HOUNSLOW EXTRA CARE HOUSING PLAN 2015-2019

This plan is a supporting document to Promoting Wellbeing and Independence - A Joint Prevention Strategy for Adults in Hounslow 2015-19. It expands on the content of the strategy and provides detail on the plans for development of Extra Care in Hounslow.

This Plan:

- Explains what Extra Care Housing is, its benefits and strategic importance
- Presents the needs analysis for Extra Care Housing in Hounslow
- Reviews current provision and outlines the gaps based on Localities
- Sets the direction for the continued expansion of Extra Care in Hounslow
- Explore Models of Care and Support and makes Recommendations
- Reviews the pathway into Extra Care Housing
- Explores opportunities for integration and Whole Systems working between Health, Social Care, Housing and the Voluntary Sector in Extra Care
- Sets out Commissioning Intentions
- Provides an Action Plan for delivery
1. **What is Extra Care Housing?**

Extra care housing is sometimes referred to as very sheltered housing or housing with care. It is social or private housing that has been built to suit people with long-term conditions or disabilities that make living in their own home difficult, but who don't want to move into a residential care home. Extra care housing can be run by registered providers (housing associations) and charities, local authorities or private sector providers.

Most residents are older people, but this type of housing is becoming popular with people with disabilities regardless of their age. Some specialise in care for people with dementia.

2. **What are the benefits of Extra Care Housing?**

Extra care housing gives people the opportunity to live independently in a home of their own, but with other services on hand if they need them. The flats are self-contained and people have the key to their own front door with security of tenure. It is usually seen as a long-term housing solution where people’s needs can increase without them needing to move on somewhere else, it is sometimes described as a home for life. The features and extra facilities vary depending on the site and the model, but generally include:

- 24-hour access to emergency support
- an on-site care team
- a restaurant or some kind of meal provision
- laundry
- full wheelchair accessibility
- communal facilities for activities
- activities held on site to promote health and wellbeing and prevent isolation
- telecare equipment installed to alert staff when someone needs assistance or may be in danger

Some schemes also include:

- rehabilitation services
- a base for healthcare workers
- shops/hairdressers
- especially designed dementia flats and wings

Extra Care housing is enabling as people live in their own homes, retaining their independence while receiving the care and support they need. Care staff are available on site to deal with emergencies 24 hours a day.

3. **Strategic Importance of Extra Care Housing**

Extra Care Housing is an important element in a strategy to prevent people requiring residential and nursing care or hospital when this is not absolutely necessary. Moving into Extra Care schemes at the appropriate time prevents vulnerable residents’ needs increasing to a level where they are unable continue to live independently. It reduces the reliance on residential care. The care and support available in schemes support clients to maintain their health and prevent hospital admissions. When people are living in Extra Care
accommodation delays in hospital discharge are less likely, as the hospital can liaise with care and support teams and be confident that the patient will be supported in their home environment.

An evaluation carried out by the Department of Health, *Improving Housing with Care Choices for Older People: An Evaluation of Extra Care Housing* (2011) found the following benefits:

1. **Delivered person-centred outcomes**
   - Outcomes generally positive most people reporting good quality of life
   - 1/3 of residents who died were able to end their lives in the scheme
   - Most residents physical functioning improved or remained stable 18 months after moving in
   - Cognitive functioning remained stable

2. **Cost Effectiveness**
   - Costs were same or lower than in residential care for equivalent people - this included the capital costs of building the scheme and rent paid
   - Better outcomes at same or lower overall cost indicate cost effectiveness

3. **Improved Choice**
   - People made a positive choice to move with high expectations

Overall the study found that when matched with a group of equivalent people moving into residential care, costs were the same or lower in Extra Care housing. It concluded that, better outcomes and similar or lower costs indicate that extra care housing is a cost-effective alternative for people with the same characteristics who currently move into residential care.

It is important to note that the overall cost of Extra Care housing used in the analysis included the capital cost of building a scheme and the rent that the people living in the scheme pay. However, unlike residential and nursing care, people who live in extra care housing are either home owners or tenants, so the accommodation costs are separate and met by the service users. If tenants have limited incomes they can apply for housing benefit to meet these costs. Often much of the capital costs of building a scheme are met by non Local Authority grants from the Greater London Authority or central government departments (Homes and Community Agency or Department of Health) and housing benefit costs are met by the Department of Work & Pensions. This results in a much lower cost to the local health and social care economy than residential care.

4. **Cost Comparison**

The main purpose behind increasing provision of extra care housing and promoting its uptake, is to improve the independence and quality of life of our older and disabled residents by enabling them to live in their own home with social care support at close proximity, avoiding the need to move into a residential or nursing home. However, from a financial perspective, for every person who moves into Extra Care housing from residential and nursing care homes, or bypasses these completely, a considerable saving will be made by the Council and the service user.

The cost of residential care for older people is approximately £480 per week for private provision and £740 per week for Local Authority homes. The average cost of residential care
is currently approximately £520 per week. The cost of care and support at the new Park Lodge House scheme is estimated to be less than £250 per week.

Extra care housing is a significantly lower cost option than residential care, primarily because the accommodation costs in Extra Care Housing are met by the tenant or through Housing Benefit. The Housing Benefit is recouped from the central government funded Department of Works and Pensions, so this is not a Local Authority cost.

There are some additional commissioning costs with a new Extra Care scheme and the re-tendering of the care and support every 3 or 4 years which is not incurred in private residential care, which is generally spot purchased or Local Authority (LA) provided residential care.

Clearly it is not as simple as to say that everyone currently in residential care should move to Extra Care. Many people currently in residential care would not be suitable for Extra Care, people with higher needs particularly around dementia may not be suitable. Although the development of dementia specific provision within schemes would contribute towards meeting these high needs. People should move into Extra Care at an earlier stage than they would to residential care so they can ‘age in place’. People now going into Local Authority provided care are likely to have higher needs than in the past due to the strengthening of the quality assurance process for placements in adult social care.

The cost difference to the Local Authority of Extra Care compared to residential care are as follows:

<table>
<thead>
<tr>
<th>Type of Residential Care</th>
<th>Saving per unit</th>
<th>Percentage Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>£230/week</td>
<td>48%</td>
</tr>
<tr>
<td>Local Authority</td>
<td>£490/week</td>
<td>66%</td>
</tr>
<tr>
<td>Average</td>
<td>£270/week</td>
<td>52%</td>
</tr>
</tbody>
</table>

In conclusion, while a direct cost comparison of residential and extra care is not always appropriate, it is clear that substantial efficiency savings are possible. It is difficult to be exact, but it would be prudent to say that there is a saving of approximately £230 per week from Extra Care housing in comparison to residential.

