
**EXTRA CARE HOUSING – STRATEGY FUTURE OPTIONS FOR SERVICE
DELIVERY**

**Responsible Cabinet Member - Councillor Veronica Copeland,
Adult Social Care and Housing Portfolio**

**Responsible Directors - Murray Rose, Director of People
Richard Alty, Director of Place**

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to advise members of the outcome of the review of the extra care housing schemes in Darlington and seek Members approval on the draft Extra Care Housing Strategy 2013-17 (**Appendix 1**)
2. The report also advises members of the outcome of the review of the in- house Homecare service provided in four extra care schemes and seek Members' approval to carry out a competitive tender exercise for the award of a new contract for the delivery of domiciliary care and domestic support within the extra care schemes.
3. Members' attention is drawn to the potential adverse impacts that through consultation, tenants and their family carers have identified would be a consequence of the proposed changes to service delivery.

Summary

4. 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.
5. One of the Darlington Housing Strategy 2012-17 actions was the development of an Extra Care Housing Strategy. This has been developed across Housing and Adult Social Care following a review of care provision in the four extra care housing schemes. The draft document has been amended following consultation and is available as **Appendix 1**.
6. 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

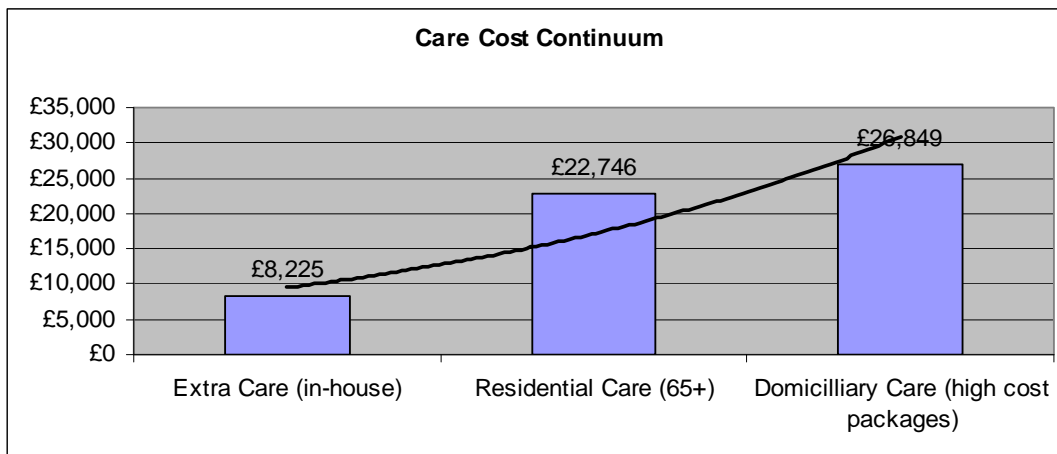
the way it is planned and delivered more complex than other forms of housing and social care.

7. The current extra care provision 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.
8. The additional support from a 24/7 on site homecare team makes the difference from other sheltered housing schemes. Currently an in-house homecare team work with the individuals to meet the needs identified in their Adult Social Care Support Plan. As in any community setting, a Financial Assessment is carried out to determine how much individuals can afford to pay towards the cost of this support up to a maximum contribution. The care team also provide unplanned emergency care which is not subject to a financial contribution.
9. The extra care in-house provision has been subject to a number of reviews which also highlighted a need for the development of a strategy for the future of extra care housing, particularly as demand for this type of support is declining at the same time as there are increasing numbers of older people requiring social care support. The strategy addresses some of the key challenges to develop a future model and delivery plan.
10. The strategy sets out a vision for the future of extra care as a quality and cost effective housing option for older people who have growing care needs. The delivery plan addresses some of the key actions that are required to ensure extra care housing remains a viable option in Darlington.
11. The Delivery Plan (**Appendix 2**) actions and timescales include:-
 - (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 support 24/7-** to be retained as a key feature of extra care housing inclusive of emergency care and support. Overnight on site support may be removed where there is no identified need. 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. In progress.
 - (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. In progress.
 - (h) **A marketing plan-** to be developed targeting older people, their carers and families and professionals. In progress
 - (i) **Extra care housing role in prevention-** the schemes will be reviewed as to how they might develop a greater range of activities to meet tenants' and the wider communities' social needs. Identify possible role in supporting community networks, considering the implications of funding changes to social activities and wellbeing services.
12. Action b) above, the care and support element has been progressed and consulted upon. This includes the in-house element of personal care and the externally commissioned domestic support for individuals.
13. The main reasons for this being the cost of maintaining a team when people care needs fluctuate. The result of this is that the care provided to individuals is not recovered at the true cost which was estimated at £18.43 per hour in November 2012. Under the Fairer Contributions Policy a nominal charge of £11.03 per hour which is the average contracted domiciliary care rate is charged to the individual.
14. The extra care service management team has attempted to work towards addressing the current imbalance between the budgeted staff hours and the actual care hours being delivered. Despite these endeavours the current service delivery model of in-house care is not flexible enough to be a financially sustainable delivery model for the Council in the long term.
15. It must be noted that although the service could be provided at less cost to the Council, extra care remains a cost effective option 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 1: Comparison of extra care costs with residential care and high cost social care packages



