



Market Position Statement

Extra Care Housing in Cornwall
2014 – 2030

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Version 1.10

Education, Health and Social Care

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Executive Summary/key messages

This Market Position Statement (MPS) sets out the Council's intentions to the market for the development of extra care housing. This document is aimed at existing and potential providers of extra care housing and represents the start of a dialogue about the future vision for housing for older people and the development of the market for this type of specialised housing.

There is no single model of extra care housing. The term extra care housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. The most important fact is that extra care housing is housing first. People who live there have their own self-contained homes. They have legal rights to occupy that are underpinned by housing law. This means there is a clear distinction between extra care housing and residential care as recognised by the Care Quality Commission.

The aspirations of older people are changing. Many older people would prefer to stay living in their own home for as long as possible. There are, however, people who would like to move house and live in accommodation that is better located, more accessible and easier to maintain. One of the main issues has often been the lack of housing options for older people with sheltered housing or residential care often being the only choices available. There are a range of local strategies and commissioning plans in relation to care, support and housing that provide a framework for the expansion of extra care housing in Cornwall.

Cornwall Council has had to make significant budget reductions in recent years and further savings of £196 million are required by 2018/19. There has also been a significant reduction in the capital subsidy from Central Government for the development of extra care housing. Therefore it is now appropriate to look at alternative funding sources that can be accessed for social and private extra care housing. The Council's role is more likely to be that of enabling the development of a range of extra care housing to meet diverse needs amongst the older population.

Cornwall's population has consistently grown quicker than the rest of the South West region, and is amongst the fastest growing areas in the UK.

The proportion of people needing care and support services rises with age and it is the older age groups in particular which are set to increase. The numbers of people across Cornwall aged 75 and over is projected to increase by 31% between 2013 and 2021 and 98% by 2037. There is also projected to be increasing prevalence of illness and disability amongst this older population

There has been a significant growth in the proportion of people buying and owning their own home over the last few decades. This is reflected in

Cornwall where 80% of people aged 65 and over live in homes they have bought.

This MPS has used the Housing and Learning Improvement Network (LIN) approach to predicting demand for extra care housing. This approach is based on the following:

- The ratio's for extra care housing (25 units per 1000 of population over 75 years) and dementia housing based places (5 units per 1000 of population over 75 years)
- The predicted demand is adjusted by tenure type based on a tenure split of 75% ownership and 25% rented in the overall over 75 years population

The MPS estimates that an additional **2,675** units of extra care housing are required across Cornwall by 2030. This level of need reflects the growing population of older people in Cornwall, the majority of them property owners. It also reflects the desire for people who otherwise could be in care homes, to continue to live in their own homes. By 2030 it is estimated that 2,006 units are required for sale (including shared ownership) and 669 units are required for rent.

The Council would like to promote and support development of extra care housing in Cornwall that both reflects the aspirations of older people and people with dementia, physical disabilities and learning disabilities and that is based on the most recent guidance and research in relation to best contemporary practice.

The Council will work actively with developers, extra care providers, and housing organisations, both social and private to identify potential sites that are suitable and viable for extra care schemes.

Any providers looking to develop new, or diversify existing, services to deliver extra care housing are strongly recommended to speak with both EH&SC and Housing Commissioners at the earliest possible opportunity.

1. Introduction

This Market Position Statement (MPS) sets out the Council's desired approach to the development of extra care housing in Cornwall.

Extra care housing has become one of the most widely used generic terms for integrated housing, care and support. This provision offers more independence than traditional residential care settings through self-contained accommodation with access to personalised care and support. People are able to access preventative support services, as well as health and social care services for people with high level, complex needs.

This MPS builds on the work that has already been completed through Cornwall Council's Adult Care, Health and Wellbeing Commissioning Strategies and the local Joint Strategic Needs Assessments (JSNA).

Further development of extra care housing in Cornwall will help to achieve the directorate vision:

People are supported to live independently, they have real choice in the support they receive and maximum control over the way they live their lives. Everyone is treated fairly and with dignity and respect.¹

The key messages in relation to this MPS are:

- Existing sheltered housing schemes need to be remodelled and, where appropriate, converted to extra care housing.
- The relative number of residential care home placements needs to be reduced and the number of alternative options of accommodation with care and support needs to increase, including extra care.
- A balanced extra care housing market needs to be developed that offers units for private rent, social rent and for sale.

The Council's aspiration is for the development of a wide range of extra care housing options over the next 20 years that can meet the housing and care needs of older people, including older people with dementia, physical disabilities, learning disabilities, autism and mental health needs.

Extra care housing needs to be developed not only for people who will be eligible for funding for care from the Council, but also for those that are self funding their care and support. This approach covers the whole market for extra care housing including for sale, for shared ownership, for social rent and market rent.

A glossary of the terms used in this document is shown at Appendix 1.

¹ Cornwall Council (2010) Putting People First: Four Year Directorate Plan

1.1 MPS purpose and target audience

Purpose of the MPS

This document sets out the Council's intentions towards the market for the development of extra care housing, taking into account current supply factors, and demand for a mix of accommodation types, including how a range of extra care housing for older people can be developed and delivered.

The MPS includes:

- How development of extra care housing for older people meets and fits with strategic priorities
- The specific demographic context that provides evidence of the demand for extra care housing
- Guidance to the market in relation to the types of development by all market sectors the Council will support.

Target Audience for the MPS

This document is aimed at existing and potential providers of extra care housing including:

- Specialist social and private housing providers and property developers
- General housing providers and property developers who may be interested in partnerships with more specialist organisations
- Care and support service providers.

This MPS represents the start of a dialogue between the Council, current and potential providers of specialist housing for older people and other stakeholders about the vision for the future of housing for older people and the development of the market for this type of specialised housing.

1.2 What is extra care housing?

There is no single model of extra care housing and no nationally agreed standards or regulations as there are for residential care homes. Extra care can be more usefully thought of in terms of the key characteristics that make up a development:

- **Self-contained accommodation**, incorporating design features to facilitate independence and safety
- **Personalised care and support** that is accessible 24 hours a day, 7 days a week
- Access to **meals, communal facilities** and **social activities** on site and/ or arranged in the community
- Access to **assistive technology**, such as telecare and alarms, and **adaptations and specialist equipment** to meet health and social care needs

Schemes described as extra care vary considerably in size, facilities, nature of accommodation, care provided, management arrangements, funding and staffing, and how they relate to the wider community. Unlike residential care homes though, accommodation is self-contained and residents can be assured tenants or owners with security of tenure

2. The strategic and financial context

This section describes the key national and local strategic priorities that relate to extra care housing.

The Care Bill sets out a new duty on local authorities to promote the diversity, quality and sustainability of local care services to meet the needs of local people. It recognises the importance of housing as playing *“a critical role in supporting people to live independently, and helping carers to support others more effectively.”*²

2.1 The changing aspirations of older people

The aspirations of older people are changing. Research shows that many older people would prefer to stay living in their own home for as long as possible³. Many older people are able to remain living in their own homes, with many supported by carers. According to the local JSNA the Place Survey found that just over a third of residents think that older people are able to get the services and support they need to continue to live at home for as long they want to in Cornwall⁴; this is slightly higher than the national average.

There are, however, people who would like to move house and live in accommodation that is better located, more accessible and easier to maintain. One of the main issues has often been the lack of housing options, such as different types of extra care housing, with sheltered/retirement housing or residential care often being the only choices available.

The local JSNA includes information on the aspirations of older people in Cornwall. In order to inform the Commissioning Strategies a review of previous local engagement was undertaken with people who use services, carers and other stakeholders, to gain an understanding of current health and social care needs and how these needs may change in the future. There are a number of themes related to the changing aspirations of older people highlighted in the JSNA and the Commissioning Strategies that are relevant to this MPS and described below.

Choice and control: Older people generally want to retain independence and control. Many older people are more economically active and if they are paying for services they want flexibility, quality and choice.

Links to local community: Feelings of belonging strengthen with age as older residents are more likely to feel strongly that they belong than younger residents.

² Department of Health (2013-14) *Care Bill*.

³ The Housing our Ageing Population Panel for Innovation (HAPPI) Report (2009)

⁴ Cornwall Council (2011) Joint Strategic Needs Assessment

Affordable housing with transport links: Older people particularly value affordable decent housing and good public transport links.

Quality housing design: Most older people want accommodation that feels like ordinary housing, provides security and is reasonably spacious (with many preferring two bedrooms).

Owner occupiers: Older people who are owner occupiers may be reluctant to move into rented sheltered accommodation or residential care because they do not want to erode their capital; the options to purchasing into extra care housing (outright or on a shared equity basis) provides a wider range of housing possibilities for older people.

Assistive technology and equipment: People are aware of the use of technology and equipment to help people stay in their homes; however, very few know what equipment is available or how to get it.

Prevention: Many people say that there is a need to provide innovative value for money solutions and support in order that people can stay in their own homes longer.

Extra care housing: People accessing services in Cornwall did not generally know about extra care housing. However, people said that they would consider this option if it meant they could stay in their local community. Therefore work needs to take place to promote extra care housing so that people are aware that it is an available option.

2.2 Local strategic context for extra care housing

The Council, the NHS and other local partners have a range of local strategies and commissioning plans in relation to care, support and housing that provide a framework for the expansion of extra care housing in Cornwall.

The most relevant strategies and plans are:

- Cornwall Health and Wellbeing Board Joint Health and Wellbeing Strategy 2013-2015⁵
<http://www.cornwall.gov.uk/health-and-social-care/health-and-wellbeing-board/the-health-and-wellbeing-strategy/>
- Cornwall Council Adult Care, Health and Wellbeing Commissioning Strategies 2012-2015:
 - Wellbeing, Early Intervention and Prevention⁶
<http://www.cornwall.gov.uk/media/3620480/Prevention-Strategy-v5.pdf>
 - Care at Home⁷
<http://www.cornwall.gov.uk/media/3620481/Care-at-Home-Commissioning-Strategy-v-5.pdf>

⁵ Cornwall Health and Wellbeing Board (2013) Health and Wellbeing Strategy

⁶ Cornwall Council (2012) Wellbeing, Early Intervention and Prevention Commissioning Strategy

- Care Homes⁸
<http://www.cornwall.gov.uk/media/3620482/Care-Homes-Commissioning-Strategy-v5.pdf>
- Cornwall and Isles of Scilly Joint Dementia Commissioning Strategy⁹
<http://www.rcht.nhs.uk/DocumentsLibrary/CornwallAndIslesOfScillyPCT/Policies/ServiceImprovement/JointDementiaCommissioningStrategy.pdf>
- Cornwall Council's Procedure for the Provision of Accommodation for People with Learning Disabilities 2012-2015¹⁰
<http://www.cornwall.gov.uk/media/3625024/Cornwall-Council-LD-Housing-Procedure-2012-15-Final.pdf>
- Cornwall's Investment Plan for Housing 2012-2016¹¹
<http://www.cornwall.gov.uk/housing/affordable-housing/?page=12126>

The local strategic priorities that reflect the desire for both additional extra care housing and a wider range of types of extra care housing are summarised below.

