

Commissioning Strategy for Extra Care Sheltered Housing in Cambridgeshire 2011-15.

Date: March 2011

1.0 Purpose:

Extra Care Sheltered Housing provides a real alternative to institutional care for Older People in Cambridgeshire. This document sets out the commitment of key Commissioning Organisations to deliver appropriate levels and standards of extra care sheltered housing within Cambridgeshire. Specifically, it identifies targets, priorities and standards for this purpose. The strategy seeks to clarify the process for prioritisation and authorisation of funding streams. It also provides guidance on best practice for the planning, development, and implementation of schemes. The latter includes guidance on the allocation process for tenancies.

2.0 Scope:

The framework focuses primarily on the development of new extra care sheltered housing schemes for older people, taking into account current and future needs based on demographic projections. The definition of older people in this instance is people aged over sixty five. The strategy also provides operating guidance that is applicable to existing schemes. Additionally, it makes links to the broader Best Value Review of Sheltered Housing.

3.0 Commissioning Partners:

Cambridgeshire County Council
NHS Cambridgeshire
Supporting People Commissioning Body
Cambridge City Council
East Cambridgeshire District Council
Fenland District Council
Huntingdonshire District Council
South Cambridgeshire District Council

4.0 Strategic Fit:

“Our Health, Our Care, Our Say”: A New Direction for Community Services. DoH. 2006.

Putting People First. DoH. 2007.

Transforming Social Care. DoH. 2008

National Dementia Strategy (DoH. 2009)

Joint Strategic Needs Assessment, Older People. NHS Cambridgeshire / Cambridgeshire County Council. 2008

Joint Commissioning Strategy 2008-2011. NHS Cambridgeshire / Cambridgeshire County Council. 2008.

Cambridgeshire Supporting People Commissioning Strategy 2008-2010.
Best Value Review of Sheltered Housing. Cambridgeshire County Council
2005.

BVRSH White Paper. Cambridgeshire County Council 2007

Sub Regional Housing Strategy

Lifetime Homes, Lifetime Neighbourhoods

District Older Peoples Strategies

District Housing Strategies

Independence and Opportunity-The Supporting People National Strategy

5.0 Needs:

In 2010 there were an estimated 92,768 people aged 65 or over living in Cambridgeshire. Of this number over 42,000 are aged over 75, and 11,130 aged over 85. These numbers are projected to increase significantly. By the year 2021, there will be an increase of 54% in the 75 to 84 year age range. The over 85 age group will increase by even more at 57%. All areas will experience an increase in their older people's population. However, most of the impact of the demographic change will be felt in the rural Districts. South Cambridgeshire is expecting the largest increase in its over 75s at 80%, Huntingdonshire is 69%, East Cambridgeshire is 53%, Fenland is 35%, and Cambridge City is 22%.

Physical and mental frailty increases with age. It is anticipated that there are currently approximately 13,900 older people experiencing physical frailty, mental frailty or a combination of both. Approximately 8,500 are supported by Adult Social Care, and will have been assessed as having "critical and substantial" needs (Fair Access to Care). The majority of this number is aged over 75.

The total number of older people in residential and nursing care, in Cambridgeshire is 3,235 (July 2007). 1,282 of these are funded by Adult Social Care. Without the additional provision of extra care it is anticipated that, local authority funded, care numbers would rise to 1647 by 2021.

Hospital usage also increases with age with the biggest pressure being in emergency care.

Details about how these demographic patterns are likely to affect demand for extra care housing is described in section 14 below.

(Source: Joint strategic Needs Assessment. 2010. These projections will be subject to regular review)

6.0 Vision and Priorities for Older People in Cambridgeshire:

The Joint Commissioning Strategy (NHS Cambridgeshire and Cambridgeshire County Council. 2008) sets out the vision for Older People:

“Our vision is to develop communities in which older people are truly engaged, exercising choice and control over their lives”

“Our focus is on independence, empowerment, respect, dignity, the promotion of wellbeing through the prevention of illness and social breakdown”

This approach is strengthened by the housing vision identified within the BVR of Sheltered Housing:

“Our vision is for a positive, creative approach to building homes, neighbourhoods and communities. This includes high quality, cost-effective public services that meet the needs of local people, tackling climate change, building sustainable communities and ensuring strong and inclusive communities.

