

Housing Learning & Improvement Network

The Health and Social Care Change Agent Team (CAT) was created by the Department of Health to improve hospital and social care associated arrangements. The Housing Learning & Improvement Network, a section of the CAT, is devoted to housing based models of care and support for adults.



How to get an Extra Care Programme in Practice

An example of how one Social Services Department managed the process of putting in place a programme of Extra Care. Prepared for the Housing Learning & Improvement Network by **Nigel King**, Housing Support and Partnership Ltd

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What this is about

Department of Health (DH) promotion of extra care and grant funding available through Social Services authorities has put social care staff and county councillors in the unusual position of leading on housing.

This case study:

- Describes the process in one local authority of going from having no extra care to having a programme of provision
- Draws out the most significant lessons

The example does not pretend to set down an ideal process rather it outlines the real, actual process from which lessons came.

The authority

This is a two tier authority. The County Council is responsible for social care while eight district and borough councils are responsible for housing. In some, but by no means all areas, the local authority housing stock has been transferred to newly formed housing associations; Large Scale Voluntary Transfer (LSVT).

Three quarters of a million people live in the county. Of these around 120,000 (16.7%) are over 65 years (England, 15.8%). Over just the next 10 years the elderly population is forecast to increase by more than 10%. The older elderly, those over 85, will grow by 20%.

The eight districts are each made up of 30-40,000 households. There are a number of market towns but this is a predominantly rural area with some parts characterised by features of past coal-mining and some associated industries.

The County Council is currently one of only 27 “excellent” authorities.

Origins of interest in extra care

Where did the authority start from? What prompted serious interest in extra care?

In this case a number of strands came together and built up a case for looking at some alternatives and possibly better means of housing and supporting older people. Some prompts were very specific, others more general.

The specifics were two Best Value reviews.

The first was a Corporate Review of Older Peoples Services. This took two years to complete. It was led by a well respected and personable Deputy Director from Social Services. This is judged to have been a very useful and effective part of the process because of the Deputy Director’s style, long experience and familiarity with housing. The review said the authority needed to engage with older people better. One of the direct outcomes of the review was the establishment of an Older Persons Forum along with a post to support the Forum. This in turn has become a sounding board and one source of encouragement for extra care.

The Forum exists at both local and county level and is still being developed. There is a county level “Older Peoples Advisory Group” whose members are elected from local forums. The Advisory Group links with a wide range of statutory agencies including Primary Care Trusts and police by sending two representatives to the County level “Strategic Partnership” Board.

The second important Best Value Review was of residential care. This found the County:

- Had an above average dependency on residential care
- Although in-house provision had been falling the rate of reduction was less than elsewhere
- The annual cost of in-house residential care was higher than the independent sector
- The Council would face large costs (in excess of £12 m) to comply with “Fit for the Future” and bring homes up to an acceptable, contemporary standard
- Residential care was not meeting the needs or wishes of residents

What was fundamental in this review for extra care was consultation with residents in care homes. Residents were appreciative of what they had, valued residential care and said they were well looked after. However, they also repeatedly said if they had a choice they would like their own front door. The review recommended:

“The Department develops a five year accommodation strategy in partnership with Health, District Councils, Voluntary Organisations, Users and Carers” and

“The closure and/re-provision of selected County Council local authority residential homes for older people”.

Following the review the Council identified homes for closure and began the process. It decided to re-provide building some new residential care homes. It was also recognised that other alternatives needed to be considered to give the choice people said they wanted.

This review was also significant in identifying which buildings (and associated land) might become available for re-development as extra care.

The two more general prompts towards extra care were:

- Growing awareness of the possibility of extra care through conferences, articles, discussion with other authorities. The focus was eventually sharpened by the announcement of new funding for extra care from DH
- Improved partnerships with a number of the District and Borough Councils. The Districts were aware of changing needs and demands of older people. This was particularly apparent to them in trying to formulate plans to deal with what for many was becoming unsatisfactory (or at the extreme unlettable) traditional sheltered housing stock.

The Districts and Boroughs were re-focusing their own activities and extra care provided an opportunity for a collaborative, thought through plan.

