



Delivering Personalised Care and Support Services in Extra Care Housing at Vernon Gardens, Brighton

This Case Study is the summary of how a group of prospective tenants with a wide range of physical disabilities and some associated learning disabilities were helped to develop their own personalised model of care and support within a 10-flat extra care housing scheme in Brighton funded by the Department of Health and managed by The Guinness Trust, a leading housing association. It outlines some of the key moments and important milestones, and in doing so charts the opportunities presented, the challenges and anxieties tenants faced, and the difficulties they overcame to develop this model.

It is timely as it coincides with the government's White Paper on Adult Social Care to give greater voice to personalisation. In particular, it outlines the story of why adult social care in Brighton & Hove embarked on this journey as a part of the Putting People First transformation agenda in local authorities, what they hoped to achieve and how they went about the task. It also describes the aspirations they held, the strategic objectives that set the context, the relationships that needed to be developed, and the learning that has arisen.

Written for the Housing Learning & Improvement Network by
Gary Hortop & Nicholas Day, Nicholas Day Associates

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Summary

In 2009, Brighton & Hove City Council (BHCC) successfully obtained a Department of Health capital grant to develop Vernon Gardens as an independent living scheme for people with a physical disability. A decision was made at the outset by the Council to consult with potential tenants to develop a self-directed care and support model through a process that involved them, their carers and relatives, together with other key Council staff involved in personalisation, outcome based support planning, and procurement, as well as their individual social workers. It also meant that staff from The Guinness Trust would have a critical part to play as the tenants were likely to raise questions in their discussions about care and support that crossed the boundary into housing issues. Given the complexity of the partnerships involved and the ambitious nature of the scheme BHCC and Innovation & Efficiency South East (IESE) commissioned consultants Nicholas Day Associates to help the tenants steer a path to their futures.

This pilot project represented a risk to the local authority in two quite distinct ways. Firstly, the Council was fully committed as part of the personalisation agenda to let residents choose the model of service that best suited their needs and aspirations. One possible outcome might have been a request for a traditional block contract model of service. In the end, the tenants opted for an interesting hybrid model that reflected a mix of block contract service for the common elements they all sought – the rise-and-retire service and night cover – and the use of personal budgets for all other activities.

The second risk to BHCC was therefore that a fully self-directed support service could turn out to be significantly more expensive when social workers came to review the support plans of new tenants and based their reassessment of care and support needs on a different address. The results in this Housing LIN case study show in fact the reverse has occurred: the self-directed support model if replicated as part of a Council-wide policy has the potential to make significant budgetary savings.

About Vernon Gardens

Vernon Gardens was developed through a Partnership Bid between BHCC, The Guinness Trust and the Brighton Federation of Disabled People to secure funding through the Department of Health Extra Care Housing Fund to develop an extra care model of housing for people with physical disabilities. The aim of the project was to develop accommodation and services for a group of people in the City in response to an identified under-provision, but develop a model of care and support that would be highly personalised to meet their needs. BHCC were also keen to ensure that the development of this model was facilitated independently and following a competitive bid independent consultants were appointed to fulfil the role of facilitator in developing the model of care and support service.

The project provides 10 self-contained flats (7 one-bedroom and 3 two-bedroom) along with a communal space area that was consequently let on a lease to Brighton Federation of Disabled People and became known as “Space for Change”, a planned resource centre for people with disabilities in the City and available to the tenants at Vernon Gardens.

Building relationships with the prospective tenants

The consultants made the decision at the outset to consult with prospective tenants primarily through a *whole* group process that also involved their carers and relatives, together with

other key BHCC staff involved in personalisation, outcome based support planning, and procurement, as well as their individual social workers and representation from The Guinness Trust. This was designed to maximise interaction, promote creativity and generate learning. When consultations started in February 2010, seven prospective tenants had been identified through the relevant Adult Social Care (ASC) Team at BHCC, but they had not been assessed against The Guinness Trust's nomination process at that stage. The prospective tenants often had questions about the housing process that needed to be answered to help them make decisions about a care and support model.

