

Housing Learning & Improvement Network

Achieving Success in the Development of Extra Care Schemes for Older People

A practical guide to assist developers of Extra Care Housing

This document draws on the experience of providers of Extra Care Housing, tested against the experience and perspectives of those approaching the issues as commissioners or those responsible for local strategies

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The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.



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Nigel Appleton
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The background of this document

This brief working document is intended to assist those who are looking to develop Extra Care housing schemes for older people. It has been commissioned by the Housing Learning and Improvement Network of the Change Agent Team at the Department of Health. It links with other guidance and briefings to support the Department's 2004-2006 funding programme and policy objective of increasing the role of Extra Care schemes within the national economy of accommodation and care for older people.

Whilst other guidance offers an overview of Extra Care, deals with the work needed to provide a strategic framework for such developments or address particular topics that arise in the field, the object of this document is purely practical. It is to assist those who may be brought together from a range of professional backgrounds and organisations with the intention of developing an Extra Care scheme in their area.

The Housing Learning and Improvement Network (LIN) has published a substantial amount of material to assist those working in the field of Extra Care Housing. This includes:

- *Developing and Implementing Local Extra Care Housing Strategies*, Department of Health (2004)
- *Extra care housing for older people: an introduction for commissioners* Department of Health (2004)
- Guidance on Grant for Building Care Capacity 2001/2002 – LAC (2001) 34
- Guidance on Access and System Capacity Grants 2003/04
- Local Authority Capacity Planning Model

The Housing LIN webpages at www.changeagentteam.org.uk or www.dh.gov.uk also contain a number of useful factsheets and a discussion forum, including:

Factsheet no.1: Extra Care Housing - What is it? This factsheet gives essential basic information, explains the various forms extra care housing takes, and describes key ingredients and central principles (28.07.2003 updated August 2004)

Factsheet no.2: Commissioning and Funding Extra Care Housing Summary of essential facts about commissioning extra care and other housing based solutions for care. Most important facts about funding, what is involved, who is involved, who has to be involved and how long projects can take. (28.07.2003 updated August 2004)

Factsheet no.3: New Provisions for Older People with Learning Disabilities An introduction to the characteristics and needs of an emerging group to be provided for in developing new housing and services for older people. This includes extra care (23.12.2003 updated August 2004)

Factsheet no.4: Models of Extra Care Housing and Retirement Communities An explanation of the different types of retirement community and examples of how key decisions about the choice of model are made (04.01.2004 updated August 2004)

Factsheet no.5: Assistive Technology in Extra Care Housing AT can play a part in supporting people in extra care housing. Summary of the most common applications, with examples and where to get more details (20.02.2004 updated August 2004)

Factsheet no.6: Design Principles for Extra Care Basic information about key design principles and issues to consider when designing and developing a brief for a new Extra Care Scheme. Variety of models and ways of developing a range of different sites (26.07.2004)

Factsheet no.7: Private Sector Provision of Extra Care Housing The private sector has had an involvement in the provision of extra care housing for at least 20 years. This factsheet is intended to help statutory authorities commissioning extra care housing and private developers work together with a better understanding (21.07.2004)

Factsheet no.8: User Involvement in Extra Care Housing The role of the users in the development and management of extra care schemes, linked to concepts of independence, self determination, control and choice, key themes in national policy (August 2004)

For further information on the work of the Housing LIN, regional meetings and forthcoming publications and events, contact the housinglin@e-a-c.demon.co.uk or tel. no. 020 7820 1682

Achieving success

The elements identified in this report draw on the practical experience of developing organisations and the observations of those who have commissioned them. They draw upon both positive and negative lessons: the things that people have learned from schemes that went well and others that did not go so well.

Success in completing any project that involves both the development of buildings and the creation of services represents a complex challenge. The elements involved are so diverse: from the practicalities of design to the subtleties of personal relationships, that their management will necessarily be a combination of art and science. No checklist of elements needed for success will, of itself, ensure a positive outcome. The elements need to be handled with a degree of sensitivity, pursued energetically, and even then need a “fair wind”.

There is, of course, a prior question: how do we define success? And success for whom? The primary test of success will only come when people have moved into a scheme and find it provides them with a supportive and enabling environment in which to enjoy a positive lifestyle in old age. Other parties may have more short-term criteria. For those who commission schemes success may be measured primarily in the cost-effectiveness of the outcomes. For the new business/development staff of providing organisations it may be about the effective use of their time: the number of meetings that are needed to carry the development to completion.

