

**trust**

Affordable homes.  
Exceptional care.

# Housing with Care:

## Innovative care solutions for living well at home



## Summary

Trust commissioned an independent evaluation of the outcomes in its Housing with Care (HwC) services by Housing & Support Partnership and Imogen Blood & Associates.

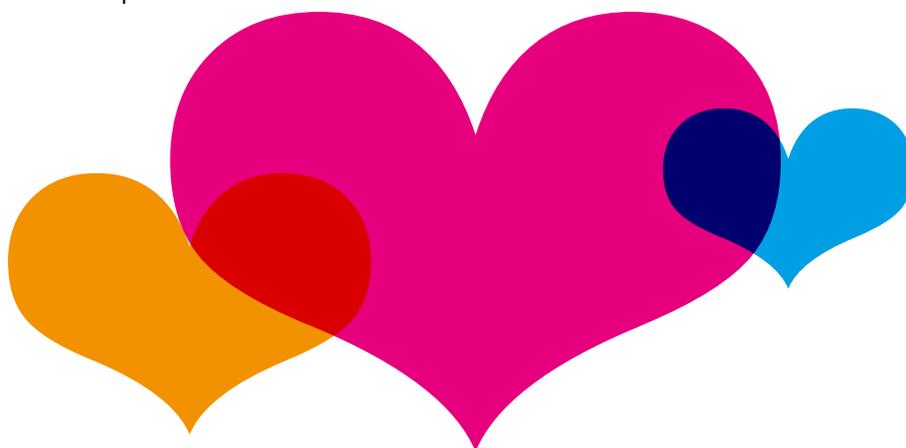
This is a summary of the headline findings from the evaluation.

### The evaluation has analysed data from a range of sources including:

- HwC managers at HwC developments (four of whom were interviewed directly, along with a further dozen members of care and catering staff);
- Approximately 50 customers from four HwC developments;
- Commissioners from four local authorities where Trust has HwC developments;
- Trust's own data about its HwC developments;
- Secondary data including care home funding and NHS costs and Care Inspectorate reports.

### The evidence from this evaluation demonstrates that Trust's HwC services:

- Are valued highly by its customers;
- Deliver a highly caring but enabling model of care and support, assisting people to have a good quality of life in later years;
- Have a very good reputation with local authority commissioners and referrers;
- Meet its own perceived benefits of HwC services;
- Are consistent with the national Health and Wellbeing outcomes;
- Provide value for money and cost savings to local authorities when compared to other long term care options, particularly residential care, as well as providing benefits to the health service.

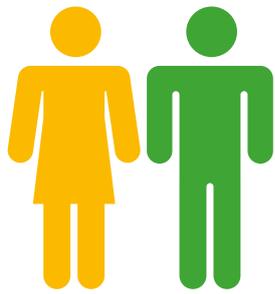


## Resident profile

### HwC developments and units

Corn Mill Court Galashiels	Old Street Girvan	Crusader Court Livingston	Hawthorn Gardens Loanhead	Pollokshaws Glasgow	St Margaret's Court Greenock	West Lodge Gardens Alloa
38	31	32	35	41	32	46

Data: As at January 2016.



**10.5%**

of customers are aged  
65 years or below



**71%**

of customers are aged  
75 years or above



**43%**

of customers are aged  
85 years or above

## Age profile

75 years and over is increasingly becoming a 'benchmark' age for entry to HwC across Britain. This shows that the majority of Trust's HwC customers are over 75 years and a relatively high percentage, 43%, are aged 85 years and over. This will have implications for the balance of care needs in HwC developments. If the tenant profile is becoming older; it should be expected that a greater percentage of customers will have increasing care needs including dementia related needs.

## Care profile

Personal care provision	Total number of customers in each band	Total weekly care hours
Less than 5 hours per week	46	95
5-9 hrs p/w	50	346
10-14 hrs p/w	36	418
15-19 hrs p/w	19	319
20-24hrs p/w	6	123
25+ hrs p/w	9	312
<b>Total</b>	<b>166</b>	<b>1613</b>

Data: As at January 2016.

Of the 166 customers who receive personal care in HwC, 151 (91%) receive less than 20 hours of care per week. However, the 10% of customers who require more than 20 hours of care per week receive 27% of the total weekly care hours.

