



# ***Living Well***

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# ***Homes for Norfolk***

**A strategy for improving access to and developing extra care housing in Norfolk**



July 2018



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## Glossary of Terms

Term	Definition
<b>Extra care housing</b>	<p>This is the overall term for housing, predominantly for older people, that supplies some care provision. Extra care housing is also known as very sheltered housing, assisted living, or as housing with care.</p> <p>Self-contained accommodation with staff available 24 hours a day. Offers a higher level of care than sheltered housing. Some schemes offer specialist support for people with dementia</p>
<b>Housing with care</b>	<p>Housing with Care is the term Norfolk County Council uses to describe its current provision., rather than extra care housing which is used nationally.</p>
<b>Sheltered housing</b>	<p>Adapted accommodation for older people. Only low-level support available. Usually linked to an alarm system for emergencies.</p>
<b>Supported living</b>	<p>Accommodation with on-site support. People are usually referred by Social Services. Supported living is the offer to people in their own homes via a tenancy or home ownership or shared ownership and have personal and housing related support provided by an outside organisation. These tenancies are often to support people with learning disabilities and physical disabilities.</p>
<b>Residential care home</b>	<p>This is a long-term care offer to people in a dedicated facility which offers 24 hour care and support. People are not in their own home in residential care and do not hold a tenancy.</p>
<b>Nursing care home</b>	<p>This is a long-term care offer to people in a dedicated facility which offers 24 hour care and support with registered nursing provision on site. People are not in their own home in a nursing care home and do not hold a tenancy.</p>



## Foreword

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In Norfolk, we are committed to helping our communities thrive. Feeling safe and content in our homes is fundamental to being able to live well and have a good life. Norfolk has a population that is growing older who tell us they want to remain independent in their own homes for as long as possible. Our aim for people is for them to be independent, resilient and well. Ensuring that there are a good range of housing options available to people is vital to supporting people to achieve this.

This strategy sets out the challenges in our existing extra care provision and the scale the challenge to meet the growing demand. We want to work with others to ensure that Norfolk provides housing solutions are fit for the future, meet aspirations and promote connected communities. We want people to invest in the change with us.

We know that the scale of the development is large, which is why we are committed to taking a programme and partnership approach to develop housing and care services in an integrated way in line with what our residents say they want. Better housing makes good business sense too, it helps minimise the cost of care, and it add value to our infrastructure. It's an invest to save approach, making best use of technology, skills, and commercial opportunities.

I look forward to working with our partners to make significant progress over the next three years.



**James Bullion**

**Executive Director of Adult Social Care**

**Norfolk County Council**

**July 2018**



# Living Well Homes for Norfolk

## Strategy

### Executive summary

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Norfolk County Council is committed to helping people live good, independent lives.

The provision of extra care housing for older people (also known as Housing with Care in Norfolk) is a desirable option for people as they get older and their needs change and has many benefits over residential care.

Extra care housing is an effective way of supporting people to be more independent in their own homes, providing safety, security, social interaction and care.

The current provision of extra care in Norfolk is underutilised as well as overall numbers falling short of the estimated need across the county.

This paper sets out the rationale and benefits for increasing the provision of and improving access to extra care housing across Norfolk.



## Recommendations

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1. The population-based evidence and Norfolk County Council's plan to support more people to stay independent in their own community indicates that by 2028 Norfolk needs 2842 additional extra care units. This data needs to be refined in conjunction with District Councils and other stakeholders to create area-based plans for each District Council area to feed into the planning process.
2. The development of extra care housing requires mixed tenure options, should cater for diverse needs of residents and should offer extra care units, catered for people with dementia.
3. A more flexible model of care provision in extra care housing is required to
  - a. enable a wider range of people to access extra care
  - b. ensure that extra care provides more choice and personalisation, as well as
  - c. provide a more flexible care contract which provides better value for money.
4. Access into extra care housing should be more streamlined for people who would want to finance their own care (i.e. self-funders) and for people who want to privately rent and fund their care provision and not necessarily involve all of Norfolk County Council's processes and procedures.
5. A programme has been established and a business case developed, with partners and relevant stakeholders, which will address these issues and determine the most effective delivery mechanism to increase our extra care supply. This will be overseen by the Integrated Commissioning Team with close collaboration with Norfolk Property Services and District Councils.



## Introduction

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Norfolk County Council is committed to supporting people to be as independent as possible during their lives. This includes supporting older people to maintain their independence within their own homes as their needs change. This is articulated as a Corporate Priority:

***Supporting vulnerable people – including helping people earlier before their problems get too serious***

and in the Adult Social Care Promoting Independence Strategy, which aims to reduce the number of people placed into residential care by supporting them to live in their community. The Older People's Strategic Partnership Board have stated that they want Norfolk County Council and partners to 'Recognise older people's growing preference for extra care over residential care or sheltered housing'<sup>1</sup>. It has also been acknowledged for some time that good housing can have a significant impact upon the positive health and wellbeing of people, as well as promoting other system-wide benefits.<sup>2</sup> The Care Act 2014 places individual wellbeing at its core and the Act acknowledges the importance that good housing can have in promoting independence, health and other system-wide benefits. Therefore, integrating housing into health and care strategies is a better and more coordinated approach to promoting independence and benefiting the community.

## Purpose of this strategy

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This Norfolk Extra Care Strategy seeks to set out the requirements and policy direction for the development of extra care in Norfolk via an evidence-based needs analysis and market analysis. This strategy makes recommendations about

- the provision required to meet identified needs and
- the future development, increasing access and contractual arrangements, need to flex to ensure that extra care is used as an effective provision to support people's independence
- continued partnership working with District Councils and Norfolk Property Services to achieve this vision.

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<sup>1</sup> Objective 3.2 in Housing cited in *Living Longer, Living Well The 4th Norfolk Older People's Strategy: Promoting Independence and Wellbeing 2016 – 2018*, Norfolk Older People's Strategic Partnership Board

<sup>2</sup> Richard Humphries (2015), *Integrating housing and health: a tough nut to crack?* The King's Fund, 2015, as cited on its website





## Leadership and engagement

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The Extra Care Strategy has been formulated in partnership with Adult Social Services Integrated Locality Teams, District Councils, Housing Associations, people who currently, and may in the future, use services, and Care Providers. There is linkage to the corporate approach to improving the outcomes for all people in Norfolk. The project has also taken learning from other areas, most recently Essex County Council's Independent Living Scheme and the national Housing Learning and Improvement Network. The voice of older people via *Living Longer, Living Well* and engagement with Norfolk Older People's Strategic Forum has also been taken into account in the development of this Strategy. Key partners in Norfolk have been identified, with their legal and statutory drivers in Appendix A.

## The national policy context

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In 2008 *Delivering Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* was published by the Department of Communities and Local Government. It stated a need for a refreshed approach to specialist housing and in meeting the demands of older people, including creating desirable homes in amenable locations. This strategy also linked housing adaptations and information and advice for older people and integrated provision of housing, health and social care, all of which are highlighted in the Care Act as drivers to promote wellbeing.

## The local policy context

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In October 2008 Norfolk County Council Cabinet approved the *Strategic Model of Care for Residential and Housing with Care (extra care housing)* services in Norfolk. The strategy was informed by a consultation exercise with older people who told us they would rather move into extra care if they could no longer be supported at home. Importantly they said that the accommodation currently provided in existing care homes (now NorseCare homes) would neither meet their expectations now nor in the future.

The Transformation Programme in Norfolk County Council committed to reduce provision of older residential care facilities and replace them with a combination of more independent accommodation and residential care for those with dementia. Nationally, Norfolk remains a significant outlier in placements of older people into residential care and has committed to reduce usage of residential care. It is also acknowledged that development in the private sector will also continue to provide solutions.



While progress has been made in Norfolk with several significant and good quality developments, such as Bowthorpe Care Village, a refresh of demand and aspirations of the population require a renewed approach to the operation and development of existing and new accommodation for older people.

## Effectiveness of extra care

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Extra care not only provides accommodation for older people, but helps people engage with their local community and this in turn can help to alleviate loneliness. According to Age UK, people over the age of 75 are more likely to feel lonely and isolated in their own homes<sup>3</sup>. The current national trend of under-occupation of housing among older people who are unable to find alternative accommodation exacerbates loneliness and social isolation, but also could prevent savings to the wider system, as articulated below<sup>4</sup>.



Older people with lower incomes are also more likely to experience fuel poverty and issues with cold homes. The prevalence of winter deaths are linked to cold homes which are not sufficiently heated or insulated.

Extra care accommodation can enable people to come together to undertake activities, as well as retaining the privacy of having their own home. The ability to form relationships, to connect to the community and experience improved wellbeing is also a positive social value of Extra Care, which has been demonstrated in Lincolnshire<sup>5</sup>.

## Making the value for money case for extra care

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According to the Housing LIN<sup>6</sup> people living in extra care use less home care than if they were living in the community. This might be due to people feeling more supported and less isolated with better wellbeing, with on-site care being available and also living within a secure and well-heated environment. The same study

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<sup>3</sup> Age UK Factsheet: Later Life in the United Kingdom, 2011

<sup>4</sup> The Office for National Statistics General Lifestyle Survey found that nearly 2.5 million people over 75 live alone. *Office for National Statistics, General Lifestyle Survey 2011*, March 2013

<sup>5</sup> Lacey & Moody(2016) *Evaluating Extra Care – valuing what really matters*. Housing LIN Case Study 129

<sup>6</sup> Housing LIN (2017) *Demonstrating the Health and Social Cost-Benefits of Lifestyle Housing for Older People*



demonstrated that people living in extra care had fewer admissions into a care home and reduced the cost of their care package by 16% compared to the cost before the extra care tenancy. The LIN also states that

*Some studies have estimated that almost a third of residential care placements could be avoided if alternative housing choices were available locally.*

There are also benefits to the NHS, where the rate of unplanned hospital admissions, the use of primary care and routine GP appointments among extra care residents is less than their community counterparts. There are also studies which show the social and financial benefits of specialised housing which can be converted into monetary terms over the lifetime investment into the building. The savings derive from reduction in the usage of health and social care services.



## The current situation in Norfolk

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All partners agree that extra care is a valuable addition to the range of housing and support available to older people. In Norfolk however, amongst the extra care rental sector there are local variations in how

- extra care schemes cater for varying levels of need
- localities nominate and allocate housing
- the relationships between the locality partners, care providers and the Housing Associations operate.

