

***The Commission of Enquiry
into
co-operation between
Housing, Health and Adult
Social Care***

Interim Report

March 2011

Basildon Council
BASILDON • BILLERICAY • WICKFORD


castlepoint
harlow | canvey | hadleigh | thundersley


Essex County Council


Rochford
District Council


**southend
on sea**
BOROUGH COUNCIL

THURROCK COUNCIL


South East Essex


South West Essex

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South Essex



South Essex - the Place:

- Covers 205 square miles;
- Has a population of 660,000;
- Relative to elsewhere in the home counties, South Essex has affordable housing and offers a good standard of living;
- In contrast to North Essex, South Essex is more urban, more diverse and better connected to London;
- Good access to parks and open spaces, and access to a range of cultural and recreational activities;
- Strong community networks, faith groups and user-led organisations;
- Areas of deprivation and affluence and health inequalities are spread across South Essex.

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between Housing, Health and Adult Social Care***

This Report has been drafted by Sue Williams, Maureen McEleney and Christopher Smith from the south Essex Commission of Enquiry Project Team.

The Project Team would like to acknowledge the help of all those who contributed to the Commission of Enquiry in the Focus Groups, Task Groups and Hearings, and also to thank Louise Smith from Thurrock Council for her help in organising the events.

18 March 2011

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Background to the South Essex Commission of Enquiry

The Commission of Enquiry was set up in the summer 2010 to look at how housing (across all tenures) can contribute to health and well-being; the design, location, condition and accessibility of housing and local amenities all contribute to the life-chances of residents and their ability to live as full a life as possible in their own home. The right home and the right support can rarely be achieved solely by one agency and will often be dependent on effective co-operation with Health and Social Care, as well as a range of private, voluntary sector and community based organisations.

Some of the questions the Commission of Enquiry wanted to consider included:

- 'How do our current housing strategies, policy and practice align with the transformation agenda?'
- 'What needs to change so that the personalisation of services is reflected in the housing choices available to people?'
- 'How do we engage our private sector, third sector and community groups in building a new personalised approach to provision?'
- 'What new roles, relationships and service configurations might emerge as a result of re-framing the housing service?'
- 'How do we shape new supply to meet current and future needs and minimise the need for future investment to enable residents to remain in their homes?'

The Commission of Enquiry's remit encompasses all the councils and local NHS organisations operating within the Thames Gateway South Essex sub region: Essex County Council, Basildon District Council, Castle Point Borough Council, Rochford District Council, Southend-on-Sea Borough Council and Thurrock Council, and NHS South West Essex and NHS South East Essex.

This work is funded by Improvement East. Improvement East is the Regional Improvement and Efficiency Partnership (RIEP) for the East of England. They support local authorities and Fire and Rescue Services in their drive to improve services and increase efficiency.



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1. Creating the right support for our communities - the case for closer co-operation

The south Essex Commission of Enquiry held four hearings during the autumn of 2010: on 17 September in Basildon, 23 October in Castle Point, 15 November in Southend on Sea and 17 December in Grays. 80 to 100 representatives from the public, private and voluntary sectors attended each of the Hearings and over 100 different organisations contributed their views on co-operation between housing, health and adult social care.

Since September commissioners and independent advisers considered a broad range of presentations covering issues such as the importance of good housing design to create much more sustainable homes and neighbourhoods; the role that a community itself can play in creating supportive neighbourhoods; the need for better information and advice to help residents make more informed choices about the kind of housing and support they need in the future; and the new focus of adult social care on helping people to regain their skills and independence.

Evidence was heard from a wide range of perspectives – a rural village in Suffolk, the University of Plymouth, Birmingham City Council, the Department of Health, a prominent architecture practice, a housing regeneration company and a highly progressive GP Practice.

Each of the hearings gave the attendees the opportunity to comment on what they heard, and this feedback has shaped the emerging proposals. The presentations and records of the roundtable discussions are available through the Thames Gateway South Essex website: <http://www.tgessex.co.uk/>

Significant work has also been carried out by the Commission's Task Groups. 30 people drawn from the Third Sector, housing organisations and health and adult social care services reviewed some of the most fundamental issues for south Essex, including: the provision of aids and adaptations and equipment to help prevent hospital admissions or, when hospital is necessary, speed up discharge; the range and choice of housing available for older people and those with a disability or long term condition that is designed to support independent living; the potential for a south-Essex wide approach to planning for the housing needs of older people and other vulnerable groups in the future; as well as how to work in a new partnership with providers and community organisations to create the right support in our communities.

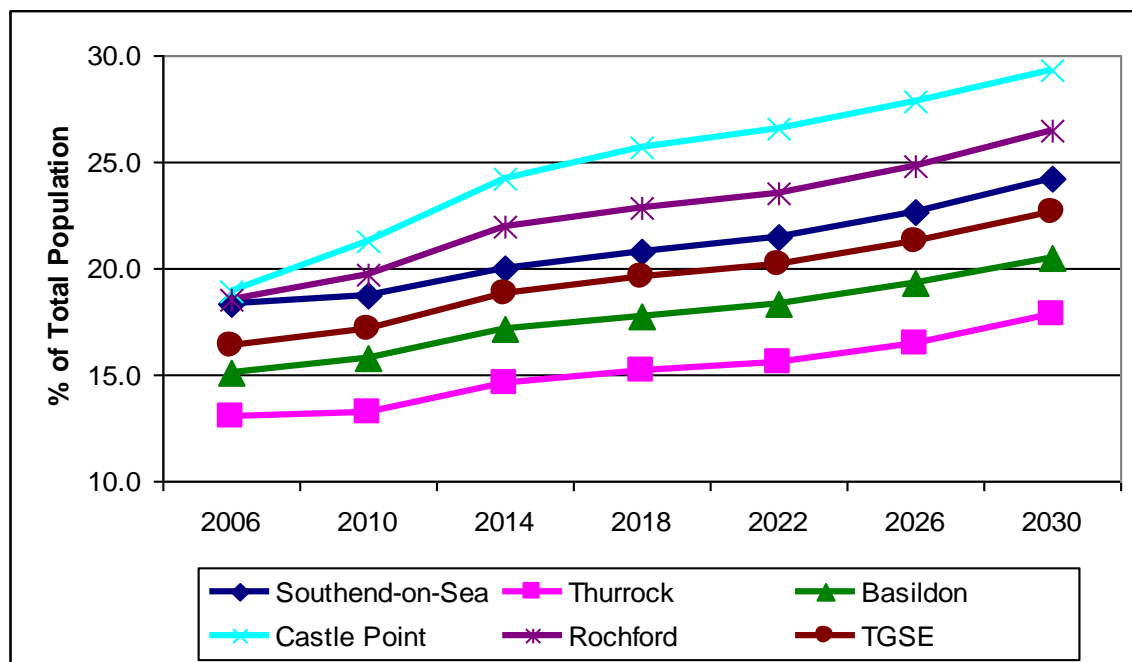
A presentation on proposals for co-operation (covering housing options for older people, planning housing for all ages, home adaptations, collaborative procurement and civic leadership and community empowerment) was discussed at the final hearing and received support from all those attending.

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While the focus of the Commission's work was on all who need housing, health and adult social care services, the changing demographic profile of south Essex inevitably meant a great deal of time and attention was given to the needs of our ageing population.

The recommendations from the Commission will benefit all ages and the final report will address the specific needs of those all who use housing, health and adult social care services - including older people and people with disabilities and sensory impairments.

