Leicestershire adult social care

Draft extra care annual review,
June 2016

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Introduction

Extra care housing is defined as well-designed, accessible housing, primarily for older people, which provides self-contained accommodation and offers care and support available 24 hours per day. It generally includes some communal facilities and should be able to accommodate people's changing needs by providing flexible and responsive services.

Extra care will only be successful if it is underpinned by an ethos and culture that promotes well-being and independence. It is critical that staff adopt a person-centred approach, and they are well trained in how to problem solve, identify and manage risks in a positive way. They should also have skills in promoting independence and providing choice and control.

Extra care will only be successful if it is underpinned by an ethos and culture that promotes well-being and independence

Extra care housing should create opportunities for social interaction and 'natural observations' so that support staff can pick up early signs of any health or social difficulties and can take a proactive, preventative approach.

Ideally, by acting as a community hub, this preventative approach can be extended to the wider community. Some schemes provide communal facilities such as cafés, hair salons and wellbeing suites, a base for home care and health services as well as the renting out of space in the same way as a village hall for community activities from which both residents and the local community can benefit.

The cost of extra care, compared to other options for both the individual and the local authority, varies considerably depending on the scheme size, funding arrangements, tenures, the individual's level and type of needs and their personal and financial circumstances. The non-financial outcomes or indirect financial savings also need to be taken into consideration in determining the benefits of extra care. These can include;

- Individualised outcomes through people having greater choice and control, quality of life and improved independence, health and wellbeing;
- Extra care schemes can greatly help to reduce carer strain for older couples, especially for a carer who is looking after someone with dementia;
- Reducing need for and the cost of residential care, freeing up availability for those who require that level of care. In turn, this can prevent difficulty with delayed hospital discharges, due to lack of available residential care placements.
- Reducing pressures on capacity and cost of domiciliary care;
- Reducing demands on acute hospitals regarding admission rates;
- Reduced use of primary health services;
- Reduced need for home adaptations;
- Freeing up availability of family sized housing

Leicestershire’s approach

The current Leicestershire extra care housing strategy for older people was approved by Leicestershire County Council’s cabinet in December 2009 and covers the period 2010-2015.

The strategy aimed to offer a reform programme of current housing, care and support provision to better meet the needs and aspirations of the citizens of Leicestershire. In 2010 there were 166 extra care tenancies.

The report included an analysis which suggested that to make a significant impact on the number of residential care admissions, around 500 additional extra care places would be needed by 2015. The outcome of a consultation demonstrated strong support for extra care housing from respondents and from the district and borough councils. The preferred model was for mixed tenure provision.

The strategic needs analysis ‘Meeting the need for extra care housing in Leicestershire’ March 2012 reviewed where future extra care housing schemes might be developed in order to best meet the needs of the people of Leicestershire and to ensure cost-effectiveness.

The report identified indicative locations considered most suitable for future extra care housing and ranked in order of preference (this ranking is based on projected increases in population of older people in the boroughs/ districts, access to services and access to public transport).

The locations identified in 2012 were;

1. Loughborough
2. Shepshed
3. Market Bosworth
4. Hinckley and Barwell
5. Lutterworth and Broughton Astley
6. Market Harborough
7. Coalville
8. Ashby-de-la-Zouch and Measham
9. Melton Mowbray and Asfordby
10. All areas bordering the boundary with Leicester City (Principle Urban Area – PUA)

Current position regarding extra care housing provision in Leicestershire;

Current schemes

Leicestershire County Council currently commissions care and support services and has nomination rights in five extra care housing schemes in Leicestershire. They are:

- Gretton Court, Melton Mowbray , 42 units – the housing provider is Melton Borough Council, who also provide the housing support. The care is provided by Help at Home;
- St. Mary's House, Lutterworth (Harborough District) 28 units – the housing provider is East Midlands Housing. The care and support provider is Help at Home;
- Birch Court, Glen Parva (Blaby District) 33 units – the housing provider is Hanover Housing. The care and support is provided by Help at Home;
- Connaught House, Loughborough (Charnwood Borough) 38 units – the housing provider is Places for People. The care and support is provided by Help at Home;
- Oak Court, (Blaby District) 50 units,– the housing provider is East Midlands Housing (EMH). The care and support provider is Enable (part of the EMH Group).

