



## Healthwatch Wokingham Borough

### Review of Extra Care Services

May 2017



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## About Healthwatch Wokingham Borough

Healthwatch Wokingham Borough is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. There are local Healthwatch across the country as well as a national body, Healthwatch England.

## Executive Summary

Healthwatch Wokingham Borough interviewed residents and staff in the Borough's 3 existing Extra Care Schemes. Healthwatch were interested in how living in Extra Care schemes enabled people to have a good quality of life, improved independence and decreased isolation and loneliness.

Grounded theory methodology was used to analyse interviews and the following themes have been identified; the importance of good design, managing expectations of what Extra Care schemes can and can't provide, a tension existed between staff seeing Extra Care as independent living but residents wanting coordinated support to enable opportunities for social gatherings, the importance of having a diverse and varied range of activities available, the importance of transport links in ensuring residents do not get cut off from town and quality of

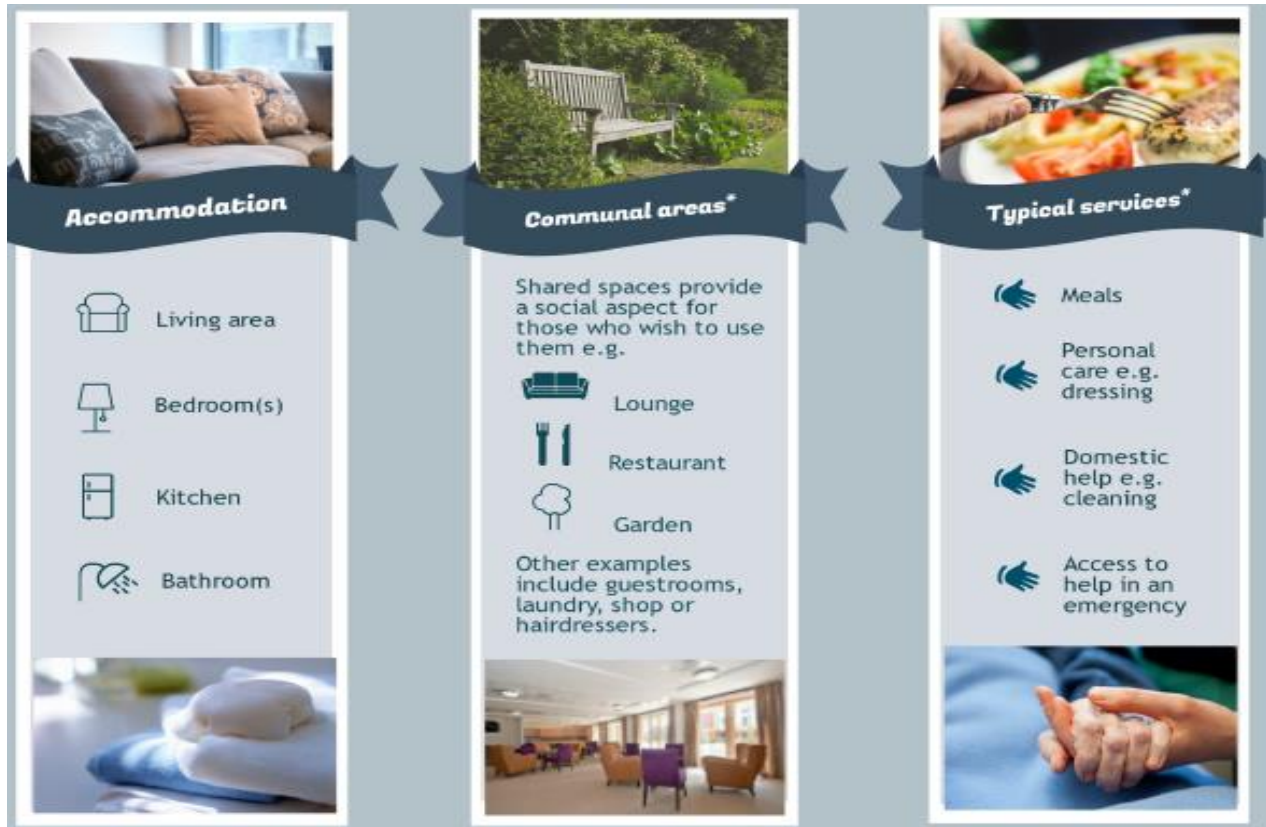
care. The intention is that the lessons learnt and recommendations made in this report are used by Wokingham Borough Commissioners and providers to inform the 2 new Extra Care Schemes opening in the Borough late 2017.