We will work with Older People to improve their Quality of Life by:

- *Listening to what older people have to say and involving them in the development of services*
- *Challenging and addressing ageism whilst promoting positive views of older people*
- *Working with others to promote well-being in all aspect of an older person’s life*
- *Designing and delivering services around individual needs*
- *Enabling older people to live in a safe home and environment*
 - *Tailored to meet their needs*
 - *In an active community*
 - *In a secure environment*
- *Promoting independence in all of our services”*

7.0 Health and Social Care Commissioning Priorities:

- Support more people to live at home to maximise independence
- Not to commission any more residential care for older people
- Ensure that older people and their families / carers have as much choice as possible in their care, support and treatment options as part of a person-centred approach
- Develop alternatives to residential living e.g. extra care schemes
- Develop community based services which respond to older people’s needs and prevent unnecessary admissions to hospital
- Provide more responsive and integrated services for older people
- Encourage older people to directly buy services to suit their needs through self-directed support

(Source Cambridgeshire health and Social care Joint Commissioning Strategy 2008 to 2011)

8.0 Housing Commissioning Priorities:

- Mixed communities providing a range of housing types and tenures to offer people choice
- Plan for and respond to the sub-region's changing demography, particularly the needs of a growing number of older people.
- Respond to the diverse and changing needs of our communities
- Tackle both housing and support issues for people who are most vulnerable.
- Make best use of existing homes and extend housing options
- Prevent and tackle homelessness, help reduce deprivation and improve health and social inclusion.

(Source: Cambridge Sub Regional Housing Strategy 2008- 2011)

9.0 Definition and role of Extra Care:

Extra care housing is specifically identified as a vehicle by which strategic objectives for older people can be delivered and by which improved outcomes can be achieved. It is defined as specialist accommodation designed to maximise the independence of older people by providing a safe, secure and stimulating environment. Residents retain the independence of having their own home and at the same time benefit from the availability of around the clock social care and housing support.

The defining characteristics of extra care housing according to the Extra Care Housing Toolkit produced by the Housing Learning and Improvement Network are as follows:

- Living at home – not in a home.
- Having one's own front door.
- Flexible care delivery based on individual need – which can increase or diminish according to circumstance.
- The opportunity to preserve or rebuild independent living skills.
- The provision of accessible buildings with smart technology that make independent living possible for people with a range of abilities.
- Building a real community, including mixed tenures and mixed abilities. Extra care should be permeable to the wider community and offer the same benefits and services available to all older people.

Typically schemes offer a range of additional services and facilities available to the wider community to enhance health and wellbeing. Examples include restaurant and recreational facilities as well as health and social care services such as intermediate care, assistive technology and outreach support.

The approach in Cambridgeshire will include encouragement to develop services that benefit the wider community, as well as the residents of the scheme, in order to maximise the benefits attainable in terms of outcomes and cost effectiveness.

10.0 Outcomes:

All extra care schemes should support the achievement of the well being requirements for older people identified within National Indicators and the Local Area Agreement. Additionally they must meet the Health and Social Care outcomes specified in Our Health, Our Care, Our Say (DoH 2006), namely:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Choice and Control
- Freedom from discrimination
- Economic well-being
- Personal Dignity and respect

11.0 Housing and Community Outcomes (Sub Regional Housing Strategy)

- Good quality, cost effective and accessible affordable housing in areas of housing need, either through remodelling of existing or provision of new schemes;
- Flexible design to meet current and potential future needs of older people, and the diverse needs of our communities;
- Homes developed in the most environmentally sustainable way possible, to minimise impact of use in relation to CO2 emissions and fuel costs;
- Responsive, flexible and person centred housing related support and care.

12.0 User Groups Eligible for the Service

Older People, and their partners' who meet the eligibility requirements for adult social care. Examples include older people with:

- Long term physical conditions
- Mental Health Needs (including dementia)
- Visual Impairments
- Learning Disability

NB Dementia: The number of older people with dementia, in Cambridgeshire is expected to rise from 6,600 in 2006 to 10,200 by 2021. The National Dementia Strategy (DOH.2009) requires services to end prejudice and improve support available. The prevalence of dementia increases significantly with age. It is, therefore, essential that, within extra care, staff are adequately trained to support people with dementia and their carers.

13.0 Diversity

In planning for and designing schemes, providers should consider the diverse needs of older people within the local community, taking into account needs identified through the Cambridgeshire Joint Strategic Needs Assessment (JSNA) and the Cambridgeshire Sub-regional Strategic Housing Market Assessment (SHMA). This could include the needs of people with dementia, physical or learning disabilities, cultural or ethnic needs etc.

