

SUE GARWOOD  
EXTRA CARE SPECIALIST

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REEVE COURT  
RETIREMENT  
VILLAGE

ST HELEN'S

AN EVALUATION

EXECUTIVE SUMMARY - ABRIDGED

JULY 2008

# REEVE COURT EVALUATION

## EXECUTIVE SUMMARY

### INTRODUCTION

This independent evaluation of Reeve Court retirement village was jointly commissioned by St Helen's Council, Arena Options Limited and the Extra Care Charitable Trust.

The partners provided a range of factual information and quantitative data. These have been used in combination with material from interviews with staff from the three partner organisations and the PCT, and formal and informal interviews with residents. Of these, some received care and some did not.

The evaluation set out to answer specific questions in relation to: health and well-being outcomes; the way in which care and housing-related support are commissioned and delivered; the range and level of needs met at the village; community mix; value for money; and the effectiveness of processes at the village.

### THE VILLAGE

Reeve Court was opened in October 2004 and comprises 206 dwellings, 103 for rent and 103 for various ownership tenures. Arena Housing Group owns the land and its subsidiary, Arena Options, manages the landlord function for the group.

The Extra Care Charitable Trust (The Trust) manages the village and all on-site services apart from the housing element.

The village provides a wide range of facilities and services, including 24 hour care commissioned by St Helen's Council for about a third of the residents.

The Trust's mission statement is: "In a safe, secure housing environment, we will promote a positive image of ageing and encourage healthy, active lifestyles based on the imagination and ambitions of our residents, staff and volunteers."

### HEALTH AND WELL-BEING

***What are the health and well-being outcomes for people who live in the village, and what are the contributory factors?***

St Helen's block contract for care is divided into bands: Band 1 for those needing the least care and support, and band 5 needing the most, including nursing care. Residents move between bands if their care needs change significantly. Since the scheme opened, 50 residents have remained in the same band while 21 have needed more care, and 27 less.

A chi square calculation suggests that the number of people needing reduced levels of care is unlikely to be attributable purely to chance, and that living at Reeve Court appears to improve residents' independence more than might be expected from traditional home care in the wider community. A sense of improved well-being and satisfaction with having moved to Reeve Court was supported by interviews with "support"<sup>1</sup> residents, some of whom had moved from residential care to the village.

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<sup>1</sup> Residents who receive care as part of the block contract

*"I had nobody to talk to in my care home. I read about the village and decided to apply. I was very pleased to be offered a flat. It was a solution to my problems. I'm very pleased - my life has improved considerably. I now have two choices. To be on my own or talk to others. I feel safer and protected. I have four rooms instead of one and I feel included instead of excluded."* (Support Resident)

**Care and support is delivered by a dedicated "Support Team". It appears to be delivered in a holistic, responsive and person-centred way so that the individual feels in control.**

*"The care is better here although I need less of it [than in residential care]. They never let you down."* (Support Resident)

**However, it was apparent that whilst the culture of care is a significant factor in contributing to perceived improvements in well-being, many other aspects of living at Reeve Court are also important. Also, not only people with care needs experience positive well-being living at Reeve Court.**

*"I have peace of mind, a lot of outside interests, nice staff and always something to do. Moving here is the finest thing that has happened to me."* (Core<sup>2</sup> resident)

**The following elements (explored in depth in Section 3 of the report) all appear to make a positive contribution:**

- **A sense of safety and security – both physical and psychological – deriving from, amongst other things, physical features of the village such as progressive privacy, and round the clock availability of care and support.**

*"Come what may, we can manage here. Security from knowing help is at hand."* (Core resident)

- **Opportunities for social interaction, friendship and social inclusion.**

*"I used to be very isolated. Now I've got friends around. I think that's what I like most about living at the village – talking to people – that's worth getting up for."* (Support resident)

- **The wide range of activities to keep body and mind active.**

*"There's always something going on. There is so much going on, I no longer have time to do any needlework."* (Support resident)

- **A wide range of facilities enabling residents to meet with others formally and informally, and to pursue interests.**

*"We loved socialising. We would go to the bar lounge every night and he would play the piano"* (Core resident)

- **Opportunities for involvement including volunteering; around 65 residents undertake a range of volunteering activities, including day to-day running of the village and arranging activities.**

- **A range of services in addition to care provided by staff from the Trust and Arena, who are generally perceived as friendly and approachable:**

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<sup>2</sup> A resident not in receipt of care

- The well-being service is led by a trained nurse to promote good health and prevent ill-health. For example there is evidence of well-being checks detecting conditions early.
- The “Enriched Opportunities Programme” gives extra support to particularly vulnerable tenants, including those with dementia and learning disabilities, to help fulfil their potential.
- A pay-as-you go catering service provides meals and refreshments.
- Repairs and small-jobs services remove the burden from residents, provided they are done speedily.
- Design features of the properties and communal facilities, which are mostly disability-friendly.

