

STRATEGY FOR THE FUTURE LIVING NEEDS OF LUTON'S OLDER PEOPLE

DRAFT

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Strategy for the Future Living Needs of Luton's Older People

1 Executive Summary

1.1 Vision

The Council's strategic aim is to strengthen and develop the range of community-based health, social care and housing services so that older people and their carers can be enabled to live independently in their own homes for as long as they choose to.

This Strategy is the driver for achieving the Council's Public Service Agreement target to increase the numbers of older people who live independently in their own homes.

1.2 Luton's Population

Population projections for people aged 75+ indicate a small steady increase between 2006 and 2011 in the context of a projected overall population decrease.

	2003	2004	2005	2006	2007	2008	2011
75 to 79s	4300	4400	4400	4500	4600	4700	5100
80 to 84s	2800	2900	2900	2900	3000	3000	3200
85 to 89s	1600	1600	1600	1600	1600	1600	1600
90+	900	800	700	700	700	700	700
Total	9600	9700	9600	9700	9900	10000	10600

Source: Population Estimates and Forecasts 2004 Bedfordshire County Council & Luton Borough Council

These figures also indicate that the population of people over 85 - the main users of Social Care Services - will decrease slightly over the next 8 years. This means that Luton's population does not reflect the national trend of the growing number of very old people. The "younger" older population are increasing in the foreseeable future.

Clearly an increase in the "younger" older population might have implications for other services for older people. However residential care is primarily relevant for people over 85. Up to that age older people are usually able to be supported to carry on living independently in the community by families and other services.

Though the numbers of over 85s will decrease slightly in the period up to 2011, this may not reflect the extent of need, as a proportion of the population may

have increased physical and mental ill health and consequent needs for services.

1.3 National policy for Older People

There is strong government encouragement to develop extra-care sheltered housing as an alternative to extensive use of residential care. This supports central government policy for Older People over many years which has a strong focus on enabling older people to live independently for as long as possible.

Stephen Ladyman, MP, Parliamentary Under Secretary of State for Community recently stated¹

“I believe extra care housing will be the most dominant form of residential care in the future, sometimes in the public sector, increasingly in the private sector”.

Extra-care sheltered housing has a number of potential advantages over residential care:

The Laing and Buisson report "Extra Care Housing Markets 2003/4" considered that extra care housing offered advantages over home care provided to consumers in homes dispersed throughout the community, and over care in residential and nursing homes including:

- Care, and particularly very frequent regular short visits, is delivered to the lower cost and older people are clustered closer together.
- The intensity of the care can be adjusted flexibly on a daily basis according to a residents needs.
- Residents can remain in extra care with greater degrees of frailty or ill health than they could in their own dispersed homes even with intensive home care packages.
- Moving to extra care can free up a larger unit of social housing for use by a family.
- Older people can live independently as part of a community, rather than being isolated.
- Older people remain more independent than when admitted to a care home.
- People's measured levels of dependency may decrease after a period in extra care.
- Couples need not be separated by one partner leaving to enter a care home.

1.4 The views of Older People in Luton

On 7 June 2004 the Council and partners held a day-long Listening Event. The event discussed the future living needs of older people living in Luton, with about 100 older people and a range of professionals and stakeholders taking part.

Key questions considered at this event were:

- What sort of living arrangements would you like to see for older people in Luton?
- What should we do about the current accommodation?
- Where are the gaps in the existing accommodation?
- What sort of specialist provision would you like to see in Luton?
- Which organisations should be providing the accommodation for older people living in Luton?
- What should be the tenure of this accommodation?
- Should accommodation of Luton's older residents be provided outside Luton – if so where?
- What are your views about older people staying in their own homes and receiving additional care services?

The work of that Listening Event has been critical building block in the development of this Strategy.

The detailed outcomes of the event are published in a Conference Report.

The following summary points were made by groups at the conference and are recorded in more detail in the conference report:

- There is a need for very sheltered extra-care housing. This should be secure.
- Sheltered housing and extra care sheltered housing should be considered before residential care.
- Delegates expressed a view that the number of residential care homes for those with challenging behaviours and other mental health problems should increase.
- We need to ensure that there is a good level of awareness of all the services available as none of us can deliver services in isolation from each other.
- People must be offered choice before they become too unwell to exercise that choice.
- It is important that people have the option to stay in their own homes for as long as possible, with additional services given.
- Luton has diverse communities and one solution will not fit all. We need to be planning for the needs of our diverse communities.
- It is essential that the cultural needs within Luton are met by appropriate services. These services should not be provided totally separately, but appropriate provision should be made within any new services developed.
- It is essential that staff within services receive appropriate training so that they are aware of the cultural and religious needs of the people for whom they are providing a service.
- There is a need to provide the best service possible in various settings. People need to be aware of all the options and services available so that they can make an informed judgement.

- If people wish to remain their own homes, there should be increased support to the service user and the carer.
- If a person chooses to remain in their own home, then help should be available to adapt/convert the home to a high standard so that they can continue to live in safety. Appropriate home care should also be available.
- Maximum use should be made of the existing sheltered schemes, especially the communal facilities, so that social facilities can take place. One way of doing this would be to link up different sheltered schemes with appropriate transport.
- Delegates at the conference expressed a wish to be able to purchase a stake in future sheltered accommodation.
- Some delegates stressed that they would like to see residential and sheltered accommodation remain under local authority control, however the option to buy should be made available.
- There should be equality in the range of services available. Property owners are unable to access extra care sheltered housing in Luton.
- Provision should be organised in such a way that people can move between different levels of provision on one site. For example a “village complex” approach.

1.5 Residential care (including residential care with nursing) available to Luton residents

Luton Borough Council has six residential care homes for older people. Three of these have been refurbished to achieve minimum National Care Standards requirements, and three have not.

Westlea's role is primarily concerned with intermediate care and rehabilitation. It also accommodates a small number of residents on a permanent basis as a result of previous home closures. The Mount and The Laurels provide a service exclusively for people with dementia, mainly on a permanent basis, with a few places allocated for respite care.

The remaining three unrefurbished homes, Sherd Lodge, Farley and Warden Hill, fulfil a mainstream function, though they provide a significant amount of respite care.

The three homes which have not yet been refurbished - Farley, Sherd Lodge and Warden Hill - require improvements to meet minimum National Care Standards.

Luton Borough Council Homes	Number of places	Role
(a) Refurbished		
(1) Westlea	35	9 Intermediate care, 20 rehabilitation, 6 permanent
(2) The Laurels	35	34 permanent, 1 respite
(3) The Mount	39	36 permanent, 3 respite
Sub total	109	
(b) Not refurbished		
(4) Farley	37	27 permanent, 10 respite(5 to assist hospital delayed discharge)
(5) Sherd Lodge	41	36 permanent, 5 respite
(6) Warden Hill	35	28 permanent, 7 respite
Sub total	113	
<u>Total</u>	222	167 permanent 29 Intermediate care and rehab 26 respite

Staff in the Council's Capital and Asset Management section undertook a review and feasibility study, completed in July 2003, addressing the options for refurbishment for the homes that do not meet the government's National Minimum Standards for Care Homes for Older People. The total cost of refurbishing all three sites and delivering enhanced space standards of at least 10 square metres per room was estimated at £4,240,000.²

The Commission for Social Care Inspection (previously National Care Standards Commission) continue to express their significant concerns in relation to these three buildings and are pressing the Council to confirm their intentions on their future.

During the period July 1999 to June 2004 the Council's use of residential care places (including residential care with nursing) has fluctuated between the mid and high 400s with a downward trend in the use of LBC homes and an upward trend the use of independent sector homes. In June 2004 the Council had 153 Older People in permanent placements in Council Homes. The Council had a further 310 Older People placed in Independent Sector homes.

Luton's activity in this area is measured by a Department of Health's Performance Indicator (C28) which measures the Council's admission of older people to permanent residential and nursing care per 10,000 population aged 65 or over. Luton's performance against this indicator (4 blobs) indicates that Luton is placing slightly more Older People in residential and nursing care than the Department of Health's optimum which would attract the maximum 5 blobs performance.

86% of Older People placed in independent homes are placed within Luton, and a further 7% very near to Luton. Placement of individuals outside of Luton usually reflects individual and family choice and the council's responsiveness to individual circumstances; it does not reflect a lack of suitable options within Luton.

1.6 Extra Care Sheltered Housing

Luton Borough Council has two extra care sheltered housing schemes at Abigail Court, Biscot and Colwell Court, Stopsley. A third scheme commissioned by the Council and run by Warden Housing Association, Applegrove, opened in Lewsey in June 2004.

The overall capacity is set out in the following table.

No.	Scheme	Number of Units	Number of One Bed Units	Numbers of Two Bed Units
1.	Abigail Court, Biscot	46 flats + 12 bungalows	42 x 1 bed flats and 6 x 1 bed bungalows	4 x 2 bed flats and 6 x 2 bed bungalows
3.	Colwell Court, Stopsley	33 flats	29 x 1 bed flats	4 x 2 bed flats
4.	Applegrove, Lewsey	40 flats + 16 bungalows including 6 bungalows for people with dementia	38 x 1 bed flats and 16 x 1 bed bungalows	2 x 2 bed flats
TOTAL		147	131	16

Best practice in extra-care sheltered housing suggests that schemes should incorporate people with a mix of needs, so it would never be the case that all 147 places are taken up by people who are very frail.

There is also a private extra care scheme in Luton at Bushmead Court, Hancock Drive, Bushmead, providing 41 flats.

1.7 Recommendations for options for the future

- 1.7.1** In view of the government's strong encouragement to develop extra-care sheltered housing and the wishes and views of many older people in Luton, the Council should pursue a strategy of developing extra-care sheltered housing and establish a different balance between residential care and extra-care sheltered housing. Options for this balance will be the subject of a future detailed paper with costed implementation plans for consideration by Social Inclusion Scrutiny and the Executive in November 2004.
- 1.7.2** In broad outline, implementation proposals could scope the de-commissioning of Sherd Lodge, Farley and Warden Hill and the commissioning of two extra-care sheltered housing schemes with 60 bed spaces each, and one new 60 bed council-run residential care scheme.
- 1.7.3** A suggested model for Extra-Care Sheltered Housing for Luton is appended at Appendix 1.
- 1.7.4** The following principles should be built into proposals for consideration and consultation
- Maximising the opportunities for staff and residents to move as a group
 - Avoiding as far as possible the need for any individual resident to move more than once, unless they choose to or unless individuals have new care or nursing needs which mean that they need more intensive or specialist care.
- 1.7.5** In view of national trends and the aspirations of local older people, the proposals for extra-care sheltered housing should include provision that is available for renting, for leasing and for shared ownership.
- 1.7.6** Residential care should remain an option for people with additional needs. Therefore the Council in partnership with health will ensure that steps are taken to secure an adequate supply of registered care home places (including care homes with nursing) which will continue to be needed by people who require higher levels of care, particularly people with mental health problems and dementia.
- 1.7.7** Within the development of proposals for new extra-care sheltered housing and new council-run residential care, Council officers will undertake further detailed work to scope the best way of meeting the specialist needs of

older people and people with dementia, older people from black and ethnic minorities and providing respite care.

1.7.8 Council officers will scope the extent of refurbishment and modernisation required at the Mount, the Laurels and Westlea and present options for future consideration.

1.7.9 All the implementation options will be supported by the Council reviewing

- Sheltered housing as part of the stock options appraisal exercise
- Day services for older people, in partnership with health
- Home care commissioning strategy

2 Introduction to the Strategy

2.1 Aims and Objectives

The Council's Strategy for the Future Living Needs of Older People is a fundamental building block in achieving the vision for Luton 2011 developed by the Council, local people and local organisations.³

This Strategy is the driver for achieving the Council's Public Service Agreement target to increase the numbers of older people who live independently in their own homes.

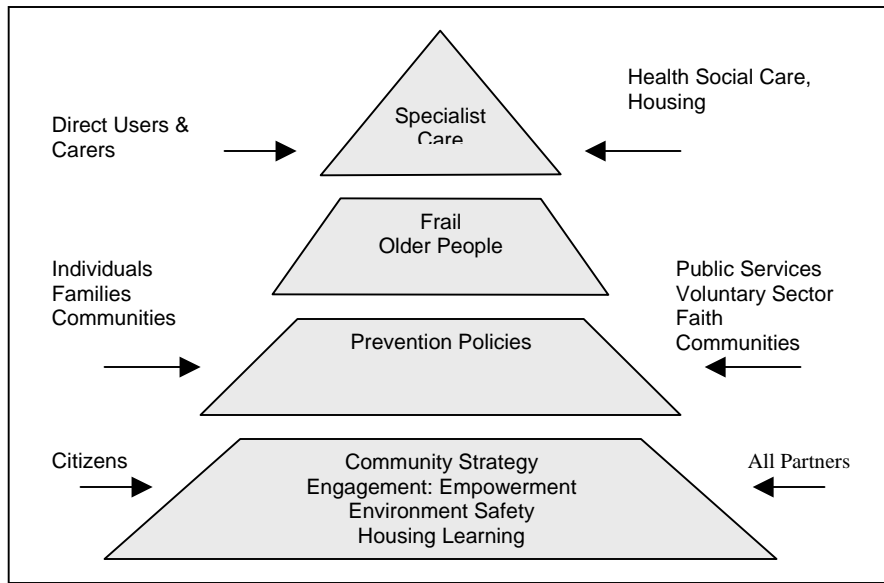
It is the first of a series of service strategies which will result in a comprehensive Older People's Strategy for Luton.

It is underpinned by a vision of community living that achieves the following outcomes for older people

- **Living longer and healthier lives** – including protection from abuse and exploitation.
- **Better quality of life, enhanced lifestyles** – better access to leisure, social activities and lifelong learning.
- **Further opportunities for employment** – more older people having the opportunity to work or having access to other income-generating opportunities.
- **Reduced poverty** – elimination of poverty in old age and greater financial independence.
- **More independence and interdependence** – relationships based on reciprocity rather than dependence.
- **Better informed** – increased access to information and advice so that older people can take action for themselves.
- **More involved** in decision making – fully able to influence the development of key policy areas including the governance, implementation and shaping of services and to exercise their democratic rights as citizens of their communities.
- **Greater control and autonomy** – more choice and control over the services provided to them.
- **No discrimination** – Ageism, stereotyping and other types of discrimination against older people confronted and stopped.⁴

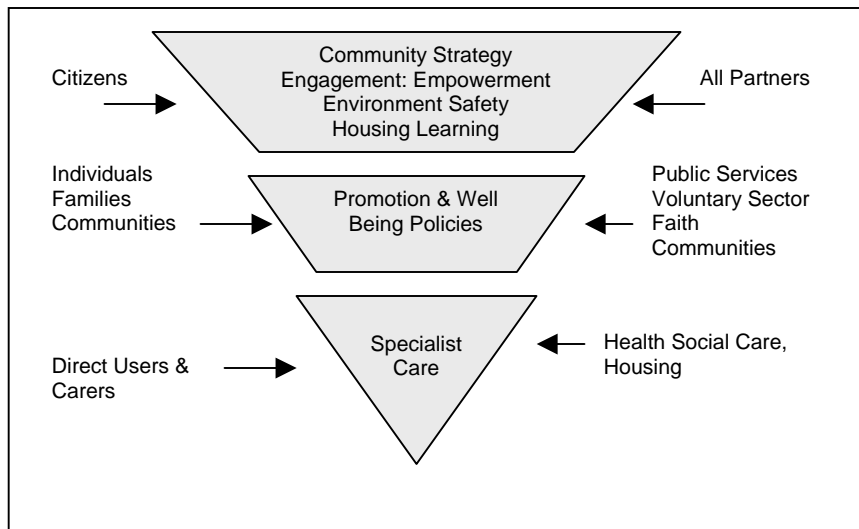
The Association of Directors of Social Services and the Local Government Association have recently outlined their vision for the future of services for Older People⁵. They identify that currently Social Services focus most resources for older people on those with the most severe needs:

Support for Older People Today



Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing old older people is at the top of the triangle and the extension of universal services for all older people is seen as central to all agencies' activity.

