



Approaches to Procurement and Delivery of Care and Support in Housing with Care

With the introduction of the Care Act 2014, a growing emphasis on delivering more integrated community solutions for care and support at home, and closer scrutiny of public spending, this case study report comprehensively puts the procurement and provision of care and support in housing with care (HWC) under the spotlight. Drawing on the experience of local authorities and providers, it uses eight new case studies and five updated ones from the 2010 *Housing LIN Care and Support in Extra Care Housing* Technical Brief to focus in on the variety of ways in which these services are procured, funded, configured, delivered and charged for in HWC schemes for older people. It explains the relevance of each heading in the scheme case studies and includes the approaches adopted by three different local authorities.



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SUMMARY TABLES

LOCAL AUTHORITY APPROACHES

	Authority	Approaches
1	Oxfordshire County Council	<ul style="list-style-type: none"> • Has ECH strategy and often contributes to development costs • Develops agreements with providers • Two different models: commissions core or provider risk
2	Staffordshire County Council	<ul style="list-style-type: none"> • Integrated “extra care service” • Provider risk • Level of formality depends on contribution by the council • May contribute to development costs
3	Sunderland Unitary Authority	<ul style="list-style-type: none"> • Partnership approach • Minimal formality – Memorandum of Understanding

NEW CASE STUDIES (2015)

	Name & Provider	Sector	Care Model	Other Key Features
1	Belong Village, Wigan Belong	Not-for-profit	<ul style="list-style-type: none"> • Core and add-on • No direct involvement of local authority 	<ul style="list-style-type: none"> • Provides both housing and care • Hybrid combining HWC and registered nursing and residential care
2	Clarence Park Village, Malvern Fortis Living	Not-for-profit	<ul style="list-style-type: none"> • Core and add-on • Contract with LA who makes contribution to the core 	<ul style="list-style-type: none"> • Separate housing and care providers • Partnership working
3	Dovecote Meadow, Sunderland H&C 21	Not-for-profit	<ul style="list-style-type: none"> • Core and add-on • Memorandum of understanding with LA • LA contributes to core via PBs for those eligible 	<ul style="list-style-type: none"> • Provides both housing and care • Complements Sunderland approach – partnership with LA

	Name & Provider	Sector	Care Model	Other Key Features
4	Elmwood, Northfield Village, Stafford Choices Housing	Not-for profit	<ul style="list-style-type: none"> • Core and add-on • Agreement with Staffordshire on essential service elements but no LA contribution to core 	<ul style="list-style-type: none"> • Integrated housing and care management but although tenancies with separate housing provider • Hybrid development – various accommodation, care and community facilities • Ties in with Staffordshire Approach
5	Goodes Court, Royston McCarthy & Stone	Private sector	<ul style="list-style-type: none"> • Core support service and add-on care • No LA involvement 	<ul style="list-style-type: none"> • Integrated housing and care management by registered care provider
6	The Limes, Newport Pagnell MHA	Not-for-profit	<ul style="list-style-type: none"> • Core and add-on • No involvement with LA 	<ul style="list-style-type: none"> • Integrated housing and care management • Hybrid development – care home on same site separately managed
7	Richmond Villages, Letcombe Regis Richmond Villages	Private sector	<ul style="list-style-type: none"> • Core and add-on • No LA involvement 	<ul style="list-style-type: none"> • Single provider • Hybrid development combining retirement housing, assisted living and care home
8	Shotover View, Oxford Order of St John Care Trust	Not-for-profit	<ul style="list-style-type: none"> • Core and add-on • No block contract but LA covers core charge in PB for those with assessed, eligible needs • LA provided the land and agreements in place re core provision, allocations etc 	<ul style="list-style-type: none"> • Single management but separate landlord • Ties in with Oxfordshire approaches

ORIGINAL CASE STUDIES (OCS) - UPDATED

	Care Model	Other Key Features
1	<ul style="list-style-type: none"> Essentially core and add-on Framework agreement comprising support core, wellbeing grant and spot purchase of planned care 	<ul style="list-style-type: none"> Single housing and care provider Rapid response nursing team based in village
4	<ul style="list-style-type: none"> Core and add-on 	<ul style="list-style-type: none"> PFI scheme Changes from single housing and care provider to separate following care re-tender
6	<ul style="list-style-type: none"> Core and add-on – previously block contract in bands Care sub-contracted out by housing provider 	<ul style="list-style-type: none"> Separate housing and care management
7	<ul style="list-style-type: none"> Minimum guaranteed block 	<ul style="list-style-type: none"> All applicants for rented flats need to be FACS eligible Separate housing and care providers
9	<ul style="list-style-type: none"> Core and add-on LA commissioned 	<ul style="list-style-type: none"> Co-production Small scheme for working age adults with physical disabilities

Introduction

In July 2014, as one element of updating the Housing LIN's 2010 Technical Brief on Care and Support in Extra Care Housing¹, commissioners and providers were contacted seeking examples of housing with care (HWC) schemes in order to develop case studies that would illustrate any of the following:

1. Effective use of co-production and user involvement in care specification and procurement
2. Schemes with pooled budgets or significant health funding
3. Switching care procurement and delivery model in existing schemes
4. Use of Individual Service Funds in HWC
5. Schemes where providers take financial responsibility for providing round-the clock care
6. Integrated working
7. Possibly case studies or examples where things are not working well

Interestingly, the only responses received relate to no: 5 and 6 above. Thus, the case studies developed for the updated Technical Brief (which will be published at a later date) do not illustrate 2, 3, 4 or 7 but do touch on 1.

Please also note that the case studies submitted do not provide enough of an overview of what is happening across the country to be able to assert that they are representative or typical. However, they offer a flavour of some of the approaches being adopted in 2015.

This case study report includes:

- The approach taken to care and support in HWC by three different local authorities: Oxfordshire County Council; Staffordshire County Council; and Sunderland Metropolitan Council
- 8 new case studies. Of these, two are private sector developments
- 5 case studies from the 2010 Technical Brief. These have been updated using a then and now format to show any changes between 2010 and January 2015.

Local Authority Approaches

In the course of gathering these examples, the local authority approaches (two-tier and unitary authorities) have been evolving and changing. Unlike the case studies in this report, these do not follow a particular format.

Oxfordshire County Council: The Oxfordshire example describes two approaches, one in which the local authority block contracts a core service, and the other in which the core service is delivered at risk by the provider, although the authority may contribute to development costs and provide a one-off payment to the provider to cover the loss of core service income on initial voids. It is the first approach which is detailed in this account. The former includes an enhanced core specification to build in some flexibility. The case study of Shotover View, Oxford, is an example of the Council's second approach.

¹ www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareProvision/SupportServices/?&msg=0&parent=990&child=1647

Staffordshire County Council: A key feature of Staffordshire's approach, called "Flexicare" and described as an "extra care service" is the close integration of housing management, care, support and other services. To enable this, the authority prefers the housing provider to be responsible for all aspects, either as direct provider, or by working with a care provider. Staffordshire's preference is for the services to be delivered at the providers' risk, although the council offers a contribution to development costs in a variety of ways. The Elmwood case study in Stafford illustrates this approach.

Sunderland City Council: Sunderland's partnership approach seeks to give the provider maximum freedom and responsibility. There is no service contract in place. Rather, a 'Memorandum of Understanding' captures what the provider and authority have agreed between them in relation to the care and support provision. Dovecote Meadow is the case study of this approach in practice.

All three examples are based on negotiation between the authority and providers, and seek to balance risk and responsibility.

Case Studies

For the latest case studies, a new template was developed to try and capture practice in relation to the prevailing social care and housing landscape. The rationale for the particular heading and a summary of key points follow. The aim was to supply as much information as possible.

Care Procurement and Delivery Model

In the 2010 Technical Brief², various models of care and support procurement and delivery were outlined and their advantages and disadvantages were considered. The options outlined there still apply and the pros and cons remain broadly the same.

The models can be seen as a spectrum ranging from pure "micro-commissioning" at one end to a "package holiday" approach at the other, with some overlap between them and many variations within them. They may be broadly categorised as:

- Spot purchasing
- Core and add-on
- Block contract all care with opt out
- Block contract with no opt out

In addition, the following approaches can be applied to any of the above models:

- Co-production
- Pump-priming
- "Framework contracts"

All these approaches were illustrated by one or more case studies. Examples of all the models may still be seen across the country, but variations on the core and add-on approach appear to be the direction of travel for most new HWC schemes. It is the model which applies to all the new case studies.

² www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareProvision/SupportServices/?&msg=0&parent=990&child=1647

So, the first topic is intended to identify which of the above models is being used, and whether the local authority makes a block contribution to the cost of the care and/or support.

There is no local authority block contract or grant in Belong Village, Dovecote Meadow, Elmwood, The Limes, Goodes Court and Richmond Villages. The last two are private sector schemes while the remainder are not-for-profit. In a number of schemes there is a written agreement between the local authority and provider, though no block funding, including Elmwood and Shotover View, while the following schemes have a service contract between local authority and provider: Clarence Park, and OCS 1, 4 (part of a PFI initiative), 6 and 7.

The next heading has a more detailed focus on the approach adopted to the core 24/7 on-site care.

Approach to Core 24/7 Care

From page 95 – 101, the 2013 Technical Brief, *Funding Extra Care Housing*³ builds on the information in the 2010 Care and Support Technical Brief about the “core and add-on” approach. In this model, the care element at schemes is split between a core care service available to all occupants to respond to unpredicted and emergency needs, while planned care is spot purchased on an individual basis privately or through the local authority, usually via personal budgets. Within this broad model, there are a whole range of variations which this heading aims to capture. These revolve around:

1. **What the core constitutes** apart from care available in an emergency – for example: housing or general support; activities facilitation; domestic help; catering infrastructure costs; some accommodation-related costs.

The following case studies are examples where the core comprises a mix of housing, care and support services: Belong Village, Clarence Park, Elmwood, Goodes Court, while others incorporate less e.g. The Limes, Shotover View.

2. **How much care** forms part of core – this can be very skeletal (e.g. night cover only) or more generous (e.g. 2 members of staff around the clock, including one waking night).

Although all of the examples included here provide 24/7 care cover, in some, there are staff on duty during the day who are not usually involved in delivering planned care, e.g. Dovecote Meadow, while in others day-time staff are expected to provide planned care e.g. OCS 6.

3. **Who is responsible for “procuring” the care elements of the core** – the local authority (e.g. OCS 4, and 9, and Clarence Park as well as OCS 6 via the housing provider); housing and care provider (e.g. Belong, Dovecote Meadow, Elmwood, and private developments); or the housing provider (Clarence and OCS 6).

4. **How it is funded** – public sector, provider or a combination (and then on to resident charges – see no:7, below).

In addition to block contracts or grants for the core, a number of local authorities fund the care and/or support elements of the core service for FACS eligible residents by including the cost of these in personal budgets. This applies to residents at Dovecote Meadow and Shotover View, for example. In Clarence Park, while the local authority contributes to the cost of the core care service, its contribution does not cover the full cost.

³ www.housinglin.org.uk/Topics/browse/HousingExtraCare/Commissioning/CareCosts/?&msg=0&parent=8993&child=8865

5. If there is a local authority contribution, whether it is made via a **grant or service contract**

Mostly, when there is a block contribution, it is in the form of a service contract, but OCS 1 also features a grant. From the local authority's perspective, there are pros and cons to each. Benefits of grants include:

- Grant conditions can specify key elements
- No Fairer Charging assessment
- Potentially addresses wellbeing and preventative agenda

But:

- Need to be aware of Attendance Allowance issues (See section below on "Charging for Planned Care")
- The local authority cannot recover any charges

6. The **contractual basis with the occupant** – (e.g. between provider and occupant, and if so, part of occupancy agreement or separate agreement; OR between LA and occupant)

In most of the examples given here, the contract for the core service is between the occupant and provider and forms part of the tenancy or lease. At Shotover View occupants sign a separate care contract on entry to the scheme. OCS 4 is an example where the contractual relationship for the service is with the local authority.

7. **How it is charged for** – depending on the contractual basis, it may be part of local authority charging policy (e.g. OCS 4) or charged by provider. The latter is the more usual arrangement in these case studies.

In some cases, the cost of the core service is included in the service charge (e.g. Belong and private sector developments) while in others it comprises a separate charge under a variety of different names (e.g. Clarence Park, Dovecote Meadow, Elmwood, The Limes).

8. The **level of charge** and how it is decided – based on costs (e.g. Dovecote Meadow), based on what is deemed affordable (e.g. Oxfordshire approach), or Attendance Allowance used as benchmark (possibly The Limes).

9. **How the local authority deals with the core charge for those who also have planned care** – as part of the personal budget (e.g. Dovecote Meadow, Shotover View) or a disability-related expense (e.g. Elmwood)? Both apply and this will make a difference to residents after April 2016 when the care cap is introduced (See Housing LIN Briefing Paper *Impact of changes to social care funding/charging on extra care housing post Dilnot⁴*).

The case studies illustrate many of the variations outlined above, but not all.

Although the core and add-on model appears to be the direction of travel, it is not a panacea and can have significant downsides, particularly when coupled with Adult Social Care budget cuts and reductions in funding for housing support. More about these can be seen in two discussion papers, *Improved personalisation in older people's housing with care?* and *Conclusions from the discussion paper*.⁵

Having gleaned as much information as possible about the approach to providing a core care service, the next headings consider other aspects of provision.

⁴ www.housinglin.org.uk/Topics/browse/HousingExtraCare/Tenants/?&msg=0&parent=3665&child=9012

⁵ www.housinglin.org.uk/Topics/type/resource/?cid=8830&msg=0

Charging for Planned Care

This section considers the following questions:

- Who makes the charges for planned care and who collects them? Typically the local authority does for those receiving managed personal budgets, and the provider does from those on direct payments or self-funding.
- Are these charges separate from the charge for the core? For the most part they appear to separately itemised.
- If the local authority charging policy applies, how is the Attendance Allowance dealt with? Some local authorities include the AA as available income (e.g. Staffordshire) while others appear not to (e.g. Sunderland) but this information has not been easy to obtain.

The interest in the Attendance Allowance arises because, if the local authority takes the AA as available to cover planned care costs but doesn't include the core charge made by a provider as an essential expense in the Fairer Charging calculation, the occupant could face difficulty paying the core charge.

Personal Budgets

In 2010, personal budgets were not yet the universal “currency” for local authority social care provision. In some instances, residents were “offered” personal budgets. This heading was kept in to ascertain whether this position had changed. It appears to have in these case studies where personal budgets appear to be the “currency” for local authority-funded care and support. However, a recent TLAP report⁶ on personal budgets for older people, *Getting Better Outcomes*, reports that personal budgets are still not offered universally. From April 2015, the Care Act comes into force. This enshrines personal budgets in law.

In addition, we wanted to identify the deployment mechanisms and the prevalence of each – managed personal budgets or direct payments. Direct payments still appear from these examples to be the exception in housing with care schemes, with managed personal budgets being the norm.

We also wanted to see whether any Individual Service Funds (ISFs) were being offered, but discovered no examples of any being used in housing with care. The TLAP report referred to above cites Gateshead as an area which has introduced ISFs in its HWC schemes.

This heading is not included in the individual case studies as the vast majority conformed to the description above.

Housing-Related Support

This was included to ascertain whether anything called housing-related support (as defined under the Supporting People regime) or housing support is specifically commissioned or provided, and if so what commissioning approach is used; for example jointly with care, jointly with housing management or via a separate provider.

The question was premised on the apparent decline or demise of local authority Supporting People teams, reduction in general expenditure on housing-related support services, and in some authorities, specifically ruling it out for HWC schemes.

⁶ www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10548

With a growing trend towards commissioning care and support jointly from a separate care provider, in the 2010 and 2013 Technical Briefs, we explained the risks triggered by the Turnbull Judgement if, in “exempt accommodation”, the housing provider didn’t deliver (or contract for) a significant element of support or care. With the changes introduced to supported housing categories (“Specified Accommodation”) in *The Housing Benefit and Universal Credit (Supported Accommodation) (Amendment) Regulations 2014*⁷, commissioning care or support from a separate provider does not pose the same risk, but to be eligible for full Housing Benefit, the claimant must have been “admitted” to the accommodation “in order to meet a need for care, support or supervision”. This may have the effect of justifying a tightening of eligibility criteria in social sector schemes, a trend which appears to apply in the face of budgetary pressures anyway. (See OCS 7 as an example)

Typically, in the new schemes described, if there is any housing support, it forms part of the core service along with the core care element (e.g. Dovecote Meadow), and is more often described as “support” or “housing support” (e.g. Clarence Park) rather than as “housing-related support” specifically. In OCS 4, 6 and 7, housing support is explicitly procured from the housing provider by the local authority.

Charging For Housing-Related Support

This section outlines how any charges for housing-related support (Supporting People services) are treated.