Whilst all these elements play a part in optimising well-being, it is the Trust’s holistic ethos and the synergy of all these factors combining in different ways for different people that maximise many residents’ sense of well-being.

It was also clear that in order to benefit from living at Reeve Court, people needed to be attracted to the lifestyle offered, and feel able – albeit with support – to take part in some of the opportunities on offer. It does not suit everybody.

*“It does improve people’s health and well-being. The opportunity it presents for continued activity – physical, mental and social, and the way it enables you to get levels of care you wouldn’t get in your own home – on tap at the pull of a cord...well-being nurse, maintenance of properties...put it together in a pot and it has the desired effect.” (Core resident)*

## **CARE AND HOUSING-RELATED SUPPORT**

***What are the advantages and disadvantages of the way in which the care and housing-related support are commissioned and delivered?***

### **Care Commissioning Model**

St Helen’s has a block contract with the Trust to provide care for 65 residents at a given cost, made up of price per band multiplied by the agreed number in each band. The council also has the facility to spot purchase care for an additional 5 people. Although, in reality, the number in each band changes, St Helen’s has not exercised its right to review payments accordingly, and the Trust has regularly provided care to more than 65 people without calling on the spot purchase facility. It is an approach based upon reasonable give-and-take and mutual trust.

Some advantages of the model include:

- It is not as crude as a single amount per person would be, but is also not as rigid as an arrangement based on delivery of a prescribed number of care hours to an individual
- It is outcome-focused and enables the service to be person-centred and flexible
- It minimises bureaucracy whilst enabling St Helen’s to keep track of significant changes, saving on administrative and care management costs
- It provides predictability and certainty to both the Trust and St Helen’s

- It complements, and to a degree facilitates the cohesive, holistic approach of the Trust and Arena, which – together with the elements outlined in Section 3 – achieves health and well-being outcomes and optimises independent living

#### Disadvantages include:

- Care from the Trust only being accessible to residents via St Helen's block contract
- Complexity of band definitions which, whilst enabling flexibility, necessitate skilled judgement and reduce transparency

#### Value for money to St Helen's and individuals?

A snapshot from an HH1 form showed the actual number of residents in each band, and the average number of care hours provided. It shows that for the whole group, had St Helen's had to pay for the same level of domiciliary care in the wider community, they would have paid an extra £46K annually.

If the council had also paid the net cost for meals, day care and night time care (not routinely available) in line with the proportion in a sample of domiciliary care recipients, they would have paid £70K more.

At present, the gross costs to St Helen's for band 4 is just under £65K less p.a. than they would pay for these people in residential care, and for band 5, just under £11K less p.a. than they would pay for these people in a nursing home. These comparisons do not take into account that St Helen's would almost certainly receive higher contributions to charges from both home-owners and those on full benefits if they were in a care home. A net comparison if the whole group were on full benefits shows a saving to the council for the band 4/residential care group but extra expenditure for the band5/nursing home group.

Overall, the arrangement appears to provide good value for money to St Helen's for the block as a whole, especially when the additional services such as night care and other value-added elements of living at Reeve Court are taken into account.

However, some crude calculations of unit costs within bands suggest that the services and costs within each band are not properly aligned, so that income for services to the lower two bands subsidise the services in the upper bands.

This is particularly relevant to self-funders at the lower end of bands 1 and 2 who are unlikely to require planned care at night, and are likely to consider that the charge is expensive for the amount of care they receive. This is likely to become much more relevant with the introduction of individual budgets.

The issue is compounded because under St Helen's charging policy there is no cap on the amount self-funders pay towards care in extra care, whereas the hourly charge for domiciliary care is less than the full unit cost.

#### Individual Budgets

This evaluation concludes that living at Reeve Court fulfils the objectives of self-directed support to a considerable degree. Depending on how they are implemented, individual budgets risk undermining these outcomes.

