

SECTION B, PAPER B3

Delivering successful extra care housing services

This briefing paper forms part of Section B of the Strategic Housing for Older People Resource Pack which explores the planning, designing and delivery of extra care housing as a particular approach to meeting the needs and aspirations of older people. References are made to practical tools and resources provided at the end of Section B.

Section A of the Pack looks in more detail at the wider policy context and understanding demand and the market. A comprehensive bibliography and webliography is provided in Section C.

Introduction

Central to the development of extra care housing is the provision of a range of services designed to enable people to live within the community. There are some distinctive features to these services, particularly focusing on the delivery of care. These have been described as⁵⁷:

- **The provision of 24 hour care and support:** this is one of the features of extra care housing which distinguishes it from domiciliary care provided in the community, and from the support generally available in ordinary sheltered housing. However, its provision presents a number of challenges both for commissioners and providers.
- **Flexibility and responsiveness:** although the care and support will be based on care and support plans, flexibility needs to be built in to enable staff to respond to individual preferences and choices, to fluctuations in need, and to emergencies. The development of outcomes-based care planning particularly supports this approach.
- **The promotion of independence:** this is central to extra care housing, and means supporting people to do things for themselves rather than simply doing things for people. This has implications for the approach to care planning and staff training in particular.
- **Holistic care:** research has shown that the most effective schemes go beyond the provision of care and support and consider individual's holistic needs. For example, staff will enable participation in social and leisure activities, and will not be bound by rigid service demarcations.

This paper explores the success factors around the design and delivery of care and support services in extra care housing, and the issues both commissioners and providers will need to be aware of as they plan their local approach to extra care housing.

Service design

The nature of services offered

There are a wide range of service options which may be considered appropriate for a particular extra care housing scheme. For example, there are choices about where they will be provided and who for:

- Within the scheme and available only for residents of the scheme.
- Within the scheme and available for residents and the local community.
- In the local community and available to residents as well as the local community.

Decisions will depend on a number of factors such as the urban or rural nature of the locality,

⁵⁷ Housing LIN (2010). *Technical Brief No 1: Care and Support in Extra Care Housing*.

the size of the scheme, the likely take-up from owners and tenants within a scheme of care and support services, the age and level of need in the local community, and the range of existing services within the local community. Developers and providers will need to ensure they are aware of these factors as they plan developments, and make a judgement about the provision of services within any particular scheme.

"Painswick Retirement village incorporates a wide range of facilities, including communal lounge, dining room, restaurant, laundry, guest facilities, garden, conservatory, community centre, hobby room, cafe, shop, hairdressing salon, library with internet access, wellness suite (includes gym, swimming pool, treatment room and Jacuzzi).

There is a small treatment room and most residents are registered with the local GP and dentist. All communal areas are accessible by wheelchair users and there are several areas of communal gardens around the site."

Housing LIN (2008). Case Study No 41: Integrating retirement villages with the local community at Painswick.

The provision of midday meals is considered an ideal service to provide within extra care housing but can be very difficult to deliver in a viable way, which also offers choice and promotes independence. It is a particularly difficult service to provide when the scheme is small⁵⁸. Some places have helped manage this by the scheme acting as a local hub for meals to older people living in the community. Others

arrange the dining facilities as a local cafe, whilst other options are looking at local cafes and pubs delivering meals to the scheme.

Decisions will need to be made about how an active and supportive community is to be developed and the services necessary to facilitate this process. These will impact on design questions in terms of the communal facilities available, but more particularly the staff resources needed to foster social activities and wider community engagement.

There are also services, which, although not essential to the delivery of an extra care environment, may be developed alongside a scheme, for example, intermediate care services, a GP surgery, a pharmacy, or a day centre. Further examples are provided on the Housing LIN website⁵⁹.

The management of schemes

There are a number of different models for managing extra care housing schemes in the public, voluntary and private sectors. A key question is whether the scheme manager should be responsible for both the housing and care related services, or whether such roles are undertaken separately. Choosing the model which best fits local circumstances will be a decision that commissioners and providers will need to take in the early stages of development of an extra care housing scheme, and will involve weighing up the risks and benefits of the different approaches⁶⁰.

A common approach is to separate housing and care functions clearly with a scheme manager who acts as a housing manager only. Typically this manager will be responsible for landlord

⁵⁸ See further discussions in Housing LIN Factsheet 22: Catering Arrangements in Extra Care Housing.

⁵⁹ See bibliography in the Resources section.