The cost of supporting someone to stay at home with domiciliary care can in many cases exceed the cost of residential care. At the current Personal Care Framework lowest band (Band 1) rate of £14.68 per hour the table below shows the hourly equivalents:

<table>
<thead>
<tr>
<th>Type of Residential Care</th>
<th>PCF Band I Equivalent Weekly Hours</th>
<th>PCF Band I Equivalent Daily Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>32.7 hours per week</td>
<td>4.7 hours per day</td>
</tr>
<tr>
<td>Local Authority</td>
<td>50.5 hours per week</td>
<td>7.2 hours per day</td>
</tr>
<tr>
<td>Average</td>
<td>35.4 hours per week</td>
<td>5.1 hours per day</td>
</tr>
</tbody>
</table>

Given that many people require some double carer provision and higher more expensive bands of care, it is clear that in many cases it would be more cost effective for people to be supported in Extra Care which would equate to 17 hours of care per week at PCF Band 1, only 2.4 hours per day.
There is no intention to deprive people of their choice to continue to live in their own home, but it is worth considering when advising people of their accommodation options in later life and when targeting promotion to people who might be interested in moving into new schemes.

5. Need Analysis

5.1 Demographics

*More Choice, Greater Voice* – a toolkit for producing a strategy for accommodation with care for older people (Housing LIN, 2008) recommends 25 units of Extra Care Housing per 1,000 people aged 75 and over in the population. It recommends that these are divided equally between rent and sale.

Based on Greater London Authority 2013 Round of Demographic Projections for population growth in the over 75’s, a broad approximation of the level of need for Extra Care in Hounslow (ECH) can be projected as follows. It should be noted that this may be an under estimation of need because it only bases need on frail older people and does not include other disability groups.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population aged 75 and over</th>
<th>Total Need for ECH</th>
<th>Need for ECH Rental Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>12,959</td>
<td>324</td>
<td>162</td>
</tr>
<tr>
<td>2015</td>
<td>13,157</td>
<td>329</td>
<td>164</td>
</tr>
<tr>
<td>2020</td>
<td>14,344</td>
<td>359</td>
<td>179</td>
</tr>
<tr>
<td>2025</td>
<td>16,719</td>
<td>418</td>
<td>209</td>
</tr>
<tr>
<td>2030</td>
<td>18,598</td>
<td>465</td>
<td>232</td>
</tr>
<tr>
<td>2035</td>
<td>20,577</td>
<td>514</td>
<td>257</td>
</tr>
<tr>
<td>2040</td>
<td>22,753</td>
<td>569</td>
<td>284</td>
</tr>
</tbody>
</table>
5.2 Bedroom Sizes

An analysis of applicants aged 65 and over on Hounslow’s Housing Register for social housing gives an indication of the need for different bedroom sizes in Extra Care Housing.

The following table uses information from the Locata Housing Database (in July 2014) and shows applicants aged 65 and over with a one or two bedroom need for social housing.

<table>
<thead>
<tr>
<th>No of Bedrooms</th>
<th>No of Applicants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 bedroom</td>
<td>386</td>
<td>89.15%</td>
</tr>
<tr>
<td>2 bedroom</td>
<td>47</td>
<td>10.85%</td>
</tr>
</tbody>
</table>

People in need of Extra Care housing will be on the frailer and older end of the spectrum of older people on the housing register. Extra Care housing is suitable for spouses and for carers to live with the applicant, but is not suitable for other members of the household such as adult children who are not carers. Applicants for extra care are more likely to be single person households as their spouses may have died. Therefore it can be assumed that the proportion of two bedroom need will be lower than the over 65 applicants on the general housing register.

Two bedroom flats can be appropriate when one partner in a couple has very high needs that necessitate a separate bedroom or where a couple chose to sleep in different bedrooms. However, in the current rented Extra Care provision in Hounslow there are seven two bedroom flats representing 18% of the total and these are harder to let than one bedroom flats and are more likely to be void. There has been a history of voids in the two bedroom units.

Therefore, it is recommended that in new Extra Care provision in Hounslow the proportion of two bedroom units should not exceed 10% of the total number of rented and this should continue to be monitored as more schemes are developed.

5.3 Deprivation

The Joint Strategic Needs Assessment (JSNA) shows that people who die prematurely are more likely to be from Hounslow’s disadvantaged and less affluent communities. The JSNA states that the category “Barriers to housing and services” is the highest ranking of the key area of deprivation in Hounslow. The Marmot Review (Fairer Society, Healthy Lives 2010) emphasises the important role of housing on health and well-being.

The focus of this plan is on Extra Care housing as a form of affordable rented housing rather than for purchase in the private market. However, particularly with the emphasis on supporting self funders in the Care Act (2014), the Borough has an important role in facilitating the development of private and mixed tenure Extra Care developments through its Planning and Strategic Housing functions. Social Care and Health will work with partners to support the development of private and mixed tenure Extra Care provision.

The health inequalities highlighted in the JSNA also indicate that the need for rented Extra Care Housing will be greater in the more deprived areas of the borough.
The above map shows that there are wards with high level of deprivation affecting older people across the borough. However, the localities with the highest number of wards with high levels of deprivation for older people are the West Area, Isleworth & Brentford and Cranford & Heston. There are fewer wards with high deprivation for older people in Chiswick and Central Hounslow.

5.4 Dementia

Dementia rates have been rising in Hounslow as the table and graph below show.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>1010</td>
<td>606</td>
<td>220</td>
<td>1837</td>
</tr>
<tr>
<td>2010-2011</td>
<td>1038</td>
<td>623</td>
<td>226</td>
<td>1887</td>
</tr>
<tr>
<td>2011-2012</td>
<td>1111</td>
<td>666</td>
<td>242</td>
<td>2019</td>
</tr>
<tr>
<td>2012-2013</td>
<td>1138</td>
<td>683</td>
<td>248</td>
<td>2069</td>
</tr>
</tbody>
</table>
This trend is forecast to continue with the growing older population in the borough as shown by the predictions below.