In addition there are a number of assisted living schemes for which the county council doesn't have any nomination rights. They include:;

- Welland Place, Market Harborough, Methodist Homes have 103 'living with care apartments'.
- Glenhills Court, Glen Parva, 50 assisted living apartments, a McCarthy & Stone private development.

The first new build scheme to be developed as part of the LCC extra care strategy is Oak Court in Blaby, which opened in October 2015. This included an allocation of £1.2m as a capital contribution and £0.1m of New Homes Bonus (NHB).

The Housing and Communities Agency's funding application was also supported by a capital contribution of £0.1m from Blaby District Council. A formal agreement has been signed between the county council and East Midlands Housing (EMH) group, setting out terms to support the county council's capital contribution.

This agreement includes a nominations aspect detailing eligibility criteria and the basis upon which the county council will nominate service users to the development and secure long-term usage of the building as an extra care facility to meet the needs of older people of Leicestershire. At the time of opening, the scheme included five residential reablement units funded by East Leicestershire and Rutland Clinical Commissioning Group (CCG), to allow the testing of a new integrated bed-based model of reablement for the county. The pilot finished at the end of March 2016 and the five units are now available for rent.

A further scheme is currently being developed at Derby Road in Loughborough by EMH with capital support from the county council and the Homes and Communities Agency, in partnership with Charnwood Borough Council. The scheme will accommodate county council customers via a formal funding and nomination agreement. This scheme, consisting of 62 one and two bedroom flats and enhanced communal facilities, is due for completion in 2017.

On 15 July 2014, Cabinet authorised a capital contribution of up to £1.56m towards the cost of the Loughborough scheme, funded through £1.3m from the capital receipts following the sale of the council's nine care homes and £260,000 of the County Council's NHB for 2014/2015.

This contribution was subject to a number of conditions - primarily that the provider secures a grant from the Homes and Community Agency (HCA) of 16% from the total estimated build costs of £9.5m. This HCA grant was approved along with an additional contribution from Charnwood Borough Council of £150,000 towards the scheme which allowed its expansion from 60 to 62 units.

This scheme will bring the total number of units available with county council nominations' rights to 257 by 2017.

Further developments are also being explored. This will include marketing the Catherine Dalley/ Silverdale site in Melton Mowbray as a potential extra care development opportunity.

Interested developers will be invited to submit proposals to the council about how to make best use of the site, and these will be evaluated to determine options for Cabinet to consider in due course.

Review findings – issues and opportunities

24 hour on-site care and support

Following the strategic review of extra care in 2012, a combined care and support service was re-commissioned in four schemes (Birch Court, Connaught House, St Mary's, Clover Court) and the new contracts began on 7 April 2014. Clover Court was identified as not being fit for purpose in the longer term as an extra-care scheme and was jointly decommissioned by the landlord, Seven Locks Housing and the county council in October 2015.

The contracts with Gretton Court and Oak Court were brought into line so that the contract end date for all schemes is currently October 2016. These contracts are to deliver 24 hour on-site care and support service to residents, enabling people to remain active, healthy and independent for as long as possible in a supportive environment. Care and support should include, as required;

- Assistance to establish and maintain social contacts;
- Ensuring the person's personal safety and security;
- Monitoring the person's health and wellbeing and supporting them to keep healthy;
- Provision of support at times of crisis or urgent need;
- Assistance to keep alert and active and maintain independence;
- Support to maintain the tenancy conditions;
- Assistance to access other services, which promote their well-being and independence;

It is assumed that all people moving into extra care have eligible support and care needs, and it is expected that all schemes will deliver the outcomes required, however individuals use the care and support service. How the outcomes are met will vary from person to person. The cost of providing 24 hour on-site care and support service is passed on to the tenants as a 'well-being cost'. Following a non-residential financial assessment, this cost, or part of it, may not be charged, dependent on the person's financial circumstances.

This charge was introduced in October 2015, following a consultation process and is being phased in over three years for existing tenants in 'legacy schemes' at Birch Court, Connaught House, Gretton Court and St Mary's Court, so annual income will gradually increase.

This has caused some difficulty in introducing as some tenants have felt unclear on the difference between the 24 hour on-site care and support charge paid to the council, the charge for care either as a commissioned or private service, and any staffing element of the service charge paid to the housing provider.