Support for Older People Tomorrow



The establishment in April 2005 of a new Council Directorate of Housing and Community Living will present new opportunities to develop and integrate services in line with this vision in Luton.

This Strategy for the Future Living Needs of Luton's Older People, underpinned by these principles, sets a direction of travel for the living needs of Luton's Older People taking us to 2011 and beyond.

2.2 How this strategy was developed

This Strategy draws on development and consultation work that has been underway in Luton Social Services & Housing for a number of years. The documents that record this work are summarised in s 4.7 below.

This Strategy also draws on the Council's Social Inclusion Scrutiny Committee's review of the council's care of the elderly and its consultation and fact-finding activity.

On 7 June 2004 the Council and partners held a day-long Listening Event. The event discussed the future living needs of older people living in Luton, with over 100 older people and a range of professionals and stakeholders taking part.

Key questions considered at this event were:

- What sort of living arrangements would you like to see for older people in Luton?
- What should we do about the current accommodation?
- Where are the gaps in the existing accommodation?
- What sort of specialist provision would you like to see in Luton?
- Which organisations should be providing the accommodation for older people living in Luton?
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- Should accommodation of Luton's older residents be provided outside Luton – if so where?
- What are your views about older people staying in their own homes and receiving additional care services?

The work of that Listening Event has been critical building block in the development of this Strategy. The detailed outcomes of the event are published in a Conference Report and are summarised at 4.7 below.⁶

3 Background to the Future Living Needs of Luton's Older People's Strategy – setting the national context

3.1 Choice and Involvement of Older People

The implementation of the NHS and Community Care Act 1990 required local authorities to offer choice and involvement in the social services provided to older people. The introduction of Direct Payments enables council's to give individual older people a budget to purchase their own community services based on an agreed assessment of needs. Social Services Departments' performance in this area is closely monitored by the Commission for Social Care Inspection.

The Better Government for Older People initiative is spearheading the development of older people's central contribution to policy and practice across all areas of community life as citizens, full contributors and partners, challenging ageist assumptions.

The National Service Framework [NSF] for Older People (2001) has as its first standard a requirement that the NHS and Social Care services ensure that older people are never unfairly discriminated against as a result of their age in accessing care.

3.2 Greater Independence

The 1999 White Paper *Modernising Social Services: promoting independence, improving protection, raising standards* set out the government's vision for the promotion of independence through modern social services. This policy has been reinforced in the subsequent years with additional funding and challenging performance targets.

The NHS Plan (2000) and the NSF for Older People developed policy in relation to Intermediate Care Services - joint health and social care services providing rapid response to emergencies avoiding hospital admission, and intensive rehabilitation and recuperation services following discharge from hospital.

Councils have developed schemes to facilitate adaptations and repairs so that older people can remain in their existing homes. Many localities are developing the use of modern technology to support older people living at home.

The development of sheltered housing and extra-care sheltered housing initiatives, including central government capital allocations, are further evidence of the increased focus on enabling older people to live at home. The revenue for many of these schemes comes wholly or in part through *Supporting People*, the Government's long-term policy to enable local authorities to plan, commission and provide housing support services which help vulnerable people live

independently. Increasingly government ministers are giving a steer that they see extra-care sheltered housing as an important model for the future.

“I believe extra care housing will be the most dominant form of residential care in the future, sometimes in the public sector, increasingly in the private sector”. Stephen Ladyman, MP, Parliamentary Under Secretary of State for Community.⁷

3.3 Reducing delayed transfers of care from hospitals

The Government has placed significant focus on ensuring that older people who are ready to be discharged from hospital after a period of in-patient care are not delayed from moving because of lack of appropriate provision in the community. There has been national investment in services that prevent unnecessary admission to hospital and enable people to move into rehabilitation provision before returning home. Social Services Departments are now liable for fines if an older person is delayed in an acute hospital bed because Social Services cannot provide the necessary community based services.

3.4 Support to Carers

The Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children's Act 2000 and the Carers Grant have helped to raise the profile of the needs of informal carers, giving new duties to Social Services Departments and health agencies. Ensuring that carers' needs are assessed and met is central to promoting the independence of cared-for older people, many of whose informal carers are also older people.

3.5 Partnership Working

The Local Government Act 2000 and the Health Acts of 1999 and 2001 have encouraged the NHS and Local Authorities to work more closely in planning, commissioning and providing services.

Government policy has encouraged a mixed economy of residential care provision and concordats between Local Authorities and independent sector providers. The publication in October 2001 of *Building Capacity and Partnership in Care* emphasized the importance of health and social services working together with providers in all sectors to stabilise, extend and improve services in local areas.

Over the last 15-20 years a significant number of local authorities have sought to transfer their residential care homes for older people to another organisation. Initially this was to not-for profit trusts. These were set up by the local authorities themselves and for legal reasons had to operate independently.

More recently transfers took place to Registered Social Landlords or housing associations recognising the capital skills and resources which such organisations had access to. These transfers were often triggered by:

- Problems concerning buildings and standards, particularly in achieving registration requirements.
- An uneven revenue playing field, because only residents in the independent sector were able to access the Residential Allowance. This meant that the revenue costs of each place in local authority homes were higher.

In more recent years the number of local authorities seeking to dispose of their homes has markedly accelerated, because of the problems referred to above, and also the expected requirements of the new National Care Standards. Some of these requirements have not materialised, such as the requirement for larger rooms. The Residential Allowance has also recently come to an end.

Nonetheless many local authorities have sought to transfer or close their residential homes, especially if they have not been able to resolve the building problems under the current registration requirements during the last 15-20 years.

Numbers of supported residents in English Local Authority-run residential homes have fallen by 32% since 1999. 88% of supported residents are now in independent sector homes, compared to 80% in 1999 and 20% in 1993.⁸

4 Background to the Future Living Needs of Luton's Older People's Strategy – setting the local context

The effect of all these national changes and trends is that there is a need to consider:

- firstly, the needs and wishes of older people in Luton and then,
- Secondly, what the wide spectrum of accommodation related services for Older People in Luton should look like to meet the vision of community living outlined in 2.1 above.

This Strategy draws on development and consultation work that has been underway in Luton Social Services & Housing for a number of years. The documents and Council meetings that record this work are summarised below.

4.1 Best Value Review of Service for Frail Older People 2000 and 2001

The *Comparison and Competition* report within this Best Value Review consulted widely with older people. The report commented that older people themselves demonstrated a very strong preference to have care services provided for them in their own homes.

Services provided to people in their own homes or in sheltered housing, where people remained tenants with their own front door, enable older people to retain a level of independence, choice and dignity, which is not often available in residential care. This approach is in line with Government policy which focuses on rehabilitation and promoting independence.

This report also commented that standard independent sector residential care is significantly cheaper, but was of no less quality than the standard residential care provided in-house by Luton Council.

The Action Plan 2001 and Best Value Report recommended that the Council should cease to provide directly a residential care service for long-term care for frail older people. It recommended continuing the strategy of shifting resources from residential care to community-based home support services.

It stated that it is more cost-effective to support very frail older people in their own homes/sheltered housing with intensive home care than to support them in long-term residential care, and it is what most older people want.

National and local policy objectives and the result of consultation all point to a need to provide more community-based services. Where frail older people require residential care, it is important that it is of a high quality.

4.2 Accommodation needs of frail elders: a strategic analysis of need in Luton over the next 10 years and proposals for meeting them

This report referred to the Luton Borough Council's Citizen Panel 2000. When asked how older people should be cared for, if they were no longer able to look after themselves, 78% believed older people should be looked after in their own homes.

When asked what their preferred option would be if this was not possible, 63% preferred sheltered housing, only 16% opted for residential care. The views of people in Luton mirror research undertaken nationally.

Staff were consulted specifically on the outline of the proposals in that report. In general they were supportive of the general direction, as they believed that increasingly older people want to live in their own homes or in sheltered housing.

The report commented that the Council had decided that, rather than designate some sheltered housing schemes as purely for people who were frail, the approach should instead ensure sheltered schemes provide accommodation for a range of older people.

This would mean that some people in each scheme will not need any social care services, whilst others will have a need for an intensive package of care.

This strategy was thought to be the correct one and has other advantages such as:

- Sheltered schemes remain accessible to older people living close to them who wish to move there but do not have intensive needs.
- People living in schemes who currently do not have need for an intense home care package will be able to be provided with one in their existing home if subsequently they need one.
- The current ambience in schemes will be maintained ensuring they continue to be lively and community orientated.
- Enabling a couple, one of whom has intensive care needs, to remain together.

This report recommended that all suitable schemes should be designated as mixed schemes and considered that about 12 extra schemes, over and above the three already designated for extra care, should be used to provide homes for people with intensive needs.

4.3 Joint Investment Plan, Services for Older People in Luton 2001-2004 Issued in March 2001

This report commented on the Best Value Review in 2000 and the detailed consultation programme with stakeholders including older people, both as citizens and as customers of the Social Services Department. This consultation strongly favoured increasing investment in community-based services and disinvesting in long-term residential care.

The report also commented on the Luton Senior People's Forum, which has developed from the "Better Government for Older People" initiative, which meets regularly to contribute to the planning of a range of Council services for older people.

4.4 The Needs of Older People in Luton, Luton Housing and Social Services Department, 2000 and 2003

This report analysed the needs of older people in Luton in 2000 and then developed a commissioning strategy for the future in 2003.

It proposed the development of the amount and availability of extra care for frail older people, including those with some form of dementia using "smart" housing technology. It also proposed working with residential care providers to improve the quality of residential care available to older people in the locality.

This would include a greater focus around rehabilitation and promoting independence within residential environments, a great focus on activity for residents and more choice in relation to the services provided within the residential setting.

The plans for the future, in relation to residential, rehabilitation and extra care places, were as follows:

	2000	2001	2002	2003	2004
Residential Care LBC	207	180	163	150	150
Residential Care Independent Sector	187	210	228	225	225
Residential Care Nursing	71	75	79	75	70
Rehabilitation Places	10	14	21	22	25
Extra Care	20	40	65	90	140
TOTAL	495	519	556	562	610

The actual capacity/placement levels at June 2004 are

	June 2004	
Residential Care LBC	153	
Residential Care Independent Sector	227	Placement level
Residential Care Nursing	83	Placement level
Rehabilitation Places	26	
Extra Care	147	There are a further 41 units in the private sector
TOTAL	636	

4.5 Social Inclusion Scrutiny Committee 2003

The report to the Social Inclusion Scrutiny Committee on 30 September 2003 proposed consultation arrangements on residential services for older people. Appendix A of that report reviewed the options for the future.

The report noted that all the options had very significant financial implications.

4.6 Strategic Review of the Future Living Needs of Older People

In 2003 an independent consultant was engaged to undertake a thorough options analysis based on statutory requirements, good practice guidance and the local context.

The starting point for this review was particular issues in relation to three homes which do not meet minimum National Care Standards (Warden Hill, Farley, and Sherd Lodge).

4.6.1 Key messages from the review

- Evidence from local and national consultation is that older people prefer to live independently, either in their own homes or in sheltered housing
- There are many examples of high quality extra care housing schemes around the country with additional features to the extra care schemes established locally and these provide better opportunities for older people with high care needs to remain in their own homes as an alternative to residential care

- In view of the need for the Council to commit substantial resources to resolve the issues related to the three homes which do not meet the new National Care Standards, consideration should be given to maximising the potential to invest in an expansion of high quality extra care housing as part of the forward strategy.
- Alongside the above it is essential to ensure that steps are taken to secure an adequate supply of registered care home places which will continue to be needed by people who require higher levels of care (e.g. particularly people with mental health problems and dementia).

4.6.2 Service Model Proposals made in the review

In terms of preferred service models and value for money, the option to refurbish the existing homes was not recommended.

The emerging preferred option was to ensure that sufficient high quality registered care home capacity is maintained to replace the loss of beds from the closure of existing Council homes and to maximise expansion of extra care housing.

It was recommended that newly commissioned registered care should focus on provision for residents with mental health problems and dementia.

4.7 Listening Event: Future Living Arrangements for Older People Living in Luton, June 2004

On 7 June 2004 the Council and partners held a day-long Listening Event. The event discussed the future living needs of older people living in Luton, with over 100 older people and a range of professionals and stakeholders taking part.

Key questions considered at this event were:

- What sort of living arrangements would you like to see for older people in Luton?
- What should we do about the current accommodation?
- Where are the gaps in the existing accommodation?
- What sort of specialist provision would you like to see in Luton?
- Which organisations should be providing the accommodation for older people living in Luton?
- What should be the tenure of this accommodation?
- Should accommodation of Luton's older residents be provided outside Luton – if so where?
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- There is a need for very sheltered extra-care housing. This should be secure.
- Sheltered housing and extra care sheltered housing should be considered before residential care.
- Delegates expressed a view that the number of residential care homes for those with challenging behaviours and other mental health problems should increase.
- We need to ensure that there is a good level of awareness of all the services available as none of us can deliver services in isolation from each other.
- People must be offered choice before they become too unwell to exercise that choice.
- It is important that people have the option to stay in their own homes for as long as possible, with additional services given.
- Luton has diverse communities and one solution will not fit all. We need to be planning for the needs of our diverse communities.
- It is essential that the cultural needs within Luton are met by appropriate services. These services should not be provided totally separately, but appropriate provision should be made within any new services developed.
- It is essential that staff within services receive appropriate training so that they are aware of the cultural and religious needs of the people for whom they are providing a service.
- There is a need to provide the best service possible in various settings. People need to be aware of all the options and services available so that they can make an informed judgement.
- If people wish to remain their own homes, there should be increased support to the service user and the carer.
- If a person chooses to remain in their own home, then help should be available to adapt/convert the home to a high standard so that they can continue to live in safety. Appropriate home care should also be available.
- Maximum use should be made of the existing sheltered schemes, especially the communal facilities, so that social facilities can take place. One way of doing this would be to link up different sheltered schemes with appropriate transport.
- Delegates at the conference expressed a wish to be able to purchase a stake in future sheltered accommodation.
- Some delegates stressed that they would like to see residential and sheltered accommodation remain under local authority control, however the option to buy should be made available.

