

## **Benchmarking Extra Care Housing for Older People**

**London ADSS Performance Network**

**21 September 2006**

Services for life

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# Benchmarking Extra Care Housing for Older People

## Executive summary

### Purpose of the report

This project is part of the work-programme of the Greater London ADSS Performance Network (see Appendix C for further detail).

GLADSS Directors wished to obtain an overview of the current state and developments in Extra Care Housing for older people in London (referred to in the text as ECH).

The project comprises two parts:

- A telephone survey of London authorities
- A practice-sharing seminar workshop focussed on best practice and developments in commissioning Extra Care housing.

This report provides the outcomes of the telephone survey.

### Overview

The survey methodology adopted was developed and tested by Personal Social Services Research Unit (PSSRU).

The aims of the survey were:

- To update existing database of Extra Care accommodation
- Gather information on:
  - Definitions
  - Reason & aims for developing Extra Care sheltered housing
  - Philosophies of care
  - Links to local strategies
  - Public / private partnerships
  - Other local partnerships
  - Types of schemes: Specialisms, e.g. black & ethnic minority groups (BME), dementia, shared ownership
  - Nomination & referral processes
  - Levels of need and eligibility criteria
  - Types and quantity of care cover
  - Planning issues

Twenty-four London authorities participated in the survey, which was conducted in the first quarter of 2006. Four of these authorities were interviewed by the Personal Social Services Research Unit, University of Kent at Canterbury (PSSRU) and the remaining 20 by Tribal Consulting.

## Findings

Information in the Elderly Accommodation Council (EAC) database did not fully reflect the information reported by participating councils. This is probably due to differences in understanding of the term “Extra Care”, as the definition adopted for the PSSRU survey (below) was less inclusive than that used by the EAC (see 3.2.2), specifying the availability of 24-hour care as a key feature of Extra Care.

**Definitions:** Most authorities agreed with the PSSRU definition of “Extra Care” housing as:

- Is for older people
- Provides self-contained accommodation
- Offers care and support that is available 24 hours<sup>1</sup>
- Offers security of tenure
- Includes communal facilities

There were some discrepancies in the understanding of “older”. In some cases age 65 was not seen as the lower limit.

**Reason & aims for developing Extra Care Housing (ECH):** Respondents stated that their main aims for increasing the provision of ECH were less to do with planned and actual reductions in care home usage, or the rising cost of placements, but more driven by the aim of supporting outcomes for older people (such as independence, choice, health and well-being), and to provide more health and social care services in the community.

Reduction of unnecessary hospital admissions and the provision of intermediate care were also significant drivers.

**Philosophies of care :** “To maximise independent living for as long as possible” was stated unanimously as the philosophy of respondents, while there was some debate around “Home for life” and creating mixed communities of active and frailer elderly people

**Links to local strategies:** The Older People’s Housing Strategy, Local Supporting People Strategy and Local Strategic Partnerships were the most common strategies mentioned.

**Public / private partnerships:** There appeared to be little or no involvement with private sector schemes by the respondents, but this was not seen as a barrier to development.

**Other local partnerships:** Generally it appears that the local partnerships between Housing and Social Services are in place at a strategic level, i.e. a shared philosophy, good information for joint commissioning and joint planning.

**Joint assessment arrangements** and documentation were less prevalent, particularly the latter, but respondents did not consider this a problem.

The **main funding streams** for ECH were reported as Social Services and Supporting People.

**Specialisms: Private schemes:** There was little information available about private schemes in general, far less about the level of specialist care provided. It was stated that there was little

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<sup>1</sup> personal/social care staff are available to provided immediate support 24/7, irrespective of whether they are based on site.

involvement, if any, from authorities in the running of them, therefore not much information was held or known by the authority.

**Specialisms: Public and voluntary sector managed schemes:** The majority of schemes for older people included provision for people with dementia, from black and minority ethnic groups and with learning disabilities, but there very few schemes that specialised in provision for these needs.

**Nomination & referral processes:** Just under 60% of authorities said they have a joint (Housing and Social Services) nomination panel, referrals are accepted from a wide variety of sources.

**Levels of need and eligibility criteria:** There was a wide range of eligibility criteria in place, with little communality between authorities. These ranged between Fair Access to Care Services (FACS) criteria “critical and substantial” level, through “Aged 60+, single and without dependents, have a substantial need for care”, to “based on individual cases”.

**Types and quantity of care cover:** The agreed definition of ECH included the provision of 24-hour care: there were a wide range of options for achieving this, from having waking-night staff and care teams based on site, through to off-site alarm call centres.

**Planning issues** that featured included: funding for developing future schemes; the changing criteria around fair access to care services; and changes in understanding the move from residential to Extra Care. Other issues quoted include staff recruitment; development time; negative media intervention (specialist scheme) and remodelling/refurbishment costs for older sheltered housing schemes.

## Conclusions

This report provides a broad, if not comprehensive overview of the development of ECH in the GLADSS region.

The main issues noted are:

- Lack of integration of front-line assessment processes (joint assessment arrangements and documentation);
- wide range of differing eligibility criteria across the boroughs;
- Opportunities for linkage with private providers;
- Resources (capital & revenue funding, staffing and recruitment) for developing future schemes.

## Acknowledgements

Our main contact point with councils was through the members of the London Senior Performance Managers' Forum and our thanks are due to them for assisting in this process.

A group of around 15 representatives of London Boroughs participated in the project, which was chaired by Charlotte Fitzgerald (RB Kingston-upon-Thames).

PSSRU at the University of Kent in Canterbury were most helpful in sharing their survey development with us and allowing us to use it for this project. We gratefully acknowledge the support of Ann Netten and Laura Dawson.

The HousingCare online database of accommodation with care ([www.housingcare.org](http://www.housingcare.org)), a partnership venture led by the charity Elderly Accommodation Counsel (EAC) was an invaluable starting point for information on current schemes.

Finally we would like to thank those managers and staff of Social and Housing Services across the London Boroughs who gave freely of their time and knowledge to answer the extensive telephone questionnaire.



# 1 Introduction

## 1.1 Background

- 1.1.1 This project was undertaken as part of the programme of work of the Greater London Association of Directors of Social Services (GLADSS) Performance Network, supported by Tribal (for further details please refer to Appendix C).
- 1.1.2 GLADSS Branch Executive identified a need for a comprehensive overview of the current and planned developments in “Extra Care Sheltered Housing” across London.
- 1.1.3 This was confirmed by the Branch as one of the priorities for the Network’s programme, i.e. to undertake a project to identify current levels and types of provision of Extra Care housing across London, including information on:
- Models of care
  - Volume / prevalence
  - Trends
  - Planned projects
  - Funding streams used
- 1.1.4 The project group’s initial scoping meeting identified a wide range of issues faced by authorities in the planning and commissioning of services, as well as a need to have a greater understanding of related policy and practice issues, for instance the profiles of clients using Extra Care housing (dependency), types and levels of care provision, and a need to share best practice.
- 1.1.5 The proposed outcomes for the project were:
- An updated database for London
  - Information for use by all authorities
  - A one-day seminar in to share good practice

## 1.2 Process

- 1.2.1 The initial research scoping for this project included a search on other initiatives of a similar nature, to avoid duplication of effort. Thus we discovered that the Personal Social Services Unit (PSSRU), University of Kent at Canterbury had been commissioned by the Department of Health (DH) to conduct a fact-finding exercise with a sample of all English authorities (including six in London), with a similar remit.
- 1.2.2 The project group agreed to adopt the PSSRU research methodology and process, i.e.
- Comparison and update of the lists of Extra Care housing provided online by the Elderly Accommodation Counsel (EAC).
  - Telephone interview with lead person(s) in each authority to gather info on:
    - Definitions
    - Reason & aims for developing Extra Care sheltered housing
    - Philosophies of care
    - Links to local strategies
    - Public / private partnerships
    - Other local partnerships
    - Types of schemes: specialisms (e.g. BME, dementia), shared ownership
    - Nomination & referral processes
    - Levels of need and eligibility criteria
    - Types and quantity of care cover
    - Planning issues
- 1.2.3 It was agreed that we would seek the permission of the six London Authorities that participated in the PSSRU survey to share their responses, and that we would approach the remaining ones in order to fill the gaps for the rest of the London authorities.
- 1.2.4 The survey would form the basis of the fact-finding across London authorities, but was unlikely to satisfy the need for knowledge-sharing across the authorities on matters of best practice and developments in commissioning of Extra Care housing. These will be addressed by working with colleagues in Tribal who have a specialist social housing remit, to set up a practice-sharing seminar to be held in September 2006.

## 2 Methodology

### 2.1 Introduction

#### Who participated?

2.1.1 Twenty six authorities were invited to participate in this survey. The 20 authorities who participated are listed in the table below. Of these 20 authorities two authorities participated twice, with each participant covering different schemes within the authority therefore both of these authority’s responses have been reported in the count of responses, but only counted as a single authority for the purposes of summing hard data.

**Table 1**

Authorities who participated		
Barking and Dagenham	Hounslow	Sutton
Bexley	Islington	Tower Hamlets
Bromley	Kensington and Chelsea	Wandsworth
Croydon	Kingston	Westminster
Ealing	Lambeth	
Greenwich	Newham	
Hammersmith and Fulham	Richmond	
Hillingdon	Southwark	

2.1.2 Authorities that were invited but did not participate include:

**Table 2**

Authorities invited but did not participate		
Barnet	Hackney	Havering
Brent	Harrow	Redbridge

2.1.3 The following authorities were invited to participate in the PSSRU survey.

**Table 3**

Authorities invited to participate in the PSSRU survey		
Camden	Haringey	Merton
Enfield	Lewisham	Waltham Forest

2.1.4 Four of these London authorities participated in the PSSRU survey and agreed to their data being passed onto Tribal Consulting for inclusion in this report. As stated in 1.2.3 above. These authorities are:

**Table 4**

<b>Authorities who participated in the PSSRU survey</b>	
Camden	Haringey
Lewisham	Waltham Forest

**Period covered**

2.1.5 The telephone interviews were held during January 2006 – April 2006

**Problems arising**

2.1.6 The main problem encountered in setting up the telephone interviews was in identifying the lead contacts for Extra Care housing within authorities.

