

# Duddon Mews Extra Care Scheme for People with Mental Health Problems and Physical Frailty in Cumbria

Prepared for the Housing Learning and Improvement Network by **Sue Garwood**

## Key Partners

**Cumbria County Council:** Commissioners of domiciliary care and Supporting People Services; assessment and care management

**Croftlands Trust:** Domiciliary care provider

**Home Group:** Housing and housing-related support provider

**Age Concern:** Day centre provider

**Millom Community Mental Health Team:** Assessment, care management and specialist support

## Primary Contact

### Cheryl Page

Copeland Adults Team  
Adult Social Care Directorate  
Cumbria County Council  
Town Hall  
Egremont  
[cheryl.page@cumbriacc.gov.uk](mailto:cheryl.page@cumbriacc.gov.uk)

## Brief Description

This case study describes a small extra care scheme and day centre targeted primarily at older people with dementia. It outlines various aspects of the scheme and explores some of the pros and cons of the approach adopted at Duddon Mews. It is likely to be of value to others developing or providing housing with care for people with dementia.

# **DUDDON MEWS EXTRA CARE SCHEME FOR PEOPLE WITH MENTAL HEALTH PROBLEMS AND PHYSICAL FRAILITY IN CUMBRIA**

## **CONTENTS**

1	Introduction	3
2	Scheme development and strategic partnerships	3
3	Physical features of the scheme	6
4	Service provision	8
5	Who is the scheme intended for? Eligibility	12
6	The Jubilee Centre	16
7	Financial aspects	17
8	Effectiveness	19
9	Conclusion	21
	Thanks	22
	References	22
	Appendix 1 - Scheme Plan	23

## **1. INTRODUCTION**

Duddon Mews is a 14-unit Extra Care scheme in the small town of Millom in Cumbria which opened in April 2005. Very much a local resource and part of the community, it caters primarily for older people with mental health problems (most with dementia), but also frail older people. Adjoining it is the Jubilee Centre comprising a suite of offices and a specialist day centre for people over 65 years of age with mental health problems. The centre also caters for early onset dementia.

“The scheme empowers service users in that they are tenants (and not residents); each tenant has their own front door, private space, house keys, address and letterbox. Each tenant is enabled to continue living with risk with the aid of smart technology, and family members and informal carers are actively encouraged to continue their supporting role.” (Harrison, 2006)

Duddon Mews has gained national recognition through winning a National Institute for Mental Health in England (NIMHE) award for integrated health and social care planning, as well as favourable assessments from Cumbria Supporting People for the housing-related support services, and from Cumbria Adult Social Care and CSCI for the domiciliary care provision.

This case study will give a description of the Duddon Mews Extra Care scheme under the following headings:

- Scheme development and strategic partnerships
- Physical features of the scheme and technology
- Service provision
- Whom the scheme caters for - eligibility
- The day centre
- Financial aspects
- Effectiveness

It will look beyond the accolades and, within each topic, draw out perceived positives and what might have been better had it been done differently.

The case study is based on documents provided by the partners and interviews with staff from each. The reflections on the scheme combine what one or more interviewees reported and the author’s own observations.

## **2. SCHEME DEVELOPMENT AND STRATEGIC PARTNERSHIPS**

### **Description**

With a population of 8,500 people, Millom is a small, isolated town on the Cumbrian coast with poor transport links and high levels of deprivation. As part of the modernisation agenda for older people’s services, a development group was formed of local people and representatives from statutory and voluntary organisations. A gap in local provision for older people with mental health problems, combined with the availability of an obsolete sheltered scheme, led to the development at Duddon Mews.

The only other resources for people with dementia locally had been a very small EMI unit within a residential home, a generalist private home in Millom registered for a handful of people with dementia, a private home some miles away, and an 8 place day provision in a small, unsuitable bungalow.

The vision was “to support people in their own locality, to reduce admissions to residential care and hospital, and to avoid couples having to separate when one of the partners needs 24 hour care.” (Harrison 2006)

“The scheme involved collaborative working between 5 different organisations with different systems and cultures coming together to pool resources and form contractual agreements.

“Initially, the Mental Health Trust, Adult Social Care, Home Group and Age Concern were involved in signing up to a shared vision of the model of Extra Care housing for older people suffering from mental health problems. This initiative was then developed through a partnership between Adult Social Care and Home Housing, with Home Housing providing the building, assistive technology and an element of Supporting People. Adult Social Care commissions the social care and the adjoining specialist day services.” (Harrison 2006)

## **Positives**

### A local community resource

The development grew out of the community and feels very much part of it. It is built in an area of social housing and the facility is respected and supported by its neighbours. On the rare occasion when a tenant has been out and looking lost, someone has recognised them and accompanied them back to the scheme.

### Relationships good

The partners worked well together, adopting a problem-solving approach to developing the scheme. At the time, they were not aware of many other examples of specialist schemes from which to learn.

### A much valued resource

Joint working resulted in the development of a much valued, innovative resource for older people with dementia and other mental health problems. It is seen as the benchmark for dementia care within Cumbria.

### Strategic fit

The Cumbria County Council Commissioning Strategy for Older People and their Carers 2007 – 2016 says: “Older people will have increased opportunity to be supported in extra care housing that they either rent or buy”

## **It may have been better...**

### if there had been better engagement between the Steering Group and Senior Managers of the Mental Health Trust

While staff of the Older People’s Mental Health Team were very involved and committed to the development of the scheme, there could perhaps have been better communication between the Trust and other partners at a more senior level during the development phase of the project.

if the respective roles of adult social care and the mental health team regarding care co-ordination had been clarified

Both Adult Social care and Community Psychiatric Nurses were involved in assessments but failed to clarify who would be the key case co-ordinator. Attempts to address this had been complicated by the changing focus of Mental Health services.

if the original vision of having an intermediate care flat had come to fruition

It had been hoped that the mental health trust would contribute financially to the scheme and develop a step-up/step-down facility. Local doctors and nurses were very supportive of the idea. It was for this reason that one of the flats is located just opposite the staff office. It is still felt that this would have been an extremely valuable resource which would have furthered achievement of the scheme objectives.

if better multi-agency information and education on Extra Care had been provided for both public and professionals at the development stage