Galvanising action

Having listened to older people the next step was to build an understanding of the concept of extra care and what it could and could not provide.

The half a dozen steps that followed were the keys to moving from a general interest and awareness to a clear and agreed organisational priority. These were:

- A day workshop for senior staff – including the Director and Assistant Director of Social Services- on extra care. This covered principles of extra care, different models, how it could be managed and funded. This was led by an external consultant
- Visits to a number of other schemes by a member of staff
- A visit by Councillors to a retirement village. This was important in demonstrating a very different approach and vision of provision for older people. It made a reality of what could otherwise be dismissed as “nice ideas”
- Allocate responsibility for progressing extra care to a senior member of staff who led a small group of key officers
- The appointment of a member of staff to provide dedicated support to senior staff leading on extra care
- An attempt to prepare a (failed) bid for DH funding for an extra care scheme exposed gaps in detailed knowledge of extra care
- The appointment of a consultant (the same firm who ran the initial workshop) to support the authority in creating a programme of extra care, “*This was vital – we just did not have the expertise.*”

All this extended over a period of about 12 months.

Organisation and leadership

With greater clarity on the potential for extra care, decision that some care homes would close, a commitment and steady progress in reducing residential care home placements and increasing support at home driven by the use of 7 key indicators (a mixture of PAF and others referred to as “the magnificent 7”) the authority organised to develop extra care.

PAF Indicators

Three central indicators relevant to extra care are:

- Intensive home care/1000 of 65+ population
- Admission to residential care/10,000 65+ population
- Older people helped to live at home/1000 65+ population

The process was lead by an experienced, senior member of staff, just below Assistant Director Level. He chaired a small group. The consistent leadership and direction by a very able officer has been critical to the achievement.

The group initially concentrated on the replacement of one residential care home for older people by extra care. The core membership consisted of:

- Assistant Head of Services for Older People (Chair)
- Head of Purchasing
- Social Services Manager of the area in which a proposed scheme was located
- Strategic Housing Manager from District Council
- Supporting People Manager
- Extra Care Housing Project Manager-a new post

The combined work of the first three posts has been the most critical and effective. Initially the group also included the officer who had led the Best Value Review of residential care.

The scale of the task can in itself hinder progress. There was also some uncertainty about exactly what had to be done. A key practical step by the Group was to prepare a detailed project plan to help understand all the actions and steps necessary to achieve a new development. Having set down a comprehensive project plan the next task was finding people to complete each element in a reasonable time period.

The consultant worked primarily with the Chair of this group and Head of Purchasing. He attended some meetings of the group providing ongoing advice and undertaking specific pieces of work including the strategy development.

The group has now evolved into a county wide Housing Strategy Group. The membership has widened to embrace all Districts/Boroughs. The PCT's engagement has been more gradual but is now beginning. There are currently 16 members in all. Initially, concerned only with extra care it has quickly become apparent to all the participants that a wider role, embracing housing and support generally for vulnerable people, would be even more valuable and this is now the remit.

The Head of Purchasing is supported by three commissioning, contracts managers. They each have a wider divisional responsibility and one now has lead responsibility for commissioning Extra Care Services and is a member of the Housing Strategy Group.

Preferred Provider

At an early stage in the process it was suggested the authority might be best served by working in partnership with an organisation with experience of

housing and extra care. There are three ways a Social Service Department in a two tier authority can quickly acquire competence and capacity in extra care:

- Employing or developing specialist staff
- Using consultants
- Using the expertise of another organisation

The County has utilised all three. A post was created to support work on extra care. The post was openly advertised. It is arguable it might have aided the authority if someone with housing and extra care experience had been available, possibly from the voluntary sector. In practice the appointment came from within social services.

The authority accepted that working in partnership with an organisation with experience of housing and extra care was the best long term way forward. Looking back the key people involved agree that it would have been preferable to have had a housing partnership established at an early stage.

The object was to find one or more organisations that could develop a programme of extra care, across the county, over a period of 5 years. They would bring expertise in extra care and housing, must be acceptable to each of the Districts/Boroughs and ideally be able to add value in some way.

