

**EXTRA CARE HOUSING STRATEGY**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To inform members of the development of a new Extra Care Housing Strategy which is under consultation.
2. To provide an opportunity for members to comment on the proposals for the future of extra care housing in Darlington.

**Summary**

3. Darlington has provided extra care housing for eight years, however there has not been a strategy which articulates what the Council's vision for extra care is and how it will be provided in the future.
4. The publication of a new Darlington Housing Strategy 2012-17 has established a framework for the next five years of housing change in Darlington. One of the actions included in the strategy delivery plan was the development of an Extra Care Housing Strategy. This is now in a consultation phase.
5. Extra Care Housing combines a mix of housing, care and support therefore there are a number of considerations across Adult Social Care and Housing that makes the way it is planned and delivered more complex than other forms of housing and social care.
6. The current Extra Care services is made up of a number of interrelated elements funded from different budgets:-
  - (a) Personal Care services
  - (b) Housing Management
  - (c) Support including Lifeline services
  - (d) Catering
  - (e) Domestic Tasks
  - (f) Social activities
7. The strategy sets out a vision for the future of Extra Care and addresses some of the key challenges to develop a future model and delivery plan.
8. **The Vision Statement** - the beginning of this strategy reinforces our view of the importance of Extra Care following a review of the role of Extra Care provision. However the current model is expensive to the Council and may not be the

accommodation of choice for the growing numbers of Older People.

9. The Future Model and delivery plan will address the following:
- (a) We want Extra Care to remain attractive to future tenants and therefore we need to continue to develop the model to reflect changing needs and expectations while continuing to meet the needs of existing tenants. The principles established in the Vision will guide our approach to change.
  - (b) The key feature of Extra Care, providing on site support 24/7 has to be retained and emergency care is provided free of charge, this is separate from the Lifeline charge. It may be necessary to review this free element when the care option for providing this service has been agreed and full cost of the new service calculated. However, all will be done to minimise overall care costs in the first instance prior to developing any proposal in this area.
  - (c) There is evidence that interest in Extra Care Housing has been falling and those who are interested have lower levels of need. The implication of this is that we must consider the sustainability of offering a dedicated care service in to every Extra Care scheme.
  - (d) Cost comparisons suggest that existing costs of care in the Extra Care provision is too high and alternative options are to be considered.
  - (e) We aim to maintain the current approach to a mixed community of need as described in the Allocations Policy and will retain the content of the current allocation policy with some minor amendments for clarification purposes. This may address some cost pressure on Adult Social Care whilst providing a better quality of life and preventative service for Older People with higher levels of care needs.
  - (f) A marketing plan will be developed targeting older people, their carers and families and professionals.
  - (g) To provide the flexibility in the delivery of care services through a dedicated on-site team, the intention is to retain this approach through a commissioned service which offers the best value for money.
  - (h) Tenants will have the freedom to choose to make use of a personal budget at any time but it is anticipated that the quality and costs of on-site services will offer an attractive option.
  - (i) Developing wider community preventative networks is the lynchpin to quality of life and managing demographic growth. We want Extra Care to be outward looking and play a role within the wider community, making the best use of the existing provision. For example, increasing usage of existing communal facilities. We will review how we can support a wider range of activities while considering the implications of funding changes to social activities and wellbeing services.

- (j) Will include a review of the way meals are provided. There is a variety of ways that meals are provided by different Extra Care providers ranging from a restaurant service throughout the day to a single hot meal per day.
- (k) The development of a greater range of activities that meet tenants and the wider communities' social needs.