Choosing to develop the model through a whole group process had implications for finding the most accessible venues for this client group at a reasonable cost. BHCC's Personalisation Manager took charge of this aspect of the project, and in general it was possible to find suitable venues for each occasion. For two tenants English was not their first language, and this therefore required a translator at each meeting, and for key correspondence, to ensure good communication. Another tenant had impaired hearing, and likewise needed support. 5 of the 7 tenants were wheelchair users, and each tenant had at least one family member, advocate or carer present at each meeting.

However, while working through a whole group process meeting, the challenge of finding a personalised care and support model satisfactory to each tenant required the consultants to understand the personal narrative and aspirations of each one. This meant the consultants needed to gain the confidence of the potential tenants from day 1, and to continue to build and maintain this confidence throughout the process.

Therefore the consultants personally introduced themselves through a letter and follow up telephone call to set the tone of the relationship before the first face-to-face meeting with tenants on 10 February 2010. The consultants then consciously kept contact with each tenant and their relatives, advocates and carers between meetings for four reasons: good administration; as a communication channel to keep everyone up to date with unfolding events; for gathering additional personal data in the early stages; and to maintain the 'momentum' of the project to keep everyone focused on the final goal. The 7 tenants also agreed to provide the consultants with access to their care and support plans.¹ This enabled the consultants to check and verify data gathered in the group meetings.

A key set of relationships in building the model of care and support has been with each prospective tenant's social worker. One of the difficulties with this task was that not all the prospective tenants had social workers at the outset of the pilot project. While each one had ASC-funded care packages, the situation for some had hitherto been considered reasonably stable and thus there was no ongoing care management or allocated social worker. During the course of the pilot the remaining tenants were allocated social workers in order to provide indicative personal budgets for the pending move. On 23 March 2010, the consultants met to brief the relevant social work team on the emerging model so they had the basic knowledge to review each potential tenant's support plan based on a new address and care and support model. It also provided an opportunity to help them identify clients for the remaining three vacancies.

¹ - The consultants signed confidentiality agreements with each prospective tenant in order to manage the exchange of personal information.

Developing the Model of Care and Support

Over the course of 3 whole group meetings during February and March 2010, the consultants worked with the tenant group and their carers/advocates/relatives to sequentially:

- Outline the potential models that could be considered;
- Get an understanding of the each tenant's care and support needs;
- Share and verify what we had learnt about their collective needs;
- Fill in the gaps about their future aspirations;
- Present and revise a draft model that was suggested by their collective comments.

When the consultants started work there was no clear nomination process in place. By the time of the final group meeting on 23 March 2010, BHCC and The Guinness Trust had agreed the nomination and allocation system - critical to ensuring good linkage between housing and adult social care processes - concluding that all of the 7 potential tenants at the time met the scheme criteria. This was a very positive platform from which to present a proposed model and collectively address their combined care and support needs.

In order to find a framework to compare and contrast the various models suggested to the tenants and create a common language for the development process, the consultants suggested a 'whole-of-life' framework for developing a new set of self-directed support arrangements. For each model, the tenants were invited to consider how they would gain access to, and/or be in control of:

- Housing management (rents/repairs/building)
- Housing related support (managing the home e.g. budgeting)
- Social care (help with managing your daily life tasks)
- Personal care (physical assistance with personal tasks e.g. bathing)
- Health care (to promote well being in both physical, mental and emotional ways)
- Meaningful occupation (constructive time use e.g. education, training, employment)
- Social support networks (resources to support daily living and personal resilience)

At the first meeting, and using this framework, the tenants were presented with a broad range of service models to consider (See Table 1), emphasising however that the final outcome could be a hybrid of any of these options. Individual interviews were then undertaken to take detailed histories and statement of needs about their care and support arrangements; and to discuss each of the models in more depth against their current circumstances and aspirations. At the end of the first day's work the whole group was brought back together to gain their initial opinions. At this stage none of the options presented in Table 1 had been discounted.

