

**Manchester City Council
Report for Resolution**

Report to: Executive – 11 September 2013

Subject: Development of Extra Care Retirement Living

Report of: Director of Housing and Strategic Director, Families Health and Wellbeing

Summary

The Report identifies the need for additional accommodation for older households that can be delivered through Extra Care retirement living schemes in the City to provide benefits for health and quality of life together with revenue savings to services.

It provides broad information about the proposals to deliver mixed tenure retirement living developments in partnership with a major Registered Provider. It also provides summary information on a successful funding bid for a scheme to be developed by Willow Park Housing Trust, (now part of Wythenshawe Community Homes Group, WCHG) in Wythenshawe.

Recommendations

1. That Executive note the successful funding bid by Wythenshawe Community Housing Trust to deliver the Extra Care scheme.
2. That Executive note the need to work with other Providers to develop further proposals for Extra Care retirement living that will address identified gaps in the Manchester market and to bring forward detailed proposals to Executive for approval.

Wards Affected: All

Community Strategy Spine	Summary of the contribution to the strategy
Performance of the economy of the region and sub region	Providing a high quality mixed tenure offer for older households can free up family houses which are in demand for a growing workforce critical to economic growth. The development process will provide much needed employment opportunities for lower skilled work
Reaching full potential in education and employment	The schemes offer significant employment opportunities for residents in the surrounding areas as well as training and placement opportunities for students

Individual and collective self esteem – mutual respect	Providing a mixed tenure offer for older people offers enhanced opportunities for residents to retain their independence, and age in place. Extra care schemes also enable older people to remain living with partners/carers in the community rather than entering residential care
Neighbourhoods of Choice	There is a lack of choice across the city, particularly in the south, for older households who wish to move to more appropriate accommodation in the community. The delivery of Extra Care retirement living schemes will provide more choice of homes for older households in their neighbourhoods close to family and friends

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The revenue costs of the scheme will be funded by existing budgets. All eligible customers who meet statutory care needs through Fair Access to Care Services are awarded a budget which allows them to determine how their care needs will be met. Therefore, if they chose the Extra Care Scheme they will use their allocated budget.

Financial Consequences – Capital

The delivery of specific Extra Care retirement living schemes as part of our approach could require arrangements for contribution of land to the developments. Any specific proposals will be reported to Executive for approval.

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Background documents (available for public inspection):

Extra Care Housing Strategy 2008

Manchester Housing Need and Demand Study 2010

1.0 Introduction

- 1.1 With older people now living longer, current population forecasts for Manchester indicate that there will be increasing numbers of older people in the city. By 2030 there will be 4,400 more over 80 year olds in Manchester than at present.
- 1.2 Though people will live longer, more are expected to be affected by dementia, (an additional 962 over 80s are forecast to be subject to dementia by 2030) and more will have limiting long term illness; both of these health issues will impact on the degree of independence households can retain should they remain in a traditional family home into old age without additional adaptations, equipment and support. (Graphs to show the forecasts are presented in Appendix 2)
- 1.3 This demographic change will result in increased demand on Social Care and healthcare services, at a time of reducing budgets and increasing constraints. We will need to deliver care services more efficiently to maximise the benefits and reduce costs. Care needs will arise across all tenures, but with greater numbers of older households in owner occupation than in previous generations, the costs will be of particular concern for this tenure.
- 1.4 Commissioners recognise that older people want services that allow them to 'age in place'; to maintain their independence, their links with family and friends as their natural form of support, and encourage them to be enabled to manage their care needs rather than let those needs control or restrict them unnecessarily. It is our aim to support them in this, and thus reduce admissions to hospital and continue the established strategy of avoiding long term residential care for assessed customers and providing care close to home.
- 1.5 To assist in mitigating the impacts of the demographic change we should encourage older households to maintain their independence in housing that promotes it and reduces the need to enter residential care, (a move which often occurs at a time of crisis and results in a less than ideal outcome). For many older households there is currently little incentive to move in the absence of an attractive alternative close to their friend and family networks.
- 1.6 Many households, across all tenures, occupy homes that no longer meet their needs. For those wishing to remain in their own neighbourhoods close to family and friends there are limited options for accessing attractive alternative homes which are more appropriately designed and built to meet their needs; in some areas of the city this is a significant problem within the social rented tenure. The Draft Housing Strategy and "A Great Place to grow Older" (Manchester's Ageing Strategy) both identify an ambition to widen housing choices for older households to provide a real suite of options for maintaining independence and quality of life.
- 1.7 In our Extra Care Strategy this type of housing has been identified as part of the suite of housing options to meet the needs and aspirations of older

households and assist in the delivery of care services effectively. The standard of accommodation in the newer Extra Care retirement living Schemes has encouraged a far larger number of couples moving into the accommodation, in turn helping to release larger properties both in the public and private sector (thus freeing up family sized accommodation across all tenures). These schemes all have active waiting lists.

1.8 The benefits accruing from delivery of this kind of accommodation are significant:

- Wider housing choice for older households
- Increased quality of life and health benefits for older households through better quality, purpose built, modern, energy efficient homes with greater opportunities for social and community participation
- Flexible and reduced care costs through efficient commissioning and delivery
- Reduction or delay in loss of independence for older households and retention of family /carer support.
- Reduced hospital stays through flexibility in provision of accessible and timely care and quick response to arising need
- Reduced expenditure on adaptations in larger homes if households move to homes designed to support independence
- Employment and apprenticeship opportunities for the construction industry and associated supply chains.
- Significant new employment opportunities including lower skilled jobs and health practitioner jobs to assist in tackling dependency
- Addresses the issue of under occupation across tenures but notably in the social rented sector at a time of constrained supply and increasing demand
- The release of higher value owner occupied homes in key areas will result in quality homes being available for families wishing to move into the city and will therefore support economic growth
- New homes delivered at high density.
- New Homes Bonus from delivery of new housing units
- Stimulus to the housing market through creating chains of transactions

1.9 Delivery of additional retirement living schemes will contribute to all 3 spines of the Community Strategy.

2.0 Current Extra Care Provision

2.1 The current provision of Extra Care places is 297 (of which 10 are in a specialised dementia unit):

- Shore Green in Baguley, which specialises in dementia and other memory loss, (10 units, mix of one bed flats and 2 bed bungalows)
- Hibiscus Court in Whalley Range (36 units, studio and one beds)
- Westfields, also in Baguley (49 units, studio and one beds)
- Whitebeck Court in Charlestown (91 units, mix of one and 2 bed flats)
- The Byrons, in Higher Blackley (40 units, all 2 beds)

- Butler Court, Miles Platting (71 units, mix of studio, one and 2 bed flats)
- 2.2 The delivery of Whitebeck Court, The Byrons and Butler Court schemes in North Manchester has increased choice in the north of the city, but access is limited in the south and east.
- 2.3 None of these units offer owner occupied or shared ownership tenure which is seen as a critical gap in provision, particularly in the light of a generation of older households who purchased through the Right to Buy and who may be seeking to maintain independence in an owner occupied or shared ownership home. Provision is not equally spread, with 202 of the current units sited in the north of the city. While additional provision is required across the city, the need is clearly greater where there is currently reduced access to Extra Care retirement schemes, in the East and South of the City.
- 2.4 Wythenshawe Community Homes Group have recently been awarded funding from the Government's Care and Support Specialised Housing funding to develop the South Manchester Retirement Community in Hollyhedge Road, Wythenshawe which will supplement the existing supply for the south of the city. The first phases of this scheme are expected to be delivered in 2015.

