



# Havering Extra Care Housing Strategy

2011-21



**Havering**  
LONDON BOROUGH

## Extra Care Housing Strategy 2011-2021

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### 1 **What is extra care housing and why is it important?**

Extra care housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in extra care housing have their own self contained homes, their own front doors and a legal right to occupy the property. Extra care housing comes in many built forms, including blocks of flats, bungalow estates and retirement villages and properties can be rented, owned or part owned/part rented.

Communal facilities are usually found in extra care housing, such as residents' lounge, guest suites, laundry rooms, and a restaurant or dining room. Domestic support and personal care are available from on site staff, 24 hours a day. Extra care is a popular choice among older people because it can sometimes provide an alternative to a care home.

Getting more people into extra care housing will improve quality of life by allowing more older people in Havering to live independently in their own homes, with 24 hour social care, amenities and a community of other older people on site. It will also save considerable sums of money for the Council and for residents themselves, as these options cost less than moving into privately run, costly, residential care homes.

#### Delivering successful extra care schemes

Any specification for extra care needs to be individually considered site-by-site, taking into account tenure, care models and aspirations of future residents as these will all impact on the design, number and type of units and amount of communal space. The number of units in any one scheme needs to be high enough to allow for the provision of 24/7 care teams and to keep service charge down.

An 'ideal' extra care housing scheme will achieve the following positive benefits:

- Make older people feel positive about their neighbourhood
- Create a good quality of life
- Enrich the existing environment

- Support existing residential areas and creating higher capital values
- Attract people to the area
- Increase marketability and prestige
- Lift confidence in the surrounding area
- Create identity and variety – a safe environment where residents have a sense of belonging and ownership
- Encourage friendships; knowing your neighbours and enjoying use of shared spaces
- Encourage wellness activities in external and internal spaces

Extra care housing is different from sheltered housing because not only do staff provide care available 24 hours a day and are located on site, but also a range of other amenities and activities are available to residents. These might include outings, classes, quiz nights, a restaurant, a television room, and similar. Also, all residents in the scheme will have social care needs to a greater or lesser extent.

### Policy context

Over recent years, there has been an evolution in approaches to the provision of specialist housing, particularly for older people. For a long time, choice in accommodation for older people meant one of three options; remaining in their long term family home (which may have become increasingly difficult to maintain or increasingly inaccessible); moving to sheltered housing (predominately perceived as both an interim and a public sector option) or moving into some form of care home (often entailing a surrender of housing equity).

The change that has taken place has not only seen an increase in services to support people within their traditional family home, through specialist domiciliary care and assistive technology, but also the development of specialist housing which has been designed to accommodate people with a range of lifestyle, health and social care needs. The need to develop this type of provision has been emphasised in the recent Wanless Review, '*Securing our Future Health: Taking a Long Term View*', and, for a number of years, by the government. For example, Stephen Ladyman stated in 2003 that "...most older people want services that allow them to retain control over their daily lives with support delivered as and when they need it... Our increasing recognition of housing related services, and extra care housing in particular, - backed up by extra investment and new approaches to housing with care - is part of our policy to deliver this choice and control."

Funding from the Department of Health in August 2010 has enabled London Borough of Havering to develop a strategy to expand our offer of extra care housing to older people over the next 10 years. This is set in the context of Havering having the highest proportion of older people of any London borough, with a growing proportion who are 85 and over. It is one of the Council's core priorities to improve quality of life for residents aged 65 and over, and enable as many older people as possible to live independently in their own home, for as long as possible.

## **2 Evidence of the current and projected need for extra care housing**

To underpin the Extra Care Housing Strategy, this section provides an evidence base for determining the level of current and likely future demand for extra care housing amongst older people in Havering, and assisting future decision-making. It offers an extensive body of relevant data and discussion around the key issues that will help the Council to identify:

- how many extra care units are required to meet projected demand
- the split of sizes and tenures that we will ideally need to offer
- where new extra care schemes would ideally be located

## **2.1 Population and age profiles and projections**

The latest population figures for Havering are the recently released 2009 mid year population estimates by ONS. These show that Havering has a population of 234,100 – a growth of 0.77% on 2008. Of our population, 20.5% are over pensionable age (60 for women and 65 for men), equating to 47,991 people. Havering has the highest proportion of older people of the 33 London Boroughs, and slightly above the average for England (16.1% are over 65 (ONS, 2006)).

Many studies and organisations have projected the likely growth in the number of older people over the next 10-15 years, with widely varying results from 40,000 to over 70,000 people aged 65 and over. It is difficult to draw an average estimate of the population of older people from these projections because they do not all classify 'older people' as 65 and over – some take it as 50 and over, 60 and over or of 'pensionable age'. Also, they do not all make projections over the same, long term time periods – some project to 2020, 2021 and so on, up to 2030.

However, if we were to assume that change in the numbers of older people over time is constant over the projected period of time, and that the projections refer to the same age category and are equally robust, the average figure for 2020 would be 51,821 older people. This represents a growth of 3,830 people, or 8%, on 2010 figures.

## **2.2 Health outcomes and health projections**

Over the past five years, there has been considerable improvement in life expectancy, with female life expectancy improving by 1.3 years and males by 1.8 years (JSNA, 2009). People in Havering report that they consider themselves healthy – 60% of adults in the 2007 Health and Lifestyle Survey stated they did not have a long standing physical or mental health problem and 86% of children in the 'TellUs3' survey considered themselves healthy or very healthy.

