INDEPENDENT LIVES

The case for extra care housing as an alternative to residential care for older people

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INTRODUCTION

This research project has been commissioned by HBV Supported Living to test the hypothesis that specialised supported housing for older people:

- Can be a more effective and better value alternative to placement in residential care homes - even for people with complex and changing needs.
- Enables local authorities with adult social care responsibilities to reduce expenditure on more expensive services at the same time as maximising the independence and well-being of people who need support.
- Helps local authorities to deliver transformational change in the face of significant operational and financial demands.

The information and evidence in this paper has been collected by:

- Undertaking a *rapid evidence assessment* to gather and objectively review current evidence in a structured and systematic way.
- Conducting structured interviews with local authority representatives - the key lines of enquiry pursued in these interviews were based on the findings of the rapid evidence assessment.
- Analysing the cost of residential care in comparison with the cost of extra care housing.
- Drawing on the findings of independent reviews of local authority costs, efficiency and effectiveness, which are not available to other researchers.

WHO ARE HBV SUPPORTED LIVING?

HBV Supported Living is a developer of specialised supported housing, which works collaboratively with local authorities to meet the growing need for housing and support - particularly those with the most complex needs.

In order to deliver these developments HBV Supported Living has formed a joint venture with Community Solutions - part of Morgan Sindall Group PLC.

HBV Supported Living does not develop speculatively, but works in partnership with adut social care commissioners to ensure that specialised supported housing is located, designed and equipped to meet current and future need.

HBV Supported Living raises 100% of the capital finance required to meet commissioners' objectives and priorities.

NOTE

Some people use the same terms to describe different things. In this report extra care housing describes housing with 24-hour support for older people. All references to extra care in this report are encompassed by the formal definition of specialised supported housing set out on the following page.

SUMMARY

This research report demonstrates that *specialised supported housing* puts individuals at the heart of services and support that are designed to maximise their independence and quality of life. Specialised supported housing brings together high quality bespoke housing, personalised assistive technology and person-centred support in a single integrated model. This model can be developed collaboratively with social care commissioners both to provide a direct alternative to residential care and to reduce dependence on paid support. Specialised supported housing brings new private finance to meet increasing need at a time of reduced public sector resources. When specified and implemented correctly, it will provide a home for life for people with the most complex needs.

Our research findings show that:

- Between 2005/06 and 2014/15 the number of people aged 65+ increased by one fifth and the number aged 85+ increased by one third.
- Between 2014/15 and 2038/39 the number of people aged 65 and over is forecast to increase from 9.5 to 15.2 million.
- There are 850,000 people with dementia in the UK - increasing to 1 million by 2025.
- Adult social care budgets have reduced by £5 billion since 2010.
- Extra care housing can successfully meet the needs of people with dementia - but we must remember that ageing and dementia are separate processes and that 'design for dementia' cannot simply be an 'add on'.
- The cost of supporting older people in extra care housing can be half the gross cost of residential care placements.
- Implementation of assisted technologies can result in savings of 7% to 20% of budget in a typical council.

WHAT IS SPECIALISED SUPPORTED HOUSING?

The Social Housing Rents (Exceptions and Miscellaneous Provisions) Regulations 2016 (SI 2016/390) came into force on 1 April 2016.

The Regulations exempt specialised supported housing from the 1% rent reduction required by the Welfare Reform & Work Act 2016 for the full four years' duration of this policy. This accommodation is defined as supported housing:

a) which is designed, structurally altered, refurbished or designated for occupation by, and made available to, residents who require specialised services or support in order to enable them to live, or to adjust to living, independently within the community,

b) which offers a high level of support, which approximates to the services or support which would be provided in a care home, for residents for whom the only acceptable alternative would be a care home,

c) which is provided by a private registered provider under an agreement or arrangement with—

(i) a local authority, or

(ii) the health service within the meaning of the National Health Service Act 2006,

d) in respect of which the rent charged or to be charged complies with the agreement or arrangement mentioned in paragraph (c), and

e) in respect of which either—

(i) there was no public assistance, or

(ii) if there was public assistance, it was by means of a loan secured by means of a charge or a mortgage against a property.

The development of specialised supported housing is a proactive approach to meeting the housing needs of people with support needs in response to local and national Government policies, which reduces the requirement for residential care.

Specialised supported housing differs from conventional general supported housing in that it is developed directly in accordance with local authorities' strategic priorities and there is no capital subsidy provided. Conventional supported housing tends to be existing supported housing where capital subsidies have been obtained historically, which thus require less revenue subsidy than that required by specialised supported housing.