- Is it a separate charge or included in other charges?
- Is it divided equally between properties?
- Does “passporting” still apply to those in receipt of Housing Benefit?

As outlined above, there is not much in evidence that is designated “housing-related support” and funded by the local authority, but housing support is included amongst the services covered by the charge for the “core”. Typically the core charge is divided equally between properties and applies to all residents, although some elements (e.g. intensive housing management) are covered by housing benefit for those eligible for HB (e.g. Dovecote Meadow and Shotover View), and/or personal budgets (core care and support) for those receiving planned care through the council.

Additional Services And Charges

It seemed relevant to find out what services were on offer to supplement those included in standard charges, and on what basis, in order to get a sense of the whole package and how the different aspects fitted together.

Many of the schemes offer additional services on a menu, pay per item basis: domestic assistance; additional support; meals; laundry services; property maintenance etc.

Start Date For Care And Support Arrangements

The most significant change to procurement arrangements amongst the original case studies is OCS 6 which moved from a large block contract to a core and add-on model.

⁷ <https://www.gov.uk/government/publications/hb-circular-a82014-the-housing-benefit-and-universal-credit-supported-accommodation-amendment-regulations-2014>

Processes And Impact On Residents If New Arrangements In Existing Scheme

Very often expectations have been created when people apply to move to housing with care. This makes introducing changes in the way care and support are commissioned and delivered in existing schemes particularly challenging, especially if the resulting service leaves occupants feeling worse off, either because of a reduced service or because of increased costs to them.

For this reason, this heading sought to learn about the processes undertaken to introduce any changes (for example, consultation with range of stakeholders, protection for residents if they would be worse off financially under new arrangements etc.) and the impact on residents.

While there are a number of changes in the original case studies, the 2010 template did not cover this question specifically. Nevertheless, separate conversations with a range of providers suggest that it's not uncommon for changes to be introduced by commissioners without consulting the housing provider or housing with care community. Understandably, no-one wanted to showcase such practices. In OCS 6 where a large block contract was reduced to two night care staff, although consultation did take place, residents were finding it difficult to adapt to a reduction in ad hoc support such as escorting to activities.

Another emerging issue relates to local authorities wishing to withdraw from direct procurement of care (see Staffordshire approach). This issue is particularly challenging for existing schemes. Whether councils make a financial contribution or not, this leaves the housing provider needing somehow to secure care for the scheme, which some housing providers of existing schemes without care arms are reluctant to take on. They feel they will be held responsible for a service of which they have inadequate experience, and risk being left with the problem if local authority funding is subsequently withdrawn. It also adds administrative costs which may be difficult to cover. Unfortunately, no case studies feature this particular issue.

Because all schemes in the 2014/15 case studies did not have altered arrangements after the scheme was set up, this heading has been removed from individual case studies.

Collective Resident Involvement In Care Specification And/Or Procurement

Given the growing emphasis under the Care Act 2014 on collective involvement and genuine co-production, this section seeks to identify where this is being implemented in practice in housing with care schemes. In new schemes of course, there is not a defined resident group to be involved in this way, and the focus of these case studies is not on general scheme development. However, there are one or two examples of good practice in this area. At Clarence Park, a Care and Support Forum was consulted on the specification and took part in selecting the care provider. In OCS 7, residents and their families contributed to the service specification when the care was re-tendered. OCS 9 actively involves its working age adults with physical disabilities in shaping the care and support service.

Point And Level Of Choice

The intention behind this topic was to ascertain whether people are only given the choice between moving to extra care housing and using the on-site care provider or not moving to the scheme (holiday package approach), OR whether they are free to move in and choose a different care provider.

While there are still schemes that adopt the “holiday package” approach, it would seem that in most cases, occupants are free to choose any provider for their planned care and support although they have no choice about the core care provision for which the core charge is made. In a number of schemes, although they are technically free to choose between providers, it is made clear that there should be a good reason for not selecting the on-site provider (see OCS 7) and, generally, residents will be encouraged to use on-site providers. It also appears to be the case that the obvious benefits of doing so result in most residents choosing the on-site provision for their planned care and support, with the few who started with a different provider, gravitating towards the on-site provider. (This is an impression only. It cannot be backed up by statistics.)

Eligibility For The Scheme And Target Groups

This section considers the following questions:

- What role, if any, does FACS eligibility play in determining scheme eligibility?
- Are community mix and need levels specified, and if so what range and thresholds apply?
- Does the scheme target specific groups, for example, those with dementia or mental health needs?

With such a diversity of HWC models across the country, whom they cater for varies considerably. Target groups and eligibility criteria are one indicator of the *raison d'être* for the scheme. While many of the schemes commissioned by local authorities specify a mixed community, nevertheless, if they are funding any of the services, it is not uncommon for that mix to be limited to those who meet local FACS thresholds (e.g. Shotover View and OCS 7) or, for a proportion of properties to be let to people with eligible care needs (e.g. Elmwood).

The larger village schemes and those without – or with only limited – local authority input seem more likely to target a wider spread of need levels, including those with no care or support needs. With tightening of local authority budgets, there is a risk of a growing polarisation between two types of development: one commissioned by local authorities which may serve as a substitute for residential care, targeting those who have care and support needs only (often at local authority FACS thresholds); the other catering for more affluent, relatively fit, self-funders who are making a lifestyle choice.

This is closely tied in to the next heading about the involvement of the local authority.

Role Of Local Authority With Responsibility For Adult Social Care

It seems reasonable that where a local authority contributes capital or land to the development of a housing with care scheme (e.g. Elmwood and Shotover View) or contributes towards the revenue costs (over and above what individuals would receive if they were living in the wider community – e.g. Clarence Park and OCS 7) they should contribute to shaping target groups and eligibility criteria, and have a role in deciding allocations as part of an allocations panel. The same applies where developers access public subsidy to build via the Homes and Communities Agency or Greater London Authority (e.g. Care and Support Specialised Housing Fund).

One might argue that the greater the contribution, the greater that entitlement, but the relative rights and responsibilities of the local authority and providers need to be kept in balance. Where the local authority has made little or no financial contribution and most of the risk falls on providers, it is not reasonable to expect providers to be tied into stringent eligibility criteria by the local authority; risk and control need to be aligned. This heading therefore sought to identify the role being played by the local authority in the context of their financial contribution. Not-for-profit schemes Belong and The Limes, and the two private developments, Goodes Court and Richmond Villages, have taken on all the risk and the local authority has no involvement, other than possibly assessing individuals with care needs.

In all these case studies, the balance of risks and responsibilities appear reasonably aligned.

Tenure Differences In Accessing Care?

When shared ownership and outright sales were introduced to not-for-profit HWC schemes, there were sometimes differences in the way leaseholders accessed care in an emergency; for example, paying per usage, while for tenants it was part of the package. In all of our new examples, there is no difference, and therefore this heading is not included in the individual case studies. Occupants in most of the case study schemes contribute equally to the availability of emergency care through the core charge, even if elements of it are subsidised by the state for some residents.

For a comprehensive review of the principal ways of achieving mixed tenure in extra care housing developments read the Housing LIN/ARCO Technical Brief, *Mixed tenure in extra care housing*.⁸

Minimum Cover Requirements

Ten years ago, when block contracts were the norm, and even five years ago when the original Technical Brief was updated, local authorities frequently specified a minimum level of staffing and service as part of the contract. This section explores whether minimum requirements have been specified in our examples, what they are and who decided or specified what they should be.

Along with the move towards a core and add-on model, the minimum cover required by local authorities appears to be significantly reduced compared to 2010 and 2005, while schemes themselves seem to be getting larger, enabling economies of scale. This is another area which is related to nature and level of financial contribution from the local authority. The more risk taken on by housing/housing and care providers with regard to care procurement, the more responsibility they take for deciding what the minimum staffing levels should be. In these case studies, whether there is a minimum and who has decided on it, is not always clear.

Management Model, Service Configuration And Staffing Structure

Which organisation(s) procure and/or provide the various services in a housing with care scheme, and how the services are managed, configured and delivered are of interest from a number of perspectives, but, in particular, the legal/regulatory one and their impact on effectiveness, efficiency and financial viability. (For further details on key legal and regulatory

⁸ www.housinglin.org.uk/library/Resources/Housing/Support_materials/Technical_briefs/HLIN_TechBrief_3_MixedTenure.pdf

areas applicable to land acquisition, development and operation of retirement communities, see the ARCO/Housing LIN Technical Brief⁹).

A concern of many HWC providers has been to minimise the risk of being seen to provide accommodation and personal care together and therefore be classified as a care home rather than housing in which domiciliary care is provided. This meant that management and delivery of accommodation and care services had to avoid being seen as too integrated. Often therefore, even if a single organisation was responsible for all services, there would be a split in management between housing and care at some point in the scheme management structure.

This particular risk seems to have receded with the advent of the core and add-on model and personal budgets for planned care, meaning that the non-personalised emergency access to care is the only aspect over which individuals do not have a choice. Some of the examples here illustrate a willingness to combine core housing-related and care services under a single charge without fear of registration as a care home (e.g. Dovecote Meadow, Belong Village, Elmwood).

This was the rationale for a heading “Any issues re registration”. In none of our examples did providers report having had a problem with the Care Quality Commission in this regard, and so this heading has been removed from the individual case studies.

In the case studies, the emerging scenarios were:

- Housing and care managed and delivered by separate organisations – Clarence Park, OCS 6 and 7
- A single organisation managing and delivering the housing and care – Belong Village, Dovecote, The Limes
- Integrated management but separate landlord – Elmwood, Goodes Court, Shotover View

Where providers have adopted a closely integrated approach, they argue that it delivers efficiency and a more seamless provision, although a “seam” remains between core services and planned care.

The perceived benefits of a more integrated approach, as well as a wish by some authorities not to be directly involved in procuring core care services (see Staffordshire approach), have resulted in a shift of responsibility for the provision of care onto HWC providers. Some providers of HWC have a care arm, others do not. Some without a care arm have welcomed the opportunity of being responsible for all services in their scheme, and have contracted with a care provider to deliver the service (see Clarence Park). As mentioned in the context of changes to procurement arrangements in existing schemes, others are reluctant to take on this responsibility, considering that it is a risk too far.

How services in schemes are configured and delivered can make a significant difference to their quality and effectiveness; e.g. whether housing support is delivered by separate staff, combined with care or combined with housing. How roles and boundaries are defined can have an impact on service cohesion.¹⁰

⁹ www.housinglin.org.uk/library/Resources/Housing/OtherOrganisation/ARCO_Tech_Briefing_V7.pdf

¹⁰ See JRF publications “Whose Responsibility. Boundaries of Roles and Responsibilities in Housing with Care” <http://www.jrf.org.uk/publications/whose-responsibility-boundaries-housing-care>
“Findings from Housing with Care Research. Practice examples”
<http://www.jrf.org.uk/publications/housing-care-research-practice-examples>

Care Staffing

The care procurement and delivery model, in particular the number of guaranteed hours, has an effect on workforce issues, including staff recruitment and retention, which in turn can affect service quality and continuity (see *Improved personalisation in older people's housing with care? and Conclusions from the discussion paper*¹¹). Providers have to balance requirements for these important qualities with the ability to increase and decrease the workforce in response to fluctuations in need. The way the care on site is structured, and the types of employment contracts in use are relevant here. Within the domiciliary care industry generally there is a major issue regarding the use of nil hour contracts. These may be convenient for some care staff who want flexibility, but if they are the only contracts on offer, have disadvantages for the service or employees. This heading seeks to capture what the providers in our examples are doing.

Additional Features

This heading was included simply to note any other interesting aspects of the schemes being featured. A number of the featured schemes serve as “community hubs” (e.g. Belong Village, Clarence Park and Shotover View) and some are part of a “hybrid”¹² development (Belong Village, Elmwood, Richmond Villages).

Original Case Studies (OCS)

Updated versions of original case studies 1, 4, 6, 7 and 9 are included. These retain the original headings but under each show the 2010 position, followed by the 2014 position. OCS 4 and 7 illustrate the greatest changes, the former in the management configuration and the latter in the care procurement arrangements.

Conclusion

Although the Care Act 2014 was not in force when the case studies and local authority approaches in this report were collected, they broadly illustrate a direction of travel which is consolidated in the Care Act 2014. Personal budgets appear in law for the first time, making them the norm for people with care and support needs, and in nearly all of the case studies, personal budgets – albeit mainly managed personal budgets – are provided to those with eligible care needs. Many of the general duties contained in the Care Act apply in these examples: the duty to co-operate (s6), a commitment to promoting individual wellbeing (s1) and preventing, reducing or delaying needs (s2). They graphically illustrate diversity in provision (s5). The duties and powers in the Care Act offer the potential for housing with care to make an even greater contribution to the wellbeing of older people working in partnership with statutory authorities, for example through closer integration with health services.

The principles behind the procurement and delivery of care and support in Housing with Care are reinforced in the Care Act, rather than being significantly different. There are, however, a number of specific provisions in the Care Act which will change current arrangements, for example Ordinary Residence rules. These will be addressed in a further piece of work to update information in the 2010 *Care and Support in Extra Care Housing* Technical Brief. Due to be published by the Housing LIN later this year, this will consider a range of changes and developments in the legislative and policy landscape directly relevant to care and support in Housing with Care for older people.

¹¹ www.housinglin.org.uk/Topics/type/resource/?cid=8830&msg=0

¹² Developments that combine HWC schemes with other facilities, e.g. care homes, health centres, etc.

OXFORDSHIRE COUNTY COUNCIL'S APPROACHES TO THE PROVISION OF CARE IN HOUSING WITH CARE SCHEMES

Oxfordshire County Council (OCC) recognises the importance of having a 24-hour care presence on-site in housing with care (HWC) schemes to make it possible to meet unplanned care needs where appropriate and provide peace of mind. Over the years it has modified its approach to take account of two types of development.

The first approach, and most common in the past, is where the housing provider has no desire to operate or select a care provider and looks to the Council to commission these services via a tender process.

The second approach, which is being encouraged but still in the minority, is where the housing and care provider want to work together at risk, either because they are from the same organisation or have formed their own partnership.

In the first approach, the Council commissions a basic core care service and requires the provider to collect the charge for it from each household which will normally cover all the costs of the core service. More recently, the Council has also requested an enhanced specification for the core service, the extra cost of which it pays via an enhanced 'block payment' to the provider. The Council also makes a one-off payment to the tendered provider to cover the loss of core service income on initial voids. Each household pays the basic core charge from their own means or from their Personal Budget if eligible for Council funded care.

In the second approach, where the care provider proceeds at risk (and not subject to a tendered care contract), each household is also charged for the core service by the care provider. The expectation is that the cost of this core charge will need to compete with the first model above and the Council would expect to pay a similar amount in both approaches for those it supports with personal budgets. The care provider is expected to meet the loss of core service income on initial voids via its overall charging policy and business plan. However, in some cases the Council might offer a one-off start-up payment only to assist with such voids and encourage this approach.

It is the first approach that is outlined in greater detail below.

Local authority commissioned core care service

Oxfordshire is seeking to create a 'usual price' for the basic core service charge that applies across all schemes. They have set this at £25 per household per week. They then ask the care provider to give a total cost per annum for delivering an enhanced core service as specified in the tender process. Where the total cost of this enhanced service is greater than the amount collected in charges from each property for the basic core service, the council makes up the deficit as an annual block payment.

The council takes the view that this creates a certain degree of simplicity, fairness and uniformity as all households pay £25 for the basic core service, be they council or private funded. This basic charge is made clear to all applicants at the outset. The Council has learnt that £25 a week is regarded as a 'fair price' for the 24/7 service provided, and that asking households to pay more for the enhanced service might be unaffordable for many, or unfair to those who have low or no care needs. The council is happy to pay the extra block payment as they believe the enhanced core service helps to meet their wider HWC objectives, in particular, the revenue savings associated with offering an alternative to residential care.

The following is an extract from the care specification which has formed the basis of three recent contracts in Oxfordshire.

- i) The Service Provider will be required to provide a 'core service' (see paragraph 2 below) which requires a 24 hour, 7 days a week on site personal care response service to all flats (including a waking night service) and assistance with an on-site communal lunch-time meal service.
- ii) The Service Provider is required to provide individual, '**planned personal care services (spot purchased)**' (see paragraph 3 below) during the waking day (0700 - 2200).

2 The Core Service (24 hour) Requirements

2a) The day time, un-planned / emergency care response and well-being service

The Council requires the above core service from the Service Provider to be available from 0700 to 2200, requiring a care staff presence on-site during these hours.

- i) The **main purpose** of the core service is to provide a first response in emergencies and other appropriate un-planned care requests for personal care assistance made directly to the on-site care service. A response will have to be provided within 5 minutes of receiving the call or sooner (via intercom with an 'in person' response as required). Providing this service during these hours (together with the night care service at 2b below) completes a 24-hour on-site presence that enables residents to have peace of mind (this core service is often referred to as the 'peace of mind' service).