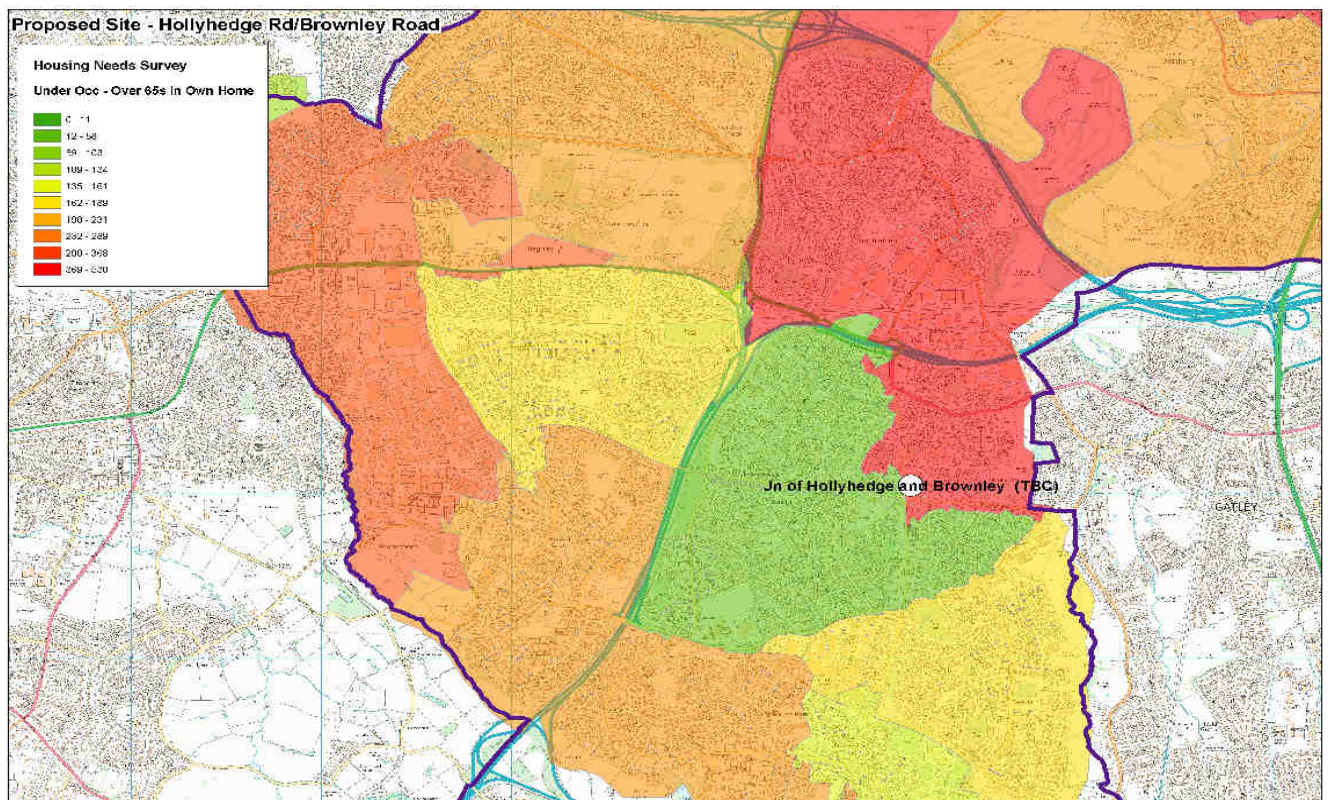
3.0 Approach to assessment of need for Extra Care retirement schemes

- 3.1 To identify the need for Extra Care provision and assess the viability of individual development proposals we will undertake an analysis of the needs in the locality around a proposed scheme; this includes the population mix, the tenure mix, house values, care and support needs and current care provision. A practical example of the process as it applied to the Wythenshawe Hollyhedge Road project is provided as an illustration as follows.
- 3.2 The Wythenshawe Strategic Regeneration Framework recognises the need to provide specialist property for older households to widen choice and meet need, and also identifies the significant older population in the area, with substantial numbers living alone, with access to services and facilities restricted by low income and mobility issues. The latest statistics indicate that all five Wythenshawe wards are within the top third of the city's wards in terms of the numbers of older households. Within the Wythenshawe SRF area there are 13,371 people over 60 years old, comprising 18% of the population for the area. 11.5% of this group are defined as lone pensioners according to the 2011 census data.
- 3.3 The Manchester Housing Need and Demand Study 2010 identified the following: "Overall, a quarter of all homes in Manchester are under-occupied. This rises to 41% in the owner-occupied sector, and totals 14.5% in the social rented sector. Under-occupation is most prevalent in South Manchester and Wythenshawe. Almost 38% of older person households (paragraph 3.31) are under-occupying, and unsurprisingly, under-occupation correlates strongly with household income."
- 3.4 The 2011 Census results indicate that there are 3,269 owner occupiers in the

5 Wythenshawe wards where the household reference person is over 65. On the basis that the majority of moves into Extra Care are made by people moving within 3 miles of their current home these residents are the primary potential purchasers of units in the scheme. However, where there is a high quality development we believe that residents will move from a much wider area including adjacent local authority areas.

3.5 We have more detailed data from our Housing Need and Demand Study dating from 2007 (not yet replicable from the Census data) which identified the number of owner occupiers over 65 under occupying their home. These households are the most likely purchasers of units in the scheme. The map below shows the distribution of these households with the proposed Hollyhedge Road Retirement Community site. Analysis of the data indicates that 3,486 Manchester households in this category within 3 miles of the proposed development, and 2,450 within 2 miles. (The 3 miles extends beyond the Wythenshawe wards.)

3.6 There are approximately 13,000 Right to Buy properties in Wythenshawe; many of these households are now reaching pensionable age and provide a realistic target market for the homes in this development.



