

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to:	Executive
Date:	09 July 2019
Subject:	Extra Care Housing
Decision Reference:	I017762
Key decision?	Yes

Summary:

This business case recommends that £2.8m of the £11.886m Adult Care Capital grant is used to enable the De Wint Extra Care Housing scheme to commence development in October 2019. The proposed De Wint ECH scheme in the City of Lincoln is a partnership between the City of Lincoln Council (CoLC) and the County Council to provide Extra Care Housing (ECH) for the anticipated demand in the City. The development will provide a total of 70 units of accommodation for a minimum 30 year period enabling choice for residents and revenue savings by providing an alternative to expensive residential care. The total cost of the development is £12 million, with the CoLC contributing £6 million, Homes England £3.2 million and the County Council £2.8 million that provides Adult Care with nomination rights on 35 units for 30 years using a process of first right of refusal with no void risk.

Recommendation(s):

That the Executive:

1. approves the making of a contribution of £2.8m from the Extra Care Housing Capital Programme for Lincolnshire to the De Wint Extra Care Housing scheme being developed by City of Lincoln Council through a Funding Agreement which provides nomination rights for the County Council with no void risk.
2. delegates to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services authority to determine the final form and approve the entering into of all legal documentation necessary to give effect to the above decision.

Alternatives Considered:	
1.	Do Nothing: The lack of affordable and available ECH in Lincolnshire will continue to limit choice and increase revenue costs for the Council in the medium and long term.
2	Provide funding for the De Wint Scheme on the basis of a collaboration agreement rather than a Funding Agreement. It is not possible to evidence the necessary collaboration in this instance to make this a possible option. Such an approach would require a greater degree of involvement in the Scheme and sharing of its risks than can be achieved through a Funding Agreement.
3.	Deliver ECH wholly as Lincolnshire County Council through the Property Company.
	Further detail of the assessment of these options is set out in the body of the Report.

Reasons for Recommendation:

To enable the County Council to develop ECH in partnership with City of Lincoln Council, a Housing Revenue Account holder, thereby using City of Lincoln Council's existing housing development resources and capacity for the development of the scheme to offset the higher revenue costs of residential care.

To enable the County Council to use its existing and future best value care service contracts to support the new developments.

A Funding Agreement allows the Council to make its contribution in a way which is compliant with the Council's procurement and state aid obligations and with the least risk in relation to the operation of the facility and in particular the occurrence of voids.

1. Background

The Strategic Case

1.1.1 Lincolnshire County Council has defined Extra Care Housing (ECH) as "accommodation that promotes wellbeing and independence". ECH can best be described as provision that is at the mid-point between full time residential care and domiciliary care. This means that ECH is designed in such a way that allows it to respond to the changing care needs of customers as they grow older and their needs potentially increase.

The Adult Care Extra Care Housing Capital Programme for Lincolnshire is intended to help older people achieve greater independence and wellbeing,

by giving them more choice over housing and care options. Furthermore, ECH will help divert a number of older people from moving into residential care and will allow LCC to reinvest resources in preventative services. The development of ECH presents an opportunity to generate a sustainable future for health and social care in Lincolnshire, meeting a key ambition of the sustainable services review.

1.1.2 Extra Care Housing is a tried and tested model throughout the United Kingdom as well as Lincolnshire. There are currently eight ECH Schemes operating in Lincolnshire providing a total of 288 units. The relationship between local and national demographics is generally consistent and increasingly evident in Lincolnshire. The growth of the older aged groups is forecast to accelerate in the next five years linked to the longer term trend of rising life expectancy. Lincolnshire is a net importer of older people, mainly because it is a County where people come to retire. It is one of the largest geographical counties in England and is predominantly rural. Evidence suggests local people wish to age in the communities they are familiar with and therefore, in response to their needs, Lincolnshire County Council is aiming to provide a number of schemes across the County so people don't have to move far to access ECH.

1.1.3 The national policy debate has shifted from a focus on frail or vulnerable people, and treating ill health towards an agenda that is about:

- Promoting independence;
- Promoting well-being;
- Enhancing quality of life;
- Accessing services closer to home.

It recognises the importance of investing in preventative services to enable people to remain as independent as possible, for as long as possible. The following are the key themes which run through national, regional and local strategies:

Transformation - public services to respond to the demographic challenges presented by an ageing and diverse society and the rising expectations of people who depend on health and social care for their quality of life. Extending access to services and developing more effective links between health and social services, and other services such as housing, the voluntary and private sectors.

Personalisation - creation of an environment where people can take greater control of, and retain responsibility for, their own lives and to make the choices that matter to them most.

Universally available preventative services - effective equipment provision that helps people to maintain their independence, slows down deterioration in function and supports and protects the health of carers.

Targeted early interventions - to prevent or postpone the need for more costly services such as crisis intervention, hospital admissions etc.

Information and advice – people to be well informed about the options available to them.

- 1.1.4 The most recently published national dataset regarding short and long term adult care support demonstrates that adult care expenditure remains on an upward trend. Gross expenditure in 2017/18 on adult social care by local authorities was £17.9 billion. This represents an increase of £402 million from the previous year, a 2.3% increase in cash terms and a 0.4% increase in real terms. The area of care which saw the largest increase in expenditure was long term support, which increased by £369 million to £14.0 billion in 2017/18, an increase in cash terms of 2.7%. 1.8 million requests for adult social care support from 1.3 million new clients, for which an outcome was determined in the year, were received by local authorities in 2017/18. This was an increase of 1.6% since 2016/17. This is equivalent to more than 5,000 requests for support received per day by local authorities.
- 1.1.5 An ageing population coupled with rising numbers of profoundly disabled working age adults presents public services, including housing, with a number of challenges to ensure the availability of adequate and appropriate services to support those who need them. These demographic changes have required a policy response from central government, local housing, health, and social care agencies.
- 1.1.6 In 2009 HAPPI – Housing our Ageing Population: Panel for Innovation – was commissioned by the Homes and Communities Agency, on behalf of Communities and Local Government and the Department of Health, to consider how best to address the challenge of providing homes that meet the needs and aspirations of older people. The report produced identified that in meeting such needs housing should be a national priority.
- 1.1.7 In July 2012 the government published the 'Caring for our future: reforming care and support' White Paper and accompanying draft Bill. This outlined the plan to shift the system from one that responds to crisis to one which focuses on wellbeing, and on an individual's ability to live independently for as long as possible. Extra Care Housing was identified as a key part of this new system offering positive solutions for the people who want to continue living in - and potentially owning - their own property, remaining as independent as possible as their needs change. In addition to this document the government announced £300m in capital grants to support development, and stimulate the specialised housing market over the next five years.
- 1.1.8 Lincolnshire County Council is committed to supporting people to stay independent within their own homes for as long as possible. The authority has signalled its intent to expand the range of community based services and at the same time reduce residential placements. The 'Shaping Care for the 21st Century' agenda was developed to provide choice across housing, support and care services, to meet future demand. This included designing and developing schemes that provide options, in lifestyle, accommodation size, location, tenure and services. Partnerships with Health, Housing,

District Councils, the Supporting People service, Independent sector bodies and voluntary groups were seen as being essential. The closure of the eight LCC owned and managed residential homes emphasised the need for modernised services fit for the 21st century such as ECH.

