

Report of	Meeting	Date
Director of Customer and Advice Services (Introduced by the Executive Member for Customer and Advice Services)	Executive Cabinet	20 November 2014

FLEET STREET MASTERPLAN- EXTRA CARE SCHEME

PURPOSE OF REPORT

1. To provide the details of the outcome of the Fleet Street master plan consultation exercise.

RECOMMENDATION(S)

2. That the Council proceeds with developing the business case and design for an extra care scheme on Fleet Street.
3. That an options appraisal is incorporated into the project which includes exploring the option for a council owned and managed Extra Care Scheme.
4. That the Council authorises site accumulation works.
5. That the Council agrees to allocate sufficient resources in order to proceed with the project, which will enable the commission of an architect and if necessary professional fees to assist in the modelling of the scheme finances, including capital costs and income and expenditure.
6. That subject to the findings of the business case, a future report is submitted to Executive Cabinet which will seek permission to allocate the land, any capital funding and to progress the scheme.

EXECUTIVE SUMMARY OF REPORT

7. Nationally and locally we face significant challenges in meeting the needs of a changing demographic profile, with increasing life expectancy and demands for housing which balance independence with varying levels of care and support.
8. With this in mind, Lancashire County Council published an Extra Care and Specialist Housing Strategy in May 2014 and this document provides the strategic context for this emerging issue, as well as a compelling argument for significant volume of new provision of older person's accommodation across Lancashire, to meet both need but also deliver efficiency savings from the use of residential care and also hospital admissions.
9. The Council welcomes this strategy, as we are committed to working with partners to influence 'place shaping' in the borough and identify opportunities for affordable housing, both general needs and specialist and the drive to make best use of our assets has provided a catalyst for this scheme.

10. Fleet Street was identified as a potential parcel of land suitable for housing development as part of the Town Centre Masterplan, which was produced in August 2013. A detailed consultation exercise was undertaken with local residents to engage them in the scoping and ensure they feel they have had a say in how Fleet Street is taken forward.
11. The outcome of the consultation was positive and demonstrated a support locally for older person's accommodation.
12. Extra care in particular was identified as a suitable option as it is more than simply accommodation only for older persons, enabling care and support to be provided as part of an independent living environment, for those whose only other option is residential care.
13. This report sets out the detailed context and includes details of initial discussions with relevant stakeholders including LCC, the CCG and the HCA which have been very positive.

Confidential report Please bold as appropriate	Yes	No
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Key Decision? Please bold as appropriate	Yes	No
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REASONS FOR RECOMMENDATION(S)

(If the recommendations are accepted)

14. To deliver appropriate housing for older persons and develop a scheme which will become a long-term council asset which will generate a revenue income stream.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

15. An alternative option is to transfer the site to an RP for use for general needs housing however this was rejected because there is a compelling case for new older persons accommodation and the Council needs to explore ways of combining the delivery strategic objectives with generating income.

CORPORATE PRIORITIES

16. This report relates to the following Strategic Objectives:

Involving residents in improving their local area and equality of access for all	X	A strong local economy	
Clean, safe and healthy communities	X	An ambitious council that does more to meet the needs of residents and the local area	X

BACKGROUND

17. It is well documented that life expectancy in the UK is increasing at a fast pace and yet the services provided for older people, including housing, care and support are not keeping up.
18. Population growth in Lancashire of those aged 65 years and over is projected as 22.6% between 2011 and 2021 (source:ONS). Generally we are living longer and therefore this increases the chances of developing one or more health conditions which require the support or intervention of either social care and or, a health professional.

19. This demographic change is regularly reported in the media with concerns raised about the impact on the NHS, Adult Social Care departments and extended families who may face the burden of caring for those in older age.
20. Statutory responsibility for the provision of care and support services for older people rests firmly with LCC however, as the local strategic housing authority, Chorley Council have a role to play in identifying local housing needs and enabling new development to meet those needs.
21. There are a number of benefits of this approach including making the best use of DFGs, freeing up family housing for new households who need them, reducing the energy costs for older persons who often cannot afford to heat large family homes, and managing demand for bungalows which may not always be appropriate for those with care needs.
22. LCC published an Extra Care and Specialist Housing Strategy in May 2014 and this document sets the scene for Chorley, providing both the level of need, looking at population projections and residential care admissions.
23. LCC states in the strategy that despite efforts to move away from the use of residential care, "the reality is that there is still a heavy reliance on residential care which has continued to grow". This is stated to be for a variety of reasons including growing demand for older person's services, a lack of well understood alternatives to residential care and relatively high capacity in the residential care system in Lancashire.

