Associated Retirement Community Operators (ARCO)

Submission of Written Evidence to the Draft Care and Support Bill Committee

January 2013

About ARCO

- ARCO (Associated Retirement Community Operators) is a recently established trade body combining the largest private and not-for-profit providers of retirement communities and extra care/housing with care. Together, current ARCO founder members provide housing with care to around 20,000 residents, making ARCO the authoritative voice of retirement community/extra care providers in the UK.
- ARCO members include: Anchor Trust; Audley Court Ltd; ExtraCare Charitable Trust; Hanover Housing Association; Housing 21; LifeCare Residences Limited; MHA (Methodist Homes); Midland Heart; One Housing Group; Retirement Security; Retirement Villages Group; Richmond Villages; St. Monica's Trust.
- ARCO believes that the potential market for retirement communities and housing with care is significant and growing, and is constrained only by lack of funding, market awareness and the vagaries of the UK planning system.
- Therefore, ARCO is working towards increasing the awareness of the benefits of retirement communities and extra care among planners; local authorities; health professionals; policymakers; and the wider public.
- In addition, ARCO will be the main body setting standards for retirement communities in the UK, and membership is conditional on members' schemes complying with the ARCO Charter.

1. What is your view of Part 1 of the draft Bill (care and support)? In your view, are there omissions in this part of the draft bill?

I. ARCO, in general, supports the measures laid out in Part 1 of the draft Bill however several key issues relating to extra care and housing with care for older people have been omitted. ARCO believes the Bill could be greatly improved by their inclusion, particularly as the extra-care model is grounded in the promotion of individual well-being and preventing the escalation of need for care and support, the central tenets of Part 1 of the draft Bill.

II. Section 8 of Part 1 of the draft Bill lists a number of ways that local authorities can meet care needs but does not explicitly mention extra care. Extra care is a very distinct service offering when compared to the more traditional forms of care provision such as care or nursing homes and should therefore be referenced within the draft Bill or indeed the accompanying guidance. The extra care model has the advantage of allowing older people to own their own home or achieve security of tenancy; maintain their independence whilst avoiding isolation; and receive the correct level of care for their needs at any one time. In turn the model facilitates a significant reduction in the number of avoidable hospital admissions (due to a lower risk of slips, trips, falls and dehydration) and the overall burden on the NHS and other local health and social care services. A study by the International Longevity Centre (2011) found that people living in extra care aged 80 and over spent on average 4.8 nights per year

in hospital, compared to 5.8 nights for a similar sample living in the community. The subsequent cost savings equated to £512 per person[1].

III. Including explicit mentions of the extra care model of care and support would encourage local authorities to consider these models as useful ways to meet care requirements i.e. promoting the general, mental and physical health and wellbeing of older people, keeping them healthy and reducing their need for acute care.

IV. The draft Bill also explicitly aims to encourage greater integration between health services, care and support services and housing. Local authorities would be better placed to achieve this aim if the draft Bill required them to consider a variety of housing options for older people as part of their Joint Strategic Needs Assessment and their Joint Health and Wellbeing Strategy.

V. Paragraph 6: Section 4: Part 1 of the draft Bill does not include Health and Wellbeing Boards as a relevant NHS body to local authorities providing care services. This omission may make integrated care services difficult to achieve as the Boards will be a key forum for local health and social care leaders to use to achieve more integrated services. ARCO feels that the Bill would benefit from their explicit inclusion.

2. Does the draft Bill make sufficient provision to achieve the Government's stated goal of greater integration within the NHS and with care and support and housing?

I. The draft Bill makes a number of positive steps towards achieving greater integration between the NHS and care, support and housing services. ARCO fully supports the Bill in achieving this aim. However, we also feel that the draft Bill must demonstrate in more detail how integrated services will be delivered.

II. Extra care services can fill the gap between health services, care and housing. Extra care services firstly provide secure housing, allowing older people to own their home or achieve security of tenancy. Secondly, by providing 24-7 onsite care on a sliding scale, the health and care needs of service users can also be provided for. This not only improves health outcomes for older people using the service but it can also reduce the burden on health services associated with avoidable hospital admissions and excess bed days. Essentially, residents in retirement communities are able to 'age in place', removing some of the fear and uncertainty associated with advancing age. The integrated care provided by extra care can also relieve pressure on existing carers, another priority identified within the draft Bill.

III. For a fully integrated system, local planning strategies (Local Master Plans) must also be considered alongside the locality's health and housing priorities. By ensuring these strategies are fully aligned, the extra care sector will be in a position to grow and continue to meet the housing and care needs of future generations.

11. How can local authorities ensure that the local care market provides enough care services to meet local needs? How can they encourage a diverse range of high-quality providers?

I. The draft Bill makes a number of steps in the right direction in terms of encouraging diversity in the care market. ARCO welcomes the provision that local authorities will be required to

[1] International Longevity Centre, *Establishing the Extra in Extra Care, p.9* (2011)

promote the effective operation of a market for services and that a feature of such a market will be having a variety of high quality service types to choose from.

II. It is encouraging that local authorities will be required to have a regard for the "efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision." Extra care is an innovative model which provides high quality care and has the potential to improve the quality of life for a significant number of older people. Extra care should therefore be seen as a firmly established alternative to other models of care provision. However, the draft Bill does not include details on how the "variety of providers" or the "variety of high quality care" will be defined. ARCO would like to stress the importance of extra care being included as one of the types of provision that local authorities should have a duty to include within an efficient and diverse care market.

III. Whilst it is encouraging that the draft Bill requires local authorities to work with housing, health and care organisations when planning an individual's care requirements, ARCO would like to re-iterate the importance of the planning and development process in providing a diverse range of care. Greater co-operation between planning authorities and care providers is essential in ensuring that a diverse range of high quality service providers, including extra care facilities, can be developed and maintained in a local authority area.

25. Does the draft Bill promote greater integration between health, social care and housing around hospital discharge?

I. A key advantage of the integration of health, social care and housing services will be to reduce avoidable hospital admissions and to reduce the level of readmissions if an initial entry to hospital is necessary. This will improve both the health and wellbeing of older people and will reduce the financial and bed space burdens of these admissions on the health service.

II. Extra care services, as provided by retirement communities, are particularly applicable in this case. Retirement communities actively strive to enhance the quality of life for all of their residents with care and support needs, however great or small those needs might be. When a resident's care needs do escalate, the provision of 24-hour on-site care should enable them to remain in the retirement community, and out of hospital, for as long as possible. This level of care provision, coupled with intelligent build and design, significantly reduces the likelihood of slips, trips, falls and dehydration – the principle (avoidable) causes for admission to hospital amongst older people.

III. Should residents have a stay in hospital, it is likely that their access to 24 hour, on-site, flexible care at the retirement community will allow for prompt discharge. Significant savings can then be made by the NHS, particularly in reducing the costs associated with delayed discharge, 'bed-blocking', avoidable admissions and re-admissions.