1.1.9 The proposed plans will contribute to reshaping Adult Social Care (ASC) services and opportunities in line with both national best practice and local priorities. The long term effect of this capital strategy will be investment in an infrastructure that supports improvements in choice and diversity of provision, alongside increased independence for customers and an acceleration in our ability to shift resources away from high cost buildings based services into more appropriate integrated community options. This investment will further develop ECH and support the ASC strategic intention to further reduce the number of long stay residential care placements and provide more community based services.

1.1.10 ECH has been viewed as an alternative to, or even a replacement for, residential care, and includes a range of specialist housing models. The Commission on Funding of Care and Support (2011) identified Extra Care Housing as providing a means by which people might exercise greater control over their lives by planning ahead and moving to more suitable housing before developing significant care and support needs.

1.1.11 The then Department of Health commissioned a study by the Personal Social Services Research Unit (PSSRU) into ECH. This study reported the results of a national evaluation that focused on the outcomes for residents and evaluated the 'productivity' or cost-effectiveness of this promising type of provision, and draws on the results reported in more detail elsewhere (Bäumker and Netten, 2011; Bäumker et al., 2011a,b,c; Darton et al., 2011a,b).

1.1.12 Key findings of PSSRU work

Delivering person-centred outcomes

- Outcomes were generally positive, with most people reporting a good quality of life.
- A year after moving in most residents enjoyed a good social life, valued the social activities and events on offer, and had made new friends.
- People had a range of functional abilities on moving in and were generally less dependent than people moving into residential care, particularly with respect to cognitive impairment.
- One-quarter of residents had died by the end of the study, and about a third of those who died were able to end their lives in the scheme.
- Of those who were still alive at the end of the study, over 90 per cent remained in the scheme.
- For most of those followed-up, physical functional ability appeared to improve or remain stable over the first 18 months compared with when they moved in. Although more residents had a lower level of functioning at 30 months, more than a half had still either improved or remained stable by 30 months.

- Cognitive functioning remained stable for the majority of those followed-up, but at 30 months, a larger proportion had improved than had deteriorated.

Costs and cost-effectiveness

- Accommodation, housing management and living expenses accounted for approximately 60% of total cost. The costs of social care and health care showed most variability across schemes, partly because most detail was collected about these elements.
- Comparisons with a study of remodelling appear to support the conclusion that new building is not inherently more expensive than remodelling, when like is compared with like.
- Higher costs were associated with higher levels of physical and cognitive impairment and with higher levels of well-being.
- Combined care and housing management arrangements were associated with lower costs.
- When matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing.
- Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.

Improving choice

- People had generally made a positive choice to move into extra care housing, with high expectations focused on improved social life, in particular.
- Alternative forms of housing such as extra care housing are seen as providing a means of encouraging downsizing, but although larger villages appeal to a wider range of residents, different expectations among residents can create tensions and misunderstandings about the nature of the accommodation and services being offered.
- While the results support the use of extra care housing as an alternative to residential care homes for some individuals, levels of supply are relatively low.
- Funding of extra care housing is complex and, particularly in the current financial climate, it is important that incentives that deliver a cost-effective return on investment in local care economies are in place if this is to be a viable option for older people in the future.
- More capital investment and further development of marketing strategies are needed if extra care housing is to be made more available and more appealing to more able residents. Without continuing to attract a wide range of residents, including those with few or no care and support needs as well as those with higher levels of need, extra care housing may become more like residential care and lose its distinctiveness.

1.2 Rationale

- 1.2.1 In the context of austerity for local authorities in England, social care services for vulnerable adults is widely recognised as being under-resourced as well as experiencing a growing demand for services and

increasingly complex care needs across the age ranges. This is coupled with increasing NHS pressure and spiralling staff costs, as highlighted in research by the Association of Directors of Adult Social Services (ADASS). The research shows that councils require a sustainable long-term funding strategy to underpin social care. Lincolnshire is no exception to this national picture and, as such, alternative approaches need exploring in order to deliver the most cost effective service.

1.2.2 Housing is a key priority for the Health and Wellbeing Board and this project contributes to impact on the following Commissioning Strategies for the Council:

- Adult Frailty and Long Term Conditions
- Special Adult Services
- Carers
- Adult Safeguarding
- Wellbeing

1.2.3 The definitions of specialised housing and accommodation for people requiring some degree of care and support tend not to be used across the UK in a consistent way. For the purposes of this report the following definitions have been used, aligned to the definitions used by Housing Learning and Improvement Network (Housing LIN) in a recent report¹, commissioned by Lincolnshire District Councils, to research the needs of Greater Lincolnshire:

Housing for older people (HfOP): social sector sheltered and age-designated housing and private sector leasehold retirement housing. This will include schemes, for rent and for sale, with on-site staff support, those with locality-based support services and schemes with no associated support services;

Housing with care (HWC): includes extra care schemes, often called 'assisted living' in the private sector, with 24/7 care available on-site and housing schemes that offer bespoke care services, even if these are not full on-site 24/7 care, across both the social and private sector. People living in this type of housing have their own self-contained homes, their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. Properties can be rented, owned or part owned/part rented. Depending on the offering, housing with care can include communal facilities (residents' lounge, guest suite, laundry, health and fitness facilities, hobby rooms, etc.). Domestic support and personal care can also be made available, usually provided by on-site staff;

Residential care: residential accommodation together with personal care, i.e. a care home;

¹ Housing LIN report 2018 'Review of housing and accommodation need for older people across Greater Lincolnshire to inform future housing and accommodation options'

Nursing care: residential accommodation together with nursing care i.e. a care home with nursing.