The changing demographic profile of the south Essex population:



Projected Population across south Essex aged 65 yrs+ 2006-30

1.1 The current provision of care and support for older people

The facts: At present, older people have very little choice in relation to their housing, care and support needs, both at the point when they retire and how they plan for their future and as they become older and frailer. Hospital and residential care are currently the 'default position' in the absence of suitable alternative provision. For both owner occupiers and people living in social housing, the options are limited in the event of a crisis such as a fall or a serious illness.

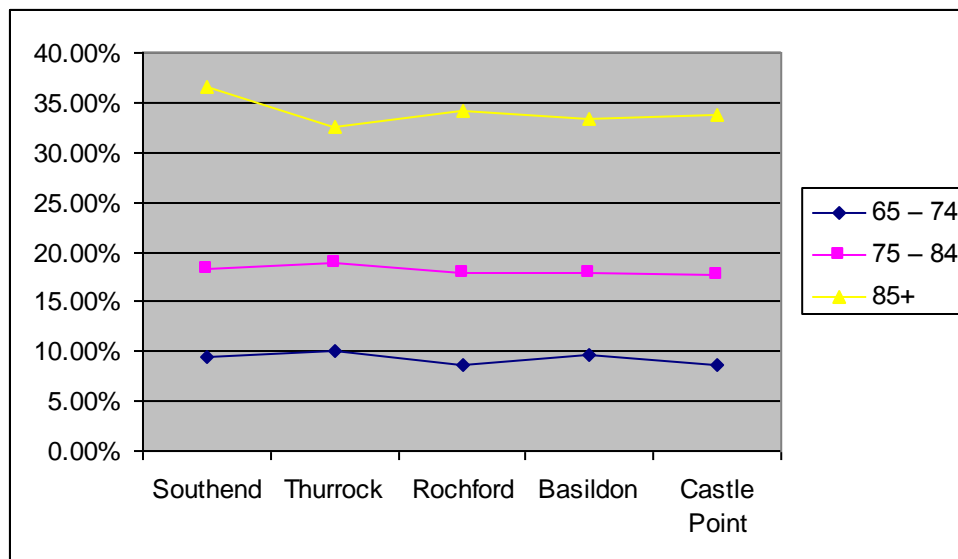
Admissions to hospital rise as people age with a peak for elective admissions between 75 and 84 and substantial increases in emergency admissions over the age of 85.

Twenty per cent of discharges involving people over 65 are delayed due to inadequate provision for their return to home such as a home care package,

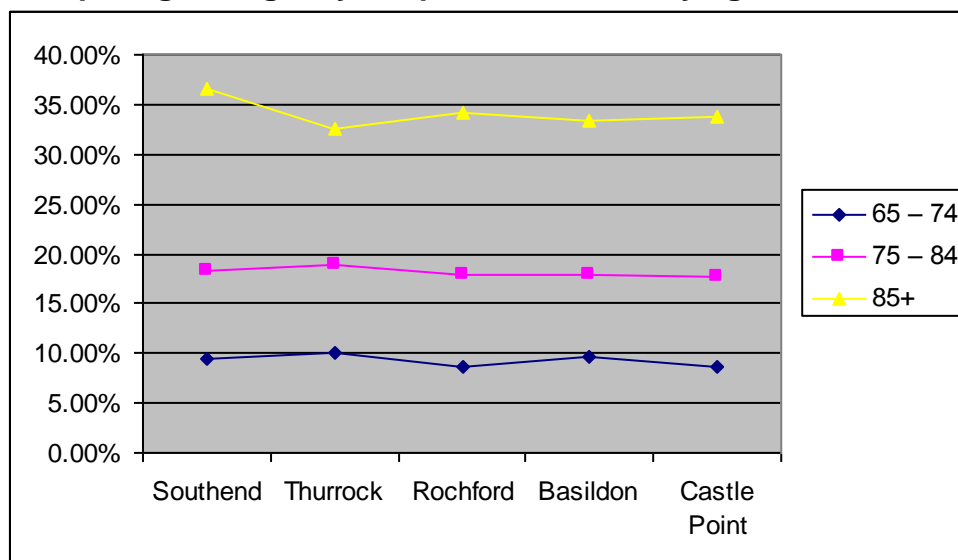
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home adaptations, admission to an intermediate care facility for re-ablement or provision of a suitable residential care home place, where needed.

% requiring elective hospital admission by age



% requiring emergency hospital admission by age



Comment: There is a need for an early, co-ordinated and comprehensive range of services that encourage and support people to make the best choices for themselves to ensure maximum independence and the best quality of life possible. People want to stay at home. Going into residential care is the last option for most people. Almost a third of people regret going into residential care, but currently local authorities and the NHS do little to encourage and support people to plan for their future as they get older.

For example, home adaptations can help prevent or defer people having to go into residential care; one year's delay can save £26,000 per person - the average cost of adaptations is £6,000; if a shower is fitted enabling

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independent bathing, this can reduce home care costs even if there is still a need for some support for frailer service users - an hour's home care per day costs an average £5,000 each year and preventing accidents brings down costs to health and social care. Modifications and adaptations also support carers by preventing back injuries and reducing stress.

Support towards greater independence following a fall or illness through re-ablement can improve quality of life and reduce the incidence of morbidity brought about by depression. Re-ablement is cost-effective when health and social care costs are taken into account.

1.2 Long term health conditions linked to ageing

The facts: Eight in ten primary care consultations and two thirds of emergency admissions in the UK are related to long-term conditions. In Essex 215,471 are living with a long term condition. Conditions such as obesity, are set to rise to over 100,000 in older people by 2025, resulting in increased cardiovascular disease, diabetes, hypertension and arthritis. All these illnesses potentially lead to a poorer quality of life as well as increased need for housing, health and social care services.

As the numbers of people over 65 rise, more people will live with long term health conditions; and many older people will suffer from more than one condition that will become more complex to manage as they get older. This leads to a need for more holistic, multi-disciplinary approaches to how we support our ageing population. For example, we know that depression is the second most common illness in older people and that there is a strong link between falls and depression. In the year 2000, the UK spent £726m dealing with hip fractures resulting from falls. There is a 30% increased risk of fracture of the hip in older women suffering from depression. In Essex there are currently 18,300 admissions at Accident and Emergency as a result of falls. By 2025, this is expected to rise to 27,100.

Comment: If sufficient resources were coordinated and targeted towards reducing risk based on a range of interventions from screening for osteoporosis, easy access to home adaptations, dropped kerbs, to better lighting, as well as working to reduce the incidence of depression by increasing mobility and social contact, this would save on hospital admissions and rehabilitation and contribute to greater independence and safety.

1.3 Current use of health service/Social Care budget by older population

The facts: Nationally, almost two thirds of local authority social care budget is spent on the over 65s; the NHS spends 46% of hospital and community health service budgets on the same group. In Essex, close to £1billion is spent annually by the NHS and local authorities with two thirds spent on care in hospitals or residential care homes. In 2009, the 65s and over made up 16% of the total population - this is projected to rise to almost a quarter by 2034.

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The growth in over 65s will create more demand for housing, health and social care services at a time when the working population (and tax base) will decline relative to the increasingly ageing population. Clearly, that means that spend per capita will increase significantly with age over time creating an unsustainable situation.

Comment: We need to ensure that fewer people are admitted to hospital or looked after in residential care settings – coordinated planning will mean people can be treated in their local community, often by their GP, and planned housing and community action would create a supported environment where people stay in their own home and lead a more active, independent life. But to achieve this, there needs to be a substantial escalation of the shift from the acute sector and residential care to more holistic, multi-disciplinary provision closer to home.

