

**BRISTOL CITY COUNCIL
CABINET
4th October 2012**

REPORT TITLE: FUTURE VISION FOR EXTRA CARE HOUSING (ECH)

Ward(s) affected by this report: ALL

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**Report signed off by
executive member:** Councillor Glenise Morgan, Executive Member
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4 September 2012

Purpose of the report:

This report builds on the July 2012 report “Delivering an Effective Social Care System” which set out that in order to reduce the City's reliance on residential care, the further development of Extra Care Housing was needed.

The report seeks agreement to the proposed delivery plan (appendix 1) and vision (appendix 2). The report outlines that in order to implement the full vision, additional capital funding is likely to be required on top of the £5.5m already agreed in 2012/13. However it is too early to be precise and there may also be potential for Bristol to bid for a new round of Government funding for specialist housing for older people. Officers will prepare a further report for Cabinet in six months to confirm the total funding required for the full programme.

An opportunity has also arisen to jointly commission an ECH scheme with South Gloucestershire Council and this report also seeks approval to proceed in negotiations on a site in Coldharbour Lane, South Gloucestershire.

RECOMMENDATION for Cabinet approval:

1. Agree the overall vision and delivery plan for a new 10 year programme of ECH to be rolled out across Bristol and/or the city borders if there is no suitable land within the city.
2. Approve, that as part of the overall programme, Bristol will jointly commission an ECH scheme with South Gloucestershire Council that sits within the South Gloucestershire area at Coldharbour Lane, Frenchay on the proposed terms set out in this report, with negotiation on the detail to be delegated to the Strategic Directors for HSC and N&CD..
3. Approval to spend up to £2.85m of the capital allocation for ECH on the above scheme in Coldharbour Lane, Frenchay, South Gloucestershire.
4. Agree to the preparation of a further report in six months outlining the capital funding requirements for the total programme over and above the joint opportunity at Coldharbour Lane.

The proposal:

1 Background

1.1 Over 10 years ago the City Council entered into partnership arrangements with five housing providers to deliver 600 'Very Sheltered Housing' flats. This programme has recently been completed (map at Appendix 3). The overall trend in the provision of housing and care for older people has been geared, over the past decade or more, to shift care provision from institutional settings towards more independent models that integrate housing and support for older people in the community. This trend is being driven both to meet our aspirations for independence and wellbeing but also to respond to affordability challenges.

1.2 ECH is now a rapidly growing sector of the housing and care market. This model of housing and care offers everything traditional residential care can offer in terms of onsite care provision and significantly more in respect of accommodation and facilities. The model is centred on the promotion of independence and provides choice with a menu of care and support services. ECH takes a number of different formats and styles, but primarily it is housing which has been designed, built or adapted to facilitate the care and support needs that its owners/tenants may have now or in the future, with access to care and support twenty four hours a day either on site or by call. There is potential for ECH to provide a viable alternative to residential care, to improve older people's wellbeing and links to local communities and to free up housing for families and larger households as people relocate.

1.3 Bristol's current model of ECH is based on social rent with significant care and support contracts in every scheme. The original premise was that it would partially offer a replacement for residential care with 40% of tenants with high care needs, 40% medium needs and 20% lower or no needs. Subsequently the programme was adjusted to include

some shared equity flats in each of the later schemes and access was restricted to people with greater needs.

1.4 The privacy, security and highly personalised approach to social care offered by ECH makes it a positive and appropriate alternative to residential care, providing an opportunity to remain living in the community with a partner, which is not usually available to those entering residential care. Officers in Health & Social Care (HSC) and Neighbourhoods & City Development (N&CD) have been exploring key issues and solutions around delivering a practical extra care housing delivery plan that is relevant to the Council's current commissioning strategies, industry design standards and good practice across the public and private sector in the UK.

1.5 In order to reduce our reliance on residential care and provide older people with quality housing options to enable independent living, the development of Extra Care Housing is essential. ECH is a good housing solution, promoting independence and potentially freeing up larger homes vacated by owner-occupiers for 'family' or larger households. Over the past 10 years significant progress has been made in the availability of ECH in Bristol.

1.6 The majority of older people express that they wish to remain in their own homes in the community for as long as possible. Of the older people in Bristol with care needs being met by HSC, 85%-90% of them live in their own homes in the community and we are looking to maintain and increase this percentage. The development of ECH is in keeping with this aspiration. Many people are not able to continue to live in what was the family home because of their increasing needs. A move to ECH can overcome these obstacles and prevent somebody going into residential care. This not only presents an array of benefits for the individual, but also carries significant care cost saving for the local authority as care delivered in an ECH setting is cheaper than residential care and enables the Council to support more people in the community. The cost per bed space in a care home varies between £400-£1100 per week depending on the profile and funding sources of the residents. ECH costs on average £150-£350 per week (high needs band) with housing and service charge costs covered separately. There is also the potential value with ECH of an approach that offers people a supportive environment with easy access to activities and which tackles social isolation.

2 Key Drivers

2.1 Now that the existing ECH programme has been delivered, officers have considered the current needs and demands for ECH across the City. It has been identified that there is a need for a new model that takes account of the changing demographics, tenure and demand/need patterns; the scarcity of public subsidy, the move to personalisation and impact on commissioning and the need to tap into private finance. N&CD and HSC have developed a new delivery plan to achieve this (attached at appendix 1 (exempt appendix)).

2.2 It is expected that the number of people wanting or needing ECH will grow over time. In 5 years the Council will need to deliver services to 6-7% more people. Looking 10 years ahead the number of people will be 14 -16% higher than it is today. The general picture within the different types of services delivered is that the number of people with a higher level of need will grow faster than those with lower needs with a very significant impact on costs. This means that the authority will have to focus its resources on commissioning for

people with higher levels of need. ECH will enable more people to have their needs met in their own home and will provide homes within a supportive community for others, helping to maintain their independence for longer and thus prevent the need for the provision of more costly social care options for longer. There is a predicted short fall of 434 ECH homes for people to buy, with an additional 94 ECH homes for social rent needed in the next 5 years. Modelling shows that this increases over time with a further 222 social rented ECH homes being required by 2021.

2.3 The majority of care home placements in Bristol are occupied by people who fund their own care (“self-funders”) and it is estimated that 75% of Bristol residents over the age of 65 own their own home. The development of ECH for self-funders could enable such people to remain living in the community in an enabling environment. It will also provide an alternative for people who want additional security in a supportive environment and who may have otherwise chosen to prematurely place themselves in a care home due to the lack of other options. If a “self funder” places themselves in a care home earlier than perhaps needed, then it increases the chance that they will run out of funds to continue to support themselves, meaning they will become dependent on the local authority sooner. They may also have placed themselves in accommodation that we feel does not best meet their needs.

2.4 It is also recognised that the gap in Bristol's current offer is the lack of options for people to buy an ECH home. Larger schemes enable us to achieve ECH homes for people to buy plus some additional ones for rent to people with social care needs, at lower unit costs. Larger schemes bring economies of scale, enable a more viable approach to the development of on site facilities and activities and result in vibrant communities where individuals are able to contribute to the benefit of others and themselves. The current schemes across the city are smaller, and it is now the vision of the Authority to provide some of these larger scheme to offer a real mix and choice.

2.5 While HSC has had considerable success in recent years in finding people alternatives to residential care, there is still a need to improve further and increase the alternatives to the more traditional services. It is common for people to remain in their own ECH home rather than entering nursing or residential care, and other authorities have used ECH as a direct alternative. The intention for Bristol would be that ECH homes are homes for life with accommodation and care both being flexible enough to enable this to happen and prevent a further move.

3 The Vision for Further ECH Provision in Bristol

3.1 Officers are seeking to build on the success of Bristol's earlier ECH developments which were in partnership between housing associations, charitable trusts and the Council. That partnership enabled award winning developments for Bristol and we now have ECH provision spread relatively evenly across the city. The vision Cabinet is asked to approve now would need to account for the nature, scale and location of the existing ECH schemes, ensuring that new developments complement the provision we have developed to date. The vision proposed is to:-

- Provide a model of housing with care that will meet the needs and aspirations of older people across all tenures, offering choice and flexibility in service delivery and accommodation type

- Combine value for money with state of the art design and practicality, in locations that maximise benefits to individuals
- Enable the development of a quality, sustainable and personalised housing solution that enables older people to live in their own home for longer.

3.2 One of the fundamental challenges is the need to minimise the requirement for public subsidy. The Homes & Communities Agency (HCA) has said it is unlikely to fund further ECH in Bristol as it has already contributed a total of circa £40m to ECH in the City and therefore Bristol has 'had its share' of the funding. However there is a new funding stream coming from HCA, following the recent White Paper on social care, for which Bristol may be considered. The Council's own capital pot stands at £5.5m. The current (and typical) schemes are 50-60 flats with significant (40%) amounts of gross internal floor area given over to non-habitable spaces like restaurants, gyms, hobby rooms and circulation space. It is difficult for developers/providers to recover these costs in sales values.

3.3 The model being proposed for Bristol is that by significantly increasing the size of ECH schemes, the non-habitable element does not rise proportionately, thus reducing the average unit cost and enhancing viability. It has been determined that the model for schemes in the new programme of ECH should be for circa 80% of homes to be for market sale and for circa 20% to be social rented housing or shared ownership.

3.4 The affordable element of ECH can also be seen as attractive by developers and therefore enhances sales values elsewhere on a site so officers would be keen to make this a consideration of planners when sites are being sought.

3.5 Another critical element is the extent of commissioned care and support into an ECH scheme. People who buy an extra care home are much less likely than those who rent, to already be using social care services. However a key part of the offer of ECH is the on site presence of a care and support service and this has also been found to be critical to sales attractiveness. The Council could commission small, but core, care contracts that guarantee a certain level of service (e.g. 24 hour on-call) for nominated tenants and which also give a guaranteed revenue stream to the provider.

