



Taking extra care with dementia-friendly design: Brookside Retirement Living Village, Lancashire

This case study for the Housing Learning and Improvement Network gives an overview of the development of Brookside Retirement Living Village. How the dementia-friendly design has responded to local need, demand and site constraints to create a community resource will be highlighted along with the design changes due to shifting forces in the housing market. How the scheme is currently working is also featured.



Written for the Housing Learning & Improvement Network by **Damian Utton**, Partner, Pozzoni LLP, Chartered Architects & Designers

March 2013

Introduction

Brookside Retirement Living is a large extra care development of 111 apartments and community facilities located at Ormskirk, Lancashire.

Known as 'Brookside', the scheme is the result of a partnership between Your Housing Group (formerly Arena Housing Group and Harvest Housing Group), West Lancashire Borough Council, Lancashire County Council and NHS Central Lancashire. Also involved in the project were Age UK Lancashire, the Alzheimer Society and the University of the Third Age.

Brookside also received a Department of Health Grant of £7.3million in 2007, with a timetable of milestone dates to be achieved in order to receive the staged funding.

Design work began in 2007, construction work on site November 2010 and the first residents moved in to their new home during April 2012 (see Housing LIN online directory of all Department of Health funded schemes at: www.housinglin.org.uk/Topics/ECHScheme/)

Demographics

West Lancashire and Ormskirk demographics are as follows:

- There are currently 23,000 people over the age of 60 in West Lancashire, of which 5258 live in Ormskirk
- 1500 people over the age of 60 live in the Knowsley ward of Ormskirk where Brookside is situated
- The age 65plus population of West Lancashire will increase by 57% by the year 2026
- It is estimated that by 2015 there will be 1298 people over the age of 65 in West Lancashire with dementia. This figure is predicted to increase to 2050 people by 2025, an increase of 57.9% between 2010-2025
- There are a significant number of people with a Long Term Condition within West Lancashire and the incidence of chronic obstructive pulmonary disease is worse than that for England and the North West
- 26% of all households in the region contain someone with a disability and 62% of people with a disability or long term condition are aged 60 or over
- Life expectancy for men and women living in West Lancashire is below the rest of England
- There is a demand for good quality, fit for purpose supported housing for Older People in West Lancashire
- There is limited sheltered housing provision in Ormskirk, some of which has limited short term life with no remodelling potential
- A need for 1752 units of specialist housing for Older People, both affordable and private purchase, has been identified for West Lancashire

In the light of the above factors, there is clearly a demand for suitable housing for the Older People of West Lancashire and Ormskirk.

Design Brief

The over-riding concept for Brookside was to add support to the housing, lifestyle, health and social care needs of the older people in the Ormskirk area.

To achieve this, the brief to the design team required:

- 111 extra care apartments in the ratio of:
 - 25 one-bed apartments at 55sq.m gross internal floor area
 - 86 two-bed apartments at 65sq.m gross internal floor area
- To be designed for independent living and creating a home for life
- There was to be a cluster of fifteen apartments, with their own communal lounge, kitchen and garden specifically for people with low-level dementia
- Provide an enhanced day care centre for people with dementia from Brookside and the wider community
- There should be public access to the community facilities, creating a community hub
- This community hub is to provide:
 - Information and access to advice and support via:
 - An information library
 - IT and internet access
 - learning and training courses
 - Health, well-being and activity:
 - fitness suite
 - hydrotherapy pool, exercise and balance training facilities
 - stress and anxiety support
 - bistro/café
 - Specialised health and social services:
 - day centre for people with dementia
 - dementia cafés
 - memory clinic and outreach services
 - nurse led clinics
 - falls prevention and rehabilitation



Communal lounge at Brookside

Overall the requirement was to create a built environment that offers safety and security without compromising freedom and quality of life.

Site

The identified site was 2.75 acres in size, a long linear rectangle in shape with a relatively narrow street frontage. The site was owned by Lancashire County Council and had an outdated sheltered housing building, a home for older adults, a day-care centre, council offices, and a redundant school building, all of which were demolished before the new construction works commenced.



Site before the development

Other site constraints included a public right of way across the site and a brook running alongside the site; the Environment Agency require access to the entire length of the brook, reducing the effective useable area of the site.

However, the location of the site; close to the town centre and amenities, on a busy road with good public transport links, adjacent a school, tennis club, bowling green, and park more than offset the site restrictions.

