

Healthy Outcomes in Blackburn and Darwen's Extra Care Housing

This case study offers an overview of Spring Bank Court Extra Care Scheme and includes a discussion of the physical location of the scheme, planning and funding processes, services and facilities offered at the scheme and an analysis of the financial savings to the PCT.

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Introduction

Spring Bank Court, located in Mill Hill, Blackburn, is an Extra Care housing scheme which was opened in October 2007 developed by Housing 21 in partnership with Blackburn with Darwen Borough Council, NHS Blackburn with Darwen.(PCT) It is part funded by a Department of Health grant from the Extra Care Housing Fund.

A range of services are incorporated into the scheme including a community support unit, PCT clinic facilities, a fully equipped respite unit, shop and restaurant and hair salon. The scheme itself offers 36 one bedroom and 4 two bedroom extra care apartments for rent, and 8 two bedroom shared ownership bungalows on the same site. A further 8 two bedroom bungalows are planned which will be for rent and will be funded by Housing Corporation grant.

Also developed adjacent to the scheme is a Learning Disability facility with 6 units of accommodation which has recently been commissioned by Blackburn with Darwen Adult Services Department.

Background - Blackburn with Darwen Borough

Blackburn with Darwen Borough is a popular place to live and work and is located within East Lancashire between the high land on the Metropolitan Borough boundaries of Bolton and Bury in the south and the Mellor Ridge in the north. The high lands of the West Pennine Moors to the west form a natural barrier to Chorley and to the east a barrier to Rossendale. Local people identify very strongly with their area. The vast majority of the population use the Borough's shopping, leisure, employment and educational facilities.

The Borough covers an area of 13,700 hectares and contains a diverse population of 142,700 people, within two compact towns and a number of small villages in the surrounding rural and moorland areas. There is a high incidence of debilitating long term conditions placing high demand on health services. Residents of the historically industrial towns suffer in particular from Cardiac Vascular Diseases; Respiratory Disease; Stroke; Diabetes and Arthritis. The PCT seeks to be proactive in preventing/managing these conditions. This maximises the quality of the community's health and reduces inappropriate usage of hospital services through the implementation of innovative services and practices within community settings.

The two towns of Blackburn and Darwen are 6 kilometres apart, but the growth of both towns has resulted in an almost continuous urban form along the main road into the town from the south the A666.

Within Blackburn there are sharp contrasts between high quality environments and areas of great deprivation currently undergoing improvement and redevelopment. The northern and western parts of the town have a better quality environment than the eastern areas. These contain areas of larger housing and open spaces and are close to generally pleasant countryside. To the east, a large wedge of older industrial development and substantial tracts of older housing illustrate the imbalance in environmental quality between different parts of Blackburn. Mill Hill where Spring Bank Court is situated is in the North West of the Borough and to the West of Blackburn town centre.

Darwen has a long linear form, the town is six kilometres in length but never more than three kilometres wide. It is confined to a narrow steep sided valley running north to south along the axis of the A666, Bolton to Blackburn road. The break between the urban areas and the countryside is generally well defined. The use of local stone contrasts with the predominance of red brick in Blackburn. Most of the development in Darwen is fairly small scale and rarely above two storeys. Unlike Blackburn, there are no clearly defined large industrial areas and the industrial and commercial premises are scattered throughout the town.

Local Strategic Context – the case for Extra Care Housing

Springbank Court was developed following the identified need within the borough for Extra Care housing and successful application to the Department of Health Extra Care Housing Fund. Importantly,

- Blackburn with Darwen BC had recognised in their Extra Care Housing Strategy 2004-14 the need to develop new Extra Care Housing which reflected the requirements of the relevant strategies and needs within the Borough.

- The council's Supporting People Strategy indicated a need to develop Extra Care housing to provide an alternative to residential care for older people.
- The Housing Strategy indicated a need to work with council's Adult Services to develop Extra Care for those who otherwise may be referred to residential care.
- The council's Older People's Housing Strategic Framework indicated an aim to address the changing needs of older people's housing need and aspiration.
- The Blackburn and Darwen Primary Care Team Local Delivery Plan, now NHS Blackburn with Darwen, indicated a need to increase the number of people who could be supported at or within their own home.

The Location of the Scheme

Spring Bank Court is located on a site previously occupied by 3 blocks of multi-storey flats which had become unpopular and were subsequently decommissioned and demolished. The demolition took place before the Local Authority transferred their housing stock to Twin Valley Homes leaving a brown field site ready for potential development. The site is close to existing shops and amenities and both bus and rail links and a dial a ride service and is part of the established community known as Mill Hill. The location is ideal as it had been identified that there is a high proportion of older people living within the 'township'. Mill Hill, whilst recognised as part of Blackburn, sits between Blackburn and Darwen and a short distance off the main A666 road.

Whilst local people have been re-housed here it is also attracting residents from a little further out of the area but still within Blackburn and Darwen's boundaries.

Selection of Partner

The local authority appointed Housing 21 as its preferred partner for the development of this site recognising the expertise of the organisation in developing sheltered and extra care housing over a period of 40 years. Blackburn with Darwen having excellent authority status and a good track record in housing and performing to 100% delivery for funding received, and the council's Adult Services Department having three star status.

Department of Health Bid and Finance

The bidding partnership of Blackburn Adult Services, Housing 21 and including Blackburn with Darwen PCT made application to the Department Of Health Extra Care Housing Fund in 2005.

The bid detailed the vision for Spring Bank Court which had been drawn together by the members of the steering group following consultation with other organisations including Older Persons forums, Bootstrap, a community initiatives organisation, and other voluntary agencies such as Age Concern. Independent businesses were also contacted with regard to opening up both a retail general store and hairdressing unit.

The steering group was made up of representatives from Adult Services, Housing 21, Housing Strategy department, Community Voluntary Groups, Blackburn with Darwen Older Persons Forum representative and Primary Care Trust. Invitations were extended to the Supporting People team and Occupational Therapists as and when the agenda required. However, it is felt by the PCT that more could have been made

of this opportunity to determine the blueprint for the scheme from their perspective and this is a lesson learnt for the future.

The bid was successful and £3,990,260 was received out of the total build cost of £6,500,000

Subsequently, there have been further developments on the same site, a six bedded respite care unit has opened having been developed by the local authority and it is anticipated that this will link into the extra care scheme via the day centre and community facilities. Housing 21 have also secured further funding from the Housing Corporation for a further eight wheelchair bungalows which when built will be for rent. The existing eight bungalows developed on a shared ownership basis were vastly oversubscribed on completion.