### What is Extra Care?

An Extra Care development offers the opportunity for independent living with flexible services available to help support people in their daily lives. Extra care housing is made up of two parts: the physical building comprising of self-contained units and communal areas, and the care and support services that can be bought in by individuals.

Extra Care schemes aim to foster a community feel where people can get involved with events, daily activities or just enjoy spending time with neighbours.





See our factsheet for a fuller description of Extra Care

<https://magic.piktochart.com/embed/18234265-extra-care-housing-factsheet-healthwatch-wokingham>

### Why we decided to explore extra care

- There is not much information available about the quality and safety of these types of services
- With a rapidly ageing population in Wokingham and the resulting demographic pressures, such as conditions like dementia, demand for these services are increasing
- Wokingham Borough Council is planning to expand extra care provision with 2 new facilities due to open late 2017
- There is an opportunity to better understand the views and the extent to which people are satisfied with living in extra care housing.
- Discussions with members of the Optalis team helped bring to life the issues and complexities around Extra Care. (Optalis is the care provider in relation to all the services featured. Optalis will also be the care provider in the new schemes )

## Wokingham Borough Context

Wokingham Borough currently has 3 extra care schemes

**Alexandra Place** South Lake Crescent, Woodley, Reading, Berkshire, RG5 3QW. (landlord Central & Cecil Housing)

**Beeches Manor** Reading Road, Wokingham, Berkshire, RG41 1AA. (landlord Housing 21)

**Cockayne Court** 109 Arnett Avenue, Finchamstead, Wokingham, Berkshire, RG40 4ED. (landlord Wokingham Borough Council)

Wokingham Borough Council, in the *Older People's Housing Strategy 2014-19*, has made a strategic commitment to provide sufficient options for people to remain independent in their own homes for as long as possible. *“The Council’s long term vision is to increase diversity of provision for older people in the Borough, which will require intense growth of extra Care facilities over the next 10 years.”* (Wokingham Borough Council's Older People's Housing Strategy 2014-19)

There are plans for 2 further extra care schemes underway; A £4 million development on the site of the former Fosters Care Home in **Fosters Lane**, 34 self-contained flats for elderly people will include communal facilities such as a lounge and dining room, as well as a specialist dementia facility. To be run by Optalis

and

**The Birches** will offer a range of one and two bedroom apartments aimed at over 55s, with a maximum purchase of up to 75% shared ownership or to rent to be run by Housing Solutions

## National Context

Where there is “regulated activity” such as personal care, delivered by a care provider in an Extra Care Setting, the Care Quality Commission (CQC) inspection framework for adult social care which considers whether services are safe, effective, caring, responsive and well-led, and also pass the ‘mum’ test that prompts inspectors to consider whether they would be happy for a member of their own family to receive the service.

The Care Act 2014 requirements places a central duty on local authorities and housing associations to consider how to meet each person’s specific needs, rather than simply considering what service they will fit into. ‘Wellbeing’ is a broad concept. It is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over their day-to-day life (including over care & support provided and the way they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains

- suitability of the individual's living accommodation
- the individual's contribution to society.

## **Our objectives**

We wanted to hear what those living in Extra Care schemes thought and were interested in how Extra care enabled people to have a good quality of life and in particular whether it:

- improves and maintains people's independence whilst keeping them safe
- decreases social isolation and loneliness.

To help us build a picture of life in extra care, we focused on residents' experience of services both within and beyond the scheme, the social opportunities on offer, and levels of resident engagement in the running of the scheme. As all but one of the schemes had a separate landlord and care provider, we also looked at collaboration between the services at each site.

We intend that the lessons learnt from this study will prevent older Wokingham Borough residents experiencing the same issues and isolation.