3.6 In terms of nominations the Council would have nomination rights to non-self funders who are eligible for financial help for social care services – these are generally tenants. The remaining 80% of people living in a scheme would not become the financial responsibility of the council unless in time they developed assessed care needs and were eligible for financial support.

3.7 Moving into an ECH property is very attractive to self-funders because they do not have to release all of their capital, as they would if they were in a care home. ECH provides them with purpose built accommodation and enables them to downsize, thus releasing potential 'family homes' or homes for larger households onto the market. Most of the placements of older people into care homes in Bristol comprise of self-funders who placed themselves into the care home – undoubtedly some of whom have done so because of the lack of any suitable alternatives, which ECH could have provided.

3.8 A number of successful ECH schemes operate by having a core 'community' charge which is levied to all tenants by the incumbent on-site provider. This charge would be

incorporated within the occupancy agreement and itemised like any other service charge. The occupier is effectively given the choice at point of entry thus satisfying the concept of personalisation. Any additional services can be purchased from the incumbent on-site care provider, or an alternative provider. Experience tells us that services tend to be purchased from the incumbent provider. Self-funders would pay for this directly and people who receive financial support from the authority following a social care assessment would either use their direct payment or have their services paid for by the authority from their personal budget.

3.9 Schemes which cater for people with different needs offer a vibrant community. It is generally the case that self-funders present with lower care needs than those funded by the authority. So this mix of tenure would ensure the required balance. Current ECH residents have told us that they value living in a scheme where there are other residents that they can engage with and where activities can be shared. At the same time they have told us that its important for them to have the reassurance that they can continue to live at the scheme if their care needs increase – ECH for 'life'.

4 Financial Model

4.1 The delivery plan at appendix 1 (exempt appendix) models a whole programme for comparative purposes, based on options (with two sub-options which examine the impact of nil land values). The option which produces the requirement for least subsidy is Option 2 of appendix 1. This model based on a private development-led approach maximising sales and income from owner-occupiers, is an estimate based on assumed build costs, land values etc. It will therefore need significant checking in the context of actual build costs, land values and sales values in the Bristol housing market.

4.2 On the revenue side an 80:20% tenure split (bearing in mind that ECH purchasers have a much lower propensity to use care services) would mean that the Council could nominate all service users with the desired mix of care needs into the flats for social rent in each scheme. This would maximise the benefit to HSC. Over the life of a new programme and assuming 222 rented units, there may be significantly reduced costs as compared to the cost of residential care and home care packages for people in their own home.

5 Policy Issues

5.1 This approach raises several policy issues:

Land requirements:

Schemes which are currently larger than 50 units have a need for a much larger land footprint and hence are harder to identify. While this will be a restriction on the programme, there are existing ECH schemes in Bristol which show that it has been possible to in the past to identify sites of suitable size

Planning:

There is a pressing need to establish a planning policy position, especially to determine what 'use class' ECH is and also to consider whether ECH in general would be considered to fulfil social housing planning obligations. The other key opportunity is whether currently allocated employment sites could be designated as ECH given the high rate of job creation opportunities from ECH.

Finance:

Additional subsidy (over and above the allocation (£5.5m) and/or reduced value land will be required if a programme of 222 new social rent units is to be achieved.

6 Delivering the Programme

6.1 There are 4 stages to go through before delivery can commence in earnest. However, officers are actively looking for potential sites and once the vision is agreed by Cabinet will be able to actively look for partners. The 4 stages are:

- Agreement of vision and model
- Quantify and prioritise capital position
- Marketing and stakeholder engagement
- Partner selection/procurement.

The vision is outlined at appendix 2. The following stages are dependent on Cabinet's approval following this report and work will be taken forward by a dedicated Project Manager (to be appointed).

7 Potential Early Opportunity - Coldharbour Lane

7.1 Officers are aware of the need to balance the strategic approach outlined above with opportunistic developments. An opportunity has recently arisen to enter into a jointly commissioned arrangement with South Gloucestershire, who are also considering the development of ECH, and officers seek approval to proceed in those negotiations with delegated authority. A large proposed scheme of 261 homes is under consideration on the City boundary in South Gloucestershire at Coldharbour Lane, Frenchay (see appendix 4 maps of site). This is a market-led opportunity from the Extra Care Charitable Trust (who are the provider) where planning obligations are currently being negotiated. Bristol City Council has offered, in principle, to consider part funding the scheme in order to secure 40 social rented flats (with full nominations) and also give access to Bristol citizens who want to purchase a flat on this site (over 150 flats across the scheme will be for sale to private buyers). South Gloucestershire would have a similar arrangement with nomination rights to 41 flats.

7.2 While opportunistic, this first scheme would take Bristol towards the overall vision outlined above and would deliver a larger scheme than is currently available in the city which offers 40 homes for social rent and the potential for Bristol citizens to purchase an ECH home from the remaining 180 flats which will be available on various leasehold arrangements. The 40 homes for rent would be available to Bristol citizens on an ongoing basis so if a Bristol citizen was to leave the scheme, another would then be able to rent a flat. The opportunity to buy an ECH flat is currently very limited within Bristol as they are very popular and usually sell relatively quickly. The site on Coldharbour Lane would provide an early opportunity to bolster market capacity to provide housing with care and support for older people and complements HSC's Transformation Programme with the proposed reduction in reliance on residential care homes.

7.3 The 12 hectare site in question is owned by the Wallscourt Foundation, a charity whose aim is to advance further education and learning at the University of West of

England. It is bounded in the North by the Bristol Business Park, to the West by the UWE campus, to the South West by Stoke Park and to the South and East by the Community Forest. There is potential for synergy with University courses and provision of part-time work for students and other local residents.

7.4 The site has the potential to meet a mix of general needs and Extra Care. South Gloucestershire would take the lead commissioning role. South Gloucestershire are discussing the development with The Extra Care Charitable Trust (ECCT) which currently operates 28 Extra Care housing schemes across the Midlands and is a specialist in the delivery of successful mixed tenure older communities. ECCT is not one of the Council's current ECH partners but they are pro actively seeking sites in this part of the south west. ECCT's business model is to deliver schemes of at least 180 units, serving population catchment areas of at least 100,000. ECCT's nearest scheme is in Gloucester (St Oswalds: <http://www.housingcare.org/housing-care/facility-info-158099-st-oswalds-retirement-village-gloucester-england.aspx>). Executive members for HSC and N&CD have visited that scheme with officers and access to further research and evaluation of ECCT's ECH schemes over several years is available on request.

7.5 In practice, ECCT would administer the sale of shared ownership and all leasehold properties and would buy back flats from people who leave the scheme. They would also provide the care & support on site at specified maximum hourly rates to be agreed with social care commissioners. The social rented homes would either be owned and managed by a housing association partner, or by ECCT which is itself a registered provider for this purpose. ECCT will be required to sign up to a compliance statement to meet the relevant West of England housing delivery standards.

7.6 A range of communal facilities are proposed by ECCT including a village hall, restaurant and bar, shop, hair and beauty salon, IT suite, craft room, fitness suite, greenhouse, library and woodwork room. An activity suite would be available to allow for the provision of individual activity delivered by trained staff for older people with mental health problems to improve quality of life.

7.7 Under the current proposal, the scheme could be operational by 2015 with the first homes becoming available to residents in both local authorities simultaneously. This would provide Bristol with the earliest possible return on investment, enabling access to new homes and an alternative to residential care. It will also help grow market capacity for older people with care and support needs.

7.8 The site is well-located on the Bristol border with easy access to the city, and the lifestyle choice and services proposed are likely to make the scheme attractive to older people living in both authorities. While this could be regarded by South Gloucestershire Council as a potential threat in terms of importing clients needing care into their District, both authorities recognise an ideal opportunity to consider a cross-authority commissioning arrangement to deliver a scheme that may otherwise not be available to residents of either authority due to the scale of investment and, in Bristol's case, the restrictions on availability of land.

7.9 This would be a jointly-commissioned scheme in terms of capital costs. South Gloucestershire Council will be the lead commissioner in terms of procurement of the on-site care services, thus reducing duplication and facilitating effective contract

management. However Bristol City Council would be a party to the care contract management arrangements.

7.10 The proposal is to develop an agreement between the two councils whereby each remain financially responsible for their own residents in terms of eligible care and support needs. It is proposed that in this instance only, financial responsibility will sit with the local authority in whose area the individual lived before they moved into the jointly commissioned scheme in Coldharbour Lane. This is to ensure that neither council is adversely affected in terms of social care commitments as a result of working in partnership. In particular, South Gloucestershire Council potentially stand to lose out financially if a Bristol resident enters the scheme with no care needs, but subsequently (a) develops care needs and (b) requires financial support from their local authority because they have less than £23,500 in savings. Under the guidance on Ordinary Residence, people in that position would usually be deemed the financial responsibility of the local authority in which they are residing (i.e. South Gloucestershire Council). This fact often deters the development of care services close to local authority borders which results in some people being denied the opportunity to purchase an ECH flat in a larger retirement complex. Bristol residents are likely to be particularly disadvantaged in this respect because there is very little opportunity of land of sufficient size in the city to develop a larger scheme. This variation to the guidance on Ordinary Residence would be in respect of Bristol residents only. If someone from outside Bristol or South Gloucestershire was to buy a flat in the scheme and subsequently require financial support with care costs, they would be the financial responsibility of South Gloucestershire. In summary, while this proposal is a variation to national guidance on Ordinary Residence officers recognise the following benefits:-

- picking up the costs for people who have relocated from Bristol by buying their own flat in the scheme would be more cost effective than buying home care for them into their own home in Bristol partly because people living in ECH are likely to remain independent for longer and partly because people's care needs in ECH in general cost the local authority a little less; the joint development will bring an additional opportunity for healthy living in retirement for Bristol residents including those with and without care needs as well as those who wish to buy a property. It will enable older Bristol citizens to remain living in close proximity to family and friends in the city;
- the development increases the opportunity for older Bristol residents to buy a retirement home with flexible provision of care and support;
- the development offers a possible benefit to other Bristol citizens via the release of homes sold by older residents entering ECH;
- this scheme offers the early potential for additional ECH for Bristol people by 2015;
- Officers in South Gloucestershire have indicated that in principle they would enter into reciprocal arrangements should the City later be in a position to develop an ECH scheme on the Bristol side of the mutual border.