Spring Bank Court has been designed to accommodate older people and provides accessible accommodation meeting the needs of a range of disabilities and giving security of tenure. The scheme was designed by Langtree Langton, Architects who have also successfully designed other extra care schemes that have attracted funding from the Department of Health; notably, Applegarth Court in Bridlington (East Riding of Yorkshire Council) and Springhill Court, Easingwold (North Yorkshire County Council).

The aims of the scheme were to

- Provide new housing choice for older people
- Promote independence and choice
- Provide a range of communal facilities to enhance the local community

The spacious accommodation provides

- Own home and front door
- Wheelchair access throughout
- Fully fitted kitchens with integrated appliances
- Walk in showers in all apartments
- Central heating throughout

The scheme offers the following facilities

- Door entry system including CCTV
- Intercom
- Emergency pull cords to all rooms
- Restaurant facilities
- A range of communal lounges
- Lift access to all floors
- Accessible bathing area
- Guest room with low cost booking fee for family and friends
- Hairdressing Salon
- Internet access

- Laundry
- High level insulation
- Landscaped areas providing seating areas around the scheme

The scheme also offers the following services

- Scheme Manager
- 24 hour care and support service
- Concessionary TV licence for those eligible

Many, if not all, of the above facilities and services are offered in extra care schemes throughout the country but this scheme also benefits from a community support unit which will offer services for 12-15 people at any one time, PCT clinic facilities, a fully furnished respite flat contracted by Blackburn Adult Services, restaurant/café, retail shop and hair salon.

Day Support Unit

This unit, which will be managed by a provider on a contract commissioned by the Adult Services department, is a stand alone function not linked to the PCT clinic. It has access directly into Spring Bank Court but also has a separate external entrance and parking facility. The unit has been designed to offer support for 12-15 clients and includes

- kitchen area for rehabilitation purposes
- two accessible bathing suites
- private interview or counselling room
- conservatory area with direct access to an enclosed area of garden
- office facilities
- snoozelum. This is a room specially equipped to enable people to receive therapy, it will provide relaxation and comfort particularly to those with dementia or emotional problems through light effects, textures and music which will stimulate all senses.

It is anticipated that this support unit will be used by a range of voluntary or community support groups on a seven day week basis both during the day and evening to achieve maximum use of a facility which is excellently equipped. Furnishings throughout the scheme are colourful and contemporary and this unit is particularly welcoming with a very large conservatory offering excellent light and warmth leading onto an enclosed garden area with external seating. There is also a large room equipped as a 'snoozelum' and it is anticipated that this will also be used for reminiscence activities.

Office facilities as well as a consultation and counselling room add to the feeling of space in this centre.

The lease for the unit is currently under negotiation, to achieve the maximum use of the facility a post of co-ordinator will be established to oversee management and the timetable of use. This will ensure a variety of organisations being able to access the facilities and achieve maximum use rather than simply 'day care' between 9am and 5pm a couple of days a week.

The fact that it is accessed by a separate entrance and all utilities are monitored independently can ensure that residents of the Extra Care apartments are not inconvenienced or that the service charge of the scheme is compromised.

NHS Clinic Facility

This facility is accessed via the main entrance to Spring Bank Court and provides a welcoming and open access to encourage community use. Several clinics are already running weekly on a 'no appointment necessary' basis, people are encouraged by local advertising and handouts to simply walk in and register to see the team of specialist clinicians in attendance.

There is a large open lounge area where refreshments are offered on arrival, a consultation and treatment area supported by three other assessment and treatments suites.

Volunteers man the tea bar, and it would seem that some people return to meet up with others met previously despite needing no treatment. This is not discouraged by the team as they have identified a level of social isolation among their clients.

There is a high incidence of debilitating long term conditions in Blackburn with Darwen placing high demand on health services. Residents of the historically industrial towns suffer in particular from Cardiac Vascular Diseases; Respiratory Disease; Stroke; Diabetes and Arthritis. The PCT seeks to be proactive in preventing/managing these conditions. This maximises the quality of the community's health and reduces inappropriate usage of hospital services through the implementation of innovative services and practices within community settings.

A typical attendance of a healthy legs clinic numbers between 20 and 40 clients and people are known to be travelling from outside the PCT area to access the service. Consequently, contractual arrangements are being put in place with other PCTs benefiting from their patients attendance.

The Specialist nurses carry out comprehensive assessments, observations, diagnostic investigation, including, pulse oximetry which assesses the leg circulation together with supply and fitting of compression hosiery. The specialists will help those with possible leg circulation and skin problems, all of which can prevent the recurrence of leg ulcers. The Healthy Leg Clinic also gives people the opportunity of meeting others who have similar conditions. The clinic is run on a 'drop in' basis, people can just turn up, there is no need to make an appointment. The team is continually improving local access to service for people with leg problems, for example, varicose veins, aching legs, leg ulcers and swelling and the early detection of peripheral vascular disease. The Healthy Legs service has rapid access to vascular consultants within the acute setting to ensure a seamless healthcare pathway for urgent diagnostics and treatment in the event of limb ischemia, therefore potentially avoiding risk of amputation.

For Blackburn with Darwen Teaching Primary Care Trust its role in the community is not simply about treating and educating clients in relation to illnesses and health, it extends further, to the positive improvement of the individuals wellbeing. At all organisational levels there is recognition of the fact that treating a client's physical illness is simply not enough if the 'holistic healthcare and wellbeing mantra' is to be delivered upon on a daily basis.

The objectives:

1. Deliver a Healthy Legs service that effectively treated a range of physical health issues related to legs;
2. Deliver a Healthy Legs service that effectively meets the psycho-social needs of those suffering from health issues related to legs;
3. Improve service quality and patient experience whilst delivering cost efficiencies.

The psycho-social value added element of the service development stemmed from the clinicians understanding and utilisation of academic research on the social isolation and non-concordance patients experience when they have chronic leg ulceration. Research also illustrated that being with and talking to other clients who have a similar condition is highly beneficial

The aim of this facility is to improve health outcomes for target groups especially through supporting self care initiatives and targeting a reduction in demand for acute hospital services. Specifically the services provided at Spring Bank Court are targeting early detection and health promotion and management of long term conditions through health education and promotion of self care.

Specifically:

1. reduce disability i.e. through reducing risk of lower limb amputation in people with diabetes or vascular disease
2. reduce the incidence of high blood pressure and thus incidence of stroke and heart attack
3. recognise signs of early dementia to provide forward planning to prevent premature admission to residential care by use of assistive technology
4. recognise early signs of anxiety and depression which may lead to isolation and physical illness encouraging and empowering people to adopt coping strategies to manage their condition in early stage
5. reduce the number of hospital admissions of people with chronic obstructive pulmonary disease through rehabilitation and promotion of self care
6. support to carers to ensure that they feel well and able to care for family or friends thus preventing admission into long term care

Strict guidelines are in place to ensure the dignity of service users to this facility in terms of confidentiality, data protection and privacy and each patient is invited to provide feedback on their experience via a confidential service evaluation questionnaire.