Service providers within schemes must also recognise and value equality and diversity. Service users have a right to equal access to services without hindrance from discrimination, prejudice, or social exclusion, and providers must, as a minimum, comply with legal requirements in this area, such as the Equality Act 2010.

14.0 Extra Care Targets and Priorities

The Best Value Review in 2004 established key principles for the development of supported housing for older people. In particular it aimed for an equity of provision across the county and an increase of 1079 additional extra care units in Cambridgeshire. Up to July 2010 there have been 425 units developed with a further 167 in development.

Given the length of time that has elapsed since the Best Value review and considering the financial pressures on both capital and revenue budgets the Extra Care Commissioning Strategy Group carried out a mapping exercise to identify areas of high demand yet low supply of extra care housing. The aim of this was to prioritise new schemes to be funded out of the resources available. A series of maps were developed that showed the following factors which may influence demand for extra care sheltered housing:

- The pattern of home care use
- The numbers of people over 75 years of age
- The numbers of people with long term limiting conditions
- The numbers of people claiming Disability Living Allowance

There were several other symbols added to the maps which showed existing facilities. These were

- Sheltered Housing Schemes
- Existing and planned Extra Care Schemes
- Residential Homes

When this data was analysed it was clear there were certain areas where demand for extra care is likely to be high and supply relatively limited. These areas were shown to be mainly in Huntingdonshire, South Cambridgeshire and Fenland.

The maps of extra care housing demand across the county, on which this scoping process was based, can be found through the following link:

<http://www.cambridgeshirejsna.org.uk/older-people-including-dementia/older-people-including-dementia>

Extra care paragraphs start at page 45 in the full document.

This exercise resulted in the following locations as being priorities for development:

Table 1. High Priority Locations for development based on mapping exercise.

District	Location(s)	New or Re-Development
South Cambs (north of district)	Histon & Impington , Over, Willingham or Cottenham	Potential redevelopment of existing sheltered scheme in Over Or New scheme required
South Cambs	Fulbourn	New scheme required
Hunts / Fenland	Ramsey/North Hunts Or Whittlesey	New scheme required
Hunts	St Ives	New scheme required

The following locations were determined as having less priority based on current needs mapping and may be used if sites at higher priority locations are not available, or on new developments, where potential need can be demonstrated and there is only a one-off opportunity to develop as part of creating a balanced and mixed community:

Table 2. Other Locations for development or re-development based on mapping exercise.

District	Location(s)	Comments
City & South Cambs	Clay Farm	Potential within growth site
City & South Cambs	North-West Cambridge	Potential within growth site

Cambridge City	City North	Mansel Court - existing sheltered scheme built to extra care standards. Could consider linking with Richard Newcombe Court
	Or City South	Talbot House - existing sheltered scheme built to extra care standards – could consider linking with Dunstan Court
	Or City Central	Brandon Court - existing sheltered scheme being redeveloped to extra care standards- could consider linking with Ditchburn Place
East Cambs	North Ely / Littleport	Incremental development of John Beckett Court or new scheme required
Fenland	Wisbech	Redevelopment of North Cambridgeshire Hospital site or new scheme required

Table 3. Other Strategic sites

District	Location(s)	Comment
City & South Cambs	Cambourne	For inclusion in masterplanning
South Cambs	Hauxton	Existing planning approval in place but scheme not able to be brought forward in next 5 year period
City & South Cambs	Northstowe	For inclusion in masterplanning

An additional exercise to calculate the capacity within the county to develop new schemes established that one new scheme of approximately 40 units could be developed each year for the next ten years until April 2020. These, approximately 400, units will replace the need for additional residential care places that are forecast to be required due to population growth in the next ten years. As the cost of social care in extra care schemes is around half that in residential care this provides a considerable saving as well as providing older people with new homes and helping them maintain their independence. Demand and supply of extra care housing will be kept under review and the priorities for developments adjusted accordingly.

Prioritisation: The Supporting People Commissioning Body have accepted these findings as the basis for prioritising funding for the development of new schemes. While all Districts have identified gaps in the provision of extra care, South Cambridgeshire, Huntingdonshire and Fenland have the most significant shortfalls and therefore locations identified in those districts should receive highest priority for development.