There have been some unrealistic expectations from both professionals and families as to what the scheme can and cannot provide. For example, the policy around risks and risk-taking needs to be jointly agreed by partners and clear from the outset. It is said that people also did not understand that the care would be costed and charged separately. Some believed that a promise of a home-for-life had been made. Multi-agency brochures which explained what the scheme is, what it aimed to achieve, its ethos, partnerships, services, charges and limitations are likely to have pre-empted some of the issues.

if the Agreements between partners had all been in writing

Good relationships, whilst necessary are not in themselves a sufficient foundation for a new development. Where agreements such as shared use of certain facilities have not been written down, and those originally involved in the project have moved on, new incumbents have been unaware that such agreements exist. This can lead to unnecessary disputes and misunderstandings. However, in this case, goodwill facilitated speedy resolution.

if the development partners had continued to meet

Ongoing inter-agency liaison at a senior level would be helpful to resolve any problems and provide leadership. This would ensure that the project continues to grow and develop. For example, some early ideas for community involvement seem to have ground to a halt and the inter-agency operational protocol although tailored for Duddon Mews should have been signed off, implemented and then reviewed periodically, but this hasn't happened.

if the district council had been more involved

Given that Duddon Mews is a housing provision, Adult Social Care does not have a housing function and housing benefit is needed to support extra care tenants, it would have been good practice for the district council to be involved in project development, have had nomination rights and been a member of the allocation panel. The council had been invited to participate but chose not to.



### 3. PHYSICAL FEATURES OF THE SCHEME

#### Description

Eight two-bedroomed bungalows and six studios are arranged on three sides of a quadrangle which encloses a beautiful garden. Each property has its own front door onto an open pathway around the garden.

The fourth side is bounded by a fence with the communal facilities being accessed at one corner of the quadrangle.

There is:

- A small area with tables which seat 8 people
- A small lounge area with about 8 armchairs
- A small office used by Home Housing and home care staff
- A small laundry room

Beyond these, a short corridor leads to the Jubilee Centre which houses the day centre and offices :

- On the ground floor is a small kitchen, staff office, day room and toilet.
- On the first floor, the Croftlands manager has her office, and on the other side of a door is the office suite until recently occupied by the Older People's CMHT and Adult Social Care.

#### Assistive Technology

- All properties are linked to an alarm to which Croftlands staff respond. Tenants have pendants.
- In addition, 14 bed sensors linked to automatic lighting and 14 flood detectors were purchased for the scheme. All flats have door sensors.

- The equipment is set up for individual tenants as required, and at present around half have the bed sensors set up, and three the door sensors. Apparently the flood detectors have not been commissioned.
- The equipment is programmed in a number of different places including one of the flats.

## **Positives**

### Scale and non-institutional feel

Fourteen properties, whilst not delivering the economies of scale offered by larger schemes, has some advantages. The size facilitates a warm friendly atmosphere and tailored personalised service provision. It is also small enough to aid orientation and feels very homely. Millom's population size would not have justified a significantly larger scheme.

### Assistive Technology

The bed occupancy sensors have been useful for some tenants.

### Garden

The garden is a particularly attractive feature of the scheme and provides a safe area for tenants to walk or sit. Some tend the garden rather than simply admiring it.

## **It may have been better...**

### if the communal facilities had been larger to accommodate all tenants together

The partners developing Duddon Mews were so concerned to ensure that it bore no resemblance to a residential home that they designed out some features which arguably would have enhanced the community life of the tenants. Neither the communal lounge nor dining area can accommodate all the tenants together which means that it is difficult for them to take part in activities which would involve all of them, be this a joint meal or social activity.

### if a different approach had been taken to catering facilities

The studios do not have proper cooking facilities, only microwave ovens, and there isn't a shared kitchen where tenants could enjoy a group cookery session together. This combination curtails studio tenants' ability to retain or recover an everyday skill while also reducing the range of group activities that could provide fun and fulfilment. Section 2.7.4.3 of the Care Service Specification within the contract for care seeks "evidence that Service Users have been encouraged to undertake as many tasks as possible for themselves, e.g. involvement in the preparation of their own meals." The design coupled with staffing levels within the block arguably makes this virtually unachievable for many. Instead of enabling choice – a key marker of non-institutional care – this approach has reduced it.

### if a communal toilet had been provided

Tenants are obliged to return to their homes to use the toilet even if they are seated in the communal areas, whilst visitors and staff have to make use of the day centre toilet or the one provided in the Jubilee Centre offices.

#### if better facilities had been provided for staff

The staff office is too small to accommodate both Home Group's and Croftland's staff. A shared office with a private room for interviews, or alternatively inter-leading offices would have facilitated joint working. The only facility where staff can take a break is in the tenants' communal area.

#### if greater research and thought had been put into the assistive technology

Money appears to have been invested in equipment for every flat when it is not needed for every tenant. The programming appears complicated which deters usage and the location of one of the programming units in a resident's property does not seem appropriate. Programming, monitoring and responding to the technology, as well as drawing up protocols, should ideally be a joint activity between Home Group and Croftlands with the support and involvement of the OP CMHT and Adult Social Care on a case by case basis. Also, the potential of the technology does not seem to have been optimised.

## **4. SERVICE PROVISION**

### **Description**

#### Service Configuration

- Home Group is the landlord. It provides the housing management service and an element of housing-related support through the scheme manager
- Croftlands Trust provides the domiciliary care and has a manager and care team based on site
- An inter-agency protocol was developed to agree working relationships at Duddon Mews.

#### Care Provision

- Cumbria Adult Social Care block contracts round the clock domiciliary care provision of 252 day time hours (7.30a.m. – 10.30p.m.) and 126 night time hours, and specifies that there must be two staff members on site at night.
- The original concept was the provision of personal care based entirely on individual care packages, but the contract was subsequently changed to allow for 30 hours a week for "tasks that cannot be ascribed to individual service users" (Domiciliary Care Contract p23). This was intended to cover work with people in a communal setting: responding to alarm calls, maintaining a relationship with a group of people, time spent with families, but technically, not group activities.
- The manager's time is additional to the block contracted hours but included in the unit cost.
- Additional care can be spot purchased if more than 222 day time hours or 126 night time hours are needed.
- The provider had been deploying staff on the basis of eight-hour shifts and full-time contracts. The consequence of this has been difficulty in supplementing the level of care at times of peak demand. Efforts are currently being made to remedy this situation by introducing shorter shifts and giving new staff 28-hour contracts with flexibility for additional time on top.