2.1.7 Once identified, the majority of contacts were very helpful and knowledgeable, though in some instances the task was delegated to a junior member of staff (or in one instance to a PA) who were equally helpful but struggled to provide the answers to some of the more strategic questions.

**2.2 Coverage of this report**

**The remaining sections of this report present the outcomes of the survey in the following categories:**

- Section 3 – The Elderly Accommodation Council database
- Section 4 – Extra care housing schemes in London
- Section 5 – Reasons and aims for developing Extra Care housing
- Section 6 – Degree of joint working / nature of local partnerships
- Section 7 – Local policies and procedures
- Section 8 – Other problem factors

### 3 Elderly Accommodation Council Database

#### 3.1 Web-based information

- 3.1.1 The HousingCare site ([www.housingcare.org](http://www.housingcare.org)) was chosen as the initial source of information on extra care housing, as it is the only comprehensive national information base. The site is a partnership venture, led by the charity Elderly Accommodation Counsel (EAC: [www.eac.org.uk](http://www.eac.org.uk)).
- 3.1.2 It is intended for older people, their families, carers and advisors, and all those who work with and for them. It provides detailed information on home maintenance, adaptation and improvement; finding care or home help services; finding and moving to retirement or extra care housing; or choosing a care home.
- 3.1.3 Visitors to the site can search for retirement housing in the UK by postcode; place; schemes managed by an organisation; availability (current lettings or sales notified); or by county / council area.
- 3.1.4 The web site depends largely on care providers updating their own information.
- 3.1.5 The council area option was used to put together listings for each of the London Boroughs, which were then checked against the borough's own records.

#### 3.2 Findings

- 3.2.1 The HousingCare.org site defines "Extra Care" housing as:

##### **Extra care housing**

***Definition: Sheltered or retirement housing for frail older people***

New forms of sheltered housing and retirement housing have been pioneered in recent years, to cater for older people who are becoming more frail and less able to do everything for themselves. These are known as extra care or very sheltered developments (or schemes). Most properties in these schemes will suit less mobile people and wheelchair users, and bathrooms particularly will be designed to make it easier for assistance to be offered. Schemes may have their own care staff, and will usually provide one or more meals each day, if required. Extra care housing has developed from sheltered housing, and shares many of the same other features.

(from <http://www.housingcare.org/jargon-extra-care-housing.aspx>)

- 3.2.2 The definition adopted for the survey was less inclusive (see 4.3 below Defining “Extra Care housing”, specifying the availability of 24-hour care as a key feature of Extra Care.
- 3.2.3 Mainly for this reason, we found discrepancies, where authorities’ own information on the levels of care provided in some of the schemes described as “Extra Care” in the database did not meet the criteria of our definition.
- 3.2.4 There were some further discrepancies in the listings of schemes, so the findings of this part of the survey will be shared with the EAC to support them in maintaining an accurate information source.

## 4 Extra care housing schemes in London

### 4.1 Count of schemes

4.1.1 The survey was based on the following number of schemes for each authority:

**Table 5**

Authority	Planned	Open
Barking and Dagenham	1	3
Bexley	0	2
Bromley	0	6 <sup>2</sup>
Camden	1	0
Croydon	1	6
Ealing	2	0
Greenwich	1	0
Hammersmith and Fulham	1	3
Haringey	0	5
Hillingdon	0	22
Hounslow	1	1
Islington	1	3
Kensington and Chelsea	4	4
Kingston	0	1
Lambeth	0	1
Lewisham	0	4
Newham	2	6
Richmond	0	1
Southwark	1	1
Sutton	1	4
Tower Hamlets	0	4
Waltham Forest	0	6
Wandsworth	1	3
Westminster	1	2

### 4.2 Planned schemes

4.2.1 Authorities were asked to identify which department was taking the lead in their planned Extra Care schemes. 11 respondents identify social services to be taking the lead and the remaining 14 said there was a joint partnership. Most of these joint partnerships were made up of social services and housing, however other

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<sup>2</sup> Bromley has 11 schemes in total but the interview only focussed on six of these schemes.

partnerships included: one authority with a joint partnership of housing and community services department, one between Supporting People and social services and one with a partnership lead between social services and regeneration. Two respondents didn't answer this question.

4.2.2 11 of the 27 respondents interviewed didn't currently have any planned schemes.

### 4.3 Defining “Extra Care housing”

4.3.1 The following definition of Extra Care housing taken from the PSSRU was used to define Extra Care housing for the purposes of this survey.

*“Extra Care” is housing that:*

- *Is for older people*
- *Provides self-contained accommodation*
- *Offers care and support that is available 24 hours\**
- *Offers security of tenure*
- *Includes communal facilities such as lounges, a dining room, or assisted bathrooms.*

*It includes new build and remodelled housing*

*\* Personal / social care staff are available to provide immediate support 24/7, irrespective of whether they are based on site.*

4.3.2 The majority of respondents (25) agreed that their definition of Extra Care housing was about the same as the definition being used for this survey.

4.3.3 There were a few respondents that raised the question of what was meant by older people e.g. over 60 or over 65. Two authorities had a scheme(s) which, on assessment, sometimes accepted residents less than 60 years of age if they had a disability.

4.3.4 One authority identified having a scheme that is not completely self-contained in that it has shared bathrooms (the given definition of extra care specified “self contained accommodation”). One authority queried on whether having a dining room meant that providing meals in the dining room were needed.

**Table 6**

Is your definition of Extra Care broader, narrow or about the same as the definition used for this survey	
Broader	2
Narrower	
About the same	25



## 5 Reason and aims for developing Extra Care

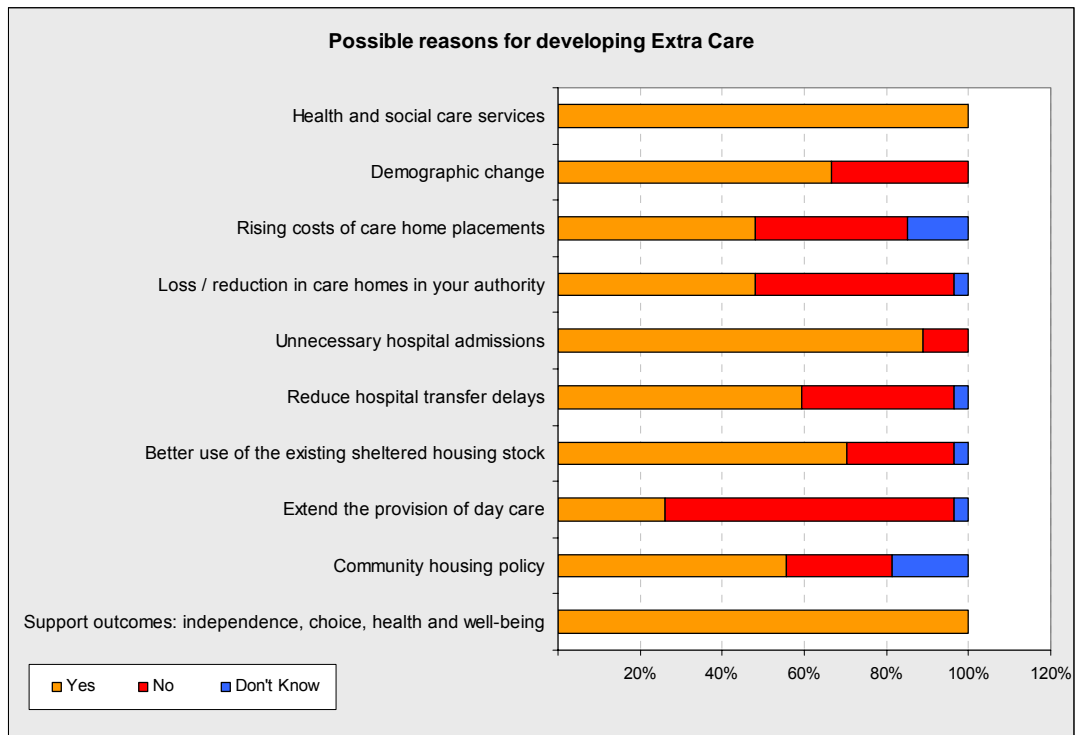
### 5.1 Local reasons and aims

5.1.1 Authorities were asked whether they felt that the possible reasons listed below for developing Extra Care housing applied to their authority. The table below shows the number of responses received for each of the possible reasons.

**Table 7**

<b>Would you say your authority is developing Extra Care housing:</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
To provide more health and social care services in the community?	27	0	0
In response to a demographic change in your authority?	18	9	0
In response to the rising costs of care home placements?	13	10	4
In response to a loss / reduction in care homes in your authority?	13	13	1
To prevent unnecessary hospital admissions?	24	3	
To reduce hospital transfer delays by providing intermediate care?	16	10	1
To make better use of the existing Sheltered Housing stock in your authority?	19	7	1
To extend the provision of day care?	7	19	1
As part of an extension of the community Housing policy?	15	7	5
To support outcomes for older people such as independence, choice, health and well-being?	27		

Figure 1



5.1.2 Authorities were asked whether their development of Extra Care was linked to a planned reduction in the use of care homes.

5.1.3 The majority of respondents said that it was. Half of those that responded 'yes' also said they were developing Extra Care in response to the rising costs of care home placements and just under a half said that they were developing in response to a loss / reduction in care homes in their authority.

Table 8

Still thinking about the aims for developing Extra Care:	Yes	No	Don't know
Is Extra Care housing linked to a planned reduction in the use of care homes?	23	3	1

5.1.4 One respondent stated:

*“There is no major need for Extra Care housing due to older people preferring to receive home care rather than moving for a second time into Extra Care housing. Therefore the only need is for a move to residential / nursing care when older people reach 85+”.*

**Table 9**

<b>Would you say your authority is developing Extra Care housing:</b>	<b>Yes<sup>3</sup></b>	<b>No</b>	<b>Don't know</b>
In response to the rising costs of care home placements?	52%	35%	13%
In response to a loss / reduction in care homes in your authority?	43%	52%	4%

**5.1.5** Authorities were asked if there were any other aims behind the development of Extra Care. Just over half of authorities said there were. The other aims included:

- To create more culturally diverse communities
- To use it to develop links in the community i.e. in bringing the community together
- To manage the deliver outcomes on how diversity is seen within a community
- To respond to ideas around changes for best practice
- To foster partnership working with key agencies
- To be a four star service
- To remedy a lack of Extra Care at present
- To promote quality of life through a better living environment
- To reduce dependency on extensive care packages
- To promote the use of Assisted Technology and flexible care packages
- To meet the needs of a multi-cultural population within the borough
- To enable older people to remain in borough

**5.2 Philosophies**

**5.2.1** Authorities were asked to respond on some of the possible philosophies behind Extra Care. The table below shows a count of responses received to each of the possible philosophies given.