This variation has led to several operating models in the county and potentially impedes the utilisation of extra care as a preventative accommodation and support model.



## Norfolk extra care provision<sup>7</sup>

### Schemes:

There are 17 (NCC contracted) Housing with Care (extra care) schemes across the county comprising 698 individual units of accommodation. Of these, 51 provide extra care (for people with dementia who require secure settings) across a number of schemes.

### Utilisation:

While the void rate averages 5% across all schemes there have been some issues with longer term voids in particular schemes. Analysis of demand for extra care indicates that barriers to accessing extra care include types of tenure, levels of need and assessed care, age and suitability of some schemes and the current nomination process.

### Allocations and Nominations:

District Councils have traditionally held housing registers and have worked collaboratively with social care to ensure appropriate nominations. The care provider and landlord are also partners in the process to enable a tenancy to be arranged. We have found that this process can be protracted, is not always user-friendly, but does fulfil the necessary assessments and procedures to take place. However, a smoother process would benefit all parties.

### Care Providers:

We have two care providers: Norse Care for 15 schemes and Hales for the other two. Norfolk County Council would like to consider a more diverse array of provision in the future, which meets a wider range of care and support needs.

### Tenure:

Tenures available in Norfolk currently are almost exclusively affordable rental with little provision for self-funders and those who wish to purchase or lease. This is a potential barrier to access.

### Value for money:

As stated in the previous chapter, extra care is a positive enabler in helping people to keep independent, less isolated and less dependent on social care, primary care and secondary services.

<sup>7</sup> This table does not include private sector extra care housing, but only schemes where Norfolk County Council commission the care provision.



## **Extra care for people with additional needs**

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The provision for extra care for people with dementia is supported by seven percent of the current extra care units in Norfolk. These flats support people by providing the communal and independent living of the extra care environment, but with some extra support and security in dementia-friendly environments.

In two schemes in Norfolk a small contingent of young adults who have learning disabilities live along-side the other residents. This has been a pilot and, working closely with the care provider, this is being evaluated. The current provision is also accessed by people over 55 with mental health needs whose conditions are stable and whose needs can be met by Extra Care. There are separate supported living schemes and hostels for people with a mental health need and/or who have drug and alcohol-related issues.

Extra care also provides a small number of homes for couples, where one or both partners have a care need. People with bariatric needs are also provided for, but this is very limited.

## **What do residents in Norfolk think about Extra Care?**

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Here are some testimonies from residents of extra care in Norfolk:

**Extra care is ideal and I like living here. Ground floor flat looks out onto small communal garden area and there are plenty of activities available if required and a lunch club.**

I moved in August 2016 and it has saved my life. I can have the support there when needed but I still have my independence. I volunteer in the shop here twice a week for an hour or so, that has reinvested me with the sense that at 68 I can contribute to the local community.

**My social worker informed me and I loved the atmosphere from the first visit, it had a great feel about the place. I wanted to come here as it still gives me my independence but I still have my button for the carers as and when I need them and they are all really good here.**

My welfare officer told me about extra care. I had not heard about it before and it has stopped me from feeling isolated. You can take part in any of the activities but are still able to have your own privacy. Extra care gives my family peace of mind and I feel safe and supported.

**My life has been put back on track again since living here, I was told I couldn't walk but with help from staff I am now able, it has given me a second chance. There are so many good things about living here I can't decide what my favourite thing is, I think it's marvellous.**

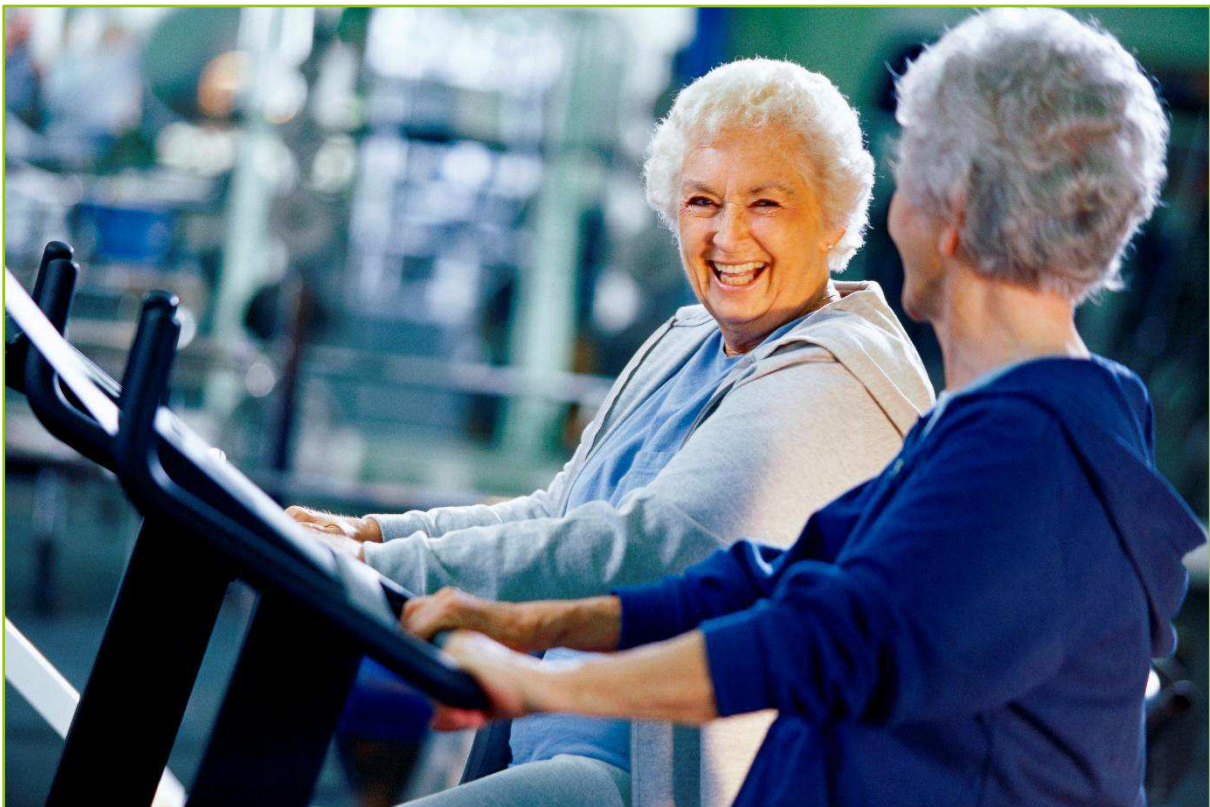




## Summary of current situation

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Extra care is an effective way of supporting people to be more independent in their own homes, providing safety, security, social interaction and care. In Norfolk, extra care is not fully utilised, suggesting that there are some issues in potential residents accessing this form of care and accommodation. The route into Norfolk County Council's extra care schemes for an individual is via a social care assessment. This is the case if the person is self-funding their care and accommodation. The levels of suitability and eligibility for extra care can vary from area to area and this could create a barrier to access. Anecdotally, extra care considered as an alternative to residential care, and as a step up in to supported accommodation, is not well known about. It is not as familiar a concept in the public compared with home care and residential care. Extra Care, fully utilised and meeting the demands of service users, could create individual and system wide benefits.



## Extra care: the future

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*40% of older adults find themselves needing or wanting to move home at least once past the age of 65 years (including into residential and nursing care) and a quarter of adults over the age of 60 indicate that some form of specialist housing would be their preferred future accommodation<sup>8</sup>.*

### Introduction

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This chapter will address the future requirements of extra care, reflecting upon the changes and challenges that Norfolk has from a demographic perspective. This section utilises national and local learning and engagement to set out the requirements for extra care. A needs analysis for extra care, using national and local data sets adds to the evidence base and summarises a potential area-based programme for extra care. Finally, the care provision and the management of extra care for the future is explored.



### Population increases<sup>9</sup>

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In common with national trends Norfolk has an ageing population with people generally living longer and remaining healthy, fit and active for far longer than previous generations. This increasing trend is and will continue to place demands upon housing and care and support services available.

Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. Almost all of the population increase over the last five years has been in those aged 65 and over. Between 2014 and 2025 the population is expected to increase by 66,000 with most of the increase in the 65 and over age bands. Across Norfolk the average life expectancy is approximately 80 years for men and 84 years for women. The average number of years a man can expect to live in good health is about 64 and for women it is about 66.

Looking further ahead, the total population in Norfolk is forecasted to increase by 13% in 2036<sup>10</sup>, but the population increase varies significantly across the different age groups, with the highest increase in the population aged 75+ of 70%.

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<sup>8</sup> Care Services Improvement Partnership (CSIP), ECH Toolkit, Oxford Brookes University/Housing LIN

<sup>9</sup> This section has been informed by Norfolk Insight 2017

<sup>10</sup> ONS Subnational Population Projections 2014 referenced by Norfolk Public Health





## Population in Norfolk 2015 and 2036

	Norfolk Population	0-19yrs	20-64yrs	65-74yrs	75+yrs
2015	883,700	187,800	487,000	112,700	96,200
2036	1,002,100	204,800	497,800	136,300	163,200
2015 v 2036	13%	9%	2%	21%	70%

Source: Norfolk Public Health and ONS 2014 SNPP

The population aged between 65 and 74 (112,700 in 2015) are the people who might be planning their future accommodation needs. This is what drives the demand for the future. NCC recognises and fully supports independence amongst the older population in Norfolk and people's desire to live in their own home for as long as possible. However, this does not necessarily mean that remaining in their existing family home is the best option in all circumstances.

## Housing for the over 55's

Owner occupancy among the 65-75 and 75+ age groups has remained at a consistently high level nationwide since the 1990s, despite the economic downturn in 2008 and in comparison, to the 16-44 age groups which have seen a decline<sup>11</sup>.



Most people aged over 55 in Norfolk are likely to be in general good health, economically active and in some form of paid employment. The increase in the over 55 population and the amount of potential equity held by this client group will have a significant bearing upon the housing aspirations and expectations should they consider moving from their current family home to specialised accommodation.

Older people have many different needs and aspirations for their accommodation solutions in later life and so a good mix of accommodation types is required to meet these varied needs and aspirations. Encouraging “younger” older people (those aged up to 65 and those without any existing care needs) to move from existing accommodation will present a real challenge to local authorities and housing providers.