- A 4-weekly variation sheet keeps statistics on the amount of care delivered to each individual, and enables trends and usage to be monitored.
- Croftlands Trust has a background in mental health work which emphasised promoting independence and adopting an enabling approach to meeting service users' needs.
- There is a dedicated staff team, totally committed to providing tailored, personalised care, the achievement of which is reflected in their CSCI report and scores (all 3s and 4s – good and excellent).
- “Croftlands West domiciliary care agency is very successful at supporting people to maintain independence, dignity and carry on meaningful lives. People are treated as individuals and their wishes are valued and respected” (CSCI August 2007)
- All staff have been carefully selected and have undergone extensive training to meet the needs of the service. In relation to dementia, training covers: understanding dementia; communication, values and boundaries; dementia care mapping; Aset level 2 in dementia care.

#### Housing-Related Support

- 16 hours per week of the Home Housing scheme manager's time is intended to deliver housing-related support.
- The Supporting People Review Summary of 2006 reports “Home Housing self assessed all six core objectives at level A and the service review and validation visit has confirmed these assessments” and “Stakeholder and service user feedback is very positive and no concerns were raised.”
- Whilst support plans are developed for individual tenants, the vast bulk of support delivered to tenants by the scheme manager is reactive rather than regular and planned, and facilitating activities is not seen as part of the support provider's role despite the inclusion of “support in establishing social contact/activities” in the list of “Tasks funded by Supporting People”

#### Care and Support Delivery

- The scheme manager and Croftlands manager generally undertake separate assessments, and care and support plans are not combined.
- The relationship between the scheme manager and care staff seems to be friendly and one of goodwill. Liaison seems to be ad hoc and informal.
- A picture emerges of care and support taking place in parallel rather than jointly, with most of the planned individual support delivered by care staff

#### Activities

- Activities were originally envisaged as being part of an individual's care/service delivery plan. Group or communal activities were frowned on as being institutional and reminiscent of residential care.
- Croftlands part-fund a weekly exercise session which is held in the communal area by a qualified instructor. This is popular and well attended.
- Care staff also encourage tenants to participate in activities in the communal area such as knitting, dominoes, card making, nail painting etc.

## **Positives**

### A high quality person-centred care service

This conclusion is supported by both the county's contract unit and CSCI. "The feedback from stakeholders was all very positive" (Performance Audit Report February 2007). The CSCI report says: " Many care plans examined were of a high quality and innovative in approach, containing very detailed life histories"...A good example of the level of detail is demonstrated by this person's care plan which says 'Always warm dinner plate' and ' does not wish to have any paperwork in his own home'" Service users seem to have a high level of choice and control. Staff are committed, morale is high, staff turnover is low and it is easier to attract staff to work in the scheme than to standard domiciliary care.

### Specialist focus

The specialist focus of the scheme on dementia has enabled Croftlands to concentrate training in this area and enhance the skills of the staff to the point where care at Duddon Mews is seen as the benchmark for good dementia care in Cumbria. The scheme has also served to highlight the very positive role that housing can play in meeting the needs of people with dementia and supporting their independence. It has had the effect of raising the profile of housing amongst health and social care professionals who adopt a more inclusive approach, rather than housing being an afterthought.

### Introduction of the 30 floating hours

Ascribing all care staff activity to individual tenants was not realistic in a communal setting. It is positive that this was realised and rectified, the alternative being far too inflexible and restricting.

### Availability of care at night

Duddon Mews provides the only night-time domiciliary care in Millom. There may be scope to develop an outreach service.

### An efficient housing and support service

It is clear from the Supporting People validation visit report that the housing and housing related-support service is efficient, effective – within defined limits – and much appreciated.

### Goodwill and a commitment to partnership working

Relationships between front-line managers, staff and practitioners are largely positive and focused on benefitting the tenants.

### Activities are individually tailored and families supported to remain involved

"Risk assessments support activities and a number of people with dementia are supported to go into town on their own safely" (CSCI report page 12).

### The variation sheet is a double-edged sword

It is a useful monitoring tool for the contractors, and provides evidence to support changes in the contract. On the other hand it is time-consuming to complete, because in order to provide a flexible and responsive service, service users who have dementia and memory problems frequently require unplanned care. It also risks deterring service users from receiving additional care (since the care charge is based

on actual input), although this effect is less in evidence than it used to be, and Croftlands still succeeds in providing a responsive service.

**It may have been better...**

if the care contract and the staff employment contract had made it easier to concentrate care at times when it is most needed

The combination of the number of hours in the block, the requirement of 2 on at night, 8-hour shifts and full-time contracts made flexibility extremely difficult. There was capacity within the block, but not at the right times. Steps are now being taken to address this issue, but it would have been better to have set things up to enable more room for manoeuvre in the first place.

if the service contract had borne a greater resemblance to a supported living one

This would have brought care and support together. It would have allowed for more communal living and reduced arguments over definitions of care and support.

if the care and support were more integrated and flexibly defined

Tenants and their families are reported to be very happy with the service they receive. Despite that, the service could be even better if there was greater synergy. One way of achieving this would have been to have had a single provider managing and delivering all the services, or at least the care and support. Even within the current structure there is scope for more co-ordination, joint activity and shared responsibility to benefit the tenants. For example, the service delivery plan could combine the care and support plan, with the scheme manager using some of the time designated for HR support to provide planned, regular support.

if group activities in the scheme had been conceived as a fundamental facet of promoting meaningful activity and well-being

Fear of being seen to be too institutional seems to have resulted in over-emphasis on individual activities to the exclusion of group or communal ones. The latter have traditionally been seen as a basic feature and benefit of sheltered housing. For example the national strategy for housing in an ageing community, "Lifetime Homes, Lifetime Neighbourhoods" says "Whichever 'models' make up existing stock, there should be strong focus on well-being. High quality health and care services should complement social activity, mutual support and opportunities for active participation in the community"

if, in addition to good informal interpersonal relationships, there were more structured liaison arrangements

