



Draft Darlington Extra Care Housing Strategy 2013 – 2017

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Appendices

Appendix 1: Delivery Plan (to be added)

Appendix 2: Supporting Evidence (Available on Council Website
www.darlington.gov.uk)

Appendix 3: Equality Impact Assessments (to be added and will be available
on the Council Website)

Executive Summary

The publication of a new Darlington Housing Strategy 2012-17 has established a framework for the next 5 years of housing development in Darlington. One of the actions included in the strategy delivery plan was the development of an Extra Care Housing Strategy.

As Extra Care Housing combines a mix of housing, care and support there are a number of influences that make the way it is planned and delivered more complex than other forms of housing.

Context

A number of significant changes to national policy affecting housing, health and social care are taking place. These, combined with radical changes in public sector funding are going to have very significant and long term impacts on the housing market and specifically the way we address the needs of older people. This has been the one of the motives behind the development of this strategy.

As it is five years since the development of the last Extra Care scheme it is therefore timely to take stock of what we have achieved and to:

- Consider how well the current level of provision meets current needs and if we need to change the level of provision over the next five years.
- Consider the contribution of Extra Care within the continuum of Adult Social Care provision.
- Consider the extent to which Extra Care can support a broader range of needs both within the schemes and for people living in the community

The older population has consistently grown and the 2011 Census estimated the population age 65 and over 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. The older population is predicted to grow in total and as a proportion of the population. It is estimated to grow by 7,700 over the next 30 years. This is a 41% growth. In the time span of this strategy, further growth is expected and in particular there will be growing numbers of people with dementia.

Our challenges

In developing this strategy we have identified 4 significant challenges. These range from the future role of Extra Care to the sustainability of social activities. This is therefore a comprehensive review that takes account of significant demographic changes and local needs.

What will we do?

The strategy sets out 5 objectives for Extra Care Housing. These fit within the wider context of Darlington's Housing Strategy and Adult Social Care programme of "Commissioning for Resilience", the plan by which the Council will ensure care and support for the most vulnerable people over the next 5 years:

1. Consider the need and effectiveness of the current model of extra care housing.
2. Develop a model that is outcome focused for Extra Care which provides best value and meets needs.
3. Encourage the development of Extra Care Housing for those who want to purchase their own home.
4. Extra Care Housing is integral to the wider aims for the Community Support Network, for instance, increasing use of communal facilities.
5. Ensure access to a range of information on Extra Care and the development of a marketing plan.

Moving Forward

- There is little provision of owner occupied extra care and this is an area to be explored.
- The changes in needs of people who are entering Extra Care and any implications for existing provision
- We need to take into consideration changes in the way health and social care will be funded and delivered in the future.
- Understand the impact of Personalisation on the way services are planned and delivered in Extra Care
- We want Extra Care to offer a range of activities to the wider community and we need to consider how we can achieve this in the current financial climate

There are detailed priorities for action that have been developed and they are supported by a Delivery Plan (**Appendix 1**) which explains how we will deliver and make progress. The Action Plan will be reviewed and updated annually. Detailed information to support the strategy can be found in (**Appendix 2**) which is available on the Council's Website (www.darlington.gov.uk)

1. Darlington's Vision

Vision for Extra Care Housing in Darlington

Extra Care housing in Darlington aims to encourage and maintain an independent style of living by providing self-contained accommodation backed by dedicated support and care tailored to meet individual needs, including those with a high level of needs as an alternative to residential care.

Emphasis is placed on maintaining the individual's independence, dignity and choice. The services enable tenants to retain control over their own lives while receiving the support they need in a secure environment.

Extra Care recognises tenants as individuals, and involves them on all matters related to their tenancy and their care and support.

Value base

All those engaged in the provision of social care, housing services and support in an Extra Care scheme are required to honour the value base statements set out below:

- All support provided in extra care must be delivered in a manner that enables tenants to maintain their individuality and dignity.
- To promote a high Quality of Life and high Quality of Experience for tenants and their carers across all aspects of living in extra care housing.
- Housing and care providers shall have a commitment to maximising the independence of tenants and the opportunities available to them.
- Extra care housing is housing based, it adopts in common with other housing provision, engagement of the tenants in the governance processes.

The following principles and objectives will provide the foundation for the provision of care and support services for extra care:

- To promote equal opportunities in the provision of services irrespective of race, gender, religion, sexuality, age, marital status or disability
- To provide services that are accessible and sensitive to people's needs
- To provide services based on the recognition of the worth of all tenants and their right to be treated with respect and helped to live in a dignified manner

- Individuals will be given the widest possible choice in all aspects of daily living, and assistance will be given where necessary to make that choice.
- To provide the best possible information on which tenants may base their decisions.
- To broaden the opportunities and the provision of stimulation and challenges for service users
- To maintain all entitlements associated with citizenship
- To involve tenants and tenant groups in the overall development of extra care and evaluation of services provided

2. Why an Extra Care Housing Strategy?

The development of a new Darlington Housing Strategy 2012-17 has established a framework for the next 5 years of housing change in Darlington. One of the actions included in the Darlington Housing Strategy delivery plan was the development of an Extra Care Housing Strategy.