These targets are also accepted by Health and Social Care Commissioners (NHS Cambridgeshire and Cambridgeshire County Council). However, it is recognised that these targets will need to remain under constant review to take into account policy, service and population developments.

15.0 Development and Approval Process

When developing a scheme, pre-planning consultation and design will be based on the following documents:

- Design and Quality Standards (Housing Corporation 2007)
- Design Principals for Extra Care (Department of Health)
- Cambridgeshire Standards for Extra Care Housing 2010 (see Appendix 2)

All new schemes, seeking revenue funding, will need to be supported by the relevant District Council and receive the approval of both the Supporting People Commissioning Body and the Strategy and Management Meeting for adult social care. Prioritisation for funding will be based on both strategic fit and affordability for both bodies. In order to manage capacity and resource requirements, a phased approach to development will be required. Assuming an even distribution of development the targets would require the commissioning of 188 new units per year

Proposed schemes will need to have addressed the following issues:

- How the scheme will meet local needs
- Land availability
- Capital Funding (including preliminary views of Homes and Community Agency) and Department of Health/ GP Commissioners where capital grant is likely to be required
- Revenue requirements and priorities (Supporting People and Social Care)
- Tenure Mix
- Strategic Links
- Health and Social Care Outcomes
- Community Benefits
- Equality and Diversity, including any opportunities to meet the needs of older people with long-term conditions, cultural needs etc
- Use of Assistive Technology
- Timescale for development

- Dementia Care
- Service User Engagement

It is proposed that a Local Implementation Group consisting of key stakeholders is established to plan and implement each scheme. (Please see Appendix 1 for guidance on L.I.G.s).

Exceptions: There are some rare and exceptional circumstances where delay would prejudice delivery of a scheme of high strategic value (e.g, high priority schemes delayed through public consultation). In such circumstances- an application can be presented directly to the Chair of the Supporting People Commissioning Body and the Adult Joint Commissioning Group for an executive decision on approval. However, such applications must adhere to the prioritisation requirements set out in the strategy and should be presented to both Commissioning bodies at the earliest opportunity.

16.0 Capital and Revenue Funding

Capital Funding: Capital funding for Extra Care housing schemes comes largely from the Homes & Communities Agency (HCA) in the form of grant. This strategy is aligned to the HCA's 2011- 2015 Affordable Homes Programme. The Cambridgeshire priority locations for delivery of new Extra Care schemes over this period are highlighted.

Each district council negotiates with its housing association providers to develop housing in areas of need. Land sometimes comes forward from a developer contribution, as part of their affordable housing obligation. Providers then make an offer to HCA for capital grant to deliver what is required with the support of the district. In addition, when assessing scheme viability, associations will provide some funding from their own resources as part of their long term commitment to their housing development programme.

Revenue Funding: Cambridgeshire County Council contributes £60 million per annum to a pooled budget -with NHS Cambridgeshire - of £90 million for community health and social care services for Older People (2008 Figure). Other than annual inflation increases there is not any new money available to invest in providing personal support in extra care sheltered housing. Therefore, any new schemes will require revenue funding to be recycled from the existing residential and domiciliary care budgets contained within the pool. This process will need to be managed by the Local Implementation Group, and by Cambridgeshire Community Services (NHS provider arm) in particular, who manage the pooled budget. It is noteworthy that, for social care, extra care is a more cost effective option than residential care. Typically, two people with high level needs can be supported for the same cost as a single person in residential care. There are, therefore, financial incentives in this approach.

There are also pressures in the Supporting People budget. This funding is reducing from its 2007/08 level of £12.2 million to £10.8 million in 2010 /2011. Additionally, there are inequities, across districts and services, in the way in which Supporting People funding has been historically distributed. The

Supporting People Commissioning Strategy 2008-2010 has set out an approach to funding which is based on achieving best value through targeting activity, focussing on outcomes and combining with other funding streams to achieve efficiencies. Additionally, the ending of the ring-fencing arrangement for supporting people funding in April 2009 allows greater flexibility in the use of this budget.

Clearly, in the extra care context in Cambridgeshire there is the opportunity to consider combining revenue streams to achieve efficiency, improve outcomes and provide greater continuity and flexibility of support.

17.0 Allocation Process and Dependency Levels

In addition to meeting the requirements of the housing provider, applicants (or one of a couple) must meet the Fair Access to Care eligibility criteria of Cambridgeshire County Council. Applicants will be initially assessed by Cambridgeshire Community Services to determine eligibility. The assessment will also identify the outcomes to be achieved through a support plan. A second stage assessment will be conducted involving the housing support provider which will focus on factors specific to the scheme.