3.7 Information from the Adults Dashboard produced by the Research and Intelligence team shows that as at 30/09/12 there were 135 people over 65 in residential care in the Wythenshawe SRF area and 406 customers receiving care in their own homes.

3.8 Details of the successful bid are contained in Appendix 4.

4.0 Care and Support Specialised Housing Funding

- 4.1 Housing is seen as playing a critical role in helping older people and disabled adults to remain independent and helping carers and the wider health and social care system offer support more effectively. With evidence that investment in specialised housing is cost effective and has a positive impact on spending, for example in preventing falls and reducing admittance to hospital, and in recognition that the delivery of specialised housing for older people and disabled adults is not keeping pace with needs, the Government announced additional funding in late October 2012. This funding is to support the development of housing to maintain independence for older people and adults with disabilities.
- 4.2 In recognition of the benefits to residents outlined above, the City Council supported Willow Park Housing Trust in the submission of the bid for the Hollyhedge Road South Manchester Retirement Community scheme through a supporting statement from the City Council. The success of this bid was announced on 24th July 2013.
- 4.3 It is unclear as to whether there will be any future Government funding rounds for Extra Care Housing but it is clear that MCC will have an increasing demand for such accommodation, especially in parts of the City where there is little or no current provision. Section 9 below proposes a potential route for developing a model which doesn't require capital grant funding.

5.0 Current and future care funding model

- 5.1 Overall the provision of Extra Care is predicted to allow older households to age in place without the need to enter residential care significantly increasing. For those who are able to move into purpose built homes designed to meet the needs of older households for the long term there are likely to be reduced costs for residential care in the future. This is in line with the overarching care policy strategy to meet more customers' needs closer to home and in the community, and where residential or nursing care is seen as a last resort.
- 5.2 The care element in existing schemes has been commissioned by block contracts awarded through a competitive procurement process. While this arrangement worked well initially it has become apparent that large block contracts are no longer the most appropriate way to ensure that the needs of a range of customers are catered for in schemes.
- 5.3 Since the advent of personalisation of care services and the increased emphasis on customers exercising choice and control, future extra care provision will be funded through a different care funding model. This will mean that eligible customers who meet statutory care needs through Fair Access to Care Services¹ are assessed using the Resource Allocation Scheme and

¹ Fair Access to Care Services eligibility criteria – customers are assessed as in one of four bands: Critical, Substantial, Moderate and Low. Manchester's eligibility threshold has been set at Substantial. Customers with low to moderate needs are signposted to other forms of community support

awarded a Cash Individual Budget. This budget allows the customer to determine how their care needs will be met. In respect of Extra Care schemes, customers will be encouraged to use the on-site care provider.

- 5.4 There will be a large proportion of people who are interested in living in extra care but do not meet the Fair Access to Care Services criteria for Manchester. These people would not qualify for care services commissioned under the block contract at a scheme as this would only cover people with high care needs referred by social workers. A revised care contracting model would give greater flexibility and choice to customers with lower levels of care needs by allowing them to purchase care directly from the on-site provider. This would ensure that schemes continue to attract a wide range of applicants and do not become care homes by default.
- 5.5 An important feature of extra care is the availability of an on-site care team 24/7 and the ability to provide ad-hoc or emergency care as required. The intention is to commission a small core service contract to enable consistent on-site presence with the ability to spot purchase additional hours as needed. This would reduce the level of surplus care staff time at schemes but would still allow for a flexible and responsive service. There is also an opportunity to explore a care offer that could reach out from schemes into the surrounding community which would extend the benefits of extra care to more customers.
- 5.6 An overview of cost benefits of Extra Care is attached at Appendix 3

6.0 Opportunities to work with Health

- 6.1 Extra care housing offers benefits to health budgets by helping to reduce the number of unnecessary admissions to hospitals. Health conditions can be monitored via TeleHealth² in the schemes with any deterioration or concerns acted upon before crisis point is reached. One of the existing extra care schemes also offers a transitional or hospital discharge flat that enables people to move in on a temporary basis after a hospital stay while they wait for adaptations to their home or another suitable placement is found for them. The majority of people using this facility decide to make an application for a permanent place at the scheme.
- 6.2 There are many opportunities that could be explored with health colleagues around similar hospital discharge facilities or using communal space with schemes to run clinics and health promotion sessions. Discussions are currently taking place with Health commissioners to explore the possibility of Continuing Health Care services being procured at the scheme. This would enable more people to remain living in this accommodation when their needs become greater.

7.0 Wider Extra Care benefits and development

- 7.1 In line with the ambitions in the Extra Care Housing Strategy, recognising the

² TeleHealth is a form of Assistive Technology where special equipment can carry out simple medical tests such as heart monitoring, blood pressure checks etc

benefits of Extra Care housing in supporting independence and quality of life, and in offering more streamlined health and social care delivery, the City Council is keen to see the development of further Extra Care Schemes, particularly in areas where there is currently limited provision.

- 7.2 Evidence of the benefits of extra care can be found in the 6 existing schemes across the city. All schemes have examples of how people have moved from unsuitable accommodation and increased their independence as a result, People have successfully moved out of residential care into the schemes and have regained daily living skills and reduced their care package needs as a result. Work will be carried out with the Citywide Care Homes team to identify and market this option to current residential care users. This will achieve reductions in the residential care budget and continue the strategy of care closer to home. This option would be also beneficial to carers who will be able to better support their relative or friend in a nearby housing location.
- 7.3 While the flexible nature of the care service allows for people to remain at the scheme as their care needs increase over time, in some cases moving into extra care has enabled some people to reduce or remove the need for care input. For example, one tenant was referred to the scheme following a period of respite in a care home. It was felt that he was unable to return to his previous property due to his tendency to suffer falls and self neglect. Upon moving to the scheme the tenant had quite intensive support from the care team and he was monitored to try and determine the cause of his falls. Staff also worked with the tenant to help him regain his confidence in carrying out personal care tasks and simple meal preparation. Due to better management of his medication through prompts the number of falls the tenant suffered reduced dramatically. After being in the scheme for about a year the tenant now has a minimal care package and is largely self caring.
- 7.4 The schemes have helped people manage long term health conditions and in turn have reduced the number of admissions to hospital. Those tenants who are admitted to hospital are often able to spend less time there as care can be increased at the schemes to accommodate short-term increases in need. Extra care can cater really well for people with dementia and other mental health conditions with design features built in to aid orientation and reduce confusion. It is estimated that around 35% of tenants within the current schemes have dementia and this percentage is expected to increase. Assistive Technology plays a vital role in supporting people with dementia and extra care schemes can exploit all technological advances to keep people with dementia safe and protected through, for example, highly advanced wandering alerts and other such similar equipment.
- 7.5 Similarly, older people are significant users of disability equipment, minor and major adaptations and, for example, an older person living alone in a family-sized housing would often need ramped access, widened doors, stairlift or through floor lift and an adapted bathroom in addition to a range of daily living equipment such as tap turners, walking frames and kitchen equipment. These could cost in the range of £15-£20K for a customer with complex mobility needs but would not be required in Extra Care as the scheme would be built to

a high quality accessible specification including wider doors, wheelchair access and shower facilities etc.