However, Havering's ageing population will have a significant effect on those diseases and circumstances associated with age, and an increase can be expected in the number of conditions that might lead to accidents or an inability of older individuals to live independently in their home. These include:

- Stroke – Data suggests that 1.5% of people on GP registers in Havering have had a stroke or mini stroke (Quality Outcomes Framework 2008/09). This is below the national average of 1.7% but above the London average of 1%
- Dementia – GP register data suggests that in Havering, 0.4% of people on GP registers have dementia, the same prevalence as for England overall
- Falls – The number of people aged 65 and over admitted to hospital as a result of falls is projected to increase from 912 older people in 2010 to 1,042 by 2020 – a growth of 14.3% (POPPI, 2010)
- Reduced mobility – The number of people aged 65 and over who are unable to manage at least one mobility activity (i.e. going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; and getting in and out of bed) on their own is projected to rise by 17.8% by 2020, thus affecting a total of 9,330 people (POPPI, 2010)

Given a growing number of older people with health and social care needs, there will inevitably be an increased demand for extra care housing. The JSNA for 2009 predicted a

29% increase in the number of people aged 65+ with a long term limiting illness by 2025, and a 57% increase in the number of people aged 85+ also with illnesses.

The Department of Health's Projecting Older People Population Information (POPPI) system projects that the number of people aged over 65 living in a care home will rise from 1,060 in 2010 to 1,318 in 2020 and then 1,514 in 2025. This is an increase of 24% by 2020, or an additional 258 people. The cost of this to the Council will be £4.1 million per annum (based on 2010 annual costs of £15,965 per care home resident).

### **2.3 Current tenures and uptake of extra care and supported housing**

Over the coming decade, a significant number of older people will wish to remain living independently at home. It is crucial for the Council to maximise uptake of extra care housing and other services such as sheltered housing, Home Care and aids and adaptations in the home.

The DCA Housing Needs Survey in 2006 identified that most older people in Havering are home-owners, 85% of whom have more than £100,000 equity, but most of whom have low levels of savings. Of these, 9% said that their home was inadequate for their needs. However, there is little interest in equity release to help households access home adaptations or social care.

#### Provision of extra care housing

Current provision of extra care housing in Havering is thus:

- Paines Brook, Harold Hill – 50 social rented flats; 5 shared ownership
- Ethelburga Court, Harold Wood – 33 social rented flats
- former Snowdon Court site, Squirrel's Heath Lane – 50 social rented flats; 48 shared ownership (being developed, due to open in 2012)

Therefore, provision of extra care housing once the development in Squirrel's Heath is completed, will total 186 units. Most of these are social rented properties (72%). In 2009/10, a total of 20 extra care units became vacant through people moving out or through death, and were hence available to re-let to other older people with an interest and need to move into extra care housing.

#### Provision of sheltered housing

There are 894 units of sheltered housing owned by LB Havering, found within 20 complexes. The majority of sheltered housing (both existing and in development) is one bedroom flats (76%). Other types of accommodation making up the remainder of our sheltered housing stock are bedsits with shared amenities (14%); bedsits with own amenities (5%); bungalows (5%); and two bedroom flats (0.22%). A total of 841 tenants live in sheltered housing in Havering, the majority of whom are female. This equates to 1.06 tenants per occupied unit.

Currently, 103 units of sheltered accommodation, 11.5%, are empty; typically these units are with only shared bathing facilities.

The PFA Housing Needs Study 2006 found that sheltered housing provided by the Council and RSLs accounts for 40% of places available for older people in the borough. Leasehold sheltered housing in the private sector accounts for the majority of the remainder. Mapping of these sheltered housing schemes found that, while Council and RSL sheltered housing is spread throughout the borough, there are large parts that have virtually no provision despite the number of older people who live there.

In 2009/10, a total of 195 units of sheltered housing became vacant through people moving out or through death, and were hence available to re-let to other older people with an interest and need to move into sheltered housing.

#### Uptake of residential and nursing care home places

There are 1,500 residential care places in the borough, within both nursing homes and residential care homes. These are provided entirely by the private and third sectors. Some of these places are taken by people with mental health, physical and learning disabilities, but the majority are filled by older people aged 65 and over. Of the 972 older people in private care:

- 509 (52%) are in residential homes
- 429 (44%) are in nursing homes
- 34 have resided in both nursing homes and residential homes within the last year

The aim of the Extra Care Housing Strategy will be to reduce the number of people in residential care by enabling them to live independently at home with the support of social care services on their doorstep and necessary adaptations in their homes.

#### Home Care

In addition to extra care, sheltered and care home placements, there are 5,023 older people in Havering who receive care whilst living at home, 42% of whom are age 85 and over. There is hence a considerable scope for developing provision of extra care housing as Home Care customers may increase future demand for extra care housing should their circumstances change and a greater level of support be needed.

## **2.4 Adaptations and support required by older people**

The East London Strategic Housing Market Assessment found that the most commonly required adaptations by pensioner households were redesign or relocation of their bath or shower (8.4% of pensioner households), followed by requiring extra handrails (7.5%). Other commonly required adaptations were redesign or relocation of their toilet (5.5%); need for a lift or stair lift (5.4%); and need for single level accommodation (5%).