On arrival every patient receives a 1:1 assessment with a clinician who can then deliver treatment, a prescribing clinician is in attendance at all times. The relaxed environment creates a sense of time to be listened to by health professionals and other staff rather than the busy clinical environments of surgeries or hospital clinics.

The clinic is able to detect early conditions such as Cardio Vascular Disease, Peripheral Arterial Disease, leg ulceration and blood clotting problems. Early identification of the latter can prevent stroke.

Evidence has been gathered to demonstrate financial savings to acute services.

Lower Limb ulceration

In terms of lower limb ulceration, the healing time can be between three and six months, costs per week for this are approximately £85. Therefore taking an average of three months healing time total costs would be £1020 per patient.

244 patients have been assessed at the clinic as at risk of ulceration or skin breakdown due to oedema and have been issued with compression hosiery for prevention.

244 x £1020 = **£248,880** Total cost of treating ulceration.

Cost of hosiery £30.00 (two pair) x 244 = **£7,320.00**

Clinic set up costs amounted to £6000.00 giving a potential saving of **£235,560.00**

Arterial disease

Cost benefits to the PCT have also been found in the treatment and management of patients with arterial disease. Patients presenting at the clinic with muscle pain on walking can be given a vascular assessment, equipment has been purchased for this specialist diagnosis. Each new patient assessment costs £172.00, follow up visit for scan £87.00, follow up visit for consultant opinion (clinician) £87.00 giving a total of £346.00 per patient.

Hospital costs for caring for an older patient with primary diagnosis of vascular disease is estimated at £4,676.00

79 walk in patients to the clinic have been treated and managed by the team at Spring Bank Court giving a potential saving of **£342,070.00**

79 x £4676.00 = £369,404.00 hospital secondary care

79 x £346.00 = £27,334.00 diagnosis, management and prevention cost at Spring Bank Court

However, case studies also evidence clinical success:

Excellent Clinical Outcomes

- 244 patients have been issued with compression hosiery to reduce oedema and prevent ulceration.
- 14 patients have been treated for lymphodema, with specialist lymphodema bandaging and maintained with specialist lymphodema hosiery by the team. This is a very intensive treatment process and the management of such patients can be difficult massaging and application of bandaging can take 2 hours of the nurse specialist's time per session for an individual patient. Recommendations have been made to the PCT commissioners suggesting that investment is required to further develop vascular services to support these patients.
- 56 patients were identified as having mild / moderate peripheral vascular disease and were commenced on medication, given dietary advice and exercise plan and access to the smoking cessation groups.
- Patient self referred to clinic complaining of pain in his toes at night and cramp in the legs when walking. Following examination and assessment he was found to have reduced foot blood flow and absent foot pulses with a palpable pulsating abdominal swelling. The patient was urgently referred to the vascular unit where he underwent a duplex scan. He was found to have

an aortic aneurysm and bilateral iliac occlusions. He had surgery the next day for a repair of his aortic aneurysm and insertion of a stent. He also had bilateral femoral bypass surgery.

- Patient who had undergone an above knee amputation four years ago, had been given a stump shrinker, the stocking was laddered. The patient was unable to wear the stocking and as a result her artificial limb did not fit properly and she was confined to her wheelchair. She was seen in the clinic, new measurements were made and a stocking was ordered. She returned to the clinic walking wearing her artificial limb that she had not been able to wear for 12 months.
- Patient attended with swelling in one leg, following assessment she was found to have reduced flow she was sent to the vascular unit and underwent surgery for an embolectomy 48 hours later.
- Patient presented with muscle cramps at night time in bed, found to have reduced pulses and blood flow hence referral to the vascular unit – patient listed for femoral popliteal bypass surgery within 2 weeks.
- Patient referred into the clinic by the falls prevention team complaining of oedema, general weakness with a history of dizziness and falls. On assessment she was found to have absent foot pulses with very poor flow, it was discovered during the examination that the patient had a significant reduction in the left brachial blood pressure compared to the right. She was referred to the vascular unit for a carotid and aortic scan. She was found to have a carotid and aortic stenosis which was the cause of her falling and TIA's she was experiencing. She underwent surgery for a carotid endarterectomy and an aortic stent was inserted.
- Patient attended the clinic complaining of varicose veins, she was assessed, during the assessment process she was found to have a pre cancerous skin lesion and was referred directly to the GP with a special interest in dermatology clinic. The patient had not thought to mention it to anyone.
- Following consultation and close links with the vascular consultant and specialist nurse. The patients who present with Peripheral vascular disease and can walk greater than 200 yards are commenced on an aspirin and a maximum dose statin and given a structured exercise program. A follow up appointment is then given for three months to assess their walking distance and pain levels.
- Patient with varicose veins are only referred to the vascular department following venous reflux testing. If the tests prove to be positive and can demonstrate that a patient would benefit from surgery they are directly referred to the department. This reduces the number of inappropriate referrals sent to the unit.
- 10 patients were referred to the vascular unit with arterial disease; all patients referred had surgical intervention either in the form of an angioplasty or bypass surgery.
- 1 patient attended and was referred by podiatry urgently; the patient was complaining of pain in her great toe and was experiencing some degree of rest and night pain. She attended the healthy legs clinic at 2pm, she was given a full vascular assessment and found to have a critically ischaemic limb. When a patient has an ischemic limb there is a window of 4 hours to restore the blood flow, failure to do so can result in the loss of a limb. The patient was

admitted directly from clinic, had a duplex scan in the vascular unit and was in theatre by 6pm that evening.

Establishing such services locally has explicit benefits to people in the wider community and in local neighbourhoods. The open access policy to the services provided at Spring Bank Court assists in the development of the scheme as a focal point within the community. It is anticipated that good news will travel fast and that positive outcomes from attendance at the sessions provided will be broadcast among the local community. People may access the building for a specific health need but will also experience firsthand the wide range of other facilities on offer thus developing the scheme as a strong point of community and also promoting use of such facilities as the café/restaurant. This in turn will add to the viability of this service and others such as the hair salon and retail shop.

Other clinics are planned which will include diabetes management and stroke clinic.

Respite Flat

One apartment will be dedicated for the use of Social Services and the PCT to provide specialist care to people who have been identified by the Acute Trust. These people have been identified by re-admittance to hospital, as having cyclical fluctuation in health and independence. Research has shown that this cyclical pattern occurs and that intervention at planned key stages during the cycle can prevent hospital admissions and maintain optimum levels of independence. The apartment is already let on a contractual basis to Adult Services/PCT and is fully equipped and being utilised.