- 7.6 The majority of people within extra care are able to stay living in their own apartment until the end of their lives with very few having to move on into residential care or alternative care settings. Data obtained from the existing extra care schemes shows that 60% of tenants who left the schemes passed away with the scheme as their address. The care staff working at the current schemes are trained in end of life care and sufficient flexibility will be included in care provision contracts to ensure that people can receive more intensive support and appropriate end of life care as necessary. The provision of Continuing Health Care services would enhance this further.
- 7.7 Demand for extra care accommodation is healthy with all of the existing schemes running waiting lists. The majority of applications are received from people living in their own property or housing association accommodation and other sheltered housing. An increasing number of applications are being received for people who have been placed in residential care as a temporary measure.
- 7.8 The newer schemes have attracted more couples, for example, the Whitebeck Court scheme has received applications from 55 couples since opening in 2011. The scheme has also enabled the local social housing provider to release around 35 larger family houses along with other smaller accommodation. Future schemes will need to meet need across all tenures.
- 7.9 Recent extra care developments in the city have incorporated energy efficiency and carbon reduction measures. The Whitebeck Court redevelopment works (Charlestown ward) have included the installation of photo-voltaic (PV) panels, insulated render and triple glazed windows as well as a sedum roof. The energy generated from the PV panels contributes towards electricity usage in the scheme's communal areas. Similar measures have been incorporated into The Byrons scheme (Higher Blackley) which also has a rain water collection system that provides water for flushing toilets within in the scheme.

8.0 Future opportunities

- 8.1 Subject to approval of the principals and rationale underpinning Extra Care we would be keen to work with other Providers to deliver Extra Care retirement living as opportunities arose. A number of individual schemes are under discussion at present with Registered Provider partners that may be funded through their own resources or by the Homes and Communities Agency through the Affordable Homes Programme funding (or similar). However, the additional costs required for delivery of this kind of scheme, with the provision of community space and facilities makes viability an issue for Registered Providers on grant funded schemes.
- 8.2 The portfolio approach has been successfully used in the development of the Housing Investment Fund. A search for sites that could have potential as part

of a portfolio for an Extra Care Investment Project is currently under way. The portfolio of sites as a whole needs to meet identified need for retirement living with care and be capable of delivering units for sale, shared ownership and affordable rent in proportions appropriate to the local needs.

9.0 Legal implications

- 9.1 In relation to Future Opportunities and any contribution by the City Council, we would have to consider legal powers in disposing of the land at nil consideration, compliance with the public procurement regime and compliance with the State aid regime.

10.0 Conclusions

- 10.1 The proposed approach offers the potential to deliver homes in which the City's increasing numbers of older residents can live healthily and safely for as long as possible, and increases the options available for them to remain independent. The benefits to health and wellbeing through increased independence, reduced social isolation and community involvement are substantial. Significantly though, the benefits to quality of life are matched by the opportunity to provide care and support more efficiently and make best use of the City's land and homes.
- 10.2 Executive are therefore asked to approve the strategic approach to investment in Extra Care retirement housing.

11.0 Contributing to the Community Strategy

11.1 Performance of the economy of the region and sub region

Providing a high quality mixed tenure offer for older households can free up family houses which are in demand for a growing workforce critical to economic growth. The development process will provide much needed employment opportunities for lower skilled work

11.2 Reaching full potential in education and employment

The schemes offer significant employment opportunities for residents in the surrounding areas as well as training and placement opportunities for students

11.3 Individual and collective self esteem – mutual respect

Providing a mixed tenure offer for older people offers enhanced opportunities for residents to retain their independence, and age in place. Extra care schemes also enable older people to remain living with partners/carers in the community rather than entering residential care