In order to meet the main purpose of the above core service (i) the Council will require that the aggregated total of the individual, spot purchased care plan hours (see paragraph 3 below), additional but privately funded care or domestic hours and any on-site management / supervisor hours, will be deployed throughout the waking day to meet the various needs of service users, thereby providing a care staff presence on-site all day.

- ii) The **secondary** purpose of this day time core service is to provide the following where required:
 - Assistance for residents to move in to the scheme; to orientate to the building; to support use of onsite facilities (including equipment in the customer's home) and establish social networks and to encourage / facilitate residents to interact with each other.
 - Temporary step up care for people as they require, including more intensive support to prevent hospital admittance
 - Occasional wellbeing checks as appropriate and when requested by residents
 - Support to the housing provider in running regular residents' meetings.
 - Support to the housing provider in running an activities programme to help create a stimulating environment, including encouraging and assisting residents to attend.
 - Advice information and guidance to access other services and amenities on and off site.

In order to meet the secondary purpose of the above core service (ii) the service provider will need to consider if additional, contingency resources are also required.

The above day time, un-planned / emergency care response and well-being service will be monitored by the Council and provider together and revisions to the service model will be jointly agreed as the aggregate of service users' care needs change. The revisions or adjustments will be made after 4 monthly reviews in the first year of operation, and thereafter by agreement. A high volume of emergency calls at the scheme could lead to an agreement to provide additional care staff during agreed day-time hours, either permanent or temporary.

2b) The night time, unplanned / emergency care response service

The Council requires the above service from the Service Provider. The care provider will be required to provide an emergency waking night service to be available from 2200 to 0700. The purpose of the service is to respond to appropriate requests for personal care assistance made directly to the on-site care service. A response will have to be provided within 5 minutes of receiving the call or sooner (via intercom with an 'in person' response as required).

The requirement is for one staff member to do 'waking' night duties, with a second member of senior staff (Senior Carer or a manager) available for phone support. There may be occasions where a second member of staff will need to attend within 30 minutes of the scheme should additional assistance be required (e.g. major incident: flood, fire, security breach).

The night care service will be monitored by the Council and provider together and revisions to the service model will be jointly agreed as the aggregate of service users' care needs change. The revisions or adjustments will be made after 4 monthly reviews in the first year of operation, and thereafter by agreement. An increase in care needs at the scheme could lead to an agreement to provide a second member of care staff at night, either a waking night or a sleeping night, permanent or temporary.

2d) Management cover

The Service Provider is required to provide sufficient management cover to ensure that staff working at the scheme are properly supported to provide both planned day-time care, and emergency response care on a 24 hour basis. A senior person / team leader must be on duty at all times of waking day (0700 - 2200) and on call during the nights. They will work from an on-site office.

2e) Collection of the core service charge

The Service Provider will be required to charge each household the agreed weekly cost of the core service and to collect such charges at regular intervals. The weekly charge will be agreed by the Council and Service Provider as part of the contract between them. The Service Provider will issue information to each household about the core charge and what services it covers and what it does not cover.

The Service Provider will also agree a core service contract with each household in order to secure such payments and provide a clear and timely system of invoicing and collecting such charges.

The core charge is paid by all households as a condition of their occupancy at the scheme and will only cease when their tenancy or lease is terminated.

.....

4) The individual, planned personal care service requirements (Spot Purchased)

4a) Care needs and care assessment

The Council, or service users with personal budgets, may also wish to spot purchase planned care hours (for service-users with eligible care needs) from the Service Provider according to the individual requirements and choices of service users living at the scheme. Service users with non-eligible care needs may also wish to purchase such services from the provider in their private capacity. The Service Provider will need to invoice the service user or the Council for these charges and collect them.

There will be a balance of high, medium and low / no care need service users at each scheme. The Service Provider will need to vary its care staff resource accordingly as occupancy and care hours change although the 'core services' described above will need to be in place from the first day that service users are in occupation.

The Service Provider for the above core service will be required to undertake the initial care provider assessment of all applicants to the scheme. The Service Provider will have primary use of the scheme's care office (The housing provider may require access to this office at times). The Service Provider will attend the Allocation panel and provide the Allocation Panel with the outcome of its care assessment, in accordance with Allocation Procedure. The Service Provider will be promoted as the on-site care provider in scheme publicity literature.

The Service Provider would be expected to publicise a menu of personal planned care options for purchase by service users, to include but not limited to: laundry service; hot meals (as detailed above), practical tasks such as cleaning and shopping.

4b) Indicative care hours

The Council has estimated the 'target hours' which are potentially available to be provided in this [40-unit] scheme (as expected via the Nominations Agreement) to be 200 - 250 hours per week per annum once the scheme is fully occupied. The estimate is to have the scheme 40% occupied within two months of opening, 80% occupied by month four and 100% occupied by month six. The care provider will need to increase its care staff resource accordingly as occupancy and care hours increase although the 'core services' described above will need to be in place from the first day that service users are in occupation.

In larger schemes, the Council will consider funding two waking night staff members to enable the provision of planned care at night.

Oxfordshire has also developed a very useful Extra Care Housing Market Position Statement for prospective HWC developers. This can be found at:

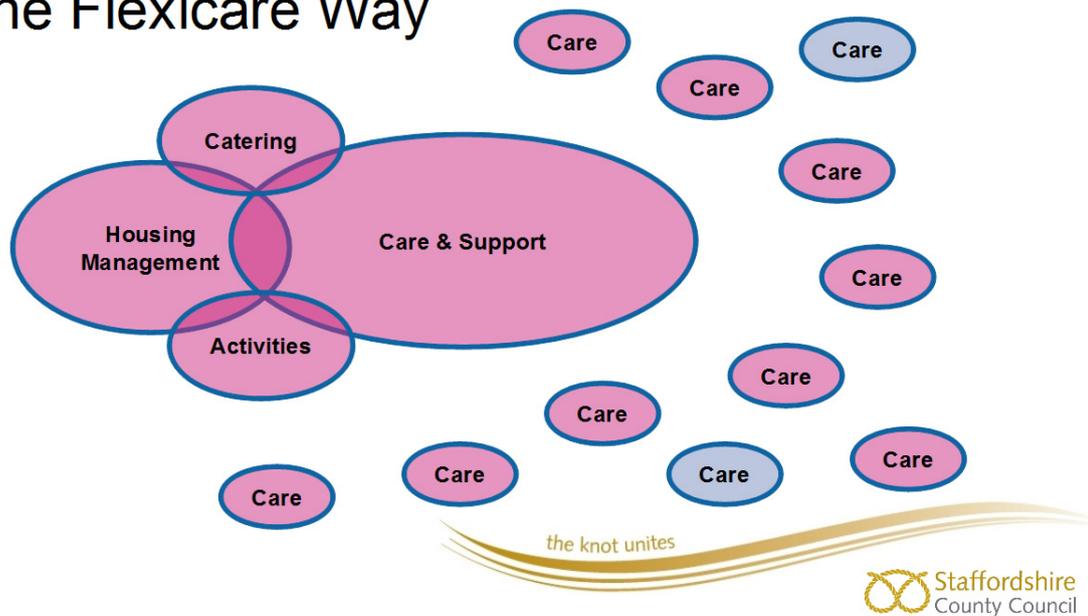
www.housinglin.org.uk/pagefinder.cfm?cid=9243

STAFFORDSHIRE COUNTY COUNCIL'S APPROACH TO THE PROVISION OF SERVICES IN HOUSING WITH CARE SCHEMES

Staffordshire sees housing with care schemes as part of a spectrum of provision between sheltered housing and care homes, and as both a resource for early intervention and prevention and an alternative to residential care for some people.

Staffordshire has introduced an approach to the service provision in HWC schemes that they call "Flexicare". The essence of the model is a core service that is truly integrated and comprises elements of housing management, around-the-clock cover by registered domiciliary care providers, emergency alarm and other assistive technology, emergency or unplanned support, housing-related support, activities facilitation and possibly an element of catering – an "extra care service" rather than three or four separate services. In addition to this essential core is a menu of services available for purchase. This includes planned care or support determined on an individual basis, and paid for through personal budgets for those with eligible needs as well as a range of other possible services – shopping, cleaning, leisure activities, computer lessons etc.

The Flexicare Way



Integrating the core service in this way ensures a seamless approach to service delivery and the council has been assured by the CQC that as long as residents are free to choose any care provider to deliver their planned care, the arrangement will not be seen as accommodation and care provided together and registrable as a care home.

This model is best suited to housing providers who are registered to provide care so that the core service can be a condition of the tenancy or lease, and forms part of the service charge, as is common in many private offers. Housing providers that do not have a care arm may be reluctant to include a service over which they have no direct control as a condition of occupancy, although there are some housing providers who are willing to take on responsibility for the care. (See the case studies on Elmwood in Staffordshire and Clarence Park Village in Worcestershire) They have the option of entering into a partnership arrangement with a care

provider or contracting out the care, although these options also carry risks. For this reason, it could be that some current schemes may instead become sheltered rather than HWC.

According to the Adult Social Care Commissioner at the Council, “the key to making the model work is to recognise the different forms of “care” that could be required and how they are to be funded.”

1	Regular assessed eligible care needs	Direct payment, managed PB or use of framework domiciliary care provider
2	Variations in assessed care needs	As above – float or buffer
3	Regular non-FACS care needs	Service user
4	Emergency/unplanned care	Wellbeing type charge

Staffordshire includes a four-week buffer in direct payments to allow some flexibility in care response. It recognises “that some care providers (and social workers to be fair) only recognise 1 & 4 which impacts on their viability and the quality of service they provide” (which in turn probably impacts on the quality of life of the individual).

A year or two ago, Staffordshire proposed a grant of up to £50K to landlords as a contribution towards the integrated core provision, rather than procuring a specific care service via a service contract. Their reasons for adopting this approach may be seen in the following Powerpoint presentation. www.housinglin.org.uk/pagefinder.cfm?cid=763

The Council found that some providers declined the grant offer, the rationale being that problems would be caused if funding they relied upon subsequently disappeared or was reduced. The council has recently gone out to tender for new schemes without offering any financial contribution to revenue costs and ten providers have submitted bids.

This integrated service model is also said to deliver efficiencies. The inclusion of a wellbeing charge in the accommodation-related service charge need not cost residents any more than a separate service charge and support charge, particularly if the services are packaged so that more is eligible for housing benefit. For example, some of the housing-related support may be eligible for housing benefit as intensive housing management, while the concierge service is an eligible housing cost but can be provided by the registered on-site care provider. Similarly, the Commissioner says depending on how the services are re-packaged, ineligible costs are not much higher than they were previously. As an example of charges, one scheme had a service charge of £62.81 at 2012 prices; of this, the ineligible element of £15.92 included £5.73 for the 24/7 unplanned emergency response and the same amount for housing-related support, although the latter would no longer be automatically passported for those on Housing Benefit. For those with eligible care needs, elements of the wellbeing charge are treated as a disability-related expense in the Fairer Charging assessment.

Staffordshire’s “Flexicare” development programme forms an important part of the Council’s strategic vision, and while they may not contribute to operational costs over-and-above planned care for those with eligible needs, they do make a contribution to the development costs in the form of donation of land, land sold at below the market rate, or a capital contribution. In return for this, they enter into a framework contract which makes certain requirements

and gives the council nomination rights to a specified number of properties available at an affordable rent. For the purposes of this Technical Brief, the key requirement is the delivery of an integrated service comprising: “housing management services; assistive technology; a café or coffee shop; housing-related support including activities and entertainment; and 24/7 crisis response to Residents by a care provider which is appropriately registered with the Care Quality Commission” (Flexicare Development Programme Phase 3: Invitation to tender). The Housing agreement includes eligibility criteria which are agreed with the district council beforehand and a social worker attends allocation panel meetings.

The Commissioner recognises that in this model, almost all of the development risk falls on the housing provider. In recognition, the county council seeks to minimise the requirements they place on providers. There are also occasions when they are not required under EU regulations to go out to tender. If a proposal comes forward where no capital is required, something which often happens with smaller supported living schemes for people with a Learning Disability, the Council doesn't necessarily have a formal agreement but would work in partnership with a provider. The latter needs the council to refer people with care needs, and the council needs them to provide accommodation, making it mutually beneficial with minimal formal paperwork. This is “quicker, costs less to do and achieves a better return.”

Staffordshire have published a flexi-care housing strategy (2010-2015), '*The best of both worlds*', which can be found at: <https://www.staffordshire.gov.uk/Resources/Documents/s/st/StaffsFCHStrategy20102015v101.pdf>

SUNDERLAND'S PARTNERSHIP APPROACH TO THE PROVISION OF CARE AND SUPPORT IN HOUSING WITH CARE

Sunderland's vision

During 2006 - 2007, three Council residential care homes were decommissioned, demolished and the sites released for housing with care. This provision was identified within the Council's strategic documents at that time to enable households over the age of 55 with a care and / or housing need to live at home independently for longer. It was recognised at that time that an extra care housing programme would support the aspiration to prevent people from moving into residential care unnecessarily.

Sunderland were very clear that they did not have any capital of their own to contribute to extra care development. They also outlined to developer and housing partners that they would be required to identify their own development sites and approach the Council with their proposals to deliver extra care in the City. This approach meant that the Council did not have to go through a procurement route for the delivery of extra care housing in the City and this approach proved popular with housing providers. Furthermore, the Council advised that the housing provider could commission their own care service into the extra care scheme. Again this approach removed unnecessary control and bureaucracy from what should be a straight forward development process. Taking this approach proved popular and enabled the extra care housing programme to quickly evolve with a quick turnaround.

Sunderland's vision is to "enable independent living and real housing choice" and includes:

- Enabling the development of extra care across the City to meet identified needs
- Provision of mixed tenure schemes to meet the varying financial needs of older households
- Provision of different sizes and types of extra care schemes to give more choice to their communities
- Capital to be identified externally – HCA / DH / privately funded schemes / non grant funded schemes / Recycled Capital Grant Funds (RCGF)
- Evolving the model to meet the changing needs and aspirations of older people learning from existing schemes and residents

To date Sunderland have achieved:-

- 174 extra care properties over 4 schemes delivered at the end of 2013/14
- 597 properties delivered across 9 schemes by the end of 2014/15
- Further two schemes on site for 2016 completion and a further six in discussion
- £110m inward capital investment by end of 2016 due to the extra care programme
- £1m new council tax income
- Delivery of 597 new affordable homes
- Release of under-occupied family homes at first let and re-lets
- Construction employment and training / apprenticeship opportunities for local people
- Operational employment for care staff; scheme managers estimated 680 new employment opportunities

- Support to Social Enterprise, Community Interest Companies and Community Groups who deliver restaurant; beauty therapy; shop; befriending; welfare benefits advice and social engagement opportunities for residents and the wider local community - increases training and apprenticeship opportunities and volunteering
- Reduction in residential care admissions
- Reduction in residential care provision

An evolving model

Sunderland is a Metropolitan authority. The vision for extra care was established by the Executive Director of People Services who gained political support for the programme which is led by the Directorate's Strategic Development Lead. This officer has a housing, strategic and development background rather than a social care background. From the providers' perspective, this has provided excellent continuity from conception to delivery of new build extra care with an appropriate service model on site.

Sunderland's extra care programme began in 2008. Initially the care was provided by care staff employed by the council who were re-deployed from residential care closures but, in 2010/11, this approach was reviewed due to a review of care service costs

Housing and Care 21 and the Council worked together to devise a model of care and support which would continue to provide the care and support service to residents but deliver efficiencies without detracting from the quality and flexibility of the care and support service. Full consultation was undertaken with residents in each scheme by both parties to take the new care model forward.

The Council removed the in-house service from the extra care schemes and moved to an approach whereby the housing providers took on responsibility for commissioning their own care service.

Over a period of time and having met a number of times to discuss both Housing and Care 21's and the Council's requirements, a revised care and support model was devised. It was agreed that this would be implemented within the newly developed scheme (See Dovecote Meadow case study) with the intention of rolling it out to existing schemes following collective and individual consultations. This relates essentially to the way in which the 24 hour service is costed and how the residents are charged for it.

The core support charge

The new Sunderland model was devised around the provision of planned care hours at an hourly rate of £11.35 plus a core charge of £40.12 per household per week. The core charge essentially covers the 24/7 staff presence and availability of care in response to unplanned care needs on a temporary basis and in an emergency, ad hoc housing and broader support, and activities facilitation.