At the second meeting, each participant was asked to 'map' their support needs using the "whole of life" framework set out above. This helped the consultants better understand how each person's personal care and social care needs in particular varied with different times of the day, and how activities such as meaningful occupation and access to their social

networks e.g. activity clubs, varied with the different days of the week. It was at this stage that the group *was beginning to work as a whole group*: not only did they seek advice from the professionals present but shared their ideas and understanding with each other. As a result of this event, the consultants had a strong set of messages, summarised in our first stage report, that could be used in designing a ‘final’ model to present back to the group, which it was hoped would satisfy all their aspirations!

Table One: Service Models

Type of Commissioned Service	Service Description
<p>1. The Local Authority buys the service on your behalf:</p>	<ul style="list-style-type: none"> • Traditional way services have been purchased in the past • LA draws up Service Specification on your behalf and invites providers to bid to deliver the service
<p>2. The Local Authority buys part of the service on your behalf:</p>	<ul style="list-style-type: none"> • LA draws up service specification on your behalf for part of the service and invites providers to bid to deliver the service • The remainder of the service is purchased by you (through Personal Budgets or Direct Payments)
<p>3. You have a Personal Budget and buy the services yourself:</p>	<ul style="list-style-type: none"> • This is a recent newer model of purchasing services for adult social care • You are given a personal budget that is held either by you or someone on your behalf to purchase the services you need
<p>4. You have a Personal Budget but this is pooled with the other residents and you purchase the services as a group:</p>	<ul style="list-style-type: none"> • As in the previous model you are given a personal budget • However, in this model your budget is pooled either in full or in part with other residents to purchase services
<p>5. You or the Local Authority use part of the budget to purchase meaningful occupation:</p>	<ul style="list-style-type: none"> • This is a hybrid model that works with one of the other models above • This enables you to develop your skills while meeting some of your support needs e.g. Learning to cook so as to provide meals for other residents, people using resource centre and/or the wider community

A “Customer Driven” Model of Service Delivery

The outcome of the consultation exercise with potential tenants in February and March 2010 produced an interesting hybrid model of self-directed support:

- A core service commissioned by BHCC for two specific elements: a ‘rise-and-retire’ service based on site to cover going to bed and getting up; and an ‘emergency and on-call night service’ that will support the rise-and-retire staff;
- Services commissioned by individual tenants (with the help of personal assistants) using personal budgets across the complete range of ‘whole of life’ services;
- Services transferred across with the tenant from a current provider.

It was agreed that all new tenants would be required to purchase the commissioned service out of their personal budgets. For one new tenant, who purchases all her current services through a personal budget, the new set-up represented a compromise. For the others, the move to a greater element of self-directed support represented a new dimension, but one the consultation showed they wish to embrace. Some tenants also chose to bring existing providers (who are both local authority and personally commissioned) to top-up elements of personal care or to deliver their social care and/or support.

The overall model had also broken something of the ‘established’ mould in that the local authority commissioned element (estimated at £137,600 per annum in February 2010 for procurement purposes²) would form only 36% of the total current estimated net social care budget spent from BHCC funds on the prospective tenants: at these figures 64% would be available for personal budgets. (The ‘final’ ratio, dependent on the balance between the contract figure eventually agreed with commissioned provider and the combined sum of the tenants’ personal budgets based on their new address at Vernon Gardens, turned out to be very similar.) In supported housing schemes, or extra care housing schemes delivering care and support, where the consultants have researched the ratio of commissioned to self-directed service it has been in the order of 70:30.

The new ‘business’ model the tenants created is highly customer driven: The new provider of the commissioned service (Care UK, appointed in July 2010), along with other providers, have the opportunity to bid for the remaining percentage of the personal budget (or business!) that tenants directly control. It requires the provider to be very flexible: the consumers of their service will be able to switch products (within certain contract rules e.g. notice periods to change) according to changing needs and aspirations.

The model is also evolutionary and dynamic i.e. it has the ability to change over time as tenants learn to take control of commissioning services and become more confident about managing the process. For example, there was as yet no enthusiasm for pooled budgets. However, all the tenants could see this as an option in years to come as a way of having greater control.