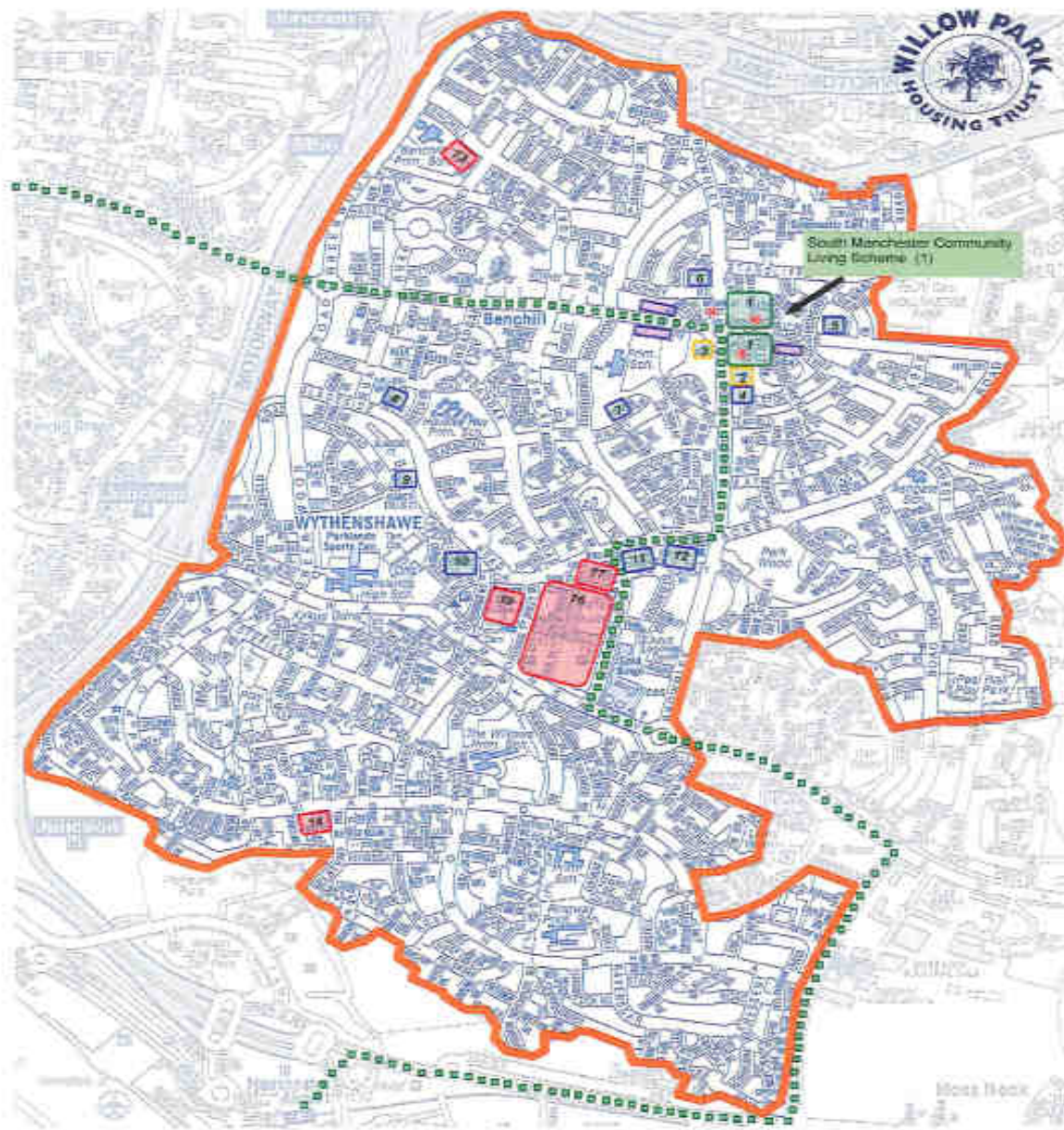
11.4 Neighbourhoods of Choice

There is a lack of choice across the city, particularly in the south, for older

households who wish to move to more appropriate accommodation in the community. The delivery of Extra Care retirement living schemes will provide more choice of homes for older households in their neighbourhoods close to family and friends

Appendix 1

South Manchester Community Living
Site location & Community Facilities in Willow Park



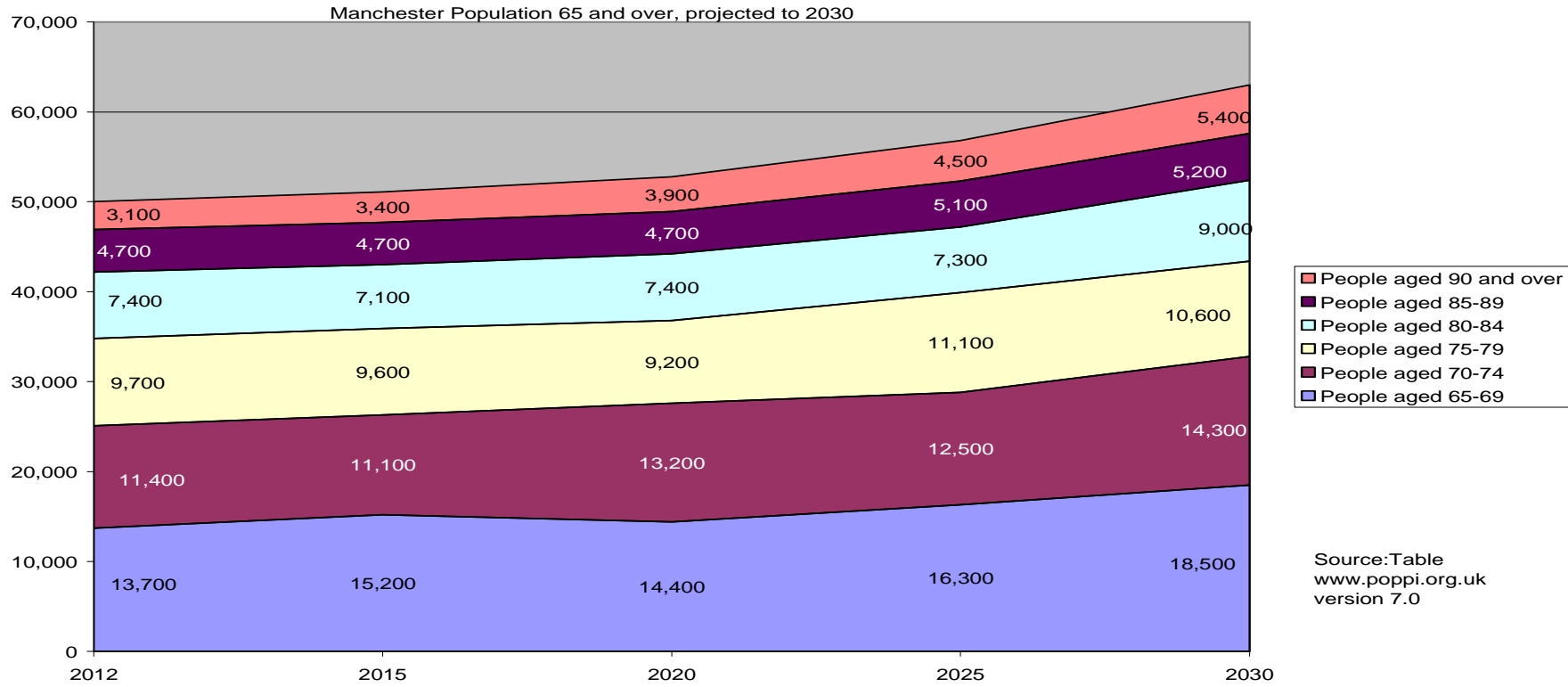
- Proposed Development**
- 1 South Manchester Community Living
 - 2 Existing on site 1000+ story Apartments Age Restricted (140 properties)
- Historical Residential schemes (Special Needs & DAP's)**
- 3 Brownley Road Physical & Learning Disabilities scheme (10 residents)
 - 4 Market Gardens (25 Bungalows)
 - 5 Cragwell Close 1— Apartments
 - 6 The Peace Care Home (100 Apartments)
 - 7 Willow Brook Gardens (34 Bungalows)
 - 8 Kenneth Colles Court (40 Apartments)
 - 9 Frank Price Court (30 Apartments)

- 10 Edwards Court (74 Apartments)
 - 11 Badtree Court (70 Apartments)
- Community Facilities**
- 12 Bencheil Community Centre
 - 13 Lifestyle Centre
 - 14 Wythenshawe Forum
 - 15 Wythenshawe Town Centre Shops & Market
 - 16 Wythenshawe Bus Station