Layout

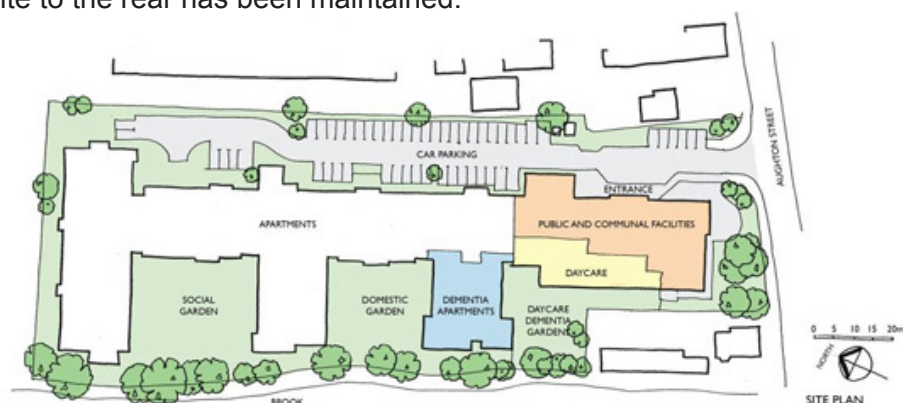
The building layout is organised to have all the public uses at the street frontage end of the site with progressive privacy to the private apartments and a mix of larger social spaces and smaller intimate personal spaces.

There are three garden areas (social, domestic and dementia) created to maximise afternoon sun to the gardens and views to the activity of the school and the school playing fields.

The day care facilities and the cluster of dementia apartments are linked via the dementia garden and discreet security ensures the safety of those with dementia.

The linear shape of the site dictated that the building layout would be linear in its layout. However, the length of the corridors has been reduced in scale by creating incidental spaces of sitting areas, recessed doorways, and creating 'events'. To avoid any dead ends there are lounges or alcoves at the ends of all circulation spaces, creating a destination. Residents are being encouraged to personalise the recessed 'front porch' by their apartment doors and 'street-scaping' the kitchen windows so that they face onto the corridors.

In designing the layout, the pedestrian route to the bowling club and park from the road and across the site to the rear has been maintained.



Site layout

Community Facilities

In order to make Brookside a vibrant community, there are a range of community facilities for residents that are also open to the public. These include:

- Bistro café with 50 covers serving drinks, snacks and light meals
- Community Room which can be hired out by others as well as for use by the residents. One example is the Environment Agency using the community room to conduct a public meeting for the people of Ormskirk regarding flooding and flood prevention measures.
- Library
- IT suite



Bistro café

There is also a range of community facilities that are accessible for residents only and these include:



Music studio

- Exercise studio
- Music studio
 - These two facilities replaced the original requirement for a gym and hydrotherapy pool, due to changing market forces; please see below for further information.
- Hair salon
- Lounges: each with a different theme

Brookside is also a base for several local organisations providing care and support services within Brookside and to the wider community. These are:

- Your Housing Group (housing provider)
- HICA home care (care provider)
- NHS Older Adult mental health and memory assessment teams from Lancashire Care foundation NHS Trust
- Age UK
- Alzheimer's Society
- Visiting medical professionals from the local community health trust – Southport & Ormskirk NHS Trust

There is 24 hour waking cover on site at Brookside with a minimum of two staff: one housing and one care.

There are 20 people working full-time in these offices with ten 'transitional' people. These offices are located on the first floor and have a separate outside entrance from the rest of the scheme, but there is an internal connecting door.

Secure doors with fob access and clear signage and design layout ensure that the general public do not access the resident only areas.