- 1.2.4 The Council has a duty to commission care to meet the needs of eligible Lincolnshire residents. Such people must have the choice to select their own care provider and directly contract their services. It may be that the initial offer to provide care services is accepted by the individual but there is no guarantee that they would continue to take services from the Council over the longer term. Therefore the Council must satisfy the regulatory requirements as to the separation of the care provision from the accommodation provision. People should be able to exercise choice and control. The scheme will need to be structured so there is separation to allow people to have a genuine choice in who supplies the care element.²
- 1.2.5 The Council is currently developing a 'Homes for Independence' strategy for the County, which will articulate the projected long term needs of its residents and the County Council's role in addressing them. The strategy will help to determine the scale of the housing need, the geographic hotspots of need and the Council's approach to how the need will be met. A programme of projects would then be initiated in order to deliver the strategy, which will include the Council working in partnership with the supported housing commercial market to deliver the requirements, rather than delivering all of the housing directly. The long term strategy will be made publically available to enable the market to develop suitable delivery approaches.
- 1.2.6 Currently the main sources of evidence surrounding the need for housing with care in Lincolnshire are the Council's Extra Care Needs Assessment, which was undertaken in 2014 and updated in 2017, and the work of Housing LIN in 2018. For the purposes of this business case, data from both of these sources has been used as the evidence base.
- 1.2.7 The Needs Assessment introduces the Council's vision and plan for the provision of housing with care both now and in the future. This business case supports the four main strategic objectives outlined in the Needs Assessment, namely to:
- Provide choices for housing, support and care services, to meet future demand
 - Design and develop schemes that provide options in lifestyle, accommodation size, location, tenure and services
 - Work in partnership with Health, District Councils, Independent housing providers and voluntary groups
 - Encourage older people's participation in the design and implementation of new schemes

² Please see the care quality commission guidance "Housing with Care" October 2015 (especially pages 9 to 10): https://www.cqc.org.uk/sites/default/files/20151023_provider_guidance-housing_with_care.pdf

1.2.8 The Needs Assessment identifies that nearly 50% of the Council's Adult Care budget is spent on providing services for older people and, that being part of the delivery model for providing housing with care will help the Council to better manage future budget pressures. The Market Position Statement estimates that in the region of 2,500 more housing units will be required to meet the potential demand over the next 20 years. The largest proportion of Adult Care expenditure is on Long Term Residential Care and it is anticipated that the provision of housing with care could limit continuing growth in this area of expenditure, providing an alternative for people requiring additional support. The Needs Assessment has found that a quarter of all people in long term residential care could have accessed housing with care had it been available, and that this housing can provide a lower cost solution than Long Term Residential Care.

1.2.9 Demographic profile of Lincolnshire³

Lincolnshire has high numbers of older people, higher than the national average. 176,781 people aged 65+ lived in Lincolnshire as of the end of 2017. They constitute 48% of the overall population and are predicted to increase by 44,286 to 221,067 by 2030 (25% growth from 2018).

The proportion of the population that is aged 55+ is increasing and is projected to increase further to 2035. In Lincolnshire, districts with the highest proportion of the population aged 55 and over by 2030 are: East Lindsey, South Kesteven, North Kesteven, West Lindsey and South Holland. By 2030, it is predicted that East Lindsey will have the highest proportions of older people of all the Lincolnshire districts, as follows:

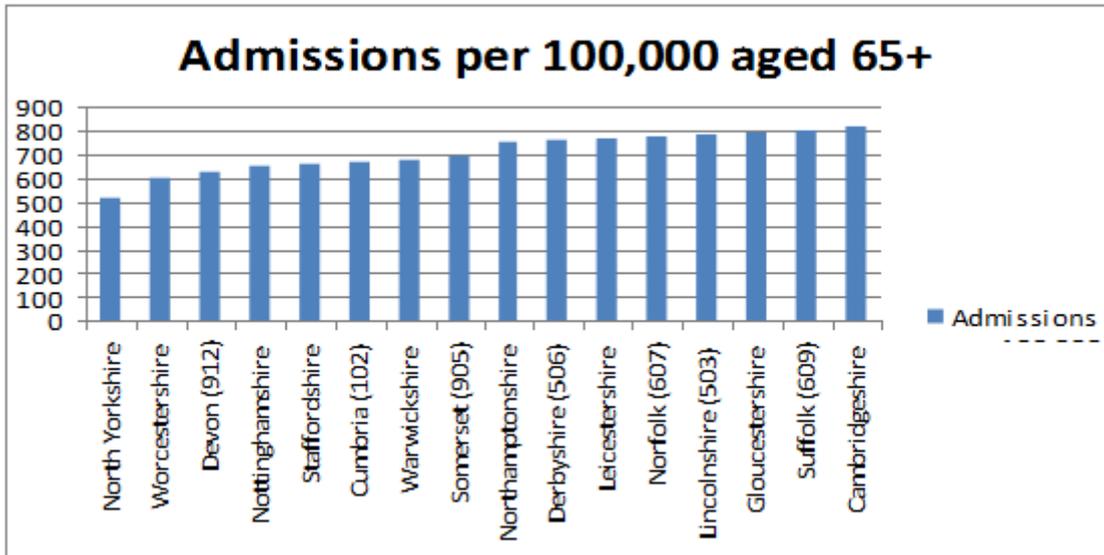
- 50% of the population will be people aged 55+
- 35% of the population will be people aged 65+
- 17% of the population will be people aged 75+
- 5% of the population will be people aged 85+

1.2.10 Comparisons with Family Group Authorities⁴

Lincolnshire has reported higher rates of admissions to residential and nursing care than other comparator authorities. The historical position for admissions is summarised in the table below:

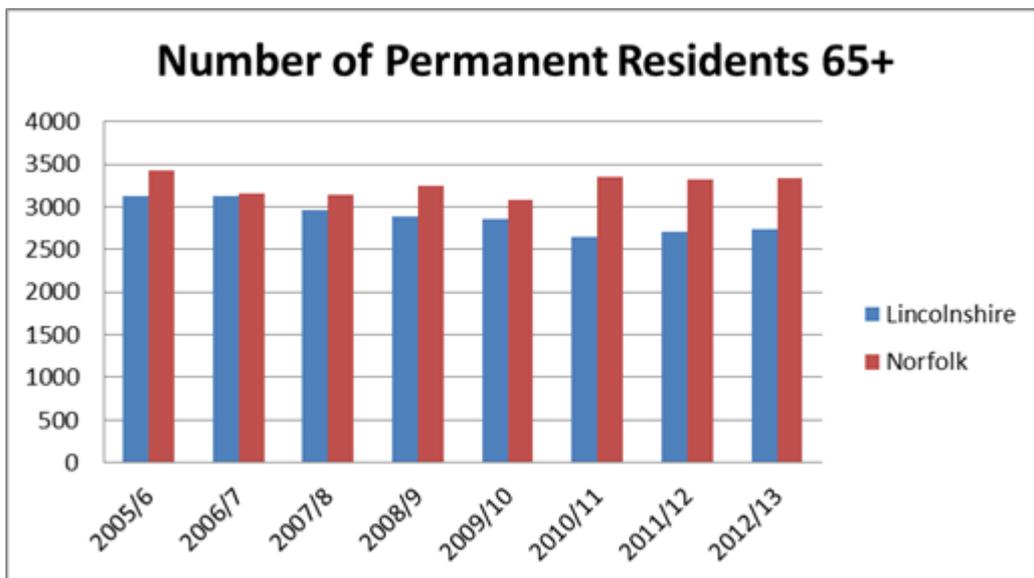
³ Source data: Lincolnshire County Council Extra Care Needs Assessment (revised 2017) and Housing LIN's 'Review of housing and accommodation need for older people across Greater Lincolnshire to inform future housing and accommodation options'

⁴ Adult Scrutiny Committee Report 1st October 2014 – Appendix D



Source – CIPFA (2012-2014)

Lincolnshire had the fourth highest rate of admission to care within this group and current estimates indicate that the admission rate is not decreasing. Lincolnshire also had the fourth highest number of permanent residents in care by population although this figure has been decreasing as evidenced by the next table:



Source - CIPFA

In this graph the figures for Lincolnshire are compared with those for Norfolk which is a County with very similar characteristics to Lincolnshire in terms of demography and geography. It will be noted that the total for Lincolnshire has fallen from over 3,130 in 2005/6 to 2,740 in 2012/13, i.e. a fall of 12%. The issue here is what demand can we expect in the future based on the demographic changes that are taking place. A starting point is to look at population projections for those aged 65+.

1.2.11 Existing provision and estimated need of specialised housing – Greater Lincolnshire⁵

Older people

The evidence from the Housing LIN work indicates that there is not currently a balance of specialised housing choices available for the older population in Greater Lincolnshire. In summary:-

- Overwhelmingly the most prevalent type of older people's housing is sheltered housing and other age-designated housing in the social rented sector.
- The current prevalence of private retirement housing for sale is very limited in most areas of Greater Lincolnshire.
- There is limited housing with care provision for rent for example when compared with the prevalence of residential care beds.
- There is very little housing with care available to older people who wish to purchase.
- There is a high prevalence of residential care beds, for example when compared to the average level of provision in English local authorities.
- The current provision of nursing care beds is in line with the average level of provision in English local authorities.

1.2.12 The evidence indicates the following specialised housing needs for Greater Lincolnshire to 2035:-

Housing designated for older people (for rent and for sale):

- There is net additional need of approximately 1,100 units of older people's housing for rent and approximately 8,000 units of older people's housing for sale.
- There has been a historic focus on development of older people's housing for social rent; both age designated housing and former sheltered housing.
- There is some additional need for social housing for rent, which is attractive, 'care ready' housing.
- The bulk of net additional need is for housing offers for sale, both outright purchase and shared ownership.

Housing with care/extra care housing:

- There is net additional need of approximately 2,000 units of housing with care for rent and approximately 1,800 units of housing with care for sale.
- There has been significant under development of housing with care for both rent and for sale.
- There is a need for all tenures of housing with care, including mixed tenure developments.
- There will be a need for shared equity models as well as outright sale models particularly where older people have relatively low equity in existing homes.

⁵ Source of information for this section: Housing LIN 'Review of housing and accommodation need for older people across Greater Lincolnshire to inform future housing and accommodation options' Report October 2018

Registered care:

- There is no significant net additional need for residential care beds overall.
- There has been an historic over reliance on the use of residential care.

1.3 The Business Case for De Wint Court

- 1.3.1 City of Lincoln Council (CoLC) prepared a Business Case for Capital and Revenue Funding to support the development of Extra Care Housing at De Wint Court, Bowden Drive, Lincoln. This business case provides the information for a decision to be taken by the County Council to proceed with securing 35 units within this project as part of the County Council's Extra Care Housing Programme at a cost of £2.8 million.
- 1.3.2 ECH is designed for people who have complex or difficult to plan for care and support needs which cannot be met in the community with a standard package of care. Understanding by commissioners, designers, developers, providers, planners and other stakeholders of the place that purpose-built extra care housing occupies in models of housing, care and support for older and disabled people has changed and become more nuanced. From a housing perspective, ECH is regarded as an important response to the diverse needs and wishes of a growing older population and to the needs of local communities. Rather than as an end in itself we place extra care housing in the context of modern thinking on age friendly and lifetime neighbourhoods, towns and cities because being age-friendly benefits everyone.
- 1.3.3 The aim is for people to remain in a home of their own, connected to their local community and supported by their social networks to live meaningful lives. Individual tenancies provide privacy whilst communal spaces provide an area for neighbours, friends and family to meet, joining in group activities if they choose to. It provides a space which can be used as an alternative to residential care support by utilising the 24 hour care and support which schemes can provide across a range of residents.
- 1.3.4 The purpose of the De Wint Court project is to deliver ECH provision in the City of Lincoln District. CoLC has committed to the development of Extra Care Housing at De Wint Court, Bowden Drive, Lincoln. Their proposal is to demolish an existing care home and replace it on the existing site with an extra care facility comprising 70 extra care apartments, a mix of 20 x 2-bed and 50 x 1-bed apartments, with associated facilities to support independent living and encourage community involvement. LCC residents will be able to access its care contracts both via the Wellbeing service as well as through a range of options by which the County Council supports people including, but not exclusive to, block contracted homecare, self-funded home care, Direct Payments, Personal Health Budgets and whatever other options are developed over time. This care and support will be there to meet identified needs within a joint Care and Wellbeing Vision which is included in Appendix A. A draft Nominations Process has been drawn up and is also

included at Appendix A. Joint workshops will develop the practical delivery of the Care and Wellbeing Vision, the allocations panel and nominations process for this project.