- There should be equality in the range of services available. Property owners are unable to access extra care sheltered housing in Luton.
- Provision should be organised in such a way that people can move between different levels of provision on one site. For example a “village complex” approach.

5 Demographic context

5.1 Luton population and population projections

The 2002 Mid-Year Population figures identify the number of people in Luton aged 50+ as follows:

2002 Mid-Year Population Estimate for Luton by age & gender			
Age	Persons	Males	Females
50-54	10,600	5,300	5,300
55-59	9,300	4,700	4,600
60-64	7,600	3,900	3,700
65-69	7,300	3,800	3,400
70-74	5,700	2,800	2,900
75-79	4,300	2,000	2,200
80-84	2,900	1,100	1,800
85-89	1,600	500	1,100
90+	800	200	600
TOTAL	50,100	24,300	25,600

Source: "Mid-2002 Population Estimates", Office for National Statistics

Population projections for people aged 75+ indicate a small steady increase between 2006 and 2011 in the context of a projected overall population decrease.

	2003	2004	2005	2006	2007	2008	2011
75 to 79s	4300	4400	4400	4500	4600	4700	5100
80 to 84s	2800	2900	2900	2900	3000	3000	3200
85 to 89s	1600	1600	1600	1600	1600	1600	1600
90+	900	800	700	700	700	700	700
Total	9600	9700	9600	9700	9900	10000	10600

Source: *Population Estimates and Forecasts 2004*

Bedfordshire County Council and Luton Borough Council

These figures also indicate that the population of people over 85 - the main users of Social Care Services - will decrease slightly over the next 8 years. This means that Luton's population does not reflect the national trend of the growing number of very old people. The "younger" older population are increasing in the foreseeable future.

Clearly an increase in the "younger" older population might have implications for

other services for older people. However residential care is primarily relevant for people over 85. Up to that age older people are usually able to be supported to carry on living independently in the community by families and other services.

Though the numbers of over 85s will decrease slightly in the period up to 2011, this may not reflect the extent of need, as a proportion of the population may have increased physical and mental ill health and consequent needs for services.

As the report "The Needs of Older People in Luton" commented, Luton's older population is generally poorer, more disadvantaged, and in worse health than the national average. Life expectancy is below the national average. Luton's Primary Care Trust Annual Public Health Report for 2003 gives information on some key health conditions affecting Luton. Coronary heart disease is the biggest single cause of premature death in Luton. Diabetes is a major cause of disability which affects some groups in Luton more than others. It is particularly common among people of South Asian origin, with 31% of the South Asian over 65-year age group being affected. Where these conditions are severe, older people are likely to need increased community-based support in order to live independently.

It is like that there will be an increase in demand for intensive community social and health care services to support more people. People in younger old age have higher levels of need than elsewhere.

5.1.1 Migration

Estimated migration for Luton for 2002 to 2016 shows deficits when looking at the population as a whole (see Migration Averages below)

Migration Averages 2002-2016 for Luton

Period	Migration
2002-06 average	-1,450
2006-11 average	-1,650
2011-16	-1,600

Source: Population Estimates and Forecasts 2004, Bedfordshire County Council and Luton Borough Council

5.1.2 Population and population projections for older people from BME communities

As yet no work has been done on the census data to project changes in the ethnic mix of Luton's population over the coming years.

28.1% of Luton's population is made up of people from Black and other ethnic minority groups.

The Best Value Review Comparison and Competition Report concluded that the numbers of people over 75 from ethnic minority communities is small at present. The numbers of older people receiving residential care or intensive home care services therefore remains small. There is no residential care provision in Luton specifically for ethnic minority older people.

The Council carried out a survey of residential and nursing homes to identify those who have the necessary culturally appropriate facilities to meet the needs of Asian people. Some Asian and Afro-Caribbean older people are accommodated in the Council's own residential homes, although there have sometimes been difficulties in ensuring appropriate language and diet.

Some Asian people requiring long-term residential care have chosen to move to care homes in London or Leicester where facilities are geared specifically to their needs. These homes may have been close to relatives.

As the number of frail older people in the Asian community grows, so the need to have appropriate residential or similar high care facilities in the Borough will be apparent. The Council wishes to ensure appropriate facilities are available.

The need for a long-term residential or similar high care facilities is limited at the moment, but the need for respite care is more evident. A recent survey of Asian older people suggests that older people wish to receive respite care within their own home wherever possible.

Options such as respite care, sheltered or very housing, an adult placement service and carer support services for Asian older people are options to consider further.

The Best Value Review Action Plan 2001 concluded that services for Luton's ethnic minority communities can be improved by developing a range of community-based preventative resources located within local community and voluntary organisations. Work undertaken during 2001/2 looking at the needs of older people in the Asian communities was reported in "The Needs of Older People in Luton".

The broad conclusions of these surveys were that there is reluctance among older people from these communities to accept long-term institutional care such as a residential home. Most needs are for relatively low level services that allow isolated older people to meet each other and to gather socially. There is also a need for culturally appropriate services in terms of location, food, language and entertainment.

The listening event held on 7 June 2004 gathered the views of a group of Asian older people. While supporting the principle that people should be enabled to remain in their own home as long as possible, they also wished to see the development of specialist provision catering to the cultural and religious needs of Asian elders.

5.2 Prevalence and incidence of dementia

There is no local data that illustrates the levels of dementia experienced by people living in Luton. Extrapolating from national studies, it is likely that between 2% and 7% of people who are aged 65 and over have dementia; that is between approximately 450 and 1550 people.

Luton Social Services & Housing is working closely with Luton Primary Care Trust and Bedfordshire and Luton Community NHS Trust to map the needs and services for older people with mental health problems in Luton. This work will feed into the development of appropriate services including residential care and extra-care sheltered housing to meet the needs of Luton's older people who have mental health problems.

5.3 Carers

Ensuring that the needs of informal carers are assessed and met is central to promoting the independence of cared-for older people, many of whose informal carers are also older people.

The following table shows the extent of care being delivered by informal carers in Luton as identified in the 2001 Census:

Age	1-19 Hrs Per Week	20-29 Hrs Per Week	50+ Hrs Per Week	Does Not Give Care
50-54	1524	211	286	8865
55-59	1126	197	248	7145
60-64	762	152	288	6672
65-74	935	173	507	11127
75-84	310	70	297	6337
85+	40	9	58	2266

In the UK over 225,000 people providing 50 or more hours of unpaid care per week state they are in 'not good health' themselves. More than half of the people providing this much care are over the age of 55, and it is at these ages that the 'not good health' rate is highest. Nationally 2% of those over 90 are providing more than 50 hours care a week. *Source: 2001 Census*

5.4 Locality focus within Luton

The population information indicates that older people are more concentrated in some wards than others. In broad terms, older people generally have high levels of need in the central and southern parts of Luton and in the four wards in the northwest and north of the Borough from Lewsey to Bramingham.

This is relevant in terms of considering the location of residential care homes or other high care facilities, whether provided by Luton Borough Council or by the independent sector. It is recognised that sometimes, for a variety of reasons most frequently involving individual and family choice, elderly people are placed outside Luton.

In general the cohesive nature of Luton means that homes do not provide a service to a particular locality but to the whole of the town. Conversely individual older people are likely to be willing to move to a variety of homes, in different areas of Luton. They are bound to express preferences, of course, for a variety of reasons, including geography

Geography is an issue for the future, in terms of planning any new services, in order to achieve a spread of facilities in all parts of the town, particularly linked to concentrations of older people.

5.6 Information on housing and accommodation

The 2001 census identifies the following types of housing tenure among older people.

Source: 2001 Census

	All households where Head is of pensionable age	Owned	Rented from council	Other social rented	Private rented and living rent free
TOTAL	16346	11563	3188	553	1042

There were 70,755 households in Luton in 2001. The average size of a household in Luton is 2.6 people, compared to 2.4 in England and Wales. For many indicators Luton is similar to the rest of the country, although there are fewer pensioner households and more with children.

Source: 2001 Census

Housing	Luton %	England & Wales %
One person households	28.8	30.0
Pensioners living alone	11.1	14.4
All other pensioner households	7.3	9.4
Contains dependent children	34.3	29.5
Lone parent households with dependent children	6.8	6.5
Owner occupied	70.8	68.9
Rented from Council	12.6	13.2
Rented from Housing Association or Registered Social Landlord	3.8	6.0
Private rented or lived rent free	12.8	11.9
Without central heating	6.2	8.5
Without sole use of bath, shower or toilet	0.5	0.5

The last Housing Needs Survey was carried out in 1999. This estimated a total of 1,895 households with a frail elderly resident, representing 2.7% of all households. A new Housing Needs Survey has just been commissioned but results will not be available until the New Year.

At present the current Housing Register does not separately identify people on the waiting list for sheltered housing. The Housing Register will note such information in the future following the completion of the new allocation procedures.

The Department of Health's recent extra-care bidding guidance⁹ identifies the national growing number of home owners.

Nationally home ownership amongst the older generation is increasing – two thirds of older people are already homeowners. The proportion is likely to increase to three quarters by 2010. Solo living is likely to increase – by 2016 there is likely to be one million single pensioner households nationally. Average pensioner incomes grew nationally by 60% between 1979 and 1997. The purchasing power of pensioners nationally will be 50% higher than it is today.

6. Current accommodation services and services that support Older People in accommodation in Luton

6.1 Residential care including residential care with nursing

During the period July 1999 to June 2004 the Council's use of residential care places (including residential care with nursing) has fluctuated between the mid and high 400s with a downward trend in the use of LBC homes and an upward trend the use of independent sector homes. In June 2004 the Council had 153 Older People in permanent placements in Council Homes. The Council had a further 310 Older People placed in Independent Sector homes.

Luton's activity in this area is measured by a Department of Health's Performance Indicator (C28) which measures the Council's admission of older people to permanent residential and nursing care per 10,000 population aged 65 or over. Luton's performance against this indicator (4 blobs) indicates that Luton is placing slightly more Older People in residential and nursing care than the Department of Health's optimum which would attract the maximum 5 blobs performance.

Currently about 14% of all placements are outside of Luton. Half of these 45 placements (i.e. 7% of all placements) are very close to Luton (for example in Dunstable, Houghton Regis, Leighton Buzzard and Slip End). Placement of individuals outside of Luton usually reflects individual and family choice and the council's responsiveness to individual circumstances; it does not reflect a lack of suitable options within Luton.

Health, Housing and Social Care agencies in Luton have responded well to the need to ensure timely discharge from hospital. Levels of delayed discharges are extremely low; often there are no delayed discharges at all. Older People do not have to wait for care home placements (unless they have elected to wait for a placement in a particular home of choice that is currently fully occupied).

6.2 Luton Borough Council residential care homes

Luton Borough Council has six residential care homes for older people. Three of these have been refurbished, to achieve minimum National Care Standards requirements, and three have not.

Westlea's role is primarily concerned with intermediate care (6 places) and rehabilitation (20 places). It also accommodates seven residents on a permanent basis currently as a result of previous home closures.

The Mount and The Laurels provide a service exclusively for people with dementia, mainly on a permanent basis, with a few places allocated for respite

care.

The remaining three unrefurbished homes, Sherd Lodge, Farley and Warden Hill, fulfil a mainstream function, though they provide a significant amount of respite care.

Appendix B provides further information regarding each of these homes.

The three homes which have not yet been refurbished - Farley, Sherd Lodge and Warden Hill - require improvements to meet minimum National Care Standards.

Staff in the Council's Capital and Asset Management undertook a review and feasibility study, completed in July 2003, addressing the options for refurbishment given that the homes do not meet the national minimum standards for care homes for Older People.

The total cost of refurbishing all three sites and delivering enhanced space standards of at least 10 square metres per room was estimated at £4,240,000.¹⁰

The Commission for Social Care Inspection (previously National Care Standards Commission) continue to express their significant concerns in relation to these three buildings and are pressing the Council to confirm their intentions on their future.

6.2.1 Refurbishment of The Mount, The Laurels and Westlea

Since 1999 significant refurbishment has taken place at these three homes. They now meet current minimum National Care Standards requirements. They have fewer major maintenance problems, of the sort that are relevant at the other three homes under review. Matters such as lifts are still to be improved and are planned for 2004. There are also other improvements of a more minor nature which are now underway at the moment, such as window replacements and kitchen improvements.

Despite the refurbishment of these homes, it is apparent that there are a significant number of deficiencies which need to be addressed:

- There are no separate units within the refurbished homes, so that it is possible to cater for differing needs within different units of the same home. It is increasingly the norm in residential care to have units or grouped living.
- This reduces the effective living size of the homes into 3, 4 or 5 units, each catering for, say, 9 or 10 residents, which feels more homely for residents. This is important for differing needs and for those residents who are confused e.g. because of dementia

- There is a mixture of residents with dementia and with functional mental illness within all the homes, in particular The Mount and The Laurels. As their needs are very different, this is unhelpful in seeking to provide a specialist and sensitive service.

The funds provided for refurbishment in 1998-2001 were unequal. The Mount and The Laurels remain in need of significant improvement today. Even though these homes achieve minimum National Care Standards, the buildings are still a long way short of desirable and expected standards. The comparison with Westlea illustrates this. £800,000 was spent on Westlea and only £200,000 on the larger building at The Mount.

6.3 Independent Sector Residential Care Provision (including residential care with nursing)

Both Luton and Bedfordshire have historically been well provided with independent sector residential care homes. Over the last decade financial constraints upon local authorities have meant tough negotiations with independent sector providers regarding agreed fee levels.

Within Luton - as well as Bedfordshire - a significant number of places have been increasingly taken up by London Boroughs, Hertfordshire and other adjoining counties. A proportion of placements are also taken up by self-funders. A further proportion of beds within care homes who provide nursing are commissioned by the Primary Care Trust to provide full-time nursing care to people who meet the NHS criteria for continuing NHS care.

Data gathered on a weekly basis about vacancies in local homes indicates that most homes operate at high occupancy levels.

In recent years, the level of fees which Luton Borough Council has been prepared to pay have been increased to secure sufficient capacity. Nevertheless a number of homes have either not been willing to accept clients placed by the Council or else have only been willing to offer inferior rooms within their establishments.

In practice this means that now all care home places in the independent sector in Luton are actually available to be purchased by the Council. This is exacerbated by the pressures from the care standards set by the Commission for Social Care Inspection (previously National Care Standards Commission). Three small homes have recently closed with a consequent loss of 55 beds to the local system.

Discussions with local home owners indicate that a number are proposing to close their businesses within the next few years. This is partly because of their

own age and personal circumstances. They envisage closing the homes, rather than seeking to sell them as a going concern.

Currently 76% of Luton's independent care home capacity (596 beds out of 781) could be purchased at the Council's contract rates. Of the 300+ people who are placed by Council in independent sector care homes, 86% are placed within Luton, and a further 7% very near to Luton. Placement of individuals outside of Luton usually reflects individual and family choice and the council's responsiveness to individual circumstances; it does not reflect a lack of suitable options within Luton.

