

MARKET POSITION STATEMENT- EXTRA CARE HOUSING

1. Brief Description

Extra Care Housing (ECH) provides self-contained; one or two bedroomed apartments, most often for older people; across a range of tenures. Twenty-four-hour care and support is available on-site, alongside a range of communal facilities available to support residents and the wider community.

ECH schemes offer a range of on-site and outreach services and provide assistive technology infrastructure and equipment which is flexible to meet the needs of each resident.

ECH is one of the range of housing with care options available to people to support their independence.

2. What do we want from this area in the future?

The service outcomes which are key business drivers for the ECH programme are shown below.

The outcomes to the individual are;

- To offer an alternative to residential care and sheltered housing.
- Provide flexible on-site discrete care and support.
- Enable people to maintain their independence in their own self-contained accommodation.
- Improved quality of life in terms of financial wellbeing, reduced social isolation, continuation of community life, and potential for continued role for carers and families
- Provide an affordable solution so that ECH can be a home for life.
- Provide high-quality, fit-for-purpose dwellings with low-running costs in local communities.
- Promote wellbeing and social inclusion.

The system wide outcomes are;

- Reduced admissions to residential care homes.
- Reduced admissions to hospital.
- Provide opportunities for early discharge from hospital and rehabilitation in a domestic environment.
- Create a resource for the wider community.
- Give older people greater choice, independence and control over their housing and care options.
- Develop greater availability of suitable housing for respite use.

All ECH schemes must be capable of accommodating people with complex care needs, including dementia, at their initial point of occupation and support people with those conditions as they develop.

3. What is the assessment of need?

Each ECH scheme should have approximately 60 plus units of accommodation to achieve maximum economies of scale. Approximately a third of the people living in ECH housing are anticipated to have social care needs equivalent to those of people living in care homes without nursing

At mid-September 2019 we were providing financial support to circa 90 people in 251 ECH apartments. The number of people financially supported in ECH, and the total costs, fluctuates as individual needs change

Demand for extra care housing comes from:

- Devon County Council commissioned activity - with upward of 30% of this as a direct alternative to care homes without nursing
- Local housing authorities
- NHS
- Self-funding individuals.

ECH is a relatively new housing with care option in Devon, so it is difficult to accurately state how many of the available units we would directly commission over time. However, based on experience, approximately 2/3rds of the units would be occupied by people requiring state-funded care or support and the majority of the remaining 1/3rd would purchase care privately. We anticipate that approximately half of the people receiving state funded care and support would be at a level of need equivalent to those in a care home without nursing. As an average people in care homes without nursing need 35 hours of care per week. The Council will seek to secure the right to refer older people we support and have funding responsibility for into 75% - 100% of the total supply of Extra Care Housing as it is developed and becomes available.

4. What is the assessment of supply?

In operation		
Okehampton	Castle Ham Lodge	50 units social rented
Ivybridge	Douro Court	32 units social rented
Newton Abbot	Hayden Court	50 units affordable rented

Bideford	Moreton Court	41 units affordable rented 18 units shared equity
Totnes	Quayside	30 units - affordable rented 30 units shared ownership
Planned		
Exeter (Due to complete Sept 2020)	St Loyes	53 affordable units for rent
Tiverton (Due to start on site in 2019)	Alexandra Lodge	45 affordable units

In addition to the above an application for outline planning permission has been submitted for a site in Barnstaple which includes the provision of circa 60 Extra Care Housing flats.

Net demand for ECH, taking into account the current or planned supply

A detailed needs analysis in 2009, using a nationally recognised methodology, identified the population **at risk**; which is the population of older people most likely to need ECH. Not all those in the population 'at risk' will need ECH so the model further identifies the population **in need**, which does provide an estimated demand for ECH.

The population identified as **at risk** are people aged over 75, living alone with a limiting long-term illness.

The population **in need** was calculated on the basis of the number of older people who could potentially be diverted from moving into residential care and those who have intensive regulated personal care in the home which could be provided more efficiently in an extra care setting. We also recognised that there is likely to be a need for ECH from other older people who may be receiving regulated personal care services, or who are at risk in their current housing situation.