1.3.5 Construction is planned to start on site in October 2019 for completion in November 2020. LCC is proposing to purchase nomination rights on a minimum of 35 units with potential access for all 70 units; the funding model for this is set out later in this report. The project aims to reduce the long term costs of care provision, as cost avoidance, and provide choice for older people, in line with the LCC strategy, the benefits of which are highlighted below. This will ensure people with care needs have alternative choice options to traditional residential support whilst giving affordable options for local people to remain in their local communities. The provision is not aiming to generate profitable income.

1.3.6 Existing provision and estimated need of specialised housing – City of Lincoln data from Housing LIN

The following table summarises the current profile of older people's housing in CoLC:

Housing for Older People	Current provision is in line with the national average. Currently ranked 163 out of 326 local authorities for older people's housing (social rent). For private retirement housing, current provision is above the Greater Lincolnshire average and in line with national average. Ranked 181 out of 326 authorities for private sector retirement housing.
Housing with Care	Current provision is above Greater Lincolnshire average but below national average for both housing with care for rent and for sale.
Residential Care	Current provision is significantly above both the Greater Lincolnshire and national average. Ranked 15 out of 326 authorities.
Nursing Care	Current provision is significantly above both the Greater Lincolnshire and national average. Ranked 5 out of 326 authorities.

The table below shows a summary of the **current** provision of older people's housing in the CoLC District, the projected need and the shortfall/net need.

This project will aim to address the projected provision for Social (rent) in the Housing for Older People section and the Housing with Care section, highlighted in red below.

Type	Current provision	Projected provision required				
		2018	2020	2025	2030	2035
		Units/Beds	Units/Beds	Units/Beds	Units/Beds	Units/Beds
Housing for Older People						
Social (rent) Units	623	578	618	764	892	1044
<i>Net need</i>		-45	-5	141	269	421
Private(for sale) Units	165	193	206	255	297	348
<i>Net Need</i>		28	41	90	132	183
Housing with Care						
Social (rent) Units	47	95	106	143	177	216
<i>Net need</i>		48	59	96	130	169
Private(for sale)Units	10	11	14	28	46	72
<i>Net Need</i>		27	40	88	149	230
Residential care Beds	537	315	324	364	383	403
<i>Net need</i>		-222	-213	-173	-154	-135
Nursing care Beds	631	315	331	393	440	495
<i>Net need</i>		-316	-300	-238	-191	-137

Meeting the need for housing with care

Due to the need for housing with care having already been recognised across the county, partnership projects are already in train with several different District Councils. These projects are partnerships between the Council and the relevant District Council, whereby the District Council acts as the lead and will recover the income through its housing revenue account. However, where the District Council does not have such an account (East and West Lindsey District Councils), a different approach is required.

Need

The Housing LIN report October 2018 summarised that, for the City of Lincoln District, there is a predicted requirement for an increase in housing with care. This was with a focus on units for rent. The projected net need shortfall for the District is tabled in the report as follows:

	Current Provision	2018 Units	2020 Units	2025 Units	2030 Units	2035 Units
<i>Housing with Care</i>						
Social (rent)	47	95	106	143	177	216
Net Need		48	59	96	130	169
Private (for sale)	10	11	14	28	46	72
Net Need		1	4	18	36	62

The De Wint Court project proposed by CoLC supports the short-term need illustrated in the above table, by delivering 70 units for Extra Care. See Appendix B for site specific drawings.

1.3.7 Benefits and Risks

The Council uses a continuum of 5 levels for risk appetite⁶ and corporately the Council takes a 'Creative and Aware' approach, which is summarised as being '*creative and open to considering all potential delivery options, with well measured risk taking whilst being aware of the impact of its key decisions; a 'no surprises' risk culture.*' This is deemed as a suitable risk appetite level for this project.

1.3.8 The aim of ECH is to provide high quality housing, support and care services which enable, support and encourage people to live independently for as long as they wish to do so. The provision of Extra Care Housing avoids admission to hospital, increases the bed capacity within hospitals, increases the number of patients discharged from hospital, and decreases those who may have a need for residential care.

Below is a list of the identified key benefits and risks of this project:

Benefits	Risks
<ul style="list-style-type: none"> • Additional housing contributing to the current and projected needs • Reduction in the long term costs of care provision • Strengthening the partnership with CoLC • Availability of suitable housing with the most appropriate care provision • Multiple care needs can be managed on one site • Decreased risk of service users going 'missing' with ability to monitor location • Option available for one care provider managing the site care needs • As older people are particularly prone to the effects of excess cold, they will benefit from new energy efficient accommodation • Opportunity for added social value through developing a workforce development plan 	<ul style="list-style-type: none"> • Creating too much accommodation capacity compared to demand • Not managing demand and nominations • Service users do not want to move to the site • Accommodation provision is over-subscribed and older accommodation is no longer desirable • Accommodation design is not flexible enough for multiple needs • Site design is not sufficiently flexible to facilitate one and/or multiple care providers • Negative reaction from the local community and issues surrounding planning permission

⁶ The 5 levels are: Averse, Cautious, Creative and Aware, Opportunist and Mature (Hungry).

<ul style="list-style-type: none"> • Bringing a vacant site back into use, enhancing the local community • Promote independence for residents and other service users • Encourage active lifestyles and social contact for residents and other service users • Offer a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions • Offer choice and self-direction or co-production of services for residents • Be flexible in its style of service delivery so that services respond well to people's changing needs • Release of local housing for rent and sale to benefit families • Moderating the burden of family members caring at home • New facilities developed in the local area for wider community use • Couples can avoid being separated as they can live together in EC accommodation even if only one is in need of care 	
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1.4 Potential economic benefits

- Additional use of, and income to, local businesses e.g leisure centre, cafes, bus service.
- Additional employment opportunities e.g. on-site management/concierge provision, care provision, building construction, site maintenance. Sheltered and extra care housing are both local employers. Each new extra care housing scheme of 250 units creates approximately 65 permanent staff (ARCO data, 2016).⁸
- Greater use of community facilities, thus supporting their longevity (e.g. GP surgeries).
- Residents providing volunteering in the community, with time banks, fundraising and befriending.
- Facilitates downsizing to more suitable housing, thus freeing up larger homes for the choice-based letting and/or sales markets.
- Delays and reduces the need for primary care and social care interventions including admission to long term care settings and hospital admissions. Unplanned hospital admissions reduce from 8-14 days to 1-2 days. Over a 12 month period total NHS costs (including GP visits, practice and district

nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents. Routine GP appointments for extra care residents fell by 46% after a year. Falls rates in extra care housing measured at 31% compared to 49% in general housing.⁷