The process took around 6 months. The stages were:

- i. Preparing an information pack and initial questionnaire
- ii. Public advertisement in social housing trade press
- iii. Assessment of initial applicants and short listing
- iv. Setting task for short listed applicants to present
- v. Presentation to selection of Housing Strategy Group members
- vi. Decision

Thirteen organisations returned questionnaires detailing their interest and experience of extra care. (A slightly edited version is attached at Annex 1). A number were rejected principally because they:

- Failed to meet tests of financial strength set in relation to the scale of development planned
- Lacked experience of extra care

There were doubts about two further organisations. One in relation to the experience and newness of the organisation and the second failed to fully answer questions in relation to stability of senior staff and staff turnover. Both subsequently withdrew when asked to complete the technically challenging task set.

The six organisations left were asked to prepare a proposal for an extra care development on one of the sites prioritised for extra care. The brief was in effect to complete an application for DH grant funding for a new scheme. A specification was provided along with site plans. The exercise was managed

in accordance with the authorities normal tendering procedures and the result was:

- i. A demanding exercise the outcome of which would be the selection of one or more organisations to work with Social Service and District/Borough Councils on a series of 8 or more extra care schemes
- ii. Preparation of a bid for a real scheme which could – if the proposals proved satisfactory – proceed quickly. A real live project.

The applications were evaluated on the following criteria with each member of the selection panel scoring both the documented proposals and then the presentation and answers to a small number of prepared questions which the applicants received in advance. The criteria were:

- Relevant experience
- Financial resources and costings
- Quality of scheme designs
- References and experience of partnership working
- Access to alternative funding

Four of the organisations that submitted proposals were chosen as preferred providers. The second lowest tender was accepted and a submission made to the DH based on the presentation. The preferred providers are two organisations with a regional presence (one to work in the north of the county, the other the south) and two national organisations.

The initial experience working with the two providers who are now progressing schemes has been extremely positive. They have brought, as hoped, the housing and financial expertise along with a network of contacts and established relationships, for example with the Housing Corporation that Social Services could not easily replicate.

Focus on a scheme

In 2003/4 Social Services submitted a bid for DH grant funding to re-model and significantly extend a care home. The home had been identified for closure or re-modelling in the Best Value review.

Funding

Capital and revenue funding are complex matters and the authority relied heavily in the initial stages on the consultants ability to provide financial modelling.

Helpfully they produced very simple pictorial demonstrations of the results of changing key variables like rent levels, volume of sales, shares of equity sold and other important determinants of financial viability. In the case of the first four schemes capital funding is based on a combination of:

- Private loan serviced by rental income
- Contribution of site or buildings from Social Services or local housing authority
- Possible sale of part of site
- Outright and shared equity sale of some dwellings
- Possible DH grant and/or SHG from Housing Corporation
- Small contribution in kind from District Councils
- There may also be small contributions from other agencies with an interest in extra care
- In one case capital funding from the housing provider

Revenue funding for those with a care assessment will be the same as for any other older person living in their own home including Housing Benefit and Attendance Allowance for those eligible. It is possible some residents will be self payers from their own resources.

Three other potential extra care schemes or sites had also been identified but the authority chose to prioritise and focus efforts on one scheme in particular although all were progressed.

The 2004/5 bidding round with an October deadline provided a timetable and served to discipline work of the key officers and the Housing Strategy Group.

The site was prioritised because:

- It was a small and consequently uneconomic home for 16 people which did not meet current standards
- Located in grounds extending to 5 acres which although not all suitable for building on provided scope for a substantial new build scheme in attractive wooded surroundings
- In a market town of reasonable size which has less sheltered housing than normal for the population
- Covenants restrict provision on the site to older people.

The site has some disadvantages. It is on the edge of the town rather than centrally located with a steep hill walking back from the town.

Initial plans were prepared by County Architects showing a scheme of around 30 dwellings plus communal facilities. The consultants reviewed the plans and suggested that they might not be making the best use of the site, also that in order to counter balance some of the disadvantages of the location a bigger scheme, with more on-site facilities would be advantageous. In addition Social Services wished to see any major investment provide facilities for a wider community of older and disabled people.

