



Adult Social Care Independent Living and Extra Care

Commissioning Strategy
2013

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Foreword

This is the updated Independent Living and Extra Care Commissioning Strategy for Leicester. I hope it will help you to understand how important having the right types of housing will enable vulnerable people to live independently, in the city with support.

Since we published the interim strategy we have undertaken further work to understand the needs of older people. In order to identify the specific requirements and plan for a range of different types of housing to meet those needs.

1. Introduction

1.1. The development of an Independent Living and Extra Care Commissioning Strategy provides an overview of the state of the current market and the level of demand/need for independent living both now and into the future.

1.2. This has never been more important as we begin to transform¹ and re-shape the way we deliver services into the future. The approach to how we support people is changing as people are living longer and their expectations about how they want to live into the future changes.

1.3. The more traditional models provided by Adult Social Care (ASC) consequently will need to change as we attempt to deliver services that deliver more choice and control to service users, allowing them to live independently within their local communities.

1.4. The term “Independent Living” is an overarching term used to describe a living arrangement that maximizes the independence of vulnerable people. The term is often used to describe a range of schemes such as

- Supported living which sees a group of individuals either living in a shared house where communal facilities are shared such as kitchens and bathrooms to those living in their own flats within a scheme.
- Extra care sites, which are self-contained apartments with either staff on site and, in some cases, on-site care.

1.5. This document will provide us with a platform that provides the direction of travel for those wishing to develop independent living opportunities within the city and as a result we need to develop a range of viable options for a broad range of client groups that will enable them to live as independently as possible.

1.6. The strategy is set against one of the most challenging financial climates for local authorities

and provides us with an opportunity to further develop cost effective alternatives to residential care that will meet the needs of the most vulnerable.

1.7. To support the delivery of the earlier interim strategy a range of task and finish groups were established to develop improved access routes and increase supported housing and independent living options for vulnerable adults. The work of the groups has been invaluable and they will continue to work on outstanding and on-going actions (see appendix 1).

¹ Putting People First Concordat 2007

2. Executive Summary

2.1. The Independent Living and Extra Care Commissioning Strategy sets out what we currently know about Independent Living and Extra Care within the city and how we intend to further develop our approach in order to ensure that we can meet the needs of vulnerable people. Over the next three years we will look to refine the commissioning approach in order to develop and deliver a range of independent living opportunities for a range of vulnerable groups.

2.2. ASC is currently transforming the way services are delivered and looking to increase the opportunities for people to live independently, we know that significant numbers of people of working age are placed into residential care and we need to explore and develop real alternatives which will allow us to improve the quality of life and outcomes meeting aspirations that allow people to live independently.

2.3. Nationally there have been a range of approaches to support local authorities in transforming the outcomes for people in receipt of health and social care services, which reinforces the development of an independent living and extra care commissioning strategy.

2.4. Our local strategies recognise that demand for ASC services are set to increase and in order to meet future need it is essential that we develop real choice.

2.5. Key to that is establishing what the local needs are for each client group we serve within ASC, alongside establishing and delivering the right types of accommodation that will enable people to live independently within their local communities.

2.6. Within the strategy we have set out an overview of current and predicted need for a range of client groups including learning disability and mental health within the city.

2.7. The outcomes delivered for those with a learning disability and mental health condition

shows that 68.8% and 77.7% respectively are living independently, however we need to improve the performance against this target and develop targets for other client groups to demonstrate the impact of our approach ensuring people have better life outcomes

2.8. We know that having the right type of housing and support particularly for those with mental health needs can enable them to remain well and living in their local communities. A reason often given for delayed discharge from a hospital setting is the lack of appropriate housing and support available.

2.9. Therefore we have over the last 18 months commissioned specific independent living schemes for those with mental health needs across the city, which has provided upwards of 15 units of accommodation across two sites (Manor Farm and Highfields) within the city.

2.10. We are also in the process of developing additional schemes that will provide a further 20 units, again Manor Farm and the Highfields area. Alongside of these specific developments this client group will also have access to the Abbey Mills development, which is a mixed use site for those identified as vulnerable and needing a supportive environment to live independently.

2.11. We will also continue to work with health colleagues to ensure that early capture of housing and support needs are shared in order that sufficient supply is available for this client group.

2.12. Currently ASC has access to a total of 309 units of accommodation spread across the city providing independent living opportunities. We will look to increase the number and types available to meet need into the future.

2.13. Therefore we need to increase the number and types of independent living opportunities available, such as living support networks. This sees a group of people linking up within a geographical

area who are not necessarily based in the same block or road but spread across an area. They informally support each other alongside having access to formal support as determined by their own care plan.

2.14. We will also consider developing mixed use sites that can meet the needs of a range of vulnerable people. This could include a specific development for older people alongside other vulnerable groups, which will be consulted upon particularly to confirm housing and support requirements, which may include extra care.

2.15. Developments therefore need to be based upon a robust evidence base not only about the level and type of support required but the types of accommodation that will enable people to remain independent and settled within their local communities.

2.16. To evidence the success of this approach we will put in place systems that capture the impact independent living has on meeting a person's outcomes, delivering more choice and control alongside measuring the cost effectiveness of the intervention.

2.17. In summary the delivery of the Independent Living and Extra Care Commissioning Strategy is a key tool to support the transformation of ASC services and supports the movement towards personalisation giving people choice and control over where they live.

3. Purpose of this document

3.1. This strategy sets out the commissioning approach for the delivery and development of independent living opportunities within Leicester City for a range of vulnerable groups over the next three years, including:

- People with learning disabilities
- Older people
- People with mental health needs
- People with a physical disability
- People with a sensory disability
- Young people in transition to adult services

3.2. It is also informed by other joint commissioning strategies that are already shaping the delivery of services within the city, including:

- Leicester City Joint Commissioning Strategy Mental Health 2011-2013²
- Leicester City Learning Disability Joint Commissioning Strategy 2010 - 2013³
- Joint Dementia Commissioning Strategy 2011–2014
- Affordable Housing Strategy 2008 - 2013

3.3. The current Affordable Housing Strategy⁴ sets out the authority's vision for the delivery of affordable housing across the city. This includes a percentage of properties that would directly support ASC's client groups.

3.4. It acknowledges the challenges in providing sufficient numbers of affordable homes in a difficult economic market, which is further affected by the reduction on government funding available; impacting on our ability to deliver new affordable housing developments, which incorporates opportunities for independent living.

3.5. Therefore delivery of the Independent Living and Extra Care Commissioning Strategy will be achieved through partnership working with colleagues across the Council to:

- Improve the level of knowledge about opportunities for independent living
- Increase take-up of social housing
- Develop specific new housing opportunities

² Currently being refreshed

³ Currently being refreshed

⁴ Leicester City Affordable Housing Strategy 2008-13

4. Our Vision

4.1. Adult Social Care (ASC) in Leicester is in the process of modernising services that will increase the opportunities for people to live independently within the many communities in Leicester for all vulnerable adults. This vision, as noted throughout this document, is supported by the transformation of ASC services currently underway within the city.

4.2. This will in turn promote independence and improve the quality of life and outcomes for all, who in turn exercise choice and control, to live a life that meets their aspirations.

4.3. Historically, there has been, and remains, an over reliance on residential care, which can be more expensive than supporting people to live in the community with support, but more importantly often prevents people from reaching their full potential and isolates them from their community.

4.4. Currently, ASC funds 1375 residential placements, which include 171 nursing beds, additionally 423 placements are people of working age.

4.5. The table below (table 1) show the residential placements for the 423 of working age (18 – 64 years) and within that shows the type of provision they are currently placed in.

Table 1⁵

Service Type (Long Term)	No of Placements
Nursing	21
Adult Placement	24
Residential	378
Grand Total	423

4.6 In addition the table below (table 2) shows the primary need of the 423 people. We need to better understand why people continue to be placed in this type of provision and whether a supported living environment would be a better option.

Table 2⁶

Primary Client Type	No's
Dementia	1
Frail/Temporary Illness	6
Learning Dis. Asperger's Syndrome	2
Learning Dis. Autistic Spectrum Disorder	17
Learning Disabilities	217
Mental Health	141
Physical/Sensory Disability & Frailty	1
Substance Misuse	3
Visual Impairment	1
Total	423

4.7 Therefore, it is essential that a variety of housing options are developed that allows service users to remain or to gain independence within their local communities for as long as possible. However, it is acknowledged that residential care will continue to be an appropriate setting for some people given the complex or specialist needs of the individual.

4.8 It will include making better use of the independent living resources already available to us, continuing to build purpose built independent living schemes where possible and continuing to utilise established schemes across the city that continue to be cost effective alternatives to residential settings. Along with ensuring that more service user's register on the local authority's housing register this will give greater access to Registered Social Landlords and the Councils housing stock across the city.

4.9 Critical to the delivery will be to ensure that the workforce is fully informed about the range and types of independent living opportunities that are available in order that they can support service users by providing advice, guidance and support.

⁵ Carefirst Data January 2014

⁶ Carefirst Data January 2014

5. National Policy

5.7 There are a number of key policies that identify aspirations and themes in transforming the outcomes for people receiving health and social care services. The outcomes relate to;

- Improving the quality of life
- Increasing choice and control
- Achieving Inclusion and contribution
- Improving Health and wellbeing
- Achieving Dignity and safety

5.8 Putting People First concordat (2007) outlines the government's vision for the future delivery of social care services. The cornerstone is personalisation, which means putting the person at the centre of their support; enabling them to identify their own needs and making choices about how they want to be supported. This has driven the biggest transformation of adult social care for over 15 years, and goes much further than simply giving people a personal budget with which to purchase their own care.

5.9 The most relevant policies for people with learning disabilities are Valuing People (2001) and Valuing People Now (2009) setting out proposals for improving the lives of people with learning disabilities and their families and carers, through increased choice and real opportunities to be independent.

5.10 The cross Government mental health strategy, No Health without Mental Health⁷ aims to improve outcomes for all and will "...look to communities, as well as the state, to promote independence and choice...."⁸. Its key objectives being to improve the mental health and well-being of all; and for those in services improving the outcomes achieved through the delivery of high quality services is key.

⁷ 'No Health Without Mental Health' a cross government strategy for people of all ages, which aims to improve outcomes for people of all ages - February 2011

⁸ 'No Health Without Mental Health', Introduction and Executive Summary, Page 5

5.11 Think Local, Act Personal: New sector-wide partnership for transforming adult social care encourages the facilitation of a:

"broad range of choice in the local care and support market, including housing options, and personalisation of the way in which care and support services are delivered wherever people live"

"Promoting the delivery of a broader range of housing/accommodation designed to offer more supportive living environments to people with care and support needs"

5.12 The Lifetime Homes, Lifetime Neighbourhoods Strategy for Housing in an Ageing Society [25 February 2008] was a joint strategy which was developed in response to some key challenges; by 2026 older people will account for 48 per cent of the increase in the total number of households and currently housing options for older people are limited. It outlines an approach for responding to the increase as follows:

- To plan at all levels so that older people can live independently with or without support within their own communities
- To ensure earlier interventions and better advice and information is provided so that appropriate choices can be made by an ageing population
- To ensure that there is a range of choices and opportunities in specialist housing available for older people

5.13 Laying the Foundations – A Housing Strategy for England' November 2011 set out the government's vision for housing, which acknowledges the issues for housing into the future and its approach to addressing that. It recognises that for many decades Britain has not built enough houses, which it believes has far reaching social and economic consequences.

5.14 With regards to housing for the most vulnerable the government sets out how it intends to reform social housing through the Localism Act (2011). It recognises that it must provide support that people need, when it's needed.

