East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 22 February 2018

BY: Chief Officer

SUBJECT: Reprovision of Hospitals and Care Homes

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1 PURPOSE

1.1 To seek IJB agreement to the draft proposals for the reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey Care Homes and to seek agreement to consult on the proposals.

2 RECOMMENDATIONS

2.1 The IJB is asked to support the draft proposals within the final report:

- **NHS community beds** – to be reprovided in extra care housing
- **Day Treatments** – consider whether this should be provided in the East Lothian Community Hospital
- **Minor Injuries** – commission a separate review of this service
- **Nursing Home Care** - to be reprovided in extra care housing
- **Residential Care** - to be reprovided in extra care housing
- **Residential Respite** - to be reprovided in extra care housing

2.2 The IJB is asked to agree to consult on this strategy for the four facilities with a three month consultation phase (March to May 2018).

2.3 The IJB is asked to agree that following consultation, a final and updated report will be brought back to the IJB in June 2018.

2.4 The IJB is asked to note that the final proposals, to be presented in June 2018, will be presented to the IJB, NHS Board and East Lothian Council for approval since the functions delegated to the IJB do not include housing, or capital budgets and physical assets. Responsibility for these key elements rests with NHS Lothian and East Lothian Council.

3 BACKGROUND

3.1 This report is the product of the East Lothian IJB Directions section 12d - "***Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey care homes***. NHS Lothian and East Lothian Council to set up projects to deliver the reprovision of the above care homes and community hospitals".

3.2 An interim update on this reprovision was discussed at the IJB meeting on the 26th October 2017.

3.3 A Project Board chaired by the Chief Officer and with representation from health, social care, council and trade unions has had oversight of the development and progress of this report.

3.4 A range of meetings with key stakeholders has taken place, along with attendance at the Health and community care forums in Dunbar, Musselburgh and North Berwick. The meetings are listed in the attached report.

4 ENGAGEMENT

4.1 In developing these proposals there has been extensive engagement with a wide range of stakeholders (councillors, executive team members, carer groups, and the 3 health and community care forums (Dunbar, Musselburgh and North Berwick).

4.2 A presentation on the overall vision and outlining the proposals were taken to the 3 forums in *Dunbar on 30th January, Musselburgh on 8th February and North Berwick on 13th February 2018*. This vision has been received positively with forum members highlighting and suggesting ways in which these proposals could be realised in their local communities. They have also been helpful in challenging thinking on this work and thereby improving the vision presented today. This "confirm and challenge" approach has been and will continue to be extremely important in further developing this strategic vision.

4.3 The forum events have emphasised that ongoing engagement is central to the approach and will continue during the consultation period (March to June) and in the co-production to develop these proposals into business cases. The forum members have welcomed this early involvement and are keen to be able to influence the ongoing stages of this work.

5 POLICY IMPLICATIONS

5.1 Policy direction at a national and local level is to Shift the Balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting. This reprovision

and proposals for the Community Hospitals and Care Homes support this national policy.

5.2 This reprovision responds to the IJB's East Lothian Strategic Plan (2016-2019) which has identified the key aim to shift resources from institutional care and acute care in to communities, to enable delivery of improved outcomes for the people of East Lothian.

5.3 Further, it contributes toward the Scottish Governments 2020 vision for everyone to live longer healthier lives at home or in a homely setting and the Single Outcome agreement (SOA) in further shifting the balance of care.

5.4 It also supports the proposition in the East Lothian draft Local Housing Strategy (currently under consultation) to develop 300 extra care housing units for older people over the next five years.

6 INTEGRATED IMPACT ASSESSMENT

6.1. As this is a strategic vision for services there has not been an integrated impact assessment. This would be undertaken as part of any future business case process.

7 RESOURCE IMPLICATIONS

If the proposals are agreed, individual business cases will be required for each development. The business case process will include assessment of unit costs in both capital and revenue terms and assessment of affordability.

7.1 **Financial** – The current revenue budgets for the four facilities will be considered to be part of the assets available when planning for reprovision of the facilities. The sites involved will also be considered to be assets as part of the reprovision strategy. A financial assessment will be undertaken as part any future business case development for all facilities.

7.2 **Workforce issues** - will be assessed as part of business case development. Given the proposal will focus on a new model of care there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments.

8 BACKGROUND PAPERS

8.1 ***Attached*** – Reprovision of Belhaven and Edington Community hospitals and Abbey and Eskgreen Care Homes (February 2018).

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East Lothian Integration Joint Board

Reprovision of
Belhaven and Edington Community Hospitals
Eskgreen and Abbey Care Homes

February 2018

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Executive Summary

1. East Lothian Integration Joint Board has asked NHS Lothian and East Lothian Council to develop a strategy for the reprovision of Belhaven and Edington Community Hospitals and Abbey and Eskgreen Care Homes. The facilities are located in Dunbar, North Berwick and Musselburgh.

2. These facilities provide a range of services including NHS community beds (step down care, palliative care, NHS respite, day treatments), residential care beds, nursing home beds, residential respite care, palliative care and minor injuries (not all the facilities provide all these services). The Edington site also accommodates North Berwick Medical Practice.

3. At present there are 104 beds in the facilities. This will reduce to 93 when changes in Belhaven Hospital are implemented.

4. All the facilities have physical challenges. All require significant upgrades, to meet the expectation for modern care standards. This will become more challenging in light of the new care standards.

5. The revenue budgets associated with the existing facilities are currently £6.5m per annum.

6. The sites at Abbey, Eskgreen and Edington are very constrained and have no opportunity for redevelopment. The site at Belhaven has some adjacent land owned by NHS Lothian which could offer scope for redevelopment. East Lothian Council also owns the Wireworks site in Musselburgh which could offer scope for development, but is constrained. Identification of a full range of site options will form part of the business cases.

7. East Lothian will see a significantly growing older population in the coming years with a growing need for care and support.

8. Policy direction at a national and local level is to shift the balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting.

9. In many areas Extra Care Housing has been developed as an alternative to institutional care. This has included direct reprovision of care homes into extra care housing and provision of 24/7 personal and clinical care. There is strong evidence[1] of improved outcomes such as psychological well-being, memory and social interaction for Extra Care residents. .

10. The East Lothian Local Housing Strategy (draft for consultation) proposes the development of 300 extra care housing places over the next 5 years to meet the needs of the growing older population.

11. It is proposed that in Dunbar, North Berwick and Musselburgh there should be extra care housing developments of 60 to 70 units. These would allow for reprovision of the existing facilities plus a contribution to the 300 units increase in the Local Housing strategy.

12. The specific proposals for the range of services currently provided is:

[1] *Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust*

a. NHS community beds – to be reprovided in extra care housing
b. Day Treatments – consider whether this should be provided in the East Lothian Community Hospital
c. Minor Injuries – commission a separate review of this service
d. Nursing Home Care - to be reprovided in extra care housing
e. Residential Care - to be reprovided in extra care housing
f. Residential Respite - to be reprovided in extra care housing

13. Since the Edington site also houses the North Berwick Medical Practice which is also not fit for purpose, plans for North Berwick will have to include the future location of the medical practice.

If the proposals are agreed, individual business cases will be required for each development. The business case process will include assessment of unit costs in both capital and revenue terms and assessment of affordability.

14. It is proposed that the IJB agree to consult on this strategy for the four facilities. Following consultation a final strategy will be brought back to the IJB in June 2018. Since the functions delegated to the IJB do not include housing, or capital budgets and physical assets responsibility for key elements also rests with NHS Lothian and East Lothian Council.

1. Introduction

East Lothian Integration Joint Board asked NHS Lothian and East Lothian Council to undertake a review to establish a strategy for the reprovision of services in Belhaven and Edington Hospitals and Eskgreen and Abbey Care Homes.

The remit for this work[2] was developed and agreed between the Director of East Lothian Health and Social Care Partnership and the Deputy Chief Executive, Communities and Partnerships, of East Lothian Council.

Its key aim is to bring together national and local strategies to produce a strategy for the reprovision of Abbey (North Berwick) and Eskgreen (Musselburgh) care homes and Edington (North Berwick) and Belhaven (Dunbar) hospitals.

The overall policy direction of this work is to shift the balance of care[3] from bed based service provision to supporting individuals to remain at home or in a more homely setting.

2. What are the services being considered for reprovision?

The current services being considered within this reprovision are as follows.

	Type of facility	Places or beds available	Additional information
Belhaven Hospital Beveridge Row, Dunbar EH42 1TR *Managed by East Lothian Health and Social Care Partnership*			The hospital is comprised of 3 ward buildings and an administration block. The wards do not meet modern standards. There is an area of land owned by NHS Lothian adjacent.
Ward 1	Care Home with Nursing beds	11 beds	Places are purchased by East Lothian Council from NHs Lothian
Ward 2	Community beds supported by General Practice.	11 beds 1 day care bed Used for respite, palliative care and step-down care.	A decision has been taken by the IJB to move Ward 2 to ward 3. Belhaven will then have 23 beds in total.
Ward 3	Care Home with Nursing beds[4]	12 beds	See above.

[2] See appendix 1.
[3] 2009 Improving outcomes by Shifting the Balance of care Shifting the Balance of care delivery group
[4] Beds were originally a mix of Care Home with Nursing care and Continuing Care but due to decreasing demand currently all care home with nursing care

Edington Hospital 54 St Baldred's Road NORTH BERWICK EH39 4PU *Managed by East Lothian Health and Social Care Partnership*	Community beds supported by General Practice.	9 beds Used for respite, palliative care, step down. 24 x hour Minor injuries unit.	Beds are being used for step down care and awaiting care packages or await Care home placements. There is some use for palliative care support. The beds are housed in a 1920's building that also houses the Health centre to the rear. The site is small and constrained.
The Abbey 10 Old Abbey Road North Berwick EH39 4BP *Managed by East Lothian Health and Social Care Partnership*	Care Home for Older People	30 place (28 residential and 2 respite). The service has 28 single rooms and one double room. Sixteen of the bedrooms have en-suite toilet and wash hand basin facilities.	The accommodation is built in the grounds of a 15th Century convent and has been extended from the original building to provide additional bedrooms and living areas. Accommodation is arranged on two floors. There are two lifts in this Building, however the First Floor Level is not linked between the Extension and the Original Building therefore only one lift serves each area. General upgrade works are required.
Eskgreen Care Home Old People's Home 10 Shorthope Street Musselburgh EH21 7DB *Managed by East Lothian Health and Social Care Partnership*	Care Home for Older People	30 place (27 residential and 3 respite). No rooms have ensuite facilities.	It is a large three storey building with lift access to all floors. There is only one lift and this requires to be replaced. General upgrade works are required.