Prevention and collaboration: Encourage a shift from dealing with problems to preventing them and develop housing, health and social care systems collaboratively.

Independent living: Good quality housing with a supportive environment for older people will:

- Help people to maintain their independence and wellbeing, reducing the risk of admission to hospital and residential care;
- Help to prevent people from entering periods of crisis that may result in admission to hospital or long term residential care;
- Help to reduce loneliness and social isolation.

Community links: Improve quality of life including providing a sense of community and belonging for older people in locations with which they are familiar and feel 'at home' and providing personalised support arrangements.

Balanced market: Ensure there is a balanced market place by having an increased number of extra care housing and other housing for older people available for sale (leasehold or freehold).

Assistive technology: Increase the use of assistive technology and other innovative alternatives to traditional care services; including telecare and telehealth.

⁷ Cornwall Council (2012) Care at Home Commissioning Strategy

⁸ Cornwall Council (2012) Care Homes Commissioning Strategy

⁹ Cornwall Council and Cornwall and Isles of Scilly Primary Care Trust (2012) Cornwall and Isles of Scilly Joint Dementia Commissioning Strategy: *Supporting People to Live Well with Dementia*

¹⁰ Cornwall Council (2012) Procedure for the Provision of Accommodation for People with Learning Disabilities

¹¹ Cornwall Council (2014) Cornwall's Investment Plan for Housing

Dementia: Ensure people get early diagnosis and treatment for dementia and strengthen access to care and support for both the individual and carers. Care and support for people with dementia to be provided in their own home rather than in an institutional care setting.

Learning disabilities: Develop extra care forms of housing, either as part of 'mainstream' extra care developments or as much smaller scale specialised housing, specifically for older people with learning disabilities.

Sheltered housing: Remodel existing sheltered housing schemes, including Council owned properties; where appropriate, convert schemes to an extra care or enhanced sheltered housing model.

Residential care: Reduce the relative number of residential care home placements and increase the number of alternative accommodation options with care and support.

2.3 Local financial context

Like most councils Cornwall has had to make significant budget reductions in recent years and the situation is predicted to continue. Since 2010 the Council has found savings of £170 million; another reduction in Government funding is expected which will require further savings of £196 million by 2018/19.

In addition public funding to subsidise the capital costs of extra care housing development has been significantly reduced. Therefore the role of the Council in relation to the development of extra care housing is changing. The Council's role is more likely to be that of enabling the development of a range of types of extra care housing to meet diverse needs amongst the older population.

In order for extra care development to be viable it is estimated that 60-70% of properties in a scheme will need to be for leasehold sale, either outright or through some form of shared ownership. In order for this to happen, older people who are currently owner occupiers will need to find new extra care developments sufficiently attractive to want to purchase an apartment. Provision of affordable rented units in new extra care development can then be funded through subsidy from units for sale and/or contributions of land at below market value.

A shift to ownership by residents (or their relatives) is likely to also mean a shift to a higher proportion of self funders. In order to fund their care many older people may need to use some form of equity release product or 'mechanism' to release funds from their existing home or extra care apartment (where this is possible).

The Council's policy is to make available personal budgets for all individuals who are eligible for local authority funded care to meet their assessed eligible needs. The move to personal budgets and direct payments for social care means even those for whom the Council is financially responsible

following an assessment of care needs will be able to act much more like individual customers, including purchasing care and support services within an extra care scheme.

2.4 Capital and Revenue Funding

Capital funding: The development of extra care housing has, until recently, involved a considerable amount of capital subsidy from Central Government including the Department of Health (DH) and Homes and Communities Agency (HCA). However, given that in recent years there has been a reduction in funding, it is now appropriate to look at the alternative funding sources that contributed to the growth in private market provision of housing with care, along with consideration of the newly emerging additional routes to funding that can be accessed for both the social and market versions of this form of housing. The main capital funding sources most likely to be used for housing with care include:

- HCA Affordable Homes Programme
- DH Care & Support Specialised Housing Fund
- Public land at nil or below market value
- Capital subsidies from Local Authorities
- Section 106 planning obligations
- Charitable fundraising
- Local Authority housing revenue account
- Social finance
- Private Finance Initiative and Local Improvement Finance Trust programmes

Revenue funding: Extra care housing brings together a number of different funding streams in order to provide a range of services which, despite their disparate funding sources, need to be well co-ordinated and cohesive at the point of delivery.

Revenue funding in extra care housing falls under 2 main categories of housing revenue, and care/support revenue:

- housing costs are collected via rents and service charges; the kinds of costs covered are broadly comparable to those in other forms of housing, though the higher level of charges reflects the enhanced accommodation, facilities and services offered in extra care housing
- care and support costs are recovered in ways that are broadly similar to those applying where people are living independently in their own homes elsewhere in the community, but reflect the particular characteristics of extra care housing, especially the need to fund round the clock services

Residents are individually liable to pick up the majority of a scheme's housing operating costs via rent and/or service charges. Residents are also liable to meet the costs of care and support, either from their own resources, via the benefits system, and/or with financial support from the Local Authority via the Fairer Charging system for assessed care provision. This requires that they can in turn find sources of financial support and assistance via the benefits system where individually eligible – in order to

ensure the affordability of extra care housing and to enable it to be accessed by as many people as possible.

3. Demographic context for extra care housing

This section summarises the key points in relation to the population aged 65 years and over in Cornwall, and identifies the key population cohorts and demographic trends that are likely to influence demand for extra care housing.

In Cornwall those aged over 65 years will increase from 129 thousand in 2014 to 195 thousand in 2037, a 51.5% growth in this cohort of the overall population compared to a 56.9% growth across England. Those aged 85 and over will more than triple from 17 thousand to 43 thousand (56%) compared to a 141% growth nationally¹².

The data presented in this document is intended to be relatively succinct and relevant to demand for extra care housing. More detailed demographic and other data is available in the JSNA and other Council strategies and publications (see section 2).

3.1 Key population features of Cornwall

Cornwall has an estimated 541,319 residents¹³ living in 259,346 households¹⁴. This population is expected to grow by 18% to 640,209 by 2037¹⁵.

Cornwall's population has been growing steadily since the 1960s; it has consistently grown quicker than the rest of the South West region, and is amongst the fastest growing areas in the UK.

A common misconception is that people who move in to Cornwall are predominately retired or older people. Currently the majority of net migration gain is in people aged 30-44 years to 45-59 years.

The population of Cornwall is not only gradually increasing but also changing demographically. In line with national trends Cornwall's population is getting older as average life expectancy continues to rise and it is projected that 1 in 4 will be aged 65+ by 2019.

Average life expectancy in Cornwall continues to rise in line with national trends, although there are geographical variations linked to deprivation and inequality.

3.2 Demographic trends for over 65 population to 2037

The table below shows the demographic trends for Cornwall for those aged over 65 years from 2013 to 2037.

¹² ONS (2013) 2012-based subnational population projections

¹³ ONS (2013) Mid-2012 Population Estimates

¹⁴ ONS (2012) 2011 Census

¹⁵ ONS (2013) 2012-based subnational population projections

Table 3.1 - Population of Cornwall Residents aged 65+, 2013-2037¹⁶

Age Group	2013	2021	2029	2037
65-74	66,849	76,324	79,511	86,922
75-84	38,590	50,237	63,248	64,620
85+	16,224	21,374	30,177	43,670
Total	121,663	147,935	172,936	195,212

Between 2013 and 2021 the number of people aged over 65 is projected to increase by 22%. The population of people aged 75-84 years is projected to increase by 30% by 2021. The population of people aged 85 years and over is projected to increase by 32% by 2021.

The proportion of people needing services rises with age and it is the older age groups in particular which are set to increase. The numbers of people across Cornwall aged 75 and over is projected to increase by 31% between 2013 and 2021 and 98% by 2037.

3.3 Locations of over 65 population

The table below shows the population aged 65 years and over by Community Network Area.

Table 3.2 – Population aged 65+, by Community Network Area, 2012¹⁷

Area	2012
Bodmin	4,100
Bude	4,300
Callington (Caradon)	4,200
Camborne and Redruth	12,200
Camelford	3,200
China Clay	4,400
Falmouth and Penryn	9,300
Hayle and St Ives	6,400
Helston and the Lizard	7,300
Launceston	4,100
Liskeard and Looe	7,500
Newquay	5,500
Penzance, Marazion and St Just (West Penwith)	9,800
Saltash and Torpoint (Cornwall Gateway)	6,900
St Agnes and Perranporth	4,000
St Austell and Mevagissey	8,200
St Blazey, Fowey and Lostwithiel	4,900
Truro and Roseland	9,800
Wadebridge and Padstow	5,500
Total	121,600

¹⁶ ONS (2013) Mid-year estimates and 2012-based Subnational Population

¹⁷ ONS (2012) Mid-year estimates and 2011-based Subnational Population Projections

The table below shows the changes in the population aged 75 years and over as this is the age group most in need of services and so most likely to require access to extra care housing.