Housing, care and support needs for older people can be met in a variety of settings such as:

- Specialist supported housing,
- Extra care,
- other care settings and
- via home care in mainstream housing.

<sup>11</sup> Shiro Ota (2015) *Housing an Ageing Population*, House of Commons Briefing Paper Number 07423, 2015



The Care Act stresses it is key for people to have a better understanding of what is on offer. Without suitable attractive offers of alternative housing and care home solutions, older people will remain in potentially unsuitable, hard to maintain housing. This will result in the poor health and wellbeing of an individual, coupled with an increased demand upon health and social care services.

The offer of alternative accommodation needs to be attractive, well designed and allow integration into an existing community. The accommodation offers will need to appeal to a range of ages and needs, including a variety of care needs. The accommodation should not feel clinical, it should be bespoke, flexible and offer choice where possible. Innovative design is critical in meeting the diverse needs and aspirations of society today. This accommodation needs to encourage people to downsize with attractive, affordable options.

By 2025 population estimates indicate that the number of older people over 85 years will increase by more than 40%. Therefore, housing care and support services need to be designed to be 'age proof' and enable people to plan adequately for a secure later life. Ageing is also a risk factor for increased loneliness and this is exacerbated by deprivation. Estimations suggest that 38,000 people aged 65 and over in Norfolk are lonely and that this will impact negatively on their health and wellbeing<sup>12</sup>.

### **Extra care accommodation**

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Extra care needs to be an attractive option of alternative accommodation for those currently living in general needs housing. extra care can easily support the prevention agenda and reduce the number of hospital admittances and long-term stays. The care and support services within supportive accommodation needs to be equipped to meet the additional needs of older people, for example Learning Disabilities or Mental Health Needs, having the flexibility that will prevent an unnecessary and costlier move into residential care, which may not be the preferred choice of client accessing a required service.



Technology is a key design element of extra care. These buildings have to be technology ready to ensure that the focus upon a person-centred approach to services is not affected by the lack of technology, which could lead to an unnecessary placement in residential care.

Extra care should offer short-term or recuperative placements for those who leave hospital and require a period of re-enablement and assessment for a good recovery. Short-term provision would allow professionals and the client an opportunity to make better informed decisions about current and predicted future housing care and support needs. This could prevent unnecessary placements into a residential care

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<sup>12</sup> Norfolk Insight 2017



setting. Consideration should also be given to using extra care accommodation to provide bookable respite for carers who have responsibility for providing care to a range of client groups.

Norfolk stakeholders stated that the extra care accommodation should meet the following requirements by being able to:

- House couples
- Meet diverse needs, such as accommodating same sex couples, or catering for people who have religious needs
- Be a dementia-friendly environment and for new builds to be designed as dementia-friendly, supporting people with complex needs
- Cater for a broad range of needs, including those with mental health issues, physical and learning disabilities, where appropriate
- Have provision for Norfolk-wide access rather than district/local connections as a requirement



### **Extra care prevalence of need analysis<sup>13</sup>**

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According to the Public Health Information Team:

*If the current provision of extra care housing is low and the local authority have a fully developed extra care housing strategy, then it could potentially reduce the number of residential beds by 20%, but this would require the local authority to meet the extra care housing prevalence of 25 dwellings per 1,000 people aged 75 and over.*

The number of extra care units required per 1,000 of the population aged 75+ is given by a national calculation of prevalence, using a factor of 25 units.

The council has ambitions to reduce its placements into residential care by 20% over the next 10 years for 65+ (reduction on projected numbers based on population growth). We have used the National equation and our aim for a 20% reduction in placements to residential care by 2028. This shows that by the year 2028 Norfolk will need an additional 2842 extra care Units to meet its identified need. A breakdown of what this shows per district council is given in Appendix C.

### **Needs identified by current users of care**

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Current data on the usage of home care tells us that, at the time of writing, there are 3092 people (working age to older adults) in Norfolk accessing packages of home care up to 60 hours in a four-week period. This indicates that there are a number of

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<sup>13</sup> Please refer to Appendix C for more detailed information



people currently accessing care who are able to remain independent in their own homes, but might, over time benefit from living in a extra care scheme. 3092 people currently accessing this amount of care adds to the evidence base and validates the need for current and future Extra Care. For some people, living in their own home might become less desirable due to mobility needs, feelings of anxiety, following the bereavement of a spouse or the need to downsize.

## **Needs identified by Sheltered Housing analysis**

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Based on the needs analysis of current sheltered housing tenants, and the prevalence of dementia and falls (given in Appendix D), there are a number of people with high needs, who may benefit from extra care provision in the following areas:

- In Breckland there is an emerging risk based around Mundford based on the dementia and falls maps and Thetford and Dereham,
- In Broadland the high needs prevalence is found in the south of the district, bordering with Norwich City,
- In Great Yarmouth there is a cross over with Broadland around the Filby, Potter Higham areas where the maps indicate a growing risk, as well as Belton, South Town and Hemsby indicating areas of need.
- In King's Lynn and West Norfolk there is an emerging need around, King's Lynn, Methwold, Mundford, areas where there is crossover between two districts
- In North Norfolk the high needs prevalence is found in Cromer,
- In Norwich the high needs prevalence is found in the centre of Norwich and the border with Broadland
- In South Norfolk there are hotspots for falls and dementia in the Diss area, however there are emerging risk the east of the district which has sporadic provision

Also, there will need to be consideration given to Local Area Plans and the Greater Norwich Development Plan both of which indicate to areas of growth which will have an impact on services in that areas examples being new housing in North Walsham and the proposed plans for Great Plumstead along with the growth in housing in areas like Rackheath, Sprowston and Wroxham.

## **Identifying needs for people with dementia**

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Estimates suggest that there are over 16,400 people in Norfolk who are living with dementia, which may be diagnosed or undiagnosed. These figures rise by an additional 9000 by 2034 and the greatest growth will be in people over 90 years





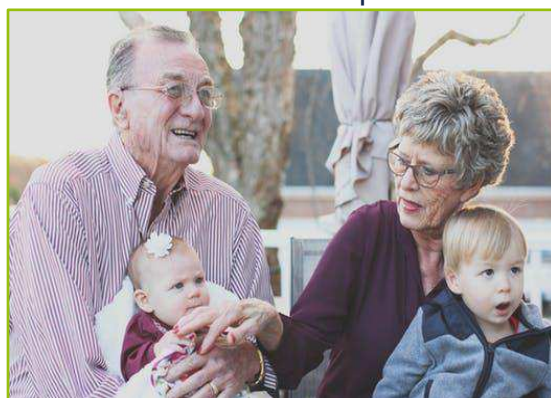
old<sup>14</sup>. There are links between good housing for people with dementia and good health and social care outcomes<sup>15</sup>.

Using information gathered by the Public Health Information Team, Norfolk currently meets less than 20% of its need for extra care Extra Care. By 2036 the need for Extra care housing almost doubles. As a proportion of total extra care in the county, the need for extra care units is approximately 6% over the 2015-2036 time frame. Please refer to Appendix B for greater detail. This expected rise in the number of people living with dementia has implications for enabling access into extra care for people who might have dementia or develop it later in life. The other main impact is to the care sector, in their capacity to provide sufficiently trained staff who are confident working with and caring for people who have dementia.

## Tenure and mixed tenure

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The 2011 census, shows that 76.7% of people aged over 65 own their own homes in Norfolk. Only 7.6% of the neighbourhoods in Norfolk are in the most deprived 10% nationally. In Norfolk this affects approximately 68,200 people or 7.9% of the Norfolk population<sup>16</sup>. Deprivation statistics are directly related to tenure status, as the more deprived the area, the greater the need for affordable and social housing. Since 2010 Norfolk deprivation has increased and one of the most relatively deprived domains is “Barrier to housing services”<sup>17</sup>.



For extra care for the future, the needs posed by deprivation have to be taken into account when designing extra care schemes and their tenure. However, along with affordability, private use, lease, buy, privately renting and shared ownership options need to be explored to cater for the mixed tenure needs of the population. Owner occupiers are able to afford full ownership, shared ownership or shared equity. The high proportion of owner occupiers in Norfolk indicates the potential for ownership and mixed tenure developments.

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<sup>14</sup> Public Health Norfolk (2014), Living in Norfolk with Dementia: A Health and Wellbeing Needs Assessment

<sup>15</sup> As above

<sup>16</sup> Norfolk Insight (2017) *Norfolk Story*, October 2017

<sup>17</sup> Norfolk is 88<sup>th</sup> most deprived out of 152 upper tier authorities (where 1 is the most deprived), compared to 2010 when it was the 97<sup>th</sup> most relatively deprived. Data from Indices of Multiple Deprivation



## Conclusions on the needs analysis for Norfolk

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Based on the prevalence of need data, and the reduction in residential placements for the over 65s, Norfolk will need to have an additional 2842 extra care units by the year 2028. This data shows that King's Lynn and West Norfolk is the area with the highest number of units required by 2028, followed by Breckland. The Sheltered Housing needs analysis provides us with a strong indication of areas of local need. Deeper analysis, working closely with District Council partners would help to assess these needs more robustly.

Providing safe, secure and supportive care and accommodation for people with dementia will be a requirement of Extra Care. This will necessitate an enabled and skilled workforce for care for people who have dementia.

Along with population rises within the over 65s and 75 age groups, a significant proportion of this cohort are likely to own their own home. The impact of this for the provision of extra care is that the future supply needs to offer mixed tenure options and enable access for private clients alongside affordable options.

## Care provision models

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In extra care the accommodation and care components are separate and can be delivered by separate providers (as is the case in Norfolk) or by a joint landlord and care provider (currently provided in other parts of the UK). Both components can be paid for privately, where tenants are able (and financially assessed) to do so, or housing benefit and personal budgets cover the costs for clients who need support to fund their housing and care.

The model of care provided is distinctive from domiciliary care, in that there is an unplanned care component, providing 24 hour on site care as well as the planned care component, which has been determined by the social care needs assessment. As well as personal care, extra care schemes should provide an environment of promoting independence and supporting residents to engage in communal and social activities, which promote healthy lifestyles.



Within extra care there is a balance to strike between the optimising personal choice and the provision of a sustainable care model which meets the needs of most tenants. There also must be the flexibility of care needs thresholds to enable a widening of access for people with medium to lower care needs to enter Extra Care, so they can be supported at an earlier stage in their care journey and have a higher likelihood of being independent for longer.



