

# Integrated Housing, Health and Care Pencric, South Staffordshire

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# Background

- Penkridge – ‘market’ village in South Staffordshire  
Population: c. 10,000                      Over 60’s: c.2,500
  - County Council programme of closing down nursing/residential facilities across Staffordshire
  - Local Community asked Housing Plus to help keep the facility
  - Desire to prioritise local people in any new scheme
  - Extra Care provision suggested – 3 parcels of land in different ownership needed
- Staffordshire County Council / Housing Plus /  
South Staffordshire Council



# Key Issues

- Addressing the growing housing need for Older Persons
- ‘Value for Money’ in terms of land value
- Addressing the housing tenure need (rent, shared ownership and open market)
- Addressing the right care needs (low, medium and high)

### Challenges

- Disjointed process with various departments involved. (legal, adult services, estate management)
- Added complication of Sect 75 Agreement with Staffordshire & Stoke Trust
- Calculating “value for money” on complex scheme proved testing.
- Moving away from SCC’s standard (lengthy) Housing Contract

### Positives

- Agreement on local connection criteria
- Agreement on care levels and flexibility in its approach
- Ongoing ‘allocation panel’ to keep appropriate mix of care and support needs

## Challenges

- Vexatious 'village green' challenge – added 18 months to start date

## Positives

Exceptional working relationship with LA based on trust built up over many years meant:-

- Smooth passage through planning
- LA 'gifted' land at nil value
- LA supplied with LA Social Housing Grant (£1.1 million)
- LA supported bid for HCA grant
- LA key members of 'allocation panel'

### Challenges

- Proved difficult to engage with some health stakeholders
- Perceived little interest in Extra Care model
- Engagement at the right level and right people during construction phase. Busy problem solving the 'here and now' rather than the future.
- Referrals from all different parts of the health sector

### Positives

- Early engagement made them aware of the scheme and its service
- Able to cross-sell services (Domiciliary Care)
- Scheme used for Community use by District Nurses to hold clinics

## Drivers:

- High quality development meets needs of current and future generations
  - A retirement lifestyle of independency with care and support when needed.
- A facility for residents, family and local community.
- Quality, but affordable, facilities
  - Restaurant or canteen (expensive or cheap)
- High level occupancy rates
  - nomination agreements, allocation process and void costs.
- Early sales of open market and shared-ownership
  - Specialist team to deliver sales service



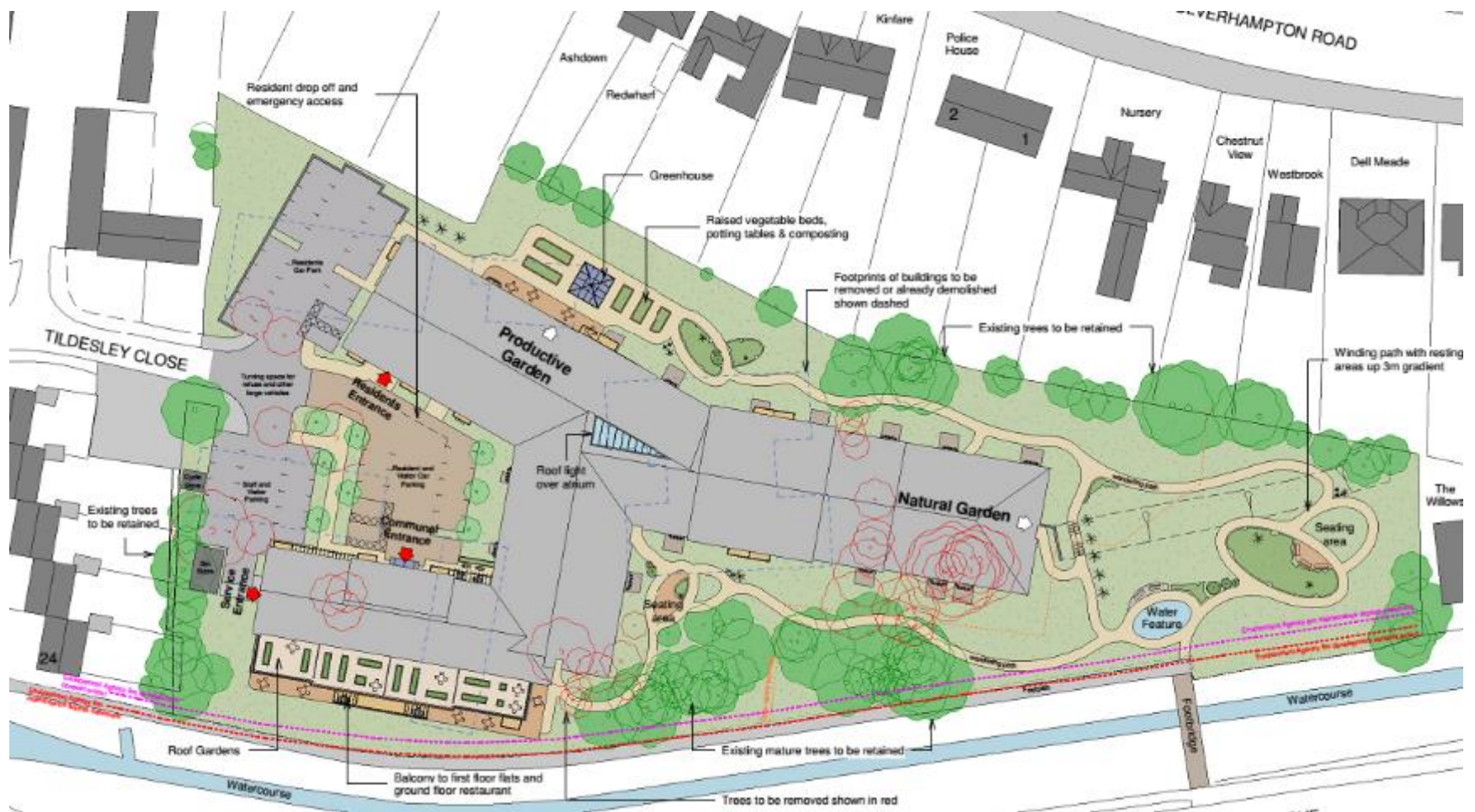
## Courtyard Elevations Concept v As Built