5.15 A recent policy briefing by the Housing Learning and Improvement Network⁹ pays particular reference to the housing needs of older people and in particular the "... importance of good housing design that promotes well-being, connects people to local service and amenities....to create safe and inclusive neighbourhoods"¹⁰

5.16 The policy briefing also goes onto make the link between Housing, Health and Care and how good housing can promote better health and wellbeing by prevention and early intervention approaches.

5.17 The House of Lords Select Committee on Public Service and Demographic Change published their report 'Ready for Ageing' (March 2013)¹¹ which highlights the importance across all public services of being prepared as a nation, to meet the future demands of an aging population.

5.18 The report reinforces the critical links between continued health and decent housing. A number of recommendations across a wide area are contained throughout the report.¹² In relation to housing the report recognises that many areas have a need for greater provision of more suitable housing for older people with more support services.

5.19 The report refers to the Wanless Social Care Review (2006)¹³ which reported that 27% of older people would consider specialist housing if it were available. It also mentions the YouGov poll (for Shelter¹⁴) which concluded that 33% of people over 55 years were interested in specialist housing and this equates to more than 6 million people.

5.20 The report goes on to say that build rates are lower now than in the 1980s;

- In 1989 17,500 units were built for rent and 13,000 for ownership

- In 2010, 6,000 units were built for rent and 1,000 units for ownership

5.21 The report goes onto highlight that these figures do not compare well with other countries. It is estimated that just 1% of over 60s in the UK live in retirement homes compared to 17% in United States and 13% in Australia. Shelter commented that to meet this demand, the supply would have to increase by 70% over the next 20 years.

5.22 The context for developing an adequate supply of suitably located well designed housing for older people would result in an increased release into the market of currently under occupied family housing, expanding the supply available for younger generations.

5.23 The National Planning Policy Framework (2012)¹⁵ details further that the needs of people over retirement age whose housing needs can encompass accessible, adaptable general needs housing to the full range of retirement and specialised housing for those with support or care needs, need to be clearly set out.

5.24 The report¹⁶ further details the incurred costs to the NHS and the direct negative impact on health and well-being from poor and inadequate housing. Information provided from Care and Repair (England)¹⁷ estimate that the cost to the NHS of poor housing is over £600 million per year. The types of health factors relate to trips, falls, and susceptibility to the cold with damp related health conditions that all have a cost.

5.25 It also goes on to say that the gap in the supply of specialist housing and the substantial wealth held by some older people does not mean they will be looking to purchase specialist housing. However, there are further factors that affect the experience of living longer and in good health not just in monetary terms therefore property ownership is one of many factors to be considered when exploring the level of inequality both in terms of wealth and in healthy life expectancy, across the country.

⁹ Housing Learning and Improvement Network, Policy Briefing, The Coalition Government's Housing Strategy April 2012.

¹⁰ Housing Learning and Improvement Network, Policy Briefing, The Coalition Government's Housing Strategy April 2012 – Page 3, Design for an Ageing Population.

¹¹ Ready for Ageing – March 2013

¹² Ready for Ageing, Annex 16: Housing Provision

¹³ Ready for Ageing, Annex 16: Housing Provision - Wanless Social Care Review - 2006

¹⁴ Ready for Ageing, Annex 16: Housing Provision -McCarthy & Stone: Shelter, A better fit? Creating housing choices for an ageing population, 2012

¹⁵ Ready for Ageing, Annex 16: Housing Provision - Department for Communities and Local Government, National planning policy framework, 2012

¹⁶ Ready for Ageing, Annex 16: Housing Provision

¹⁷ Ready for Ageing, Annex 16: Housing Provision – Care and Repair England

¹⁸ Proceedings of the National Academy of Sciences of the United States of America 26th March 2013 volume 110 number 15, Professor Andrew Steptoe.

5.26 A recently reported longitudinal study into the effects of isolation, ‘Social isolation, loneliness, and all-cause mortality in older men and women’¹⁸ found that social isolation could dramatically increase the risk of mortality in both men and women, even after underlying health problems were taken into account.

5.27 It was based on a study of the lifestyles of 6,500 people aged 52 and over, who were followed over a seven-year period up until March last year. During the period of the study, just over one in seven of them died. As reported in the national press.¹⁹

5.28 ‘When researchers from the department of public health at University College London compared two groups – one judged to be very isolated and one well integrated – almost twice as many people in the first group had died as in the second’.

5.29 The study, published in Proceedings of the National Academy of Sciences, makes a distinction between loneliness – which they classed as an emotional response to being alone – and isolation itself. Professor Andrew Steptoe (lead author quoted in the article) wrote: “Lifestyle may be relevant and in addition, people who live alone or lack social contacts may be at increased risk of death if acute symptoms develop, because there is less of a network of confidantes to prompt medical attention. Social contact itself also may have specific biological consequences that are important for health maintenance.”

5.30 Another key policy driver has been the Office for Disability Issues Independent Living Strategy (2008) which was a cross cutting government strategy that sought to provide direction with the expressed aim of improving the outcomes for disabled people.

5.31 Its key message is that disabled people should, as a right, have the same choice and control over their lives as any other person through the removal of barriers they face in accessing housing, transport, health, employment, education and leisure opportunities.

¹⁹ John Bingham Social Affairs Editor The Telegraph 26 March 2013

6. Local Policy

6.7 This section is informed by our local strategies, which includes the housing needs for a range of vulnerable client groups. This provides an indication of the direction of travel for the delivery of a range of independent living options.

6.8 Outlined below is a summary.

6.9. Learning Disability (LD)

6.3.1. The demand on ASC is set to increase with the population growth and likely increasing health and social care needs of an ageing population. The increase in life expectancy further suggest that a significant population of adults with learning disability currently being cared for at home will access services potentially for the first time, as their carer is in declining health.²⁰

6.3.2 The Learning Disability Joint Commissioning Strategy²¹ acknowledges that this client group is one of the most socially excluded and vulnerable groups and face a range of barriers to living independent lives within the city.

6.3.3. Local and best practice supports those with learning disabilities being able to choose to share and live with others as this can maintain both friendship groups and reduce the risk of social isolation.

6.3.4. As part of the consultation exercise, one of the key priorities relevant to this strategy was that people want more supported living options and in particular so they can live independently within their community.

6.3.5. Another key finding was that more information is needed about living more independently particularly addressing concerns about tenancies and where the housing is located.

6.3.6. Attention has been paid in recent years to designing services which support people while maximising the choice and control they have

over their lives. Commissioners and providers have been involved in developing services which are person-centred and which give people the opportunity to exercise a greater range of rights and responsibilities.

6.3.7. Valuing People Now consider that all types of housing choices should be available for those with learning disabilities, including home ownership and easily understood routes in achieving independence. This would increase the number of those with a learning disability living in 'ordinary' housing and having a home of their own.

6.4. Adult Mental Health

6.4.1. The joint commissioning strategy²² provides an overview of services for people with mental health needs and its traditional service led approach has meant that often people have not necessarily received support at the right time.

6.4.2. A survey undertaken with 240 service users and carers at the time to inform the strategy showed that 96% of respondents considered housing as very important to their mental wellbeing.

6.4.3. Evidence within mental health care demonstrates the impact that the lack of suitable housing and associated support causes with an escalation in care needs and potential triggers into hospital. Research further supports a view that at least a third of people in residential care are over provided for in that setting and national evidence reports that 9% of delayed discharges are estimated to be due to a lack of suitable housing,²³ which is evidenced in a local sitreps report.²⁴

6.5. Older People

6.5.1. In the Adult Social Care Interim Independent Living and Extra Care Strategy (2012 to 2015) we set out what we knew about the needs of a range of

²² NHS, Leicester City Joint Commissioning Strategy Mental Health 2011-2013

²³ National Mental Health Development Unit – Mental Health and Housing, housing on the pathway to recover

²⁴ Acute situation reporting of delayed discharges

²⁰ LCC Learning Disability Needs Analysis 2010

²¹ Leicester City Learning Disability Joint Commissioning Strategy 2010 to 2013

different client groups, indicating the likely level of independent living provision we would need over the next 3 years.

6.5.2. However, the information on the needs of Older People in relation to independent living was not fully developed. We were able to establish that the numbers of older people were likely to increase²⁵ but we did not have sufficient information at the time to say what types of provision would be needed in the city.

6.5.3. Since the strategy was produced work has been on-going to provide a more comprehensive picture of the independent living and extra care needs of older people.

6.5.4. In Leicester 64% of the older population are over 65 and live in homes they own. This raises issues of accessibility and adaptation requirements as their needs may change. Two research studies ('Qualitative Assessment of the Housing Needs and Aspirations of Older People of Leicestershire'²⁶ and 'Breaking the Mould') demonstrate the following;

- People would prefer to remain at home for as long as possible
- People would prefer to remain near to their networks of support

6.5.5. Preventative, independent models of housing and support are widely favoured by older people. In a survey commissioned by the National Housing Federation, 65% of older people liked the idea of living in a self-contained home with support or care available if required.

6.5.6. Evidence suggests that the majority of older people would live in a mixed age community rather than in specialist older person developments and some indicators suggest segregated housing as damaging to both social interaction and integration, which we would be supportive of locally.

6.5.7. The report emphasises the need for a range of provision to meet the aspirations of older people.²⁷ Also, the report recommends that new provision should be:

- Located in new sustainable urban extensions

- Centrally located in close proximity to the heart of the new development with 'physical' connections to the surrounding area (e.g. communal external space);
- Consist of clusters of a maximum of 20 self-contained units to create close communities and engender mutual support;
- Have level access to facilities such as shops and health services within suitable walking distance; and
- Be adjacent to public transport routes

6.5.8. While a range of older people took part in the Qualitative report in terms of their ethnic or cultural background and current living arrangements, a number of common issues were evident from the findings which provide some guidelines/basic principles for providing housing for older people in the future:

- Older people want to retain as much of their independence as possible but to have access to 24 hour support when required
- Suitable housing needs to include the provision of catering for family or friends who may wish to stay overnight when visiting
- Housing provision should be integrated into the local community with access to local services (i.e. not a retirement ghetto on the edge of towns)
- Housing provision should cater for older people from a range of ethnic and cultural backgrounds and lifestyles, supporting community integration rather than segregation
- The role of family members and friends in the provision of informal support and input into decisions regarding suitable housing needs to be recognised.

6.5.9. Information from the Joint Strategic Needs Assessment (July 2012)²⁸ shows that the number of older people in the city is growing. Approximately 11.3% of the Leicester population, or 35,600 people, are aged over 65, a lower proportion than both the regional or national averages. Of the over 65's in Leicester some 5,200 people are aged over 85. Although declining death rates and fertility means that the number and proportion of people aged 65

²⁵ Adult Social Care, Interim Independent Living and Extra Care Interim Strategy, 2012 to 2015 page 25 - POPPI

²⁶ A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire Report for Leicester and Leicestershire Housing Market Area Partnership (HMA)

²⁷ National Housing Federation Breaking the mould Re-visioning older people's housing

²⁸ Joint Strategic Needs Assessment, March 2012

and over is projected to increase to 51,300 by the year 2030, the proportion of people over 65 years in Leicester will remain lower than the national average.

6.5.10. A strategic needs assessment of the long-term social care needs of older people (using the planning for care tool²⁹) reflects updated census information and shows that compared with England, the profile of the 65+ population in Leicester is older with proportions of older people aged 85+ around 14.3% compared with 13.6% across England as a whole.