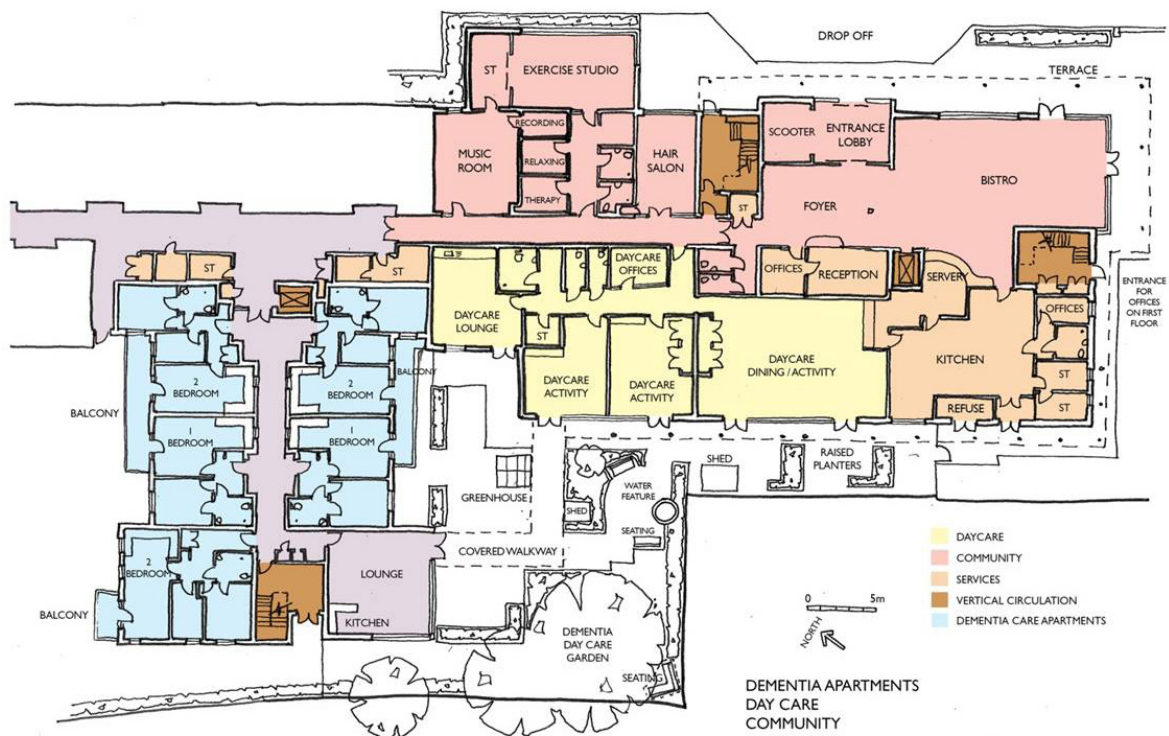
Apartments

There are a total of 111 extra care apartments in the ratio of:

- 25 one-bed apartments at 55sq.m gross internal floor area
- 86 two-bed apartments at 65sq.m gross internal floor area

To qualify for the Department of Health grant, the apartments have to be fully compliant with:

- Homes and Community Agency 'Scheme Development Standards'
- Housing Quality Indicators
- Lifetime Homes Standards
- Access and Mobility
- Secured by Design
- Code for Sustainable Homes Level Four



Site floor plan

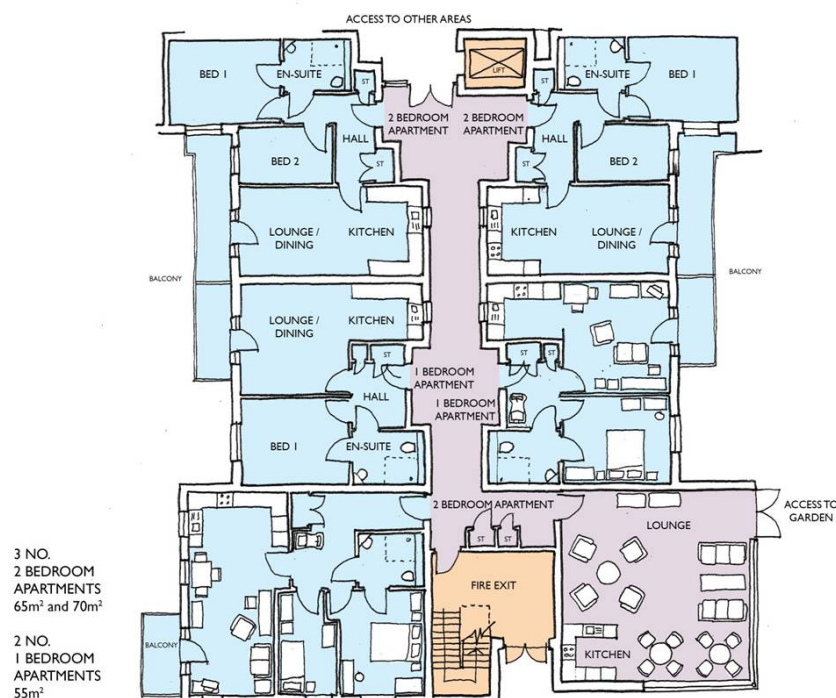
In addition to the mandatory Planning consent and associated conditions and current Building Regulations, additional features to the apartments include:

- Kitchens are open to the living areas for ease of access
- Kitchens have kitchen windows to corridors with blinds so residents can choose whether they wish to have full privacy or allow views to the activity outside
- Mobility scooters can be parked either in the apartment hall or in the corridor recess, or front porch, by each apartment front door

- Ceilings strong enough for a future ceiling track hoist to be fitted
- Wetroom shower-rooms for ease of access and with doors from the bedroom and hall
- Most apartments have either east, west or south orientation so there is direct sunlight for a part of the day
- Large windows allow for maximum daylight and careful calculations have ensured there is no excessive solar gain
- Low window cills allow for views out to the garden when sitting down or lying in bed
- Views to either garden areas or activity
- Ground floor apartments have their own 'balcony' in the form of a slightly raised terrace with guarding and handrail. This allows the resident their own personal outdoor space without compromising security.

Dementia Apartments

The original design brief required a cluster of three two-bedroom plus two one-bedroom apartments to ground, first and second floors (i.e. 15 apartments) specifically for people with dementia. The floor areas are 65sq.m and 55sq.m respectively. Otherwise the layout and design of the apartments is identical to the other apartments at Brookside and upper floors can gain access to the lounge and garden via a lift and stairs located on the 'inside' of the cluster.



Dementia apartments plan

rummage box by the blanked off access door would create an event and also overcome the issue of a dead end.

Other specific dementia design details were to include each front door of a different design and memory boxes to help people identify their own front door, glazed kitchen cupboards to easily identify the contents, safety cut off devices for water, gas and electricity, and separate hot and cold taps with cross heads as mixer taps can cause confusion.

This cluster was to have their own community lounge and assessment kitchen with access to the dementia garden. This is located at the end of the short, wide corridor creating a 'destination', not a dead end. At the other end of the corridor, a secure door to the rest of the scheme was to be 'blanked off' to hide the door and avoid the frustration of a person with dementia trying to open a locked door. This feature was also to be applied to other locked service doors. Placing a table and chair or a

These apartments are also located at the front of the building so as to benefit from views to the activity of the wider world. Discreet fencing and gates ensure security.

A covered walkway links these apartments to the day-care centre through the dementia garden which is shared by the residents and day-care users (which would include the residents plus people from the wider community). Again, discreet fencing and gates ensure security.

However, as is outlined below, the above design considerations were only partially undertaken and a more inclusive approach to dementia-friendly design adopted (see page 8 below).

On-site day-care facilities

The day-care facilities are self-contained with access from the main entrance. The day-care accommodation provided includes:

- Lounge
- Two activity Rooms
- Dining room with a servery from the main kitchen (separate to the Bistro servery)
- Office
- Wc and storage



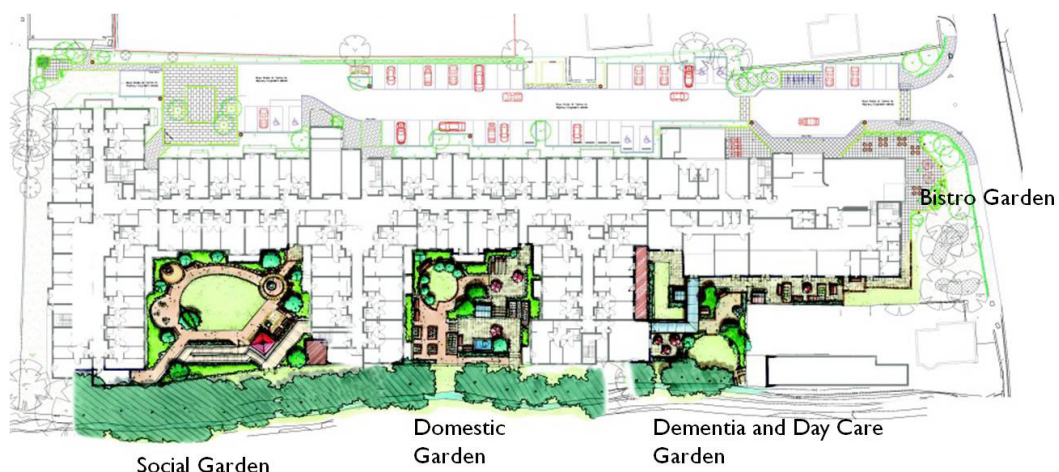
Daycare facilities

The day-care is staffed so residents cannot accidentally walk off; they would have to pass the day-care office, through a secure door, and past reception. The day-care facilities are locked out of day-care hours so residents from the dementia apartments cannot access the facilities or take a route through.