Restaurant/Café

Known as [Rhubarb @ The Court](#) this is a community restaurant offering a range of meals 7 days a week. It is a not for profit business aimed at serving the local community and is supported by Bootstrap on business set up advice basis.

The restaurant/café opens at 9am Monday to Friday and at 10am at the week-end offering breakfasts, light lunches, main meals and a sandwich service throughout the day. Sandwiches can be pre ordered for tea and Sunday lunch is becoming popular with around 30-40 lunches being taken on a regular basis. The facility is open to residents and visitors to Spring Bank Court and the general public. A take out service is also offered with orders being taken by telephone or e-mail.

A typical meal deal includes a choice of soup and main meal and sweet for £3.25 a choice of specials are available daily as well for around £4.25

Whilst a wide range of hot drinks are offered, cold drinks can be purchased from the scheme shop showing an element of co-operation and team work and not encroaching on the shop trade.

Rhubarb @ The Court also offers a buffet service.

Housing 21 have extended a preferential lease arrangement to assist in the establishment of this service and take up of the facility is increasing on a weekly basis with the café becoming a meeting place, especially around lunch time. It is anticipated that the community initiative centre will contract with Rhubarb @ The Court which will provide it with essential guaranteed turnover necessary to increase the staffing ratio which is currently one full time and one part time staff only, it is intended to increase this to 2 part time, one full time.

A marketing campaign is currently underway with a leaflet drop to the local community to encourage footfall into the scheme.

Hair Salon

Is a fully equipped hair salon again provided on a preferential lease by Housing 21 for a limited period to allow the growth of the business to an extent where a 'market' rent is payable. The salon is currently open daily between 9.30am and 13.30pm but this business is struggling with only some 10 clients a week.

Consideration is currently being given to providing a wider range of services such as manicure, pedicure and beauty therapies all of which could be provided within the extensive accommodation available.

It is clear that an entrepreneurial attitude has to be adopted to be successful in this type of environment despite the preferential rent being offered and a certain amount of personal or business investment has to be made.

Retail Shop

This business is increasing in turnover on a weekly basis but proved to be difficult to establish. Careful buying and listening to customers' requests have ensured that the business is turning into a viable proposition. Again supported by a preferential lease from Housing 21 the shop hours of opening are

- 09.00am-16.30pm Monday to Friday
- 09.00am-17.00pm on a Saturday
- 09.00am-13.00pm on a Sunday.

It is now stocking a wide range of tinned goods as well as fresh bread and milk and a range of frozen food, stamps and stationery. Stocking sweets is attracting local school children on the way home from school, which has the added benefit of parents becoming aware of what is on offer, and increasing footfall into the scheme. The local daily paper is also sold and distributed.

Scheme Layout

The building is made up of three wings all developed off a central circulation area, this is replicated on the other two floors. The ground floor has a main entrance leading into a foyer and easy access to the café/restaurant and PCT clinic facilities. The main office has sight of the main entrance and six apartments have been situated on the ground floor one of which will be the respite facility. Scheme plan/layouts are available in Appendix 1.

All areas of the scheme have been furnished in a warm and welcoming contemporary style with features built in to assist or promote familiarisation for anyone with dementia or memory loss. For example, the area leading to the library has wallpaper depicting book lined shelves to act as a reminder.

The apartments are fairly spacious with well planned kitchens with a good range of storage, including a lockable cabinet for the storage of medicines etc.

The bathrooms all have walk in showers and plenty of circulation space to enable wheelchair users or those with limited mobility to navigate their way round more easily.

The growing trend of mobility scooters is no different here and many are in evidence. There is a vehicle store for tenants use on the ground floor. Tenants have access from outside using a fob to enter. Their vehicle can be stored and charged if required and an internal door then takes tenants into the communal area of the scheme.

Housing 21 are currently undertaking the scheme design review. It is their policy to conduct this once the scheme is fully operational. Both tenants and staff are given an opportunity to inform what is working well and where the learning points are. These are then considered and will influence changes to future schemes. Some of the points already raised include:

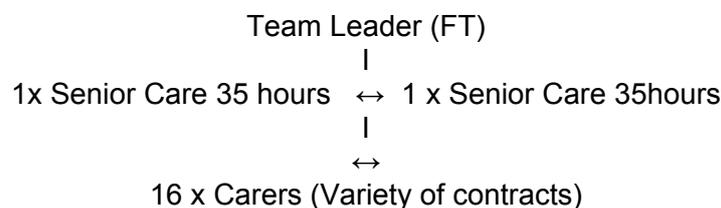
- Scheme staff did identify areas that could be improved some of which are already being planned such as an automatic door opener to the laundry area, this is especially important as there are many tenants with severe mobility problems.
- Carpeting has been provided to the café/restaurant area and this has proved to be problematic for cleaning, in time this may be reviewed.

Situations that cannot be addressed are an insufficient number of WCs available given the numbers of people visiting and working within the scheme and the provision of under floor heating which is efficient in winter but difficult to regulate in the summer months.

The bungalows are situated adjacent to the main building and have their own garden space; a floor plan can be found in Appendix 2.

Management Structure

The scheme is managed by a Scheme Manager whose role covers the management of the building, tenancies and care provision. The Scheme Manager is also the Registered Manager with Commission for Social Care Inspection (CSCI). This role is full time and is supported by a Team Leader also full time and manages the care service. The care team is made up



Care Staff are encouraged to undertake NVQ Level 2 and receive an enhanced hourly rate when this has been achieved.

All care staff are employed by Care Options which is the Housing 21 care organisation.

Over 350 applications were received for carer posts when advertised in preparation for the opening, only one member of staff has left.

Weekly returns detailing care delivery are provided to Blackburn with Darwen Adult Social Care, with additional spot contracts being invoiced 4 weekly.

Care Delivery

Care is delivered up to a maximum 15 hours per unit, any hours needed over and above this can be provided and if the requirement is long term a separate block contract would be established to fund it. Currently 425 care hours are regularly delivered within the scheme and this is expected to rise to 500 by November 2008. There is a block contract in place for 325 hours and spot contracts over and above this.

Within the 40 apartments the vast majority of people receive care

- 8 have been assessed as low care needs and receive domiciliary care only
- 7 have medium care needs and receive both personal and domiciliary care
- 24 have high care and receive more than 10 hours per week of personal care.

This can further be explained, at the time of writing it was found that:

- 2 Tenants were bed fast
- 1 Terminally ill tenant
- 1 Tenant was receiving 58.5 hours care per week, this gentleman had previously been in nursing care for 6 years.
- 1 Tenant with learning disabilities requires a lot of support

When the scheme opened 7 people were re housed from residential care one of whom had spent 26 years in a care home. This gentleman had suffered a brain haemorrhage in his early years and was assessed as being unable to cope. On commencement of his tenancy 28 hours of care were delivered but within a 6 week period this had reduced to only 7 hours per week.