Whilst it is important that people are free to choose who provides their services, insufficient amounts allowed in individual budgets and extensive off-site micro-commissioning could risk the viability of round the clock care provision and other services which enable delivery of a

cohesive, responsive and holistic service – thus putting in jeopardy the well-being outcomes that current arrangements enable.

It is therefore important that:

- the Trust ensures that costs and services are aligned as transparently as possible, and the services and benefits are clearly spelt out
- St Helen's reaches an agreement with the Trust that offers as much certainty as possible and ensures that the way IBs are calculated and implemented makes choosing on-site services at Reeve Court possible

### **Housing-Related Support**

As the main provider of housing-related support, the Trust is responsible for the contract with St Helen's and the residents.

The future of Supporting People funding is unclear. Assuming its continuation for the time-being, St Helen's is advised to jointly commission the care and housing-related support for "support" residents, and include the charge in the individual budget calculation. Integrated commissioning and service monitoring would complement integrated service delivery.

### **RANGE AND LEVEL OF NEEDS AND COMMUNITY MIX**

- *What level and range of needs can be met by living at the village?*
- *To what extent does the mix and balance of ages and abilities contribute to the well-being of the village community as a whole, can this be maintained over time and what are the implications if the rate of deterioration outstrips the vacancy rate?*

### **Range and Level of Needs Within the Support Group**

People at moderate, substantial or critical risk within FACS criteria may all form part of the "support" group. The group comprises people aged 55 and over with a wide range of needs, including physical frailties and disabilities, learning disabilities and mental health issues.

At point of entry, the last group does not normally include people with dementia, although couples where one has dementia are not barred, and, once there, people with dementia are supported to remain there as long as possible. Given the size and layout of the village this exclusion does not seem unreasonable.

The village supports people who would otherwise be in residential care. Twenty-one people moved to it from care homes. As has been seen, they generally thrive.

*"I lived in an independent home for vulnerable people with mental health problems. I needed more care than I was getting and didn't want to move to a nursing home. I was completely institutionalised and had to learn how to live again independently – how to use money, run a home, and pay bills. Since moving here my life has improved dramatically. I used to feel very isolated. I now have friends and better mental health. It came as quite a shock to realise that I was accepted. I have never looked back."*

For people in band 5, the nursing service can be seen as a much more flexible and responsive alternative to the district nursing service. The PCT is to said to recognise that it is a cost-effective service.

There are at least two, and probably more, people in band 5 who would otherwise be in a nursing home, where they would be unlikely to derive the many benefits of living independently at Reeve Court. However, band 5 could not be a complete replacement for nursing home care. The reasons for this are explored in the full report.

“A home for life” has so far been a reality for many residents. At the time of the study, 19 residents had lived at the village till death, although it is not known how many actually died at home. Only three people in the “support” group had moved to more intensive care.

### **Community Mix and Expectations**

In addition to the one-third of residents with care needs, anyone over the age of 60 (or 55 with disability) can apply to live at Reeve Court, and the vast majority of the core group are completely independent. People come to the village from a diverse range of socio-economic backgrounds.

There is a vocal minority within the “core” group who complain about the number and types of disabilities manifest in the “support” group, say they were not expecting such diversity, and are concerned about the impact of such a visible group on attracting “younger”, fit applicants who can take over the volunteering. These attitudes appear to create some community tension and appear to be a mix of intolerance, unfulfilled expectations and possibly some valid concerns.

Trust and Arena staff do their best to calm these issues. They do not de-rail community life, but prevent some of the positive benefits of a mixed community being fully realised.

*“There are different groups but mostly a united community.” (Core resident)*

All these issues are explored in greater depth in the full report, both in the context of “Community Mix and Expectations” and “Health and Well-being”.

These attitudes need to be taken into account should St Helen’s ever wish to see a shift in the ratio of “support” to “core” residents in order to house more people with care needs at Reeve Court.

### **Changing Needs over Time**

Over the years that Reeve Court has been open, fewer people with care needs have moved in than have vacated properties. This has enabled care to be provided to existing residents without increasing the size of St Helen’s block contract. The implication of this may be that, over time, a decreasing number of people with care needs will be able to move to the village from the wider community.