### **Recommendation**

10. It is recommended that :-

- (a) The Committee comment upon the draft Extra Care Housing Strategy
- (b) The Committee agree the content and intentions of the delivery plan

**Murray Rose**  
**Director Services for People**

### **Background Papers**

Caring for the Future: Reforming Care and Support 2012 (DH White Paper 2012)

Elaine O'Brien  
2844

S17 Crime and Disorder	No
Health and Well Being	Yes, of the older and disabled population living in the four schemes or who will do in the future
Carbon Impact	No
Diversity	
Wards Affected	All
Groups Affected	Disabled or Older People over 50.
Budget and Policy Framework	Adult Social Care and Housing.
Key Decision	Yes
Urgent Decision	NO
One Darlington: Perfectly Placed	Yes people are healthy and supported, financially secure.
Efficiency	

## MAIN REPORT

### Information and Analysis (used to develop the strategy)

#### Demography

11. Over the last ten years the older population has consistently grown, between 2001 and 2011 the number of people aged 65 and over in Darlington increased from 12,984 to 18,439 (an increase of 5,455 or 42%).
12. The 2011 Census estimated the population age 65 and over in Darlington to be 18,439 of which 2,550 were over 85. About 1% of the population over 65 come from a black or minority ethnic population.

**Table 1: Population over 60**

Council area	Total Population	Age 60 to 64	Age 65 to 74	Age 75 to 84	Age 85 to 89	Age 90 and over
County Durham UA	513,242	35,395	50,883	30,635	7,321	3,506
<b>Darlington UA</b>	<b>105,564</b>	<b>6,685</b>	<b>9,717</b>	<b>6,172</b>	<b>1,740</b>	<b>810</b>
Hartlepool UA	92,028	5,837	8,174	5,568	1,323	533
Middlesbrough UA	138,412	7,531	10,833	7,393	1,658	807
Northumberland UA	316,028	24,533	34,366	21,018	5,233	2,687
Redcar and Cleveland UA	135,177	9,511	14,418	8,721	2,133	980
Stockton-on-Tees UA	191,610	11,648	16,102	10,368	2,429	1,052

**Source: Census 2011**

13. The older population in Darlington is set to grow over the next 20 years both in total with a 41% growth and as a proportion of the total population growing from 18.49% to 24.36% by the year 2030

**Table 2: Population projections - people over 65**

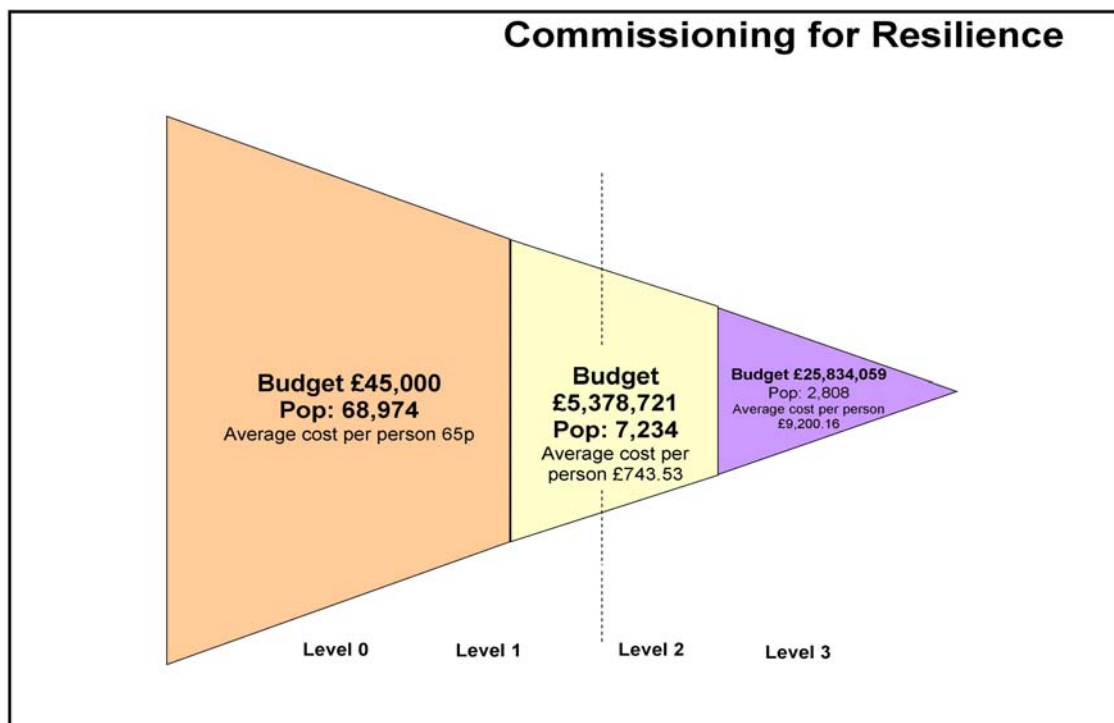
Age	2012	2015	2020	2025	2030
People aged 65-69	5,600	6,100	5,600	6,200	6,900
People aged 70-74	4,300	4,500	5,700	5,300	5,800
People aged 75-79	3,600	3,800	4,000	5,100	4,700
People aged 80-84	2,600	2,700	3,100	3,400	4,300
People aged 85-89	1,700	1,800	2,000	2,300	2,600
People aged 90 and over	1,000	1,100	1,400	1,700	2,200
Total population 65 and over	18,800	20,000	21,800	24,000	26,500