In terms of demographic projections, it indicates that the size of the population is projected to grow significantly over the next 20 years as follows:

- 7% increase in the 65+ age group to 2016
- 48% increase in 65+ to 2031

6.5.11. This projected increase is likely to drive increased demand for social care in the Local Authority. This is particularly the case as the fastest increases are seen in the oldest age-groups, those most likely to need social care. Compared with other Local Authorities across the East Midlands region, Leicester shows the 7th highest projected increase in the older population over the next 20 years³⁰.

6.5.12. Using 2011 census information POPPI³¹ forecasts that by 2020:

- There will be 13% more people aged 85+, representing 2% of the total population
- Around 1 in 5 people aged over 80 years will have a significant degree of dementia
- Every year up to 2018 there will be 96 people new to the 85+ age group most likely to

require support and approximately 20 will have dementia or memory-related problems.

6.5.13. The proportion of older people across Leicester estimated to have some level of social care need at 39% is above the regional average of 35%.

6.5.14. Further evidence³² shows that, of those aged 65 above, 40% are predicted to live alone (table 1) in the city. This factor has the potential to cause negative impacts on continued health and well-being as people age.

6.5.15. The concerns of this are due to the potential cumulative effects if an older person both lives alone (feels lonely) and is socially isolated. The effects of these factors can be wide ranging on health, well-being and abilities of the individual.

6.5.16. A key briefing from SCIE³³ summarises current concerns;

- Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression.
- The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services.

6.6. Older Persons Mental Health

6.6.1. The joint dementia commissioning strategy³⁴ sets out how it intends to improve the approach for dementia services into the future, which includes an approach with regards to housing.

Table 1

Local Authority area	2012	2014	2016	2018	2020
Derby: aged 65-74 predicted to live alone	4,970	5,230	5,370	5,460	5,490
Derby: aged 75 and over predicted to live alone	9,606	9,803	9,966	10,190	10,665
Leicester: aged 65-74 predicted to live alone	4,890	5,130	5,390	5,760	6,000
Leicester: aged 75 and over predicted to live alone	9,382	9,355	9,328	9,457	9,654
Nottingham: aged 65-74 predicted to live alone	4,580	4,720	4,880	5,000	5,130
Nottingham: 75 and over predicted to live alone	9,002	8,880	8,819	8,887	8,989

²⁹ Planning4care summary report for Leicester - Strategic needs assessment of long-term social care for older people

³⁰ Planning4care summary report for Leicester - Strategic needs assessment of long-term social care for older people

³¹ Projecting Older People Population Information

³² Projecting Older People Population Information

³³ 'Preventing loneliness and isolation among older people' www.scie.org/publications/ata glance

³⁴ Joint Dementia Commissioning Strategy – April 2011-2014 (Leice2ster, Leicestershire & Rutland)

6.6.2. This will require the authority to ensure that accommodation is built to a 'life time homes standard'³⁵ which will support those with dementia to remain in their homes reducing the number of moves into residential care, which it is known is not the best approach in placing people into unfamiliar surroundings.

6.6.3. The Alzheimer's Society (2011) has highlighted the following:

- There are currently 750,000 people living with dementia in England & Wales and this is likely to double over the next 30 years and the costs are likely to treble.
- Approximately 50,000 people are likely to be placed in residential care because of a lack of suitable support in the home and the community.
- The vast majority of carers and those with dementia aspire to remain in their own homes wherever possible.
- There is no 'one size fits all approach' as there is a geographical differentiation of the scale and nature of requirements.
- Different policies, provision and services will be required in different areas, including planning, to reflect a growing demand for a spectrum of accommodation and housing based care and support for older people.

6.7. Physical and Sensory Disability

6.7.1. Work is currently in progress to develop a strategy to identify the independent living requirements for this client group both now and into the future.

6.7.2. However, work so far confirms that the majority of current service users either want to;

- live in their own home and have been assessed as eligible for major adaptations or;
- are unable to return home due to awaiting major adaptations and are then looking for alternative housing through Choice Based Lettings (LCC's Housing Register).

6.7.3. The development of the strategy will be done with the support of a range of partners that will review the current level and type of provision available across the city; it will also capture the needs and aspirations of those currently accessing services; and the types of services or opportunities needed going forward for those with a physical and sensory disability.

6.7.4. It is important to note that the Office of Disability Issues is in the process of developing a strategy that will also provide guidance to local authorities on the future direction for services.

6.8. Transitions

6.8.1. Within the last year both Transitions and the Disabled Childrens Team have recruited key personnel to address data issues in order to inform us of the types of services young people are likely to want into the future. Therefore, further work will be completed in the coming year to identify the future housing needs of young people.

6.8.2. Work continues with a range of special schools and partners with younger people, carers and families to raise aspirations and explore options for both living independently and future employment, through the Family Leadership Programme.

6.8.3. The programme has been positively received particularly by parents and carers of disabled children. As a result of this the programme will continue for a further year.

³⁵ The Lifetime Homes Design Guide, Habinteg Housing Association

7. Local Needs

7.1. Overview

7.1.1. In this section we set out the position in relation to housing supply and need across ASC.

7.2. Housing Supply in Leicester

7.2.1. Critical to the delivery is the supply of suitable and appropriate accommodation for ASC service users. Without the right level and regular supply of independent living opportunities the ability to enable people to live within local communities will not be achieved.

7.2.2. Therefore, it is important to understand the issues relating to supply and demand. The last Strategic Housing Market Assessment³⁶ (SHMA) for Leicestershire and Leicester city, defined housing need as 'the quantity of housing required for households who are unable to access suitable housing without financial assistance'.

7.2.3. It noted that the housing requirements for a range of different groups were considered and it included:

- Provision of lower levels of care for older people will need to increase by some 50% in the county, and by around 25% in the city, if the projected demographic changes occur.

7.2.4. It identified that resources and policies to help owner occupiers to stay independent as they grow older will need to change to create options and incentives that assist them to move to tenures and forms of housing which best meets their needs.

7.2.5. Three of the key findings from the SHMA are;

- Single households dominate the city centre where there is relatively little mixing of other types of household.
- Most properties in the city are 2 and 3 bed houses, though there is a concentration of 2 bed flats in the centre (this will have

intensified following the increased level of flat building since the 2001 Census).

- The majority tenure in the city is owner-occupation, which at about 60%³⁷ is somewhat lower than the national average, and at the Census 2001 the proportion of social housing was over double that of private rented housing, though these proportions will have altered both with right to buy sales and the increase in private rented accommodation. Owner occupation may have fallen slightly.

7.2.6. In addressing the recommendations and conclusions of the SHMA it is important to note the gap in the supply of affordable housing within the city, but what is affordable housing?³⁸ Affordable Housing is homes for people whose needs are not met by the market. Affordable Housing includes:

- Social rented housing – homes for rent which have rents determined through the national rent regime or equivalent arrangements (this includes council houses and homes owned and/or managed by Registered Social Landlords for rent);
- Intermediate affordable housing – homes at prices and rents above those of social rent but below market price or rents (this includes shared equity products like Homebuy, other low cost homes for sale and intermediate rent, like HomeCome³⁹).

7.2.7. The fact that affordable housing is rented or sold at a price below the market level means that subsidy is needed to create it.

7.2.8. The Strategic Housing Market Assessment's Final Report (December 2008) has concluded that Leicester needs 790 new affordable homes **each year** of which;

³⁷ Census Data 2011 – Home Ownership has declined – census figures indicate it now stands at 50%

³⁸ LCC Affordable Housing Strategy 2008/13

³⁹ HomeCome is a council managed private sector leasing scheme registered as a limited company and properties are allocated through the local authority 'Choice Based Lettings Scheme'

³⁶ Strategic Housing Market Assessment - 2007/8

- 75% (591 homes) should be for social rent, 25% (199 homes) for Intermediate affordable housing;
- the greatest need (87% or a total of 691 homes) is for 2 & 3 bedrooomed homes, predominately for families;
- 7% (53 homes) should have four or more bedrooms;
- 2% (16 homes) should have one bedroom;
- 4% (30 homes) should be for meeting sheltered/supported housing needs.

7.2.9. The City also needs additional supported housing to ensure its most vulnerable citizens' housing needs are addressed. To date, we have managed to secure an average of 205 affordable homes each year, much less than our affordable homes target.

7.2.10. Also revenue funding is causing concern at this point as;

- Revenue funding is no longer provided on a scheme basis but is distributed as 'floating' support to individual service users.
- Landlord and care provision – Following legal advice the local authority requires care contracts to be tendered separately. Registered Social Landlords generally require certainty that it will be the care provider in its own schemes.
- Capital funding – The Homes and Communities Agency (HCA) who insist that combined rent and service charges are within Housing Benefit rent limits. Registered Providers advise that this makes viability difficult and they are being cautious as a result.

7.2.11 The impact of the welfare reform on exempt accommodation has also raised concern about viability. Consequently there may be a need for statutory partners to consider capital investment to support new supply within the City.

7.3. ASC Need

7.3.1. Set out below is an overview of the current and predicted local need for client groups within Leicester

7.4. Learning Disability:

7.4.1. The Joint Commissioning Learning Disability Strategy⁴⁰, as noted elsewhere in this document, provides a detailed overview of the sector and shows that a significant number of the adult population with a learning disability are currently living with their carers. Information held by ASC highlights that 415 carers of people with learning disability, 45% of carers are over the age of 60 years and 20% are over the age of 70 years.

7.4.2. It is also important to note nationally that the incidence of autism is rising with numbers evidenced in Statement of Educational Needs (SEN) showing an increase of over 15,000 statements nationally between 2004 -2010.⁴¹

7.4.3. Locally for those within the autistic spectrum, individual or small specific settings in a cluster arrangement would be appropriate which could also support those with behaviour that may challenge services.

7.4.4. There is evidence for the need for adequate provision to support those who may have overnight care requirements.

7.4.5. Locally ASC manages a significant portfolio of properties suitable for those with learning disabilities. Currently the numbers waiting for accommodation as at February 2012 is **25**. A further 17 referrals are currently inactive but have the potential to become active again in the future. This will be for a variety of reasons including not being ready to move and changing their mind.

7.4.6. Those identified as requiring independent living are currently in a range of settings. The majority are those currently living at home (12) who wish to experience independence, followed by those in residential care (8).

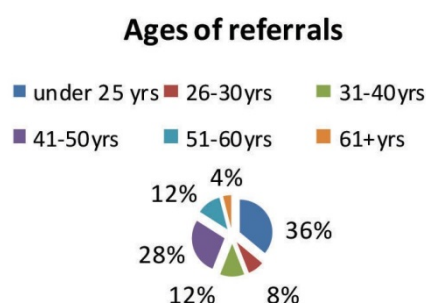
7.4.7. The data below shows the length of time we have had the referrals, which shows a marked increase in referrals within the last year, along with the reason given for these referrals as follows:

⁴⁰ Leicester City Learning Disability Joint Commissioning Strategy 2010 to 2013

⁴¹ Implementing Fulfilling and Rewarding Lives statutory guidance/ autism strategy

Date Received	No	Reason for referral	No
2008	2	Wants to leave Residential Care	8
2009	5	Family issues / wants to	12
2010	4	No longer wants to share	2
2011	12	Wants to return to the city	1
Less than 6 months	2	Unknown	2
Total	25	Total	25

7.4.8. The referrals also provide age breakdown and we have seen an increase in particularly for those under 25 years, which we see as a growing trend.



