

Sheltered Housing Service Remodelling

Extra Care Housing

What is extra care?

Extra care sheltered housing is being promoted nationally by older people's organisations and central and local government bodies, as a means of providing a more personalised and cost effective model to residential care for frail older people. It is a form of supported housing which meets flexibly care, support and housing needs. It allows older people who may have a high degree of disability and poor health, who may otherwise be placed in institutionalised residential care services, to continue to live independently in the community. Personalised 24 hour care and support is provided on site, through an integrated team of staff based within the extra care setting. Community alarms and other forms of assisted technology are also deployed as required, dependent upon each individual's need. As personal care is administered on site (unlike in traditional sheltered housing), the service provider is required to be registered with the Care Quality Commission.

Care and support in extra care is delivered in the older person's own home as assessed through a care plan. The care plan and the means of delivering the care and support within an extra care setting, allows for a high level of flexibility to enable the staff to respond holistically and immediately to any temporary and unpredictable fluctuations in need of any tenant. It is also possible to respond to general emergencies as waking staff are on site 24 hours per day. Eligibility for extra care is linked to an integrated assessment of needs, determined by Fair Access to Care Criteria and Housing criteria.

The 'added value of extra care' is the sense of community and well being for older people it fosters, whilst providing a cost effective option for the council.

Due to the frailty of the residents of extra care, the physical design of the building is required to be of a different specification than that of general needs sheltered housing. This includes additional features to those found in life time home standards, such as enhanced mobility access, assisted bathing facilities with provision for hoists etc, storage for equipment, space to host health care professionals and communal space to foster well being and social activities with the residents. In order for the extra care to run as cost effectively as possible, the optimum number of flats would be in the region of 40 – 50 units per scheme.

Increasingly extra care housing is being seen as a positive option for supporting people to "live well" with dementia. The importance of flexible care packages and the opportunities offered by assistive technology and telecare enables service users with dementia to remain independent for longer and helps with the management of risks and their safety. Any extra care housing development would be one of "normalisation" and tailored to meet the needs of service users with dementia with colour coded designs and assistive technology, and staff who are specifically trained to provide care and support.

Current Provision in the Borough

Southwark currently has 2 extra care sheltered developments, providing 92 self contained flats. This is less than most comparable boroughs. (For example Lambeth currently has 150 units in 4 schemes, with a fifth providing an additional 50 flats opening in April 2012) The details of the schemes in Southwark are as follows:

- **Lime Tree House** is a purpose built extra care sheltered Housing Unit that is owned and managed by Hyde Housing Association. The scheme has 54 units.
- **Lew Evans** in 2006, capital funding was obtained from the Department of Health for the redevelopment of the sheltered housing scheme for extra care at Lew Evans. Refurbishment works were completed in 2009. This is a 38 bed unit owned and managed by Southwark Council. Although the extra care service is provided by a third party organisation, the tenants retain their full housing rights as a council tenant.

The service at Lime Tree House and Lew Evans provide integrated care and support, which accommodates the needs of older people and offers an alternative to residential and nursing care. A feature of these local services is:

- A dedicated care team that responds to service users' care requirements immediately, including waking night cover.
- Housing related support provided throughout the day by a team of support workers.
- Assisted Technology- Telecare, SMART community alarms monitoring and response during out- of- hours
- Design features such as assisted bathing facilities
- A variety of activities including promoting healthy living among older people
- The schemes also in work partnership with other local community groups and the health sector and older people living locally do participate in some of the activities.
- High quality care for those approaching the end of life

How it is funded and what does it cost?

In October 2011 the council entered into a three year contract with an independent sector provider, for the provision of an integrated care and support service for both schemes. The contract value is £837,135 per annum. This equates to a unit cost in Southwark for extra care housing of approximately **£160** per week. This is significantly below what the council pays for residential care accommodation, which averages at between **£330 -£627** per week (depending upon the need of the older person and the contracting arrangements with the provider.)

Residents of extra care continue to maintain their own tenancy. Subsequently they are able to claim housing benefit (if eligible) so the council is not required to meet the accommodation costs of the older person, as is the case in residential care. As the resident also retains their own pension, similarly their heating and meals costs are met by the tenant themselves.

Future Model in Southwark

We know that the majority of older people do not wish to live in residential care unless absolutely necessary. This is what our social workers are told and what older people when consulted say. A survey undertaken amongst our older residents on behalf of the council by DEMOS in 2010, clearly demonstrated that locally, older people did not wish to receive their care in a institutional care setting. Avoidance of unnecessary residential care placements is a key feature of the Council's Future Vision for Social Care, agreed by the Cabinet in April 2011.

Promoting the independence of the older person is central to the ethos of extra care housing. This means supporting the elderly residents to take as much control over their life as possible. Extra care housing differs significantly from the more institutional and potentially disempowering environment of a registered care home. In extra care, the older person retains their own pension, keeps their furniture and personal belongings in their own self contained flat, can have visitors to stay and subsequently exercises a far greater level of control as to how they choose to live their life.

The Southwark Housing Strategy 2009 to 2016, Older People's Delivery Plan sets the development of further extra care schemes as a key priority for the borough in the coming years. It sets a target of *at least* 150 additional units during the lifetime of the strategy. These will be in the social housing sector.

The private sector in other parts of the country is building leasehold extra care schemes for sale to older people. However the housing tenure of our older population does not make reliance upon the private sector as a realistic option in Southwark to achieve the number of extra care units required. 60% of over 60 year olds live in social housing, and only 33% are owner occupiers (Compared to 76% nationally) Extra care housing within the social housing sector, will however continue to be able to accommodate elderly owner occupiers, should their personal circumstances necessitate such a move.

Therefore the council is looking at various other options to increase the supply of extra care, most notably new build through major existing regeneration initiatives in the borough, working with residential care providers to re develop into extra care and through the reconfiguration of suitable existing general needs sheltered schemes.

Any new build extra care schemes, could also include a number of health and social care services co-located within a scheme development, for example intermediate care or rehabilitation services, a rapid response nursing team, GP surgeries and health clinics, day time activities, restaurant and leisure facilities with a mini bus or other flexible transport assistance for service users and which may serve the wider community.

Personalised Service

Currently in Southwark the two existing schemes is provided by an onsite provider from a number of contracted hours through a block contract. In the context of Putting People First and the "personalisation agenda" in particular the introduction of personal/individual budget and an increased emphasis on personally tailored outcome focused service will have an important impact on future extra care settings.

Even in models that use block contracts there is much more scope in extra care than in general needs housing, in terms of choice and control, truly personalised assessments and support planning and outcome focused for the service user.

Personal budgets or direct payments (one form of personal budget) can be used to purchase the onsite block contracted service or to purchase service and activities from else where. Personal budgets could also be pooled to co-develop a service with other service users. This enables the service users to shape the service they receive, their cost and who provides them.

Most local authorities have not yet introduced resource allocation systems and personal budget to service users considering a move to extra care housing. As a council we are aware this needs to happen and we are developing systems to implement this locally.