

ExtraCare Call for Evidence

The ExtraCare Charitable Trust is the UK's leading not for profit developer of extra care Villages and Housing Schemes. We create and operate extra care communities where older people can enjoy independence, choice, and opportunity. Care can be provided in the comfort and privacy of their own homes when and if it is needed. More information about ExtraCare can be found here, <http://www.extracare.org.uk/>. A brief video about life in ExtraCare with residents' perspectives can be found here, <http://www.youtube.com/watch?v=YwmE7zdXWVc&feature=youtu.be>

We believe that any 'ageing strategy' developed by local authorities should involve stakeholder engagement as well as involving older people in a meaningful way. We also believe that any strategy should integrate not only health and social care but also housing, which numerous studies have shown plays a crucial role in people's health and well-being (a summary of the evidence can be found here http://www.housinglin.org.uk/library/Resources/Housing/HAA/HAAllianceTopic_Statements_Health.pdf).

1 Design and Environment

The design and overall environment of ExtraCare Villages and Schemes help promote independence and active ageing. All ExtraCare locations have a variety of activities intended to stimulate and enrich lives which can be led by an activity co-ordinator or a resident. Residents and friends of the locations can get as involved in these activities as they like.

Most ExtraCare locations have a gym which is operated by a qualified fitness instructor who is an expert in older people's fitness and a number of long term conditions. This offers residents the opportunity to maintain a healthy lifestyle with confidence that they are getting expert person centred advice.

A variety of tenures (buy, part own, and rent) are available in ExtraCare with all residents having their own front door and apartment.

2 Volunteering

Volunteers are at the heart of ExtraCare's communities and a crucial element of the support we receive. There are a wide range of volunteer roles which allow people to stay active and healthy and share their varied skills and hobbies. We appreciate greatly the contribution made by 3,000 volunteers. In 2013-14, we estimate 350,000 hours were worked on our behalf by volunteers. An estimate of the monetary value of these hours is £2.3m.

3 Well-being service

ExtraCare's well-being service empowers residents to make informed decisions about their lifestyle and health with advice and support from our dedicated well-being advisors available at every location. Well-being advisors are primarily registered nurses although in several locations we are piloting a health care assistant who has the support and supervision of a registered nurse. Residents are offered a free baseline and annual well-being assessment which covers a large range of tests and screenings for common conditions such as; blood pressure, cholesterol level, urinalysis, diabetes, osteoporosis risk assessments, and lifestyle advice such as diet, sleep and exercise. In the last quarter there were 636 assessments completed across our 31 locations. There is also a drop-in service available at all locations where residents can come to discuss any concerns they have with the well-being advisor. In the last quarter the drop in service was used 4831 times with 376 of these services requested by GPs which helps reduce the pressure on GP services.

The well-being service allows any issues or conditions to be identified early by the well-being advisor which may allow for preventative treatment. A referral to the GP for further treatment will be made if necessary.

Case study

A female resident came in for a well-being assessment. Her blood glucose level was 8.9 and there was evidence of an infection in her urine. She was immediately referred to her G.P who identified a urinary tract infection. The resident was also diagnosed as diabetic. Antibiotics were prescribed by the G.P for the urinary tract infection and a medication and treatment plan was agreed for the diabetes. Urinary tract infections can be common in older women and usually respond quickly to antibiotics as in this case. However, if untreated a urinary tract infection can have complications particularly for people with a pre-existing health condition such as diabetes. If this urinary tract infection had not been identified by the well-being advisor it could have led to hospitalisation. Hospitalisation for a UTI for a stay of 1 day or less costs £374 for an elective (planned) admission and £404 for a non-elective (unplanned). For a more serious hospitalisation for a UTI of 2 days or more with major complications is £4,014 for an elective stay and £3,578 for a non elective stay.

4 Enriched Opportunities Programme (EOP)

The EOP is ExtraCare's award winning dementia and mental health service and is a feature of all of our schemes and villages. This service is completely funded by charitable donations and is free to any resident who develops, or lives with dementia or other mental health conditions.

The EOP is embodied in the specialist staff role of the 'Locksmith' who works with residents to unpick issues around mental health and unlock a persons potential to live well with their condition. The EOP currently supports around 20% of ExtraCare's residents with needs relating to dementia, depression, anxiety, and risk of social isolation.

Residents supported by a Locksmith are 50% less likely to move into residential / nursing care settings and regularly experience reduced hospital stays (11 days on average in 2013).