⁶⁰ Housing LIN/Suffolk CC (2008). *Very Sheltered Housing in Suffolk: A design and management guide.*

functions such as building maintenance, gardening, cleaning, and possibly managing catering staff as well. They may also manage communal facilities and activities. The separation of the housing and care functions means there will need to be very close co-operation and communication between the two managers to ensure a seamless and flexible approach to service delivery. Efforts will need to be made to ensure there is a shared vision of the ethos of extra care housing, and in particular a shared approach to enabling independence. The success of this approach often depends on the individuals involved as much as the management structures and support behind them.

Alternatively, housing and care management structures may be combined under a shared scheme manager with line management responsibilities for both care and support staff. Arguably this approach supports an holistic approach to meeting the needs of residents, enables a seamless service and is potentially cheaper to operate. However, it can present risks, particularly around the potential risk of registration as a care home, but also around how the service is procured. These are discussed at some length in the Housing LIN Technical Brief No 1: Care and Support in Extra Care Housing⁶¹.

“Combined care and housing management arrangements were associated with lower costs.”

PSSRU (2011). Improving housing with care choices for older people: An evaluation of extra care housing.

A further development of this more integrated approach is to develop integrated teams within which there are staff who provide both support and care. For example, the senior carers provide both care and support, whilst carers provide care only. This approach should enable a more holistic approach to the delivery of services, but has often been disadvantaged by rigid contracting and monitoring arrangements. There is also a risk that the independence promoting and preventative focus in extra care housing is subsumed by spending on more intensive care services. At the time of writing, an additional risk has been highlighted by the Turnbull Judgement⁶² which may mean that without the landlord providing some or all of the housing related support directly or on a sub-contracted basis, the Rent Officer will restrict the level of housing benefit payable⁶³. Most recently the proposed changes to housing benefit will need to be taken into account as the risks and benefits of different approaches are considered.

USEFUL RESOURCE

Tools B8 sets out the skills and experience required for an extra care housing manager.



Regulation

Residents of extra care housing have security of tenure whether through an assured tenancy or some form of home ownership. This means that the care provided to them is into their own homes, rather than being linked into their accommodation. This latter distinction means

⁶¹ Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.

⁶² Department of Work and Pensions (2008). Adjudication and Operations Circular HB/CTB A22/2008.

⁶³ Housing LIN (2010). Technical Brief No 1: Care and Support in Extra Care Housing.

that extra care housing is not normally registrable as a care home; however, the provider of the personal care into residents' homes will need to be registered with the Care Quality Commission. This is discussed in more detail in the Housing LIN's Technical Brief No 1: Care and Support in extra care housing, including the potential impact of different service models on registration⁶⁴. A new registration system for health and adult social care has been introduced for health and social care activities, with a new focus on outcomes rather than systems and processes, and placing "the views and experiences of people who use services at its centre"⁶⁵.

"Croftspar in Glasgow is a small specialised scheme of seven supported houses for people with dementia. It consists of small, individual houses around a landscaped courtyard with a warden alarm system and movement sensors in the bedrooms. The scheme is designed with level access and to maximise solar gain. The circular layout helps people with dementia to find their way around the scheme and the small scale appeals to residents."

CABE and Housing LIN (2009). Homes for Our Old Age.

Meeting a diversity of need

There has been some debate about whether specialist extra care housing schemes should be developed to meet the needs of particular populations or needs groups, or whether an integrated approach is preferable. This debate has concerned a range of potentially 'specialist' needs, including those of black and ethnic minority groups, faith groups, older people with learning disability, those with a sensory impairment and most notably, people with dementia⁶⁶.

There are a number of questions that commissioners and providers will need to consider in developing their approach⁶⁷:

- Are mainstream services capable of meeting the needs of minority groups?
- Is there a case to be made for developing/funding specialist services, and will these be proportionate and sustainable?
- Does the approach build on the strengths of existing communities and support networks?
- Is there awareness about minority needs amongst the community but also amongst professionals, and are there prejudices that need challenging?
- Is information about services and the outcomes they can achieve for individuals accessible to all groups within the population?
- Are services designed to take account of minority needs, for example, are staff trained to identify and support them, and does their design limit choice for individuals?
- Have buildings been designed to maximise their accessibility and appropriateness for different groups within the population?

⁶⁴ Housing LIN (2010). *Technical Brief No 1: Care and Support in Extra Care Housing*.

⁶⁵ Care Quality Commission (2010). *Guidance about Compliance: Summary of regulations, outcomes and judgements framework*.

⁶⁶ Housing and Dementia Research Consortium (2009). *Extra Care Housing and People with Dementia (for a summary of findings from a literature review of the issues)*.

⁶⁷ Housing LIN (2010). *Meeting the needs of minority groups in extra care housing*.

The development of a clear allocation policy, including an approach to assessment, is fundamental to the achievement of this.

