
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 18 September 2013

Subject: Extra Care Investment Project and opportunities for engagement with the housing sector

Report of: Paul Beardmore, Director of Housing

Summary

The Report outlines the work of the Housing Health and Social Care Programme Board, and its achievements to date:

- Project Management of the Extra Care Investment Project
- Project Management of the Manchester Equipment Adaptations Partnership Project with the outcome of improved service allied to cost savings

The Report also outlines opportunities for greater integrated working with the health sector and Strategic Housing to support improved health and wellbeing outcomes and suggests the Board considers how to maximise benefits from future engagement and communication.

Recommendations

The Board is asked to

- (1) Note and approve the approach to delivering Extra Care Housing in the City.
- (2) Note the improved outcomes achieved through the Manchester Equipment and Adaptations Partnership.
- (3) Note the opportunities for future engagement with Strategic Housing and the wider housing sector to improve the health and wellbeing of the city's residents

Board Priority(s) Addressed:

Improving people's mental health and wellbeing
Enabling older people to keep well and live independently in their community

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

(Extra Care Housing Strategy 2008)

1 Background

- 1.1 The Housing Health and Social Care Programme Board was established in 2012.

Providing a focus for integrated working between Health, Families Health and Wellbeing and the social housing sector, the Board has overseen the successful Project to review the Manchester Equipment and Adaptations Partnership (MEAP). The Board also acts as the Project Board for the Extra Care Investment Project which is ongoing.

Representation on the Board is:

Executive Member for Housing, currently Cllr Nigel Murphy
Executive Member for Adult Services, currently Cllr Paul Andrews
Chief Executives from two Registered Providers nominated by the Strategic Housing Partnership Forum, currently Nigel Wilson, CEO Parkway Green Housing Trust and Karen Mitchell, CEO Southway Housing
Director of Housing, Paul Beardmore
Assistant Director (Integrated Community Provision)
A senior Health representative – David Regan, Director of Public Health

Under the initial Terms of Reference the Board reported to the Health and Wellbeing Thematic Partnership and the Strategic Housing Board.

Recent changes, including restructures, the creation of the Strategic Commissioning function and increased focus on integrated delivery are likely to result in a changed structure for this joint working initiative. However, through its projects to date, outlined below, the Board has demonstrated the opportunity for Health, Social Care services, Strategic Housing and Registered Housing Providers to work together to achieve improved health outcomes. There is now an opportunity to build on this start to maximise benefits through improved engagement.

2.0 The Extra Care Investment Project

- 2.1 The Extra Care Housing Strategy (2008) recognised the city's need for additional Extra Care independent living units to meet forecast demographic change. 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 without additional adaptations, equipment, care and support. Care needs will increase across tenures.

A report is scheduled to be submitted to Manchester City Council Executive on 11 September 2013 to seek approval for this approach to investment in Extra Care retirement housing. A verbal update on the response from Executive will be provided to the Health and Wellbeing Board.

2.2 In line with Living Longer, Living Better, commissioners recognise that older people want services that allow them to age in place; to maintain their independence, their links with family and friends, and encourage them to be enabled to manage their health and 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 long term residential care.

In the Extra Care Housing 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 benefits accruing from delivery of Extra Care retirement accommodation are significant:

- Reduction or delay in loss of independence for older households and retention of family /carer support.
- 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
- Reduced hospital stays through flexibility in provision of 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.
- 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 to meet housing need for a growing population.

2.3 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)

The development of Whitebeck Court, The Byrons and Butler Court schemes in North Manchester have increased choice in the north of the city. However, these schemes do not 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 home. Provision is not equally spread, with 202 of the 297 units listed above sited in the north of the city, leaving limited access in the south and east. These schemes all have active waiting lists.

To start addressing the gap the City Council supported and promoted a funding bid from Willow Park Housing Trust to develop the South Manchester Retirement Community in Hollyhedge Road, Wythenshawe. This scheme will supplement the existing supply in the south of the city through the delivery of a total of 135 units (30 for sale, 39 for shared ownership and 66 for affordable rent). The Solutions 4 Brunswick Private Finance Initiative will also see the delivery of a 60 unit affordable rent Extra Care Scheme, due in 2019. Other potential schemes are under discussion with Registered Providers.

- 2.4 Extra care housing can relieve the pressure on NHS budgets by helping to reduce the number of admissions to hospitals, avoiding emergency admissions and achieving earlier discharges. The experience of Your Housing Group, who have developed a scheme in Ormskirk, is that the use of expensive bedspaces can be reduced where older people have the benefit of purpose built accommodation with on-site care, contributing to their health and quality of life.

Health conditions can be monitored at the schemes where any deterioration can be 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.

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.

Research has identified the role of loneliness and isolation as a negative factor on the mental health and wellbeing of older people. This has been identified as a priority area in the Manchester Ageing Strategy and in the new Age-Friendly Manchester programme. As identified in the JSNA, living alone is one of the factors contributing to a sense of social isolation. The reduction in social isolation offered by retirement living schemes therefore supports better health outcomes for older households.

