EXTRA CARE HOUSING

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Tony Homer
JIT Associate

Definition

The definition of extra care housing below is based upon that used in the recent Review of Sheltered Housing in Scotland, undertaken by the Centre for Housing Policy and York Health Economics Consortium at the University of York, for the Scottish Government.[1] The report describes extra care housing as "accommodation which is generally suitable for frailer people who might otherwise move into a Care Home. Although similar to schemes with wardens, extra care or very sheltered housing schemes usually allow for the provision of additional care services. They may also have additional facilities (e.g. provision of an assisted bathroom) and provision of meals. However, it should be noted that there is no single model for this type of housing, and provision can be varied."

Extra care housing schemes are designed to meet the needs of service users who have substantial care and support needs, have been subject to a SSA, who meet local social work eligibility criteria and who are likely to have used local health or social care services of some sort, before moving into extra care housing. They may be in residential care, their homes may no longer be suitable given their frailty or physical disability or they may feel vulnerable and at risk in their own homes due to social isolation or bereavement, or any combination of these. Often they may not have a sustainable network of family or other informal carers. For these groups, the development of imaginative housing based models of care and support offers the prospect of a more personalised service, reducing but not removing risk and of a supportive community that nevertheless leaves them free to be as independent as they can or wish to be.

Increasingly the emphasis is upon the development of flexible, joined up health and social care services that operate at a locality level, to meet the needs of service users in whatever type of housing they may live.

Extra care housing is therefore typified by a particular type of arrangement that delivers these flexible, joined up services across a single site or locality. Such schemes offer;

> *…flexible, person centred housing and care support to older people, available as required on a 24 hour basis. The support should be provided within an enabling culture focused on maximising each person's capacity for a better quality of life. Extra care housing schemes meet the spectrum of care and support requirements of older people with needs arising from physical frailty, mental health conditions or a complex mix of care needs*

[1] Review of Sheltered Housing in Scotland, Scottish Government 2008

Key Features

The most important feature of extra care housing is that it meets older people's wishes and aspirations for their quality of life as an alternative to care home provision or intensive care at home, when it is no longer possible to live in their own homes.

In policy terms, extra care housing is likely to have the greatest impact upon partnerships' ability to achieve key national health and community care policy targets relating to shifting the balance of care, personalisation and long term medical conditions. As regards local housing strategies the development of extra care housing will support increased access to affordable housing for people with higher level needs and free up properties for family living that may otherwise have been under-used.

The key features of extra care housing can be summarised as:

- Living **at** home – not **in** a home
- Good personal living space
- Having own front door
- Flexible support and care based on individual need
- Opportunity to rebuild or maintain independent living skills
- Accessible buildings and Telecare
- A real community and often benefits that are accessible to the wider community

Good practice in extra care housing is about more than this though. It is commonly characterised by an approach which actively engages with users to test their perceptions of what they can or cannot do. It supports and encourages re-skilling and personal growth through building a positive mental attitude and responsible risk taking in order to develop greater confidence and self reliance.

Social context

Both extra care housing and care homes involve living in close proximity to other people. In extra care housing the allocation of space favours private over shared space and the philosophy of care promotes independent living and mutual inter-dependence between neighbours and individuals. Eating arrangements, the type of shared space and links with family and the community all affect how an individual chooses to spend their time. In care homes the allocation of space favours shared over private space and the philosophy of care promotes opportunities for supportive social networks and relationships within the resident group.

Maximising choice and opportunities

Risk means different things to different people, but in most cases people are themselves best placed to know what they are comfortable doing and what causes them the greatest concern and anxiety. People living in their own home are free to control most aspects of their lives and few people, beyond immediate family, understand what behaviour is 'normal' for them and what they consider to be 'acceptable' risks.