The liaison arrangements outlined in the protocol do not appear to take place and there is almost total reliance on ad hoc and informal liaison at an operational level. An informal approach relies very heavily on personalities, goodwill, and a personal commitment to sharing information, even when under pressure. A regular meeting between the scheme manager and care manager would be useful to keep one another up-to-date, reinforce joint responsibility for the scheme and create a forum for raising niggles.

if arrangements for covering housing issues in the scheme manager's absence had been dealt with in the protocol

The protocol does not clarify arrangements and responsibilities when Home Housing's scheme manager is off site or on leave. In models where housing and care

management are separate it is quite common for care staff to pick up housing management issues for the sake of the tenants without this being formally acknowledged. If steps to be taken and limits on such steps are not clear there can be resentment and misunderstanding.

## **5. WHO IS THE SCHEME INTENDED FOR?**

### **Eligibility Criteria at Point of Entry and Triggers for Moving Elsewhere**

#### **Description**

##### General Criteria at Point of Entry

The scheme is targeted “mainly at older adults who have complex health and social care needs and who require care and support to enable them to continue living in their own homes.” (2.3.2 Domiciliary Care Service Specification within Domiciliary Care Contract)

Its specialist focus is people with mental health problems, mostly but not exclusively dementia, although the only mention of this focus within the Allocations Policy is: “...the dedicated care team at Duddon Mews aims to support tenants who have Extra Care needs such as memory problems”. (Criteria for Eligibility taken from Allocations Policy 2004). One reason for this was a wish to avoid the scheme being stigmatised.

As a local community resource, it is not seen as solely for people with mental health problems. “From time to time frail, older people with mobility problems may be offered housing at Duddon Mews.” (Allocations Policy 2004)

Where couples apply, only one needs to fulfil eligibility criteria.

##### A mix of needs

The scheme aims to have a mix of need levels in order to prevent it from developing an institutional feel. Priority will generally be given to those at risk of being placed in a residential or nursing home setting, where they have the ability to live independently within an extra care housing environment.

However, allocation is determined by the availability of care within the block contract. This helps to maintain the mix. “All applicants are considered in terms of their housing, support and care needs and the capacity of the on-site care team to deliver the Care and Support Plan commitment. Occasionally this may mean that a person with less intense care needs is offered a tenancy in order to safeguard the service already agreed with existing tenants.”

##### Assessment and Allocation

Any older person can apply, and all applicants have a needs assessment which is considered by the multi-disciplinary allocations panel. The panel comprises the Croftlands manager, the Home Group scheme manager, a social worker from the adult social care team and a practitioner from the Community Mental Health Team.

The following information is required by the panel:

- All sections of the housing application form to be completed and confirmed including current tenure

- Has the applicant the mental capacity to sign a tenancy agreement, and if not, who has the authority to act on the person's behalf, e.g. enduring power of attorney
- Completed care needs assessment
- Any information from specialist assessments, e.g. mental health or occupational therapy
- Name of care co-ordinator – who is invited to attend panel meeting
- Anticipated level of care (low, medium etc)

#### Scope and limitations at point of entry

There is little in writing to clarify the range of needs and behaviours for which Duddon Mews is considered a suitable resource **at point of entry**, and any limits there may be. "We didn't want to make the eligibility criteria too rigid and this has not been seen as a disadvantage by any of the partners." (Social Services representative).

Regarding the opportunities and limitations of Duddon Mews for people with dementia, interviews with stakeholders revealed some differences in emphasis and perception.

For example, some interviewees described the scheme as equivalent to an "EMI residential" unit for some people, while others said "it is not an EMI unit" implying that nor was it equivalent to one. Some said it was not suitable for everyone with dementia, recommending early entry and ruling out certain needs and behaviours. Others described eligibility purely in terms of whether there would be sufficient care available at the scheme when making the allocation. One thought it unlikely that someone needing continuing care at the point of entry would be offered a place, while another thought this possible if the current tenant who has continuing care were to leave.

The following principles seem to apply:

- The panel would consider the needs of the individual, the fit with current tenant profile and whether the scheme could meet those needs – presumably both in terms of care hours and skills mix.
- Level of risk to self or others needs to be assessed as manageable in this setting – not clear what would or would not be deemed manageable. One interviewee suggested that very challenging behaviours such as aggression and persistent wandering were unlikely to be manageable, as well as a complex mix of physical and mental health needs. Risk is assessed on a case-by-case basis.
- Someone with advanced dementia would not necessarily be ruled out if it was felt they would benefit from living at the scheme and staff could meet their needs.
- That said, most interviewees when pushed seemed to agree that applicants should have sufficient mental capacity to understand that a move is proposed and make a meaningful choice. One interviewee was of the opinion that this had applied in all but one case.

- The individual needs to have some latent ability to live independently with an enabling approach to service delivery – a place is unlikely to be offered to someone needing 24 hour round the clock supervision.
- A property may be offered to a couple in circumstances where a single applicant with a similar profile may be ruled out.
- While it could be an alternative to specialist EMI residential care for some applicants, it is not a substitute for EMI nursing home care, and any nursing needed must be compatible with off-site, peripatetic cover.

#### A home for life? Triggers for moving elsewhere

In terms of **remaining at the scheme once there**, the aspiration is to support people to live there for the rest of their days.

Currently there are 12 people with dementia and three frail elderly people. There is one couple.

A snapshot of care provision for a four week period ending 17<sup>th</sup> February showed:

- 0 – 5 hrs care per week            5 tenants
- Between 5 and 10                    4 tenants
- Between 10 and 15                  1 tenant
- Above 15                                4 tenants – of whom one requires just under 60 hours care per week having moved from residential care, and another who has been designated continuing care because her care needs are so intensive requiring on average 81 day time and 17 night time hours per week<sup>1</sup>
- 6 tenants required planned care at night  
(Level of care need is not necessarily an indicator of type or complexity of need)

Of nine tenancy terminations since 1<sup>st</sup> April 2005 four people had died, and five had moved elsewhere. Of these:

- One moved to live with relatives
- The mental illness of one deteriorated and she was assessed and placed in an EMI nursing unit.
- The remaining three moved to residential care following a spell in hospital. Multi-disciplinary team meetings looked at care needs and risk levels on discharge. “The three people were moved really because the care needs had increased quite significantly both physically and mentally, as well as the risks. It was also identified that the people were requiring 24 hour observation which couldn’t be offered within this setting” (Croftlands Manager)

One interviewee suggested that triggers for moving on might be the need for total nursing care because of unstable condition, danger when mobilising or the risk of becoming isolated.