The aim of extra care is to develop balanced and stimulating communities that support and promote independence. To this end it is essential that allocation decisions ensure that levels of dependency are carefully managed to promote social inclusion and independence. The allocation process will be co-ordinated by a multi-agency Panel comprising Health, Social Care and Housing Representation.

The guideline for levels of dependency-based on current practice and social care funding requirements-is as follows:

- 60% higher levels of support (equivalent to 7+ hours of social care per week)
- 30% medium levels of support (equivalent to 1.25 to 6.75 hours of social care per week)
- 10% lower support needs (equivalent to 1 hour or less social care per week)

In order for schemes to be financially viable it is suggested that an average of approximately five hours per week care per person would be required for a 40 bed scheme, based on overall care hours contract of 201 hours per week.

(NB These figures are intended as a guideline on the minimum dependency levels. While it is not envisaged that dependency levels would be reduced they can be varied, upwards, by agreement within Local Implementation Groups / Allocation Panels).

18.0 Self-Directed Support

All residents will be encouraged to exercise choice and control in relation to their personal support arrangements through the use of Personal Budgets and Individual Service Funds, in line with Transforming Social Care (DoH. 2008). Contracting arrangements for support services need to reflect this approach. While there will be some shared core services which may require a block contract (e.g. overnight support), generally support arrangements should be devised on an individual basis and will be contained within Support Plans.

In relation to the funding of overnight support consideration should be given, by local implementation groups, as to whether this is a "peace of mind" service or an essential "care" service. If the former applies it may be more appropriate to charge tenants directly (as a housing service). Combining funding streams might also be possible.

19.0 Operating Approach:

All extra care schemes will comply with the "Cambridgeshire Standards for Sheltered and Extra care Housing" (Appendix 2).

The service model must be person-led and outcomes focussed. Each resident will have a support plan, completed with their Care Manager (or agreed other), specifying the outcomes required to meet their needs. The role of support staff will be to empower and enable residents to exercise choice, control and independence in the achievement of their outcomes.

Support services will recognise the rights of individuals to:

- Dignity
- Privacy
- Fulfilment
- Engagement
- Respect
- Equality of Opportunity
- Recognition of religious, cultural and spiritual needs

At all times, the health and wellbeing of residents will be promoted and supported by staff. Safeguarding requirements will be given the highest priority and all schemes will comply with the Safeguarding policy of the Cambridgeshire Adult Safeguarding Committee.

20.0 Monitoring and Review

Progress against development targets for Sheltered Housing and Extra Care will be monitored by the Extra Care and Sheltered Housing Commissioning Group.

Support organisations will be regulated by the Care Quality Commission. Additionally, the County Council (Contracts Team) will routinely monitor the standards of support available from contracted organisations. Individual service users will receive an annual review of their support plan.

Local Implementation Groups. Extra Care Sheltered Housing.

Initial Phase.

At the conceptual stage it is important that Housing Commissioners and Providers consult with key staff within NHS Cambridgeshire and Cambridgeshire Community Services. The purpose would be to have a clear understanding of needs and expectations and to build in specialist advice. Such consultation should include the Head of Older People's Commissioning and the Supporting People Manager. It should also include the relevant Cambridgeshire Community Services Business Manager. At the design Stage the Assistive Technology Manager should be consulted as should specialists in older people's mental health and occupational therapy. **NB These consultations do not constitute approval of the scheme.** However, the outcomes should be included in approval applications to the Supporting People Commissioning Body and the Adult Joint Commissioning Group.

Implementation Phase.

Once a scheme has been prioritised, a Local Implementation Group will be established to oversee its development. This will normally be convened by the Older Peoples Commissioning Manager. The function of the group will be to project manage key aspects of implementation and to this end it will draw up a project plan, to include the following key aspects of it's work:

- Finalise design requirements
- Agree operating arrangements
- Agree dependency levels and allocation process
- Agree care and supporting people arrangements
- Agree allocation of resources from Health and Social Care Pooled budget, Supporting People, and Housing.
- Consider Specialist requirements E.g. assistive technology and older peoples mental health
- Agree Contractual arrangements
- Agree a project plan

Core Membership:

- Housing Commissioning Manager
- Housing Provider Manager

- Commissioning Manager, NHS Cambridgeshire
- Business Manager, Cambridgeshire Community Services
- Contracts Manager, Cambridgeshire County Council
- Supporting People

Associate Members:

- Practice Based Commissioning Group
- Assistive Technology Manager
- Older Peoples Mental Health Representative
- Occupational Therapy
- Public Health
- Citizen / Service User Representation (e.g. Tenants Association, Older Peoples Partnership Board etc.)