<table>
<thead>
<tr>
<th>Hounslow</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69 predicted to have dementia</td>
<td>116</td>
<td>119</td>
<td>124</td>
<td>139</td>
<td>161</td>
</tr>
<tr>
<td>People aged 70-74 predicted to have dementia</td>
<td>186</td>
<td>188</td>
<td>238</td>
<td>245</td>
<td>276</td>
</tr>
<tr>
<td>People aged 75-79 predicted to have dementia</td>
<td>339</td>
<td>339</td>
<td>357</td>
<td>445</td>
<td>468</td>
</tr>
<tr>
<td>People aged 80-84 predicted to have dementia</td>
<td>479</td>
<td>490</td>
<td>547</td>
<td>584</td>
<td>748</td>
</tr>
<tr>
<td>People aged 85-89 predicted to have dementia</td>
<td>439</td>
<td>461</td>
<td>556</td>
<td>633</td>
<td>695</td>
</tr>
<tr>
<td>People aged 90 and over predicted to have dementia</td>
<td>360</td>
<td>360</td>
<td>447</td>
<td>564</td>
<td>712</td>
</tr>
<tr>
<td><strong>Total population aged 65 and over predicted to have dementia</strong></td>
<td><strong>1,919</strong></td>
<td><strong>1,957</strong></td>
<td><strong>2,268</strong></td>
<td><strong>2,610</strong></td>
<td><strong>3,059</strong></td>
</tr>
</tbody>
</table>

Analysis of the placement made into residential care by the London Borough of Hounslow’s Placements Team in the twelve months between June 2013 and May 2014 shows that 160 placements were made to nursing and residential care. Of these 90 were made to residential care and 60 of these (66% of residential placements) required dementia specific provision.

<table>
<thead>
<tr>
<th>Total Placements</th>
<th>June 2013 - May 2014</th>
<th>Total Residential placements</th>
<th>Residential Elderly Mentally Ill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>160</td>
<td>90</td>
<td>60</td>
</tr>
</tbody>
</table>

Of referrals to the current Extra Care Provision, 29% of cases are refused because their needs are too high and 26% of people currently referred have dementia.

Diagnosis rates of dementia are improving and the policy drive is to support people with dementia to live as independently as possible. Extra Care housing may not be suitable for people with the most severe dementia to move into, however, it does have a role in meeting the needs of people with mild and moderate dementia. For Extra Care Housing to
contribute fully to the reduction in numbers of people going to residential and nursing care, scheme design and care and support needs to be tailored to support people with dementia.

The University of Stirling, Dementia Services Development Centre, provides resources and advice on housing design, for people with dementia.

http://dementia.stir.ac.uk/housing-dsdc/design-housing

5.6 Strokes and Falls

The Hounslow JSNA states that people who have survived a stroke spend a comparatively long time in hospital and tend to be discharged to nursing or residential care. The number of older people predicted to have a stroke is rising.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population aged 65 and over predicted to have a longstanding health condition caused by a stroke</td>
<td>674</td>
<td>686</td>
<td>704</td>
<td>720</td>
<td>735</td>
</tr>
</tbody>
</table>

Produced from Projecting Older People Population Information System (05/08/14)

Extra Care is an alternative to residential care for people who have suffered strokes.

The JSNA also shows evidence of a growing number of falls related admissions to hospital and long stays in hospital as a result of falls. These rates are predicted to continue to rise, below are the projections from Projecting Older People Population Information (POPI).

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population aged 65 and over predicted to be admitted to hospital as a result of falls</td>
<td>592</td>
<td>607</td>
<td>618</td>
<td>630</td>
<td>648</td>
</tr>
</tbody>
</table>

Produced from Projecting Older People Population Information System (05/08/14)

Extra Care housing provides an environment where older people are less likely to fall and will receive prompt assistance if they do.

5.7 Younger Adults with Physical and Learning Disabilities

Most of the people who live in Extra Care schemes are older people, however some people with learning disabilities and physical disabilities have similar needs for accessible properties with care and support on site. There is a growing need for suitable accommodation and care solutions for people with learning disabilities whose carers are becoming older and are no longer able to support them in their own homes. Dementia is more prevalent in people with learning disabilities and the onset tends to be earlier, Extra Care has a role in meeting this need. While it is not advisable to mix very young adults with disabilities together in a predominantly older persons scheme, people aged 50 or over with disabilities are currently eligible for Extra Care Housing in Hounslow.

This age criteria should be monitored with a view to lowering it for people with disabilities if it is found that this will not disrupt the balance of schemes. There is a relatively large cohort of people predicted to have learning disabilities in the 45-54 age range.
### People predicted to have a learning disability

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 18-24</td>
<td>647</td>
<td>649</td>
<td>627</td>
<td>641</td>
<td>726</td>
</tr>
<tr>
<td>People aged 25-34</td>
<td>1,337</td>
<td>1,347</td>
<td>1,377</td>
<td>1,374</td>
<td>1,342</td>
</tr>
<tr>
<td>People aged 35-44</td>
<td>1,046</td>
<td>1,078</td>
<td>1,202</td>
<td>1,265</td>
<td>1,284</td>
</tr>
<tr>
<td>People aged 45-54</td>
<td>771</td>
<td>786</td>
<td>847</td>
<td>924</td>
<td>1,012</td>
</tr>
<tr>
<td>People aged 55-64</td>
<td>548</td>
<td>559</td>
<td>632</td>
<td>696</td>
<td>740</td>
</tr>
<tr>
<td>People aged 65-74</td>
<td>344</td>
<td>355</td>
<td>402</td>
<td>436</td>
<td>496</td>
</tr>
<tr>
<td>People aged 75-84</td>
<td>194</td>
<td>198</td>
<td>213</td>
<td>254</td>
<td>289</td>
</tr>
<tr>
<td>People aged 85 and over</td>
<td>65</td>
<td>67</td>
<td>81</td>
<td>99</td>
<td>116</td>
</tr>
<tr>
<td><strong>Total population aged 18 and over</strong></td>
<td><strong>4,951</strong></td>
<td><strong>5,040</strong></td>
<td><strong>5,382</strong></td>
<td><strong>5,690</strong></td>
<td><strong>6,005</strong></td>
</tr>
</tbody>
</table>

Produced from Projecting Adults Needs Information System (05/08/14)

The design of Extra Care housing does not necessarily need to be adapted for people with learning and physical disabilities, accessibility and suitability for use of hoists is already a feature of most extra care. However, the care and support and skills of the staff are likely to be different particularly for learning disabilities.

Consideration should be given in new developments as to whether a separate part of a larger scheme would be suitable for younger adults with learning disabilities.

### 5.8 Lesbian Gay Bisexual and Transgender

There is growing recognition that the needs of the Lesbian Gay Bisexual and Transgender (LGBT) people need to be factored into the development of service traditionally aimed at older people. Same sex couples need to be offered shared tenancies, care and support services must be sensitive to the needs of LGBT service users and discrimination issues need to be dealt with robustly in an appropriate manner.