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## Feedback from HwC managers

### The evidence from interviews with development based staff is that:

- The HwC model supports customers to live independently and, within this, allows them to take risks.
- For customers, HwC ‘boosts their self-esteem and their dignity and respect – improves their mood and then they can socialise, which improves their overall quality of life. In care homes, they lose the skills and confidence to do tasks for themselves really quickly’.
- HwC care is a more flexible model compared to mainstream domiciliary model of care in the community; staff in HwC are not constrained by rigid care visit schedules.
- Trust’s integrated housing, care and support model means that staff are able to focus on customers’ needs and can provide a seamless service.
- Staff have the mandate and the time to build close relationships with customers, their relatives and a range of health professionals. This brings huge added value to the HwC model.
- All HwC managers observed a growing trend of a higher proportion of people being nominated by the local authorities who have dementia related needs – managing this successfully will present a growing issue for development based staff.
- The demand for HwC seems to be healthy: ‘We have a massive waiting list – we could fill this place twice over’ (Cornmill Court). This reflects the confidence that local authorities have in Trust’s HwC developments.

## HwC Customers’ views and experiences

### Evidence from interviews with approximately 50 HwC customers:

- Everyone who participated said that, overall, they were very happy with the development they lived in.
- Staff and managers were widely praised:
  - ‘They are always willing to accommodate – it’s all very flexible’;
  - ‘They really put themselves out’;
  - ‘They know their job’;
  - ‘They have the nicest staff .....’.
- Most people were pleased with their flats; several people were keen to show them to us and did so with pride.
- Many of those we spoke to explained that their family and friends liked to visit them; the fact that they had their own space to entertain in made this feel relaxed and ‘normal’.
- The overwhelming impression is that there is a good sense of community within the developments; ‘We are one happy community in here’.
- Customers welcomed the opportunity to form strong friendships with their neighbours and people told us that they participated in regular social events and activities on site.
- Many of the customers were still clearly active in their local neighbourhoods and going out seemed to be the norm.
- Customers felt reassured by the fact that staff are regularly checking they are alright; they liked the security of knowing that they could call for help at any time.

- Those who received care were very positive about the staff who provided it. Not only did they comment on the friendliness, cheerfulness and professionalism of care staff, but they also volunteered comments about equality, respect and personalisation, which are central to the ethos of HwC.
- The changes to the overnight staffing arrangements in three of the four developments we visited were unpopular with many of the customers who participated (though a few seemed more relaxed about the replacement service).
- The majority of those we spoke to said they appreciated the meals being included at the development. Meeting other customers at mealtimes also seemed to strengthen the relationships between customers and build a sense of community. However, a minority of customers would prefer to be able to opt in or out of the meals service.

## Key Differences

### The key differences identified between residential care and HwC from customers' (and relatives') perspectives were:

- **Freedom.** One man who had spent several years in a care home before moving to Trust HwC said: *'I hated it... they wouldn't let me out!' 'In HwC, now I have an electric wheelchair and there are doors everywhere – I can get out and about as much as I want'*
- **Having your own flat.** People clearly valued the space and privacy this afforded them.
- **Trust.** People were very aware of media reports of poor practice in some care homes.
- **Affordability.** Some long standing customers who were self-funding had seen their rents go up when the development changed to HwC, nevertheless, when compared to care home fees, all felt that HwC represented good value for money.



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## Stakeholders' perspectives

### Commissioners from four local authorities where Trust has HwC developments were interviewed.

#### The key messages were:

- The Trust model is viewed as providing a very holistic service for customers which has a high degree of flexibility in the way that care and support hours are used.
  - Their experience generally is that Trust's model has provided a flexible and responsive approach to facilitating timely hospital discharge for those customers who have been admitted to acute hospitals.
  - Trust's HwC is seen as being able to support older people with increasingly high care needs successfully.
  - Trust's HwC model is viewed as providing highly personalised care and support for customers.
  - For most authorities, HwC is seen as an option for helping to reduce the use of care homes.
  - However, this does not automatically translate into commissioners being willing to fund on site overnight care. There are mixed approaches: some prefer community based responder services; others may support a 'business case' for the funding of overnight care staff based on the profile of resident needs and where it would help the authority to make financial savings (versus the use of residential care).
  - Some authorities may reduce the housing support funding available in the future.
  - One authority had assessed the Trust development to be efficient in that the actual number of care hours delivered had reduced by 20% compared to what social work staff had assessed as being required by customers; this had generated a cash saving to the authority.
- Most commissioners said that Trust's HwC developments offered a competitive hourly rate for care.
  - Three of the authorities (Borders, Glasgow and Clackmannanshire/Stirling) recognised that there is a shortage of HwC options for older people in their area. However only one authority (Borders) has undertaken a needs analysis to inform its future commissioning plans.
  - Commissioners said that, in future, HwC may need to address:
    - **Provision of outreach to the wider community;**
    - **Provision of 'day services' on site, i.e. to be a local resource for non-customers;**
    - **Provision of meals to non-customers;**
    - **The ability to demonstrate financial savings compared with other options, such as residential care, and evidence of how it can avoid delayed hospital discharges.**
  - All the authorities questioned were interested in additional HwC both from remodelling existing sheltered housing provision and new build but had no or limited plans and solutions in relation to capital funding for such developments.
  - All the local authorities recognised that a majority of the older people in their areas are home owners, however none of the authorities had clear plans in relation to whether mixed tenure HwC developments were an option to address capital funding availability, i.e. attracting more people who are home owners to 'downsize' to leasehold HwC alongside rented HwC.