The DCA Housing Needs Survey in Havering in 2006 found that 10.8% of older people surveyed live in an adapted home, nearly half of these being age 75 and over. Adaptations were far more common in Council housing (22.9%) than in owner occupation (8.4%). Surprisingly, only 50.5% of wheelchair users live in wheelchair adapted accommodation.

#### Demand for adaptations amongst Council tenants

Following work over the last three years to clear the backlog of older people awaiting aids and adaptations, the number of aids and adaptations delivered during 2009/10 was 1,682. These ranged from installation of grab rails and stair rails to ramps and stair lifts.

The average cost of aids and adaptations across the spectrum of need, is £1,152 each. Assuming that 2009/10 was an average year, the cost of meeting this annual flow of needs would be £1,937,664.

#### Demand for adaptations in the private sector

The Disabled Facility Grant (DFG) was implemented to fund a range of works and adaptations in the homes of disabled people not living in Council housing (the privately rented or owned sector). The award of these grants is means tested and applicants may be required to pay for all or some of the works. There is a £30,000 ceiling on the level of mandatory grant (although the Council has a policy of providing discretionary funding for over that amount in exceptional cases to prevent financial hardship).

In Havering, an average of 214 home adaptations are delivered in the private sector per year through DFGs. Of these, 82% are for people aged 60 and over, amounting to an average of 175 DFGs for older people per annum. The average cost per annum of delivering adaptations through DFGs is £1,426,583 – or £6,666 per grant.

#### Telecare – an important tool for promoting independent living

Havering offers a Telecare service to provide a range of electronic devices in older and vulnerable people's homes. These include alarm call systems to alert emergency services, sensors to detect if someone has taken a fall, detectors on doors and appliances to check if the gas has been left on, and aids to ensure timely consumption of medicines. By providing these services, we are able to help older and vulnerable people to live independently for longer in their homes and reduce the need to move into supported housing of any kind or care homes.

An independent research consultancy was employed to gather the views of service users, their carers and stakeholders. Key findings from this survey include:

- 92% of service users felt safer in their homes because of Telecare
- over 70% of carers stated that their stress levels had reduced significantly with the use of Telecare and increased their ability to care for their family member at home for longer, with 94% stating that they would recommend Telecare to others
- 63% of stakeholders identified that Telecare had reduced the need for residential placements with 80% reporting it had relieved carer fatigue and improved carers' lives
- nearly 80% of stakeholders considered Telecare could lead to budgetary efficiencies for their service

Providing extra care housing for an increasing population of older people will take a number of years and require considerable funding. To meet care needs in the shorter term, and reduce the overall need for some individuals to move into extra care schemes, provision of aids and adaptations and preventative technology should be a priority. These facilities and technologies can increase quality of life immediately, reduce the number of falls and accidents leading to hospital admissions and enable greater independence of older people without them moving home.

## **2.5 Gauging current demand from the Housing Register**

The Housing Register is a means of gauging the potential demand for social housing amongst older people, many of whom might be interested in moving into extra care and other supported housing schemes. It shows us how many older people in the borough are looking to move into or within social housing; what their current situation is; and their requirements in terms of bedrooms and ability to climb stairs.

As of September 2010, there were 7,447 applicants for social housing on Havering's Housing Register. Of these, 522 applicants were 65 and over; of which, 238 were 75 years and over, and 70 were 85 years and over. The proportion of older people on the Housing Register is considerably lower than the overall proportion of older people in Havering.

Of the 522 applicants who are 65 and over:

- 452 require one bedroom accommodation
- 57 require two bedroom accommodation
- 13 require three bedroom accommodation
- no older person requires four or more bedrooms

In total, 40% of older people on the Register – 209 applicants – said they would need ground floor accommodation if there is no lift present in the building, suggesting that they have some degree of disability or frailty and might therefore benefit from adapted or supported accommodation.

Regarding current tenures of applicants who are 65 and over, 192 are currently living in council housing (61% in council flats and 22% in council houses), and the remaining 330 (63.2%) are in non-council property. This shows that approximately two thirds of applicants are seeking to move from either the private sector or owner occupation into council housing, while one third of applicants are moving from within the social sector.

**2.6 Gauging potential future demand for extra care housing**

Future demand for extra care housing will be shaped by two considerations: firstly, the number of older people who are likely to require social care services and supported housing over the next 10-15 years, and secondly, the aspirations and attitudes of older people that would encourage or act against them moving into extra care housing if made available.

Simply put, we can estimate the potential future demand for extra care housing based on numbers of older people and their likely health, social care and housing needs, but must realise that this will be constrained by individuals' attitudes and aspirations. An example of this might be, an older person now living on their own with increasing needs for extra care, perhaps due to developing arthritis, frailty or early dementia, who will not choose to move out of their home of perhaps, 50 years, and release its equity (their children's inheritance), to move into an extra care housing scheme, possibly in a different neighbourhood.