## **What we did**

In order to get a sense of how much older people have thought about their future living arrangements we got a group of volunteer drivers to asked their passengers if they had considered where they would live if they couldn't stay in their own home. Overwhelmingly 95% respondents had not given any thought to or made plans about future living arrangements. Leaving it too late to make decisions about your future may limit the possibilities and choices.

We surveyed residents and staff from the 3 existing extra care schemes: Alexandra Place, Beeches Manor and Cockayne Court.

## **Findings**

In this section, we present the themes that we found from speaking to residents and aim to assess how successful Wokingham's extra care schemes are in enabling independence, preventing isolation and supporting residents to enjoy a good quality of life.

### **Design of Extra Care schemes**

Research has shown that the way a building is procured, designed and configured, and the services that are provided within it, has a direct impact on the ability of Extra Care housing to deliver successful outcomes for older people

The planning process needs to be considered There is frequently a mismatch between the design used to obtain planning permission and that which is actually built. Holistic planning and co-ordination throughout the whole process from concept to materialisation is needed, rather than a number of interested parties each making an uncoordinated contribution, with no overall supervision or monitoring of the process.

Most importantly, commissioners and developers of Extra Care schemes, need to recognise that first and foremost they are designing people's homes not institutions. There should be



consideration for the space being created to meet not only the needs of its future residents but also the staff that will use it as a place of work, and visitors who may use it as a community resource.

There is a need to consider scheme “rules” e.g. residents with 2 bedrooms at Alexandra Place are not supposed to have guests stay in their 2<sup>nd</sup> bedroom but are expected to pay £25 per night for the Guest Suite.

We found that attention paid to small details, just as you would have a snag list when buying your own home, would vastly improve the usability of the building

***“I have only had 2 showers in 2 years. In my walk in shower they put up a grab handle that just uses suction to attach to the wall, I am not confident it will not detach if I grab hold of it as it is not permanently secured into the wall, so I don’t have regular showers.”***

***“Top flats the sun beams in through the large windows all day and it’s blinding but I am not allowed to put up a sun shade on the balcony so I retreat into my bedroom.”***

Communal areas within Extra Care were seen as being very important. Having a communal area that was set up to enable the provision of additional services such as meals etc. Having a place like a coffee shop was seen as a good place to informally get together and chat rather than having to attend an activity in the day room.

Many people spoke to us about their desire for a small shop whether run by the community or by a local business to act as a social hub for the community, as well as supporting independent living.

The furnishing of the Extra Care scheme communal areas contributes to the atmosphere created. We saw drab furnishings and armchairs that were not suitable for the elderly to get of due to being low and the seats tilted backwards.

Wokingham Borough Council setting out the following criteria at the outside of building Beeches Manor :

*“the design must offer a safe and secure environment, which provides flexibility to meet future needs and requirements of an ageing population. The council expects all dementia residents to have care needs with an estimated average of 20 hours of care per week needed.*

*The development should include appropriate technology and telecare systems capable of supporting individuals with dementia in their own home. Key partnerships with health, social care and supported housing are absolute requirements to ensure the development and delivery of housing. Care and support services that are coordinated and responsive to the changing needs and aspirations of older people.”*

(taken from HousingLIN case study

[https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/Housing\\_LIN\\_case\\_studies/HLIN\\_CaseStudy96\\_BeechesManor.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy96_BeechesManor.pdf))

With regards security, we found that Beeches Manor had an open-door policy with no secure areas at any time of day or night, despite housing people with dementia. If a resident goes wandering off or is missing staff would call next of kin and then the police. The daily Welfare Check by staff is free here in some schemes across the country this is a paid for service. This poses a true difficulty trying to balance individual's choice with safety. The Care Quality Commission takes a view on independent living environments having to coax residents back into the schemes as bordering Deprivation of Liberty, seeing the individual as being entitled to leave when they wish to and of their own free will. This has led to confusion of responsibilities between the provider and Local Authority, leading to the service being penalized for not safeguarding residents. Guidance needs to be provided to prevent confusion.

Key location factors have been summarized by HousingLIN



Whilst many residents were complimentary about the garden areas, they were not always supported to get out, some men spoke about the desire to have a "men's shed" they could retreat to. It was suggested that local volunteers could come in and help with the upkeep and maintenance of the gardens. The pleasantness of the outdoor environment is known to be significantly associated with people's perception of their quality of life.