In September 2016 the Government set out new proposals for funding supported housing. In simple terms the intention was to apply the local housing allowance caps to supported housing and then top up the additional costs of support services from a locally administered and ring-fenced fund. These proposals were subsequently abandoned by Government and a new consultation was issued to consider the options for funding supported housing. Although this consultation document does not make direct reference to specialised supported housing, the model of extra care housing described in this report is covered by the definition of long-term supported housing. The proposals suggest that long-term supported housing will remain within the welfare system and may not be subject to "sheltered housing rent". There is an expectation in the proposals that councils develop an understanding of local long-term supported housing provision. This would ensure that the model of housing described in this report would play a full part in a whole system of services and support.

WHY EXTRA CARE HOUSING IS IMPORTANT

The direction of travel of national social policy for housing, health and social care is towards:

- Supporting people in their own homes for longer - maintaining people's independence and keeping people out of acute hospital settings and residential care, and/or smoothing their discharge from hospital.

- Greater collaboration and innovation through local commissioning - delivering service transformations across housing, health and social care.

- Private, social and public sectors finding alternative finance and delivery models to increase supported housing.

In simple terms extra care housing can provide a direct alternative to residential care for older people with increasing and/or complex needs who want to be as independent as possible. It enables local authorities to make revenue savings at the same time as fulfilling people's needs and aspirations more effectively.

The Care Act 2014 requires local authorities to make sure that people receive services which prevent their care needs becoming more serious or which delay the impact of these needs. It requires local authorities to do this by having a range of providers, which offer a choice of high quality and appropriate services. If this is to happen, commissioners, developers and providers need to "Create a flourishing market of supply to ensure that there is a greater diversity of choices for people and that new build can develop according to an evolving understanding of best practice and innovation" (Demos 2014). This research paper aims to contribute to that understanding.

Extra care housing has the potential to help people stay independent for longer (Baumker T, Callaghan L, Darton R and Netton A 2011). Quite simply most people prefer to live in their own homes (Hay and Porteus 2011). Specialised supported housing can also help local authorities deliver transformational change in challenging times. It can forge innovative and effective collaboration between public and private sectors for the benefit of citizens.

Extra care housing provides a direct alternative to residential care for older people. At the same time it can play a vital role in helping central and local government reconcile the tension between rising costs and burgeoning demand.

Extra care housing provides high quality buildings, which put people's complex and changing needs at the forefront of design. When assistive technology is integral to this design, there is a real opportunity to promote people's independence and reduce dependence on paid support (Beale S, Kruger J, Sanderson D and Truman P 2010).

Extra care housing can offer a quality of life that is quite simply unachievable in even the best care homes. As a review of care homes in Wales concluded: "When older people move into a care home, too often they quickly lose access to the things that matter to them and give their lives value and meaning and are an

integral part of their identity and wellbeing, such as people, places and everyday activities. Older people are often not supported to do the things that matter to them but instead have to fit into the institutional regime often found in care homes, losing choice and control over their lives" (The Older People's Commissioner for Wales 2014).