Local authority led or purchased extra care housing services

Personalisation

Local authorities have been working towards the transformation of Adult Social Care through personalisation, prevention and early intervention, and closer partnership working. The aim is to maximise choice and control for individuals with a focus on achieving agreed and shared outcomes. It is about putting the individual at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives.

"Starting with a blank page has led to older, frail people expressing a desire to do more physical exercise. They enjoy throwing a ball about between them, but have requested someone to pick it up for them when they drop it in order to keep the activity going."

ADASS (2010) Personalisation:
What's housing go to do with it?

This presents some opportunities and challenges for state funded or managed extra care housing as it seeks to improve individual service user choice whilst protecting the service ethos of extra care housing. These issues are fully discussed in the Housing LIN's Technical Brief No 1: Care and Support in Extra Care Housing⁶⁸, and Briefing Paper 1: Housing Support and Personalisation: practical advice for the current moment⁶⁹.

Where residents choose to purchase care and support from external providers, this has the potential to create challenges. Often the financial viability of an on-site care team (seen as inherent to extra care housing) depends on the provision of a given amount of care⁷⁰. Having the option to purchase externally presents an incentive for commissioners and providers to ensure the quality of their on-site care provision, including waking night-time care, makes it a first choice for people moving in to the scheme, and is marketed accordingly⁷¹.

Commissioning authorities need to find a balance between protecting the ethos of their extra care housing in terms of the accessibility of services on a 24-hour basis, and the right of the individual to choose the preferred provider of their services. Despite the inequity in service terms between people who live in extra care as compared to those who do not some authorities have made taking the on-site care a condition of moving to extra care housing. Others have gone half-way with this approach for example, with payment for night time staffing as inherent to the decision to move into extra care housing, and tenants being able to choose an external provider for the remainder of their care. Other

⁶⁸ Housing LIN (2010). *Technical Brief No 1: Care and Support in Extra Care Housing*.

⁶⁹ Housing LIN (2011). *Briefing Paper 1: Housing Support and Personalisation: practical advice for the current moment. Getting to Grips with Integration: Making Housing Count*.

⁷⁰ Housing LIN (2008) *Case Study 43: Reeve Court Retirement Village: Block Contracting Care in Bands, and Individual Budgets*.

⁷¹ Housing LIN (2010). *Extra Care Housing and Personal Budgets – a workshop report*.



Lovat Fields, Milton Keynes

authorities have relied on the benefits in terms of responsiveness and flexibility of the on-site team to 'sell' the service to residents. Another option would be to enable the on-site team to provide care to people living in the surrounding area to enable the service to remain financially viable.

An additional issue for the individual will be the affordability of individually purchased care, particularly 24-hour care, and whether there are options for pooling purchasing or drawing down on a local authority contracted service^{72,73}.

The key consideration must be that the service is seen to provide value for money for the individual, as well as meeting their expectations in terms of its quality.

Allocation of socially rented property

Where extra care housing is in the public domain, then the local authority and provider will need to determine a fair and appropriate approach to allocation. Allocation criteria will be largely dependent on the population for which it seeks to provide, and should be developed with partners at an early stage in the development process. There will be a need to consider a number of issues^{74,75}:

- Residence and housing need qualifications: this will include issues such as the requirement for a local connection, and the

⁷² SCIE (2009) *At a glance 8: Personalisation briefing: Implications for housing providers.*

⁷³ ADASS (2010) *Personalisation: What's housing got to do with it?*

⁷⁴ Housing LIN (2010). *Assessment and Allocation in Extra Care Housing.*

⁷⁵ Housing LIN (2008). *Factsheet 25: Nomination Arrangements in Extra Care Housing.*

priority given to those needing to move on 'medical or welfare grounds'⁷⁶.

- Care and support needs: this includes the approach to FACS criteria and setting any minimum level of need⁷⁷. For example, will extra care housing be available to people with no care and support needs, or will they need to have a minimum level of existing need? What will be the balance between housing and care needs; for example, do care and support needs take priority over housing need? How will extra care housing be seen in terms of its preventative role for people who may be at risk?
- The capacity and willingness of the individual older person to live relatively independently within a shared community: this will particularly affect the ability of the scheme to support differing levels of mental ill health or dementia.
- The approach to maintaining a balanced community: this will arguably be key to the delivery of a more vibrant community and will cover, for example, definitions of bandings such as low, medium and high needs groups, and the proportion of each⁷⁸. It will need to reflect the strategic vision for extra care housing, and whether it is seen as a direct replacement for residential care, or as more of a lifestyle choice with a key preventative role.
- The scope of the policy and in particular whether it includes people who will be buying into a scheme, whether on a shared ownership or leasehold basis.