7.11 It is very difficult to get data to predict how many Bristol residents might choose to buy an ECH home at Coldharbour Lane and then later on require financial support with meeting the cost of social care. However, modelling has been

undertaken using the ONS Wealth Survey and a DWP analysis of that on retirement wealth. This suggests the risk of a financial impact over and above our current provision is not significant. It is worth bearing in mind that in order for there to be a financial impact on Bristol, people would have to have eligible care needs and to have reduced their savings after selling a property and buying an ECH flat, to below £23,500 before the Council would start to make any contributions. Furthermore, the Council only makes full contributions to a person's support when their savings fall below £16,500. Officer calculations are available for scrutiny.

7.12 Under the proposed arrangement Bristol would have access to 40 rented homes in the scheme. This access would be by a cascade arrangement to ensure that service users in greatest need are given priority. It would be up to HSC to determine who would be nominated into these 40 homes. When people leave the scheme, the Council would again have the right to nominate someone from Bristol so the nominations into 40 flats are ongoing and not a one-off arrangement.

7.13 Half of the flats for sale (circa 90) would be restricted to Bristol residents for an agreed period (6 months has been suggested at this early point of negotiations), and would only be sold to a non-Bristol resident if a purchaser could not be identified within the timescale. Under the joint commissioning arrangement, South Gloucestershire would have nomination rights to 41 social rent units and meet the additional capital cost of commissioning these and access to South Gloucestershire purchasers for 91.

7.14 In terms of procurement and capital investment South Gloucestershire would lead and seek approval for a negotiated tender for both the capital cost of the scheme and care contract.

7.15 The capital subsidy required from the City is £2.85m. This figure reflects the value of the nomination rights of the 40 social rented flats that will be made available to the Council in perpetuity. The capital subsidy of £2.85m equates to a figure of £71,250 per flat. This is considered to be good value when it is compared with the level of capital subsidy required for another recent ECH scheme in the City which was £91,250 per flat for 51 social rented homes.

7.16 Discussions will continue in relation to the nominations for the social rented units and Cabinet is being asked to approve that officers may proceed. Officers will ensure that the hourly rate for care is value for money. A nominations agreement would be set up for the social rented units to set out eligibility criteria for both authorities, how units will be identified and arrangements for distribution across care bands.

7.17 An undertaking will be sought by South Gloucestershire from Bristol City Council to cover future revenue expenditure for current and future service users from Bristol, as outlined in 7.10 above. Further negotiations are required on the cost of care and support for this scheme and Cabinet is asked to give approval to the jointly commissioned scheme subject to those discussions. Officers in both local authorities continue to work closely to develop a mutually beneficial outcome meanwhile.

7.18 There is a challenging timescale if this joint scheme is to proceed. The Wallscourt Foundation is working towards agreeing Heads of Terms with the successful tenderer in September 2012 and being in contract by December 2012. South Gloucestershire's

Adults & Housing Committee approved the commissioning decision in relation to this potential scheme and the offer of a joint commissioning opportunity to Bristol City Council, all subject to land acquisition and planning.

7.19 It is therefore recommended that delegated authority be granted to the Strategic Directors of HSC and N&CD to agree the detailed proposals, subject to Cabinet approval of the key principles.

8. Summary of Benefits

8.1 Nomination rights to 40 social rented homes and joint access with South Gloucestershire residents to 180 leasehold/shared equity homes on an equal basis.

8.2 A marketing plan initially ring-fenced to Bristol and South Gloucestershire residents for the sale of leasehold/shared equity units with the first phase of proactive marketing of that tenure being to those recipients of a local authority funded package of home care who are home owners but who do not have savings.

8.3 Access to ECH as a choice for older people who may not have a current social care package but who may otherwise become socially isolated.

8.4 Potential access for residents to a Wellbeing Nurse who undertakes annual health checks and ad hoc advice and a specialist worker who will design care plans for people with dementia to ensure that care packages are appropriate.

8.5 The potential for people living in the surrounding community to become a 'friend' of the scheme enabling them to come in to take part in activities thus addressing social isolation in the wider community.

8.6 Opportunities for residents to undertake voluntary activities within the scheme.

8.7 Potential to release 261 existing homes in Bristol and South Gloucestershire.

8.8 Opportunity in future to look at the cost of variations to this model to the City and South Gloucestershire as well as the potential benefits to the local NHS given ECCT's evaluation of benefits for people with long term conditions, dementia and in relation to falls prevention.

8.9 A buy-back scheme offered by ECCT that underwrites the amount originally paid by leasehold purchasers, meaning that when someone passes away the amount paid for the purchase of the leasehold is reimbursed to the estate.

8.10 Financial savings for the local authorities compared with existing home care costs.

8.11 Greater choice and quality for service users.

8.12 Enhanced workforce development opportunities through development of symbiotic relationship between ECCT and UWE's Health & Social Care Faculty.

Consultation and scrutiny input:

Given the timing of this report, to capitalise on the opportunity in working quickly with South Gloucestershire this report was referred to the Chair of Health & Adult Care Scrutiny, although the direction of travel for ECH has been well set out in previous reports.

a. Internal consultation:

Wide internal consultation has been undertaken as part of the HSC Transformation Programme.

b. External consultation:

Wide external consultation on the proposal for further ECH has been undertaken as part of the HSC Transformation Programme. Local stakeholders will be consulted on the proposed development at Coldharbour Lane, South Gloucestershire.

Other options considered:

Vision: The vision has considered the options open to the local authority and proposes a strategic development of ECH in the city which will enable a range of opportunities to be explored.

Jointly Commissioned Scheme: This particular scheme would be one model within a range of possible models. The options in relation to this scheme are to proceed in a jointly commissioned arrangement with South Gloucestershire Council or not to proceed at all. If we do not proceed then South Gloucestershire may relocate the scheme to another site to reduce the risk of Bristol residents entering the scheme and later becoming their financial responsibility. Alternatively they may decide to go ahead with the scheme but significantly limit the ability of Bristol residents to purchase or rent ECH homes. To ensure that this opportunity is not lost to Bristol residents, officers favour the option to proceed. The scheme has the benefit of:-

- offering a larger scale complex than may be possible within the city due to the relative lack of land of sufficient size
- being an early 'win' in terms of the strategic vision, and is therefore an early enabler to HSC's plans for transforming adult social care and N&CD's plans for providing affordable and flexible housing for older people and freeing up housing for larger households/families.

Risk management / assessment:

FIGURE 1

The risks associated with the implementation of the (subject) decision :

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
		High	Medium		High	Low	
1	If land of suitable size and nature is not identified within the city, the council will lose the advantages of a larger ECH scheme to residents and this will also impact negatively on the HSC Transformation Programme	M	M	Explore all sites with planning and property services colleagues; Prioritise key sites for larger scale developments first; Progress key sites for smaller scale developments as soon as possible; Seek early discussions on all potential sites.	M	L	
2	Insufficient capital allocation to develop the full vision will result in an inability to provide the required number of ECH homes now identified and an adverse impact on HSC Transformation Programme	H	M	Request to Cabinet for increase in capital allocation Ensure HSC Transformation Programme Manager lists in Programme Risk Log	H	M	
3	Negative financial impact of agreeing variation to Ordinary Residence guidelines	M	L	Undertake modelling; Weigh up against risk of not achieving quality alternative services (required for HSC Transformation Programme) for Bristol residents	L	L	
4							

FIGURE 2

The risks associated with not implementing the (subject) decision:

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
		High	High		High	Medium	
1	Desirable new development on border with South Gloucestershire to which Bristol residents do not have access would raise concerns that the Council missed out on opportunity for innovative new joint venture	H	M	Cabinet report seeking permission to continue to work.	M	L	
2	Bristol identifies site for ECH on border with South Gloucestershire but South Glos are not willing to make reciprocal commissioning arrangements	H	M	Seeking condition of this arrangement is that something reciprocal would be considered if a site near the border was identified.	L	L	
3	Negative impacts on HSC Transformation Programme which requires commissioners to stimulate alternative market capacity to residential care for older people	H	H	Whilst alternative residential placements could be commissioned it would not fit with future models of care (both local and national drivers would not align). Would seek additional ECH in the Bristol area.	M	M	

Equalities Impact Assessment

Public sector equality duties:

Before making a decision, section 149 of the Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic.

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to tackle prejudice and promote understanding.

Work to date has been informed by the Equalities Impact Assessment for the HSC Transformation programme of which this project forms one part. **The Equalities Impact Assessment is attached.**

Environmental checklist / eco impact assessment – full assessment is attached

The significant impacts of this proposal are:-

- A programme of building ECH schemes in Bristol will transfer a number of significant environmental impacts such as energy, water and waste out of Bristol City Council management & control to external providers
- Short-term there will be an increase in the consumption of fossil fuels & raw materials & production of waste during the construction phase
- Potential decrease in vulnerability of elderly people in Bristol to the effects of climate change if living at an ECH
- Potentially improved appearance to the city with new ECH 'state of the art' designed complexes.
- ECH will have the flexibility to meet the changing care service needs of residents, providing them with a home for life and reducing the need for further house moves.

