Annexe A

Extra Care Housing Detailed Care Needs Demand Modelling Results

Introduction

An exercise was undertaken to identify the potential current and future demand (up to 2025) for extra care housing in Harrow. This informed by reviewing new requests (from citizens, their families, health care staff etc.) for long term support during 2017-18 that resulted in either long term residential care or high value community based care packages (worth £250 or more per week). By working out which of those citizens' care needs could have been met with extra care housing, it is possible to suggest how many people are likely to find extra care meets their needs at a lower cost than the traditional alternatives.

These projections of demand consider only demand relating to referrals made to the local authority for support, not any demand from privately funded citizens who make no request to social care.

Methods and Calculations

The starting point was considering 'basic extra care' in terms of the current provision available at Ewart House. Ewart House does not provide for clients with high health needs including severe dementia.

Two cohorts were checked initially, taking into account their life and socio-economic circumstances (e.g. whether living alone or with family, their level of savings, house ownership etc.) to see if extra care housing could have been a feasible alternative -

1) Clients who were admitted to residential care during the year (not including homes with nursing support as the care needs were assumed to be too great)
2) Clients who started receiving long term care in the community where the care cost over £250 per week (gross, irrespective of any client contribution)

Cohort One – Basic Extra Care as an Alternative to Residential Placements

The estimates factor in a full year's worth of residential care admissions, as well as anticipated future demand growth through population growth.

In terms of care needs alone, a social work team manager checked a large sample of clients who had been placed in residential care the cases and determined that 26 (33%) had care needs suitable for the Ewart House model of extra care housing. Reasons clients were judged *un*suitable for the current model of extra care included serious health issues such as dementia, risk of falls, depression, cognitive and sensory impairments, schizophrenia and other problems.

Looking at the circumstances around the 26 cases, only five clients were deemed definitely suitable for placement (6.4%). The reasons for the others not being suitable included issues around financial circumstances (e.g. home owners) and family circumstances (wanting to live away from Harrow to be close to family).

Regarding financial circumstances, four of those clients could not have been placed because they were already in residential homes as self-funders, but now found their funds had depleted and were turning to Harrow to fund their placement. As these clients are already in a long term placement, it might be their preference and in their best interests to remain in the residential home, even if their care needs were appropriate for extra care. Another five clients were '12-wk disregard' clients (self-funding but yet to go into their first placement, the council paying for the first three months while their homes are sold).

If those issues could be resolved in a future model of extra care housing, up to 9 additional clients (11.5% of the total cohort) could have been appropriate, or 14 in total (17.9%). Resolving the financial issues identified will therefore be key if a sizeable number of clients can benefit from extra care housing in future.

Another need identified was for Gujarati speaking staff for several of the clients in the sample.

Projection

To project forwards to 2025 a full year of placements in the community and residential care was applied to the estimates.

Demographic growth is also expected, increasing the number of clients likely to need residential care. A total of 3-4 additional clients would therefore be suitable for extra care by 2025, increasing to a maximum of 10 if the financial issues described above could be resolved.

So over 6 years to 2025 this would mean between 33 and 94 clients could be suitable for placement.

Cohort Two – Basic Extra Care as an Alternative to Intensive Community Based Support

Records of clients known to have community based care packages for the first time were gathered and the costs of care checked. 79 clients aged over 65 (not including CNWL mental health clients) were included with gross care costs exceeding £250 per week, suggestive of substantial care needs that might be suitable for extra care provision.

21 were judged to have care needs with potential for extra care housing along the Ewart House model (6.1%) with 12 people (3.5%) judged to have practical placement potential on the Ewart House model. Note that this figure includes owner occupiers, people living with family members who often provided care and those who were already in sheltered housing whose care needs had now increased. These would not be insignificant issues to overcome.

Projection

To project forwards to 2025 a full year of placements in the community and residential care was applied to the estimates.

Demographic growth is also expected, increasing the number of clients likely to need long term community based support. Due to projected population increases there would be about 11 additional clients suitable for extra care.