**Source: POPPI March 2012 (based mid term estimates)**

## Adult Social Care

14. Within the context of growing demand for care services, a programme of projects titled Commissioning for Resilience is underway. This will develop services that will support the Council to meet the needs of the most vulnerable people over the next five to ten years. The Extra Care Strategy and delivery plan is one of the projects under the programme and contributes to ensuring the overarching vision and aims are delivered.
15. The project has established the current levels of expenditure (for 2011-12) across Adult Social Care at each level of support. Outlined below is the Adult Social Care expenditure in 2011/12.

**Figure 1: Strategic Direction of Adult Social Care Commissioning**



- (a) The apportionment of the current spend across the four levels of support clearly illustrates that 82% of Adult Social Care expenditure in 2011/12 is for those within Level 3, who require specialist and usually long term support. Conversely only 0.1% of the budget is used to support those in Levels 0 and 1. Further investment and /or development of support mechanisms at Levels 0 and 1 must be addressed for the above model to be effective.
- (b) The Coalition Government is committed to reforming the system of social care in England. Caring for the Future: Reforming Care and Support 2012 (DH) commits the Government to:-
  - (i) Break down barriers between health and social care funding;
  - (ii) Extend the rollout of personal budgets and

- (iii) Use direct payments to carers and better community-based provision.
- (c) The White Paper aims to make services more personalised, more preventative and more focused on delivering the best outcomes for those who use them. In particular it encourages local authorities to “*Develop community capacity and promote active citizenship, working with community organisations and others across all council services, and commission a full range of appropriate preventative and early intervention services such as re-ablement and telecare, working in partnership with the NHS, housing authorities and others*”.

## Extra Care

**Table 3: Extra Care Schemes in Darlington**

Scheme Name	Total Number of Units	Housing Provider	Care	Housing/ Support	Catering	Domiciliary Care
Dalkeith House	39	DBC	DBC	DBC	DBC	Private
Oban Court	31	DBC	DBC	DBC	DBC	Private
Rosemary Court	42	DBC/ Hanover	DBC	DBC	DBC	Private
Mayflower Court	42	Hanover	DBC	Hanover	Hanover Private	Private

**Source: Housing Services July 2012**

16. Provision consists of the following:

- (a) **Self contained well-designed housing provision that supports people to live independently.** Darlington Extra Care Housing combines the advantages a Lifetime Tenancy in high quality self contained accommodation with well-designed housing provision of flexible care services. The services enable tenants to retain control over their own lives while receiving the support they need in a secure environment. There are 14 properties grouped together at Rosemary Court that specifically aim to support those people with a diagnosis of dementia.
- (b) **A Scheme Manager/Leader is responsible for delivering housing related support services to assist those living in the scheme to successfully manage their tenancies.** There are differences between the role of the Council’s “Scheme Leader” and Hanover’s “Scheme Manager”. The Hanover service provides business support to each of the schemes and housing management services, while all provide co-ordination of an activities programme for residents and the wider community, and acts as a single point of contact for the community, actively making and maintaining links with a range of local partners. As this service is partly related to the management of the ‘scheme’ and partly related to enabling older people to maintain independence, it is funded by a combination of service charges and supporting people monies.