Adult Social Care is also reviewing all services for individual outcomes that meet need and service outcomes that are value for money. This will ensure that reducing resources are focussed on meeting the identified needs of vulnerable people whilst also promoting health and well-being to keep people independent for longer.

The challenges presented by a growing older population in Darlington, particularly the growth in the over 85's is the main driver in planning and commissioning for older people in both housing and support services. The development of Extra Care was part of a strategic response to these challenges eight years ago. This strategic response also recognised the need to provide better housing options for older people who may need to move from their home because of increasing frailty and the risk of the loss of independence.

The change in Government in 2010 has seen a number of significant changes to national policy affecting housing, health and social care. These combined with radical changes in public sector funding are going to have very significant and long term impacts on the housing market and specifically the way we address the needs of older people.

This Extra Care strategy considers the current role of Extra Care Housing and what effect the current changes will have on its' future role. Four Extra Care schemes have been developed in Darlington including one with specialist provision for people with dementia problems. All four schemes offer rented accommodation for people with varying levels of need. Two of the schemes are owned by the Council, one by Hanover Housing Association while the fourth is an innovative joint development between the Council and Hanover.

Privately owned Extra Care housing is limited to one scheme; a retirement village in Middleton St. George. As part of this development 20 units are designated for purchase as Assisted Living which is in essence an Extra Care service. Residents can choose the level of support they want to purchase.

As it is five years since the completion of the last Extra Care scheme and within the context of changing population needs and financial constraints it is a good time to:

1. Consider the need and effectiveness of the current model of extra care housing.
2. Develop a model and outcomes for Extra Care which provides best value and meets needs.
3. Encourage the development of Extra Care Housing for those who want to purchase
4. Ensure that Extra Care Housing is integral to the wider aims for the Community Support Network, for instance, increasing use of communal facilities.
5. Ensure access to a range of information on Extra Care and the development of a marketing plan.

3. What is Extra Care Housing?

Extra Care Housing is a concept rather than a specific type of housing; this is because it has been developed in many different ways and with different starting points. As an example, in Darlington, three Extra Care schemes are modernised former sheltered housing schemes while another is a new build resulting in different design standards.

Fundamental to Extra Care has been the provision of an “on site” flexible care service that is available 24/7. This can be provided through different configurations but in Darlington this is through a dedicated care team at each of the four schemes. In addition to the availability of 24/7 care, people with an assessed eligible social care need also receive personal care and domestic support packages.

Extra Care is seen as an alternative to both traditional sheltered housing (which simply has support and an alarm system with differing levels of communal facilities) at one end of the scale and much more intensive residential care at the other end. The most important fact is that Extra Care Housing is housing first. People who live there have their own self-contained homes. They have legal rights to occupy that are underpinned by housing law. This means there is a clear distinction between Extra Care housing and residential care as recognised by the Care Quality Commission.

The main purpose of Extra Care is to provide well-designed housing that enables people to look after themselves for longer and give them access to care and other services, which help them to retain or regain their independence. Extra Care is intended to address the aspirations of older people who want to retain their independence despite increasing frailty and is a key preventative service.

The Current Model

There are four rented Extra Care Schemes in Darlington:-

- 1) Dalkeith House
- 2) Mayflower Court (Hanover Housing)
- 3) Oban Court
- 4) Rosemary Court

Within Rosemary Court there are 14 units specifically for people with dementia in a scheme of 42 units, although the other 3 schemes also support people with dementia.

3 units across the Council schemes are funded by Adult Social Care to provide re-ablement flats linked to intermediate care, to facilitate effective discharge from hospital and transition of care.

The Extra Care model is made up of a number of interrelated elements funded from different sources:

- Adult Social Care - provides 24/7 on site support at all 4 schemes through a mix of waking staff and sleep overs.
- Housing Management - includes scheme management and maintenance.
- Support including Community Alarm services - including monitoring, emergency response and Assistive Technology
- Tenants receive a choice of a two course cooked meal every day (with a 3 course meal being provided in the Hanover scheme)
- Domestic Tasks - these are provided through a separate contract for cleaning, laundry and shopping.
- Social Activities - The Scheme Leader/ Manager is responsible for encouraging and supporting social activities

Provision consists of the following:

- **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.
- **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 "Estate Manager". The Hanover service provides business support and housing management to each of the schemes, while all the Scheme Managers have a role in the day to day management of the scheme and property management; provide co-ordination of an activities programme for residents and the wider community, and act 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.
- **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:-
 - 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;

- 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.
- **Support from a Lifeline response service along with bespoke Tele-care 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.
- **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 serve the meals to the tenants, however this element of care is not always identified as an assessed need in the tenants support plan.
- **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 re-ablement/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.