If the person in extra care housing is assessed as eligible for social care support, to achieve specific outcomes identified in the Care Act 2014 such as assistance with managing and maintaining personal hygiene and maintaining a habitable home. - required in addition to the core support provided - this is funded through a personal budget following a financial assessment. This care can be provided through either a direct payment or a commissioned service and the person has a choice in who provides their support.

Within extra care schemes, it is often the case that the same care provider delivers the individualised commissioned package of care and/or care privately funded by the individual, as well as the 24 hour on-site care and support service.

That happens because, when tendering for the domiciliary care service, the agency is able to achieve efficiencies by using the workforce in a more flexible way and having reduced premises and travel costs, compared to other agencies.

In addition to the reduced cost, this can also be regarded as an advantage as it allows care and support to be provided in a flexible and integrated way and can improve communication with residents and families and the housing provider.

There is a need to ensure all residents are offered a choice of care provider for their assessed support needs through their personal budget so it is not possible to provide a guaranteed number of hours. However, it would be expected that if they are providing a good quality service, this would be the service of choice for most people within the scheme.

It is important there is transparency regarding the charging process and that the various care, support and housing costs are clearly explained to prospective applicants and their representatives.

It is part of the housing provider's responsibility to explain the charges when people make enquires to them - and at the point of signing tenancy agreements.

However, the responsibility is shared with the allocated social care worker, to ensure the person fully understands their financial commitments, including the care costs and associated extra care housing costs, before accepting the offer of a tenancy within the scheme.

The importance of a comprehensive assessment and clear support plan is vital, as are timely reviews and clear communication with the individual or their representative so they understand their rights and responsibilities and the outcomes that they wish to achieve.

Nomination and allocation processes

To be eligible to move into any of the schemes the person will have been assessed to have eligible care needs as defined in the care Act 2014 i.e.

- Have needs due to a physical or mental impairment;
- Those needs affect the person's ability to achieve two or more specified outcomes;
- As a consequence of being unable to achieve two or more outcomes there is, or is likely to be, a significant impact on their wellbeing;

Understanding the individual's present health needs, likely prognosis and future care needs should be part of the consideration made by the allocations panel. Some people have fluctuating conditions, sometimes requiring high levels of care and at other times being able to manage on less.

Applicants will usually be either 55 years and over or aged 60 or over, depending on the eligibility criteria determined by the landlord, although in exceptional circumstances, for example if the person has early onset dementia, people under 55 years of age may be considered. The average age of current residents at Oak Court is approximately 85 years old and this is similar across the schemes.

To date, extra care has not generally been considered for people with a learning disability.

However, it has been identified that there are an increasing number of people with a learning disability who are living with ageing parents and that extra care may provide suitable future accommodation.

Some people with learning disabilities encounter issues related to ageing at an earlier stage in their lives and are more likely to need support and care as they grow older.

The allocation panel is made up of a county council representative, a representative from the housing provider and sometimes a representative from the borough or district council and the care provider. The panel is tasked with selecting a suitable applicant from the eligible nominations and they are expected to reach a consensus by using the nominations criteria.

In some instances, due to there being no nominations from Leicestershire residents, the places have been given to non-Leicestershire residents who have a local connection, as defined by the sub-regional choice-based lettings scheme. If the person moves of their own volition, they are deemed to have become an 'ordinary resident' of Leicestershire, and entitled to services following an assessment of their social care needs, resulting in potential additional costs to the council and the unavailability of a place for someone who is already a Leicestershire resident when needed.

Community balance

The principle of extra care is that it provides a home for life and has a community of people with mixed abilities and needs, so facilitating a vibrant atmosphere and an ethos of people within the community being able to offer each other companionship and support. The current intention is for the allocation of accommodation to be based on the following community balance;

- 45% of service users will have high needs: i.e. assessed as needing over 14 hours of care per week;
- 35% of service users will have medium needs: i.e. assessed as needing 7-14 hours of care per week;
- 20% of service users will have low needs: i.e. assessed as needing 3.5 – 7 hours of care per week;

Maintaining the balance requires a regular review of the tenant's care needs so that when units become vacant they can be filled by someone in the required bracket and when tenant's' care needs change significantly they can move into an appropriate banding.

A review of the five schemes during February 2016 appeared to show wide variation and that none of the schemes had the preferred balance. All schemes had a greater number of people in the low or medium categories.

Current use of residential care in Leicestershire

Data[1] shows that there were 1,971 people over the age of 65 accessing long term support in a residential setting supported by social care during 2014/15.