On a typical day the shift pattern is:

- Early am hours 5 carers
- Late am hours 3 carers
- Afternoon hours 2 carers
- Evening hours 3 carers
- 1 person night time cover which will be extended to provide sleep in support .

All tenants and the residents in the bungalows receive a morning call.

Following a successful application for funding from the Supporting People budget the team will shortly be enhanced to provide two housing support workers this will relieve the pressure of work for the Scheme Manager.

It is planned that 2 x 20 hours posts will be established, one will provide administrative support and the other floating support.

An amalgamated care and support plan will then be negotiated with the tenants.

A Care Services Manager who is responsible for 17 similar developments and visits Spring Bank Court every 4/6 weeks provides management support and line management.

A review structure, for all partners delivering a service, has yet to be established but it is anticipated that this will be set up within the near future.

Tenancy Set Up and Allocation

Blackburn with Darwen Adult Services department have 100% nomination rights on all tenancies, there has only been one vacancy since opening, 9 months ago.

Considerable publicity was given to the scheme before opening with 3 open days being held in the build up to commissioning.

Professional Open Day - for service agencies, commissioners and voluntary organisations

Residents Open Day - for identified potential residents/tenants, when benefits advice was available on the day

Public Open Day - for any interested parties
An official opening was held six months later.

Rents on Apartments

There are 30 one bedroom apartments for which the rent is £119.26pw which includes service charge.

There are 4 two bedroom apartments for which the rent is £126.55pw including service charge.

Bungalows

There are 8 bungalows adjacent to the scheme which were extremely popular when released onto the market with over 400 enquiries received. A selection process took place with sales enquiries being administered by Housing 21s Lettings and Marketing Team. The bungalows were available on a shared ownership basis, those that chose to purchase 50% also pay a proportional rent and full service charge, those purchasing 75% of market value do not pay a rent but a full service charge which is currently £150 pcm.

Conclusion

This is undoubtedly a very good development providing up to date Extra Care housing with excellent space standards add on facilities and management. The whole development is set to improve in service provision as the scheme becomes embedded into the whole community and more clinics are established and the day support unit becomes fully operational.

Key Contacts

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Susan Kelly, Housing Strategy Manager Susan.Kelly@blackburn.gov.uk

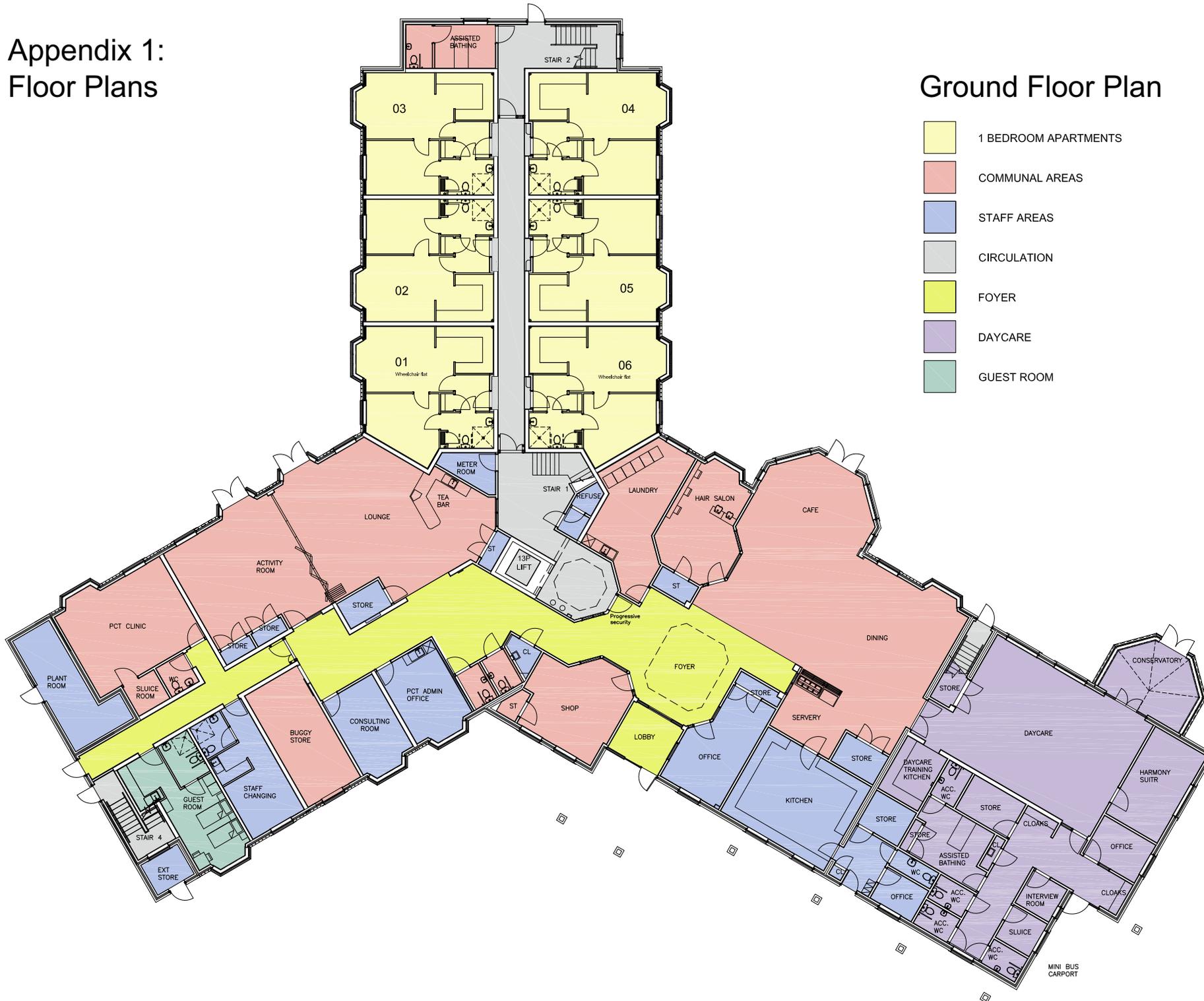
NHS Blackburn with Darwen

Anne Barnish anne.barnish@bwdpct.nhs.uk

Debbie Murphy, Manager Clinician, one of six short listed finalists for HSJ 2008

Awards in the Patient Centred Care Category debbie.Murphy@bwdpct.nhs.uk

Appendix 1: Floor Plans



Ground Floor Plan

- 1 BEDROOM APARTMENTS
- COMMUNAL AREAS
- STAFF AREAS
- CIRCULATION
- FOYER
- DAYCARE
- GUEST ROOM

All work to be carried out in accordance with the requirements of the Building Regulations and the Water Authority Regulations currently in force.
Do not scale from this drawing. Architect to be notified of any discrepancies.
Verify relevant dimensions on site before commencing work or preparing shop drawings.
This drawing is copyright.