16. The proposal is to commission a service externally which can provide the 24/7 on site support in the establishments where personal care and domestic support is an identified and agreed need. The proposal is not to provide overnight on site support where no need is identified, this is the current position at Oban Court. An external contract would allow flexibility to meet changing needs in the schemes.
17. Efficiency should improve by one provider also delivering what is currently a separate domestic contract. The new contract will be subject to Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).
18. Cabinet are asked to approve the recommendations of this report, following approval a procurement plan will be drafted to tender the service by late April. The intention is for a new the contract to commence in October 2013. This will ensure that the new contract is aligned to the Domiciliary Care contract which is also scheduled to commence in October 2013 (as the domestic support contract end 30 September 2013).
19. A review of communal cleaning has also been completed and it is recommended this service remains in-house as part of a larger cleaning service within the Council. The service is at no cost to the Council as it is charged to the tenants. In addition, removal of the relatively small service would impact unfavourably on the cost of the Council cleaning services.

Recommendations

20. It is recommended that :-

- (a) Members approve the draft Extra Care Strategy and Delivery Plan 2013 – 2017

- (b) Members approve the tendering within one agreement of outcome focussed domiciliary and domestic care to be delivered in extra care housing. Overnight on site support will be provided within the contract in the schemes where there is an identified need. The tender will be through an approved procurement process, the contract period to commence 1st October 2013.
- (c) Members have due regard to the public sector equality duty and in consideration of this take into account the impact assessment against the need to achieve efficiencies within the Council's current financial position.
- (d) Members approve a review of the meal service.
- (e) Members approve a revision of the allocations policy to allow flexibility to manage voids.
- (f) Communal cleaning of the Council owned properties remains in-house within the wider cleaning service.

Reasons

21. The recommendations are supported by the following reasons :-

- (a) The Strategy and Delivery Plan has been subject to consultation.
- (b) The care and support services are no longer financially sustainable for the Council as the true cost of the in-house care service is not recovered from individuals (and exceeds Fairer Contributions Policy)
- (c) Combining contracts will achieve a more equal, transparent and consistent service provision. It will support quality of care and also provide an opportunity to ensure "value for money" by allowing the opportunity for providers to offer, seamless, more holistic, personalised support.
- (d) Efficiencies can be made and are required to support the Council in meeting its overall budget efficiencies in future years.
- (e) The proposed mitigations identified in this report will be considered as part of the individual care reviews of those individuals within the extra care schemes.
- (f) The meal service has mixed comments on consultation; the review will aim to create a modernised service.
- (g) There are a number of voids in the extra care schemes and in order to reduce these the current allocation mix

Delegations

22. Cabinet is requested to delegate to the Director of People Services to oversee the procurement plan and processes.

23. A report will be made to Cabinet to award the contract on completion of the process.
24. Cabinet is requested to delegate authority for minor amendments to the Allocation Policy and potential alterations to the meal provision to the Director of Place.