DEMOGRAPHIC AND FINANCIAL CHALLENGES

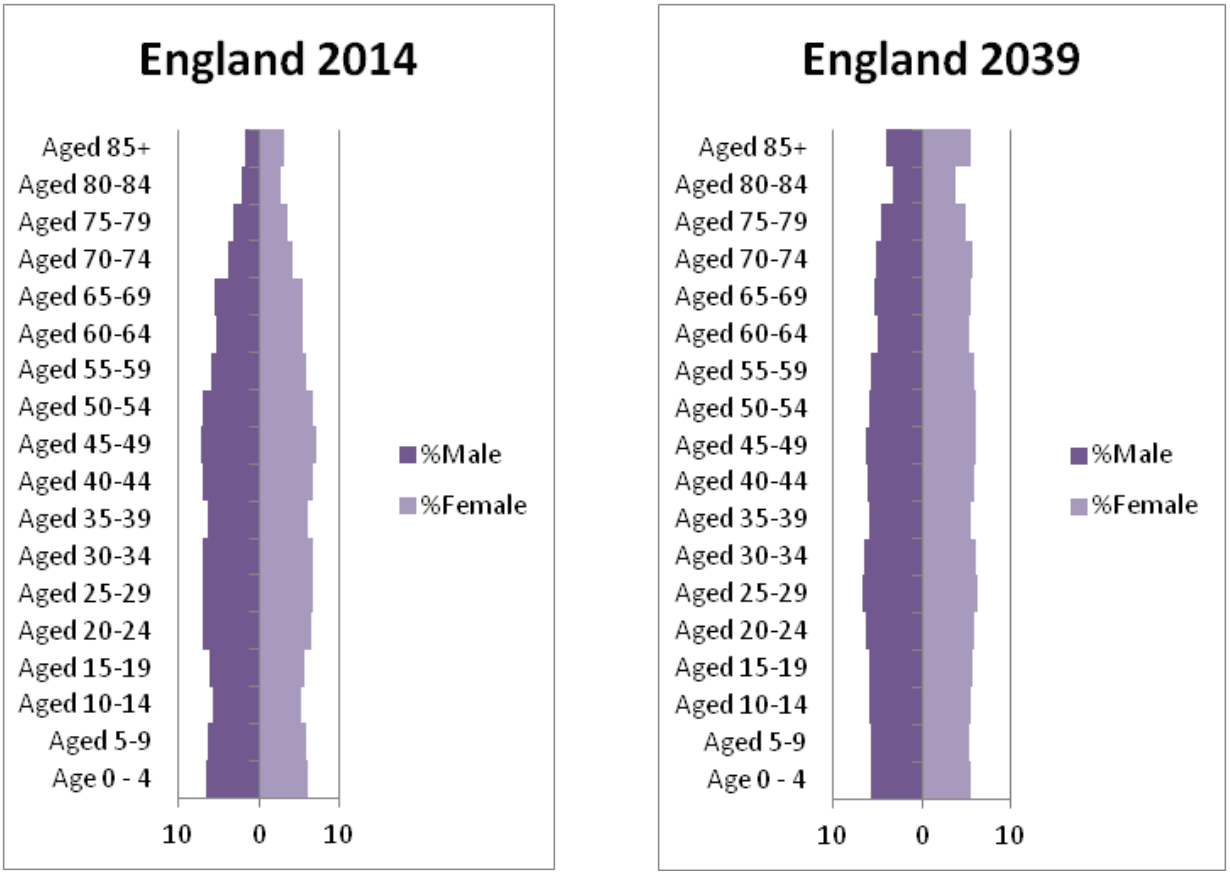
The Association of Directors of Adult Social Services (ADASS) reports that since 2010 there will have been a reduction of over £6 billion in adult social care funding by the end of March 2018. This is at the very time that "More people are living longer with more complex needs that require vital care, support and protection from adult social care in councils" (Association of Directors of Adult Social Services 2017).

The 2015 Comprehensive Spending Review saw the introduction of the Adult Social Care Precept flexibility in 2016/17, which raised funds through additional local taxes of an estimated £380m p.a. However, even with the introduction of the social care precept, the ADASS Budget Survey 2016 (Association of Directors of Adult Social Services 2016) found there was a £168 million overspend in adult social care budgets in 2015/2016, with the shortfall met from council reserves or underspends on other council services.

As reported in the 2017 ADASS budget survey, financial challenges faced by adult social care are entrenched:

- There was £366m overspend in adult social care budgets in 2016/17 - the consequences of these pressures will roll forward.
- Adult social care planned savings for 2017/18 are £824 million before increases in Council precept and the improved Better Care Fund.
- Cost pressures relating to the increased numbers of older and disabled people needing care and support continue to run at just below 3% of net budgets, equating to approximately £400m per annum.
- Increases in the national living wage continue to push up the cost of providing services by an estimated £330m in 2017/18.
- Provider failure is now affecting at least 69% of Councils and the sustainability of the care market is under threat.
- While increasing prevention is seen by Directors as the most important way of realising savings, spend on prevention has reduced as Councils try to manage the tension between prioritising statutory duties to those with greatest need and investing in services that will prevent and reduce future needs.

The nation's population is living longer and there are now a greater number of older people as a proportion of the total population. Between 2005/06 and 2014/15 the number of people aged 65+ years increased by almost a fifth and the number aged 85+ increased by almost a third (Green M and Mortimer J 2015). This leads other researchers to the conclusion that "The one certainty is that the past way we have thought about, designed and funded housing for older people needs to change" (Hay P and Porteus J 2011).
The population change forecast for England between 2014 and 2039 by the Office for National Statistics is set out in the pyramid charts below. In this period the number of people in the population aged over 65 years will increase from 9.5 to 15.2 million.



