
<td>July 2010</td>
<td>Social Care and Housing</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final business case approved by Dept of Health</td>
<td>Nov 2012</td>
<td>Housing Investment and Renewal</td>
<td>Selected partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contract let</td>
<td>Dec 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Start on site</td>
<td>Jan 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Build completion</td>
<td>2014-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residents move in</td>
<td>2014-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Identify and bid for capital funding</td>
<td>Development of first and subsequent local investment plans with Homes and Community Agency</td>
<td>Mar 2010 &amp; three year rolling programme</td>
<td>Housing Investment and Renewal</td>
<td>HCA, housing providers</td>
</tr>
<tr>
<td>3</td>
<td>Develop specific design guides</td>
<td>Consult, develop, design and agree standards for extra care housing developed through conversion and refurbishment</td>
<td>Autumn 2010</td>
<td>Social Care and Housing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agree allocation policy for extra care housing</td>
<td>Sep 2010</td>
<td>Social Care and Housing</td>
<td>Housing and care providers, third sector Hull Design Panel and Planning, current and potential residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess council sheltered housing schemes against standard and assess feasibility and cost effectiveness of conversion as part of a stock options exercise</td>
<td>Mar 2011</td>
<td>Social Care and Housing</td>
<td>Residents</td>
</tr>
</tbody>
</table>

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Appendix Three

Improving Lives: Hull’s Extra Care Strategy 2010-2025

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### Appendix Three

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Cont’d</td>
<td>Develop specific design guides</td>
<td>Work with housing associations to assess suitability of stock for conversion to extra care and identify suitable funding</td>
<td>Mar 2011</td>
<td>Social Care and Housing and Housing Investment and Renewal, Business Support and other housing providers</td>
<td>Other housing providers and partners</td>
</tr>
<tr>
<td>3 Cont’d</td>
<td>Development of funding package for enhancement of sheltered housing to extra care</td>
<td>Continuous</td>
<td>Social Care and Housing Investment and Renewal, Business Support and other housing providers</td>
<td>Other housing providers and partners</td>
<td>A, B</td>
</tr>
<tr>
<td>4</td>
<td>Review shared supported housing provision and if appropriate assist residents to move.</td>
<td>Consult providers, residents and their families to identify preferred options for individuals</td>
<td>Rolling programme</td>
<td>Social Care and Housing</td>
<td>Providers, the third sector, residents and families</td>
</tr>
<tr>
<td>4</td>
<td>Review Supporting People contracts</td>
<td>Existing contracts reviewed 2010-11</td>
<td>Social Care and Housing</td>
<td>Providers and residents</td>
<td>A, B</td>
</tr>
<tr>
<td>4</td>
<td>Develop a relocation programme to support people to move</td>
<td>2011 onwards</td>
<td>Social Care and Housing</td>
<td>Housing and care providers, residents</td>
<td>A, B</td>
</tr>
<tr>
<td>4</td>
<td>Decommission existing shared houses as necessary</td>
<td>On completion of new extra care housing</td>
<td>Social Care and Housing and Housing Investment and Renewal</td>
<td>A, B</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix Three

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Develop public and private sector programmes to increase supply of housing suitable for older people and people with disabilities, through new build and adaptation</td>
<td>Undertake stock option appraisals on long-term empty properties and assess options which would make them more suitable for older and vulnerable people</td>
<td>Rolling programme</td>
<td>Social Care and Housing and Housing Investment and Renewal</td>
<td>Residents and families</td>
</tr>
<tr>
<td></td>
<td>Delivery of additional housing through Local Investment Plan agreed with HCA</td>
<td>To be determined</td>
<td>Housing Investment and Renewal, HCA and housing associations</td>
<td>A, B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase supply of a wider mix of housing both by tenure, size and cost through regeneration programmes and planning policy</td>
<td>Rolling programme</td>
<td>Housing Investment and Renewal, Planning</td>
<td>Developers, housing associations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continued support for tenant incentive schemes (TIS) to assist people wishing to downsize and creation of an overcrowding strategy</td>
<td>Overcrowding strategy (Jan 2011) TIS continuous</td>
<td>Social Care and Housing</td>
<td>Housing associations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning policy to support increase of suitable housing</td>
<td>Adoption of core strategy</td>
<td>2012</td>
<td>Planning</td>
<td>A, B</td>
</tr>
</tbody>
</table>
## Appendix Three