This charge is based on the hourly cost of £11.35 X 24 hours per day, divided by the number of HWC properties across Sunderland that are managed by H&C 21 and Inclusion Housing. However, it was identified that one third of the core hours currently being provided in HWC were 'housing management functions' e.g. reporting repairs, concierge. Therefore, for the purposes of clarifying state funding streams, one third of the charge was notionally "removed" and placed

into service charges; approximately £8 is housing benefit eligible and the remainder is not eligible for HB. The remaining 'core' charge is included within an individual's Personal Budget for those in receipt of one. The residents are given a clear breakdown of what each charge (rent, service charge and core charge) covers. The removal of an element for intensive housing management resulted in an efficiency to the care budget. In addition, previous arrangements had meant that self funders were being subsidised by the 'block approach'. The new model changed this so that self funders were responsible for paying the core charge and again, this provided an efficiency to council care budgets.

Current Contractual arrangements

The core support charge is a compulsory charge payable to the provider, and a separate contract covering the charge is signed alongside the tenancy agreement before the person moves in. Self-funders and those without assessed eligible care needs are responsible for covering this cost themselves and pay it directly to the provider. At present most residents with eligible care needs have managed personal budgets which include an element of the core charge. Thus, Sunderland is invoiced by the provider for both the cost of the individual's planned care and the care and support element of the core charge. The Council then charges the resident on the basis of a Fairer Charging assessment. This is an evolving model and the aim is to move to an arrangement, perhaps using direct payments or Individual Service Funds, whereby the Council is no longer does the "micro-commissioning".

All residents will have evidenced need for the core support service. If they need planned care and support, most opt to receive it from the on-site provider but are free to opt out of the on-site service and commission an alternative care/support provider. Full advice is provided to the individual relating to this prior to them making any decision to do so. This situation has not occurred to date.

More responsibility and flexibility for the provider

A Memorandum of Understanding (MoU) is agreed between the Council and housing and care provider, which gives the provider more responsibility and greater flexibility, and removes some of the contracting, monitoring and administrative burden on the council. In the case of providers who do not have a care arm, it is anticipated that the provider would be responsible for procuring the core care and support and the MoU would be with the housing provider.

- As part of the pilot model with Housing and Care 21 they were given the flexibility to undertake reviews and re-assessments and increase or decrease care by two hours per week on a temporary basis, without having to seek the approval of the Council. This is being piloted for twelve months. Any changes to the care provision over and above two hours, as well as annual reviews or long-term care plan changes, require a social work involvement.
- The requirement for a formal nominations agreement was removed
- The application process was reviewed and the housing provider was given ownership of their own allocations to HWC schemes
- The requirement for social workers to attend allocation panel meetings was removed

Sunderland recognises that one size does not fit all and that some schemes may require a different approach. However, the Council identifies the following potential “efficiencies”:

- No procurement contract between the council and provider apart from for planned care for individuals who have managed personal budgets
- Reduced contract monitoring
- Reduced social work workload, resources and mileage
- Reduce expenditure where self-funders pay the core charge

The approach will be monitored in the following way:

- Social workers will undertake spot checks and regular reviews of re-assessments
- The quality of the care services will continue to be monitored by CQC and any issues will be raised with both the care provider and the Council's social work teams.

Underpinning Sunderland's approach is the development of a mature partnership with the housing providers, working together to build a model which delivers quality personal outcomes for customers in the most cost-effective way. This requires:

- Considerable mutual trust
- Recognising and respecting one another's legitimate drivers and agendas
- Recognising that the provider is taking the financial risk and therefore minimising the demands made of them in terms of formal agreements, eligibility etc

Sunderland sees HWC evolving in the following ways in the future:

- Increasing opportunities for volunteering in HWC schemes
- Community Interest Companies being embedded in schemes to support community resilience. They already provide on-site catering services; beauty therapy and shop and befriending services.
- Identifying long-term opportunities to do things differently by being aware of the political drivers, influences and funding arrangements, partnership opportunities, joint ventures etc.
- Integrating health services into schemes to enable delivery of locality services for the community
- Increasing focus on re-ablement and participation for residents and carers. What shape the participation takes is dependent upon each scheme and the residents, what they want to be involved in and whether particular activities will help with reminiscence. This may include, for example, volunteering in the Community Supermarket, baking, gardening or woodwork.
- Extending care services from HWC schemes into the wider community to achieve greater efficiency
- Considering Individual Service Funds, enabling the pooling of money to provide services for residents with improved value for money

Conclusion

The extra care housing programme in Sunderland is part of an aspiration to enable dignity and choice into older age in relation to how and where people want to live and receive their care and support services. Sunderland Council wants people to have a real housing choice and enable people to live at home independently for longer with care and support services tailored to meet their specific needs, and which are flexible enough to meet changing needs as required. Sunderland Council believes that the partnership approach they have in place is enabling this aspiration to become a reality. Partners feel valued, trusted and enabled, providing them with the confidence needed to invest and develop more HWC in the city. Sunderland Council has been advised by partners that removing the barriers created by care frameworks and commissioning has provided a more attractive business model, enabling them to work with either their own organisation's care service, or a service where there is already an existing relationship in place. Processes are not entwined with bureaucracy and procurement so scheme development can proceed more quickly and effectively to meet local needs.

Sunderland council has recognised that the provision of HWC at volume brings significant inward capital investment and economic benefits to the city: it provides delivery of affordable homes to meet local housing need; releases under-occupied family housing back into the wider housing market; increases training and employment opportunities; provides additional revenue to the council via new council tax income; and it contributes towards community cohesion and delivery of services to local communities.

More about the provision of extra care housing in Sunderland can be found at:

www.sunderland.gov.uk/index.aspx?articleid=1016

In addition, to view a selection of good practice guides from Sunderland promoted by the Housing LIN, visit:

www.housinglin.org.uk/Topics/tags/?tag=Sunderland%20City%20Council

BELONG VILLAGE, WIGAN



SOCIAL SECTOR

CORE AND ADD-ON WITHIN A “HYBRID” DEVELOPMENT

The Belong village in Wigan might be described as a “hybrid”, comprising:

- apartments available for sale, rent or shared ownership in which 24/7 care is available, provided by Belong at Home and/or staff from the households;
- registered nursing and residential care in the form of 6 separate households for people with dementia;
- a village centre with a range of facilities and services available to those living in the village and in the local area.

It offers experience days for people with dementia and others, as well as care and support from the village into the wider community, making it a community hub. No funding goes into the village for core services from the local authority.

Name(s) of Provider(s)

Belong, a not-for-profit housing and care provider provides all services

Type of Development, Properties and Tenure

Village comprising:

- 54 apartments available to purchase, part-purchase or rent. People can choose and some opt to rent first while they decide whether it’s for them, or not.
- 6 x 11 bedroom households registered with the CQC to provide residential and nursing home care for people with dementia
- A village centre comprising a range of facilities and service for use by residents and the wider community – see additional features section

Care Procurement and Delivery Model

Essentially core and add-on – no involvement from Adult Social Care apart from spot purchase via PBs of individual packages of care and support, and spot purchase of Continuing Health Care funded beds by the CCG.

Approach to Core 24/7 Care

Core comprises: availability of 24/7 emergency response service; reception service which contacts apartment occupants twice a day unless they opt out; standard service charge elements such as maintenance, gas CH and water, cleaning communal facilities etc.

Part of occupancy agreement and included in “community fee” :

- £81.24 p.w. for one bedroom property
- £87.79 p.w. for two-bedroom property
- Plus additional person rate of £14.44 p.w. where applicable

Out of office hours, an extra staff member in the households provides emergency care. During the day, the call is taken by reception and responded to by any qualified staff member in the village as needed – could be “Belong at Home”, one of the managers or a staff member from the households.

Charging for Planned Care

By the hour – £15-£16 per hour

Can be very flexible and includes both care and support – whatever is decided between the individual and Belong.

Housing-Related Support

No specific funding or service called housing-related support but some included in core and can be included in planned service provision.

Charging for Housing-Related Support

N/A

Additional Services and Charges

“Experience Days” – like day care which runs activities for people living in the village or outside. Up to 8 people. This service is available to anyone, not only those with dementia. Apartment customers as well as those from the wider community who use the service are charged as it funds a Support worker and activities – £59 per day. It also links in with the village activities and can be bespoke e.g. bathing, gym, hair salon appointments.

Laundry and ironing service- charge £10 per bag

Meals in bistro or property (Occupants have a Belong card which entitles them to a discount in the bistro)

Belong at Home provides:

- Personal care and/or support
- Housekeeping
- Property maintenance

at the hourly rate of £15-£16ph

Start Date for Care and Support Arrangements

2009

Collective Resident Involvement in Care Specification and/or Procurement

Belong encourages people to continue to provide care and support for one another, and to be actively involved in the community.

Point and Level of Choice

Apartment residents are free to choose who provides their planned care or support. Most choose Belong.

Eligibility for Scheme and Target Group(s)

Apartments are for those over 55. At present two-thirds rent and average age 85. They are very popular for married couples, especially if one is a carer for the other. Belong offers reassurance and support as they age in place and if 24 hour residential or nursing care is needed the partner only moves to a household, but both continue to live at the same address.

Role of Local Authority With Responsibility for Adult Social Care

No involvement

Minimum Cover Requirements

Minimum requirements for the apartments are to have a member of staff available 24 hours per day to respond to emergencies.

Management Model, Service Configuration and Staffing Structure

General Manager for whole village. The following report to her:

- Support Manager – registered manager households
- Belong at Home Coordinator – registered manager domiciliary care
- Front of House Manager – Admin and hotel services
- Practice Development facilitator

All supported by a central team and Operations Director.

In addition Belong employs activities facilitator, housekeepers, administrators, managers, caretaker, catering and bistro staff, and Belong at Home staff. They employ 140 staff in total at the village.

Care Staffing

Domiciliary care

In addition to the Belong at Home Co-ordinator, there are lead community support workers, senior community support workers and community support workers.

Households

The staffing structure for the households complies with CQC requirements, meets the needs of its customers, and ensures safety. This is currently 1:4 support workers to residents during the daytime.

There is a Lead support worker for each household, a Senior Support worker on each shift, a support worker and an assistant support worker.

There is a registered nurse on shift 24 hours per day.

Night cover

During the night, 8 staff are on duty: one per household, plus nurse and support worker to respond to the apartments.

Most of the workforce has part-time contracts.

Additional Features

Serves as a community hub with in-reach and outreach

- Bistro – open 8 a.m. – 6 p.m. 7 days a week; open to the public. Pay as you go. Discount to residents
- The Venue – licensed bar where many activities take place
- Hair salon 5 days a week – internal and external customers
- Beauty therapy 4 days a week
- Meeting cum training room, available for use to outside agencies
- Internet café and library – open to all and used as less clinical setting for memory clinic, visiting mental health team etc
- Exercise studio- for classes

Underpinning everything Belong does are its core values:

- Belonging to a vibrant community
- Exceeding expectations
- Living an active lifestyle
- Offering support for life
- Nurturing relationships
- Giving respect

Website

www.belong.org.uk

Information provided by Belong

CLARENCE PARK VILLAGE, MALVERN



CORE AND ADD-ON MODEL – SEPARATE HOUSING AND CARE PROVIDERS

Clarence Park is a 101 unit village. Worcestershire County Council has a service contract with the housing provider, Fortis Living to provide a core care and support service. The financial contribution of the council does not fully cover the cost of the 24/7 cover. The service is a condition of occupancy and the cost of providing 24/7 care is supplemented by the housing provider who makes a charge for this service. Fortis Living is not registered to provide care. They selected a care provider, Radis, who was on the council's approved list to whom they sub-contract the care and support and with whom they work effectively in partnership. The approach described here was the outcome of detailed negotiations in the spirit of partnership between the council and providers, and forms the basis for new schemes in development. One element which really contributed to successful implementation at Clarence Park Village was Radis' engagement with Fortis at a very early stage, prior to discussions with the Council, in order to develop a staffing model suitable for the scheme and projected profile of residents, and work towards appropriate costing based upon this.

Name(s) of Provider(s)

Fortis Living – Housing and facilities management

Radis – core care and support and planned care on a spot purchase basis

Type of Development, Properties and Tenure

101 property village development comprising:

- 45 units for rent
- 38 units outright sale
- 18 units for sale on shared ownership basis

64 two-bed apartments and 37 one-bed apartments

Care Procurement and Delivery Model

Core and add-on model. Worcestershire County Council has a contract with the housing provider for the provision of a 'core service' which includes a waking night service and support services. The Housing Provider, as landlord, is required to take responsibility for delivering the core service, either directly or in partnership with other organisations.

Extensive discussions took place between Fortis and the Council to develop the revenue funding model for Clarence Park Village (CPV), which will also apply to other housing with care schemes in Worcestershire where the Council has an allocation agreement with the provider.

The Council's funding is a contribution towards the total cost incurred by Fortis of providing the core service. It is based on a formula which takes into account the size of the scheme and the proportion of occupants who pay the charges out of their own pocket.

Planned care is available on a spot purchase basis from Radis or other provider of choice. Most occupants choose to use Radis for planned care.

The care provider has a local branch and is working with Fortis on another scheme, thereby spreading infrastructure costs. Otherwise the service may not be financially viable.

Approach to Core 24/7 Care

The Council's vision is of an integrated model with a core service which comprises:

- housing management services
- support
- activities and entertainment
- a 24/7 emergency response including on-site staff overnight
- access to an onsite Care Provider
- a meals/catering service

The charge to occupants made by Fortis Living includes round the clock care and support and is called an amenity charge. It also covers the cost of an activities co-ordinator, fitness suite, catering infrastructure and health and wellbeing adviser.

The care element is one waking night carer who is paid an additional 44 hours to undertake cleaning of the communal areas (the cost of which is included in the accommodation-related service charge), and two on at any one time during the day. The day time carers undertake support and also planned care. The amount dedicated to planned vs floating time has not been specified.

The core services are a condition of lease or tenancy and the charge made for the core is based on costs to the providers. In the development of the scheme, Fortis Living and their partners have taken care to be clear and transparent about what the charges cover and what can be expected of the round-the clock cover – i.e. emergency or significant unexpected care need.

Charging for Planned Care

Where individuals are FACS-eligible, the local authority charging policy applies. Where purchased privately individuals pay Radis.

Residents with assessed eligible social care needs, including personal care needs, will be offered a direct payment to arrange their planned care (i.e. care which is provided in accordance with their individual Care Plan) with either the onsite CQC registered Care Provider or through another route of their own choice. Those people who do not wish to use direct payments can have a managed personal budget and will be referred by the County Council to the onsite Care Provider or to alternative domiciliary care providers.

The cost of domiciliary care in the village is less than it is in the wider community.

Housing-Related Support

The council prefers not to use the term housing related support to allow greater flexibility. It does however, as described above, fund an element of support in addition to night care/ the core care provision. It is left to providers to determine the best way to deploy the support service in response to residents' needs – this may be planned or ad hoc. The night cover can be used for planned provision but needs to be discussed and agreed between the Council's lead social worker for the scheme with the scheme manager.

Support includes the help residents may need to live securely and safely within their home and maintain their tenancy/home, but excludes personal care. This comprises practical and general support and typically includes responsibility for:

- help in setting up and maintaining home or tenancy;
- developing domestic/ life skills;
- advice, advocacy and liaison;
- help in managing finances and benefit claims;
- emotional support, counselling and advice;
- help in establishing social contacts and activities;
- help in establishing personal safety and security;
- peer support and befriending;
- help maintaining the safety and security of the dwelling; and access to local community organisations.

Residents should also benefit from opportunities to take part in social, recreational and educational activities. These activities may be provided and/or accessed in a variety of ways and the Housing Provider offers a menu of services that may include access to the wider community.

The intention is that residents are also encouraged to access mainstream / universal services from community sources. The Housing Provider should offer the necessary support to access these activities.

A support plan and outcomes are recorded.

Charging for Housing-Related Support

This forms part of amenity charge and is divided equally between properties. Its cost is picked up by core funding and a top up contribution by the residents.

Additional Services and Charges

Activities facilitation, health and wellbeing service.
Also residents can purchase hotel type services such as laundry, cleaning and shopping.

Start Date for Care and Support Arrangements

Village opened on 3rd June 2014

Collective Resident Involvement in Care Specification and/or Procurement

The Care & Support Forum (a group of involved residents) was consulted in devising specification and took part in the appointment of the care provider.

Point and Level of Choice

Totally free to choose who provides planned care but residents have to contribute to cost of emergency cover and support.

Eligibility for Scheme and Target Group(s)

The village is intended to attract applicants who make a lifestyle choice as well as those who have care or support needs. There is an allocations and nominations agreement in place, and it was agreed with the local authority that 30 – 32 residents with eligible care needs could be referred for any tenure apartments.

Role of Local Authority with Responsibility for Adult Social Care

The council makes a financial contribution as described for which specific contract terms apply. Their staff undertake assessments for those who may have eligible care needs and there are two 'extra care' specialist social workers who operate countywide. One of them will undertake all the client reviews at CPV to ensure consistency, to gather a more 'holistic' view of the service and to be a single point of contact for Fortis/Radis. She sits on the allocation panel.

Minimum Cover Requirements

One waking member of staff overnight, and two members of care staff during day-time hours. Decided by Fortis Living.