(ONS population projections - based on single year of age)

Despite the urgent requirement to do things differently, there has not yet been a significant shift towards non-residential care. Indeed, it is reported that "Cuts in spending have affected residential care providers less than non-residential care providers in the private sector" (Frost and Sullivan 2013). It is not surprising, therefore, that it has been reported that only 15 out of 152 English councils with social care responsibilities can meet the local demand for specialised supported housing (Samuel M 2013). Quite simply, unless significant investment is made in the development of extra care housing, it is unlikely ever to become a viable alternative to residential care (Hamblin K 2016).

The number of older people in the population is increasing. Public funding for vital social care services is reducing. The social care sector must find ways of doing things differently in order to shift the balance of services more towards prevention.

At the end of 2015 there were approximately 651,500 accommodation-based supported housing units in Great Britain (85% in England, 9% in Scotland and 6% in Wales), 71% of which house older people. The annualised cost of the supported housing sector that is covered by housing benefit at the end of 2015 was £4.12 billion, comprising 17% of all housing benefit spend (Ipsos MORI 2015).

It is estimated that 18,000 homes for older people a year are needed simply to maintain the existing level of provision (Lumby H 2015).

CAN EXTRA CARE HOUSING BE A GENUINE ALTERNATIVE TO RESIDENTIAL CARE?

We know the factors that lead to older people entering residential care. Therefore, if extra care housing is designed and supported to address these factors, it should be expected to offer a realistic alternative to people who want to remain as independent as possible.

Extra care housing enhances the quality of life of both older people and their family carers. It can address the specific needs and circumstances, which would otherwise lead to residential care.

Admission to a care home is often precipitated by a critical event, e.g. a fall or sudden illness (which may or may not lead to hospital admission) or a carer is unexpectedly unavailable (Kerslake A and Stilwell P 2004). It may also be triggered by a chronic problem, e.g. the impact of dementia or social isolation (Darton R and Fox D 2012). Often older people enter residential care at the instigation of other people.

Research tells us that extra care housing has the potential to address the specific factors that may precipitate admission to a care home. The availability of 24-hour support in extra care housing reduces the demand on carers at the same time as enabling them to remain a big part of people's lives within an accessible environment (Tuck J and Weiss W 2013). People in extra care housing enjoy a good social life, which reduces the risks of social isolation and promotes better health (Baumker T, Callaghan L, Darton R and Netton A 2011). Lower than expected numbers of falls are recorded in extra care housing (Kneale D 2010).

Extra care housing can provide a good quality of life for many people with dementia, even though changing needs – e.g. challenging behaviours and conflict with others – can lead to a move to nursing care (Evans S, Fear T, Means R, Vallelly S 2006). However, the number of these moves can be reduced by ensuring that support is more effectively planned and delivered to respond to largely predictable events. There is evidence that targeted programmes which respond to these events can help achieve better outcomes (Argyle H, Brooker D, Clancy D, and Scally A 2009).

Our own consultations with local authority social care commissioners confirm that extra care housing provides a direct alternative to residential care for people with high levels of care needs. Councils report that extra care housing prevents the need for residential care for between 40% and 63% of all tenants in housing schemes over which they exercise nomination rights. The higher rates are achieved by those councils which develop more effective and consistent partnerships with housing and support providers.

MEETING THE NEEDS OF PEOPLE WITH DEMENTIA

Policy makers and professionals are increasingly concerned about the impact of dementia on people's lives and the services that support them. The numbers alone warrant this concern. Today there are 850,000 people in the UK with dementia (including 42,000 people below 65 years of age). This number is forecast to increase to more than one million by 2025 and to more than two million by 2051. Dementia directly affects one in fourteen people who are aged 65 years and above (Alzheimer's Society 2014).

Dementia is the term used to describe a set of symptoms that occur when the brain is affected by disease. Different people experience different symptoms with different consequences and with different needs, which change over time (Ibid). Housing, technology and support must take account not only of these different and changing needs, but also of the fact ageing and dementia-related decline are separate processes - design for dementia cannot simply be an adjunct to design for older people. Moreover, we also have to remember that "aging and dementia diagnoses are not adequate descriptions of the populations in mind. It is essential to consider the individuality, variability and complexity along both continuums" (Orfield S 2015).