---

<sup>1</sup> Since writing this, this tenant has died. She was nursed at the scheme with her family around her.

## **Positives**

### Wide ranging needs

Whilst not a replacement for nursing home care, nor a total replacement for EMI residential care, the scheme clearly caters for people with a wide range of needs, some with high levels even at the point of entry. It provides them with a quality, individually tailored, specialist service. Some may be able to reside there for the rest of their lives, so not having to move away from Millom.

### Community Mix

The community mix works well. Perhaps because the majority of tenants at the scheme have come from Millom and already know one another, there is very little stigma attached to the scheme and high levels of mutual support and tolerance within it. This makes best use of a single resource for a town with a small population.

### Involvement of the Older People's CMHT

Staff from the team were involved in the development of the scheme, play an active part as members of the allocation panel, and actively support both tenants and staff.

### Awareness of mental capacity issues

Partners are aware of capacity and tenancy issues and seek to apply good practice.

### **It may have been better...**

#### if there had been greater transparency as to the boundaries of the scheme for people with dementia and other health issues

This is not as clear-cut as the statement makes it out to be. There are pros and cons to explicit guidelines on whom the scheme is targeting and any limitations. Those involved in this project clearly took a deliberate decision not to be explicit.

The differences in perception amongst interviewees made extracting common ground difficult. The current approach depends almost entirely on the individual assessment, with the criteria used to assess suitability of the scheme for a given individual largely contained in the head of the assessor. What happens when new staff join who don't have those internalised yardsticks? There is currently no agreed external guidance and no clear consensus. The allocation panel can play an important role in checking and balancing, but without jointly agreed written criteria for them to apply, there is a risk of disagreement or deviation from the original vision over time.

Whilst the current approach retains flexibility and may reduce stigmatisation, not having any guidance can lead to misconceptions and unrealistic expectations on the part of the public and professionals.

On the other hand, very explicit criteria can be unduly restrictive.

A balance between more explicit criteria or guidelines on the one hand, with emphasis on the importance of individual assessment and flexibility on the other, may be a better approach.

## **6. THE JUBILEE CENTRE**

### **Description**

Originally, the Mental Health Trust leased the offices above the day centre for staff from the community mental health team, adult social care team and day centre. They recently moved to another location in Millom as part of a strategy to integrate the adult and older person's CMHTs.

The day centre is run by Age Concern and replaces an 8 person-per-day provision which was based in a small, unsuitable bungalow.

Its catchment area is Millom and district, and it runs from 9.30 a.m. to 3.30 p.m., excluding transport time.

It caters for people aged 65+ with mental health problems under a contract with Cumbria Adult Social Care. It provides care for 12 people per day and is open 5 days a week, 50 weeks per year.

It employs 3 full-time carers – a ratio of 1:4

Although located on the same site as Duddon Mews, it has no functional link with the scheme. Attendance at the day centre is part of the care plan for one or two tenants, but contract, staffing levels and issues around risk mean that the Centre cannot have an open door policy for other tenants to join in day centre activities.

Equally, day centre users do not have access to Duddon Mews communal lounge or garden as it is part of the Duddon Mews tenancy.

There is little formal liaison between the scheme and the centre, with day centre staff often not involved in case reviews.

There are many changes taking place in Millom, including the building of a new centre, the Bradbury Centre for Age Concern. This will be a resource centre providing advice, outreach and services for older people. The future location and approach of day care for older people with mental health problems in Millom will be negotiated between Age Concern and Adult Social Care.

The following comments focus on the day centre role as part of a bigger network of services, and the co-ordination between them, not on the day care provision itself.

### **Positives**

#### All services under one roof

The development at the site had the effect of raising community awareness and the profile of services for people with mental health problems. It has been less confusing for carers trying to navigate the system. It also improved integrated working in Millom and the links between the different agencies are much improved.

With the Older People's Mental Health Team relocating to offices in the Centre, the team became more involved and accessible, enabling earlier identification of people in need of day care.



### Improved day care in Millom

Development of the Jubilee Centre has resulted in much improved day care provision for over 65s with mental health problems in Millom.

#### **It may have been better...**

##### if the day centre and Extra Care scheme were more integrated

A single provider managing the care at both, greater flexibility between the two, and/or more joint working might have delivered greater synergy and additional benefits to both sets of service users. Restricted space in both provisions is a limiting factor, but would not be an insurmountable barrier to more integrated working.

##### or more separate....

Whilst co-location has distinct advantages, especially where joint functioning takes place, it can also have disadvantages. It has been problematic from time to time when tenants or their carers have assumed they are entitled to use the day care facilities and wandered in.

##### if formal systems were used alongside informal ones

One of the downsides of close links and good informal relationships is that sometimes, even when a more formal approach is needed, it is not used. For example, the mental health team has tended to make referrals directly when it is Social Services who holds the contract. Also, it would be useful to have regular inter-disciplinary meetings to discuss service users of mutual concern.

## **7. FINANCIAL ASPECTS**

### **Description**

For reasons of commercial sensitivity, this section will not provide actual costs.

### Funding sources

Revenue costs are covered by a combination of:

- housing benefit for those eligible (rent and accommodation-related service charge)
- Supporting People subsidy (housing-related support and assistive technology)
- Cumbria Adult Social Care (domiciliary care, day care if relevant, meals-on-wheels if relevant)
- tenants themselves (non HB-eligible service charge)

### Cumbria Adult Social Care Charging Policy

Cumbria County Council's charging policy for non-residential services applies to the care services provided at Duddon Mews. It is the same as applied in the wider community. In other words, in Cumbria, Extra Care does not have a separate charging policy.