How the study was conducted

This document draws principally on the experience of providers of Extra Care Housing, tested against the experience and perspectives of those approaching the issues as commissioners or those responsible for local strategies.

We brought together a small group representing four key providers, all of whom have worked in this field over a number of years and were able to draw on experience from a spread of locations across the country. Each provided a senior officer for the Reference Group and made other members of staff available for interview.

Interviews were conducted using a standard formula that, in addition to general observations, looked for detailed information on three schemes from each provider: one where development had gone very well, another where it had gone (from the provider's point of view) very badly, and a third where there was an eventual result but the process was long and tortuous. These examples were solicited with an assurance of anonymity and individual schemes and situations are not identified in this report.

From the interviews a number of themes were identified and these were discussed with and developed through the Reference Group. The emerging themes were also tested with local authorities who had been involved in the schemes providers had cited as examples of good, bad or everlasting process.

The work was set in the context of the literature and guidance on this topic. It has not drawn on any bids made to the Department's £87million capital funding programme 2004-2006; this is subject to independent evaluation. The work is intended to offer practical pointers/handy hints to help "grow" commissioners, purchasers and providers knowledge and skill sets and to build the capacity for meeting the accommodation and care choices of older people.

Useful documents from the Housing LIN are listed on pages 4 and 5 above and other material is listed at the back of this document.

In the past year Contact Consulting has undertaken studies for seven or eight local authorities of varying sizes and situations where the objective was, in part, to provide a context for the development of Extra Care Housing schemes. It has therefore been possible to discuss with commissioners and potential providers in these locations the issues identified in this document and by this means to "earth" them in live and developing situations.

This practical experience has also demonstrated the linguistic difficulties and potential pitfalls of working across the boundaries of housing, health and social care. We have therefore added a brief glossary to aid communication across this interface.

As local authorities grow increasingly confident in their strategic housing role, as opposed to their thinking being dominated by their function as a housing provider, there is an increasing recognition that their proper concern is with all housing, in all tenures, and from all developers and providers. Thus, whilst local authorities may feel that they have a special responsibility for those who by vulnerability or limited financial resources need access to social housing in its various forms, they increasingly recognise their role and responsibilities as much wider. In relation to the provision of accommodation for older people this includes encouraging provision that will offer options to that overwhelming majority of older people who are home owners. More than 75% of people over retirement age will be owner-occupiers by 2011 and in many parts of the country that figure is already being exceeded. Schemes intended for those of moderate means and other schemes from private sector developers, developed without public subsidy, should also be part of local plans and strategies with the local authority acting as enabler rather than commissioner.

Why might achieving success be difficult?

In addition to difficulties to do with technical vocabulary there are a number of reasons why the development of Extra Care housing might sometimes be difficult. Both strategic frameworks and commissioning plans will generally involve individuals drawn from a variety of backgrounds whose knowledge of the Extra Care models, assumptions and aspirations may be diverse.

Those with a background in housing may see Extra Care housing as essentially the most recent in a succession of models through which conventional sheltered housing has sought to respond to changing circumstances. They may see such an initiative as providing the means of refurbishing and therefore extending the useful life, of existing sheltered housing stock. Their priorities may be around supporting increasing frailty as their existing tenant population ages and average age on allocation to sheltered housing continues to rise. They will, not surprisingly, see the issues as primarily around facilities and services that will address the problems that come to them through housing management. They will want to provide schemes where the quality of the housing is good to ensure long-term viability, this will have an impact on assumptions about basic flat sizes, the nature of en suite facilities and so on.

Those working from a background in social care will arrive at the discussion from a quite different direction, seeing Extra Care housing as a means of providing for those who might otherwise find themselves in residential care. Whether this is part of a wholesale re-provision strategy by which existing local authority managed residential care may be replaced by Extra Care Housing, or some more opportunist initiative to replace a particular scheme, this will influence assumptions about frailty levels and tenant mix. Their concerns may be less with the quality of the building but more with the robust nature of the care arrangements.

Those who come to the discussion from the direction of Health, especially from Acute Services, are likely to have quite other interests. They may be looking at the capacity of Extra Care Housing to support those who might otherwise be discharged to Nursing Homes or to Residential Care, and at the gains to be made in relation to Falls Prevention and admission avoidance. They will be likely to see the potential of such accommodation in relation to Intermediate Care and to the wider agenda to ensure timely and appropriate transfers of care. The timescales for these initiatives may make an uncomfortable match to the notion that Extra Care Housing should be providing a long-term and flexible response to changing levels of need.