DESCRIPTION OF EXTRA CARE

24. Extra care is accommodation primarily for older people, although it can and is used to meet the needs of other customers such as those with physical or learning disabilities. There is no national standard age limit however generally the age of 55 years or over is reflected in many scheme allocation policies.
25. Extra care is very much about enabling independent living and so is a step down from residential care or nursing accommodation, with built-in flexibility to adapt to changing needs as customers grow older and health deteriorates. It differs from sheltered housing which may have some warden or alarm presence but this not necessarily 24 hours and no actual care is delivered, it's more a tool for engaging relevant support on behalf of the resident.
26. Extra care can also be a suitable option for those with early onset of dementia or other lower level mental illnesses. The key is to have a mix of customers with low to medium to high level care needs in order to have a balanced community and one which promotes integration and positivity about growing old. The service should not feel 'institutional' or hospital-like.
27. The accommodation is always self-contained and includes a private kitchen, bathroom, bedroom and living space. Usually these are apartments however larger complexes and sometimes provide bungalows. Generally the accommodation will be built to wheelchair housing design standards (i.e. incorporate widening doorways, circulation space, lower plug sockets etc.) and will include walk in showers and flexibility for future adaptation to accommodate future need such as lifting equipment.
28. Additionally, there are communal areas and facilities and these differ depending on the size and complexity of the scheme. Best practice in extra care design promotes schemes as a 'community hub' and therefore schemes often have commercial services on site such as hairdressers or cafés which are available to both the residential customers and also

members of the public. Some schemes also deliver essential local clinic services such as community mental health or day centres for those with early onset of conditions such as dementia.

29. There is always 24 hour care provided on site, with all residents obliged to pay for at least the minimum level of care (i.e. emergency only), and with the availability of a range of domiciliary care and support packages typically charged for as it is used. This can include help with domestic tasks such as cooking, cleaning, shopping, cooking and through to personal care and bathing. Often schemes provide a range of on-site group activities which promote a community feel and engagement, such as music, games, dancing and films.
30. The menu of services ensures that care and support can flex in accordance with the persons need and enables continued independent living for as a longer period as is feasible.
31. The landlord or owner of an accommodation based scheme is usually separate from the care provider. Often the landlords of an extra care scheme are Registered Providers of social housing (RPs), for example the Brookside scheme in Ormskirk is owned and managed by Yourhousing Group.
32. Your housing Group will let the rented properties, collect the rent and manage the overall building including arranging for any repairs and providing a reception service to manage the main entrance to the scheme.
33. The care and support service is commissioned by LCC under their statutory duties to adults who require and are eligible for additional support. This service will be commissioned to a Care and Quality Commission registered provider (CQC) and will have to demonstrate rigorous standards and procedures etc. because of the nature of the work.
34. LCC currently fund services to those who have a need defined as substantial or critical, in accordance with the statutory duty under Fair Access to Care Services (FACS). However given the need to move to a prevention focussed model, LCC have indicated they will fund extra care services which provide for a proportion customer with a minimum low level of need and whom anticipate a future need or change in personal circumstance for which, extra care would be a positive and appropriate choice.
35. It is unusual for a non-stock holding local authority to own and manage an extra care scheme (or any housing provision) however that is not to say it is not feasible and local authorities are well placed to deliver good quality extra care accommodation.
36. Chorley Council already deliver a successful supported accommodation service for homeless families and single people and the recent acquisition of Market Walk demonstrates an ability to transfer skills and adapt quickly to meet new challenges in order to deliver high quality services for local people.

BENEFITS OF EXTRA CARE PROVISION

37. There is evidence to demonstrate that consistent revenue savings can be achieved through promoting extra care rather than defaulting to residential or nursing care.
38. Inappropriate use of residential care often occurs simply because there is a limited supply of suitable alternatives yet can actually reduce the person's ability to live independently and result in an increase in dependency for care, which is to their detriment both in terms of health but also dignity and quality of life.

39. This overreliance on residential care means LCC face spiralling costs and is not making the best use of resources, which if redirected, could be used to facilitate more appropriate, lower level care and accommodation and that which delivers far better outcomes including promoting social inclusion and community engagement.
40. LCC forecast that by 2021, the net savings from making this switch from use of residential care to extra care (that is, savings exclusive of any additional cost to deliver the extra care provision) would be £3,420,406.
41. LCC estimate in the strategy that a minimum of 988 older people could be provided for in extra care as opposed to residential care by simply changing the commissioning model and providing extra care as an option.