The extent to which tenants make use of these services depends on their individual needs which can vary from low to high needs. The Extra Care schemes aim to support a mixed community of needs and therefore try to balance the levels of need. In Darlington the following mix is applied across all 4 schemes, although different levels are applied to the 14 units designated for people with dementia in Rosemary Court.

- High – 40% of the scheme population
- Medium – 40% of the scheme population
- Low – 20% of the scheme population

The Allocations Policy details the criteria for eligibility for a tenancy in the Extra Care schemes. To be eligible for extra care housing applicants must usually:-

- Be aged 50 or over;
- Have had an assessment which identifies Extra Care housing as a suitable option;
- Have a combination of housing and care need.

Extra Care housing is a complex package of housing and services which needs to continue to evolve as it responds to changing circumstances.

4. Challenges for the Strategy

Four areas have been identified as challenges for the Extra Care Housing strategy to address.

These are:-

1. Strategic Direction

- What is the impact of the demographic growth in older people over the next five years?
- What is the current strategic value of Extra Care- how to measure success and future direction?
- What is the impact of reducing public funds resources on the future of Extra Care?

2. Meeting needs

- Does the current model of Extra Care meet current and future needs?
- Is the balance of need appropriate for this type of provision?
- Do we have the right amount of Extra Care to meet current and future need?
- Should Extra Care be intended for people over 50 years of age or can it appropriately support a wider age range and range of long term conditions?
- How do we address the needs of the growing numbers of older owner occupiers who would prefer to purchase rather than rent?

3. Value for Money

- To examine delivery of ways to deliver all services in an efficient way that meets tenants' needs and offers value for money for them and the Council.
- To ensure that Extra Care can demonstrate a quality and cost effective and attractive alternative in meeting the needs of a growing older population.

- Are the current charging arrangements for 24/7 on site support appropriate and sustainable?

4. Service model

- Does the current model of service reflect the strategic direction that is outcome focused and meets changing needs?
- The model needs to reflect changes in Adult Social Care policy to include:
 - Personalisation and how choice and control can be delivered with a dedicated care team
 - Addressing and sustaining an effective level of social and wellbeing activities with reduced resources?
 - Prevention and the future relationship with the wider community. Can Extra Care deliver a range of services out into the community and bring people in to make use of the facilities?

5. Strategic Context

As Extra Care housing combines a mix of housing, care and support and there are a number of influences that make the way it is planned and delivered more complex than other forms of housing. There are therefore a wide number of influences.

The *Comprehensive Spending Review* in 2010 introduced a new funding mechanism for social housing through the *National Affordable Housing Programme*. This placed the emphasis on Registered Providers making use of more of their own resources to fund new development. The consequence of increasing the financial contribution from providers which involves more borrowing (and therefore more risk) is that there is evidence of increasing reluctance to develop some forms of more expensive supported housing. The Government recently introduced the *Care and Supported Housing Fund* (Autumn 2012) in recognition of this issue. Its primary aim is to support and accelerate the development of the purpose-built, specialist housing market over the next five years to improve the appeal of specialised housing options and:

- Support the supply of affordable specialist homes such as Extra Care housing
- Encourage private sector development into attractive housing opportunities for older and disabled people, and
- Improve joined-up working locally across housing, health and social care professionals.

The national housing strategy “*Laying the Foundations: A Housing Strategy for England*”, published in November 2011 set out the following national policy drivers for housing:

- Increase the number of houses available to buy and rent, including affordable housing.
- Improve the flexibility of social housing (increasing mobility and choice) and promote homeownership.
- Protect the vulnerable and disadvantaged by tackling homelessness and support people to live independently.
- Make sure that homes are of high quality and sustainable.

The Government are also making changes to the way health and social care services are delivered. The *Health and Social Care Act 2012* introduces a wide range of major changes focused on reforming the commissioning and delivery of health services with associated impacts on social care. The changes being introduced create another opportunity to emphasise the role of specialist accommodation in preventing the need for higher levels of care.

