

Support Related Housing

Efficiency Delivery: supporting sustainable transformation

Irwell Valley – Shore Green

Extra Care Housing Scheme for People with Dementia

Background

Shore Green was developed by Irwell Valley in collaboration with Manchester City Council in 2003. The council commissioned two other extra care pilots (Hibiscus Court in Whalley Range and Westfields in Baguley) at the same time. Each development was in response to a review of sheltered housing provision in the city, which concluded that:

- More choice in supported housing options for older people was needed,
- Flexible care services that could meet changing needs as people aged in order to sustain independence for longer were lacking,
- A specific gap in service provision was supported housing for people with dementia,
- Reducing unnecessary admissions to residential and nursing care was a priority.

Shore Green differs from the other two schemes in that it:

- Was purpose built while they were both remodelled from existing sheltered schemes,
- Is a “specialist” dementia care service while the other two schemes are general schemes with tenants with mixed categories and levels of needs.

Description of the initiative

Shore Green is an extra care housing (ECH) scheme with 10 units (six 1-bed flats and four 2-bed bungalows). It offers a specialist care service for older people with dementia and other memory loss conditions. It has a communal lounge, kitchen and garden and it enables tenants to continue a level of independent living in an environment where support is available when it is required. Tenants have assured leases, pay rent (personally or funded by housing benefit), pay their own utility bills and are encouraged to live as independently as they are able to. The level of need is high and staff at Shore Green believe that if Shore Green did not support them, eight of the tenants would require nursing care and three would require EMI care.

The housing element of support is provided by Irwell Valley and it is funded by Supporting People. The net cost of the care element (provided by “Creative Support”) is paid for by Manchester Adult Social Care. Predictably, given the high level of need, care support is quite intensive and care staff are on site 24/7 at a gross cost of £175k p.a. This pays for up to:

- 204 day care hours per week. There are normally two care workers on site during the day (four when shifts hand over). Although this averages at 18.5 hours per resident per week, the amount of care varies greatly between tenants each day according to need, i.e. the model is very flexible and is person centred, and
- 63 waking night hours per week. This is one person working nine hours each night.

The scheme was carefully designed and contains features, recommended by the Alzheimer's Society, which assist clients with day to day living e.g.:

- Gas monitors that cut off the gas supply if a cooker is left on,
- Door sensors that alert the night care worker if a tenant has opened a door,
- Colour coding and personalisation (shelves/cubby holes with personal items) at the entrances to each flat to help each tenant identify their door,
- Glass fronted kitchen units so tenants can see which cupboards items are kept in,
- A single secure entrance and exit to ensure the safety of residents both in stopping unwanted visitors coming in and by reducing the risk of tenants wandering, and
- A visitor sleepover facility so friends and family can visit the tenants. This facilitates continued contact and has reunited people on occasions after contact had been lost.

The drivers for the initiative

One driver for the development of ECH for dementia was to reduce future demand for nursing placements. This was because Manchester (in common with many areas) has an aging population and has projected that increased levels of dementia would place an unsustainable strain on:

- Nursing home capacity in the area, and
- Older people's budgets due to the high cost of nursing placements.

A second driver was a desire to promote choice, control and independence for people with dementia. Traditionally, in Manchester, people with care needs (not including dementia) have had a wider range of choices and have more involvement in and control over their support than people with dementia. This was not considered to be fair.

A third driver was to enable families to remain together after one has developed high needs as a result of dementia rather than the couple being separated when one enters nursing care.

Shore Green and the other two ECH schemes have begun to address these drivers, but significant demand for suitable housing support for older people in general and people with dementia in particular remains unmet. This is reflected by Manchester City Council's plans to commission a further 750 of ECH places. These plans include an aspiration to have a further development with 40 specialist dementia places. Ultimately, the aim is to have two specialist schemes in North, Central and South Manchester.

Innovative features of this initiative

Specialist Dementia ECH is rare

Most ECH schemes have tenants with more varied levels of need and few focus so much or so clearly on dementia. This aids:

- Efficiency as it diverts people away from expensive nursing home placements, and
- Effectiveness as specialisation allows staff to develop specific skills and has enabled specialist design features to be included.

It also requires 24/7 staffing by care workers, which in turn has facilitated very flexible and person centred care. (See below)

This project has been categorised as a "leverage" project as it has taken the ECH mode of support and extended it to a client group traditionally considered to have needs that are too demanding for it.

Scheme: Shore Green – Dementia ECSH

Is what is be done new or old?	New	Leverage 	Innovation
	Old	No Change	Efficiency
		Old	New

Is how we are doing things new or old?