In many extra care schemes in the UK, amongst the rented schemes supported by the public sector, councils have applied a “High, Medium and Low” care needs criteria to residents and prospective residents, which is defined by the number of planned personal care hours a resident requires per week. What constitutes high, medium and low varies across the country. This criteria is also allocated in quotas, e.g. in thirds, or in other proportions, providing a extra care community of mixed needs. The care provision model, then flows from this quota and needs definition. There are many ways councils can achieve this and Norfolk County Council currently has two schemes which operate on a high, medium and low needs basis. The learning from this care model and from all the schemes will be used to create the care model for Norfolk’s extra care provision for the future.

Norfolk stakeholders considered this aspect of extra care and agreed that the delivery of care in extra care needs to meet the needs identified by service users and for support of the individual’s outcomes. They also recommended a consistent offer for schemes in Norfolk as well as:

- Flexible criteria and contractual arrangements
- Provision to support Delayed Transfers Of Care (DTCO)/intermediate Care & Planning Beds
- Respite provision
- Extra care
- Low – medium – high model of care
- Clear link to Primary Care Provision

In order to meet these requirements, a flexible care commissioning model could provide the most sustainable offer.

## **Management of extra care housing**

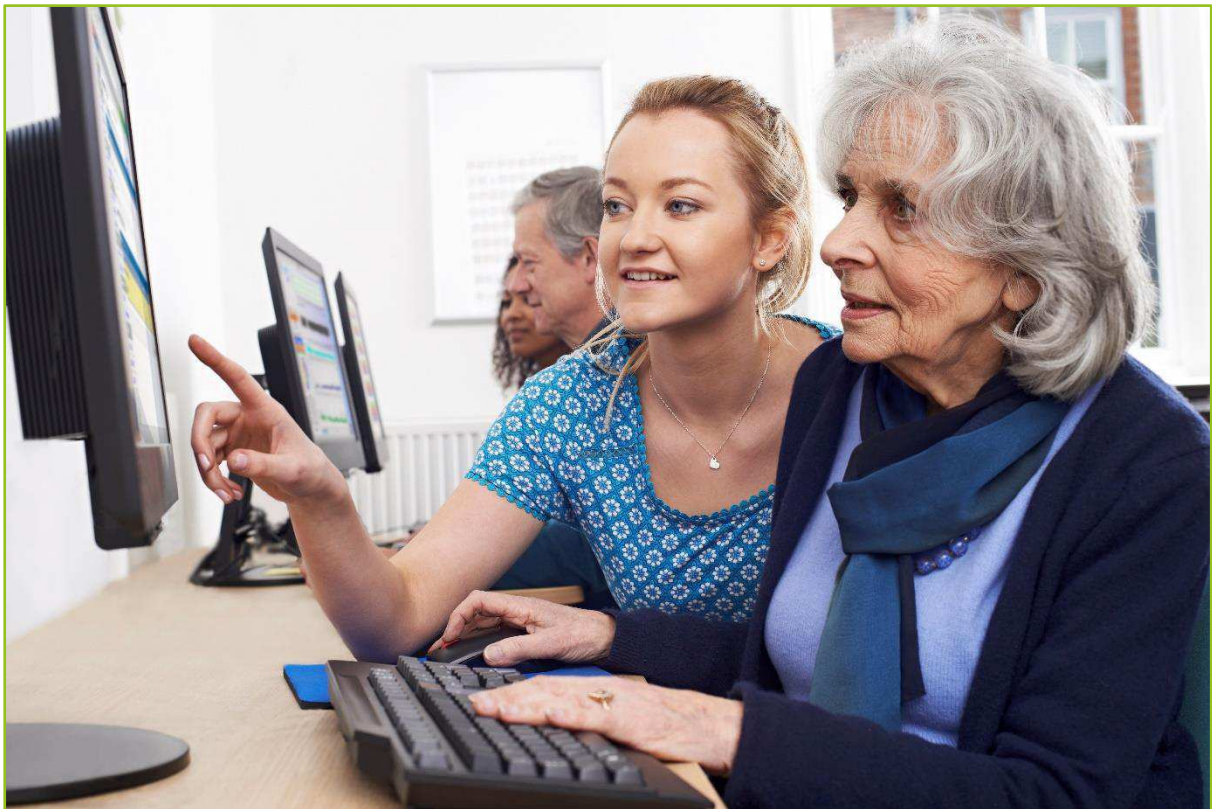
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Engagement with Norfolk partners has identified that there is motivation for designing a centralised management system for Extra Care. This team could manage extra care on a county-wide basis and liaise with partners throughout the person’s application and help to track progress. This centralised approach would help to and align to the fulfilment of statutory housing duties, as well as administer the referral-to-accepted-tenancy process and also be a point of contact for individuals and their families undertaking the application. This would improve communication for potential residents and also provide accurate and up to date tracking information for all partners. It would also enable access to information and advice on extra care with one message for people and their families and carers.

Partners also agreed that extra care needs to be re-marketed and promoted more robustly to service users and professionals within the community. extra care as an alternative to residential care needs to become business as usual within the county, if we want to divert people from residential care and help promote and sustain people’s independence.



The reliance on finding potential extra care tenants, therefore, should not fall solely to social workers, who are often encountering people when they have higher needs and/or are in crisis. However, when social workers are encountering people who might be future extra care tenants, this could be indicated on their social care record and picked up at the annual review. ASSD localities could also benefit from refreshed promotion of extra care and how this supports the Promoting Independence strategic priority.





## Conclusions

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Norfolk County Council is committed to supporting vulnerable people, promoting and providing options for people to remain independent. One of these options is providing extra care and supporting the positive health and wellbeing of people with good quality housing and support.

Extra care provides independence and support, in a combination which supports individual privacy and communal socialisation opportunities. extra care provides on-site access to personal care, a safe and secure environment and access to local amenities. Studies have shown that people's outcomes improve, whilst dependency upon health and social care services decreases, when they are living in Extra Care.

In Norfolk the current provision does not meet demand that exists in Norfolk today nor for the future. The population is growing and ageing at a faster rate among the over 65-year olds and a significant number of this age group are currently home owners. This has an implication for the population we are providing extra care for and indicates that mixed tenure options need to be factored in.

The current nomination and allocations process are variable between district councils. ASSD practice differs regarding the identification of people who might be suitable for extra care in the future. District Council partners have stated that they would favour common processes to enable people to access extra care and favour a centralised management approach.



The future need for extra care is given by population based prevalence indicator. For Norfolk (taking away the existing known supply) this indicates that by 2028 Norfolk will require an additional 2842 extra care units. Current domiciliary care usage helps to validate this number, as we know that there are currently 3092 people accessing up to 60 hours of care in a four-week period. These clients are likely to make up a proportion of extra care residents of the future. From using Sheltered Housing data on the current needs of residents, cross-referenced with dementia and falls prevalence, this can help us to identify early priorities for accommodation being in certain areas within the districts.

Extra care for the future will also have to continue to support people who have dementia to live independently and consider access for people with physical and Learning Disabilities and who have mental health issues. The accommodation for future extra care will need to cater for diverse needs of people who have protected characteristics, provision for couples and bariatric people. The tenure options of



extra care will have to be aligned to the needs of the population and therefore provide mixed tenure, private renting and ownership alongside affordable options. The care model provided in extra care will also need to be more flexible and more accessible in order to divert people into this provision and away from residential care. For this reason, the high, medium, low care needs threshold is the most logical model to progress, to enable people with mixed-needs to access extra care.

The management and implementation of the allocation of people to extra care needs to simplify, be more streamlined and engage all partners throughout each part of the allocations process. This includes communication and support to service users and their families. Generating more awareness of extra care and what the benefits are to professionals, people and their families is paramount, in enabling this provision to be promoted and utilised and, therefore, effective in proving an alternative to residential care. This will enable Norfolk County Council to promote people's independence for longer and to fulfil its duties under the Care Act, to delay the need for care and support and to promote individual wellbeing.



## Recommendations

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1. The population-based evidence and Norfolk County Council's plan to support more people to stay independent in their own community indicates that by 2028 Norfolk needs **2842** additional extra care units. This data needs to be refined in conjunction with District Councils and other stakeholders to create area-based plans for each District Council area to feed into the planning process.
2. The development of extra care requires mixed tenure options, should cater for diverse needs of residents and should offer extra care units, catered for people with dementia.
3. A more flexible model of care provision is required to
  - a. enable a wider range of people access extra care
  - b. ensure that extra care provides more choice and personalisation, as well as
  - c. provide a more flexible care contract which provides better value for money.
4. Access into extra care should be more streamlined for people who would want to finance their own care (i.e. self-funders) and for people who want to privately rent and fund their care provision and not necessarily involve all of Norfolk County Council's processes and procedures.
5. A programme needs to be established and a business case developed, with partners and relevant stakeholders, which will address these issues and determine the most effective delivery mechanism to increase our extra care supply. This will be overseen by the Integrated Commissioning Team with close collaboration with Norfolk Property Services and District Councils.