² - Costs based on discussions with service users, commissioners and social workers about the exact tasks needed to deliver the commissioned elements, the timing of these tasks, and likely charging rates.

Initial Evaluation Post-Occupation

Key Lines of Enquiry

The second stage of the consultants' work was undertaken in February 2012 following occupation of Vernon Gardens by the prospective tenants in October 2011. This second stage report was done with a view to obtaining the tenants perspective on the success, or otherwise, of the model as well as determining the final figures in respect of the cost to adult social care budgets. A 12-month delay in completion of the building works, caused by the initial contractor going into administration, meant there was a significant gap in the time between agreeing the model and appointing the care provider, and occupation of Vernon Gardens.

Throughout the delay in the building works the consultants kept in touch with the tenants, meeting with them formally in September 2011 as a group to talk through how things had changed for them during the intervening period of delay and to discuss in broad terms how any later evaluation would be conducted. In this initial evaluation - termed the 'early days' evaluation - the consultants sought to understand the emerging issues through a series of key lines of inquiry agreed with BHCC based around the tenant's perspective of how the service "matched-up" against their original expectations for the service. The key questions were:

- How the structure and quality of care and support at Vernon Gardens differs from a tenant's previous living arrangements, and to check that it feels like progress in achieving greater independence and well-being is being made?
- What has surprised tenants that they did not anticipate, and how much of what they have experienced is what they expected?
- How far do relatives and friends feel that Vernon Gardens improves on their previous living arrangements?
- What has been the tenant's experience of personal budgets and/or personal assistants?
- How would tenants like the care and support model to develop in the future and what support would they need to do this?

Key Learning Points

This case study does not allow us to rehearse the detail, breadth and richness of issues that has emerged during the course of the whole project or the complete set of findings from the initial, or first steps, evaluation recently conducted. So we have simply set out what we see as the key learning points and some of the lessons for the future. We have, however, reproduced here some of the key financial data given the degree to which cost is a significant driver in shaping future public service.

What this project has allowed is a fascinating insight into the tenants' perspective of how services get commissioned and how both commissioners and landlords respond to the emerging agenda of greater personalisation of services. The consultants offer the following key messages:

- The investment in developing a personalised model of care and support in an extra care setting has delivered positive outcomes for all concerned. It has created a clear

sense of voice, choice and control for tenants in the move to greater independence. They valued being the architects of the design of care and support model and having a pivotal role in choosing the Care Provider that they believed would best meet their aspirations. The whole-of-life model has ensured that the tenants, their social workers and the Care Provider are much more focused on all aspects of life that contribute to social, physical and mental well-being.

- In making the move to Vernon Gardens, each tenant has been able to negotiate with the Care Provider a rise and retire time to their satisfaction, a critical component for happiness identified in the project planning stage. The physical location of Vernon Gardens, near shops and bus routes, has opened up many more opportunities to integrate into the local community than with their previous living arrangements. This has been supported by the use of personal budgets, another change welcomed by most. Family members who were full-time carers prior to the move have reported a welcome respite and allowed them to begin planning to move-on in their own lives. Social workers and the Care Provider are reporting at this early stage that nearly all tenants are demonstrating a greater degree of independence.
- However, we have observed and it has been acknowledged, that tenants coming from residential care appear to struggle more and take longer to adapt than those who had previously lived in the community. Learning to organise your day and your affairs (as opposed to having these organised for you) is a very significant challenge. The tenant who has made the most comfortable transition to date - as shown by such outcomes as much greater use of community facilities and an increase in time spent volunteering - had lived within the residential home's semi-independent move-on project.
- The one component that was missed, with hindsight, from the procurement exercise was the specific inclusion of a "housing-related" component. This activity was particularly crucial in the early days of the service where tenants initially struggled with their new housing setting and associated building related issues, so that this element of the service had to be "picked up" by default by the Care Provider.
- What has also been missing from the commissioned service - despite the intention at the outset - was enough "flexibility" for the tenants to make new choices, both in the short-term and the long-term, as their horizons of what was possible in a new community setting quickly opened up before them. The demands of staff schedules and staff rotas that must be contractually managed to deliver the necessary hours for a group of residents whose needs, desires and choices can change on a regular basis has proved to be more of a challenge than originally anticipated. For example while tenants have achieved normal rise-and-retire times to their satisfaction the Care Provider has found it much more difficult to accommodate a change of plan, even with notice, as this can demand re-scheduling of staff rotas (sometimes involving double-cover where the use of hoists are required). It is a reminder that in truly personalised planning you cannot see what is possible until the service is set up! The real personalisation challenge for commissioners and providers as they go forward is to capture the intent to be flexible within a written contracting framework.
- This model also demonstrated the importance - but also the difficulty - of trying to break the residential care model when community services are delivered in a shared