The proposals include the following measures to mitigate the impacts:-

All ECH projects should comply with the environmental standards set out in the Bristol Core Strategy as adopted in June 2011. This includes a requirement to apply an energy hierarchy, incorporate sufficient renewable energy generation to reduce carbon dioxide emissions from energy use by at least 20% and undertake a BREEAM or Code

for Sustainable Homes assessment.

In addition:

- The jointly commissioned ECH scheme should aim to achieve either code for sustainable homes level 4 or BREEAM excellent (whichever is most appropriate)
- All ECH schemes commissioned with Bristol City Council as the lead commissioner will achieve either code for sustainable homes level 4 or BREEAM excellent (whichever is most appropriate).
- All timber and wood derived products used by ECH schemes will meet UK Government timber procurement policy (CPET).
- All ECH commissioning arrangements should include environmental factors within the contract specification, tender assessment & on going contract management.
- All ECH commissioning arrangements will include provision for climate related impacts to include business continuity, flood and resilient design of buildings and emergency preparedness and procedures to protect vulnerable people from extreme hot and cold spells.

The net effects of the proposals are:-

It is hoped that the short term negative effects associated with delivering new ECH facilities will be outweighed by the long term positive effects of providing energy efficient facilities and ensuring that mitigation measures for environmental and climate related impacts are included in the commissioning process and ongoing contract management. The success to which this will be achieved will depend upon the extent to which these mitigation measures are implemented.

Resource and legal implications:

Finance

a. Financial (revenue) implications:

The costs of the care and support services provided at the Coldharbour Lane scheme by ECCT to Bristol residents would be met from within existing revenue budgets for care services. There should be ongoing revenue savings to Health and Social Care from this scheme because the cost of Extra Care Housing is usually less than the cost of both residential care and home care. This cannot be accurately quantified at present because it depends on the the level of support required by service users entering the scheme and the rate charged by the care provider for the provision of social care.

Advice given by Rob Murphy, Finance Manager (HSC)

Date 21 September 2012

b. Financial (capital) implications:

The Capital Programme for HSC has currently earmarked £5.5m to fund the provision of Extra Care Housing. This report is recommending that £2.85m of this allocation is used to fund BCC's contribution to the capital costs of the new ECH scheme in Coldharbour Lane. Further work will be required to identify the total costs and sources of funding if the full vision for ECH in Bristol is to be implemented.

Advice given by Rob Murphy, Finance Manager (HSC)

Date 21 September 2012

c. Legal implications:

Officers should take specific legal advice on the contractual and governance aspects of the proposal to jointly commission an ECH scheme with South Gloucestershire.

The draft Care and Support Bill requires the local authority to produce a personal budget for each service user which they are entitled to receive by way of a direct payment.

Consideration will need to be given in implementing the ECH schemes as the effect on a scheme if individual residents choose to purchase their own care through a direct payment. Though Bristol City Council does not have a duty to provide care services to people who reside outside its area it does have the power to do so pursuant to sec 29 National Assistance Act 1948 and the Care and Support Bill also includes this power.

Advice given by Sarah Sharland, Senior Solicitor

Date 6th September 2012

d. Land / property implications:

The land is outside the City boundary and is not owned by the Council. The Council will not be acquiring land as part of the project and therefore there are no land/property implications.

Advice given by Chris Woods, Principal Project Officer

Date 4th September 2012

e. Human resources implications:

Although there is no foreseeable direct impact on our employees at this stage, if at any stage this was the case then all appropriate policies and procedures would be followed

Advice given by Lorna Whitehead, Strategic HR Business Partner

Date 7th September 2012

Exempt appendix attached as follows:

Appendix 1 - Delivery Plan (exempt)

Appendices:

Appendix 2 - ECH - Future Provision within Bristol

Appendix 3 - Map of Bristol's current ECH provision

Appendix 4 - Maps of Coldharbour Lane site

Access to information (background papers):

- South Gloucestershire Committee report 12 September 2012
- Research and evaluation of ECCT schemes



Extra Care Housing – Future Provision within Bristol

This document outlines the vision, parameters and indicative models of housing with care that Bristol City Council will seek to support and enable over the next ten years within the Authority

Contents	Page
1. Introduction	2
2. Vision	2
3. Objectives	2
4. Bristol in Context	3
5. The Local Market	3
6. Scale & Nature of New Developments	4
7. Position on Capital Subsidy	6
8. Partnership & Tenure Model	6
9. Public, Private Partnership Ethos	7
10. Timescales & Delivery Targets	7
11. Summary	8

1. Introduction

This document outlines Bristol's vision and commitment to the future provision of specialist housing with care for older people in the city over the coming 10 years. It is designed to give both our existing provider partners and new development partners an overview of the Authorities position in respect of housing with care, also known as Extra Care Housing (ECH), Assistive Living, Retirement Living and Very Sheltered Housing.

The aim is very much to inform and guide developments partners on the extent and type of specialist housing for older people the City will seek to support and encourage over this 10 year period. It is not intended to be a prescriptive document and as such should be treated as a framework on which potential development opportunities should be assessed both by the council and development partners.

2. Vision

Bristol is seeking to build on the success of its initial joint development programme of Very Sheltered Housing (VSH).

- Providing a model of housing with care and support that will meet the needs and aspirations of older people across all tenures offering choice and flexibility in service delivery and accommodation type.
- Combining value for money with state of the art design and practicality, in locations that maximise benefits to individuals and our development partners.
- To enable the development of a quality, sustainable and personalised housing solution that enables older people to live in their own home for longer.
- Providing more than just housing in the form of an outward facing community resource that enables the development of wellbeing and community services across the wider neighbourhood.

3. Objectives

To enable the development and provision of specialist accommodation that reflects a range of different housing types and;

- Reduces people's need for residential care.
- Increases the supply of market housing with care.
- Maximises the number of people living in their own home.
- Provides for emerging needs for adults who might need residential care through development of new ECH whenever appropriate, and to reduce reliance on the direct provision or commissioning of residential care places.
- Encourages and enables the independent and third sectors to provide ECH and diversify from residential care provision when appropriate.
- Offers sector leading accommodation that provides;
 - The spatial requirements for support and care for a wide range of physical, sensory and cognitive impairment to be delivered.

- Lifestyle alternatives and degree of communality that offer social engagement and active retirement as an alternative to increasing isolation in one's own home.
- Housing that is unencumbered by maintenance and management issues, providing security at a time in life when we are most vulnerable.
- Housing that is conveniently located for easy access to the range of facilities that we require in order to retain our independence and enjoy healthy and fulfilled lives for as long as possible.

4. Bristol in Context

Bristol is a vibrant and cosmopolitan European city, with an international profile reflecting a rich fusion of cultural heritage and a bustling mix of communities, surrounded by natural beauty. Whilst Bristol has suffered recession alongside other cities we are now well and truly on the path to recovery.

The Centre for Cities annual index, "Cities Outlook 2011", lists Bristol as one of five UK cities to watch which "will be better-insulated from the economic impact of the spending squeeze, and have high potential to create private sector jobs."

We have established a new Local Enterprise Partnership for Bristol (recently reviewed as the best LEP in the country) and the West of England, an equal partnership between business and local authorities, tasked with driving economic growth, focusing on those sectors of the economy that are set to grow and deliver significant jobs and new opportunities in the future.

With an estimated population of 441,300 people, Bristol is the largest city in the South West and one of the eight 'Core Cities' in England. Following a period of population decline in the post war years, the population stabilised in the 1990s and, if recent trends continue, Bristol's population is projected to increase by an additional 76,400 people in the next 25 years (2010-2035)¹. This represents a 17.9% increase in population

Levels of growth in Bristol have been particularly high since 2001 - the 13.2% increase is 2.5 times higher than the 5.3% estimated increase in Great Britain as a whole. This represents an annual average growth rate in Bristol of 1.5% compared to the 0.6% average in Great Britain as a whole. If present population trends continue, by 2035 the population of Bristol is projected to be just over half a million for the first time.

Within Bristol, between 2010 and 2035 all age groups are projected to increase. The most significant change is the number and proportion of older people (aged 65 and over). In total there is projected to be an additional 21,600 older people by 2035, an increase of 39%. As a proportion of the total population living in Bristol they are projected to increase from 13% in 2010 to 15% in 2035 as the current large working age population gets older.

5. The Local Market

Bristol has developed a successful track record of delivering VSH over the last few years providing 10 schemes of 615 flats of Extra Care Housing (ECH) with a range of partners (charitable and voluntary organisations, housing associations) following a major best value review of services for older people. The final flats have been completed this year providing a total of 570 units for rent and 45 for purchase on a shared ownership basis.

The City Council's own modelling predicts future demand for rented Extra Care Housing (ECH) accommodation to be in excess of the current waiting list of 200 residents. Based on current demographic trends and population patterns the city has identified a "need" for 94 new rented ECH places in 5 years. Over 10 years, this figure would be 222. Without an extra care option, the additional demand would need to be met either in residential care or with care packages in people's own homes. Based on current care setting rates (Linking eligibility and access requirements for care) in the LA sector, it is envisaged that Bristol currently needs a private ECH market of 434 flats. Applying the same growth rate as for the LA funded sector shows that in 5 years we would need approx. 220 more flats for people to buy than we have today. In 10 years' time we would need 330 more flats than today. The city council's own research and forecast based on the existing imbalance in supply and future care needs in the locality thus highlight a shortfall of in excess of 550 units by 2021. This is supported by The Housing LIN who recommend having 835 units available for people to purchase for a city the size of Bristol, whereas in Bristol there are currently only 45 ECH units and 305 retirement homes into which care can be provided, indicating an immediate shortfall of 485 units of market units. The city accepts that demographic indicators and formulaic demand indicators are subject to variation and interpretation, but even taking the more cautious of the estimates based on current population growth and existing supply imbalance would indicate a need for at an additional 550 units of ECH in the city by 2021.