- The national financial benefits of capital investment in specialist housing for vulnerable and older people have been examined by Frontier Economics in 2010. They compared the net capital cost of developing specialist housing over general housing, with the calculated net benefit of a person living in specialised housing converted to the net present value of these benefits over the 30 year minimum lifetime of the building. They found an average net benefit of £444 per person per year. This was primarily driven by reducing reliance on health and social care services. The total net benefit for older people is greater than for any other client group due to the high numbers of older people.⁸
- Research by the Strategic Society found that a new specialist retirement housing unit may result in the savings to the state, per person, as set out below. In addition to savings to health and social care, also identified is the impact of new retirement housing to release housing stock onto the market and enabling younger people to get on the housing ladder and to fund their housing and care costs in retirement⁸:
 - Health and care needs £9,700
 - Local authority social care entitlement £18,600
 - First time buyers and future retirement wealth £54,800
 - Total £83,100
- For older people moving from the private rented sector to a rented sheltered housing property, it is estimated that the saving would be between £5,500 and £5,800 per year.⁸
- Limiting the demand on Housing Benefit – not all residents in a scheme will be in receipt of housing benefit and this creates additional checks and balances due to self-paying residents monitoring and keeping a downward pressure on rents and service charges, helping ensure they only cover the full costs. Compared to other groups, the average Housing Benefit spend per annum is around £5,200 per older person unit compared to £9,000 per working-age unit.⁸
- People in extra care housing can potentially use less care hours than if in the community, for example if meals are provided by the scheme, less care hours may be required in preparing food etc.
- Additional efficiencies can be gained by delivering care to a number of people on one site reducing travel and mileage costs, associated with domiciliary care in the community, and giving increased flexibility in the delivery of that care.
- Accommodation is economic to heat and is of an appropriate and manageable size.

⁷ Holland, C, (2015). Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Charitable Trust. Birmingham: Aston University. www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/

⁸ Source – The Value of Sheltered Housing report, Jan 2017, James Berrington – Commissioned by the National Housing Federation; http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Value_of_Sheltered_Housing_Report.pdf

1.5 Potential individual benefits

- Support and maintain independence through the provision of accommodation options, enabling personal choice
- Provide peace of mind, safety and security for vulnerable older people
- Improved physical and mental health
- Maintain and develop links with the community
- Maximise incomes of older people (includes benefits income) and reduce fuel poverty
- Environment is more likely to be free from hazards, safe from harm and promotes a sense of security, enabling movement around the home, including to visitors
- On-site support available

1.6 Potential scheme specific benefits

- An existing capital funding commitment of £3.22m from Homes England
- Land already in the ownership of CoLC and highly developable
- A very attractive setting with good access to local amenities
- A balance of both one and two bedroom apartments
- Extensive communal facilities designed to be attractive, welcoming and flexible in their use
- Excellent day-to-day services ensuring that the quality of the scheme environment and service offer will remain very high
- Support and care services which can be targeted to those who need them and can flex with people's changing circumstances
- A genuinely affordable proposition with a focus on great value for money

1.7 Market Sufficiency and Competition

1.7.1 The development and delivery of housing with care typically involves partnerships which include a mixture of local authorities, funding organisations, architects, construction companies, housing associations, private landlords and care providers. There is continuous work and analysis needed to fully understand Lincolnshire's market of those parties willing and able to deliver the county's housing with care needs, and in particular the scale of housing associations in this regard. Indications to date, through liaison with providers and experiences of other local authorities, are that housing providers are looking to enter into the county. The county has an issue regarding the low sale and rental value of property compared to other areas of the UK, which can affect the willingness of organisations to develop new property.

1.7.2 Evidence of other local authorities' work

There are numerous examples of other local authorities taking the same approach, including the following:

1.7.3 Nottinghamshire

£8 million Housing with care facility = 60 apartments

This is a partnership development similar to the model the County Council intends to use when working with District Councils and Housing Associations. Newark and Sherwood District Council has developed the facility through the Housing Revenue Account (HRA) and Nottinghamshire County Council has invested in return for nomination rights. The 60 apartments give older people, particularly those with low level dementia, the opportunity to live independently and safely. The scheme is the result of a successful bid for £1.5 million of funding from the Department of Health's Extra Care and Support Programme, administered by Homes England.

1.7.4 Powys

£7.5 million Housing with care facility = 48 apartments

The state of the art £7.5 million development in Newtown, part funded by a £4 million Social Housing Grant from the Welsh Government, has been developed by Wales and West Housing in partnership with Powys County Council. Wales and West Housing funded the remainder with £3.5 million. 48 energy efficient apartments available for affordable rent.

1.7.5 Derbyshire

£9.1 million Housing with care facility = 53 apartments

Geared to the needs of people over 55, Thomas Fields, a brand new £9.1 million facility incorporating 53 two-bedroom apartments, a residential care block for people with dementia, as well as communal facilities, is currently under construction on Brown Edge Road in Buxton. Seventeen of the flats will be available for rent, 14 for sale under shared ownership arrangements and 22 for outright sale. The project is being carried out for a partnership comprising Housing & Care 21, Derbyshire County Council and community regeneration specialist Keepmoat. Communal facilities within the new building will include a restaurant, hair salon, residents' lounge, a well-being suite, hobby room, laundry, and gardens for residents and their guests to enjoy. The residential care unit will incorporate 20 en-suite rooms available through Derbyshire County Council.

1.8 Delivery model and vehicle

- 1.8.1 District Councils with HRAs are responsible for social housing stock and able to rent out domestic properties, retain the revenue received in rent in order to plan and provide services to current and future tenants. District Councils are able to deliver their own projects without relying upon additional partners. This helps to inform which delivery option is more suitable. CoLC holds a HRA, and as such can apply for funding through Homes England, deliver and operate its own schemes.
- 1.8.2 In accordance with LCC's direction of travel and appetite for delivering ECH, the best delivery method has been sought to ensure that LCC is legally in a safe place, to provide best value for money across the county and enrich the lives of as many county residents as possible. Throughout the last 12 months the programme board have been developing an understanding of

delivery options that will facilitate partnering with District Councils and Housing Associations (HAs). Advice and support has been sought from Legal Services Lincolnshire (LSL) and external legal advisers, Bevan Brittan.

