Care Services Improvement Partnership

Housing LIN

Combining Extra Care Housing with Health Care Services at Barton Mews

This case study describes Barton Mews, a private development in partnership with a Primary Care Trust that provides extra care housing and a range of community health services within a single building.

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Introduction

Extra Care Housing is still a relatively recent development in housing with care in the UK and new models are continuing to evolve. One recent trend is for extra care facilities to be a hub for a range of services that are also available to the local community. These can include amenities such as shops and restaurants as well as leisure and health care facilities. This case study highlights a scheme that develops the model further by combining extra care housing with a community hospital and GP practice. It also provides an example of private engagement with extra care housing. This is currently relatively uncommon but is likely to become more prevalent as a way of meeting demand, particularly in the light of the projected increase in home ownership among older people.



Background

Shaw healthcare was established in 1986 as a Friendly Provident organisation to provide specialist care in a community based setting. Since then it has developed a range of healthcare facilities as a private limited company, frequently in partnership with the public sector. The range of services provided by Shaw includes dementia care, services for people with learning disabilities, day care, mental health care, acquired brain injury support and domiciliary services. Shaw has also established a range of models of service delivery, including most recently a community care centre in Ledbury that has been built and operated under a Public Private Partnership agreement (PPP) – see Housing LIN Case Study no.35 on the Ledbury Care Centre. Shaw has 82 facilities in total, mostly in southern England, and employ approximately 3,500 staff.

Description

Barton Mews is situated in the rural village of Barton under Needwood in Staffordshire. The village has a population of about 5,000 and is an unusual mix of Georgian, half timbered and Regency houses. The scheme opened in October 2007 and was built to replace a Cottage Hospital and Health Centre on land owned by South Staffordshire Primary Care Trust (PCT). It is a new build development providing three distinct services: extra care housing, an intermediate care service and a GP surgery. Each is accessed by a separate entrance within a large, 3-storey, wooden framed rectangular building, which aims to blend in with the local environment by use of materials and style of design. Health care facilities are situated on the ground floor with the extra care housing arranged above on floors one and two. The complex was funded and built by Shaw healthcare and income is generated from a range of sources, including payment per bed from the PCT, rental for use of space by the Health Authority and a General Practice, and sales and service charges generated from the extra care housing.



The scheme is built largely of wood and brick, providing a modern feel that is not overly institutional. The building was designed by Pentan Architects who specialise in housing and healthcare buildings and have incorporated a range of 'sustainable' features, including sedum roofs, wooden window frames and stairways and sensor activated lighting. All of the accommodation is arranged around a central courtyard, which provides outdoor space for use by the hospital and surgery located on the ground floor. Corridors and doors are wide enough for electric scooters, which several residents use, and charging points are provided in a dedicated store.

Extra Care Apartments

The extra care housing occupies floors one and two above the health facilities. Accommodation is provided in 29 one- and two-bedroom apartments, each with its own front door, arranged around a wide, carpeted rectangular corridor. The apartments are very modern, light and airy with high a relatively high level of design specification compared to much not for profit extra care provision. A range of features have been included to support people with sensory impairments, including non-reflective kitchen worktop surfaces and tactile cupboard knobs. Bathrooms have a full height wet room wall, wide& level access showers and raised height ergonomic toilet seats. Bedrooms are light and spacious.



Each apartment has a community alarm linked to mobile care staff and to the intermediate care unit. This system can also provide medication reminders, light guidance and health checks. A main door entry system in each apartment allows residents to view visitors before letting them in. Second floor apartments have sky lights and some have low-level windows, while corridor ceilings incorporate light 'tunnels', creating a bright and airy environment despite the low eaves. Both housing floors have a communal room, a sun terrace and a reception where residents can

order services and pay their weekly bills. Apartments are offered for sale to anyone aged 55 or over on a 125 year lease. Prices range from £145,000 for a one-bedroom apartment to £248,000 for a 2-bed (prices as at Spring 2008). There is a service charge of £90 a week, which covers a range of services including scheme management, building maintenance, site security and the use of facilities.

The scheme is for self funders aged 55 and over and aims to cater for a range of care needs, including moderate memory problems, incontinence, visual impairment, deafness and mobility problems. At the time of writing the extra care scheme had been open for 8 months and the occupancy level was just under 50%. Most of those who had moved in or reserved an apartment were either people living locally or those from other parts of the country who were moving to be nearer to relatives. Staff facilities include a manager's office, care staff office, overnight room and rest room.



A range of care and support services can be purchased by residents in their own apartments 24 hours a day, with both planned and ad hoc personal care assistance available 7 days a week from the Shaw Community Services Team. Personal care options include assistance with getting up, going to bed, dressing, bathing, continence, medication and eating/drinking. General support is also available, including help with housework and shopping, accompanying to appointments and activities and help with applying for benefits. Other site services include concierge, hotel services (restaurant, laundry, etc) and a scheme manager. The philosophy of the scheme is to support independence and any residents requiring more intensive treatment can use the short term medical rehabilitation services in the on-site intermediate care unit as described below.

Facilities

Extra care facilities include a restaurant and cafe bar, residents lounges, library, craft and hobby room, computer access, laundrette, beauty salon/treatment room, roof terrace, guest suite, mobility scooter parking/charging, lifts, parking and communal gardens. There is no formal programme of social activities because the organisation believe that this would be incompatible with the independent living philosophy of the scheme. However, staff will help to arrange any activities that are requested by residents.



Hotel services including catering and laundry are provided flexibly across all 3 services. This means that meals are provided for the intermediate care unit, the extra care housing restaurant and can also be ordered by a resident who has guests or by a GP who is working in the surgery. The village centre of Barton under Needwood is approximately ¼ of a mile away via level paved access. The village has a range of services, including a convenience store, library, pubs, bank, church, post office, art gallery, chemist and police station. Other amenities, including larger supermarkets and a cinema, are a few miles away in Burton on Trent, a town of about 50,000 people. Many of the scheme facilities and services are open to the wider community, including the cafe bar, beauty salon, laundry and domiciliary care.

Intermediate Care Unit

Barton Mews is a public and private sector partnership that combines extra care housing with a range of short stay inpatient beds for intermediate and palliative care, along with a unit for the younger physically disabled. These services are provided by Shaw healthcare under a 30 year contract with South Staffordshire PCT, one of the largest PCTs in the country. The ground floor of the building also houses a range of other community health care staff providing Health Visiting, Chiropody, Physiotherapy, Occupational Therapy, Speech & Language Therapy, an equipment store and a room for community use. In addition, a local General Practice rents part of the ground floor on a 20 year contract. They had previously operated from temporary buildings in the grounds of the cottage hospital.

Learning Points

- This scheme demonstrates an emerging model of extra care housing that is innovative in terms of integration with community based health care services. It provides residents and the local community with good access to a wide range of healthcare facilities.
- The financial model used here is also innovative. It is attractive to Primary Care Trusts because it allows for the development of modern community healthcare facilities without the need for large scale capital investment. For the private developer, the viability of the scheme depends on income from the sale of extra care apartments.
- The physical layout of the scheme, with extra care accommodation arranged above the healthcare facilities, makes maximum use of available floor space. This can raise the issue of building height in a residential area and requires careful and imaginative design in order to minimise the impact and blend in with local architecture.
- Combining housing and care with healthcare services allows for a range of economies of scale. For example, in this development catering, laundry and other 'hotel' services are available to service users, visitors and staff across extra care housing, intermediate care services and a GP surgery.

The author would like to thank Shaw healthcare and the staff and residents of Barton Mews for their co-operation in the preparation of this case study. The photographs are used by kind permission of Shaw healthcare.

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