7.4.9. From these referrals it is possible to determine what types of accommodation will be required to enable these service users to live independently as follows:

Type	No
Cluster with support either on site or nearby	8
Single occupancy	1
Shared (Kitchen and Bathroom)	14
Accessible	2
Total	25

7.4.10. The following information provides an estimation of the numbers of people with a learning disability who will require independent living solutions over the next three years:

Year	2013/14	2014/15	2015/16
No of people	40	40	40

7.5. Mental Health

7.5.1. Accommodation, as noted elsewhere in this strategy is a key factor in keeping people well and out of hospital. It is therefore important to make sure that a range of interventions are developed to support this aim.

7.5.2. Intelligence gathered locally has identified the need for short term interventions to avoid hospital admission, achieve hospital discharge or relief from current tenancy.

7.5.3. Data from the SHMA⁴² indicates that based on the Leicester population, and rates of growth combined with historical trends in ASC adult mental health users under 65 years, it is estimated that by 2015 there will be 103 new people likely to require residential care unless mitigating actions are taken. In terms of severe mental health, it is predicted that by 2015 there will be an overall 4% increase in the numbers of people with severe mental health needs.⁴³

7.5.4. ASC co-ordinate requests for independent living opportunities and manage a smaller portfolio of sites for those with mental health conditions. Currently the numbers waiting for accommodation as at February 2012 is **19**. A further 34 referrals are currently inactive, but have the potential to become active again in the future. This will be for a variety of reasons including not being ready to move, changing their mind and admission into hospital. The active referrals have been received from the following:

Current Address	No
Secure hospital - adult mental health	2
Secure hospital - forensics	3
Rehab/hospital	2
Ward/hospital	1
Registered care home	5
Family	4
SP / Independent living schemes	2
Total	19

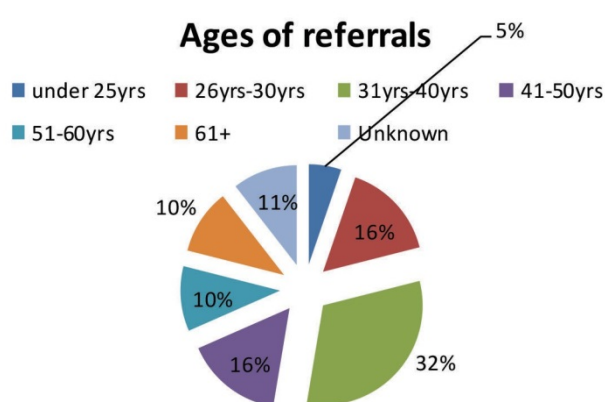
⁴² Strategic Housing Market Assessment – 2007/8

⁴³ (LCC) Analysis of adults with mental health in long term residential care citing Projecting Adult Needs and Information System

7.5.5. The data below shows the date referrals were received, which shows a marked increase in referrals within the last year, along with the reason given for these referrals as follows:

Date Received	No	Reason	No
2010	2	Hospital	8
2011	12	Leaving Residential Care	5
Less than 6 months	5	Family issues	4
Total	19	Unsuitable scheme	2
		Total	19

7.5.6. Of these referrals the age breakdown is outlined below:



7.5.7. Again from these referrals it is possible to determine what types of accommodation will be required to enable these service users to live independently as follows:

Type	No
Cluster with support either on site or nearby	17
Single occupancy	2
Total	19

7.5.8. The above sets out what is known about those currently looking for accommodation with support. In the table below is the estimate of the numbers of people who will require independent living solutions as follows:

Year	2013/14	2014/15	2015/16
No of people	40	40	40

7.6. Physical and Sensory Disability

7.6.1. Information on the requirements for this client group is limited, but future requirements will be explored in the coming year.

7.6.2. However, it is known that people want to remain in their own homes, but often people have to move out of their homes whilst adaptations take place, which will be explored in more detail in the strategy.

7.7. Older People (mental health) dementia

7.7.1. There is a predominance of early onset of dementia and examples of lack of tolerance and flexibility demonstrated both in tenancy issues and support/care arrangements.

7.7.2. For this user group an early move into Independent Living with support would allow routines to be established and remaining in the same area of the city would be preferred achieving a sense of familiarity.

7.7.3. A requirement for 2 bed accommodation is identified where an overnight carer may be needed although less so if in a cluster setting. The development of another Extra Care Housing scheme in the city within the last year has gone some way to meeting this need providing quality and accessible accommodation with priority given to those over the age of 55 years for those in wheelchair and/or with care needs.

7.7.4. The current schemes provide modern, accessible self-contained apartments that offer opportunities for communal activities and engagement for residents thereby reducing social isolation.

7.7.5. A guide entitled 'Living Beyond Dementia'⁴⁴ relies on evidence gathered from 10 years of research into the provision of housing with care (i.e. extra care) and identifies key themes for good practice within future provision.

"It is clear that people with dementia who live fulfilled lives in Housing with Care developments do so in large part because of the flexible and responsive care and support they receive. This

⁴⁴ Living beyond dementia a guide to dementia and housing with care Housing and dementia research consortium

requires staff to have a positive attitude and good understanding about dementia in general and about each individual with dementia. Flexibility will be a mark of the ethos of a development. Those working there will be alert to the risk of loneliness, social isolation and discrimination that some individuals with dementia can experience”

7.7.6. Further, consideration is given within the guide to the size of the setting and whilst it is acknowledged that a larger setting can provide a wider range of amenities and facilities and may be more viable, equally an ‘extensive layout can become disorientating and confusing’. The report recommends that the environment needs to be ‘homely and easy to understand’.

7.7.7. A successful extra care setting with the principles identified in this guide has the potential to achieve prolonged residence in the same home, delaying or preventing moves into a care home and highlights that research demonstrates that both families and service users prefer a ‘specialist’ setting for dementia support.

7.7.8. Extra Care housing and variations thereof may offer some people with dementia an alternative to residential care, enabling couples who might otherwise be separated to remain together, and offering the combination of flexible, responsive home care and support, maximum independence, improved safety and security, and managed risk.

7.7.9. It’s also important to recognise the role that sheltered housing plays in supporting this client group and that it has the potential to be used as the base for a whole host of services for people with dementia and their families.

7.8. Older People

7.8.1. So Where do Older People Currently Live (65+) (2011 census)

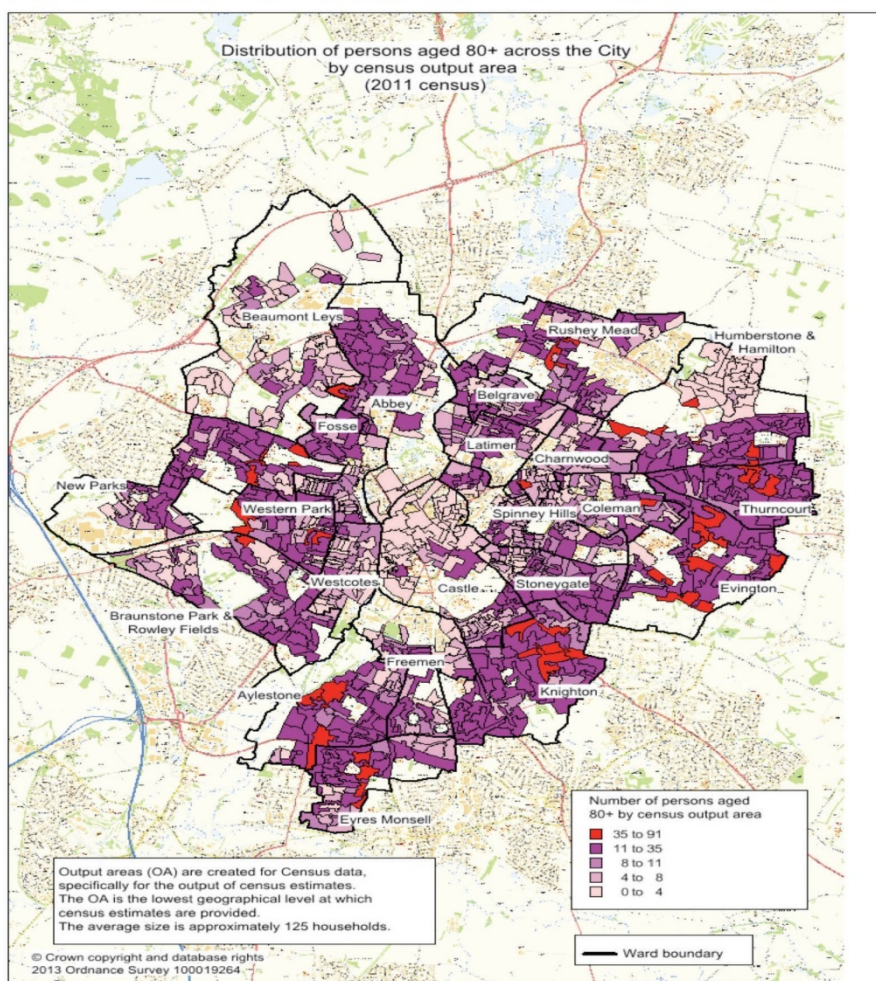
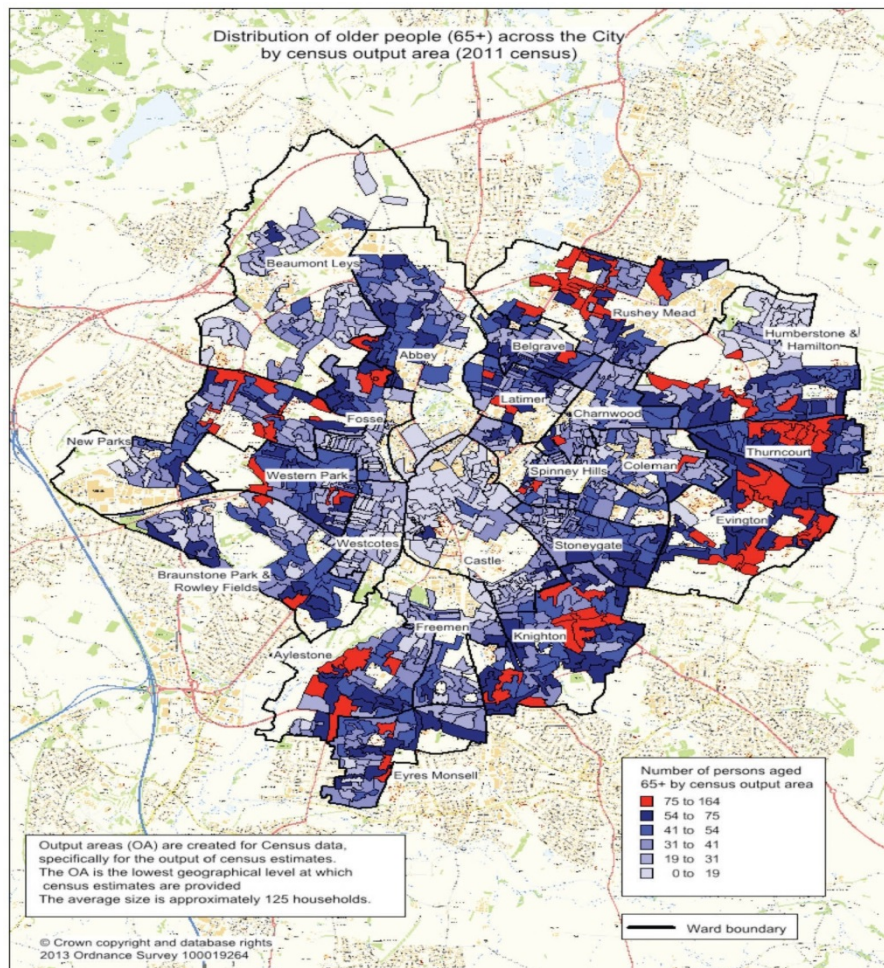
7.8.1.1. Generally, older people tend to live in the suburbs, particularly on the east of the City, where there is a high density of council housing, bungalows and larger owner occupied properties.