- 1.8.3 From the four options listed below, a shortlist of two vehicles for partnering with District Councils and Housing Associations has been identified: 1) a funding agreement and 2) a 'Hamburg' Collaboration co-operation agreement. Both options enable the Council to enter into agreement with partners.

Option 1

Do nothing and allow the market to deliver the needs of the county, using the Council's market position statement and a delivery plan as their guide.

Option 2

Deliver identified projects via the districts, alongside Housing Associations and Registered Providers who have already formed a robust business case to prove requirement, purchasing nomination rights at an agreed level through a funding agreement.

Option 3

Deliver identified projects via the districts, alongside Housing Associations and Registered Providers who have already formed a robust business case to prove requirement, purchasing nomination rights at an agreed level through Hamburg co-operation agreements.

Option 4

Deliver wholly as Lincolnshire County Council through the Property Company.

1.8.4 **Option 2 - A funding agreement**

A funding agreement for nomination rights provides a simpler approach to partnering. The expectations from the partner and the commitment from LCC are far fewer. The partner sets up an allocation panel, a decision making body comprising a representative from:

- Housing Association (HA) or District Council
- Adult Social Care (Local Social Worker)
- Care provider
- Health

1.8.5 **Option 3 - Hamburg Collaboration co-operation agreement model**

Whilst considering the current live project with CoLC, the legal requirements of the Hamburg Collaboration co-operation agreement model were reviewed. The model requires LCC to evidence true collaboration with CoLC throughout the process, during the pre-procurement, procurement and eventual running of the Extra Care facility.

1.8.6 The programme team has considered LCC's ability to provide evidence of true collaboration, reviewed organisational processes for void management and the appetite for financial risk of voids. The conclusion is that the Hamburg model is not the correct vehicle for the current live project with CoLC. However, the model is one that could be used moving forward with planning from the outset to ensure true collaboration, with the shared void responsibility as one of the strands of evidence of collaboration, although not necessary to the process.

1.8.7 Typically a panel will meet on a regular basis to review all applicants registered for the scheme; along with a review of the composition of the high, medium and low care and support needs against the individual scheme's target. This makes sure that a combination of people, carer and place needs is considered when allocating accommodation. This panel would be similar for the Hamburg model. In addition to scheduled panel meetings, a virtual panel will be called immediately where a property becomes available to allow the empty home to be promptly returned to use. See Appendix A for the draft Nominations process.

1.8.8 Risks and Opportunities

The risks and opportunities are set out below.

1.8.9 A funding agreement

Risk/Opportunity	Benefit	Disbenefit
'Bare' nomination rights. Rights given to place on allocations panel for all of accommodation	Tried and tested with certain HAs. 100% influence on all allocation panels thereby giving LCC clients more chance of a place	Requires discipline through staff management and governance and processes
Simple legal agreement	Deliverable, more achievable involving less time/cost from Legal teams and operational teams	
Longevity	Commitment with RP to keep accommodation in desirable state to retain clients	
Procurement compliance	A simple Funding Agreement securing bare nomination rights is not covered by the procurement rules. No procurement challenge	

1.8.10 'Hamburg' Co-operation Agreement

Risk/Opportunity	Benefit	Disbenefit
Pooled resourcing of delivery and operation of the scheme	More collaborative working with partners	Financial cost and need for closer involvement in delivery to evidence

		collaboration
Nomination rights available with specific number of places guaranteed.	Guarantee of specific number of places as per legal agreement but no more	Cost of void for period of time determined in legal agreement – potential cost to LCC revenue budget
Complicated legal agreement with evidence required throughout lifetime of contract	Legally stronger as a guarantee of places	Delivery more expensive by involving more time/cost from Legal teams. Long-term revenue cost for operational staff to ensure no voids
Procurement compliance	Co-operation arrangements between Councils are exempt under Regulation 12 of the Public Contracts Regulations 2015. No procurement challenge	
Longevity		Raised risk of voids once building becomes tired and better options are available in the market

1.8.11 LCC Prop Co.

Risk/Opportunity	Benefit	Disbenefit
Control of development	LCC can determine the scheme design and provision	
Capital		<p>The Prop Co would need to be a Homes England (HE) delivery partner to access HE grant funding; delivery partner status can only be achieved once the company has become a registered provider</p> <p>LCC would need to loan the company</p>

		capital for the development. A 4 bed scheme would cost in the region of £7million requiring a loan of £4.6 million from LCC
Speed of delivery		Estimated to be a minimum of two year lead in to commence construction

1.8.12 Recommendations

It is recommended that LCC progress with funding of the De Wint Extra Care Housing Scheme in accordance with Option 2. The inherent financial benefits of the approach in Option 2 (Funding Agreement) are as follows:

1.8.13 No void costs

In previous models of Extra Care Housing the agreement has included risk agreements that provided the Housing Provider with assurance that vacant properties would be filled within the specified period with units able to remain vacant for a limited period of time before additional cost become due.

The use of Capital Reserves as a financial contribution to any proposed schemes can be done so on the basis that the contribution allows Lincolnshire County Council to place service users of their choosing within a pre-agreed proportion of units over a pre-determined number of years without recourse to void costs.

1.8.14 Diversions from Residential Placements

The availability of additional Extra Care units directly funded via Capital Reserves allows for an additional number of services users who would otherwise be placed in residential establishments to be supported within an Extra Care environment.

By placing within an Extra Care environment, the Council avoids expensive hotel costs that would otherwise be incurred, with costs funded via district housing benefit contributions instead. Care support via the Council's existing prime provider framework is also likely to be cheaper than existing residential care and non-care provision.

1.9 The Financial Case

1.9.1 Funding for the scheme is sourced via Adult Care Capital reserve which has been allowed to grow over a number of years as a result of grant funding awarded to the Council. The grants are specifically earmarked for use against capital investment within Adult Care with the current value of unused capital reserves totalling £11.886m as at 1 April 2019.