Although only generally brought into the equation after the professionals have reached some consensus, those who will actually live in Extra Care housing may also have another set of assumptions and aspirations that should be taken into account, not least because the consequences of ignoring them can be highly disruptive. Those who have bought a unit in an Extra Care scheme on a leasehold basis may have the expectation that theirs will be a premium service compared with those who are renting, those who have been sold the

idea of Extra Care housing as a lifestyle choice may be taken aback by the proportion of frail and dependent people with whom they share the scheme, others who have moved in expecting to enjoy a wide range of facilities may not react well when they find these facilities mothballed because no arrangements are in place to fund the staffing of them. Some at least will in these circumstances vote with their feet.

Residents will expect to be involved in making improvements to services once the initial settling in period is over. They will expect to have their wishes, even when unsolicited, taken into account on a range of issues, including management arrangements and services for themselves and for other users of the building.

Different assumptions and different agendas can be melded into a challenging and exciting brief or, when not properly recognised and addressed early in the planning process, can lead to delay, frustration or, worst of all, a scheme that pleases no one.

Elements that contribute to success

Terms of reference

Clear and effective commissioning structures in which the roles of the commissioning partners are well defined. In which equity and transparency are clearly demonstrable, especially where health and social care partners are providers as well as commissioners.

Strategic fit

A strategic framework that sets out the vision of the commissioning partners for the future pattern of accommodation and care for older people and identifies the role expected of the proposed development within that framework.

Explicit corporate sign-up to that strategy and to the particular proposal by senior elected members and officers within the local authority.

Ability to influence

A strong champion for the proposal within the commissioning structure.

Ideally these will be structures that have been in place for a sufficient length of time for the parties to have some experience of working together and a degree of trust in one another.

In the current climate there is a danger of “totem” schemes being promoted without regard to how they fit within the local economy of provision. Schemes work best when the fundamental questions have been answered, such as: Why do we want this scheme? Who do we think will live there? and, How does this fit to what we already have or hope to have?

Although one element within the local authority may make the initial move, generally either housing or social care, the “ownership” of the proposal needs to move to corporate ownership at an early date. The examples of disaster when one department has tried to put such a proposal through without achieving that corporate “sign-up” are legion.

The champion does not need to be a senior officer but will need access to senior officers and elected members. They will need to be well-networked with all those individuals and departments that may be involved in progressing the scheme.

A knowledge of the product

There needs to be a common vision of what commissioners are hoping to achieve and providers expecting to provide.

Extra Care housing means different things to different people. To some housing professionals it represents a more sophisticated and robust model of sheltered housing to support an ageing tenant population. To some in social care it represents an alternative to traditional residential care. Without some engagement between these and other starting points to develop shared vision, disappointment with the outcome is guaranteed.

Managing relationships

Goodwill and mutual trust between commissioning partners and between the commissioners and the providers are highly desirable. It is important for commissioners to strike the right balance with providers, to recognise their expertise and build in flexibility and innovation

The complexity of the process means that some points of difficulty or misunderstanding are almost inevitable. Mutual trust enables these barriers to success to be overcome. The lack of them means that relatively minor setbacks bring the whole process into question and lead to mutual recrimination. This is so obvious as to be banal, and yet opportunities to build that trust early in the process are often neglected.

Clarity and consistency

One of the major issues to be decided in how the care is to be provided. This needs to be clear and consistent if all parties are to have confidence in the eventual outcome.

It is an absolute criterion for Extra Care provision that there should be direct and dedicated access to care on a flexible basis. Some providers will wish to directly provide the care themselves, some will wish to contract with established partners to provide the care and others will be content to let the commissioners specify the care providers. What is proposed needs to be clearly established and consistently followed to achieve an outcome that both commissioners and providers can feel confidence in.

Land acquisition/planning gain

The active co-operation of the commissioners in finding potential sites is seen to be a positive contribution to making progress with the proposed scheme.

Flexible design and utilisation

The choice of location and the design of the scheme need to provide for exit routes if needs change.

Partnering arrangements

The basis upon which a partnership is to be developed between commissioners and potential providers needs to be established explicitly at the earliest opportunity.