Assisting residents obtain a dementia diagnosis is a particular focus of the service so that residents and their families can plan for the future and express preferences. The current diagnosis rate for residents with dementia is 70%, in the wider community less than half of people living with dementia go on to obtain a diagnosis.

Case Study (written by the Locksmith)

Before coming to live at Pannel Croft Village 'Mr S', an eighty four year old man of African-Caribbean descent, lived alone in a flat, which was in poor condition, and infested with mice.

Mr S has a diagnosed dementia, which manifests mainly in confusion and 'walking with purpose', Mr S also experiences visual hallucinations and both long and short term memory loss. Initially it has been a challenge to obtain details about what Mr S enjoys in terms of occupation and activity.

On my initial visit, staff reported that Mr S was having hallucinations and had been "walking"; my initial screening was to rule out a UTI infection which enabled the quick prescribing of antibiotics. Initially Mr S had difficulties in settling into his new flat and understanding that it was his new home.

On my second visit to see him I looked at his interests in the care-plan and found that he enjoyed dominoes. I also got a portable CD player and some music that I thought he would enjoy. On my next visit we had several games of dominoes and Mr S had great interest in keeping count of the games he was winning. This interest was passed onto the care team, so whenever they had time they would have a game of dominoes with Mr S.

Last week when I visited Mr S was moving his two wardrobes into the lounge, he was very agitated, he was also responding (shouting) to visual hallucinations. I put some music on and laid out the dominoes on the table. The transformation in Mr S's mood was amazing the hallucinations disappeared and he became a lot calmer and relaxed in mood. I informed the care-team that this constant movement of furniture could be down to several things

- Mr S could be "bored" so a need for occupation is crucial

- It could be a way of Mr S retaining some control over what he is experiencing and feeling
- It could be a learnt behaviour, reaction to the mice that infested his flat
- It could be a response to the visual hallucinations
- Or simply Mr S does not like the way his furniture is and wants to change it

A CPN is now working closely with the care-team and I have also prompted Mr S's GP for a medication review as he has been on both co-codamol and ibuprofen for several years – it is possible that the combination is too strong for him.

5 Social Care

Domiciliary care is an important part of all ExtraCare developments with 24 hour care staff available at all locations. The location environment enables care to be delivered in a cost effective way with a consistent care team which allows for a connection to be developed with residents. The care service operates at £14 per hour based on the fact that the service is “person outcomes driven” linked to enhancing independence where possible. This is aided by the care service being part of a holistic service and is supported by the well-being and dementia programmes. Below are two case studies from our Pannel Croft Village in Birmingham which indicate improvement for individuals as well as potential cost savings.

Case Studies

Mr W who has a mild learning disability was in a residential placement prior to moving to Pannel Croft village. He moved in early 2013 and has regained a lot of his independent living skills and is able to live independently only accepting support with domestic duties (cleaning).

Annual saving £26,000

Mr G moved in to Pannel Croft village with his wife in late 2012. Both Mr G and his wife are in receipt of care from Pannel Croft care team. Initially Mr G, who is a wheelchair user, used to remain in his apartment with his wife; he had quite significant mobility issues and struggled to complete most of his activities of daily living. It was soon realised that Mr G had a passion for music. He was asked to take part in Pannel Croft care team's Marketing Day in which he sang songs and played his guitar. Mr G's mobility has improved and he is much more able to complete many of his activities of daily living by himself or with much less assistance from care staff. Mr G has also joined the village gym which has help to improve his general strength. In recent months both Mr and Mrs G have started go on Village day trips.

Mr G now regularly makes his own way from his apartment to the village centre with his guitar where he is happy to entertain other residents and staff members.

Annual saving – None calculated but Mr G's condition could have deteriorated if an active lifestyle had not been achieved.

6 Research evidence to date

The impact that ExtraCare has on residents' health and well-being has been backed up by a number of pieces of research. A brief summary of two of these pieces of research is listed below.