Since 2010, the Council has successfully enabled the development of new extra care housing schemes in Newton Abbot, Bideford and Totnes, with new Schemes in development or with planning permission in Exeter and Tiverton. Sites have been identified for 2 further schemes in Barnstaple and Kingsbridge.

The needs analysis was refreshed in 2015 and remains current.
https://www.housinglin.org.uk/assets/images/ECHschemes/Quayside/150827_ECH-policy-refresh-FINAL.pdf

Localities	Current Unmet Commissioned Need	Projected commissioned demand @ 2033
Exeter	151	252
Exmouth	121	189
Newton Abbot / Kingsteignton	87	195
Barnstaple	85	150
Teignmouth	39	70
Sherford	0	43
Dawlish	32	58
Kingsbridge	36	59
Seaton	37	58
Sidmouth	53	83
Tavistock	48	94
Crediton	31	61
Axminster	42	65
Cranbrook	0	55
Cullompton	41	79
Ilfracombe / Braunton / Lynton / Lynmouth	58	103
Dartmouth	20	33
South Molton	25	44
Honiton	46	72
Ashburton/Buckfastleigh	22	40
Great Torrington	26	52
Moretonhampstead	14	25
Holsworthy	25	51
Okehampton	6	35
Ottery St Mary	36	55
Tiverton	10	63
Ivybridge	35	59
Totnes	-14	17
Bideford/Northam	5	70

5. What changes are we looking for from this service in the future, including any market opportunities, and what can DCC help to move towards these changes?

Given the increases in the older population DCC and other community partners need to significantly increase the supply of extra care housing to offer an extra care service as an alternative to a care home without nursing.

Extra care housing is predominately offered to older people, but we are keen to hear from providers willing to offer extra care housing to adults of a working age who require social care support and/or older people with dementia. This may be as a part of a wider extra care scheme for older people or as a stand alone service. Specialist dementia extra care schemes capable of providing an alternative to care homes without nursing will, most likely, require new, smaller scale, and innovatively designed schemes in the future.

We want to commission good-quality care and support within robust quality assurance systems. This should fit around people's individual needs and circumstances, and support family carers. In recognition of cost implications, a core well-being service providing a registered personal care crisis response service, along with nutrition, activity and general health and well-being services will be offered to all residents on a standard chargeable basis.

The well-being service, and the personal care packages to individuals, will be regulated by the Care Quality Commission, and operate to national standards.

The increasing challenges in developing a financially viable extra care housing model means that we are always seeking to work with the market to consider new and innovative approaches to achieve affordable extra care schemes.

Market Opportunities

We want to work with providers who can:

- Facilitate the design and construction of Extra Care Housing in areas of need
- Secure a significant proportion of the funding to finance the construction and operation of Extra Care Housing - including the servicing of any debt
- Operate Extra Care Housing and provide or arrange facilities management services
- Provide or arrange core care services
- Provide or arrange personal care and support services
- Engage with communities and partner with other services

To encourage market development, we have a capital funding programme to invest in the design and build phase of schemes.

Providers are encouraged to contact us to discuss potential developments in any of the areas of unmet need set out in the table above. Priority areas for extra care development are Exeter, Exmouth, Teignmouth, Sidmouth, Tavistock, Axminster, Honiton, Ilfracombe.

We will provide revenue funding to ECH schemes to meet the personal care and support needs of any residents who meet Care Act eligibility criteria (<http://www.legislation.gov.uk/ukdsi/2014/9780111124185>). Personal care services are delivered on a domiciliary care basis and are regulated by the Care Quality Commission. ECH residents are living in their own home so are eligible to receive welfare benefits and any personal income or pensions they are entitled to; meaning they pay directly for their own accommodation and living costs.

Operators of extra care housing are usually Registered Providers (RP's); regulated by Homes England. Several RP's develop and operate extra care housing schemes. The challenge to set affordable target rents and service charges means that RP's increasingly wish to develop larger scale developments in more urban areas, making schemes in smaller market towns increasingly difficult to deliver. The provision of extra care housing is becoming an increasingly specialist area of the housing market

The domiciliary care provision within extra care housing relies upon effective and sufficient personal care provision, our approach to which is described elsewhere in this Market Position Statement.