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<sup>3</sup> This is percentage of those responding yes to Extra Care housing being linked to a planned reduction in the use of care homes (see table 7)

**Table 10**

Would you say that there is an intention:	Yes	No	Don't know	It varies by scheme
To provide a home for life <sup>4</sup> ?	24	2	1	
To maximise independent living for as long as possible?	27			
To create mixed communities of both active and frailer older people?	22	4		1

5.2.2 All respondents agreed to there being an intention to maximise independent living for as long as possible, but not all agreed that there is an intention to provide a home for life.

5.2.3 Authorities were asked if there are any other philosophies other than the ones identified above. Slightly less than half identified additional philosophies including:

- To make Extra Care schemes more culturally open
- To enable people with advanced dementia to remain independent for as long as possible - subject to assessment
- To ensure easy access to schemes by having good building configuration
- To ensure older people are able to live in the community
- To make Extra Care part of a care continuum
- To improve the provision of services that are to needs and cultural faiths
- To provide an attractive and safe environment
- To ensure care needs are met in a flexible way
- To ensure people feel part of a community and create open services for non-residents
- Desire to keep people at home longer
- To ensure that people are supported better
- To avoid older people moving-on to residential care through prevention

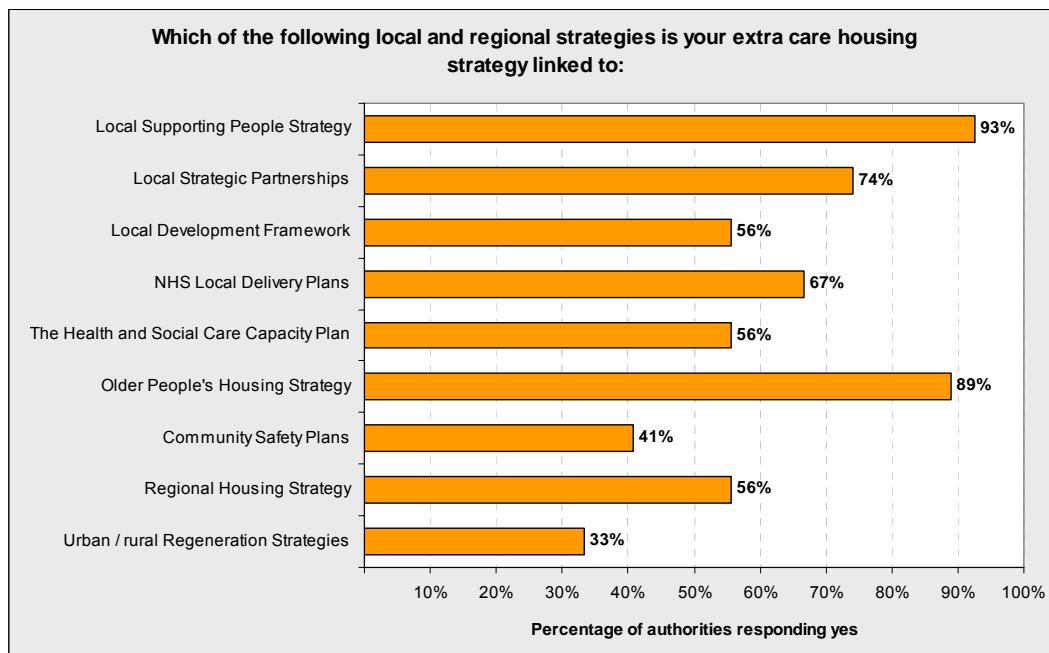
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<sup>4</sup> “Home for Life” principle aims to provide fully flexible levels of social and nursing care on-site, avoiding the need to move, say to a residential or nursing home should the person’s physical or mental capacity deteriorate.

### 5.3 Local and regional strategies<sup>5</sup>

5.3.1 With the development of Extra Care housing possibly being linked to a number of local or regional strategies, authorities were asked to indicate whether their Extra Care Housing Strategy was linked to a list of possible strategies. The graph below shows the authorities' responses to each of the strategies suggested. The Older People's Housing Strategy, Local Supporting People Strategy and Local Strategic Partnerships were the most common strategies mentioned.

**Figure 2**



5.3.2 Authorities were asked if there were any other strategies which their Extra Care Housing Strategy was linked to. Other strategies linked to Extra Care included:

- Housing strategies at local and sub-regional level
- Regional strategies
- General Older Persons strategy
- Local commissioning strategies

### 5.4 Private sector involvement

5.4.1 Authorities were asked whether the private sector did or does play any role in developing and managing Extra Care housing schemes. For authorities where

<sup>5</sup> See Appendix A for glossary of plans and strategies.

there are currently schemes in management, less than a fifth said there was private sector involvement and less than a fifth identified private sector involvement in planned schemes.

**Table 11**

<b>Does or did the private sector play any role in developing and managing:</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>N/A</b>
Open Extra Care housing schemes	3	19		5
Planned Extra Care housing schemes	2	14		11

5.4.2 The following private sector organisations were identified:

- Sunrise
- A Private Finance Initiative Company (name unknown)
- Goldsborough Estates (in partnership with BUPA)

5.4.3 For authorities who said there was involvement from the private sector; the following questions were asked:

**Table 12**

<b>Does or did the private sector play any role in developing and managing:</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>N/A</b>
Is the private sector involved in your local Extra Care housing partnerships other than providing care?	1	2	2	22
Are there any formal Public Private Partnership (PPP) schemes?		4	1	22
Are there any formal Private Finance Initiative (PFI) schemes?	1	4		22

5.4.4 Where authorities had no private sector involvement they were asked whether they thought that the lack of involvement by the private sector meant that the private sector were not interested in developing Extra Care housing in their authority.

5.4.5 The authorities that thought having no private sector involvement meant that the private sector was not interested in developing in their area were asked if this was seen as a barrier to development, to which none of the authorities agreed.

*“The private sector is not involved because we have plenty of RSLs in our authority which are involved in developing our Extra Care housing.”*

*“Our authority has well equipped facilities in-house to enable them to adapt owner occupier’s homes to cater for home care”*

- 5.4.6 Slightly less than three quarters of authorities that had no private sector involvement did not interpret this as meaning that the private sector had no interest in developing in their area. These authorities were asked about their own level of interest in working with the private sector and their views on why it wasn't involved. Some of the comments given are listed below:

*"We are developing Extra Care schemes for rent and not for home ownership. We did explore routes with the private sector but it didn't come to much."*

*"There is plenty of interest but the main driver of Extra Care housing in our authority for housing for rent and not home ownership which is what the Private Sector usually offers."*

*"Our authority has a sufficient number of housing associations therefore there is no need for the private sector to be involved. Not certain whether or not any interest has been shown by the private sector."*

*"No interest due to local factors in central London which deter private sector organisations. The model they focus on is around rural areas using gardens etc. This is not really fit for London."*

*"It is possible that there has been interest but this has not been articulated to Housing"*

*"Don't know the level of interest, if any, from private sector organisations. This hasn't been a problem though as we are capable of developing ECH ourselves alongside the public sector."*

*"No interest has been mentioned. It hasn't stopped our authority from carrying on as planned."*

## 6 Degree of joint working / nature of local partnerships

### 6.1 Open schemes

6.1.1 Only authorities which have schemes in management responded to the questions in this section. **Therefore this section only relates to 22 of the 27 respondents** who participated.

6.1.2 Authorities were asked which department is taking the lead on current schemes in management. Half of respondents have joint partnerships taking a lead on schemes in management with the remaining half having a sole Social Services lead.

6.1.3 The partnerships were mostly made up of Housing and Social Services but a few authorities differed. One authority had a partnership of Social Services and Housing with an input from a housing association, one authority had a partnership of Social Services and Supporting People, and one authority's partnership consisted of Housing and Community services.

### 6.2 Partnerships between Housing and Social Services

6.2.1 Authorities were asked a series of questions relating to the nature of local partnerships and how these partnerships can affect Extra Care housing. In relation to partnerships between Housing and Social Services, authorities were asked if they thought there was:

- a shared philosophy between Housing and Social Services
- good information for joint commissioning
- joint planning arrangements
- joint assessment arrangements
- joint assessment documentation

**Table 13**

In terms of Housing and Social Services department would you say there is:	Yes	No	Don't know
A shared philosophy	21	1	
Good information for joint commissioning	18	2	2
Joint planning arrangements	19	2	1
Joint assessment arrangements	15	7	
Joint assessment documentation	10	12	



6.2.2 Majority of the respondents who said they didn't have joint assessment arrangement or assessment documentation felt that this didn't create any problems.

**Table 14**

<b>Does not having joint assessment arrangements and documentation create a problem?</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
A shared philosophy		1	
Good information for joint commissioning		1	
Joint planning arrangements	1	1	
Joint assessment arrangements		7	
Joint assessment documentation	1	11	

### 6.3 Involvement by local PCTs or health services

6.3.1 Authorities were asked if local primary care trusts or health services did or do play a role in Extra Care housing.

**Table 15**

	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Do or did the local primary care trusts or health services play a role in Extra Care housing?	14	7	1

6.3.2 Over half of responding authorities said that there was involvement from health services. Ways in which this involvement was demonstrated included involvement at operational level and strategic level, from direct provision of services by GPs and district nurses within the schemes, to involvement in the development of the Extra Care Housing Strategy and development in the initial planning of the scheme. The comments that arose here were reflective of the mixture of different posts that took part in the interviews.

## 7 General characteristics of Extra Care provision

The remaining sections of the report relate only to schemes in management. On this basis the rest of report is based on the 22 respondents with those schemes.