1.4 Health inequality

The facts: Varying levels of affluence and deprivation contribute to significant health inequalities throughout south east Essex. Economically healthy areas such as Brentwood and Rochford produce better health outcomes and longer life expectancy. However, in the most economically deprived areas such as Thurrock and Southend, health outcomes and life expectancy is lower. In south Essex, men in the most deprived 5th of the population have a life expectancy of 78 (compared to 84.4 in the London borough of Kensington and Chelsea). Whereas Thurrock and Southend have rates of male mortality above the national average 77.9 and 77.6 in the most deprived parts of each area.

In wards of high deprivation, health tends to be poorer with residents requiring more support as they age due to chronic illness, resulting in a higher health and adult social care spend.

Comment: The pattern of health inequalities spread across south Essex, points to the need for specific, localised, community based and integrated housing, health and adult social care services to tackle the problems associated with lower incomes and social inequality.

1.5 Housing tenure and the profile of service users

The facts: South Essex has above average levels of owner occupation with 85% of housing in the private sector. Castle Point has the highest proportion of owner occupied households – almost 9 in 10, with the highest number of local authority homes found in Basildon. Across Essex, 73% of home owners 65 and over cannot afford to adapt their homes or keep them in good repair. Most of these residents are on low incomes with homes bigger than they need: in south Essex, more than seven in ten homes are under-occupied.

Comment: Improved housing choices and providing better information about the advantages of downsizing will encourage some older home owners to

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move to accommodation that suits their changing needs. This would help improve the availability of family housing; help to address the current shortage of supply in the sub region, and provide an environment where older people can live more independently and rely less on social care and the NHS for longer.

1.6 Housing tenure, self funders and access to housing with support

The facts: Using owner occupation as an approximate measure of the financial capacity to pay for social care, we can estimate the number of self funders now and in the future. Currently, about 17.5% of people over 65 are Adult Social Care clients.

Self funders are poorly served by information and advice in relation to housing options, adaptations and money advice. There is a lot of information available on the Internet and in published written documents but it is not always easy to access and it is often poorly presented for the target audience. As a result, self funders are disadvantaged and may delay important decisions about their housing or support needs due to lack of information and support. This delay in making the right choices for the future can increase the likelihood of requiring residential care with significant financial implications for the individual and their families and ultimately the state - should their funds run out, then turning to their local authority for financial assistance brings an estimated cost of £1 billion a year¹.

Housing options are further limited as people who live in social housing are generally offered sheltered accommodation, much of which is no longer 'fit for purpose', particularly as people's expectations have increased since much of the sheltered housing stock was built. For owner occupiers, the supply of private sheltered accommodation is limited and may not be available in the area where they live. In addition, some private sheltered housing is too expensive, particularly for owners with low value homes. Other 'general needs' housing may not be suitable as it is not built to the standards described as 'lifetime homes'.

For frailer people, there is very little choice, with the right kind of support supplied as part of an overall accommodation package delivered at home still relatively rare in either the private or social housing sectors. In fact it is estimated that there is a current shortfall of 2,100 supported housing or extra care places in the Essex County Council area.

Comment: Improved access to information and advice on the options available is needed for both self funders and for those needing supported accommodation. A more diverse market for supported housing is required across all tenures and in the social housing sector, there needs to be a reduction in the amount of sheltered housing and an increase in extra care housing provision for both sale and social rent.

¹ Careless – Funding Long Term care for the elderly Policy Exchange 2010

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2. The realities of the current arrangements

South Essex, like everywhere else, has a mismatch of services, not always working together to address current and future needs. Services are mostly reactive, and very rarely proactive – this can often mean spending more and achieving less. Outlined here are some examples of poor coordination between services and organisations highlighted by staff and service users in south Essex:

- ➔ The flat that has been brought up to Decent Homes standards, but is now more difficult to live in for the elderly disabled occupant
- ➔ The new housing scheme that fails to plan for people growing older – leading to expensive adaptations further down the line
- ➔ The new road that does not provide adequate dropped kerbs or suitable crossings for older people and people with a disability
- ➔ Distressing stand-offs between care and health services over end of life care funding arrangements
- ➔ Unacceptable and expensive use of acute beds when people should be supported to die in their home setting if that is their wish
- ➔ Under-resourcing of low cost, preventative services and over-reliance on high cost care home placements
- ➔ Different bureaucratic systems that cause needless complexity for service users and the health providers working with different councils
- ➔ Slow and cumbersome arrangements for home adaptations
- ➔ Lack of clear, consistent information about local services and activities that people can use to help themselves
- ➔ A cradle to grave mentality that relies too heavily on the assumption that the public sector will be there to assist

2.1 Summary

The significant growth in the ageing population points to the need to do things differently. The current default to hospital and residential care is undesirable and unsustainable for the future. Whilst hospital and residential care homes, have their place, an integrated approach to re-ablement, with timely and intensive interventions to help people regain their skills and confidence after an injury, illness or disability is required.

Too many people end up in hospital unnecessarily, often leading to a lack of confidence, skills and mobility/functionality; leaving people more susceptible to infection and further illness, perhaps leading to greater incidence of morbidity and reliance on social care. From the provider side it represents a very expensive drain on health and social care resources.

Equally, too many people end up in residential care and later live to regret a decision that was taken at a moment of crisis. Residential care, for self funders can lead to the depletion of their financial resources, lack of independence, depression and total reliance on the state or hospital over time.

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3. Doing things differently

There is a real need for a different approach in the future which ensures:

- ➔ A much more integrated housing, health and care service which is community based and designed to get people back on their feet after a crisis or illness and enables them to live independently in their own homes.
- ➔ Better housing choices for older people, a better built environment, and a package of light touch adult social care that encourages and supports older people to live independently and at home for as long as possible
- ➔ A much more strategic approach to the market by combining forces to achieve the best possible deals when commissioning and buying services.
- ➔ Easy, 'one click' access to high quality information and advice so that people can make informed, timely decisions for themselves.

No one organisation can achieve the scale of changes that we need – we have to lever in the combined strengths, skills and resources from all our organisations. And the pressures on our budgets mean that working together to ensure a join up of our housing, health and adult social care services is now also a financial imperative.

3.1 Proposals for the future

The Commission of Enquiry has investigated and highlighted the problems in the present system, in particular how that system will be unsustainable in the medium and longer term. To address these issues the Commission has also developed 10 Propositions for Change. To illustrate what these changes could mean in practice, three examples are outlined briefly below:

A south Essex approach to information, advice and guidance

The Commission of Enquiry concluded that a major step forward would be to ensure consistent universal access to information and advice across south Essex, including financial advice, which will provide information on a range of options to address current and future housing, health and social care needs. Best practice sites we have identified provide residents with advice on:

- ➔ Care and support at home, in specialist housing or in a care home;
- ➔ Housing services, home aids and adaptations, and equipment to enable residents to stay in their home or consider options for moving somewhere more suitable;
- ➔ Financing options for paying for care and support, claiming benefits and allowances, Council and NHS funding for care and support, insurances, financial planning and financial products;
- ➔ Rights under the law, the standards residents should expect; how to get what they are entitled to, including advocacy services that can support them when making a claim or complaint.

In addition to providing information and advice about housing, health and social care needs, residents could be guided towards local services which could help them meet those needs. This would allow many residents to make

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informed choices and decisions without having to navigate their way through a myriad of council or health information systems. Information and advice would need to be available through a range of channels including printed media, web pages, call centres and face to face; but a website could be used to disseminate up to date or even real time information to residents and at the same time potentially be a resource also for staff².