<p>Flexible levels of care based on outcomes</p> <p>The contract for care (with Creative Support) specifies outcomes and an upper weekly limit of care hours (204 day, 63 night), but not specifically how hours are be used. This aids:</p> <ul style="list-style-type: none"> • Efficiency because if less hours are used less are paid for, and • Effectiveness as the carers can vary the level of support to each individual depending on the specific needs. As the staff are on site they can judge each person's needs accurately on a day-to-day basis. 	<p>Specialist design features</p> <p>Many design features aid people with dementia to live independently including:</p> <ul style="list-style-type: none"> • Continuous pathways in the garden so tenants never reach a dead end as this can cause confusion/distress, • Personalised front doors areas that help residents remember their door, • A distinctive high roof visible in the neighbourhood to help tenants find their way home after local visits e.g. to the local church.
<p>Monitoring</p> <p>As tenant's care needs are highly variable, there is a risk that the care hours paid for exceed those needed. To mitigate the risk the Older People's Commissioning Strategy team closely monitors the care hours used.</p> <p>This ensures care hours are used efficiently and that the level is sufficient. If there are consistently more care hours allocated than are being used Adult Social Care will negotiate a reduction in the allocation of hours. This means Manchester City Council only pays for the actual care delivered, although care staff are encouraged to use short-term (one-off) surpluses for social activities.</p>	<p>CSED Comment</p> <p>Shore Green warranted inclusion in our portfolio of "good practice" case studies as it genuinely varies its level of support for each individual on a day-to-day basis. This:</p> <ul style="list-style-type: none"> • Means it can cater with a higher level of need than less flexible home based support services, • Makes it more "person centred" than average, and • Helps it to be efficient as each individual is neither over nor under serviced on a day-to-day basis. <p>In addition, traditional efficiency is achieved through tight contract management.</p>

<p>Independent evaluations</p> <p>Shore Green has been inspected as part of the normal supporting people regime. The last inspection concluded that it is a strategically relevant service and in efficiency terms noted that it helps avoid hospital admissions and has taken people out of residential care:</p> <p><i>"The service fits within the NSF framework for Mental Health through ensuring access to appropriate primary healthcare and professional support. There is also a systematic approach to planning, monitoring, review and risk assessment, and maintaining links to multi-disciplinary teams. They also ensure that service users are engaged with services (NSF standard 4) by enhancing life skills and reducing admission to hospital. This service works intensively with Older People with Dementia, and has taken people out of residential care."</i></p> <p>Inspectors concluded that Shore Green supports its tenants to remain independent:</p> <p><i>"Dementing conditions are challenged; intensive work is done that enables individuals to live independently longer."</i></p> <p>Reported feedback from carers showed that they rate Shore Green highly:</p> <p><i>"Carers and family members were interviewed as part of the validation visit. They all felt that they had been involved in decisions concerning the level and type of support their parents received. They felt that they were listened to, and that the service made real attempts to involve their parents."</i></p>
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Costs and Benefits

The quality and effectiveness part of the efficiency argument is easily made for Shore Green:

- It is highly consistent with the Putting People First as it gives people with dementia more choice and control over their lives and the support they receive,
- It successfully supports more than 50% of its high need clients to live independently until the end of their life, and
- It appears to reduce demand for NHS services from people with severe dementia.

Fit with Putting People First:

The fit with Putting People First is clear. For example, Shore Green gives people with dementia more choice and control over their lives, supports their independence, slows the rate that their needs escalate and helps tenants to be active in the community.

Independence to end of life

Since it began, Shore Green has had 34 tenants. Eleven live there now so 23 have moved on. Of these four were carers who stayed with their loved one until they died. This leaves 19 others. Of these:

- 10 (53%) lived at Shore Green to the end of their life, and
- 9 (47%) moved to a nursing home when Shore Green could not meet all their needs.

Reduced NHS Activity

Incident records show that in the last 12 months collectively the 11 tenants:

- Have only attended A&E five times and have only been admitted to hospital on nine occasions (one person accounted for three of these). Given the high needs of this group, this is a very low level of activity.
- An average length of stay in hospital of only 22 days. This is low when you consider that on average the length of stay for dementia patients is 44% longer than normal.¹

We would therefore conclude that in addition to providing cost effective social care the Shore Green model appears to reduce demands by people with dementia for hospital services².

Cost Efficiency?

Whether the Shore Green model is financially efficient is a harder question to answer.

Making the business case for ECH for people with dementia is complex, but based on the evidence at Shore Green we think there is an economic argument, in addition to the quality argument already presented. The logic for this conclusion is that based on the assessed needs of the current tenants at Shore Green an alternative would be:

- EMI nursing home placements for eight at an average net weekly cost of £294
- EMI residential home placement for three at an average net weekly cost of £273

The minimum* net annual alternative cost to support its 11 tenants would be = £165k p.a.

***Note:** many care homes charge a top-up in addition to the standard city council rate.

This alternative cost compares closely to the actual net costs of support for the 11 tenants at Shore Green (including day care which four tenants attend) which we calculated as £172k p.a. (net of Shore Green Care costs £175k + day care costs 13K, less client contributions of £16k)

¹ Data from - Improving services and support for people with dementia, NAO 2007.

² We accept that the number of tenants at Shore Green is not sufficient to be considered a representative sample i.e. while we think it indicates NHS savings we have not calculated an annual savings amount to avoid the risk of providing overly optimistic levels of projected efficiency improvements.

Conclusion

Given the quality of the service at Shore Green we conclude it is good value for money even though care costs at Shore Green are £7k p.a. higher than alternative residential/ nursing costs. We would argue that much better outcomes were being achieved at a marginal extra cost. That said, we could not identify cashable savings on this basis for social services.