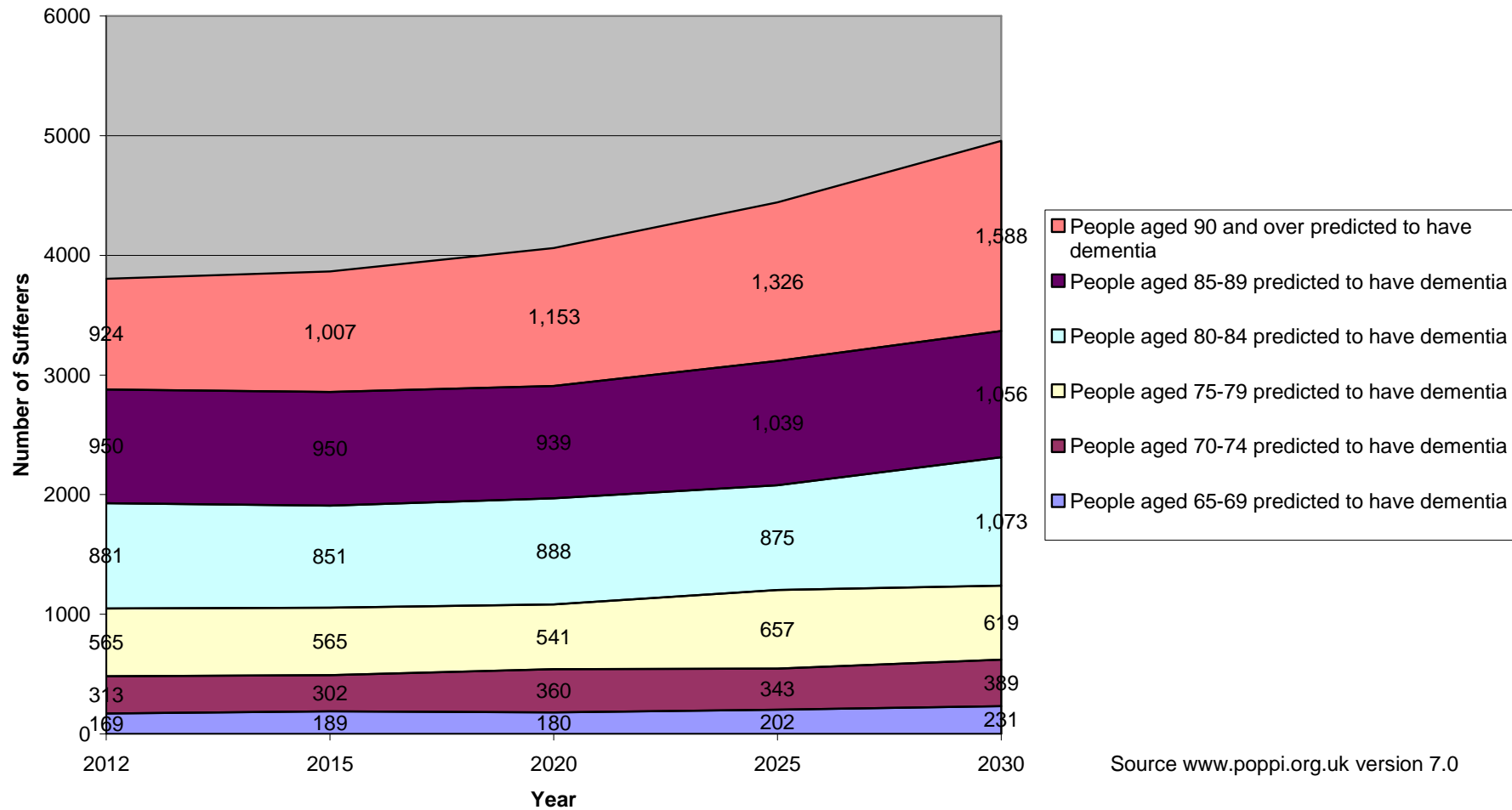
- Facilities adjacent to site**
- 17 MRS LIFT Health Centre
 - 18 South Manchester College
 - 19 Local Shops
 - 20 Metrolink Tram Route

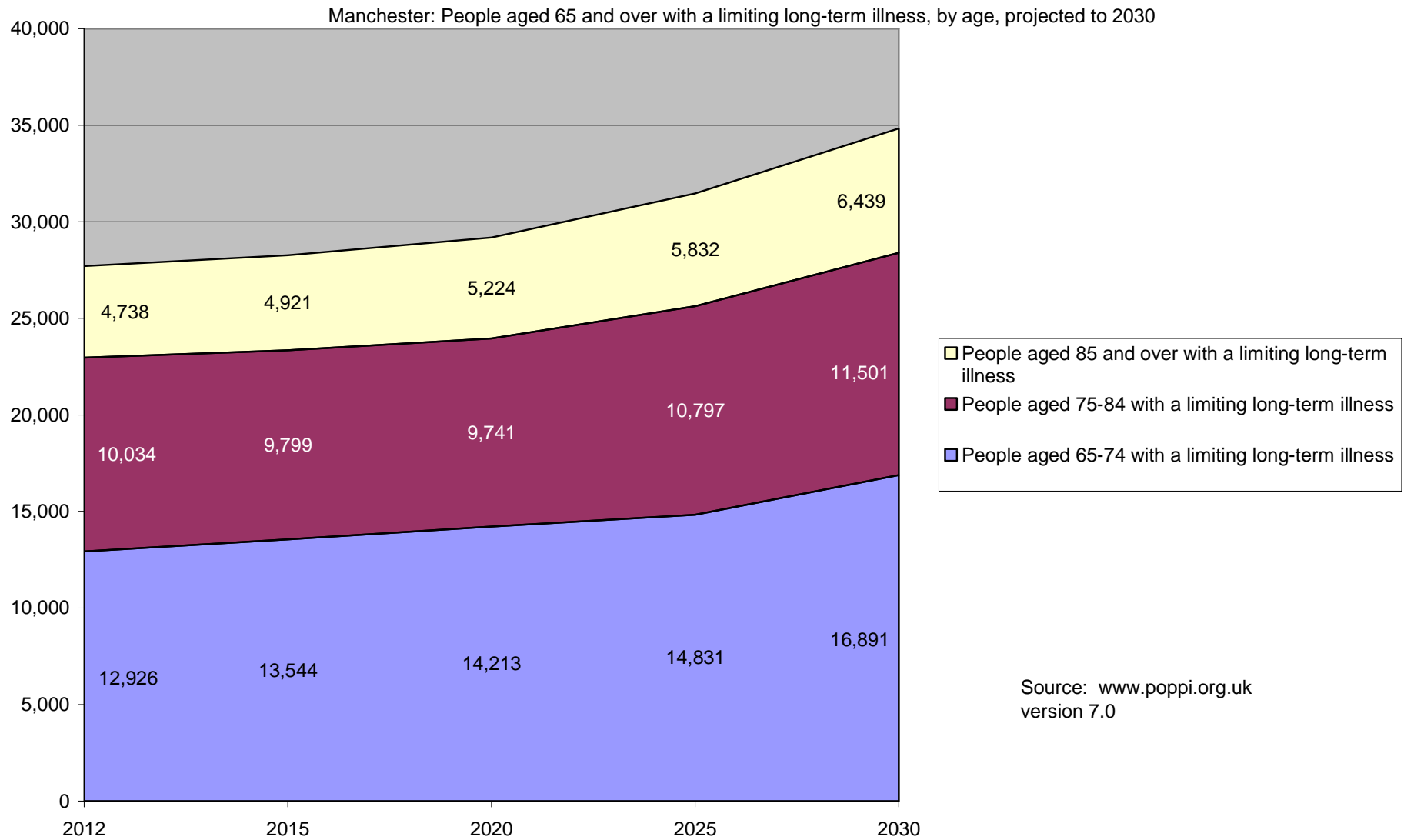
WPHF Care and Support Plan Offer 2013 South Manchester Community Living Scheme Offer Date 2013