Appendix 2

CAMBRIDGESHIRE STANDARDS FOR EXTRACARE HOUSING



Cambridge City Council



East Cambridgeshire Council



Introduction

This document sets out the following:

- Common service principles
- Proposed standards relating to the operation of the service
- Proposed physical standards for extracare housing

These principles and standards will give providers a guide for assessing the viability of new build projects or remodelling of existing sites and assist them in making business decisions about their future sustainability.

The standards incorporate local priorities and national best practice as set out in: **Communities & Local Government (CLG) – “Supporting People Quality Assessment Framework” (QAF)**. This sets out the minimum operational standards.

Additional best practice can be found in:

- Design & Quality Standards (April 2007) – Housing Corporation (now HCA)
- Operational Code of Practice for the Sheltered Housing Service - Centre for Sheltered Housing Studies (CSHS)
- Housing for people with sight loss - a practical guide to improving existing home - Thomas Pocklington Trust
- Suffolk Extra Care/Dementia Design & Management Guide – Suffolk County Council (SCC)

Service Principles for Extra Care Housing

All residents of extra care housing in Cambridgeshire can expect the following individual service principles to apply to each service, irrespective of the provider:

From the Supporting People Quality Assessment Framework:

- Assessment and Support Planning
- Security, Health and Safety
- Safeguarding and Protection from Abuse
- Fair Access, Diversity and Inclusion
- Client Involvement and Empowerment

The service will meet the requirements of Fair Access to Care in Cambridgeshire

In addition:

Newbuild extra care housing will need to meet:

All of the design features specified in “Housing for older people with all special design features” contained within the Design & Quality Standards 2007 (Housing Corporation).

NEW-BUILD

New-build must have all special design features:

- ❖ Whole scheme designed to wheelchair standard
- ❖ In each dwelling walk in showers or wheelchair bathrooms
- ❖ Any wheelchair bathroom to be up to adapted bathroom criteria
- ❖ A kitchen that is designed to wheelchair standards in individual flats
- ❖ An assisted bathroom within the scheme
- ❖ 2 lifts to any upper floor
- ❖ Laundry
- ❖ Common lounge

EXISTING OR REMODELLED

Existing or remodelled will be expected to have where practical to provide:

- ❖ Living units, entrance area in to the building and common areas designed to wheelchair user standard
- ❖ In each dwelling walk in showers or wheelchair bathroom
- ❖ Any wheelchair bathroom to be up to adapted bathroom criteria
- ❖ Laundry
- ❖ Common lounge

Extracare Housing

1. Services

The services in the table below are the minimum expected for **all** extracare schemes.

Element	Minimum requirement
Allocation Policy	Allocation criteria will need to be agreed with the joint commissioners and should reflect the agreed purpose of the Extra Care scheme and would include principles of balanced communities with a mixture of dependency levels. This should be prioritised on the basis of care and support needs as well as housing needs.
Assessment of care needs	Only those with an assessed care need will be eligible for the scheme (of at least one hour a week from the on site care team) In line with self-directed support the care provided will vary according to changing needs
Dedicated care staff	The Care team should be a dedicated on site workforce based at the scheme providing care services mainly (but not necessarily exclusively) to residents. Care staff must be available on site 24 hours a day. The ratio of staff to residents will depend upon the level of frailty and care needs of the residents.
Waking night staff	A minimum of one waking night staff available between 9pm and 9 am every day
Restaurant service	To provide the option of one hot meal per day
Communal facilities available for wider community use	All facilities will be available for use by older people in the wider community

2. Physical environment

New build Extra care housing should meet the following additional features, over and above those for sheltered housing.

Re-modelling of existing sheltered or older existing extra care schemes to provide extracare should also **seek** to meet these standards, wherever possible.