- (c) **A registered Homecare Team (in-house) on site operating 24 hours a day who provide differential levels of personalised support for either planned or unplanned care.** Care and support provided within extra care can be defined as comprising of both 'Planned' and 'Unplanned' calls. Currently some of these calls are chargeable to the individual and some non-chargeable:-
- (i) A *planned call* is one that is noted in the individual's support plan as part their assessment of need by the care manager, and can take place at any time of the day/night;
  - (ii) An *unplanned call* is an ad-hoc call that can occur at any time of the day/night e.g. where an individual has taken ill during the night and requires support and care, or where an individual may have fallen and requires some assistance.
- (d) **Support from a Lifeline response service along with bespoke Telecare equipment provided by Lifeline services.** The Council's in-house Community Alarm Service is called 'Lifeline Services'. Lifeline Services covers three of the four extra care schemes in Darlington in addition to the current night care staffing arrangements that are in place. The only exception to this is Mayflower Court, (a scheme managed by Hanover Housing). Tenants within Extra Care already pay for the Lifeline Service as part of their tenancy agreement.
- (e) **Able to access meals at lunchtime.** Within the Extra Care model meals are currently provided through the tenancy agreement, in some establishments the care staff provide this, however this element of care is not considered as a chargeable service.
- (f) **Flats which are used on a short term basis to enable people to build up skills and confidence so that they can return home after a period of reablement/rehabilitation.** This is a temporary service and must not be seen as a long-term solution to housing issues. It is therefore available for a maximum period of up to six weeks. The service is free for six weeks, after which a financial assessment will be carried out and the service user may be charged and may need to move on to alternative provision - Adult Social Care Fund these flats through re-ablement monies.

### **Cost of Extra Care**

17. All tenants are charged a rent and service charge. There is also an additional charge for housing related support. Most tenants in Darlington's Extra Care schemes are in receipt of Housing Benefit which covers the rent and service charge while Supporting People provide funding to cover the support charge for those who are eligible.
18. Set out below is a comparison of average weekly housing costs for a single tenancy. The comparison includes other providers of Extra Care grouped by the level of charges:

**Table 4: Comparison of Extra Care Weekly Housing Costs**

	Rent (£)	Service charge (£)	Support Charge (£)	Total (£)
Lower quartile	65	20	10	95
Average	78	35	17	130
Upper quartile	90	50	30	170
Darlington Council	60	58	4	122
Hanover	118	115	4	237

**Source: CORE data-figures are round up or down**

19. Darlington Council schemes would fall within the average quartile for housing costs.
20. The Home Care Service is provided and funded by Adult Social Care, the costs are static and do not reflect changing needs of the residents, that is the “true cost of care”

**Table 5: Cost of Care**

Item	£
Staffing Costs	979,492
Other Costs – (PPE etc.)	18,147
Cost of Overnight Provision - Waking Night	96,437
Cost of Sleepover Provision	24,046
Total Staffing Costs (inclusive of the cost of Registered Care Manager)	1,118,122
Total Cost of Care/Domestic Service (actual hours)	140,327
<b>TOTAL COST OF SERVICE</b>	<b>1,258,449</b>
<i>(In-House hourly rate care costs (true cost of care) £18.43 per hour)</i>	

Source DBC Finance information as 15 November 2012

21. The true cost of the In-House Home Care Service, estimated at £18.43 per hour per person as per assessed need is not charged to the individual. Instead, the average contracted rate for community domiciliary care rate of £11.03 is charged leading to a substantial deficit to the Adult Social Care budget.
20. In addition non-chargeable and ad-hoc calls are delivered where the in-house home care team provide individuals with additional care and support to that identified in their support plans. In many case income is lost by these not being recharged to the individual