6. Scale and Nature of New Developments

The City is keen to build on the success of our initial VSH housing programme that has enabled award winning state of the art developments to be delivered across Bristol. These schemes are spread reasonably evenly across Bristol (see **Appendix 1**) and are fairly uniform in respect of scale with schemes ranging in size from 48-66 units.

Future considerations around additional provision must account for the nature, scale and location of this existing portfolio to ensure that new developments complement and build on lessons learnt in this first phase of extra care construction.

With an estimated 75% of Bristol residents over the age of 65 owning their own homes and estimates of people who self-fund their social care showing that around 45% of the care market is fully self-funded future ECH provision in the city must address this tenure predominance.

Although at the moment we do not have accurate data describing this market sector, a partial picture emerges that there is a significant group of home-owners who might want to downsize their existing properties and move to energy efficient, age-proofed homes by financing their own ECH accommodation. Experience in the market shows these individuals are unlikely to choose a rented ECH option.

With the majority of Bristol's VSH currently for rent at a time when 75% of older people living in the city own their own home and have capital to buy the city council's priority is to enable an increase in the supply of ECH developments with a predominance of market units. As a consequence the Authority is keen to promote and enable schemes with a tenure ratio in the region of 80-20 in favour of owner occupation.

In enabling the development of the next generation of housing with care within the city Bristol is conscious of the need to balance a strategic approach with opportunistic site and development possibilities that we are presented to the Authority.

The City will consider supporting opportunities that are brought to its attention that meet our core objectives outlined above. While we do not want to be prescriptive in respect of the exact scale and nature of developments moving forward there are some basic principles which would need to apply to

ensure that potential schemes opportunities are able to deliver the outcomes the city seeks, which include;

General Design Standards

The Authority will seek to enable and promote designs that will inspire all who live in them whilst making a positive statement in the community.

- **Unit type**
Individual units must be wheel chair accessible and a minimum of 54m² for a one bedroom apartment and 68m² for a two bed complying with DH guidance. The City would be keen to see schemes that are developed with a good mix of one and two bedroom apartments and would encourage recent industry trends around an increase in the proportion of two bedroom apartments within such developments.
- **Carers facilities**
There must be suitable facilities on site to enable the provision of a 24/7 care operation based on site.
- **Communal facilities**
The extent and diversity of facilities on site are likely to be site specific and reflect the overall scale of the scheme. The City does not believe it is applicable and relevant to provide detailed guidance in the form of a schedule of accommodation of facilities it would expect to see, and acknowledges market providers will have a view and experience on the balance of communal and residential within a scheme. Facilities that provide added community value and can potentially be opened up to older people outside of the development would be considered a positive by the authority and are thus more likely to be supported from a strategic and capital perspective.
- **Scheme services**
Bristol will expect any Housing with Care scheme, whether referred to as Extra Care Housing, Assistive Living or Retirement Housing to have a CQC registered care service based on the scheme 24/7, 365 days a year. Without such a service a scheme would not be classed as housing with care and would not be prioritised for strategic support within our ECH programme. Other services such as on site restaurants, health and leisure services that support and enable independence, as well as offering attractive lifestyle options for residents will be actively supported by the Authority.
- **Scale**
Bristol is keen to see schemes that build on and complement the first phase of new build supply within the city. Scheme size must be of a scale to enable the operation of an effective care service on site and ideally facilitate the development of a diverse and attractive range of additional facilities. The authority acknowledges that with larger scale village communities comes an opportunity to deliver a wider range of facilities and services on site. With the largest new build scheme in the authority currently standing at 66 units Bristol is seeking to actively promote and enable the delivery of larger more diverse scheme models (up to 250 units in size) that can build on the success of facilities and services offered in our existing schemes.

Appendix 2 lists relevant industry guidance

7. Position on Capital Subsidy

The City acknowledges that the funding market has changed significantly over the last four years firstly with the credit crunch leading to the resultant difficult debt financing environment and unwillingness of banks to lend on traditional residential development. And secondly with the hugely reduced amount of grant funding now available through the HCA programme.

A consequence of this very different funding environment and the imbalance in current supply within the City between affordable and market units of ECH the Authorities focus moving forward is to enable and promote a private sector led new programme of ECH based on:

- Largely self-financing model, both from capital and revenue perspective with little or no public subsidy.
- A greater focus on owner-occupiers/leasehold purchasers.
- The promotion of mixed tenure schemes.
- A role for the Local Authority as one of facilitator with a "light touch" procurement approach.

The Authority appreciates that the current market is still very challenging, but is committed to enabling the development of new housing with care within the city. The Council recognises that while new development needs to be market led there is still a key role for the authority both from a strategic and financial standpoint. As such the Council has committed a capital sum which will be made available based on scheme specific proposals to directly fund and subsidise the development of new units.

Criteria around direct capital subsidy will be assessed on the ability of proposed new developments to deliver the Council's key strategic objectives around ECH outlined above and subject to a detailed assessment of design, tenure mix, scale of the development and the financial model/business plan of the proposed development partner.

As a major land owner in the city the council is currently undertaking a strategic review of its land holdings with a specific aim to prioritise sites that are surplus to requirements and of an appropriate size and location to enable and promote the delivery of larger scale housing with care developments within the City.

Whilst no decisions have been made yet around the potential to discount land values to enable development of a preferred model of housing with care within the city, we acknowledge that land value often can be the deciding factor in enabling the financial viability of a development moving forward. The City is consequently examining in detail an approach that may enable the use of authority owned sites to deliver our target of 550 plus additional units in the next 10 years.

8. Partnership and Tenure Models

The City Council is keen to develop open partnering processes that enable a light touch procurement and funding framework to be developed. Detail around our exact procurement processes are still subject to internal discussion, and will also be dependent on the nature of individual development partnerships on specific sites.

Land ownership will be a key factor in informing the level of regulation and tendering that will be required on individual development opportunities. Development partners that are able to bring viable

extra care opportunities that meet both the authorities desired timescales and objectives will be given the opportunity to enter dialogue on a one to one basis around the financial model and design parameters of the scheme with the option of a negotiated tender around an identified need for an element of public subsidy within a specific development opportunity.

Any negotiated tender process would require full council approval and thus need to be supported through a VFM comparison based on detailed market analysis of the capital cost of other ECH schemes procured by traditional routes and a due diligence exercise conducted by the Authorities' retained specialist advisors and the District Valuer.

The City Councils approach to procurement and partnership working will be based on a site by site relationship rather than through the development of a strategic framework of partners. This is designed to allow flexibility both for the authority and developments partners to react quickly to opportunities that are brought to the Authority.

Revenue funding and care procurement

Given that the principle of strategic support for a tenure model of new developments with a predominance of market units Bristol acknowledge that the provision of onsite care services will be managed and led by the onsite provider whether directly or through a strategic care partnership.

The council would seek to enter dialogue with development partners to proceed on a negotiated tender basis to procure care for those individuals that qualify for support under the fairer charging regime. Care rates would be agreed on a bench mark basis against care that has been procured in the authority through a competitive tender basis.

9. Public Private Partnership Ethos

The City is keen to promote a partnership approach that enables open dialogue and is framed around a flexible structure that is specific to particular development opportunities. Detail around specifics such as nominations and community profile would very much depend on the financial, and development model proposed on each site, and would be informed by land ownership, tenure mix and whether any public subsidy was incorporated into the model.

10. Timescales and Delivery Targets

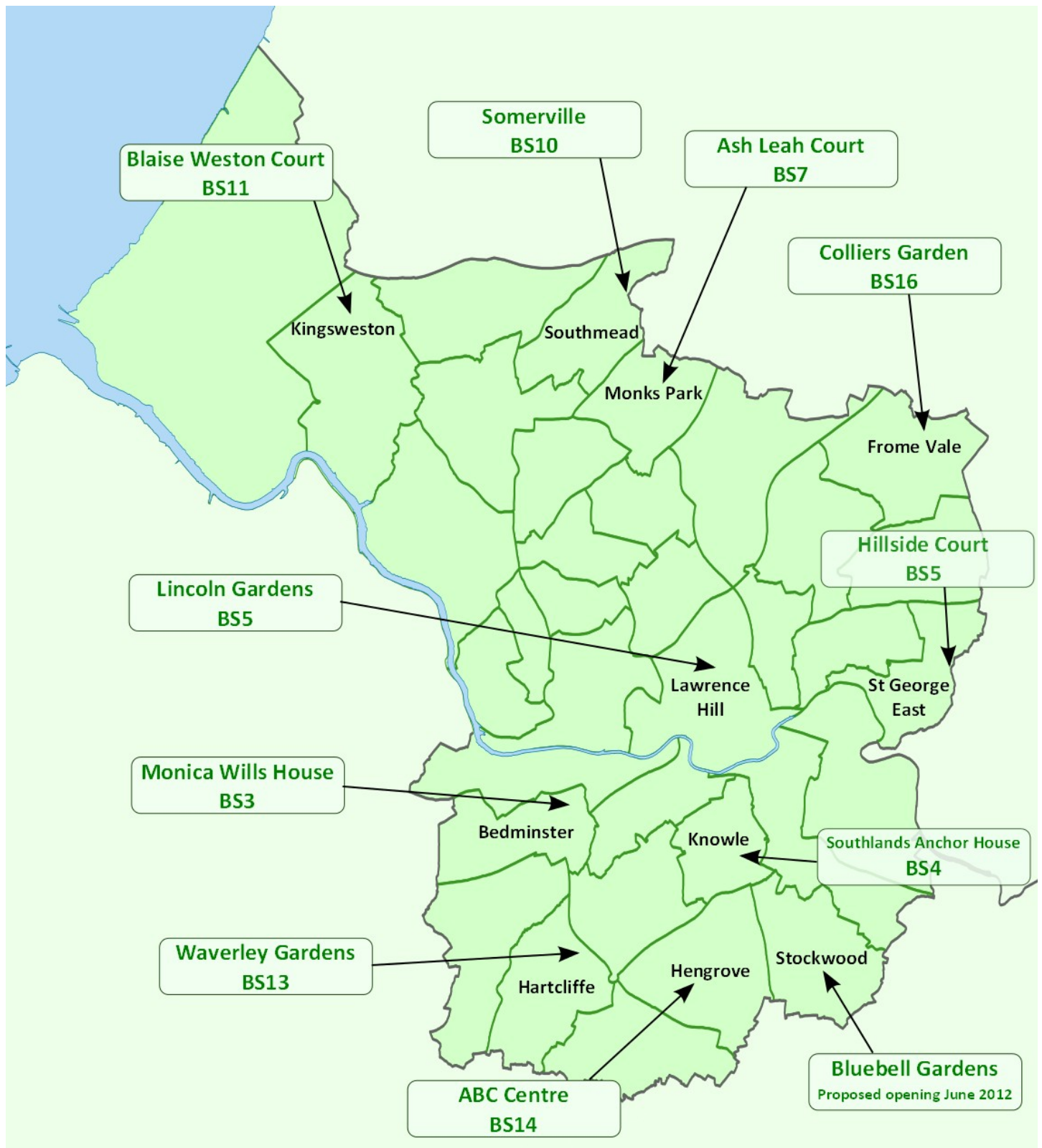
The publication of our Vision Statement aligned to our partnering launch event is intended to kick start our programme in early 2013.