Gauging demand for extra care housing in terms of need and aspiration

The Older People's Housing Needs Study in 2006 investigated the current and potential demand for extra care housing based on both housing and social care needs over 50s and their willingness to live in an extra care scheme. The results of this were:

Table 1: Older people's housing need category, by need and aspiration  
 Source: Older People's Housing Needs Study, PFA / DCA, 2006

Older people's housing need category	Number of 50+ years residents	% of 50+ years residents
Have definite housing and social needs that could be met by extra care housing	5,728	11.1%
Have potential housing needs and <b>would like</b> to live in a scheme with other older people	893	1.7%
Have potential housing needs but <b>would not like</b> to live in a scheme with other older people	17,288	33.5%
Have no housing needs but <b>would like</b> to live in a scheme with other older people	227	0.4%
Have no older person's housing needs and <b>would not like</b> to live in a scheme with other older people	27,434	53.2%
<b>All 50+ residents</b>	<b>51,570</b>	<b>100.0%</b>

Examining the potential need for extra care amongst people aged 70 and over only, as these are far more likely to consider moving into extra care housing, reveals a potential need for 1,958 extra care placements and a further possible market of 404, totalling 2,362.



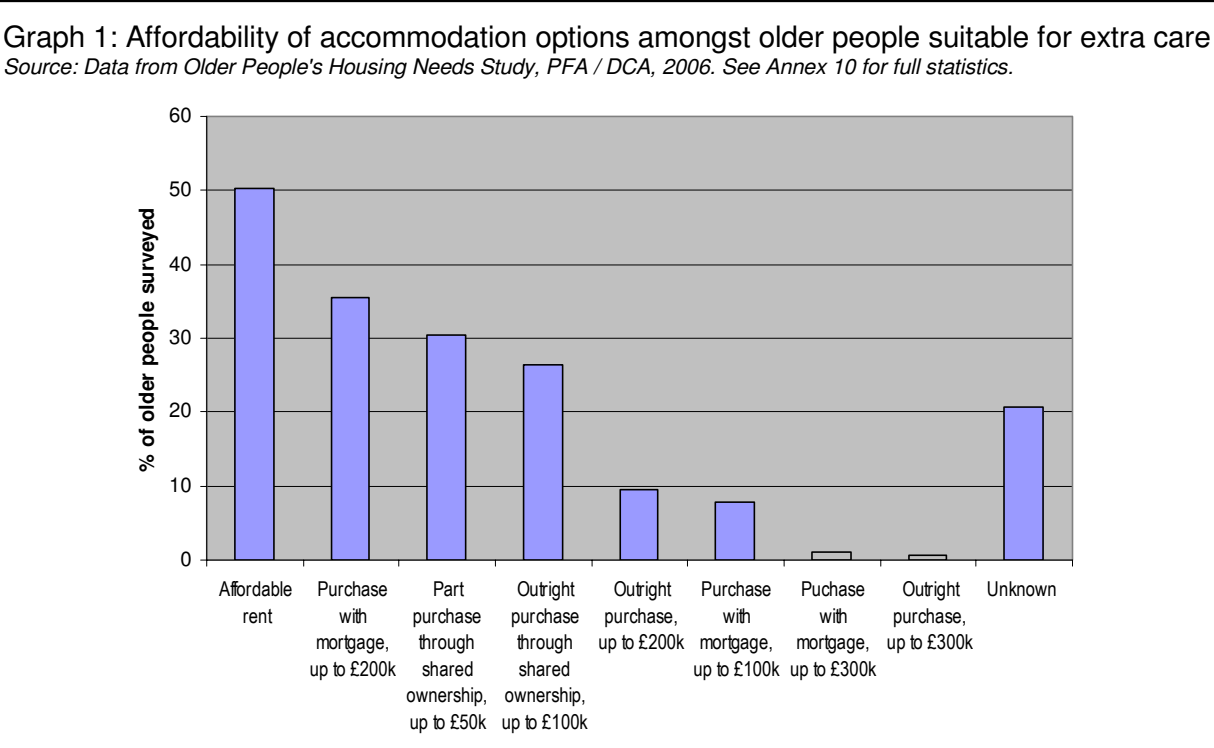
The Study also asked whether these people would be looking to move home in the next three years. Of those that answered that they would be looking to move, 1,344 have a definite need for extra care housing and a further 119 who have a potential need. Therefore, there is potential demand for 1,463 units over the following three years (development of the Snowdon Court site will provide 98 of these).

Demand for extra care housing by tenure, affordability and size

Of those older people who have a definite need for extra care housing and the potential further market who would like to live in such a scheme (both with and without housing needs):

- 3,282 rent from the Council
- 3,108 own their own home (2,428 are outright owners)
- 34 rent privately
- 30 rent from RSLs
- 23 have shared ownership
- 58 have tied accommodation provided by their employer
- 37 live rent free
- 277 have unknown tenures

The Housing Needs Study investigated what people in this group would be able to afford if they moved into extra care housing, which found:



Therefore, of those older people with definite and potential need for extra care housing (who would willingly move into a scheme), 52% are currently renting and 45% would only be able to pay affordable rent rather than purchase a property, with or without a mortgage. This suggests that around half of future extra care housing provision should be aimed at the affordable rental market.

The Study found that Havering's older people have a relatively high level of equity (82.3% have more than £100,000 equity), but low level of savings and income (34.6% have incomes below £10,000). This significantly limits the ability of households with an outstanding care

need to pay for their own services. Interest in equity release schemes to help people to access home improvements or care and support services was limited, at just 5.3%.

Therefore, given the high levels of equity held and low levels of savings, unlocking home equity will be key to meeting care needs for most older people. Equity release schemes should be made more attractive, perhaps by offering alternatives to expensive private equity release schemes, as well as encouraging moving into smaller or social rented housing. This would enable older people to pay for appropriate care and housing, thus maximising their quality of life.