This proposal is particularly designed to meet the needs of owner occupiers in south Essex who typically will have had no contact with local authority adult social care, and who often, through a lack of good quality, trusted information find themselves trying to cope in a crisis with very little knowledge of the choices, costs and options they could have for the future.

An integrated approach to Re-ablement

In the case of residents who may require more than an information or an advice service to arrange for their housing, health and social care needs to be met, (either because they do not have the means to do so or because the nature of their need requires a more complex set of interventions), a single integrated gateway to services will help ensure an integrated approach to meeting those needs. The aim is to promote independence at home by:

- working with GP practices to provide a range of housing, health and social care services for those with needs related to illness, injury or surgery or long term conditions or disability;
- including the range of disciplines needed to provide timely and intensive support at home where necessary, or, in step up, or step down provision
- maximising the role of housing through housing options advice; rehousing; addressing homelessness; adaptations; floating support; supported housing;
- strong linkages to resources in the local community in order to maintain residents at home, and support from family, carers, neighbours and faith groups and other informal care networks;
- where necessary, arranging access to assistance from informal carers, volunteer services or self directed support (either self funded or via personal budgets) where required in the longer term.

An important component of this proposal is integrating housing as a core element of re-ablement and independence at home: Research by both the Institute of Public Care and the Health Services Management Centre both highlight the importance of housing needs and adaptations in preventing inappropriate admissions to hospital and care homes. This makes it essential that the strategic housing functions (located in the unitary and district councils), are directly involved in these jointly commissioned services. This will bring housing staff, including staff responsible for aids and adaptations, and housing advice together with staff providing health and adult social care services so that the widest range of hard and soft interventions are available

² Staff focus groups held in June and July 2010 helped in the preparation for the Commission of Enquiry highlighted the difficulty of obtaining up to date and reliable information about housing, health and adult social care services in south Essex.

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to rebuild skills and confidence and enable independence. It will also be necessary to agree pooling of housing, health, and social care budgets for equipment and adaptations so as to create a flexible resource which will allow aids and adaptations, and if appropriate, assistance with re-housing, to be commissioned in a timely and responsive manner³.

This proposal builds on initiatives underway in Thurrock, Southend and Essex, but importantly, seeks to overcome the existing disconnect between housing and health and adult social care. By working together with an integrated approach to re-ablement, south Essex residents, the hospitals and GPs will benefit. The government has recognised the significance of re-ablement through additional funding, but the benefits and change of emphasis are not widely understood. This can again, be more easily overcome if there is a concerted approach across south Essex.

A south Essex-wide approach to housing for older and disabled residents across south Essex - creating choice through a broad range of different types of housing

Creating the right place through having a diverse housing offer for residents across south Essex has been a recurrent theme for the Commission, as it is well recognised that this underpins health and wellbeing. Having high quality attractive homes that meet the needs of residents as they age, as well as the right levels of support to enable residents to, as far as possible, have a home for life, not only increases independence but reduces calls on health and social care resources.

One of the proposed routes to achieving improved housing choices and options for older people is to transform the current social housing offer to older residents through the strategic use of assets:

- Reconfigure outmoded sheltered housing;
- Form an asset vehicle for south Essex to secure best value and achieve critical mass;
- Use the assets released collectively to shape a new market;
- Develop a range of housing options including mixed tenure retirement communities that provide homes for life and reduce calls on health and social care.

These proposals will be underpinned by greater clarity about population needs, an improved dialogue with developers and an emphasis on best practice design. They recognise that the increasing numbers of older people, particularly owner occupiers, will need to have access to more suitable housing options if they are to remain independent and healthy in older age. Only by working on a concerted basis, can the mismatch of the current housing stock and future needs be overcome.

³ Focus Groups and Task Groups working with the Commission of Enquiry both reported that the current arrangements for commissioning adaptations frequently led to delays or disputes as to which body is responsible for funding the work.

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4. Next Steps

The 10 Propositions for Change produced by the Commission of Enquiry are set out in detail at Appendix 3.

The Project Team were asked to work up the proposals further and develop business cases with clear actions and timelines. In addition, the team were also asked to provide further information on:

- suggested sequencing of activities and any dependencies;
- suggestions about prioritisation;
- assumptions about feasibility;
- opportunities to build on work already underway;
- possible quick wins.

Work will be carried out on these areas by the Project Team, Task Groups and relevant officers over the coming months.



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Appendix 1. Commission of Enquiry Membership

From the Councils and Primary Care Trusts in south Essex:

- ➔ **Liz Chidgey**, Deputy Executive Director, Adults, Health & Community Well-being, Essex County Council;
- ➔ **Melanie Harris**, deputising for David Marchant, Chief Executive, Castle Point Borough Council;
- ➔ **Simon Leftley**, Corporate Director of Adult & Community Services, Southend on sea Borough Council;
- ➔ **Jonathan Marron**, Director of Strategy and Planning, NHS South East Essex
- ➔ **Lorna Payne**, Corporate Director of Community Well-being, Thurrock Council;
- ➔ **Andrew Pike**, Chief Executive, NHS South East Essex and NHS South West Essex;
- ➔ **Chris White**, Executive Director, Basildon District Council;
- ➔ **Graham Woolhouse**, Deputy Chief Executive, Rochford District Council.

And Independent Commissioners:

- ➔ **Helen Bowers**, Director, National Development Team for Inclusion;
- ➔ **Stephen Burke**, former Chief Executive Counsel & Care;
- ➔ **Professor Andrew Kerslake**, Institute of Public Care, Oxford Brookes University;
- ➔ **Sarah Webb**, Chief Executive of the Institute of Housing;
- ➔ **Christian Woodhead**, Assistant Director Care and Support, East Thames Housing.

Support from Elected members

Because of the community leadership role of local councils, the Commissioners were keen to engage with local politicians at an early stage. To this end a Briefing session for Leaders and Portfolio Holders was held on 7th September 2010. The resolve at this meeting gave a strong message to the Commission from the outset that all the potential benefits of working together to deliver housing, health and adult social care must be explored. It was recognised that with an increasingly ageing population, the current default to hospital and residential care was no longer viable and that there is a need to collectively create the right homes, environment and services to support people to remain as independent and healthy in their own homes, for as long as possible.



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Appendix 2. Commission of Enquiry Hearings 2010

Four Hearings were held across south Essex on:

- ➔ 17 September, Basildon;
- ➔ 22 October, Castle Point;
- ➔ 15 November, Southend;
- ➔ 17 December Thurrock.

The hearings were attended on average by 80 - 100 people representing a range of statutory and community organisations and heard presentations by:

- ➔ Professor Giarchi from Plymouth University, an octogenarian himself, who spoke about the Ethics of Care and urged us to see the uniqueness of each person we come across – we are not just dealing with numbers;
- ➔ Lynden Jackson, from Debenham in Suffolk, whose residents decided to make their village a supportive place for people with dementia and their carers;
- ➔ Peter Hay, Director of Adult Social Care in Birmingham who stressed the importance of helping people to help themselves with good, timely information so that they will not end up taking decisions that they will regret, such as selling their property and going into residential care – when this could be avoided;
- ➔ Patrick Devlin from a leading architecture practice who shared with us the success stories from around Europe of housing that has been designed to promote independence;
- ➔ John Bolton, former Director of Strategic Finance at the Department of Health reminded us that just because you might be an older person and ill, doesn't mean that you won't get better....there are too many self-limiting attitudes amongst the population and the professionals and these can perpetuate reliance on services that undermine independence.