Table 3.3 - Population aged 75 + 2015-2030¹⁸

Age group	2015	2020	2025	2030
75-79	23,000	28,600	36,200	32,000
80-84	17,200	19,500	24,300	31,100
85-89	11,000	12,400	14,600	18,700
90+	6,600	8,200	10,300	13,300
Cornwall Total	57,800	68,700	85,400	95,100

Table 3.4 - Population aged 75+, by Community Network Area, 2012¹⁹

Area	2012
Bodmin	1,800
Bude	2,000
Callington (Caradon)	1,700
Camborne and Redruth	5,300
Camelford	1,300
China Clay	1,700
Falmouth and Penryn	4,200
Hayle and St Ives	2,900
Helston and the Lizard	3,200
Launceston	1,800
Liskeard and Looe	3,300
Newquay	2,700
Penzance, Marazion and St Just (West Penwith)	4,600
Saltash and Torpoint (Cornwall Gateway)	2,800
St Agnes and Perranporth	1,800
St Austell and Mevagissey	4,000
St Blazey, Fowey and Lostwithiel	2,300
Truro and Roseland	4,600
Wadebridge and Padstow	2,700
Total	54,700

¹⁸ Institute of Public Care (2012) Projecting Older People Population Information (POPPI)

¹⁹ ONS (2012) Mid-year estimates and 2011-based Subnational Population Projections

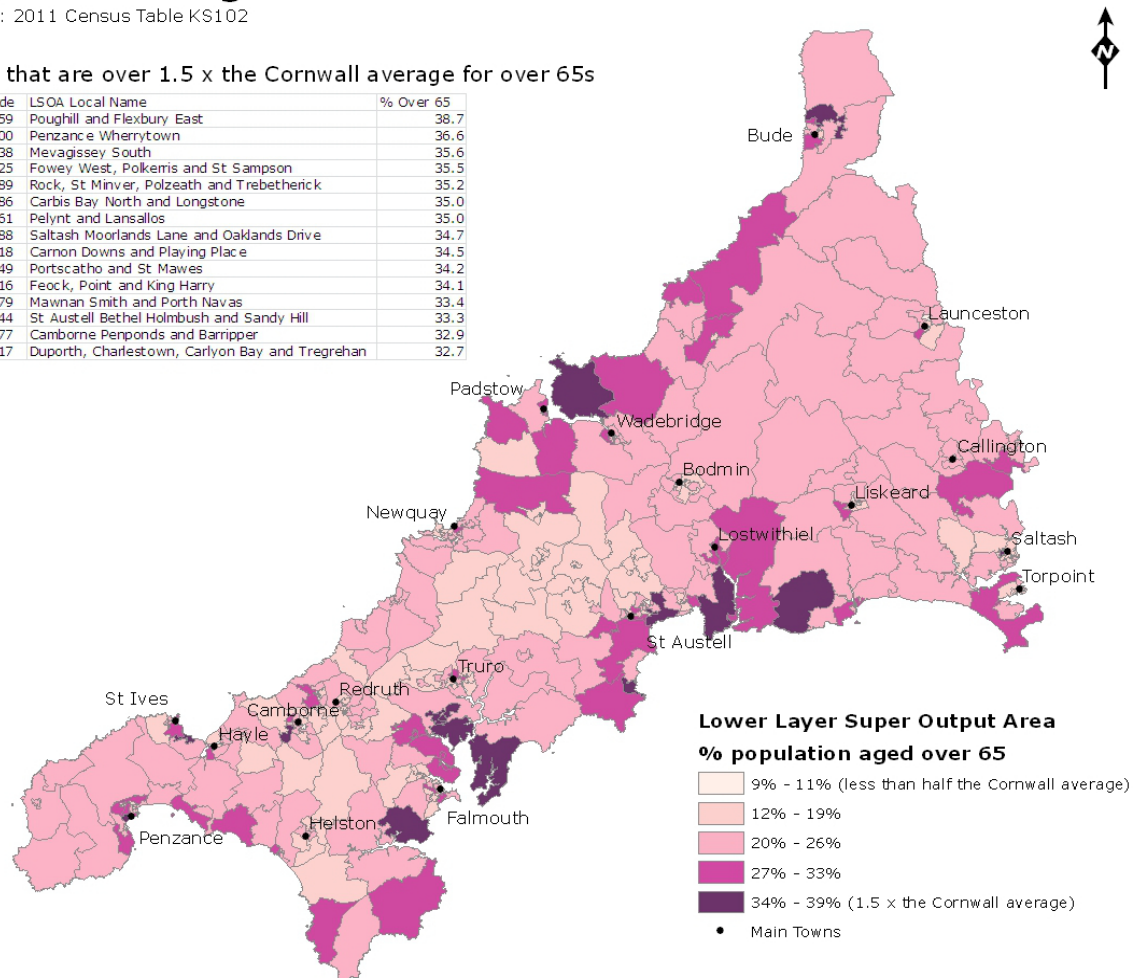
The map and descriptions below give a further breakdown of the areas with a higher proportion of older people in Cornwall.

Population Aged 65+

Source: 2011 Census Table KS102

Areas that are over 1.5 x the Cornwall average for over 65s

LSOA Code	LSOA Local Name	% Over 65
E01018959	Poughill and Flexbury East	38.7
E01019000	Penzance Wherrytown	36.6
E01019038	Mevagissey South	35.6
E01019025	Fowey West, Polkernis and St Sampson	35.5
E01033289	Rock, St Minver, Polzeath and Trebetherick	35.2
E01018986	Carbis Bay North and Longstone	35.0
E01018761	Pelynt and Lansallos	35.0
E01018788	Saltash Moorlands Lane and Oaklands Drive	34.7
E01018818	Carnon Downs and Playing Place	34.5
E01018849	Portscatho and St Mawes	34.2
E01018816	Feock, Point and King Harry	34.1
E01018879	Mawnan Smith and Porth Navas	33.4
E01019044	St Austell Bethel Holmbush and Sandy Hill	33.3
E01018877	Camborne Penponds and Barripper	32.9
E01019017	Duporth, Charlestown, Carlyon Bay and Tregrehan	32.7



Abi Smith, Cornwall Council Strategic Housing and Commissioning
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East Area: There are a higher percentage of older people in the Community Network Areas of Wadebridge & Padstow (especially the affluent area of Rock), Camelford and Liskeard & Looe (particularly Pelynt and Lansallos). There are also a high proportion of older people in Bude (in particular Poughill and Flexbury East). The Community Network Area with the greatest number of over 65's who accessed social care services in the East of the county was Liskeard & Looe.

Mid Area: There are a higher percentage of older people in the Community Network areas of St Austell and Mevagissey, St Blazey, Fowey and Lostwithiel and St Agnes and Perranporth. There are higher proportions of older people on the south coast and in more affluent rural villages in the Mid Area, such as St Just, St Mawes, Gorran and Feock. However, there are also a higher proportion of older people in St Austell and according to the Index of Multiple Deprivation (2010) St Austell is one of the 10% most deprived areas in England.

These areas correspond with the number of over 65's who are known to have accessed social care services in the mid of the county during 2012/13. The Community Network Areas with the greatest number of over 65's who accessed social care services were Truro & the Roseland, Newquay and St Austell.

West Area: There are a higher percentage of older people in the Community Network Areas of West Penwith (in particular the Alverton/ Promenade area in Penzance), Hayle and St Ives, Camborne, Pool & Redruth (particularly Penponds), and Falmouth & Penryn (especially around the docks and sea front). According to the Index of Multiple Deprivation (2010) Camborne, Redruth, Falmouth and Penzance are among the 10% most deprived areas in England. These areas correspond with the number of over 65's who are known to have accessed social care services in the West of the county during 2012/13. The Community Network Areas with the greatest number of over 65's who accessed social care services were Camborne, Pool & Redruth, West Penwith and Falmouth & Penryn.

3.4 Over 65 population in need

Table 3.5 below shows the number of people aged 65 and over who accessed social care services during 2012/13 by Area ²⁰

Area	People accessing services
East	3,777
Mid	3,314
West	3,816
Total	10,907*

*This figure does not include people who live outside of Cornwall who the Authority is responsible for or people who do not have a postcode recorded on the relevant database

Chart 1 below shows the number of people known to adult social care aged 65 and over that accessed social care services throughout 2012/13. A total of 12,858 people accessed services with needs related to physical disabilities and sensory impairment, mental health, learning disabilities and other vulnerabilities. Over 90% of these people had needs relating to physical disabilities and sensory impairment. Therefore it will be crucial that extra care housing is developed that supports people with physical disabilities and mobility issues and sensory impairments to be as independent as possible.

²⁰ MOSAIC (2014)

Chart 1: People aged 65+ that accessed social care services in Cornwall throughout 2012/13 by client need²¹

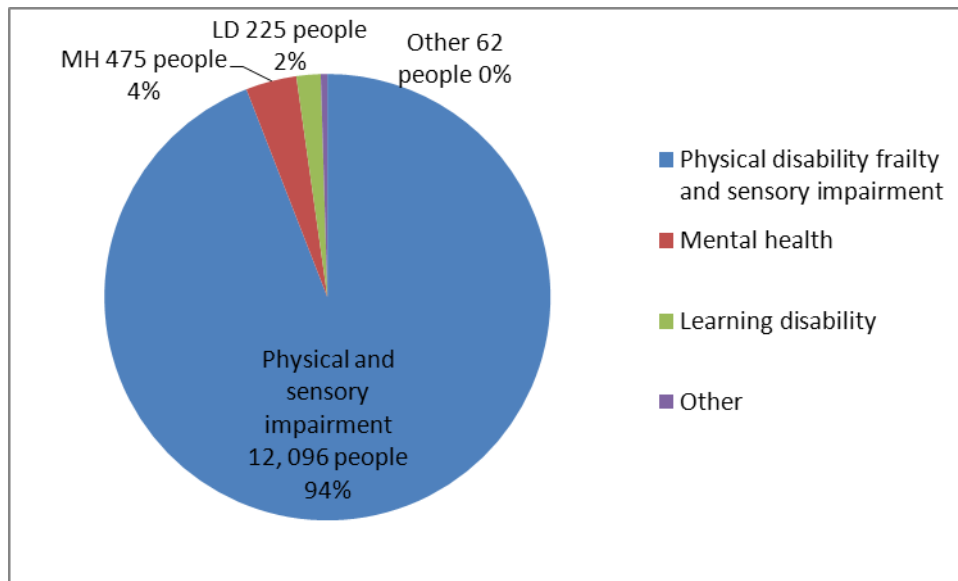
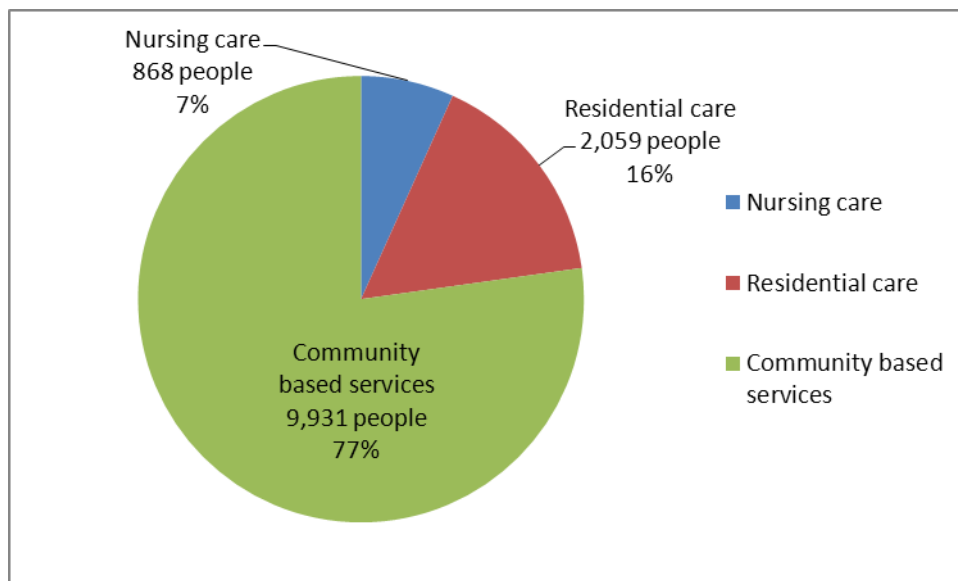