Providers need to retain some flexibility to identify sites through other routes and need to be clear about site criteria. The site selected needs to be chosen on criteria that reflect the needs of a viable scheme and not be over influenced by other considerations: such as fit with regeneration priorities or community interests not related to the provision of Extra Care housing.

Whilst no scheme should proceed without a high degree of confidence that it matches current and future needs and aspirations among older people, circumstances do change. The building is likely to have a potential life of several decades and this needs to be taken into account in the development phase. The chosen location and the design of the scheme should allow for a potential change of use if circumstances change. Thus an Extra Care scheme should be capable of being converted to a standard sheltered scheme or even use by other client groups.

A variety of arrangements are possible. Commissioners often see difficulties when they have used potential providers as de facto consultants in working up proposals and then wish to consider them in a substantive selection process. An early "Preferred Partner" process addresses this difficulty but has the consequence of ruling out other potential providers at an early stage. What is deeply resented by providers is being

drawn in to provide feasibility studies and other preliminary work and then being informed that they must compete against others on the basis of a brief they have prepared. The general consensus is that Preferred Partner arrangements that allow providers to offer input to the development of proposals at an early stage work best.

The selection of Preferred Partners needs to look beyond a checklist of finance, equal opportunities policies and similar criteria and evaluate the essential ability of the organisation to deliver both the substance and the vision the commissioners require.

Financial scenario planning

An explicit but flexible approach to the funding of the scheme is needed with some thought given to alternative routes if initial intentions are not realisable.

Proposals that depend upon successful bidding for large tranches of public subsidy are very vulnerable and providers may be increasingly reluctant to invest development costs in such schemes. If a scheme cannot be sustained on the basis of private finance then a mix of sources of public subsidy, from planning gain, through free or "at-cost" sites, to direct grants from commissioning partners is preferable to a single bid for Social Housing Grant or similar funding. Financial planning needs to incorporate a fall back position through which any gaps in funding that may emerge can be plugged.

Promoting independence

The characteristics of the people who are to live in the scheme need to be established at an early stage.

There are fundamental questions to be addressed at an early stage about whether what is aimed for is a scheme that has a large proportion of people with high care needs or whether the intention is to create a "balanced

Managing care

The basis on which care staff are to be provided and managed needs to be established at an early stage in the development.

Design specification

The provision of additional facilities to support independence and a quality of lifestyle for older people in Extra Care needs to match design requirements with arrangements for staffing and maintenance.

community". If it is the latter how is that balance to be struck and how will it be maintained? There is evidence that too rigid an application of quotas of dependency frustrate the effective operation of schemes. Clearly there is a need for an adequate quantum of need for care provision if its delivery is to be cost effective. Experience suggests that an aggregate of 250 hours per week is the minimum at which dedicated care staff covering 24/7 are viable.

The provision of a dedicated team of care staff with a base within the scheme is seen by many as a fundamental defining feature of Extra Care. Access to domiciliary care staff through the same arrangements as apply within the community generally (e.g., in-reach into the Extra Care scheme) is not acceptable. This does not preclude delivering outreach services or Day Care services from the scheme into the surrounding community, however, the ability to support a frail population in Extra Care requires discretion by managers on-site to deploy care resources flexibly on a day to day basis. The structures and arrangements through which this will be achieved needs to be worked through at an early stage of planning.

Extra Care schemes will generally incorporate features such as a café, shop, hairdressers, craft and recreational facilities. In some instances it is easier to fund the creation of the space in which

they may be accommodated than to ensure that viable activities can be supported in the medium to long-term. In some cases the operation of facilities can be arranged on a commercial basis by leasing space to individuals or organisations. If this is the arrangement to be adopted the design of the space may need to take that into account. For some other facilities such an option may not exist and the identification of partners to provide services and means of funding their operation needs to be dealt with at the planning stage e.g., Day Care Services and/or individual units of accommodation for Intermediate Care or Respite Care.

Understanding the market

There is increasing recognition among commissioners that, alongside the implications of demographic trends, they need to take account of the shift in tenure patterns among older people: in many parts of the country homeownership among people over sixty already exceeds 75% and that will be the national average by 2011. Extra Care schemes that aim to meet the needs of a wide cross-section of older people need to offer some opportunities for outright or shared purchase. Registered Social Landlords and charitable care organisations will not be the only players in this market with increasing participation by private sector developers and commercial organisations.