FORECAST OF EXTRA CARE NEED IN CHORLEY

42. The Lancashire strategy uses two separate methodologies to assess need for extra care in each district. The first method looks at over admissions to residential care and suggests that an additional 49 units of extra care are required in Chorley in order to reduce over admissions to residential care.
43. The second dataset of need which is included in the strategy uses specialist consultants' HGO formula, utilising population, SHMA, benefit take-up and income rates, and mortality. This second method concluded that an additional 196 units of extra care are required in Chorley by 2013, a further 250 by 2023 and 303 by 2033.

FUNDING FOR EXTRA CARE SCHEMES

44. The Lancashire Strategy strongly suggests an appetite from LCC to provide capital funding to support the delivery of new extra care schemes in addition to the revenue funding required to commission the on- site support.
45. HCA grant is also available through a bid to the Affordable Homes Programme for 2015-2018 through continuous market engagement (CME) although a requirement of this funding would be a bid submission and funding allocated by 30th May 2016 and the scheme practically complete and ready for occupation by 31st March 2018.
46. Other funding may include NHS Clinical Commissioning Group (CCGs) given the strategic links to health outcomes and in particular, the need to prevent hospital admissions, reduce hospital admissions and facilitate appropriate hospital discharge.
47. Any funding will be in addition to capital contribution from the Council.
48. Details of the financial model including available funding will be explored as part of the project and detailed in a future executive cabinet report.

FLEET STREET SITE

49. The Chorley Town Centre Master plan identified an opportunity through a phased approach to introduce a medium density residential community at Gillibrand Street and Fleet Street. Four sites were included, with Fleet Street South (0.7ha), which is the biggest of the sites, being identified for an extra care scheme.
50. Fleet Street South is bounded to the west by mid-19th century terraced housing and to the East, 2 storeys terraced dwellings and therefore is well placed for residential development.

51. The Council does not own all the land in the development site. The next step will be for the Council to undertake site accumulation and as part of that process liaise with the affected landowners and where relevant consult users of the existing properties as the business case and design for the scheme is developed.
52. The master plan states that the Fleet Street South site can accommodate 70-80 one and two-bedroom apartments subject to design considerations. This will also depend on the number of facilities we decide to incorporate into the scheme.
53. A detailed consultation exercise was undertaken and the response from members of the public was positive, with support particularly for older person's accommodation.
54. A project team comprising of colleagues from LCC, CCG, HCA, planning policy and property services has been established and had a very positive, inaugural meeting.

NEXT STEPS

55. Colleagues from LCC, HCA, CCG have all informally advised that they support the project and the next steps will be to obtain more formal commitment and detail of any financial commitment to the scheme, both capital and revenue. LCC and HCA in particular have advised in principle that capital funding is available and LCC are committed to ongoing revenue funding for extra care (support) element.
56. A project plan will be developed and this will include arranging for an architect to design a scheme in liaison with planning colleagues and developing a financial model to demonstrate viability and model costs including capital build costs and revenue costs associated with establishing the infrastructure and income likely to be generated from rental income.

IMPLICATIONS OF REPORT

57. This report has implications in the following areas and the relevant Directors' comments are included:

Finance	X	Customer Services	
Human Resources		Equality and Diversity	
Legal	X	Integrated Impact Assessment required?	
No significant implications in this area		Policy and Communications	

COMMENTS OF THE STATUTORY FINANCE OFFICER

58. The report sets out the need for extra care to be developed, but this will require funding of approximately £30k up front for some of the work around design, planning and feasibility to be done. Should the development go ahead this cost would form part of the overall capital project. However if the scheme did not proceed these initial costs would need to be funded from the revenue in-year underspend, as identified elsewhere on the agenda.
59. The final budget and its impact on the Council's budget will only be known once the business case is completed. Members will then need to make a decision about if and how to proceed.

COMMENTS OF THE MONITORING OFFICER

60. At this stage there are no legal restrictions on adopting the recommendations. Further consideration should be given at each stage to review any new legal obligations that arise.

LESLEY-ANN FENTON
DIRECTOR OF CUSTOMER AND ADVICE SERVICES

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Background Papers			
Document	Date	File	Place of Inspection
Extra Care and Specialist Housing Strategy for Lancashire	May 2014	***	LCC Website