## 2.7 Identifying the geography of current and potential future demand

### Distribution of older people in the Havering and the geography of deprivation

The distribution of Havering's over 65 population is widely variable between different wards; 14.2% of those in Brooklands ward are over 65, the lowest of any Havering ward, compared to 23.6% of people in Cranham, the highest.

The variation at Super Output Area level is between 7.8% (in Romford Town) and 36.5% (in St Andrew's). Note however, such high concentrations of older people may be partly a result of the location of nursing and residential homes and sheltered housing.

Table 2: Concentrations of Older People within Havering

Source: IMD 2007, CLG

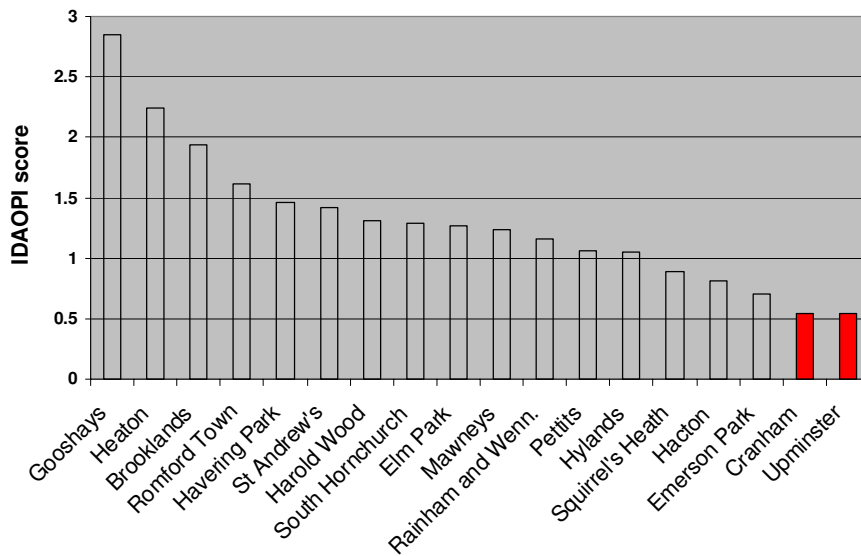
Ward	Number of Older People	Proportion of Older People
Cranham	2,890	23.6%
Upminster	2,585	20.4%
St Andrew's	2,530	19.8%
Pettits	2,451	19.1%
Heaton	2,227	18.9%
Hacton	2,323	18.6%
Mawneys	2,323	18.5%
Goodshays	2,575	18.4%
Elm Park	2,217	18.4%
Emerson Park	2,040	17.9%
Harold Wood	2,077	17.3%
Squirrel's Heath	1,991	16.9%
South Hornchurch	2,053	16.3%
Havering Park	1,893	15.3%
Rainham and Wennington	1,853	15.3%
Romford Town	1,981	15.0%
Hylands	1,832	14.8%
Brooklands	1,850	14.2%

Havering has 47,580 people claiming state pension of £110.75 a week on average (DWP, Feb 2010).

Regarding deprivation amongst our older people, the Income Deprivation Affecting Older People Index (IDAOP) found that significantly greater income deprivation amongst older people is found in Goodshays ward, followed by Heaton and Brooklands. By far the least income deprivation amongst older people was found in Upminster and Cranham wards.

Graph 2: Income deprivation amongst Older People by ward

Source: CLG English Indices of Deprivation 2007



By looking at which wards have higher proportions of older people and which have higher rates of deprivation amongst older people, we can identify our priority wards – those with higher numbers of older people living in deprivation. For example:

- Gooshays has an about average proportion of older people, with the highest levels of deprivation
- Heaton has an about average proportion of older people, with the second highest levels of deprivation
- St Andrew's has high proportions of older people, with slightly above average levels of deprivation

The geography of social care users

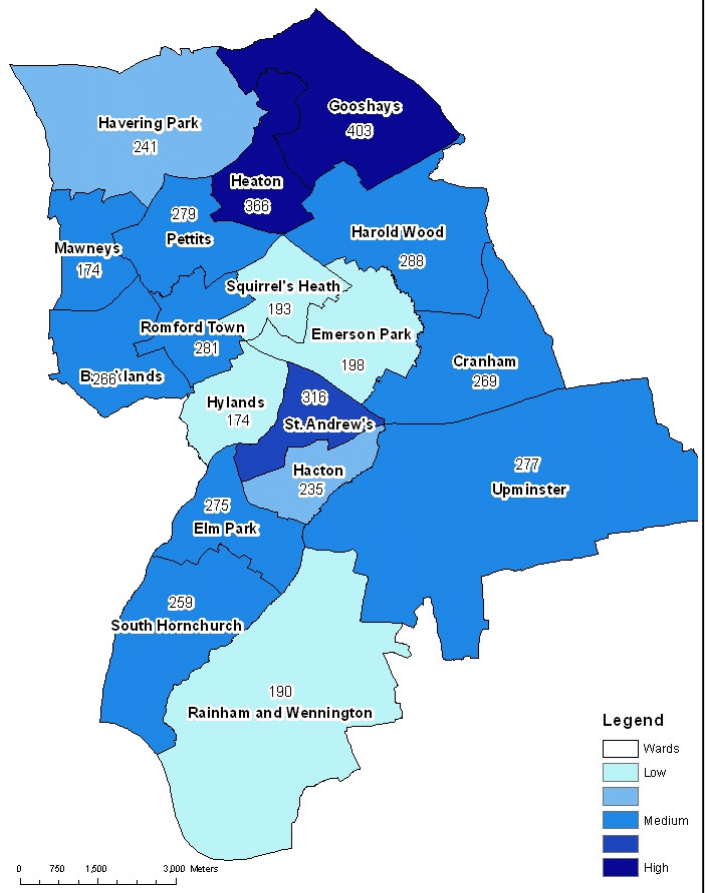
It is important to consider the geography of older people who are receiving social care in their own homes as these are more likely to be informed about extra care housing and to be interested in joining an extra care scheme where their care needs can be met on site. This data will help shape implementation of the extra care strategy regarding where to locate extra care schemes, based on the assumption that older people moving into extra care housing would want to stay in roughly the same area as they currently live. This is because they will be familiar with this area and are more likely to have friends and family nearby.