In terms of the bigger picture for beds in East Lothian, there are 17 care homes in East Lothian with circa 635 beds. This is a mix of independent and East Lothian HSCP provision. Some are small with around 10-15 beds and others with up to 60 beds.

A new care home is nearing completion in Haddington, whilst one in Gullane is expanding. One care home is expected to leave the market within the next 12 months. There will be a net increase in bed places in the next 12 months.

The East Lothian Community Hospital development is currently under construction and will see an increase in NHS beds from 78 to 132 to account for population growth and repatriation of activity from Edinburgh hospitals.

3. Background

The future provision of services at Abbey, Eskgreen, Belhaven and Edington has been under consideration for a number of years.

The following strategies set out the strategic perspective and history of this work.

East Lothian Older People Strategy, Living Better in Later Life (2009-20) [5] Although this strategy has been superseded by the IJB strategic plan, its long term vision for the development and delivery of health and social care services for older citizens in East Lothian up to 2020 is still valid. The strategy stated:

"*Doing nothing is therefore not an option. Equally, while working more collectively and efficiently will yield economies, the extent of the challenge we face will require a more fundamental rethink and redesign of our services*."

The Older Peoples strategy set out proposals for changing the way services are provided, emphasising working closely with partners across housing, adult social care, health and community services including the voluntary and private sectors and working together with service users.

The aim and vision of the Older People's strategy remains:

- *Plan services that ensure we meet the needs of East Lothian's growing and ageing population.*
- *Reshape services for older people to enable them to live independently, with support whenever necessary.*
- *Reduce isolation and improve health and well-being amongst older people and their carers.*
- *Raise standards of service to deliver effective and efficient services in a challenging financial climate.*

The Older People strategy supported the national themes identified in Shifting the Balance of Care[6] which focused upon the commitment to radically rebalance the model of care to deliver better outcomes for older people. With a smaller proportion of older people needing to move permanently to NHS Continuing Care facilities or care homes to access the care and treatment they need.

Public Bodies (Joint Working) (Scotland) Act 2014. In accordance with the provisions of the Act, there is a requirement for Integration Joint Boards to realise a shift in the balance of care in their areas and prepare a strategic plan, providing the direction for reshaping existing health and social care services.

Scottish Governments 2020 vision[7] for everyone to be able to live longer healthier lives at home, or in a homely setting and that we will have a healthcare system.

[5] Living Better in Later Life East Lothian's Older People's strategy for 2009-2020.
[6] 2009 Improving outcomes by Shifting the Balance of care Shifting the Balance of care delivery group.
[7] 2011 Scottish Government 2020 Vision, Achieving sustainable Quality in Scotland's Healthcare.

The Single Outcome Agreement (SOA) for the East Lothian Partnership sets out ten outcomes to be achieved across the county by 2023 including "in East Lothian we live healthier, more active, independent lives".

The East Lothian IJB Strategic Plan 2016-2019[8] aims to shift resources from institutional care and acute care in to communities to enable the delivery of improved outcomes for the people of East Lothian. Its priorities are to deliver more care closer to home; address the variation in the use and delivery of health and social care services; develop a strong focus on prevention and ensure best value for money.

The East Lothian Local Housing Strategy January 2018 Consultation Draft proposes an increase of 300 extra care housing places for older people over the next five years in order to meet the needs of the growing population in a homely setting rather than an institutional setting.

In summary:

The need to provide these services differently is the culmination of several years' worth of strategy development and engagement. The emphasis is clear.

- Responding to increases in the number of older people in east Lothian.
- Shifting the balance of care from bed based to community based provision.
- Provide care closer to home.
- Supporting more independent living.
- Raising standards of service, including facilities fit for modern service provision.

4. Shifting the balance of care in East Lothian

As part of the agenda to shift the balance of care in East Lothian there has been considerable progress already. This has made significant improvement in supporting people to return home more quickly from hospital, to remain at home longer, to help prevent admission to hospital and support those receiving palliative care.

Community services in East Lothian have developed significant provision to support more individuals to be supported to have their care at home and in the local community.

There has been considerable investment in a number of new initiatives that comprise the "ELSIE" project (East Lothian Services for Integrated Care of the Elderly), and have collectively brought about a change in the way care is delivered to the residents of the county, allowing those requiring care to be cared for in their own home environment. In addition a new care at home contract has improved access to care packages.

The creation of an NHS step down care unit in Crookston Care Home has also influenced the way in which services support patients waiting for packages of care and care home places. Both the

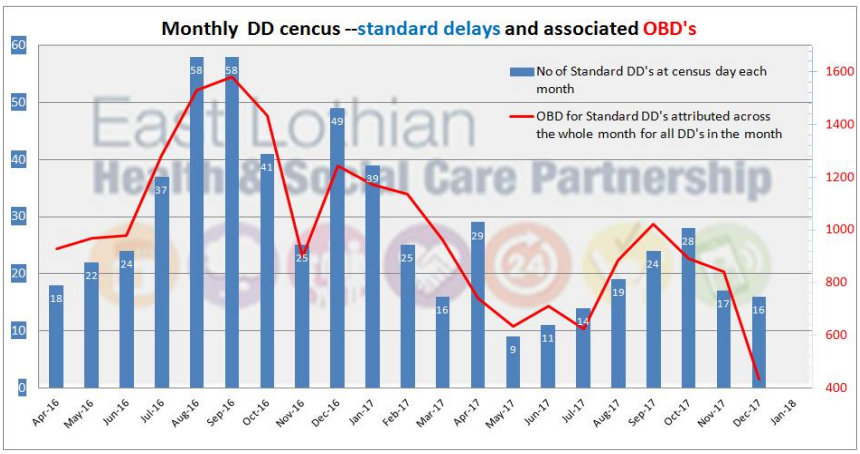
[8] http://www.eastlothian.gov.uk/download/downloads/id/11117/ijb_strategic_plan_2016-19

Edington hospital in North Berwick and Belhaven Hospital in Dunbar also play a role in this by providing some step down care.

The tables below show the improvement made in East Lothian in shifting the balance of care away from use of hospital beds.

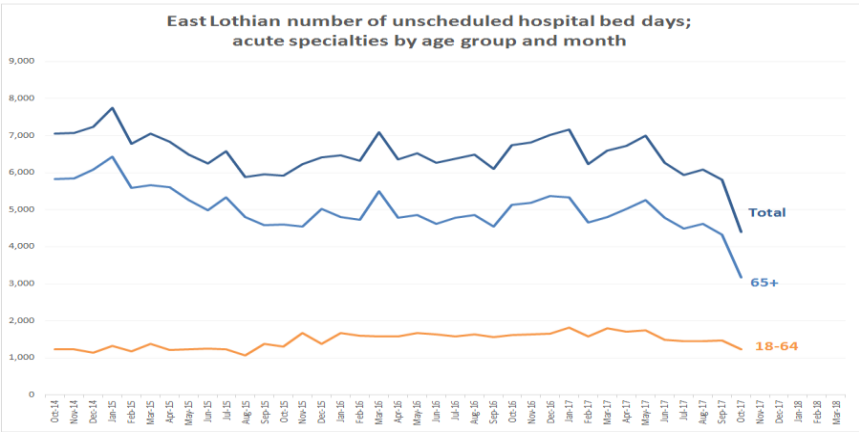
Hospital Delayed Discharges

East Lothian Health and Social Care Partnership has seen a decrease in the number of patients/clients experiencing a delay in their hospital discharge and in the bed days they occupy. The graphic below shows both the individual patients being recorded as a delay at the monthly census point and the occupied bed days this equates to.

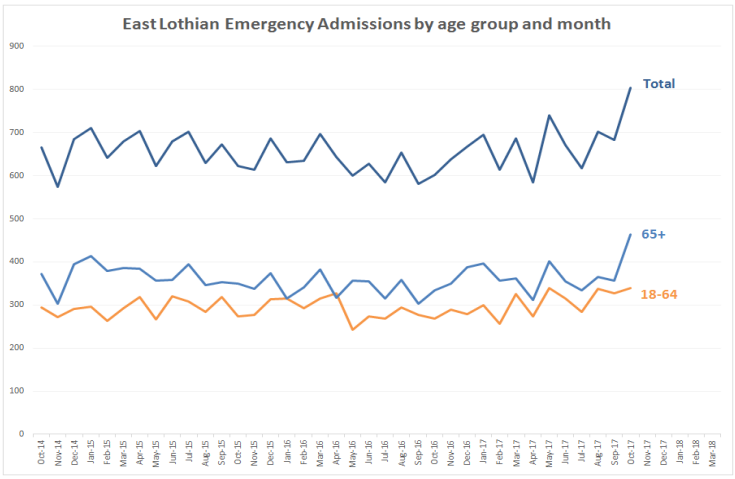


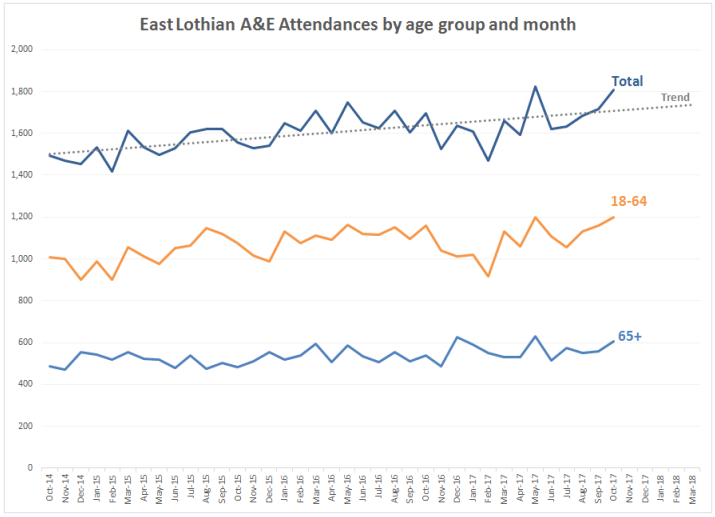
Hospital bed days associated with unscheduled care in acute specialities is reducing overall –mostly associated with reductions in the over 65 population as the graphic below shows.

