

**THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA**

**MODERNISING OLDER PEOPLE'S HOUSING AND ACCOMMODATION WITH  
CARE SERVICES STRATEGY  
2013**



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KENSINGTON  
AND CHELSEA

## **1. EXECUTIVE SUMMARY**

- 1.1 This strategy outlines the Council's vision to improve the quality, quantity and choice of housing and accommodation with care services options for older people in the borough. Through the delivery of new housing and other accommodation for older people, the Council aims to maximise independence, reduce health and social care costs and improve housing choices for older people.
- 1.2 Delivery of good quality building-based services for older people is expected to deliver a range of benefits. An increase in the number, quality and accessibility of older people's housing will enable older people to maintain their independence for longer and as such is expected to achieve:
- Improved independence and quality of life of older residents.
  - Increased mobility of older residents, including releasing family sized under-occupied dwellings.
  - Reduction in overall costs of residential care.
  - Prevention of falls and ill health resulting from poor accessibility or unsuitable housing.
  - Reduced demand on adaptation spend on inaccessible and often under-occupied accommodation.
- 1.3 To meet housing need, reduce Adult Social Care revenue expenditure and deliver health benefits that will reduce demand on NHS services, the Council will need to deliver new units of Extra Care housing and a new supply of older people's housing to replace poor quality sheltered housing units. Currently, the lowest supply exists in the south of the borough.
- 1.4 The objective of new provision will be to deliver good quality, cost effective services for residents of Kensington and Chelsea. This will be achieved by developing Extra Care housing; consolidating rehabilitation services in one site; commissioning high quality nursing places from a range of providers and developing the right number of residential places in facilities that meet modern standards and requirements.

## **2. INTRODUCTION**

- 2.1 The borough is facing challenges arising from an ageing population at a time when local authorities need to use their resources efficiently with reduced expenditure. Alongside this, service standards are evolving rendering some buildings and services unfit for future demands. The Council aims to continue to deliver high quality services and continues to review existing buildings and services to identify key areas for improvement.
- 2.2 The population of older people in the Royal Borough of Kensington and Chelsea (RBKC) is increasing with the most significant increase in those with dementia and those aged over 85; yet our older people's accommodation is not fit for the demands that the population change will place on services. The quality of some of the accommodation does not achieve modern design and care standards or the aspirations of older people.
- 2.3 The Council aims to improve the quality of housing and accommodation based care services and secure best value.
- 2.4 Good quality older people's housing benefits:
- Older people who can exercise choice about where to live and maintain independence into older age.
  - Housing providers who can encourage mobility within their housing stock to release under occupied family accommodation and meet the needs of ageing residents without needing to install costly adaptations to unsuitable properties.
  - Adult social care commissioners who can prevent admissions of older people to costly residential and nursing care services.
  - Health providers through the prevention of age-related deterioration in mobility and independence and associated health impacts.
  - Good quality housing and care that reduces the number of unplanned admissions of older people to hospital.

## **3. VISION FOR OLDER PEOPLE'S ACCOMMODATION**

- 3.1 Delivering improved accommodation based services for older people is required to maintain the health, independence and dignity of older people, reduce admissions to nursing and residential care services and encourage downsizing from family-sized accommodation.
- 3.2 Provision of good quality housing for older people, including Extra Care housing, will enable the Council and its health partners to reduce demands on residential and nursing care services through a preventative approach to service delivery.
- 3.3 The Living Well at Home: All Party Parliamentary Group On Housing And Care For Older People published their findings in July 2011 highlighting the role that housing plays in the wellbeing and independence of older people and recommends that housing be given equal weighting to health and social care on Health and Wellbeing boards.