In accordance with Fairer Charging, means-testing is applied. The maximum charge for each service does not cover its costs.

Tenants pay for domiciliary care on the basis of hours delivered, not on the basis of the care plan.

### Cost comparisons

The unit cost for the domiciliary care at Duddon Mews, despite its specialist focus, is very much on a par with the charges of other domiciliary care providers in the area.

However, because the care is purchased 24/7, rather than for delivered care only, the total cost to the council is **higher** than the cost would be of supporting those same individuals in their dispersed homes. That said, “the scheme hasn’t blown the budget out of the water” (Adult Social Care representative).

This section is looking purely at costs, not value for money. Nevertheless it would be unreasonable not to point out that residents at Duddon Mews receive night care and a flexible domiciliary care service not available in the wider community.

By contrast, the gross weekly cost of the domiciliary care at Duddon Mews is **lower** than the Council’s indicative prices for residential care in any band. The difference ranges from a few pounds cheaper for band 1 – people with “low levels of dependency who do not require a high level of personal care” to more than £100 per week less for “older people who have significant mental frailty and whose personal care is best met in specialist homes, or wings or units of a general home....” (band 3 EMI). These comparisons do not take day care into account, but the majority of tenants do not have that service.

The **total** costs for a tenant living in a studio flat (i.e. accommodation, support and domiciliary care) would be marginally less than an EMI place in residential care (about £7), but higher than bands 1 and 2.

The **total** costs for a bungalow dweller would be marginally higher than a band 3 EMI place (around £9). These are gross costs and do not take into account service user contributions, nor original capital subsidies to reduce rent.

### **Positives**

#### Standard non-residential charging policy

Applying the standard non-residential charging policy emphasises that the care at Duddon Mews is domiciliary care and not registerable as a care home.

#### Value for money

While it has not been possible to undertake a detailed cost-benefit analysis, and the scheme’s effectiveness will be covered in more detail in the next section, living at Duddon Mews clearly offers significant advantages over the alternatives for its residents. This applies at little or no extra cost to Adult Social Care for those who would otherwise be in residential care, but at greater cost for those who would otherwise be in their own dispersed homes.

Whilst more costly for Adult Social Care than standard domiciliary care in the community, it could be argued that those living at Duddon Mews are enjoying a better quality of life and benefitting from earlier recognition of signs of ill-health and greater safety and security. These in turn may be prolonging good health and well-being and delaying the need for residential care. It is difficult to prove this preventative effect.

### **It might have been better...**

#### if charging bands had been applied

While there are disadvantages to having a separate charging policy for Extra Care schemes, adopting a banding approach has the benefit of reducing bureaucracy and facilitating flexibility of care delivery. There are pros and cons to this approach.

#### if the scheme had been slightly larger

There is a waiting list for the scheme, a number of people have had to accept alternative provision such as residential care, and a bigger scheme of – say 20 units – would have made the care funding more cost-effective due to economies of scale, without significantly impacting on the homely feel.

## **8. EFFECTIVENESS**

### **Objectives**

The service objectives for Duddon Mews, taken from the Domiciliary Care Contract Service Specification are as follows.

Assist in maintaining independence so user can live in own home for as long as they feel able:

1. Avoidance of unnecessary admission to hospital
2. Avoidance of preventable or premature admission to long term residential or nursing home care
3. Maximising potential by working to maintain skills as far as possible and provide support
4. Support for the transition from hospital to home
5. Alternative to residential care where appropriate and meets assessed care needs
6. User-focused inter-agency working
7. Assist informal carers with day to day requirements of caring for service user

### **Are they achieved?**

*The following points are based on the information in the preliminary evaluation which covers the first 18 months of the scheme, the CSCI, Cumbria CC Audit and Supporting People reports, and the views expressed by staff interviewed as part of the case study. Gathering statistical evidence did not form part of this case study.*

#### Maintaining independence

The enabling way in which services are provided, having self-contained accommodation and an assured tenancy all contribute to achieving this objective. The absence of cooking facilities in either the studio flats or a shared kitchen detract from this objective's achievement.

“Feedback from Service Users, carers and care staff all indicate that the service provided by Croftlands promotes the independence and empowerment of those receiving the service. Staff are flexible enough and have sufficient time available to

work with users at their own pace and support them to do what they can for themselves.” (Sullivan 2006)

#### Avoidance of unnecessary admission to hospital

The availability of care at night, and the opportunity to identify signs and triggers before a condition escalates are both seen to have contributed to achieving this outcome. An example is given of a woman who developed a urinary tract infection. At the same time it is felt that a lot more could have been achieved had the step-up step-down facility come to fruition as intended.

#### Avoidance of preventable or premature admission to long term residential or nursing home care

When Duddon Mews opened, two tenants moved there from community hospitals and two from residential care. “The latter were individuals who had been in care only a short while, but were very unhappy there. One individual who was physically very frail had become very depressed and weepy, and had basically given up. After moving into her flat in Duddon Mews she improved emotionally and physically, feeling that she had regained her dignity, and began walking outdoors into the garden, and taking control of her life once more.” (Harrison 2006)

In August 2006 it was estimated that a move to Duddon Mews had resulted in avoidance of preventable admission to a care home in 59% of cases. At the same time practitioners reported that at least 10 care home admissions could have been avoided had there been vacancies at Duddon Mews.

#### Maximising potential by working to maintain skills as far as possible and provide support

“Tenants are supported in participating at different levels of social interaction to suit individual or fluctuating needs. This can be a friend visiting a tenant in his/her own bungalow, or the tenant joining others in the various communal areas. Some tenants have regained the confidence to go to the shops, the library and pub on their own” (Harrison 2006)

The way in which the care is delivered also contributes to this goal, but the physical limitations described on page 19 (Maintaining independence) have a restrictive effect. Also there is arguably potential for even greater achievement of this goal if more emphasis had been placed on activities, and care and support provision joined forces to facilitate these.

#### Support for the transition from hospital to home

The Croftlands Manager attends meetings at hospital to arrange and facilitate discharges back to the scheme. “Timely hospital discharges have been facilitated, as in the case of a tenant discharged sooner than usual following a fractured femur, and involving intervention by the intermediate care team in the tenant’s own home” (Harrison 2006).