Further analysis is required to understand if some of the people currently being admitted to residential care could be suitable for extra care schemes and if so the reasons why referrals are not being made.

Residential care is widely used to provide a 'step down' provision for older people being discharged from hospital, either for a period of convalescence or reablement, and as respite placements to give informal carers a break. It is considered that extra care could offer a preferred alternative for some people as it would provide the person with greater opportunities to maintain their independence during their convalescence, reablement or respite.

Future considerations for extra care development in Leicestershire

Estimating the need for extra care housing is dependent on how it is perceived by the general public (especially those in the target market), the local authority and other public service commissioners. This is linked to the overall accommodation strategy for older people and whether extra care is seen as a desirable option to older people.

It needs to represent a cost-effective preventative means of meeting housing needs providing choices for older people and shifting away from residential care or remaining at risk, isolated and in need of high-cost health and social care at home and a risk of recurrent hospital admission.

Ensuring future social housing provision for rent requires the provision of free or low cost land in order to make new developments economically viable, particularly in view of the limited amount of grant now available from the Homes and Communities Agency (HCA) or Department of Health (DH). It is anticipated that many future sheltered and extra care housing developments will need to be of mixed tenure including rented / shared equity / shared ownership / outright ownership.

Location is identified as a key determinant of success. Schemes ideally need to be accessible to the local community including access to: transport links, local shops, supermarkets, banks, post offices, GPs, community and leisure facilities, social amenities, places of worship and libraries. It may be that these facilities are not present within the immediate locality, but measures are instead proposed to provide the required range of services, for example by means of a visiting library service. The development of a scheme should be seen as an opportunity to enhance the locality and existing services and for extra care schemes to operate as a community hub.

To accommodate people's changing needs and the rising prevalence of older people with dementia, all sheltered and extra care schemes should be 'dementia friendly' by providing an enabling environment and suitably trained staff. The use of extra care housing has been shown to help with achieving the aims of improving the rate of diagnosis and delivering improved outcomes at a lower cost for people with dementia[2]

1 LCC Short and long term (SALT) return 2014/15
2 Dementia; finding housing solutions, National Housing Federation 2013

It is important to ensure the workforces within schemes are competent to deal with people with complex health and social care needs, adequately supported by the local housing, health and social care services including GP's, community nursing and therapy services and mental health services for older people.

They need to provide sufficient night time cover if they are genuinely to act as a safe alternative to residential care. The use of assistive technology and equipment, such as the Mangar Camel lifting devices, alongside protocols for safely managing falls, are important to ensure schemes can really respond to situations to have a real impact on demands for other services, including able to appropriately manage a person who has fallen rather than calling for an ambulance if not necessary.

The general public's knowledge of extra care housing may be limited or inaccurate if they haven't had personal experience of schemes, so they may not identify it as an option for themselves or their family members.

Identifying sufficient nominations for new schemes or nominating appropriate people at time when a vacancy becomes available can be difficult for social care workers, as they are often only working with people at a time of crisis or have limited contacts with people to build up sufficient rapport to feel comfortable to discuss the issue of moving house.

Opportunities for short stays either for convalescence or reablement or respite stays can provide an opportunity for people to find out about extra care. The customer services centre, health colleagues, occupational therapists, home improvement agencies and housing option services, housing providers and district councils may be better placed to be able to signpost people to the nominations process.

Recommendations

Change the admission criteria so that , following a social care assessment, the person has eligible needs that have been judged as 'being appropriately able to be met by extra care housing', instead of using a nominal minimum of 3 ½ hours of care per week as the minimum entry requirement, which could potentially be provided in the person's current home.

That means the person has been assessed as needing care and support to enable them to achieve identified outcomes, the extra care environment and 24 hour care and support provision will assist to meet those needs and that extra care is recommended because it is either a real alternative to residential care or will provide better outcomes for the individual than other housing options.

Clarify decisions regarding the use of extra care by people who are not yet Care Act eligible, but where extra care is considered to be an appropriate preventative option, to ensure there is a transparent and consistent approach.

Ensure the age criteria is applied flexibly, so that relevant younger people with a learning disability, early onset dementia or other disabilities can benefit from the unique provision of independent living, with a level of support, that extra care can offer.