### 6. CURRENT PROVISION AND GAPS

#### 6.1 Current and Planned Provision

There are currently only 43 units of purpose built extra care housing in the London Borough of Hounslow. These are at the Greenrod Place scheme in Brentford, 38 are socially rented and 5 are leaseholds for purchase as shared ownership. The scheme provides 31 one-bedroom and seven two-bedroom flats to rent and five two bedroom flats to buy through shared ownership.
A further 36 social rented units under construction is scheduled to open in April 2015 at the new Park Lodge House scheme on Sutton Lane in Central Hounslow. There are 33 one bedroom flats and three two bedrooms units representing 9% of the total provision.

Adult Social Care have set a strategic medium term target to increase the number of units of Extra Care by 180 units by 2018/19.

Another similar sized scheme (36 units including 3 two bedroom units) has been granted planning permission in the Isleworth area and is due to be completed in 2017.

While the current and under construction extra care schemes are designed to be dementia friendly, there is currently no dementia specific extra care provision in the borough.

6.2 Gaps

The Local Authority and the Clinical Commissioning Group are committed to working together in five locality areas within the borough. The table below makes projections for the population in each of the five localities until 2035 using GLA projections for the borough population of people 75 years old and older. For the purposes of these projections it has been assumed that the proportions of population aged 75 and older, will remain the same in each of the five localities.

<table>
<thead>
<tr>
<th>Locality</th>
<th>2015</th>
<th>2018/19</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Hounslow Area</td>
<td>2,657</td>
<td>2,837</td>
<td>3,376</td>
<td>3,755</td>
<td>4,155</td>
</tr>
<tr>
<td>need for rented ECH</td>
<td>33</td>
<td>35</td>
<td>42</td>
<td>47</td>
<td>52</td>
</tr>
<tr>
<td>Chiswick Area</td>
<td>2,042</td>
<td>2,180</td>
<td>2,595</td>
<td>2,887</td>
<td>3,194</td>
</tr>
<tr>
<td>need for rented ECH</td>
<td>26</td>
<td>27</td>
<td>32</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>Heston and Cranford Area</td>
<td>2,403</td>
<td>2,565</td>
<td>3,053</td>
<td>3,396</td>
<td>3,757</td>
</tr>
<tr>
<td>need for rented ECH</td>
<td>30</td>
<td>32</td>
<td>38</td>
<td>42</td>
<td>47</td>
</tr>
<tr>
<td>Isleworth and Brentford Area</td>
<td>2,629</td>
<td>2,807</td>
<td>3,340</td>
<td>3,716</td>
<td>4,111</td>
</tr>
<tr>
<td>need for rented ECH</td>
<td>33</td>
<td>35</td>
<td>42</td>
<td>46</td>
<td>51</td>
</tr>
<tr>
<td>West Area</td>
<td>3,427</td>
<td>3,659</td>
<td>4,354</td>
<td>4,844</td>
<td>5,359</td>
</tr>
<tr>
<td>need for rented ECH</td>
<td>43</td>
<td>46</td>
<td>54</td>
<td>61</td>
<td>67</td>
</tr>
<tr>
<td>Total over 75 in LBH</td>
<td>13,157</td>
<td>14,048</td>
<td>16,719</td>
<td>18,598</td>
<td>20,577</td>
</tr>
<tr>
<td>Total need for rented ECH</td>
<td>164</td>
<td>175</td>
<td>209</td>
<td>232</td>
<td>257</td>
</tr>
</tbody>
</table>

The graph below shows the current need for Extra Care Housing in each of the localities:
The table below compares the provision that will be available in 2015 in each of the localities and the gaps between the need and provision.

<table>
<thead>
<tr>
<th>Locality</th>
<th>2015 Need</th>
<th>2015 Provision</th>
<th>2015 Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Hounslow Area</td>
<td>33</td>
<td>36</td>
<td>(3)</td>
</tr>
<tr>
<td>Chiswick Area</td>
<td>26</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Heston and Cranford Area</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Isleworth and Brentford Area</td>
<td>33</td>
<td>38</td>
<td>(5)</td>
</tr>
<tr>
<td>West Area</td>
<td>43</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total need for rented ECH</strong></td>
<td><strong>164</strong></td>
<td><strong>74</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

This shows that the main areas of need for new extra care schemes are the West Area, followed by the Heston and Cranford Area. This is supported by the areas of income deprivation for older people as these are the localities with the highest deprivation which will not have an Extra Care scheme in 2015.

Adult Social Care have set a strategic target to increase the number of units of Extra Care by 180 units by 2018/19. This is to support the Independence Agenda to prevent people going into residential care and towards meeting the Council’s saving requirements. This is in addition to the provision which will be available from April 2015 i.e. 74 units in total, giving a planning target for a total of 254 units. This exceeds the demand predicted by the demographic modelling by 79 units and represents a strategic shift towards Extra Care. The additional demand over and above the need predicted through demographic modelling for older people will come from people who already have dementia and younger people with disabilities. It is planned that designing areas of schemes specifically for people who already have dementia and promoting the use of scheme for people over 50 years old with learning and physical disabilities will stimulate the additional demand to fill the extra units.

The table below shows the gaps predicted by localities through the demographic modelling and adjusted for the strategic target.

The scheme which has received planning permission in Isleworth and is being delivered as part of the s106 legal agreement with the local authority for a much larger development, is expected to be completed by the end of 2017. Given the planned scheme’s proximity to
Chiswick and the current scheme in Brentford, this will meet most of the in the east of the borough i.e. the Isleworth & Brentford and Chiswick localities.

It is therefore recommended that new Extra Care Housing schemes are developed in the West Area and Heston and Cranford Area. Given the projected gaps below, it is recommended that two large scheme of approximately 70 units each are developed in these areas by 2018/19.

<table>
<thead>
<tr>
<th>Locality</th>
<th>2018/19 Need</th>
<th>Gaps</th>
<th>Adjusted 2018/19 Needs</th>
<th>Adjusted Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Hounslow Area</td>
<td>35</td>
<td>(1)</td>
<td>51</td>
<td>15</td>
</tr>
<tr>
<td>Chiswick Area</td>
<td>27</td>
<td>27</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Heston and Cranford Area</td>
<td>32</td>
<td>32</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Isleworth and Brentford Area</td>
<td>35</td>
<td>(3)</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td>West Area</td>
<td>46</td>
<td>46</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>Total need for rented ECH</td>
<td>175</td>
<td>101</td>
<td>254</td>
<td>180</td>
</tr>
</tbody>
</table>

If the Isleworth scheme were not to be developed as planned, it is recommended that three schemes of approximately 60 units each is developed in the east of the borough (preferably Chiswick locality) the West Area and Heston & Cranford locality.