The growth of owner occupation among older people is a major challenge to both commissioners and providers. Whilst the sale of units may assist in the capital funding of schemes their pricing and sale calls for a flexible approach, particularly from commissioners. Expertise in this area is limited but there is a general recognition that an increasing proportion of schemes need to offer a range of options from renting, through shared ownership to outright purchase.

Where providers are working on a partnership basis, most commonly a Registered Social Landlord and a care organisation there needs to be clarity about ownership of the model of Extra Care they are seeking jointly to provide.

Building capacity

Working through these matters takes time if robust decisions are to be arrived at. All parties need to recognise that there is a basic timeframe to bring these developments to fruition.

Roles and responsibilities

Commissioners, particularly local authorities, are perceived to look for a disproportionate degree of control over a process in which their financial input may be slight. From the point of view of providers things go well when their expertise is respected rather than constantly challenged or frustrated.

The surest foundation for such partnerships will be a shared set of values and some common understanding of what they are trying to achieve. The development of Extra Care, especially where it involves a mix of units for sale and for rent, calls for an approach from partners that is “risk aware” but not “risk adverse”. Commissioners will wish to be re-assured that the foundations of such partnership are sound and roles determined according to strengths and expertise.

There are numerous examples of schemes being brought forward hastily to meet bidding deadlines, or under other pressures, and poor quality arrangements being the consequence. Time invested in the preliminary stages of the development is the best contribution that partners can make to achieving quality and sustainable outcomes.

Providers express frustration over the degree of control that commissioners often wish to exercise when their financial input and exposure to risk may be much smaller than that of the provider. On the other hand commissioners are often acutely aware of their political and public accountability and feel they have no alternative but to maintain a high degree of control over developments.

Glossary

This list of organisations, technical terms and unpacked acronyms is by no means exhaustive. It identifies fifty items that may need explanation when a project group from widely different backgrounds and disciplines sits down to progress an Extra Care project, or to examine the collateral implications of such a proposal on other accommodation and services for older people.

Acute - acute services are general hospital services which treat patients for a certain condition for a short time.

Arms Length Management Organisation (ALMO) – an arrangement by which a local authority may maintain some control over its housing stock whilst putting it at “arms length” and thus able to borrow capital for renewal without impacting directly on the local authority’s finances.

Black and Minority Ethnic (BME) - whilst in most parts of the UK the younger age profile of BME communities means that there may be relatively small populations of MBE Elders, their needs will often be complex and compounded by multiple deprivation.

Best Value – originally introduced as an alternative to competitive tendering as a means of achieving value in commissioning public services the 4 “Cs” of Best Value have become fundamental to all service review: challenge, compare, consult, compete.

Cash limit - the amount the Government proposes to spend or authorise on certain services or blocks of services in one financial year.

Chartered Institute of Environmental Health – within a very broad remit Environmental Health Officers have responsibility for fitness in housing and the Chartered Institute has played a leading part in developing practice in regeneration renewal in owner-occupied housing and Home Improvement Agencies.

Chartered Institute of Housing - is the professional body for those engaged in social housing management and development.

Commissioning - Health and Social Care commissioning is the process of deciding what local people need from the NHS or Social Care authority and buying those services with public money from the most appropriate providers.

Commission for Social Care Inspection - with effect from April 1st 2004 this body has taken over the functions of the National Care Standards Commission, the independent body created to regulate standards in Nursing Homes, Residential Care and Domiciliary Care Agencies and independent

sector providers of in-patient services [usually in the secure and rehabilitation sector], and the functions of the former Social Services Inspectorate for inspecting commissioners of social care.

Community Care - a network of services provided by social services departments, the NHS and volunteers, designed to keep people independent in their community of choice, and to support elderly people, or people with mental health problems or learning disabilities who might previously have been in a long stay hospital or other institutional care.

Continuing health care - NHS and social services provided specifically for people who are deemed to need continuing support. Sometimes referred to as "long term care" it is a general term that describes the care some people need over an extended period of time as a result of a disability, accident or illness. Strategic Health Authorities have agreed "eligibility criteria" and convene review panels in cases of dispute.

Continuous Recording System for new RSL lettings (CORE) – this system records basic data from Registered Social Landlords and publishes periodic summaries.

Council of Mortgage Lenders - the trade association for building societies and banks making loans for residential and commercial property.

Delayed Transfer (aka delayed discharge) - total number of patients ready for discharge but still occupying a hospital bed, excluding those under the care of psychiatric consultant. See also Sections 2 & 5

Disabled Facilities Grant - a grant made by the local authority under its housing powers (currently governed by the Housing Grants Construction and Regeneration Act 1996).

