Housing Learning & Improvement Network

The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.



Village People: A Mixed Tenure Retirement Community

An Extra Care facility at **Westbury Fields Care Village** of St Monica Trust Case Study prepared by Maria Brenton for the Housing Learning & Improvement Network

AN EXTRA CARE FACILITY AT WESTBURY FIELDS, BRISTOL

Lead organisation: St Monica Trust, Bristol

Local Authority: Bristol City Council

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Key partners: St Monica Trust; Bristol City Council;

Purchasers of services: Bristol City Council; South Gloucestershire County Council; South Gloucestershire Primary Care Trust.



Brief description:

Westbury Fields is an older persons' Care-Village on the outskirts of Bristol that has been developed by the St Monica Trust, a charity established by the Wills tobacco family in 1919. The Trust's endowment is managed by Bristol's Society of Merchant Venturers and the Council of Trustees is made up of members of the local community. The Care-Village, built in 2003, is a parallel development to the Trust's original care home on Durdham Downs, where much new development has also taken place in recent years. Westbury Fields was a sports ground owned by the Gunn Trust and a condition of sale was the preservation and upkeep of a large cricket pitch, around which the village is situated. The Care-Village concept and the planning gain of cricket pitch and bowling green won planning permission against much competition.

In developing Westbury Fields Care-Village, the Trust took lessons from Joseph Rowntree Foundation's Hartrigg Oaks village in Yorkshire but did not replicate its complex stepped financial arrangements (see Housing LIN Factsheet 4). The Westbury Fields Village has a mix of retirement and sheltered housing units, a care home and the extra-care facility. In 2004, developments were still at an early stage but all residents of the village will be encouraged to elect a representative forum to meet with the Trust at regular intervals.



105 retirement/sheltered housing units with one or two bedrooms may be purchased on a shared ownership, 90% equity basis where all the purchaser's equity is returned by the Trust on departure, with no added interest or revaluation. 10 shared ownership units are held by Bristol City Council. Residents, whose average age is 83 years, pay a substantial annual service charge for a call-bell system to the warden and security teams onsite, phone entry gates, CCTV, access to the health

spa, gym, internet, the shop, a twice weekly bus to the shops and an hour's cleaning each week (which is in fact a check on their well-being). Unlike at Hartrigg Oaks, they get preferential rather than guaranteed access to the Care Home on site.

The Care Home consists of a 30 bed nursing home, a secure section for people with dementia and 15 beds for short-term and intermediate care. The average age of its residents is 87 years. The surrounding local authorities and Primary Care Trust buy a number of rapid response beds, safe haven beds and respite care beds. The Home has its own facilities for physiotherapy and occupational therapy. Assistive technology is used to programme the rooms in the dementia care unit for lights on/off, falls, behaviour changes, etc. and is linked to an Eclipse Nurse Call System. All bathrooms in the short term care unit have facilities adjustable for particular impairments and tracking is in place for movement from bedroom to bathroom on a room covering basis.



The Cricketers' Arms is an attractive modern pub with restaurant built on one corner of the Care Home and is used by all residents of the village.



The Extra-Care (Very Sheltered Housing/VSH) facility is built on some city council and some Trust land on the far side of the cricket pitch where a derelict City Council old people's home was demolished. It opened on 5 April 2004.

Entirely social housing, the VSH and the Care Home are cross-subsidised by the Trust from the sale of the village sheltered housing units. The VSH is an integral part of the Care-Village. It is run on a partnership

basis between the Trust and the City Council but the Trust has control over all allocations. A central part of the concept is that there should be a mix of dependency levels and a balanced community within the facility. Therefore, just under half the flats (51 units) are leased to the City Council for continuous care for frail local people who have been assessed as having care needs. The other half are for people from the housing register who at the time of their tenancy do not have or need a care assessment. The running costs are financed by housing benefit and Supporting People. The tenants are supported by the Trust's Care and Support Service available to all the village sheltered units. All flats are rented for (in 2004 prices) between £66 and £74 with a £39 service charge, per week.

For the high support needs VSH units, there are nine care staff and a manager during the day, with one care assistant waking at night. There is also a 24 hour porter/security service on-site. The support services are a mix of care workers and a traditional warden service. Residents developing dementia will be kept in the VSH as long as possible but no-one will be admitted with dementia already diagnosed. Access to the on-site Care Home is available on preferential rates for all residents in the Village to recuperate after hip operations etc. and space has been allocated for this subject to availability.



The VSH units are arranged on three galleries around two side of a square which is glazed over to make an attractive street-like atrium with lamp-posts, café tables and chairs and indoor facilities for boules, bowling, snooker and garden chess. Flats have their own kitchens but a central kitchen can supply cooked meals or tenants can make use of the dining room. This is open to anyone in the village and also functions as a luncheon club for people from the local community. There is a residents' lounge and activities room, gym, IT suite, health spa, treatment room, shop and laundry facilities. A traditional local authority bed-sit type sheltered housing scheme lies adjacent to the Care Village. The trust has installed a special entry gate for residents of this scheme and it is expected that they will come into the village to share the luncheon club, hairdressing and sports facilities. The proximity of the Care-Village has had a positive impact on lettings of these previously hard-to-let units and there is now a waiting list.