However, an interim care bed at Duddon Mews would have contributed further to this objective for people with mental frailty suffering non-acute medical conditions and not living at Duddon Mews.

### Alternative to residential care where appropriate and meets assessed care needs

It is estimated that of the current tenant group, if Duddon Mews did not exist, 1 tenant would be in a nursing home and at least 4 in residential care, possibly more.

Duddon Mews therefore clearly is an alternative to residential care for some people, but as a mix of needs and dependencies is targeted, and some people move on to residential care, it could not be seen as a complete replacement for residential care.

### User-focused inter-agency working

Both in the development process and operation of the development, good inter-agency co-operation and communication are fundamental and interviewees spoke highly of good partnership working, and a constructive, problem-solving approach underpinned by user-focus and goodwill. This case study has also highlighted some areas where more structured, focused liaison, and a more integrated approach between the on-site providers could achieve even better outcomes for service users from the money invested.

Not only has the scheme seen a high degree of inter-agency working; it has also engaged with the wider community at all levels, from councillors to local schools. This has had the benefit of “raising awareness within the local community of mental health issues for older people which in turn leads to less stigma, earlier diagnosis, timely and appropriate intervention...” (Harrison 2006) This work needs to continue.

### Assist informal carers with day to day requirements of caring for service user

Duddon Mews has enabled couples to stay together and people to remain close to their families, within the community rather than having to move away for specialist care. The scheme provides significant reassurance to many families and “in many cases an improvement in relationships is evident” (Harrison 2006). As one granddaughter is reported to have said in the interim evaluation, “She never would go into care and as she deteriorated I worried how I would manage. This is a Godsend for us all. Grandma is so happy”

Staff encourage families to remain involved and if they cannot do the caring care staff can step in. Many families join the “Friends of Jubilee” and contribute in that way.

## **9. CONCLUSION**

Duddon Mews and the Jubilee Day Centre provide an innovative local resource for older people with mental health problems in the Millom area. Close working relationships between the on-site providers, adult social care and the older people’s mental health team deliver a responsive service, and the high quality dementia care at the scheme is person-centred and enabling.

There are a number of shortcomings in design, and greater integration of management and services may have delivered improved synergy and cost-effectiveness, but these would have been improvements to an already good provision.

Some of the challenges for the future include:

- keeping the momentum going to ensure continued development
- continuing community engagement and close collaborative working

- commissioning arrangements with the advent of individual budgets

“The overall picture gained was of a highly valued scheme that offers flexibility and allows people high levels of choice and control in their lives” (CSCI 2007)

### **THANKS**

I would like to thank all interviewees for taking part in this case study and for their reflective and honest approach. I also really appreciated Home Group coming to the rescue when paint fumes threatened to overwhelm us all.

### **REFERENCES**

Communities and Local Government, Department of Health and Department for Work and Pensions (February 2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society

CSCI (August 2007). Inspection report. Domiciliary Care Agency: Croftlands Trust West Cumbria Domiciliary Care

Cumbria County Council, Adult Social Care Directorate (April 2007). Cumbria County Council and Croftlands Trust Contract for the Provision of Domiciliary Care Services within an Extra Care Housing Scheme, Duddon Mews, Millom. April 07 – March 10

Cumbria County Council (February 2008). Protocol for Partners Delivering Services within Extra Care Housing Schemes in Cumbria

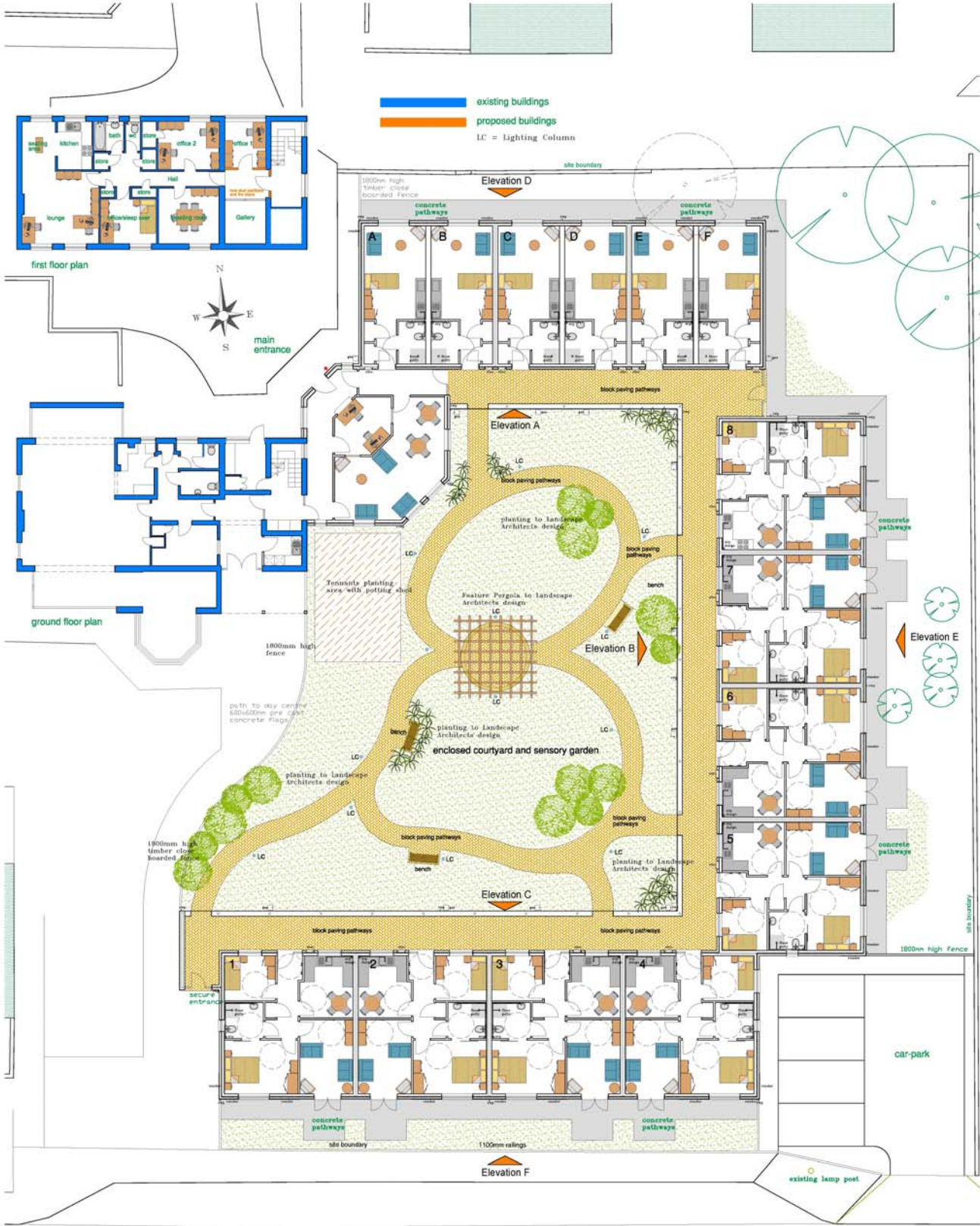
Harrison, A. (2006). Duddon Mews Extra Care Housing, Millom: A preliminary Evaluation.