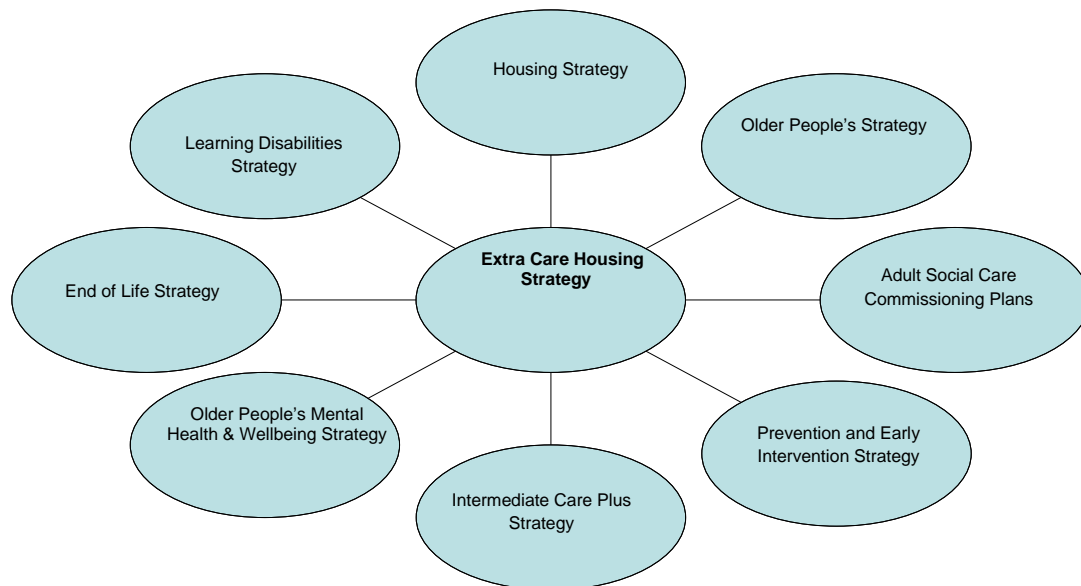
The *Care and Support Bill 2012* develops further the links between health and social care service delivery. It also confirms the Government's approach to prevention and the emphasis on Personalisation. Personalisation will see more people exercising control over the services they receive and who delivers them. There are implications for the way services in Extra Care are commissioned

Local Context

This strategy is both driven by and aims to deliver the community outcomes identified within the Darlington Sustainable Community Strategy: "One Darlington Perfectly Placed" and the supporting Health and Social Care Delivery Plan 2013-16.

In 2012 a new Housing Strategy was published; the Extra Care Housing Strategy is linked to and informed by a wide range of other strategies and commissioning plans which are illustrated below in Figure 1:

Fig: 1 Extra Care Strategy linkages



6. Strategic Direction

Demography

The growth in the older population has been the subject of a national policy debate for over 30 years. The older population has consistently grown during this time and 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. The older population is predicted to grow in total and as a proportion of the population. It is estimated to grow by 7,700 over the next 30 years.

This equates to a 41% growth, however this does not necessarily directly reflect on the number of people who will require care services or specialist housing. The expectations of older people vary considerably, there are now 4 generations of older people above 50 years of age. The majority of older people are generally healthy and are living independently into much later life, making predicting the need for future resources harder to estimate. Planning future housing and support must therefore take account of wide range of differences.

Key issues include:

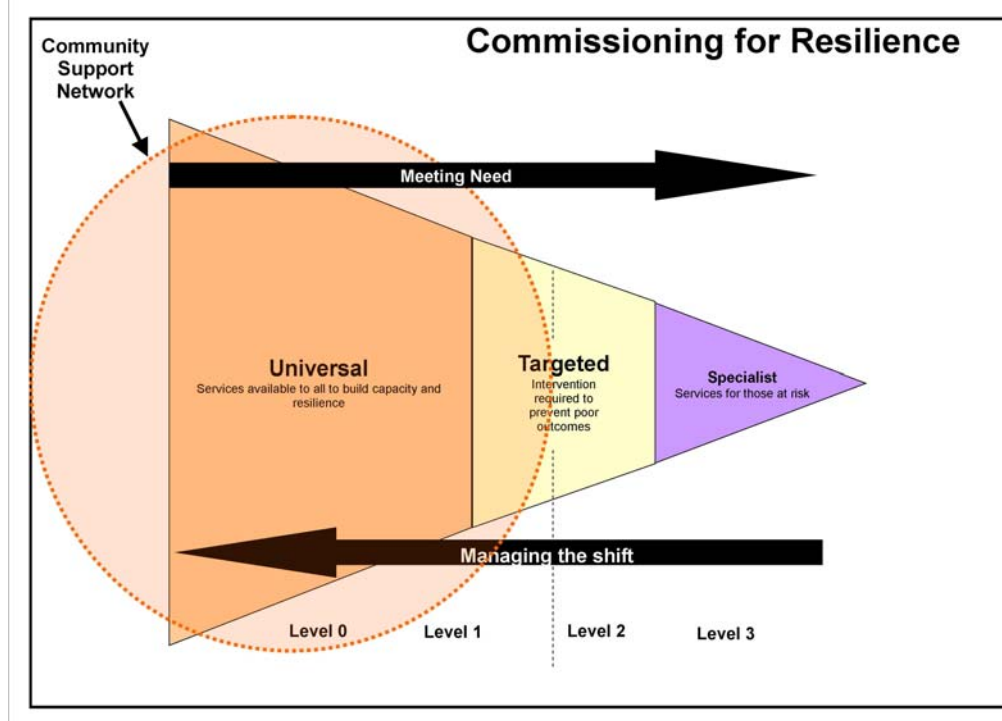
- The number of people over 85 is set to grow by 2,100 in the next 30 years. This is significant because this group have the higher levels of health and care support.
- The number of people with a dementia will grow by 850 (mainly in the over 85 age group) in the next 30 years, a 64% increase.
- The numbers of people with long term illnesses will grow including significant increases of those with Type2 Diabetes increasing pressures on both health and care services
- 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. In the long term this trend may change. The 2011 Census shows a drop in owner occupation nationally and this may eventually been seen in the profile of the older population. The numbers of older owner occupiers is important as it indicates that the balance of any new housing for older people should be focused on owner-occupation. It also implies that the potential market of people for social rented options has been reducing.
- As a result of the growth in personal pensions and owner occupation more people will fund or contribute towards their care and support