- 1.9.2 The financial feasibility of the project (cost versus savings) is based on the Council's bespoke Financial Feasibility Model (Appendix C). This model has been used to develop the financial models for a number of other Lincolnshire County Council housing with care projects and considers a number of options, including land acquisitions costs, numbers and types of property, number of tenants, level and cost of care and savings through diversion of care.
- 1.9.3 The Council's data as at 31 March 2019 shows that the Council is funding the care provision of 4,943 people aged 65 and over in either a residential and nursing placement or within a homecare setting (including existing extra care). The total placed in nursing and residential care homes being 2,664 and 2,279 within a homecare setting. The gross annual cost to the Council for this care provision for these areas of service in 2018/19 was £99.659m; with a net cost to the Council of £71.990m.
- 1.9.4 The financial benefits of ECH are predicated on the basis that the costs of providing care within an ECH setting are materially lower than in traditional residential and nursing settings. The expected cost for older people currently ranges from £502 to £533 per week in 2019/20, with the average annual residential care cost estimate to be £27,566 per annum. Initial analysis suggests that the gross cost of providing care within an ECH setting at 20 hours per week would be £309 per week, with an annual cost of £16,111. This represents a gross saving of £11,445 pa or 41.5% which reduces to £9,118 (33%) once the impact of income loss is taken into consideration as the average placement income within a residential setting is higher than service user contributions derived from an ECH setting.
- 1.9.5 It is important to note the following:
- The Council would lose some property related income, linked to service users residential care whereby the Council receives income related to the user's house when it is sold (including interest on the amount owed).
 - It is very unlikely that all service users accessing residential care would be willing and able to move to housing with care.
 - The savings will be focused more on new service users rather than those already in residential care, though the possibility remains that some people in residential settings may prefer to consider Extra Care.
 - Placements within an ECH setting are predicated on 33% of these placements being those diverted from a residential setting with the remainder placed via alternative community settings. This assumes that placements are split equally amongst those classified as Low, Medium or High dependency and existing care arrangements continue to be provided via the prime-provider home care contracts (for those categorised as Low and Medium). The majority of the saving will be via diversions away from residential.
 - Initial findings suggest that a £2.8m investment that allows LCC nomination rights on 35 properties supporting 53 individuals could generate an annual saving of £169,980 pa based on 2019/20 prices.

- On this basis and assuming a rate of inflation totalling 2% for the duration of the scheme, it is estimated that the total savings will equal the total value invested (i.e. the breakeven point) after 15 years. However this does not take into account the time value of the initial investment which will reduce over the same period (i.e. the value of £1 in 2019/20 will be less in future years). An analysis of future savings growth is also included within the financial feasibility model along with data from the Housing Learning and Improvement Network (LIN).

1.10 Timescales

Below is a summarised and early estimation of a potential timetable, but this would be longer if the property company was to deliver any aspect of the project, as it has yet to be set-up.

Activity/Milestone	Estimated start Date	Estimated end Date
Adult Care & Wellbeing Scrutiny	3 July 2019	3 July 2019
Executive	9 July 2019	9 July 2019
Sign Heads of Terms with CoLC	16 July 2019	16 August 2019
Sign funding agreement with CoLC	Sept 2019	
Commence development	Oct 2019	

2. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- * Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- * Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- * Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- * Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- * Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

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

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

It is fair to say that the key purpose of the service is essential to enabling all those individuals who require community care services to live more independent and healthier lives. In that sense, ensuring adequate provision of suitable Extra Care Housing and associated care helps to advance equality of opportunity.

The service will not affect those with protected characteristics (age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation) differentially. The facility will be available to all those who meet the applicable placement criteria regardless of protected characteristic. The nature of the service makes it more likely that adults with additional vulnerabilities or increased risk of adverse outcomes will benefit most.

An initial Equality Impact Analysis is attached at Appendix D. This will be kept under review. City of Lincoln Council is itself subject to the Equality Act duty and the County Council will use its influence to ensure equality issues are taken into account in relation to both the housing and care elements of the project as it progresses.

Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

The Council is under a duty in the exercise of its functions to have regard to its JSNA and its JHWS. The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning and providing programmes and services to meet identified needs. This assessment underpins the JHWS 2013-18 which has the following themes:-

- i. Promoting healthier lifestyles
- ii. Improving the health and wellbeing of older people
- iii. Delivering high quality systematic care for major causes of ill health and disability
- iv. Improving health and social outcomes and reducing inequalities for children
- v. Tackling the social determinants of health

Under the strategic theme of improving the health and wellbeing of older people in Lincolnshire there are two particularly relevant priorities:-

1. Spend a greater proportion of our money on helping older people to stay safe and well at home
2. Develop a network of services to help older people lead a more healthy and active life and cope with frailty

The provision of Extra Care Housing will contribute directly to these priorities. It also supports the themes selected as priorities in the forthcoming refreshed JHWS; namely housing, carers, mental health, plus the cross cutting theme of safeguarding.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

In commissioning housing and care provision that is designed to provide a supportive and safe environment that enables potentially vulnerable customers to maintain their independence for longer, the provision of Extra Care Housing may be said to contribute indirectly to the achievement of obligations under section 17.

3. Conclusion

The County Council/District Council Extra Care Housing Partnerships will enable the County Council to increase the provision of Extra Care Housing in the County to assist in offsetting medium and long term revenue cost increases. The De Wint scheme will deliver the initial need that has been identified in the Housing LIN Report.

4. Legal Comments:

The Council has the power to provide the funding referred to in the Report. The use of a Funding Agreement with bare nomination rights is compliant with the Council's procurement obligations.

Funding can be provided without state aid as it relates to services of general economic interests within the meaning of prior EU Commission decisions.

The decision is consistent with the Policy Framework and within the remit of the Executive.

5. Resource Comments:

Funding of £2.8 million for this scheme exists in the form of previously received capital grants which form part of the Adult Care Capital Programme. The County Council contribution must fall within the processes for Capital expenditure.

6. Consultation

a) Has Local Member Been Consulted?

No

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee at its meeting on 3 July 2019 and the comments of the Committee will be reported to the Executive.

d) Have Risks and Impact Analysis been carried out?

An initial Equality Impact Assessment (EIA) has been completed and there has been internal and external consultation. Internally, Council staff have been sent a survey via News Lincs on 11 June 2019 and a report will be formed from the results of this survey. Externally, the People's Partnership has been consulted and they will work with groups such as Age Concern and Just Lincolnshire. Also West Lindsey District Council have a survey on their website and Twitter feed as part of the Housing LIN Phase 2 work and will share this with the County Council as part of our consultations.

These sources of information will inform future versions of the EIA as the matter progresses.

e) Risks and Impact Analysis

See the body of the Report.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Initial De Wint Nominations process and Care Vision
Appendix B	De Wint Court Proposed Site drawings
Appendix C	LCC Financial model and Housing LIN cost benefits example
Appendix D	Initial Equality Impact Assessment form v0.1

8. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Background Paper	Where it can be viewed
Report to Executive dated 8 April 2015 – Extra Care Housing	Democratic Services

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