The City will seek to enable and develop new development partnerships in the coming months that take forward both strategic land opportunities within the City in direct control of the Council and those opportunities that are brought to the City by new and existing partners. Timeframes to a certain extent will be governed by the individual opportunities and will be set against our target to deliver in excess of 550 of ECH by 2021. Bristol see this initial phase of engagement with development partners as very fluid with individual land and partnership opportunities being prioritised around, scale, financial model, deliverability and fit with our vision and objectives for ECH.

11. Summary

The Vision statement is the foundation on which Bristol will develop and enable the next generation of housing with care on the City for older people. The model of ECH housing, aligned with the scale and nature of development outlined in the report is intended to give our future development partners some outline guidance in respect of the approach the City Council wishes to adopt in enabling and promoting the delivery of this product.

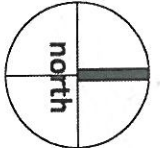
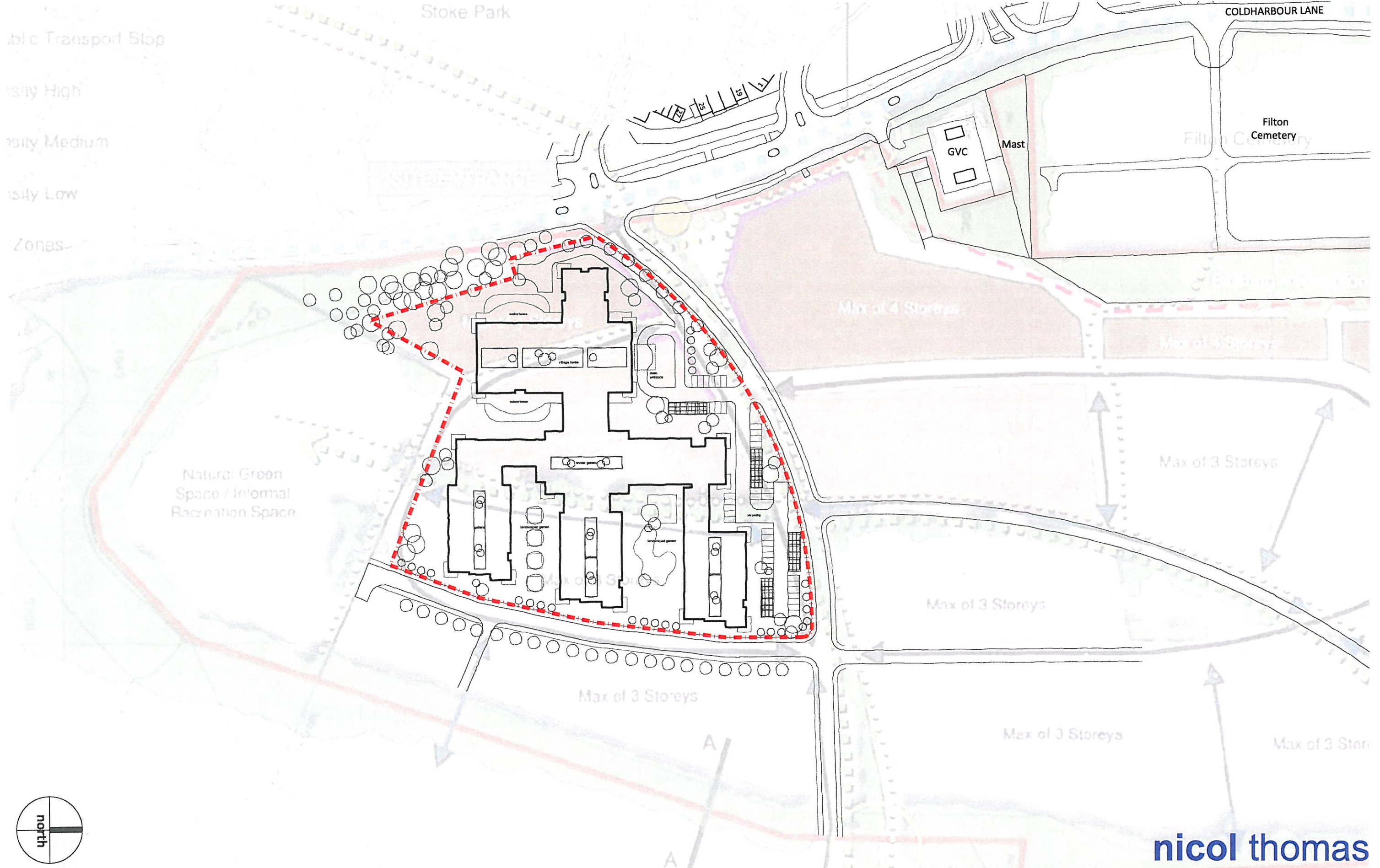
The council is keen that this outline Vision be used as a framework within which potential land and development opportunities can be accessed and brought forward.



Formal Tree lined link to
Stoke Park

APPENDIX 4





nicol thomas

Revision	Date	Details

nicol thomas
architects project managers construction cost consultants CDM co-ordinators
Registered in England and Wales Reg No 2140639
Quality Assured to BS EN ISO 9001 1994 Certificate Number GB 4723
Suite 108 1st Floor Fort Dunlop Fort Parkway Birmingham B24 9FD
(Registered Office) t:01902 398222 f:01902 394080 e:birmingham@nicolthomas.com
Also at Oldham
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site area 20200sqm / 5acres / 2ha
schedule 220 units (60% 2beds / 40% 1beds)

Client:		ExtraCare Charitable Trust		
Job:		Coldharbour Lane, Bristol		
Drawing title:		Site Plan (incl. masterplan location)		
Drawing Number: (Job number)	B5436	SK	200	Revision:
Scale:		1:1000 @ a2		
Date:		Jan 12		
Drawn by/ checked by:				



Bristol City Council Equality Impact Assessment Form

Ensure usage of standardised commissioning processes across all H&S Commissioning Activity (from now on called ‘the proposal’)

Directorate and Service: Health and Social Care Strategic Planning and Commissioning

Lead officer (author of the proposal): Kay Russell

Additional people completing the form (including job title):

Start date for EqIA: July 2012 (V.1)

Estimated completion date: September 2012

Step 1 – Use the following checklist to consider whether the proposal requires an EqIA

What is the purpose of this proposal?

- To provide a model of housing with 24 hour care and support that will meet the needs and aspirations of older people across all tenures offering choice and flexibility in service delivery and accommodation type
- Combining value for money with state of the art design and practicality, in location that maximise benefits to individuals and partners
- To enable the development of a quality, sustainable and personalised housing solution that enables older people to live in their own home for longer

	High	Medium	Low
2. Could this be relevant to our public sector equality duty to: <ul style="list-style-type: none"> a) Promote equality of opportunity b) Eliminate discrimination c) Promote good relations between different equalities communities? 		✓ ✓ ✓	
If you have answered ‘low relevance’ to question 2, please describe your reasons			
3. Could the proposal have a positive effect on equalities communities?			

Please describe your initial thoughts as to the proposal's positive impact

Developing the range of ECH available to Bristol citizens presents an opportunity to review and improve the experience of equalities groups in accessing and using services. Proper consideration will be given to how the groups who are currently under represented can be provided for in the future. There is potential for a major positive impact over the life of the entire programme.

4. Could the proposal have a negative effect on equalities communities?

There is no perceived negative effect on equalities communities of the wider vision for ECH because that vision will encompass the needs of Bristol's diverse population of older people.

Please describe your initial thoughts as to the proposal's negative impact

It is not known for certain, but it is unlikely that the first scheme which may be commissioned at Coldharbour Lane in Frenchay will meet the diverse needs of all older people in the City. This is because it is only one scheme in the proposed total programme. In mitigation, officers will ensure that the total programme picks up on the wide ranging needs of older people from all equalities communities.