Strategic Value

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.

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 2: Strategic Direction of Adult Social Care Commissioning



The analysis 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.

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:-

- Break down barriers between health and social care funding;
- Extend the rollout of personal budgets and

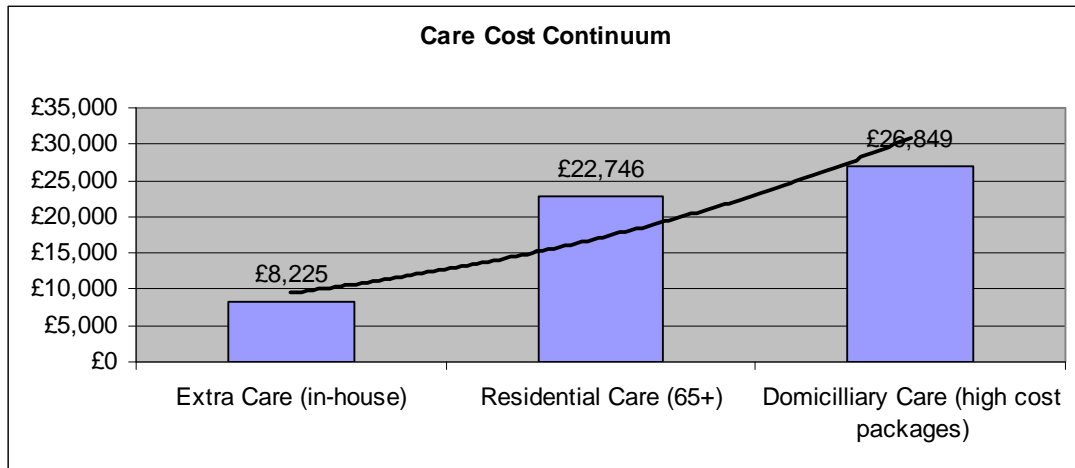
- Use direct payments to carers and better community-based provision.

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 tele-care, working in partnership with the NHS, housing authorities and others”.

It must be noted that although the service could be provided at less cost to the Council, Extra Care remains more cost effective than Residential Care 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 costs have been developed for each cost driver as outlined below:

Figure 3: Extra Care costs in comparison to Residential Care and high cost Community Care packages



Source: DBC Analytical data – December 2012

7. Meeting Need

The number of older people admitted into residential care increased to 180 in 2011/12. This represents a 29% increase over 3 years although people entering care homes are now older (average age 83+) and the level of turn-over is such that there is virtually no growth in total numbers. This is predicted to remain the case over the term of this strategy.

The number of people with larger care packages living independently is quite small (25). A significant proportion of these packages support people who already live in a form of supported accommodation and therefore already had a care and support package before they reached old age. The main reasons for these packages of support being higher cost is either an assessed need for 2 carers to assist at any one time (4 people, 16%) or a need for sleepover/waking night cover (10 people, 40%). The cost of the provision of these packages is under review. Analysis of these cases identified only a small number who would be suitable to live in Extra Care Housing.

Meeting need in Extra Care

The first two schemes developed were remodelling of sheltered housing, the demand mix was always aspirational as existing tenants had the right to return to the properties. People returned regardless of their needs, and the majority of these had low or no social care needs. Although every effort has been made to achieve the aim of a mixed community of needs as set out in the Allocations Policy, this has been difficult to achieve due to the shift in the Government agenda of personalisation and supporting people to stay in their own homes for longer.