The Commission also met local housing developers who told us that they would like clearer guidance about the kind of housing needed in south Essex.

In response to these presentations, the round table discussions of these issues at the hearings, and the detailed work of the task groups, the Project Team developed a number of proposals for joint working. These proposals were presented at the final Hearing on 17 December 2010 and received broad support from those attending.

A number of Elected Members also attended and played an active role in the four hearings, including co-chairing the Hearings with Lorna Payne Corporate Director of Community Well-being at Thurrock Council.

Elected Members debated the Commission's outline proposals on the 9th of February 2011 and were very supportive. They felt that the 10 Propositions for Change would, over time, make a significant contribution to the health and well being of south Essex residents.

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Appendix 3. The 10 Propositions for Change

A Vision for housing suitable for older people in south Essex – creating the right place				
Proposition 1	Reason	Benefit	Form of Co-operation	Potential implications
A housing strategy for older people which sets out what the housing and planning authorities want the market to deliver based on high quality data from housing, health, social care and local residents.	<p>There is no south Essex plan or strategy that clearly sets out what the councils want the market to deliver for older people.</p> <p>Nationally, the LGA in (October 2010) reported that the barriers to building adequate homes for older people include:</p> <ul style="list-style-type: none"> • key local strategies often developed without sufficient consideration of the needs of older people and assessment of housing need • planners not involved in providing diversity and choice in housing older people. <p>Recent research by the NHF (January 2011) also highlights problems caused by the lack of housing strategies for older people.</p>	This will provide clear guidance to developers and providers on what is needed in south Essex and help shape market provision for general and supported housing, resulting in the right homes being built in the right places to meet the needs and aspirations of local residents.	<p>Shared multi-disciplinary approach, building on existing need modelling and strategies.</p> <p>However, in future, involving a wider group of disciplines - housing, health, social care, planners and residents using jointly commissioned research and data drawn from the JSNA and the SHMA.</p> <p>Developing a common approach to addressing the need for housing for older people.</p>	<p>Main implications relate to leadership and culture change - bringing together a wider group of professionals to develop a housing strategy for older people.</p> <p>The full involvement of planners and their on-going engagement will be vital particularly as the key interface with developers. JSNA data needs to be more widely understood and used by housing and planning teams.</p> <p>Developing a common approach may have policy implications for individual Councils that will need to be addressed.</p>

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A Vision for housing suitable for older people in south Essex – creating the right place				
Proposition 2	Reason	Benefit	Form of Co-operation	Potential implications
A diversified housing market which provides a range of suitable housing to buy or rent to meet residents' needs as they grow older, underpinned by Planning Guidance setting out clear design standards for homes and neighbourhoods.	The current housing offer provides limited choice for older people in meeting their housing needs as they grow older - 85% of housing across the sub region is owner occupied and many older people want to remain owner occupiers. Attractive, affordable choices are however needed for people who want to move – often from family housing that is increasingly unsuitable and requires adaptation.	A range of suitable housing to be available across south Essex that residents can buy, part buy or rent to meet their housing needs as they grow older. Greater market awareness of demographic trends and the implications for development. The market will be more responsive to a sub-regional approach that sets out clear requirements about needs, and standards.	Common approaches adopted across south Essex – for example: <ul style="list-style-type: none"> • apply the HAPPI principles* across south Essex and for these to be used to direct and guide developers in respect of design standards for housing schemes. • create an ongoing dialogue with developers to ensure market needs are well understood and that the needs of the sub region are reflected in planning guidance. 	This will require housing, health, social care and planning to work closely together across the sub region. The full involvement of planners and their on-going engagement will be vital, particularly as the key interface with developers. There are potential policy implications arising from developing common policies and joint approaches with developers.

***The south Essex Commission of Enquiry into co-operation
between Housing, Health and Adult Social Care***

A Vision for housing suitable for older people in south Essex – creating the right place				
Proposition 3	Reason	Benefit	Form of Co-operation	Potential implications
Creating choice in supported housing across south Essex.	The overall level of owner occupation in south Essex is 85%. Over the next 20 years it is estimated that the numbers over 85 will double and that 69% will have a disability or long term condition. It is estimated that one in five over 85 will have some form of dementia. The need for appropriate supported housing will increase. There are currently very limited private sector supported housing options.	With sufficient leasehold, shared ownership, rent to buy and rented extra care housing across south Essex, (as measured by the standard indicator of 25 units per 1,000 of population over 75), more people could remain living independently in their own home (and fewer would, by default, go into residential care).	A clear understanding of the supported housing needs of south Essex needs to be developed, based on a mixed tenure approach, building on the work currently in progress to model the need for extra care housing. Joint working with developers, providers and funders will be needed to develop the market and put the right financial and other assistance needed in place. Clear requirements for residential care provision that can be used as a tool by planners needs to be put in place across south Essex, and work to develop this is currently underway.	This will require housing, health, social care and planning to work closely together across the sub region. There are potential policy implications arising from developing common policies and joint approaches with developers. There may be implications for use of council land and extra care funding arising from the proposals, as well as reductions in use of residential care.

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A Vision for housing suitable for older people in south Essex – creating the right place				
Proposition 4	Reason	Benefit	Form of Co-operation	Potential implications
Use the outdated sheltered Housing stock and land to create a joint asset base to enable the development of a range of housing including retirement communities, providing properties for sale and rent for a range of care needs.	<p>Most sheltered housing provision is currently within the social housing sector, although the majority of the older population live in owner occupied accommodation.</p> <p>Much of the existing sheltered housing across south Essex does not meet modern expectations and is unsuitable through design/size/location/facilities. There is a lack of demand for traditional sheltered housing which has resulted in relaxation of lettings policies.</p> <p>Much sheltered provision does not provide a home for life and can result in increased calls on health and social care budgets.</p>	<p>The sheltered assets provide a potential resource to enable the development of a new offer to meet the needs of older people for the future. Provision of mixed tenure supported housing, addressing a range of support needs including extra care and the needs of those with dementia, offers a route to reduce use of residential care whilst making better use of sheltered assets.</p> <p>By looking at these assets on a sub regional basis there will be economies of scale, the potential for enhanced values through site packaging and the potential to develop exemplar provision for older people across south Essex.</p>	<p>High levels of co-operation will be needed to achieve this for example:</p> <ul style="list-style-type: none"> • to decide the sheltered stock to be decommissioned • to explore the potential for an asset vehicle for south Essex to hold former sheltered assets. • to value, group and/or sell assets to assemble sites to address future housing needs including retirement communities. • to put in place a partnership with developers/providers for new provision, as well as marketing and receipt recycling arrangements. 	<p>Feasibility report needs to be prepared for further consideration and approval by each stock holding council, including financial appraisals. This will also need to quantify the benefits of addressing these assets on a sub regional basis.</p> <p>Appraisal of the potential for an asset vehicle will need to be considered by stock holding councils including potential governance arrangements.</p> <p>The role of RSL stock, particularly where there has been stock transfer will need to be considered.</p>

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between Housing, Health and Adult Social Care***