If the proposal has low relevance and you do not anticipate it will have a negative impact, please sign off now. Otherwise proceed to complete the full equalities impact assessment

Service director.....Equalities officer
Date

Step 2	Describe the Proposal
2.1	<p>Briefly describe the proposal and its aims? What are the main activities, whose needs is it designed to meet, etc.</p> <p>To enable the development and provision of specialist accommodation that reflects a range of different housing types and:-</p> <ul style="list-style-type: none">• Reduces people's need for residential care• Increases the supply of market housing with care• Maximises the number of people living in their own home• Provides for newly arising needs for adults who might need residential care through development of new Extra Care Housing (ECH) whenever appropriate and to reduce reliance on the direct provision or commissioning of residential care places• Encourage and enable the independent and third sectors to

	<p>provide ECH and diversify from residential care provision when appropriate</p> <ul style="list-style-type: none"> • Offer sector leading accommodation that provides the spatial requirements for support and care for:- <ul style="list-style-type: none"> ○ a wide range of physical, sensory and cognitive impairment to be delivered and which ○ provides lifestyle alternatives and degree of communality that offers social engagement and active retirement as an alternative to increasing isolation in ones own home. ○ Housing that is unencumbered by maintenance and management issues, providing security at a time in life when we are most vulnerable. ○ Housing that is conveniently located for easy access to the range of facilities that we require in order to retain independence and enjoy healthy and fulfilled lives for as long as possible. <p>Analysis</p> <ul style="list-style-type: none"> • Analysis of needs of Bristol population, those currently using the services and those who might potentially use the services in future will be undertaken. This will include all equalities groups. • Analysis of resources/available budget to commission new service/s will be made. • Analysis of potential services/providers available will be undertaken. • Consideration of how these services are commissioned and what price is paid for them in neighbouring authorities will be given. <p>Plan</p> <ul style="list-style-type: none"> • We will identify the gaps between what Bristol's population needs from these services and what is currently available. • Proposals will be drawn up to meet needs within available resources • Consultation with providers, service users, potential service users, carers, health and social care practitioners and all other interested parties will be undertaken. • Options for the future will be developed • Agreement of vision and model. <p>Do</p> <ul style="list-style-type: none"> • Quantify and prioritise capital position • Marketing and stakeholder engagement • Partner selection/procurement. Contracts will be awarded to providers demonstrating value for money and quality of service delivery. <p>Review</p> <ul style="list-style-type: none"> • Evaluate the provision of services against quality and value for money criteria on an ongoing basis. • Use review data to inform future commissioning.
--	---

2.2	If there is more than one service* affected, please list these: <ul style="list-style-type: none"> • Extra care housing • Residential care • Home Care
2.3	Which staff or teams will carry out this proposal? <ul style="list-style-type: none"> • Strategic planning and commissioning in HSC and N&CD • Finance • Operational teams

Step 3	Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?
<p>Individual care management- during the assessment for extracare. Service users are monitored by race,age,gender, disability, religion/belief and the identification of cultural needs. Regular provider monitoring and service user health & wellbeing feedback. Longevity and hospital admissions.</p>	
3.1	Summarise how equalities communities are currently benefiting from your service* here (& add an electronic link to the information if possible). <p><u>Extra Care Housing</u></p> <p>During 2010/11 of the people living in ECH schemes receiving a service (412): 71% are women 3.6% are BME 91% are disabled 29% are aged 75-84 53% are over 80 82% are heterosexual, 18% did not answer the question 86% are Christian, 12% do not follow a religion and 2 people are Buddhists.</p> <p>It should be noted that the data source is our financial records and so only indicates the profile of people using services. (412) The total number of tenants currently is approximately 580.</p>
3.2	Then compare to the relevant benchmark (eg. the % of people from each community who use your services* with the % of people within the relevant equalities community who live in your local area or in the city of Bristol).

	<p>Gender: Population of Bristol is 37% male and 63% female in the 60+ age group.</p> <p>Ethnicity: 11.1% of the Bristol population are from a BME background. This proportion decreases significantly amongst the older population where 4% of over 60 population of Bristol is from a BME group.</p> <p>Disability: 54% of over 60 population in Bristol are disabled</p> <p>Sexuality Stonewall indicates 6% of the population are estimated to be lesbian, gay or transsexual.</p> <p>Religion: 62% of the Bristol population are Christian, 2% are Muslim, and approximately 0.5% Hindu and Sikh, 0.2% are Jewish.</p>
3.3	<p>Evaluate what the data in 3.1 & 3.2 tells you about how the current position affects people from equalities communities (see Guidance for further information and examples).</p> <p>Gender: There is a higher proportion of women than men in Extra Care Housing than would be expected in Bristol for this age group.</p> <p>Ethnicity: The proportion of BME elders in ECH is slightly lower might be expected. The proportion of service users from a BME group in residential and nursing care is generally higher than expected, although there is a slight under representation of Asian service users, although numbers are small, therefore this should be treated with caution.</p> <p>Disability: Services provided by HSC are predominantly for people with limiting long term illnesses or a disability and therefore we cannot compare with the general population.</p> <p>Sexuality: There is an under representation of service users stating they are Gay / Lesbian or Bisexual. However, the sexual orientation of a large number of individuals in these services is unknown and therefore it is difficult to confidently compare the service user group with the general Bristol population.</p>

	<p>Religion: The population of the service users show a higher percentage of Christians than the Bristol average. There is an under representation of other religious groups.</p>
<p>Please note, your evaluation in 3.3 will be built upon in Step 5 where you will set out what you plan to do to address any issues for equalities communities</p>	

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqlA
<p>This section refers to the proposal as described in step 2. When we propose changes to services*, it is important that we consult with service users, and staff or equalities community groups where relevant. Your proposal may be based on service users suggestions that have been made in the past.</p>	
4.1	<p>Describe any consultations that have taken place on the proposal. Please include information on when you consulted, how many people attended, and what each equalities community had to say (& provide a web link to the detailed consultation if possible).</p> <p>Consultation with providers, service users, potential service users, carers, health and social care practitioners and all other interested parties has been undertaken as part of the consultation on HSC Transformation of which this project forms part.</p>
4.2	<p>Please include when and how the outcome of the consultation was fed back to the people whom you consulted.</p>
<p>Please note details of the consultation findings in 4.1 will be built upon in Step 5 where you will set out what you plan to do to address any issues for equalities communities.</p>	

Step 5	Giving due regard to the impact of your proposal on equalities communities

<p>Possible Impact on Equalities Communities, whether or not you will address the impact</p> <p>General actions:</p>	<p>Actions to be included in the proposal</p> <p>By ensuring an Extracare service meets the expectations and choices of Older People to enable them to live independently and maintain health & wellbeing. This can be achieved by effective promotion and monitoring of services.</p> <p>Assuming the successful commissioning of the mixed tenure Extracare scheme as an organisation focused on reaching out to all sectors of the older community, particularly those people from often marginalised and isolated, there should be a significantly positive impact.</p>
<p>Ethnicity - <i>Positive</i></p> <ul style="list-style-type: none"> The process might establish the limitations of our current provision in terms of access and experience by this equalities group. 	<ul style="list-style-type: none"> Analysis of the needs will be thorough. Consultation with BME groups will be part of the development of new proposals. Access to these services for BME groups will form part of the service specification. Develop improved equalities monitoring as part of service review process

Possible Impact on Equalities Communities, whether or not you will address the impact General actions:	Actions to be included in the proposal By ensuring an Extracare service meets the expectations and choices of Older People to enable them to live independently and maintain health & wellbeing. This can be achieved by effective promotion and monitoring of services. Assuming the successful commissioning of the mixed tenure Extracare scheme as an organisation focused on reaching out to all sectors of the older community, particularly those people from often marginalised and isolated, there should be a significantly positive impact.
Gender - <i>Positive</i> <ul style="list-style-type: none"> The process might establish the limitations of our current provision in terms of access and experience by this equalities group. 	<ul style="list-style-type: none"> Analysis of the needs will be thorough. Consultation with both genders in the target population will be part of the development of new proposals. Access to these services for both genders in the target population will form part of the service specification. Develop improved equalities monitoring as part of service review process
Pregnancy & maternity - <i>Neutral</i> <ul style="list-style-type: none"> The proposal is unlikely to impact on this equalities group. 	
Religion and Belief - <i>Positive</i> <ul style="list-style-type: none"> The process might establish the limitations of our current provision in terms of access and experience by this equalities group. 	<ul style="list-style-type: none"> Analysis of the needs will be thorough. Consultation with all religious groups will be part of the development of new proposals. Access to these services for all religious groups in the target population will form part of the service specification. Develop improved equalities monitoring as part of service review process

<p>Possible Impact on Equalities Communities, whether or not you will address the impact</p> <p>General actions:</p>	<p>Actions to be included in the proposal</p> <p>By ensuring an Extracare service meets the expectations and choices of Older People to enable them to live independently and maintain health & wellbeing. This can be achieved by effective promotion and monitoring of services.</p> <p>Assuming the successful commissioning of the mixed tenure Extracare scheme as an organisation focused on reaching out to all sectors of the older community, particularly those people from often marginalised and isolated, there should be a significantly positive impact.</p>
<p>Sexual orientation & Transgender – <i>Positive</i></p> <ul style="list-style-type: none"> The process might establish the limitations of our current provision in terms of access and experience by this equalities group. 	<ul style="list-style-type: none"> Analysis of the needs will be thorough. Consultation with LGBT groups will be part of the development of new proposals. Access to these services for LGBT groups in the target population will form part of the service specification. Develop improved equalities monitoring as part of service review process
<p>Carers –</p> <p><i>Positive</i></p> <ul style="list-style-type: none"> The process might establish the limitations of our current provision in terms of access and experience by this equalities group. 	<ul style="list-style-type: none"> Analysis of the needs will be thorough. Consultation with carers groups will be part of the development of new proposals. Access to these services for carers groups in the target population will form part of the service specification. Develop improved equalities monitoring as part of service review process

5.2	Next Steps
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5.2	Next Steps
<p>In the table above you have identified ‘actions to be included in the proposal’. Some of these will be in-hand (already acknowledged and mitigating actions are underway) but some may be new.</p> <p>So that we can more clearly demonstrate what has changed as a result of this equalities impact assessment, please list below new actions identified and say when and how you will put these new actions into practice.</p> <ul style="list-style-type: none"> • Access to these services for equalities groups will form part of the service specification. • We will look to develop improved equalities monitoring as part of service review process • We will work with partners to ensure that marketing of ECH takes into account the diversity of the Bristol population and will want to see positive and proactive marketing to under-represented groups. 	