Identifying if the person's needs are low, medium or high would still be required in relation to managing the community balance within the scheme. This needs to reflect the amount of support received through the provision of the 24-hour care and support service or through private and informal care arrangements in addition to commissioned care hours. The person's support plan should identify these needs and how they are being met. It is recognised that maintaining the community balance is an important aspect of extra care housing and will still form part of the allocations process.

Extra care housing may offer a positive alternative to residential care or supported living schemes for adults with a learning disability, physical disabilities or mental health needs. This needs to be considered on an individual basis but admission criteria related to age should not be too rigid.

Include the 24 hour care and support charge as part of the person's personal budget to help to make the charging and outcomes clearer. The person would not be able to take a direct payment but options could be to continue to provide the 24 hour care and support as part of a block contract commissioned by the council for all tenants, or for the service users to use their personal budget or private income to pay for the service directly to the provider. This option could give more control to the service user.

Establish systems to monitor the overall dependency levels do not rise too high or fall too low within individual schemes. This will be part of the function of the allocations panel and locality manager responsible for reviews as well as the compliance team.

Ensure all schemes have dementia-friendly facilities (including appropriate training for staff and environmental design features to support people with dementia). Consider incentivising schemes to deliver specific outcomes for managing the needs of people with dementia.

Ensure schemes are well integrated with health services and able to deliver and evidence specific outcomes, such as reducing the incidence of falls resulting in admissions to hospital andincreasing the uptake of preventative health services such as exercise referral schemes, flu jabs, use of telehealth andmedicine compliance.

Explore opportunities for health partners to enhance and maximise the delivery of specific health outcomes such as undertaking falls prevention work, supporting people with dementia, and undertaking health screening. This could possibly be delivered across schemes, link with other types of specialist housing and act as a hub for delivering primary care health services to the wider community if evidence can be identified as to a cost-effective delivery model.

Explore the opportunities to use extra care facilities for respite, convalescence and reablement.

Utilise information and demand modelling provided by the Leicestershire and Leicester strategic housing market analysis, due to be available in the Summer/Autumn 2016 and that localised analysis be undertaken by some borough and district councils, to inform future planning of the need for additional extra care and level of future residential care..

Review the locations identified in the 2012 needs analysis to ensure there is an up to date priority list of locations considered most suitable for future extra care developments.

Explore options with borough and district councils for developing 'enhanced sheltered housing schemes' and clarify what this model would look like.

Next Steps

In order to progress these recommendations, several activities need to be undertaken to ensure the current services and processes are robust and can be built on. This includes the following actions;

Clear written information be provided for all current and potential residents, that is consistent across the schemes and a protocol established for who will discuss this with potential residents or their representatives. It is important that it is clear what is expected to be provided as part of the 24 hour on-site care service and the difference between this and the other services being provided and charged for, whether funded by the individual or by the council following a financial assessment.

Undertake a robust financial audit and review of cases to evaluate the current profile of residents, usage of schemes and actual financial income and revenue costs and comparison with likely alternatives if the person was not in extra care.

Analyse admissions to residential care to establish if any admissions could be better diverted to extra care and, if so, identify reasons why this is not happening and explore opportunities and dependencies with the fee review work currently being undertaken in connection to residential care.

The nominations and allocations process and guidance needs to be relaunched to ensure that allocations are prioritised in a way that ensures the schemes are meeting the right outcomes for individuals and partner agencies, will deliver the required savings and which are consistently applied between the different localities.

Procurement of a new 24 hour on site care and support contract. The contract must provide value for money for individuals and the county council and should be outcome based, including validated outcome measures to show the schemes are providing engaging personalised support that promotes activity and independence and which are not risk averse. The contract should include expectations for the schemes to provide the recommended 'community balance', staff training, offer low level in-reach and outreach support to local vulnerable older people in the wider community and other added social value such as offering volunteering options.

It is recommended that future contracts maximise the opportunities of models which combine the 24 on-site care and support service with the individualised care service for residents in an integrated way.

The contract needs to incentivise the provider to deliver as much assistance as possible through the 24 hour on-site care and support service to reduce the need for additional care hours being needed as part of the person's support plan at a cost to either the individual or the public purse. This also allows for adequate resources to be included in the 24 hour care and support contract to guarantee that sufficient staff can be on site 24 hours per day. A cost benefit analysis is required to develop a clear delivery model.

Develop an extra care forum to facilitate support and sharing best practice between schemes.