Housing LIN have produced resources on including Extra Care design guides, case studies of design in practice and tools for evaluating design features (<https://www.housinglin.org.uk/Topics/browse/Design-building/Design/>)

## Key messages

Design of the building and design of the services provided within the building impacts on how the building is used, how people live and ultimately their health and wellbeing. A lack of on-site facilities can limit opportunities for social interaction: a shop, a restaurant and an accessible garden are particularly important in this respect

Lots of people we spoke to said they wanted the facilities but the reality was that they were not used extensively.

Consideration to be given as to how the Extra Care Scheme will integrate with the local surrounding community.

The absence of a comfortable and affordable guest room can discourage friends and relatives from visiting residents and providing essential social contact.

Clarity is needed between provider, regulator and local authority, around independent living environments enabling resident choice and free will to come and go as they wish, balanced with safeguarding those who may have diminished capacity.

## Managing Expectations of Extra Care schemes

There is no single model of “Extra Care.” Extra Care means different things to the many different stakeholders; resident, family members, care providers, landlords, builders, commissioners/funders.

For all parties, clarity over boundaries, roles and responsibilities is crucial. There is a danger that marketing material can overplay Extra Care environments as vibrant retirement lifestyles. We heard many residents feel disappointed that they had been sold something different to what they got. The concept of a “home for life! In this setting cannot cover physical nursing needs.

*“I was told when I moved here there would be a doctor or nurse visiting once a week in a purpose built consulting room,. It has never happened.”*

*“I thought the scheme was closer to the shops than it is, I was shown the shops in a car so it seemed like a short trip.”*

We found variation in resident characteristics that can include their tenure (shared ownership or renting), financial position, the level and nature of care and support needs and the extent of their support networks (including whether they have a partner, or family who are involved in their care and support). There was evidence of some tensions between residents with different

characteristics, and the knock-on effects on boundaries, roles and responsibilities and partnership

***“I was told that the dementia unit would be separate and the dementia residents would not use the communal areas which they do and this causes problems”***

Information in the printed materials could be misleading.

***“The handout I was given said that things could be arranged and done for me, but after moving in I was told this is independent living not a care home.”***

We recommend that all printed materials, leaflets and communications about Extra Care living is clear, including stating which support services depend on assessment of need or having to be paid for. Older people’s uncertainties need to be addressed such as *“What happens if I can’t afford to stay here?” “If my care needs increase will I be able to get the support I need?” “Will I be able to stay here until the end of my life?”*

When Alexandra Place was first built the average age of residents was on average late 60s early 70s, now years on, the scheme has more older residents (average age is in the 80s), less able to organize things, more frail and with greater care needs. This has fundamentally changed the day to day feel of the place.

## **Key messages**

There may well be a plethora of organisations involved in Extra Care schemes, across housing management, support, care, catering and other roles, each with a slightly different view on what Extra Care should be. We anticipate that what may matter more than number of organisations involved is how relationships are established (at the commissioning stage) and then managed, both formally (e.g. with protocols) and informally at all levels including on the frontline.

Consider the role of information and marketing materials and how it is used to set the scene for Extra Care

Consideration to be given to managing variation in resident characteristics and staff management expectations of residents’ capabilities.

## **Tension between independent living & the need for coordinated support**

It is recognised that independence is one of the most important things to people as they get older. Most people want to be able to do what they want, when they want. Support from either family and friends or formal carers to maintain a level of independence, particularly when mobility is limited is key to maintaining independence. Healthwatch recognises that people who are supported and able to adapt to changing health needs are able to enjoy a better quality of life.

In all 3 of the Extra Care schemes we visited we picked up on a palpable tension between staff saying *“this is independent living, residents are free to arrange activities themselves”* and residents saying *“we are not supported in activities or getting out.”* Staff to recognize the need for many older people to be reminded about activities when they are about to happen,

rather than rely on a plan sent round in advance. The café staff at Alexandra were observed doing this.