Establishing the Extra in Extra Care, Perspectives from three Extra Care Housing Providers: ILC-UK

This research was based on longitudinal data from three providers of Extra Care housing and found that compared to those living in the community in receipt of domiciliary care, those in extra care housing are about as half as likely to enter institutional accommodation, successfully adapting to residents' changing social care needs. The research also found that around a quarter of residents who enter extra care housing with additional social care needs, later go on to experience an improvement in their health equating to a decrease in social care needs. It is also associated with a lower likelihood of admittance to a hospital overnight compared to a matched sample in the community. These

findings suggest that extra care housing could contribute significant savings to the public purse and adds more evidence to the recommendation that housing should be integrated with health and social care. The full report can be found here, http://www.ilcuk.org.uk/index.php/publications/publication_details/establishing_the_extra_in_extra_care_perspectives_from_three_extra_care_hou

Aston Research Centre for Healthy Ageing (ARCHA) Project in Partnership with The ExtraCare Charitable Trust

ARCHA are currently completing a three year longitudinal study in a number of Extracare locations looking at new residents and asks the question: Does the ExtraCare approach give positive outcomes for healthy ageing which result in measurable care cost savings? Early indications of outcomes are:

- Visits to GPs have reduced by those participants who have visited an ExtraCare Well-being Nurse. Longitudinal evidence, over time suggests the ExtraCare well-being model reduces costs. There is evidence, yet to be quantified, of a reduction in public sector costs
- Reduced levels of depression and anxiety and improved walking speeds
- People's perceptions of health improved in the three months after moving into an ExtraCare location
- The social and active environment provided through ExtraCare's service improves a person's ability to recollect their past. This therefore offers a useful 'hook' for further social contact, interaction and improved quality of life
- Participants diagnosed with depression showed a reduction in their depression and improved cognitive ability as a result of being exposed to ExtraCare's active and social opportunities

The final report for this study will be released in April/May 2015. Further information can be found here, <http://www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/>

7 The Aston paper on integrated care at ExtraCare

The research team at Aston University recently produced a paper arguing for the integration of health, social care and housing based on their research at the ExtraCare Charitable Trust. Below is an extract from that paper.

Each of these cases tells a different story, but they all illustrate that just integrating health and social care is not enough. Of course, we cannot know the counterfactual, but we would argue strongly that none of these stories would be as they are if the people involved had simply been left to live independently in the community. Housing is absolutely critical to their health and well-being.

Case study 1:

Betty and George – a wife and a husband again, not just carer and cared for.

In Betty's words...

Background

My husband had a stroke....they sent a sort of package for six weeks with speech therapists and things. But when he got home he was only home three, four days and....the speech therapist came in and I said to her'He's, he's not looking very well is he?'She 'phoned the ambulance and he had to go straight back into [hospital], a geriatric ward wouldn't you know....So he was in there another [*deep sigh*] two weeks. And then they sent him home again..... I was in for twenty four seven without anybody to speak to. I couldn't get out I was like a caged bird.

Care and social support in the community

It was very hard. It was very hard I lost a lot of weight and I was very stressed out. Errm but I had a few friends that would 'phone and one or two came to see me. And errm suggested [*laughing*], suggested I do knitting as a stress less thing, you know. Which I knitted about two hundred squares for no reason at all....Because, because when [my husband] came out of hospital....I had to be with him all the time and couldn't get him upstairs. I had to bring his bed downstairs and I had to be with him because at night-time I had to see to his toilet and everything else. I slept on the settee you see in there, for three months. I couldn't pick him up [if he fell]. So I had to call, not a neighbour, because

they didn't understand what I was talking about. I had to 'phone the umm pa, paramedics and they had to come and pick him up, you know and help me.

One of the [health workers] who came in....said '[name] you can't do this....You'll make yourself ill'....I'll get you a carer to come in, in the evening to make sure that he gets into bed....For about two weeks the carers came in but then I stopped them. Because when they came in they said 'Ooh we'll come in and help [your husband] get up and lift him, and wash him and everything'. But they didn't arrive until about, sometimes half past eleven, twelve o'clock. I couldn't have [my husband] not washed and not cleaned, in bed like that. I couldn't do it, so I had to do it myself. [And] the carer didn't come in until about oh, ten o'clock at night: [my husband] had to go to bed early, you know what I mean, he was sleeping a lot. Stroke patients do apparently....And I, and in the end I said look, 'You, you're wasting your time I've already done it'....So they said well 'If you want it again', erm you know, 'You'll have to pay for us'. I said well that, 'I don't mind paying for you as long as you come in on time, and help me. There's no point if you can't help me'. So erm I err basically stopped it and erm I did everything myself then....I felt very vulnerable and I, I basically knew that if I carried on I couldn't cope, you know. I did have to have a lady that came in to do my cleaning for me once a week, because my daughter insisted. And she said 'Mummy, you can't do everything'

Role reversal – making decisions

I was very, very vulnerable there. And, and [my daughter] sorted all this out for me....she said 'mummy'; she said 'you'll be safe there' [ExtraCare]. And that's was how really basically I made the decision because [my husband] at that point of his stroke wasn't really umm able to make real decisions....When the roles....reversed...it was very hard for me because I didn't know anything about finances and things like that. And, and trying to sell the house....I didn't know how to deal with solicitors and things like that. But my daughter helped she was wonderful.