Recommend all schemes maximise the use of their on-site restaurant facilities, as part of the contracted provision and ensure a range of activities are available and provided in a personalised way to help maintain the individual' level of function and well-being.

Ensure the full use of assistive technology is integrated into the schemes offer and individuals support plans.

Introduce the use of a standardised and validated outcome tool across the schemes.

Develop a marketing strategy to raise awareness about extra care among the general public and health, social care, the voluntary sector and housing workforce to increase the likelihood of appropriate local nominations. Ensure concept of extra care and individual schemes all have identified 'champions' across organisational structures.

Establish a multi- agency steering group to support the successful implementation of the new extra care provision at Derby Road, Loughborough. This should include local social care, health, housing and voluntary sector staff to facilitate early identification of suitable nominations.

Conclusion

In the short term, there is a need to ensure existing schemes are working well and can demonstrate the benefits extra care can deliver. There are lots of actions identified to enhance the use and outcomes provided by the existing schemes. Once these outcomes can be evidenced there will be a clearer remit for further expansion. This requires management and operational backing if we genuinely want to provide accommodation choices which allow greater independent living opportunities for older people and move away from the only options for older people being residential care or remaining at home at risk and dependent on services coming in.

Appendix A: Illustrative case scenarios

Scenario 1

A 77 year old gentleman, suffering with mood and anxiety problems, had some mobility, using a stick indoors and for short distances outdoors. He felt very isolated and neighbours contacted adult social care with concerns for his wellbeing as they felt he was vulnerable and was having difficulty managing his three-bedroom rented house and finances since his wife passed away three years ago.

His landlord was complaining about the state of the property and his GP was concerned because he was losing weight.

He had started going to a lunch club which he enjoyed, but always arrived in an unkempt and distressed state. He had a 30 minute daily call from HART but there was a risk of him becoming dependent on people coming in as he always wanted the workers to stay for longer than planned. While there was someone with him he could manage most personal and domestic activities but became anxious again when they were leaving

He was identified as having eligible care needs and took up a tenancy within an extra care scheme. His needs were identified as low needs (between 3.5 and 7 hours of care needs per week). With observations and prompting from the care staff, provision of a daily meal and social activities, he felt reassured and responded well to the new environment. The care and support staff are able to support him to manage his finances, for example, if he becomes anxious or needs help and no other care package is needed. The option was for him to have an ongoing care package, day care and meal provision or a move to residential care were being considered. He has pension credits and housing benefit entitlement.

Costs to him if remained at home	Services to support to remain at home	Cost to LCC per week if remained at home	Cost if went into residential care	Cost to LCC in extra care	Cost to him in extra care
Rent less Housing benefit. Daily living costs Utility bills Council tax	Domiciliary care package 30 mins per day (and likely to increase) Daily meal Day care Minor equipment and adaptations including some stand- alone assistive technology devices	3.5 hours x £11.50 =£39.20 £7 per day x 7 = £49 £37 x 2 days = £74 Following non-residential assessment has a nil contribution	Band 3 £404 per week Following a residential financial assessment has a contribution of £130.70	£53.51 care and support cost. Following a non-residential care assessment he was assessed as having a nil contribution	Rent and service charge, less housing benefit. Utility bills Daily living costs less cost of main meal compared to living at home. Council tax
		£162.00	**£272.30**	**£53.51**	

Potential savings for adult social care between staying at home and move to extra care in this scenario are £5,641.48 per year. Potential savings between going into residential care and moving to extra care is £11,377.08 per year.

Scenario 2

An 83 year old woman with moderate dementia living with her 86 year old husband who has mild respiratory problems and gets occasional chest infections.

The woman is mobile and, with her husband's supervision and prompting she is able to manage to get washed and dressed and use the toilet, but needs help to have a bath or shower daily as she is occasionally incontinent and she wears pads.

Her husband is able to manage simple meals and drinks but stated during his carers assessment that he was struggling with managing all the domestic chores as well as looking after his wife. This was making him rundown and prone to getting more frequent breathing difficulties. They are supported by their two daughters. They lived in their own property and both have an occupational pension.

One of their daughters heard about the scheme and made enquires for them to move so that they would be closer to her and she would be able to offer more support, especially when her father is not well. The woman was assessed as having eligible needs as she is unable to complete more than two identified outcomes. She was identified as having medium needs as, although she only needed a 30 minute daily call to help with showering, she also received significant additional informal support from her family.