We asked what residents thought of the communal facilities:

*“alright but only a few people come together. There is not a social life really.”*

*“There is not enough to do to create a social life here, there is a real need for more variety of events”*

We know that it takes time and effort to get an active social life going. It is much more complex than putting up a poster and inviting people. The endeavour needs to be resourced.

We asked how they would describe the atmosphere in general;

*“not very enthusing. Lots of people keep themselves to themselves”*

Almost all interviewees said that they felt isolated or lonely and wanted more opportunity for social contact. Our interviews posed a real issue between staff wanting to respect the independence and privacy of residents but residents craving more coordination and support from staff to mobilize opportunities to get together and socialize.

This presents a challenge to front line staff who are busy doing their day job, some staff we spoke to gave up their own time to enable social activities or outings. The discreet involvement of staff with resident-led groups can ensure that residents with higher support needs are given the opportunity to participate in resident-led activities

Consideration should be given as to how staff can facilitate more interaction between residents. In each of the 3 schemes we visited we were able to identify an informal resident champion or mobiliser ... the person that encourages others to chat or get involved. This should be an idea that is formalized and built upon to ensure sustainability.

The facilities can actually provide barrier free accessible environments that foster social interaction. Residents at Alexandra Place spoke about how the restaurant was a hub that brought people together. It was seen by residents as the place to meet other people and where friendships developed. When it closed for 4.5 months no temporary arrangements were put in place and residents had to make do with getting frozen meals and cooking for themselves. This was an advertised facility for which some people had moved from other supported housing. Other Extra Care schemes across the country have opened their restaurants to the wider public as a community resources which increased opportunities for residents to engage with others. Alexandra Place has done this but it doesn't seem widely known or advertised. Insufficient use risks such facilities closing down.

The physical environment of Extra Care schemes, and the willingness of organisations and staff to share these facilities and work with external groups, is an important incentive that will ultimately reduce social isolation.

## Key messages

Health, social care & housing service providers to reflect on the importance of supporting social interaction amongst residents in Extra Care settings, rather than relying exclusively on resident led approaches.

Health, social care & housing service providers to make a commitment to change and devote resources to supporting the development of inclusive, active communities.

## Lack of diverse range of activities

Activities are a crucial way that older people can build and maintain social networks with other residents, staff, and others beyond extra care. In extra care schemes, these can include daily activities such as the traditional bingo or arts and crafts sessions however this is not enough! A wide range of activities need to be made available such as Tai Chi, wheelchair aerobics, mindfulness sessions, hand massage and entertainment such as karaoke or theatre trips. There is a need to take into account a wide range of ability levels and interests when planning activities so that all residents have the opportunity to take part. Even more mundane things such as eating together or coffee mornings can provide opportunity for social interaction.

A substantial body of literature on social isolation and loneliness among older people finds that activity based interventions are often the most effective in reducing isolation and loneliness. Activities can either be arranged by staff or be resident led. We found that residents wanted and needed staff support to avail of opportunities to be more socially active, especially as they age. However we found some staff to have the attitude that residents can arrange things for themselves if they wish.

***“Better activities inside and outside the home. We are missing a bit of fun in our lives. We need things to do.”***

***“I have never been asked what activities I particularly like. I would enjoy going to the cinema and the theatre as a group or coach trip to the coast but don’t know if that is possible, We need people joining up doing shared things also be nice if someone could bring in pets for us to see, like a visiting dog”***

Care Homes will usually employ an activities coordinator, Extra Care schemes usually don’t usually have a designated person to coordinate activities. It can be difficult to draw the line between the needs of residents in Extra Care and Residential Care Homes. Some schemes rely on the goodwill of volunteers in organising activities in their spare time.

***“There are not many men here so difficult to have a male focused activity. I used to have a volunteer who came into help me with computer but due to my hospital appointments I could not always guarantee I would be here so he stopped coming.”***

Reducing social isolation is one of Wokingham Borough Council's strategic commissioning priorities with less than 50% of Wokingham Borough Council's customers have as much social interaction as they would like (source: Adult Social Care Outcomes)

An important aspect of how activities are organized is funding. It is important that sufficient funds are available to support the provision and enablement of a range of activities in order to promote social well-being. It would be helpful if activities did not clash – at Alexandra Place residents had to choose between getting the Readibus to Sainsbury's for their shopping or going to the computer class, which both took place on a Wednesday morning.