Hospital Patient activity ISD data as reported to the Scottish Ministerial Steering group this data is normal 4 months in arrears

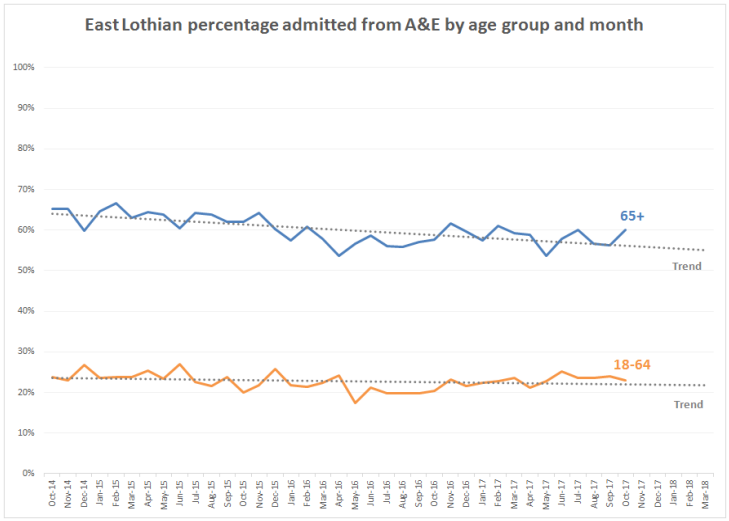


This is despite a steady increase in both emergency admissions and A&E attendances as the two following graphics indicate.





However the numbers attending A&E, that go on to get admitted is reducing- suggesting improved triage both at the acute sites and in services being available locally



The development and expansion of these teams has shifted the balance of care from secondary care to the community see Appendix 3.

5. Drivers for change

Increasing demand and the need to respond

In 2012, there were 100,850 people living in East Lothian, and this is projected to grow by 23% between now and 2037. This is one of the highest increases in any local authority area in Scotland.

All demographic trends indicate that in future older people will live longer. However it is anticipated that a smaller working age population will be available to supply the care sector workforce to support older people.

For Older People across East Lothian aged 65+ the population is expected to increase[9] by 37% to 2026 and 72% to 2037. Within the 65+ age band the greatest increase occurs for the 85+ age band which sees an increase[10] of 68% to 2026 and 162% to 2037.

However, there is variation across the county with four distinct demographic patterns emerging:

High Numbers and Steady Growth: Musselburgh currently has the highest number of older people aged 65+ and this is projected to grow at a steady rate, with this area projected to have the highest numbers of older people in East Lothian by 2026. While this is a substantial increase in numbers, it represents a relatively low % increase compared to other areas.

High Numbers, Substantive Growth and Significant % Change: Fa'side is projected to experience the most substantive change across the county,. It is projected to have the second highest number of older people age 65+ by 2026, the largest increase in number terms and high % increases for all groups of older people.

Evidencing a similar picture to Fa'side although to a lesser extent, Preston / Seton / Gosford is projected to have the second highest increase in numbers of older people by 2026, with the area projected to face substantial change in relation to high % change for all groups of older people.

Low Numbers and Significant % Change: Dunbar & East Linton and Haddington & Lammermuir are both characterised by relatively low numbers of older people aged 65+. While each of these areas is projected to experience significant % increases in people age 65, numbers of older people in Dunbar & East Linton are generally projected to be the lowest across the county by 2026, with Haddington & Lammermuir projected to have the second lowest numbers of people aged 65+.

High Numbers, Low Growth (High % Growth for 85+): North Berwick Coastal currently has the second highest number of older people aged 65+, although is generally projected to have the lowest projected % increase across the county to 2026. The exception to this is for older people aged 85+, with North Berwick Coastal projected to have the highest increase in numbers.

Facilities – current state

All the current facilities have physical challenges and are either no longer fit for purpose or require significant upgrade. The accommodation is inadequate, there is little or limited scope for flexibility in

[9] From a 2012 baseline
[10] From a 2012 baseline

use or for refurbishment (e.g. changes to en-suite provision and access for hoisting equipment in the care homes).

- Rooms- in both the hospitals and care homes allow little manoeuvrability to support staff and patients/residents if equipment is required (e.g. hoists or bathing).
- Multi-bed areas in the community hospitals, with inadequate bed spacing raise infection control issues. In some cases, curtains are the only barrier providing any form of privacy.
- There is a lack of privacy and dignity for patients/residents generally but particularly in end of life care.
- Lack of private or quiet room facilities (e.g. Edington hospital) in some services for patients and relatives.
- Limited storage space (e.g. Eskgreen care home), resulting in equipment being stored inappropriately in corridors, day rooms or shower rooms.
- Infection control concerns partly relating to poor facilities and fabric.

National and local policy

National and local policy set out in section 3, is a key driver for this work.

Workforce

To meet the needs of older people and shift the balance of care whilst the working population is shrinking relatively will require the development of new roles and ways of working. The staff currently providing care in the four facilities are a major asset and will be a key resource in ensuring quality care for the future.

Sites

The sites occupied by the Abbey, Edington and Eskgreen offer limited scope for development of services and new sites will be required. The Edington site also houses the North Berwick Medical Practice in not fit for purpose facilities. The site occupied by Belhaven has some NHS owned land adjacent that does offer the potential for redevelopment. East Lothian Council owns the Wireworks site in Musselburgh that also offers potential for development. All the sites should be considered to be resources available.

However, a full site assessment would be undertaken as part of a business case development to look at all site options to ensure they would meet requirements of any new care model and design.

Inequalities

Developing a sustainable model of care for the reprovision of these services as part of a bigger picture of the needs of the population for the future will contribute toward more equal access for older people to these services and to support to help them live at home or in a homely setting for as long as possible.

Poor outcomes

Reducing unplanned admissions and working to prevent admission, reducing delayed discharges will improve outcomes. Developing a new model of care for these services to focus upon people staying supported at home for as long as possible and receiving care as close to home will help to improve outcomes and wellbeing.

Quality

NHS Lothian is committed to the Triple Aim of improving quality, improving population health and reducing cost. East Lothian Council is committed to the East Lothian Way and to service excellence. The IJB will commission services based on quality of care and ensure that individuals are empowered to choose services on the basis of quality and outcomes.

Financial

The pressure on health and social care budgets will intensify over the coming years. Providing care in out of date and inefficient facilities prevents future financial flexibility.

Making better use of resources

The reprovision of these services will allow the development of a new model of care. This will be further developed through the production of business cases ensuring the use of resources for positive gain in quality of services (e.g. currently limited by not fit for purpose buildings where services are restricted by the older design of hospital or care home buildings) and use of sites.

6. Risks faced by current services

Some key risks for current services are:

Sustainability

The buildings are not fit for purpose and have major issues in relation to the impact that they have on the delivery of care to patients. Refurbishment or upgrading will have limited, short term gain only. The ongoing maintenance costs will rise in response to deterioration and to any changes to standards in areas such as infection control and inspection.

Financial and Economic

The continued maintenance and upkeep of older buildings that are not fit for purpose and are not designed with modern care and quality requirements in mind will continue to put pressure on budgets.

Patient safety and Quality of Care

Current reports on Patient Quality Indicators (PQI) highlight the lack of building compliance and risk in trying to provide high quality care in these hospitals. Care Inspectorate reports have highlighted the environmental issues within the care homes.

Service continuity

There are already issues identified within Belhaven ward 2 which led to the decision to transfer services to ward 3. There have been significant impacts on service provision at Abbey and Eskgreen from lift failure and heating system problems.

7. Wider NHS Lothian and East Lothian Council Context

The New East Lothian community hospital development[11] is currently being built. It will accommodate services currently provided from Roodlands Hospital, Herdmanflat hospital and Midlothian Community hospital and repatriate activity from Edinburgh Hospitals.

NHS Lothian strategic plan and capital plan does not envisage that NHS beds in Belhaven and Edington hospitals would be reprovided in hospital facilities.

East Lothian Council strategies do not include the construction of new care homes and the capital budget has a limited budget for care homes. The Council's Local Housing Strategy consultation draft proposes 300 new extra care housing places for older people to meet the needs of the growing population and to allow for reprovisions.

8. What are the vision, aims and objectives for the future of these services?

The model of care and reprovision that is developed will require to achieve the new Health and Social Care standards[12] . These standards are based on human rights and wellbeing.

The key standards are:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises

[11] 2016 July NHS Lothian Finance and Resources Committee East Lothian Community Hospital Combined Outline and Full Business Case.

[12] 2017 Health and Social Care Standards, My Support, My Life, Scottish Government.

These headline standards have a full set of descriptive statements that show what achieving that outcome will look like. They are underpinned by 5 principles:

- Dignity and respect
- Compassion
- Be Included
- Responsive care and support
- Wellbeing

A strategy for the future for any service and model of care for East Lothian will be working towards achieving these standards. Both the Care Inspectorate and Healthcare Improvement Scotland will take account of these standards when carrying out their inspections and quality assurance functions. Whatever model of care or provision of service is identified in East Lothian must focus upon these standards and outcomes.

9. Finance

The current revenue budgets for the four facilities are set out below. It is noted that the budgets associated with Belhaven will reduce by c £0.5m with the changes to Wards 2 and 3. These resources will be considered to be part of the assets available when planning for reprovision of the facilities. Land and buildings book values for NHS facilities have been shown, but these have still to be obtained for Council facilities.

	NHS Lothian		**East Lothian Council**		Total
	Belhaven	**Edington**	**Abbey**	**Eskgreen**	
	Budget	**Budget**	**Budget**	**Budget**	
Capital	**£ 1,684,444**	**£ 329,613**	**£ -**	**£ -**	
Land	£ 267,500	£ 100,000			
Building	£ 1,416,944	£ 229,613			
Revenue	**£ 2,216,258**	**£ 739,391**	**£ 1,691,177**	**£ 1,882,045**	£ 6,528,871
Staffing	£ 1,827,684	£ 629,802	£ 1,062,000	£ 1,177,000	£ 4,696,486
Running	£ 302,263	£ 91,097	£ 580,000	£ 623,000	£ 1,596,360
Depreciation	£ 86,311.32	£ 18,492	£ 49,177	£ 82,045	£ 6,292,846
Beds number	35	9	29	30	
Cost per bed/unit	£ 63,322	£ 82,155	£ 58,316	£ 62,735	

10.Workforce

Workforce issues will require to be assessed as part of business case development. Given the proposal will focus on a new model of care there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments. There is potential to consider new health and social care roles, joint training, career development opportunities, professional development and improving skills and competencies, This will require more detailed consideration and planning during the production of a business case.