Chart 2 below shows the number of people known to adult social care aged 65 and over that accessed nursing care, residential care and community based services throughout 2012/13. Over 70% of people aged over 65 that accessed social care received community based services in their own home.

Chart 2: People aged 65+ that accessed social care services in Cornwall throughout 2012/13 by service type²²



This demonstrates the need for further extra care housing, as people are opting for community based services but may need access to

²¹ MOSAIC (2014)

²² MOSAIC (2014)

accommodation that better suits their needs in relation to physical disabilities, frailty and sensory impairment.

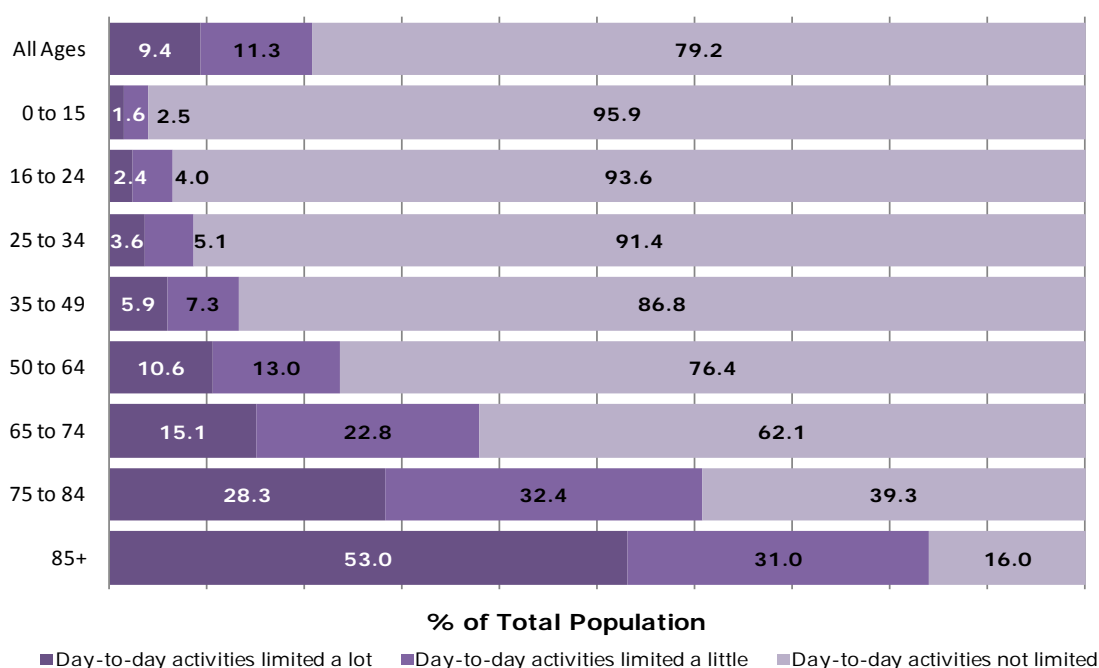
Dementia prevalence in Cornwall: It has been estimated that in 2014 there were 7,409 people aged 75 and over living with dementia in Cornwall. By 2020 these figures are projected to increase to 8,871 (an increase of 20%). This is expected to rise to 13,197 people aged 75 and over by 2030²³.

Table 3.6 - Number of people with dementia aged 75+ 2015 – 2030

Age group	2015	2020	2025	2030
75-79	1,367	1,669	2,117	1,864
80-84	2,062	2,321	2,898	3,690
85-89	2,211	2,467	2,917	3,700
90+	1,973	2,414	3,059	3,943
Total	7,613	8,871	10,991	13,197

The projected increases in the numbers of people over 75 years with dementia are substantial; over the period 2015 to 2030 a 42% increase is expected.

Limiting long term illness: The percentage of the population in Cornwall who identified their health as limiting their day to day activities a little or a lot has risen to 21%, 113,715; this is an increase of 13,114 people or a 1.1% rise from 2001. The rate for Cornwall in 2011 is higher than both the South West (19%) and England (18%)²⁴.



Within the over 65 years population in Cornwall it is estimated that 62,039 have a limiting long term illness and this is projected to increase by 44% to

²³ Institute of Public Care (2012) Projecting Older People Population Information (POPPI)

²⁴ 2001 and 2011 Census

89,254 by 2030. The greatest increase of the 65+ age cohort will be seen in the 85+ age group, where the number with a limiting long term illness is predicted to increase by 87% to 22,158 by 2030²⁵.

Older people with learning disabilities: The numbers of people with moderate or severe learning disabilities in the 18-64 age group is predicted to increase by over 4% by 2030 (1,721 to 1,789). Those over 65 in the moderate to severe category are due to increase by around 100 people by 2030, an increase of 28%²⁶.

Frailty, isolation and living alone: Nationally it is estimated that 6% of older people leave their house once a week or less, and that half of all older people consider the television as their main form of company.²⁷

Using the loneliness and isolation toolkit (Campaign to end loneliness²⁸) it can be estimated that there are between 9,471 and 20,521 people in Cornwall over the age of 60 who often or always feel lonely. This figure is projected to rise to between 11,074 and 23,994 by 2020.

Living Alone: Isolation could be a key issue for the 34,137 households in Cornwall where a person over 65 lives alone (14.8% of all households), the majority of whom are female. There are also a further 24,939 households where all occupants are aged 65+ which is an additional 10.8% of households who may experience frailty or isolation.²⁹

Long Term Conditions: The number of people in Cornwall with long term conditions (LTCs) is increasing. LTCs are more common in people living in deprived circumstances and in older people and, because Cornwall's population is ageing, they will become even more common. Overall, it is estimated that the number of people in Cornwall with a LTC will increase by 7.1% by 2021.

²⁵ Institute of Public Care (2012) Projecting Older People Population Information (POPPI)

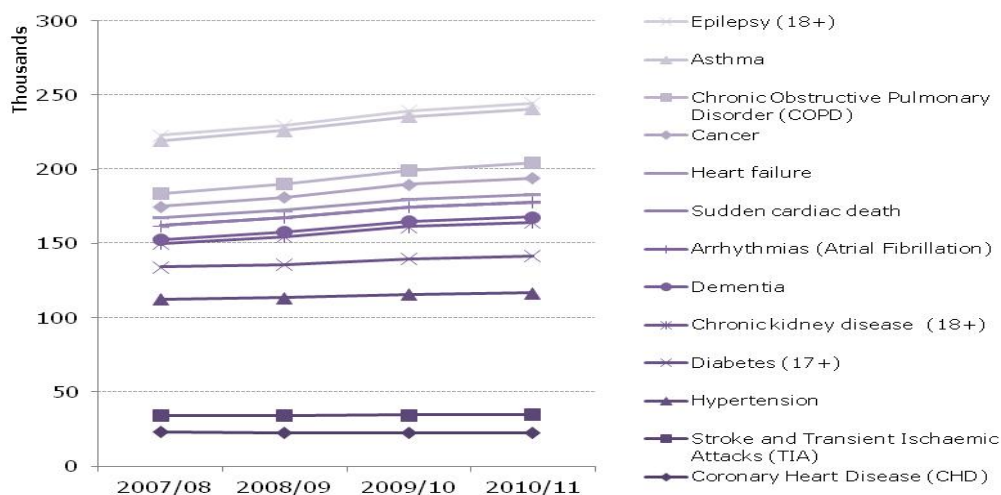
²⁶ POPPI and PANSI, August 2014

²⁷ Older people in the United Kingdom, May 2010 (Age UK, 2010)

²⁸ Prevalence: based on an estimated 6-13 per cent of people over 60 who often or always feel lonely; Cann P and Japlin K. Safeguarding the Convoy – a call to action from the campaign to End Loneliness, Age UK Oxfordshire (2011)

²⁹ Census (2011)

Cornwall: QOF Register Counts 2007-2011



3.5 Older population tenure mix

There has been a significant growth in the proportion of people buying and owning their own home over the last few decades. About three out of four of those now retiring are home owners; most own their property outright. This pattern changes amongst people as they grow older. Home ownership peaks amongst people in their fifties and early sixties.

These patterns are reflected in Cornwall where the majority of people aged 65 and over live in homes they have bought. Table 3.7 below shows the breakdown of type of tenure for people over 65 years.