In 2015, Healthwatch Lambeth reviewed the borough's Extra Care schemes. Although the level of care and amenities at schemes were generally good many residents said they felt lonely and cut off from the community. In response, in spring 2016 Lambeth Council provided a grant of £4,000 to each scheme for activities, which it hopes to make available on an annual basis.

### Key messages

There is a real appetite amongst Extra Care residents for opportunities to socialize and play an active part in the community, with some support from staff to get off the ground.

It will remain important for Commissioners to invest in and monitor the impact of social interaction, particularly in older people in Extra Care schemes in reducing social isolation and loneliness.

Incorporate detailed information on care and support plans for each individual, their interests, hobbies and preferences for activities.

Encourage volunteering: find ways to enable people in the local community to help out with specific events and take part in fund-raising activities. Former staff or residents' family contacts and friends can be 'champions' for promoting voluntary work within extra care settings

### Poor transport links

Mobility is a fundamental component of our lives; shaping the way we behave and our independence. Residents in all 3 schemes shared frustrations at the difficulty in accessing activities in the community due to poor transport links.

***"not a lot of transport available in Finchampstead. If you don't have a car, family members visiting or a support worker under a care plan it is difficult to go anywhere other than walk to the local community shop."***

***"Readibus is not flexible enough and taxis are too expensive"***

***"I tried to use Redibus but was told as I am mobile and I can walk to the bus stop I should use public transport. There are no shops locally. I have dietary needs due to a dairy intolerance so have to get 2 buses when I want to go and get my shopping"***



*“Redibus changed their timetable recently, the bus comes later and we only get 30 minutes in Woodley before we have to come back. We used to have longer, now we cant meet friends in a local café as there is not enough time”*

The bus stops nearest to Alexandra Place, to go to Woodley centre, have been moved and residents expressed concern about having to now cross a busy road to get the bus.

Give consideration to approaching bus companies to see if this could be addressed by agreeing to add extra stops on existing routes as close as possible to any Extra Care facility. Possibly on a ‘hail and ride’ basis.

The state of Wokingham pavements meant that many of the residents we spoke to felt unsteady and unsafe going into town, this particularly impacted on those with impaired mobility. Several residents talked about using their scooters as a way of getting out and about, allowing them access to local pubs and amenities. They also identified how poorly maintained footpaths and anxiety about crossing local roads could act as barriers to visiting local amenities.

*“I have an electric scooter but don’t use it as the pathways aren’t good and are narrow”*

Residents spoke about not having a nominated GP for the Extra Care scheme meant that they had to make their own way to the surgery. Having a flu clinic on site would prevent many individuals making a difficult journey, particularly if frail or disabled to the surgery. Some Alexandra Place residents found it impossible to contact their surgery by telephone and were taking a taxi (cost £5 each way) to go and make an appointment for a later date, which then involved a second taxi fare for the actual appointment.

## **Key messages**

A lack of affordable, accessible transport can be a barrier to residents who want to access facilities and social networks in the wider community

Wokingham Borough needs to support more flexible transport solutions for older people to keep mobile – for example organisation such as Wokingham Volunteer Car drivers offering a driver for a couple of hours on a pre-arranged day to take people to the shops.

Community transport such as Redibus to allow for more flexible journeys and consider a more passenger centric approach to timetabling and eligibility.

Planners to ensure good access to local footpaths, bus routes, post boxes and pedestrian crossings in order to allow residents to get out and interact with the local community.

Health providers to consider providing focused clinics at Extra Care schemes to prevent lots of frail elderly people have to make journeys to the surgery

## **Links with local community**

Residents of an Extra Care scheme can be linked to the local community in a variety of ways – for example, through maintaining links with friends and family in the community, by using the local amenities or via people coming into the scheme, either to provide a service (e.g. entertainment) or to use the facilities.

The ability to engage with community activities was linked to a range of factors, including the availability and accessibility of transport, the quality of pavement access for electric scooters and the support of care staff.

Those residents who were not able to access the community because of lack of mobility or ill-health suggested that this affected their general sense of well-being, largely because they felt restricted and missed doing activities they had enjoyed in the past.