## APPENDIX A Key Partners in extra care in Norfolk<sup>18</sup>

Partner	Role	Legal Drivers
<b>Norfolk County Council</b> Adult Social Services Department (ASSD)	Commissioner of Care Services and of Housing Related Support; personalisation and prevention agendas	Care Act 2014 Public Sector Equality Duty/Equalities Act 2010
<b>District Councils:</b> Breckland District Broadland District Great Yarmouth Borough King's Lynn & West Norfolk North Norfolk District Norwich City South Norfolk	Provider of housing to meet housing need, normally with nomination rights set out in a nomination agreement with housing providers for extra care housing for rent and/or sale eg shared ownership	Homelessness Act 2002 Housing Act 1985 Localism Act 2011
<b>Housing Provider/Registered Social Landlord</b>	Provider of housing and usually housing management & housing related support services	HCA Affordable Housing Capital Funding (2008, being refreshed)
<b>Care Provider</b>	Provider of care services	Care Standards Act 2000 Health and Social Care Act 2008 (registration requirements) regulations 2009 Domiciliary Care Regulations 2002 Care Quality Commission
<b>Clinical Commissioning Groups</b> Norwich Great Yarmouth & Waveney North Norfolk South Norfolk West	Commissions primary care services who deliver to schemes	Health and Social Care Act Five Year Forward View Public Sector Equality Duty/Equalities Act 2010
<b>Norfolk County Council Public Health Department</b>	Prevention outcomes and reducing health inequalities; Joint Strategic Needs Assessment	
<b>Norfolk Older People's Strategic Partnership Board</b>	Giving a voice to older people in the Housing, Health and Social care agendas	Community involvement into the development of service provision

<sup>18</sup> With reference to Housing LIN (2010) *Assessment and Allocation in extra care housing*, The Institute of Public Care, Oxford



## APPENDIX B Specialist Housing by District and CCG

The breakdown of Specialist housing supply and need by district, housing type and number of dementia units is as follows:

Table 1 Specialist housing supply and need by district, housing type and dementia units

District	Sheltered Housing						Housing with Care (Extra care) / Enhanced Sheltered						Total Housing Units
	Dementia units	Non-dementia units	Rented	Shared Ownership	Leasehold/Ownership	Total Sheltered Housing	Dementia units	Non-dementia units	Rented	Shared Ownership	Leasehold/Ownership	Total Housing with Care	
<b>Current supply 2015</b>													
Breckland	0	933	800	12	121	933	0	109	109	0	0	109	1,042
Broadland	0	801	507	14	281	801	0	90	50	10	30	90	891
Great Yarmouth	0	1,113	1,012	30	71	1,113	0	64	64	0	0	64	1,177
King's Lynn and West Norfolk	0	1,249	985	0	264	1,249	10	66	76	0	0	76	1,325
North Norfolk	0	880	570	0	310	880	0	70	70	0	0	70	950
Norwich	0	2,126	1,672	0	454	2,126	21	216	237	0	0	237	2,363
South Norfolk	0	841	717	0	124	841	10	209	219	0	0	219	1,060
<b>Total</b>	<b>0</b>	<b>7,943</b>	<b>6,263</b>	<b>56</b>	<b>1,625</b>	<b>7,943</b>	<b>41</b>	<b>824</b>	<b>825</b>	<b>10</b>	<b>30</b>	<b>865</b>	<b>8,808</b>
<b>Estimated need 2015</b>													
Breckland	97	1,755	402	316	1,134	1,852	35	632	145	114	408	667	2,519
Broadland	101	1,742	37	157	1,649	1,843	36	627	13	57	594	664	2,507
Great Yarmouth	69	1,192	614	195	451	1,261	25	429	221	70	162	454	1,714
King's Lynn and West Norfolk	127	2,043	790	394	985	2,170	46	735	285	142	355	781	2,951
North Norfolk	106	1,810	640	412	864	1,916	38	652	230	148	311	690	2,606
Norwich	70	1,170	741	102	398	1,240	25	421	267	37	143	447	1,687
South Norfolk	107	1,634	115	186	1,439	1,741	38	588	42	67	518	627	2,368
<b>Total</b>	<b>677</b>	<b>11,346</b>	<b>3,340</b>	<b>1,763</b>	<b>6,921</b>	<b>12,023</b>	<b>244</b>	<b>4,084</b>	<b>1,202</b>	<b>635</b>	<b>2,491</b>	<b>4,328</b>	<b>16,352</b>
<b>Estimated need 2036</b>													
Breckland	203	3,151	733	574	2,047	3,354	73	1,134	264	207	737	1,208	4,562
Broadland	199	2,939	66	271	2,801	3,138	71	1,058	24	97	1,009	1,130	4,268
Great Yarmouth	135	2,013	1,055	332	761	2,148	49	725	380	120	274	773	2,922
King's Lynn and West Norfolk	238	3,333	1,310	646	1,615	3,571	86	1,200	472	233	581	1,285	4,856
North Norfolk	200	2,982	1,069	687	1,426	3,182	72	1,074	385	247	514	1,146	4,328
Norwich	110	1,717	1,086	150	591	1,827	40	618	391	54	213	658	2,485
South Norfolk	224	2,950	213	342	2,619	3,174	81	1,062	77	123	943	1,143	4,317
<b>Total</b>	<b>1,309</b>	<b>19,086</b>	<b>5,532</b>	<b>3,002</b>	<b>11,862</b>	<b>20,395</b>	<b>471</b>	<b>6,871</b>	<b>1,991</b>	<b>1,081</b>	<b>4,270</b>	<b>7,342</b>	<b>27,737</b>



The breakdown of Specialist **housing unmet need** by district, housing type and number of dementia units is as follows:

Table 2 Specialist housing unmet need by district, housing type and dementia units

District	Sheltered Housing						Housing with Care (Extra care) / Enhanced Sheltered						Total Housing Units
	Dementia units	Non-dementia units	Rented	Shared Ownership	Leasehold/Ownership	Total Sheltered Housing	Dementia units	Non-dementia units	Rented	Shared Ownership	Leasehold/Ownership	Total Housing with Care	
<b>Unmet need 2015</b>													
Breckland	97	822	-398	304	1,013	919	35	523	36	114	408	558	1,477
Broadland	101	941	-470	143	1,368	1,041	36	537	-37	47	564	574	1,615
Great Yarmouth	69	79	-398	165	380	148	25	365	157	70	162	390	537
King's Lynn and West Norfolk	127	794	-195	394	721	921	36	669	209	142	355	705	1,626
North Norfolk	106	930	70	412	554	1,036	38	582	160	148	311	620	1,656
Norwich	70	-956	-931	102	-56	-886	4	205	30	37	143	210	-676
South Norfolk	107	793	-602	186	1,315	900	28	379	-177	67	518	408	1,308
<b>Total</b>	<b>677</b>	<b>3,403</b>	<b>-2,923</b>	<b>1,707</b>	<b>5,296</b>	<b>4,079</b>	<b>203</b>	<b>3,260</b>	<b>377</b>	<b>625</b>	<b>2,461</b>	<b>3,463</b>	<b>7,543</b>
<b>Unmet need 2036</b>													
Breckland	203	2,218	-67	562	1,926	2,421	73	1,025	155	207	737	1,099	3,520
Broadland	199	2,138	-441	257	2,520	2,336	71	968	-26	87	979	1,040	3,376
Great Yarmouth	135	900	43	302	690	1,035	49	661	316	120	274	709	1,745
King's Lynn and West Norfolk	238	2,084	325	646	1,351	2,322	76	1,134	396	233	581	1,209	3,531
North Norfolk	200	2,102	499	687	1,116	2,302	72	1,004	315	247	514	1,076	3,378
Norwich	110	-409	-586	150	137	-299	19	402	154	54	213	421	122
South Norfolk	224	2,109	-504	342	2,495	2,333	71	853	-142	123	943	924	3,257
<b>Total</b>	<b>1,309</b>	<b>11,143</b>	<b>-731</b>	<b>2,946</b>	<b>10,237</b>	<b>12,451</b>	<b>430</b>	<b>6,047</b>	<b>1,166</b>	<b>1,071</b>	<b>4,240</b>	<b>6,477</b>	<b>18,928</b>



## APPENDIX C extra care Needs Analysis<sup>19</sup>

### According to the Public Health Information Team:

*If the current provision of extra care housing is low and the local authority have a fully developed extra care housing strategy, then it could potentially reduce the number of residential beds by 20%, but this would require the local authority to meet the extra care housing prevalence of 25 dwellings per 1,000 people aged 75 and over.*

#### 1. Prevalence of need estimate

The number of extra care units required per 1,000 of the population aged 75+ is given by a national calculation of prevalence, using a factor of 25 units.

The council has ambitions to reduce its placements into residential care by 20% over the next 10 years for 65+ (reduction on projected numbers based on population growth). We have used the national equation and our aim for a 20% reduction in placements to residential care by 2028. We have looked at current self-funding numbers and added projected demographic growth to specify a tenure split. We calculate the amount of extra care needed by district to be as follows:

#### extra care per District: demand in the year 2028:

District	Population estimate over 65	Prevalence of need (factor 25) + 20% reduction in Residential care placements (all ages)	Minus existing supply	Unmet need 2028	Affordable rent	Outright sale/shared ownership
<b>Breckland</b>	42,000	572	54	518	207	311
<b>Broadland</b>	39,600	548	70	478	191	287
<b>Great Yarmouth</b>	28,100	375	65	310	124	186
<b>King's Lynn and West Norfolk</b>	46,600	622	70	552	220	332
<b>North Norfolk</b>	40,200	556	70	486	194	292
<b>Norwich</b>	24,300	318	180	138	55	83

<sup>19</sup> With reference to Public Health Information Team *Accommodation for older people – current supply, current need and future need*, (DRAFT), Norfolk County Council, 2016



<b>South Norfolk</b>	40,200	549	189	360	144	216
	<b>261,000</b>	<b>3540</b>	<b>698</b>	<b>2842</b>	<b>1135</b>	<b>1707</b>

This shows that by the year 2028 Norfolk will need an additional 2842 extra care Units to meet its identified need.





## APPENDIX D: Sheltered Housing Needs Analysis and Emerging Needs

The Sheltered Housing needs analysis<sup>20</sup>, carried out during 2017, is based on current residents within sheltered housing schemes and ranked against the following:

- High need – the client requires on-going access to formal support (or may need assistance from Social Care, Health, or District Council Services)
- Medium need – the client's support needs could be met with an informal support package provided by a third sector organisation or group (for example a voluntary organisation)
- Low need – the client is able to self-manage their needs, or would be able to with appropriate support which is already in place (for example, from family or friends)

The results have been mapped per district council. Alongside this needs analysis the prevalence of falls and dementia has also been identified from Norfolk Insight, per district council area, to present a more focussed assessment of need.

### **The headlines from this needs analysis are the following:**

- In Breckland there is an emerging risk based around Mundford based on the dementia and falls maps and Thetford and Dereham,
- In Broadland the high needs prevalence is found in the south of the district, bordering with Norwich City,
- In Great Yarmouth there is a cross over with Broadland around the Filby, Potter Higham areas where the maps indicate a growing risk, as well as Belton, South Town and Hemsby indicating areas of need.
- In King's Lynn and West Norfolk there is an emerging need around, King's Lynn, Methwold, Mundford, areas where there is crossover between two districts
- In North Norfolk the high needs prevalence is found in Cromer,
- In Norwich the high needs prevalence is found in the centre of Norwich and the border with Broadland
- In South Norfolk there are hotspots for falls and dementia in the Diss area, however there are emerging risk the east of the district which has sporadic provision

Also there will need to be consideration given to Local Area Plans and the Greater Norwich Plan both of which indicate to areas of growth which will have an impact on services in that areas examples being new housing in North Walsham and the proposed plans for Great Plumstead along with the growth in housing in areas like Rackheath, Sprowston and Wroxham.