In terms of evidencing the wider benefits of Extra Care there is no unqualified calculation of cost savings for Health or Social Care deriving from the availability of Extra Care retirement homes. The Investment Project offers an opportunity to develop and build in a mechanism for assessing these savings

- 2.5 An opportunity has arisen to work with Your Housing Group, (a recent merger of Harvest, Tung Sing and Arena Housing Associations), who have delivered a number of Extra Care/Retirement Village Schemes in the North West, without grant funding, that offer a successful model for this type of accommodation. Discussions have taken place with this organisation, which has a track record of co-design and funding with local health services and can contribute this expertise to the development and funding of Extra Care in Manchester. This offers an opportunity to develop an Extra Care Investment Strategy to provide a strategic approach to delivery.
- 2.6 This project will specifically explore options to work with Your Housing Group to deliver a portfolio of mixed tenure Extra Care Schemes in the Manchester context. The portfolio approach offers specific advantages to the delivery of a range of tenures by subsidising affordable rent units from sale units. Through a partnership approach the Project will include:
- Identification of a portfolio of sites in appropriate locations which will be worked into an Extra Care Investment Strategy to deliver mixed tenure schemes. For the Project to be viable this portfolio of sites will potentially need to be contributed at nil cost, but this will be on an “invest to save” basis, as the schemes will offer significant savings in the delivery of care services and adaptations. Legal consideration of the practicalities will be obtained.
 - Financial modelling to assess viability of schemes on individual sites. Each site will require a viability appraisal by Your Housing tested by the City Council on an open book basis, including assessment of demand for the sale and rental units on the identified sites. This will confirm if any land value will be payable.
 - Identification of opportunities for investment from health services into the delivery and operation of Extra Care schemes
 - Development of plans by Your Housing based on these sites, including opportunities for each scheme to provide a “hub” for older households to achieve wider impact of social opportunity and access to services, with potential for wider community services to be provided, dependant on the site sizes and locations.
 - Input on design principles from Valuing Older People
 - Development of model for cost effective care services within the developed schemes that meet the need of the full range of older people including those with long term conditions and in the context of Individual Budgets
- 2.7 The Project has now identified a number of potential sites in the city’s ownership that could be contributed to the Investment Project. These sites are currently being valued and appraised to assess their full potential as part of the proposed portfolio of sites. Should the appraisals demonstrate the viability of this portfolio approach there will be further engagement and consultation on the identified sites prior to the Project seeking Executive approval to proceed.

- 2.8 Overall the provision of Extra Care is predicted to allow older households to age in place without the need to enter residential care. 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, and is in line with the ambitions of Living Longer Living Better.

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

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 contract at a scheme as this would only cover people with high care needs referred by social workers and care managers. 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.

3. Wider Extra Care benefits and development

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

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.

- 3.2 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.

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 are able to support 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.

- 3.3 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 schemes are built to a high quality accessible specification including wider doors, wheelchair access and shower facilities etc.
- 3.4 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.
- 3.5 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.

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.

4. Review of the Manchester Equipment and Adaptations Partnership

- 4.1 The provision of equipment and adaptations to older or disabled residents supports their health and wellbeing through maintaining their independence and reduces reliance on services. In 2010 it became clear that the new coalition government were likely to cut the annual Regional Housing Pot grant (RHP). This provided a 40% contribution towards Disabled Facilities Grants (DFG) which fund adaptations. Subsequently the new government went on to cut the grant by 100%. At the same time, the demand for adaptations had been increasing due to the transfer of council stock to Registered Providers, (with subsequent loss of Major Repairs Allowance to MCC), and changes to demographics, such as an ageing population and higher survival rate for disabled children.

Working through the Manchester Strategic Housing Partnership, (a long standing partnership of Registered Providers and MCC) a Manchester Equipment and Adaptations Partnership Board was established to examine a number of issues relating to the provision of adaptations. Its work was subsequently subsumed into the Housing Health and Social Care Programme Board in April 2012.

- 4.2 In 2010/11 the Strategic Housing Partnership agreed that Registered Providers would make a contribution towards the cost major adaptations of 40%, (equivalent to the loss of RHP), for works to their own properties. This agreement was subject to a number of conditions; a review of the works specifications, the re-procurement of delivery contractors, a review of use of existing adapted stock and a review of service delivery.

A re-design of the MEAP service was initiated to deliver efficiencies in terms of disabled assessments and technical delivery of grants, with a consequent reduction to service delivery fees. MEAP and representatives from Registered Providers carried out a review of specifications, which identified significant savings. This then informed the subsequent procurement process. The re-procurement of major adaptations was led by MCC with support from the Registered Providers and achieved savings in excess of £1m per year. Regular dialogue between the Providers and MEAP now takes place in the planning of new accommodation to ensure a proportion is suitable for people requiring adaptations.