Nevertheless, it is recommended that the size of the block should not be increased unless a time comes when it is insufficient to meet the needs of people living in the village who come to require care.

Apart from a study over a 2-year period at Berryhill village<sup>3</sup>, and the Trust’s reported experience thus far, there seems to be little evidence in the UK to draw conclusions as to what might happen in the distant future. So far, it appears that the rate at which residents have declined and needed care has not outstripped the rate at which others fall out of the block. If this were to happen, it may become necessary to increase the size of the block contract, thereby altering the ratio of support to core residents.

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<sup>3</sup> Bernard, M et al (June 2004). *New Lifestyles in Old Age. Health, Identity and Well-Being in Berryhill Retirement Village.* The Policy Press

## VALUE FOR MONEY

### ***Does the village provide value for money to those investing in its services – both statutory funders and residents themselves?***

Whereas Section 4 considered value for money of care and housing-related support to St Helen's and individual residents, Section 6 includes accommodation and related costs. It considers these from the perspective of individuals, and – in relation to residential care – from the perspective of the state generally, rather than care and support commissioners only.

Depending on tenure, property type and care status, there are 72 different permutations and therefore potential revenue cost totals to stakeholders. Value for money may be perceived quite differently by residents who are in receipt of the full suite of state benefits and those who are responsible for paying all charges themselves. Thus the picture is extremely complex and it has only been possible to give a "flavour".

Some self-funders raised particular concerns which they perceived as unfair. They were also concerned about rising costs. The Residents' Association has ongoing discussions with Arena and the Trust, and residents were pleased that a way was found to reduce gardening costs.

### Comparisons with other housing settings

There is nothing precisely parallel to Reeve Court in the surrounding area against which to compare costs, so comparisons were made with a range of other housing settings and similar developments elsewhere, to gain an impression of whether costs at Reeve Court deliver value for money. In summary:

- Rents at Reeve Court seem to offer good value for money. Some state contribution to the capital costs will have made these rents possible.
- The prices at which the properties were bought appear to be reasonable and were generally perceived to be so by those who commented.
- Taking into account the range of facilities at Reeve Court, the combined accommodation-related service charge and support charge for tenants seem about average and reasonable for what they cover.
- The same charges plus additional management and maintenance charges for leaseholders seemed reasonable, being slightly more expensive than a scheme with many fewer facilities, but less than a similar development and a private one elsewhere in the country.

*"It looks a lot because it includes a lot. Generally people do think that they are getting value for money." (Residents' Association representative)*

### Comparisons with Care Homes

Two scenarios out of the many possible permutations were costed for comparison.

All the fixed costs associated with someone in Band 5 renting a one-bedroom apartment were compared to the cost of nursing home care, based on St Helen's indicative price and the PCT contributions. In this scenario, the fixed costs at Reeve Court are higher than the costs of a nursing home to both full cost self-funder, and to the state for someone on full benefits, with a difference in the overall costs being in the region of £110 per week. As



previously described, living at Reeve Court arguably offers many benefits over nursing home care.

The same calculation was made based on an outright owner of a one-bedroom apartment in band 4 compared to residential care. Reeve Court costs less to a self-funder than residential care, but doesn't take into account food costs which would be extra. If the minimum £98.60 contribution to residential care costs from someone on full benefits is seen as coming from the state, then Reeve Court also costs less than residential care to the state.

### Conclusion

Provided partners continue working to keep costs to a minimum, it seems reasonable to conclude that the added value to most residents at Reeve Court delivers value for money to all stakeholders.

### **CONCLUSIONS**

Reeve Court appears to maximise health and emotional well-being for many of the people who live there, providing a wide range of opportunities to achieve and enjoy life, and supporting vulnerable residents to do so. It is likely that this has the effect of prolonging independent living. At the same time it is not for everyone, and positive outcomes will not apply in every case. It is a lifestyle choice and potential applicants need to understand what that lifestyle involves.

Priorities for action include:

- Jointly developing a commissioning approach compatible with "Putting People First" which maintains or strengthens the current good record on personalisation, well-being, choice and control outcomes. Assuming bands continue to apply, work needs to include re-alignment of band costs and services
- Continuing work to promote inclusion and tolerance within the community
- A number of practical measures: seating areas along streets, and wire shopping baskets.

*"Whilst not a universal panacea it does what it aims to do - for the most part - very well." (St Helen's interviewee)*