Home Housing (2004). Duddon Mews Extra care Housing. Allocations Policy 2004

Sullivan, D. Adult Social Care, Cumbria County Council (November 2006). Performance Audit. Provider Report. Croftlands Trust Domiciliary Care Service at Duddon Mews, Millom

Supporting People, Cumbria County Council (2006). Review Summary Home Housing Duddon Mews

APPENDIX 1 – SCHEME PLAN



Devonshire Road

F	RE-ISSUED FOR AS-BUILT PURPOSES	06/06/08	MFA
E	CAR PARKING TO BRONSFORD ROAD AMENDED TO SUIT EXISTING LAMP POST	AUG/04	SHW
D	GENERAL SCHEME AMENDMENTS	MAY/04	SHW
C	CLIENT COMMENTS INCORPORATED	MARCH/04	SHW
B	COURTYARD REVISOR, PATHS AMENDED TO SUIT	DEC/03	SHW
A	ADDITIONAL INFORMATION INCORPORATED	OCT/03	SHW

Client: Home Housing Association Ltd  
 Project: Jubilee Court, Milcom  
 Title: Proposed Site Layout  
 Drawing No: 00-341-W01  
 Revision: F  
 Scale: 1:100  
 Drawn: SHW  
 Date: Jul.03

PRELIMINARY ISSUE APPROVAL TENDER CONTRACT CONSTRUCTION AS BUILT  
 11 Progress Business Park, Oxley Lane, Kirkham, PR4 2TZ Telephone: 01772 882632  
 E-Mail: e-mail@crogood.co.uk Facsimile: 01772 882630

**CROFT GOODE**  
 PARTNERSHIP



Other Housing LIN publications available in this format:

- Case Study no.1: **Extra Care Strategic Developments in North Yorkshire**  
Case Study no.2: **Extra Care Strategic Developments in East Sussex**  
Case Study no.3: **'Least-use' Assistive Technology in Dementia Extra Care (Eastleigh)**  
Case Study no.5: **Village People: A Mixed Tenure Retirement Community (Bristol)**  
Case Study no.6: **How to get an Extra Care Programme in Practice**  
Case Study no.7: **Supporting Diversity in Tower Hamlets**  
Case Study no.8: **The Kent Health & Affordable Warmth Strategy**  
Case Study no.9: **Supporting People with Dementia in Sheltered Housing**  
Case Study no.10: **Direct Payments for Personal Assistance in Hampshire**  
Case Study no.11: **Housing for Older People from the Chinese Community in Middlesbrough**  
  
Case Study no.12: **Shared ownership for People with Disabilities (London & SE)**  
Case Study no.13: **Home Care Service for People with Dementia in Poole**  
Case Study no.14: **Intermediate Care Services within Extra Care Sheltered Housing in Maidenhead**  
  
Case Study no.15: **Sheltered Housing Contributes to Regeneration in Gainsborough**  
Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford**  
Case Study no.17: **A Virtual Care Village Model (Cumbria)**  
Case Study no.18: **Community Involvement in Planning Extra Care: the Larchwood User's Group (Brighton & Hove)**  
  
Case Study no.19: **Durham Integrated Team - a practical guide**  
Case Study no.20: **BME Older People's Joint Service Initiative - Analysis and Evaluation of Current Strategies (Sheffield)**  
  
Case Study no.21: **Estimating Future Requirements for Extra Care Housing (Swindon)**  
Case Study no.22: **'The Generation Project': a sure start for older people in Manchester**  
Case Study no.23: **Developing ECH in Cheshire: the PFI route**  
Case Study no.24: **Commissioning an ECH Scheme from Social Services' Perspective - Leicester**  
  
Case Study no.25: **Broadacres Housing Association Older Persons Floating Support**  
Case Study no.26: **Unmet Housing-Related Support Needs in Wokingham District - an investigation**  
  
Case Study no.27: **Dee Park Active Retirement Club - Age Concern Berkshire**  
Case Study no.28: **Essex County Council Older Person's Housing Strategy (Summary)**  
Case Study no.29: **Pennine Court: Remodelling sheltered housing to include Extra Care for people with learning difficulties**  
  
Case Study no.30: **Dementia Care Partnership: More Than Bricks and Mortar**  
Case Study no.31: **Anticipating Future Accommodation Needs: developing a consultation methodology**  
  
Case Study no.32: **Park View: an 'Independent Living' scheme with support for individuals with a learning difficulty**  
  
Case Study no.33: **Private Sector Leasing Scheme for People with Learning Difficulties in Norfolk**  
  
Case Study no.34: **Mini-Cost Model of Housing with Care Project**  
Case Study no.35: **Ledbury Community Health and Care Centre**

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

Published by: Housing Learning & Improvement Network  
CSIP Networks  
Wellington House  
135-155 Waterloo Road  
London  
SE1 8UG

Tel: 020 7972 1330  
Email: [housing@csip.org.uk](mailto:housing@csip.org.uk)

[www.networks.csip.org.uk/housing](http://www.networks.csip.org.uk/housing)