Management Model, Service Configuration and Staffing Structure

- Separate housing and care providers
- Fortis has a village manager
- Radis' Registered Manager is based on-site, and is supported by Team Leaders who are also based on-site

“As we work in a very close partnership with Fortis, we have developed joint approaches to report concerns and address incidents. Thus, whilst there is not a strict line of reporting to the Fortis manager, our staff are required to escalate concerns to Fortis as appropriate and co-operate fully with any follow-up actions required. Similarly, should an incident occur when our manager is not available/ on-site for any reason, we would expect our staff to follow the directions of the Fortis manager as far as appropriate. However, we also remain mindful that Fortis do not hold CQC registration and therefore cannot provide advice/ leadership with regards to regulated activities.” (Radis)

Care Staffing

One team leader and minimum of 2 support/care staff per shift. Manager based on site during office hours. Outside of these office hours (excluding night hours), Team Leaders offer senior/ management support and the manager is contactable via mobile phone should additional support be required.

Additional Features

- Café, Bar and Bistro are open to community offering a range of lunchtime meals priced from £4.50 for a main course – themed evening meals and Sunday lunches. Well located and serves as a community hub
- Health and wellbeing advisor
- Activity coordinator with a range of activities over 7 days
- Franchised gym – open to community
- Fitness suite
- Games room
- Hobbies and craft room
- IT suite
- Library
- Village Hall
- Greenhouse
- Conservatory
- Franchised health & beauty salon – open to the community
- Landscaped gardens within woodland walk
- Car Club – sharing cost/reducing carbon foot print

Information provided by housing provider, care provider and consultants to Worcestershire County Council and providers.

Website

www.clarencepark.org

DOVECOTE MEADOW***CORE AND ADD-ON MODEL WITH SINGLE HOUSING AND CARE PROVIDER***

Housing and Care 21 has worked in close partnership with Sunderland Council to develop this core and add-on model of care and support delivery. (See separate Sunderland approach above). The Association has a Memorandum of Understanding with the Council which applies to all Housing and Care 21's schemes in Sunderland. A core support service comprising 24/7 care, housing-related and property support is delivered by Housing and Care 21. The cost of providing the service is calculated across all its HWC properties in Sunderland and forms a compulsory charge made by the Association. Planned care is commissioned on an individual basis either privately by self-funders or via personal budgets from the council for those with assessed eligible needs. The care and support elements of the core charge are included in the personal budgets. A one-year pilot project is trialling Housing and Care 21 being permitted to increase or decrease planned care packages in response to changing needs without the local authority needing to re-assess.

Name(s) of Provider(s)

Housing & Care 21 is developer, landlord and provider of care and support services.

Type of Development, Properties and Tenure

Dovecote Meadow is a mixed tenure extra care scheme which is the largest scheme in Sunderland and Housing and Care 21's largest scheme nationally. It has been developed over three phases and provides 175 apartments with associated communal facilities.

There are:

- 58 shared ownership properties; purchasers can acquire 25% to 75% of the value of a shared ownership property
- 100 rented two bedroom apartments
- 17 rented one bedroom apartments

The 17 one bedroom apartments are designed for people with dementia. This is an additional housing choice within the scheme's housing offer for those with dementia. The apartments are more open plan and have access to their own communal facilities to encourage re-ablement, re-skilling, social opportunities, engagement and fun activities.

Care Procurement and Delivery Model

Arrangements for service provision have been developed with Sunderland City Council based on a negotiated best value offer from Housing & Care 21. There is a Memorandum of Understanding in place with the Local Authority. This covers a commitment by Housing and Care 21 to provide an on-site core care and support service which includes care, housing-related and property support, and also to offer planned care which is commissioned based on individual needs assessments.

Local Authority managed personal budgets are used to support people in achieving individual outcomes.

Planned care is provided by Housing & Care 21 but residents have the option to choose other care providers if they wish. The core support service is provided by Housing & Care 21.

Planned care is commissioned on a time and task basis but with a focus on the provision of personalised care delivering agreed outcomes. The Core Support service is not time and task based and responds to the needs of the community and individuals as required.

It is a policy in Sunderland to move away from referring people into residential care. The Core Support element helps to achieve that aim by maximising the ability to support people with chronic complex and unpredictable care needs.

A pilot 12 month scheme from 1st June 2014 allows staff to vary the level of care and support by + / - 2 hours against individual assessed care packages on a temporary basis without the need for further reassessment by social work staff. This enables the scheme management team to respond quickly and effectively to changing needs in discussion with the individual, and reduces the pressure on the social work team to deal with many minor temporary changes.

Approach To Core 24/7 Care

The Core Support Service

The core support service is delivered by integrated property, housing and care support workers. The broad headline is the provision of a 24/7 community resource that is not permanently allocated to any individual resident. The service provides flexibility in provision, supporting people with unpredictable care and support needs. It is intended to be preventative in nature, to optimise re-ablement opportunities, and assist with the activities and social life of the community.

The scheme-based Service Management Team at its sole discretion deploys the service on a needs-led basis with temporary allocation as required.

Core Support Service workers are rostered as background support. When rostered in this way they are not allocated to provide planned care unless this is specifically to provide additional flexibility or short-term step up care (for example to provide a temporary double up support call).

Emergency support is available within the capacity of the onsite core support and housing management service and then additionally through telecare services as usual in extra care schemes.

The Core Support Charge

The existing schemes have, on average 40 units but the schemes under development are significantly larger with Dovecote being the largest. Each has a minimum of 168 hours core provision per week and this increases based on the size of the scheme being supported. Included in the core support service is at least 1 x waking night worker.

The cost of the core service is averaged across all H&C 21 schemes and one other provider's scheme in Sunderland which currently produces a charge of £40.12 per week per unit. This charge is universal and not needs-assessed. Each resident has a contract with Housing & Care 21 to cover it. It is dealt with completely separately from any charges for planned care.

The proportion of costs within the charge attributable to the different elements of the core support service has been agreed with the council and the care and support elements are included in the personal budget for those with eligible care needs. For the last 6 financial years, Sunderland City Council has, at their discretion, paid for the core charge for all residents.

From April 2015 this will change. The council will only cover the costs of the care and support elements for those with assessed eligible care needs and with a personal budget. The intensive housing management element sits in leasehold charges or rent. Those in receipt of housing benefit will receive support towards the intensive housing management charge.

The core is charged for separately from the service charge and rent. It is not linked to receipt of Attendance Allowance, but Housing & Care 21 uses lower rate payment levels as a benchmark for affordability. Residents are given additional advice about Attendance Allowance to ensure that they are claiming all benefits that they are entitled to.

Charging for Planned Care

Housing & Care 21 provide their own planned care and support provision on an individual basis and this is "micro commissioned". Individuals needs are assessed, and if eligible, they will receive a personal budget. Charges for planned care are separate from the core charge and individually assessed. The charge for planned care is made by H&C 21 if the care has been privately arranged and by the council following a financial assessment if the person has a managed personal budget.

Attendance Allowance is not taken into account by the LA in assessing the charge for their care package.

Housing-Related Support

There is no SP funding. Housing support and intensive housing management are funded through service charge and core charge. HRS forms 10% of the core charge payment. This covers housing related support tasks provided by support staff and supplements the support delivered by other staff such as the court manager and other staff funded through service charge.

The core support service potentially constitutes more than 10% of the housing related support provision. However, some tasks fall into a grey area and could be classified as housing-related support, general support, care or even intensive housing management.

Charging For Housing-Related Support

The core support charge is divided equally between properties.

Additional Services And Charges

Additional domestic services and meals can be purchased on site.

Start Date For Care And Support Arrangements

New scheme which opened in June 2014.

Collective Resident Involvement In Care Specification And/Or Procurement

No co-production.

Point And Level Of Choice

The core support service is a core element of Housing & Care 21's extra care offer and the charge is mandatory. Planned care under personal budgets is provided by Housing & Care 21 but the resident has the choice to select another care provider. It is generally accepted however, that an extra care housing scheme provides both 'housing and care'. Therefore, someone moving in would receive housing management services from the on-site staff and the same in relation to their care and support services.

Eligibility for scheme and target group(s)

The scheme aims to provide a mixed community of 40% high needs; 30% medium and 30% low needs based on a holistic assessment. There is a mixture of FACS eligible and ineligible residents. Specific target groups include:

those with a current or predicted housing, care and / or support need;

those people who are asset rich and cash poor who may be able to release equity to support their later life or to downsize into a more manageable property.

Role Of Local Authority With Responsibility For Adult Social Care

Housing & Care 21 works in partnership with Sunderland City Council to ensure that the extra care schemes and services are targeted to those with current or predicted need. Eligibility criteria for the scheme were jointly developed by Housing and Care 21 and the council. Sunderland ASC undertakes care assessments and can make referrals for people they are working with for extra care housing. The council is represented at allocation meetings but the process is led by Housing and Care 21 who makes the decision on allocations.

Minimum Cover Requirements

The minimum cover agreed with Sunderland is one person on site around the clock but within the MoU, allowance has been made for this to be reviewed based upon the care needs of residents living in the scheme.

Management Model, Service Configuration And Staffing Structure

The service at this scheme is an integrated model with Housing & Care 21 being landlord and care provider. There is an integrated scheme manager role but dedicated housing and care team leaders in the supporting structure.

Care Staffing

Other than the core service there are no guarantees of any hourly volumes at the Dovecote site or any schemes to follow. However the scale of operation and target care needs provide a level of care provision that enables the use of part-time guaranteed hour contracts topped up with zero hour contracts to provide flexibility and scalable service provision.

The rostering of staff is seen to be key. The scheme management tries to give defined shifts to staff as this is seen as fundamental to its success through staff retention. Career development and succession planning within the staffing group is also actively encouraged.

The core service provision is dependent on staff providing a range of services as the boundaries between housing-related support and care become increasingly blurred. There is also the potential for staff to undertake basic healthcare tasks as the scheme and service evolves. A critical issue will be the availability of training and support to deliver such hybrid working arrangements and also the availability of competent supervisors to ensure that each aspect is delivered effectively.

Additional Features

The facility also has a shop, a hairdressers, a café and restaurant on site.

Website

www.housingandcare21.co.uk/housing/new-developments/dovecote-meadow

Information provided by Housing and Care 21

ELMWOOD HWC SCHEME IN NORTHFIELD VILLAGE, STAFFORD



CORE AND ADD-ON MODEL – INTEGRATED MANAGEMENT AND SERVICE PROVISION BUT SEPARATE LANDLORD IN A “HYBRID” DEVELOPMENT

SOCIAL HOUSING SECTOR

Northfield Village is being developed after the Staffordshire County Council (SCC) tender was won by the developers (Galliford Try), Wrekin Housing Trust and Choices Housing, and is one of several developments in the pipeline. The village comprises a wide range of accommodation, community and care facilities, including an eighty-property housing with care scheme. The village is being built on land secured from SCC by Wrekin Housing Trust at a discounted rate with a 250-year lease. SCC has specified a number of requirements including referral rights to half the properties, but there is no revenue funding contribution from the council, apart from that for planned care via personal budgets. Although Wrekin Housing Trust is the landlord, Choices housing will manage and provide the core on-site services using an integrated, holistic approach. All occupants will pay rent, service charge and a core charge called a “Lifestyle charge” which covers, amongst other elements, the availability of around-the-clock emergency/unplanned care. Planned care from Choices or an external provider can be spot-purchased by individuals directly or using personal budgets. Elmwood is due to open in Spring 2015. (This case study is an example of Staffordshire’s approach, p.20)

Name(s) of Provider(s)

- Landlord – Wrekin Housing Trust. Wrekin Housing Trust provides the repairs and maintenance and has a management agreement with Choices Housing to manage all other aspects of Elmwood, including housing management.
- Choices Housing delivers all the core services including 24/7 care and housing-related support.
- Both Wrekin Housing Trust and Choices Housing are part of the Wrekin Housing Group.

Type of Development, Properties and Tenure

Elmwood, the housing with care scheme, is an integral part of the whole Northfield Village development. It is made up of 80 properties all for affordable rent, of which 51 have two bedrooms and 29 have one bedroom. It is branded as part of Choices' Shire Living range.

Care Procurement and Delivery Model

The providers opted not to accept a grant towards the core services at the scheme, preferring instead to cost the services and charge accordingly to ensure viability in the longer term. Thus although Wrekin Housing Trust and Choices entered into an agreement with Staffordshire County Council on basic elements of the model, there is no general contract between them covering the care and support services.

Planned care is available to purchase from Choices Housing or off-site provider.

Approach to Core 24/7 Care

The core service, which is a condition of tenancy and funded by the "Lifestyle charge" includes:

- 24/7 emergency unplanned care and support
- Housing-related support, including needs assessment and "as-and-when" provision of support
- Facilitation of social activities
- Contribution to the catering infrastructure

The charge is made as part of the tenancy agreement and elements of it are treated as a disability-related expense in Fairer Charging assessments for those receiving LA personal budgets.

In addition, housing management and intensive housing management are included in the rent and accommodation-related service charge, all elements of which are eligible for housing benefit.

Although itemised separately because of the different funding streams, the aim is to deliver all services in an integrated, holistic, person-centred way.

The charges are broken down as follows:

Rent

One-bed – £112.95 p.w.

Two-bed – £124.87 p.w.

Service charge for both

£47.15 p.w.

Core "Lifestyle" charge per property

£10.11 p.w.

Charging for Planned Care

The hourly rate under the current framework is £14 p/hr. The framework is currently being tendered and the new framework commences April 2015.

Staffordshire's charging policy applies to those with FACS-eligible care needs. The council treats the Attendance Allowance as available income under its Fairer Charging assessments since it also takes into account disability-related expenses.

For those funded by the local authority, if the resident has a direct payment, Choices invoices the resident for their care. If the resident wants their personal budget managed by Social Care, the local authority collects any charges and pays the provider direct through the CM2000 system.

Housing-Related Support

Seen as part of the core "extra care service" and not quantified specifically. Key to this approach is adopting an integrated approach, enabling flexibility and responsiveness rather than rigidity and divisions between different services.

Charging for Housing-Related Support

Part of Lifestyle charge.

Additional Services and Charges

In addition to planned care Choices Housing will deliver a range of services on a pay-as-you-go basis, based upon what individuals want, for example, laundry, ironing, housework, shopping, being taken out

This will initially be £14 p/hr but the model and charges for this different service will be reviewed.

Meals can be purchased from the café/restaurant in the community hub and linked to Elmwood by the winter garden.

Start Date for Care and Support Arrangements

Opens Spring 2015.

Collective Resident Involvement in Care Specification and/or Procurement

Not as yet.

Point and Level of Choice

Can choose any provider for planned care but paying for availability of 24/7 emergency/unplanned care and support is a condition of tenancy.

Eligibility for Scheme and Target Group(s)

Part of the agreement with Staffordshire CC and Stafford Borough Council includes eligibility for the scheme:

- Local connection
- Age 55 plus (or younger if specific need such as a learning disability and living in an extra care scheme would be appropriate)

Thirds principle where low = support only, medium = up to 10 hours care and high = more than 10 hours.

Role of Local Authority with Responsibility for Adult Social Care

Applications are made on-line and prioritised on the basis of local connection. Those with care and support needs are referred to the local authority for assessment. There is an allocation panel. In return for the discounted land, the council has “nomination rights” to 40 of the properties for twenty years for people falling into the medium or high categories.

Minimum Cover Requirements

The minimum cover required has been decided by Choices. It comprises:

- At night – one waking and one sleeping initially, but this can change if needed for planned care requirements
- Day-time – For core service :Manager or Team Leader between 9-5
- Plus 2 Support Workers. Then, 2 Support workers in evenings. This will be reviewed as scheme is established.
- Additional staff will be on-site dependent on number of planned care hours

Management Model, Service Configuration and Staffing Structure

Integrated management approach although tenancies are with Wrekin Housing Trust, as building owner and housing provider.

There will be an overall Service Manager, a team leader and support workers, all of them able to deliver personal care, but also responsible for other service elements. A Building Assistant will provide a quick response to minor repairs and other building-related issues.

Care Staffing

The core team comprising Service Manager, Team Leader, and two support workers will be delivering the core service. Additional qualified staff on a mix of full-time and part-time contracts will provide planned care. If, on review, there is capacity, then members of the core team can deliver planned care.

The 2 overnight staff, 1 waking, 1 sleeping, mainly provide 24/7 emergency unplanned care and ensure safety and security, although they may need to address any overnight housing management issues.

Additional Features

“Northfield Village is a unique development that brings together a range of accommodation, community and care facilities on one site. The development is an innovative scheme which provides people with accommodation choices and a holistic approach to care, allowing people to continue to live the lifestyle they want in the same familiar locality. From preventative services and a community hub to a doctor’s surgery and a specialist dementia home, Northfield Village is a bold new model of integrated services.”