By 2025, we might expect a maximum of about 119 new placements into extra care housing (20 per year on average) assuming financial issues around house ownership could be resolved.

Summary of Demand for Extra Care on the Ewart House Model

Taking the two routes together, up to 213 clients could be suitable for Extra Care by 2025, including population growth. This assumes issues with self-funders, owner-occupiers and current sheltered housing residents could be overcome.

Learning Points

1) Those people currently going into residential care more are likely to be practically suitable for extra care housing than those we support in the community but there are many more community based new packages being set up
2) Many residential placements are for people with several and often major health conditions which would prevent placement on the Ewart House model
3) Financial eligibility (e.g. owner occupiers) is one of the most significant issues to address, even if a person's care needs would make them suitable

Limitations of the Ewart House Model – 'Ewart PLUS' model ?

Apart from financial and family circumstances, the most common reasons for not being able to place in a Ewart House model of extra care housing were due to high levels of care needs associated with health conditions as well as cultural/language requirements. This mostly affects clients who would otherwise be placed in residential care.

If those issues could be catered for by a future model of extra care housing, the potential number of clients that could be placed would be much higher.

High risk of falling affected almost 12% of clients, with severe dementia affecting 37% of clients. Some clients were affected by both. Other complexities (e.g. couples, language needs, current placement situation) affected an additional 18% of clients in the residential cohort. In the community, an additional 0.88% of clients had higher level needs that would need enhanced extra care support.

To make the projections clearer, please see the table below.

High Level Care Need / circumstances	**Number of additional clients (per year) / by 2025** current demand	**Additional clients by 2025** through projected population growth	**Total Additional Clients** by 2025
High risk of falling (without dementia)	(6) / 36	4	**40**
Severe dementia	(30) / 180	20	**200**
Other complications / risks (e.g. language requirements, funding arrangements)	(14) / 84	10	**94**
Community Based clients with higher care needs	(5) / 30	2-3	**33**
TOTALS	**Up to (55) / 330**	**Up to 37**	**Up to 367**

This type of enhanced extra care housing provision needs to allow for non-English language care, couples, EMI and double-handed care provision if it is to work with the types of care needs being presenting to us. The calculations above assume all circumstances encountered could be solved, whereas in reality this would not be possible. It's best to see these numbers as a 'theoretical maximum'.

Conclusion

This exercise has produced estimates for the numbers of people likely to benefit from extra care housing over the next few years, should such provision be available. It is noted that there could be different models of extra care support, able to cover higher levels of needs as well as those supported by the current 'Ewart House' model.

The current best estimates are that until 2025 between 153-580 people would be either moving into residential care for the first time or receiving complex community based care packages where the care needs could be catered for by extra care housing. Up to 213 people would have care needs suitable for the current 'Ewart House' type of extra care provision if a range of practical and financial issues, such as those facing self-funders, could be overcome. For higher numbers to be feasible, the extra care provision would need to be able to cater for more clients with high health needs including those with severe dementia etc. An infographic is provided at Appendix 1.

Appendix A

Current demand

+

Population growth

Divert to ECH

Community Care Services

18 with potential to be placed in Ewart House / yr*

Up to 119 people in 6 years (incl. 11 through population growth)

571 older clients placed in community with long term support in 2016-17

81 older clients placed in res care in 2016-17

5 could be placed in Ewart House
+ 5 12-wk disregard clients
+ 4 self funders with depleted funds

Up to 94 people in 6 years (incl. 10 through population growth)

Divert to ECH

Conclusions

153-213 total potentially suitable for extra care (Ewart model) by 2025 (25-36 per year)

- **Upper figure if home owners, self-funding and depleted funds clients can be placed**

+

Up to 367 additional (incl. 33 from community) placements for older people by 2025 – high level 'Ewart +' model (61 extra /yr) ;

- **Severe dementia, wandering**
- **Other serious health/ MH conditions**
- **Asian languages & culture**
- **Double-up care**
- **Hoists**
- **Couples accommodation**

Need to consider economic viability

*including home owners, current sheltered housing occupants