Costs to them if remained at home	Services to support to remain at home	Cost to LCC if remained at home	Cost if went into residential care	Cost to LCC in extra care	Cost to them in extra care
No mortgage Daily living costs Utility bills Council tax Cost of care package 5 ¾ hours care x £15.44 per week = £88.78	45 mins daily call to assist with personal care. Carers personal budget £250 per year used for sitting services.	Following a financial assessment identified to pay full cost.	Band 3 £404 per week Following a residential financial assessment has to pay the full cost. Husband would retain his costs of being at home	£53.51 care and support cost plus cost of 5 ¾ hours care Following a non-residential care assessment she was assessed as having a full cost contribution upon sale of their property.	Rent and service charge (varies from scheme to scheme but based on a 2 bedroom flat at Oak Court the rent is £140.20 per week and service charge is £251.19 per week). £53.51 Support charge. Cost of 5 ¾ hours of domiciliary care x £13.50 from EMH Daily living costs less cost of main meal compared to living at home. Council tax
		Annual £250 carers allowance	**Nil**	**Nil**	

There are no real potential savings to the council in this scenario unless the person's resources diminish and then a new financial scenario would exist or there is a change to the health condition of either of the couple.

Scenario 3

A 79 year old woman with severe arthritis living alone in a two- bedroom rented terraced house in which she is struggling to manage. She is finding the stairs virtually impossible and sleeps downstairs most of the time. She has become quite isolated recently and although she has a lot of friends who keep in contact, they are also becoming elderly so their visits are becoming less frequent. She is having a care package three times per day to help with personal and domestic tasks.

Some of the calls are 45 minutes to an hour long as due to her pain she has to move slowly and has to have a strip wash as she can't access the bathroom.

Following a fall and recent admission to hospital for three weeks she has been considering moving to residential care, but is reluctant to give up her home and autonomy.

Her needs are identified as high as she has a total of 16 hours support per week. Extra care is being considered as an alternative option which could offer her a comparable level of autonomy to living in her current home, with the added benefit that it is more accessible with the added assurance of the on-site care team. The level of commissioned help with daily activities would remain approximately the same as if she remained at home.

Costs to her if remained at home	Services to support to remain at home	Cost to LCC per week if remained at home	Cost if went into residential care	Cost to LCC in extra care	Cost to her in extra care
Rent less Housing benefit. Daily living costs Utility bills Council tax £79.15 towards cost of care package. Lifeline charge	2 ½ hours daily calls to assist with personal care.	21 hours domiciliary care x £11.20 = £235.20 Following a financial assessment identified to pay a contribution of £79.15 Home adaptations amounting to approx. £15,000	Band 3 £404 per week Following a residential financial assessment has to pay £126.30 towards cost	£53.51 care and support cost. 21 hours domiciliary care x £11.20 = £235.20 Following a non-residential care assessment she was assessed as having a contribution of £79.15	Rent and service charge, less housing benefit. £79.15 towards Support charge and cost of care package. Daily living costs less cost of main meal compared to living at home. Council tax
		£156.05 + DFG	**£277.70**	**£209.56**	

In this scenario the costs to adult social care of this person moving to extra care, rather than staying at home are £2,782.52 per year, less the cost of any adaptation work. The cost of adapting the home is likely to have been greater than this but may have allowed the care package to be reduced slightly. The landlord would need to give permission for any adaptations to be undertaken and, depending on the nature of adaptation required, the service user could have remained at risk in her home for a number of months while the works were planned and carried out. Potential savings between her going into residential care and moving to extra care is £3,543.29 per year.

Appendix B: Evidence base for extra care housing

In 2012/13, East Sussex County Council (a two-tier authority) commissioned an independent evaluation of extra care housing[3]. This tested two key hypotheses with the aim of providing a clear evidence base to inform future decisions related to financial investment in extra care housing. The most significant findings were the following:

- Extra care housing is a preventative model, supporting independence and avoiding admissions into residential care;
- The financial impact of the findings was considerable, with the evaluation indicating that the cost of extra care housing was on average half the gross cost of the alternative placements including residential care and care in the community.
- When analysing the individual client data, it became clear that, using the financial framework developed in East Sussex, the best impact and financial returns were delivered by clients at the high end of the medium dependency care band, i.e. between 10 to 14 hours per week of care at the point of entry;
- Capital invested in the schemes by the council was recovered, depending on the scheme and size of contribution, between 1.5 and 3.3 years;
- When assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential care /Elderly Mentally Ill care/nursing care;
- The enabling design and accessible environment of extra care housing supported self-care and informal family care, thus increasing independence;
- The importance of the on-site restaurant was emphasised, not only for nutritional and health impacts, but also as a social hub and springboard for social activities.
- Extra care housing schemes need to be carefully managed with close attention paid to initial and ongoing allocations to ensure that overall dependency levels do not rise too high or fall too low.
- Ongoing vigilance is needed to keep a scheme's residents able enough to form and shape a vibrant community, but sufficiently in need of care to recoup the financial gains. If dependency levels are too low, people do not utilise the enabling benefits of extra care housing, while if overall levels of care are too high a residential care resource may emerge by stealth.

Discussions with East Sussex revealed that their view remains that extra care housing still delivers savings but to make them viable the projects are getting bigger, with the latest developments being between 80 to 100 units, with an increasing percentage being for outright sale or shared ownership.

There are separate care and housing contracts awarded through block contracts and agreed nomination rights as part of the deeds but ensuing the level of assessed need is the priority criteria to ensure a balance of 20% low (5 to 10 hours care), 50% medium (10 to 15 hours care) and 30% high (15+ hours care).

3 The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex.

They found that the tender to provide the care is usually lower if it is from the housing provider, as they are able to provide the care in a more flexible way, as they have less 'down time', no travel costs, and the service users feel able to attempt to be more independent because they know there is someone 'on hand' if required.

They suggested people do still get admitted to residential care when extra care could be an option because it is easier to admit people to residential care than sort out a tenancy agreement. Their current work is jointly with the CCG to undertake an evaluation of the impact of extra care on cost savings to health.

Other evidence that exists is consistent in suggesting that extra care housing can help to reduce levels of social isolation and loneliness. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing.

Extra care can therefore clearly help to reduce the risk of people needing greater levels of health and social care support associated with mental health decline in older people[4].

The Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust undertook a three year study, published in 2015[5], which showed significant savings for NHS budgets (including GP visits, practice and district nurse visits and hospital appointments and admissions). Over a 12 month period, NHS costs reduced by 38% for extra care residents compared with a matched control group. NHS costs for 'frail' residents had reduced by 51.5% after 12 months.

Use of the core extra care service, which provides accessible, relatively informal support, for preventative health-care and ongoing day-to-day chronic illness care increased over the period at the same time (although not directly related on an individual level), resulting in a significant reduction in pressure on local GP surgeries, with a 46% reduction in residents' routine or regular GP appointments in year one.

In this study, they found the extra care model is associated with a significant reduction in the duration of unplanned hospital stays, from an average of 8-14 days to 1-2 days. It is considered that extra care housing could have a significant benefit for people who have frequent and moderate admissions to hospital, but this would need further research.

Some studies[6] have indicated that the demand for social care increases after the move into extra care, but argue that this reflects the support of unmet needs in the

community, particularly when the person was previously living on their own and was unknown to statutory services. The study suggested that on moving into extra care settings some informal care is replaced by formal care.

4 Housing Learning and Improvement Network
5 Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust, all materials available from www.aston.ac.uk/archa.
6 Baumker, Netten, Darton 2010 Journal of Housing for the Elderly

Recent evidence from a national longitudinal study of almost 4,000 extra care residents identified that a small number of people needed to move into residential care, but in most cases they were able to continue to live in the extra care community.[7]

Evidence is still quite limited and there are inconsistencies between different reports. Overall, evidence shows that extra care does appear to be cost effective but this is more evident in people who have entered aged 80 years plus[8].

Paul Smith, formerly extra care housing commissioner at Staffordshire County Council, and now director at Foundations, says Staffordshire has gone from 7 to 20 schemes, with more on the way. He identifies that location is crucial to the success of a scheme and says that, as a rule of thumb, he uses a notional five- year pay-back period from investing in extra care housing based on the number of nominations[9].

7 Improving housing with care choices for older people: an evaluation of extra care housing Ann Netten, Robin Darton, Theresia Bäumker and Lisa Callaghan
8 International Longevity Centre – UK Gerald Pilkington associates discussion paper
9 Housing LIN Viewpoint no 75 December 2015

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