Element	Minimum requirement
External	A covered space of at least 3.6 sq.m. must be provided for independent or assisted wheelchair transfer The garden must be level or have a gently sloping access with a maximum gradient of 1:20, and be fully accessible by all Provide lighting, sitting areas and non-slip level finishes to pathways
Individual properties	All schemes to be fully wheelchair accessible Minimum size – 1 bed properties: 50 sq. metres Minimum size – 2 bed properties: 60 sq. metres Bedrooms – minimum of 13 sq. metres Bathrooms with walk-in shower facilities Disabled toilet facilities fitted as standard Kitchens with adequate units and space for white goods
Assistive Technology	Standard installation consisting of an emergency alarm, a burglar alarm and linked video cameras to display views within the building and outside.
Entrance area	A main entrance with electronic automatic door opening and adequate seating.
Communal facilities	A central multi-functional lounge with other sitting areas and quiet rooms. This may also provide for community use (such as exercise classes) if such need exists in the locality. Hearing loops should be provided.
Commercial catering facilities	A kitchen, serving, and dining area providing fresh food preparation with related equipment.
Commercial Laundry	A laundry capable of dealing with residents' personal needs, including incontinence management and ironing.
Bathing	One assisted bathroom. This facility should offer a range of specialist equipment for use when it is impossible to bathe in the flat.

Element	Minimum requirement
Corridor size	Corridors wide enough to allow electric vehicles to pass. Corridors should be coloured differently to help identify location. Waist high delivery shelves for milk and letter boxes for mail delivery are also needed. Signage, lighting, numbering and colours should meet current Building Regulation Standards. Corridors should be 'street scene' in design.
Lifts	Two lifts capable of transporting an electric buggy and preferably having dual access, i.e. drive in and out. Have Braille, voice and visual indicators. One lift to be a stretcher lift.
Buggy Store	Internal buggy store with charging points
Media access	Communal digital/satellite access to individual flats and communal areas.
On site care staff	Adequate office and staff room for housing, care and support staff. This will include an overnight room and shower.
Additional design features for schemes which include tenants with dementia	Spaces at end of corridors to avoid/minimise dead ends and to achieve an appropriate wandering route A secure garden A circular design to the building.

Appendix 3

Extra Care Strategy Action Plan 2011-2013

Extra Care Strategy

Action Plan 2011/12 – 2012/13

Objective	Action	Target Date	Comments
Ensure the needs of older people for Extra Care provision is assessed accurately	1. Update needs mapping for older people to inform priorities for Extra Care provision. (Consider impact of JSNA, SHMA, etc.)	In line with JSNA.	Ref 14.0 (Targets & priorities)
Older People's engagement in service design and delivery	2. Review existing arrangements for engaging with older people concerning extra care services. (eg design and management standards, access, promotion and publicity and on the impact of new initiatives such as self-directed support.)	2013	Ref 6.0 (vision & Priorities)
Commission Extra Care services to meet the needs of older people	3. Local Implementation Groups to develop project plans to monitor progress 4. Assess potential schemes and LA opportunities against the matrix 5. Prioritise a programme for the delivery of Extra Care housing for Cambs with capital and revenue requirements. 6. Monitor annually actual delivery against the	As necessary Ongoing Ongoing	Ref 15.0 Development & Approval process) Ref 14.0 (Targets & priorities) Ref 14.0 (Targets & priorities)

Objective	Action	Target Date	Comments
	programme	September each year	Ref 20.0 (Monitoring & review)
Work in partnership to meet the housing needs of older people	7. Review commissioning arrangements with our commissioning partners in light of GP Commissioning	September each year	Ref 16.0 (Funding)
Effective promotion and marketing of Extra Care schemes to older people	8. Develop a marketing strategy with our partners and older people	2012	Not mentioned in strategy
Ensure the Strategy meets wider political objectives	9. Complete a review of this strategy in light of government changes, reductions in funding, and social housing reform	Annually from June 2012	Ref 20.0 (Monitoring & review)
Effective monitoring and review of this strategy	10. Annual reports to the Extra Care Commissioning Group on progress on the actions contained within this strategy	Annually from June 2012	Ref 20.0 (Monitoring & review)

Appendix 4

Key Stakeholders

Below is a list of stakeholders who have an interest in the development of extra care and sheltered housing in Cambridgeshire.

NHS Cambridgeshire
Cambridgeshire County Council
Huntingdonshire District Council
Fenland District Council
East Cambridgeshire District Council
Cambridge City Council
South Cambridgeshire District Council
Sanctuary Housing Group
CHS Group
Roddons Housing Association
EPIC Trust
Luminus Group
City Homes
Hanover Housing Group
CCS NHS Trust
Axiom Housing Group