In all care and support settings risk is an important consideration in assessing someone's needs and lifestyle. In extra care housing, there should be active encouragement of responsible risk-taking and there are very few circumstances when this has to be subject to overriding considerations relating to the vulnerability of the wider resident population. Smoking, alcohol consumption and drug taking are issues that frequently pose challenges regarding individual rights and responsibilities that do need to be addressed. In care homes maximising choice and opportunities can be particularly challenging because by their very nature care homes have to ensure that risks associated with activities of daily living (ADL) and group activities are appropriate for more vulnerable residents and there is often therefore a lower threshold to the flexibility that can be afforded to more able residents.

Cost and funding considerations – living in Extra Care Housing

People living in extra care housing schemes may be tenants, have a shared equity stake or be sole owners of their property. Whichever of these applies, they will be responsible for meeting the costs of occupying their property but will remain eligible for all benefits or allowances for which their disability or income status may qualify them.

Typically, home owners will be required to meet the cost of their mortgage, council tax, heating and light, cyclical and ad hoc property maintenance. Those home owners living in serviced flats will also have to pay a service charge for communal facilities, cleaning of shared areas and possibly, a concierge service.

Tenants will normally be required to pay their rental charge, council tax, heating and light. The rental charge will include a housing management element covering such as communal facilities, cleaning of shared areas and possibly a concierge service.

In extra care housing the service charge for owners and the housing management element of the rent for tenants may include a meals charge, if these are provided as a condition of the sale or lease. Also for tenants in extra care housing, a single service charge may be levied covering the cost of facilities such

as laundry and communal cleaning, heating and light, and council tax, in order to simplify the payment arrangements.

For eligible tenants, housing benefit will meet the rent and housing management and at least some of the meals costs. The service charge will be met from owners/tenants' personal income, including their state and any other pension and any allowances related to a disability. Council tax would be reduced by any rebate that clients' may be eligible for, according to their income status.

On the care and support side any personal care costs are covered by clients' eligibility for Free Personal Care. Other domestic care and housing support will be means tested and if necessary, paid for from the tenants' pension, other income and any allowances related to a disability.

Overall, extra care housing owners/tenants retain their full income and can choose for themselves, subject to any services that are provided as a condition of the lease, which services they wish to purchase and how they want to spend their remaining income. Self payers will meet their own costs, as they would in a care home or any other setting, except for personal care which will be free if they are assessed as needing it.

Costs and funding considerations – developing Extra Care Housing

Accommodation within extra care housing is eligible for Housing Association Grant (HAG) if the development is undertaken by a Registered Social Landlord (RSL). Alternatively, the RSL may secure funds from a private lender to contribute to meeting the capital costs. This is in contrast to registered care home provision which does not qualify for HAG and is more likely to be dependant upon public or private borrowing.

Otherwise councils may part fund a scheme from their Housing Revenue Account, reserves or under the prudential borrowing regime. In some cases councils may contribute 'in kind' resources such as land to reduce financial costs or contribute funds secured from private developers, to fund the development.

A Mixed Population

In most cases extra care housing is considered in the context of older people's services. The impact upon services of supporting more people with long term conditions in the community, the growing incidence of other additional needs amongst the older population (such as a learning disability and mental health conditions) and the need for increasing differentiation across age bands as the number of the oldest older people increases, highlights the importance of extra care housing's potential to meet the needs of a greater variety of clients.

Given the focus upon independent living in extra care housing, adults with many other particular needs may, relatively easily, be accommodated alongside older people. Young parents or teenagers with substantial care and support needs are likely to present greater challenges to the continuing harmony of a scheme that has a substantial proportion of older people. There is evidence that different age groups with varying lifestyles can bring both benefits and problems at an individual level but that overall, older people do not find this arrangement conducive to a good quality of life.

It may be useful to consider local experiences in sheltered housing schemes but many newer schemes incorporate separate areas for different groups in housing need and by careful separation and management of movement around the building it is possible to incorporate a positive mix of needs, ages and lifestyles which enhances the community without undermining the quality of life of the older and more frail residents.