### 7.1 Management arrangements

7.1.1 The majority (17) of respondents have schemes which are managed by housing associations. Of these authorities, six have other schemes which are a mixture of management by the private sector, local Housing Department and Social Services. Four authorities had sole management of schemes within the authority either through Social Services or a local Housing Department.

### 7.2 Private sector managed schemes

7.2.1 **Three authorities** said there was some private sector involvement in the management of some of their scheme(s). For some of these schemes it was said that there was little involvement, if any, from authorities in the running of them, therefore not much information was held or known by the authority.

7.2.2 These three authorities were asked a series of questions about service provision around older people:

- With dementia
- From black and minority ethnic groups
- With learning disabilities

7.2.3 Firstly, authorities were asked whether they had any private sector scheme(s) that include provision for the above older people client groups. Two of authorities had private sector scheme(s) which included provision for older people from BME groups but only one authority had a private sector scheme that included provision for older people with dementia and again only one authority had a private sector scheme that included provision for older people with learning disabilities.

7.2.4 Only one of the authorities knew of a private sector scheme which excluded provision for older people with learning disabilities and the remainder were unsure.

**Table 16**

Are there any private sector schemes that include provision for older people:	Yes	No	Don't know
with dementia	1		2
from black and minority ethnic groups	2		1
with learning disabilities	1	1	1

7.2.5 Secondly, the three authorities were asked if any of their private sector scheme(s) are specialised schemes for older people from the above client groups.

**Table 17**

Are any of these specialised schemes for people...?	Yes	No	Don't know
with dementia		2	1
from black and minority ethnic groups		2	1
with learning disabilities		2	1

7.2.6 None of the three authorities reported having specialised private sector schemes in any of the older people client groups listed, although one of them was unsure whether they had a specialised scheme.

7.2.7 Only one of the three authorities had private sector scheme(s) with intermediate care places for older people and only one authority had private sector scheme(s) with day care services for non-residents. This was not the same authority.

**Table 18**

Are there any schemes with...?	Yes	No	Don't know
Intermediate care places for older people	1	2	
Day Care services for non-residents	1	2	

**Referral, nomination and allocations**

7.2.8 One authority, which was the care provider at the service, assessed potential residents alongside the private sector organisation responsible for managing the scheme. The process of referrals and nominations was no different to that of schemes managed within the public sector. Another authority had no involvement in any of the processes and all allocation rights were with the private sector providers. It was said that this private scheme was for wealthy people who made their own arrangements directly with the service provider and were not referred by the authority. The remaining authority with private sector involvement, again, had no involvement in the scheme.

### 7.3 Public and voluntary sector managed schemes

**NB: for the purposes of this survey, housing associations have been classified as public sector and therefore any schemes managed by housing associations have been included within this section**

7.3.1 There were 22 authorities who responded as having schemes in management by public sector providers. These authorities were asked questions relating to the following characteristics of these public sector managed schemes.

- Tenure
- Funding
- Provision
- Domiciliary care services
- 24-hour care and support

#### Tenure

7.3.2 Authorities were asked to identify if they had any schemes which were:

- Shared ownership
- Open market sale
- Mixed tenure

7.3.3 There was 1 scheme with shared ownership and no public sector schemes for sale on the open market. Two authorities each had one scheme which is mixed tenure.

**Table 19**

Are there any schemes which are...?	Yes	No	Don't know
Shared ownership	1	21	
Mixed tenure	2	20	

#### Funding

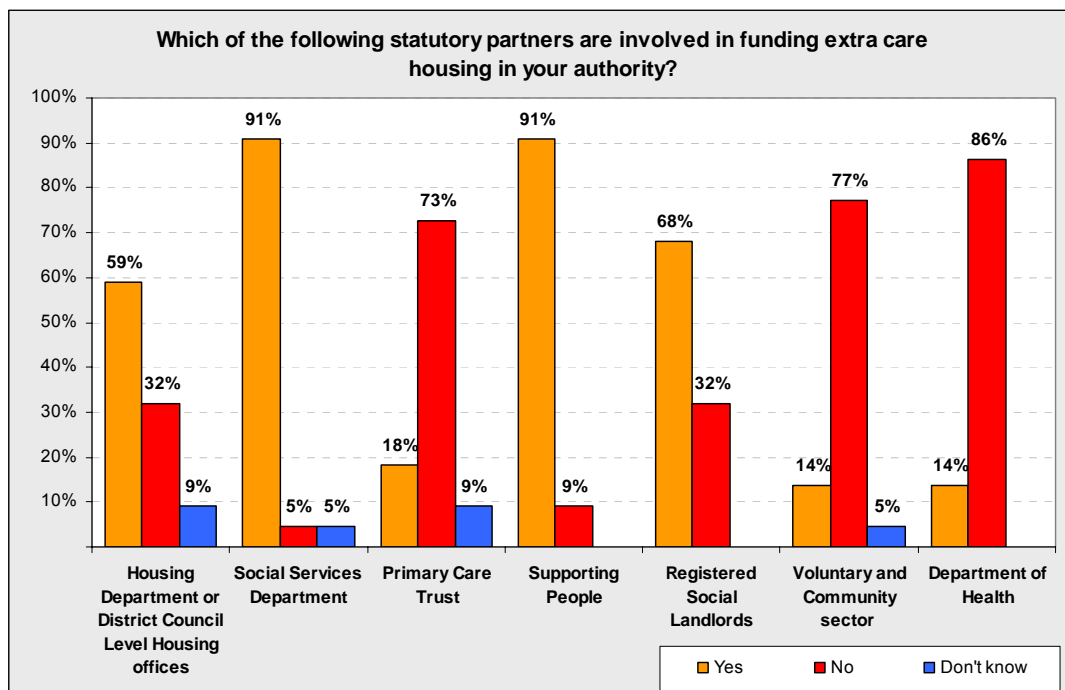
7.3.4 Authorities were given a list of possible statutory partners and were asked to indicate whether they were involved in funding Extra Care housing within the authority.

7.3.5 The table below shows a count of authorities against funding received from the different statutory partners; with Social Services and Supporting People being the most common funding sources between authorities and it was very rare for the DH or Voluntary and Community Sector to be a source of funding.

**Table 20**

Are there any schemes which are...?	Yes	No	Don't know	N/A
Housing Department or District Council Level Housing offices	13	7	2	
Social Services Department	20	1	1	
Primary Care Trust	4	16	2	
Supporting People	20	2		
Registered Social Landlords	15	7		
Voluntary and Community sector	3	17	1	1
Department of Health	3	19		

**Figure 3**



**Provision**

7.3.6 Authorities with public sector scheme(s) were asked to identify whether they had any public sector scheme(s) which included provision for older people:

- With dementia
- From BME groups
- With learning disabilities

7.3.7 Over three quarters of authorities have a public sector scheme(s) that includes provision for older people with dementia and older people with learning disabilities. Majority of responding authorities have a public sector scheme(s) that includes provision for older people from BME groups.

**Table 21**

Are there any public sector schemes that include provision for older people...?	Yes	No	Don't know	N/A
with dementia	19	2	1	
from black and minority ethnic groups	20	2		
with learning disabilities	17	2	2	1

7.3.8 Of these authorities with public sector scheme(s) that include provision for these categories of older people, two respondents had specialised scheme(s)<sup>6</sup> for older people with dementia and three respondents had specialised scheme(s) for older people from BME groups. Only one respondent identified having a public sector scheme which specialises in older people with learning disabilities.

**Table 22**

Are any of these specialised schemes for older people...?	Yes	No	Don't know	N/A
with dementia	2	20		
from black and minority ethnic groups	3	19		
with learning disabilities	1	21		

7.3.9 Just under half of respondents have a scheme with intermediate care places for older people at present and over 50% have a scheme with Day Care services for non-residents.

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<sup>6</sup> Specialised scheme: providing facilities exclusively for a particular client-group or client need.

**Table 23**

Are there any public sector schemes with...?	Yes	No	Don't know
Intermediate care places for older people	7	15	
Day Care services for non-residents	8	13	1

**Domiciliary care services**

- 7.3.10 Authorities were asked questions about domiciliary care services – and how they are provided within their Extra Care schemes.
- 7.3.11 Over half of authorities indicated that the care provider is generally a separate organisation to the building management and slightly less than 90% indicated that their scheme(s) do generally have a dedicated domiciliary care team linked to them. Over 50% of authorities have a scheme(s) where Social Services are the care provider. The others stated that Social Services do not provide care in any of their schemes.
- 7.3.12 Slightly under two thirds of authorities indicated that there weren't any Extra Care housing schemes with multiple care providers / different domiciliary care agencies.
- 7.3.13 Over 50% of authorities were unsure as to whether any of their Extra Care housing residents were using Direct Payments. Less than a fifth of authorities said they have residents using Direct Payments. One authority did comment that some residents who were receiving Direct Payments asked to have them stopped when they moved into the scheme.

*“Tenants have moved into schemes using Direct Payments and have then decided against them and opted for the service provided”*

## 24 hour care and support

7.3.14 24 hour care and support is an important aspect of Extra Care housing. Authorities were asked to briefly describe what '24 hour care and support' usually means in their area and how it is usually provided. The following points were examples of what 24 hour care and support means to some authorities:

- Call-in services, toileting and meals throughout the day
- Contract for care provision so that care is given during the day time according to individual care packages, and then night time cover is provided to cover other care needs.
- No night staff
- A care team on site for 24 hours
- Care staff based on site
- The care has to be provided on-site. It is provided through personal care staff, who are awake at night.
- Care provided by a waking night staff member
- Support 24 hours by staff based on-site
- All schemes have waking night staff on the premises. The dementia scheme has an alarm which automatically activates itself if tenant doesn't come out of the bathroom within a certain amount of time.
- Care team between 7am and 10pm and then an out of hours call centre
- Twilight team which goes round homes between 9pm and 12 midnight.
- Always two 24hr personal care staff working across all schemes
- On call 24 hour care from sleep in staff. Alarm systems that direct to a call centre. Support is provided by Housing off site.
- To assist in getting in and out of bed
- Each scheme has a dedicated onsite care team
- Officer on site with a mobile support team who check on the lone worker. There is an alarm service with two staff at call centre and four on site.
- 24 hour care is available at the scheme but it is not needed as tenants are very able. There is also an alarm system



- Schemes differ between sleep-in and night services. Night services are provided from 7 – 11pm.