Table 3.7 - People aged 65+ living in Cornwall by tenure (%)³⁰

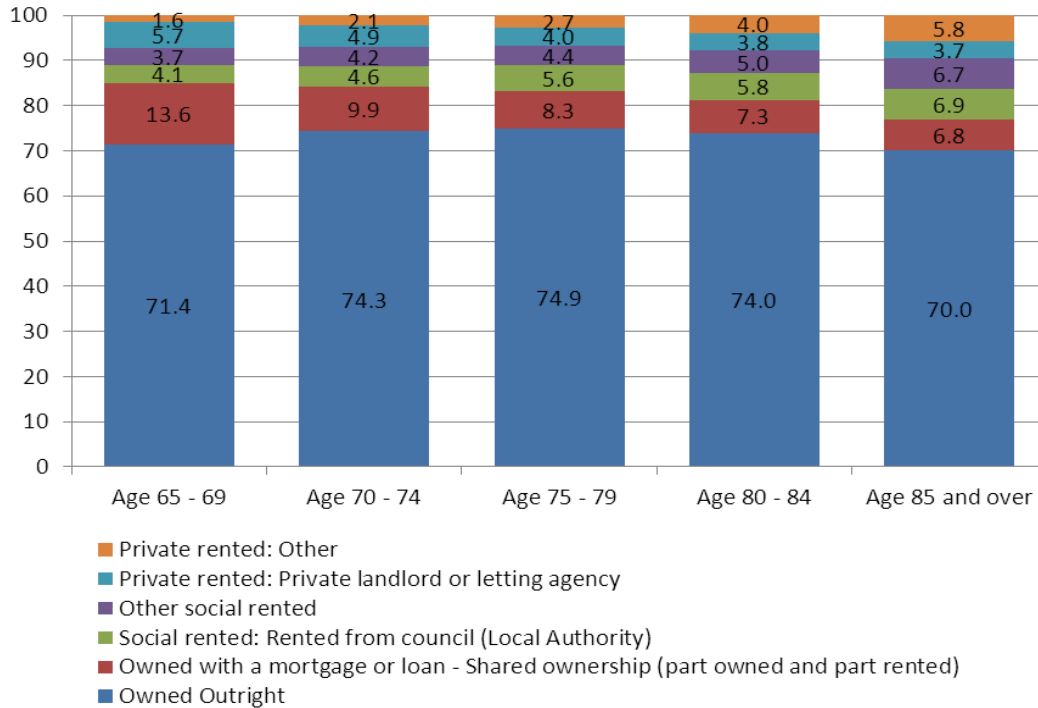
Tenure type	Percentage
Ownership	80
Shared ownership	0.4
Renting from Council	6
Other social renting	5.4
Private renting	5.9
Living rent free	2.3
Total	100

This compares with the breakdown of the whole population for Cornwall by tenure where 69% of the adult population lives in property they own (either outright or with a mortgage) and 31% live in various forms of rented housing.

³⁰ ONS, 2011

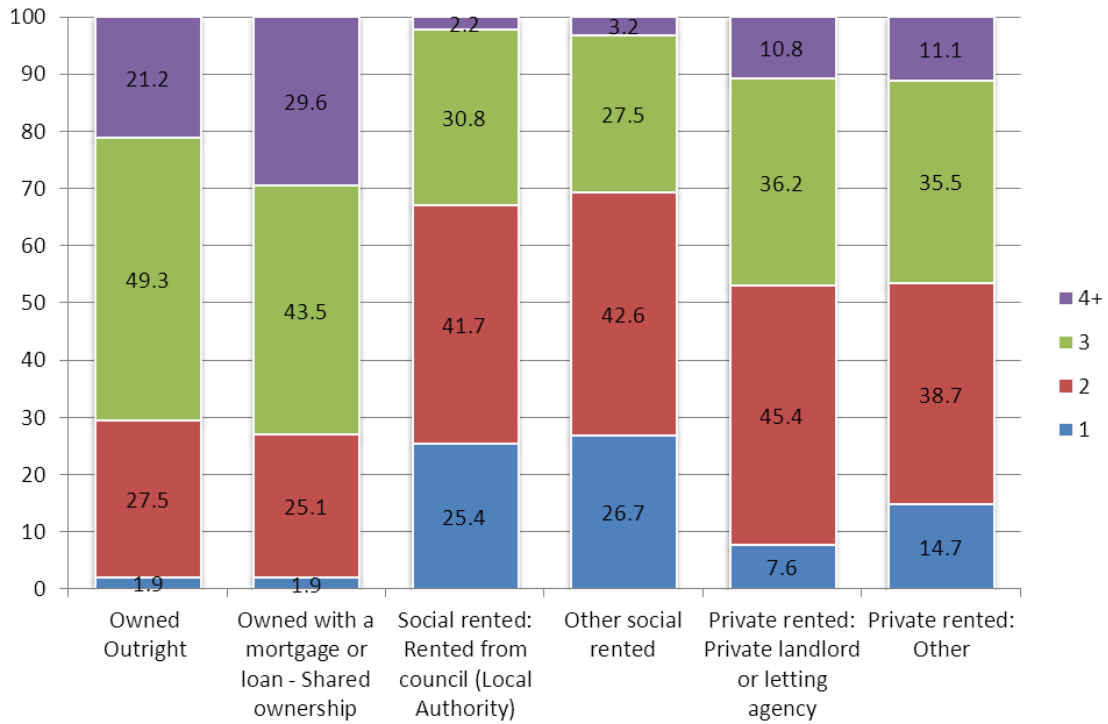
However there is often a tailing off of home ownership in later years, particularly in the 75 years+ population. This is partly due to people relinquishing ownership as they move to different, often more institutional accommodation where ownership is not currently possible, e.g. residential and nursing care. Therefore it is likely that the percentage of people aged 75 years and over who own their own home will be in the 70-80% range of that population cohort (however there will be considerable local variation).

Household tenure by Age (Cornwall)³¹

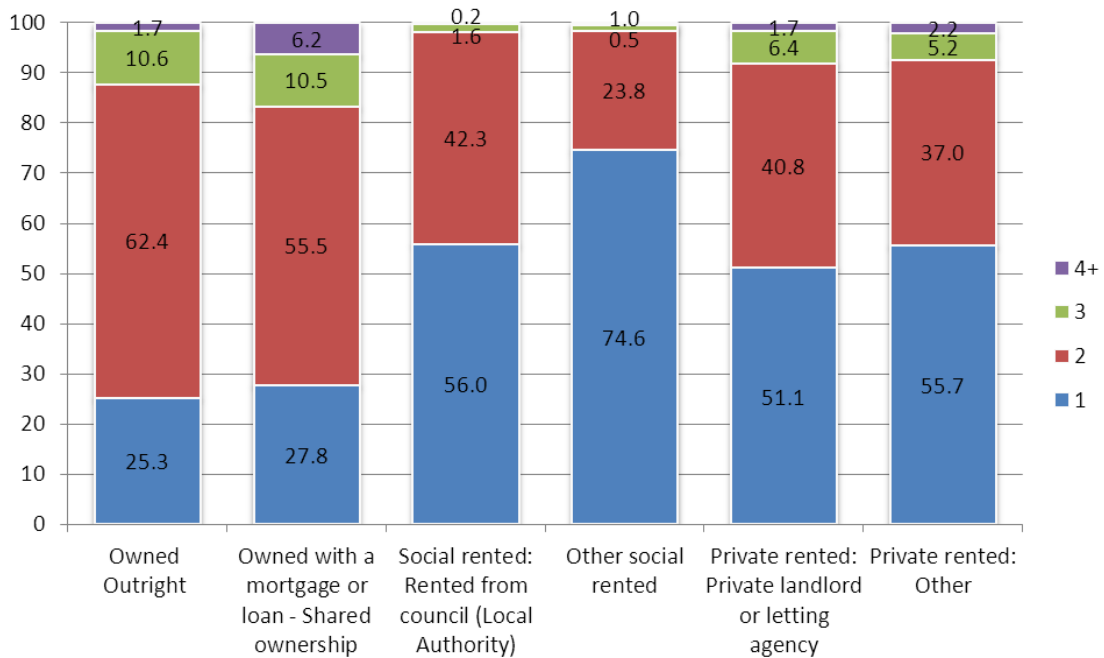


³¹ 2011 Census © ONS

House and Bungalow Tenure (Aged 65+) by number of bedrooms³²



Flat Tenure (Aged 65+) by number of bedrooms³³



³² 2011 Census © ONS

³³ 2011 Census © ONS

4. The future market – demand for extra care housing

This section explores the projected demand for extra care housing in Cornwall.

4.1 Current supply

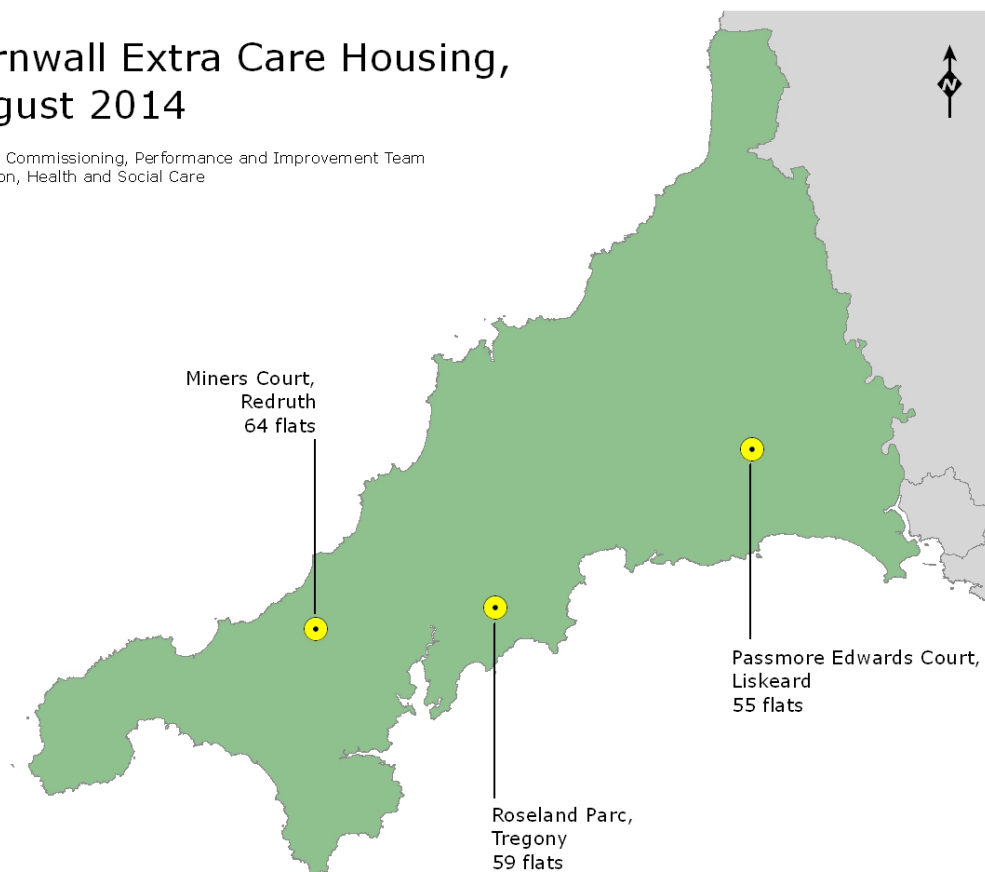
Table 4.1 below shows a breakdown of the current supply of 178 units of extra care housing (ECH) in Cornwall and the map below shows the location of these units.