### 6.3 Dementia specific provision

Issues that arise for people with dementia or prevent people with dementia accessing the current Extra Care provision in Hounslow include:

- Clients wandering off site and getting lost and disoriented
- People with dementia displaying challenging behaviour
- Safety concerns for people with dementia
- Staff capacity and capabilities to support people with more severe dementia

With the current unmet need and the rising future projections for dementia, there is a need for dementia specific Extra Care provision. All schemes should be designed with dementia friendly features such as personalised entrance ways to properties, minimising dead ends and features such as sensory gardens. This enables people with mild dementia to move into a scheme and as their conditions deteriorate, they can remain living in their flats. It is important that there is a mix of need within larger schemes to prevent it becoming an institutional environment and to promote a culture of community support.

However, for people with more advanced dementia there is a need for dementia specifically designed units. It would not be advisable for a whole scheme to be dementia specific as this would create an institutional environment. An area or wing of a larger scheme can be specifically designed with between 5 and 12 units with the following features to support clients with more complex needs:

- Smaller studio flats
- Larger communal areas with a communal kitchen
- More intensive staffing within the area
- Fob controlled access to prevent wandering
- Secure garden areas to ensure safety while outside
• Greater range of assistive technology built in

7. Approaches to Meet Demand for Extra Care Housing

To source additional extra care housing stock, we will look to:

1. Work in partnership with Housing to identify opportunities and build more Extra Care
2. Work with Planning in particular and Regeneration Economic Development and Environment generally to explore more possibilities of building affordable Extra Care in private developments through s106 planning agreements
3. Work with appropriate registered providers and/or private developers to identify opportunities for Extra Care
4. Bid for capital funding available from central government to commission buildings
5. Identify sites owned by Adult Social Care appropriate for Extra Care or that could produce a capital receipt to fund Extra Care elsewhere
6. Identify land in the borough that we might sell to developers of Extra Care housing
7. Work with partners to support the development of private and mixed tenure Extra Care provision

It is recommended that a Supported Housing Working Group be formed to identify sites, grant funding and opportunities to develop additional Extra Care Housing stock. The membership of the group should include representatives from Joint Commissioning, Adult Social Care Operations, Affordable Housing Supply and Housing Provision and it should meet at least quarterly.

8. Models of Care and Support in Extra Care Housing

Care and support in Extra Care housing needs to be flexible to meet the changing needs of service users. Service users should be given choice about who provides them with their care and support, however this needs to be balanced with the need to provide on-site care and support staff 24 hours a day.

The staffing input into Extra Care can be divided into the following elements:
- Housing Management
- Daytime care staff cover on site
- Night time care staff cover on site
- Care & Support packages for individuals

Schemes require staff to be on site 24 hour a day, it is not possible to do this through a model where tenants have complete flexibility to spend their full personal budgets with whoever they want. There are also risks if services are too fragmented with too many agencies providing support to individuals and into the scheme in general, services need to be coordinated. Economies of scale can be achieved by providing services in a combined way. There is a tension between personalisation of finances (through direct payments) and the model and benefits of Extra Care. Even in the most personalised model there needs to be a core element of service which tenants “buy into” in order for it to be a safe and
sustainable model. Going from a minimal “core” of care and support, a spectrum of commissioning models could be developed with more or less choice and control, from a personal budget model through to a full block contract model.

### More Flexi Element

<table>
<thead>
<tr>
<th>Personal Budgets</th>
<th>Core &amp; Flexi</th>
<th>More Core Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice and Control</td>
<td>Safety &amp; Integration</td>
<td></td>
</tr>
</tbody>
</table>

An element of the staffing in Extra Care schemes that is not commissioned is the Housing Management, this is generally provided by the landlord of the property but can be devolved to a care and support provider through a housing management agreement. Housing management involves tasks such as collecting the rent, arranging repairs and cleaning of communal areas and is funded through a service charge in addition to the rent which the tenants have to pay. Many elements of a service charge can be covered by housing benefit if the tenant is on a limited income. When tenants of a housing scheme are vulnerable, as they are in an Extra Care scheme, Housing Benefit will pay for an enhanced or intensive housing management service. This can include concierge functions, assistance with claiming benefits and additional health and safety functions which are considered reasonable. This can form an additional funding stream to help the tenants to manage to live independently.

### 8.1 Models of Care and Support

#### 8.1.1 Block Contract

Traditionally care and support in Extra Care has been purchased through a block contract arrangement i.e. the commissioning authority contracts to purchase a fixed number of hours per week for the scheme from an individual provider to be shared amongst the residents. There can be some flexibility built in, with an agreement to purchase additional hours of support on top of the block when people’s needs vary substantially from the agreed amount.

**Advantages:**

- The provider has security and can employ a stable workforce and can achieve economies of scale
- There is flexibly to use the hours around individuals’ varying needs e.g. when someone’s condition deteriorates temporarily and they require additional support this can be met within the total hours allotted to the scheme
• The hours can be used to provide activities within the scheme and to assist people to take part in activities and there is flexibility within the support plan
• Services are well coordinated

Disadvantages:
• There is a lack of choice and control, people cannot choose to have their care and support from another provider
• It is a less personalised model as people with lower support needs need to buy into the same or a banded level of support
• There is no element of competition to encourage providers to improve performance and value for money

8.1.2 Personal Budgets Model

Individuals purchase their care and support using their personal budgets from providers of their preference. Initially a provider could be given a guaranteed minimum of hours to allow for an on-site presence with this tapering off over time.

Advantages:
• Personalised support with maximum choice and control
• People with low support needs could opt out, giving a balance of need across the scheme

Disadvantages:
• Unstable model as providers do not have certainty around demand and staffing
• Potential safeguarding risk due to low levels of staff on site if people do not choose the same provider
• Lack of flexibility to meet people’s changing needs, a change in need requires a re-assessment which takes time
• There is no capacity within the model to support people to take part in activities unless on the support plan or for people to pool funding for group activities

8.1.3 Core and Flexible Model

This model attempts to gain the benefits of both ends of the spectrum through a combination of a core level of block service, and choice with a flexible element of the personal budget over and above the core level of service.

The core consists of a minimum of:

- Daytime care staff cover on site
- Night time care staff cover on site

Within this there needs to be consideration and can be variance between the minimum amount of staff there should be during the day time or at peak periods of the day e.g. when people need help getting up, being put to bed or at lunch time. Whether there is a single member of night staff or more, and whether they are waking or sleeping.
People moving into the scheme need to buy into the core level of service, but with the money in their personal budget over and above the core cost, i.e. the flexi element, they can opt to use the core provider with an on-site presence or opt to use another provider. It is envisioned that if the on-site provider is providing a good service most people will chose them for their flexible support.