11.Telecare and telehealth care implications

In considering and designing new and innovative services to achieve the goals set out above telehealth and telecare services and their development will be important in providing services to support people in their own homes. The National Telehealth and Telecare Delivery Plan for Scotland[13] (currently being updated) sets out a number of developments and key actions to help people with long term conditions to live independently at home by supporting them to manage their own health and care. There are potentially 5 areas of priority[14]:

1. Help a person feel safer and more secure (community and personal alarms, door and floor pad sensors)
2. Aids to daily living (gadgets, reminders and prompts
3. Helping with assessment of need (for example, 'Just Checking[15]' which helps monitor activities and movement within a home)
4. Tracking devices – for example – GPS, to monitor a person's movement when they are at risk.
5. Helping to manage a long term condition (e.g. vital signs) - telehealth.

These can help support a person in their own home to be more secure and safe and may reduce the need for some elements of personal care.

12.Alternatives to Institutional Care[16]

The East Lothian draft Local Housing strategy proposes that there should 300 additional "extra care housing" places for older people over the next five years and that this can include reprovision of existing services. Extra care housing has been used widely in some areas to meet the care needs of a growing elderly population.

[13] 2012 A national Telehealth and Telecare Delivery Plan for Scotland to 2015, Driving Improvement, Integration and Innovation
[14] 2016, Institute of Public Care, Predicting and managing demand in social care, Professor John Bolton.
[15] Just Checking is an easy-to-use online activity monitoring system that helps people stay independent in their own home
[16] The Housing LIN website – has been used extensively in this section to help provide, definition, background and understanding to Extra Care housing.

In researching extra care housing, it has become clear that there is no 'one definitive model'.

Some examples of the types and range of models developed elsewhere have been provided in Appendix 4.

These may not be definitive models for East Lothian. But they offer understanding of the designs and options that are available. In East Lothian there may be different models in different parts of the county. These models can partly be developed locally as part of the consultation and engagement process.

The term 'Housing with Care or extra care' housing is used to describe developments that comprise self-contained homes with design features and support services that enable self- care and independent living as well as personal care and NHS care. It comes in a huge variety of forms and may be described in different ways, for example 'very sheltered housing', 'housing with care', 'retirement communities' or 'villages'. Occupants may be owners, part owners or tenants and all have legal rights to occupy underpinned by housing law (in contrast to residents in care homes)[17].

Extra care housing can take different design forms from a development of single storey apartments or bungalows to flats or properties within a retirement village. Schemes have a variety of different services, including emergency alarm service, personal care, nhs care, restaurants/dining rooms, domestic support and other amenities such as hairdressing.

Increasingly extra care housing is recognized as an essential component of joint commissioning by health and social care. Extra care housing is now being used for intermediate care and rehabilitation and as an alternative to care home and hospital as well as for longer term housing.

What are the Core ingredients of extra care housing?

There is broad agreement that there is a core set of ingredients that are part of extra care[18]. They are:

- **Purpose-built or for example, redesign and refurbishment of existing sheltered housing facilities to support,** accessible building design that promotes independent living and supports people to age in place.
- Fully **self-contained** properties where occupants have their own front doors, and tenancies or leases which give them security of tenure and the right to control who enters their home
- Staff facilities for use by **staff serving the scheme** and sometimes the wider community
- Some **communal spaces** and facilities
- Access to **care and support services 24 hours** a day
- Community alarms and other **assistive technologies**
- **Safety and security built into the design** with fob or person-controlled entry

[17] Housing LIN website
[18] The 2003 Housing LIN factsheet

Some extra care developments have additional facilities, some of which may be open to the local community at for example, restaurant and gym facilities, meeting rooms and public areas.

Use of telecare devices is becoming more common in extra care housing developments: for example, fall detectors for people who are prone to falling or devices for people with dementia who may wander.

What are the models, size and scale of extra care housing?

Some extra care housing is large scale and may contain up to 300 properties or more. Larger developments tend to have more facilities and services. They include 'extra care villages' and 'continuing care retirement communities'. At the other end of the scale, there are very small developments of 6 apartments or bungalows, sometimes in the grounds of a care home or in rural areas. Property types include apartments, bungalows, houses or a mix and may be developed in all kinds of modern or vernacular styles.

Different terms and kinds of developments

Discussion about extra care housing uses different terms to describe certain kinds of extra care buildings or site layouts, for example:

- **Very sheltered or enhanced sheltered housing**: reflecting additional care and support needs of older residents in sheltered housing (but not high enough levels to require extra care housing)
- **Extra Care and Assisted Living**: Typically, purpose built bocks of flats with communal facilities and space for care and other services to be delivered
- **Hub and spoke**: as above but with a greater focus on designing for wider community use, and therefore probably larger communal facilities available for the wider community
- **Close Care**: Typically, purpose built blocks of flats or bungalows linked to a care home
- **Retirement Village**: purpose built extra care within a larger retirement village concept with a range of dwelling types and facilities
- **Specialist**: extra care designed to accommodate a particular group, for example people with dementia
- **Separated**: general extra care but with a specialist wing or unit (for example for people with dementia, or learning disability)

Care, Support and Housing management

One of the key differences between Extra Care schemes is whether the care, support and housing management are delivered as a combined service by one provider or whether there is a separation between care provider and housing/support provider (or some other variation). This may be driven by the approach taken to the procurement of these services and it will also affect the contracting arrangements.

This will be a consideration in any extra care housing development and procurement. All Extra Care housing is by nature a fusion of housing, housing support and personal care (which may also include day care and leisure activities) and in some cases nursing care. It frequently involves more than one organisation in service delivery and several organisations, including housing provider, heath care, social care, local authority housing may be involved in commissioning and funding. Partnership is therefore central to Extra Care housing.

Funding

There are sources of funding to assist clients with the cost of extra care housing. There are two separate components; housing costs and care costs.

Funding can be available for rent and some support costs through the Housing Benefit system. Other costs such as "hotel costs" and Council Tax will usually be paid by the tenant.

Free personal care is available for everyone aged 65 and over in Scotland who have been assessed by the local authority as needing it.

Free nursing care is available for people of any age who have been assessed as requiring nursing care services.

The table below shows the capital and revenue costs of extra care housing developments in Duns and Eyemouth in the Scottish Borders. Scottish Borders also developed Dovecot Court extra care housing in Peebles to reprovide a Council Care Home.

	Borders Council - ECH Units	
	Duns	**Eyemouth**
	Financial Appraisal	**Financial Appraisal**
Capital	**£ 4,530,000**	**£ 5,328,000**
Revenue	**£ 764,600**	**£ 657,234**
Beds number	30	36
Annual Cost per bed/unit	£ 25,487	£ 18,257
Weekly Cost per bed/unit	£ 490	£ 351

Both sites are owned by Scottish Borders Council

In capital terms this compares with £9m spent by East Lothian Council to build the new 60 bed Crookston Care Home in Tranent.

In revenue terms this shows a significantly lower unit cost than the current facilities and more work is needed to ensure similar budget headings are being compared.

Any new facility, purpose built refurbishment of existing sheltered housing facilities would be assessed as part of a business case. This would be against financial criteria (e.g. affordability and value for money) and non-financial criteria (e.g. delivery of strategic objectives, quality of care, patient and carer experience, adherence to service model, patient and staff safety).

Research into Extra Care Housing

Appendix 4 provides details of research into the benefits and costs of extra care housing. In summary these show improvements in outcomes for clients, reduced admissions and stays in hospital, reduced personal care costs.

Care Inspectorate registration

Discussions have been held with the Care Inspectorate to ascertain the potential registration requirements of any new model that incorporated extra care housing. A key reference will be the new Health and Social Care standards 2018.

Essentially there are 3 care levels all requiring registration that will inspected against the new standards. Work will be needed to determine which category (ies) these new services would fall into

1. Housing Support service.
2. Care at Home.
3. Care Home.

13. Engagement and feedback

A wide range of meetings and discussions took place as part of the development of this strategy and these are listed at:

http://www.eastlothian.gov.uk/info/1347/social_care_and_health/1857/east_lothian_health_and_social_care_area_forums

14.Key proposals

Below are outlined key proposals to be consulted upon.

The IJB will commission services for Dunbar, Musselburgh and North Berwick through agreeing a new model of care for the reprovision of Belhaven, Abbey, Edington and Eskgreen.

Reproviding the current care home and community hospital beds in to extra care housing will help to meet the needs of an increasing older population whilst shifting the balance of care and achieving more care at home or in a homely setting.

Beds in Community hospital provision

As set out earlier in the report there are a number of functions in the two hospitals.

Palliative care support is crucial in offering some patients the choice of where they wish to be as part of an end of life pathway. Alternatives could be developed as part of extra care housing along with current provision in care homes, at home and clinical provision. Therefore, a person in a fit-for-purpose designed extra care house should have the option to remain in their extra care house

facility as long as their needs can be met. Currently palliative care support is provided in both the care homes and community hospitals. It is intended that the development of Extra Care Housing would build on this expertise to support people to stay in their own home for as long as possible and having the choice to receive their palliative support in extra care housing. The support that could potentially be provided within an extra care housing facility would form part of a range of options for palliative care needs, which will be individual to patient and family choice.

Step Down Care. Both hospitals offer care for people awaiting a package of care or a care home place after acute hospital admission. This could be provided in extra care housing.

Day bed - There is a single day bed facility at Belhaven hospital to support, for example, blood transfusion, to prevent individuals having to travel to Edinburgh for such treatment. There could be consideration given to whether this facility is offered within other the new Community hospital.

Proposal for beds in Community hospitals[19]: Include palliative care and step down care in the specification for extra care housing reprovision of Abbey, Edington, Belhaven and Eskgreen.

North Berwick Medical Practice

Since the Edington site also houses the North Berwick Medical Practice in facilities which are also not fit for purpose, plans for North Berwick will have to include the future location of the medical practice.

Minor injuries

There is a 24 hour minor injuries unit currently provided on the Edington hospital site in North Berwick. Local analysis of this work shows work load that may not be appropriate for such a service. It is a small provision without 24 hour medical support and diagnostic services that may be seen in other such facilities. This requires assessment of the risks and benefits of locating such provision in a housing based community facility. Therefore, it is proposed that a separate, review of the Minor Injury service, its usage, throughput, risks and benefits is undertaken separately. This should consider comparisons with other similar minor injury provision in Scotland. A report should be provided to the Integration Joint Board.