**Murray Rose,
Director of People**

**Richard Alty
Director of Place**

Background Papers

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

Jeanette Crompton: Extension 2327

S17 Crime and Disorder	No impact.
Health and Well Being	Yes, for the older and disabled population living in the four extra care schemes or who may do in the future.
Carbon Impact	There are no carbon impact implications in this report.
Diversity	This decision will not have an impact on diversity.
Wards Affected	All wards are affected equally, as people may move from a ward without extra care housing into one where an extra care scheme is located.
Groups Affected	Older people over 50 or people with disabilities.
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework. Adult Social Care Budget value approximately £1.3 million (external contracts are variable dependent on need)
Key Decision	This is a key decision.
Urgent Decision	No
One Darlington: Perfectly Placed	Yes- People are healthy and supported - People are financially secure.
Efficiency	Efficiency savings are likely if the in-house domiciliary and domestic support within extra care is procured as one contract.

MAIN REPORT

Information and Analysis

Demography

25. 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%).
26. 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 2: 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
Darlington UA	105,564	6,685	9,717	6,172	1,740	810
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

27. 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 3: Population projections - people over 65

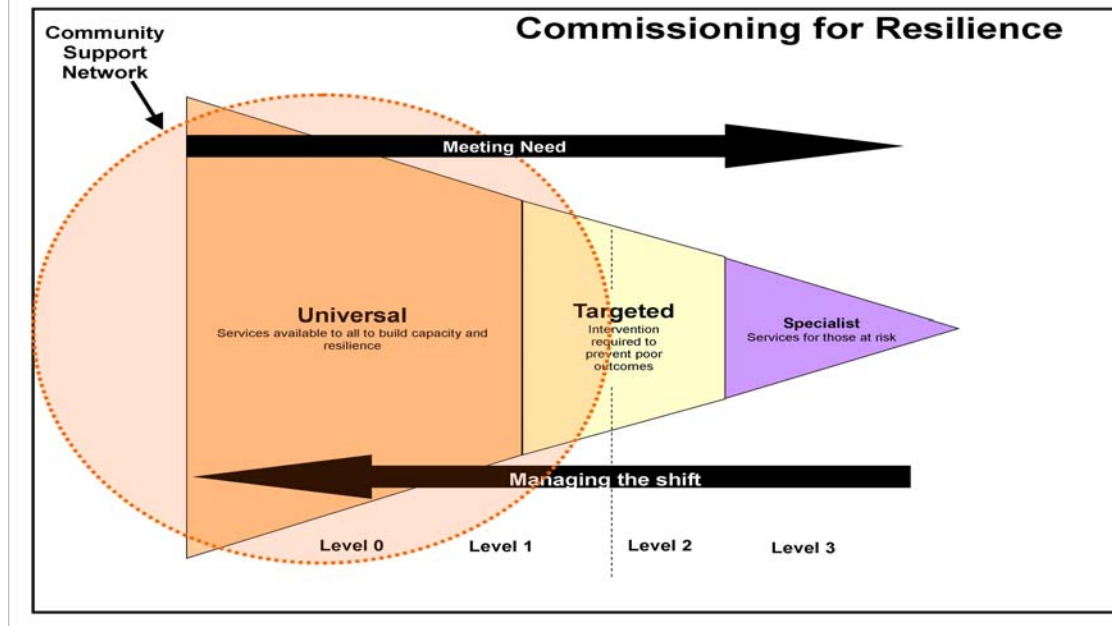
Age	2012	2015	2020	2025	2030
People aged 65-69	5,600	6,100	5,600	6,200	6,900
People aged 70-74	4,300	4,500	5,700	5,300	5,800
People aged 75-79	3,600	3,800	4,000	5,100	4,700
People aged 80-84	2,600	2,700	3,100	3,400	4,300
People aged 85-89	1,700	1,800	2,000	2,300	2,600
People aged 90 and over	1,000	1,100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

28. 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.

Figure 1: Strategic Direction of Adult Social Care Commissioning



29. 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:-

- (a) Break down barriers between health and social care funding;
- (b) Extend the rollout of personal budgets and
- (c) 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 telecare, working in partnership with the NHS, housing authorities and others”*.

Extra Care Housing

Table 4: Extra Care Schemes in Darlington

Scheme Name	Total Number of Units	Housing Provider	Care	Housing/ Support	Catering	Domiciliary Care
Dalkeith House	38	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

30. 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 and 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 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 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

- 31. 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 funding covers the support charge for those who are eligible.

- 32. 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 and shows that Darlington schemes would fall within the average quartile for housing costs:

Table 5: 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) – date?