- 3.4 Laying the Foundations: A Housing Strategy for England, launched by the Prime Minister in November 2011, also highlights that good quality accessible housing for older people can enable independence, promote good health and prevent costs to the NHS and social care. The strategy outlined a commitment to encourage the provision of a range of housing types across all tenures to provide diversity and choice that will meet long term needs. There is support for the work of the Housing our Ageing Population Panel for Innovation (HAPPI) in promoting innovation in the sector.
- 3.5 The Care and Support White Paper, published in July 2012, emphasises the importance of prevention and encourages Adult Social Care and Housing departments to work together to effectively meet the housing and care needs of older people. The White Paper acknowledges that existing supply of specialist housing is limited and that investment in new housing options for older people, particularly homeowners, is required to meet rising demands.
- 3.6 The Council's Older People's Housing Strategy 2010-15 outlines key objectives to improve housing options for older people so that they can exercise choice in the type and tenure of accommodation as well as how they would like to receive care services. The strategy outlines the role of preventative service in reducing demands for high cost services.
- 3.7 This strategy details how the Council's vision to improve the quality, quantity and choice of housing options for older people in the borough will be met. Through the delivery of new housing options for older people, the Council aims to maximise independence, reduce health and social care costs and improve housing choices for older people.
- 3.8 The Council and NHS partners are committed to maximising the independence of older people by enabling them to continue to live in their own home for as long as possible. A joint health and social care team has been set up to support people's recovery from illness or injury. The Community Independence service brings together the reablement team, community rehabilitation and intermediate care teams into a single team with a single point of access. This team will ensure a more joined up approach to enabling a person to recover from a spell in hospital to regain their independence.
- 3.9 Through implementation of the strategy the Council will use assets more effectively to meet emerging demands and deliver service models that make best use of revenue budgets.

#### **4. ADULT SOCIAL CARE SERVICES**

- 4.1 The development of housing and accommodation based services needs to be seen against the Council's Mandate for Adult Social Care approved by Cabinet on 5 January 2012. This stated:
  - In the context of a reducing budget for adult social care and an expected increase in the demand for services, our overall aim is to deliver *better for less* – improved outcomes for individuals at lower cost to the public purse.
  - At the heart of our approach, and underpinning our partnership with Health, is the principle of *prevention*. This means that in all areas of adult social care

activity, we are aiming to promote independence, to build self-reliance and to minimise the need for high end care.

- Fundamental to this agenda is a commitment to making the right help available at the right time, rather than waiting for problems to become serious and so require a higher level of intervention.
- Increasing choice and control for people in need of ongoing support is also key, and our commissioning, procurement and market activities are geared to this requirement, alongside the need to drive down costs.
- We will target investment where evidence shows it will make most difference. The feedback received from people who use our services will form a central part of our evidence base.
- New technology has a strong role to play in delivering better for less and we will promote and support its use, wherever opportunities arise.

4.2 In order to minimise the need for high end care, the provision of Extra Care accommodation and sheltered accommodation is a key component.

## **5. OLDER PEOPLE IN KENSINGTON AND CHELSEA**

5.1 The population of Kensington and Chelsea is expected to increase by six per cent by 2030. The fastest rising age group is adults over the age of 65 years where population growth is expected to be 29 per cent; with a 69 per cent increase in older people aged over 85 years<sup>1</sup>.

5.2 The largest increase in population with given disability types is older people with dementia. Older people aged 65+ with dementia is projected to rise by 53 per cent by 2030 making up 2,017 people. The number of older people aged 85+ with dementia is expected to rise from 617 people in 2012 to 1,070 by 2030 (an increase of 73 per cent)<sup>2</sup>.

5.3 There are similar numbers projected of older people aged 65+ with dementia in the north and south of the borough by 2030. There are projected to be 1,083 older people with dementia in the wards south of High Street Kensington by 2030 while currently there is no Extra Care housing provision in the south of the borough<sup>3</sup>.

5.4 The population projections highlight that there will be a significant pressure on older people's housing and particularly services for older people with dementia if the existing supply remains the same.

## **6. OLDER PEOPLE'S HOUSING AND ACCOMMODATION IN KENSINGTON AND CHELSEA**

6.1 Accommodation for older people is delivered across a range of building types often by a range of sources. In Kensington and Chelsea these are:

- i. Nursing and NHS continuing health care

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<sup>1</sup> Estimated population based on GLA 2011 population projections applied to Census 2011 population.

<sup>2</sup> Estimated population based on GLA 2011 population projections applied to Census 2011 population

<sup>3</sup> National GLA 2011 population projections applied to national prevalence of dementia, adjusted to GP registers of diagnosed dementia.

- ii. Residential care
- iii. Extra Care housing
- iv. Sheltered housing

6.2 These housing and accommodation types deliver services across the spectrum of care needs from highest needs in nursing and continuing care through to independent living in sheltered housing.