Appendix 2



Manchester Predicted Dementia Sufferers age 65 over





Appendix 3

Evidencing the Wider Benefits of Extra Care Housing

With widespread activity on developing Extra Care provision at a national level, there is growing demand for acquiring solid evidence on the cost effectiveness of Extra Care Housing. According to the Care Services Improvement Partnership (CSIP):

*“It is one of the most frequently asked questions of local authorities considering Extra Care developments. It is a complex calculation not just to local variations in costs and charges but because of the implications of financial resource available to individuals, differences in calculating unit costs and the impact of different environments on carers continuing to offer care”.*³

Furthermore, Oldman provides a useful critique of cost models and highlights that:

*“One of the shortcomings of some costing models has been to calculate cost transfers rather than economic costs. For example, rental income may be paying the bricks and mortar element of Extra Care, and social services paying for the care, whereas in residential care, social services will be paying the total cost of the placement”.*⁴

Whilst it is correct that social services will be paying the total cost of the placement, social care authorities have implemented the Charging Policy and all customers are assessed against their ability to contribute to their social care costs; this includes residential care. Therefore, social care authorities do not carry the full cost of weekly residential care fees with the majority of customers paying some level of contribution.

The following table sets out the total number of Adult Social Care customers who are currently residing in residential care. Of the 1,268 customers, 89% (1,138) contribute towards the cost of their care (the exact contribution is determined through a Charging Assessment) with the remaining 130 customers being exempt from charging under Section 117 of the Mental Health Act. It can be seen that the largest customer group within the total customers is older people (933 customers) and, of these, 905 (97%) pay towards their residential care. There are different costs of care depending on rating/en-suite/shared room etc with the most common Manchester fees either £398.35 and £403.65.

	Nos	No of Customers Paying	No of Customers Exempt	Total Weekly Cost £	Total Weekly Income £
Total Customers in Residential Care	1268	1138	130	598,125.94	155,913.97
Older People in Residential Care	933	905	28	386,458.95	133,275.94

³ The Extra Care Housing Toolkit, Care Services Efficiency Partnership

⁴ Blurring the Boundaries: A fresh look at housing and care provision for older people. Oldman, C. 2000

The above table sets out that there remains a large cohort of older people living (either temporarily or permanently) in residential care. For some customers, this will be their personal choice to opt for residential care and, for a small minority, some customers will be temporarily staying in residential care whilst awaiting rehousing or a more complex care package being arranged. Any increase in Extra Care provision would be potentially marketed to customers staying in residential care to explore whether this would be a more suitable environment for them – subject to the necessary care assessment and identification of needs.

With regard to Extra Care residents, a further strand to measuring the costs of this specialised housing is the personal income levels of residents – older people living in Extra Care with a low income are left with considerably more personal allowance after meeting housing and care costs. This is evidenced by a recent Joseph Rowntree Foundation Study. The study also highlighted that Extra Care is very favourable to social care services due to the economies of scale and the role of Rental income. In addition, the cost effectiveness of Extra Care is further enhanced by careful financial modelling at the outset to ensure that the right number of units, mix of tenure and facilities make it economically viable.

Thus, the evidence base is clearly highlighting that Extra Care saves money that would otherwise have been targeted at residential care costs. The National Housing Federation and Housing LIN suggest that:

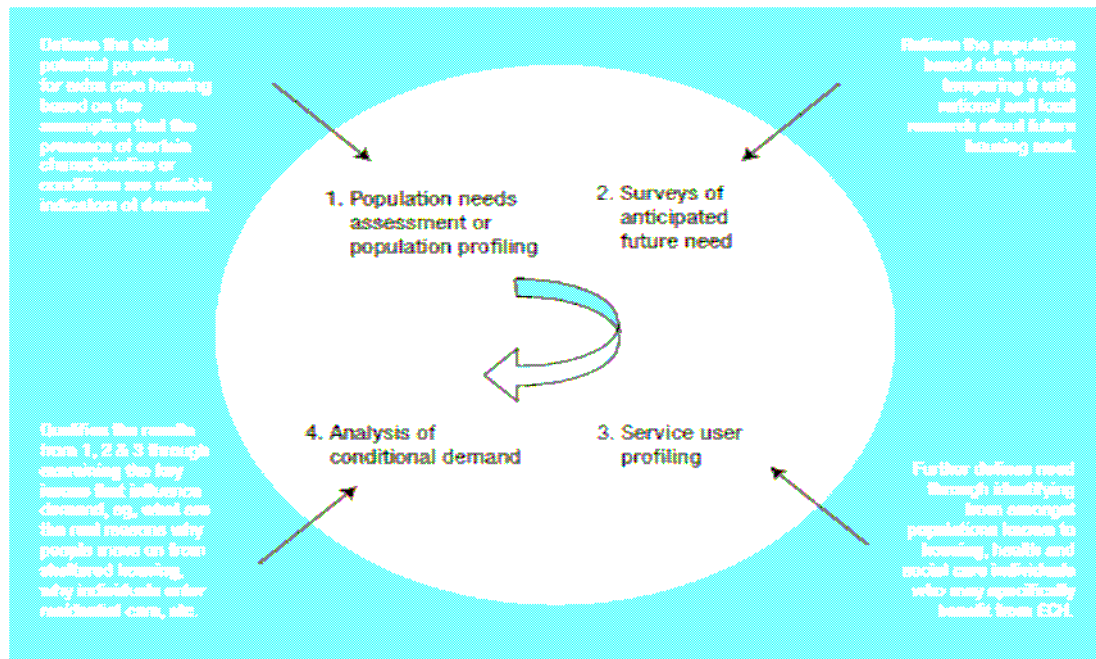
“Specialised housing can prevent a move into residential care. Research shows that each year a resident postpones moving into care, the state saves on average £28,080”.⁵

Furthermore, health and social care provision can be streamlined within specialist housing....which is a more efficient use of public resources.