The day-care operations have been tendered to several care providers and at the time of writing (January 2013) a provider had not yet been appointed.

Garden areas

The gardens at Brookside were designed by Garuth Chalfont and Environmental Associates. The concept was to create three garden areas: social, domestic, and dementia gardens for the residents, plus a Bistro garden for the public.



Plan of the gardens at Brookside



Gardens at Brookside

There is full access to the three garden areas for the various user groups with the intention of daily year-round use. Residents and visitors can benefit from the pleasure and enjoyment and the physical health and wellbeing that comes with exercise, fresh air and sunlight.

There is scope for organised activities such as a gardening club with a greenhouse, shed and raised planting beds provided as well as the everyday, but equally important activities such as hanging out the washing or sweeping the path.

The dementia garden creates passive stimulation from the colour and smell of plants and also provides therapeutic activities with a greenhouse, shed and raised planters. There is the opportunity for exercise with looped paths so there are no dead ends and seating areas, points of interest and landmarks for way finding.

Access to the dementia garden is via the dementia cluster lounge or from the day-care lounge, activity rooms or dining room.

Discreet fencing and gates provide security. Existing mature trees by the brook have been retained, but access to the brook itself is restricted because of safety concerns.

The social and domestic gardens are well used, especially with visiting children who have the space to play, which in itself is an enjoyable activity for residents to watch. Your Housing Group will be receiving a grant in the Spring of 2013 which will enable a gardening club to be started up.

Design changes due to market forces

In the latter half of 2008 and whilst construction works were progressing on site, the UK housing market crashed. The finances of Brookside were based on the number of apartments that would be for private sale. With the downturn in the housing market potential residents have been unable to sell their current homes to move to Brookside, therefore there would not be the expected take-up of for sale apartments.

In the light of this, Brookside has had to appeal to a wider client base, in favour of potential residents who may not be coming from a home ownership background. To accommodate this, the ratio of sale/rent units was altered in favour of social rent.

In addition, it should be noted that the extensive community facilities would have resulted in a relatively high service charge which social rented tenants may not have been able to afford. As a consequence, a series of value engineering workshops with all parties set out to change the make-up of communal facilities and amenities and therefore reduce the service cost. These changes included:

- The hydrotherapy pool was taken out, this space becoming an exercise room

- The separate cinema room changed to a drop-down screen to be included in the community room
- Large garden ponds revised to a water feature in a raised brick structure
- Changing the gym and exercise equipment to a music room
- Value Engineering exercises for construction aspects were also included in this process

Ultimately, the decision to move ahead with a specific cluster of apartments for people with dementia was decided against and the decision to integrate appropriate delivery of dementia care across the whole site was taken. This was an acknowledgement that admission at an earlier or moderate stage of the disease journey would be advantageous for people to become integrated within the whole scheme. However, as architects, we maintained the potential to utilise this specifically designed space on the ground floor as a longer term design option, should it be felt useful to have an element of the scheme designed for more significant dementia need. This would allow the potential in the future for a planned approach to internal movement within the scheme to offer a longer term support option that would allow for people to remain within Brookside if needs changed significantly.

The rooms that were designated to be the dementia lounge and rehabilitation kitchen became a themed lounge, similar to the other themed lounges throughout Brookside.