33. 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 6: Cost of Extra Care service

Item	2013/14 Budget £
Staffing Costs	925,431
Other Costs – (PPE etc.)	18,147
Cost of Overnight Provision - 3 Waking Nights	144,654
Cost of Sleepover Provision – 2	29,890
Total Staffing Costs (inclusive of the cost of Registered Care Manager)	1,118,122
Total Cost of Care/Domestic Service (budgeted hours)	140,327
Total Estimated Cost of Service	1,258,449
<i>(In-House hourly rate care costs (true cost of care) £18.43 per hour)</i>	

Source: DBC Finance information as 15 November 2012

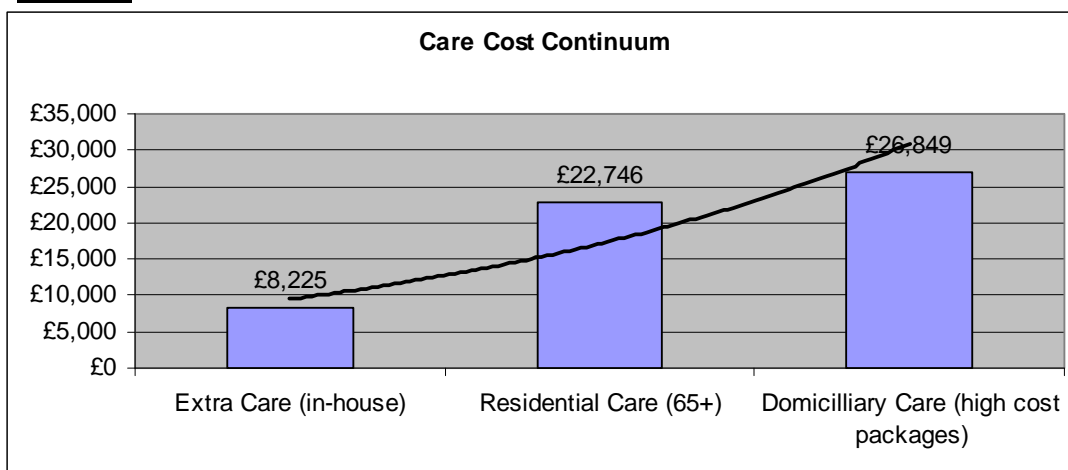
34. The true cost of the in-house Home Care Service, estimated at £18.43 (per hour, per person) as per assessed need is not charged to the individual. Instead, the average contracted rate for community domiciliary care rate of £11.03 is charged leading to a substantial deficit to the Adult Social Care budget.
35. 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 cases income is lost by these not being recharged to the individual.

24/7 Service

36. Twenty-four 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 funding to help cover this cost.

37. 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.
38. It must be noted that although the service could be provided at less cost to the Council, extra care remains a cost effective option 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.

Table1 &7 6: Comparison of extra care costs with residential care and high cost social care packages



Source: DBC Analytical data December2012

Dependency Mix

39. The Allocations Policy aims for a “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 the 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
40. Due to under usage of the schemes and number of voids, this mix is not reflected in the actual allocations of the properties. In addition, those tenants who lived in the schemes before they were converted to extra care, had the right to return irrespective of their level of need, and this further distorts the actual mix of need away from that set down in the Allocations Policy.

Table 8: 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%)

Source: DBC Analytical data - date

41. Table 8 below illustrates the Allocation Policy mix for each establishment against the actual current tenant mix. 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
42. It must be noted in Table 8 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 9: 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	2 x High	4 x High	3 x moderate needs
(Mental Health)	6 x Medium	5 x Medium	
	6 x Low	4 x Low	
Rosemary Court	11 x High	9 x High	
(Older People)	11 x Medium	4 x Medium	
	6 x Low	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 - date

43. Oban Court shows the highest number of people with low level needs.
44. 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.
 - (b) Oban Court also has the lowest level of call outs and no planned overnight care currently.