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## Cost benefit analysis

**The cost benefit analysis of HwC included consideration of:**

### **1. Relative costs for commissioners of HwC when compared to residential care.**

When comparing the cost to a local authority of funding places for older people aged 65+ in residential care with that of funding personal care in HwC the evidence from this evaluation is that:

- For older people who have less than £16,250 in capital, HwC will typically be a more cost effective option for a local authority in circumstances where up to approximately 27 hours per week of personal care is funded for an individual.
- For older people who have capital between £16,250 and £26,250, it will depend on their individual circumstances, but HwC will typically be a more cost effective option for a local authority in circumstances where up to approximately 23 hours of personal care per week is funded for an individual.
- For older people who have capital above £26,250, HwC will typically be a more cost effective option for a local authority in circumstances where up to approximately 12 hours per week of personal care is funded for an individual.



## 2. The extent to which HwC has preventative benefits for older people and provides benefits to the health system e.g. helping avoid unplanned hospital admissions, reducing or avoiding delayed hospital discharges.

Interviews and other data from HwC managers identified that some HwC customers had avoided unplanned acute hospital admission due to the supportive nature of the environment in HwC developments, e.g. through the provision of a safe/secure environment, activities provision to reduce and avoid social isolation and the ability to respond swiftly to unplanned resident needs.

HwC managers estimated that, over the period 2013/14 – 2015/16, in excess of 50 resident admissions to acute hospitals had been avoided across all 7 HwC developments; i.e. if the resident had been living in mainstream housing, it could reasonably have been assumed that they would have been admitted to hospital.

Based on analysis of the evidence from customers, development based staff and external stakeholders, a number of themes emerge in relation to the benefits that HwC as a model provides to the health system. There was evidence that:

- HwC can support timely and effective discharge from hospital: in HwC, staff are often able to support and 're-enable' customers;
- HwC promotes more appropriate use of primary care: the supportive environment means that often customers need fewer home GP visits;
- Reducing risk of hospitalisation: HwC staff respond early to signs of ill health which can prevent customers needing a hospital admission, e.g. for UTIs;
- Making life easier for frontline health professionals: visiting nurses have someone to hand over to/ check observations with/ assist;

- Supporting some customers to end-of-life: HwC staff are able to work very closely with health professionals and provide ongoing low level support (e.g. administering glycerine sponges, turning people over, supporting with pain relief) and also supporting relatives.

## 3. The affordability for customers of HwC, when compared with residential care.

**The cost benefit analysis compares the cost of living in Trust HwC compared to the cost of living in a care home for a person aged 65+. It is assumed that customers living in HwC are assessed as eligible for free personal care.**

- For older people aged 65+ who are eligible for full housing benefit, HwC is a more affordable option compared to living in a care home and will result in a higher disposable income.
- For older people who are not eligible for housing benefit, the position is more complex. This will depend on the financial circumstances of the person moving to a care home; in some instances, a person would need to make a lower contribution to the cost of living in a care home compared to living in HwC, however; this comparison does not take account of HwC providing customers with their own home as distinct from a room in a care home.
- Where a person aged 65+ is effectively funding the full cost of living in a care home (net of the free personal care allowance if they receive this) then living in HwC is likely to be a more cost effective option.