Creating the right support for Independence – universal information and advice services				
Proposition 5	Reason	Benefit	Form of Co-operation	Potential implications
Creating a consistent, universal and integrated approach to information advice & guidance in south Essex.	<p>The current position:</p> <ul style="list-style-type: none"> • fragmented and service led provision of information which is difficult for residents to find (and staff dealing with different systems) • independent financial advice is difficult to obtain • limited advice on housing options • a lack of awareness of a re-ablement approach and the possibilities of being independent at home • too many people admitted to care homes who could remain at home and who later regret the move. 	<p>Readily available and consistent information, advice and guidance which achieves:</p> <ul style="list-style-type: none"> • a more informed community, better equipped to plan and provide for their housing, health and social care needs • a focus on re-ablement and remaining independent at home • greater choice of 3rd sector, private and public services • residents and community organisations more involved in commissioning and commenting on the performance of services. 	<p>Discussions currently underway between 3 social care services to discuss feasibility of developing a common portal for information, advice and service signposting across south Essex, and at ward level.</p> <p>Information/advice/guidance about housing, health and adult social care to be available as part of an integrated comprehensive approach, designed both for people approaching retirement and those who are retired.</p> <p>Linkages have been made with PCT Communications Teams which can be extended to GPs.</p>	<p>A higher level south Essex general advice service which signposts residents to district or community or neighbourhood level resources.</p> <p>To create a profile for the south Essex information portal, a south Essex ‘branding’ may be needed (while clearly identifying each council and the resources they offer).</p> <p>The reduced local monitoring of the quality of care by the regulator means we need to engage more service users, carers and others in assessing the quality of services.</p> <p>More residents arranging for their own housing, health and adult social care needs to be met without requiring council intervention.</p>

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between Housing, Health and Adult Social Care***

Creating the right support for Independence – a public engagement campaign				
Proposition 6	Reason	Benefit	Form of Co-operation	Potential implications
Developing a public engagement programme for housing, health and adult social care to address the lack of awareness about what is provided and to promote planning and involvement in providing for the future.	<p>Many people don't know about the arrangements for long term care:</p> <ul style="list-style-type: none"> • how it's paid for • what the possibilities are • that many conditions are preventable. <p>Housing can be a major issue for older and disabled people:</p> <ul style="list-style-type: none"> • it can be limiting • it can be a burden and a worry. <p>There is an assumption that the state will take care of our needs in older age. This is not the case, as many people who have entered residential care have found.</p>	<p>Residents more engaged in housing, health and adult social care:</p> <ul style="list-style-type: none"> • better information to tackle the issue - "no-one knows about social care" • conversations about why treatments can be better at home than in hospital, and how re-ablement works • advice on planning for housing, health and adult social care needs in retirement (including financial advice) • greater involvement (by residents, faith and community groups) in volunteering, providing services and monitoring outcomes. 	<p>This proposition will follow on from the joint approach to universal information, advice and guidance:</p> <ul style="list-style-type: none"> • a public engagement programme for health and well being • a "did you know campaign" to address common misconceptions and to promote awareness • good information, advice and guidance, particularly about prevention & re-ablement • recognise and support the need for community involvement in planning and commissioning • demonstrate that the public sector is joined up to deliver housing, health and social care – an integrated approach. 	<p>The proposed programme may require a joint approach led by elected members, and support by each council's communications teams.</p>

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between Housing, Health and Adult Social Care***

Creating the right support for Independence – an integrated approach to housing, health and social care services				
Proposition 7	Reason	Benefit	Form of Co-operation	Potential implications
<p>a) Creating an integrated approach to housing health and adult social care encompassing early intervention, preventing hospital admissions, re-ablement (potentially incorporating crisis response), and to support independence at home.</p>	<p>A different offer and differences in the range of support provided across south Essex result in:</p> <ul style="list-style-type: none"> • difficulties joining up approaches used by housing, health and social care • too few services jointly commissioned for older people • too little focus on prevention – tackling the common causes of care home and hospital admissions • a failure to address housing needs is a common cause of care home admissions • too few step up – step down facilities. 	<p>An integrated approach to residents’ housing, health and social care will require:</p> <ul style="list-style-type: none"> • intensive and targeted support to build skills and confidence after illness, injury or surgery • timely responses to crisis enabling residents to receive more acute services at home • maintaining (or rebuilding) links to support from within the community • for those with longer term needs, support for informal carers and volunteers, and an emphasis on self directed support for self funders or those with personal budgets. 	<p>Initial mapping of pathways to establish similarities and differences in approach. Opportunities to share development of new approaches, training, policy guidance, information etc. Longer term, possibility of joint working and community based virtual or shared teams.</p>	<p>An incremental approach that will be led by the respective directors of adult social care.</p> <p>An increase in support at home and a reduction in the use of care homes.</p> <p>A reduction in the need for longer term commissioned care.</p>

***The south Essex Commission of Enquiry into co-operation
between Housing, Health and Adult Social Care***

Creating the right support for Independence – through information and advice and local ‘prevention’ services				
Proposition 7	Reason	Benefit	Form of Co-operation	Potential implications
<p>b) Develop an integrated approach to funding for adaptations:</p> <ul style="list-style-type: none"> • a joint approach to funding equipment • integrate adaptations within hospital discharge and re-ablement • develop a housing options approach as part of falls clinics • develop a common procurement process across south Essex for adaptations. 	<p>Housing adaptations need to be integral to admissions avoidance, hospital discharge and re-ablement and it is therefore proposed that administrative processes and care pathways be redesigned to enable this.</p>	<p>Resources being used in the most effective way:</p> <ul style="list-style-type: none"> • a prevention approach being put in place that will reduce costs to social care and health • reduced bureaucracy in administering grants, freeing up staff time • improved service offer to residents • speedier hospital discharge • opportunities to maximise housing options will be taken, enabling residents to live in a more suitable home, reducing health and social care costs • better value from procurement and speedier provision of adaptations. 	<p>Staff from housing, health and social care (children and adults) will need to agree a process for funding adaptations and for all applications to go through this process. A process for budget allocation, monitoring and control will also be required between all organisations.</p> <p>Staff from social care (children and adults) and health will need to agree a pooled budget approach to funding equipment. This will also require finance involvement.</p> <p>Existing processes and pathways will need to be mapped and then redesigned in order to integrate housing within both hospital discharge and re-ablement.</p>	<p>Proposals are currently being developed to pilot a housing options approach in a falls clinic. The learning from this pilot will be evaluated and the approach potentially rolled out in other areas of health and social care.</p> <p>Work will be required involving housing and procurement staff across south Essex to develop a common specification. A tender exercise will be required complying with EU requirements, and contract administration and monitoring arrangements will need to be put in place. Staff training will be needed to support the introduction of any new process.</p>

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Creating the right market – smarter commissioning and a mix of providers				
Proposition 8	Reason	Benefit	Form of Co-operation	Potential implications
Shaping the market to provide an integrated approach to housing, health and adult social care encompassing preventing hospital admissions, re-ablement (potentially incorporating crisis response), and to support independence at home.	<p>The current model of home care is predominantly focused on support for activities of daily living without a consistent focus on re-ablement or finding informal support within the community.</p> <p>The evidence from Choice and Control pilots is that we need to hand back to service users responsibility for personal assistance, including both self funders and those who qualify for funded services or Individual Budgets.</p>	<p>Adult social care services risk causing dependency unless action is taken to equip service users and their carers to choose and control the support they need, and to engage the local community in supporting them.</p> <p>Increasing the contribution of informal support will be necessary to enable more service users to regain the skills and confidence to manage at home and to rely less on commissioned services.</p>	<p>The 3 social services authorities' procurement and commissioning teams will develop projects to plan and commission jointly with providers these new models of service.</p> <p>Providers will have a more comprehensive picture and consistent understanding of the housing, health and adult social care priorities in south Essex and so be better able to address them.</p>	<p>It is highly unlikely that any of the 3 social services authorities could influence the marketplace on their own and in the absence of a co-ordinated approach any local initiative may be undermined by appearing inconsistent with other approaches in south Essex. The home care market will require consistent messages and support in relation to the workforce, and potentially business models, to change its current offer.</p>