The larger the core is, the higher the threshold that people have to “buy into” when entering the scheme and the less of the personal budget is left for the flexible element to make choices with. However, the larger the core is the more stability and flexibility there is within the staffing based in the scheme. On site activities could be included within the core as could a brokerage function to assist people in making choices of how to use their flexible element, although there may be conflict of interest as this would involve the core provider assisting people in making choices about buying services from themselves or their competitors.

**Advantages**

- Flexibility around people’s needs can be built into the model through the block core element
- The core provider has a certain amount of stability over the income from the block contract and can employ a stable staff base on a guaranteed number of hours
- People retain a significant amount of choice and control over who provides their care and support for the flexible part of their personal budget
- The element of competition should motivate the core provider to keep their customer care at a high standard so that people will chose them as their provider of flexible support
- Individuals can choose to have a specialist provider or their preferred provider who they may have used before coming into Extra Care

**Disadvantages**

- There is a level of uncertainty for the core provider around the flexible element affecting the number of permanent staff they have on guaranteed hours
- There is an administrative/bureaucratic brokerage function not needed in a block contract model
- There is a need to coordinate between a core and flexible provider when the service user chooses another provider
- If the core level is set high this may act as a barrier to entry for people with lower needs.
8.1.4 Integrated Core and Flexi Care & Support

In the case of a new scheme where the landlord is also a provider of care and support, there is an opportunity to combine the intensive housing management staffing element with the core care and support. This would allow for a less fragmented service and supplement the core making it more robust and allowing for a larger flexible element while guaranteeing safe levels of staff in the scheme.
In this case it may not be necessary to commission a block contract, instead the landlord and core provider sign tenants up to an individual contract for the core support when they move in and a service charge that can be met by tenants through housing benefit and their own funds or their personal budgets. This is a variation on the core and flexi model with the additional advantage of decreasing the possibility of fragmentation and too many different providers within a scheme by linking the housing management and core services. It has the following additional advantages and disadvantages:

**Advantages**

- Additional funding for enhanced housing management from housing benefit is utilised, reducing the cost of care and support and maximising the flexible element
- More integrated service to tenants

**Disadvantages**

- Risks of over reliance on the provider/landlord and how under performance would be managed
- Risks around changes to the housing benefit regulations

### Integrated Core and Flexi Care & Support

#### Core Service
- Everyone needs to buy into this

#### Flexible Menu
- People have more choice & control over this (including choosing a different provider)

---

8.2 Pilot

- **Enhanced HM**
  - Housing Management,
  - Tenancy and Estate Management
  - Co-ordinating Activities, Safety & Security,
  - Adapts & Assistive Technology, HB advice

- **Core Support**
  - 24 hour staff on site
  - Emergency response
  - Key working
  - Social inclusion
  - Housing related support
  - Care co-ordination and liaison
  - Medication management
  - Reablement
  - Resettlement

- **Individualised Personal Care & Support**
  - Care tailored to the individual
  - Getting up and dressing
  - Food preparation
  - Maintain social contacts
  - Cleaning and domestic work
  - Washing and bathing
  - Shopping
  - Attending external appointments
In order to trial and test the integrated core and flexible model of care and support, a two year pilot is being run with Octavia Housing in the new Park Lodge House scheme. To allow for the safe mobilisation of the scheme a block contract is being granted for the first year for the care and support. During the course of the first year a safe level of core staffing will be established and the amount of the block contract reduced accordingly. As Octavia are the landlords at the scheme the enhanced housing management resource from the service charge to tenants can be utilised to contribute towards the core staff team at the scheme. Tenants will then be free to use the amount of their personal budgets not taken up by the core service more flexibly with Octavia or an alternative provider. If this is successful there is the possibility to move further along the choice and control spectrum to a complete personal budget model with tenants entering into individual contracts for the core care and support element and there being no core contract with the local authority.

The learning from the pilot will be used to shape the commissioning of care and support in the other schemes in the borough.

8.3 Procurement Route

Currently there are three potential procurement routes to commission the care and support for Extra Care in Hounslow:

- Personal Care Framework (PCF),
- West London Alliance (WLA) Home Support Framework or
- Stand alone procurement exercise for individual schemes or contracts

Frameworks offer the advantage of a more efficient process, as much of the ground work of assessing basic requirements has already been done so that a mini-competition can focus in solely on the specifics of the particular tender. The core or block provision can be commissioned through a mini-competition with providers and the flexible element called off the framework individually.

Framework Providers would be invited to tender and provided with:

- any relevant TUPE information,
- information about the physical scheme(s) and arrangements
- a supplementary service specification which details the model of care and support, and any additional key performance indicators (such as avoidance of admission to residential care and hospital).

Hounslow’s PCF offers a range of suitable care and support providers quality assured as appropriate providers to meet the care and support needs of Hounslow citizens 2014-2018. The provision of Extra Care and Supported Housing is included in the PCF specification. The PCF consists of banded levels of care and support and supports the integration of health and social care provision. This makes it suitable to meet the need for a skilled workforce in Extra Care housing where specialist and complex needs such as dementia, learning disabilities, autism and mental health are present. The PCF offers a vehicle for the purchase of care and support to people in Extra Care who do not wish to manage their personal budgets themselves, for the Local Authority or Health to purchase care and support on their behalf.
The WLA framework includes a specific lot for Extra Care Housing and has a wider range of providers experienced in delivery of Extra Care.

It is therefore recommended that the PCF be used to purchase the flexible support in core and flexible model schemes. The PCF, WLA Home Support Framework and stand alone tenders offer choices for commission the core support contract in schemes where the landlord is not the core care and support provider. It is recommended that decisions about the procurement route for individual schemes are made on a scheme by scheme basis and that the learning from the Park Lodge House pilot shapes these decisions.

8.4 Level & Balance of Need

Ideally Extra Care schemes have a balance of care needs defined by the number of hours of care per week that clients are assessed to need typically between:

- low - less than 5 hours of care per week
- medium - 5 to 10 hour of care per week, and
- high - 10 or more hours per week.

However, in Hounslow due to the current very limited supply the balance of care has necessarily been at the higher end with an average of between 11 and 13 hours of care per client per week.

As more schemes are developed, including with dementia specific provision, it is envisioned that the level of need will balance out more between low, medium and high.