Opening the cage to freedom

As soon as I came in I, I knew it was what we had to do. So that's why we decided to move....I've never regretted it. I thought it's wonderful.

Int: And has it eased some of those difficulties that you had before?

Yes; because people talk to me. Umm as soon as I came in here, two people one gentleman, lovely, he said 'Are you new?' I said 'Yes, I am'. He said 'Lovely', and he said and he spoke to me.... I sat out on the patio there....and as they came past everybody stopped and said 'Hello are you new?'....'come to the coffee shop'. And do you know, and I, and I said to [my husband] when he was sitting here 'Do you mind if I go to the coffee shop for half an hour. Do you mind?' He said 'No, go'. And so I did and ohh I, I, it was just like, it was like being a caged bird. Do you know what I mean? Then I couldn't stop talking....I've had a year with, with absolutely no one around; and I thought well the, my sanity will go [laughing] if I'm not careful. I'll get dementia or something. But umm, no, we've come through. We've come through a year and its, its fantastic you know. I'm very happy.

And during the night time...I just pop in to see he's okay you know....he sleeps very, very well now and he gets out in the night and, and uses his bottle himself now which is useful for me. I don't have to do it now. [Before activities] ... And then erm while he's...at the gymnasium umm I go into the library. Change my books and very often he'll come out of the, the gymnasium have a cup of coffee in the coffee shop I make sure he comes in on his trolley thing....to get him walking a bit, and to socialise with people. Because he's, he's a little bit nervous at the moment because although his speech is back....he just gets a bit nervous, he, he gets a little bit tongue-tied....And he's worried that people might, you know be aware of it. Since I've been here people with disabilities, I don't look at them err as disabilities. I look at them they're people, and they're such interesting people. And you can talk to people all of their lives are fantastic. I love talking to elderly people because they've got so much to offer.

Taking part

I've joined the choir here and also they've nabbed me for the pantomime.... If [my husband] wants to look at the television which sometimes is okay, I like it, but sometimes I don't. Then I come in here and I sketch and....that relaxes me.... and I belong to a watercolour class here now. Because when you are learning, if you are doing it from a book, you don't really know if it's right or not. I'm learning so much from other people. I'm so happy that I'm, I'm doing things again. Yeah, it's lovely....And also I [have offered to] volunteer too....I'll help in the coffee shop'; erm an hour a

week...Because that involves me with people and erm although I don't always remember everybody's name because there's such a lot of people here. They seem to know my name. I mean I walk out here and they are playing the short mat bowls. And one of them turned and said 'Why don't you join us, you'd love it'. One I said 'I've never played bowls in my life'. 'But you can learn it's so easy'. And probably it is, I will probably like it but I can't do everything can I. I've gotta think of [my husband] as well.... It makes me feel that I'm doing too much, maybe doing too much and not paying enough attention to him, you know what I mean. Umm and I feel sad for him.

New life

I'm very happy. I in a way I'd wish I'd done it a few years ago. You know, two or three years ago. But, one didn't know these things [..], and your life changes overnight....It was such a shock, because as nice as friends are they drop off, you can't help it. They've, they, they do it's natural it just one of them things, it's how things go. My friends have come to visit us and they can't believe what it's like here....when she went into the restaurant there she went 'Ooh this is beautiful.' I said well 'here I feel safe'. And hopefully....we can be here for the rest of our lives....Well you see I feel fine, but you don't know what happens in life do you. We don't know what happens.

I'm delighted with this apartment I think its lovely.... I'm delighted with the place. I really am; and I've got a lovely big kitchen. I can't believe it. And I had my dining room table. This is my dining room table here, which I absolutely loved.... I'm delighted that I brought it with me. And err, as I say, we've got two very nice bedrooms and erm a wet room. Which, I've never had a wet room before; it's lovely it's absolutely lovely.... I don't have a cleaner here because I can do this myself it's so easy.