7.3.15 As well as describing the meaning of 24 hour care and support authorities were asked questions to indicate their current situation on night-time cover. Over three quarters of authorities had night cover with staff based on the premises. Of these, over 50% are usually waking staff (the remainder sleeping-in and on call).

**Table 24**

<b>In terms of night cover are staff usually on the premises or off site:</b>	
On the premises	17
Off site	3
Don't know	1
It varies very much by scheme	1

7.3.16 Three authorities usually have night cover staff off site; one of these authorities has night staff for emergency need only while one doesn't. The other varies by scheme.

7.3.17 Generally, night-time staff deliver personal care. This is the case for well over three quarters of authorities. For two authorities the night-staff are housing/building staff and these relate to staff that are not based on site or where it varies too much to say.

7.3.18 For authorities where care and support is made available on a 24-hour basis when staff are off site, there were a few examples given of how this was maintained, namely:

- There are on-call wardens but not for any care element. They second stage is the ambulance service
- Twilight team which goes round homes between 9 and 12 at night
- Always two 24hr personal care staff working across all schemes
- Staff are called in when required, they are available throughout the night and cover a range of services

## 8 Local policies and procedures

This section relates only to authorities where there are schemes in management.

### 8.1 Contract types

8.1.1 Authorities were asked to identify the most frequently used type of contract for care agencies providing care to Extra Care housing schemes. Just over half of authorities frequently used a block contract for care agencies providing care.

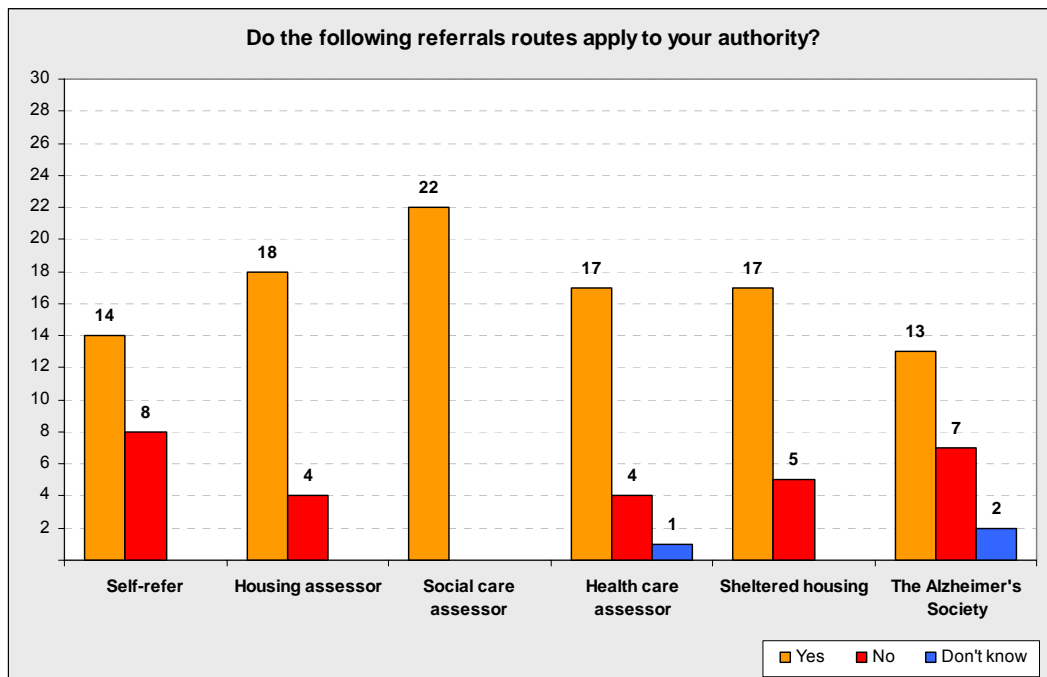
**Table 25**

<b>What is the most frequently used type of contract for care agencies providing care to Extra Care housing schemes?</b>	
Block	13
Spot	1
Cost and volume	2
Call-off	
Grant	
Don't know	3
It varies too much to say	2

### 8.2 Referral routes

8.2.1 Respondents were asked on how people could refer to the service. A list of possible referral routes was provided and respondents were asked to indicate if they applied to their authority. The most common referral route is from Social Services. Over three quarters of authorities accept referrals from housing assessors, health care assessors and sheltered housing.

Figure 4



8.2.2 Authorities were asked to identify if there was anyone else who could refer people to their Extra Care schemes. Seven authorities said that anyone can refer someone to Social Services subject to a care assessment.

### 8.3 Nomination arrangements

8.3.1 Authorities were asked if they had a joint nomination panel, in terms of Housing and Social Services. Just over half of authorities (13/22) said they have a joint nomination panel.

8.3.2 The authorities who didn't have these nomination arrangements in place counted for just over a third of the responses and examples of their nomination arrangements included:

- joint arrangements between Social Services, Housing and RSLs,
- joint arrangements between Social Services and the PCT
- sole rights for Social Services
- different panels for Housing and Social Services

## 8.4 Eligibility criteria

### Criteria for care

8.4.1 Authorities were asked to give a description of what their eligibility criteria was based on. Authorities described their criteria as follows:

- Must require personal care; each scheme has a shopping basket of how much care they can provide – a formula is used to calculate which levels of care they can distribute.
- Care needs between approximately 4 - 5 hours; more focused on urgency and need than just care needs. They need to meet the needs of the schemes for a balanced community
- The criteria are the same as that used for residential care.
- Must be in need of critical and substantial care
- A certain amount of personal care hours are required.
- A certain amount of care is required per week
- Grid - highlighting areas of dependency
- Must have a care need
- Aged 60+, single and without dependents, have a substantial need for care
- The person needs to require minimum of one daily call; medication becomes a reason if the person can't self-medicate
- Based on individual cases
- Balance of risk, number of hours of care needed per week and the will to live independently
- Must be a resident within the authority. Must be in need of personal care - needs 24hr care and support. Care must be in the critical and substantial banding. Criteria based on Fair Access to Care Services (FACS)
- A minimum care requirement of 4 hrs per week.

8.4.2 Just over half of authorities indicated that they have a specific policy about the level of personal care required before someone is eligible for Extra Care housing. Of these, 40% indicated that the policy specified the amount of personal care needed in terms of hours per week and just under 50% of the remaining authorities stated their policy included a specified minimum or average amount of personal care per person (one was minimum and two was the average).

**Table 26**

<b>Policy on level of personal care</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Is there a specific policy about the level of personal care required before someone is eligible for Extra Care housing?	12	9	1
Does the policy specify the amount of personal care needed in terms of hours per week?	5	7	
Does the policy include a specified minimum or average amount of personal care per person?	3	3	1

**Criteria for Housing**

8.4.3 Authorities were asked to describe any specific housing eligibility criteria. As the interviewees were primarily from Social Services departments, most of the respondents weren't fully aware of the exact criteria needed to be met for Extra Care housing. Those authorities that were able to respond to this question stated criteria such as the applicant needing to have a housing need and being registered on the Housing register. In one authority part of the criteria was that applicants needed to have the ability to live independently with home care provided.

8.4.4 In some cases where schemes are managed by housing associations the criteria for housing was reported to be set by the providers and not fully clear to Social Services.

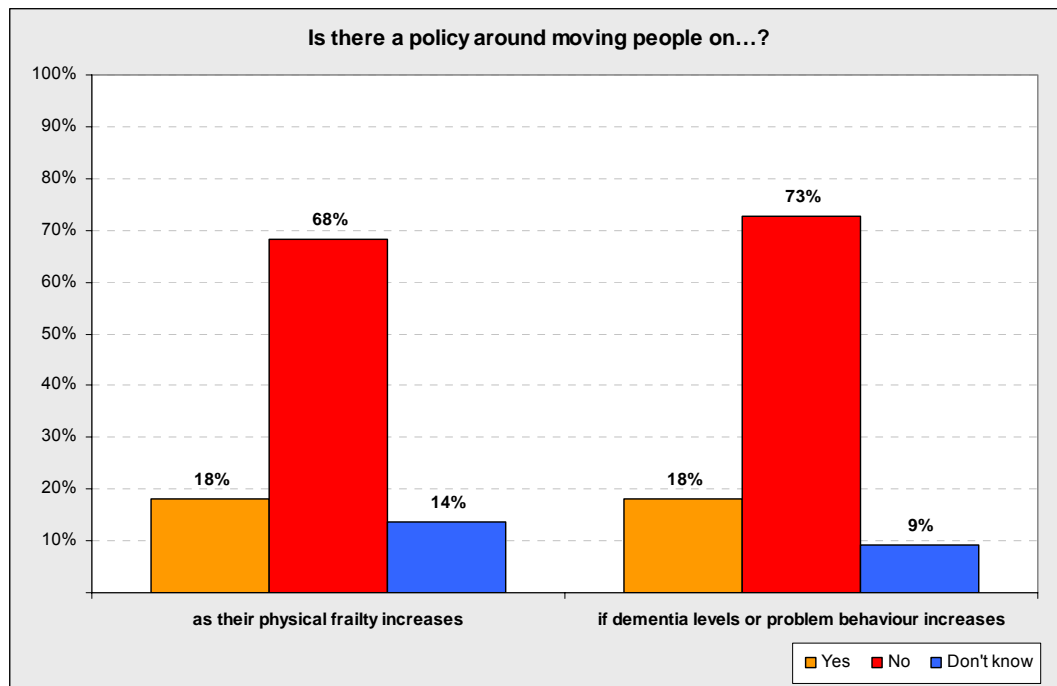
**Accessing criteria**

8.4.5 The majority of authorities indicated that a copy of their criteria was easily accessible from their website or directly from the local authority.

**Move-on policies**

8.4.6 Authorities were asked to identify whether they had a policy around moving people on as their physical frailty increases and if their dementia levels or problem behaviour increases. Few authorities had move-on policies for these circumstances. It was generally the pattern that authorities would have two policies for both situations or none.

