Housing with Care
The Future for Norfolk

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Benefits of Housing with Care?

- Promotes independent living in a supportive environment
- Provides security and safety for older and vulnerable people
- Can help alleviate social isolation and encourage wellbeing
- Promotes community connectedness
- May reduce the number of outpatient and emergency admissions into acute care by supporting people to manage their conditions in a stable environment
- May reduce the level of care needs by promoting stability, security and independence

Housing with Care Norfolk Facts

- 17 units in Norfolk, 698 are HwC flats and 51 provide extra care (for people with dementia)
- In some of our units we are carrying voids for various reasons
- We work with the district councils who hold the housing register and with housing associations who are the landlords
- We have two care providers: Norse Care for 15 units and Hales for the other two
- A social care assessment is required to assess care eligibility and suitability for HwC
- A financial assessment is also required to assess whether the individual has to pay for/contribute to their care provision

Housing with Care Project - Why

- Diversity in the provision within the localities of Norfolk has led to diversity in practice, placements and possibilities
- There is evidence of need for HwC, but not a coherent strategy in Norfolk, which sits along side a care journey
- Awareness – population, primary care, social care needs to be improved – potential links to social prescribing?
- Care contract provision is variable, so needs to reflect the needs analysis and how we think these communities work best
- It is generally accepted that HwC is a good thing – we need to get this right for Norfolk and future proof it

Housing with Care - progress so far

- Engagement with Older People, district councils, housing associations and care providers; engagement with residents is in the pipeline
- Aligning HwC to strategic priorities and also recognising the statutory duties of providers
- Needs analysis using prevalence for HwC as a starting point, then localising this information, in partnership with district councils and housing associations
- Looking at what works nationally and among our statistical neighbours
- Very close to articulating the Norfolk demand and requirements
- Ambition: a phased approach to Housing with Care “One Stop Shop”

Bowthorpe Care Village

Evaluation Outcomes

The Project

- Partnership between NHS Norwich CCG, Norfolk County Council, Norwich City Council, Saffron Housing Trust and Norse Care
- During 2015 in preparation for the new care village, local GP surgery was not able to take on the 80 residential and 92 HwC registrations, so NHS Norwich CCG stepped in to manage this gap in provision
- Risk factors of the vulnerability of the residents moving from residential care was of particular concern
- Specifically, the pilot was an ‘on-site’ branch surgery offering medical services to residents. Combining principle elements of the Locally Commissioned Service already being delivered to Care Homes, and basic General Medical Services (GMS) services
- The evaluation of this model will lead to a ‘system wide’ review of primary care services delivered to Care Home residents in the Norwich locality.

The Evaluation

- Innovative, integrated working between Primary & Community healthcare staff
- Development of an integrated falls prevention tool, within improved access to assessment.
- Production of a care home clinical manual to act as a basis for clinical care provided by a future care home service
- Limited GP input concentrating on complex cases, second opinions, end of life care and death certification was an effective use of this clinical resource.
- Reduced community staff visits due to up-skilling of HCA and Norse staff, with positive patient outcomes
- Focus on advance care planning within the primary care team, reducing hospital admissions and low hospital deaths.
- Good end of life care delivery within the primary care team in managing end-stage dementia
- Low level of hospital admissions and A&E attendances compared to other care homes
- Dementia diagnosis and dementia screening within Mayflower Court

The Future

- The full-time presence of a primary care team onsite at BCV is not sustainable, beyond the original timescales of the service pilot, however the size and nature of the BCV population will require a significant ongoing clinical service input.
- The clinical care provided in this pilot has been of high quality with excellent measurable end-points such as low levels of hospital admission/A&E attendance and end-of-life care delivered within the care home setting.
- The needs of a care home population and those living in assisted living accommodation benefit from similar clinical care which should be considered in future planning for new forms of service delivery.
- The model used in this pilot with the skill-mix comprising NP and HCA supported by limited GP input has been successful and should be the basis for a future Care Homes service.
- Dedicated clinical resource, with ‘protected time’ to support this patient cohort achieves positive patient outcomes, including stabilising levels of unplanned/urgent care episodes.
- Learning to be fed into the New Models of Care work