In addition to Elmwood, the site features:

- Limewood dementia care – A specialised care facility with 59 en-suite bedrooms for adults and every stage of dementia, with a community resource facility with the aim of supporting service users and their carers, including a reminiscence ‘High Street’ with a 1950’s theme—managed by Choices Housing.
- Community Hub aimed at wider community as well as those living in the village – café, bar, hairdressers, shops, community rooms – managed by The Furniture Scheme, a Community Enterprise Scheme
- Saltbank supported housing – for people with learning disabilities. Housing management by Choices Housing but care and support services by another care provider
- Affordable general needs housing
- Health centre/GP surgery/pharmacy
- Community learning facility
- Occupational Health accommodation
- A woodchip Energy Centre providing the site with heating and hot water
- High quality Public realm and outdoor community spaces

Website

www.northfieldvillage.co.uk

Information provided by Choices Housing

GOODES COURT, ROYSTON, HERTS



CORE AND ADD-ON – PRIVATE SECTOR

This is an example of a McCarthy and Stone Assisted Living development which is managed by YourLife Management Services Limited, a registered domiciliary care provider. All management staff can provide care, and between them cover the site around the clock, but the core service covers support, not care. Ad hoc care is not provided but planned care can be provided night and day, with care packages put together very quickly and charged for separately. The registered domiciliary care manager is not based at the scheme as the close proximity of several developments enables a hub approach from a registered locality office. All care and support is purchased privately but advisers are available to help homeowners to maximise their benefits.

Name(s) of Provider(s)

- Assisted Living Development built by McCarthy and Stone Retirement Lifestyles Limited.
- Managed by YourLife Management Services (YLMS) limited, a registered domiciliary care provider with CQC.

Type of Development, Properties and Tenure

- 52 Apartments mix of 1 and 2 bed
- Leasehold 125 years /Owner occupier

Care Procurement and Delivery Model

YLMS is a registered Personal Care Agency with CQC. The Hub Manager is responsible for the care and support services provided on the development and he/she is a registered Manager with CQC. The Hub Manager supports 5 Assisted Living developments in a locality.

All the care and support packages provided are privately funded as none of the homeowners qualify for local authority support.

Approach to Core 24/7 Care

The following services are covered by the service charge and constitute the core

- 1 hour of Domestic assistance is provided weekly to each apartment.
- A 3 course meal is provided daily in the on-site restaurant. The cost of catering is included in the service charge but the food ingredients are paid for when meals are eaten
- Staff management who are care qualified are available on site 24 hours a day 365 days a year
- Tunstall emergency call line available in all apartments. Emergency calls in the first instance are directed to the Duty Manager
- Property maintenance of the communal areas including the grounds is taken care of by the management team.

These services are provided as a condition of lease and there is no local authority contribution. While the core charge includes the cost of having staff registered to provide care, it only covers the provision of support in an emergency. Ad hoc care is not provided, but planned care can be delivered night and day, and put in place very quickly as part of a care package which is charged for separately.

Charging for Planned Care

YLMS agrees individual personal contracts with occupants or any additional services, including planned care.

Following assessment by Registered Manager, the resident is billed monthly. All clients are privately funded.

Wherever possible homeowners are supported to apply for Attendance allowance. YLMS have their own benefits adviser.

Care rates reviewed every six months against open market rates

Housing-Related Support

N/A

Charging for Housing-Related Support

N/A

Additional Services and Charges

- Additional care and support available from 15 mins on a menu basis.
- Lifestyle support also provided including accompanied visits to hospital, theatre etc
- Meals on a pay as you go basis
- Additional domestic assistance
- Laundry service

Start Date For Care And Support Arrangements

All these services were available from the date the development opened.

Collective Resident Involvement In Care Specification And/Or Procurement

N/A

Point And Level Of Choice

Homeowners are free to choose their own care provider.

Eligibility For Scheme And Target Group(S)

Over 70 and must be a qualifying person as defined in the Lease.

Role Of Local Authority With Responsibility For Adult Social Care

No influence or involvement.

Minimum Cover Requirements

24 hour staff presence – night sleep in service – if care is required at night then the occupant needs to purchase it as part of an individual care package. It would not be provided by the night sleep in service.

Management Model, Service Configuration and Staffing Structure

Care and Property management provided by one company YLMS.

Care Staffing

- Estate Manager and duty team cover 24 hour rota system with duty team member working when EM is not on duty. All duty staff are able to deliver care.
- Support workers are given core hours – covers communal cleaning, apartment cleaning, waitressing.
- Planned care hours are part of separate nil hours contract and vary according to demand on site.

Additional Features

3 course lunch available every day prepared from fresh ingredients prepared by contract catering staff.

Website

www.mccarthyandstone.co.uk

Information provided by YLMS

THE LIMES AND WESTBURY GRANGE, NEWPORT PAGNELL



CORE AND ADD-ON WITH CARE HOME ON SAME SITE NOT-FOR-PROFIT SECTOR

This MHA development has a housing with care scheme (The Limes) and a care home (Westbury Grange) providing two residential care units for people with dementia and one for those needing nursing care. Although on the same site they are managed separately. Most of the HWC properties are for sale. The local authority does not provide any funding for the core 24/7 care and support, and is not involved in allocations. MHA charges a wellbeing charge as a condition of occupancy to cover the cost of the core service in addition to rent/ground rent and service charge. Planned care and support is available on an individual pay-as-you go basis with a handful of occupants receiving local authority personal budgets.

Name(s) of Provider(s)

MHA

Type of Development, Properties and Tenure

- Both HWC and nursing and specialist residential care for people with dementia
- **The Limes:** HWC, called “independent living” by MHA has 50 apartments, 12 1-bed and 38 2-bed. Most of these are for sale but up to 10% can be rented at discretion of manager, some on short-term lets pending sale of own house.
- **Westbury Grange:** registered care home with 20 nursing beds, used mainly for palliative care and 25 specialist dementia beds. All rooms en suite.

Care Procurement and Delivery Model

No local authority funding, apart from personal budget for planned care for a handful of residents.

Approach to Core 24/7 Care

- 24/7 cover with a dedicated team for the HWC
- Wellbeing charge paid by all to MHA: £48.70 p.w.(about £5 below lower rate AA). It covers activities facilitation, 24/7 cover, twice daily check, general support, on-call system and some management costs.
- The charge is a condition of lease or tenancy
- If person eligible for social care via LA, some LAs include in PB, others do not

Charging for Planned Care

Planned care: £16.80 per hour charged by MHA

Housing-Related Support

Some general support provided by staff but no LA funding

Charging for Housing-Related Support

N/A

Additional Services and Charges

- Activities facilitation is provided by an activities facilitator as part of the core offer.
- The following are available on a pay-as-you go menu basis:
 - Snacks and meals from the bistro
 - Domestic help
 - Maintenance activities
 - Laundry
 - Social Activities
 - Escorting
 - Assisting with bills and paperwork
 - Shopping

Start Date for Care and Support Arrangements

September 2012

Collective Resident Involvement in Care Specification and/or Procurement

- Recently formed resident committee.
- Residents organise range of activities and purchased a table tennis table
- Shop staffed by resident volunteers 6 days a week. Residents purchase and manage own stock.

Point and Level of Choice

Can choose off-site provider for planned care.

Eligibility for Scheme and Target Group(s)

Older people – range from totally independent at one end of spectrum to high levels of care.

Role of Local Authority with Responsibility for Adult Social Care

Only involved in assessing individual's needs if referred and providing personal budget if eligible care needs. No gatekeeping role.

Management Model, Service Configuration and Staffing Structure

- Separate management of The Limes and Westbury Grange.
- Combined housing and care manager for the Limes.
- Have care staff; also activities facilitator who covers care home and HWC scheme and volunteer co-ordinator.

Care Staffing

Managed by a HWC Manager and staffed by care and support staff 24/7. Care, domestic tasks and maintenance tasks and be purchased separately and scheme would be staffed accordingly.

Additional Features

- Catering: Single large kitchen provides meals for the care home and bistro. Staff employed by MHA.
- Beauty suite
- Library with computer
- Shop
- Activities Room
- Bowling Alley
- Indoor/Outdoor Large Chess
- Atrium

Website

www.mha.org.uk/retirement-apartments/retirement-apartments-24-hour-care/limes

Information provided by MHA

RICHMOND VILLAGES, LETCOMBE REGIS, OXFORDSHIRE



PRIVATE SECTOR

CORE AND ADD-ON MODEL WITHIN “HYBRID” DEVELOPMENT

Richmond Villages, now part of Bupa has a number of villages across the country. The village at Letcombe Regis offers Village Apartments and Assisted Living apartments, both of which have access to care around the clock. The cost of access to this service forms part of the service charge. The Assisted Living apartments provide an assisted living “lifestyle package” in addition which includes meals, food and daily domestic help. The village also has a nursing home providing both frail elderly and dementia care and both the care home and assisted living apartments are used for respite and rehabilitation. People wishing to take a holiday but unable to manage in a hotel can do so in an assisted living apartment. The villages centre includes a restaurant, wellness spa and a range of other facilities which are available to people living in the wider community.

Name(s) of Provider(s)

Richmond Villages are responsible for all services at the village.

Type of Development, Properties and Tenure

“Hybrid” model comprising:

- 78 village apartments
- 66 Assisted Living apartments with “assisted living lifestyle package”
- Both these comprise a mix of one and two-bedroom properties and are available for purchase on leasehold basis
- 53 bedroomed care home providing nursing and dementia care, as well as convalescence and respite

All those living in the apartments buy their properties on a leasehold basis. A small number of Assisted Living apartments are available on assured shorthold tenancies.

Care Procurement And Delivery Model

Richmond Villages has its own registered domiciliary care agency based at the village, providing care around the clock.

Approach to Core 24/7 Care

The cost of the Domiciliary Care Manager's salary, 2 waking night carers and registration fee form part of the service charge which is the same across all apartments.

In addition, the weekly service charge covers the usual accommodations-related costs such as external maintenance, gardening and cleaning of communal facilities; use of village centre facilities including the health and fitness centre; social events and activities management; transport; village management and administration; and reserve fund.

Charging for Planned Care

This is charged by the half-hour or hour, at a cost of £20 per hour

Housing-Related Support

No specific service called housing support

Charging for Housing-Related Support

N/A

Additional Services and Charges

In the assisted living apartments, the assisted living package comprises:

- Food, drink and meals
- Laundry
- Daily maid service
- Energy
- Wellbeing assessments
- Post and newspaper delivery

All the above are available on a menu basis in the village apartments, but combined would end up costing more than the whole package. The only service not available to village apartments is the delivery of hot meals, and energy is billed directly by the utility supplier.

Start Date for Care and Support Arrangements

Village opened in March 2010.

Collective Resident Involvement in Care Specification and/or Procurement

Residents have input into the management of the village and the services provided by way of a residents association which meet with the village management each month.

Point And Level Of Choice

Could choose own off-site care provider for planned care.

Eligibility For Scheme And Target Group(S)

Before people move into the village they are assessed, initially by the village adviser and then, if necessary, by the Domiciliary Care Manager to ensure that the choice is right for the applicant(s).

Richmond Villages does not undertake a financial assessment, but does advise people to obtain independent financial advice and can suggest sources for this.

Role Of Local Authority With Responsibility For Adult Social Care

The staff at the village have links with the local authority and district nurses over individual occupants as necessary, but the local authority has no gate-keeping role.

Minimum Cover Requirements

Two (non care home) care staff at night from 8 p.m. to 8 a.m. mainly to respond to emergencies. During the day, there are plenty of staff members on duty to respond to emergency calls via the emergency call system.

Management Model, Service Configuration And Staffing Structure

There is a village manager to whom the following heads of department are accountable:

- Domiciliary care manager
- Care home manager
- Hospitality manager
- Activities coordinator
- Administration manager
- Senior village adviser – responsible for sales, contracts etc
- Maintenance manager –estate and gardens
- Spa manager
- Community relations manager

There are about 150 people in total employed at the village.

Care Staffing

The domiciliary care team comprises both full and part time staff working shifts of between 6 and 12 hours duration. The care agency is based in the village and only provides care to residents of the village and not the wider community.

Additional Features

Facilities comprise:

Restaurant, private dining room, shop, café, bar, library, residents lounge, crafts and activities room, spa with 15m pool, sauna, steam and Jacuzzi, gym, dance studio, hairdressers and treatment rooms. Outside there is a bowling green, gardens and access to a lakeside walk and nature reserve.

In addition to providing homes in the apartments and care home, the following shortstay offers are available:

- Respite care
- Post-hospital rehabilitation
- Retreats – holidays in the assisted living apartments

Website

www.richmond-villages.com/retirement-villages/letcombe-regis

Information provided by Richmond Villages

SHOTOVER VIEW, OXFORD



CORE AND ADD-ON MODEL – CARE PROVIDER AS MANAGING AGENT SOCIAL HOUSING SECTOR

Introduction

In this scheme, there is no block contract. However the local authority, Oxfordshire County Council (OCC) does make a contribution to the cost of the core care service for those with eligible care needs. The level of the core charge is negotiated with the local authority and is included in the resident's personal budget. This means that the council pays the care provider directly for the core and planned care, and then charges the resident in line with a Fairer Charging assessment. The core charge is made contractually binding via a care contract signed on entry to the scheme, and self-funders pay the care provider directly.

Name(s) of Provider(s)

- The Orders of St John Care Trust (OSJCT) – Domiciliary Care Agency
- bpha – landlord

OSJCT are the managing agents for bpha, managing the scheme and collecting the rent and accommodation-related services charge on their behalf.

Type of Development, Properties and Tenure

- Extra Care Housing Scheme containing 55 self-contained apartments
- 37 x 1 Bedroom Rented units
- 18 x 2 Bedrooms Shared Ownership units (50% or 75%)

One of the rented properties, called the Pathway unit (or 'Home from Hospital') is fully furnished and designed to prevent hospital bed-blocking.

Care Procurement and Delivery Model

Core and add-on model. There is no block contract in place but the local authority will include in the individual's personal budget the cost of both the core care charge and planned care for those with assessed eligible needs, subject to a Fairer Charging assessment.

Approach to Core 24/7 Care

There is 24 hour staffing of the scheme for emergency response and 2 Waking Night staff. A Core Care Charge (CCC) is payable by each household. A proportion of this charge goes towards the cost of having a Manager or Team Leader on-site during normal working hours with a Senior Shift leader during all other times. Housing support is incorporated into the Manager's day-to-day duties and could include a daily check. The charge also covers the provision of a Tunstall Emergency Call system.

The core charge is made contractually binding through a separate care contract between OSJCT and householder. It also includes planned care and support where applicable. This contract is signed by both parties and is subject to review and revision where appropriate.

For those with assessed, eligible care needs the Core Charge is included in the individual's personal budget and paid by the local authority and charged to the customer as determined by a Fairer Charging assessment.

OSJCT invoices the Council for these residents and invoices self-funders directly.

The charges are reviewed every financial year and usually increase on 1 April. Prior to any increase there is consultation with the County Council. The level of charge will reflect costs in order to sustain staffing levels; which also include training and other associated costs, plus central costs for management and support.

Charging for Planned Care

OSJCT has an hourly care rate that can be broken down into 15 minute slots. Where the local authority has arranged and funded the care, it pays OSJCT and then charges the resident what they can afford following a Fairer Charging assessment.

Self-funders and direct payment holders contract and pay the care provider directly.

All charges are separated out for clarity with a Direct Debit in place for both Care and Housing.

Housing-Related Support

Housing support is delivered but there is no specific Supporting People funding going in to the scheme. The amount of housing support varies greatly from person to person depending on their particular needs. A pro-forma is used at the start of the tenancy for Managers to complete so that the key elements of moving into ECH accommodation are met. At the start of a tenancy, benefits advice is given and OTs involved as necessary to arrange for the installation of any hand-rails or adaptations that they may be required. Housing Support then continues for the duration of the tenancy to ensure that the Terms & Conditions of the Tenancy Agreement are adhered to and to manage to any day-to-day issues that may arise within the housing sphere.

Charging for Housing-Related Support

Elements of housing support/intensive housing management are included in rent, service charge and core care charge.

Additional Services and Charges

A list of potential 'Additional Services' are below. These can be purchased in 15 minutes slots by clients at the regular hourly rate.

- Personal care and support
- Preparation and cooking of meals
- Assistance to and from dining room/restaurant
- Assistance with shopping
- Assistance with Laundry and household tasks
- Escort to medical establishments, events, days out etc
- Sitting service/ companionship visits
- Assistance in keeping in touch with friends and family
- Assistance with correspondence
- Meals from the on-site café

Start Date for Care and Support Arrangements

The care arrangements have remained the same since the scheme was opened in March 2013.

Collective Resident Involvement in Care Specification and/or Procurement

Where it is possible to include residents in procurement, this has happened.