Independent sector capacity – numbers of beds at August 2004		Total numbers	Accept Luton Council contract rate	Block contract
Total care beds in Luton		482	304 – 67%	None
Care beds available for people needing only care	Note that these two categories overlap	438		
Care beds available for people needing dementia care		279		
Total care with nursing beds in Luton		329	292 – 89%	54
Care beds with nursing available for people needing nursing only	Note that these two categories overlap	237		
Care beds with nursing available for people needing dementia nursing		152		
TOTAL Independent sector beds		781	596 – 76%	54

Homes do operate at high occupancy rates. Nevertheless at present the Council is maintaining good access to the capacity within the independent sector.

A report commissioned from Bedfordshire Pilgrims Housing Association in 2001 commented on the fragile nature of the independent sector provision in Luton. National work on independent sector capacity, for example the regular surveys conducted by Laing and Buisson also confirm that there are many pressures on the independent sector. Whilst the care standards requirements for the future

have receded, the small size of a number of the homes, combined with increasing quality expectations by residents, means that the future of some homes is, at best, uncertain. Without further detailed analysis, it would be difficult at this stage to predict with any certainty how Luton's independent sector market will develop.

6.4 Respite Care

The Council has a strong commitment to providing respite residential care to enable carers of older people to have a break. Currently respite is provided across a number of homes:

Home	Number of respite beds
Farley	10
Sherd	5
Warden Hill	7
The Laurels	1
The Mount	3
TOTAL	26

6.5 Extra Care Sheltered Housing

Luton Borough Council has two extra care schemes at Abigail Court, Biscot and Colwell Court, Stopsley. A third scheme commissioned by the Council and run by Warden Housing Association, Applegrove, opened in Lewsey in June 2004.

The overall capacity is set out in the following table.

No.	Scheme	Number of Units	Number of One Bed Units	Numbers of Two Bed Units
1.	Abigail Court, Biscot	46 flats + 12 bungalows	42 x 1 bed flats and 6 x 1 bed bungalows	4 x 2 bed flats and 6 x 2 bed bungalows
3.	Colwell Court, Stopsley	33 flats	29 x 1 bed flats	4 x 2 bed flats
4.	Applegrove, Lewsley	40 flats + 16 bungalows including 6 bungalows for people with dementia	38 x 1 bed flats and 16 x 1 bed bungalows	2 x 2 bed flats
TOTAL		147	131	16

Best practice in extra-care sheltered housing suggests that schemes should incorporate people with a mix of needs, so it would never be the case that all 147 places are taken up by people who are very frail.

There is also a private extra care scheme in Luton at Bushmead Court, Hancock Drive, Bushmead, providing 41 flats. In addition Popes Court provides flats for older people but, as this is geared to young retired people and provides no care, this cannot be considered to be extra care.

6.4.1 Tenure of extra-care sheltered housing

Owner-occupiers are currently not eligible to enter a Luton Council owned extra care sheltered housing scheme if they have capital in excess of £100,000 as a result of selling their property. Given that two thirds of older people are owner-occupiers this could represent an unintentional challenge to a strategy of seeking to develop extra care sheltered housing. The consequence of this is for some older people to have to move to residential care unnecessarily.

6.5 Home Care

Many Older People in Luton receive home care services, assistance at home with the practical tasks of daily living.

People who live in extra-care sheltered housing usually receive intensive home care support.

Luton's performance in delivering intensive home care support is measure by a Department of Health's Performance Indicator (B11). Luton's performance in this area is in the Department of Health's top band (five blobs).

It is clear that the home care service is providing high quality assistance to many frail older people. Feedback from surveys in relation to the Council's home care service and the independent sector are equally positive. Home care is critical to support people in a wide variety of situations and has developed over the years. In extra-care sheltered housing schemes in Luton residents have access to home care 24 hours a day, seven days a week.

In June 2004 750 Older People's households received home care services in Luton. One third of these households received the service from the Council's home care services, and two thirds from the independent sector.

6.6 Day Care

The Council directly provides a range of day care provision for Older People; this includes day centres and luncheon clubs. The Council also funds day care provision in the voluntary sector. Day care is an important resource for older people and in particular for older people who are resident in sheltered housing and extra-care sheltered housing.

6.7 Services funded through Supporting people

Supporting People is the Government's long-term policy to enable local authorities to plan, commission and provide housing support services which help vulnerable people live independently.

Services funded through this programme include

- Support services for vulnerable older people who wish to live independently, including those in sheltered housing;
- Floating support to a range of vulnerable people: and
- Home improvement agency services whose work includes providing practical support to older owner occupiers to enable them to live independently.

In Luton, Supporting People contributes to the funding of staff in both the sheltered and extra-sheltered schemes. It also funds some floating support for older people in the independent sector.

Luton does not have a Home Improvement agency, but some of the work undertaken by Luton Social Services and Housing assists older people which special needs to carry out minor adaptations to their homes.

The Council and partners are developing a five-year strategy for Supporting People which will cross-reference with this strategy.

6.8 Sheltered Housing

Luton currently has 918 Council-owned sheltered housing units. There are a further 330 units owned and managed by independent sector organisations.

The Council will be reviewing its sheltered housing provision as part of the work that the government requires all council's to do to appraise options for stock transfer. This review will examine the quantity and quality of provision, how it is accessed, and make recommendations for how it should be developed in the future.

6.9 Primary Care Services including Community Nursing

Luton teaching Primary Care NHS Trust funds and provides the primary care services that provide primary and community health care. This includes General Practice and Practice Nurses, District Nurses and specialist nurses who provide services to older people. Developing and expanding community nursing is an important priority for the PCT. During the coming year they plan to invest significantly in this aspect of their service.

6.10 Hospital based services for Older People

Hospital based services for Older People are provided at the Luton & Dunstable NHS Trust. Health, Housing and Social Care agencies in Luton have responded well to the need to ensure timely discharge from hospital. Levels of delayed discharges are extremely low; often there are no delayed discharges at all. Older People do not have to wait for care home placements (unless they have elected to wait for a placement in a particular home of choice that is currently fully occupied).

Hospital based mental health services for Older People are provided at the Bedfordshire and Luton Community NHS Trust.

Luton Social Services & Housing are working closely with their NHS partners to ensure that the models of services that are being developed are planned jointly and are responsive to the wishes and aspirations of local older people. There are a number of potential opportunities for joint developments making best use of assets and resources.

6.11 Engaging with older people

Luton engages with older people in a number of formal and informal ways. Older people and their carers, who approach the council for social services, receive detailed assessments of their needs. When these assessments lead to the provision of services, those services are reviewed regularly and especially when a user and/or their carer's identified needs change. At each stage of this process the wishes and feelings of older people are taken into consideration. Service users also have the opportunity to make their views known anonymously through the customer satisfaction forms that are sent out with their care plans.

Older People receiving services can participate in the Customer Focus Group. The Customer Focus Group consists of older people who receive services provided by Social Services. An older person who also acts as an advocate facilitates the group. To encourage greater participation, the group holds its meetings in different settings including sheltered housing schemes and day centres.

Older people who are tenants of council property including sheltered housing have opportunities to participate in tenant participation arrangements.

Social Services pay particular attention to the needs of older people from BME communities. There are two working groups consisting of councillors, community leaders, service providers, older people and officers of the council that review and plan services for older people from the Asian and the African and Caribbean communities. Project and Development Officers working with older people from these communities regularly receive feedback on services through attendance at the sixteen luncheon clubs supported by the Council for older people from these communities.

Luton Borough Council are members of Better Government for Older People, and support the Luton Senior People's Forum. This enables the Council to formally consult with older people on a variety of issues. In addition to the Forum there are three sub-groups that focus on Poverty and Pensions, Health and Social Care, and Transport issues.

Questionnaires and surveys are sent out to find out views and opinions on specific issues; for example day care, transport, home care, meals at home services.

7 Current Issue for Luton

7.1 Quality of services required in the future

Decisions for the future regarding the three homes under review need to take into account the wishes and needs of older people who require an intensive level of support because of physical frailty, dementia or mental illness. In particular, the wishes of current residents in the homes affected will need to be taken into account.

It is clear that expectations of care standards have been increasing over the years, in terms of what older people and their families seek. This is illustrated in a heavy investment in training, such as National Vocational Qualifications, especially by local authorities, seeking to develop the expertise and skills of staff.

However the fabric of the buildings within local authority homes seldom includes an en suite toilet. This is the case in all Luton Borough Council homes. A wash hand-basin is provided in bedrooms. Residents still need to use a communal toilet and communal bathroom, which may be some distance from their room.

Indeed the number of bathrooms/showers available within the Council's homes, compared to the number of bedrooms, illustrates the distance which residents have to travel, despite their mobility problems, as Appendices B 1-6 illustrate.

The situation is slightly better in the independent sector, in that en suites and wash hand-basins are rather more common, but this is far from being a universal provision.

There is no doubt about the dedication and quality of care provided by Council staff and this is often confirmed in the Inspections carried out by the Commission for Social Care Inspection (previously National Care Standards Commission). Nonetheless the physical space for individual residents – to accommodate their lifetime belongings - amounts to a single room. The national discussions about the proposed increases in the size of rooms have ended without increasing the demands upon homes to provide larger rooms.

This may have avoided a further round of home closures - and for some residents and their families the size of the space may not be a major consideration - but the space provided for the older person is still only a single room.

The evidence from what older people tell us, both in Luton and across the country, indicates that they value maximising their independence, such as the ability to do some things for themselves, and privacy, in relation to their personal care needs.

7.2 Advantages of Extra-Care Sheltered Housing

Increasingly government ministers are giving a very strong steer that they see extra-care sheltered housing as an important model for the future.

“I believe extra care housing will be the most dominant form of residential care in the future, sometimes in the public sector, increasingly in the private sector”. Stephen Ladyman, MP, Parliamentary Under Secretary of State for Community.¹¹

The Laing and Buisson report "Extra Care Housing Markets 2003/4" considered that extra care housing offered advantages over home care provided to consumers in homes dispersed throughout the community, and over care in residential and nursing homes including:

- Care, and particularly very frequent regular short visits, is delivered to the lower cost and older people are clustered closer together.
- The intensity of the care can be adjusted flexibly on a daily basis according to a residents needs.
- Residents can remain in extra care with greater degrees of frailty or ill health than they could in their own dispersed homes even with intensive home care packages.
- Moving to extra care can free up a larger unit of social housing for use by a family.
- Older people can live independently as part of a community, rather than being isolated.
- Older people remain more independent than when admitted to a care home.
- People's measured levels of dependency may decrease after a period in extra care.
- Couples need not be separated by one partner leaving to enter a care home.

7.3 Residential Care and Extra Care

To date the approach taken by the Council in relation to residential care and extra care housing has been incremental, gradually reducing the number of homes run by the Council and increasing the number of extra care schemes.

In recent years, many Social Services Departments have come to the view that residential care should not be for frail older people. Its role should focus upon

- Rehabilitation, including Intermediate Care
- Respite care
- Older people with dementia or confusion to such a level that they cannot cope independently.

The Council's Best Value Review Report in 2000 came to the same conclusion. This is a common view throughout the country now and a trend which appears to be accelerating. The Best Value Report was, therefore, not out of tune with the national direction for the future.

There is perhaps a fourth group which now needs to be considered, with particular needs as a specialist service:

- Older people with mental illness.

This is not to imply that some of the four needs described above cannot be provided in other settings. For example rehabilitation is facilitated by other staff other than at Westlea. Similarly six bungalows at the new Applegrove extra care scheme are dedicated for people with dementia.

One option is for the Council to use extra care schemes, whether run by the Council or by another organisation, more comprehensively - as Wolverhampton has done for the last decade.

It is clear that this would create significant opportunities to provide a very much better service, in a cost effective way, for a number of people require rehabilitation, respite care or suffering from dementia. Further information about the Wolverhampton approach to extra care can be found in Appendix E.

7.4 Residential respite care

Current the Council has 26 bed spaces across five homes including the three that do not meet minimum national care standards requirements. Mixing respite provision with long-stay provision is not best practice as the care requirements are different.

7.5 Services that support residents in extra-care sheltered housing

Luton teaching Primary Care NHS Trust funds and provides the primary care services that provide primary and community health care. This includes District Nurses and specialist nurses who provide services to older people. Developing and expanding community nursing is an important priority for the PCT. During the coming year they plan to invest significantly in this aspect of their service.

These developments have the potential to complement Luton's development of additional extra-care sheltered housing.

In June 2004 750 Older People's households received home care services in Luton. One third of these households received the service from the Council's home care services, and two thirds from the independent sector.

If extra-care sheltered housing is to be expanded, then home care services will need to be expanded too.

The Council directly provides a range of day care provision for Older People; this includes day centres and luncheon clubs. The Council also funds day care provision in the voluntary sector. Day care is an important resource for older people and in particular for older people who are resident in sheltered housing and extra-care sheltered housing.

In seeking to expand the availability of extra-care sheltered housing, the Council will need to review the range and availability of the day care it commissions and provides in order to ensure that it is helping to support the needs of people resident in sheltered housing and extra-care sheltered housing.

7.6 Tenure of extra-care sheltered housing

Owner-occupiers are currently not eligible to enter a Luton Council owned extra care sheltered housing scheme if they have capital in excess of £100,000 as a result of selling their property. Given that two thirds of older people are owner-occupiers this could represent an unintentional challenge to a strategy of seeking to develop extra care sheltered housing. The consequence of this is for some older people to have to move to residential care unnecessarily.

Other local authorities have considered this issue before. Some have taken the view that they had a responsibility to enable sheltered housing and other services to be provided for the whole population. Others such as the London Borough of Hackney have gone further and decide that they wanted to reflect balanced communities and that a growing number of people needing care would be owner occupiers

Hackney has decided that in the future it would need to consider mixed tenure. This is partly because it will enable owner occupiers avoid total sale and residential care and also because it will cross subsidise some of the capital costs if some other finance can be brought in.

The Council needs to recognise the care needs of the person concerned, rather than their housing tenure, and to amend the admission criteria for extra care to reflect this. The development of private extra care through a leasehold

arrangement is an option to consider in the medium term.

7.7 Services for Black and Minority Ethnic Communities

Staff within the Housing and Social Services Department have worked hard to try to provide a culturally appropriate service for older people from a variety of difference communities. Given the variety of communities within Luton, this objective is a matter of considerable importance and relates to a wide variety of issues such as diet, hair care, language, activities, religious observance, etc.

The numbers of people from black and minority ethnic communities within Luton Borough Council residential care homes is currently small.

There are already consultative arrangements in place, between the communities in Luton and the Housing and Social Services Department. The Coventry approach described in appendix E seems a very positive way forward, in terms of a process for discussing future needs.

It may be helpful to explore at this time some sort of resource centre model, with the provision of a building to fulfil a variety of functions. For example, this could include a few permanent beds, a few respite beds, perhaps a small day centre and have a variety of activities linked to a community or communities within Luton.

The prime focus would be of a link to a particular community. The detailed role of the resource centre would be for debate and consultation and this would be more varied than a single purpose function such as a residential care home.

Given the age profile of black and minority ethnic communities, the highest priority this time is to seek to develop community services of a non-residential type, in conjunction with the different communities in the town, and to move on to explore issues of residential care in the medium term.

As mentioned earlier, other options such as respite care, family placement and care in the home may well be preferable. The small scale development of part of a sheltered housing scheme may be helpful, either in conjunction with a housing association or else within a Luton Borough Council scheme.