In quantifying the benefits, Hanover Scotland carried out a study in 2011 to measure the Social Return on Investment (SRoI). SRoI is a stakeholder-informed cost benefit analysis that uses a broader understanding of Value for Money. It assigns values to social and environmental outcomes as well as economic outcomes. The report shows that investment of £1.4m has created approximately £5.3m in cost savings for the Scottish Government. And every £1 invested in Extra Care creates a total SRoI between £1.50 and £2.50.

The medium to long term financial viability of an Extra Care scheme is an important consideration in order to ensure that sufficient detail is invested to ensure a steady stream of potential residents, across all the relevant tenures. The Institute of Public Care, via the Extra Care toolkit – see footnote 1 – helpfully illustrate this important cycle:

⁵ Housing in Later Life: Planning ahead for specialist housing for older people (December 2012), quoting Fit for Living Network, 2010



Implementing Extra Care housing successfully calls for a range of factors to work well with each other. Location of scheme(s), quality of design and accessibility, good services implemented by motivated and trained staff are all important and the absence of any single factor may mean a whole scheme not working well.

According to CSIP, the key considerations for commissioners of Extra Care housing include:

- Location
- Internal and external design
- Use of assistive technology
- Management of the scheme
- Delivery of care and support
- Management of demand and allocation and maintaining a balanced community
- Extra Care, where necessary, for BME communities

There are significant people benefits in relation to Extra Care. A major study by the Personal Social Services Research Unit (PSSRU) and Housing Learning and Improvement Network (LIN) carried out a major study of 19 Extra Care schemes over a two year period. The findings, in brief, were as follows:

- Extra Care has emerged as a welcome alternative to residential care and the various forms of sheltered housing previously available
- It can limit the growth in health and social care costs as the population ages
- Outcomes were generally very positive with more people reporting a good quality of life

- When matched with a group of equivalent people moving into residential care, costs were the same or lower in Extra Care housing⁶
- There are benefits to the local economy with around 17 full and part time jobs created from typical Extra Care developments, with retirement villages expecting to provide even higher levels of employment

The Joseph Rowntree Foundation carried out a cost and outcomes study of an Extra Care scheme in Bradford and the key findings were:

- There was evidence of more than a 50% reduction in health care costs per person after the move, with the single difference relating to nurse consultations at home. And, the proportion of residents accessing hospital services such as Accident and Emergency was slightly lower after the move
- Benefits for carers too whose estimated costs were £80 per week before the cared for person moved into Extra Care compared to £25 after the move. These costs were related direct financial expenditure on goods and services such as travel costs and time and the cost of waged and non-waged time spent caring⁷

Conclusions

This brief literature and evidence review has highlighted that estimating the cost benefit analysis of Extra Care housing is particular challenging and depends on a complex suite of factors to draw conclusions from. However, the evidence base for older people moving into Extra Care housing – whether at the critical need stage of being poorly and frail through to low needs and being fairly independent – are clear in that Extra Care is a beneficial, re-enabling environment for older people to receive housing care and support and make extremely positive social relationships.

There are clear savings to social care authorities where a customer is diverted away from residential care and those cost savings are significant. However, the Council has reduced its reliance on residential care over the past four years in line with customers' preferences and meet customers' needs in the community. And, similarly, there are clear benefits for health partners too who can look after a cohort of patients within a scheme, making use of on-site facilities and caring for people within a close proximity. This saves a district nurse or GP's time but relies on pre-planning agreements and close involvement to ensure effective partnerships are in place.

In summary, the report by ILC on “establishing the extra in Extra Care” sets out the wider holistic benefits:

1. Extra Care is a home for life
2. Extra Care is a healthy home for life
3. Extra Care is associated with a lower uptake of inpatient hospital beds
4. Extra Care translates into fewer falls
5. Extra Care supports some of the oldest and frailest members of society

⁶ Improving Housing with care choices for older people: an evaluation of Extra Care housing, PSSRU and Housing LIN

⁷ Cost and Outcomes of an Extra Care scheme in Bradford – Joseph Rowntree Foundation November 2008

6. The benefits of residence in Extra Care Housing could translate into substantial cost savings, particularly in the longer term
7. Expansion of Extra Care could help to alleviate housing challenges of all ages (by freeing up family sized accommodation)⁸

⁸ Establishing the extra in Extra Care, www.ilcuk.org.uk, September 2011

Appendix 4

Wythenshawe Community Housing Trust Bid

The bid to Phase 1 of the Fund, for £5.19m funding, was submitted by Willow Park Housing Trust. Since the bid was submitted the Trust has now formally aligned into a Group structure along with Parkway Green Housing Trust and the organisation is now renamed the Wythenshawe Community Housing Group.

Willow Park Housing Trust has worked very closely with the City Council officers in Strategic Housing, Families, Health and Wellbeing, Childrens and Commissioning and Planning to facilitate the design of the development in line with the City's strategic needs. The bid is for the development of a large Extra Care Specialist Housing Development for Older People, providing 135 new two bedroom apartments of varied tenure mix:

- 66 apartments for affordable rent
- 39 apartments for Shared Ownership
- 30 apartments for outright sale

Alongside the new residential apartments a Community Hub facility will be provided within the scheme as an integral part of the development for use by the scheme residents and also the surrounding community.

The land for the scheme is made up of two adjacent sites on either side of a main road. Both sites will be developed and will be connected via a bridge link for residential users across the main intersecting roadway of Hollyhedge Road. The Community Hub will offer a flexible space for residents and the wider community.

The sites already house 140 older people accommodated in three existing residential multi storey blocks. These buildings will be retained on the new development site and all 140 Tenants will have direct access and use of the new facilities within the development.

The site is well located within the Wythenshawe community and residents will have access to the neighbouring facilities and amenities. Local public transport facilities of buses, taxi rank and the Metrolink provide excellent transport links and accessibility to the wider Wythenshawe area and the rest of Greater Manchester, so the development will be well connected to the local community and not set apart from it. The adjacent NHS Health LIFT scheme (Health Centre) is ideally situated to support the health and care of residents. Appendix 1 shows a map of the scheme in relation to adjacent facilities.

A care provider will be based on site supplying different level of care packages with the flexibility to increase or decrease levels of care as required and provide an emergency service for all 135 new residents and the 140 existing tenants where required.

Given the immediate proximity of the scheme to the Wythenshawe Campus of the Manchester College and its specialisation in Construction, Health and Social Care, Hospitality and Catering, Hair and Beauty, and Performing Arts training, the community will not only benefit from the employment opportunities of a large building contract but also an ongoing close partnership with the College to provide training and employment opportunities.

Start on site is anticipated to be in November 2013, with completion of the development in phases from March 2015.