## 7. NURSING AND CONTINUING CARE SERVICES

7.1 Nursing care and continuing care provision in Kensington and Chelsea:

Nursing Care Facility	Type of care	Provider	Postcode area	Number of units
Thamesbrook	Nursing care	RBKC	SW3	31
Ellesmere House	Nursing care	Care UK	SW10	30
Avon House	Nursing care	Priory Group	W8	35
St Catherine's House	Nursing care	Religious of the Assumption	W8	14
The Kensington Nursing Home	Nursing care	BUPA	W11	53
Beatrice Place	NHS continuing health care	Central and North West London NHS Foundation Trust	W8	24
Princess Louise of Kensington	NHS continuing healthcare	Central London Community Healthcare NHS	W10	51
			<b>TOTAL UNITS</b>	<b>238</b>

7.2 The continuing care units are fully commissioned by Health. The nursing provision is used by the Council, Health and private clients.

7.3 The Council aspires to deliver high quality services which fully comply with national minimum standards. Care homes are regulated by the Care Quality Commission (CQC) with standards published in the Essential Standards of Quality and Safety 2010 guidance<sup>4</sup>.

7.4 The standards include environmental factors, introduced after some existing care homes were built, leading to some of the buildings in which care services are provided now being deemed unfit for the future. Layout of these historic buildings also results in optimum staff to residents ratios not being achieved.

7.5 Environmental standards for new build care homes, reflecting the highest quality benchmark, include:

- o Communal spaces (amounting to at least 4.1sq metres for each service user) which includes rooms in which a variety of social, cultural and

<sup>4</sup> Full details of environmental standards remain from the Care Homes for Older People and The Care Homes Regulations 2001 (3<sup>rd</sup> Edition).

religious activities can take place, dining rooms and smoke-free sitting rooms;

- Single rooms with a minimum of 12sq metres usable floor-space plus accessible en-suite facilities;
- Room dimensions and layout options ensure that there is room on either side of the bed, to enable access for carers and any equipment needed.
- Wheelchair access to all communal areas, including door ways to communal rooms, toilet and bathing facilities and outdoor space.
- Facilities to meet the needs of all service users including older people with dementia.

7.6 The standards require 'staffing numbers and skill mix of qualified/unqualified staff to be appropriate to the assessed need of the service users, the size, layout and purpose of the home at all times'.

7.7 Some of the standards cannot be met in existing services in the borough due to the age and configuration of the buildings.

7.8 Nursing care services will not be deliverable in domestic settings so nursing care placements will continue to be required. These will need to be fit for purpose, deliver value for money and meet at least minimum environmental and care standards.

## 8. RESIDENTIAL CARE SERVICES

8.1 Residential care services deliver long term accommodation and care solutions to older residents in the borough, many of them with dementia. Services are purchased by Adult Social Care where residents meet the funding criteria.

8.2 Residential care is provided across a number of locations in the borough. This strategy proposes that residential care would be replaced by Extra Care housing delivering a cost effective service with better outcomes for residents. Extra Care housing would accommodate new referrals for specialist housing with care services while existing residents in residential care facilities would be offered Extra Care housing, residential care in the private and voluntary sector or nursing care depending on their individual care needs.

8.3 Residential care in Kensington and Chelsea:

Residential Care Facility	Provider	Postcode area	Number of units
Ellesmere House	Care UK	SW10	20
Thamesbrook	RBKC	SW3	20
Alan Morkill House	Gold Care Homes	W10	49
St Teresa's Home	Sisters Hospitallers of the Sacred Heart	SW7	25
St Wilfrid's Care Home	Daughters of the Cross of Liege	SW3	44
TOTAL UNITS			158

8.4 Nationally, residential care services are being replaced by Extra Care housing schemes where residents lease, rent or buy a dwelling in which care services can be provided. Demand for Extra Care housing, including services for older people with dementia, is increasing yet there are limited numbers of Extra Care homes in the borough. Research<sup>5</sup> shows that:

- residents in ECH have a lower probability of entering hospital than a matched sample in the community.
- a lower number of falls was recorded in a small sample of ECH housing residents than in a matched comparison group living in the community.
- expanding ECH could help alleviate the housing shortage through freeing up family sized housing.

8.5 The Council, and its housing partners, will need to develop new Extra Care housing schemes if the increase in demand is to be met. The Housing Department is currently working with registered housing providers to explore opportunities in the borough.