One important objective of extra care housing is to provide opportunities for an individual based on principles of inclusion, choice and independence. This means that "interventions to support the person with dementia should honour their personhood and right to be treated as a unique individual" (Rodgers P 2017). However, there is a risk that well-intentioned housing and support can reinforce separation and isolation. This may be because of stigma or the possibility of negative reactions from neighbours and relatives, because design places safety and security above quality of life or because telecare and telehealth services lead to reduced social interaction (Matlabi H, Parker S, McKee K 2015).

If the prospective tenant of extra housing is genuinely to be treated as a unique individual he or she is entitled to expect that the many and varied professionals involved in planning and delivering housing and support have a shared view of what this will mean in practice. All too often, however, "different governance arrangements, funding streams, regulatory regimes and professional cultures present a range of challenges and levels of complexity that make working together incredibly difficult" (Cook C, Aitken D, Hodgson P et al 2016). One consequence of this complexity is that "research has tended to neglect housing issues in relation to ageing studies more generally…and that despite recognition that housing is increasingly central to social care issues, research and policy tends to treat 'housing' separately from 'care' and even more so from 'dementia'" (O'Malley L, Croucher K 2005). There appear to be no easy solutions as "A challenge for all countries with ageing citizens is how to manage the relationship between the 'bricks and mortar' of housing stock and the socio-psychological needs of dignity and independence…" (Singelenberg J, Stolarz H, McCall M 2014).
If planning, design and delivery are all about the individual, it stands to reason that this coordination of functions and activities should begin at the earliest possible point in the process. The Integrated Service Area (ISA) network provides examples from across Europe of how this can be achieved. ISA projects "model collaboration including housing providers, social workers, care providers, architects, researchers and local officials who have come together to support

Extra care housing can successfully meet the needs of people with dementia providing that it is designed specifically to meet their needs - design for demential should not simply be an add on to ordinary provision

older people in their communities". The objective of projects is to integrate housing into local communities, underpinned by coordinated, multi-disciplinary systems of support. A new extra care housing development provides the ideal opportunity to model such collaboration at a very early stage of the planning and implementation process (Ibid).

This kind of multi-disciplinary collaboration is essential if extra care housing is genuinely to become an attractive and effective alternative to residential care – particularly for people with dementia. In one research sample "…the people who moved into extra care were much younger and much less physically and cognitively impaired than those who moved into care homes". Indeed even in schemes intended to make specific provision for people with dementia "levels of severe cognitive impairment were very low compared with care homes" (Darton R et al 2012).

Application of the principles and practice of co-design to the business of planning and implementing extra care housing should also help to build trust and confidence in the model. There is evidence that "co-design methods and tools can enable people living with dementia to make a significant contribution to society after diagnosis" (Rodgers P 2017). Co-design can not only add value to the project, but also enhance the lives of those taking part by "reconnecting people recently diagnosed with dementia to build their self-esteem, identity and dignity and keep the person with dementia connected to their local community" (Ibid).

HOW COST EFFECTIVE IS EXTRA CARE HOUSING?

There is no standard methodology for making the economic case for the contribution that housing makes to health and wellbeing. However, the National Housing Federation provides five separate economic arguments:

1. Providing safe, decent homes that enhance wellbeing
2. Helping alleviate the overall cost burden of illness and treatment
3. Helping offset and reduce the costs of delivering health care to individuals
4. Demonstrating cost-effectiveness in helping to meet the objectives of the NHS in improving health more broadly
5. Demonstrating the cost-benefits of their interventions in terms of the value of improvements to people's health and of savings to the NHS.

(Buck D, Simpson M, Ross S 2016)

Evidence shows that extra care housing can be a cost-effective alternative to residential care. An evaluation of schemes funded by the Department of Health Extra Care Housing Fund concluded that "Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into

residential care" (Baumker T, Callaghan L, Darton R and Netton A 2011). Evidence from specific schemes shows even more striking financial outcomes, "indicating that the cost of extra care housing was on average half the gross cost of the alternative placements" (Tuck J and Weis W 2013). It can reasonably be concluded that financial benefits will be scheme-specific and will be influenced by various factors – good partnerships with support providers, effective management, training and development of staff, good quality person-centred care, and appropriate use of technology to reduce dependence on paid support (Barret J 2015).

Our own consultations with social care commissioners confirm that councils have sufficient confidence in extra care housing's ability to deliver sustainable revenue savings to make definitive assumptions about the level of savings in their base budgets. Although there is a wide variation in the expectations of these savings, it is likely that this variation is not a consequence of the model itself, but the way in which it is developed and implemented by commissioners. We conclude from our consultations that ambitious commissioners who have real confidence in the benefits of extra care housing will achieve significant savings to the public purse.