By mapping the location of our 5,023 over 65s who currently receive Home Care (as opposed to care in residential or nursing homes), we can see from Map 1 (overleaf) that the highest numbers are found in Gooshays and Heaton wards, followed by St Andrew's.

The geography of demand for housing amongst older people

The Housing Register is a useful source for gauging the geography of potential demand for extra care and supported housing for older people in two ways. Firstly, by looking at the currently locations of older people on the Housing Register and secondly, by looking at which areas of Havering these applicants have said they would be willing to move to.

Map1: Location of older people (65+) receiving care in the community  
 Source: Adult Social Care, LB Havering, 2010

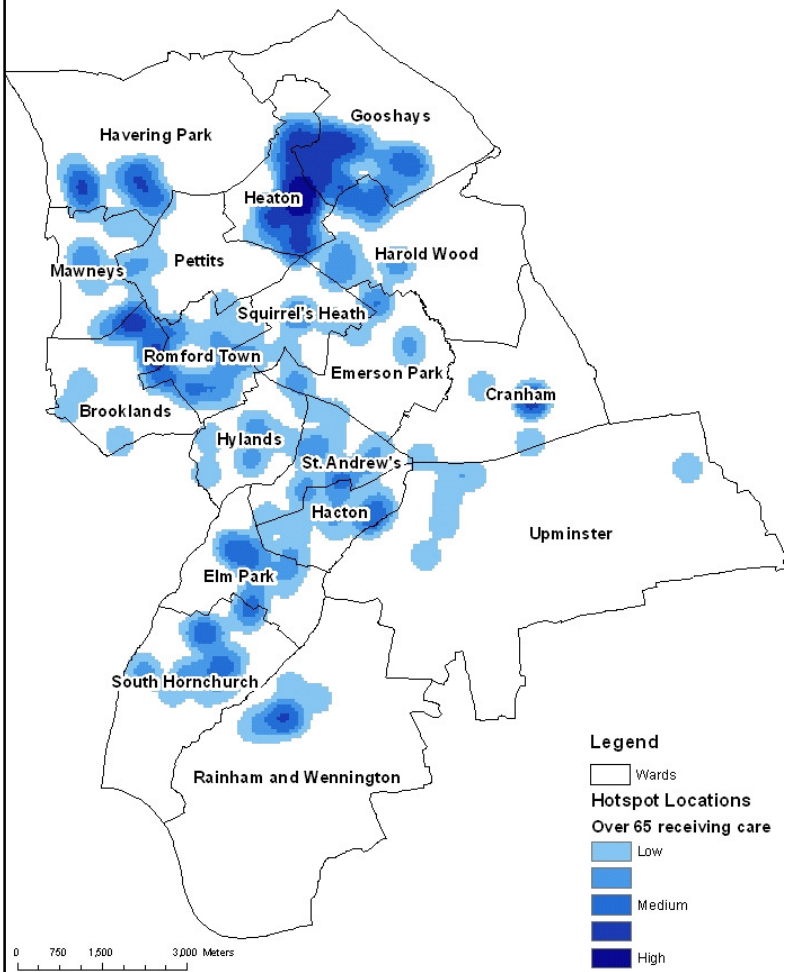


By mapping the current addresses of people age 65 and over who are on the Housing Register and producing a 'hotspot' map of this data, we can see where older people who wish/need to move into social housing are found and therefore, by definition, where they are more economically deprived and more likely to be users of social care. Map 2 shows that the greatest concentrations are found in the south of Gooshays ward and most of Heaton ward, with other isolated but dense concentrations in southern Havering Park, northern Brooklands and spots in Rainham and Wennington and Cranham. Beyond this, housing applicants are spread fairly evenly across the westernmost wards.

The data collected from the Housing Register shows the most and least popular areas that 65+ applicants said they were willing to move to. These preferences could be due to various reasons, such as proximity to friends and family, transport links,

distance to amenities, or positive / negative perceptions of different areas.

Map 2: Map of 'hotspots' of older people (65+) on the Housing Register  
 Source: Adult Social Care, LB Havering, 2010



The Housing Register tells us that applicants aged 65 and over have a preference for living in the following areas (applicants are welcome to tick as many boxes as they like):

- 117 chose Romford
- 117 chose Hornchurch
- 104 chose Gidea Park
- 96 chose Harold Wood
- 86 chose South Hornchurch
- 84 chose Cranham and Upminster
- 84 chose Collier Row
- 80 chose Elm Park
- 67 chose Harold Hill
- 57 chose Rainham South
- 52 chose Rainham North
- 45 chose Heaton estate

This shows that the greatest demand for social housing for older people is in Romford and Hornchurch, followed reasonably closely by Gidea Park and Harold Wood. Any future housing scheme to provide social accommodation to older people should focus upon these areas in greatest demand.