7.8.1.2. The distribution of older people across the city as shown in the maps below;

- Areas of Belgrave and Rushey Mead, particularly to the north of Rushey Mead now have an older profile.

- Areas of Thurncourt/Netherhall, Rushey Mead, Evington and some parts of Western Park due to the density of age designated accommodation ie bungalows and older persons residential homes.
- Areas with a high density of council and owner occupied properties generally, those wards around the periphery of the City.
- Areas of Knighton, parts of Stoneysgate, Evington, Western park, Humberstone, Hamilton and Aylestone due to larger owner occupied properties in the suburbs.
- Areas of New Parks, Eyres Monsell and Beaumont Leys due to larger housing estates and remaining in the same area as an older person.
- Areas of Castle and Westcotes have low numbers of older people due to the density of private rented accommodation.

7.8.1.3. The maps below clearly show, by age, very limited numbers living towards the city centre.



7.8.2. Housing Tenure

7.8.2.1. As a city Leicester has a 50% level of home ownership (outright or with a mortgage) and of those aged 65+ years, 64% own their own home (table 2).

Table 2

Type of housing Tenure	65+	%	All Ages	%
Owned	15,110	64%	61,170	50%
Rented from council (Local Authority)	4927	21%	21,048	17%
Other social rented	1656	7%	10,222	8%
Private rented	1274	5%	27,999	23%
Living rent free	733	3%	1,912	2%
Shared ownership (part owned and part rented)	74	0%	774	1%
All Categories	23,774		123,125	

7.8.2.2. The majority of those aged 65 years and above own their home and the remainder are either living in rented (private or social) accommodation or living rent free.

7.8.3. Current independent living and extra care provision for Older People

7.8.3.1. The city currently has 2 extra care schemes which offer supported living for older people, which are:

- Danbury Gardens, located in the Humberstone area of the City, comprising 57 self-contained one and two bedroom apartments. There are 5 shared ownership flats and 52 flats available to rent. The allocation of property is based upon the level of need to ensure an appropriate balance within the scheme.
- The Wolsey building is located opposite Abbey Park. It comprises 63 self-contained one and two bedrooms available to rent (29 one beds and 34 two bed apartments) of which 80% are specific to older people in receipt of ASC services.

7.8.3.2. The current provision shows that based on current revenue spend it has delivered revenue savings to ASC based on the average weekly reduction in the cost of care packages on the previous address costs when compared to current average weekly costs in the schemes (table 3).

Table 3

Scheme 1	Weekly	Yearly
Previous Average	£150	£7,810
Current Average	£139	£7,236
Revenue Saving	£497	£25,844
Scheme 2	Weekly	Yearly
Previous Average	£369	£17,239
Current Average	£338	£17,611
Revenue Saving	£970	£50,477

7.8.4. Summary

7.8.4.1. The information provided here shows us that older people tend to live in the outer estates within the city and should be a consideration when considering future extra care developments. It also shows us that a significant number live alone, which, as noted elsewhere, has the potential to cause negative impacts on their continued health and well-being.

7.8.4.2. The very early data on whether extra care offers value for money strongly indicates that not only does extra care offer more independence to an individual but can deliver greater cost savings into the future.

7.8.5. What do older people want?

7.8.5.1. In order to learn from the experiences of local people a number of engagement activities were completed (January – April 2013) to capture their views and experiences of living in Extra Care Schemes in the City. The objective was to listen and learn and offer an opportunity to input from older people, to inform the planning of any future new build of specialist accommodation.

7.8.5.2. Structured interviews were completed with 50% (56) of tenants within each of these schemes along with:

- 51 people contributed to focus groups
- 12 completed own questionnaire in addition to the 56 structured interviews
- 61 responded via focus groups in the voluntary sector representing and supporting older people
- 57 contributed to focus groups that included tenants from 2 schemes and members of the 50+Network (representative group of older people)

7.8.6. So what did people in Extra Care Schemes say?

7.8.6.1. There are two Extra Care Schemes in the city that have a direct relationship with Adult Social Care and how they function in terms of service delivery and allocations to the schemes.

7.8.6.2. These schemes provide different models of Extra Care and share many common features and deliver similar benefits. The information gathered from tenants show clearly the impact of location and area of a scheme is critical, which is drawn out in more detail in this section.

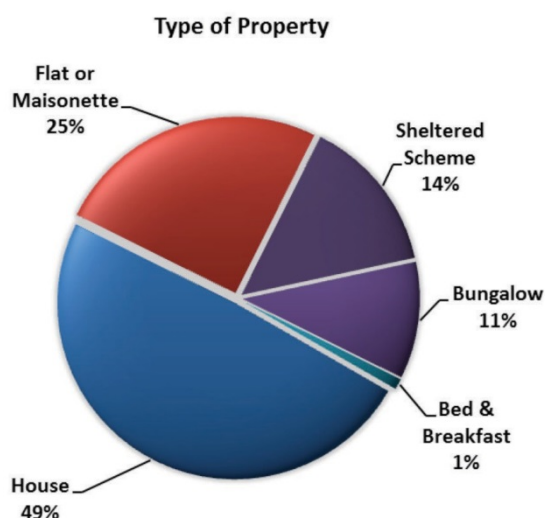
7.8.6.3. Housing Tenure prior to moving into Extra Care:

- 47% of people had lived in either council or housing association property
- 23% were lodging with family and 2% with friends
- 14% were renting from a private landlord
- 9% were in residential care or other Supported Living Scheme
- 5% owned their own property.

7.8.7. Property types prior to move

7.8.7.1. A total of 25% of people moved from age designated property types (sheltered schemes and bungalows) that for a number of reasons including unable to continue to access the whole property, inadequate space within the property and/or an escalation in level of support they now required, necessitated a move (diagram 1).

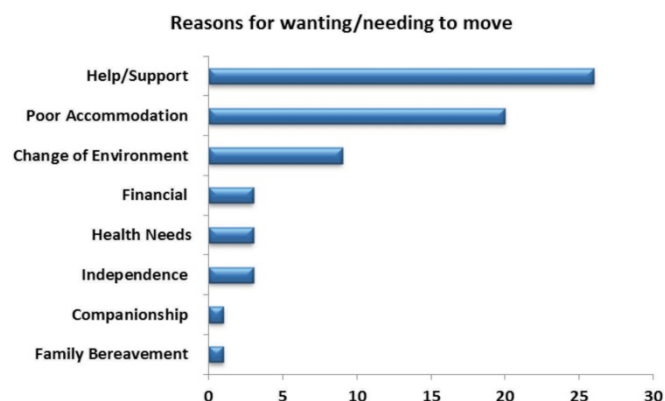
Diagram 1



7.8.8. Reasons for moving

7.8.8.1. People across the two schemes had very clear reasons for either needing to move or wanting to move from their existing property. The predominant reason for the majority was a need to access help and support, which could not be provided in their accommodation prior to moving. A very small number of tenants included being able to meet the declining health and care needs of a partner therefore moving provided both carer relief as well as support for the partner (diagram 2).

Diagram 2

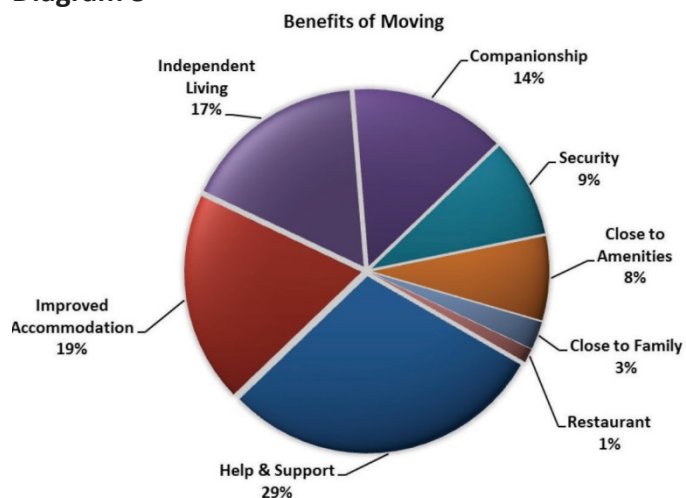


7.8.8.2. The majority of tenants became aware of the scheme from family members and were supported by family in the practicalities of applying for the accommodation and in the actual move from home to the scheme.

7.8.9. Expected benefits

7.8.9.1. Residents were asked what they hoped the benefits of moving would achieve. This shows again access to help and support is in line with the reason for moving.

Diagram 3



7.8.10. Actual benefits and improvements achieved by moving

7.8.10.1. As specialist accommodation all of the reported benefits and self-reports of improvements in health and sense of well-being support these schemes as meeting the specific needs of older people and sustaining a greater sense of independence.

Diagram 4

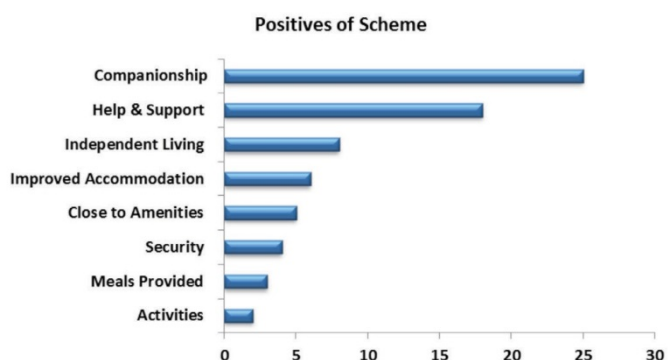


7.8.10.2. The high quality standards and accessible accommodation contribute to the reports of increased feelings of health and security as well as benefiting from the companionship of others as peer support and friendship groups are developed or maintained. Both schemes had examples of either siblings moving together into separate flats and/or existing friendship groups that had been supported in another scheme moving together.

7.8.10.3. Interestingly, whilst 'companionship' scored low in the reasons for moving, this area then scored highly in the actual benefits received.

7.8.10.4. The general positives of living within a scheme as opposed to a separate house or flat were explored and companionship again ranked highest (35%) followed by having help and support available that is provided by a variety of sources both paid and unpaid (diagram 5).

Diagram 5



7.8.10.5. Aside from the importance of having accommodation that is adequate, accessible and can meet the changing needs of older people of equal importance is the need for low level preventative services which help people to avoid becoming lonely and help them to remain living independently in the community.

7.8.11. Areas for improvement

7.8.11.1. All of the above demonstrates the positive impact and associated benefits that have been delivered particularly by the built form and the internal arrangements for care support and friendship that exist.

7.8.11.2. However, the location of the scheme and availability of public transport in very close proximity and/or amenities that are local and accessible for older people is crucial in providing actual inclusion in a community and the ability to continue to be active away from the scheme.

7.8.11.3. Within one of the schemes 78% of those interviewed described the location as poor due to the lack of the above. This impact on the tenant's sense of well-being with a small number describing feeling trapped and isolated by the environment and lack of transport.

7.8.11.4. A small number reported that they go out less since moving here. There was also an increase in travel costs as many reported a need to hire a taxi for medical appointments and general visits out.

Quote from respondent: *'its hidden way on the site and away from the main road' and 'it's enclosed on all sides no outside world other than car park'*

Quote from respondent: *'either the scheme or services should provide a transport service i.e. tenants have to pay taxi fare to visit health services'*

7.8.12. Future Model for Extra Care Schemes

7.8.12.1. In planning for future needs there has to be a clear definition of the type of scheme being developed as this will inform how the built form is arranged, what the facilities are and the range of intended need it will be provided for.