ASSESSMENT PROCESS: There are a number of different assessments that need to be made to inform the decision on the priority of a

particular applicant, and the development of care and support plans. Clearly this is a potentially confusing process for the individual, and can result in a number of different professionals visiting at different times. It would be more appropriate to at least co-ordinate assessments, but preferably carry out joint assessments across organisations. This ensures the individual experiences the service as integrated and cohesive, with all partners committed to the same approach, from their first encounter with it at the assessment and allocation stage.

DECISION MAKING: The usual mechanism for making decisions about allocations in extra care housing is through a multi-agency panel. Ideally, for new schemes this should be set up early in the development process to enable the panel to influence key decisions about the design of the service. Membership should include representation from all the partners, typically (where local authorities are involved in the commissioning of services) adult social care, the housing authority (or housing register holder), the housing provider, the care and support provider, and health.

Charging for care and support

The decision on the approach to charging for care and support needs to be taken locally although within the regulatory framework but, whatever the approach it should not restrict the flexibility and responsiveness of service delivery⁷⁹. There are three main examples of charging for care⁸⁰:

⁷⁶ The 1996 Housing Act, as amended, requires housing authorities to give "reasonable preference" to certain categories of applicant.

⁷⁷ Research has shown that there is a growing trend amongst authorities to require 'substantial' or 'critical' Fairer Access to Care Services (FACS) assessments for Extra Care Housing (Housing LIN (2008). Factsheet 25: Nomination Arrangements in Extra Care Housing).

⁷⁸ See further discussion on this below.

⁷⁹ Housing LIN (2010). Charging in Extra Care Housing.

⁸⁰ Housing LIN (2010). Technical Brief 1: Care and Support in Extra Care Housing.

- A single flat rate contribution irrespective of the amount of care an individual receives.
- Bands which reflect levels of service to a greater degree.
- Charges which reflect actual care delivered.

The charging arrangements for support will also depend on how the service is commissioned, particularly whether it is a condition of the tenancy, or whether it is commissioned by the local authority as a combined care and support service.

A very different approach has been adopted in community care retirement communities such as Hartrigg Oaks where care is financed through an insurance-based model⁸¹. A funding pool is created on which all residents can draw as they need care, through each paying a capital sum on entry to the community, as well as an annual fee. This approach relies on the assumption that the majority of residents at any given point in time will be contributing to the funding pool rather

than drawing care and support from it. Therefore it is very important that there is the right 'balance' of residents (hence a health assessment at the application stage), and also that the community attracts people who are likely to live independently for a number of years.

The amount of care

The amount of care procured by commissioners will depend on the vision and outcomes set for extra care housing in their particular authorities. For example, where the scheme is to replace residential care or to provide for people with high level of need, including people with dementia, it is likely that higher levels of care will need to be procured. On the other hand, the degree to which care is contracted by the authority rather than by individuals will vary depending on the approach to the choice and control agenda. Commissioners may procure the minimum cover only, and this may be defined as



Heysham Gardens, Cumbria

⁸¹ Joseph Rowntree Foundation (2003). *Living at Hartrigg Oaks: Residents' views of the UK's first continuing care retirement community.*

waking or sleeping night staff, or night staff with a small number of day time staffing as well.

USEFUL RESOURCE

Tools B7 provides help in developing an outcomes-based specification for care services.



End of life care

An important implication of extra care housing as a 'home for life' for individuals is the ability to make it easier for people to die in their own homes, if this is their preference. Clearly the care provided within extra care housing will be limited in the degree to which it could or should meet the clinical needs of terminally ill people. However, support with day-to-day tasks in a way that reflects individual preferences and routines, can have a significant impact on quality of life in a difficult situation.

"To deliver end of life care in housing with care settings requires working across professional and organisational boundaries, which in turn requires knowledge and understanding of what individual residents want and what individual schemes can support and accommodate."

NHS End of Life Care and Housing 21 (2008). Is it that time already? Extra Care Housing at the End of Life: A Policy-into-Practice Evaluation

This presents a series of challenges both for organisations and for staff working within schemes. In particular, attention should be paid to the knowledge and skills-base of both housing and care staff to ensure they are equipped and fully supported in enabling individuals' needs to be met at the end of life⁸².

Key messages

The design of the care and support services offered to residents are central to their success in promoting independence and responding to changing needs.

ECH can meet a wide diversity of need amongst its residents, but commissioners and providers will need to plan to ensure the buildings and the workforce can address specific requirements.

Given the range of services potentially provided in a single scheme, and the number of provider and funding organisations, effective partnership working is key to ensuring a seamless, person-centred service is provided to individual residents.

⁸² See the Housing LIN website for a range of free resources in this area, including Housing 21 & The National End of Life Care Programme (2009): *The End of Life Care Resource Pack: Information and resources for housing, care and support staff in extra care housing.*