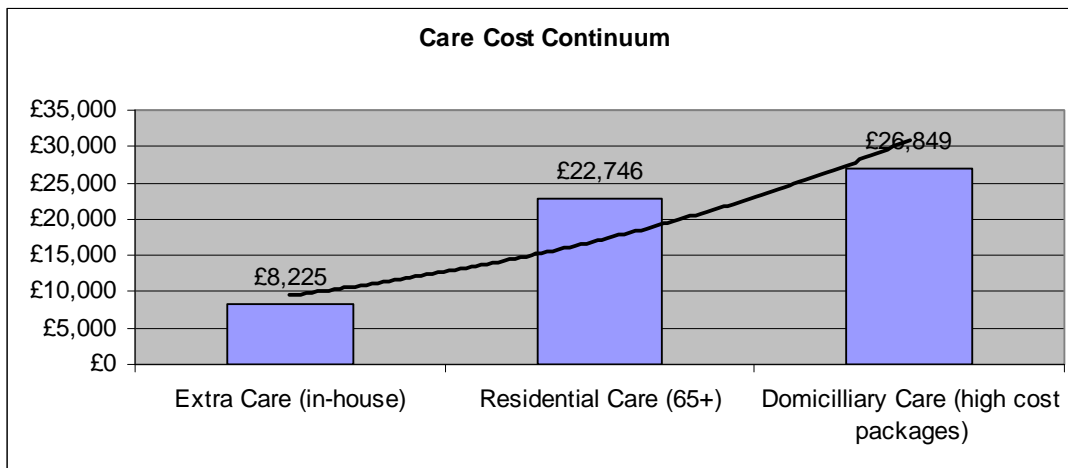
### **24/7 Service**

22. 24 hour emergency assistance is available across the extra care schemes in two ways. The Council operates an in-house Community Alarm Service called ‘Lifeline Services’ which covers three of the four extra care schemes. The exception to this is Mayflower Court, (managed by Hanover Housing) which has an equivalent service ‘Hanover On-Call’. Tenants within extra care housing pay for the Council’s Lifeline Service as part of their tenancy agreement, and some tenants are eligible to receive a subsidy from Supporting People to help cover this cost.



23. The in-house team currently provides 24/7 overnight care and support within the extra care schemes through a combination of sleepover and waking night staff. The 24/7 support individuals receive can either be planned or un-planned and consequently may or may not be charged to the individual. This is one of the main attractions and benefits of being a tenant within Extra Care, irrespective of whether you have an assessed social care need.
24. It must be noted that although the service could be provided at less cost to the Council Extra Care remains more cost effective as it helps to maintain people as independently as possible in their own home. A range of key cost drivers have been identified as shaping future social care costs and average unit cost have been developed for each cost driver as outlined below.

**Table 6 shows extra care costs in comparison to residential care and high cost community care packages**



Source: DBC Analytical data

### Dependency Mix

25. The Allocations Policy aims for “balanced community” of mixed needs within each scheme and is based on the level of care provided in each scheme. It is not based on Adult Social Care eligibility criteria. This means that the care needs of people living in the scheme should generally fall into the following categories: -
- (a) High/Critical – 40% of the scheme population
  - (b) Medium/Substantial – 40% of the scheme population
  - (c) Low/Moderate – 20% of the scheme population
26. Due to under usage of the schemes and number of voids this mix is not reflected in the actual allocations of the properties.

**Table 7: Comparison to allocations model of actual need supported**

Split	Model	Actual
High	58 (40%)	30 (19.4%)
Medium	62 (40%)	29 (18.8%)
Low	34 (20%)	91 (59%)

27. Table 8 below illustrates the allocation mix for each establishment against actual. It also shows the anticipated reduction in numbers of people who will be no longer eligible for Adult Social Care funding following the introduction of the revised Eligibility Criteria Policy.

28. It must be noted in Table 7 below that the numbers do not equate to number of flats but to people living in the Extra Care facility at the time of the survey which is less due to voids in the properties.

**Table 8: Comparison to Allocations Policy to actual need supported**

Name of Scheme	Allocated (as per Allocations Policy)	Actual	No. of people with low/moderate needs as per FACS Banding and who would fall outside of revised changes to Eligibility Criteria
Dalkeith House	16 x High 16 Medium 7 Low	6 x High 9 x Medium 9 x Low 11 x No Care needs 6 x Vacant Flats	4 x moderate needs
Rosemary Court (Mental Health)	2 x High 6 x Medium 6 x Low	4 x High 5 x Medium 4 x Low	3 x moderate needs
Rosemary Court (Older People)	11 x High 11 x Medium 6 x Low	9 x High 4 x Medium 12 x Low 3 x No Care needs	
Mayflower Court	17 x High 17 x Medium 20 x Low	9 x High 8 x Medium 20 x Low 5 x No Care needs	3 x moderate 1 x low
Oban Court	12 x High 12 x Medium 7 x Low	2 x High 3 x Medium 22 x Low	4 x moderate