## 9. COST OF RESIDENTIAL AND NURSING CARE

9.1 The Adult Social Care budget provision for residential and nursing placements in 2012/13 is £10,215,000. The gross budget being £13,656,000, partly offset by contributions from service users and the Primary Care Trust (PCT) of £3,441,000.

9.2 Service models for the delivery of care for older people are evolving with an emphasis on supporting older people to remain at home for longer. This is reflected in a reduction in admissions to residential and nursing care placements. As a result, older people's housing needs to be accessible and suitable for the delivery of care in the domestic setting to facilitate this type of service delivery.

9.3 The following table shows the decrease in number of placements that have been funded from this budget over the last five years:

	2007/8	2008/9	2009/10	2010/11	2011/12
Number of older people (65+) in permanent residential placements	134	142	131	122	125
Number of older people (65+) in permanent nursing placements	149	139	137	118	109

9.4 This pattern of reduction in placements is beginning to occur in Hammersmith and Fulham and Westminster.

9.5 Currently, a residential care bed in one of the units in the borough costs £1,006 per week. Based upon the number of care hours being delivered at James Hill

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<sup>5</sup> Establishing the extra in Extra Care: perspectives from three extra care housing providers. International Longevity Centre. September 2011



House Extra Care and the average external home care costs the average cost per resident is £394 per week. This is made up of £144 per week rent and service charge which is paid by the resident or covered by Housing Benefit if eligible and £250 care costs. The latter is an average as care costs range from nil for a person requiring no care to £800 for a person requiring high levels of care (67.25 hours per week).

## 10. EXTRA CARE HOUSING

10.1 There are currently 81 units of Extra Care housing in the borough, all of these in the north. These will be insufficient to replace residential care services and meet the specialist housing needs of the rising numbers of older people with dementia, many of whom will be unable to remain in general needs accommodation.

10.2 Extra Care Housing in Kensington and Chelsea:

Extra Care Housing Scheme	Landlord	Postcode area	Number of units
Burgess Field	RBKC TMO	W10	28
Highlever	Octavia	W10	5
James Hill House	Octavia	W10	28
Miranda House	Octavia	W11	20
TOTAL UNITS			81

10.3 Residents in Extra Care have their own self contained dwelling and tenancy agreements. Housing costs, including rent and service charges, are paid by the resident or Housing Benefit if eligible. Only the care costs are met by Adult Social Care (with service users making a contribution depending on their financial circumstances) resulting in substantial savings in care costs for residents in Extra Care housing compared to residential care.

10.4 All referrals to Extra Care are considered by Adult Social Care high need panel. Referrals are likely to have support needs typical of 15 to 20 hours a week and require access to care 24 hour a day.

10.5 Research<sup>6</sup> shows that costs in Extra Care housing are lower than care homes and physical functioning of residents in Extra Care was significantly better. Increasing the number of Extra Care housing in the borough is expected to deliver savings in Adult Social Care budgets through reductions in residential care spend and prevention of admissions to nursing care placements.

10.6 High quality accessible housing will assist with the prevention agenda to keep older people out of hospital. Hospital admissions for falls injuries are projected to increase by 45 per cent by 2030 which could be reduced through the delivery of accessible home environments<sup>7</sup>.

<sup>6</sup> Improving housing with care choices for older people: an evaluation of extra care housing. PSSRU, University of Kent and Housing LIN. December 2011