A housing association experienced in developing extra care volunteered to visit the site and provide sketch schemes confirming a much larger development was possible. In the event the scheme submitted for DH funding is 45 dwellings and this association is now one of the preferred providers.

The process of working through a particular project with a group of staff closely involved, meeting regularly, has contributed greatly to:

- Learning and understanding all aspects of extra care
- Clarifying key policy questions and taking decisions which have then fed into the extra care strategy
- Had an important but subtle psychological effect *“now feel better informed – there is much greater level of commitment”*

Policy

Policy decisions, approved by the Council, include in this extract from a cabinet report:

- *“Assistive technology will be maximised to support and help underpin security and safety*
- *Some schemes and their facilities will be used to serve the wider community so making the best use of what will be substantial capital investment*
- *Properties for rent and sale on shared ownership terms will be provided which will better meet the needs of less well off owner occupiers*
- *Provision of housing and care will be separated*
- *Allocation and lettings will be managed to ensure that tenants’ care needs can be best met by the scheme. Lettings will be carried out by a joint panel drawn from Social Services, the housing provider, care provider and District/Borough Council*
- *A small number of properties will be available for older people with learning disabilities across the county*
- *To lead development of policy and practice and co-ordinate across the county, an overarching steering group drawn from all the key agencies and interest groups, including Social Services, District/Borough Councils and the voluntary sector, has been formed”*

A Strategic Approach

In an ideal world an extra care strategy would flow from an all embracing strategic plan for older peoples’ services.

The public sector, from the perspective of those seeking to “do”, is awash with guidance on strategy and commissioning. What is equally needed is practical tools. Because of resource and time constraints the wider strategy and extra

care strategy have proceeded in parallel with the subsidiary, extra care element, slightly preceding the general plan.

Key questions the authority needed to resolve which developing a strategy provided a mechanism for doing, included:

- What scale of extra care provision to make
- What model(s) to adopt
- How to provide extra care effectively in rural communities
- How would extra care be financed in both capital and revenue terms
- What joint working and joint decisions are required – what processes and different arrangements need to be put in place – for example on allocations and lettings
- What range of needs can be addressed in a new model

A strategic document provides a focus for work, gives clarity and direction to diverse agencies and staff. It also helps to communicate to a wide audience – including of course older people.

The DH provides guidance on strategies for older people and extra care. While broadly helpful the strategy produced was tailored to local issues and the kind of agenda listed above in order to be most immediately useful.

Key elements in creating the strategy were:

- Analysis of demographic data and forecasts
- Use of DH capacity planning model
- The Best Value Review described earlier
- Interviews and discussions with each Borough/District and their own housing strategies
- A stakeholder event
- Research and input from the consultants on financial issues, models, rural housing and a range of other matters
- Housing Strategy Group and key staff in Social Services

Annex 2 reproduces the contents page to give an impression of the scope.

Next Steps

Over the last 2 years the authority has:

- Taken many in principle policy decisions
- Put in place the groupings and arrangements to progress a co-ordinated programme for extra care. Established effective working relationship
- Formulated a 5 year strategy
- Selected a small group of housing providers and is developing an effective partnership

- Commenced work on the first four extra care schemes
- Learnt about extra care and built commitment to extra care amongst staff

There is some way to go. The authority has yet to resolve whether or not or in what circumstances it would wish to be the care provider. The role of extra care in housing older people with mental health problems is currently being debated. Which building and service is the best model to adopt if extra care is offered to people who have been diagnosed with dementia or functional mental health problems at the time of letting. What staffing model to adopt, appropriate staffing levels.

A selection of short term actions to implement the strategy is indicative of some of the other issues on the agenda, some of the “do” questions.