7.8 Creating units in residential homes

Evidence seems to suggest that people with dementia function much better in a small day care scheme, rather than a larger day centre which does not help their confusion. It would seem to be important to bear in mind this principle - and to evaluate it further - in considering the best range of services for people with dementia.

Clearly this would have implications for the current Council residential care homes. Consideration should be given to creating units within homes or other approaches which would best cater for particular needs.

7.9 Capacity within the local independent sector

A report commissioned from Bedfordshire Pilgrims Housing Association in 2001 commented on the fragile nature of the independent sector provision in Luton. National work on independent sector capacity, for example the regular surveys conducted by Laing and Buisson also confirm that there are many pressures on the independent sector. Whilst the care standards requirements for the future have receded, the small size of a number of the homes, combined with increasing quality expectations by residents, means that the future of some homes is, at best, uncertain. Without further detailed analysis, it would be difficult at this stage to predict with any certainty how Luton's independent sector market will develop.

In seeking to pursue a strategy of investing in the development of extra-care sheltered housing, The Council will also need to work closely with independent sector providers of residential care (including care with nursing) to ensure that the level of provision, a developing focus on services for older people with mental health needs, and fee levels are considered carefully to ensure that adequate capacity and choice for service users is maintained.

8 Conclusion & Recommendations

8.1 Vision

The Council's strategic aim is to strengthen the range of community-based health, social care and housing services so that older people and their carers can be enabled to live independently in their own homes for as long as they choose to.

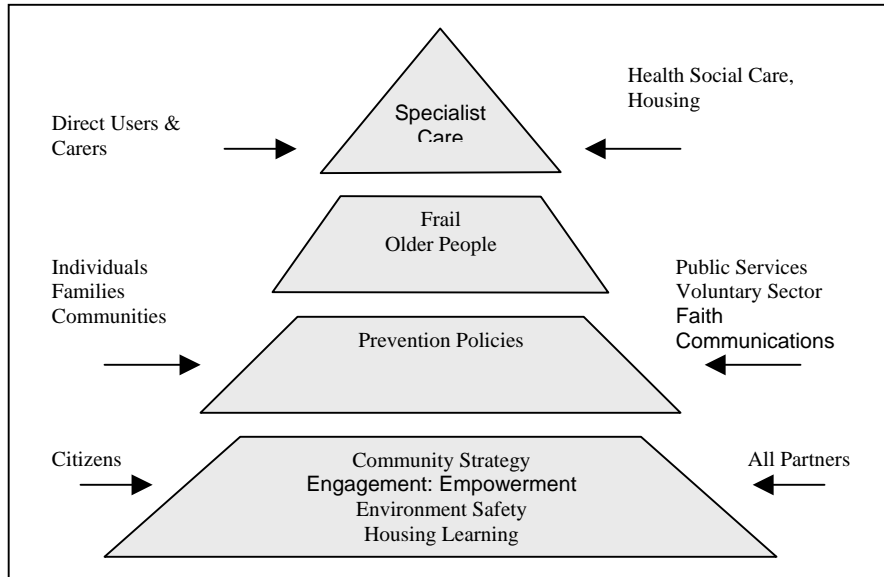
This Strategy is the driver for achieving the Council's Public Service Agreement target to increase the numbers of older people who live independently in their own homes.

It is underpinned by a vision of community living that achieves the following outcomes for older people

- **Living longer and healthier lives** – including protection from abuse and exploitation.
- **Better quality of life, enhanced lifestyles** – better access to leisure, social activities and lifelong learning.
- **Further opportunities for employment** – more older people having the opportunity to work or having access to other income-generating opportunities.
- **Reduced poverty** – elimination of poverty in old age and greater financial independence.
- **More independence and interdependence** – relationships based on reciprocity rather than dependence.
- **Better informed** – increased access to information and advice so that older people can take action for themselves.
- **More involved** in decision making – fully able to influence the development of key policy areas including the governance, implementation and shaping of services and to exercise their democratic rights as citizens of their communities.
- **Greater control and autonomy** – more choice and control over the services provided to them.
- **No discrimination** – Ageism, stereotyping and other types of discrimination against older people confronted and stopped.¹²

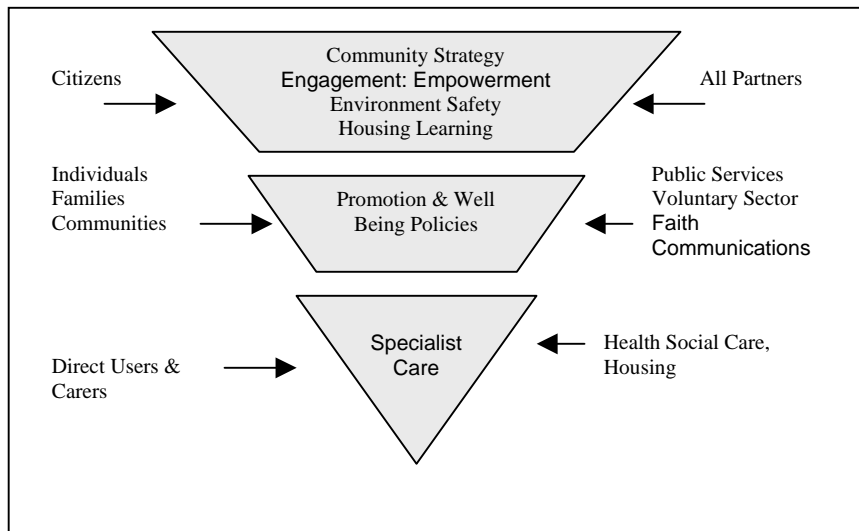
The Association of Directors of Social Services and the Local Government Association have recently outlined their vision for the future of services for Older People¹³. They identify that currently Social Services focus most resources for older people on those with the most severe needs.

Support for Older People Today



Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing old older people is at the top of the triangle and the extension of universal services for all older people is seen as central to all agencies' activity.

Support for Older People Tomorrow



This Strategy sets a direction of travel for the living needs of Luton's Older People taking us to 2011 and beyond.

Luton Social Services & Housing aims to work in partnership with the wider Council and with local health organisations to achieve these aims.

The development and implementation of the single assessment process for Older People who access health, social care and specialist accommodation services is an important building block in achieving an integrated approach to older people who approach statutory services for specialist support.

8.2 Recommendations for options for the future

8.2.1 In view of the government's strong encouragement to develop extra-care sheltered housing and the wishes and views of many older people in Luton, the Council should pursue a strategy of developing extra-care sheltered housing and establish a different balance between residential care and extra-care sheltered housing. Options for this balance will be the subject of a future detailed paper with costed implementation plans for consideration by Social Inclusion Scrutiny and the Executive in November 2004.

8.2.2 In broad outline, implementation proposals could scope the de-commissioning of Sherd Lodge, Farley and Warden Hill and the commissioning of two extra-care sheltered housing schemes with 60 bed spaces each, and one new 60 bed council-run residential care scheme.

8.2.3 A suggested model for Extra-Care Sheltered Housing for Luton is appended at Appendix 1.

8.2.4 Before any decision is taken on the future of our existing care homes there will be a full assessment of the residents' individual needs and full consultation with residents, their relatives and staff. The following principles should be built into proposals for consideration and consultation

- Maximising the opportunities for staff and residents to move as a group
- Avoiding as far as possible the need for any individual resident to move more than once, unless they choose to or unless individuals have new care or nursing needs which mean that they need more intensive or specialist care.

- 8.2.5 In view of national trends and the aspirations of local older people, the proposals for extra-care sheltered housing should include provision that is available for renting, for leasing and for shared ownership.
- 8.2.6 Residential care should remain an option for people with additional needs. Therefore the Council in partnership with health will ensure that steps are taken to secure an adequate supply of registered care home places (including care homes with nursing) which will continue to be needed by people who require higher levels of care, particularly people with mental health problems and dementia.
- 8.2.7 Within the development of proposals for new extra-care sheltered housing and new council-run residential care, Council officers will undertake further detailed work to scope the best way of meeting the specialist needs of older people and people with dementia, older people from black and ethnic minorities and providing respite care.
- 8.2.8 Council officers will scope the extent of refurbishment and modernisation required at the Mount, the Laurels and Westlea and present options for future consideration.
- 8.2.9 All the implementation options will be supported by the Council reviewing
- Sheltered housing as part of the stock options appraisal exercise
 - Day services for older people, in partnership with health
 - Home care commissioning strategy

Extra Care Sheltered Housing Model for Luton – the proposed model

1. There are a variety of models of extra care. This particular description is taken from Housing 21's report "Citizenship and Services in Old Age: the Strategic Role of Extra Care", Cambridgeshire County Council's report "You have your own front door" and Suffolk County Council's report "Extra Care design and management guide".
2. This strategy recommends that the Council develop a specification which takes the following into consideration:

3. The physical environment

Attention to the physical environment and design is now different from previous extra care sheltered housing models. Space standards for individual flats are more generous and the layout is more appropriate. The communal areas are designated for leisure, fitness and educational activities. They may, for example include:

- Cafe/restaurant
- Hairdressing
- Shop
- Computer room
- Facilities for pottery, painting and woodwork
- Fitness room
- Lounge(s)
- Conservatory
- Prayer room
- Winter garden
- Activity hall to enable classes to be held e.g. on painting water colours or oil paints
- Jacuzzi.

4. Community resources

The schemes aim to be a community resource. There is an open door policy for older residents living in the locality. Yates Court, Evesham and Broadway Gardens, Wolverhampton refer to older people living outside the scheme coming in to give classes to the tenants. (For further details see Appendix E).

However, attention is given to the notion of progressive privacy. So, for example, locked doors, which can only be accessed by tenants and staff, provide a physical barrier between public areas and between communal areas that are

used solely by tenants in parts of the building where they private flats are located.

5. Current schemes: The physical models

Schemes should be 40-60 units to allow a range of needs and dependency levels - the emphasis being to promote a mixed community of people with different care needs.

6. Common trends in physical specifications for recent Extra Care provision

Some local authorities, such as Suffolk County Council, have produced detailed specifications. Key requirements are:

- Buildings should be flexible to avoid future redundancy and obsolescence.
- Flats should be grouped within schemes. For example, Suffolk prefers to have groups of eight units creating a series of modules. Each module has a domestic scale lounge for its residents.
- Good space standards are expected for each flat. It is expected that each has a full kitchen and bathroom although bathrooms are usually equipped with showers rather than baths, in view of the difficulties and risks baths pose for frail older people.
- There should be a percentage of two bedroom units. This is very important to cater for couples, to enable a family friend or relative (such as a grandchild) to visit and stay and also to enable a carer to sleep if required. The need for 2 bed flats to be provided will increase
- There should be assisted baths on each floor.
- The scheme should be full wheelchair accessible.
- There should be a lift to get access to upper floors, preferably a minimum of two lifts per building.
- Informal lounge areas should be provided to enable people to stop for a chat or rest as they move from one part of the scheme to another. These areas are often sited near lifts or where two corridors meet.
- Larger communal areas should be provided that can also be used for day care provision.
- Catering facilities and dining areas should be provided.

7. Resident balance

There are variations in the way that a resident balance is interpreted. For example some authorities and an authority/RSL partnerships believe it is important to maintain a fit/dependent balance. Decisions to restrict applications from very dependent applicants may be taken if it is thought that the existing residents are predominantly very dependent.

So extra care schemes should be 50:50 frail/non frail, so that the less dependent can support those who need more help. Or the mix can be 40:30:30 as in one of the schemes referred to in this report. In this case 50% were independent and the other 50 % had a mix of high, medium and low care needs.

This should be noted for Luton. It is after all not appropriate to create an institutional approach by having 100 % of tenants with high care needs.

Some local authorities are clear that applicants should only be those for whom residential care is the alternative.

Assessments for potential applicants and allocations are done jointly between the relevant parties. In Council-owned provision, for example, parties may include Housing Department and Social Services officers. The scheme manager will also be involved.

8. Services and care provision

The prevalent philosophy underpinning the delivery of care services is one of promoting independence. Residents are encouraged to attend to their own needs where possible. The amount of care may be increased at times of illness or after hospital provision, but the emphasis is to return the person to independence as soon as possible.

Increasingly one partner organisation provides both care and housing management services, though there are still authorities that wish to split the care provider from the manager of the dwellings.

In most instances a proportion of the residents in these types of schemes will have been receiving considerable levels of care from the Social Services Department before they entered the scheme. Some would have come to the scheme from residential care homes. The number of former residential care residents can be high, particularly where the scheme was established to house people because a residential care home closed.

In both the routes described care services provided to resident increasingly cover the full range of personal and domestic care tasks regardless of whether the care is provided under contract or directly by a local authority home care service.

District nursing, physiotherapy and other primary healthcare services may be requested, as appropriate. However, this does not mean that care is provided to the same level.

9. Night cover

Housing 21 found that night cover was regarded as a key factor in how far extra care was able to go in supporting vulnerable people and acting as an alternative to residential care.

There should be a waking night member of staff on duty and on call arrangements for another.

The staff member responds to care needs that are programmed in as part of a current care package and to any emergency or illness that may arise.

10. Staffing

Round the clock care services should be available on site by a care team.

The best way to provide high levels of care for some individuals is within a balanced community. This works by a relatively small care team being in a position to provide a high level of care to some tenants because only a few tenants will require care at any one time

To provide the highest levels of care requires a method for staff to be deployed flexibly within the scheme and possibly other staff to be brought in e.g. in some cases community nursing staff would be involved.

The Cambridgeshire report shows a number of staff on duty throughout the day for the schemes in that county as follows:

Scheme	Care staff details	No of Flats
Bishopsfield	Six care staff in the morning on shifts from 1.5 to 7 hours so reducing through the morning. At least two present at any time. Overnight (1.30 am to 6.00 am) one person (two would be preferred, but budgets do not allow it - source: Care Team Manager).	48
Broadleas Court	Three care staff 7.30 am to 3 pm. Two care staff 3.00 pm to 10.30 pm. One overnight.	18
Ditchburn Place	24 hour care. A total staff pool of 34 involved with extra-care sheltered and other tenants. Extra-care sheltered has 24 hour cover including a care manager post (also one care manager deals with sheltered tenants). Two staff overnight.	21
Keith Leonard House	Three care staff in the morning, two afternoon, two evening, one overnight. Total 17 care staff over 7 days.	31
Ness Court	Two care staff 8 am to 10 p.m., one overnight.	28
Stanton House	Two care staff 8 am to 2 p.m., one 2 p.m. to 10 p.m. plus one to help with bathing 7 p.m. to 9.30 p.m. One overnight (10 p.m. to 8 am).	14
Somers Court	Three care staff 7 am to 1.30 p.m., one from 1.30 p.m. to 4 p.m., two from 4 p.m. to 10 p.m., one overnight 10 p.m. to 7 am.	38
Willowbank	Three care staff in the morning, two in the afternoon, one overnight.	24

There is usually a facility to increase staffing for short periods to cover sudden increased in dependency and to reduce staffing again when appropriate. This provides a very flexible staffing arrangement and provides continuity of care to tenants.