The merits of a mixed population are that it avoids creating an environment which all too easily resembles a care home, if not in name then by virtue of the impact of care arrangements, the amount of equipment and staffing levels upon daily living. A mixed community helps to establish normal household routines, to create opportunities for social interaction across the generations and to provide an altogether more inclusive style of living.

Access Arrangements

In the context of a whole system approach to service re-design extra care housing offers elements which are increasingly being specified as necessary features of all locality support and care service networks for older people, whatever their housing arrangements. Service co-location, time and cost efficiencies, and integrated living space and service delivery are widely recognised by commissioners as being key components of effective services that deliver the outcomes that service users want.

Referral, assessment and allocation for ECH

Most extra care housing is in the public sector and provides rented accommodation. This enables access to be subject to gate-keeping by housing, health and social care partners. There is likely to be an increase in extra care housing delivered by the private sector and RSLs aimed at owner occupiers, many of whom will retain their eligibility for care and support assistance. Schemes will need to be developed in collaboration with statutory agencies to help ensure the appropriate range and level of care and support services are available. This will reduce the gate-keeper role but partnerships will still need to determine people's care needs and specify the required service.

It is important that extra care housing is planned and delivered in such a way that it enhances the ability of local partnerships to deliver on their strategic priorities of meeting the support and care needs of older people, shifting the balance of care, investing in preventative and anticipatory services that address the needs of people with long term conditions and promoting personalisation and choice.

Alongside extra care housing's focus upon people with higher level needs, it is important that it is able to provide for a range of needs in order to maximise the benefits for everyone, recognising that needs go up and down. Service users who have long term conditions or require long term preventative support to reduce the risk of relapse are likely examples of service users who could benefit from extra care housing.

Extra care housing can only do this if admissions are managed jointly by local partners. The specific role of the scheme within the mix of local services will determine the specific criteria and priorities in each case, but as a minimum the admission process should incorporate:

- Single shared assessment
- Application of care service eligibility criteria
- Assessment of housing allocation scores

Referrals should be considered by a dedicated admissions group which includes representatives of the care and support commissioner, housing provider, care and support provider and local health services representative. It would not only be responsible for managing applications fairly and efficiently, but also for maintaining any previously agreed population mix and determining whether the best interests of applicants would be served by them being offered a place, given the existing needs profile within the scheme.

Individual care packages should be monitored and reviewed according to normal community care practices. This will help to ensure that the delivered service is responsive to service users varying needs and that the rights and responsibilities of tenants are properly accounted for both at the time of admission and throughout someone's stay. Partnerships should consider using the Talking Points Service Evaluation Tool to ensure a focus upon outcomes. See the following link for details:
http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/

Assessing risk and maximising potential

Assessing needs and applying criteria to determine eligibility describes the general process with which all social care professionals will be familiar. However, the specific purpose of extra care housing presents both challenges and opportunities for some groups of older people, their family and informal

carers. The risks and potential for people with various needs are considered below.

People with dementia

Dementia is an umbrella term for many different chronic and usually progressive disorders, the most common being Alzheimer's disease, vascular dementia, dementia with Lewy bodies and fronto-temporal dementia. Dementia is also higher risk for people with learning disabilities, Parkinson's disease and alcohol related brain damage. People can have more than one type of dementia. The process is different for each person, but usually involves reduced abilities to understand, remember, communicate and reason.

Person-centred, individualised care and support is the key to maximising the potential of the person with dementia, supporting family carers, preventing avoidable deterioration and improving quality of life (NICE, 2006). Some people already have a diagnosis of dementia when they move in to ECH; often, the condition only becomes apparent after a period of time.

People with limited capacity:

If someone has the mental capacity to enter into the necessary legal commitments on admission and retains this capacity, no substantial issues regarding capacity arise. If at the time admission is being considered, someone lacks the capacity to make the necessary legal commitments then consideration will require to be given to how they can be supported to fulfil their obligations as a tenant, for example through guardianship.

If capacity reduces after admission to the point where arrangements under the Adults with Incapacity legislation are necessary, careful consideration will be needed as to how tenants can participate meaningfully and fulfil their housing-related obligations, though they can often be assisted to do so.