The detailed breakdown per District area is below.

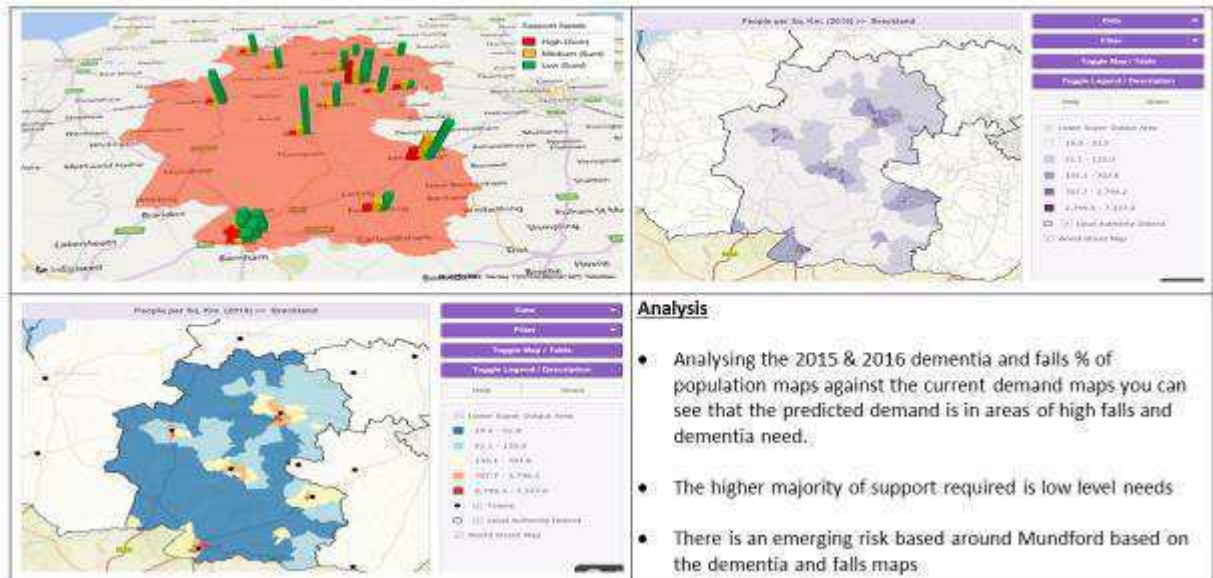
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<sup>20</sup> Please note the above map excludes schemes for the following providers: Norwich Housing Society

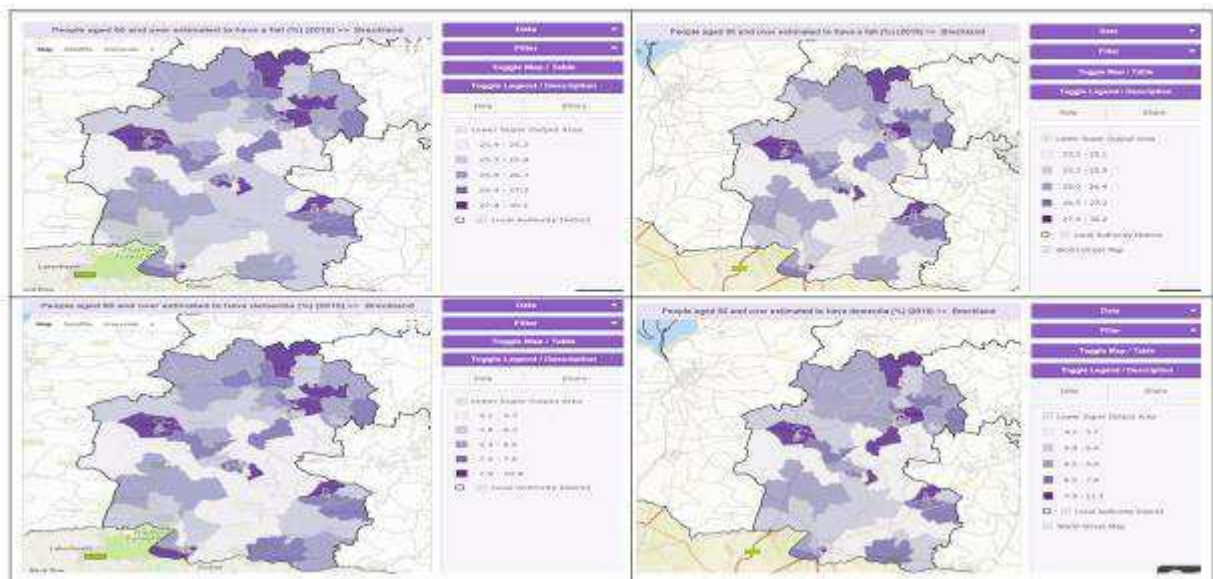


# Sheltered Housing – Breckland Schemes and Emerging Needs

## Sheltered Housing – Breckland Schemes Support Need RAG Status (1)

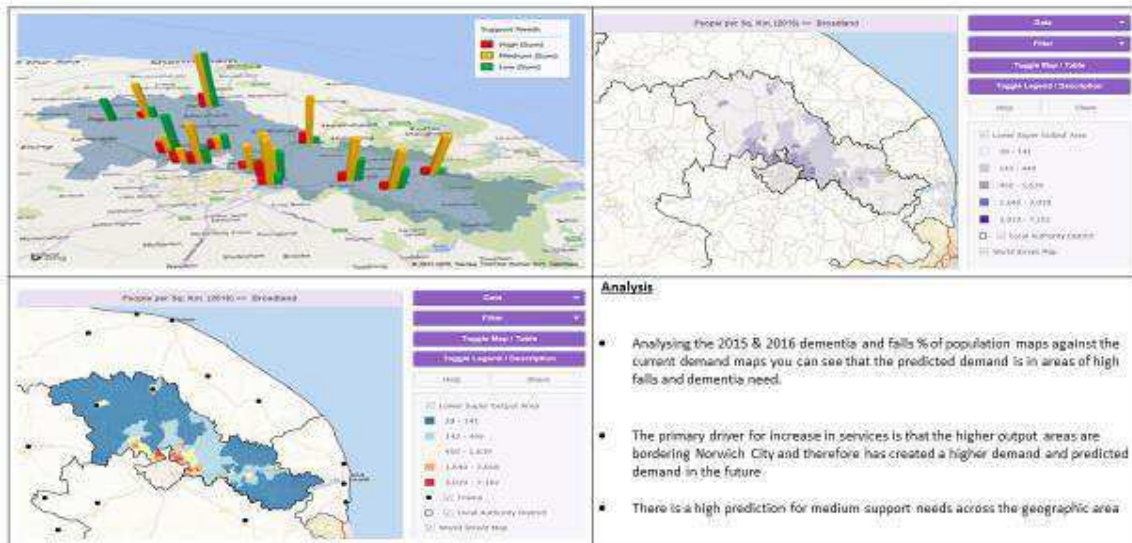


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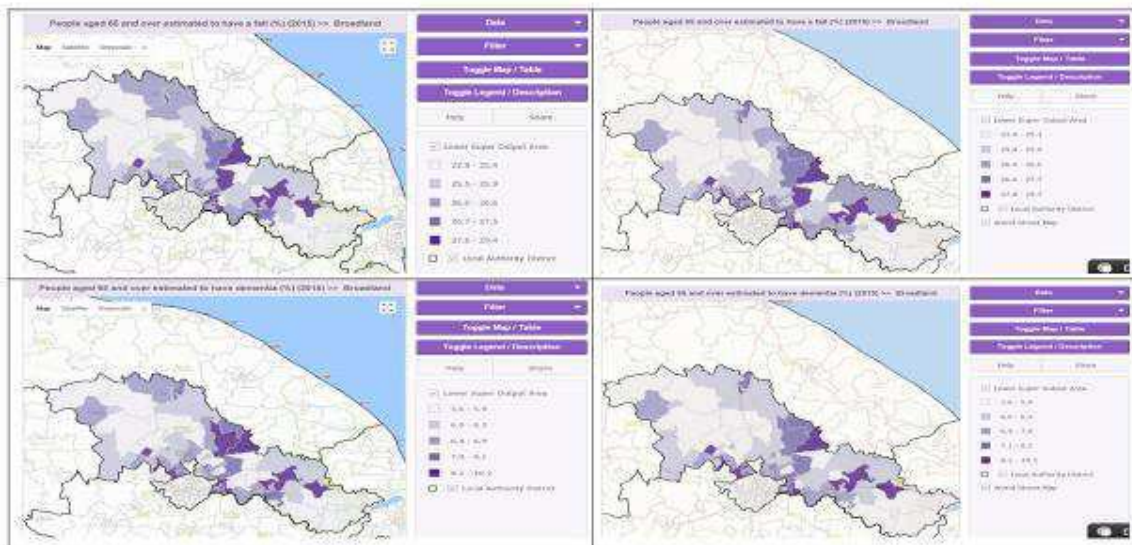