Table 4.1³⁴

Area	Extra Care Housing Units	Retirement Villages	Total
East	55	0	55
Mid	0	59	59
West	64	0	64
Total	119	59	178

Cornwall Extra Care Housing, August 2014

Source: Commissioning, Performance and Improvement Team
Education, Health and Social Care



Abi Smith, Cornwall Council Strategic Housing and Commissioning
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³⁴ Elderly Accommodation Council (2014) Online Housing Directory

Table 4.2 below shows the current supply of units for rent and for sale at the current extra care/retirement schemes.

Table 4.2³⁵

Area	Rented	Shared ownership	For sale
East	47	4	4
Mid			59
West	64		
Total	111	4	63

In addition to extra care housing, there are also a number of sheltered housing units and retirement housing units.

Sheltered housing is accommodation for older people that offers independence through self-contained accommodation. Historically these schemes had a warden on site but now this is not funded by the council. Many social housing providers are considering sheltered housing in terms of future usage and options, including as a potential for extra care housing, through reuse of sites and/or buildings.

Retirement housing is accommodation of a similar type to sheltered housing but built for sale, usually on a leasehold basis. Many schemes also have their own manager or warden, either living on-site or nearby, whose job is to manage the scheme and help arrange any services residents need. Managed schemes will also usually have some shared or communal facilities such as a lounge for residents to meet, a laundry, a guest flat and a garden.

4.2 Estimating demand for extra care housing

There are a number of approaches to predicting demand for extra care housing and other types of specialist accommodation for older people and people with disabilities. The approach used here is adapted from approaches published by the Housing Learning and Improvement Network (LIN) in 2008³⁶ and subsequently updated in 2011³⁷.

It is based on applying ratios to the population of older people and by tenure. This draws on the population data in section 3. **However it should be treated as a guide to future demand rather than a definitive prediction.**

The use of the ratio of the number of units per thousand of the population aged over 75 years is due to this being widely accepted as a 'threshold age' for entry to extra care housing.

³⁵ Elderly Accommodation Council (2014) Online Housing Directory

³⁶ *More Choice, Greater Voice*, Housing LIN/CLG

³⁷ ADASS/Housing LIN (2011) *Strategic Housing for Older People: Planning, designing and delivering housing that older people want* – A Resource Pack.

The projected demand for extra care housing is based on the following:

- The ratios for extra care housing (25 units per 1000 of population over 75 years) and dementia housing based places (5 units per 1000 of the population over 75 years) are applied for each Community Network Area based on the population aged over 75 years in 2012
- The predicted demand is adjusted by tenure type based on a tenure split of 75% ownership and 25% rented in the overall over 75 years population.
- Current demand is estimated on the population of the 19 Community Network Areas based on the main towns and rural areas in Cornwall. The map below shows the 19 Community Network Areas.



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Current estimated demand by Community Network Area

Table 4.3 Estimated demand for extra care housing in 2012 by Community Network Area

Area	2012 Population	Current supply	Est. need – extra care	Est. need - dementia	Total demand
Bodmin	1,800		45	9	54
Bude	2,000		50	10	60
Callington (Caradon)	1,700		42.5	8.5	51
Camborne and Redruth	5,300	64	68.5	26.5	95
Camelford	1,300		32.5	6.5	39
China Clay	1,700		42.5	8.5	51
Falmouth and Penryn	4,200		105	21	126
Hayle and St Ives	2,900		72.5	14.5	87
Helston and the Lizard	3,200		80	16	96
Launceston	1,800		45	9	54
Liskeard and Looe	3,300	55	27.5	16.5	44
Newquay	2,700		67.5	13.5	81
Penzance, Marazion and St Just	4,600		115	23	138
Saltash and Torpoint	2,800		70	14	84
St Agnes and Perranporth	1,800		45	9	54
St Austell and Mevagissey	4,000		100	20	120
St Blazey, Fowey and Lostwithiel	2,300		57.5	11.5	69
Truro and Roseland	4,600	59	56	23	79
Wadebridge and Padstow	2,700		67.5	13.5	81
Total	54,700		1,189.5	273.5	1,463

Using population data for 2012 the MPS estimates that an additional **1,463** units of extra care housing would be needed to meet the needs of older people in Cornwall. Of these units 273.5 should specifically be for people with dementia.

This MPS has used the Housing LIN tool for estimating the tenure of extra care housing based on a tenure split of 75% ownership and 25% rented. Therefore 1097 units are suggested as being required for sale (including shared ownership) and 366 units are suggested as being required for rent.

Future estimated demand by Community Network Area

Table 4.4 - Estimated demand for extra care housing in Cornwall by 2020 minus current provision

Population 75+ 2020	Est. need - extra care	Est. need - dementia	Total est. need	For sale (75%)	For rent (25%)
68,700	1,539.5	343.5	1,883	1,412	471

Table 4.5 - Estimated demand for extra care housing in Cornwall by 2030 minus current provision

Population 75+ 2030	Est. need – extra care	Est. need - dementia	Total est. need	For sale (75%)	For rent (25%)
95,100	2,199.5	475.5	2,675	2,006	669

The MPS estimates that an additional 1,883 units of extra care housing are required across Cornwall by 2020 and **2,675** by 2030. This level of need reflects the growing population of older people in Cornwall, the majority of them property owners. It also reflects the desire for people who otherwise could be in care homes, to continue to live in their own homes. By 2030 it is estimated that 2,006 units are required for sale (including shared ownership) and 669 units are required for rent.

The projected growth in the older population with increasing prevalence of illness and disability, combined with relatively high levels of home ownership, means that more people will be able and most likely be expected to pay for or towards both a home within an extra care housing development, as well as for the care and support services. The Council wishes to see a wide range of extra care housing developed that is accessible financially and affordable for all income and wealth cohorts of the older population.

5. Extra care housing development in Cornwall

This section describes the Council's desired approach to the development of extra care housing in Cornwall.

5.1 Market guidance

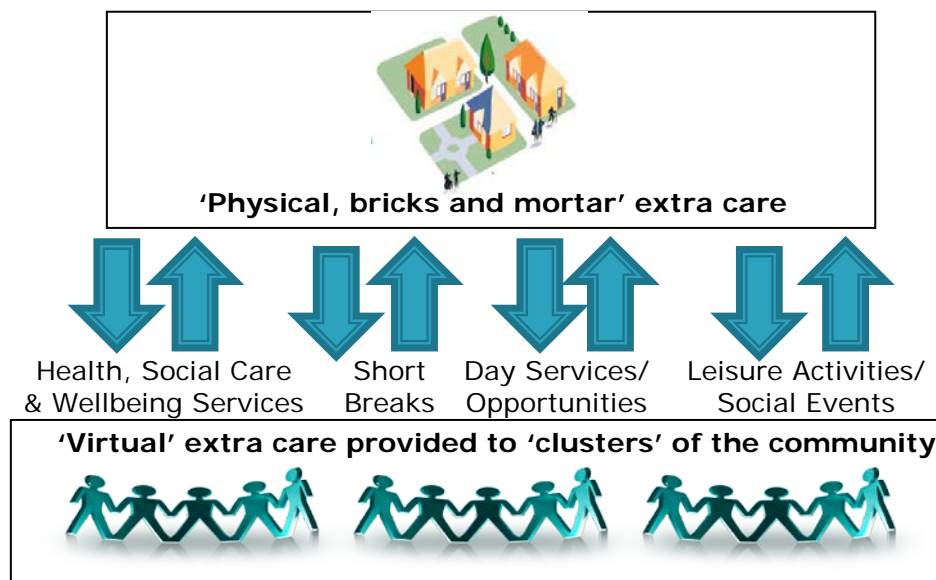
The approach taken by the Council is to set out as a guide to the market the suggested principles and considerations when planning and developing extra care housing. The desire is to encourage high quality, imaginative and innovative approaches as a way of responding to the challenging economic climate, decline in availability of grants for social housing on one side but substantial increases in projected demand driven by demographic changes and a mismatch between current supply and projected demand.

5.1.1 Principles to guide development

The following principles are suggested to guide future development of extra care housing.

Personalised, flexible care services: Extra care is seen as an option for a wide range of needs, from people who require more suitable accommodation in which to continue to live independently in the company of others, through to those who need very high levels of care equivalent to residential or even dementia care. For the vast majority it should not be necessary to move again simply because more care or support is needed. As far as possible extra care housing services should seek to complement other local social care and health care services in order to meet the needs of individuals.

Physical and virtual extra care: Extra care developments can provide a base to serve a wider community with staff providing an outreach service to a locality while residents 'in- reach' to use communal facilities.



Mixed tenure: Mixed tenure rather than mono-tenure schemes are preferred in which case leases and tenancy agreements should, as far as possible, convey similar rights and obligations. Services, service charges and dwellings should also be as similar as possible regardless of tenure. An increased number of extra care units available for sale (outright or on a shared ownership basis) are needed to ensure there is a balanced market place.