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Creating the right market – smarter commissioning and a mix of providers				
Proposition 9	Reason	Benefit	Form of Co-operation	Potential implications
Collaborative procurement project for Essex, Southend and Thurrock to improve contracting for care homes including moving to framework contracts.	<p>The 3 social services authorities commonly purchase care home places in the same homes or from the same providers. Since the 3 authorities now use the same form of contract, there are further opportunities for co-operation, including:</p> <ul style="list-style-type: none"> • systematically sharing market information and co-ordinating approaches to the market • lead contracting arrangements with larger providers • co-ordinating relationship management. 	<p>The benefits are from:</p> <ul style="list-style-type: none"> • harmonising the current commercial arrangements on the most favourable terms • eliminating duplication in back office functions with common providers through lead contracting arrangements • seeking enhanced value as a result of reduced transaction costs and improved relationship management • reshaping the market to ensure more effective focus on dealing with the cause of admission and returning home • influencing marketing to self funders who may be more appropriately supported at home if they had access to the right service. 	<p>The 3 social services authorities procurement and commissioning teams will develop projects to plan and commission jointly with providers:</p> <ul style="list-style-type: none"> • initially the introduction of framework contracts • and subsequently the new models of services. <p>Providers will have a more comprehensive picture and consistent understanding of the housing, health and adult social care priorities in south Essex and so be better able to address them in conjunction with councils.</p>	<p>These include:</p> <ul style="list-style-type: none"> • aggregation of contracts where beneficial • engaging larger providers (top 10) with a dedicated contract and relationship management resource • skilling staff to work across councils and PCTs in virtual commissioning teams or shared services • the need for investment in alternatives to residential care • care home providers moving from a model of catering for passive recipients of care, to one actively engaged in prevention, re-ablement and where appropriate end of life care.

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Creating the right market – smarter commissioning and a mix of providers				
Proposition 10	Reason	Benefit	Form of Co-operation	Potential implications
Securing private sector investment in 3 rd sector programmes addressing health and well being to build resilience, increase community involvement, start up social enterprises & improve community awareness.	Enabling the vibrant voluntary and community services to be more involved in supporting residents with housing, health and adult social care needs. In the face of uncertainty about or reductions in public sector funding, we can build on: <ul style="list-style-type: none"> • a strong track record of return on investment • an appetite to be more involved in delivery at all levels • an infrastructure to support voluntary and community groups in the CVSs (and a willingness on their part to join up in south Essex). 	Consistent with a shift to community-based prevention services we envisage: <ul style="list-style-type: none"> • greater community involvement in health and well being (community and faith groups and locally run initiatives) • more volunteering to support residents after illness, injury or surgery and to tackle social isolation • potentially the development of social enterprises to provide support for residents. 	Councils in south Essex working with public sector contractors and other businesses to secure investment in voluntary and community services Councils working with voluntary and community organisations to ensure a consistent focus on housing, health and social care priorities, complementing publicly funded services. A strategic alliance between the south Essex CVSs supported by a more co-ordinated approach to service funding/delivery.	A co-ordinated approach by the 6 councils and 2 PCTs to encourage private sector investment/support. Private business including public sector contractors more engaged in meeting the challenges from housing, health and social care needs. A better understanding of the diverse needs across our communities, and more effective resourcing for the voluntary and community and faith sector groups working within them.

Appendix 4. Commission of Enquiry - Dialogue with Developers

This is a summary of a session facilitated by Patrick Devlin, Pollard Thomas Edwards architects on 15 November 2010.

15 organisations were invited to the session including developers and registered social landlords engaged in development work in the sub region. Simon Leftley introduced the session on behalf of the Commission, explaining that councils in south Essex were working together to look at ways to improve services for older people, aiming to identify closer cooperation between local authorities, health bodies and housing organisations.

The Commission were keen to explore issues at a strategic level, to engage with developers and identify ways for working differently in the future.

Patrick Devlin: Question One

- ➔ *As you are aware, national as well as local projections for south Essex show that there will be a significant increase in the older population as a result of both demographic trends and decreased mortality.*
- ➔ *What changes do you think we will need to make in the way we plan and build to address our changing populations?*
- ➔ *What do you think the main implications of these changes will be and how can we all best respond to them?*

Discussion:

Housing organisations will be looking for flexibility around 'change of use' and what sites comprise, particularly as a potential range of services for older people could be required. The needs of a wide range of older people should be catered for, so Planners will have to apply some flexibility and use their influence in a positive way to ensure that sites meet needs appropriately. Developers should also increase their awareness of need.

One representative indicated that he considered that the Local Development Framework contained insufficient information

about the needs of older people. Planning departments should engage more effectively with both developers and residents so that schemes can be built that are beneficial to the local community. It is likely that the localism agenda will influence the planning system in the sub region.

A developer specialising in housing for older people suggested that a housing needs assessment focusing on older people should be undertaken covering all tenures and this should then form the basis of the local authority strategy in the sub region. It was important to talk to providers, managers in organisations and service users to get a full picture of the wider social benefits.

From the discussion, Patrick Devlin identified the issue of ensuring that data from a housing needs assessment is used to inform the planning process.

Patrick Devlin: Question Two

There are areas of both affluence and poverty in south Essex. It is a traditional migration route and is also an identified growth area. There are high levels of owner occupation including within the older populations.

- ➔ *What opportunities and constraints do you see in this area?*
- ➔ *What do you see as the consequences of an increasingly frailer owner occupier population for development?*

Discussion:

It was noted that there should be positive working with planning departments to ensure that health and adult social care needs are taken into account when considering any development. It is clearly beneficial to take a broad view of need so that appropriate services can be included.

It was also recognised that older people in their own homes are frequently asset-rich but cash poor so there has to be a wider offer and the market is not currently responding to this.

There may now be opportunities through potential changes in local planning

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requirements for greater responsiveness to local need. The challenge was to find the most helpful way to work with planning departments.

One developer identified the reason for lack of development of older people's housing as the inherent competition for prime sites suitable for both older people's accommodation and other development for retail, leisure and commercial use. There were financial pressures which makes building for this residential market more difficult such as S106 agreements and the long-term nature of the investment with relatively low returns. It was suggested that local authorities may be able to reduce the risks to developers.

Patrick Devlin: Question Three

Mixed tenure retirement clusters addressing a range of needs are working well in many areas (in areas of both high and low land/property values).

➔ *What do you see as the potential offered by this approach?*

Discussion:

Around half of the developers present were currently involved in housing for older people. Fewer were engaged in the idea of creating 'lifetime neighbourhoods' that could facilitate families growing and then support older people as they become frailer.

It was recognised that older people want homes that are accessible and suitable for their needs and that there is a market for mixed tenure. One developer assesses feedback from their customers and responds to that by amending their product, for example, by increasing the floor area, making rooms more spacious and building to lifetime homes standards. They were also introducing 'assisted living' in recognition of the requirements of the older, frailer customers that want services linked to their properties.

From an RSL (Housing Association) perspective, it was clear that the demand for mixed tenure was increasing with some people opting to rent rather than buy.

There was not a great deal of evidence that people wanted to release capital from their properties as yet.

Older people want as much variety of tenure as possible and many are not attracted to residential care, wanting to find alternatives if they require support. There was a query about how older people's housing needs are catered for in the planning guidance.