Step 6	Meeting the aims of the public sector equality duty
<p>In this section you should summarise the relevant equality issues (including significant adverse impacts that you are unable to mitigate) and set out how consideration of the public sector equality duty aims has been taken into account in developing the proposal.</p>	
6.1	Describe how, in completing steps 1-5, you have given due regard to the three aims of the public sector equality duty (a-c above).
<p>This section serves as an executive summary of the proposal and can be duplicated into any reports for decision-makers with an electronic link to the full equalities impact assessment (or include full EqIA as a an appendix if needed).</p>	

Step 7	Monitoring arrangements
7.1	<p>If your proposal is agreed, how do you plan to measure whether it has achieved its aims as described in 2.1. Please include how you will ensure you measure its actual impact on equalities communities?</p> <p>Existing commissioning plans for the development and delivery of</p>

Step 7	Monitoring arrangements						
	ExtraCare have been developed to have a positive impact on equality and diversity and the specification has a defined focus on ensuring the service delivers inclusion. Monitoring of service implementation and delivery will focus on adherence to the specifications and plans.						
Step 8	Publish your EqlA						
8.1	<p>Ensure the EqlA is signed off by a Service Director and the directorate equalities officer.</p> <table> <tr> <td>Signed</td><td>Signed</td></tr> <tr> <td>Service Director</td><td>Equalities officer</td></tr> <tr> <td>Date</td><td>Date</td></tr> </table>	Signed	Signed	Service Director	Equalities officer	Date	Date
Signed	Signed						
Service Director	Equalities officer						
Date	Date						
8.2	Can this EqlA can be published on the web. Yes						
<p>Contact Communications and Marketing Team or your directorate equalities officer to arrange to publish the equalities impact assessment on the Equality and Diversity web pages.</p>							

Thank you for completing this document. We hope you found it useful to improve the overall quality of your proposal.

If you have any feedback on this process please contact the corporate equalities team at equalities.team@bristol.gov.uk

Directorate Equalities Contacts

Children and Young People Services – Su Coombes

City Development – Jane Hamill

Health and Social care – Jan Youngs

Human Resources – Jo McDonald

Neighbourhoods – Simon Nelson & Anneke van Eijkern

Corporate Resources – Anne James & Joanna Roberts

Eco Impact Checklist

Title of report: Future Vision for Extra Care Housing				
Report authors: Netta Meadows & Kay Russell (HSC) Nick Hooper (CYPS)				
Anticipated date of key decision 4th October 2012				
<p>Summary of proposals:</p> <p>Two extensive consultations regarding the future of social care provision for adults in Bristol with service users, their families, staff and other stakeholders in the independent & charitable sectors, have taken place in the city since December 2011.</p> <p>The consultations were to inform the HSC Transformation Programme of which Extra Care Housing (ECH) is an integral part. The Cabinet decision in July 2012 was an agreement to reduce residential care home provision & to investigate ECH provision as an alternative.</p> <p>This cabinet report seeks approval from Cabinet to agree an overall vision of ECH rollout across Bristol, with a specific proposal to undertake a joint project with South Gloucestershire Council on the border between the 2 authorities, to provide a large 261 ECH unit complex.</p> <p>The benefits of an ECH approach:</p> <ul style="list-style-type: none"> • Enables care services to be delivered in the one location to variable levels of need rather than to multiple households across a geographical area • Improves older people's wellbeing and links to local communities and potentially frees up housing for larger families • Provide a model of housing with care that will meet the needs and aspirations of older people across all tenures, offering choice and flexibility in service delivery and accommodation type • Combines value for money with state of the art design and practicality in locations that maximise benefits to individuals • Enables the development of quality, sustainable and personalised housing solutions that enable older people to live in their own homes for longer, as their needs change. 				
Will the proposal impact on...	Yes / No	+ive or -ive	If yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Yes	-ive	Short-term increase in secondary emissions of climate changing gases arising through the use of energy and materials during associated construction works	See mitigation measures in summary
		-ive	In the longer term, the new facility will consume fossil fuels for heating and power	See mitigation measures in summary

		?	Consumption of fossil fuels and associated travel related emissions will reduce from BCC operated properties as they close. However, these impacts will be transferred to ECH service providers.	See mitigation measures in summary
		+ive	New ECH accommodation should be built to high standards of energy efficiency.	
		?	Potential increase in transport related emissions as a result of providing new ECH sites (especially outside of the city boundary.)	Transport impacts will be considered during the planning process.
Bristol's vulnerability to the effects of climate change?	Yes	?	Elderly vulnerable adults are vulnerable to the effects of climate change i.e. heat waves, flooding or cold weather.	See mitigation measures in summary
Consumption of non-renewable resources?	Yes	-ive	Use of energy and materials during any construction works	See mitigation measures in summary
		-ive	Ongoing consumption of non-renewable resources during the operation of ECH facilities.	See mitigation measures in summary
		+ive	New ECH accommodation should be built to high standards of energy efficiency than BCC operated sites.	Transport impacts will be considered during the planning process.
		?	Potential increase in the amount of transport fuel consumed eg by friends and family visiting new ECH sites (especially those outside of the city boundary).	Transport impacts will be considered during the planning process.
Production, recycling or disposal of waste	Yes	-ive	Waste will arise during the construction and ongoing running of ECH facilities.	A Site Waste Management Plan should be produced
		-ive	Waste will be produced during the operation of the ECH developments.	Recycling facilities will be provided at new ECH facilities Commissioned services will include a requirement for waste

				management plans that promote the waste hierarchy
The appearance of the city?	Yes	?	<p>New ECH developments will be 'state of the art' design and could potentially improve an area's appearance</p> <p>Unwanted buildings could be developed for other uses or demolished</p>	Any significant developments/ redevelopments of former BCC buildings will require planning permission.
Pollution to land, water, or air?	Yes	<p>-ive</p> <p>-ive</p> <p>May be +ive or -ive</p>	<p>Construction works have the potential for creating pollution</p> <p>Ongoing operation of the ECH site once open has the potential for creating pollution</p> <p>Travel to/from the new ECH will have an impact on traffic flows & levels in the city</p>	<p>The contractor should comply with all appropriate legislation</p> <p>See mitigation measures in summary</p> <p>This will be considered as part of the planning process.</p> <p>The commissioners should include a requirement for a sustainable travel plan for the site.</p>
Wildlife and habitats?	Yes	May be +ive or -ive	Construction & operation of new ECH has potential for impacting upon wildlife and habitats	<p>In house council ecological staff should be consulted with at the earliest possible stage during the planning process.</p> <p>Commissioners should encourage the contractor to consider biodiversity opportunities in the development eg through the use of wildlife and food growing areas in gardens and grounds.</p>

Consulted with: Matt Sands & Giles Liddell (BCC Environment Advisers). Steve Ransom BCC Environmental Performance Co-ordinator.

Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report

The significant impacts of this proposal are....

- A programme of building ECH's in Bristol will transfer a number of significant environmental impacts such as energy, water and waste out of Bristol City Council management & control to external providers
- Short-term there will be an increase in the consumption of fossil fuels & raw materials & production of waste during the construction phase
- Potential decrease in vulnerability of elderly people in Bristol to the effects of climate change if living at an ECH
- Potentially improved appearance to the city with new ECH 'state of the art' designed complexes.

- ECH will have the flexibility to meet the changing care service needs of residents, providing them with a home for life and reducing the need for further house moves.

The proposals include the following measures to mitigate the impacts ...

All ECH projects should comply with the environmental standards set out in the Bristol Core Strategy as adopted in June 2011. This includes a requirement to apply an energy hierarchy, incorporate sufficient renewable energy generation to reduce carbon dioxide emissions from energy use by at least 20% and undertake a BREEAM or Code for Sustainable Homes assessment.

In addition:

- The jointly commissioned ECH scheme should aim to achieve either code for sustainable homes level 4 or BREEAM excellent (whichever is most appropriate)
- All ECH schemes commissioned with Bristol City Council as the lead commissioner will achieve either code for sustainable homes level 4 or BREEAM excellent (whichever is most appropriate).
- All timber and wood derived products used by ECH schemes will meet UK Government timber procurement policy (CPET).
- All ECH commissioning arrangements should include environmental factors within the contract specification, tender assessment & on going contract management.
- All ECH commissioning arrangements will include provision for climate related impacts to include business continuity, flood and resilient design of buildings and emergency preparedness and procedures to protect vulnerable people from extreme hot and cold spells.

The net effects of the proposals are....

It is hoped that the short term negative effects associated with delivering new ECH facilities will be outweighed by the long term positive effects of providing energy efficient facilities and ensuring that mitigation measures for environmental and climate related impacts are included in the commissioning process and ongoing contract management. The success to which this will be achieved will depend upon the extent to which these mitigation measures are implemented.

Checklist completed by:

Name:	Claire Craner-Buckley Environment Adviser
Dept.:	Health & Social Care
Extension:	9224459
Date:	20.9.12
Verified by Environment and Sustainability Unit	Matt Sands Environment Team BCC