Family conflict and role of carers

Clients' apparent abilities can reflect historical caring roles/patterns that in fact, reflect the carers agenda as much as they do client needs. Moving into extra care housing provides a fresh opportunity to review and re-shape informal care input in the context of the available professional service. Undertaking a carer's assessment may help to identify other patterns/role/focus which would better assist the carers continuing input whilst relieving any unnecessary burden.

Service Specification and Contract Arrangements

Extra care housing is intended to provide flexible support and care solutions that commonly involve housing management, support and care services based in the development itself. This may not always be the case however and depending upon existing community care and health provision in an area, some services may be delivered into a development by existing community resources. It is usual for primary health care to be provided in this way and many schemes will have a dedicated District Nurse, Physiotherapist, Occupational Therapist and General Practitioner who visits on a regular basis.

Services can be provided by staff with separate skill sets, such as housing support, personal care or housing management or though multi-skilled staff working within an integrated team. Similarly on-site management of housing and care/support aspects may be integrated or separate. Most of the available evidence suggests that integrated management and staffing arrangements deliver a more flexible and seamless service that is also better equipped to deal with unplanned contingent tasks as a result of staff's holistic understanding of residents' needs and preferences. Where a scheme is developed and managed by an RSL and the local authority provides the on-site care and support, efficiencies are still achievable through the co-location of clients and service staff.

All of these service delivery options can be employed on a single site, or across other models such as core and cluster or a dispersed scheme. They are similar to the approaches that are used to provide joint locality community health, support and social care services.

The extent of a service's flexibility is significantly influenced by the contract arrangements under which it is provided. Contracted service levels are often based upon the aggregated assessed needs of the resident group and target outcomes, which can be expected to vary as people's health changes and as residents come and go. The aggregated care needs variability is usually met through a block or cost & volume contract for an agreed minimum number of hours, supplemented by spot purchasing of additional hours to reflect variations in needs. Required hours can go up or down and additional or reduced hours relative to the contract are netted off against each other on a monthly basis and variations to payments are made accordingly. Most core contracts attempt to ensure that time is available to enable staff to undertake contingent tasks, spend time talking to residents and generally providing person centred social contact and activities.

Where the local authority commissioner is the care and support provider, a Service Level Agreement should be in place with similar details of the delivered service being specified as for external providers. In these cases, an additional time allocation to enable the necessary liaison and co-ordination to take place

between the care and support provider and housing management provider will need to be incorporated into the core hours.

Detailed consideration of the most suitable procurement and contract arrangements will be required in each case to ensure that the delivered service reflects the best possible 'fit' with local circumstances. This will be the subject of a separate advice note.

Regulation

The care and support services provided within extra care housing will be registered with the Care Commission as Care at Home, Housing Support or a combined Care at Home and Housing Support service.

Where a single voluntary sector provider delivers both care and support it is likely that both will be inspected at the same time. Where care and support are provided by different agencies the elements may be inspected at different times.

Further information about the Care Commission's new inspection regime, including its new grading system are available at http://www.carecommission.com

Build Options

The service specification should be used as the basis for the build/design specification. The build/design specification should cover 3 elements – living units/accommodation, shared facilities and occupant/community resources. In the accommodation section there should be specific reference to housing standards regarding space and accessibility, the number of required bedrooms, provision for telecare and structural features such as tracking, lighting, heating surfaces and furnishings. In the shared facilities section, eating arrangements should be dealt with fully and any proposal for a café or other community resource space explained from both the tenant and public perspective. The community resources section should specify any aspects that are considered crucial for local residents, access and egress arrangements for tenants and others and how community access is likely to impact traffic flows and tenant privacy. People with particular needs such as dementia, physical disability or sensory impairment should also be considered here.