### Increase access to care and support

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Create a network of care hubs to provide access to care throughout Hull</td>
<td>Increase number of people in receipt of telecare and telehealth facilities</td>
<td>Rolling programme</td>
<td>Social care and Housing</td>
<td></td>
<td>C,D,E</td>
</tr>
<tr>
<td><strong>1</strong> Identify within each neighbourhood the best way to offer access to affordable and healthy meals</td>
<td>Rolling programme</td>
<td>Social care and Housing</td>
<td>Care &amp; housing providers, third sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1</strong> Increase access to flexible care</td>
<td>Continuous</td>
<td>Social care and Housing</td>
<td>Care &amp; housing providers, third sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Provide accessible information and advice available where people need it</td>
<td>Provide information about options available in all information points and ensure housing staff are able to advise people as appropriate including through tenancy audits</td>
<td>Continuous</td>
<td>Social care and Housing</td>
<td>Customer services</td>
<td>C, D, E</td>
</tr>
<tr>
<td><strong>2</strong> Produce leaflets and website guidance</td>
<td>Continuous</td>
<td>Social care and Housing</td>
<td></td>
<td>C, D, E</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix Three

#### Increase range of tenure options

<table>
<thead>
<tr>
<th>C</th>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work with financial organisations to ensure access to funds and advice to support people wanting to purchase extra care housing</td>
<td></td>
<td>2013-14</td>
<td>Social care and Housing</td>
<td>Housing providers and financial organisations, CLAC</td>
<td>A</td>
</tr>
<tr>
<td>2</td>
<td>Develop marketing strategy and identify appropriate mechanisms and locations for providing advice</td>
<td>Develop training module and guidance pack on extra care housing for use by advice staff available for older people, disabled people and people with mental health problems</td>
<td>2010-11</td>
<td>Social care and Housing &amp; housing providers</td>
<td>Housing and care providers, advice agencies and third sector</td>
<td>A</td>
</tr>
</tbody>
</table>
### Support carers

<table>
<thead>
<tr>
<th>D</th>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Address the needs of carers</td>
<td>Deliver a programme of support and care in each scheme</td>
<td>Continuous</td>
<td>Social Care and Housing, Commissioning; care and housing providers</td>
<td></td>
<td>D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide advice and assistance for carers</td>
<td>2010</td>
<td>Social Care and Housing, Commissioning; care and housing providers</td>
<td>Carers centre</td>
<td>D</td>
</tr>
</tbody>
</table>

### Review care and support commissioning priorities

<table>
<thead>
<tr>
<th>E</th>
<th>Action</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review care commissioning policies and contracts</td>
<td>Encourage the development of a wide range of social care provision to meet the needs of extra care residents and surrounding local community</td>
<td>Continuous</td>
<td>Social Care and Housing</td>
<td>Care providers, health, third sector</td>
<td>C, D, E</td>
</tr>
<tr>
<td>2</td>
<td>Review Supporting People contracts</td>
<td>Rolling programme of contract review and tendering</td>
<td>Learning disabilities &amp; mental health problems 2011 Older people, physical disability and sensory impairment 2012</td>
<td>Social Care and Housing</td>
<td>Support providers, health, third sector</td>
<td>C, D, E</td>
</tr>
</tbody>
</table>
## Appendix Three

### F. Increase numbers of people entering the care and support workforce

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Become an employer of choice through workforce development and training</td>
<td>Development of integrated working between social care, housing and health professionals</td>
<td>Continuous</td>
<td>Social Care and Housing with Health</td>
<td>Care and housing providers</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>Market as career opportunity through improved careers guidance, employment fairs etc.</td>
<td>Rolling programme</td>
<td>Social Care and Housing with Health</td>
<td>Job centre plus, schools, colleges and university</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>Development of training packages</td>
<td>Rolling programme</td>
<td>Social Care and Housing with Health</td>
<td></td>
<td>H</td>
</tr>
</tbody>
</table>

### G. Help people to plan ahead and develop options for their future care and housing which meet their aspirations

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Help people to access information about options</td>
<td>Implement existing council <strong>Information Access Strategy</strong> throughout the city</td>
<td>Rolling programme</td>
<td>Social Care and Housing</td>
<td>Customer Service Centres, Advice agencies</td>
<td>ALL</td>
</tr>
<tr>
<td></td>
<td>Include in preparation for retirement courses</td>
<td>Rolling programme</td>
<td>Social Care and Housing</td>
<td>City wide Employers</td>
<td>ALL</td>
</tr>
<tr>
<td></td>
<td>Provide information packs to customer access points</td>
<td>2010/11</td>
<td>Social Care and Housing</td>
<td></td>
<td>ALL</td>
</tr>
</tbody>
</table>

### H. Review provision of housing, care and support to ensure appropriate to full range of users and potential users of services

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Milestones</th>
<th>Target date</th>
<th>Lead</th>
<th>Other partners</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete impact assessment</td>
<td>Initial impact assessment; review as part of strategy development</td>
<td></td>
<td>Social Care and Housing</td>
<td>Health providers, residents and carers, third sector</td>
<td>ALL</td>
</tr>
</tbody>
</table>