Figure 5



8.4.7 Authorities gave examples of instances when older people living in Extra Care were considered too physically frail to stay, or if dementia levels or problem behaviour increases, although the intention was to provide a home for life wherever possible.

8.4.8 The general reason for moving people on focussed around a need for safety for the service user, care provider and other residents of the scheme. Residents were assessed on individual need and a decision made as to whether the care and support on offer was able to support those needs. One authority mentioned that the decision to move someone on was reviewed by a panel. Another authority said that in the case of move-on the individual’s family are consulted during the process.

*“If their nursing need increases beyond that on offer”*

*“Independent living is maintained as long as possible. Moving on to nursing care only happens in cases where it is at the tenant’s request or if their dependency levels increases to a high level based on an assessment.*

*“Not moved unless absolutely essential for their welfare”*

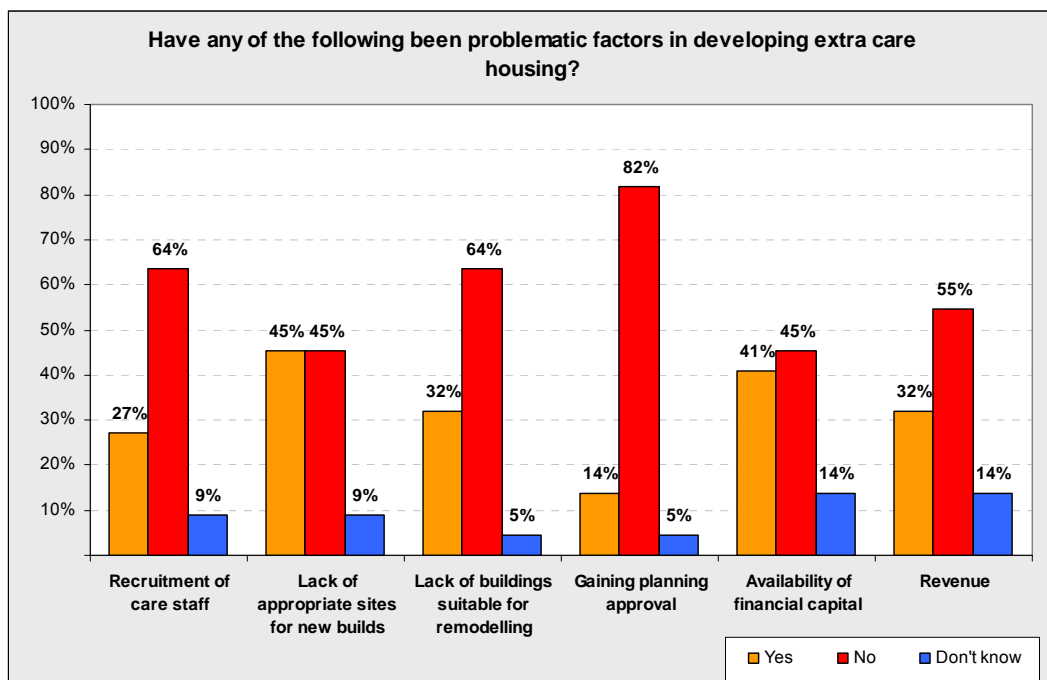
*“General assessment process for entering residential or nursing care. Re-assessment needs to happen when certain number of care hours is required i.e. 40 hours per week”*

*“There is a discussion between family and panel to make the best possible decision dependant on the extent of individual cases”*

## 9 Factors affecting development

- 9.1.1 Authorities were given a list of possible factors that could be a hindrance in developing Extra Care housing and were asked to comment on whether they any of the factors had been a problem in their experience of developing Extra Care.
- 9.1.2 There was no difference between Inner and Outer London authorities in this regard.
- 9.1.3 Less than half of the authorities stated that they didn't have a problem with finding appropriate sites for new builds.
- 9.1.4 Over three quarters of authorities stated that gaining approval was not a problem
- 9.1.5 Getting capital appears to be slightly more of a problem for authorities than revenue.

Figure 6



- 9.1.6 There were a number of other major barriers experienced by some authorities in developing Extra Care in their authority. A few authorities had concerns over revenue becoming an issue with developing future schemes.

*“There are no current major barriers – might be a possible concern over revenue stream on planned scheme as past schemes have been funded from closing residential care homes where as this one won’t”*

- 9.1.7 Change was seen by some to be a barrier, for instance the changing criteria around fair access to care services and changes in understanding the move from residential to Extra Care. One authority referred to a lack of common understanding of the meaning of the term extra care, which in some cases was seen to create a barrier between care providers and service users. There needs to be a shared understanding.
- 9.1.8 The speed of developing Extra Care schemes was seen as a problem at the start of development with buildings that are being remodelled. One authority commented on problems which generally occur in vacating the property for remodelling, and one authority felt that 'getting the scheme off the ground' took longer than expected. One authority said that the time it takes to move a person to Extra Care is lengthier than moving someone to residential care.
- 9.1.9 One authority felt that using existing sheltered housing stock is a problem where the environment becomes unsuitable if the older person becomes more dependent. Situations can happen where a tenant needs equipment in place to support them and the building is not equipped to handle what is needed.
- 9.1.10 Having a scheme that is suitably accessible and accommodating for all residents was seen by one authority as a problem. The authority indicated that remodelling was needed to meet the needs of all residents as some schemes didn't have wheelchair access or only had washrooms.
- 9.1.11 One authority described having media problems when setting up a scheme for Bangladeshi tenants.

*"Problems incurred in a specific area around the set up of a scheme for Bangladeshi tenants and there were media problems where racist comments were made. The problem occurred because a good PR strategy was not drawn up, and because the scheme was unusual it became a controversial situation"*

- 9.1.12 Other issues around developing Extra Care schemes included future barriers for planned schemes where there were insufficient resources.
- 9.1.13 In some cases, schemes were too small and the costs involved in remodelling / refurbishing them were prohibitive.
- 9.1.14 There were a number of factors which some authorities found helpful in developing Extra Care. These comments mostly identified good partnership working between:
- Social Services and RSLs
  - Housing and Social Services
  - Supporting People and Social Services
  - Local Authority and the PCT



- 9.1.15 In addition to good partnership working, other examples of helpful factors included making the most of the planning stage of a new scheme where one authority employed care providers during the planning, on a consultancy basis, to give input in the group planning discussions. Being as thorough as possible at this stage was seen to be important in the development.
- 9.1.16 One authority felt the positive feedback from service users living in Extra Care Housing was helpful as well as engaging service users who live there in the scheme.
- 9.1.17 The work in practice proved to be helpful to some authorities in that for one authority it showed the goal of regaining people's independence through moving away from residential care to Extra Care which was said to be rewarding and supportive. The work in practice was also seen by one authority to provide further support when developing new schemes
- 9.1.18 One authority commented that it was helpful that the capital for the scheme came through really quickly from the Housing Corporation.

## 10 Summary of findings and conclusions

### 10.1 Database of Extra Care Housing

10.1.1 Information in the Elderly Accommodation Council (EAC) database did not fully reflect the information reported by participating councils. This is probably due to differences in understanding of the term “Extra Care”.

### 10.2 Definitions

10.2.1 Most authorities agreed with the definition of “Extra Care” housing (ECH) as:

- Is for older people
- Provides self-contained accommodation
- Offers care and support that is available 24 hours\*
- Offers security of tenure
- Includes communal facilities

10.2.2 There were some discrepancies in the understanding of “older”. In some cases age 65 was not seen as the lower limit.

### 10.3 Reason & aims for developing Extra Care Housing

10.3.1 Respondents stated that their main aims for increasing the provision of ECH were less to do with planned and actual reductions in care home usage, or the rising cost of placements, but more driven by the aim of supporting outcomes for older people (such as independence, choice, health and well-being), and to provide more health and social care services in the community.

10.3.2 Reduction of unnecessary hospital admissions and the provision of intermediate care were also significant drivers.

### 10.4 Philosophies of care

10.4.1 “To maximise independent living for as long as possible” was stated unanimously as the philosophy of respondents, while there was some debate around “Home for life” and creating mixed communities of active and frailer elderly people

### 10.5 Links to local strategies

10.5.1 The Older People’s Housing Strategy, Local Supporting People Strategy and Local Strategic Partnerships were the most common strategies mentioned.

## 10.6 Public / private partnerships

10.6.1 There appeared to be little or no involvement with private schemes by the respondents, but this was not seen as a barrier to development.

## 10.7 Other local partnerships

10.7.1 Generally it appears that the local partnerships between Housing and Social Services are working well at a strategic level, i.e. a shared philosophy, good information for joint commissioning; joint planning.

10.7.2 Joint assessment arrangements and documentation were less prevalent, particularly the latter, but respondents did not consider this a problem.

10.7.3 We would infer from this that the working integration is not yet implemented and that the different sections are working alongside each other successfully but not yet sharing joint or single assessment processes.

10.7.4 The main funding streams for ECH were reported as Social Services and Supporting People.

## 10.8 Types of schemes: specialisms

10.8.1 **Private schemes:** There was little information available about private schemes in general, far less about the level of specialist care provided. It was stated that there was little involvement, if any, from authorities in the running of them, therefore not much information was held or known by the authority.

10.8.2 **Public and voluntary sector managed schemes:** The majority of schemes for older people included provision for people with dementia, from black and minority ethnic groups and with learning disabilities, but there very few schemes that specialised in provision for these needs.

## 10.9 Nomination & referral processes

10.9.1 Just under 60% of authorities said they have a joint (Housing and Social Services) nomination panel, referrals are accepted from a wide variety of sources: individual self referral, Social Services, Health and Voluntary Sector.

## 10.10 Levels of need and eligibility criteria

10.10.1 There was a wide range of eligibility criteria in place, with little communality between authorities. These ranged between FACS “critical and substantial” level, through “Aged 60+, single and without dependents, have a substantial need for care”, to “based on individual cases”.

10.10.2 The majority of authorities indicated that a copy of their criteria was easily accessible from their website

10.10.3 Generally the intention was to provide a home for life, though 70% of respondents stated there is a policy in place for moving on residents whose mental or physical frailty increased to a point where there was concern for the safety for the service user, care provider and/or other residents of the scheme.