### Summary: Preferred locations for extra care housing

By identifying the geography of potential demand for extra care housing for older people aged 65 and over, we can draw early conclusions about where the most suitable locations for developing new schemes would be, although this will be partly dependant on the availability of suitable sites within the borough. The data shows:

1. the wards with higher proportions of older people and with higher rates of deprivation amongst older people, i.e. those with higher numbers of older people living in deprivation, are Gooshays, Heaton and St Andrew's
2. the wards with the greatest number of older people receiving social care are Gooshays and Heaton wards, followed by St Andrews
3. the greatest concentrations of older people applying for social housing are found within Gooshays and Heaton wards, with other isolated but dense concentrations in Havering Park, Brooklands, Rainham and Wennington and Cranham
4. the most popular areas that older applicants for social housing wish to move to are Romford and Hornchurch, followed by Gidea Park and Harold Wood

### **2.8 Potential cost savings to be made for those with social care needs and the Council**

The main purpose behind increasing provision of extra care housing throughout the borough and promoting its uptake, is to improve the independence and hence quality of life of our older residents by enabling them to live in their own home (rented or owned) with social care support at close proximity, avoiding the need to move into a residential or nursing home.

However, from a financial perspective, for every person who moves into extra care housing from residential and nursing care homes, or bypasses these completely, a considerable saving will be made by the Council *and* the service user.

Table 3: Average costs and cost savings of residential and extra care, at 2010 costs

Source: Adult Social Care, LB Havering

	<b>Average costs</b>
Weekly cost of residential placement	£484.11
User contribution	-£177.09
Net cost to LB Havering per week	£307.02
Weekly cost of care in an extra care scheme	£193.18
User contribution	-£11.21
Net cost to LB Havering per week	£181.96
<b>Weekly saving through extra care instead of residential placement</b>	<b>£125.06</b>
<b>Annual saving per unit provided and filled</b>	<b>£6,503.12</b>

Based on these costings, Havering would save an average of £125 per week, or £6,503 per year, for each resident moving into extra care housing instead of residential care, a saving of 41%. For our service users, a significantly lesser average contribution will be required; on average, extra care residents pay £11.21 per week (as many are means tested and do not

pay anything, greatly lowering the average contribution) instead of £177.09 for residential care. This saves our service users £8,625.76 per annum, or over 94%.

Having more people in extra care housing rather than care homes would also be beneficial for local economies, as people living independently in extra care housing retain their pension and other allowances, spending money in local businesses and supporting local jobs. This principle of retaining local money within local communities is all the more relevant amongst the older population, who are less likely to travel longer distances to shop, eat out or use private services. Thus, extra care schemes are more beneficial to the communities around them than care homes.

#### Summary of extra care housing need

Using the array of evidence put forward and discussed within Phase I of the Strategy, an accurate projection of demand and hence appropriate supply for extra care housing has been produced for the next ten years. This is detailed below in the housing needs model

Table 4: Extra care housing requirement – 10 year projection

	Total number	Annual number
<b>Residential care home residents</b>		
Current number of people in residential care	972	
<i>Of which</i>		
Number that could move to extra care housing over coming 10 years (20% of total)*	194	
Annualised number that could move to extra care housing		19
Anticipated growth in potential number of people in residential care over coming 10 years	258	
<i>Of which</i>		
Number that could move to extra care housing over coming 10 years (100% of total)*	258	
Annualised number that could move to extra care housing		26
<b>Non-residential care home residents</b>		
Number of 70+ year olds with housing and social care needs indicating a need for extra care housing	2,362	
<i>Of which</i>		
Number stating they intend to move home within three years	516	
Annualised number, adjusted for 1.06 people per household		162
Additional number of those not planning a move within three years likely to actually move (5% of total not anticipating a move)*	93	
Annualised number, adjusted for 1.06 people per household		29
Population growth to 2020 (8% of the 162 + 29 households anticipated to move each year)		15
Recipients of HRA aids and adaptations where this avoids residential care placement (2% of all aids and adaptations)*		34
Recipients of a Disabled Facilities Grant where this avoids residential care placement (5% of all aids and adaptations)*		11

Increased care in the community*		50
Extra care relets (Paines Brook Court and St Ethelburga)		8
Relets of LBH sheltered housing (15% of relets per year) with some additional care support*		30
Relets of RSL sheltered housing (15% of relets per year) with some additional care support*		11
Purchase of private sector 'retirement' housing (15% of properties coming to market) with some additional care support*		44

\* This model uses several 'best estimates', based on the information available.

### 3 Approaches to meeting demand for extra care housing in Havering

The first wave of implementation of the Extra Care Housing Strategy will focus on opportunities to create extra care units from whole or parts of our sheltered housing sites. This is because sheltered housing is being reviewed at the same time as extra care housing, prompted by a lack of suitability of many of the schemes / units for their purpose. There is hence a dual opportunity to develop extra care housing on Council-owned land, and therefore at a lower cost with shorter development times, while improving satisfaction with and uptake of sheltered units.