Source: DBC Analytical Data

29. Oban Court shows the highest number of people with low level needs.

30. Night time call outs are also a measure of need and dependency a sample to illustrate the levels was taken in November 2012 with the following results:

- (a) During the period from Friday 9 November 2012 to Wednesday 14 November 2012 only two overnight call outs to the on-site care team were recorded at Oban Court, with six calls being made at Dalkeith House. During this same period 28 calls relating to Oban Court and 60 calls to Dalkeith House, came through to the Control Centre and routed to the Lifeline Team. The nature/ type of these calls meant a Lifeline Response Officer did not need to attend (in-person) at the schemes. These calls were either dealt with remotely/directly by the Control Centre or by the Control Centre contacting the on-site care staff who responded to the call.

31. Oban Court also has the lowest level of call outs and no planned overnight care currently.

### **Demand**

32. There is a high turn over of properties in Extra Care in comparison to other forms of social housing. In 2011/12 there were 36 properties let in the three Council run Extra Care schemes, a 33% annual turn over. Between April and December 2012 there have been 27 lets suggesting there is a consistent level of turn over:

**Table 9 :Summary Council Extra Care Voids in 2011/12**

<b>Unit</b>	<b>Total days Void</b>	<b>Average Void Days</b>
Dalkeith House	455	41
Oban cvourt	378	29
Rosemary courtT	511	85

***Source; DBC Housing November 2012***

33. The time taken to re-let a property was 45 days in 2011/12 with four properties taking over 100 days to let.
34. The number of people with higher levels of need choosing Extra Care has also begun to reduce. The fall in demand is one of the factors in the number of people with higher level needs reducing as people with lower levels of need are agreed so as not to increase the void time.

**Table 10 Extra care Waiting list April-September 2012**

<b>Outcome of Application</b>	<b>Number of applicants</b>	<b>Percentage</b>
<b>Tenancy Accepted</b>	<b>14</b>	<b>40</b>
<b>Removed from list as do not wish to accept tenancy</b>	<b>12</b>	<b>34</b>
<b>Passed away</b>	<b>2</b>	<b>6</b>
<b>Still on waiting list</b>	<b>5</b>	<b>14</b>
<b>Information not available</b>	<b>2</b>	<b>6</b>

***Source; DBC Housing September 2012***

35. Analysis of the waiting list for extra care accommodation from 1 April - 30 September 2012 and the subsequent offers of tenancies made to applicants showed that Care Managers are exploring all alternative options for individuals prior to placements in residential/ nursing care, but that a large proportion of those who

are deemed suitable for extra care housing do not go on to take up a tenancy.

36. A lot of staff resource goes into referring individuals onto the list, only for the individual to decline offers of tenancies at a later date. Unfortunately no further reasons for a refusal of tenancy are recorded apart from removed from list at tenant's request five people are currently on the waiting list but three of these do not want to move into extra care at the moment.

### **Social Activities**

37. Social interaction is at the heart of social well-being for most people and this includes those living in housing with care settings. For many residents their social lives are based on the friendships and acquaintances that they develop in the place where they live. For others the ability to maintain social networks in the wider community is at least as important. The importance of meaningful relationships and roles for older people is reflected in the Government's Sure Start to Later Life initiative and the Partnership for Older People Projects. These aimed to tackle social exclusion and maximise the health and wellbeing of older people, including increasing the opportunities for older people to participate in their local communities, which is also one of the aims of extra care housing.
38. This is therefore a critical area for the successful delivery of the aims of Extra Care.