Development Opportunities

Telecare

The expansion of telecare in recent years is seen as having the potential to enhance outcomes for clients at the same time as it increases the cost effectiveness of community care interventions. Its ability to assist in the effective management of risk and to pre-empt future crises through activities for daily living (ADL) monitoring and pattern analysis represent some of the key benefits of this still evolving area.

In extra care housing these benefits are multiplied by virtue of the efficiency gains associated with the clustering of vulnerable clients and care services. Staff time can more easily be focussed upon required rather than anticipatory care tasks, leaving more time for contingent well-being and lifestyle enhancing work with clients. This represents real added value for the client, and yet in many circumstances will be achieved at a reduced, rather than an increased cost to the commissioner.

Whilst the achieved outcomes and cost benefits of telecare have as yet been sparsely researched, experience to-date suggests that the integrated services provided in extra care housing schemes, will benefit substantially from Telecare by virtue of the holistic range of indicators and related conditions that it is able to report on. The availability of joined up information positively assists the delivery of joined up services.

Dispersed arrangements

Proposed care and support arrangements and the build specification often take precedence in early planning for extra care housing. In many cases however, site considerations are the key to unlocking the potential of the model or conversely, having to re-think to account for what is practicable within a given area.

A single site option provides opportunities to maximise operational efficiencies and cost effectiveness but where space is at a premium can also limit the scope to supplement living accommodation with communal or community resource space, resolve the potential tensions of a mixed community and deliver the highest levels of accessibility and outside space.

Where several smaller sites and/or existing accessible housing is present within a particular area, the potential exists to consider a core and cluster model, with a more intensively supported central unit providing support to dispersed properties. Alternatively the option of locating different needs and lifestyle groups in locations that best meet their requirements is available and also the build

specification on the different sites could be varied to meet the differing accessibility and resource/communal requirements of tenants.

Mixed tenure

The predominant tenure of older people is owner occupation and yet to-date, few publicly funded or RSL developed schemes offer this option. Increasingly, shared equity schemes are recognised as an important step towards responding to the aspirations for home ownership of younger people who have previously rented. At the same time, there is little evidence that publicly funded schemes are seen as potentially selling units in order to meet the demand from older homeowners with care and support needs. Traditionally this demand has been met from specialist private home developers.

The modern design and build standards reflected in the best extra care housing schemes provide an excellent basis from which to re-consider the potential to respond to the needs of homeowners and at the same time, reduce the cost to the public purse of developing such provision. Selling ECH units reduces the overall cost of a development, thereby enabling the rent levels charged to tenants to be lowered.

Personalised care

Opportunities are beginning to emerge for individual residents to purchase some of their care in extra care housing as Self Directed Support, through more flexible commissioning arrangements. Whilst a core contract may be necessary to ensure that a minimum of support is always available via an on-site team, residents can be freed up to purchase additional Personal Assistant or agency care for themselves or to purchase additional hours of support from the on-site team according to their personal needs and wishes. Self funders should also be able to purchase any care services they wish.

Potential hurdles to be overcome

Specialist v accessible housing

The requirements of the latest Building Regulations and of Housing for Varying Needs, the Scottish Government's required standards for social housing, together provide the baseline upon which the design brief is developed.

Maximising accessibility, effectively future-proofing schemes for almost any possible use, can lead to an excessively high specification which is not necessarily best suited to the particular needs groups for which it is initially intended, and costs which are unaffordable. Striking a suitable balance between

accessibility and present-day planned usage is important if schemes that are fit for their current proposed purpose are to be developed.

Mixed populations and the particular needs of frail older people

Accommodating people with a range of particular needs in ECH brings both benefits and difficulties but it is important that these potential tensions are acknowledged and addressed during the development phase in order to avoid difficulties later on. Locating clients of different ages or lifestyles in discrete areas of a scheme may offer a simple and effective solution, although site layout and accessibility considerations will be important considerations.

If schemes involve dispersed units on one or more sites, this issue may be more easily overcome.

