

CABINET

Date of Meeting	19 th July 2016
Report Subject	Holywell Extra Care
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

This report provides a comprehensive evidence base for the Extra Care development in Holywell.

The report gives details of the background to Extra Care and its cost effectiveness. It also provides details of how the Extra Care proposal for Holywell fits in to the Flintshire Extra Care provision and works with our existing Residential Care to address some of the demand concerns raised by the Flintshire Residential Care Review published in April 2016.

RECO	MMENDATIONS
1	Cabinet accept the demand for Extra Care in Holywell as detailed in the report.
2	Cabinet approve the development of Extra Care in Holywell.

REPORT DETAILS

1.00	THE DEMAND FOR EXTRA CARE IN HOLYWELL
1.01	Background of Extra Care The extra care model is intended to provide a resident with a 'home for life', having accommodation that is intended to maintain a person's independence but is flexible when their needs change. The presence of 24 hour care staff on site means that if a person's needs change dramatically they can remain in the environment where they are comfortable and have developed networks.
1.02	Extra Care developments can provide an opportunity to increase housing choice for older people. Promoting choice and control also means empowering tenants to access primary health care and support services in their own homes, as their care and support needs increase.
1.03	Extra Care designs also ensure that developments have a variety of communal areas and facilities, which encourage interaction between residents and the development of communities. They can also function as community hubs/resources, but without compromising privacy and security of residents.
1.04	The model is now being recognised as an essential component of joint commissioning by health and social care services. It has an increasingly common role for intermediate care and rehabilitation helping to overcome delayed transfers of care in hospital beds by allowing patients to move to an extra care facility when they would otherwise be unable to leave hospital since their own home might no longer suit their care needs.
1.05	<u>Cost Effectiveness of Extra Care</u> Extra Care can be a demand reduction strategy for institutionalised (residential/nursing) care. For those who are over 75 the chances of entering residential care are reduced by 47% in the first two years and by 35% in the first five years, when compared with a matched group in the community.
1.06	East Sussex council estimated that 63% of their residents in an extra care scheme would now require residential or nursing care if they had remained in the community. It is approximated that extra care with a care package is half the cost of a residential care placement.
1.07	A considerable advantage of extra care is the reduced chance of hospital admissions. It is estimated that reduced rate of hospitalisation, and a reduced number of days in hospital beds, saves £512 per person annually. The cost of provision of step down beds for social services would also inevitably reduce from the reduction in hospital admissions, which is not considered in that estimate.
1.08	Extra Care in Flintshire The Extra Care Schemes in Shotton (Llys Eleanor) and Mold (Llys

	Jasmine) have been very successful. They remain oversubscribed and are immensely popular. They are seen to provide a supported accommodation solution that exceeds other forms of provision such as residential care.
1.09	The proposed Flint development, is being delivered in partnership with Pennaf Housing Group. This will provide 73 units, including 15 specifically designed for people living with Dementia. Construction at Flint is due to commence in build in July 2016, with a target completion by January 2018. A project board has been established and working groups are set up.
1.10	To be eligible for Extra Care in Flintshire individuals will need to be assessed by Social Services for Adults in Flintshire as being <i>in need</i> of support or care. These support needs may, to some extent at least, be met by care and support staff who will be on site 24 hours a day, seven days a week ready to provide flexible care and support as the needs of individuals change.
1.11	The assessment of need can be a variety of reasons and circumstances and can include, but not limited to; some people in residential care or with intensive home care, those over 85 with limiting long term illness or who live alone, older people with mild to moderate dementia, and people whose mental or physical needs and housing situation do not allow manageable risks.
1.12	Extra Care and Residential Care Demands in Flintshire Flintshire's population of older people is expected to rise significantly over the next five years, with the numbers of those aged 80 and over projected to rise by 23%. The number of those aged 65-79 with dementia is also expected to rise by 22%. These groups are statistically the most likely of our populations demographic to need support in a residential care or nursing setting.
1.13	Projecting this increase against our current demand for residential care and EMI residential care would leave us with 119 more placements than we have currently in supply; 67 in residential care and 52 in EMI residential.
1.14	An increase in preventative and early intervention services is intended to reduce this demand by keeping people at home, however its impact is not expected to balance this deficit.
1.15	Extra care is seen as an appropriate alternative to residential care for those with low or moderate needs in this setting. Within a dementia unit, it is also possible to accommodate those who would typically be in an EMI placement, who have low or moderate social care needs.
1.16	However there is a need to show balance around creating an inappropriate community that required a higher level of care, supervision and management than is intended from the model. Success depends on balanced community with differing levels of need where true independent living is promoted and residents are able to support each other.
1.17	A Mori poll suggests that 12% of adults over 65 choose accommodation with some form of social care add on. Taking into account the population growth stated above, this could mean an extra 1,200 older people requiring accommodation with care in 2033, of which 400 maybe for extra