Elderly Mentally Ill (EMI) - the term used in professional circles to describe those older people who have mental illness, whether arising from organic or functional disorder, including dementia. (Some caution in interpretation should be exercised as the term is often used to specifically describe those suffering from Alzheimers Disease or other dementias and may exclude depression and other "treatable" mental illnesses that are prevalent in old age cohorts.)

English House Condition Survey - a periodic national sample survey that reviews in particular the physical condition of housing in England.

Financial Services Authority - the government agency tasked with regulating the provision of a wide range of financial services.

Government Offices for the Regions - a wide range of Whitehall departments have a regional presence, for example ODPM, DWP & DoH, liaising and co-ordinating between central and local government.

Home Improvement Agency - commonly known as Care & Repair or Staying Put agencies, they assist older people and other vulnerable groups in repairing, improving or adapting their homes. Part funded by central government through Supporting People.

Housing Association - generally (although not exclusively) a not-for-profit voluntary organisation that will develop or purchase property and manage it either for rent or for shared ownership. Since the withdrawal of the facility for local authorities to build housing, Housing Associations have been the main providers of new social housing. See also Registered Social Landlords.

Housing Association Liaison Group - most local authorities use an HALG to maintain contact with HA's working in their area.

Housing Association Stock Condition Indicator – as its name suggests an indicator of stock condition – taken into account in allocating HAG.

Housing Corporation – the statutory agency that has acted as the agent of Government in distributing funds to, registering and regulating the activities of Registered Social Landlords. Both funding and inspection functions now operate through other statutory institutions.

Housing Needs Indicator - a statistical measure that calculates active and latent need for housing.

Intermediate Care – a time limited (usually maximum of 12 weeks) therapeutic, rehabilitative or assessment intervention intermediate to hospital residential or care at home designed to either prevent hospital or nursing home care admission or effect an earlier discharge. Sometimes referred to as step up or step down care.

Innovation and Good Practice Grant - a grant to HA's and their partners from the Housing Corporation as its name suggests, to encourage innovation and good practice.

Large Scale Voluntary Transfer - the transfer by a local authority of all or part of its rented housing stock to either an existing Housing Association or one created for the purpose.

Leasehold Schemes for the Elderly - a scheme by which older people may purchase part of the equity in a sheltered scheme, paying rent on the balance. Allowing owners of low value property to move to sheltered housing.

Local Delivery Plans – jointly prepared local strategic plans for the delivery of co-ordinated services covering health, housing and social care.

National Care Standards Commission - see Commission for Social Care and Inspection.

National Housing Federation - the national trade body for Housing Associations.

National Service Framework - frameworks of national guidance which bring together evidence for clinical and cost effectiveness with the views of service users to ensure consistent access to services and quality of care right across the country. NSFs set out the standards and models of service to be provided in order to achieve consistency of delivery across the country. The NSF for older people is particularly relevant in this context.

Personal Social Services - personal care services for vulnerable people include those with special needs because of old age or physical or mental disability, and children in need of care and protection. Examples are residential care homes for the elderly, home help and home care services, and social workers who provide help and support for a wide range of people. Local authorities have the statutory responsibilities for them.

Pooled Funding (formerly Joint finance) - a sum of money, taken centrally from the Government's health allocation and then given to health bodies to be spent on projects which are agreed in partnership with representatives from local authorities and voluntary organizations using "Health Act flexibilities" provided under Section 31 of the Health Act 1999. Such monies are normally spent on jointly agreed projects to provide wider social care outside of hospital.

Primary care - care provided by GPs, and the team who work with them in their surgeries and health centres, and by dentists, pharmacists and opticians. The team most closely linked with the work of the GP includes health visitors, midwives, district nurses, and mental health nurses who are employed by a community NHS trust. Practice nurses are employed by GPs.

Primary Care Trust - are independent Trusts within the NHS responsible for the delivery of better health and care to its local population and commissioning services for their patients from NHS Trust and other providers. They also have lead responsibility for improving health and reducing health inequalities and for taking the lead in partnership with the local authority/authorities in their area.

Registered Social Landlord - an alternative title for housing associations and embracing some other organisations with similar objectives such as housing companies providing social housing.