Complex and uncertain funding structure

The capital and revenue funding options for extra care housing are complex and can create uncertainty during planning regarding the income that is available to individual clients, whether funds will be allocated by the relevant public bodies to enable developments to proceed and whether the cost of borrowing is affordable to those funding the development through private loans.

Complex arrangements to deliver a seamless service

One of the strengths of extra care housing is its ability to offer considerable flexibility in responding to different client needs profiles, commissioning arrangements and existing community care and health service arrangements.

At the same time, this flexibility can make it difficult for planning partners to draw clear lines in the sand and be confident that the operational arrangements that are put in place represent the best possible option from the many that may have been considered. Over time this uncertainty may be manifested through continual tinkering with contracts or strains in the operational arrangements with community services.

It is important for planning partners to recognise that it is never possible to get it exactly right and even if it was, changing occupancy and changing needs will necessitate changes over time.

It is important to build as much flexibility as possible into the design and service models whilst recognising that there will always be compromises to be made along the way.

Uncertainty about the level of care that can be provided

This paper provides some indicators as to who might be best suited to extra care housing and what levels of need it can provide for. In many cases the key comparison regarding costs and suitability, at both an individual and a system level is with care homes. On the cost side, an example of indicative capital and revenue costs for new-build extra care housing and care homes along with indicative costs and income streams for tenants are described below.

Comparative Capital and Revenue Costs

This section uses indicative costs which are intended to inform consideration of development options by local development partners. They do not provide a robust basis for detailed planning and local partners should source locally available information as the basis for their detailed planning and development activity. Other tools and cost assumptions used in the calculations are detailed in the notes below.

The capital costs detailed below exclude enabling and external works and external services. The costs of non-fixed furniture and fittings, VAT, professional fees and land are also omitted.

The revenue costs have been compiled using a model that assumes a high level of need amongst all tenants, (up to Isaacs and Neville critical interval of needs), a 24/7 onsite care and support service including overnight waking care at an indicative hourly rate of £11.50 plus on-costs.

	24 apartment ECH (50% 1 bed and 50% 2 bed apts)	**40 bed care home (residential)**	**16 bed residential dementia unit**
CAPITAL			
No of places/units	24	40	16
Indicative unit build cost	£75,195[1]	£48,750[2]	£48,750
Prof. services, vat etc.			
Gross build cost	£1,804,690	£1,950,000	£780,000
REVENUE (£/pa)			
Staff costs	£469,298	£1,541,769	£703,068
Operating Costs	£156,433	£404,468	£301,323
Gross running costs	£625,731	£1,946,237	£1,004,408

Gross running costs per unit (£/pa)	
ECH (24)	£26,072
40 bed care home	£48,656
16 bed dementia unit	£62,776

Income Streams:

ECH capital

- Local authorities are obliged to consider best value in their land disposals and if ECH is a strategic priority for them, they may be able to dispose of land at below market valuation

[1] January 2008 prices
[2] August 2007 prices

- Accommodation elements for new-build schemes may be eligible for Housing Association Grant (HAG) if the development is undertaken by an RSL and if it forms part of the Local Authority's housing investment programme
- Additional funds would be required from the private market or other sources to fund communal or shared facilities. These could be obtained by local authorities under prudential borrowing arrangements, or by RSLs directly from private lenders.
- The sale of accommodation units can be used to generate income which in turn reduces the cost to the public purse of the publicly funded accommodation. Income generation through a restaurant or other commercial enterprises within a scheme can be used to meet the cost of borrowing associated with private finance

ECH revenue

- Revenue costs relate to the delivery of three core activities; housing management, housing support and personal care
- Housing management tasks are undertaken by the proprietor to ensure the smooth running of the scheme and involve dealing with payments, minor neighbour issues and the maintenance and upkeep of the property. This work is funded by rental payments, which for eligible tenants would be paid by Housing Benefit, Shared facilities such as a laundry, lift or a concierge service may be the subject of a separate service charge paid by each tenant or owner.
- The cost of housing support is met from each council's social care budget but may be means tested depending upon each local authority's charging policy, in which case each tenant or owner may be required to make a contribution.
- The cost of personal care is met by each tenant or owner's Free Personal Care allowance, assuming that they have been assessed as needing this service.