Proposal for minor injuries: A separate, review of Minor Injuries unit should be undertaken.

Respite Services

There is residential and inpatient respite provision in all 4 facilities. The issue of respite has been highlighted throughout the engagement process.

It is proposed that the use of extra care housing for respite should be considered as part of the reprovision business cases.

[19] Excluding Care Home with Nursing beds purchased via East Lothian Council

Proposal: Include respite in the specification for extra care housing reprovision of Abbey, Edington, Belhaven and Eskgreen.

Care Homes

Abbey and Eskgreen Care Homes provide long term residential care. Belhaven Hospital provides nursing home care that is purchased from NHS Lothian by East Lothian Council. All have teams of dedicated staff, which is reflected in their Care Inspectorate reports. They provide a high level of care to their residents despite the physical challenges of the buildings. New facilities would allow care staff to improve the care they are able to offer, meet modern expectations and meet new Care Inspectorate standards. In line with the Local Housing strategy could be extra care housing provided in the Dunbar, Musselburgh and North Berwick areas to meet the needs currently met in the long term residential and nursing home provision in the three facilities. The model currently being developed for extra care housing on the Herdmanflat site in Haddington will include a level of service equivalent to residential care and will also contribute toward the Local Housing Strategy target of 300 places over 5 years.

Proposal: in line with the Local Housing Strategy, transform current capacity with new models of care in Dunbar, Musselburgh and North Berwick to develop Extra Care Housing with a number of places in each to have enhanced social and health care input for those with the greatest need.

Transformation of current NHS and Council provision to new model of Extra Care Housing/Sheltered Housing and Care Home.

	Current	Extra Care Housing/Sheltered Housing/	Total
North Berwick	39	60+	60+
Dunbar	24	60+	60+
Musselburgh	30	60+	60+
Total	**93**	**180**	**180**

The aim is to reprovide existing and increase future capacity under the Extra Care Housing model which is line with the East Lothian Council Draft Housing Strategy (2018)[20]. The proposal and approach to have 60/70 in each of Dunbar, Musselburgh and North Berwick would contribute towards the development of 300 units by 2023.

[20] 2018 East Lothian Council, Local Housing Strategy **Priority Outcome 4: A wider range of specialist housing is provided to enable independent living where appropriate** - Develop 300 units of specialist accommodation for older people over a five-year period to 2023 (60 units per annum).

15.Proposed outline timetable and next steps

Draft programme of next steps.

Key Stage	Board/Committee and organisation	Timescale
Strategic Vision	Integration Joint Board	22nd February 2018
Consultation process	Various meetings and events	March - May 2018
Final Proposals Following Consultation	Integration Joint Board NHS Lothian East Lothian Council	June – July 2018
Start of development of business cases	Project management process, system and governance to be in place.	July 2018 onwards
Produce business case	Business case development and approval.	June - September 2019 - *indicative*
New Builds (if identified)	Procurement process for Build and contractual arrangements for Extra Care Housing. Housing/Care/Support provider.	Approximately 3-5 years - *indicative*

Appendices

Appendix 1 – Remit for Project Board

REMIT FOR DEVELOPMENT OF STRATEGIC VISION FOR

REPROVISION OF EDINGTON & BELHAVEN HOSPITALS ABBEY AND ESKGREEN CARE HOMES

The vision will form the first stage of the business case process for the reprovosion. It is intended to be the basis for the "strategic assessment" required in the NHS capital planning process and will be presented to the IJB, Council and NHS Lothian for agreement.

The vision will set out a proposed model of care/framework as a starting point and basis for further model development based on ongoing consultation and engagement.

The vision will take account of the strategic assessment of extra care housing need for older people in East Lothian and the review of Sheltered Housing (due March 2018)[21]

It will take in to consideration the future NHS bed requirements in the East Lothian Community Hospital Business Case[22]. It will take account of overall care home provision and the size and nature of the care home market in East Lothian *(as outlined in the draft Housing Need and Demand Assessment of Particular Needs Groups in East Lothian – June 2017*). It will take account of the strategic direction and principles contained in the IJB strategic plan, the Council Plan, The SOA, the NHS Lothian plan and the Health and Social Care Delivery plan and other relevant strategic plans and guidance.

The vision will take account of existing bed numbers in the four facilities and include assessment of the additional capacity that could be added to contribute to meeting future need *(as outlined in the draft Housing Need and Demand Assessment of Particular Needs Groups in East Lothian – June 2017*)..

The vision will include an assessment of future care home bed numbers in East Lothian and the impact of a new model of care.

It will consider:

- The current issues with the physical environment in the four facilities.
- Examples of good practice and innovation in how to meet the needs of older people in the community.
- Examples of good practice and innovation in health and social care integration and joint working
- Joint staffing models that may require to be considered to meet health and care needs
- The financial issues (capital and revenue) including cost effectiveness and unit cost where this may be available for comparisons[23].
- The work should include engagement with internal and external stakeholders including local forums in the communities involved.

It will deliver:

[21] PID identifies March 2018 as completion of review

[22] East Lothian Community Hospital Combined Business Case and Full Business Case June 2016 – presented to NHS Lothian Finance and Resources Committee 13th July 2016.

[23] Full financial analysis will be undertaken as part of any future business case development.

- Potential models of service for the future based on the *draft Housing Need and Demand Assessment of Particular Needs Groups in East Lothian – June 2017*
- An initial scope of the options for procuring reprovision
- An initial scope of the current sites available
- An assessment of the relative priority of the reprovisions which may take in to consideration issues with current building and care delivery concerns
- The report should be complete by the end of February2017[24].
- The ongoing development, review and agreement of this strategic review will be directed by the East Lothian Health and Social Care Partnership Project Board Hospitals and Care Homes reprovision. The work will report in to the project board chaired by the Director of Health and Social Care.

Revised 27th November 2017

Appendix 2 - Policy and Guidance and Strategic context

The following policy guidance and documentation provides a brief reference to relevant policy and guidance with respect to the IJB Directions and Strategic plan.

The East Lothian Strategic Plan 2016-19[25]

Key aim is to shift resources from institutional and acute care into communities, to enable the delivery of improved outcomes for the people of East Lothian. It sets out the changes and improvements that the East Lothian HSCP wants to make over the next few years, key priorities and the transformational change required to achieve its joint vision, to enable all adults to: *"Live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use".*

The Plan sets out four immediate short term priorities for East Lothian:

1. **Deliver more care closer to home** – actively tackle the rise in unplanned or avoidable hospital admissions and significantly reduce delayed discharges from hospitals to home or a homely setting
2. **Address the variation in the use** and delivery of health and social care services across the county and tackling inequality
3. Develop a strong **focus on prevention** and low level support
4. Ensure **best value for the public purse** through more effective partnership working

The Single Outcome Agreement (SOA)

Sets out ten outcomes to be achieved across the county by 2023 including outcome 6: 'in East Lothian we live healthier, more active, independent lives'. This covers a range of groups including people who become frail, being able to live as safely and independently as possible in the

[24] Timeline revised from November 2017 as agreed at the first meeting of the Project Board meeting 14th November 2017

[25] http://www.eastlothian.gov.uk/download/downloads/id/11117/ijb_strategic_plan_2016-19

community and have control over their care and support. The SOA states the priority is to focus resources where they are most needed, to shift the balance of care to services which provide an enhanced quality of life for people in their own homes and communities, and to invest in early intervention to reduce demand for more costly crisis intervention.

East Lothian's Older People's Strategy, Living Better in Later Life

Aligned with the SOA, East Lothian's Older People's Strategy, Living Better in Later Life (2009-20) committed to developing a radically re-balanced model of care to deliver better outcomes for older people who need services. It envisaged that in the future, a smaller proportion of older people would need to move permanently into NHS continuing care facilities or care homes to access care and support. Quicker access to community services would be put in place, ensuring people used hospital services only when necessary and improvements made to discharge pathways when leaving hospital.

The Strategy set out a vision to shift the balance of care by maintaining (not increasing) the provision of care home and NHS continuing care places and increasing intensive home support, as population and demand grows.

Integrated Joint Board Strategic Plan

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. East Lothian Integration Joint Board (IJB) requires a mechanism to action the Strategic Plan; this mechanism takes the form of binding directions from the Chief Officer.

The 2017 Integrated Joint Board Direction

The Strategic Plan 2016 to 2019 is the key strategic document that outlines the direction of travel for the development of health and social care services in the county. In many areas the Plan remains at a high level to allow further work to be undertaken with key partners about how to achieve the desired changes outlined in the Plan e.g. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services.

The relevant section of the IJB Directions are copied below to help set out the context of the overall focus for shifting the balance of care for care groups. Within this are 5 directions that will contribute towards this goal – in summary:

1. Care at Home improvements
2. Complete and deliver a report on Extra Care Housing
3. Implement new strategy for Day services for Older People
4. Reprovision of Eskgreen, Abbey Care Homes and Edington and Belhaven hospitals – **the specific focus of this paper.**
5. Proposed delegation of Integrated Care Fund Review

Section 12 - Directions to NHS Lothian and ELC on shifting the balance of care for care groups

1. ***D12a -*** *ELC delivered* ***care at home services*** *(supersedes D02a and D02b) -* ***-*** *East Lothian Council to develop its protocols to simplify and speed up the process for assessing and acting on an individual client's needs for care at home.*

2. ***D12b - Extra care housing*** *(new Direction) - East Lothian Council to finalise the extra care housing report and to develop a plan with partners to deliver all its recommendations to improve housing provision for people with care needs.*

3. ***D12c - Day services for older people*** *(supersedes D02e) - East Lothian Council to finalise and implement the strategy for day services for older people in order to improve access to and quality of day services across the county while delivering service efficiencies.*

4. **D12d - Reprovision of Eskgreen and Abbey care homes and Edington and Belhaven hospitals (supersedes D01c and D02c) - NHS Lothian and East Lothian Council to set up projects to deliver the reprovision of Eskgreen and Abbey Care Homes and Edington and Belhaven Hospitals and to deliver on the recommendations of the Housing with Care report.**

5. ***D12e -*** *Integrated Care Fund Review (supersedes D06) -* ***-*** *NHS Lothian to delegate the agreed budget for the Integrated Care Fund to the IJB, to review the achievements of the Integrated Care Fund in 2016/17 and based on this, to develop a revised Integrated Care Fund Plan for 2017/18.*

The Strategic vision for the reprovision of the Care Homes and local Hospitals is set within a vision and goal to shift the balance of care for care groups. The reprovision work is responding to directions 12a, 12b and more directly to 12d.