# Sheltered Housing – Broadland Schemes Support Need RAG Status

## Sheltered Housing – Broadland Schemes Support Need RAG Status (1)



## Sheltered Housing – Broadland Schemes Support Need RAG Status (2)

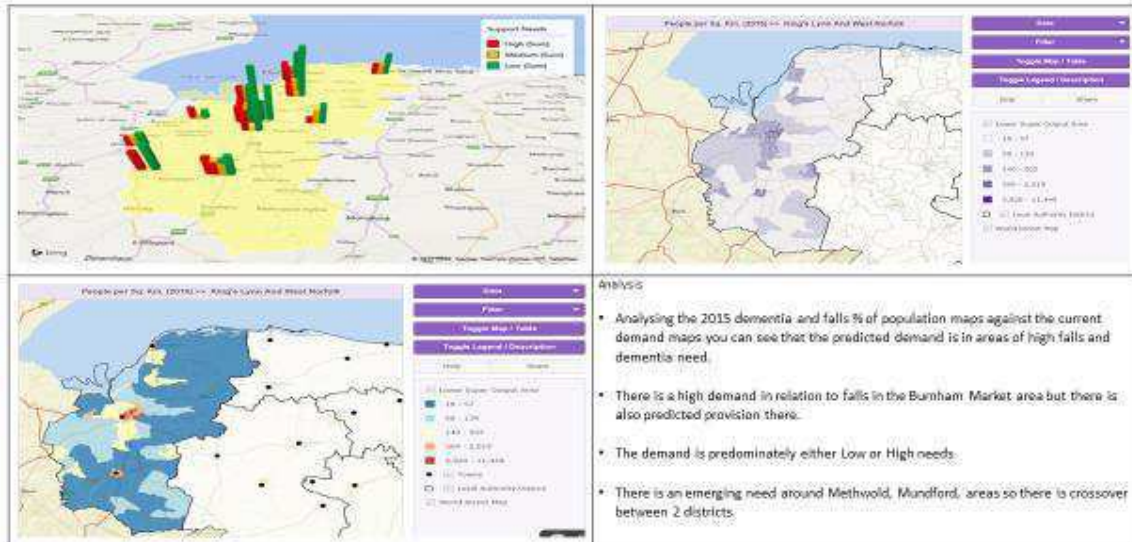




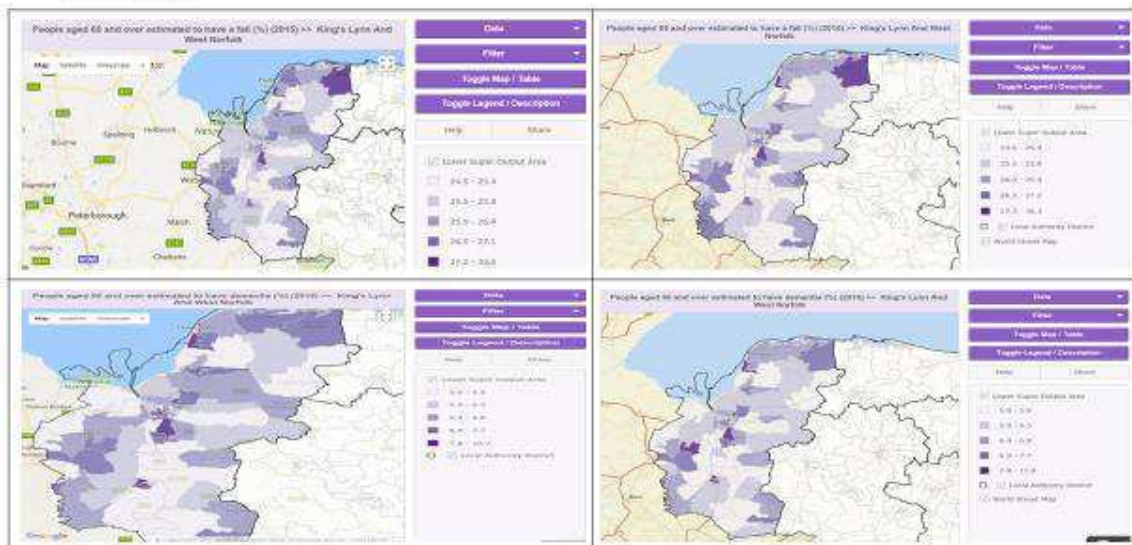


# Sheltered Housing – King’s Lynn and West Norfolk Schemes and Emerging Needs

## Sheltered Housing – King’s Lynn and West Norfolk Schemes Support Need RAG Status (1)



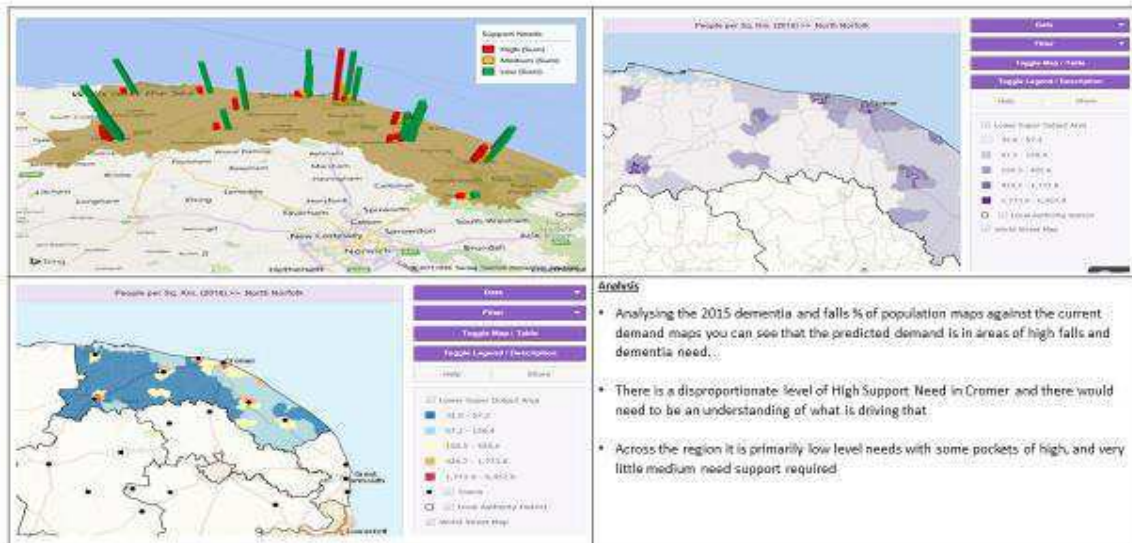
## Sheltered Housing – King’s Lynn and West Norfolk Schemes Support Need RAG Status (2)