- *“A **service specification** will be refined by the approved housing providers, Social Services as eventual commissioner, and District Council as the housing authority. The service specification will become a base model for other Extra Care schemes.*
- *A **district project group** will be appointed to oversee and co-ordinate each Extra Care development. The members will usually involve the same parties as the overall steering group but probably each will be led by the District Council. The project group will help achieve each development, co-ordinate the different interests/discipline, assist with agreeing the funding package – capital and revenue for each scheme.*
- *A system for **measuring and collating the results and effectiveness of each scheme** will be developed by the Steering Group and applied across the county. This will establish performance and be one element in promoting continuous improvement in services.*
- *Key **policies and practices** will be developed by the Steering Group in consultation with the approved housing providers and care providers. These will include:*
 - *Lettings and allocation criteria, policy and process, - it is envisaged lettings (and sales) will be managed by a joint panel involving the housing and care provider and Social Services where care packages are expected to be funded by Social Services*
 - *Opportunities for joint staff training and development and how this will be delivered*
 - *Investigate whether common shared ownership lease can be offered on all Extra Care developments*
 - *A practice guide to managing mixed tenure schemes*
- *Each district will identify in consultation with voluntary/independent sector partners buildings or sites for development or re-modelling as Extra Care in the district. The district project groups will then decide which model or models best fit local circumstances and then*

prepare an action plan to progress the preferred scheme(s) and models.

- ***The strategy is to utilize existing resources and land wherever possible and to optimize as many sources of funding – including sales of equity.***
- ***Alternatives to funding other than Department of Health and Housing Corporation to be developed further”.***

(Extract from extra care strategy)

The most important lessons – the things we know now

Looking back over the last two years what has been learnt? What do we know now we wish we had known at the outset?

1. Understand the range and variety of funding possibilities. Understand cost modelling and what effects costs
2. That there is not one model of extra care. We needed the reassurance that in a large county we could cater for both larger towns and small rural communities
3. Recognise the size of the task. It is worth investing in someone building up their expertise and knowledge. Developing extra care schemes and a strategy does not fit easily alongside an existing workload. Make clear who is doing what
4. We should have established a Steering Group earlier and involved Districts and Boroughs earlier
5. Engaged the private and voluntary sector as partners rather than simply keeping them informed. (They had been partners in the Best Value Reviews)
6. Mapped where services are particularly needed. This should have been done with partners. Only late in the day did we fully appreciate the wide scope of extra care
7. Mapping should have included health and leisure resources. *“We now see extra care as a means of drawing together and co-ordinating a core of services to better reach a wide community”*
8. Get partners first. There is less need for housing expertise in-house if you have a competent housing partner(s). *“Social Services simply do not have the housing knowledge or language, do not understand the finance. Extra Care is probably easier in a unitary authority”*
9. It would have been better if the extra care strategy had followed on from a wider plan for older peoples services. The strategy should ideally have been developed earlier with time taken to involve more stake holders, councillors and staff
10. Extra care implies major capital expenditure, change in how some services are provided and significant revenue commitment. Ownership by councillors across housing and social care has to be built up
11. It is very hard not to be opportunistic

One final lesson. Extra Care has brought a number of positive benefits that were unplanned and unanticipated in:

- Bringing districts and social services much closer together
- Improving partnership working generally
- Understanding housing better, housing needs assessment and agencies like the Housing Corporation
- Understanding the connection between the Housing Corporation and the Department of Health also the role of Registered Social Landlords.

ANNEX 1

Questionnaire

Development Partners for Extra Care in Anon

Development	<u>New Build</u>		<u>Rehabilitation</u>	
	Schemes	Dwellings	Schemes	Dwellings

How many extra care schemes have you developed in last 5 years?

Of the rehabilitated buildings how many were previously:

Residential care homes	<input type="text"/>	homes
Sheltered housing schemes	<input type="text"/>	schemes

How many development staff work in the office serving Anon?

Number of staff	<input type="text"/>	people
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Of these how many are qualified surveyors or architects? **people**

What experience do you have of managing complex projects of values in excess of £5 m?

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What experience of working in partnership with a County Council to develop extra care do you have?

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Describe your vision of an extra care service to meet the needs of older people across Anon.

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Organisation and Finance

How would you describe the culture of your organisation?

.....
.....
.....

What are your organisations free reserves?

as at 31 March 2003 £

What was your organisation turnover in the last 3 years?