Extra Care Housing – Revenue Cost Model

The revenue cost model overleaf is based upon an approach that was developed in England and promoted by the Care Services Improvement Partnership. It provides a simple means of estimating the cost of delivering specified levels and combinations of care and support in extra care housing schemes***. It is not intended to be used for calculating detailed operational costs for financial planning purposes***, but rather as a means of scoping the likely financial envelope within which operating costs will fall.

In its electronic form the model enables you to vary:

- the number of residents
- the number of residents falling within each of 3 needs bands
- the balance between housing support and care for each needs band
- the unit cost of the care and support service

Having calculated the required number of care and support hours the model allows you to identify the cost of delivered care and support, separately from management and other staffing on-costs. This enables commissioners to see clearly the on-costs associated with different management models and to consider alternative approaches. In reaching the total unit cost per hour the unit cost of care and support is combined with the specified on-costs and applied to the number of places in the scheme.

Explanations/assumptions

Pink cells indicate input cells regarding**:**

The overall number of tenants: this is varied according to the size of each scheme

Needs banding: these are based upon the Isaacs and Neville intervals of needs scores and are used here as a proxy for the number of hours of care needed by tenants, each day.

The number of tenants indicated as falling into each needs band: reflects the preferred role of each facility as expressed by the commissioning agency

The relative %age of housing support and care costs is indicative of the service balance that is often provided in extra care housing. Whilst housing support is no longer a separate funding stream, differentiating care and housing support hours in this way ensures clarity regarding the assumptions made regarding the balance of care/support provided

The following model assumes a scheme size of 35 units.

ECH CARE/SUPPORT STAFFING

Size of scheme	35					allocation of support hrs/costs				
Needs Banding	%age	User Numbers	HS hrs pw	Care hrs pw	Total daytime care & support hrs pw	HS	Care	HS hrs pw	Care hrs pw	Overall hrs pw
Low	27.00%	10.0	5.6	1.4	7	80.00%	20.00%	56	14	70
Medium	46.00%	17.0	10.8	7.2	18	60.00%	40.00%	183.6	122.4	306
High	27.00%	10.0	11.2	16.8	28	40.00%	60.00%	112	168	280
							Total daytime hrs	352	304.4	656
							Total night hrs	63	63	126
							TOTALS	415	367	782
							Care cost ph	£10.00	£10.00	
							Care cost pw	£4,146.00	£3,674.00	£7,820.00
							Care cost pa	£215,592.00	£191,048.00	£406,640.00

STAFF ONCOSTS

scheme manager (35 hrs)	£26,000.00
NI	£43,264.00
cover	£17,305.60
superannuation	£26,996.74
training	£35,209.46
TOTAL STAFF COST	£555,415.80
Av cost per wk pp	£305.17
Av cost pa pp	£15,869.02
Total unit cost per hr	£13.66

Extra Care Housing – Indicative costs and sources of income for tenants

Indicative costs and sources of income for tenants with high level needs in an extra care housing scheme, with a low income and capital below the benefit eligibility upper threshold are as follows:

Expenditure per week	**£**	**Income source**	**£**
Rent (including some housing services)	60	Housing Benefit	60
Council tax (band B)	17.55	Council tax benefit	17.55
Heat, light, power	15.00	Pension	84.25
Food, clothes, household bills, personal items	69.25		
Care and support	269.75	FPC[1]	151.50
		Social care funding[2]	118.25
Service charge (domestic care, laundry)	22.00	attendance allowance [3]/ personal income	22.00
TOTAL	453.55		453.55

Monthly total: £1,965.38
Where food is provided as part of the core service, a fixed weekly charge would be made, some of which may be covered by Housing Benefit, for eligible tenants or owners.

[1] subject to eligibility
[2] subject to local charging policy
[3] subject to eligibility