How the design is flexible for these changes

Importantly, the building design has included dementia design principles throughout. The people with dementia who are now living across Brookside benefit from:

- Alcove lounges at the ends of corridors, eliminating dead ends
- Colour and contrast for orientation throughout
- There are opportunities to personalise the 'front porch' by each apartment entrance door
- Kitchen windows can become personalised, helping residents to recognise their own apartment from the corridor. One resident has applied coloured film to the window to create a stained glass effect
- The garden pond could be reinstated as the water service is there
- There is assistive technology at Brookside to help residents to maintain their independence:
 - Pull cord sayphone and pendants, and the staff have dect phones
 - Automatic opening doors with fob access



Alcove at the end of a corridor

- *Just Checking* – this is a monitoring system of movement within apartments using wireless movement sensors. This can give assurance to relatives and staff that people are following routines that work for them, such as appropriately using the bathroom and kitchen at relevant points of the day, as well as highlight patterns that may be concerning such as repeated short term use of parts of their accommodation or leaving doors open and unlocked.
- *Memaxi* – This is a touch screen calendar and video link display and acts as a cue to help people remember dates and times

There have been several reported incidents with one resident with severe dementia. However, the Mental Health and Housing teams were on hand, on site, to support the resident and his wife. Crucially, the co-location of a wide range of health, social care and housing services has not only helped improve the knowledge and understanding of what each sector can do, it has led to quick and easy responses to problems that avoid any escalation of need.

In the long-term, there may be a future need to reinstate the cluster of apartments for people with dementia (as outlined on page 6 above). There are details that can be changed back such as blanking out glazed fire screens and doors and repositioning such glazed screens to reinstate the dementia cluster on the first and second floors.

The development of longer stay Rehabilitation units

Following the decision to integrate dementia care across the scheme, the local PCT and County Council made the decision to commission seven longer stay rehabilitation flats as short-term tenancies. The flats are supported by the domiciliary provision on site as well as a multi-disciplinary health team including both physical and mental health care professionals from Lancashire Care NHS Foundation Trust and Southport & Ormskirk NHS Trust. These flats have focussed on supporting the needs of individuals who require either a longer term rehabilitation input, for example following a stroke or acquired brain injury or who may be looking at an enhanced care need such as long term residential support, perhaps as a result of an exacerbation of dementia or functional mental health need or where this is a physical rehabilitation need alongside a co-morbid mental health condition or dementia.

An ability to test whether a housing with care option could meet the needs of an individual or couple was a significant element of the thinking around the development of these short-term tenancies and this has already proved to be the case. It has also made it possible to offer a rehabilitation option to a couple rather than just to an individual, in other words, the need for rehabilitation has not resulted in the need to split people up.

Finance

The original intention was to have 25 apartments for sale with a further 15 apartments to be offered for sale, subject to interest. As of January 2013, 26 have been sold and a further six apartments reserved. When a resident moves on they will receive the cost of the apartment back from Your Housing Group who would then remarket and resell the individual apartment. As a Registered Social Landlord, any surplus from this is ploughed back into the organisation for the benefit of the residents.

At the time of writing, the sale price of one-bedroom flats range from £145,000-£157,000 and two-bedroom flats from £165,000-£190,000.

Furthermore, the rental charges are currently in the region of £92/week for a 1-bedroom apartment and £102/week for a 2-bedroom apartment.

The service charge is currently £72/week including all the amenities. A proportion of this is Housing Benefit eligible. The cost of service and care is additional to the rent and service charge and will depend on an individual's needs. More details on funding the capital and revenue elements in extra care housing are set out in the Housing LIN's newly refreshed Technical Brief, Funding Extra Care Housing.

Potential residents must be registered with West Lancashire Borough Council for an assessment of their housing needs. If the assessment identifies additional care needs then a Fair Access to Care assessment through Lancashire County Council is undertaken. If positive then when a vacancy occurs, a panel will allocate the property, depending on an individual's care and housing needs.

There is also a sales and letting panel who consider the following criteria:

- Age: Brookside is aimed at older people aged 55 or over who have a local connection to West Lancashire
- Health, care and support needs: a mixed need community which through careful management of nominations aims to achieve a mix of a third with low needs, a third medium needs and a third high needs
- Fit to the required resident profile: including older people with a Learning Disability and older people with a dependant under 55 who has a learning disability
- Suitability of current accommodation
- Family circumstances.

Procurement

The total design build contract cost of Brookside was £13,249,337, of which the construction cost was £12,688,942. With fitting out and all professional and local authority fees the final cost was in the region of £18,000,000. As noted above, there was a Department of Health Grant of £7,300,000 allocated in 2007.