The Housing Health and Social Care Programme Board has provided the governance arrangements to monitor and control the changes through:

- Supervising the MEAP Redesign
- Understanding and reviewing annually the extent of need and demand for equipment and adaptations
- Reviewing intelligence and performance management of the system
- Co-ordinating and prioritising on behalf of all stakeholders
- Making recommendations annually on the levels of investment and budgets required from all stakeholders

At the start of the review waiting times for major adaptations had reached 18 months from the date of the assessment of needs, and the numbers of customers was also increasing. Waiting time has now reduced to 6 months. In addition the time taken by contractors to install an adaptation has been reduced and the quality of work has improved. These considerable achievements are set against a substantial increase in the numbers of major adaptations ordered, at three times the number ordered in 2011/12. The service also saw a saving through a decrease in staffing.

During 2012/13 a total of 994 major adaptations were completed.

5. Opportunities for developing joint working with the social housing sector on Health and Social care issues

- 5.1 Social housing stock represents 32% of the housing stock in the city, and houses a significant proportion of our more vulnerable residents. The last decade has seen dramatic changes: all the social housing stock in Manchester City Council's ownership has transferred to new landlords; none is now managed in-house. The City Council retains ownership of the stock in the north of the city, but it is managed through a 30 year management agreement with Northwards Housing. There are 3 Private Finance Initiatives which include long term management agreements – in Miles Platting, Grove Village in Ardwick, and Solutions 4 Brunswick (contract sign due on or shortly after the date of the Board). A small area of West Gorton is managed by Guinness Northern Counties. All other stock including all in the south, central and Wythenshawe areas of the city is owned and managed by independent organisations of which the Council has minority Board membership.
- 5.2 The Registered Providers, particularly the large stock transfer organisations, have a major role in managing neighbourhoods in addition to ensuring quality homes and housing management. The role of high quality, appropriate and well managed social housing has been recognised as underpinning health and quality of life outcomes since the advent of public housing. More recently the value of well managed neighbourhoods in improving community safety and reducing anti-social behaviour is recognised as supporting mental health benefits. Involvement of the Registered Providers in the Complex Families initiative complements this.
- 5.3 Improvements through the Decent Homes Programme have already improved the quality of social rented homes over the last few years, with improved energy efficiency bringing accompanying health benefits. Many Providers are now making further improvements especially addressing insulation and fuel poverty.

However, in addition to improvements to the bricks and mortar, and managing neighbourhoods, Registered Providers remain in direct contact with their tenants on a regular basis, through individual contact and through well developed resident engagement processes. These offer a direct route for engagement with a significant proportion of health and care service users – an opportunity which has not been fully exploited to date.

- 5.4 The community setting managed by the Registered Providers will be critical for the delivery of care and support through the Integrated Care processes, particularly for older households. Delivery of services will be focused on the home; engagement and communication with service users and the Registered Providers who can offer routes to that will maximise the effectiveness of integration.

In terms of the Integrated Care Blueprint, Registered Providers are an element of the workforce along with health and care professionals and neighbours and community.

A number of recent changes which are likely to impact on the health of the city's social tenants are therefore being managed by the independent social housing sector. This includes recent Welfare Reform changes, including the Benefit Cap and the under occupation penalty (often referred to as the Bedroom Tax). Managing the impacts on social tenants now lies with the Registered Providers.

Within each Strategic Regeneration Framework area in the city there is a Lead Registered Provider who leads on Local Area Co-operation (LAC) and engages all Providers with significant numbers of stock in an area. The LAC Groups offer an initial opportunity for health agencies to engage at a local level.

6. Opportunities for engagement with Strategic Housing

- 6.1 Engagement at a strategic level also offers potential benefits for the health and wellbeing agenda.

The commissioning of appropriate housing can make a major contribution, for example the delivery of Extra Care retirement living, as outlined above, can maximise independence, reduce isolation, reduce impacts of fuel poverty and reduce hospital admissions.

The efficient adaptation of homes is crucial in enabling people with physical disabilities to maintain independence and quality of life.

Strategic Housing is tasked with delivering healthy balanced neighbourhoods that offer mixed tenures and types of property and social mobility that can provide a housing offer for life allied to networks of family and community. Healthy balanced neighbourhoods that offer access to amenities, services, transport and a choice of housing at all stages of life are critical to delivering the ambitions of Living Longer Living Better.

However, the development planning process has often concentrated on the delivery of numbers of units. While unavoidably constrained by the availability of sites for new developments, the overall approach would clearly benefit from engagement with health agencies at an early stage, yet no clear route for this exists at a strategic level.

7 Conclusion

The Housing Health and Social Care Programme Board has demonstrated, through its initial two projects, the opportunities for partnership working with the Housing sector to achieve benefits that meet the priorities of the Health and Wellbeing Board.

The establishment of the Strategic Commissioning Board is likely to replace the Housing Health and Social Care Programme Board with another route to engagement. However, the work of the Board to date highlights the benefits that can accrue from engagement with the Housing sector and utilisation of the skills and experience, and resident engagement capacity of our Registered Provider partners to support improved health outcomes.

The housing sector crosses the divide of People and Place in the priorities of the Integrated Care Blueprint, so provides a unique opportunity. The Board are invited to identify potential routes for engagement, communication and joint working with the housing sector.