When Rosemary Court opened in 2006, there followed a noticeable drop in admissions to residential care. However, as Extra Care has developed other initiatives have also begun to have an impact on needs:

- Preventative actions are beginning to have an effect.
- A greater range of services are now focused on supporting people in their own home, for example:
 - The introduction of re-ablement and intermediate care services have helped more people to regain independence
 - The introduction of Assistive Technology, and increased levels of adaptations for example through Disabled Facilities Grant's to people's homes have enabled more people to stay at home

In 2011/12 there were 36 properties re-let in the 3 Council run Extra Care schemes, a 33% annual turnover. Between April and December 2012 there have been 27 re-lets suggesting there is a consistent level of turn over. The time taken to re-let a property was 45 days in 2011/12 with four properties taking over 100 days to let. In the same period, the privately owned Extra Care Scheme had an average re-let time of 27.33 days which represents a 14% annual turnover. The three Council schemes are remodelled sheltered schemes. Inevitably in carrying out a remodelling there are some compromises in comparison to new build because changes are taking place within an existing design. This may also have been a factor affecting demand in comparison to new build Extra Care.

To minimise the risk of carrying voids in the schemes and the lack of demand from those with high level needs the allocated tenancies no longer reflects those set out in the Allocations Policy. Table 1 below demonstrates the extent of the variation from the model.

Table 1: A comparison of the Allocations Policy of the desired mix of needs to those with actual needs currently supported

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

Source: Adult Social Care Data, November 2012

The balance of need across the Extra Care schemes is towards low needs (59%) and only 19.4% of tenants falling into the high needs category instead of the target 40%.

Night time call outs are also a measure of need and dependency; anecdotally it has been reported as reducing. To illustrate this a sample week in November 2012 (in Appendix 2) highlights that Oban Court has the lowest level of call outs and no planned overnight care was being provided.

The reduction in those with higher level needs has a significant impact on the provision of overnight care and support. This affects the longer term financial sustainability of providing social rented Extra Care Housing across four schemes.

In the longer term we need also to address what appear to be conflicting trends: the growth in an older population who are mainly owner occupiers and the fall in demand for current provision.

More detailed information can be found in Appendix 2 (Supporting Evidence) which is available on the Council's Website (www.darlington.gov.uk)

8. Value for Money

Housing Costs

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 housing related support charge for those who are eligible.

Table 2 sets out below a comparison of the average weekly housing costs for a single tenancy. The comparison includes other providers of Extra Care grouped by the level of charges:

Table 2: Comparison of Extra Care Weekly Housing Costs

	Rent (£)	Service charge (£)	Housing Related 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

The costs of Extra Care do differ across providers and types of schemes. As an example some Extra Care schemes do not include meals within their service charges or do not provide meals. This would explain why some service charges are very low. Darlington Council schemes would fall within the average quartile for housing costs.

Included within the Service charge is the cost of communal cleaning and meals. Communal cleaning includes the routine cleaning of all the communal areas but not tenant's flats. The cost is £9.64 per tenant per week. These costs reflect the level and type of use of the communal areas plus the

additional change of facilities in comparison to sheltered housing. These costs can be covered by Housing Benefit. Meals cost £30.31 per week. This cost is currently partly covered by Housing Benefit but changes that are being introduced under the Welfare Reforms are likely to see this being withdrawn.

The meal costs are low in comparison to Hanover who on average charge over £7 per meal (£49 per week). Other providers have different charging structures but Darlington's charges are at the lower end of the range. At the moment care staff provide a "waiter service" during meal times which is an ineligible activity for care funding. This service should be included within the cost of meals and may partially explain the difference in costs between the Council and other providers.

Care Costs

The cost of delivering care services into Extra Care is approximately £1.2 million per annum across the four Extra Care schemes. The service is provided by the Councils' In-house Homecare Team. The levels of care going into each scheme varies depending on the size of the scheme and the needs being supported. Personal and domestic care provision is linked to an individuals' support plan therefore it is also subject to variation.

Current costs were based on figures available at the end of November 2012 and Table 3 breaks down the overall costs of care provision:

Table 3: Cost of Care Provision

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 commissioned)	140,327
TOTAL COST OF SERVICE	1,258,449
<i>(In-House hourly rate care costs (true cost of care) £18.43 per hour as of Nov 2012)</i>	

The true cost of the In-House Home Care Service (estimated at £18.43 per hour) is not charged to the individual. Instead, the average contracted rate for community domiciliary care of £11.03 is charged leading to a £7.40 per hour deficit. Consequently this is creating a significant cost to the Adult Social Care budget.

24/7 Service

24 hour emergency assistance is also available across the extra care schemes in two ways. Firstly, 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.

Secondly, the Council operates an in-house Community Alarm Service called 'Lifeline Services' which covers three of the four extra care schemes as well as sheltered housing and people in their independent housing. 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.