### **Current Position**

39. All three of the Council run schemes already provide a range of activities although there is some variation both in terms of the range of activities and the extent to which the wider community are engaged. They offer a much wider range of activities than forth Extra Care scheme in Darlington but a lower level of activities than some other Extra Care schemes in the Tees Valley.
40. There are a number of barriers to making full use of existing facilities. These include:
  - (a) Limits on time of scheme leader for developing social activities
  - (b) The number of tenants who feel able to initiate social activities and very few volunteers from within the community
  - (c) The location of the scheme and other facilities within the locality
  - (d) Limited interest from voluntary organisation in use of facilities and restricted finances
  - (e) The limited provision of food restricts opportunities to support social activities and encourage the wider community make use of the meals service.
41. A number of studies including the Joseph Rowntree research have concluded that it is dangerous to generalise concerning social activities and that a combination of factors related to the characteristics of the scheme will define what is achievable. The approach therefore has to be based on planning at each scheme within an overall strategy.

## Meals Service

42. In the three council managed extra care schemes the meals are provided by the Council's catering services. Meals are a condition of the tenancy and a charge of £4.33 per meal is made for a two course mid day meal every day of the year. The weekly cost is £30.31 and it is partly covered by Housing Benefit.
43. The service is limited to one sitting and this has presented a number of operational problems:
- (a) Care staff that assist tenants to go for lunch are all committed at the same time to provide this assistance
  - (b) The care staff deliver meals at tables. This is in effect a waiter service and is not part of the care remit and should be part of the meals service function.
  - (c) There is little capacity to provide meals to anyone other than the tenants.
  - (d) The limited catering service does not help to attract individuals and groups to make use of the facilities.

## Housing Options

44. Currently the only provision specifically for people who want to purchase is provided at Middleton Hall. As part of this development 20 units are designated as Assisted Living which is in essence an Extra Care service. Residents can choose the level of support they want to purchase.
45. The numbers of older people who are owner-occupiers are growing with each generation of older people. In the 65 to 74 age range 77% are now owner-occupiers. This compares with 59% of over 75's.

**Table 11 : Over 65's Population by Tenure-Darlington**

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	77.12%	66.83%	59.42%
Rented from council	14.94%	21.06%	23.65%
Other social rented	4.49%	6.99%	8.84%
Private rented or living rent free	3.45%	5.12%	8.09%

**Source: POPPI March 2012**

46. In the long term this trend may change. The 2011 Census shows a drop in owner occupation nationally and this may eventually be seen in the profile of the older population.
47. There are a number of models for projecting the need for specialist accommodation. In 2008 More Choice Greater Voice toolkit was published focusing on the development of Older People's Housing Strategies<sup>1</sup>. This contained a model for projecting need. The More Choice Greater Voice approach is based around places or units of accommodation and looks only at people aged 75 and over. It needs to be stressed that this is not an exact science but a judgement

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<sup>1</sup> More choice Greater Voice Toolkit 2008 Care Services Improvement partnership/Housing LIN

based on the range of information available.

48. The following figures are based on an older population age 75+:

- (a) 2015- 9600 aged over 75
- (b) 2025-13000 aged over 75

**Table 12 : Projecting future supply – adapting the “More Choice Greater Voice Model”**

Type of provision	Current supply	Suggested provision per 1000 of population 75+	Suggested supply 2015 from 2012	Increase/ (decrease) by 2015	Suggested supply by 2025	Increase/ (decrease) by 2025 from 2012
Extra Care for rent**	154	12.5	120	-34	163	9
Extra Care for sale**	20	12.5	120	100	163	143

49. Using this tool would indicate over provision of social rented accommodation. We therefore need to consider how we can increase choices for owner-occupiers particularly at a time when there is limited movement in the housing market and house prices are at best stagnate. Although many older people own their properties outright some do not and for some the equity in their home will be quite low. Over the next five years we therefore need to encourage the development of a form of Extra Care aimed at owner-occupation that will be affordable within the context of the Darlington housing market. Most people who choose this option are likely to be funding all of their own costs. The model that emerges will of necessity therefore be dictated by market forces and is likely to be different to the model developed for social rent.

### **Outcome of Consultation**

- 50. Consultation and Equality Impact Assessment will be taking place in January 2013.
- 51. Staff consultation will also be under way during that time.
- 52. Scrutiny Committee are invited to participate in the consultation.