A study undertaken by East Sussex County Council is particularly helpful in enabling us to understand how these savings can be achieved (Tuck J and Weiss W 2013). Whilst the report concludes that "extra care is a more cost-effective model of care delivery than other service models", the financial analysis supporting this conclusion was not published and is cited as confidential. However, it is possible to use the report's findings to estimate the financial implications of extra care within a particular locality, based on the cost of procuring other social care services within that area.

The table below estimates the revenue savings to social care budgets of providing extra care in a notional scheme of 100 one-bedroom flats, reflecting the East Sussex proposed mix of needs in future schemes of 30% high needs, 50% medium and 20% low. The mix of needs proposed by East Sussex aims to increase the number of medium needs services users within a scheme (receiving between 10-14 hours per week). Medium needs service users were recognised by East Sussex as the greatest beneficiaries of extra care and those likely to yield the highest level of savings, as this needs group were deemed to otherwise require a care home placement.

	High/Medium Needs	Low Needs	Voids	Total
Number of service users	60	35	5	100
Estimated annual cost of support in ECH	£955,962	£296,259	-	£1,252,221
Estimated annual cost of alternative services	£1,115,377	£373,706	-	£1,489,083
Variance in cost	**-£159,415**	**-£77,447**	**-**	**-£236,862**

The table shows the revenue cost of extra care to be £316k less per annum than the cost of providing alternative service options. This represents an effective saving of approximately 23% on

the cost of providing traditional care home and home care support.

Although the analysis above is based on the findings of the East Sussex report, other studies have also shown that financial savings can be achieved through extra care. One such study was conducted by Aston University in 2015 based on a three-year longitudinal evaluation. The Aston research reports average social care savings of £1,222 per resident year and up to £4556 for high needs residents (Holland et al 2015). This research provides additional support to the East Sussex findings.

The Aston University research also suggests a reduction in in NHS costs of £1,115 per resident year, due to a reduction in GP visits, hospital appointments and admissions. This is in addition to the social care savings.

There is evidence both in research and in practice that extra care housing enables councils to achieve revenue savings when compared to the net cost of residential care.

The commissioning challenge is to ensure that the right volume and right type of extra care housing is developed in the right locations. If the best financial outcomes are to be achieved, the requirement for extra care housing should be dictated by local authorities' analyses of current and future need and the design of the schemes themselves must take full account of the expectations of the people who will live and work there.

ASSISTIVE TECHNOLOGY

Evidence shows that, when commissioned and implemented properly, assistive technology will contribute to better financial and non-financial outcomes. Outcomes can be broken down into two categories: direct returns where the need for specific health and/or care services is avoided and wider outcomes where improvements in health and well-being are achieved without necessarily impacting on traditional services (Fernandez J, Forder J and Snell T 2012). Although costs and outcomes will vary significantly at the individual level, it has been estimated that an annual outlay of £270 million would be likely to lead to reductions in demand worth £156 million and quality of life gains of £410 million over the estimated lifetime of the equipment (Fernandez, Forder and Snell 2012). Evaluation of the Scottish telecare development programme has produced equally striking findings: "initial funding...of approximately £6.8 million…has resulted in savings to the Scottish health and care budgets of approximately £11 million during 2007-2008" (Beale S, Kruger J, Sanderson D and Truman P 2010). Another English study suggests a scale of savings in the range of 7-20% of total budget (Brown O, et al 2012).

Looking ahead to 2030 it is predicted that the demand for social care will increase by 44% and that, at the same time, people's expectations of leading an independent life will also increase (Adshed S, et al). In this climate the development of extra care housing and integrated technology becomes an absolute necessity.

If assisted technologies are integrated in the design and build of extra care housing, they will not only reduce reliance on paid support, but help older people stay independent for longer.

However, we should be aware that there is research evidence that, in spite of “A generation of research…assisted living technologies have been characterised by limited uptake (and) high rates of abandonment”. These researchers argue that this is because “Today’s published research always relates to yesterday’s version of the technology. Research into one technology in one context will not predict the effectiveness or acceptability of another technology in another context” (Acourt C et al 2016).

HBV Supported Living’s model of extra care housing avoids this problem by working collaboratively with the commissioner, support provider, health and social care professionals, and prospective tenants to design both building and technology as an integrated whole in response to the way people want to lead their lives.

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