NOTES

40 No APARTMENT EXTRA CARE HOUSING & DAYCARE MILL HILL BLACKBURN FOR HOUSING 21

GROUND FLOOR PLAN
AREA : 1516m²

All work to be carried out in accordance with the requirements of the Building Regulations and the Water Authority Regulations currently in force.
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NOTES

First Floor Plan

- 1 BEDROOM APARTMENTS
- 2 BEDROOM APARTMENTS
- COMMUNAL AREAS
- STAFF AREAS
- CIRCULATION



**40No APARTMENT EXTRA
 CARE HOUSING & DAYCARE
 MILL HILL
 BLACKBURN
 FOR
 HOUSING 21**

FIRST FLOOR PLAN
 AREA : 1245msq

All work to be carried out in accordance with the requirements of the Building Regulations and the Water Authority Regulations currently in force.
 Do not scale from this drawing. Architect to be notified of any discrepancies.
 Verify relevant dimensions on site before commencing work or preparing shop drawings.
 This drawing is copyright.

Second Floor Plan

NOTES



- 1 BEDROOM APARTMENTS
- 2 BEDROOM APARTMENTS
- COMMUNAL AREAS
- STAFF AREAS
- CIRCULATION

**40no APARTMENT EXTRA
 CARE HOUSING & DAYCARE
 MILL HILL
 BLACKBURN
 FOR
 HOUSING 21**

SECOND FLOOR PLAN
 AREA : 1245msq

Appendix 2

Bungalow Floor Plan

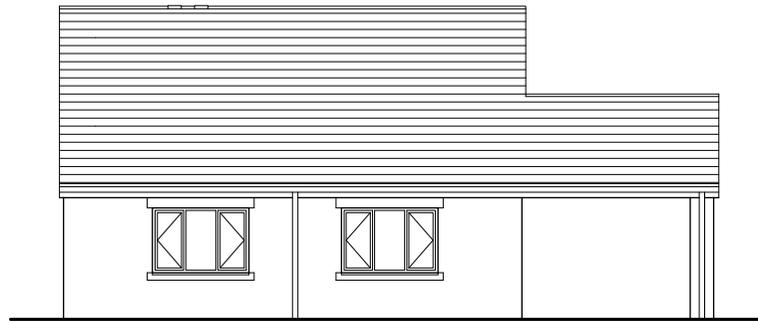
All work to be carried out in accordance with the requirements of the Building Regulations and the Water Authority Regulations currently in force.

Do not scale from this drawing. Architect to be notified of any discrepancies.

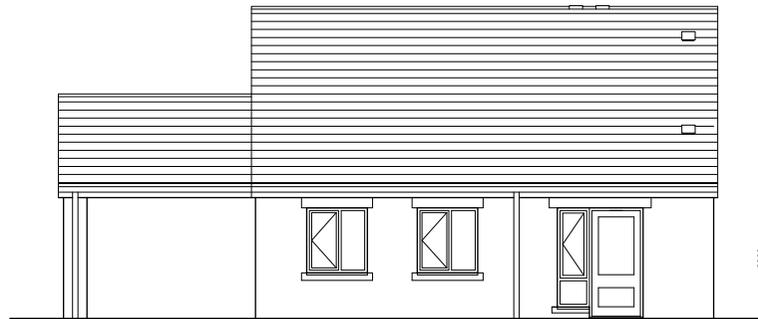
Verify relevant dimensions on site before commencing work or preparing shop drawings.

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NOTES



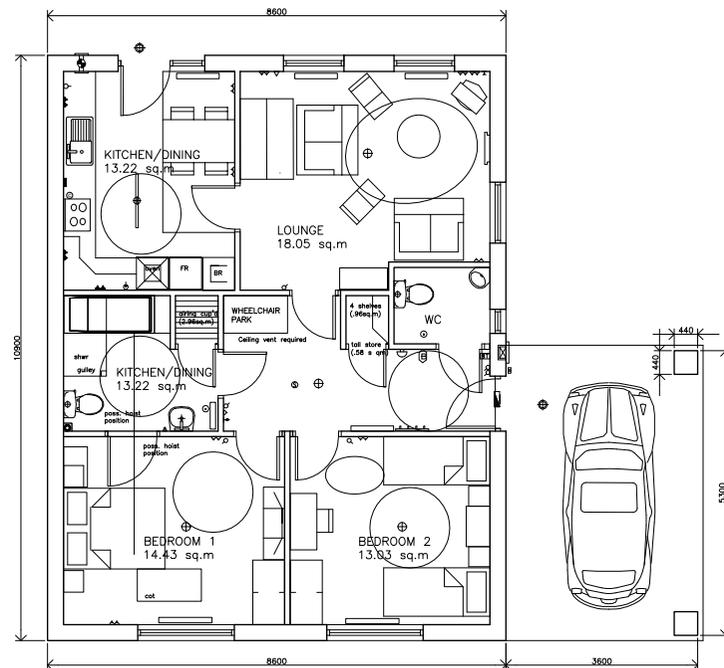
FRONT ELEVATION



REAR ELEVATION



SIDE ELEVATION



FLOOR PLAN

**40No APARTMENT EXTRA
CARE HOUSING & DAYCARE.
14No BUNGALOWS
MILL HILL, BLACKBURN
FOR
HOUSING 21**

**SINGLE 2B4P BUNGALOW
FLOOR PLANS & ENTRANCES
PLOT NO'S : 09 & 14**

CONSTRUCTION ISSUE

Drawing No. 04102/103	Revision
Scale 1:100	Date NOV 05 Drawn By PG

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Appendix 3:

Cost Efficiencies and Improved Community Health Care Provision

Since the clinic started in February 2008 - May 2008, 420 client's circulation has been assessed and they have been screened for peripheral arterial disease. During this time 72 clients have been diagnosed with arterial disease. Positive client outcomes have been achieved, the most significant are those clients who have had urgent intervention for ischemia. (See outcomes within supporting evidence for further in depth information).

Lower Limb Ulceration:

Cost savings in terms of preventing leg ulceration per client, based on a study by Tennvall (2006), are approximately £85 per week the average time for healing can be three to six months. Based on this time scale the cost of treating a venous leg ulcer for three months per patient would be £1020, the cost for six months treatment being double.

Below is a Cost Breakdown for Prevention:

£85 per patient x 12 weeks treatment = £1020 per episode

£1020 x 244 (total number of patients issued with compression hosiery as prevention that could possibly suffer from reoccurrence from ulceration or skin breakdown due to oedema) = £248,880

Cost of stockings for 244 patients - 2 pairs are issued at a cost of £30.00 x 244 = £7,320

The service was given £6,000 to set up the clinic. Initially, this funded a part-time health care assistant to support the team.