8.4 Assistive Technology

Assistive technology should play a key role in Extra Care housing. Telecare devices should be used alongside care and support staff to ensure that tenants remain safe particularly if they have conditions such as epilepsy or dementia. Peripheral devices connected to the hard wired systems in tenants’ flats can alert on site staff for example if a service user is fitting, has not taken their medication or they have left their flat and may need assistance because they may get lost due to memory problems. Newer devices which utilise SIM card mobile phone technology and Global Positioning Systems (GPS) can be used to locate vulnerable tenants when they have had a fall away from the scheme or have lost their way. These are particularly useful for assisting in the support and care of people with dementia.

Telehealth equipment can be used to support Extra Care tenants with self management of medical conditions by monitoring their health, such as monitoring vital symptoms e.g. blood pressure and glucose levels. The results can be relayed for analysis off site and communications such as video links and use of television can be used to communicate with the patients in their flat. Alerts can be communicated to the support staff on site if an intervention is needed or change to their support plan related to their condition.

The enhanced housing management function normally carried out by the landlord in an Extra Care scheme should be used to promote the role of assistive technology. Housing management staff need to be aware of the appropriate peripherals and options available to tenants so that they can liaise with social workers to prescribe the appropriate equipment.
Consideration should be given to housing management staff being trained and given the authority to prescribe telecare peripherals and small pieces of equipment.

8.5 Recommendations for Commissioning Care and Support in Extra Care

- It is recommended that core and flexi models of care and support are used in Extra Care schemes in Hounslow
- In order to mitigate any risk introducing a new core and flexi model, the finding from the Park Lodge House pilot should be used to shape future commissioning and consideration should be given to moving to core and flexi provision commissioned completely by individuals without a commissioned block core contract
- Enhanced housing management is utilised particularly to assist with concierge, advising tenants on telecare peripherals and welfare benefits
- The PCF is used as the vehicle to procure the flexible care and support in schemes for people with managed personal budgets
- As more schemes are developed, including with dementia specific provision, the levels of need should be balance out more between low, medium and high in individual schemes

9 Pathways and Prioritisation

In order to support the independence agenda and reduce unnecessary use of institutional care it is important that the right people are placed in Extra Care Housing at the right time. If it is too late the person’s needs may be too high to settle into the new environment and if it is too early it is arguably a waste of scarce resource. Ideally people move into Extra Care in a planned way before they go into crisis and require emergency care. Schemes need to maintain a balance of need to prevent them becoming institutional and losing their enabling atmosphere. Inappropriate placements can have a major effect on the quality of life of other vulnerable people at the scheme and the staff’s ability to manage everyone’s care. Equally providers must not be allowed to “cherry pick” the easiest or most profitable nominations and exclude people whose behaviour challenges services. Therefore, an appropriate pathway and system of prioritisation is important to manage placements in Extra Care.

Currently there is only one scheme to manage referrals to, and referrals for Extra Care are made by social workers to the Supporting Independence Service (SIS) in Housing, which is the gateway into housing related support services. The SIS assesses the services users’ eligibility against the criteria for the scheme, hold a waiting list and prioritise against broad criteria of need and urgency. If there are referrals with similar priorities when a vacancy arises the SIS consult with Adult Social Care managers to decide which nomination they wish to prioritise. See Eligibility Criteria Appendix A

With the new Park Lodge House scheme coming on line by April 2015 and the necessity of close liaison between agencies and the providers, there is a need to establish a panel arrangement to decide and manage increased nominations and which scheme applicants should be nominated to.
9.1 **Recommendations regarding Pathway**

The panel should consist of a senior representatives from adult social management to chair the panel, housing (through the Supporting Independence Service) and the Extra Care scheme managers who understand the current make up of tenants. A Council officer should be appointed as the panel coordinator who will be the point of contact outside of monthly meetings, this should be a SIS officer as it is a role that involves bridging the gap between housing, social care and providers.

Panels should take place on a minimum of a monthly basis and there needs to be provision to make out of panel referrals through the coordinator in exceptional circumstances or when there is a void to make best use of the resource.

The panel eligibility criteria and terms of reference are being drawn up and the first panel will meet in January 2015 to ensure placements are in line for the opening of Park Lodge House.

10. **OPPORTUNITIES FOR INTEGRATION**

A scheme staffed 24 hours a day and 365 days a year to support the needs of vulnerable people offers exciting opportunities for integration between health, social care and housing.

Units in the scheme can be allocated and designed to specifically support hospital discharge and the avoidance of unnecessary admissions.

10.1 **Assessment or Intermediate Provision**

Individuals who have finished their treatment in hospital but cannot be discharged due to uncertainties regarding their ability to cope or issues with their home environment can be accommodated as a temporary measure while receiving reablement support. This could include or there could be specific provision for patients eligible for Continuing Health Care who are often placed in residential or nursing care when the more enabling environment of extra care would result in better outcomes.

Similarly units can be used for vulnerable people whose home environment have become unsustainable and would otherwise be admitted to hospital or residential care.

When there is uncertainty as to whether someone will cope in an extra care scheme or whether they need to go into residential or nursing care, specific units can be used to trial living in extra care.

Because it is problematic to claim rent for temporary units or when people have another home, funding for the rent, service charge and amenities in these units will need to be paid for whether there were people in them or not. The landlord should provide furniture for these units and include the cost of this and amenities in a weekly fee to be paid on a monthly basis. This could be funded by health if it is considered to meet Out of Hospital objectives or by Adult Social Care or a combination of both.

At least one unit in any new scheme, in an accessible location, close to where staffing is based should be allocated to this use. This is a temporary service aimed at being a maximum of six weeks in duration and not a long term housing solution. If it is decided that the person should stay on in Extra Care provision they should move to a permanent flat in the same or an alternative scheme.
Reablement support into these units should be provided by the on-site provider and specified in the provider procurement process.

Strong links should be made between schemes and providers with the Integrated Community Response Service (ICRS), the Community Recovery Service and Locality multi disciplinary health and social care workers.

10.2 Hubs to support integrated locality working

Extra Care schemes offer an opportunity within localities for health, social care and voluntary partners to hold surgeries, provide drop ins, activities and out-reach to the vulnerable people living in the scheme and in the local community. With planned provision of schemes within each locality they could act as a physical base for some of the health social care and third sector partnership work planned within whole systems locality working.

10.3 Community nursing provision/links

With the concentration of vulnerable people and needs living in Extra Care schemes it is essential that local health professionals particularly GPs, pharmacies and district nurse are consulted, kept informed and any links between services explored when new schemes are established or designed. Possible links such as dedicated district nurses spending time at schemes or across schemes on a regular basis should be developed.