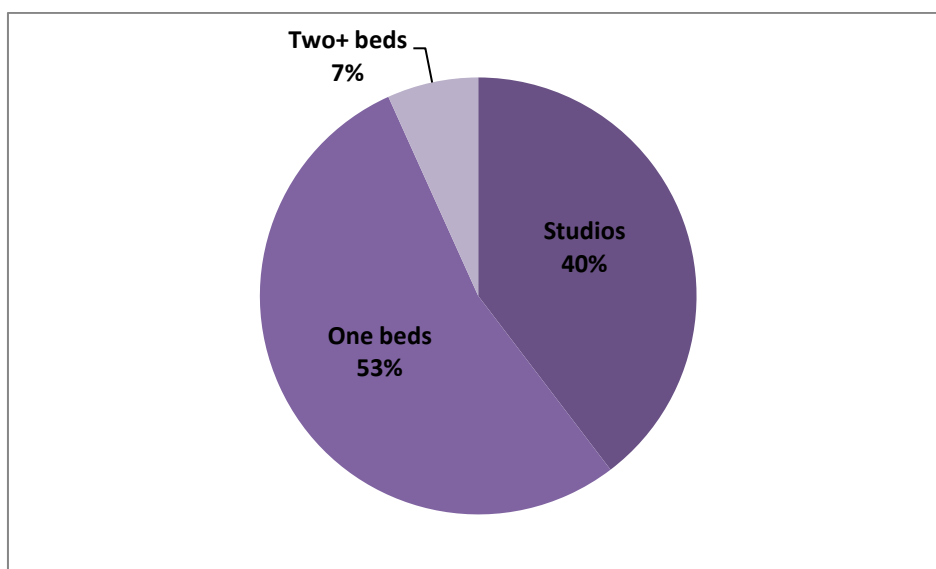
<sup>7</sup> Based on GLA 2011 population projections adjusted to GP-registered hospital admissions for falls (2010/11 and 2011/12).

## **11. SHELTERED HOUSING**

- 11.1 Alongside the delivery of new Extra Care housing provision, the borough needs good quality, accessible housing for older people in which care can be delivered if required but where this is not delivered by on-site services. This could encourage older people to move to accommodation that minimises age-related reduction in independence and health and also meets their aspirations to live in safe, secure and sustainable communities.
- 11.2 There are currently 1067 units of sheltered housing for social rent in the Royal Borough. Many of these are not accessible or suitable for residents to receive care services at home.
- 11.3 Sheltered housing is financed through rents and service charges which are paid for by the resident. Both the rent and service charges are eligible for Housing Benefit for residents who meet the criteria.
- 11.4 In 2009, the Institute of Public Care<sup>8</sup> carried out a review of the sheltered housing schemes in the borough. The review sought to examine the fitness of sheltered housing to meet future demands and provide a framework for the development of housing for older people in Kensington and Chelsea. The review identified that none of the schemes were fit for purpose in their current condition. The schemes scored poorly in accessibility, bedroom sizes and/or condition. Most schemes (26 of 32) were deemed not fit for purpose and unsuitable for upgrade. The remaining five were categorised as 'not fit for purpose but good potential for future upgrade'.
- 11.5 A subsequent survey of the sheltered housing stock, completed in February 2012, highlighted a need for the Council and its housing partners to develop a range of housing options to meet the needs and aspirations of older people in the Royal Borough. The existing social housing stock has large proportions of bedsit accommodation, has limited and poorly used communal facilities and has significant shortfalls in accessibility. There are also insufficient units to meet the rising demands of an ageing population.
- 11.6 The sheltered housing stock in the borough does not currently support the delivery of care in the home due to the small unit sizes and poor accessibility of schemes.
- 11.7 The Housing Department has exhausted investigations into the potential for improvements to the existing older people's housing stock and concluded that small scale works will not improve the stock to meet existing housing design and service standards. The existing older people's housing stock is not fit to meet the demands of an ageing population and the added challenges created by welfare reforms.
- 11.8 Studio accommodation is not deemed suitable for older people's housing as units are generally small thereby limiting the ability of residents to receive care and discouraging under-occupied households from downsizing. In RKBC, 40 per cent of the total sheltered housing stock (423 units) is studio accommodation which is undesirable and hard to let.

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<sup>8</sup> Review of Sheltered Housing Stock carried out by the Institute of Public Care (April 2009) commissioned by the Supporting People Team.



- 11.9 Offering good quality accessible housing for older people is expected to reduce demands on Adult Social Care and Health services; a preventative approach that moves away from service models that react to older people needing high levels of care before services are offered.

## 12. REHABILITATION SERVICES

- 12.1 The Out of Hospital Strategy, led by the NHS West London Clinical Commissioning Group (CCG) aims to lessen the time spent in hospital and where possible to treat people in the community where they do not need to be admitted to hospital. Delivering improved intermediate care services will assist with the delivery of the objectives to prevent hospital admissions and/or reduce length of stay in hospital.
- 12.2 At present, intermediate care rehabilitation services are fragmented across three nursing homes i.e. five beds provided at Thamesbrook, 10 beds at Ellesmere House and nine beds at Princess Louise of Kensington. Each service has its own therapy rooms with equipment, therapy and support and staff. Consolidating these services to a single location will lead to a reduction in ancillary space and therapy equipment required, flexible use of resources, improved consistency of service delivery and better opportunities for learning and professional support for staff centrally located leading to improved outcomes for patients.
- 12.3 Rehabilitation therapy services are delivered by Central London Community Healthcare NHS Trust and funded by NHS Kensington and Chelsea (soon to be transferred to the West London Clinical Commissioning Group).
- 12.4 The NHS West London Clinical Commissioning Group has indicated in their commissioning intentions that they wish to co-locate the inpatient rehabilitation services into one facility.