[26] **The Scottish Government Budget scrutiny committee** chose as part of its consideration of the Scottish Governments budget for 2016/17 the integration of health and social care. In response to questions raised as part of the scrutiny process East Lothian IJB has adopted three overarching performance measures which define the key aspects of transformational work outlined in our strategic plan. These are

1. % of over 65s living safely at home: an amalgamated indicator of unscheduled bed days, including delayed discharges, care home utilisation and care at home hours.

2. % spend of integrated budget on institutional care versus community care

3. Slope index of inequality measurement

In delivering each of these measures in addition to the national health and wellbeing measures, the IJB have highlighted the work focusing upon two key areas which are intended to shift resources (through IJB Directions) over the lifetime of the Strategic Plan.

[26] 2016 -2017 Scottish Government Budget scrutiny Committee NHS East Lothian

These are:

- Unscheduled bed days attributed to delayed discharges, using costed activity data.
- Unscheduled bed days in the last 6 months of life, using costed activity data.

The progress set out under section 12 of the Directions and consequently the reprovision of the Care Homes and Community Hospitals will contribute towards the reduction in unscheduled bed days attributable to delayed discharges and bed days in the last 6 months of life. Reproviding the current services in a different approach will contribute toward achieving the % spend of integrated budget on community care provision and less on institutional care.

Draft Local Housing Strategy 2018-2023 - Priority Outcomes; Key Issues and Challenges and Actions

The Consultative Draft Local Housing Strategy 2018-2023 was presented to Cabinet in January 2018 to seek Cabinet approval of the consultation exercise. This was agreed.

This is a key strategic document directly relevant to this reprovision. The report outlines how the draft LHS supports the East Lothian Health and Social Care Strategic Plan and reprovision.

The Draft Local Housing strategy is the starting point of a process with a long-term vision to

- Increase independent living at home or in a homely setting (i.e. a care home) for particular needs groups.
- The anticipated long-term outcomes are to reduce reliance on acute hospital care, prevent admissions where appropriate and reduce delayed discharge, in accordance with the IJB Strategic Plan 2018/2019.

In practice, integration means increased emphasis on enabling people to stay in their own homes or a more 'homely' setting. This builds on more than a decade of policy aiming to 'shift the balance of care' from hospital and institutional settings such as care homes, to care in the home and community. In particular, it augments the Scottish Government ***Reshaping Care for Older People*** **initiative**[27], aimed at improving services for older people by shifting care towards anticipatory care and prevention.

The report identifies that demographic change and future demographic projections across the county now make the case for change urgent, with existing health and social care systems no longer considered adequate to meet the increasing needs and growing expectations of an ageing population. It recognises existing models of care must change in order to meet new challenges.

In practical terms, the ability to meet an increasingly high level of need across East Lothian within a sector which is experiencing change and with ongoing financial pressures is a key challenge for the East Lothian HSCP. It is recognised there is need to reduce reliance on acute hospital provision, prevent unplanned hospital admissions and cut down on delayed discharge, which are all of

[27] http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare

particular concern. This is not an efficient use of resources, placing additional strain on already stretched hospital provision and is not a positive outcome for people who could be living independently in their own home or in a more 'homely' setting.

In addition it states that health, housing and social care services for older people are looked at holistically, pressure points identified in terms of unmet need across the system and services reshaped in accordance with existing need and future projected demand. The focus on a strategic reprovision of these services allows a holistic approach to be taken.

It is recognised that suitable housing including specialist housing and housing related services, can be a critical element in reconfiguring and modernising long term care provision for older people. Housing with care in particular can play an important role in accommodating a proportion of older people who would otherwise be frequent users of acute services. The advantage of using housing with care for rehabilitation or intermediate care as opposed to a hospital environment or someone's own home is that the living environment is designed to support people who can manage independently with care and support and rehabilitation but who cannot go home as their home is unsuitable. Having bathrooms and kitchens to help people self-care provides an ideal environment to build daily living skills and confidence, whereas it is difficult for hospitals to do this.

Housing with care (or extra care housing) based solutions can provide older people with a more suitable and safer environment than in their own homes. Many people who move into specialist housing for intermediate care decide to move in permanently as it is so beneficial to their quality of life.

The actions identified for Priority outcome 4 of the Draft LHS report - *A wider range of specialist housing is provided to enable independent living where appropriate, Older People – Key Issues / Challenges and Actions* – are listed below.

- To see develop 300 units of specialist accommodation for older people over a five-year period to 2023 (60 units per annum). This could include care homes, extra care housing or sheltered housing, which could be purpose built or remodelled from existing provision & developed by the public or private sector.
- Carry out a comprehensive review of sheltered housing
- Explore potential models of rural care provision to enable more effective delivery of care
    - Investigate the implications of significant projected numbers of older couple households for specialist housing
- Ensure mainstream accommodation is future proofed as far as possible, built to a standard to accommodate wheelchair users & capable of being adapted to suit a range of needs
- Embed a culture change in relation to a more proactive, preventative approach to adaptations i.e. early identification of aids required to prevent delayed discharge.
- Target the provision of housing information and advice at 'younger' older people, with housing health checks carried out from age 55 across all tenures
- Target resources more effectively in relation to the provision of practical assistance & low-level interventions / support

- Increase capacity building within communities to support older people to remain in their own homes for longer & live independently i.e. community health; day activities; befriending services; respite care & support for carers.

All the actions identified as part of priority 4 outcome of the Local Housing Strategy are relevant to support the strategic vision and review of Eskgreen, Abbey, Edington and Belhaven hospitals.

Contribution to IJB Strategic aims

The 2016 East Lothian Integration Joint Board (IJB) Strategic Plan[28] describes the changes and improvements in health and social care services that they wish to make over the next few years. The plan is underpinned by a number of national and local policies, strategies and action plans. Following extensive consultation and feedback on the draft strategic plan, immediate key priorities for East Lothian in the short term will focus on:

- **Delivering more care closer to home** - actively tackling the rise in unplanned or avoidable hospital admissions, and significantly reducing delayed discharges from hospitals to home or a homely setting.
- **Addressing the variation** in the use and delivery of health and social care services across the county and tackling inequality
- Develop a **strong focus on prevention** and "low level" support.
- Ensure **best value for the public purse** through more effective partnership working.

The reprovision of Abbey and Eskgreen Care Homes and Edington and Belhaven hospitals will contribute towards the achievement of the key IJB priorities. A new model will help address variation by identifying the use and delivery of health and social care services to allow delivery of care closer to home and in conjunction with the ongoing development of community based services help develop earlier intervention to people who require this support.

In Summary

The reprovision of Abbey, Eskgreen Care Homes and Belhaven and Edington Hospitals is consistent in a local and national context.

The need to look at a holistic picture of health, social care and housing is important in respect of reviewing services and responding to increased need, increased population and increased demand.

Appendix 3 - Shifting the Balance of Care – teams in East Lothian

Hospital to home team provides packages of care in the community, The service is led by the Senior Charge Nurse, has 18 fulltime band 3 carers , two registered nursing staff , previously, these packages would alternatively be provided by social care and private care agencies . A re-ablement model is used which leads to a reduction in the need for care through time, at times stopping the package of care altogether. By using this approach it maximises, maintains and can improve a

[28] 2016 East Lothian Health and Care Partnership , Integrated Joint Board Strategic Plan 2016-2019

person's independence by empowering them to return to the activities of daily living and maintaining their independence. To date the hospital to home team have stopped 50 care packages, reduced 28 care packages and have supported 7 palliative patients who were cared for at home and died at home. The service has scored 97% satisfaction rates by patients and their families, 429 patients over the last 2 years have received the services of the team.

Hospital at home service led by a Lead clinician seeks to support the twin goals of avoiding unnecessary Hospital admissions, and where an admission is necessary, to support the patient's prompt Discharge from hospital back to their own home in the community. The service brings together the multidisciplinary team (MDT) and integrates this around the needs of the patient, setting goals and implementing a care plan to reach these goals through continuous review and monitoring that takes place at the daily huddle where all members of the team lead meet to discuss progress. The service provides an urgent assessment that is responsive and able to provide monitoring and intervention for patient with an acute episode of illness that would otherwise require to an acute hospital admission, working with all members of the multidisciplinary team to get the patient seen in the right place at the right time by the right person who reviews the patient on a regular basis. The service works with teams who already exist within the community, such as the district nurses and general practitioners to achieve the best outcome for the patient within their own home setting.

Although the service originally had difficulty maintaining medical staff input they have successfully recruited a half time lead clinician , a GP who provides two sessions per week and a full time Staff Grade doctor, to support the service which has provided care for over 800 patients to date.

The care home team provide support and guidance to the 17 care homes in East Lothian. They identify training needs and provide education, facilitate access to specialist services when required. They work closely with East Lothian Council when concerns are raised or investigated.

The aim of the service is to help maintain quality care, improve standards of care, aide staff to access the skills & knowledge needed to care for their residents, prevent unnecessary hospital admissions, facilitate hospital discharge for complex cases and to improve links and access to secondary care services. They work in conjunction with other teams to ensure that residents within the care home setting are supported to remain within their home.

Discharge to assess and plus provides early discharge from hospital, to facilitate getting patient home from hospital when it is safe to do so, working with the patient to identify ongoing support and continue their rehabilitation in their home. The level of support depends on patient needs and ongoing continuous assessment carried out the allied health professionals to ensure that the patients reach their optimum.

In addition there is the following range of services, also providing support

General Practice in East Lothian - General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. They focus on the health of the whole person combining physical, psychological and social aspects of care.

General practitioners have an important role in looking after patients in their homes and within the communities where they live. They are part of a much wider team whose role includes promoting, preventing and initiating treatment. GPs look after patients with chronic illness, with the aim to keep people in their own homes and ensuring they are as well as they possibly can be.

GPs are often the first point of contact for anyone with a physical or mental health problem and patients can be at their most anxious. Looking after the whole person - the physical, emotional, social, spiritual, cultural and economic aspects through patient-centred approaches is a vital part of any GP's role. This is becoming more important with terminally ill patients often choosing to stay at home

The new **East Lothian Community Hospital** will provide continuing care, mental health, medicine for the elderly and rehabilitation. Planned day care including outpatients, mental health social care, day surgery, diagnostics, hospital to home and hospital at home care services. There will also be shared facilities for gym, therapy kitchen and multifunction rooms. Community services will also be based with carer support, social care and community facilities. These services will combine to support the wider agenda of for older people in East Lothian.