10.4 Dementia Nurses

Schemes in general and those with a specific dementia provision should make links with the Cognitive Impairment and Dementia Service (CIDS) and dementia nurses in particular. Dementia nurses and Occupational therapists should feed into the designing of schemes and the service models. Providers representatives should attend the Dementia Pathway Steering Group.

10.5 End of Life Care

Extra Care Housing should be seen as a home for life and the care and support should be adaptable, to allow for people at the end of their lives to die at home in their flats if that is what they wish. Residents in Extra Care should be supported to make End of Life Plans and the schemes monitored as to whether people died in accordance to their plan.

10.5 Telehealth

Telehealth systems and equipment provide opportunities to link Extra Care service users to health professionals without them needing to be on site. Health professionals can utilise their relationship with on-site care and support staff to intervene when telehealth systems indicate this is necessary e.g. by checking on the service user, helping them manage their medication or making arrangement to attend a surgery or clinic.

11 OPPORTUNITIES TO SUPPORT PREVENTION

Apart from being a vital element in preventing people needing to be placed in residential and nursing care, Extra Care schemes can act as a community resource to support the wider prevention agenda.
11.1 Community Hubs

Alongside the sheltered unit core schemes, Extra Care scheme can offer facilities for residents and the wider community living in other accommodation nearby. The sheltered housing core schemes can cater for the lower level of need, i.e. more active older people providing activities and socialising opportunities. Extra Care schemes should be developed into hubs for people who are frailer and have higher needs and particularly around dementia. By developing expertise in the scheme and links with relevant health and voluntary services such as the Dementia Adviser from Alzheimer’s Society, schemes can provide a base for people to drop into for appropriate activities such as singing and advice sessions for carers. Expert services based in schemes could reach out to people living in the local community to provide support, care and advice. The restaurant offers good opportunities for healthy eating and socialising in a safe environment.

11.2 Social Enterprise and Volunteering/Work Experience Opportunities

The restaurant at the current scheme in Hounslow is run by a social enterprise. These can offer work experience opportunities for people with learning disabilities to learn catering and restaurant skills. The gardens in extra care schemes offer opportunities for outdoor activities in a safe space and many include sensory gardens. The gardens may also provide opportunities for work experience or volunteering. The proposed Isleworth scheme is linked to spectacular grounds which could be made available to residents and local people who access activities at the scheme. Hairdressers, shops and even accessible bathrooms may be offered to people in the local community to use.

Links with the Wellbeing provision, such as use of befrienders, foot care, Health Champions should be maximised. Schemes can partner with schools for children to learn from the experience of the older residents and potentially for work placement opportunities.

Schemes with large numbers of vulnerable people offer good opportunities for the delivery of Public Health messages and health promotion.

The development of new schemes has an impact on local health resources particularly GP surgeries and local GPs and the CCG needs to be involved in their development.

12 COMMISSIONING INTENTIONS

- Run a two year pilot at the Park Lodge House scheme on Sutton Lane to test and learn from new more personalised models of care and support
- Agree new specification and contract for existing Greenrod scheme to improve flexibility, ensure people with higher needs are catered for and increase choice and control, for 1 April 2015
- Deliver the project plan the mobilisation for the Sutton Lane Scheme, include stakeholders, reassess people in residential with a view to moving to new units
- Develop Extra Care Pathway, panel, promotion and coordinator
- Develop new schemes in Heston & Cranford and West with dementia specific units
- Use schemes as hubs for preventative, community activities and support
- Consider procuring an activities service to work across schemes
13. SUMMARY OF RECOMMENDATIONS

• New Extra Care housing schemes are developed in the West Area and Heston and Cranford Localities by 2018 and that these schemes should be of approximately 70 units.

• The proportion of two bedroom units should not exceed 10% of the total number of rented new Extra Care provision in Hounslow, monitor target as more schemes are developed

• A Supported Housing Working Group be formed to identify sites, grant funding and opportunities to develop additional Extra Care Housing stock. The membership of the group should include representatives from Joint Commissioning, Adult Social Care, Affordable Housing and Housing Provision and should meet at least quarterly

• Adult Services work with partners including Planning and Affordable Housing to support the development of private and mixed tenure Extra Care provision

• Dementia specific provision is included in plans for future schemes in the form of dementia wings

• The age criteria (of 55 for frail elderly and 50 for people with disabilities) is monitored with a view to lowering it for people with disabilities if it is found that this will not disrupt the balance of schemes

• Consider whether in new larger developments a separate part of the scheme would be suitable for younger adults with learning disabilities

• Maximise the use of Assistive Technology in Extra Care Schemes

• Set up an Extra Care Housing Panel to agree nominations to Extra Care Schemes

• Use the Personal Care Framework as a vehicle to procure the care and support in current and new schemes where the person does not want to manage their own personal budget

• Pursue opportunities to integrate with health, support Locality working and develop schemes into community hubs

Joint Commissioning
Children and Adults Services
In partnership with Hounslow Clinical Commissioning Group
## 14. ACTION PLAN

<table>
<thead>
<tr>
<th>Action</th>
<th>Target</th>
<th>Lead</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and Re-commission existing scheme and commission care and support for new scheme at John Collins Site</td>
<td>New contracts in place for 1 April 2015</td>
<td>Joint Commissioning Manager – Supported Housing</td>
<td></td>
</tr>
<tr>
<td>Mobilise new 36 unit scheme and plan allocation to ensure scheme is filled. - Dove tail any reduction in current care home capacity with opening of new scheme. - Communication plan for social workers and potential clients</td>
<td>Scheme is filled within 6 months of opening</td>
<td>Head of Prevention &amp; Care Management</td>
<td></td>
</tr>
<tr>
<td>Ensure effective pathways into Extra Care</td>
<td>Establish new panel by 1 February 2015</td>
<td>Joint Commissioning Manager – Supported Housing</td>
<td></td>
</tr>
<tr>
<td>Form a Supported Housing working group, between Joint Commissioning and Affordable Housing to identify sites, grant funding and opportunities to develop additional Extra Care Housing.</td>
<td>Form Working Group by 1 February 2015</td>
<td>Joint Commissioning Manager – Supported Housing</td>
<td></td>
</tr>
<tr>
<td>Support private new build Extra Care through planning</td>
<td>Provide support to new planning applications</td>
<td>Joint Commissioning Manager – Supported Housing</td>
<td></td>
</tr>
<tr>
<td>Expand use of Extra Care as a community resource – particularly around partnerships with health, the voluntary sector and as a locality base</td>
<td>Increased Partnership working projects taking place at Extra Care schemes from April 2015</td>
<td>Joint Commissioning Manager – Supported Housing</td>
<td></td>
</tr>
</tbody>
</table>