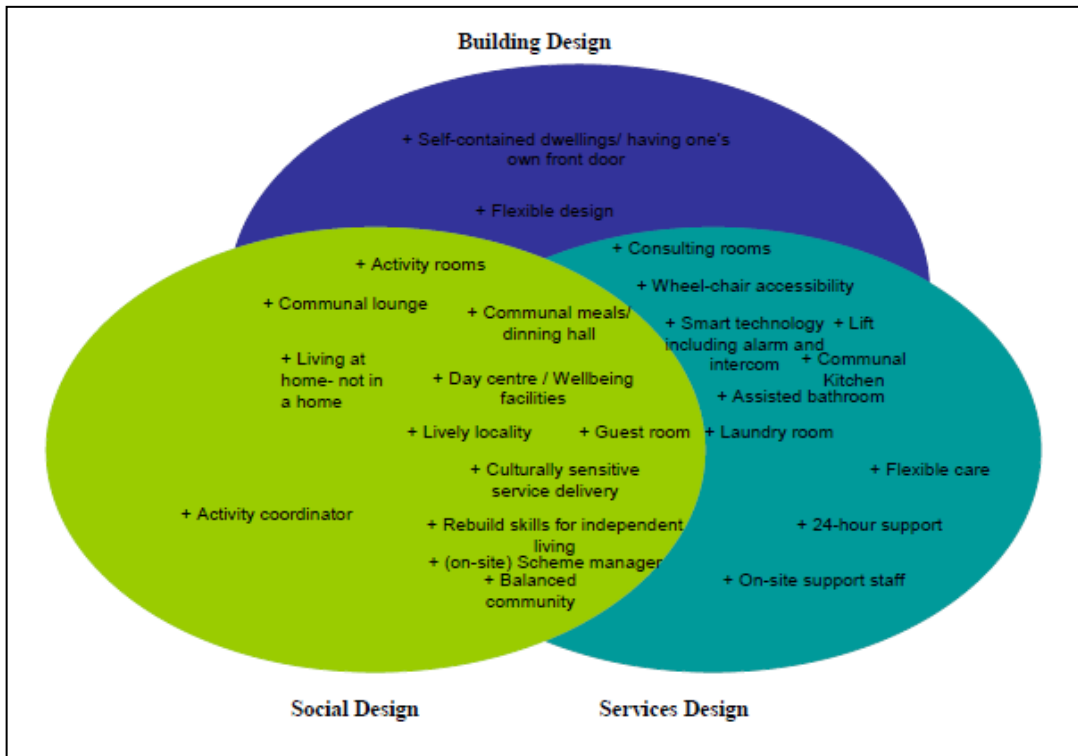
Building design standards: Space, design, environmental and other standards should be as high as possible in order to ensure long term 'let ability' and 'saleability'. The flats should be built to 'Lifetime Homes' standards. This ensures that they are suitable and flexible for changing physical and cognitive needs.

Variety of housing options: Extra care development will include 'village' type developments and individual 'schemes'. Continuing Care Retirement Communities in which there are different buildings, some of which may be consistent with the key variables of extra care, but also include registered accommodation, are acceptable.

5.1.2. Typical features of extra care housing development

Previous studies provide evidence of best practice with regards to delivery of extra care. For example, the diagram below is from a Housing LIN paper that presents the findings from a survey that set out to identify the essential ingredients of extra care housing schemes and their associated services³⁸. It shows the importance of independent living arrangements, 24 hour care and support, as well as social inclusion. The personalised services would need to be flexible in order to meet the needs of the individuals through person-centred plans.

³⁸ Hanson, J. et al (2006) *Essential Ingredients of Extra Care*. Housing Lin



The Council recognises that due to the diversity of the population and the rural nature of much of Cornwall, 'models' of extra care housing will need to be flexible and adaptable and may not feature all of these characteristics but still be effective at meeting older people's housing and care needs.

The Council would like to promote and support development of extra care housing in Cornwall that both reflects the aspirations of older people and people with dementia, physical disabilities and learning disabilities and that is based on the most recent guidance and research in relation to best contemporary practice. Links to current good practice, guidance and other relevant information about extra care housing is shown at Appendix 3.

5.1.3. Location considerations

The success of extra care housing schemes is often dependent on site location, as well as other key factors such as facilities and cost. Different types of schemes have different criteria. While one type of development may work well in one type of location, it may be inappropriate in another³⁹.

For extra care schemes, good sites tend to be:

- Well-located and prominent; close to an established town centre and public transport, usually meaning the development of brownfield sites.

³⁹ *Housing In Later Life: Planning Ahead For Specialist Housing For Older People*. Housing LIN 2012

- Sufficiently close to shops, amenities and facilities (such as a GP surgery and hairdressers) with ideally a level and safe route of access.
- Within a catchment area with a specific need for this form of accommodation.
- Usually between 0.5 to 1.5 acres (0.2 to 0.6 hectares).

Retirement villages, for example, require larger sites which can often be situated in less urban surroundings. These sites can be more self contained and include additional on-site facilities.

5.2 Development options for extra care housing

The Council will work actively with developers, extra care providers, and housing organisations, both social and private to identify potential sites that are suitable and viable for extra care schemes and village type developments particularly as some of these types of schemes will only be viable on larger sites.

There are a number of ways in which extra care housing is likely to be developed and delivered including:

New build and private development: Identifying suitable development sites for new build of both extra care schemes and 'village' type development. This could include public sector sites that can be obtained below market value or the consideration of Section 106 applications with planners.

Sheltered housing and residential care: Identifying existing schemes that could be upgraded through capital investment to enhance the building to provide the necessary infrastructure to deliver extra care, or a more limited form of extra care. Sheltered housing is not specifically a part of this MPS, however the Council recognises that many Registered Providers in particular have or are considering the future role and use of former sheltered housing assets. The Council is keen to discuss options for the future use of former sheltered housing assets as part of considering development options for extra care housing.

Residential care homes: Development of close care units linked to existing residential care schemes.

Physical and virtual extra care: Identifying the potential for 'physical and virtual' models of service delivery in the vicinity of existing extra care schemes, potentially providing care to the wider local community and making the catering and social activity provision within extra care available to the wider local community.

These options are not intended to be exhaustive or mutually exclusive.

The Council recognises that the changing financial landscape is likely to mean:

- Funding the capital development costs of delivering extra care housing needs to anticipate a shift from public funding investment towards private funding e.g. in terms of a change in the balance between rented units and leasehold units;
- An increasing number of older people may need to meet the costs of living in extra care housing from their own resources;
- The affordability of the on-going costs of living in an extra care housing scheme for self funders will need to be considered carefully.

The Council will seek to work with providers of extra care housing to identify viable and suitable approaches to funding the development of extra care housing schemes and ensuring their long term viability.

Planning considerations

As far as possible the Council will seek to support planning applications for extra care housing that are consistent with this MPS and other Council plans and policies as they relate to planning and housing.

In relation to 'Use Class' most extra care housing schemes will be classified as C3 housing. On the other hand, schemes which include residential care homes, for example Close Care schemes, will be classified as C2. The Council will seek to work with providers of extra care housing to decide on a case-by-case basis what class a particular use falls into.

5.3 Next steps

Education, Health and Social Care (EH&SC) is seeking to work in partnership with a wide range of providers to influence the development of the market, and to ensure that a variety of appropriate and high quality extra care housing options are developed. EH&SC will encourage the service model, design brief and tenure arrangements to be in line with this MPS and other relevant local housing, social care and health plans and strategies.

In order to ensure best value for money all future tendering opportunities for delivery of new care and support services commissioned by the Council and adverts for strategic housing partners to develop extra care, will be advertised on the Tenders in Cornwall website (www.tendersincornwall.co.uk). For further information on the Council's procurement process and preparing to tender for business with the Council, please see the webpage [Procurement and Selling to the Council](#) on the Cornwall Council website.

However, a shift to ownership by residents (or their relatives) means that a high proportion of units (estimated 60-70%) will need to be for sale. It is also likely to mean a shift to a higher proportion of self funders. Combined with the move to personal budgets and direct payments for social care, this

means even those for whom the Council is financially responsible will be able to commission services at a micro level.

Further work is needed to develop Community Network Profiles for each area to inform the evidence base for the future development of extra care housing.

Any providers looking to develop new, or diversify existing, services to deliver extra care housing are strongly recommended to speak with both EH&SC and Housing Commissioners at the earliest possible opportunity.

Appendix 1 - Glossary

Assistive Technology – Designed to support independent living, this may be through the use of equipment which enable a person to carry out everyday tasks or may be sensors which prompt, remind or alert to avoid or minimise an emergency situation arising.

Care Quality Commission – The independent regulator of all health and social care services in England. Their job is make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.

Carers – Anyone who spends a significant proportion of their life providing unpaid support to family, or potentially, friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Commissioning – Commissioning is the process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors (Audit Commission, 2003).

Continuing Care Retirement Communities - provide a range of accommodation and tenure options on site including Extra Care units and a care home on site. They provide on-site services and domiciliary care beyond the care home. They can often be as large as 7 to 12 acres (3 to 5 hectares) in size.

Department of Health (DoH) – The Department of Health provides strategic leadership for public health, the NHS and social care in England. The Department of Health's purpose is to improve England's health and well-being and in doing so achieve better health, better care, and better value for all.

Direct Payment – a payment made direct to an individual to purchase their own care/support.

Domiciliary Care – Domiciliary Care is the service widely recognised as playing a crucial role in effectively supporting people's care in their own homes. This is also known as Care at Home. This helps people to manage their personal care and other practical household tasks.

Enhanced Sheltered Housing - is used to describe sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of provision that is found in an Extra Care Housing scheme.

Extra Care Housing – is a model of integrated housing, support and care, which offers a real alternative to residential care for older people, people

with dementia or people with physical or learning disabilities. The model offers people independent tenancies or leasehold flats within a larger complex, which has community facilities at its heart, as well as an on-site 24 hour care and support team.

Fairer Charging – Is the means testing process used to determine the financial contribution made by people who are eligible for services towards the cost of their care package.

Index of Multiple Deprivation – Deprivation is frequently measured in England by the Index of Multiple Deprivation. This combines income, employment, education, barriers to housing and services, crime, living environment, and health and disability into a measure that compares one geographical area with another.

Joint Strategic Needs Assessment (JSNA) – The JSNA provides us with a process to identify and monitor changes in local health and wellbeing needs and inequalities of the local population which helps to inform future service planning across the public sector.