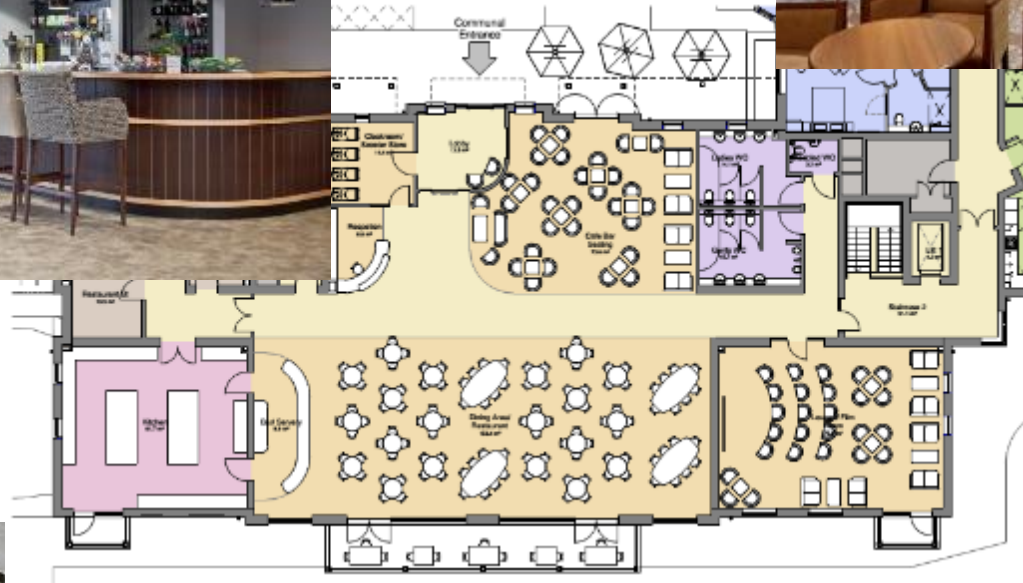
# Elevations Concept v As Built







## Communal Layout

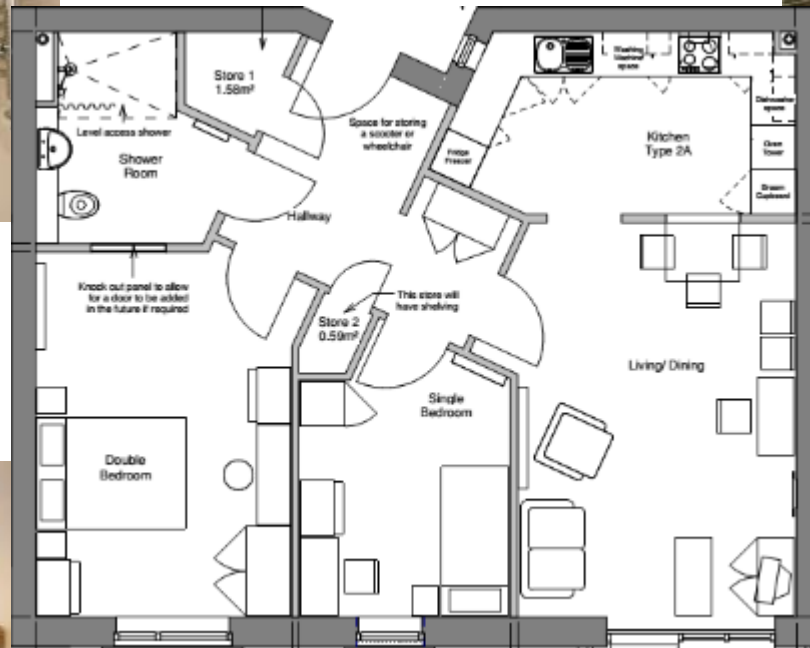




## Communal Layout



## Apartment Layout



- Establishing the key decision makers from all key stakeholders early in the design process.
- Establishing support from ALL key stakeholders  
(This was the key to resolving the village green challenge)
- Transparency at the outset for what each stakeholder needs from the project
- ‘Sign off’ for all design elements – removes on-site variations
- Utilise the new relationship with Health on future schemes from inception stage.
- Understand the key issues from Health and try to work on common goals to address them

- Key issue of revenue support (Supporting People funding)
  - base scheme on worse case scenario.
- 'Super-sheltered' vs Extra Care?
- On site facilities – attached or separate? Franchised out?
- Complementary (not competitive) with nearby local facilities.
- More open market sale. Flexibility in tenure mix.
- Design to ensure residents and wider community needs are met.
- Flexibility in Section 106 Agreements.