## 10.11 Types and quantity of care cover

10.11.1 The agreed definition of ECH included the provision of 24-hour care; however there were a wide range of options for achieving this, from having waking-night staff and care teams based on site, through to off-site alarm call centres.

## 10.12 Planning issues

10.12.1 A few authorities had concerns over revenue becoming an issue with developing future schemes. Change was seen by some to be a barrier, for instance the changing criteria around fair access to care services and changes in understanding the move from residential to Extra Care. Other barriers quoted include staff recruitment, development time, negative media intervention (specialist scheme) and remodelling/refurbishment costs for older sheltered housing schemes.

## 10.13 Conclusions

10.13.1 This report provides a broad, if not comprehensive, overview of the development of ECH in the GLADSS region.

10.13.2 The main issues noted are:

- There was evidence, in some cases, of a lack of integration of front-line assessment processes (joint assessment arrangements and documentation). Although this is not perceived as causing a problem at present, it may present a challenge to joint working as services become more integrated.
- We observed a wide range of differing eligibility criteria across the boroughs, which led us to question the differences between boroughs and .
- Linkage with private providers: there appears to be an opportunity for LAs to develop a better knowledge-base around the private sector provision of housing with care.
- Resources (capital & revenue funding, staffing and recruitment) for developing future schemes.



## Appendix A – Glossary of terms and definitions

### Q6) Plans and Strategies

**Local Supporting People Strategy:** The programme provides housing related support to prevent people being hospitalised, put into institutional care or to facilitate smooth transition from institutional care to independent living. The aim of the programme is to improve these vulnerable peoples' quality of life by promoting independent living.

**Local Strategic Partnerships:** is a single partnership that includes multiple agencies that aim to bring together at a local level, the different parts of public, private, community and voluntary sectors. LSPs are central to tackling complex, multifaceted problems that require a range of responses from different bodies.

**Local Development Framework:** is a series of documents on local development and planning. The aim is to provide a framework for delivering spatial planning strategy for each local authority area.

**NHS Local Delivery Plans:** are based upon capacity planning, they aim to develop local patterns for capacity increases needed in areas of workforce, physical facilities and information management and technology. Local delivery plans also describe how the Strategic Health Authorities will deliver an effective workforce.

**The Health and Social Care Capacity Plan:** This circular (Department of Health) sets out arrangements that must be made to meet seasonal peaks in demand.

**Older People's Housing Strategy:** This strategy (Department of Health) consists of two main objectives. The first is to ensure that older people are able to secure and sustain their independence in their own home and the second is to enable older people to make informed choices about their accommodation by providing advice and suitable housing.

**Community Safety Plans:** these plans vary from region to region with strategies to reduce the number of young offenders to strategies improving awareness of fire risk and encouraging the safeguarding homes. However the overall aim is to improve the communities' quality of life by securing safer communities.

**Regional Housing Strategies:** identify key priorities in each region and ensure that there is a link between regional economic strategies and planning strategies. Moreover strategies also identify sub-regional themes and this informs housing capital investment.

**Urban/rural Regeneration Strategies:** these are strategies that are tailored to specific regions. Urban strategies usually involve supporting communities in order to help them develop plans for urban centres that attract and retain business, people and jobs. For example, high quality urban design and community participation tends to be encouraged. Rural strategies generally involve encouraging a proactive and business-led approach to rural areas. For example, exploiting the economic potential of environmental assets, ensuring that agricultural activity is fully integrated with the wider rural environment, delivery of business support and IT.

### Q8) Private sector organisations

**Partnerships-Public Private Partnership schemes/Private Finance Initiative schemes:** Local authorities usually initiate the partnership by selecting a company, either a RSL or Builders or a combination of both, which will contract to rebuild, manage and repair properties by raising private

sector loans. The lender holds the equity. The loan is serviced by income from the commissions, which is supported by the Government.

The difference between these schemes is that private finance initiative schemes are more formal in nature and involve a complicated procedure thus they are connected to large projects, which involve several schemes. This is in contrast to public private partnership schemes which are smaller, less formal and generally concerned with one scheme.

## Q14) Scheme management

**Registered Social Landlords (RSL):** This is the technical name for social landlords that are registered with the Housing Corporation. Most RSL are housing associations but there are also trusts and co-operatives, which manage social housing. RSLs run as businesses but do not trade for profit. As the council has a limited supply of council housing, they work closely with RSLs to provide additional housing. Only RSL are eligible to receive a Social Housing Grant.

**NOTE:** We consider RSL as **public** managers because they are voluntary and not for profit.

## Q23) Tenure

**Shared ownership:** is when a customer buys a proportion of a property outright and the RSL or the private developer owns the remainder. The percentage purchased is then inherited by offspring when the customer dies.

**Open market sale:** Property is for sale and can either be purchased outright if one has sufficient capital or one can purchase it with a mortgage usually freehold.

**Mixed tenure:** occurs if there is a mixture of tenure in the same development i.e. some for rent, some for sale and some for shared ownership.

## Q37) Types of Contract for Care Agencies providing care for ECH

**Spot contracts:** these are price-per-case arrangements so a price is agreed and payments made which reflect the level of use of the individual client.

**Call-off contracts:** price per unit is set in advance for a fixed period of time. Prices did not vary based on specific users contexts (few users).

**Block contracts:** these involve the purchase of the total quantity of service anticipated for a fixed period of time. The payment is made in advance and is made regardless of whether it is consumed by users (many users).

**Cost and volume contracts:** these are a mixture of call-off and block contracts. Payment is for a block of supply but if additional services are required these can be paid for as they are consumed.

**Grant contracts:** providers receive a lump sum with the aim of providing a service for a number of clients. However there are not specifications on the level of service.

# Appendix B – Survey Questionnaire



# Benchmarking Extra Care Housing for Older People

## Telephone Interview

### 3 Possible Scenarios (complete relevant section then go to Q2a)

- **1. Forms returned and are complete:** Do you have any other planned schemes *not mentioned* in the completed forms?
- **2. Form returned but incomplete:** Do you have any other planned schemes not mentioned in the completed forms?
- **3. Have NOT returned all forms:**

Q1a) I would like to confirm that your authority has extra care housing schemes up and running?

Q1b) Do you have any *planned schemes*?

Q1c) At what stage of development are the *planned schemes*?

Q2a) *definition* for extra care housing:

*We're defining* extra care housing as housing that:

- 1) Is for older people
- 2) Provides self-contained accommodation
- 3) Offers *care* and support that is available 24 hours \*
- 4) Offers security of tenure
- 5) Includes communal facilities such as lounges, a dining room, or assisted bathrooms.

We're including new build and remodelled housing.

\* By care and support that is available 24 hours- we mean that personal/social care staff are available to provide immediate support 24/7, irrespective of whether they are based on site.

Q2a) Please tell me if the *definition you use* is broader, narrower or about the same as *our definition*.

Their definition is:

1. Broader
2. Narrower, or
3. about the same, as how you define extra care housing?

IF Broader or Narrower:

Q2b) how does your definition differ?

# Benchmarking Extra Care Housing for Older People

## REASONS AND AIMS FOR DEVELOPING EXTRA CARE

Q3) would you say your authority is developing extra care housing...

- a) to provide more health and social care services *in the community*?
- b) in response to demographic change in your authority?
- c) in response to the rising costs of care home placements?
- d) in response to a loss/reduction in care homes in your authority?
- e) to prevent unnecessary hospital admissions?
- f) to reduce hospital transfer delays by providing intermediate care?
- g) to make better use of the existing sheltered housing stock in your authority?
- h) to extend the provision of day care?
- i) as part of an extension of the community housing policy?
- j) to support outcomes for older people such as independence, choice, health and well-being?

Q4a) Still thinking about the aims, is extra care housing linked to a planned reduction in the use of care homes?

Q4b) Are there any other aims in your authority?

Q5) Turning to some of the possible **philosophies** behind extra care, would you say that there is an intention: [CIRCLE NUMBER]

- a) To provide a home for life?
- b) To maximise independent living for as long as possible
- c) To create mixed communities of both active and frailer older people
- d) Are there any other philosophies?

IF YES – e) What are they?

Q6) indicate whether extra care housing strategy is *generally* linked to...

- a) Local Supporting People Strategy
- b) Local Strategic Partnerships
- c) Local Development Framework
- d) NHS Local Delivery Plans
- e) The Health and Social Care Capacity Plan
- f) Older People's Housing Strategy
- g) Community Safety plans
- h) Regional Housing Strategy
- i) Urban/rural Regeneration strategies
- j) Any other strategies I have not mentioned?

## PRIVATE SECTOR INVOLVEMENT

Q7a) Does or did the private sector play any role in *developing* and *managing*...  
The open ECH schemes?

The planned ECH schemes

Q7b) What are the main private sector organisations involved in your area?

# Benchmarking Extra Care Housing for Older People

Q8a) Is the private sector involved in your local extra care housing partnerships other than providing care?

Q8b) Are there any formal Public Private Partnership (PPP) schemes?

Q8c) Are there any formal Private Finance Initiative (PFI) schemes?

Q9) If no private involvement: Do you think the *lack of involvement* by the *private sector* means that they are *not interested* in developing extra care housing in your authority?

Q10) Who is taking the lead in your *planned* extra care housing schemes in your authority, Social Services or Housing?

## OPEN SCHEMES

Q11) Who is taking the lead in extra care housing in your ***open schemes***, Social Services or Housing?

## DEGREE OF JOINT WORKING/NATURE OF LOCAL PARTNERSHIPS

Q12) In terms of housing and social services department would you say there is:

- a) A shared philosophy?
- b) Good information for joint commissioning (evidence re. gaps and shortfalls in services)
- c) Joint planning arrangements?
- d) Joint assessment arrangements?
- e) Joint assessment documentation?

Q13) Do or did the local primary care trusts or health services play a role in extra care housing?

## GENERAL CHARACTERISTICS OF PROVISION IN AUTHORITY

Q14) How many of the schemes in your area are ***managed*** by:

- a. Registered Social Landlord schemes (RSLs)?
- b. Local housing department?
- c. Private providers?

## PRIVATE SCHEMES

Q15) Are there any private schemes That include provision for older people...