Managers always consult with clients regarding any proposed changes that are likely to affect them. These would cover all aspects of the scheme, not only the care and support. Care, rent & service charge increases are to be expected every April, but Residents' Meetings with both the Manager and Senior Management are co-ordinated to take place four times a year to discuss and explain how these are calculated, along with any other changes that are likely to impact on residents. Ad hoc meetings can also be called. Newsletters are provided on a regular basis to keep them informed and are produced by the Secretary of the Residents' Association in collaboration with the Manager.

Point and Level of Choice

Residents are not obliged to use OSJCT for their planned care. Domiciliary Care may be provided in the scheme by any other agency. Most choose OSJT with an estimated 5% using external agencies.

OSJCT are on the Preferred Provider List for delivering domiciliary care in the local community. It provides clear guidance in its policy about what clients can expect should they choose to use the Domiciliary Care service.

Eligibility for Scheme and Target Group(s)

The aim at Shotover View is to have a mix of residents based roughly on the thirds-principle. Locally this is broken down as: Low= 0-5, Medium= 5-10, High= 10+ hours per week. All applicants are expected to meet the local authority's FACS threshold.

The other eligibility criteria are: Aged 55+ (though younger persons may be considered in extraneous circumstances); Local Connection – this may include the applicant's family having the local connection rather than applicants themselves.

A panel meeting comprising representatives from OCC ASC, Oxford City Council housing team and OSJCT (representing bpha as well as themselves) consider all applicants.

At the time of writing the case study, OSJCT was delivering 369 planned care hours per week with the highest care package being 45.5 hours and the lowest 0 hours per week.

Role of Local Authority with Responsibility for Adult Social Care

Oxfordshire County Council has developed an extra care housing strategy and Oxfordshire Care Partnership. As part of that they provided the land on which Shotover View was developed and contribute revenue funding over and above planned care by their inclusion of the core charge in personal budgets. They worked with the providers to agree the nominations agreement and criteria for the scheme. The locality manager for ASC sits on the panel and participates in the allocations process for clients regardless of tenure. (See separate Oxfordshire approach)

Minimum Cover Requirements

These are based on the needs of residents in discussion with Oxfordshire County Council, but always include care staff on site 24/7 in order to respond to emergencies and to provide planned care & support. There are two waking night staff at Shotover View from 10.00pm to 7 a.m. The number of staff between 7.00am and 10.00pm will reflect the number of care hours needing to be delivered.

Management Model, Service Configuration and Staffing Structure

OSJCT provide Domiciliary Care and are the Managing Agents on behalf of bpha at Shotover View. Thus an integrated housing and care management model applies.

Housing staff include a handyman three days a week, and this is the only staff member who would not get involved in care.

Care Staffing

The Shotover staff team comprises a Housing and Care Manager, Team Leader and carers. Carers are employed on zero-hour contracts, with the remaining employees on fixed contracts for varying period. Zero-Hour contracts are generally not popular amongst carers, but those who take up employment with OSJCT usually receive consistent hours.

Recruitment is constant due to the nature of the staff turnover in this area of business. No agency staff are used.

Additional Features

Shotover View has a wide range of communal facilities which are open to the public between 9.00am and 5.00pm every day. In addition to those typical of many purpose built HWC schemes are:

- A café that is franchised out to an outside caterer. The café is open from 10.00am until 3.00pm, seven days per week, to allow residents to have more than a lunch if they so wish. This facility is open to the public to allow for integration and professionals also use the café to meet clients or other organisations. At all times, residents are given preference with regard to available meals and also receive a discount.
- A projector and large Screen in the residents' lounge
- A regular bathroom as well as an assisted bathroom
- An activities/training room

Residents and staff may book the Lounge or the Activities Room, including the caterer, for special events.

There is some Assistive Technology installed in the building (MyAmego) to assist with location and falls prevention, as well as various adaptations including power-assisted front door opening system to an apartment.

There is no activities co-ordinator but a recently formed Residents' Association leads on providing activities and suggests what it is they would like to do. It is the Managers' role to assist with facilitating any suggested activities, and also arrange for ad hoc events; such as attendance by the Police Community Officer, local Fire Brigade, Reminiscence Session, Age UK talks etc. There are also regular coffee mornings.

Website

www.osjct.co.uk/where-we-care/find-your-new-home/orchard-meadows-1

Information provided by OSJCT

ORIGINAL CASE STUDY 1

FRAMEWORK CONTRACT: SMALL SUPPORT CORE, WELL-BEING GRANT AND SPOT PURCHASING BY BAND

In this village, a framework contract has been adopted. The contract has three elements: housing-related support; care to be purchased on a spot contract basis by personal budget holders who choose to use the on-site rather than an off-site provider; and a well-being grant to promote the well-being of the village residents and wider community. The provider carries the risk for the difference between the agreed minimum provision and what the contract guarantees.

Number of Properties, Type and Tenure

242 units

2010

40% rented

28% shared

32% full sale

2014

63% Rent

23% Shared

12% Full

2% Void

However, 2% of the rented figures (3 properties) are renting temporarily until their property sells, two with the intention of staircasing to full ownership and one to shared ownership.

The 2% of void properties equates to 5 properties:

1 rented property which will be occupied from Monday 1st Sept.

2 shared ownership – 1 is reserved and sale progressing, 1 is void and awaiting shortlisting

2 full sale– 1 reserved and sale progressing, 1 cottage that we have no interest and may consider changing the tenure.

Care Commissioning Approach

2010

The council has a framework contract with the provider covering both care and housing-related support. The contract has three elements, housing-related support, care to be purchased on a spot contract basis by personal budget holders who choose to use the on-site provider, and a well-being grant to promote the well-being of the village residents and wider community. The provider carries the risk for the difference between the agreed minimum provision and what the contract guarantees. Outcome-based specification.

2014

As above except that a cap on funding received for the planned care has been agreed with the council: there will be no % increase in the hourly care charge for the next two years, and if an occupant is in hospital, the council won't pay for the care after the first seven days.

Support Commissioning Approach if Applicable

2010

Contract jointly with the care. Block subsidy contract for the housing-related support. Subsidy covers the overnight presence of one staff member.

2014

No change.

Start Date for Care and Support Arrangements

Began August 2008 when scheme opened.

2014

No change.

Minimum Cover Requirements

2010

24/7 combined care and support cover, but the council does not guarantee to cover the cost of this. The SP block subsidy contract is the only guaranteed element. It is assumed that personal budget holders choosing on site services for their self-directed support plans will enable the cost of this to be covered.

The council and provider agreed jointly to a minimum of two staff members on site overnight.

2014

No change.

Point and Level of Choice

2010

Individuals receive personal budgets which they can choose to use to purchase on-site provision or go off-site. If they chose to use their entire budget for off-site provision and needed emergency care (as distinct from support), the provider would deliver this on a one-off basis, but if there were repeated episodes, discussions would be had with the resident to consider altering their purchasing choices.

2014

No change.

Eligibility for Scheme and Target Group(s)

2010

The original vision includes fulfilling a preventative function. The village aims to cater for a mix of need levels from those with no care needs at all (band 0) at one end of the spectrum, to those with a high level of needs (band 3) at the other.

The council will only give personal budgets to those at FACS substantial and critical thresholds. Bands as follows:

- Level 1 – low – may equate to 4-5 hrs care per week
- Level 2 – medium – likely to average 12 hrs care per week and require some night support
- Level 3 – high – likely to need more than 17 hours day-time care and 3 hours overnight

Ineligible occupants can purchase care privately from the on-site provider or an alternative.

2014

- *Level 3+ has been introduced, this is for customers that are likely to need more than 20 hours structured care*

Approach to Personal Budgets

Applied universally.

Role and Level of Resource Allocation System (RAS)

2010

Social work staff assist service users to undertake a self-assessment. If they meet FACS eligibility, they are given an indicative resource allocation. The actual level of the personal budget is determined by how the needs will be met and the cost of these. A personal budget for someone choosing Extra Care will be lower than their indicative resource allocation in recognition of the wider support available in an Extra Care setting. The budget is sufficient to cover the cost of the services in Extra Care which are divided into bands, as described above, with a fixed price for each band.

2014

No change.

Charging for Care – Planned and Unplanned

2010

The maximum chargeable in this authority is 75% of the actual expenditure out of the personal budget (as distinct from the level of the personal budget itself). The actual contribution will depend on a Fairer Charging assessment.

2014

Customers are now expected to pay 100% if they have the financial means to do so.

Charging for Housing-Related Support

2010

The housing-related support is a condition of tenancy or lease, payable by all occupants. The cost will be divided equally between the properties once the village is fully occupied. Those not subsidised by Supporting People pay the support charge directly to the provider.

2014

No change.

Tenure Differences in Access to Care

None.

Management and Service Model

2010

Integrated housing, care and support management.

2014

No change.

Activities Facilitation

2010

Grant provided by the council to cover the costs of promoting well-being - includes activities facilitation for people living in the village and the wider community.

2014

No change.

Additional Features

2010: Restaurant on a pay as you go basis. Also have a shop, hairdresser, spa pool and gym. Village has a minibus to take people for regular shopping trips and outings.

2014: *No change.*

2010: There is a separate base in the village grounds where a number of health and adult social care services are based, including the council's in-house community care and support service. This is available 24hrs a day and supports people back to independence, particularly after discharge from hospital. They also respond to Telecare requests for personal care issues and would respond to village occupants if the on-site care team needed additional back-up.

2014: *The LA in-house community care and support service are no longer based on the site.*

The LA locality North team is now based on the site, this includes:

- *Social Workers*
- *Social Care Officer*

- *OT's*
- *OT's Assistant*
- *Admin Officers*

2010: A Rapid Response Nursing Team is also based there, and would be available to village occupants on the same basis as elsewhere in the locality. They operate a day/evening service, but not overnight.

2014: *No Change*

2010: A day centre on the site is run by another provider but those attending the day centre use the village restaurant.

2014: *LA is currently negotiating the contract.*

Information provided by housing provider

ORIGINAL CASE STUDY 4

COMMISSIONING APPROACH – CORE AND ADD-ON

This is an example of a PFI funded scheme where the care was tendered separately. In 2010 the tender was won by the housing provider, enabling an integrated management approach. In 2014, the care was re-tendered and a different care provider won the contract. Those who wished to remain with the original provider were offered a direct payment in order to do so. It combines a minimum block and spot contract approach.

Number of Properties, Type and Tenure

Approximately 40 one and two bed apartments (275 apartments across 7 schemes)

All for rent

Care Commissioning Approach

2010

Minimum block contract with single care provider of 182 hours per week:

- 26 per day to allow for handovers. Day-time hours to be used to deliver planned care. Additional hours for planned care spot purchased by LA.
- 8 night-time hours.

Has been a challenge within some areas of the authority to accept the need for night cover and any time during the day not used up with planned care.

In January, the direct care hours delivered across all 7 schemes were as follows:

- On site care provider – 1984 (including the 182 block hours on each) = average 284 per scheme per week though not necessarily equally distributed.
- Other providers – 560, so around 80 hours per scheme though not actually equally distributed.

2014

The council has recently re-tendered all of its homecare service and this included all existing extra care schemes and those in development. The tender was won by a different provider.

Block Contract for the core service 168 hour per week.

***Waking Night Cover** – an on-site service to respond to Service User-related emergencies between the hours of 10pm to 7 am 365 days a year.*

***Background Support** – an on-site presence between the hours of 7 am and 10 pm 365 days a year enabling a response to service user-related emergencies or crisis.*

Planned Care is spot purchased by the local authority from the onsite care provider in accordance with support plans. If the occupant wants a different provider, they need to have a direct payment.

For the year from November 12 – October 13 over 130,000 direct planned hours of care were delivered at the schemes.

Support Commissioning Approach if Applicable

2010

No SP funding or housing-related support delivered.

2014

No SP funding or housing related support delivered.

Start Date for Care and Support Arrangements

April 2009.

2014

New contracts in June 2014.

Minimum Cover Requirements

2010

- Round the clock presence of at least one person to deliver both planned and emergency care.
- Waking night support.
- The contract with the care provider also includes the availability of someone on-site in charge of the care to liaise with the on-site housing manager with a view to ensuring a seamless service.

2014

- *The Provider has to ensure there is at least one member of staff on duty at the Extra Care scheme 24/7 to be able to respond to Service user-related emergencies or crisis and support hospital discharge, even if there are no planned care calls. That person can also deliver planned care. An element of flexibility is enabled by team leaders who are based at the scheme and can respond to emergencies or deliver planned care in an emergency if needed.*
- *Waking night support*

Point and Level of Choice

2010

People could choose Individual Budgets (IBs) the term use for personal budgets in that local authority. So far, these have only been explicitly offered to people with special needs.

2014

Following the re-tender and as part of the commissioning process all people who were faced with a change of care provider (excluding those who already had IBs or a direct payment (DP)) were offered the option of taking a direct payment. Each request was subject to an assessment of their capacity to manage the payment. The take up of DP is less than 2%.

Eligibility for Scheme and Target Group(s)

2010

The aim of the schemes is to be a vibrant community, to be achieved with a mix of low, medium and high needs individuals.

The minimum age is 55; they need to have a care need and be registered on the housing waiting list. Nominations are 100% from the local authority.

Although for planning purposes, partners looked at a mix of one third low, one third medium and one third high, the needs and priorities of individuals at the time a void occurs are reviewed and that mix may not always be maintained.

Low is seen as less than 4 hours care package a week, medium between 4 and hours, and high 8 plus, but all circumstances need to be taken into account to determine eligibility including risks, support networks and suitability of current accommodation.

2014

No change.

Approach to Personal Budgets

2010

The policy within the authority regarding IBs and Extra Care in the future is not clear.

At present, those with special needs are offered direct payments or individual budgets. So for example, some older people with learning disabilities have moved in with direct payments to purchase additional support or bring their personal assistants with them. Others who originally continued with their previous arrangements are seeing the advantages of going with the on-site provider and some are switching. Some retain the original arrangements. Direct payments cannot be used to purchase care or support from the on-site provider.

2014

As above. But as part of the re-tender services users have been given the option to take a direct payment if they prefer not to receive their support from the new on-site provider.

Charging for Care – Planned and Unplanned

2010

A Fairer Charging assessment determines what the individual could afford.

A well-being charge of £25 is made to cover the availability of round-the-clock cover. In addition, the standard domiciliary care charging policy applies; a charge on the basis of the number of hours in the care plan. If extra is provided, the care provider charges the LA. This may or may not feed in to the charge to the service user.

2014

As above, but the wellbeing charge (now £27) has recently been reviewed and from April 2015 will be reduced to £15.

Management and Service Model

2010

Integrated model. The scheme manager's role has a split between housing management and care management. There is a care team leader to co-ordinate care provision.

The money to cover the care element of the scheme manager's role and care team leader was incorporated into the hourly cost for care.

2014

Following the homecare re-let the housing and care provider was not successful. Accordingly although they are still the housing provider each scheme has a new care provider. For new builds, all those currently in development are by Housing Associations who are not care providers.

It is a requirement that the Care Provider retains a good working relationship with the Housing Provider and others associated with the operation of the scheme.

Activities Facilitation

2010

This was specified in the PFI contract as a housing management function.

2014

As above but also within the background support core service hours the Care Provider is expected to work within the schemes, in partnership with the Housing Provider and other organisations, to build on the sense of community which exists or develop it where it does not, and to use the resources available in the wider community to enhance the life opportunities of those people living within the scheme. The scheme allows access to the building and development of services that benefit the tenants and also members of the local community.

Additional Features

2010

There is a restaurant on site and in order for this to be viable, one meal a day is a condition of tenancy and tenants pay £1.75 a day for a three course lunch. In order to ensure that this does not disempower individuals, one of the options is for a packed meal so that people who can cook for themselves can do so, and keep the packed meal for later.

There is also a gym on site; individuals have an induction with a qualified professional who will show them what to do and then they can access independently.

2014

As above but in new schemes in development that have not been commissioned through PFI, different models of catering and hospitality are being explored.

Information provided by local authority adult social care department

ORIGINAL CASE STUDY 6

FROM BLOCK CONTRACT IN BANDS TO CORE AND ADD-ON MODEL

2010

In this village, care and support packages are block contracted in bands. Residents are free to opt for a personal budget if they wish to go off-site for their care. The council has a contract with the housing provider who sub-contracts the care and an element of support to the care provider.

2014

In 2014, the care provider gave notice and the local authority wished to review the basis on which it funded the care. The large block contract for care with the housing provider was replaced by a commitment to only fund the 2 waking night care staff and the same level of SP funding. The housing provider selected a care provider with whom they had worked closely before. The planned care is now spot-purchased and paid for by the hour. The only role played by the bands is to shape the mix of need levels within the scheme. The contract for care and support is still between the local authority and housing provider, who then contracts with the care provider for the night care and an element of support to provide an emergency response.