Location within the community is of considerable importance in the development of Extra Care housing and can mean the difference between a scheme and its residents being part of an external community, or remaining segregated and isolated.

Many residents told us that they felt isolated and were unable to access the local community:

*“People from the community come in rarely. A local day centre for the learning disabled comes in once a week to the communal area”*

*“I am happy in my home but there is not a feel of community here and I don’t get to mix regularly with the outside community”*

### Quality of Care: Tasks focused vs. person focused

All of the residents that we spoke to were very complimentary about the staff that worked within the Extra Care schemes – whether that be the manager, carers or chest, however staff that visited from external agencies or Agency staff were found often to be in a rush, which made people feel like they were not cared for.

If residents have a package of care, there will be a plan of what this should entail – this is costed and has a time period for the task to be carried out in. The difficulty that care staff have is being able to fit in is not deviating from the task list and carrying out personal care within a set (limited) period of time.

I am sure that every care agency aspires to a person-centred approach to care provision, which in turn can contribute towards social wellbeing. Recognizing the value and importance of investing in relationships

A key working systems can maximize the benefits of interaction with staff, particularly for residents at the greatest risk of social exclusion.

### Key messages

For some residents, care staff are a major source of social interaction. Task-led systems of care provision can limit the opportunities for staff and residents to interact.

Provision of a free of charge “Daily Welfare Check” at all sites would assist in making residents feel secure and an opportunity to build relationships. This is applied inconsistently - free at

Cockayne Court but is charged for at Alexandra Place, where one resident expressed her concern about people being found dead in their apartment.

## **Recommendations for the new Wokingham Borough Extra Care Schemes**

We have identified a range of recommendations from our review which we would welcome the opportunity to explore with commissioners, providers and residents. We hope that lessons learnt can be incorporated into the new schemes

### **1. Design**

Attention to small design details such as grab rails and blinds can make a huge difference to how residents use a space.

Create opportunities for people to meet in casual communal areas such as a coffee shop or shop, not necessary formal spaces like an activities room.

When choosing sites for future schemes, commissioners should consider good public transport links and proximity of appropriate community facilities and amenities.

Consider use of volunteers to maximize the use of outside garden space. Consider projects for men such as “men’s sheds”

Clarity is needed between provider, regulator and local authority, around independent living environments enabling resident choice and free will to come and go as they wish, balanced with safeguarding those who may have diminished capacity.

### **2. Managing expectations**

Commissioners to consider how relationships are established between all the stakeholders and then managed, both formally and informally, at all levels, including on the front line.

Marketing materials to provide clear information about what Extra Care can and can't offer

Potential residents to spend a “try before you buy” weekend in the Extra Care Scheme in order to gauge distance to shops etc.

Create opportunities for residents views, opinions, concerns and preferences to be heard and addressed.

### **3. Tension between independent living and coordinated support**

Consideration how staff can facilitate more interaction between residents

Identifying a resident mobilizer or champion and creating a role description for that person

Commissioners and Providers to commit to resourcing the development of inclusive, active communities within each scheme.

#### 4. Diversifying activities

Incorporate detailed information on residents interests, hobbies and leisure pursuits into their care plans

Encourage volunteering and ways to enable people from the community to help out

Commissioners and providers should consider investing in a borough-wide collaborative programme to support activities including:

- volunteer recruitment and management for activities and befriending
- shared trips programme with accessible transport
- enabling resident access to other existing community activities/schemes & devising joint initiatives with appropriate voluntary and community organisations eg intergenerational activities with youth groups and schools.

#### 5. Transport links

Wokingham Borough Council to consider the development of more flexible transport solutions to keep people mobile

Community transport to allow for more flexible journeys and a passenger centric approach to timetabling.