Patrick Devlin asked the group if anyone had been involved in any mixed tenure developments and two organisations confirmed they have been involved in shared ownership schemes.

It was agreed that many older owner occupiers are unfamiliar with alternative forms of tenure such as shared ownership and the options have not been effectively marketed, so people are nervous of any alternatives. In addition, the image of older people's housing is not very positive and therefore needs to be changed.

Patrick Devlin: Question Four

The current economic climate will require innovative and imaginative approaches by the private, public and third sectors to deliver all of our aims.

- ➔ *How can working in partnership help us deliver our ambitions to provide high quality homes that meet the needs of our populations and what would that involve?*
- ➔ *How can councils support the development of good quality/appropriate housing for older people?*

Discussion:

In south Essex, the main issue is the availability of land with demand for brown field sites and restrictions on the use of any green field sites. How can the balance between demand and the availability of land be managed more effectively?

It was recognised that there are political constraints on councils cooperating in relation to planning but that this would be helpful and might enable greater innovation. It is necessary to take a medium to long term view of land supply in the sub region.

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Some attendees felt that there was land available to be released but that councils were unwilling to do so. It would require a change of approach to increase the supply of land for development.

It was suggested that owner occupiers might make better use of their assets by developing their properties so that they could stay but perhaps, provide accommodation for other family members such as grown up children. In other words, create some kind of 'granny flat' that would enable the person to stay there, but with support from their family.

There may be a need for planning departments to consider the implications of this and be more supportive of such applications for extensions or annexes. This is a model that works in Germany.

There may well be solutions about land that can be found including the possible redevelopment of sites that were previously used for sheltered housing which no longer meets the needs of current older people.

Councils note the cost of developing older people's housing and also appreciate the advantages of people being able to remain in their own neighbourhoods with their existing network of contacts. People want security, low maintenance, reduced running costs and a reasonable allocation of space but reducing isolation and enabling independence by being close to facilities is also crucial.

Patrick Devlin summarised the key points raised:

- ➔ There is a need to a clear strategy on land use across the sub region.
- ➔ Some flexibility in relation to planning with clear direction from local authorities would be helpful.
- ➔ The role of planning officers needs to evolve as they are the prime interface with developers in relation to older people's housing.
- ➔ Land price continues to be an issue for developers, particularly when competing with commercial development for sites.

- ➔ Some existing local authority estate may be available for development in the future.
- ➔ It would support partnership working if the planning process could be faster from start to finish.
- ➔ There should be some clarity about where people should go to get information about housing need with greater access to market intelligence.
- ➔ There must be a greater variety of housing offers for older people.
- ➔ The private market must be further engaged to meet the needs and local authorities in the sub region must take the lead.

Patrick Devlin thanked all those attending and explained that this was the beginning of a dialogue with developers which would be continued in the future.



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Appendix 5. Organisations that contributed to the Commission of Enquiry

Anchor Staying Put
Barratt Eastern Counties
Basildon & Thurrock University Hospital
Basildon District Council
Basildon, Billericay and Wickford Council for Voluntary Service (BBWCVS)
Birmingham City Council
British Red Cross
CAB
Canvey Island Youth Project
Care Services Efficiency Delivery Programme
Castle Point Association of Voluntary Services
Castle Point Borough Council
Castle Point Citizens Advice Bureau
Chartered Institute of Housing
Chelmer Housing Partnership
Colonnade Group
Common Cause Consulting Limited
Community Volunteer Support
Connected Care
Counsel and Care
Debenham Dementia Project
Department of Health
DIAL Basildon & South Essex
Disability Essex
East Thames Group
EPIC Trust
Essex & Southend Link
Essex County Council
Essex Local Optical Committee
Essex Property Forum
Estuary Housing Association
Family Mosaic
Frontline Partnership
Ground Work
Hallmark Developments
Hamlin House
Hanover
Hassengate Medical Centre
Hastoe Housing Association
Higgins Construction PLC
Homes and Communities Agency (Cambridge)
Housing Choice Limited
Inner London Group
Institute of Public Care, Oxford Brookes University
Issue Focused Communications Ltd
JRFB Ltd
LINK Project Area Coordinator
South West Essex
McCarthy & Stone
MIME Project
Moat

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Organisations that contributed to the south Essex Commission of Enquiry (Cont.)

Morrison's
National Development Team for Inclusion
Ngage Thurrock
NHS Mid Essex
NHS South East Essex
NHS South West Essex
Older Peoples Assembly
Older Person's Planning Group Essex
Papworth Trust
Peverel Retirement
Pollard Thomas Edwards architects
Rayleigh, Rochford and District Association for Voluntary Service (RRAVS)
Relatives & Residents Association
Resident: Local Action Group
Rochford District Council
Runnymede Ladies Guild
Runwood Homes PLC
Sally Gitkin Associates
Salvation Army
Savills
SAVS Southend
Self Employed Carer
Selmer Court, Pitsea
SERICC
SLW Consulting Limited
SOS Bus Basildon
South Anglia Housing
South Essex Homes
South Essex Partnership NHS Foundation Trust
South West Essex Locality of Essex and Southend LINK
Southend Mencap Advocate
Southend YMCA
Southend-on-Sea Borough Council
Southern Cross Healthcare Ltd
St Georges Community Housing
Swan Housing
Thames Gateway South Essex Partnership
The Multi-consortium Commissioning Group
Thorndon Parish
Thurrock Council
Thurrock Council for Voluntary Service
Thurrock Disability Network
Thurrock Lifestyle Solutions
Thurrock Managed Care
Thurrock Racial Unity Support Taskgroup (T.R.U.S.T.) Ltd
TOFFS
Tooley & Foster Architects
Tricordant
Tunstall
Turning Tides
University of Plymouth
Welfare Rights Advice Group Basildon

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Appendix 6. The Membership of the Commission of Enquiry Task Groups

Home Adaptations Task Group

Louisa Moss – Thurrock (Chair)
Neel Bhaduri – NHS SW Essex
Amanda Dunn – Basildon
Caroline Sharp – Essex County Council
Becky Carpenter – NHS SW Essex
Pauline Holroyd – Essex
Dave Halliday – Southend
Bridget Cooper – Family Mosaic
Samantha Reed – Southend
John Tweddell – Basildon

Planning Task Group

Alastair Pollock – TGSE Strategy Co-ordinator (Chair)
Velda Wong – Rochford
Henry Stamp – Basildon
Wendy Jeffreys – NHS SW Essex
Valerie Johnson – Thurrock
Sanna Westwood – Essex
Paul Clark – Thurrock
Sally Faulkner – Southend
Helen Mc Cabe – Thurrock
Megan Mitchell – NHS SW Essex
David Moon – Southend

Housing for Older People Task Group

Rab Fallon – Basildon Council (Chair)
John Tweddell – Basildon Council
Karen Butler – St Georges Housing
Richard Chew – Castlepoint Council
Steve Neville – Rochford Council
Claire Flowers – Family Mosaic Housing Association
Janice White – Thurrock Council
Bridget Cooper – Family Mosaic Housing Association
Cathie Lockhart – Essex County Council
Daniel Baker – Southend Council
Alison Nichols – Southend Council



***The south Essex Commission of Enquiry into co-operation
between Housing, Health and Adult Social Care***

Further information

Copies of the Commission of Enquiry Interim Report are available on the Thames Gateway South Essex Partnership website:

<http://www.tgessex.co.uk/>

If you would like to receive further information about the work of the Commission of Enquiry, or to get involved in the work programme, you should email Sue Williams at Thurrock Council:

suwilliams@thurrock.gov.uk