Help with domestic tasks should be available to all tenants. Some tenants comment that they prefer to do things themselves if they can, such as dusting accessible areas. Some kind of shopping service is also essential.

The Bournemouth project referred to (Section 5, Kingsley House 3.3) refers to support workers being employed to do little things for the tenants, in addition to their care needs.

Childwick House, Newmarket, an Orbit Housing Association scheme of 24 extra care flats, has up to 2 hours a week cleaning included in the service charge collected with the rent.

At Somers Court, Wisbech two domestic assistants are employed by Social Services to clean tenants' flats. This is organised on a programme basis - which tenants have their flats cleaned which days – rather than a set number of hours each week.

LUTON BOROUGH COUNCIL

Residential Care Homes for Older People : Farley, Whipperley Ring, Farley Hill

Facilities	Activities	Comments
<p>Farley caters for 29 permanent residents and 11 respite care that is 40 places in total. This includes two beds dedicated to winter pressures, referred to as step down, and Farley would like to use 3 in this way. There is one double bedroom at Farley, the rest are single rooms.</p> <p>Farley is mainstream in its role, as a home, though probably one third of the residents suffer from dementia. It is located next to a Day Centre and Day Hospital run by the Luton & Dunstable NHS Trust.</p> <p>It has a main lounge and dining room and there are a further 5 small lounges within the home. A new lift has been installed. Two toilets are being refurbished out of the total of 13. There is a brand new shower room.</p> <p>A new bathroom has been provided. Farley has a nice visitors' room.</p>	<p>Home Care has a base here, to provide home care for the locality. The Community Centre and school are next door as well. Many staff working at Farley live on the estate.</p> <p>Activities at Farley include music and movement, carols, taking residents out, some residents attend Day Centres, and the school comes in to entertain the residents. Staff entertain residents though not always in a structured way. However, 90% of residents do not want to participate because of the frailty.</p>	<p>Farley has not been modernised comprehensively, though some improvements have been and are being achieved. There are significant issues with the size of the rooms, in relation to current care standards. Most rooms are too small though this is said not to be an issue for residents or for families.</p> <p>A recent NCSC visit expressed concern about the bathing facilities on the ground floor. The report stated that the building had suffered from a lack of investment in the fabric and fittings over the years and as a result significant investment is now needed by the provider to bring the Home up to the required physical standard.</p> <p>The staff team were skilled in meeting the needs of older people, some of whom had complex needs and were supported by a range of training opportunities. The home had a competent and effective senior team. Concern was expressed about the staffing levels of the home, particularly during the late afternoon and at night.</p>

LUTON BOROUGH COUNCIL

Residential Care Homes for Older People : Farley, Whipperley Ring, Farley Hill

Facilities	Activities	Comments
<p>Farley caters for 27 permanent residents and 10 respite care that is 37 places in total. This includes five beds dedicated to interim care for delayed discharge pressure from hospital. There is one double bedroom at Farley, the rest are single rooms.</p> <p>Farley is mainstream in its role, as a home, though probably one third of the residents suffer from mild confusion & early stage dementia mental health difficulties. It is located next to a Day Centre and Day Hospital run by the Luton & Dunstable NHS Trust.</p> <p>It has a main lounge and dining room and there are a further 5 small lounges within the home. A new lift has been installed. Two toilets are being refurbished out of the total of 13. There is a brand new shower room.</p> <p>A new bathroom with shower has been provided. Farley has a nice visitors' room.</p>	<p>Home Care has a base here, to provide home care for the locality. The Community Centre and school are next door as well. Many staff working at Farley live on the estate.</p> <p>Activities at Farley include music and movement, carols, taking residents out, some residents attend Day Centres, and the school comes in to entertain the residents. Staff entertain residents though not always in a structured way. However, 90% of residents do not want to participate because of the frailty.</p>	<p>Farley has not been modernised comprehensively, though some improvements have been and are being achieved. There are significant issues with the size of the rooms, in relation to current care standards. Most rooms are too small though this is said not to be an issue for residents or for families.</p> <p>A recent NCSC visit expressed concern about the bathing facilities on the ground floor. The report stated that the building had suffered from a lack of investment in the fabric and fittings over the years and as a result significant investment is now needed by the provider to bring the Home up to the required physical standard.</p> <p>The staff team were skilled in meeting the needs of older people, some of whom had complex needs and were supported by a range of training opportunities including NVQ's in management & Care. The home had a competent and effective senior team. Concern was expressed about the staffing levels of the home, particularly during the late afternoon and at night. In 2004 night staffing levels have been increased.</p>

LUTON BOROUGH COUNCIL

Residential Care Homes for Older People : Sherd Lodge, Marsh Farm

Facilities	Activities	Comments
<p>Sherd Lodge was built in the 1960s. It has 36 places for permanent residents and 5 for respite. The 41 places are usually full.</p> <p>There are 6 lounges in total, including 2 for smokers, 3 others upstairs and 1 downstairs. There are 4 staircases, 1 at each corner of the building.</p> <p>There is a hairdressing room and a sewing room to repair clothes. There are 4 baths in total, 1 with a specialist hoist and a new hoist is due to arrive soon. The shower in one of the bathrooms has been refurbished in 2004.</p> <p>All windows have been replaced and radiators and hot water system has been upgraded as well. One of the bathrooms has been refurbished. The corridor is gloomy because of poor lighting.</p> <p>The courtyard in the centre of the home is very attractive. Otherwise the garden area is limited for residents of the home</p>	<p>Home Care is based here and nursing care is provided to two or three residents at the moment.</p> <p>Activities at Sherd Lodge include art classes, provided by the local college and gentle exercise, bingo, singalongs, external entertainers, Christmas entertainment, birthday parties, cards, dominoes and residents meetings with families.</p>	<p>A recent NCSC Inspection stated that the core staff at Sherd Lodge were a credit to the establishment and the Inspector witnessed how caring and knowledgeable they were. Service users showed real appreciation for these staff who are able to give people time, offer stimulation and genuine respect to individuals.</p> <p>Concern was expressed by the NCSC about the size of the building and individual room sizes limiting choice and individual access. Large, open plan, communal areas meant that high numbers of service users of varying needs and abilities were grouped together, with noise levels being a real difficulty for residents.</p> <p>The view was that the building presented difficulties in providing care to the type of service user long-term.</p>

LUTON BOROUGH COUNCIL

Residential Care Homes for Older People : Warden Hill, Birdsfoot Lane

Facilities	Activities	Comments
<p>Warden Hill has places for 28 permanent residents and 7 respite care i.e. 35 places in total. It has a similar design to Farley and was also built about 35 years ago. The home is situated next to a school and church as well as a small home for people with a learning disability.</p> <p>Its role is mainstream residential care, but provides a service for some people with dementia. It has a very big lounge, with an old kitchen which has not been modernised. It has 5 lounge including one for smokers, and a very large dining rooms and 2 others.</p> <p>It has 14 toilets and one hairdressing room. There are 2 bathrooms upstairs and a shower room on the ground floor.</p> <p>There are two linen rooms, one on each floor, and a sewing room. There is a new shower room. The home has two sluice rooms as well as a storage room for continence materials and adequate storage for residents other personal care requirements.</p>	<p>Warden Hill has a covered fire escape leading to a pleasant garden, though the other large garden area next to the A6 road is unused.</p> <p>The Home has a variety of activities including bingo, dominoes, reminiscing, winter fairs, singsongs, canal boat trips, visits to the pub in the summer, fireworks and activities for the fundraising with families, quizzes, entertainer, dances and barbecue.</p>	<p>Though some refurbishment has been undertaken at Warden Hill, in practice this has been limited.</p> <p>A recent NCSC inspection commented that Warden Hill is a pleasant and friendly Home to visit. The staff demonstrated a real interest in the welfare of service users. Friendly interaction between the service users and the staff was observed. The service users passed favourable comments about the Home, in particular the kindness of the staff.</p> <p>Concern was raised about staffing levels at the home and difficulties in recruitment which has since improved.</p>

LUTON BOROUGH COUNCIL

Residential Care Homes for Older People : The Laurels, Oakley Road, Ely Way, Leagrave

Facilities	Activities	Comments
<p>The Laurels has 34 permanent beds and one respite care bed, 35 in total and was refurbished in 1998. It caters solely for people with dementia. It has no vacancies at the moment and is usually full.</p> <p>The Laurels has a big site and garden, with a steep bank which could provide a risk for residents. Fencing has now started to create a new nice secure area where residents can be observed.</p> <p>The Laurels has two big lounges and a small lounge, as well as alcoves. The office space is poor. The lift is inadequate but is due to be refurbished in 2004.</p> <p>It has a higher staffing budget than other mainstream homes because of levels of dementia. Psychiatric nurses and district nurses come in to visit the Laurels to provide advice or assistance with managing dementia care needs, special catheters, diabetes etc. other health care support is provided by Chiropody, Dietician, Optician.</p>	<p>An advocacy service has been agreed with Age Concern, but this is not often taken up by relatives or residents. It links to Lime Trees Day Hospital psychiatric unit.</p> <p>The Laurels has a nice conservatory and has only single bedrooms.</p> <p>The Laurels has a wide range of activities including a fashion show, fireworks, shopping trips, hand and nails painting, reggae music, outings, bingo, canal trips, theatre, garden centre, entertainers, barbecue, trips to Brighton and Clacton, skittles, dominoes, darts and church every month.</p> <p>A lot of families are involved through the Alzheimer's Society which is very supportive to the Home and gives good feedback about care at The Laurels. A lot of complementary letters are received. A number of residents do not have families.</p> <p>Training in dementia has been provided internally involving a CPN and externally with Dr Graham Stokes, as for other Homes, specialising in dementia care.</p>	<p>The Laurels has been refurbished in the last few years at a cost of £300-400,000.</p> <p>A recent NCSC inspection commended staff for the number of activities and events taking place throughout the year and said that staff spoken with during the inspection all seemed to have a good understanding of the service users needs. The majority of staff had also completed some specialist training in looking after people with cognitive impairment.</p> <p>NCSC commented that the building was not ideal for this service user group as it could not be converted to group living areas and there were long corridors and bedrooms over two floors that could not be easily observed.</p> <p>It is not clear if it is possible to create group units within The Laurels.</p>

LUTON BOROUGH COUNCIL

Residential Care Homes for Older People : The Mount, Tennyson Road, New Town

Facilities	Activities	Comments
<p>The Mount was built in 1915 and extended in the 1960s. Part of the building is on three floors whilst most is on two. It has 36 places for permanent residents and 3 for respite care. It caters for people with dementia. The Mount was refurbished in 1998 at a cost of £200,000. The windows are due to be replaced as well in the near future.</p> <p>There is also a separate Day care centre which has places for up to 12 people a day, five days a week and is able to respond to emergencies at weekends as well. Part of the top floor building is used for IT staff training using a separate entrance as it is located in the older part of the building & is unsuitable for use by residents.</p> <p>The Mount has a big lounge and several other sitting areas on ground floor & a further kitchenette, dining room, & lounge on the first floor. One of the two lifts was refurbished in early 2004. The rooms meet current care standard requirements. The Home has 6 double bedrooms and 34 singles.</p> <p>A new bath is being installed in 2004. The laundry has plenty of space & is well equipped. The kitchen was fully refurbished in 2003. A number of the softwood window frames are due for replacement by PVC in Autumn 2004.</p>	<p>There are a number of applicants for staffing posts currently, but The Mount usually has a high level of vacancies, resulting in a high level of expenditure on agency staff.</p> <p>4 or 5 staff are undertaking NVQ at the moment, Levels 2 and 3.</p> <p>There are two Parker baths at the Home, including one at the Day Centre in addition to a shower room & standard bathroom.</p> <p>The patio area to the rear of the garden is secure however the garden area access is restrictive due to the gradient this has proved to be a popular area for residents to be in but would benefit from some sensory bedding areas.</p>	<p>A recent NCSC Report commented that all staff seemed very motivated and enthusiastic. The home is working towards all staff achieving NVQ and has made a good start.</p> <p>The Inspection expressed concern about the staffing levels at the home, these earlier problems were overcome by summer 2004 when the home became fully staffed. However, the home was said to have an open, friendly and welcoming atmosphere and service users and relatives reported that this was usual. The Manager and staff seemed to be highly motivated and enthusiastic.</p>

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Residential Care Homes for Older People : Westlea, Leagrave High Street

Facilities	Activities	Comments
<p>Westlea is a 35 bedded care home which was built in the 1960s and extended and refurbished in 1999 at a cost of £800,000. It has 6 beds for intermediate care funded by the Luton & Dunstable PCT and controlled by a hospital consultant. Health pay £80,000 a year for these six beds. A further 3 Intermediate care beds have been agreed to be funded by the PCT & will commence in the summer of 2004.</p> <p>20 other places are dedicated to rehabilitation to help carers and clients to become independent with minimum staffing support.</p> <p>Residents stay in the intermediate care beds for a maximum of two weeks, when they may move on to a rehabilitation bed to assist them further. As the intermediate care beds are controlled by the health they are free to the resident. A recent Government decision means that the rehabilitation beds are free as well.</p> <p>The Home has a maximum of 2 weeks in the intermediate care bed and 6 weeks in the rehabilitation places or 8 weeks in total in rehabilitation. There are close links with the Community Rehabilitation Team and also the Old Peoples Independence Team</p> <p>The remaining 6 beds are dedicated for permanent residents from homes which closed previously.</p> <p>All rooms are singles. There is a mixture of baths and showers and types of baths and several have ceiling tracks to aid movement into the bath.</p>	<p>There are 4 lounges at Westlea, including a conservatory and porch area which residents sit out in. The laundry is limited, in terms of the machines it has, and the lift is small.</p> <p>There are no wings or units in the home as such but areas of space. This means that there is a mix of rehabilitation and permanent residents</p> <p>The grounds around the home are extensive and are used by residents in warm weather. Occupancy levels are usually 95-97% but at the time of the 2nd visit there were 11 vacancies.</p> <p>Activities at Westlea include pub lunches, social evenings, fireworks, fish and chip suppers, bingo, quiz evening, gym/keep fit. There is a full programme of activities listed at the entrance to the Home and the Home is particularly active at Christmastime.</p>	<p>Westlea has been attractively refurbished and has a very pleasant feel to it. The refurbishment to the Home is still apparent.</p> <p>A recent NCSC report commented on the feedback from service users being generally very positive about the Home, with comments about the caring attitude of the staff, support to retain independence, quality of the food and environment and general good management and organisation.</p> <p>Westlea was commended in the Joint Review report for its best practice.</p>

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Extra Care Scheme : Abigail Court, Abigail Close Biscot