	care (as cited in the Extra Care Housing Strategy).
1.18	It is possible such projections are understated. As the public's expectations and requirements of accommodation with care change, and as the extra care model gains more publicity and popularity, it may be possible that demand will be even greater come 2033.
1.19	Holywell Extra Care The current supply of accommodation for older people in the Holywell vicinity is limited to sheltered accommodation, which is not always suitable, and residential care. An extra care development will broaden accommodation choice for our older population in this area
1.20	Holywell and the North West of Flintshire also has many rural communities, in which access to transport, services and community networks proves difficult. There are also concerns about the availability and efficiency of providing domiciliary care in these areas, due to the travel time required in between calls. Extra care in Holywell will allow residents to remain close to their original community, but be able to access everything described above within a 'home for life' that does not require them to move again when their needs change.
1.21	Flintshire County Council have worked in partnership with Wales and West Housing Association in order to identify an appropriate site for development, with planning and consultation processes now underway.
1.22	The proposed site is Ysgol Perth Y Terfyn primary school in Holywell, which is due to be vacated in July 2016 to move into the new Holywell school complex in September.
1.23	Wales and West have produced a design for a 4 storey, 50 unit development on this site, which will accommodate 60 residents in 39 1-bed apartments and 11 2-bed apartments. Due to its central location within Holywell, it has potential as a community resource and has excellent transport links. It will include a courtyard and garden for residents use. It will also include a limited amount of apartments for those under 60 with disabilities This is within Housing LIN's recommendations for developments to be over 40 units, without reaching large numbers of units due to the management challenges involved.
1.24	Subject to successful consultation and acceptance of required planning applications and disposal activities, the development of the Scheme will commence with an approximate demolition and construction programme of 18 months.

2.00	RESOURCE IMPLICATIONS
2.01	Revenue funding will be required to ensure the care and support elements. As with Flint Extra care the majority of the costs are staffing related and are currently estimated at £0.550m for a full year. The first full year for which funding will be required at this level is currently expected to be 2018/19 based on current timescales, however, it is expected that budget provision of £0.300m

	will be required from 2017/18.					
2.02	It is considered that most of the proposed facility can be met by through some realignment of s (£0.100m), and utilisation of charging policy income follow disregards in respect of financial Services & Wellbeing Act 2015 (£	a combina avings els anticipate /ing recei assessmo	ation of ut sewhere ed addition nt chang ents as p	tilisation o within Int onal inco jes to tl	of existing tegrated ome aris ne applio	y budgets Services, ing from cation of
2.03	This would leave an estimated f be a new pressure to be prov Financial Plan (MTFP) - subject t	vided for	within th	e Counc	il's Mediu	
2.04	The estimated costs and funding illustrated within the table below:		for the f	ive years	from 20 ²	17/18 are
2.04 2.04		2017/18	<u>2018/19</u>	2019/20	from 207 2020/21 £(m)	<u>2021/22</u>
	illustrated within the table below:		1	-	2020/21	
	illustrated within the table below: <u>Holywell Extra care scheme :</u>	2017/18 <u>£(m)</u>	<u>2018/19</u> <u>£(m)</u>	<u>2019/20</u> <u>£(m)</u>	<u>2020/21</u> <u>£(m)</u>	<u>2021/22</u> <u>£(m)</u>
	illustrated within the table below: Holywell Extra care scheme : Total estimated revenue costs Sources of funding : Budget realignment - from within Social Services (Integrated Services	2017/18 <u>£(m)</u>	<u>2018/19</u> <u>£(m)</u>	<u>2019/20</u> <u>£(m)</u>	<u>2020/21</u> <u>£(m)</u>	<u>2021/22</u> <u>£(m)</u>
	Illustrated within the table below: Holywell Extra care scheme : Total estimated revenue costs Sources of funding : Budget realignment - from within Social Services (Integrated Services budgets) Extra charging policy income - arising from changes to former	2017/18 <u>£(m)</u> 0.300	2018/19 <u>£(m)</u> 0.550	2019/20 <u>£(m)</u> 0.550	2020/21 <u>£(m)</u> 0.550	2021/22 <u>£(m)</u> 0.550
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	illustrated within the table below:Holywell Extra care scheme :Total estimated revenue costsSources of funding :Budget realignment - from within Social Services (Integrated Services budgets)Extra charging policy income - arising from changes to former financial assessment disregards	2017/18 £(m) 0.300 0.100 0.200	2018/19 <u>£(m)</u> 0.550 0.100 0.300	2019/20 <u>£(m)</u> 0.550 0.100 0.300	2020/21 <u>£(m)</u> 0.550 0.100 0.300	2021/22 <u>£(m)</u> 0.550 0.100 0.300

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	A consultation process is currently underway to include local council members, residents and key stakeholders.

4.00	RISK MANAGEMENT
4.01	The planning application process may risk the design of the scheme or the proposed opening date.

5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS

6.01	Contact Officer: Susie Lund – Senior Manager Integrated Services, Lead Adults
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7.00	GLOSSARY OF TERMS
7.01	<u>SSIA</u> Social Services Improvement Agency is a specialist team dedicated to supporting improvement and transformational change within the social care system of Wales.
	<u>CSSIW</u> Care and Social Services Inspectorate Wales ensure that services meet the standards the pubic expect. They are regulate and inspect services to improve standards of care in Wales.