## 13. DAY CARE SERVICES

- 13.1 There are a range of day opportunities available to older people in Kensington and Chelsea. The voluntary sector provides most of these, often with some

funding from the Council. In March 2010 a paper describing the model of services agreed with service users was presented to Scrutiny Committee for discussion.

- 13.2 Community hubs that provide a range of facilities and services in flexible spaces are deemed more suitable for day centre facilities while providing spaces that are sustainable and flexible to future changes in service demands and commissioning arrangements. Opportunities to create one or more community hubs are being reviewed as part of plans to regenerate older people's housing so that they can be situated in locations that are central to local communities and accessible to those who need and wish to use them.

## **14. DEMAND FOR MIXED TENURE HOUSING**

- 14.1 All of the care and housing services outlined in this report relate to Council-funded or social rented options. The borough has a shortage of housing options across tenures yet a high proportion of older residents own their own home and have high property values. There is therefore potential for housing developers and providers to develop mixed tenure developments to meet housing needs across private and social housing sectors. The borough is committed to facilitating the delivery of good quality accommodation for older people in the borough and to work to identify housing need among older people and those approaching older age that are living in our social housing, private rented and owner occupied homes.
- 14.2 Forty per cent of older people in Kensington and Chelsea are home owners but there are few older people's housing options in the private sector. Development opportunities should consider the potential for mixed tenure schemes to improve housing options for social housing, private tenants and owner occupiers. Particular attention should be given to shared ownership models which may be desirable to Kensington and Chelsea Tenant Management Organisation (KCTMO) leaseholders who may find alternative accommodation in the private sector unaffordable but who could release affordable family sized accommodation in the borough through a move to more suitable housing.
- 14.3 To effectively meet the housing and care needs of older people through the provision of specialist housing, tenure provision needs to reflect the tenure mix of the local population. Currently most housing options are available for social rent only.
- 14.4 Delivering mixed tenure housing options for older people in the borough would enable home-owners and private tenants to also benefit from the health and independence impacts of moving to suitable accommodation.

## **15. REVIEW OF EXISTING PROVISION**

- 15.1 The changes in demand and provision of accommodation detailed in this report will require existing schemes to be reviewed. These reviews will address the following issues:
- How the scheme support the changing needs/care models;
  - Quality and design standards of the services and buildings; and

- Value for money.

## **16. DELIVERING HOUSING OPTIONS FOR OLDER PEOPLE**

- 16.1 The Council with its partners aims to deliver a range of housing options and accommodation based services that meet the needs and aspirations of older people while delivering cost efficient services. The Council's Adult Social Care and Housing departments will work collaboratively with the Health and Wellbeing Board to meet the needs of the local population and enable older residents to remain independent for longer.
- 16.2 A key objective is to replace high cost residential care services with Extra Care housing that delivers better outcomes for residents and substantial savings to Adult Social Care budgets. New developments could also deliver purpose-built and sustainable community hubs in desirable locations.
- 16.3 The borough will need to replace Extra Care housing units that are not deemed fit for the future as well as making provision to replace the number of residential dementia beds. Currently there are 81 units of Extra Care housing with none in the south of the borough.
- 16.4 Improving existing sheltered housing stock through redevelopment of sites is also required to deliver homes in which older people can age while maintaining their independence and receive care when this is needed.
- 16.5 Improved nursing care provision will still be required; to deliver this, the Council is reviewing the opportunities to make the necessary changes.
- 16.6 The objective of new provision will be to deliver good quality, cost effective services for RBKC residents. This will be achieved by developing Extra Care housing; consolidating rehabilitation in one home; commissioning high quality nursing places from a range of providers and developing the right number of residential places in facilities that meet modern standards and requirements.
- 16.7 This strategy will be supported by a dedicated programme to deliver the overall objectives.