The cost of preventing lower leg ulceration has cost NHS Blackburn with Darwen £13,320, this is a significant cost saving to the organisation of £235,560 in prevention alone.

Arterial Disease:

The other cost benefits to NHS Blackburn with Darwen are in treating and managing peripheral arterial disease with medication, structured exercise programmes and surveillance. Clients who experience claudication (muscle pain when walking) present themselves to the clinic. All patients receive a vascular assessment, exercise testing on the treadmill if the results are inconclusive and a repeat Doppler assessment. Previously this procedure was carried out within the hospital setting. The purchase of equipment has enabled the patient to be assessed in the community (i.e. care closer to home and in line with recommendations outlined within Lord Darzi's Interim Report *Our NHS Our Say*) which has the function of assessing arterial and venous circulation. 79 patients have been treated and managed by the team. Based on HRG costs 2008 the cost of an assessment, scan and consultant opinion would be (see below):

One new client visit for assessment £172;

Follow up visit for scan £87;

Follow up visit for consultant opinion £87;

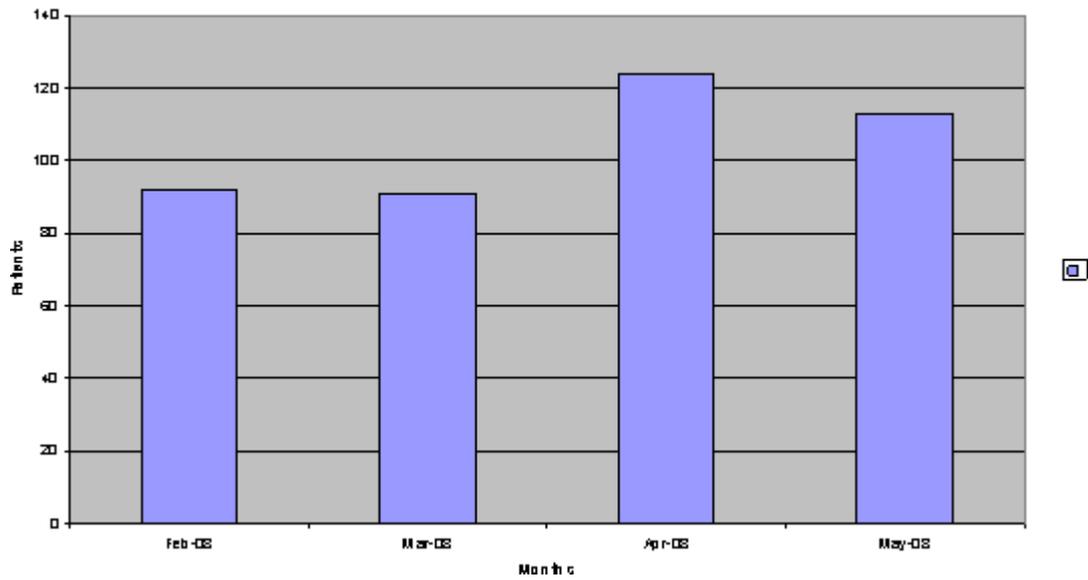
Total cost per patient £346.00

The cost saving to the trust in avoiding the 79 referrals into secondary care is £27,334

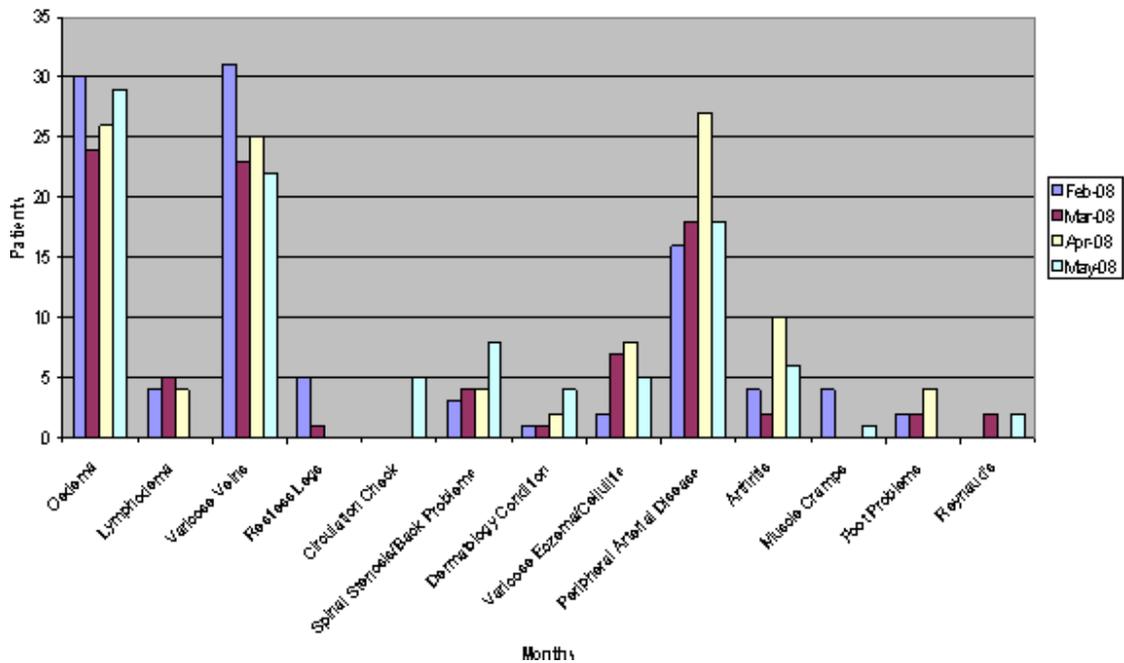
The cost of caring for an elderly clients with a primary diagnosis of vascular disease by the hospital is £4,676 (HRG CODE Q99) all the clients managed by the Healthy Legs Clinic are over the age of 60 years, this would equate to a saving of £369,404 by health education, monitoring and actively preventing the disease.