It must be noted that although the service could be provided at less cost to the Council, Extra Care remains cost effective as it helps to maintain people as independently as possible in their own home. Extra Care being a comparatively cheaper option for individuals and the Council than high cost care packages, reducing the need for as many commissioned support hours and cheaper than residential care as accommodation and meal costs are not included. A comparison chart is shown in Figure 3 on Page 18.

Personalisation

Adult Social Care continues to embed personalisation, this includes the option for individuals to receive a Direct Payment to purchase care and support individuals to from providers of their own choosing. This enables individuals to have a greater control and choice over their care and support. The consequence of individuals using a Direct Payment to choose a Personal Assistant or a provider of care, other than the In-House Care Team could lead to the shrinkage of the core daytime service which will make the in-house care service financially untenable due to the high fixed staffing costs involved with delivering the current service, irrespective of how many care hours are delivered into the schemes.

9. Moving Forward

The demographic growth and the cost effectiveness of Extra Care Housing supports the continuation of Extra Care Housing provision in Darlington. As the older population continues to grow Extra Care should be seen as an attractive alternative for those who wish to remain living as independent as is possible in their own home. However, for reasons given above the current model will be required to change.

The growth area is anticipated to be for people who are currently owner-occupiers. 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 stagnant. 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 care 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.

The position with the existing social rented provision is different. In the past year properties have been taking longer to let and the needs of people moving in have generally been lower than expected. This situation suggests that there may now be an over-supply of Extra Care housing and it is proposed to respond to these changes.

Age limitations

Although some tenants are less than 50 years of age there have been a number of issues in supporting these tenants in Extra Care, as their needs are often significantly different from those of older people. Therefore we do not intend to further open up the current model to those less than 50 years of age at this time.

Beyond the current market we also need to take account of the way that health and social care will be delivered in the future. The model of service delivery below begins to address this for social rented Extra Care.

The Vision Statement

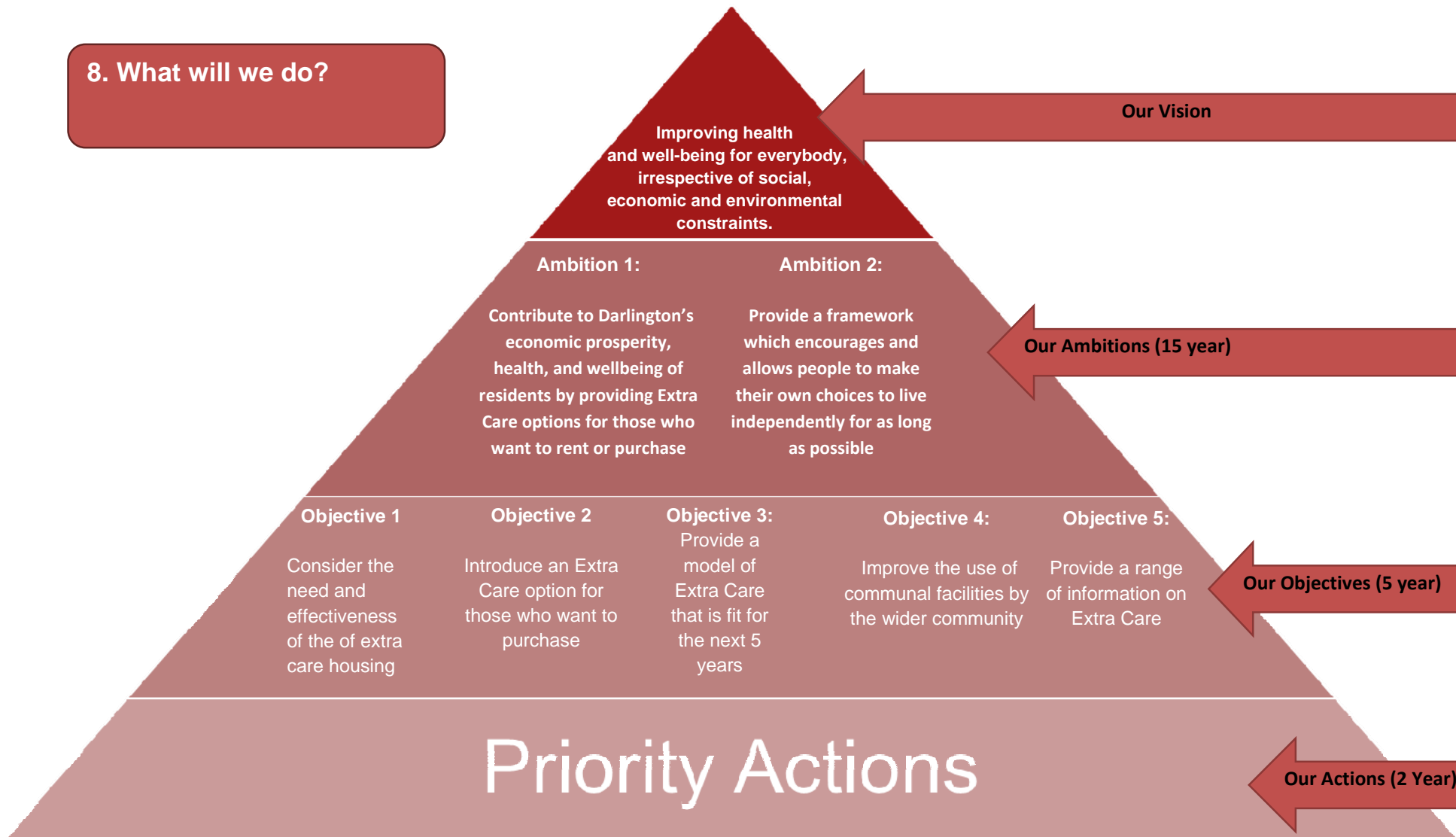
Set out at the beginning of this strategy has been developed to reinforce the view of the importance of Extra Care. However the current model is expensive to the Council and may not be the accommodation of choice for the growing numbers of Older People.