The design team comprised:

- Architects: Pozzoni LLP
- Employers Agent: Davis Langdon LLP
- Structural Engineer: Wright Mottershaw Lydon
- Services Engineer: Hannan Associates
- Landscape Architect: Garuth Chalfont/Environmental Associates
- CDM Co-ordinator: Davis Langdon LLP
- Interior Design: Pozzoni LLP

Brookside obtained planning consent in February 2009, competitive tenders were issued and received September 2009 and Cruden Construction Ltd was selected on a design build procurement contract. Construction work began on site August 2010 with handover April 2012.

Current state of play – what’s working well

The first residents moved into Brookside during April 2012. As of January 2013, there were 132 residents, aged between 53-82 years of age.

There are now nine people with dementia living at Brookside; eight are living with their spouse and one lives alone and is supported by HICA care. As per our design philosophy, these residents are pepper-potted around the scheme.

There are also seven apartments designated as rehabilitation apartments, some for people with dementia, and others occupied by people with other conditions e.g. stroke. The Lancashire Care Trust Older Adult Mental Health and Southport and Ormskirk Trust rehabilitation teams of the NHS work collaboratively and closely with the residents requiring rehabilitation. There have been four individuals and one couple who have come to Brookside for rehabilitation between April 2012 and January 2013 and this number is likely to increase as time goes on. One couple initially came for rehabilitation but have made the positive decision to continue living at Brookside, so the ability of this provision to open up possible solutions for people is clear.

Residents, managers and staff have commented that residents feel safe and secure and have likened it to a hotel or cruise ship. The contemporary feel is much liked as it is not seen as a care facility by residents and public. Large windows and high levels of day lighting also contribute to a light, airy and spacious feeling.

Bistro staff have commented that they have noticed that the residents with dementia have improved in their attitude, appearance, mobility, and are more outgoing since moving in to Brookside.

The community facilities are very successful at Brookside. There are several factors contributing to this such as the location close to the town centre, on a busy road frontage with ‘kerb appeal’ and passing footfall plus the Manager’s hard work in building links with the local community.

The general public have access to the bistro and typically the bistro is busy mid-morning, lunchtime, and dinner time. Many residents come down mid-morning when mothers and toddlers are in the bistro.

The Manager and staff have forged strong links with the adjacent school. For example, there is a joint knitting club for residents and the pupils, residents attend school plays and listen to the school choir, and the school art class has a competition to create a poster advertising the day-care facilities.

The hair salon is designed to create a high street feel and is very much a social area.

During April 2013 there will be a National Tai-Chi day. There is a plan to use the gardens for a Tai Chi session which will involve the adjoining school and local tai-chi classes.

The Scheme Manager says the public and community involvement creates natural life and activity. This helps her as she doesn’t have to constantly create ‘artificial’ activities. Staff have also commented that having the public in the development ‘keeps residents young’.



Hair salon

The lounge areas at the end of the corridors are used for activities and each is themed with corridor displays leading to each theme. The themes are games, crafts, relaxation, garden room, TV room and travel room. There are views from lounge areas to the wider community with lots of sunlight and opportunities to 'watch the world go by.' The sound of the school playground, bowls and tennis are far enough away not to be intrusive but the gentle sound of bowls and tennis can be quite a 'therapeutic' sound. The lounges are also used by visiting families.

The space that was to be the hydrotherapy pool is now an exercise room with classes in tai chi, yoga and dancing. These are very popular and have a wider appeal than a hydrotherapy pool. The Music Room is also very popular for both group and individual activities. There are several residents who play musical instruments and they often give recitals to other residents.



Exercise room

The shared facilities, such as the exercise, music and activity room, are jointly commissioned by the local NHS and Social Services department and are utilised by both direct NHS and commissioned services to provide a range of in-reach services to Brookside, as well as offering public clinics and services, further adding to the public footfall of the scheme. Services already operating at Brookside include NHS direct provision such as the Falls clinic, Stroke rehabilitation and

Psychology support and Speech and Language therapy. Wider commissioned services such as a Community choir, a Singing for the Brain group, Nail cutting services and Dementia Advisors also utilise the shared spaces to deliver support to the West Lancashire population, but a number of these supports are also used and enjoyed by people living within the scheme.

Residents have the choice of parking mobility scooters either in the hallway of their apartments or in the corridor recess by their front door (front porch). Corridors are wide enough to let two scooters pass each other although by allowing mobility scooters throughout the scheme there will be a long-term maintenance issue with wear and tear.