Age of Scheme	Scheme Layout	Facilities	Social Aspects	Current Situation
<p>Opened in November 1990 and as a Extra Care Scheme in 1999.</p> <p>This was the first LBC Extra Care Scheme</p>	<p>42 flats and 12 bungalows, catering for a maximum of 60 people, of whom 28 (60%) are supported through LBC Home Care.</p> <p>Two Home Care Team Leaders are based here, each with a team of carers, providing 570 hours per week.</p> <p>These teams also support another sheltered housing scheme elsewhere, (which is not an extra care scheme). Two storey building. Lift.</p>	<p>Care is provided 24 hours day, seven days a week, 365 days a year, with two waking carers, sometimes three at night-times. Common room, laundry, communal bath with track hoist in ceiling, catering kitchen for coffee mornings and parties. 40 x 1bed flats in main block and 10 x 1 bed bungalows. 2 x 2 two bed bungalows and 2 x 2 bed flats in main block. More able tenants help the more frail tenants. Team Leader for Home Care has office upstairs and a kitchen for Home Care. Abigail Court used to provide meals on wheels. Computer in the common room is used by eight residents for shopping, internet and one is doing a computer course. Four machines in the laundry are used both for Home Care for tenants in the scheme and by tenants at Abigail Court. Medic bath. No showers in flats in main building, because conversion to showers is not permissible, though some baths have been converted to showers in the bungalows. Control alarm system is based at Abigail Court for all schemes used by LBC, other council tenants, housing associations and private homeowners. Reception area used for sitting by tenants. Guest flat used for Home Care by Team Leaders or carers. Some spaces for tenants to meet and talk in corridors. Significant garden around Abigail Court, but problems with adjacent footpath. Patio area fenced in, with limited facilities for tenants. Tenants do have barbecues and there are a few chairs and tables. Tenants plant up hanging baskets.</p>	<p>Bingo twice a week, fish and chips every week, coach trips, parties, meetings, a wedding. Waiting list for this scheme, as for all the schemes.</p> <p>Majority of the 28 tenants receiving extra care support would have been in residential care otherwise. Some tenants have a mild degree of confusion.</p> <p>Admissions to all schemes are agreed by a Extra Care panel, including Housing, Social Services representatives and the Warden of the scheme.</p> <p>All schemes also have bimonthly meeting between Home Carers and Social Workers to discuss operational issues.</p> <p>It has not been difficult to recruit Home Carers recently to all schemes.</p>	<p>All tenants within the Extra Care units receive more than six visits a week and more than 10 hours care per week at Abigail Court.</p> <p>60% of tenants at Abigail Court are frail and need intensive support.</p> <p>Can often have five people waiting for a place in Extra Care.</p>

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Extra Care Scheme : Colwell Court, Stopsley

Age of Scheme	Scheme Layout	Facilities	Social Aspects	Current Situation
Built in 1991, became a Extra Care Scheme more recently.	Two-storey building with park across the road. 34 flats, one for Home Care, four x two bedroom flats, 29 one bedroom flats. 420 contracted home care hours, but these cover some clients elsewhere.	Laundry, medic bath, seating at the front entrance, big lounge, lift, very nice conservatory, nice big garden with canopy, balcony overlooking the lounge. Attractive design of scheme with use of wood and pleasant appearance. Key safe system in use at the flats for frail people, as in all Extra Care schemes.	Lively atmosphere and tenants clearly enjoying themselves. Currently 16 tenants require extra care and this will rise to 17 in the next few weeks. Garden could be further improved with better maintenance, perhaps through a gardener/ handyman service. This could be organised in conjunction with other sheltered housing schemes.	Very impressive scheme. Could be developed further with additional facilities in the future.

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Extra Care Scheme : Applegrove, Lewsey

Age of Scheme	Scheme Layout	Facilities	Social Aspects	Current Situation
Opened June 2004	<p>38 x 1 bed flats, 2 x 2 bed flats and 16 x 1bed bungalows.</p> <p>Six bungalows are designed for people with dementia with smart technology, including panic button, light sensitivity, control over heating temperature and control over the cooker to turn it off if it boils dry.</p>	<p>Warden Housing will provide a part-time non-residential warden and this is funded by Supporting People money, which will also pay for the lifeline alarms. Supporting People will provide £37,000 towards the running costs.</p> <p>At least 50% of tenants will be frail, perhaps 2/3rds.</p>		<p>Applegrove is a new build Extra Care scheme being provided through Warden Housing Association.</p> <p>It is being built on the site of one of the LBC homes for older people.</p> <p>Personal care and support will be provided by Luton Borough Council Home Care service.</p>

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Overview of Residential Care Homes and Extra Care for Older People in Luton

Name of Home	Number of places	Role
<u>Luton Borough Council Homes</u>		
(a) Refurbished		
(1) Westlea	35	6 Intermediate care, 20 rehabilitation, 7 permanent
(2) The Laurels	36	35 permanent, 1 respite
(3) The Mount	39	36 permanent, 3 respite
Sub total	110	
(b) Not refurbished		
(4) Farley	40	29 permanent, 11 respite
(5) Sherd Lodge	42	36 permanent, 6 respite
(6) Warden Hill	35	28 permanent, 7 respite
Sub total	117	
Total LBC provision	227	
<u>Independent Sector</u>		
Alicia Nursing Home 109-115 Marsh Road, Luton	37	Care Home with Nursing. Registered for past or present drug dependence over 65 years of age (30), Physical disability (7), Learning disability over 65 years of age (30), Learning disability (30), Physical disability over 65 years of age (7).
Ambassador House, 31 Lansdowne Road, Luton	20	Care home. Can take 20 elderly people or people with dementia or with a physical disability.
Ambleside, 60 Hart Hill Drive, Luton. (Kairmoore Limited)	17	Care home. Registered for 17 people who are elderly or have dementia or have a mental disorder or have a physical disability.

Capwell Grange Nursing Home, Addington Way, Oakley Road, Luton (Care First Healthcare Limited, previously BUPA)	116	Care home with nursing. Registered for 116 elderly people over 65, 60 mental disorder, 56 physical disability.
Castletroy Residential Home, 130 Cromer Way, Luton	70	Care Home. For people with a physical disability over 65.
Greenfields, 30 Studley Road, Luton (HM Healthcare Limited)	34	Care Home. Registered for 34 places with people with dementia, 34 for people with old age, 34 for people with a physical disability over 65.
Little Bramingham Farm, Leamington Road, Luton (Help the Aged)	25	Care Home. Registered for 25 places for people with old age.
Osborne House, 18 Compton Avenue, Luton (Kairmoore Limited)	16	Care Home. Registered for 16 places for people with old age, 16 for people with dementia over 65 and 16 physical disability over 65.
Rookwood Care Centre, Moorland Gardens, off Old Bedford Road, Luton	80	Care Home with Nursing. Registered for 44 places for Older People and 36 for people with dementia.
Rosedale, 36 Lansdowne Road, Luton	20	Care Home. Registered for 20 places for people with dementia, 20 places for people with mental disorder - over 65, 20 old age, 20 physical disability over 65.
Rowles House, 28 Barton Road, Luton	26	Care Home. Registered for 24 places for people with dementia, 24 mental disorder over 65, 24 old age, 24 physical disability, 2 dementia.
St Annes, 30 Lansdowne Road, Luton	18	Care Home. Registered for 18 places for people with old age, 18 dementia over 65, 18 physical disability over 65.
St Brendans, 175 Ashburnham Road, Luton	26	Care Home. Registered for 26 places for people with dementia over 65, 26 old age, 26 physical disability over 65.
St Mary's Nursing Home, 19 Dunstable Road, Luton (ANS Homes Limited)	60	Care Home with nursing. Registered for 60 places for people with dementia, 60 physical disability aged 65 plus, 5 terminally ill.
St Veronica, 77-79 Marsh Road, Luton	11	Care Home. Registered for 11 places for people with dementia over 65, 11 mental disorder over 65, 11 old age

		and 11 physical disability over 65.
The Edwardian Care Home Limited, 168-70 Biscot Road, Luton	30	Registered for 30 places for people with dementia over 65, 30 places old age, 30 places physical disability over 65.
The Elizabethan, 220 Old Bedford Road, Luton	25	Registered for 25 places for people with dementia over 65, 25 old age, 25 physical disability over 65.
The Georgiana, 10 Compton Avenue, Luton	38	Registered for 24 places for people with dementia over 65, 24 old age and 24 physical disability over 65.
The Victoriana, 6 Lansdowne Road, Luton	24	Registered for 24 places for people with dementia over 65, 24 old age and 24 physical disability old age.
Widcombe Nursing Home, 36 Grassmere Road, Luton (Niram Investments Limited)	36	Registered for 36 places for people with physical disability over 65.
Wingfield House, 107 Marsh Road, Luton (Apex Care Homes Limited)	24	Registered for 24 places for people with dementia over 65, 24 old age and 24 physical disability over 65.
Woodside, The Old Vicarage, Slip End, Nr Luton. (Shires Healthcare (Woodside) Limited)	28	Registered for 28 places for people with dementia over 65, 28 old age and 28 physical disability over 65.
Total independent sector provision	781	
<u>Luton Borough Council Extra Care Schemes</u>		
Abigail Court, Biscot	57	42 flats and 12 bungalows.
Colwell Court, Stopsley	35	All flats
<u>Independent Sector Extra Care Schemes</u>		
Applegrove, Lewsley	56	
Bushmead Court, Hancock Drive, Bushmead (Retirement Security Limited)	41 flats on two floors	Leasehold purchase and support by staff employed by the scheme.
Popes Court, New Bedford Road		Relevant only for young older people. No care provided. Not really Extra Care.

APPENDIX E - EXAMPLES OF PROJECTS AROUND THE COUNTRY

This section looks at projects around the UK to see what is going on elsewhere.

The examples chosen illustrate:

1. Planning and joint working between Social Services, Housing and other agencies on accommodation for older people.
2. Local authority transfer of homes and staff to another organisation
3. Extra care projects using housing to care for frail people and those with dementia

1.1 Housing Care and Support Strategy for Older People in County Durham

(Social Services, Housing, Health and Probation planning together)

The County Durham Social Services Department, seven District Housing Departments, five Primary Care Trusts and Probation jointly commissioned a broad-based housing care and support strategy for older people. This includes local plans for each of the districts and PCTs, as well as a county vision and overview.

The vision is to

- ◆ Reduce the numbers of older people moving into long-term institutional care
- ◆ Increase the choices for housing care and support available to older people in Durham
- ◆ Develop a flexible range of services to meet the needs of older people now and in the future
- ◆ Promote integrated working between Housing, Care and Support Services

This project illustrates:

- ◆ Successful integrated integrated joint working at county and local levels
- ◆ Clear vision to reduce institutional care, including residential care, and increase housing with care
- ◆ A strategy and vision leading on to detailed plans

1.2 Liverpool Accommodation Strategy for Older People, The Framework for Integrated Whole System Working (strategic work involving Social Services, Housing and Health together)

The framework is being used to map the full range of services role to people, not just Housing, Health and Social Care Services. It divides services into five levels, ranging from citizenship and active ageing (Level 1) to hospital and long-stay residential and nursing home care (Level 5).

The framework will then be used as a planning tool to change the balance of future services between the Levels, with the aim of shifting resources upstream from Level 5.

This project illustrates:

- ◆ Joint work to map services and plan together
- ◆ Vision of varying levels of activity and support
- ◆ Aim to maximise independence
- ◆ Clear intention to move away from residential and nursing home placements

2.1 Oxfordshire Social Services, Oxfordshire County Council - Transfer to Order of St John Care Trust and Bedfordshire Pilgrims Housing Association (local authority transfer of homes to partnership organisation)

Oxfordshire County Council formed a partnership with Bedfordshire Pilgrims Housing Association and the Order of St John Care Trust called the Oxfordshire Care Partnership. Oxfordshire County Council contracted with the Partnership to redevelop 19 homes for older people and transferred these in December 2001. 10 of the 19 Homes did not meet current or new care standards. BPHA will raise £25m/£30m off balance sheet, as the Oxfordshire Care Partnership was not able to do this.

The Order of St John will rent the properties back to the housing association and the redevelopment of the homes will be implemented by 2007. Some will be replaced by new build schemes. There is a loss of 200 beds, previously in double rooms, but a gain of 220 nursing home beds within the same total of approximately 800. 60 of the places will be within the 3 x 20 flat Extra Care schemes attached to the new homes, replacing some residential care places.

The redevelopment plan will use some empty sites for decanting. This process will continue over the next few years. There will be a redistribution from the north to the south of Oxfordshire and a gain by introducing nursing care and specialist dementia care.

Overall they will have 500 beds in new homes, with single rooms having a size of 14 square metres, each with en suite.

The redevelopment has been able to be achieved within the current budget. Staff have been transferred by TUPE protecting wages and pensions. There has been a contract with Age Concern for two and a half years to provide one advocate for each home as well as an advocacy manager.

Lincolnshire and Wiltshire have also adopted a similar approach, but the Order of St John has just lost the care contract for West Sussex to Shaw Homes.

This project illustrates:

- ◆ Redevelopment of residential care homes by partnership with a housing association
- ◆ Transfer of staff to another care organisation
- ◆ Reshaping of services across a county and resolution of buildings problems

2.2 Bucks County Council : Transfer to the Fremantle Trust

In 1992 Bucks County Council transferred a large number of residential establishments for all adult client groups on 99 year leases to the Bucks Community Housing Trust – now the Fremantle Trust. This included 18 homes for older people, 75% of all these establishments. The arrangement was before TUPE was introduced.

The organisation of the BCHT was created by the County Council but for legal reasons had to operate independently of the local authority. As it came into existence with its own Board of Management it set its own priorities.

The transfer led to revenue savings to the County Council, as residents were eligible to receive the Residential Allowance, and an expectation of lower central overheads. In due course the management costs were also reduced, both in the homes and the trust as a whole.

It was hoped that the transfer of the establishments would also lead to improvements in the fabric of the buildings. The Fremantle Trust should have been able to access capital funding sources on the basis of the 99 year leases which the Council could not obtain so easily. Capital improvements would also not count as part of the County Council's capital programme.

In practice this did not materialise to the extent that was originally hoped. Whilst the buildings were upgraded to meet the minimum registration and inspection standards, the qualitative improvements in the buildings which were hoped for have not been achieved.

3.1 Yates Court, High Street, Evesham (model physical environment for extra care)

Evesham & Pershore Housing Association has developed a high street extra care scheme with 47 one-bed flats. The scheme includes a conservatory, activity hall, craft workshop, computer room, restaurant, winter garden, lounge, hairdresser shop, fitness suite and Jacuzzi, as well as bathrooms, wheelchair store, laundry and sluice.

The scheme provides a wide range of facilities and activities to keep older people stay active in body and mind. It aims to provide a home for life with support and care which changes in accordance with needs. There is provision for an active partner to live with their dependent spouse.

There is an activity club to join, as well as respite care to support the local community. All homes have their own front door for freedom and privacy but are linked to the communal entrance by a visual door entry system tuned into the television.

For further reassurance all corridors and grounds are fully lit after dark and both communal areas and tenants' individual apartments are fitted with smoke alarms. 24 hour care is provided by the Extra Care Charitable Trust. Half of the tenants are frail, the rest are able to remain independent with minimal support.

Those tenants requiring support are assessed in terms of needing high, medium or low care. The scheme aims to achieve one third of tenants at each level and seeks to replace a vacancy at the same level of need, which determines the staffing level required. The scheme is supported by a waking night member of staff and a second asleep.

The flats all have walk-in showers, thereby avoiding bathing problems. Some tenants are confused with memory loss. 28 of the 47 referrals are from the Social Services Department for care packages through a block contract.