## Trust's perceived benefits of Housing with Care

### The evidence from the data collected and analysed indicates that Trust can be confident that its perceived benefits of HwC are being delivered:

- HwC provides a flexible and responsive service which can react to individual needs – delivering services when service users want/ need them.
- Trust's holistic model, in which staff provide care and support seamlessly in HwC, provides:



Continuity of service for customers;



An efficient system for covering for worker absences which helps to ensure reliability of delivery; and



A highly personalised approach to care and support provision.

- The HwC developments have an enabling ethos which promotes customers' independence and supports them to maintain their own tenancies.
- It maintains customers in their own home including reducing admissions to residential care.
- Provides a flexible model of care and support which offers, where necessary, re-enablement of customers as their support can be increased and decreased as required, immediately responding to their ability or wellbeing.

- The presence of an onsite staff team which can respond to service user emergencies reduces preventable or unnecessary admissions to hospital; there is evidence of in excess of 50 unnecessary hospital admissions by HwC customers being avoided over the last three years.
- The onsite staff team have developed effective working relationships with front line health staff. This in part is due to the ability to offer flexible working and timing of the service with involved Community Health professionals, but also because Trust staff have demonstrated that they can work in partnership with health staff to maintain customers, sometimes with complex health needs, in their own homes and with reduced burden on health staff and resources.
- The delivery of the service is based on the actual time taken to deliver the needs of customers, which means that local authorities are invoiced on the basis of actual care delivery time, e.g. the assessed need of a resident may allow 30 mins for personal care delivery but it may actually take 25mins, therefore the invoice would only charge for 25 mins. Borders Council has identified through its own evaluation that Trust is delivering these types of efficiencies.

### The evidence from this evaluation indicates that Trust is well placed to:

- Consider developing its offer so that its HwC developments can also act as 'hubs' from which flexible personal care and support services can be delivered to a defined area surrounding the development (Stirling Council is specifically interested in this model).
- Consider designating more accommodation to provide a respite/ step-up/ step-down service in circumstances where an individual cannot remain at home due to their care and support needs. This would help to prevent unplanned admissions to hospital and

- facilitate timely discharge from hospital before an individual returns to their own home.
- Consider using the communal space within HwC developments to offer a drop-in service, i.e. a community resource for the wider older population (Stirling Council is specifically interested in this model). One HwC manager mentioned the idea of running a dementia café.
  - HwC could be offered as a base for an overnight responder service.
  - *People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.* The evidence indicates that HwC is highly valued as a place to live by customers and it also provides an environment that enables many older people with health and care needs to remain living at home until end of life.
  - *People who use health and social care services have positive experiences of those services, and have their dignity respected.* The evidence from customers is that they are overwhelmingly positive about their experience of living in HwC and highly value the seamless care and support services that they receive there.

## National health and wellbeing outcomes

**The evidence from the data collected and analysed indicates that Trust can be confident that its HwC developments have outcomes that are consistent with the national health and wellbeing outcomes:**

- *People are able to look after and improve their own health and wellbeing and live in good health for longer.* In HwC, customers are able to look after and improve their own health and wellbeing and live in good health for longer; evidence from customers, development based staff and commissioners supports this.
- *Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.* Evidence from customers, commissioners and the Care Inspectorate demonstrates that HwC provides an environment where the quality of life of older people is enhanced.
- *Health and social care services contribute to reducing health inequalities.* HwC is designed in such a way that it is accessible to older people from a range



of socio economic backgrounds and can accommodate individuals with differing needs and requirements. Evidence from speaking with customers, development based staff and commissioners supports this.

- *People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.* HwC is a particularly effective environment for informal carers, e.g. a person who provides unpaid care for a spouse. In HwC the person with care needs can have these met by on site staff as much or as little as s/he and the unpaid carer wishes; this allows an unpaid carer to manage their own caring role to suit their preferences.
- *People who use health and social care services are safe from harm.* HwC provides a safe and secure environment for older and vulnerable people: this is one of the key attractions for many older people, and it is an environment where individuals have access to

regulated care and support as well as having the opportunity to have a range of relationships with friends and neighbours which play a part in keeping people safe.

- *People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.* The evidence demonstrates that Trust's staff in HwC developments are committed to continuous service improvement for customers.
- *Resources are used effectively and efficiently in the provision of health and social care services.* The evidence from this evaluation indicates that HwC is an environment that promotes the best use of scarce health and social care resources: HwC is an alternative to other forms of often more expensive, long term care, i.e. residential and nursing care, and HwC can help to avoid unplanned acute hospital admissions reducing pressures on the health system.



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**Version: 01/17 WD**

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