The apartment kitchen windows facing onto the corridor are popular with residents. There is the opportunity to personalise these windows and residents have the choice to open the blinds to these windows to see life and activity, and not feel alone in the building, or close the blinds for privacy.

Brookside has achieved the Code for Sustainable Homes Level 4. Energy efficiency measures help to reduce operating costs. There are high levels of thermal insulation to the building walls, floors and roof, dimmable lighting on PIR sensors to communal and circulation areas so lights are not on all the time, and zoned heating controls so unused spaces do not have to be heated. However, there have been comments that the corridor areas can get very warm.

The three gardens are very popular and are well used, particularly in fine weather. The dementia garden is less used presently but this is because the day-care is not yet open. The central garden area is very popular with visiting children with the life and activity that they bring. Ground Floor residents who have their balconies enjoy sitting there and talking to other people in the gardens.

A gardening club will be starting during Spring 2013 when a grant fund becomes available. The intention is for residents to have ownership of garden areas, and the school will get involved with gardening as well as volunteers in the community.

Because the existing right of way across the site has been maintained there is no gate to the car park. There is an issue with the general public using the car park at Brookside, often parking in spaces allocated to Brookside residents, but not using the Brookside facilities. Notices seem to be ignored by the public! Individual collapse bollards to parking bays may be a solution.

Conclusions

The design of Brookside is flexible and adaptable to changes now and in the future. The project team were flexible and adaptable in responding to changes whilst construction works were on site.

The inclusive dementia friendly design throughout the scheme has given the flexibility for residents to make their own choices where they wish to live throughout the scheme. Creating 'events' at the end of corridors to avoid dead ends, creating incidental spaces and wayfinding cues help residents to orientate themselves throughout the building and help compensate for some of the impairments of dementia.

Allowing people with relatively moderate or low-level dementia into the scheme from when they first move in creates the opportunity for them to become more integrated with the community. Anecdotal evidence from elsewhere suggests that neighbouring residents are more likely to help look after their neighbour with dementia if that person's dementia has developed whilst they have been living there.

There is also debate in the sector about the suitability of extra care apartments for people with a more significant dementia need. The flexibility of the design allows for the creation of spaces for people with a higher dementia need should this be required in the future. A resident may have to move within Brookside, but not have to leave the community. The building location is an important key for creating links with the surrounding community. The building design can provide the space and opportunities for activities and connections with the wider community but the commitment and hard work from the Scheme Manager and the staff is essential to creating a successful scheme that integrates with the wider community. The Bistro is also proving to be a community hub for many including those calling in with no actual connections with Brookside or the residents living there, which adds to the community feel of Brookside.

The public access to Brookside brings life, activity and stimulation for the residents and anecdotal evidence from the staff at Brookside suggests there is a very positive effect that this has on people with dementia. External space is as important as internal space and ease of access for residents to garden areas is important. Garden areas should contain a mix of activities. Whilst the dementia garden and day-care are not fully operational yet, the design and layout encourages activity and stimulation without compromising security and safety. The Brookside scheme has also been founded on a broad shared vision between a range of partner agencies, who all continue to be active in developing the resource. This includes the NHS Primary Care Trust and the emerging Clinical Commissioning Group, the local County Council, the local Borough Council, NHS Provider services, a wide range of VCFS agencies and the Housing provider. Leadership, a shared vision and on-going commitment to a collaborative partnership approach are critical to the delivery of an integrated model. Brookside has also benefited from a shared investment across agencies to deliver the width of provision outlined in this paper.

The building design and operation are integral to each other and to the success of the scheme. The design can provide the space, but the commitment of the manager and staff is required to create purposeful activity and use for these spaces.

Note

The views expressed in this paper are those of the author, and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions, including dementia.

The Housing LIN is a member of the Dementia Action Alliance. For further information on this and about the Housing LIN's comprehensive list of online resources at 'In Focus: Innovations in Housing and Dementia', and opportunities for shared learning and service improvement, including site visits and network meetings in your region, visit:

www.housinglin.org.uk/HousingandDementia

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please do contact us.

Published by:

Housing Learning & Improvement Network,
c/o EAC, 3rd Floor, 89 Albert Embankment
London SE1 7TP

Tel: 020 7820 8077

Email: info@housinglin.org.uk

Web: www.housinglin.org.uk

Twitter: [@HousingLIN](https://twitter.com/HousingLIN)