Evesham people are encouraged to visit and participate in the activities at Yates Court, including ceramics, pottery, music and poetry, though they do not have access to the tenants' flats.

This project illustrates:

- ◆ An impressive variety of activities and facilities to keep people active.
- ◆ Interaction with the local community, but privacy for tenants.
- ◆ A careful mix of frail and independent tenants.

3.2 *Broadway Gardens, Wolverhampton (one of the wide range of extra care schemes in Wolverhampton)*

This Extra Care scheme is owned and managed by Extra Care Charitable Trust. It is a relatively new and purpose built. It has a larger than average communal lounge and facilities for pottery, painting and woodwork. There is an IT suite with a range of computers and software.

Tenants run some classes and oversee some of these facilities. Other sessions such as working with oil paints and watercolours are run by an older person living in the nearby community.

The scheme is open to the wider community through a number of day care places that are provided under contract with Social Services. All scheme facilities are available to tenants. There is an active drive to recruit volunteers to help run classes and courses and to share experiences and skills.

A cook is employed in the scheme to provide lunches and evening meals. Tenants pay for the meals themselves. The dining area is attractively set out and has a restaurant ambience with music playing. Tenants and visitors are encouraged to enjoy meals as a social occasion.

Progressive privacy is put into practice through a separation of the general communal area from the flats in the scheme. Tenants have their own communal space to meet in if they wish.

This project illustrates:

- ◆ A wide range of activities and facilities, some run by tenants or older people from outside
- ◆ Is an example of the range of Wolverhampton extra schemes

3.3 *Kingsley House, Bournemouth (good collaboration between Social Services and Housing Association)*

This project was recommended by the SSI as a good extra care scheme. East Dorset Housing Association with Bournemouth Social Services and Housing Department worked together to develop a new scheme to meet the needs of frail elderly people. The scheme has 53 flats. The care is provided by Bournemouth Council's Home Care Service. Kingsley House also employs support workers to do little things for the tenants, in addition to their care needs.

The focus is on improving personal independence. Kingsley House aims to ensure residents receive effective and responsive services from all the staff, whilst at the same time maintaining their dignity, privacy and independence. There are joint

protocols and procedures in place to reflect these values.

The scheme works very closely with GPs' surgeries. There is a huge waiting list for the future. A second project at Hibbert Way opened in October 2003.

This project illustrates:

- ◆ Provision of care and help with other needs as well.
- ◆ Close links with GPs.
- ◆ Popularity of this model of care, resulting in a second similar scheme.

3.4 Seven Oaks, Londonderry (housing model for older people with dementia)

Seven Oaks is a project for people with dementia developed by Fold Housing Association and Foyle Health & Social Services Trust for people with dementia who could no longer be adequately cared for at home. The scheme won the 2003 UK Care Homes Award for Best New Developments (Specialist Care).

It is a single storey residential facility containing 30 single flats with integral communal facilities and five bungalows adjacent to the main building. It provides accommodation for 14 people with mild dementia, 10 people with moderate dementia, 6 people with severe dementia, 5 bungalows for couples and 15-20 day care spaces for people living at home.

Domiciliary care provision is delivered by the Alzheimer's Society. Seven Oaks includes offices for Health and Social Services.

It uses assistive technology geared to the needs of the tenants, e.g. sensors to detect falls, incontinence, automatic light controls, bed occupancy detectors, door opening detectors and for other purposes.

Seven Oaks conveys an area of calm peacefulness and warm supportive informality. It seeks to be an integral part of the local community, assisted by sharing accommodation with voluntary and statutory services.

The scheme has been evaluated by Professor Faith Gibson from the University of Ulster. She commented that housing associations are well-placed to explore such initiatives and, acting in partnership with other agencies, can become catalysts and leaders in small scale local neighbourhood development.

This project illustrates:

- ◆ The use of a housing scheme for people with dementia.
- ◆ Care for people with mild, moderate and severe dementia in this way

- ◆ Use of assistive technology
- ◆ Involvement of the local community and collaboration of statutory and voluntary agencies

3.5 *Shield Court, Newcastle Upon Tyne (collaboration with Health to provide a project in the community for people with high care needs through the use of housing)*

The project provides beds in units in a local authority sheltered housing scheme leased by Newcastle Primary Care Trust through Challenge Fund monies. All the rooms have been decorated and refurbished, with one specifically adapted for highly dependent patients.

Patients are admitted to the unit from the acute medical wards using specific admission criteria within 72 hours of admission, when the patients are medically stable, but still require 24 hour nursing care. Nursing care is delivered by a project nurse and support workers from the PCT's rapid response team.

Through a process of assessment and rehabilitation the aim of the unit is to identify the bio-psycho-social needs of patients so that they can continue to maintain a high quality of independent living supported in the community.

To date over 70 patients have been successfully admitted to the unit, with only a small percentage having to be readmitted to hospital following an acute exacerbation of their illness.

This project illustrates:

- ◆ Health and Housing collaboration
- ◆ Care of patients with high levels of needs in a sheltered housing scheme.
- ◆ How an innovative approach can help to reduce hospital stays and enable people to return home sooner

3.6 *Tomlinson Court, Derby (collaboration between local authority, PCT and housing association to provide rehabilitation in a sheltered housing scheme)*

Tomlinson Court is a sheltered housing scheme run by Housing 21. This opened in May 2000 as a short-term rehabilitation facility using 10 upgraded flats. The scheme is a partnership between Housing 21, Derby City Council and Derby PCT. The aims are to:

- ◆ Enhance the independence and choice of older people by enabling them to

develop the skills they need to live independently when the need arises.

- ◆ Prevent or delay admission to residential care or nursing homes.
- ◆ Provide an interim measure following discharge from hospital before returning home.
- ◆ Improve the quality of life for service users.
- ◆ Provide short-term intensive rehabilitation (6-8 weeks) following by a co-ordinated service on return home.

Out of the initial residents, 60% were discharged from hospital, 20% came from their own homes, and 20% from residential homes.

19 out of the first 25 residents returned to independent living, either in their own homes or in new homes, two entered residential care and four died.

This project illustrates:

- ◆ Innovative scheme between local authority, PCT and housing association in a successful partnership.
- ◆ Focus on rehabilitation to encourage independence
- ◆ Development of alternatives to residential and nursing home care

So what lessons can be learnt from these examples?

1. Some local authorities have chosen to reshape and retain their residential homes, usually by transferring them to another organisation. This is an option for the future.
2. However probably the majority of local authorities are moving to a housing with care model.
3. Housing schemes can be used to provide permanent care, care for people with dementia and mental illness, rehabilitation and other complex work with health
4. Extra care can provide many activities to keep older people active in mind and body.

Further examples of projects around the country follow.

FURTHER EXAMPLES OF PROJECTS AROUND THE COUNTRY

1 The Report from Housing 21 "Citizenship and Services in Older Age: The Strategic Role of Extra Care" refers to a range of other examples of projects and work by local authorities around the country which may be of interest and relevance to the current situation in Luton. They also illustrate the trends and direction in relation to services for older people.

Example 1: A Cross Sectoral Strategy for a Shire County: North Yorkshire County Council

2 North Yorkshire County Council is planning a programme of extra care. This is driven by two main influences. The first is the HiMP strategy, which developed from a partnership approach between the Health Authority, the County Council, the District Councils and in depth consultations with older people.

3 Influenced also by being a Better Government for Older People pilot site, the HiMP has a major focus on integrated services. It brings together plans to promote older people's independence and good health, the wellbeing of carers and prevention.

4 Engaging people is a central element through capacity building, lifelong learning and tackling social isolation. Housing is recognised as a fundamental factor and key services include Staying Put schemes, street lighting, accessible housing design, alarms and new technology.

5 The availability of warm, dry housing for all, innovative warden schemes and developing innovative sheltered housing that provides care to the same level as residential care is planned through joint approaches with other partners. There is, therefore, a strong philosophical base for Extra Care as part of an integrated strategy.

6 The second main influence is the cost of in-house residential care. The County Council is looking for a 20% shift from a reliance on residential care and nursing home provision to "more preventive, independence maintaining services". They believe most people currently going into residential care could have their needs met through the further development of rehabilitation services, combined with recuperative and active planning for a return home or a move to supported accommodation options (Extra Care) if available.

Example 2: A partnership approach between Housing and Social Services - Gateshead MBC

7 Early in 1998, Gateshead MBC was looking for a way to re-provide popular but out of date residential care homes. They also aimed to increase the support available to older people in their own homes. The Housing Department reported low demand for some sheltered schemes because older people had higher expectations of accommodation including special standards than past applicants. There is a growing proportion of frail elderly people but wardens are not equipped to deliver

additional services in sheltered schemes.

8 In November 1998 the Directors of Social Services and Housing jointly commissioned research into supported accommodation (this term includes Extra Care). A vision for Extra Care is emerging. Joint working between the Departments has given rise to a shared value base for a re-configured service. The key ideas are:

- ◆ Ensuring that all parts of the service are designed to help people to stay independent. Tenancy rights in Extra Care are seen as putting the occupier in charge or, "turning residential care on its head".
- ◆ Having a service to the local community as well as for scheme residents. Providing a base for locally delivered domiciliary services.
- ◆ A service that does things **for and with** not **to** people.
- ◆ Clarity about the role of staff and high quality training for staff so that they can support older people's desire to stay independent.
- ◆ Variable levels of care between schemes according to the actual needs of people living there.

9 In June 1999 the Council placed advertisements in the national press to identify housing and care providers who would work in partnership with the Council. By September 1999 a corporate commissioning process managed by Social Services and Housing selected organisations to re-provide residential care to include extra-care sheltered provision and specialist schemes for people with dementia.

Example 3: Exiting from in-house residential care - Hammersmith and Fulham Council

10 Hammersmith and Fulham Council has developed a strategy to exit from providing in-house residential care and to re-provide with:

- ◆ 100 units of Extra Care in three schemes (the Council currently has 12 units of Extra Care in an RSL scheme).
- ◆ 120-160 nursing home places in the independent sector for people who require nursing care. The health authority is reviewing its continuing care service provision. A joint commissioning strategy is being developed.
- ◆ Elderly mentally infirm day care.
- ◆ Development of resource centres.
- ◆ Rehabilitation services, community based and residential.
- ◆ The factors driving the changes are:

- ◆ The government agenda around rehabilitation and prevention.
- ◆ The Better Government for Older People consultation in the locality which shows that older people wanted to be responsible for their own health and lives and that they want to stay at home or in a housing rather than in a residential setting for as long as possible.
- ◆ The revenue costs of the in-house residential care and the capital costs of upgrading.
- ◆ The belief that the needs of people in residential care could be met in the community. At present some people go into residential care because of loneliness, loss of confidence and lack of safety where they live. Being in residential care induces dependency because it is part of the culture. A key aspect of independence is having one's own front door and one's own home. Extra-care sheltered provision provides both of these and matches the views of older people who participate in the Better Government for Older People consultation exercise.

Example 4: New Homes for Old - a strategic approach further along the line - Birmingham City Council

11 Birmingham City Council has comprehensively reviewed its strategic approach on services for older people in recent years.

12 In 1996 the Council embarked on a major development programme based on both new build and remodelled schemes, to enable extra-care sheltered provision to be provided in Birmingham. Four schemes existed at this time and 22 were planned. A partnership agreement was established between the City Council and RSLs. Social Services led on the strategic approach but the Housing Department was a vital player and the Health Authority was also involved. In addition to its development programme for new extra-care sheltered provision the Council extensively reviewed its own sheltered provision and upgraded some of this into extra-care sheltered dwellings.

13 The Council's strategy is to ensure that Extra Care is part of a broader strategy which will provide the means for older people to have a choice over living and care options and to provide the type of housing and care that promotes independence.

14 The Council has developed good strategic planning arrangements between Social Services, Housing and Health. These arrangements continue to develop.

Example 5: Combination and Extra Care schemes and specialist resource centres - London Borough of Lewisham

15 Lewisham Borough Council has started to devise a whole system of care around a culmination of extra care schemes supplemented by specialist resource centres to replace Council residential provision, enhanced domiciliary care and nursing home care.

16 The nursing home component meets the needs of very frail people and people who have challenging mental health behaviour. The initial drivers for the new service system were hard to let Category 2 sheltered dwellings and a Best Value Review that pinpointed the need to rebalance existing services.

17 A new rehabilitation unit is being developed to break the crisis intervention and referral to residential care. At the heart of Lewisham's approach is a citizenship stance and a set of processes involving people's panels.

Example 6: Meeting the needs of older people from black and ethnic minority groups - Nottingham

18 The local authority originally owned a sheltered scheme at Balisier Court, St Anns, Nottingham, as part of a perceived need for housing to support older Afro-Caribbean people, a mapping exercise and local consultation was undertaken.

19 The results confirmed the need for a very local solution. A partnership with a local black housing association, Tuntum, was formed to refurbish and upgrade the scheme. They now provide housing management and care services under contract and it is categorised as Extra Care. There are 24 self-contained flats and a number of bungalows linked by an intercom alarm system. There is also a large communal lounge and kitchen and a large garden of allotments.

20 The aim is to provide a supportive environment through care when it is needed. The aim is to avoid admission to residential care. The overall philosophy promotes independence and is sensitive to the cultural heritage of the tenants. There are definite plans for the scheme to become part of a larger community care development in the area and Tuntum is contributing to ongoing discussions.

Example 7: Home for life and quality for life at Holm Court, Kesgrave, Suffolk

21 This scheme is at the edge of Ipswich using the highly developed guidelines produced for Extra Care by Suffolk County Council. It is well-designed housing offering good space standards and a mix of one and two bedroomed flats. Each floor has an assisted bathroom in addition to the self-contained facilities within each flat.

22 There are four domestic scale living rooms, each for communal use by eight flats and a larger lounge which is also used for community support and day care provision. The concept of progressive privacy has been utilised in the design to ensure tenants feel comfortable and secure within their homes and enjoy the involvement of other older people from the local community.

23 Housing 21 and the Housing 21 scheme manager are responsible for both the housing and care management. The ethos is supporting people to be independent. All staff member receive training for providing support and care in an independent setting. Care is also provided to other older people in the community.

24 Several tenants interviewed had feared moving into residential care, which they felt inappropriate, and had been anxious to maintain their independence despite their need for care. Many had moved because of an increasing ability to remain within housing they could no longer cope with.

25 Satisfaction with the scheme was extremely high, and the balance of support and encouragement to take things on for themselves was seen to be right. Tenants felt that they had choice and control over their lives, and felt secure that the level of support available meant that they would be able to remain at Holm Court for the rest of their days, if that was their wish. In addition there was a strong sense of community - with the more able supporting other tenants whenever possible. There was, however, no sense of enforced communal living - people being happy at the ability to live independently within their own flats or to mix within the scheme as they saw fit.

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³ Luton 2001, Where we want to be in seven years, Luton Borough Council, 2004.

⁴ Principles developed by the Association of Directors of Social Services and the Local Government Association built on the United Nation's *Principles for Older People*. *All Our Tomorrows, Inverting the triangle of care*: A joint discussion document on the future of services for older people, LGA/ADSS, October 2003, p 9.

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