Appendix 4: Evidence from Healthy Legs Clinic

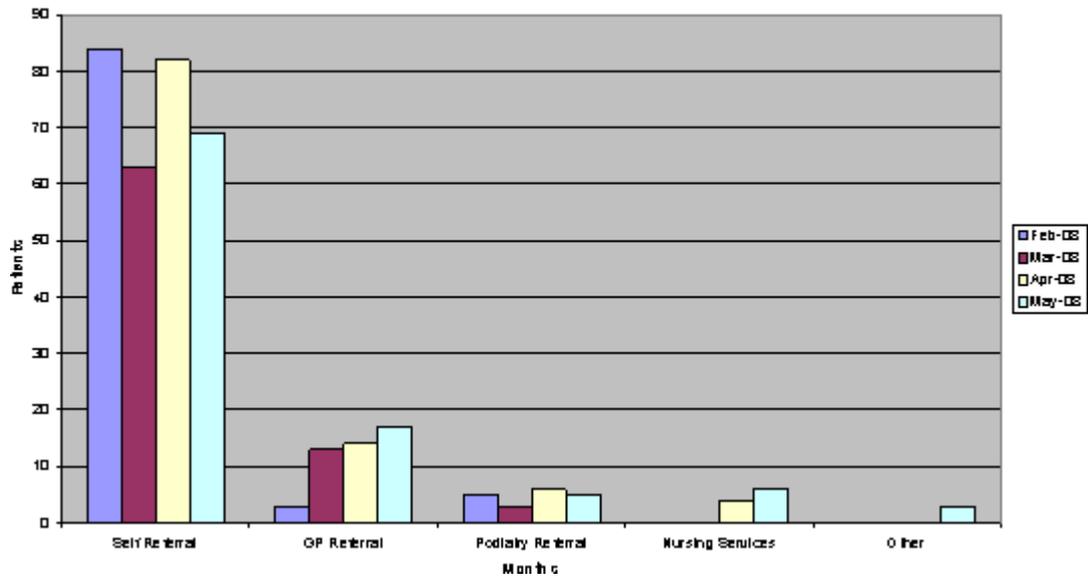
Total Number of Patients Seen



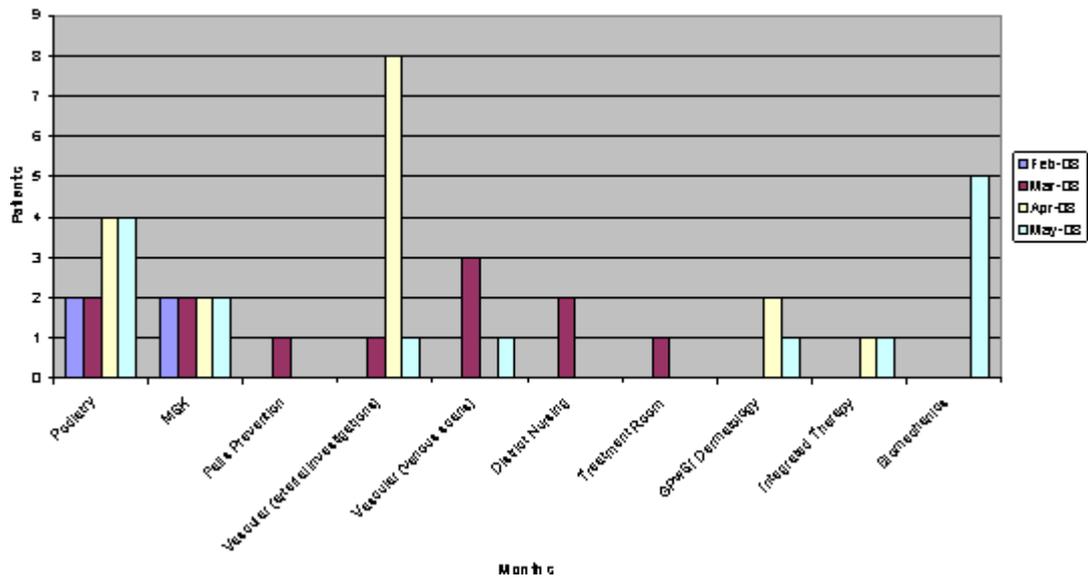
Conditions Seen & Diagnosed



Referral Source



Referrals Made to Other Services



Other Housing LIN publications available in this format:

- Case Study no.1: **Extra Care Strategic Developments in North Yorkshire**
- Case Study no.2: **Extra Care Strategic Developments in East Sussex**
- Case Study no.3: **'Least-use' Assistive Technology in Dementia Extra Care (Eastleigh)**
- Case Study no.5: **Village People: A Mixed Tenure Retirement Community (Bristol)**
- Case Study no.6: **How to get an Extra Care Programme in Practice**
- Case Study no.7: **Supporting Diversity in Tower Hamlets**
- Case Study no.8: **The Kent Health & Affordable Warmth Strategy**
- Case Study no.9: **Supporting People with Dementia in Sheltered Housing**
- Case Study no.10: **Direct Payments for Personal Assistance in Hampshire**
- Case Study no.11: **Housing for Older People from the Chinese Community in Middlesbrough**
- Case Study no.12: **Shared ownership for People with Disabilities (London & SE)**
- Case Study no.13: **Home Care Service for People with Dementia in Poole**
- Case Study no.14: **Intermediate Care Services within Extra Care Sheltered Housing in Maidenhead**
- Case Study no.15: **Sheltered Housing Contributes to Regeneration in Gainsborough**
- Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford**
- Case Study no.17: **A Virtual Care Village Model (Cumbria)**
- Case Study no.18: **Community Involvement in Planning Extra Care: the Larchwood User's Group (Brighton & Hove)**
- Case Study no.19: **Durham Integrated Team - a practical guide**
- Case Study no.20: **BME Older People's Joint Service Initiative - Analysis and Evaluation of Current Strategies (Sheffield)**
- Case Study no.21: **Estimating Future Requirements for Extra Care Housing (Swindon)**
- Case Study no.22: **'The Generation Project': a sure start for older people in Manchester**
- Case Study no.23: **Developing ECH in Cheshire: the PFI route**
- Case Study no.24: **Commissioning an ECH Scheme from Social Services' Perspective - Leicester**
- Case Study no.25: **Broadacres Housing Association Older Persons Floating Support**
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- Case Study no.27: **Dee Park Active Retirement Club - Age Concern Berkshire**
- Case Study no.28: **Essex County Council Older Person's Housing Strategy (Summary)**
- Case Study no.29: **Pennine Court: Remodelling sheltered housing to include Extra Care for people with learning difficulties**
- Case Study no.30: **Dementia Care Partnership: More Than Bricks and Mortar**
- Case Study no.31: **Anticipating Future Accommodation Needs: developing a consultation methodology**
- Case Study no.32: **Park View: an 'Independent Living' scheme with support for individuals with a learning difficulty**
- Case Study no.33: **Private Sector Leasing Scheme for People with Learning Difficulties in Norfolk**
- Case Study no.34: **Mini-Cost Model of Housing with Care Project**
- Case Study no.35: **Ledbury Community Health and Care Centre**
- Case Study no.36: **Duddon Mews Extra Care Scheme for People with Mental Health Problems and Physical Frailty in Cumbria**
- Case Study no.37: **Private Sector Engagement with Extra Care Housing Development**

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