7.8.12.2. Within one of the schemes there are conflicting feelings on what is being offered to what is being experienced. Particularly in the areas of a concentration of the frail and elderly living there who then have a reduced need, ability or interest in being part of the community.

Quote from respondent: *'Retirement Living should have activities designed with the active older people in mind not the ill and infirm'*

7.8.12.3. Whilst there were some mixed views about the provision of meals in one of the schemes and the associated costs, a significant number had benefited from this service particularly at periods of ill health and hospitalisation and this should continue to be a consideration.

Key learning from this activity

Critical features are location/natural views and access to public transport in line with the HAPPI2 principles)

Flexibility in the services that are provided on site

Size of the scheme not important but internal provision of adequate and creative use of space (HAPPI2)⁴⁵

Assistive technology capability and internet connection within the built form

Clear definition of the type of scheme to be provided

Planning and design needs to take into account negotiating and managing as an older person out in the community and the proximity of facilities and services.

7.8.12.4. These responses provide evidence to echo the benefits of specialised housing as detailed in 'Housing in Later Life'⁴⁶ as improving the quality of life, maintaining independence for longer and having 'the immediate community and on site staff help to reduce anxieties and maintain general health and well-being helping to improve feelings of safety security and companionship.

7.8.13. Responses from Voluntary and charity sector and focus groups

7.8.13.1. Although there was a limited response to the invitation to take part in the engagement activities, the responses received were informative in adding to the experiences of older people in Leicester, at a representative level.

7.8.13.2. A wider variety of needs were demonstrated by Vista Society for the blind and

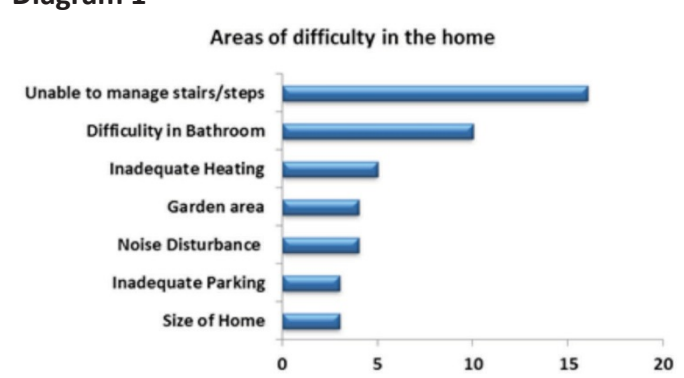
Leicester Stroke Club given the smaller number of respondents.

7.8.13.3. From the further responses:

- 50% of people owned their own home (with 23% mortgage free)
- 31% council/housing association tenants
- 14% lived in sheltered schemes
- 4% private tenants and 1% lived with family

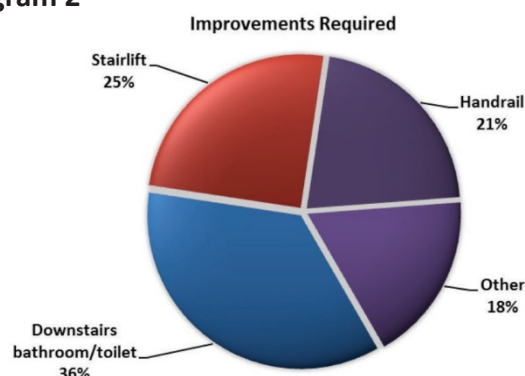
7.8.13.4. From these responses 60% of people confirmed that they had some difficulties or issues in their current home. The areas of these difficulties /issues are shown below and relate to both inside and outside the home:

Diagram 1



7.8.13.5. The improvements that would be required to address these issues are shown below:

Diagram 2



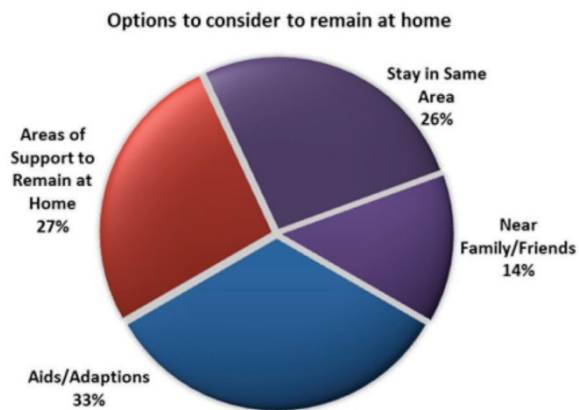
7.8.13.6. The 'other' category included improvements to security, install double glazing, a walk in shower and an extension to the lounge area.

7.8.13.7. Respondents were asked what options they would consider to achieve being able to remain at home, if their needs/abilities were to change. The majority (60%) would explore all and any options including practical solutions and for 26% remaining in the same area was the priority.

⁴⁵ Housing our Ageing Population: Plan for Implementation 2

⁴⁶ Housing in Later Life - Planning Ahead for Specialist Housing for Older People December 2012 (page 7)

Diagram 3



7.8.13.8. Focus groups were held so that older people could have an input on relevant design features particularly for larger and substantial developments of specialist accommodation. It was recognised within these groups that the 1st priority would be to do all that could be done to continue living in your own home as shown in diagram 3 (above). However, where this may not be possible, needing to move was acceptable as long as the move was to accommodation that could actually meet your needs as an older person.

7.8.13.9. Whilst the majority recognised that you needed land to build on, it was generally felt that very little planning went into how people would actually manage living there both in the specialist accommodation and the immediate environment.

7.8.13.10. Combining the responses from 50+ Network, Danbury Garden tenants, Wolsey tenants, VISTA Society for the blind and Leicester Stroke Club a number of factors were considered critical in designing appropriate accommodation for older people.

Top priorities for location on a large developing site

Near to access roads/public transport

- bus stops with shelters for cold weather
- bus stops near and in close walking distance to actual accommodation
- bus stops near to the shop front ie supermarket access points
- frequent and regular bus services to include evenings and weekends
- adequate pavements and dropped kerbs to allow for mobility aids

Near to other amenities

- In close proximity to health services
- covered shop fronts and walkways due to bad weather
- near to culturally specific shops and services
- recreational and leisure facilities for older people
- adequate external lighting
- clear signposting and road signs

Location in relation to other accommodation

- have a mixed community not in total isolation from families
- safety and security features that design out dark and hidden areas

Views on the built form

- more than 1 entry/exit into and out of the accommodation
- natural and attractive views out ie trees, open spaces
- security and safety features
- community garden (external to the specialist accommodation)
- a quiet garden (internal to the specialist accommodation)
- purpose built and affordable
- accessible flats with internal storage
- services that come into the accommodation (ie health)

7.8.13.11. There were mixed views around home ownership and tenure within specialist accommodation. A small number thought this was an important offer but that there needed to be support for older people through:

- a. the process of home ownership
- b. owning 100% not shared ownership
- c. understanding the restrictions on inheritance of this asset

7.8.13.12. The focus groups demonstrated that local older people have many contributions to make to

assist planners and commissioners in the design of future services and specialist accommodation.

7.8.14. Needs and Commissioning Intentions for Older People

7.8.14.1. The drivers⁴⁷ relied on to project the future levels of need, of those over 65 years is summarised below (table 5).

7.8.14.2. Each of these predicts increases which total 7347 by 2020.

7.8.14.3. To establish an evidence base of the future specialist accommodation required in the city, a Strategic Housing for Older People⁴⁸ assessment has been completed. This assessment estimates the number of older people aged 75+ who are likely to require specialist housing or registered care (**demand**) against the current number of units available (**supply**) (table 6).

7.8.14.4. This strategic housing analysis tool currently shows a significant undersupply in relation to Extra Care with a supply of only 152 units as opposed to an estimated demand nearer 440 units, a difference of 65%.

7.8.14.5. The information provided particularly in table 6 (above) gives a clear indication of the shortfall in extra care accommodation within the City. Although it is acknowledged that the assumptions are based on those aged 75+ we know from data collected within the report that the same accommodation choices would be applicable for those aged 65+.

7.8.14.6. This assessment then shows in the table below (table 7) that in relation to Future Needs the estimated number of older people aged 75+ who are likely to require specialist housing or registered care in future years, from 2012 – 2030 based on

Table 5

Current drivers of need of those aged 65 years and over	2012	2014	2016	2018	2020
65 years and over unable to manage at least one domestic task on their own	15,9000	16,119	16,389	17,021	17,575
65 and over unable to manage at least one selfcare activity on their own	13,037	13,229	13,478	14,001	14,458
65 and over with limiting long-term illness	19,260	19,833	20,338	21,051	21,826
65-74 years predicted to live alone	4,890	5,130	5,390	5,760	6,000
75 and over predicted to live alone	9,382	9,355	9,328	9,457	9,654
65 and over predicted to have dementia	2,790	2,851	2,929	2,983	3,093

Table 6

	Demand	Supply	Variance	% Variance
Sheltered Housing	2,200	1,141	-1,059	-48%
Enhanced Sheltered	352	50	-302	-86%
Extra Care	440	152	-288	-65%
Registered Care	1936	2098	162	8%

Table 7

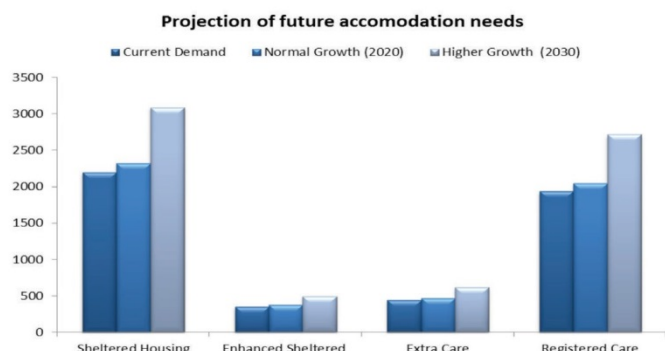
Normal Growth Scenario	2012 % increase from 2012	2013 %	2014 1%	2015 1%	2020 6%	2025 23%	2030 40%
Sheltered Housing	2,200	2,200	2,225	2,225	2,325	2,700	3,088
Enhanced Sheltered	352	352	356	356	372	432	494
Extra Care	440	440	445	445	465	540	618
Registered Care	1,936	1,936	1,958	1,958	2,046	2,376	2,717

⁴⁷ Projecting Older People Population Information

⁴⁸ Housing LIN Strategic Housing for Older People Tool May 2013 The data for demand is calculated by applying the prevalence rates (as shown in the data settings) to the 2012 population aged 75+. The population data used is from the 2010 Office for National Statistics (ONS) sub-national population projections

a normal growth scenario. This 'normal growth' is based on population growth alone for older people aged 75+, the source of these projections is the ONS, 2010 sub-national population projections.

7.8.14.7. Based on this assessment the following is the likely demand for accommodation over the next 18 years using the normal and higher growth scenarios (Higher growth uses ONS increased life expectancy tables that assume if there is an increase in life expectancy, people are healthier for a similar increased amount of time and therefore require specialist services later in life)



7.8.14.8. The focus within the city is to increase the supply of Extra Care provision for the well documented benefits this can provide including the delay and/or prevention of entry into residential care.

The preference would be to have various configurations of accommodation under the term, Extra Care that can combine the features of sheltered and enhanced sheltered to provide for the range of changing needs of older people that includes dementia provision.