Demand

45. 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 10 : Summary Council Extra Care Voids in 2011/12

Unit	Total days Void	Average Void Days
Dalkeith House	455	41
Oban Court	378	29
Rosemary Court	511	85

Source: DBC Housing November 2012

46. The time taken to re-let a property was 45 days in 2011/12 with four properties taking over 100 days to let.
47. 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 11 Extra Care Waiting list April-September 2012

Outcome of Application	Number of applicants	Percentage
Tenancy accepted	14	40
Removed from list as do not wish to accept tenancy	12	34
Passed away	2	6
Still on waiting list	5	14

Information not available	2	6
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Source: DBC Housing September 2012

48. 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 placement 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.
49. 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

50. 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.
51. This is therefore a critical area for the successful delivery of the aims of extra care.

Current Position

52. 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 the fourth extra care scheme in Darlington but a lower level of activities than some other extra care schemes in the Tees Valley.
53. 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.

54. A number of studies including 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

55. Within the three Council managed extra care schemes the meals are provided by the Council's catering services team. 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:-

- (a) The service is limited to one sitting and this has presented a number of operational problems, for example, the 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 to the 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

56. 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.

57. 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 12: 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

58. 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.

59. 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 Strategies¹. 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 based on the range of information available.
60. The following figures are based on an older population age 75+:
- (a) 2015- 9600 aged over 75
 - (b) 2025-13000 aged over 75

Table 13: 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

Source: More Choice Greater Voice Toolkit 2008 Care Services Improvement partnership/Housing LIN

61. Using this tool would indicate an over provision of social rented accommodation in Darlington. 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 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.

Financial Implications

62. The aim is to deliver efficiencies through an external contract which will be delivered over a longer term.
63. Ensuring value for money in all contracts has been a high priority and will be considered in developing the specification for the service

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

Legal Implications

64. The Transfer of Undertakings (Protection of Employment) Regulations 2006 ('TUPE') would apply and all employees that work in the identified service would be transferred to the new contractor on their existing terms and condition of service (with the exception of pension rights). Consideration should be given for the contractor to seek admitted body status to the Local Government Pension scheme or to provide access to a broadly comparable scheme.
65. The council's TUPE protocol and all other related policies and procedures must be followed, particularly the duty to consult. The consultation period will also give the council and the contractor good time to engage with staff and consult on any potential 'measures'

Procurement Advice

66. A procurement plan will be developed to test the market in relation to the proposal in regard of outsourcing the in-house homecare service and domestic support.

Equalities Considerations

67. In order to consider the impact of the proposals on those living in or likely to live in, extra care in the future, an Equality Impact Assessment was commenced at the same time as the consultation.
68. From the potential impacts gathered at the consultation events and individual letters and emails received, the following key themes emerged:
 - (a) Lack of continuity of carer
 - (b) Decrease in quality of service
 - (c) (Loss of 24/7 on site support.
69. To inform the analysis of the impacts, these themes were used to collate the impacts identified by those involved in the consultation. Detailed feedback from tenants and their families can be found in **Appendix 1**. (All comments are anonymous to protect individuals' identities and are included below in italics to indicate that they are the views of an individual and/or their family/carer).

70. **Negative Impact 1: Lack of continuity of carers**

"These are people who know me, they are not just carers they have become friends."

"My mum needs to know who will be calling to do her cleaning."

"You don't realise the impact on vulnerable people when routine is disrupted because carers don't arrive on time".

71. Analysis of Impact

The most common concern for tenants was that different staff may deliver their care. Tenants liked to have staff who they knew delivering their care, particularly when the care was of a personal nature. In some instances people were concerned that the carer was of the same sex as themselves as they felt less embarrassed, when their personal care needs were being met. For the majority of those who initially identified that there may be a negative impact if there was a change of provider, they qualified this, by stating that providing that they still continued to receive support, then the change in provider was not such an issue for them.

72. Opportunities to reduce the Perceived Negative Impact

- (a) For those who were currently supported by the in house team, any change to provider would have a review of their support before any transfer to an alternative provider. This review would identify any request for a same sex carer.
- (b) The current staff would be subject to TUPE and as part of the transfer to the new provider there would be a handover meeting with the tenants to introduce the staff team.
- (c) All information regarding the needs and preferences of the individual would be transferred to the new provider, in the tenants Support Plan, so that they were able to fully meet their needs.

73. **Negative Impact 2: Decrease in the quality of the service**

"I feel sick at the thought of some of the things you hear on television about providers".

"The quality (of the support) will suffer- cheapest isn't necessarily the best".