Learning Disability – In Britain the term learning disability is used to refer to intellectual disability. Intellectual disability is defined by the World Health Organisation as ‘...a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contributes to the overall level of intelligence, i.e. cognitive, language, motor and social abilities’ (WHO, 2010).

Limiting Long-term Illness – any long-term illness, health problem or disability which limits someone’s daily activities or the work they can do.

Market Position Statement (MPS) – A MPS should bring together data from the Joint Strategic Needs Analysis (JSNA), commissioning strategies, and market and customer surveys into a single document. It should be market facing, i.e. contain information the authority believes would be of benefit to providers. A MPS is a practical document that is focused on delivering a specific product to benefit the market.

Mixed tenure - refer to developments where there are a range of properties on one site that may be rented, part owned and part rented, or wholly purchased on a leasehold basis.

Personal Budget – the resource made available by Adult Care to enable people who are eligible to self-direct and purchase services that meet their assessed need.

Prevention – Prevention is about stopping a problem arising in the first place. This approach seeks to ensure that people are not forced into using health and social care earlier than they need to; and that they are enabled to live an active life as a citizen for as long as possible.

Procurement – the purchase of goods, works and services which meet the customers' and service users' needs, whilst ensuring value for money throughout the life of the product including disposal.

Projecting Older People Population Information (POPPI) - this system provides population data by age band, gender, ethnic group, religion, tenure, transport, living with no central heating, household growth and by state pension for English local authorities. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over.

Residential Care – Services that provide personal care to people living within a home amongst others needing personal care, such as help with washing, dressing and eating.

Residential Care with Nursing (Nursing Homes) - Services that provide personal care to people living within a home amongst others needing personal care, but also provide care that needs to be carried out or supervised by a qualified nurse, such as injections, dressings etc.

Retirement Village is a term generally used to describe large scale mixed tenure Extra Care or Continuing Care Retirement Community developments, generally in the range of 90 to 350 units, with developments of around 250 units being common.

Self-directed Support – Where the person receiving the support has full choice and control over the support and how it is delivered.

Self-funder - If an individual is paying the full cost of their support cost they are known as a 'self-funder'. That means the individual has chosen not to ask the Council for support; or the individual has been assessed but does not meet the Adult Care and Support eligibility criteria; or the individual has been assessed as eligible for support but the financial assessment has determined that the individual does not qualify for financial support.

Telecare - A service that enables people, especially older and more vulnerable individuals, to live independently and securely in their own home. It includes services that incorporate personal and environmental sensors in the home, and remotely, that enable people to remain safe and independent in their own home for longer. Telecare can remind people to take their medication and can even call for help if they fall.

Telehealth – The use of electronic sensors or equipment to monitor vital health signs remotely, e.g. in people's own home or while on the move. These readings are automatically transmitted to an appropriately trained person who can monitor the data and make decisions about potential interventions in real time, without the patient needing to attend a clinic or a GP practice.

Wellbeing - state of contentment in which people are able to realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community.

Appendix 2 - Strategic context

Cornwall Health and Well-being Board Joint Health & Well-being Strategy 2012

Cornwall's Joint Health and Well-being Strategy (HWBS) is a statement of the Health and Well-being Board's vision, principles and goals based on the Cornwall Joint Strategic Needs Assessment.

The HWBS seeks to encourage a shift from dealing with problems to preventing them from happening and aims to help to reduce health inequalities, tackling factors which disadvantage people and bringing communities together.

Housing, including extra care housing for older people, is identified as one of the (many) factors that contribute to a good quality of life. An objective of the HWBS is that housing, health and social care systems are developed collaboratively and policies designed to help people in Cornwall to live healthy lifestyles, make healthy choices and develop local environments that support good health and wellbeing.

The development of good quality extra care housing that meets the needs and aspirations of older people, both for sale and for rent, is an essential component of promoting independence and quality of life and will help to deliver the following key objectives in the HWBS:

- ◆ Helping people live longer happier and healthier lives including promoting independence for residents and being adaptable to meet changing requirements as people age.
- ◆ Improving the quality of life including providing a sense of community and belonging for older people in locations with which they are familiar and feel 'at home' and providing personalised support arrangements for older people as appropriate.

Cornwall Council Adult Care, Health and Wellbeing's Commissioning Strategy: Wellbeing, Early Intervention and Prevention 2012 - 2015

The future commissioning of services for early intervention and targeted prevention is intended to improve the quality of life of people living in Cornwall including those people who use services, their families and carers.

An objective of the strategy is to ensure that people, including older people, have access to appropriate housing, including extra care housing, and the support services that allow them to maintain their accommodation arrangements. Good quality housing with a supportive environment for older people will specifically:

- ◆ Help people to maintain their independence and wellbeing, reducing the risk of admission to hospital and residential care;

- ◆ Help to prevent people from entering periods of crisis that may result in admission to hospital or long term residential care;
- ◆ Help to reduce loneliness and social isolation.

Cornwall Council Adult Care, Health and Wellbeing's Commissioning Strategy: Care at Home 2012 - 2015

The central aim of the Care at Home Commissioning Strategy 2012 – 2015 is to commission effective services of the highest possible quality, led by the level of demand and the needs and outcomes of service users within specified resources. This is intended to improve the quality of life and well being of the people that use services, their families and carers.

Objectives of the strategy that are of particular relevance to older and disabled people and provision of extra care housing include:

- ◆ Supporting people to live in their own homes in the community where possible;
- ◆ The provision of effective housing solutions that promote independent living, including extra care housing;
- ◆ Developing sustainable housing solutions that enable independence, such as extra care housing and other forms of housing specifically for older people;
- ◆ Having an increased number of extra care housing and other housing for older people available for sale (leasehold or freehold) would ensure there is a balanced market place;
- ◆ Increased use of assistive technology and other innovative alternatives to traditional care services;
- ◆ Developing personalised, self directed care and support;

Cornwall and Isles of Scilly Joint Dementia Commissioning Strategy

The Cornwall Dementia commissioning plan sets out a vision for the future provision of services for people with dementia. The dementia strategy is predicated upon the development of services that ensure people get early diagnosis and treatment for dementia and strengthen access to care and support for both the individual and carers.

One priority of this strategy is for the care and support of people with dementia in their own home rather than in an institutional care setting. As a part of delivering this priority the role of extra care housing and similar specialised housing is promoted. It has been demonstrated that people with dementia can benefit from the flexible care packages and support offered in these types of housing.

Cornwall Council's Procedure for the provision of accommodation for People with Learning Disabilities 2012-2015

The aims of the procedure include addressing the lack of mainstream and specialist housing opportunities available to people with learning disabilities by developing a range of housing options, including extra care housing.

This procedure envisages that to meet some of the identified housing need, development of extra care forms of housing, either as part of 'mainstream' extra care developments or as much smaller scale specialised housing development specifically for older people with learning disabilities. It is likely that additional capacity to cater for a growing older population of adults with learning disabilities will be required

Cornwall's investment plan for housing 2012-2016

Cornwall has two extra care housing schemes; the Council will work on developing a Cornwall extra care model which works across our dispersed communities. Priorities include:

- ◆ Remodelling existing council owned homes for older people and, where it is needed, convert schemes to an extra care model.
- ◆ Setting targets for the number of new affordable homes to be built at lifetime homes or wheelchair standards to build out future problems.
- ◆ Using planning gain to deliver new forms of provision.
- ◆ Using the opportunity of self financing of the Housing Revenue Account to identify pilot schemes for remodelling sheltered schemes and prioritise funding for the first pilot.
- ◆ Exploring the development of a new model for extra care which is appropriate to the Cornish context, including the development of telehealth services
- ◆ Securing a proportion of new affordable homes to lifetime homes standard.

Appendix 3 - Sources of information

Extra care housing should typically provide:

Building Design

- Self-contained dwellings of a minimum of 50m² for 1 bed apartment, 60m² for 2 bed apartments. Larger dwellings are desirable. They should include a kitchen and bath/shower room.
- Design should reflect the restricted mobility and other needs of residents. Lifetime Home Standards are desirable.
- Designs should be dementia friendly. There needs to be provision for people with severe disabilities requiring full wheelchair accessibility specification and tracking for hoists. Some provision will need to be suitable for older people with learning disabilities.
- Mixed tenure rather than mono-tenure developments are preferred. The minimum for sale element will vary between schemes and ideally will include some shared ownership.

Social Design

- Developments should have a range of communal facilities that go beyond those of traditional sheltered housing but are commensurate with size.
- Communal facilities should generally be available to the wider community. In the case of a restaurant this helps aid viability. It is anticipated that extra care schemes will provide a base for social care staff to provide outreach services to the locality.
- The culture of extra care housing should promote independence and healthy, active ageing and avoid creating unnecessary or premature ageing. Promoting health and wellbeing is an essential part of the ethos in extra care.

Services Design

- Arrangements between the care and housing provider will vary. The housing provider may also be the care and support provider, where the provider wins a care tender or where chosen by occupiers with personal budgets or occupiers that are self-funders.
- All schemes should have a range of assistive technology in place as well as an alarm system and remote door entry. It is desirable that a range of environmental sensors and personal assistive technology is easily available on an individual basis.
- The starting point is that care should be based on-site and a support team available 24 hours a day; however it is recognised that care and support may need to be delivered in a variety of ways. Each service user will need to be supported to develop a person-centred plan to meet their social care needs.
- The provision of meals is an important consideration. It is recognised particularly in smaller schemes however that fresh cooked meals on site may be financially unrealistic.

A range of recent publications from the Joseph Rowntree Foundation and Housing Learning and Improvement Network (LIN) reflect current guidance and research in the extra care housing sector particularly in relation to:

- Planning, designing and developing extra care housing⁴⁰
- Funding models for extra care housing⁴¹
- Affordability of extra care housing⁴²
- Good practice in managing extra care housing particularly in relation to roles and responsibilities between organisations that provide these services⁴³

⁴⁰ *Strategic Housing for Older People: Planning, designing and delivering housing that older people want – A Resource Pack.* Housing LIN, 2011

⁴¹ *Innovative funding and delivery options in extra care sheltered housing.* Housing LIN 2012

⁴² *Affordability in Housing with Care. A guide for commissioners and providers.* Housing LIN/JRF 2012

⁴³ *Practice Examples in Housing with Care: Findings from Research.* JRF, 2012.

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