7.8.14.9. Combined total of under supply:

Table 8

	Demand	Supply	Variance	% Variance
Sheltered Housing	2,200	1,141	-1,059	-48%
Enhanced Sheltered	352	50	-302	-86%
Extra Care	440	152	-288	-65%
Combined total	2,992	1,343	-1,649	-55%

7.8.14.10. By design, these schemes must incorporate the most salient features as detailed throughout this section and include the facilities and services within it that foster social inclusion

and integration into both the scheme and the wider community.

7.8.14.11. We will therefore need to ensure that further extra care schemes are developed that offer alternatives to residential care and allow people to remain as independent as possible with access to care and support as needed.

7.8.15. Conclusion of current position for Older People

7.8.15.1. There is a shortfall in the supply of specialist accommodation for older people. The term Extra Care encompasses sheltered housing, enhanced sheltered and Extra Care combined.

7.8.15.2. This shortfall must be addressed if we are to be in a position to meet both the care and health needs as well as the aspirations of continuing to live with dignity and independence, for what will be the growing population of older people:

- 55% overall shortfall in the current supply of specialist accommodation
- 48% increase predicted in the over 65+ population up to 2031
- 40% of the population 65+ are predicted to live alone
- 39% of the population over 65+ estimated to have a care need (higher than national average)

7.8.15.3. Based on the strategic assessment the shortfall in the number of units for the types of specialist accommodation are as follows:

Current under supply	Number of units
Sheltered Housing	1059
Enhanced Sheltered	302
Extra Care	288
Total	1649

7.8.15.4. Whilst potential growth of the population is based on estimates and projections, increasing the supply of specialist accommodation is sustainable given the predicted demand over the coming years.

7.8.15.5. We have learnt from the engagement activities with older people that as life circumstances and abilities may change their priorities are:

- **to remain living at home with any types of support including practical solutions**
- **to remain living in the same area**

7.8.15.6. In terms of the built form we have learned from older people that the size of the accommodation is not of major concern, the priorities are:

- **adequate and good use of space that fosters a sense of openness within the building**
- **immediate environment is accessible and well served by local services, public transport, amenities and facilities**

7.8.15.7. Information gathered from residents of existing schemes that any future schemes must:

- Have access to public transport – within reasonable distance for an older person
- Have close proximity to local amenities – that are easy to access
- Provide the ability to be active away from the scheme

7.8.15.8. From the mapping of older people, we can see there is a high concentration of older people particularly in the East of the City.

7.8.15.9. However, as the city is densely populated there is insufficient unoccupied land for new build in close proximity to those existing communities. Solutions may be found as we continue to explore existing corporate assets and by engaging with developing registered providers over the short term.

7.8.15.10. Given the higher costs associated in building specialist accommodation having the offer of a financial commitment from Adult Social Care or health could make potential sites more attractive for development or refurbishment, within the city.

7.8.16. Transitions

7.8.16.1. As noted above elsewhere in the strategy the information on the needs of young people has improved as better data is being collected. However, this is still at an early stage and we will continue to monitor progress through the Transitions Partnership. This will improve knowledge around housing options and future demand for independent living options.

7.8.16.2. Projections from the last 'pupil census' 2007 for county and city shows;

Special Need	Statement(s)	Statement(s) Plus P Action	Proportion of Statemented need within S&P population
Autistic Spectrum Disorder	314	415	76%
Behaviour, emotional and social difficulties	404	1707	24%
Hearing impairment	61	295	21%
Moderate Learning Difficulty	1262	3626	35%
Multi-sensory impairment	4	5	80%
Other difficulty/disability	70	307	23%
Physical disability	362	531	68%
Profound and multiple learning difficulty	157	159	99%
Speech and language needs	454	1356	33%
Severe learning difficulty	496	521	95%
Specific learning difficulty	449	1496	30%
Visual Impairment	113	184	61%

7.8.16.3. The data shows that there were almost 25,000 pupils with some form of special needs recorded on the system in 2007, with over 10,000 (22% of all pupils) in the city; and nearly 14,000 (or 15% of all pupils) in the county.

7.8.16.4. The data shows that Leicester City has a higher overall level of potential special needs at 9.6% of all pupils - almost 50% higher than in the county (6.5%). Many categories are unlikely to require special forms of housing, but some could, such as Multi-Sensory Impairment, Physical Disability, Multiple or Severe Learning Difficulty. Others such as Visual or Hearing Impairment and Speech and Language Needs might need some adaptations to the home.

7.8.16.5. Assumptions made in the Strategic Housing Market Assessment (SHMA)⁴⁹ suggest a requirement for around 150 special and adapted units being made available to meet these rising needs from the younger population over approximately ten years across the city and county.

7.8.16.6. The Transitions service has recently reported that due to an expansion in the criteria for referrals to them has increased the numbers of those referred and therefore impacts on the numbers likely to require accommodation in the future. It suggests that we should be providing in the region of **10** units of accommodation over the next 3 years.

7.8.16.7. It is expected that those in transition will make better use of social housing by registering on the housing register via the choice based lettings scheme, which provides access to accommodation across the city.

7.8.17. Shared Lives (Adult Placement)

7.8.17.1. Work is in progress with carers to deliver a range of service, which includes:

- Providing family carers with a regular break from caring
- Help people to maintain and develop independence and life skills away from family/carers and in different surroundings
- Offer people the chance to move from their current environment to live with a shared lives carer who will provide the support they need

7.8.17.2. People can either stay a short time with a shared lives carer, while others may live with a shared lives carer at their long-term home.

7.8.17.3. The shared lives service don't hold a waiting list but respond to referrals as they are received. At the point of referral the team will look to identify the most appropriate placement that is able to meet their needs.

7.8.18. Conclusion

7.8.18.1. The above sets out the level of need we will continue improving the systems that capture the housing need of those eligible for services.

7.8.18.2. We will then explore options on how best to meet that need using either councils housing stock, housing association or private provider stock or develop purpose built units of accommodation.

⁴⁹ Strategic Housing Market Association - 2007/8

8. Performance and Quality of Services

8.1. To ensure that people are being enabled to live independently it is critical that all services are able to evidence the quality, outcomes and positive impact their services have on people's lives. Therefore all Independent Living Services are monitored and currently provide quarterly financial and service monitoring information to ensure that the services are delivering real change.

8.2. The overall purpose being to:

- To inform the quality and effectiveness of the provider
- To ensure that services are provided in accordance with agreed contract and specification
- To ensure fair access to service provision
- To identify good practice and areas for improvement
- To identify issues and concerns and ensure these are investigated and resolved
- To determine any changes required in service delivery
- To inform the decision whether a contract should be extended at the end of its term
- To gather data to inform wider service planning and reviews.

8.3. Data is routinely captured from providers and summarised below is the analysis for 2010/11 and is used here to illustrate attainment against targets set as follows:

Outcome 1: Enhancing quality of life for people with care and support needs

Description		
Proportion of adults with learning disabilities who live in their own home or with their family		
Target	Stretch	Performance
70%	75%	68.8%

8.4. Out of 1024 LD people, aged 18-64, known to the council, 704 (68.8%) are living in their own homes or with their family.

Description		
Proportion of adults in contact with secondary mental health services living independently, with or without support		
Target	Stretch	Performance
80%	82%	77.7%

8.5. Out of 1329 adults, aged 18-69, who are receiving secondary mental health services and are on a Care Programme Approach (CPA), 1032 (77.7%) are living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

8.6. In the coming year further monitoring will take place to increase the numbers living either independently or with their families as this will be a measure of whether the overall approach to delivering against the year on year targets, where identified, have been met.

9. Current Resources

9.1. It is important to ensure that access to accommodation is provided be it purpose built accommodation, established shared units or access to social housing across the city or the development of support services that allows people to live independently with support that is directed by them.

9.2. In order to increase the numbers accessing independent living and those in ordinary housing work is underway with social work teams to improve knowledge and understanding of the solutions available for vulnerable people to live independently.

9.3. It will also be necessary to ensure that support services are in place to enable people to live independently. Work has progressed throughout the year to ensure that this is in place. It has included a review of processes, adoption of holistic assessments including housing need, a full understanding of Independent Living and a means of capturing housing within the single point of contact with adult social care.

9.4. Currently ASC has access to a total of 309 units broken down as follows:

- Designated local authority stock 75 units
- Extra Care Schemes (RSLs) 120 units
- ASC Independent Living Schemes (includes private and RSLs) 114 units

Number of units per Client group:

Client Group	No. of Units	Percentage Share
Extra Care	120	39%
Learning disability	139	45%
Mental health	35	11%
Profound/Multiple	15	5%

9.5. Work has been progressed within the last year to access to a variety of accommodation/sites around the city as follows:

4 x 5 clusters of bungalows – across the city - still at an early stage of development

1 x former warden's house - dialogue on-going x 2 units

5 units of accommodation currently being explored as a step down unit but still at an early stage of development

9.6. Shared lives currently support the following groups:

APS Band 4 Learning Disability	17
APS Band 5 Physical Disabilities	1
APS Band 6 Special Care	6
APS Band 7 Severe Multiple Disabilities	4

10. The Future Model for Independent Living

10.1. Independent living generally means the separation of housing from the provision of support or care, and unlike residential care, it means that the person does not lose their home if their care or support needs change. This is in order to demonstrate that shared accommodation is not a “group home” that requires it to be registered.

10.2. It should also include owning or renting your own home to living in a building based scheme such as extra care schemes within local communities rather than institutions separate from the community it is based in

10.3. This approach to delivery is one that we will be actively encouraging, currently a range of schemes have support built in, but over time we would wish to see a move away from this model. ASC aspires to see those living in such schemes buying their own support with their personal budgets. Actively choosing the type of support they wish to receive and who they want to deliver that support be that a provider of support, a family member/friend or personal assistant.

10.4. To support this initiative we have developed in conjunction with Leicestershire County Council the ‘choosemy support’ website, which is a portal that will allow both providers to advertise their services and individuals to have access to information on a range of services.

10.5. Living support networks give independence to individuals within their own tenancy will also be developed. More specifically it is made up of a number of individuals living in self-contained accommodation, in close proximity to each other. A unit or base/hub is also located in close proximity to the members’ homes.

10.6. A living support network is a prevention service that can identify issues/ concerns/ risks at an early stage before formal intervention or assistance may be required and encourages individuals to settle and integrate in the local area.

10.7. A living support network provides an alternative to traditional types of designated schemes by encouraging the members to befriend each other and create an informal model of support and friendship that promotes confidence in living independently. The role of a volunteer can be included to provide support in befriending and integration within a given local community.

10.8. Both the Care Services Efficiency Delivery (CSED) and Valuing People Now support the model of ‘living support networks’ as achieving the objectives of independence, inclusion and cost effectiveness.

10.9. Further work has been undertaken to confirm the need for further extra care schemes in the city situated within local communities will be supported.

10.10. However, it is important to acknowledge that in the current financial climate the normal route for capital funding has reduced significantly for Registered Social Landlords (RSL’s) who have been one of the main developers of these schemes within the city. Consequently both ASC and other partners, such as health, who have an interest in developing Extra Care need to identify capital contributions to support further development.

10.11. In addition initiatives will be supported that ensure access to assistive technologies are easily available be that for a short time, perhaps at times of crisis, or a permanent feature that supports independent living.

10.12. These approaches will provide a cost effective alternative to residential care, which has never been more important as the local authority faces significant budget reductions, which will see an overall reduction in funding for care over the next three years.

10.13. Work will progress to increase the number of Shared Lives⁵⁰ opportunities available. Shared Lives offers people an alternative and highly flexible form of accommodation and/or care or support provided by ordinary individuals/families in the local community. This enables the person to share in the life and activities of the adult placement carer.