- a. with dementia?
- b. from black and minority ethnic groups?
- c. with learning disabilities?

# Benchmarking Extra Care Housing for Older People

- Q16) Are any of these specialised schemes for people...
- with dementia?
  - from black and minority ethnic groups?
  - with learning disabilities?
- Q17) Are there any schemes with policies to ensure access by older people:
- with dementia
  - from black and minority ethnic groups?
  - with learning disabilities?
- Q18) Are there any schemes with intermediate care places for older people at the moment? (i.e. stays for no longer than 6 weeks)
- Q19) Are there any schemes with Day Care services for non-residents?
- Q20a) What does referral, nomination and allocation to private sector providers involve?
- Q20b) Are these processes different from the public/voluntary sector?

## **PUBLIC SCHEMES**

- Q21a) Are there any schemes which are shared ownership
- Q21b) Any which are open market sale?
- Q21c) Any which are mixed tenure?
- Q22) Various partners may be involved in extra care housing schemes. I am going to read out some possible statutory partners and I'd like you to tell me in turn if they are involved in **funding** extra care housing in your authority:
- the Housing Department or District Council level Housing offices
  - the Social Services Department
  - the Primary Care Trust
  - Supporting People
  - Registered Social Landlords
  - Voluntary and Community sector (e.g. Age Concern)
  - Department of Health
  - Are there any *other* partners involved in commissioning?
  - the Housing Department or District Council level Housing offices
  - the Social Services Department
  - the Primary Care Trust
  - Supporting People
  - Registered Social Landlords
  - Voluntary and Community sector (e.g. Age Concern)
  - Department of Health

# Benchmarking Extra Care Housing for Older People

p) Are there any *other* partners involved in commissioning?

Q23) Are there any public schemes that include provision for older people...

- a. with dementia?
- b. from black and minority ethnic groups?
- c. with learning disabilities?

Q24) Are any of these specialised schemes for people...

- a. with dementia?
- b. from black and minority ethnic groups?
- c. with learning disabilities?

Q25) Are there any schemes with policies to *ensure access* by older people:

- a. with dementia?
- b. from black and minority ethnic groups?
- c. with learning disabilities?

Q26) Are there any schemes with intermediate care places for older people at the moment? (i.e. stays for no longer than 6 weeks)

Q27) Are there any schemes with Day Care services for non-residents?

## DOMICILIARY CARE SERVICES

Q28) Generally, is the care provider a separate organisation to the building management?  
i.e. different organisation

Q29) Generally do schemes have a dedicated domiciliary care teams linked to them?

Q30) Are there *any* ECH schemes with multiple care providers/different domiciliary care

Q31) Are there *any* extra care housing residents using Direct Payments?

Q32) Is Social Services the care provider for any scheme?

Q33a) An important aspect of extra care housing is the availability of 24 hour care and support.

What does "24 hour care" usually *mean* in your area and *how* is it usually provided?

In terms of night-time cover:

Q33b) Are staff usually on the premises or off site:

- a. On the **premises**?
- b. **Off site**?
- c. Don't know
- d. It varies very much by scheme

Q33c): **If the staff are on the premises** Are staff usually:

# Benchmarking Extra Care Housing for Older People

- a. Waking?
- b. Sleeping?
- c. Don't know

Q33d) *If the staff are off site:* Are night staff for emergency need only:

- a. Yes
- b. No
- c. Don't know
- d. It varies by scheme (some are emergency only, others not)

Q33e) Are night-time staff usually:

- a. Personal care staff?
- b. OR Housing / building staff?
- c. Don't know

Q34) *if care and support is off site, how is care and support made available on a 24-hour basis if staff are off sit*

## LOCAL POLICIES AND PROCEDURES

Referring to schemes that are ***managed by public providers.***

Q35) What is the most frequently used type of contract for care agencies providing care to extra care housing schemes?

- a. Block?
- b. Spot?
- c. Cost and volume?
- d. Call-Off?
- e. Grant?
- f. DK?
- g. It varies too much to say?

Q36) possible referral routes to extra care housing:

- a) Can people self-refer?

**Can people be referred via:**

- b) Housing assessors
- c) Social care assessors
- d) Health care assessors (including GPs)
- e) Sheltered housing
- f) the Alzheimer's Society

(37a) Can anyone else refer people?

Q38) As far as you know, what is the *most common* referral route to schemes in your authority at the moment?

Q39a) Do you have a joint nomination panel, in terms of housing and social services?

# Benchmarking Extra Care Housing for Older People

Q39b) IF NO – What nomination arrangements do you have in place?

# Benchmarking Extra Care Housing for Older People

## ELIGIBILITY CRITERIA

Q40) What is the eligibility criteria based on?

Q41a) Is there a **specific policy** about the level of personal care required before someone is eligible for extra care housing?

Q41b) Does the policy specify the amount of personal care needed in terms of hours per week?

Q41c) Does the policy include a specified minimum or average amount of personal care per person?

Q41d) Which is it, a minimum OR average amount?

Q42) Are there any specific housing criteria?

Q43) Would you be able to send/email a copy of the eligibility criteria?

## **ELIGIBILITY CRITERIA FOR HOUSING,**

Q44) Is there a policy around moving people on as their *physical frailty* increases?

Q45) At what point are older people living in extra care housing considered too physically frail to stay?

Q46a) Is there a specific policy around moving people on if *dementia levels* or problem behaviour increases?

Q46b) IF **YES**, what is it?

## OTHER PROBLEM FACTORS

Q47) Next, I want to ask about your experience of problematic factors that have or are being a hindrance to developing extra care housing.

- a) Has the recruitment of care staff been problematic?
- b) Has a lack of appropriate sites for new builds been problematic?
- c) Has a lack of buildings suitable for remodelling been problematic?
- d) Has gaining planning approval been problematic?
- e) Has the availability of financial capital been problematic?
- f) Has the availability of revenue been problematic?
- g) Are there any other major barriers to developing extra care housing in your authority?



# Benchmarking Extra Care Housing for Older People

**Acknowledgements** to Personal Social Services Research Unit (PSSRU)  
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## Appendix C – Tribal Performance Networks

### THE LONDON ADSS PERFORMANCE NETWORK

#### What is the London Performance Network?

Tribal (incorporating Starfish) currently supports four Performance Networks (previously known as Benchmark Clubs) operated by Regional Branches of ADSS:

- Greater London with 32 members: current lead director Hugh Dunnachie, Hillingdon;
- West Midlands with 14 members: current lead director Linda Sanders (Dudley);
- South East with 18 members: Lead Director John Dixon (W Sussex).
- South West with 17 members: Lead Director Miriam Maddison (Somerset)

ADSS performance networks operate co-operatively and on a basis of mutual support, aiming to:

- Provide Directors of Social Services with more accurate and relevant information about the performance of their own services and that of colleague departments by way of comparison;
- Continuously improve the quality of information collection techniques and more intelligent interpretation of data;
- Gain ownership from front-line staff and their managers in the performance management process as a means of achieving client services of better quality; and
- Continue to influence national developments with the PAF and related Inspection and Appraisal regimes.

An underpinning principle applied across the networks is to be inclusive rather than simply top-down, with engagement where possible in planning work programmes and delivering outcomes with:

- Service users and their carers;
- Front-line staff and operational managers; and
- Technical experts in information/performance management; and
- Directors of Services.

Each network is independent, with the respective ADSS Regional Branch Executive acting as 'client' through a nominated Director with whom the contract is agreed. This is usually the Director leading on performance management for the Branch, currently Hugh Dunnachie (Hillingdon). Whilst some variation exists in management arrangements and style between these networks, the following key elements apply:

- A Work Programme is approved by Directors at a session of the Regional Branch Executive Committee, during which there is usually a review of most recent activity;
- A Steering Group chaired by the lead director provides oversight for the whole programme, ensuring that specifications for each assignment are agreed and delivery targets achieved;
- In commissioning assignments, Branches achieve a balance between selecting their key priorities, the relative cost of particular projects and the level of funding available for allocation to the programme;

The overall cost of each network is shared between member authorities. The London Branch has made all authorities members and apportioned costs equally. As with all Networks there is a 'rolling contract' between Tribal and the Branch which is reviewed annually (when fees are adjusted) and contains a notice clause governing the conditions for either partner to withdraw. The London contract runs on a Local Authority financial year. As work in London, and elsewhere, has matured, assignments have become more rigorous when benchmarking is involved and also more varied in nature, some having research/developmental aspects.

Relationships between the four regional networks have become increasingly productive and London has completed several assignments jointly with other Networks.

In recognition of these developments and the continually evolving challenges and opportunities within the performance management agenda, Tribal is now a member of the ADSS National Standards and Performance Committee.

## What are its Management Arrangements?

The London Senior Performance Managers Group (LSPMG) acts as the Steering Group for the London Network. This Group is chaired by the Branch Lead Director for Performance thus ensuring direct accountability to the Branch.

The Performance Manager's Group also provides a broad membership base for the Network maximising opportunity for Councils to participate in its work. It also facilitates links to other regional and national fora such as

- London Information Management Group (IMG);
- National Technical Working Group;
- ADSS Performance and Standards Committee.
- CSCI (represented on LSPMG)
- DH, HSCIC, Ofsted, DfES

In addition to the Branch Directors the LSPMG is a major source of ideas for the projects undertaken through the Performance Network. It also provides the Chairs and a high proportion of the membership for the various project groups.

Other project group members are drawn from operational management, practice or technical support backgrounds and are recruited for their specialist interest and knowledge through the LSPMG representative for their authority.

Tribal attend the LSPMG bi-monthly meeting, when a report on the progress of work-projects is provided by the consultant and the respective project group chairs.

In addition to the Tribal website and direct mailouts to Directors and project participants, the LSPMG representatives provide an effective channel for dissemination back into their own authorities of the findings and learning for good practice from completed projects.

## What is in the Programme for 2006/7?

This year's programme comprises 4 major projects and several smaller pieces of work. The subjects for main projects are:

- Approaches to managing Performance Information – Resources and Requirements
- Extra Care/Sheltered Housing
- Outcome indicators for Adult Services
- Direct Payments

### Further information

If you have any queries about the performance network, please contact Simon Adams:

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