Appendix 4 – Examples of models of Extra Care Housing

Varis Court, Moray

Varis Court is a purpose built development with innovative, high quality services for older people including Dementia and Extra Care facilities developed by Hanover in partnership with **Health and Social Care Moray** and Moray Council. The development provides 33 individual flats with additional communal facilities including 2 courtyards. There are a team of staff onsite to assist manage tenancies, provide meals and extra care depending on the tenancy. The dementia friendly properties include bespoke communal facilities including dining area and access to prepared meals, activity and relaxation areas along with staff facilities. Tenants of the extra care flats will have access to care and support provided by onsite staff.

The 33 unit new build was originally commissioned by Adult Community Care Services, on behalf of Health and Social Care Moray, to provide affordable accommodation that meets the demand for

sheltered and extra care housing for older people in the Forres area with complex care needs including dementia.

It has 33 (21 sheltered/extra care, 7 bespoke dementia and 5 augmented care) flats built in 2016 and it an extra care housing scheme with on site care staff, resident management and careline alarm service. It has a life, lounge and social activities. The tenure is rent (social landlord).

The augmented care flats are undergoing a pilot phase to provide care for individuals who may require some nursing support for up to 6 weeks. The new model will provide close to home nursing when home is not an option, but also aims to develop a flexible and adaptable service that will work alongside other health and social care staff to develop support plans that suit the needs of individuals rather than services.

Working in partnership with Forres Health Centre and Hanover (Scotland) Housing Association Ltd, the rationale for this pilot is to use 5 of the 33 units within this development as Augmented Care Units (ACU's) and then test how a new model of care could provide a more sustainable way of delivering health and social care services across Moray.

The Orangery – Sussex and Rother District Council

The Orangery is an extra care scheme for older people in the Sidley neighbourhood of Bexhill on the South coast. It was developed by Amicus Horizon housing association (now Optivo) in partnership with East Sussex County Council and Rother District Council, and opened in April 2016.

Key features of the scheme are:

- Fully-accessible apartments and communal areas
- High-quality design and spec
- Care team based on site
- Close to a local high street
- Important role in the local community
- Sustainable restaurant provision

Bexhill has the oldest population in East Sussex and the highest proportion of residents aged over-85 in England and Wales. Rother District's population over the age of 65 is expected to increase by 48% by 2033. So the area faces a challenge in meeting future health, housing and care needs.

Sidley is a suburb of Bexhill with its own local high street. It's relatively deprived with some of the poorest health indictors in East Sussex. Obesity, substance misuse, high levels of A&E attendance, death rates, social care provision, mental health issues and unpaid caring are all high.

Extra care offers apartment-living to enable people to live independently for longer. Research by East Sussex County Council (ESCC) has shown 64% of extra care residents would otherwise need residential care.1 but a 2017 housing needs survey of older people – also carried out by ESCC - shows only 6% of people considering a move to specialist accommodation are planning to move into extra care. This suggests not enough people know what extra care is – or how it represents a great 'ender home'.

The Orangery comprises:

- 58-unit one- and two-bed apartments providing affordable housing (42 affordable rent,16 • shared ownership)
- specially-adapted accommodation to enable independent living: apartments and communal • areas are fully wheelchair-accessible with walk-in shower rooms
- private outside gardens or balconies on upper floors•
- low-rise design and quality materials, reflecting the local vernacular•
- accommodation for 24/7 onsite care team and landlord staff•
- six additional open market houses, fully wheelchair accessible, the sale income helping • fund the scheme

Staffing

In addition to the 24/7 care team commissioned by ESCC, Optivo have two staff based at The Orangery. They work office hours, with out-of-hours managers available in case of emergency:

The full-time Extra Care Project Manager is responsible for the building as whole, identifying and resolving issues when they arise.

The part-time Extra Care Officer works directly with residents in an intensive housing management and support role. She also supports residents in running activities and developing the social life of the scheme.

Because of the complexity of the residents living in Extra Care, staff have training to deal with things such as hoarding; anti-social behaviour; safeguarding; learning disabilities; dementia; identification of the need for mobility equipment; bereavement support and much more.

These scheme-based staff roles are supported 80% by rental income, 20% by service charges.

Optivo also have specialist teams who provide services to all residents, including those at The Orangery. They include anti-social behaviour; money matters (financial inclusion), lettings, tenancy sustainment, housing management and home ownership.

Calderdale Council

In Calderdale, Together Housing and Abbeyfield run extra care housing schemes. "The schemes are made up of self-contained flats and other facilities all under one roof. To help people manage in their own homes everything has been carefully designed to suit older people. Care and support

services are also provided, which means that most people can stay in their own home. This is even if they are quite frail, or become more dependent over time."

Schemes in Calderdale

The extra-care housing schemes are based at:

- Clement Court in Halifax;
- Willow Court in Elland;
- Mytholm Meadows in Hebden Bridge; and
- Ing Royde in Savile Park.

Eligibility for Extra care housing is available to anybody with care, support and housing needs. Each applicant must have had a care needs assessment and completed a Keychoice housing application. A panel comprising Adults, Health and Social Care, the housing provider (Together Housing 2000 or Abbeyfield) and Housing Services will look at all those factors and consider the application.

Hafod Care Wales

Hafod care have several services available. A few of these are shown below to highlight the different options available in South Wales.

Ty Cwm, Merthyr Tydfil

Ty Cwm provides the people of the Merthyr area with an accommodation option to support independence in later life, or where physical disability or sensory impairment impact on their abilities to take an active role in their community.

Extra Care can be a viable alternative to sheltered accommodation or residential care by encouraging and promoting independent living and providing, wherever possible, a home for life with care and support services that can increase or decrease as the individual's needs change. It is suitable for single people or couples, where one or both have need of more supportive accommodation.

The scheme comprises of 60 self-contained units (25 one-bedroom and 35 two-bedroom apartments). All accommodation is available for rent on an assured short hold tenancy basis and is built to a high specification, including full wheelchair accessibility.

The Extra Care apartments offer:

- Modern Fitted Kitchens
- Bathroom with walk-in shower (with access from each bedroom and the apartment hallway)
- Spacious main bedrooms in both one and two bed apartments
- Slip resistant flooring in kitchens and bathrooms
- Spacious living room
- Low surface temperature radiators controllable by occupants

In addition to shared lounge facilities, laundry, assisted bathroom and a cycle/scooter store, the scheme also offers a restaurant, hair and beauty salon, IT access, library, communal conservatory and landscaped gardens. The scheme is well placed to enjoy some spectacular views across the Merthyr valley.

For people with sensory impairments there will be a hearing loop in all communal areas and the scheme has been designed to meet the RNIB 'Visually Better' standards. A wealth of development experience has been incorporated to support an enabling environment for tenants of the scheme.

The scheme has been sensitively designed to support residents with early onset dementia to orientate themselves with passive design which includes the use of a variety of identifiable textures, colours and lighting on each floor.

Tenants are supported by a local community alarm service to contact the scheme manager , teams and support staff on site during normal hours of operation (9am-5pm) and the 'lifeline' call centre in the Civic Centre out-of-hours.

Hafod Care provides both the domiciliary care provision and the housing-related support which is attached to the scheme. Domiciliary Care staff are available on site 24 hours a day to give help with personal care and respond supportively to tenants who have emergencies.

To be considered eligible to apply for a tenancy at Ty Cwm Extra Care, individuals need to live in Merthyr or have a close Merthyr connection and are over 50 years of age and be eligible for support from Community Care (Adult Social Services). Potential residents must also be in one of the following situations:

- In hospital
- In a residential home or sheltered housing
- In a vulnerable situation at home
- Unable to cope with essential living tasks

Golau Caredig, Barry

Golau Caredig provides affordable independent living accommodation for people over 55 in 42 purpose-built one and two-bedroom flats. Individual care and support is provided by 'in house' domiciliary care and a tenant support service. The development is close to Barry town centre and includes several communal facilities including a restaurant, hairdressers, laundrette and multi-use activity area. The scheme was designed following input from the Design Commission for Wales and has been constructed by contractor Leadbitter to achieve BREEAM (Building Research Environment Assessment Method) standards.

Cwrt Hir, Cardiff

Cwrt Hir is our new close care scheme in Trowbridge, Cardiff. It is located next to two of their existing schemes, Dol y Hafren close care scheme and Woodcroft Residential Care Home.

Close care schemes consist of independent flats or bungalows which are built on the same site as an existing care home. They offer a wrap-around care and support service with the added comfort that, if they become more dependent or frail, then support is available to them in their locality.

Cwrt Hir has 13 purpose-built apartments and 3 bungalows which have been carefully designed to allow the highest degree of independence for people over 55 and/or who a physical or sensory impairment. It is suitable for single people or couples, where one or both have need of more supportive accommodation.

Tenants will receive care and support when they need it, in their own flat or bungalow, according to their own needs. Support will be in relation to housing-related advice as well as practical assistance with budgeting, health and lifestyle, domestic abilities, finding education, training and employment opportunities, and accessing local support networks. There is also a dedicated Community Homecare service on site which offers a range of care services from low-level needs to more complex care

requirements. Tenants will be offered additional services (such as meal delivery services, use of specialist equipment and participation in activities being held) from the Care Home if required.

Broadway Gardens, Bushbury, Wolverhampton

Broadway Gardens has 56 one and two bedroom apartments (each with one or two bedrooms, hallway, kitchen, living room and shower room) surrounding a host of leisure facilities and social opportunities, set in landscaped gardens in the Bushbury area of Wolverhampton. Broadway Gardens is managed by The ExtraCare Charitable Trust with the housing partner Midland Heart. Anyone over the age of 55 is eligible to apply for a home at Broadway Gardens. Priority is given to local people or those with a local connection.

Dependent on individual circumstances they can support residents with significant assessed care needs. They are able to support people living with dementia whose symptoms are conducive to living in an independent setting. The Team Leader training incorporates a biopsychosocial understanding of dementia so that care planning can be as holistic and individualised as possible. They rely on external statutory and voluntary services to provide any additional specialist dementia and mental health support for our residents.