or group setting such as the 10 flats at Vernon Gardens. Our evaluation showed through a number of small but subtle examples how the on-site care team, providing services to 10 vulnerable individuals, has subconsciously recreated aspects of an institutionalised setting. What we have learnt is that the care provider must deliver flexible approaches to key routines in supporting tenants, along with supplementary partnership training (see below) to challenge perception and culture of delivery among care staff to maximise the sense of a personalised service.

- This model has been successful to date because of the commitment by all partners, including the tenants, to make it work. The consultants have observed that these relationships need to be continually refreshed, so that specific partnership training is recommended. This would bring together all stakeholders on a more regular basis for each party to understand and reflect on the importance of their role, and how it could be developed and improved, as part of delivering an integrated whole-of-life service.
- The tenants themselves have begun to recognise that there is already a need for the model to change, and to ask themselves how they retain control and choice over the model of care and support that underpins the services they receive. The future governance structure that will hold this together will be critical to allowing a flexible and evolving approach to meeting their needs and creating opportunities for changing the model over time. As part of an original report the consultants set out some possible options for holding the governance model together.³ BHCC is currently working on what model can be used and how this will be delivered.
- Finally, this model of delivery will save the commissioner money on the assumption that it can be scaled up for larger schemes (for example, a 70 units ECH Scheme for older people), and focussed on preventing moves into, and facilitating moves out of, residential care. Some of these financial arguments are set out in more detail below.

A Financial Evaluation of the Model

A key strategy for promoting choice and independence in the model, indeed as part of the whole philosophy of personalisation, is the use of personal budgets. At Vernon Gardens, the amount available for each tenant's personal budget is the figure based on assessed needs by the Social Worker linked to the Council's Resource Allocation Model, less the fixed amount for the rise-and-retire service which each tenant pays. Thus the amount available for each tenant varies from as little as £70.72 per week for tenant 4, to as much as £1,336.02 per week for tenant 10. The average amount per person is £348.10 per tenant per week.⁴ (See Table 2)

What was emerging in our initial evaluation is that the sub-set of tenants who have least call on the rise-and-retire service, but who are paying the same flat rate as those who utilise the full length of session - one hour in the morning and half-an-hour in the evening - are coming to the view that they would like to buy less rise-and-retire, and have more surplus for personal budgets. They have become aware by talking to each other that those tenants with

³ - See Page 18 of:

http://www.thinklocalactpersonal.org.uk/_library/Resources/SouthEast/Legacy/Jobs_Homes/BH_Extra_Care_Housing_project/Brighton_and_Hove_Extra_Care_Housing_Interim_Report_TASC_July_2010.pdf

⁴ - Tenant 8 is currently completely self-funding so makes no call on the Council's budget.

greater personal budgets have been able to access a much greater range of community activities, and thus promote their independence and sense of well-being.

Although at the time of our initial evaluation in February of this year little thought had been given by tenants (either individually or collectively) on how the model could be taken forward, it was clear that they are seeing the benefits of greater choice and control and a sense of greater social inclusion. They are beginning to ask questions around those elements of the model that work least well for them and explore how this service could be reviewed to deliver even better services for them and this is being seen specifically in the commissioned element of the service.