Key strategic issues of Extra-Care:

The St Monica Trust aims to promote a people-centred philosophy and to foster independence as much as possible through the Care-Village concept. The Trust is one of six partners to 'The Very Sheltered Housing Programme for Bristol' – a policy development which arose from the Council's Best Value Review of services for older people in Bristol which was carried out in the mid 1990s. The Review found that the city had above average rates of admission into institutional care and so highlighted the need to reduce these through a planned programme of development of 600 purpose-built very sheltered housing units over a period of five years. An initial prospectus was circulated to prospective housing providers and a Partnership Agreement developed on the basis of this.

Aims and objectives:

The guiding principles of BCC's Very Sheltered Housing concept are that older people should have a home for life and not have to move again if at all possible. This should be reflected in design arrangements which would provide full wheelchair accessibility throughout and a commitment to care provision if required. There should be a balanced community ranging from people with little or no care needs to quite frail people who might otherwise have gone into residential care (no more than 50% at any one time). VSH communal facilities should be open to use by local people to facilitate integration into the community. Residents should be able to choose how they live in the scheme and a proactive philosophy of care should operate, with an emphasis on promoting independence, empowerment and health and quality of life. The schemes should 'provide accommodation and care of the highest standard within available resources'.

The partners to the programme undertook to use their best endeavours to promote these aims and to develop schemes which facilitate effective joint working between housing providers, care providers and commissioners. They agreed to be collaborative rather than competitive, to encourage local community involvement and consultation and to promote the use of local labour wherever possible.

Resources:

For the Extra-care facility, a mix of social housing capital allocation, housing benefit, Supporting People funding, tenants' own resources and cross-subsidisation across the entire tenure range of the care-village.

Challenges:

The Trust has integrated the Care and Support service and the Warden Service to form one team offering flexibility, continuity and commitment to looking after all residents of the VSH scheme. The challenge is helping tenants who do not receive care band support based on a care assessment to understand why they have to do more things for themselves and why some people have a greater level of support. The whole ethos of the Care and Support service is based on the philosophy of personcentred care, offering people independent dignified and fulfilled lives within the limits of their abilities. Some VSH partners are purely social landlords and do not see their role as providing both Housing and Care and Support. Housing 21, who have opened the second new VSH scheme in the city, in St George, are in fact following the same integrated model.

Learning points:

The Westbury Fields scheme demonstrates attractive possibilities for the transformation of old-style residential care, particularly in terms of the design of the Extra-Care facility which is similar to that of the 'covered street' model developed in The Netherlands and Denmark. The scale of the Care-Village makes it possible to provide a range of leisure and social facilities.

Extra-care is integrated within the Care-Village concept embracing a range of tenures, care needs, facilities and services. There is scope in the Westbury Care-Village for a healthily inclusive approach to older people and a balance of care needs.

Older people in the locality also benefit from flexible use of the facilities for older people in the Care-Village.

For further information see the Housing LIN factsheet No 4 on retirement villages "Models of Extra Care and Retirement Communities" under factsheets at www.changeagentteam.org.uk/housing



The care home and the pub

Other Housing LIN publications available in this format:

<u>Case study no.1</u>: **Extra Care Strategic Developments in North Yorkshire** *A* snapshot view of partnership-based strategic planning for extra care in North Yorkshire, highlighting the variety of issues that need consideration in a large and mostly rural area. One recent scheme and one in progress are described.(01.09.03)

<u>Case study no.2</u>: **Extra Care Strategic Developments in East Sussex** Some of the key issues involved in partnership-based strategic planning for extra care in East Sussex. A small conversion from sheltered housing and a larger new scheme catering for a range of use. Different management models are briefly discussed.(01.09.03)

<u>Case study no.3</u>: 'Least-use' Assistive Technology in Dementia Extra Care Rowan Court, Eastleigh, Hampshire - An example of provision of extra care facility for older people with dementia, based on a philosophy of promoting and maximising independence.(02.02.04)

<u>Case study no.4</u>:**Tenancy Issues - Surviving Partners in Extra Care Housing** The development of tenancy agreements for couples in Eaxtra Care Housing, based on the experience of an Extra Care project in Southampton (01.06.04)

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

Published by:Administration:Housing Learning & Improvement NetworkHousing LIN, c/o EACHealth and Social Care Change Agent Team3rd FloorDeprtment of HealthLondon SE1 7TPRichmond House, Room G19a020 7820 168279 Whitehallhousinglin@e-a-c.demon.co.ukLondon SW1A 2NLwww.changeagentteam.org.uk/housing