..... and George's point of view

His speech is improving and he is able to go to the gym a few times a week, which he feels is helping his mobility. He also attends the reminiscences group, which helps his memory. Above all, though, George has peace of mind that his wife is able to socialise with others. He is quite happy to sit and read while his wife is out and he no longer needs to feel guilty that she is depressed and socially isolated.

8 Level 5 examples of service and care

We have 5 locations that offer a level of nursing to residents who are on 'level 5' model of care – funded in the care contract by the local authority. The Level 5 service offers 24 hour “nursing-led” care to residents with predictable nursing needs. The innovative nature of the service allows married couples to remain together irrespective of the level of individual need, something which is not achievable with traditional models of nursing care (ie. nursing homes).The role includes the following:

- Care planning and review
- Clinical tasks such as blood sugar monitoring, pressure area care, dressings, catheter care, PEG feeds,
- Staff training – mostly medication
- Referrals
- Palliative care
- Liaising with GPs and other health care professionals e.g. tissue viability team
- Signposting
- Continence assessments (St Crispin's)
- Family support

This service works alongside the well-being programme to ensure hospital admissions, and unplanned GP appointments are avoided where possible. Infections can be avoided by good wound management for these residents, or picked up early and treated to avoid hospitalisation. Residents have the reassurance that nurses are on site and can therefore access a nurse much quicker than a referral to the community nursing services.

9 Other services that we could offer

The majority of the services described above offer significant improvements to our residents and the relatively small number of Village friends. Going forward ExtraCare would like to contribute to a wider ageing strategy by expanding our innovative services, and there has been interest from local authorities in doing this. A number of these services are discussed in brief below.

Community Locksmith

The concept of a community Locksmith has been explored by a small working party group of Locksmiths and the EOP Coordinator for the last year. The group concluded the wider community could benefit from the Locksmith role as our residents do. The role in the community would also help with the burden of diagnosis of dementia as well as contributing to enabling those with dementia to remain in their own home. Dementia was already a priority area for Coventry local authority and they were looking to explore how to help patients be safely discharged home sooner and avoid more costly residential care. We were successful in being awarded funding for a part time Community Locksmith for a year's pilot. This project is in conjunction with the hospital discharge team and Crossroads. If set outcomes are achieved this project could be sustained and implemented more widely across the city and hopefully other local authorities.

Community Well-being Advisors

Similarly ExtraCare is interested in expanding the well-being service into the community. A regular well-being check would enable people to identify any issues or conditions early. A well-being advisor is perfectly placed to identify issues such as social isolation and signpost to relevant services.

Safer Steps

Milton Keynes identified that there were a disproportionately high number of falls among older people given their population size and demographics. As part of their falls prevention strategy ExtraCare developed the Safer Steps programme. This programme was a combination of well-being assessments, home safety checks and the Otago exercise programme which is a strength and balance exercise programme developed for older people. During the pilot programme 349 well-being assessments were carried out and 218 conditions were discovered. 66% of those who had a well-being assessment were referred to the Otago exercise programme. The vast majority of people who completed the exercise component improved or maintained their strength and balance and only nine people had fallen again within 9 months of completing the programme. Following the pilot programme Safer Steps has now been commissioned by Milton Keynes Council. ExtraCare is keen to expand this programme to other local authorities as someone is trained to deliver Otago at each of our locations.

Nurse Practitioner

A Nurse Practitioner would reduce the impact on primary care services, and we are currently seeking funding from the CCG or Community Health team in Coventry. The Nurse Practitioner (NP) would also work with the community nurse in a location to plan care for leg ulcer management or end of life care for example. A NP would be able to triage residents who are unwell to GP surgery or hospital. At Lovat Fields Village in Milton Keynes, residents call an ambulance sometimes 3 or 4 times per week, for conditions such as following a fall, exacerbation of COPD, other chest problems and medical conditions. An average of 1 – 2 residents will be admitted following the 999 call, at a cost of £404 minimum. However, several days spent then in hospital could be an extra cost of around £1 - £2k depending of course on length of stay per admission. A NP would be able to triage residents more effectively, to help manage and treat some infections such as chest infection, improved management of COPD to prevent admissions, at a potential cost saving of £42k (based on 300 residents and 104 admissions per annum).

If anyone is interested in visiting an ExtraCare Scheme or Village to hear more about any of the services discussed above please contact Daniel Squire, Researcher at Daniel.squire@extracare.org.uk