The Future Model and delivery plan will address the following:

- (a) **Extra Care to be attractive to future tenants** - to develop the model to reflect changing needs and expectations while continuing to meet the needs of existing tenants. Encourage the private market to develop in Darlington.
- (b) **Provision of a dedicated on-site team-** To continue to provide care and support services for those people eligible for Adult Social Care. To increase the flexibility in the delivery of care services through a commissioned service which offers quality, choice and best value for money for the Council and tenants.
- (c) **Choice increased** as tenants will have the freedom to choose a direct payment or purchase their own provision but it is anticipated that the quality and costs of on-site services will offer an attractive option.
- (d) **Providing on- site support 24/7** to be retained as a key feature of extra care housing inclusive of emergency care and support. Currently this is free and a review is planned in April 2014 after the care option for providing this service has been agreed and full cost of the new service calculated. (This is separate from the Lifeline charge within the rental agreements)
- (e) **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.
- (f) **Reduce voids in schemes by reducing capacity-** developing a proposal to reduce social rented Extra Care Housing to meet current levels of need with flexibility to increase as required.
- (g) **Revise the current allocation policy** with some minor amendments for clarification purposes. Aim to maintain the current approach to a mixed community of need as described in the Allocations Policy. 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.
- (h) **A marketing plan** to be developed targeting older people, their carers and families and professionals.
- (i) **Extra Care Housing role in prevention-** the schemes will be reviewed as to developing of a greater range of activities that meet tenants and the wider communities' social needs. Is there a role in supporting Community networks while considering the implications of funding changes to social activities and wellbeing services

A delivery plan sets out how we intend to implement the changed model.

8. What will we do?



9.0 Priorities for Action

Objective		Action	Description	Challenge Addressed
1	Consider the need and effectiveness of the current model of extra care housing	Action 1	Review the impact of on going changes in public sector funding on the strategic role of Extra Care	Strategic Direction
		Action 2	Review the cost and quality of services to ensure Extra Care offers value for money	Value
		Action 3	Review the charging structure for 24/7 "on call" services to ensure an equitable position	Value
		Action 4	Review the meals service to ensure that it offers opportunities to support a range of needs and choices	Service Model
		Action 5	Review the assessment and allocations process to ensure that Extra Care is meeting a range of appropriate needs	Meeting needs
		Action 6	Review the impact of Personalisation on the service delivery model	Service Mode
2	Extra Care that is fit for the next 5 Years	Action 7	Analyse changes in the needs of people entering Extra Care	Meeting needs
		Action 8	Develop an options appraisal for addressing changing needs	Meeting needs
3	Extra Care for those who want to purchase/Part Purchase	Action 9	Consult with Registered and Private Sector providers on privately funded options for Extra Care	Meeting needs
		Action 10	Explore the opportunities presented by the Government's Care and Supported Housing Fund for developing options for owner occupiers	Meeting needs
4	Use of communal facilities	Action 11	Review the role of the scheme leader in supporting social and wellbeing activities	Service Model
		Action 12	Develop proposals for a sustainable approach to social and wellbeing activities	Service Model
		Action 13	Consider the opportunities that may be presented by the development of the Council's new Darlington Community Support Network	Meeting needs
		Action 14	Consider the opportunities that may be presented by the introduction of Clinical Commissioning Groups	Meeting needs
		Action 15	Consider the development of local promotional plans for each Extra Care scheme	Meeting needs
5	Range of information on Extra Care	Action 16	Develop a marketing plan for Extra Care	Meeting needs
		Action 17	Ensure that up to date information is available through various media	Meeting needs

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