10.14. To assess the level of interest in March 2011 a consultation exercise was undertaken to establish the interest in developing independent living opportunities within the city with a wide range of providers. The consultation showed that interest did exist across a wide range of sectors in meeting the increased need for independent living and that there is potential to encourage new providers of both accommodation and support services into the city.

10.15. A number of providers indicated that they are able to source high quality accommodation and commitment to individual inclusion in making decisions on their accommodation and support needs.

10.16. To ensure new schemes are developed a generic brief for new affordable housing and independent living accommodation has been shared with the market but is currently being revised in light of funding availability.

10.17. However, the brief supports a minimum of 5 -10 up to a maximum size of 30 households/units of self-contained core and cluster flats in any one scheme. Access to an office/communal resource space and a meeting room (the purpose of this room is to house security and assistive technology measures and to provide a shared communal area) is now considered on a case by case basis as noted above.

⁵⁰ Leicester City Councils - Adult Placement Scheme

11. Commissioning Priorities

11.1. The current position and range of need demonstrates an emphasis on diverting people away from and supporting people to move from residential care, there will be a constant demand for alternative forms of accommodation including 'ordinary' housing.

11.2. The range of accommodation/support options needs to provide;

- Intervention in times of crisis for all service users.
- A setting to move to from residential care, discharge from hospital or for someone leaving home for the first time.
- Independent accommodation for a person to settle into as their home, which may include:
 - other family members or
 - a core and cluster arrangement with access to other care and support services universal /community services from the same base
 - Independent accommodation needs to have accessible links to transport, local amenities and services.
- To increase the use of assistive technology that enables a person to remain in their own home.

11.3. ASC specific overarching commissioning priorities over the coming 3 years for the following client groups will be to:

- Increase opportunities for all adults to live independently in supported accommodation schemes living across the city;
- Develop 'Living Supported Networks' across the city, particularly working with local communities and the market to support such initiatives
- Develop further extra care sites across the city to meet the needs of older people particularly in light of the population estimates

- Increase the number of independent living, building based opportunities to meet the identified need as follows:

Learning Disability

Year	2012/13	2013/14	2014/15
No. of People	40	40	40

Mental Health

Year	2012/13	2013/14	2014/15
No. of People	30	40	40

Transitions

Year	2012/13	2013/14	2014/15
No. of People	10	10	10

Older People/Older People Dementia:

Current Under Supply	Number of Units
Sheltered Housing	1059
Enhanced Sheltered	302
Extra Care	288
Total	1649

11.4. Physical and Sensory Disability

11.4.1. Currently there is no overarching strategy for this client group and work to develop this will be undertaken to identify the independent living requirements both now and into the future

11.5. Overarching Priorities:

- Align current Adult Social Care (ASC) processes and pathways to better meet the need of those requiring support to live or continue to live independently;
- Ensure that opportunities to live independently are actively promoted to those living in residential care homes or other such establishments and considered as a viable alternative;
- Ensure that early consideration is given to identifying housing opportunities for young people, which will involve providing more

detailed information in conjunction with Educational establishments, CYPs colleagues and ASC Transitions team

- Establish clear funding options for future affordable housing. Although the Affordable Housing Strategy has clearly contributed to increasing the affordable housing within the city, which includes supported housing, this growth is reduced significantly due to changes in the process to secure funding from the Homes and Communities Agency (HCA);
- Keep under review the design brief to check that it continues to be fit for purpose;
- Increase the numbers of service users who are registered on the local authority housing register
- Continue to work with the provider market to support delivery of the commissioning priorities;
- Support the increased take up of personal budgets;
- Monitor delivery of efficiencies resulting from increased take up of Independent living and other housing opportunities across both social care and health to support the budget reduction strategy for ASC;
- Provide mandatory learning and development across Adult Social Care workforce to promote Independent living and assistive technology as options providing independence and choice for service users;
- Ensuring information about Independent living is in accessible formats for professionals, service users and carers:

12. Resource Implications

12.1. Overview

12.1.1. The commissioning plans for both Learning Disabilities and Mental Health cover in some detail the resource implications particularly that there will need to be a move away from the level of investment in residential care and high cost placements with increase in a range of independent living and community support as options going forward.

12.1.2. This approach supports the ASC vision for the transformation of services that ultimately gives greater choice and control to individuals.

12.1.3. An increase in access to Independent Living opportunities has the potential to reduce the numbers of residential care placements and if we develop a model for independent living that is fit for purpose it could also reduce the costs of existing high cost placements into the future.

12.1.4. Therefore it is likely a reduction in either numbers being placed in residential care or being actively reviewed and offered other options will be seen. However, systems are not yet equipped to monitor these changes specifically to register this and we will over this coming year put processes in place to monitor this.

12.2. Housing Supply

12.2.1. Crucial to the delivery of the vision is access to suitable accommodation. ASC already have access to a significant amount of stock and over time some of those properties will be re-let as people move on and so on.

12.2.2. However, the level of stock will not meet the need as identified in section 6. Local needs. Consequently, work with Housing Development, Housing Option services and the external markets will be needed to identify suitable sites for housing development. Also access to either established schemes or individual properties in and around the city, which will increase the portfolio of stock for ASC service users.

12.2.3. Funding for Affordable Housing, as noted elsewhere in this report, has been affected by a significant reduction in the amounts of monies available, which in the past has been crucial to making such developments viable for the developer. We will continue to work with housing and the sector in securing sites.

12.2.4. Alongside of the above there is an opportunity to upgrade existing local authority stock. The Capital Investment Plan for ASC secured £1,025 (2012 to 2015) provides investment to upgrade local authority properties identified as suitable for independent living.

12.3. Workforce Implications

12.3.1. The introduction of a new approach is not without its challenges for the ASC workforce particularly their engagement in the changes needed to improve the journey for service users that ultimately give greater choice and control.

12.3.2. Options for independent living are an integral part of any discussion where accommodation is raised as an issue on the frontline. To support this training will be delivered to the staff on the development of a housing pathway and associated tools.

12.3.3. The resource implications under review in this coming year to identify any further issues that will need to be addressed during the life of this strategy.

13. Risk Analysis

13.1. The delivery of the Independent Living and Extra Care Commissioning Strategy is a key tool in supporting the transformation of ASC services and supports the movement towards personalisation and will have a range of risks associated with achieving its vision to deliver independent living solutions across the city, which are summarised as follows:

- Shortfall in capital funding for new developments reduces the amount of developments available.
- Role of housing pathway is delayed which reduces the numbers of service users diverted into appropriate accommodation.
- Introduction of the universal credit, to replace housing benefit, affects the affordability of the market to provide suitable accommodation options into the future.
- Market not sufficiently developed to be able to provide an array of services that support people to live independently with their personal budgets
- The cost of independent living does not contribute to the level of efficiencies predicted.
- Lack of positive risk taking reduces opportunities for those wishing to live independently.
- Lack of detail on what is required in accommodation terms for ASC service users.
- The roll out of the choosemy support fails to attract potential providers who provide choice for people living independently.

14. Implementation of the strategy

14.1. Appendix 1 provides details of the actions arising out of this strategy and shows progress to date in a number of areas from the Interim Independent Living and Extra Care Strategy action plan.

14.2. To achieve the above a range of task and finish groups have been established to complete the work required. The action plan will be reviewed on an ongoing basis and progress will be published on an annual basis.

Appendix 1

Independent Living and Extra Care Commissioning Strategy

Action Plan 2013 Update

Action	Work stream	Description	Lead	Progress	Review	Target Date
	Strategic Commissioning	Create system that collects details about the types of accommodation required from ASC clients.	Commissioning and Locality Teams	Input into replacement IT system February 12 Task and Finish Group established end of June 12	Monthly	On-going
	Strategic Commissioning	Undertake review of extra care schemes	Commissioning and Locality General Manager	Information on current schemes being collated	Monthly	Completed
	Strategic Commissioning	Consultation with a range of older people on establishing need for future provision and explore other models.	Commissioning and Locality Teams	Planning underway to develop the approach and resources needed	Monthly	Completed
	Strategic Commissioning	Confirm reduction in residential placements and predicting level of future demand.	Performance and Commissioning Team	Analysis of quarterly performance reports	Quarterly	On-going
	Strategic Commissioning	Confirm increases in independent living and predicting level of future demand across all client groups.	Commissioning and Locality Teams	Analysis of quarterly performance reports Analysis of referrals	Monthly	On-going
	Strategic Commissioning	Determine level of need and aspirations across all client groups for independent living	Commissioning Team	Development of a Moving on Team	Monthly	On-going
	Strategic Commissioning	Develop a range of outcome measures specific to each client group to measure success of intervention	Commissioning, Performance and Contracts and Assurance Teams	To be progressed via the task and finish group	Monthly	Completed
	Strategic Commissioning	Develop system that tracks financial spend for each client and cost effectiveness of independent living	Finance and Commissioning Team	Template developed Admin resources identified to populate template to capture data	Monthly	Completed
	Strategic Commissioning	Increase the numbers living independently utilising personal budgets	Commissioning and Locality Teams	Analysis of quarterly performance reports	Quarterly	On-going
	Strategic Commissioning	Develop links with the health to identify joint initiatives and spend on support costs	Commissioning and Health Colleagues	Initial links established work on-going	Monthly	On-going
	Strategic Commissioning	Undertake procurement exercises for Supported Living framework	Commissioning, Contracts and Assurance Teams	Procurement exercise in progress	On-going	Completed
	Learning & Development	Develop and deliver module for staff on housing options including supported living.	Commissioning, Locality Team and City Learning	Initial briefings delivered. Feed into workforce development strategy	Monthly	To be confirmed
	Learning & Development	Promote function of Supported Living Team across workforce	Locality Team and City Learning	Operational guidance developed. Delivery July and August Task and Finish Group to be established	Monthly	On-going

Action	Work stream	Description	Lead	Progress	Review	Target Date
	Learning & Development	Develop information leaflets on a range of options available to live independently	Commissioning Team and Transitions partnership	Draft housing information pack developed for transitions and learning disabilities, currently being consulted upon	Quarterly	In Progress
	Housing Opportunities	Increase the supply of independent living models.	Commissioning, housing services and locality team	Task and finish group established Meetings arranged Draft project plan drawn up and work on going	Monthly	On-going
	Housing Opportunities	Identify LCC housing stock opportunities and progress using established process	Commissioning, housing services and locality team	Meetings arranged Draft project plan drawn up and work on going	Monthly	March 2015
	Housing Opportunities	Respond to Housing Development opportunities	Commissioning, locality teams and housing development	Generic brief developed Respond to opportunities as they arise	Bi-monthly	On-going
	Housing Opportunities	Progress capital investment spend	Commissioning, housing services and locality team	Task and finish group established Meetings arranged Draft project plan drawn up and work on going	Monthly	March 2015
	Housing Opportunities	Creating process to collect data on reasons for entry and exit to schemes	Commissioning, housing services and locality team	Task and finish group established Meetings arranged Draft project plan drawn up and work on going	Monthly	In progress
	Care Pathway	Develop links to schools, disabled children's and transitions teams to establish future pathways	Transitions partnership commissioning, locality teams and children's services	Contributions to transition planning Work on going with special schools to capture need Task and Finish Group established end of June 12	Bi-monthly	On-going
	Care Pathway	Develop systems to establish referral lists for managed schemes	Commissioning and locality teams	Develop operational guidance	Monthly	Completed
	Care Pathway	Ensure that where accommodation is identified that service users are on the local authority's housing register.	Commissioning and Locality teams	To be progress through the task and finish group	Monthly	On-going