Section 2 & 5 - arrangements under the Reimbursement and Community Care (Delayed Discharge) Act 2003 by which Health bodies are reimbursed by social service authorities when delays occur in finding alternative accommodation and care for those in hospital who no longer need active medical interventions. See also Delayed Transfer.

Section 106 Under Planning legislation (The Town and Country Planning Act 1990) a planning authority may require developers (whether of housing or

commercial buildings) to either: provide a proportion of the planned accommodation either for social renting or purchase at an “affordable” price, provide a portion of the site (or another site) for such social developments, or make a cash payment. The local authority will often offer “social” developers, such as registered Social Landlords, the proceeds of a Section 106 agreement as a contribution toward a planned development.

Service Level Agreement - a written agreement that sets out the obligations of commissioners and providers. These may be different elements within a statutory organisation, different statutory organisations (for example, a Social Services Department and a Primary Care Trust) or between a statutory commissioner and a voluntary or commercial provider.

Single Assessment Process – a newly promoted policy of multi disciplinary/multi agency assessment that seeks to ensure that individuals in need of service are assessed by the minimum number of assessors utilizing a jointly agreed protocol. Principally it involves NHS and local authority social service departments but in some areas may involve housing and other partner agencies. NB The practice is still in its infancy in many areas

Single Point of Access – sometimes referred to as the one stop shop it is the aspiration to enable access to a range of services from a single point. It has many variants from a single geographic information/ assessment office or shop through onward referral to other service delivery outlets from first point of contact to pass-porting to multiple or family of services after establishing initial eligibility for single service.

Social Housing Grant - the grant made by central government through the Housing Corporation (working in collaboration with Regional Housing Boards) to part fund new developments and major refurbishment.

Social Services Inspectorate - see Commission for Social Care and Inspection

Strategic Health Authority – now regarded as the local HQ of the NHS an SHA is the body charged with setting the strategic direction of health services monitoring the performance of PCTs and some aspects of social services activity where joint arrangements under Section 31 of the Health Act 1999 are in place on a sub-regional basis and co-ordinating the delivery of central government policy priorities.

Supporting People – a budget dispersed under the supervision of a board representative of a range of statutory and voluntary sector stakeholders and generally administered by the social services function of the local authority. It funds support services (but not care services) for people drawn from a range of vulnerable groups, including older people.

The Local Delivery Plan – is the framework used by the health economy to set priorities for financial investment, commissioning of services (new and existing) in order to deliver a comprehensive health service in line with

national targets and policy imperatives. This has replaced the Health Improvement Plan that involved Health Authorities, Trust and Primary Care Groups working in partnership with the local authority, the Community Health Councils, the voluntary sector and local public.

Transfer of Undertakings Protection of Employment (TUPE) - legislation which covers the employment of staff during organisational changes such as mergers.

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Factsheet no.1: Extra Care Housing - What is it? *This factsheet gives essential basic information, explains the various forms extra care housing takes, and describes key ingredients and central principles (28.07.2003 updated August 2004)*

Factsheet no.2: Commissioning and Funding Extra Care Housing *Summary of essential facts about commissioning extra care and other housing based solutions for care. Most important facts about funding, what is involved, who is involved, who has to be involved and how long projects can take.(28.07.2003 updated August 2004)*

Factsheet no.3: New Provisions for Older People with Learning Disabilities *An introduction to the characteristics and needs of an emerging group to be provided for in developing new housing and services for older people. This includes extra care (23.12.2003 updated August 2004)*

Factsheet no.4: Models of Extra Care Housing and Retirement Communities *An explanation of the different types of retirement community and examples of how key decisions about the choice of model are made (04.01.2004 updated August 2004)*

Factsheet no.5: Assistive Technology in Extra Care Housing *AT can play a part in supporting people in extra care housing. Summary of the most common applications, with examples and where to get more details (20.02.2004 updated August 2004)*

Factsheet no.6: Design Principles for Extra Care *Basic information about key design principles and issues to consider when designing and developing a brief for a new Extra Care Scheme. Variety of models and ways of developing a range of different sites (26.07.2004)*

Factsheet no.7: Private Sector Provision of Extra Care Housing *The private sector has had an involvement in the provision of extra care housing for at least 20 years. This factsheet is intended to help statutory authorities commissioning extra care housing and private developers work together with a better understanding (21.07.2004)*

Factsheet no.8: User Involvement in Extra Care Housing *The role of the users in the development and management of extra care schemes, linked to concepts of independence, self determination, control and choice, key themes in national policy (August 2004)*

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