Town planners and Public Health to be mindful of access to footpaths wide enough to accommodate an electric scooter

Health providers to consider holding clinics within Extra Care schemes to maximize take up and minimize individuals travelling to surgery

#### 6. Care: Task focused vs. person focused

Schemes to consider a key working system to maximise the benefits of interaction with staff

**Table 1 – Summary Findings from surveys**

	<b>Alexander Place</b> <b>Provider:</b> Optalis <b>Landlord:</b> Central & Cecil	<b>Cockayne Court</b> <b>Provider:</b> Optalis <b>Landlord:</b> Wokingham Council	<b>Beeches Manor</b> <b>Provider:</b> Optalis <b>Landlord:</b> Housing & Care 21
<b>Profile</b>	64 1 & 2 bed flats	43 1& 2 bed flats	26 flats Provides support for those with a dementia diagnosis
<b>Physical Environment - Exterior</b>	Pleasant and well sized, well maintained, lawns, shrubs, planters and seating areas	Large rear garden	Set in woodland
<b>Physical Environment - Interior</b>	Wide corridors and doorways, communal spaces underused lounge decoration, furnishings, carpets very drab in colour	Older building so corridors and doorways narrower. 2 brightly, invitingly decorated communal lounges separated by bright dining area	Very new building, wide corridors and doorways. Bright and light but underused central open plan kitchen/dining area. Underused bright communal lounge area
<b>Safety and Security</b>	Good although one person said ensure what to do in event of fire, one said feel isolated when icy weather as paths around scheme not de-iced	Good	Good although some concern about dementia residents being able to walk out of scheme towards busy road
<b>Communal Eating Facilities</b>	Underused facility. Some residents unhappy that it was closed for a period, some said not enough choice, didn't cater for one resident dietary need	Residents positive about choice and cost and ability to use for breakfast and lunch	Whilst there is communal kitchen and dining area no meals are prepared by staff/contractor there so very underused. Residents eat in their flats
<b>Friendships &amp; Activities</b>	Evidence of Neighbourliness but not a lot of apparent strong friendships. Feeling of isolation due to distance from town and infrequent transport. Some activities but the	Some friendships evident as some residents have been living there some time. Concerns that very few men residents/staff so lacking male interaction Not a lot of activities and question about whether	Concerns about lack of activities although there was an activities book that said all the right things and included variety. There had been some in the past including variety



	<p>'usual suspects' with low take up. Lack of activities evenings/weekends and support for residents to create their own programs of interest as they are classed as independent livers. Residents not doing the activities they did before moving into scheme</p>	<p>they match residents interests. Some isolation due to location and infrequent transport. Belief that volunteers could improve things like volunteer gardeners involving residents, 'men in sheds' type projects. Volunteers coming in to teach things like IPAD use</p>	<p>e.g. eukalale players coming into scheme. Whilst close to town some residents felt isolated and said they wouldn't use their mobility scooter or walk as pathways and pavements around Wokingham Town were too uneven.</p>
<b>Community Integration</b>	<p>Little evidence of community regularly coming into scheme apart from visit once a week by users of Woodley Day Centre. Residents feeling isolated from community due to poor and infrequent transport</p>	<p>No evidence of community coming into the scheme on a regular basis. Some residents said they feel isolated due to location of the scheme and infrequent transport</p>	<p>No evidence of community regularly visiting the scheme, primarily family visitors. Residents would rely on family members to take them out into local community, one resident regularly went into town each day</p>

## **Next steps**

Recognition that suitable housing only goes so far in maintaining health and wellbeing. The neighbourhoods in which homes are located provide resources that people need such as transport, shops, social contact, involvement in local issues and services, information and access to green space. With 2 new Extra Care Schemes about to come on board we are keen to understand how citizens of all ages are involved in designing and improving the space they live in

We have met with Debbie Wright, Wokingham Borough Council Interim Commissioner overseeing Extra Care, who agreed to draw up an action plan going forward.

We will present our findings to the Health Overview and Scrutiny Committee and Health and Wellbeing Board in Summer 2017

We will invite commissioners and providers to a seminar early 2018 to discuss the issues and recommendations raised here and to encourage stakeholders to identify practical actions to pledge.

The seminar will be followed immediately afterwards by a tea and chat session for extra care residents to talk about the ideas we have explored. Residents and families from all 3 schemes will be invited.

We will provide a summary of this progress to each extra care scheme for consideration at their residents meetings.

We will also feed our recommendations to Wokingham Clinical Commissioning Group and the Public Health team with a focus on tackling social isolation and loneliness.

## **With thanks to our project team**

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