As regards overall budgets, the consultants suggest that the savings to the ASC budget on these 10 residents may be in the order of 34-38% if compared with their previous cost of care. The average weekly cost of the care package prior to the move to Vernon Gardens, calculated in December 2010, was £1,039.01 (column 2, Table 2). Indicative budgets at the same date based on Social Worker needs assessment as the person was now living at Vernon Gardens worked out to £701.71 per person per week (column 3, Table 2). Just prior to move in (September 2011) the indicative assessed budget had fallen to an average of £656.70 per person per week (column 5, Table 2). Latest outturn figures (December 2011) showed the actual spend was only £596.38 per person per week.⁵

Conclusion

At the time of writing BHCC are reviewing some of the learning points, such what tenants require by way of a housing related support service and what implications this may have for the Care Provider contract; and how to bring greater flexibility in the terms of the contract offered by BHCC and in its execution by the Care Provider.

The partnership of all the stakeholders at Vernon Gardens needs to reflect on the way that tenants can retain ownership of the service delivery model as it develops through future phases. A lot of investment (time, people, and money) has gone into developing this 'whole-of-life' model, but the consultants believe tenants will continue to need external guidance to retain control of the model and future delivery of service and avoid any risk of slipping back unwittingly into institutionalised service delivery models.

⁵ - The average is based on 9 tenants, as 1 is currently self-funding.

Table Two: Budget Analysis

Time Point	December 2010			Prior to Move In	At Move In	
Name	Care Package Cost	Indicative Budget	Housing Status	Indicative Budget	Actual Budget Inc. Rise & Retire cost ⁶	Available Personal Budget ⁷
<i>Tenant 1</i>	217.57	412	<i>Independent Tenancy</i>	412	341.14	92.86
<i>Tenant 2</i>	1,158.39	712	<i>Residential Care</i>	712	705.09	456.81
<i>Tenant 3⁸</i>	0	0	-	300	330	81.72
<i>Tenant 4⁹</i>	0	319	<i>Family/NFA</i>	319	319	70.72
<i>Tenant 5</i>	717.50	666	<i>Residential Care</i>	666	511.60	263.32
<i>Tenant 6</i>	1,340.62	488	<i>Residential Care</i>	488	488	239.72
<i>Tenant 7</i>	471.25	1,030	<i>Family</i>	1,149	726.90	478.62
<i>Tenant 8¹⁰</i>	0	0	-	1,141	0	0
<i>Tenant 9¹¹</i>	204.76	0	<i>Independent Tenancy</i>	235	361.41	113.13
<i>Tenant 10</i>	3,163	1,285	<i>Family/ University</i>	1,145	1,584.30	1,336.02
TOTALS (£)	7,273.09	4,912		6,567	5,367.44	3,132.92
Per person comparator	1,039.01	701.71		656.70	596.38	348.10
Annualised Amount on 10 flat scheme	540,285.20	364,889.20		341,484	310,117.60	181,012

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The views expressed in this paper are those of the author, and not necessarily those of the tenants of Vernon Gardens, Brighton & Hove City Council, Innovation & Efficiency South East or of the Housing Learning and Improvement Network.

⁶ - The charge for the rise and retire service is a flat rate £248.28 per person

⁷ - This is the actual budget less the flat rate cost of the rise and retire service

⁸ - Tenant 3 was not offered a tenancy until Summer 2011

⁹ - Although tenant 4 was one of the original group who assisted in developing the model of care and support at Vernon Gardens and offered a tenancy in 2010, there were no open service agreements at the time of the original budget assessments in December 2010

¹⁰ - Tenant 8 was not offered a tenancy until Summer 2011

¹¹ - Tenant 9's indicative budget had not been calculated at December 2010

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'knowledge hub' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

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Housing Learning & Improvement Network
c/o EAC,
3rd Floor, 89 Albert Embankment
London SE1 7TP
Tel: 020 7820 8077
Email: info@housinglin.org.uk
Web: www.housinglin.org.uk