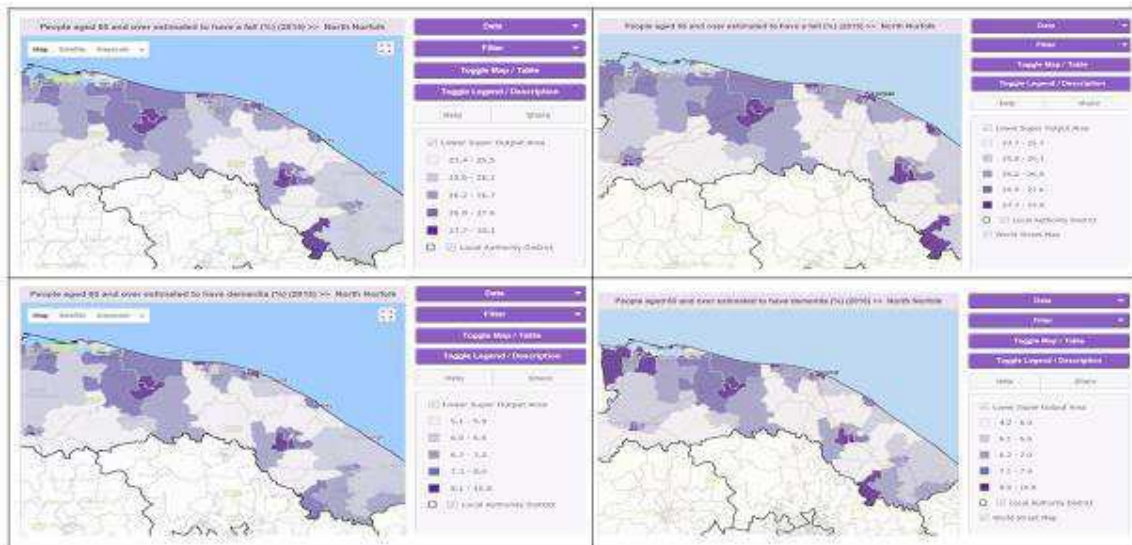


# Sheltered Housing – North Norfolk Schemes and Emerging Needs

## Sheltered Housing – North Norfolk Schemes Support Need RAG Status (1)

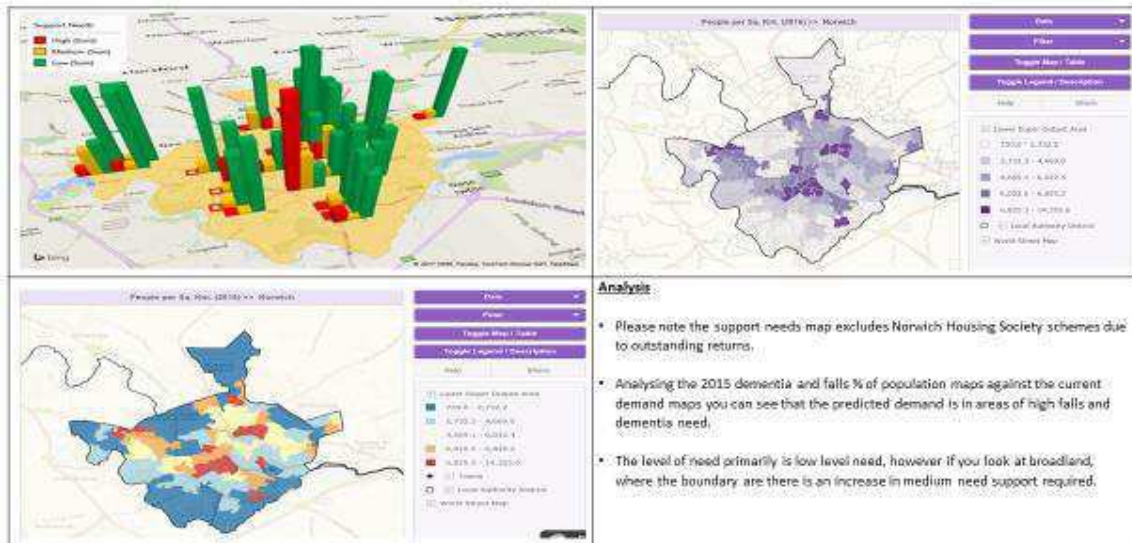


## Sheltered Housing – North Norfolk Schemes Support Need RAG Status (2)

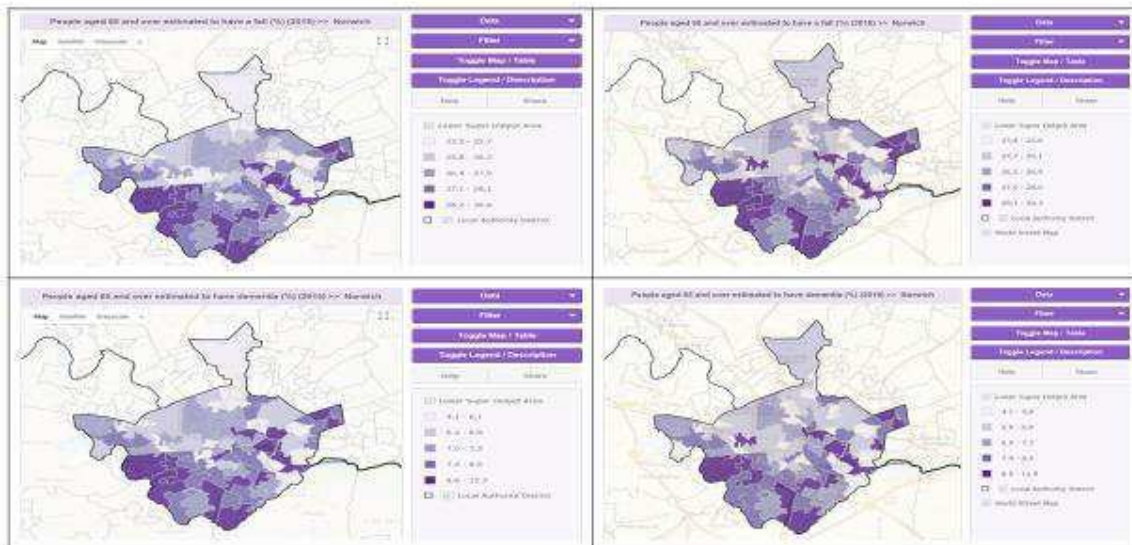


# Sheltered Housing – Norwich Schemes and Emerging Needs

## Sheltered Housing – Norwich Schemes Support Need RAG Status (1)



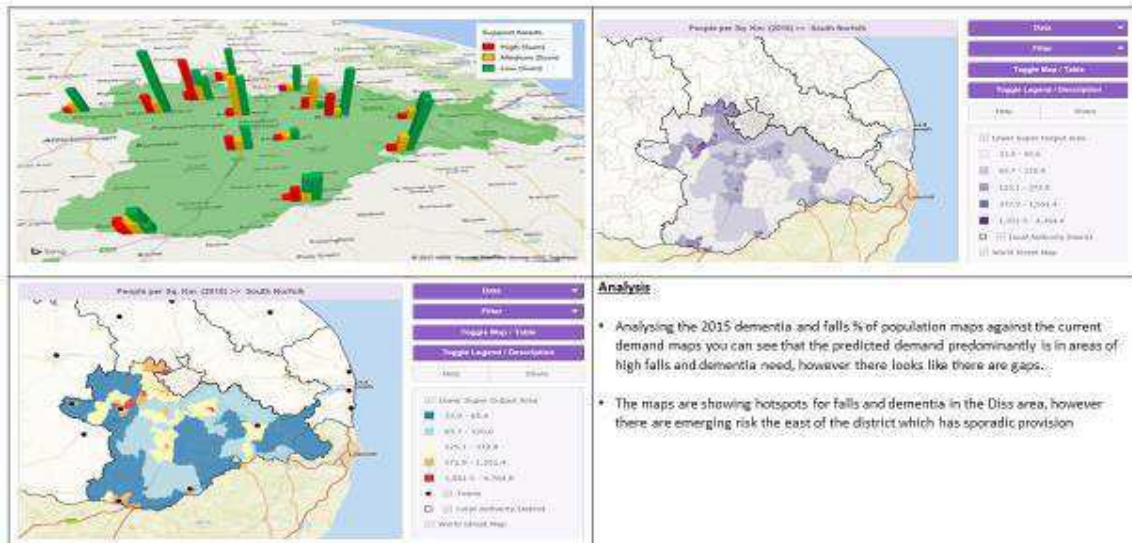
## Sheltered Housing – Norwich Schemes Support Need RAG Status (2)



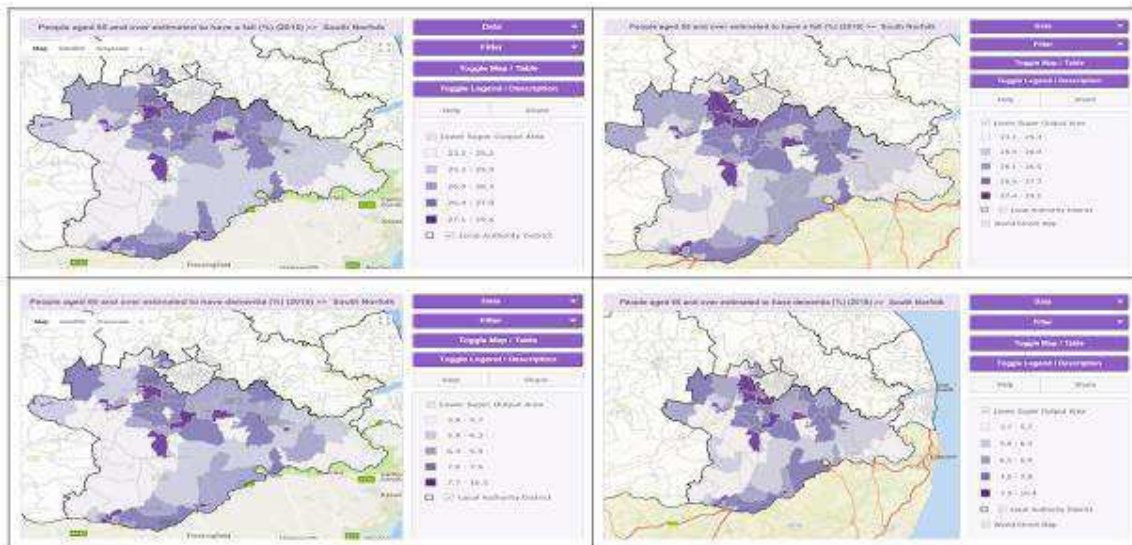


# Sheltered Housing – South Norfolk Schemes and Emerging Needs

## Sheltered Housing – South Norfolk Schemes Support Need RAG Status (1)



## Sheltered Housing – South Norfolk Schemes Support Need RAG Status (2)





## **APPENDIX E: Engagement Outcomes extra care Workshop held with partners in June 2017**

*There is a general agreement from partners that extra care is a good way of preserving independence and keeping people safe.*

### **What's not working well in Extra Care?**

- Financial Assessments - timeliness
- Too many handovers/gaps and single POF
- Complex process; too much jargon; "it's a mess"
- No referrals from GPs
- Too many assessments
- Hard to access from Out of County
- Social Care Centre for Excellence no longer take on cases
- Eligibility criteria for care
- Turnover – some people are coming in too late
- Reliance on the hours of care needed to make a decision rather than really assessing whether HwC is the right option for a particular person
- Seven separate lists for HwC could become one central county list
- No countywide waiting list
- Management of voids is unclear – who pays for the voids?

### **Requirements for the future extra care Strategy and Implementation Service**

#### **Robust evidence base required**

- Local plan to demonstrate district demand and capacity per vulnerable group
- Self-funder market provision
- Mixed tenure provision
- Experience from residents and data from length of tenancies
- Clear link to the Housing Strategy
- Linkage to other types of accommodation: sheltered, general needs, social housing, private retirement housing, a 'route through'

#### **District Council Partners**

- Statutory need for districts to have a housing register, so need to be involved
- Need to ascertain who districts accept on the register – a standard approach

#### **Care Provision**

- Needs to be consistent per unit/offer
- Flexible criteria and contractual arrangements



- DTOC/intermediate Care & Planning Beds
- Respite
- Extra care need to be provided
- Low – medium – high model of care
- Clear link to Primary Care Provision

### **Accommodation**

- Being able to house couples
- Being able to have mixed cohorts (LD)
- Need Norfolk-wide access rather than district/local connections as a requirement

### **Social Work Practice**

- Use Three Conversations to support allocation
- Clear data on forthcoming HwC needs
- Linkage to Promoting Independence
- Training on what HwC is

### **Implementation Model**

- Single point of contact with a dedicated HwC team as a One Stop Shop, which knows the localities
  - Tracking and chasing up of social care assessment, financial assessment, care providers assessment and the whole referral to tenancy process
- Clear data on forthcoming demand and forecasting vacancies
- County wide tracking of data: number of flats, number of voids, turnover, length of time-assessment, number of referrals and reason
- Better information sharing
- Hand holder for people through the system; Better communication with potential residents i.e leaflets, advice and advocacy - and follow up calls
- People facing process needs to be easier -
- Marketing re-brand and promotion to professionals
- Financial Assessment Process:
  - Extra Care Assessment process to be completed in a timely manner per locality, working with Finance on alerting them to the need for a process
  - No individual to sign a tenancy agreement without a financial assessment being undertaken



## Equality impact assessment form

<b>Title of proposal:</b>	Extra Care Strategy
<b>Aims of proposal:</b>	Create a Extra Care vision for Norfolk and secure the implementation of a Extra Care service in Norfolk
<b>Directorate:</b>	Adult Social Care
<b>Lead Officer (author of the proposal):</b>	Gita Prasad
<b>Names of other officers/partners involved:</b>	Corporate Housing Strategy Team; Norfolk Property Services; District Councils

### Step 1: Evidence to support analysis

List here the evidence you are using in order to make an informed assessment. This might include:

- The service contributes to statutory requirements placed on the local authorities in relation to the provision of housing and care
- The service supports the ambition to supporting independent living and supports Promoting Independence.
- The service is currently delivered with variations of thresholds of need in different areas of Norfolk and for the difference schemes, which could lead to an inequality in access to provision.
- It is mainly used to support older people and the over 55s, but there are two schemes which have small cohorts of young adults with learning disabilities
- There is no restriction on gender or ethnicity but the diversity of take up across equality standards to yet to be determined

### Step 2: Potential impact of proposal

Having considered the evidence, undertake your analysis. Assess how the proposal may impact on people with protected characteristics and if there is any potential for negative impact?

You might want to consider:

- Enabling better access and information to Extra Care for people with protected characteristics, e.g. couples of the same sex, people with religious needs



- Ensuring provision of Extra Care housing for people with dementia
- Providing a service delivery model which supports people through the process

## Step 3: Action to address any negative impact

*If your assessment identified any adverse impact, you must consider measures to avoid or mitigate this before a final decision is taken. This might include taking action to ensure that the needs of a particular protected group are met to ensure equitable overall access.*

### Actions

Action	Lead	Deadline
There is no negative impact which has been identified		

## List of evidence used to conduct analysis

- Population-based estimates for Older People by Public Health Information Team
- Current usage of domiciliary care (up to 60 hours per four week period) to indicate needs prevalence
- Sheltered Housing needs analysis, cross referenced with dementia and falls prevalence to provide area-based needs analysis



## **APPENDIX G: References and Bibliography**

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