Residents without care needs are also very welcome. Homes at Broadway Gardens are available for rent. Other services are Community Library (for residents and the neighbourhood), Gym, IT facilities, Guest Suite, Greenhouse, Beauty Room, Hairdressers, Laundry, Lounge, Restaurant, Social Club, Well-being Bathroom, Landscaped Gardens and Communal Parking

Midlothian Council - Cowan Court Extra Care Housing

Cowan Court is a specially designed, extra care housing development. It enables people with varying physical and mental health care needs, including dementia, to enjoy prolonged independence in a safe, caring, socially active supportive environment.

Cowan Court has a dedicated on-site team consisting of a team supervisor, care and support staff, an administrator, domestic assistants and a handyperson. Care and support staff provide a 24/7 service, responding flexibly to needs identified in individual care and support assessments.

The development includes a two-storey building providing 32 extra care housing units for older people. There are 28 one-bedroom flats and four two bedroom flats, providing housing for couples as well as individuals. The building has been designed in a dementia-friendly way for older tenants.

North East Lincolnshire – Strand Court

Opened in 2015, Strand Court was commissioned by the North East Lincolnshire Clinical Commissioning Group and developed by Ashley House, with housing management by Inclusion Housing and care management by Lincolnshire Quality Care Services (LQCS).

The £8 million scheme offers 60 specially designed ECH apartments for social rent for frail elderly people needing care and support in East Marsh, Grimsby. The focus has been to provide a good balance of care needs from the commencement of occupancy in order to encourage the development of a positive community life, with opportunities for social interaction and mutual support between residents. Therefore, allocations are based not just on age and assessed and unmet needs but also on the willingness and ability of individuals to benefit from living in extra care housing.

Research outcomes on Strand Court

Distinctive about this work has been the research undertaken to identify people's experience of wellbeing and satisfaction within the scheme using a new measure of 'relational value' (R^v). This is a concept rooted in research undertaken as part of a Knowledge Transfer Partnership between the Whole Systems Partnership and Leeds University School of Healthcare Studies. It seeks to identify, measure, monitor and work with positive behaviours that build integrity, respect, fairness, compassion and trust in the local system.

What were the outcomes identified from this study?

The section below is taken directly from the case study.

Key findings so far:

1. **Care package costs** to the Local Authority for residents were **reduced significantly**.

2. Following taking up residence, although they increased slightly in the following 7-9 months, but were still 16% below pre-admission levels for people with complex needs and 18% below for people with non-complex needs. This compares with increases of 23% and 14% respectively amongst the control group.

3. **Ten of the new residents had previously been in a care home**, and whilst 3 returned there. Over the first 7-9 months there were no 'new' admissions to a care home from the other 46 new residents – amongst the control group 63 were at home at the start of the evaluation period and 6 were admitted to a care home over the same period.

4. An **estimate of savings to the Local Authority** of home care or care home services compared with the likely costs estimated from the Control Group, are £260k pa, which is an **average of c£4,600 per person**.

5. The **death rate amongst residents has been lower** than in the control group, despite similar. age profiles and initial levels of need.

6. The **number of episodes reflecting mental health needs has been significantly lower** for. people in Strand Court when compared with the control group, and the number of **new dementia diagnoses has been higher**.

7. The number of contacts to the local 'single point of access' amongst those with complex needs . has reduced very significantly, by c60%, compared with the year prior to admission.

   These findings continue to demonstrate a strong case for 'housing with care' solutions as part of a local economy. Work is ongoing to provide a broader perspective, including the potential to work with a linked dataset to obtain a clearer picture of the impact on health resources. Initial indications from this work do not currently suggest a reduction in hospital admissions on a before and after basis, or in comparison with the control group, although this is being kept under review.

Loreburn Housing Association – Stranraer

Intergenerational facilities are now also being considered and planned. Loreburn Housing association in Stranraer is designing accommodation to help tackle youth homelessness and provide dementia friendly support.

The scheme will see the creation of eight single-bed and four two-bed dementia friendly, extra care housing. A youth foyer will also be built, providing accommodation for up to 12 young people and will be located right beside the dementia specific accommodation; it will also offer opportunities for intergenerational projects that involve both the young people and older people.

The aim is to help reduce social isolation in older people and increase civic participation for young people. The building will be for the whole community who could use its meeting rooms, breakout spaces and wi-fi.

Work on the new development is expected to start on site in spring 2018 and finish in summer 2019.

Intergenerational Housing in Hackney, London

A housing scheme in Hackney, east London, demonstrates another alternative approach that in this case was required to take account of. Buccleuch House is an intergenerational housing scheme, putting three very different communities side by side in a single block. The scheme's extra care housing has also been designed with the best practice principles of HAPPI in mind. The scheme of 107 apartments has been developed on a site previously occupied by a collection of poor quality bedsits, in the Clapton Common conservation area.

The scheme had one architect but had to accommodate three very different resident groups with their own cultural and physical needs. Hanover Housing Association wanted apartments in an extra care facility for residents over the age of 55, developer Hill wanted homes for sale to first time buyers, and Agudas Israel Housing Association wanted affordable rent and shared ownership homes for the Orthodox Jewish community. Hanover owned the site but needed a balance of market sale homes to cross-subsidise rental homes for commercial success. The outline design is shown below.

This provides another example of developing assisted/extra care housing and the requirements for different cultural and physical needs.

The apartments are split into three elements of the six storey building, with:

- 41 one and two bedroom assisted living apartments for older people, for Hanover, at the southern end of the building
- 38 one and two bedroom private sale apartments, for Hill, at the northern end of the building. These are designed to London Housing Design Guide standards, but were designed for adaptation to Orthodox Jewish requirements, in case that was needed for sales or resales.
- 28 apartments for local Orthodox Jewish residents, for Agudas Israel, in the centre of the building. These are mainly three and four bedroom units and are 10 per cent larger than London Housing Design Guide requirements, in line with Agudas Israel's specification.

Scottish Borders - Dovecot Court (Eildon Housing) Peebles

Dovecot Court, Peebles is a Housing with Care/Extra Care Housing facility in Peebles. The majority of residents in Dovecot Court were formerly of a local Care Home. The residents were, with their agreement and choice, transferred to Dovecot Court. Dovecot Court is an extra care housing development in Peebles. It is owned by Eildon Housing Association and has been specifically designed with the needs of older people in mind.

Personal care and support is provided by Scottish Borders Cares, Care at Home Staff who are based within Dovecot Court. Support may include a wide range of tasks such as:

- Personal hygiene
- Support with administration of medication
- Assist with washing / bathing / showering
- Continence management
- Rehabilitative programmes

Tenants are also supported by a newly formed committee Friends of Dovecot which assists individuals to engage in social activities both within Dovecot Court and the local community.

As at February 2018 2 more Housing with Care/Extra Care Housing facilities are being planned for development in Scottish Borders area.

Longitudinal study – Aston University to compare the needs and care costs of Extra Care residents with those in the community

A study undertaken by Aston University[29] undertook a 3 year longitudinal study to compare changes over time in care needs and care costs of new Extra Care residents with those of a control sample in the community. It also sought to examine the effects of this integrated approach on perceived health and well-being, cognition, social functioning and independence over time.

Researchers and policy-makers have a limited understanding of the impact of innovative integrated housing, care and support models on the cost of care and support for older people.

Conclusions: Highlighted findings from study

- The Extra Care Charitable Trust model can result in significant savings for NHS budgets – over a 12 month period costs total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for ExtraCare residents who were in the sample across the period. NHS costs for 'frail' residents had reduced by 51.5% after 12 months.

- Use of the Extra Care Well-being Service, which provides accessible, relatively informal (drop-in) support, for preventative health-care and ongoing day-to-day chronic illness care increases over the period. At the same time (although not directly related on an individual level), there is a

[29] Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust

significant reduction in pressure on local GP surgeries, with a 46% reduction in residents' routine or regular GP appointments in year one, supporting the drop-in model.

- The Extra Care model is associated with a significant reduction in the duration of unplanned hospital stays, from an average of 8-14 days to 1-2 days.

- The Extra Care model is likely to offer significant potential savings in the cost of social care for local authority commissioners.

- The cost of providing lower level social care using the Extra Care model was £1,222 less per person (17.8% less) per year than providing the same level of care in the wider community (on average, with variation by local authority) and the cost of higher level social care was £4,556 less (26% less) per person per year).

- Frailty, and especially pre-frail states are malleable - a significant number (19%) of Extra Care residents designated as 'pre-frail' at baseline had returned to a 'resilient' state 18 months later.

- A frail person's average annual care costs were £4720.96 at the 12 month point, as compared to £61.40 for a pre-frail resident (most receiving no formal care), underlying the importance of preventative interventions to reduce the likelihood of a person becoming frail.

- At baseline new residents had more difficulties with cognitive functions, independence, health perceptions, depression and anxiety than controls, but after 3 months these differences have reduced and some have disappeared, with significant improvements in psychological well-being, memory and social interaction for Extra Care residents.

- After 18 months Extra Care residents in general showed a reduction in depression – and those with low mobility, showed the greatest improvement (from their lower initial levels). At the end of this period serious depression can no longer be predicted by a person's mobility; those whose mobility reduced over period did not generally become significantly more depressed, but the overall relationships between mood and mobility were maintained, suggesting positive findings, but still room for more to be done.

- Social interaction, for residents of Extra Care, is not significantly related to mobility difficulties after 12-18 months of residence.

Institute of Public Care – predicting and managing demand in social care and Housing with Care/Extra Care Housing.

Professor John Bolton of the Institute of Public Care has looked at Predicting and Managing demand in social care[30] and highlighted the availability and nature of Extra Care Housing as a positive factor in helping improve outcomes and manage demand in adult care. Professor Bolton discusses several aspects of Extra Care Housing and highlights changes in Coventry in the 2000's where the number of admissions to care homes halved. This was as a result of new extra care housing facilities and the

[30] 2016 Institute of Public Care, Predicting and managing demand in social care, Discussion paper – Professor John Bolton.

closure of council run residential care homes. Many people who had previously lived within residential care moved to new housing schemes.

Professor Bolton states "If this approach is going to work it has to be based upon the principles of promoting independence and is more likely to be cost effective if new residents might have considered residential care as an alternative".

Further he says "one should be able to work on the assumption that housing a person in the community and delivering their care and support to them is a lower cost option than residential care. Where the costs are higher there is often an over provision of the care needed".

Examples of extra care housing

Listed in appendix 4 are several examples of Extra Care Housing. These are not suggested as models for East Lothian although they or elements therein, may be relevant and appropriate to any future development being considered.

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n.b.This table requires updating

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