However, this cost comparison is before any savings related to A&E, hospital, ambulance or police (in relation to less incidents of wandering) are taken into account. It is therefore reasonable to conclude that the Shore Green model would provide people with dementia with a better quality of support **AND** cost the wider health and social care system less than traditional nursing and residential support options.

Case Studies

A carer's perspective:

Background and support at Shore Green

X's mother has a diagnosis of Alzheimer's. Before moving into Shore Green her mother lived in warden controlled accommodation with no on-site support. Sometimes she would leave her flat and get lost. Unable to find her way back, the police would often bring her back safely. Naturally, X was very concerned and felt she had to visit her mother every day in order to do all the things her mother was unable to do for herself.

X's mother's mental health has deteriorated due to the progression of her Alzheimer's. She now gets very agitated when she wants to see her daughter and says she wants to 'go home', meaning go to her daughter's house. When this happens care staff will reassure her and inform her when X is coming and employ distraction techniques. If staff cannot settle her then X is called as requested and will come and see her.

The care and medication needs of X's mother is provided by the care staff although X remains involved e.g. by making health appointments, manage finances and by shopping.

Outcomes

X's mother now also attends a day care centre four times a week and enjoys this. She is more settled at the centre and enjoys being with other people and the activities, which helps counter the effects of her Alzheimer's and therefore demands to see her daughter less often.

Since moving into Shore Green, the risk of X's mother wandering has reduced considerably. X is still very involved, but now has more high quality time with her mother, rather than working time as "Creative Support" provides her personal and domiciliary care.

By being involved, but not being solely responsible for her mother's care, X worries much less about her mother and her own self-esteem and mental/physical health have all improved.

A Tenant's Perspective

Background and support at Shore Green

Y has a diagnosis of mild cognitive impairment, depression and Charles Bonnet Syndrome. This can cause visual hallucinations, which cause Y distress. She also has Obsessive Compulsive Disorders (OCD) in relation to checking windows, plugs etc. severe arthritis/ osteoporosis and has been assessed for various mobility aids/ adaptations around the flat in an attempt to prevent further falls. Y also has depression and can lack motivation.

Y moved into Shore Green following a fall at home in June 2004. Before this, she had lived at home with a care package, but was depressed following the death of her husband. As her depression worsened, she was refusing to allow carers into her home and was neglecting herself. The fall brought things to a head. In Shore Green Y is supported by care staff who:

- Administer her medication for pain relief and support her to meet her day-to-day personal care needs and do her shopping (which she plans), laundry, cooking etc.
- Listen to her talking about her feelings centred on the death of her husband and support and reassure her when she has hallucinations

- Ensure she keeps appointments with a consultant psychiatrist

Acknowledge her OCD but do not reinforce the behaviours e.g. they allow her time to complete her checks and return to her flat later to assist with her care.

Outcomes

- Y is lives relatively independently. i.e. chooses her own food, makes leisure choices
- Y shapes the support she receives e.g. she recently declined therapy for her OCD stating it was not a problem for her, rather than having it specified for her
- Y has help to do what she enjoys e.g. staff arrange hairdresser visits for her, which she enjoys, and encourage her natural pride in her own appearance

Implementation Advice

Staff at Manchester City Council identified the following key implementation issues:

- **Design features** are important. Staff perceive that being a new build is an advantage and explained that the other two ECH schemes in Manchester were remodelled from older sheltered housing schemes and some desirable design features could not be incorporated into them, and
- **Location** is also important. Since one aim is for tenants to be able to enter into community life if they want to, it is important for the community to be supportive and for the physical environment to be safe when tenants leave the site.

With hindsight staff believe that:

- A larger scheme would have been more economically viable as there would be more economies of scale and the mix of support needs would be wider and therefore easier to manage. A larger scheme would, however, need a different care team structure,
- Better publicity and allocation decisions could help to more fully utilise the bungalows as, at present, only one has a couple living in it.

It is therefore possible to see how larger scale schemes with better control over the allocation of properties designed for couples could provide even better value for money than Shore Green.

CSED Conclusions

Shore Green is an innovative, efficient and effective scheme:

- Strives to provide a truly person-centred support service and its tenants have significantly more choice, control and independence than in the more traditional residential or nursing settings associated with people with advanced dementia, and
- Is likely to be efficient as care is highly personalised/ person centred care i.e. the level of support offered to each individual on a day-to-day basis is right-sized rather than being excessive on their good days or leaving them at risk on bad days.

Overall, Shore Green provides better outcomes for people with dementia at a similar cost to traditional residential and nursing care alternatives. Given that it is possible to see how larger scale schemes with better control over the allocation of properties designed for couples could provide even better value for money than Shore Green, the roll out of ECH models similar to Shore Green across the country has the potential to help improve the efficiency of dementia services.

Additionally, there is some evidence that demand for health and police services are reduced by this model of support. We have not been able to make a reasonable estimate of the savings for health or police in this case as the sample of cases is so small, but we are confident that the level of savings, if they were calculated, would be significant.