We will consider a number of different approaches to, not only increasing provision of extra care throughout the borough, but also improving the quality and therefore reducing the void rate of our sheltered housing stock. These are:

#### **Approach A: Conversion of sheltered schemes into extra care housing – short term change, unlikely to be suitable for most schemes**

We will investigate making such conversions over the next one to three years. This is likely to be coupled with refurbishment; alterations to the building where applicable, such as conversion of bedsits into one bedroom flats and addition of a lift; introducing an activities programme; and contracting a care provider to cater for all residents on site, 24/7.

#### **Approach B: Conversion of sheltered schemes into extra care housing – gradual change over time**

This will occur over the longer term, with schemes gradually changing as flats become available for re-let and are let to people suitable for extra care, or as void bedsits are converted into one bedroom flats and let as extra care housing. In both cases, contracts with care providers will be changed accordingly to ensure that residents are getting the full range of services that define their accommodation as extra care rather than more of the same sheltered housing.

### **Approach C: Consideration of the potential to close low demand/unpopular sheltered schemes and reuse the sites and/or resources for extra care provision**

Some sheltered housing schemes in Havering are in low demand because they have a high proportion of bedsits, and/or there is no lift or there are other accessibility issues. Therefore, we will consider the potential closing these and using the site(s) or resources generated to fund additional extra care provision. Should this approach be followed, tenants affected would of course be provided with high quality alternative accommodation.

### **Approach D: Refurbishment of sheltered housing**

There is still much demand for sheltered housing in the borough. These schemes will, as a minimum, be brought up to the Decent Homes standard. All bedsits will be converted into self-contained flats.

### **Approach E: Identification of potential extra care sites and development partners**

We will continue to look for sites to enable the provision the remainder of the estimated demand for extra care housing by 2021. To source additional extra care housing, we might look to:

- identify land in the borough that we might sell to developers of extra care housing, be these private or housing associations
- work in partnership with appropriate housing associations and/or private developers to identify opportunities for extra care
- bid for any funds available from central government to commission building or Council led new build or conversion

Some of these approaches will be proposed, consulted on and implemented in the short term of say, one-three years, while others will be ongoing over the 10 year lifetime of this Strategy. Actions will be informed by the ongoing review of sheltered housing, which has already shown that supply of sheltered housing is sufficient to meet the calculated need over the next 10 years. This is reassuring as it means that converting some of the Council's stock from sheltered housing into extra care will maintain a balance so we are not reducing provision of sheltered below the levels we have demand for, and thus would need to replace after conversion. Implementation of the Strategy will build on good practice and lessons learnt from developing extra care schemes in Havering and elsewhere.

#### **Case study: St Ethelburga Court**

St Ethelburga Court is an exemplary extra care housing scheme, located in Harold Hill. The scheme was built in 1996 and has 33 one bedroom flats, including mobility standard & wheelchair properties. It has on-site care staff (24 hours/7 days), non-resident management staff (7 days) and a community alarm service. Facilities here include a lift, lounge, laundry, guest facilities, garden, conservatory and hairdressing salon.





There are regular social activities provided by Age Concern and Havering Association for people with Disabilities (HAD). New residents are accepted from 55 years of age (although they must have sufficient social care need to be deemed suitable for a place in the scheme), and both cats and dogs are accepted here (although cannot be replaced).



St Ethelburga is a successful extra care housing scheme that enables older people to live independently and comfortably, with peace of mind about their care needs and with a good number of facilities and activities making them feel part of a community. It is also a cost effective alternative for the Council – living in extra care housing instead of residential care, as well as the lack of independence, would mean that the Council and self-funding social care customers pay considerably more.

Average rates in 2010 saw extra care housing costing £182 per resident per week, compared to residential care costing £307 a week – 69% more.

#### **4 Implementing the Extra Care Housing Strategy and reviewing all sheltered housing**

There are a number of 'next steps' for taking forward our Extra Care Housing Strategy, most of which we will aim to complete over the next six months and after which conversion, refurbishment and other suitable developments will begin.

Firstly, officers from the Council's Housing, Social Care and Policy teams will work alongside Elected Members to assess the condition and potential of our 20 sheltered housing schemes to provide extra care housing units. This will look at the following aspects of each scheme:

- size of the site
- total number of units
- density of units per hectare
- current number of voids
- current % of units that are void
- number of bedsits
- % of all units that are bedsits
- current number of care customers
- current number of care hours being provided
- current cost of care being provided
- average current cost per care customer
- size of adjacent Council-owned land
- number of tenants / leaseholders on adjacent sites
- estimated cost of decanting tenants from adjacent sites
- estimated cost of decanting tenants from sheltered sites
- valuation of sites based on land values in that area

Secondly, the above will then be verified by undertaking site visits to assess whether they might need improving or if there is the potential to support extra care housing.

Thirdly, we will make recommendations for each of the sheltered schemes. Where appropriate recommendations will be referred to Members through the appropriate decision making procedure, whether that be by referral to Cabinet or to the relevant Lead Members.

Fourthly, we will consult with residents on a scheme-by-scheme basis, ensuring we robustly meet the needs and aspirations of residents and close neighbours.

Fifthly, we will produce an action plan for taking forward each site where some form of change has been deemed appropriate. This will show Strategy implementation in successive stages,. It will be clear from this action plan how the Strategy as a whole is progressing to meet the calculated demand for extra care housing over the next 10 years.

Finally, concurrent to implementation of any plans for sheltered housing sites, we will seek to identify potential sites for and developers of extra care housing .