74. Analysis of Impact

Some individuals expressed concerns that moving to an alternative provider would be worrying for them, as they were concerned that the provider would pay lower wages and the quality of care would fall as a result. They also felt that lower wages would lead to a higher turnover of staff, which would affect the continuity of their care.

75. Opportunities to reduce the Perceived Negative Impact

- (a) The development of the specification will ensure that there are clear standards set out for the care and support to be delivered.
- (b) Any care provider awarded the contract will be required to meet the standards of care required by the Care Quality Commission.

- (c) Regular contract monitoring will ensure that the standards are maintained.
- (d) There are clear avenues for tenants to give feedback should they be dissatisfied with the level of any service commissioned by Adult Social Care.

76. Negative Impact 3: Loss of 24/7 on site support

“If someone isn’t on site at night and we just rely on the Lifeline Service, then people may as well be in their own homes”.

“Carers are very responsive, if I need anything I can just push the button and they will come straightaway”.

77. Analysis of Impact

It was apparent that the majority of people living in extra care appreciated the fact that staff were on site 24 hours a day. Many had become used to calling on them for support that was not identified within their support plan, as well as requesting assistance in an emergency. Whilst the emergency response service could be met from the Lifeline service, (and indeed the tenants pay for the Lifeline service within their rent), in practice the response has been delivered by the on site homecare staff, as they are readily available. Individuals were concerned that the response times from Lifeline staff would be slower than the on site homecare workers.

78. Opportunities to reduce the Perceived Negative Impact

- (a) Where individuals have an assessed need for overnight support, as detailed in their support plan, these needs would continue to be met. However, responses to ad hoc or emergency calls would be made by the Lifeline service. Monitoring of the Lifeline service will ensure that appropriate response times are maintained.
- (b) Where there are a number of tenants with an assessed need for overnight support, it may be more appropriate for the provider to retain a worker on site. It is anticipated that the specification will include the Council making office accommodation available for any overnight staff required.

79. Should the decision be made to tender the service, then all individuals who have support from the in house team will have a review of their care needs, which will include an individual impact assessment and where appropriate mitigating actions will be taken.

Options for Monitoring

80. The potential impacts identified above would be monitored by Adult Social Care staff as part of ongoing care management, and also by the Contracts Team who carry out regular contract monitoring of all social care support. Individuals would also be able to provide feedback via the Council’s Comments, Compliments and Complaints procedures.

Consultation

81. A consultation period commenced on 18 January and ran until 22 February 2013. Letters were sent to all residents of the extra care schemes (and their carers where they were known to the authority), inviting them to attend one of four all day

consultation sessions which were held in each of the schemes during week commencing 21 January 2013. Those individuals who were on the waiting list for extra care housing were also invited to attend.

82. In addition, the draft Extra Care Strategy and the information on the proposals were made available for comment on the Council's Website.
83. The consultation meetings were chaired by an independent facilitator, with Council officers carrying out 1:1 discussions with those potentially affected by the proposals to gather comments and also identify any potential impacts. In total 73 individuals attended the consultation sessions with a further person sending in their comments by post/email. This equates to 49% of all extra care residents/ their families taking part in the consultation.

Outcome of Consultation

84. It was apparent from the comments received, that living in extra care housing is a positive experience. Those who contributed were full of praise for the in house staff team and the service they received. People told us "It's a lovely place to live" and "I've never been happier". Some people were anxious about the proposed changes and asked why things could not stay the same.
85. When staff supporting the consultation sessions explained the financial position that the authority faced and the reasons why the extra care service was being reviewed, people appreciated the need for the Council to ensure that it was achieving best value, but did express concern that the quality of the care would not drop if the support was delivered by an alternative provider.
86. However, most people said that they felt reassured that there was no intention of "selling off" the extra care schemes as had been reported in the local press and said that so long as their assessed care needs would still be met by the Council, they were not concerned. This could be summed up by the following comment :

"As long as everything is done properly and my needs are met, I am not bothered about the changes".

87. There were also a lot of comments made, both positive and negative, regarding the meals service, with negative comments largely received about one extra care scheme. This has been followed up with the meals provider. Further work will be carried out by Housing regarding the provision of meals.
88. Similarly there was a range of comments regarding the domestic support, with some people speaking highly of it and others expressing concern regarding the quality of the cleaning, and laundry which was carried out.