£ £ £

What new allocations did you receive from the Housing Corporation for development in 2004/5?

£

To what extent and how would your organisation be able to help fund a programme of extra care in Anon over the next 7 years?

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.....
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How many dwellings occupied by older people does your organisation manage?

Sheltered housing dwellings

Extra care dwellings

Residential care dwellings

Nursing care dwellings

What evidence do you have of resident satisfaction with your management service?

.....
.....
.....
.....

Staff

Give overall staff turnover rates for the last 3 years

% % %

How many Directors/senior managers do you consider make up your present senior management team?

No of senior staff people

Of this senior management team how many were also in post 5 years ago?

Management/care

Do you have experience of managing mixed tenure schemes occupied by older people?

Yes No

Do you have experience of managing schemes for people with learning disabilities?

Yes No

Do you have experience of managing schemes for people with mental health problems?

Yes No

If you do not have experience of managing services for any of the above three groups what experience of development for these client groups do you have?

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.....

What experience (if any) do you have of providing support or care to older people as opposed to landlord management and maintenance functions?

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Summarise what you believe the key strengths of your organisation are and why Anon should select you as a partner.

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Please give the name, address and phone number of two organisations you have worked with to develop extra care who we may approach for a reference if you are short listed.

1.....
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.....
.....
Tel:.....

2.....
.....
.....
.....
Tel:.....

Note: Please keep answers where text is required concise, ideally limited to 100 words. You may, however, attach additional material, documents, reports if you wish.

ANNEX 2 - CONTENTS PAGE OF DRAFT STRATEGY

EXECUTIVE SUMMARY

CHAPTER 1 INTRODUCTION

How the strategy has been created
Structure of Strategy

CHAPTER 2 SETTING THE SCENE – SUPPLY, DEMAND AND NEED

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The Best Value Review of Residential Care
Capacity Planning Model for Social Services
Extra Care Housing
Anon Indicative Growth Figures
Home Care
Intermediate Care

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District and Borough Housing Authorities
Summary of Mapping Exercises at Local Level
Supporting People
Anon Social Services – Supporting Older People

CHAPTER 4 MODELS OF EXTRA CARE

Principle Decisions on Models
The Culture of Extra Care Housing
The Enabling Model
Flexible Care
Leisure and Entertainment
Management and Supervision
Management and Care
The Building Provider Role
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The Joint Selection Process
Vision

CHAPTER 5 DEVELOPMENT PLAN FOR EXTRA CARE – IMPLEMENTATION

Implementation process

ANNEX A DISTRICT HOUSING AUTHORITIES

ANNEX B MODEL OF A LARGER EXTRA CARE SCHEME

Scale
Facilities
Shared Community Use
The Care Team
Assistive Technology
An Alternative to Residential Care
A Home not a “home”

ANNEX C A RURAL MODEL OF EXTRA CARE

Summary of Rural Extra Care Model

ANNEX D EXTRA CARE FUNDING AND OPERATING COSTS

ANNEX E STANDARDS FOR EXTRA CARE

Buildings

Services Care and Support

Other Housing LIN publications available in this format:

Case study no.1: Extra Care Strategic Developments in North Yorkshire *A snapshot view of partnership-based strategic planning for extra care in North Yorkshire, highlighting the variety of issues that need consideration in a large and mostly rural area. One recent scheme and one in progress are described.(01.09.03)*

Case study no.2: Extra Care Strategic Developments in East Sussex *Some of the key issues involved in partnership-based strategic planning for extra care in East Sussex. A small conversion from sheltered housing and a larger new scheme catering for a range of use. Different management models are briefly discussed.(01.09.03)*

Case study no.3: 'Least-use' Assistive Technology in Dementia Extra Care *Rowan Court, Eastleigh, Hampshire - An example of provision of extra care facility for older people with dementia, based on a philosophy of promoting and maximising independence.(02.02.04)*

Case study no.5:Village People: A Mixed Tenure Retirement Community *An Extra Care facility at Westbury Fields Care Village of St Monica Trust (15.10.04)*

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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