Number of Properties, Type and Tenure

92 – 60% x 2 bedroom apartments; 40% x 1 bedroom apartments

Equal numbers each for rent, shared ownership and outright sale

Care Commissioning Approach

2010

LA commits to purchasing a fixed number of care packages in each of 4 bands. The “commitment contract” is for the 37 units from Level 1 to 4.

7 places at level 1: 5 – 10 hrs per week

10 places at level 2: 11 –15 hrs per week

10 places at level 3: 16 – 20 hours per week

10 places at level 4: over 21 hours per week

The contract looks to provide outcomes for people so is not just hands on care. The provider can flex residents up and down levels depending on need, as part of the contract. This change, if permanent, will be ratified by Care Managers at the review stage.

Remaining 55 places at Level 0: from no care required up to 5 hours per week.

Level 0's can ask for an assessment, with spot purchase, or private purchase an option. The contract is with the Housing provider who sub-contracts the care and an element of support to the care provider.

2014

During 2014 the existing care provider gave notice on the contract to deliver care under the 3rd party contract arrangement. During this time the local authority reviewed the existing contractual arrangements. In the new service specification and supporting contract the authority agreed to block fund 2 members of care staff overnight with no other form of block funding. This is a significant change as they had commissioned 600 hours per week.

Support Commissioning Approach if Applicable

2010

Care and support jointly commissioned from housing provider as overall scheme manager.
SP subsidy contract. Separate block contract for one overnight support worker.

2014

As above, but because the day-time staffing is now based on care packages, there are fewer care staff on site at some points during the day, and the housing provider has had to find ways of deploying their own staff to meet fire safety requirements without increased funding.

Start Date for Care and Support Arrangements

2010

Scheme opened in August 2009.

2014

Change in contract Sept 2014. The negotiation process began earlier in the year. To provide continuity, staff were Tupe'd across from the existing provider to the incoming one and both worked together with the housing provider to explain to residents what was happening. While the residents have not been adversely affected financially, with fewer staff on site it is not possible to deliver some of the ad hoc support previously provided, such as supporting residents to activities.

Minimum Cover Requirements

2010

- Three waking night staff and three staff at all times
- Care Call system for all residents - calls care staff on site
- All residents will receive a support plan and review every six months as a minimum
- 37 care packages can be in place at any one time

2014

- *Three staff on duty at night and an emergency response service*
- *The housing provider continues to develop, deliver and review support plans*

Point and Level of Choice

2010

Can choose between a number of extra care schemes locally or other service types. Could also opt for a personal budget rather than using the directly commissioned service, but so far little interest in doing so.

2014

As before.

Eligibility for Scheme and Target Group(s)

2010

A mix of need levels ranging from people who don't require care at all to those who are FACS eligible. See bands above. LA's threshold for social care eligibility set at moderate level.

2014

A mix still intended based on the original bands, but with the care itself no longer commissioned in bands, the allocation panel is key to ensuring a balance of needs within the scheme.

Approach to Personal Budgets

2010

Residents offered a choice.

2014

As before.

Role and Level of RAS

2010

RAS not finalised yet. Not clear whether RAS allocations will match costs in extra care at relevant band/level.

2014

No information on this.

Charging for Care – Planned and Unplanned

2010

Based on LA's charging policy for Extra Care. Fairer Charging assessment. Self funders will pay the local authority the full cost of the relevant band.

2014

Charge will now be based on hours, not band.

Charging for Housing-Related Support

2010

Divided equally between properties and collected by the housing provider as part of service charge. Support is a condition of tenancy/lease.

2014

As before.

Tenure Differences in Access to Care

2010

None.

2014

As before.

Management and Service Model

2010

Integrated model in the sense that the local authority contracts with the housing provider for the care and support, but the housing provider sub-contracts the care to a separate care provider, so the delivery of housing management is separate from the care management and provision.

2014

As before.

Additional Features

2010

An activity coordinator is employed to facilitate activities.

The village has a pay as you go 'bistro' service offering hot meals, snacks, drinks, soups and salads. It is currently open daily from 11-2 and are planning to open on a Friday evening soon. Once the village is fully occupied it is intended to make this service available from 10-8.

2014

As before. The Activities co-ordinator is funded through the amenity charge and SP, another pass through from housing to care provider.

Information provided by housing provider

ORIGINAL CASE STUDY 7

COMMISSIONING APPROACH – MINIMUM GUARANTEED BLOCK

This scheme has separate housing and care providers. A number of care and support hours are block contracted with more hours added to the block as required. Housing support, funded out of a Supporting People budget is provided by the housing provider. In this scheme, people primarily choose to use the on-site care and support services. However, they have the option to use another care and support provider if there are exceptional circumstances e.g. where specialist needs cannot be met by the onsite provider.

Number of Properties, Type and Tenure

41 properties of which 30 for rent. Remainder shared ownership.

Care Commissioning Approach

2010

Block contract guaranteeing 260 care hours per week, of which 63 waking night cover, and an additional 20 hours support (See next box). The contract allows for up to 400 hours per week, but the LA would purchase more if the needs of occupants required them.

Daytime hours are expected to be used for care and support plans which are intended to meet people's individual eligible needs and be broad in their focus, incorporating not only hands-on care but also prompting, helping people to get to, and take part in, activities etc.

There is an expectation that apart from planned and emergency care at night, night-time hours are to be used for administration and other suitable tasks.

The hourly unit cost covered everything, including for example, the on-site care manager – i.e. not separately itemised.

2014

The block contract now guarantees 273 care and support hours per week, of which 63 hours are waking night cover. The contract allows for additional care and support hours to be purchased if the needs of occupants require them.

The 273 hours does not include the original 20 hours supporting people element - this no longer applies. The term 'care and support' is now used as a general term for this service.

Apart from that the above, the outline remains broadly the same.

Support Commissioning Approach if Applicable

2010

Housing support is commissioned by Supporting People (SP) from the landlord and is provided through the scheme manager, 50% of whose salary is funded by SP and 50% by rental and service charge income. The cost of the Alarm service is paid by Adult Social Care.

The purpose of the housing support service is to support occupants to maintain their independence, reduce isolation and maintain/ improve their well being.

In addition, 20 hours of housing-related support are jointly commissioned with the care from the care provider. This is intended to be slightly broader in focus than that provided by the landlord. Despite joint commissioning, the HR support remains strictly delineated and separately monitored.

2014

As above except 20 hours of housing related support are no longer jointly commissioned with the care from the care provider. The landlord provides the housing support service.

The housing support element of the service is monitored by the SP team alongside ASC's review of the care and support provision.

The care and support provider and housing support provider are required to work closely together to provide a holistic service to people living in the scheme.

Start Date for Care and Support Arrangements

Handover was the beginning of Sept 2009.

2014

A tender process was carried out in 2014 and a new contract commenced in August 2014. This enabled residents and their carers/ family members to input into a new specification for the service. In addition the development of a re-ablement approach has been included as a requirement. Eligibility for the scheme and target groups were also reviewed at this time. These are also reviewed on an annual basis.

Minimum Cover Requirements

2010

- Has to be at least one member of the care team on site around the clock to provide emergency response
- Waking night cover
- On-site care manager – office hours

2014

*At least **two** members of the care and support team are required on site during the day and one waking member of staff on duty at night to ensure around the clock cover and to provide an emergency response.*

On-site care and support manager – office hours.

A FTE on site scheme manager to provide the housing support and housing management service.

Point and Level of Choice

2010

The choice is between Extra Care schemes and other services. Occupants are not at present offered IBs or direct payments.

2014

In choosing to move into Extra Care Housing people are exercising choice and therefore accept the care and support arrangements in place for the scheme. People do have the option to use another care and support provider if there are exceptional circumstances e.g. where specialist needs cannot be met by the onsite provider.

Eligibility for Scheme and Target Group(s)**2010**

All applicants are expected to have a care need although some of the shared owners may not to have. The aim is to have the following mix:

High	40%	12.5 plus hours care per week
Medium	40%	7 – 12.5 hours p.w.
Low	20%	2 – 7 hours p.w.

This authority sees Extra Care as fulfilling a preventative function, and while FACS thresholds apply to service provision in the wider community, they are not used as a gateway to Extra Care, or to care in Extra Care.

Identifying suitable applicants with high need levels has been rather slow.

2014

All applicants for rented flats are expected to have a care and support need. It is not a requirement for owners of the shared equity flats. The aim is to have the following mix of care and support need to ensure a balanced community:

High	40%	15 and over hours care and support per week
Medium	40%	10 – 14 hours care and support p.w.
Low	20%	5 – 9 hours care and support p.w.

The council sees Extra Care Housing as fulfilling a preventative function. However, it is a requirement that all applicants for the rented flats meet the Adult Social Care 'Fair Access to Care' criteria.

Approach to Personal Budgets**2010**

Not being offered to those moving to/living in Extra Care schemes at present.

2014

Personal budgets and the option of direct payments are offered to all clients of the local authority's Adult Social Care with FACS eligible needs applicants including those moving to/living in Extra Care Housing schemes.

Role and Level of RAS

2010

N/A

2014

A Resource Allocation System has been fully adopted by the council.

Charging for Care – Planned and Unplanned

2010

Contributions from people towards the cost of services are based on delivered care and support services. There is no separate charge for the night cover in this scheme.

The contribution is collected by the local authority and is determined by a Financial assessment which is completed in line with the Fairer Contributions Policy.

2014

As above – no change.

Charging for Housing-Related Support

2010

The support hours provided by the care provider are charged by the local authority on the basis of a Fairer Charging Assessment. This element is based on care and support required and the individual's financial means to pay for it.

The support provided by the landlord is a condition of tenancy or lease, forms part of the service charge, and is collected by the housing provider from those who do not have an SP subsidy. It is divided equally between properties.

2014

Where a person meets the eligibility criteria for Supporting People funding or is eligible for funding via a Fairer Charging Assessment, the housing support service is funded via Supporting People.

The housing support provided by the landlord is a condition of tenancy or lease, forms part of the service charge, and is collected by the housing provider from those who do not have a Supporting People subsidy. The level of funding is capped at £10.00 per unit week and at a level of utilisation.

Tenure Differences in Access to Care

2010 and 2014

All occupants are entitled to care and support in an emergency and all have the option of an Adult Social Care Assessment by the local authority.

Self-funders can purchase care and support directly from the on-site care and support provider at the same hourly cost as paid by the local authority.

Activities Facilitation

2010

This falls within the remit of the scheme manager. The service specification includes enabling tenants to access on-site and off-site activities as part of the care plan, but not to develop those activities. The scheme manager and Community Participation worker do the latter.

This scheme has a wider community focus, and the local authority has allocated funds for an initial 18 months to pay for a Community Participation Officer to facilitate integration into, and participation by, members of the local community. As well as maximising the use of the building as a community hub this approach also contributes to assisting the financial viability of the restaurant (see below).

2014

The Community Participation worker is currently funded by ESCC until the end of October 2015 to carry out the functions described above. There is ongoing partnership work currently being undertaken to maximise the use of communal facilities in all extra care schemes in East Sussex. Scheme Managers in all three of the Extra Care schemes managed by this provider (including this scheme) were successful in bidding for funding in the form of a bursary worth £7,000 for 2014/15 to deliver a range of activities. This is a Supporting People initiative aimed at increasing personalisation within housing support services.

Additional Features

2010

This scheme has a particular focus on supporting people with dementia through the allocation of up to 8 flats to people living with dementia. An integrated/pepper-potted approach has been adopted. The care and support provider's care and support hours are able to contribute towards prompting and enabling people with dementia to do things for themselves.

The Older People's Mental Health team were active in the development of the scheme and provide specialist input to the care team. All activities are available to people living with dementia and the scheme is being monitored to ensure that they are being included and their voices are heard within the community.

The restaurant facility is run by a social enterprise and use of the facility by the wider community is encouraged to make the restaurant financially viable.

2014

Dementia focus as above.

The Older People's Mental Health Team provide specialist support as required to the care team.

The restaurant is no longer run by a social enterprise as they were unable to make it financially viable. The contract for the restaurant has recently been awarded to a commercial provider. Uptake of the service from people in the community has been very limited although friends and family do use the service. It is hoped the new provider will offer added value through the provision of supper clubs etc. to facilitate social engagement and increase footfall.

Information provided by local authority adult social care department and housing provider

ORIGINAL CASE STUDY 9

COMMISSIONING APPROACH – CO-PRODUCTION AND CORE AND ADD-ON

2010

This scheme is in development for working age adults with physical disabilities. Potential applicants have been identified and the approach to commissioning the care and support is being developed through intensive consultation with a group of prospective tenants.

2014

The scheme has now been occupied for around five years with some turnover of tenants. At a scheme level, the local authority who have provided information for this case study are only involved in commissioning the core care element. Two tenant representatives attend contract review meetings at present. This contract is up for review and the tenants will be involved in this process.

Number of Properties, Type and Tenure

2010

10 flats for rent to working age adults with physical disabilities. The re-development will also include a community area which will be leased to a user led organisation.

2014

The community area called “Space for Change” is leased to the local Centre for Independent Living, a user-led organisation that promotes independent living for all. It works towards equality by inspiring disabled people to identify barriers and define solutions.

Care Commissioning Approach

2010

The scheme is due to open in September of this year. Nine people, aged between 20 and 40, have been identified as potential tenants. All currently have care funded by the LA. A pilot project is being funded to work with this group to identify and agree a preferred model for the provision of personalised care on site.

Consultation with the group has led to the following model of care

- The local authority is going to commission:
 - A rise and retire service based on site to cover going to bed and getting up.
 - An emergency on-call night cover – someone based on site overnight who will respond to emergencies and support rise and retire staff.
- Services commissioned by the service user:
 - They will be able to bring with them any existing service they choose, e.g. PA or HR support service
 - They can purchase additional care and support from the LA-commissioned provider
 - They are free to purchase additional care and support from any other provider they choose

The service users have specified some important requirements from services including:

- Joined up and integrated services
- Flexibility and responsiveness to changing aspirations
- Individualised pace and quality service
- Availability of a menu of services
- Recognition that the model is evolutionary for both service users and provider
- Some services users will participate in the selection process

The nine involved in the consultation have not had definite tenancy offers yet. This has been one of the challenges of developing a service user led model- that tenants need to inform the model development but also need enough clarity about the model before they can sign their tenancy agreement. All the tenants who worked with the consultants have been offered tenancies, although two have declined to follow this through.

2014

The model of the core “rise and retire” service which includes overnight cover with the remainder of the support being individually commissioned by each tenant under self-directed support continues. Most occupants have direct payments.

The contract with the provider for that service is coming to an end in September 2015. Over the next few months the LA commissioner will consult with and involve residents in both the specification which may need enhancing to allow for greater flexibility and selection process.

Support Commissioning Approach if Applicable

2010

No housing related support funding is being invested in this project.

2014

As above.

Start Date for Care and Support Arrangements

2010

Scheme not yet open. The new care model has been developed by prospective tenants, who have since been involved in the short-listing of potential care providers, and will be involved in the final selection of the commissioned care provider.

2014

The current care contract began in September 2011.

Minimum Cover Requirements

2010

24/7 on site care was part of the tender for the capital funding. However since the successful bid, personalisation of services has become a much stronger feature of the care provision and the final model will be based on the tenant's expectations and needs rather than a fixed care model.

2014

*The Services to be provided are a **Night Service** with one staff member on call (waking night) 7 days per week, and a **Retire and Rise Service** with two additional staff members to work with the person on overnight call to support Tenants needs in going to bed and getting up in the morning.*

*The Service Provider will provide a maximum of **173.25 hours** of care and support per week within the following time frames; the Rise and Retire Service will be provided between the hours of 7am to 11.30am and 9pm to 11.30 pm. The Night Service will be provided between the hours of 11pm to 11. (These are time frames only and are not to be used for calculating maximum hours payable nor to become an attendance requirement).*

Point and Level of Choice

2010

The tenants have strongly influenced a personalised model of care, have participated actively in the selection of the care provider, will be involved in the selection of the care provider. It is likely that up to 70% of their personal budgets will be available to spend on services from any source. Any new applicants will have the choice whether or not to move in to the scheme with the model and services on offer.

2014

Any new applicants have the choice whether or not to move in to the scheme with the model and services on offer. These include the Rise and Retire/overnight service as the non-optional core, while they have choice and control over who provides their day-time planned support. Tenants are involved in contract reviews with the provider and will be involved in commissioning plans going forward.

Eligibility for Scheme and Target Group(s)

2010

Adults of working age with physical disabilities. May be congenital or acquired. All the prospective tenants will have met FACS critical or substantial, will have mobility issues which require adapted accommodation, and would otherwise be living in residential accommodation.

2014

As above.

Approach to Personal Budgets

2010

Everyone with on-going support and care needs is being offered a personal budget in the local authority's area.

2014

Nine of the ten tenants at the scheme have direct payments and self-direct their support.

Role and Level of RAS

2010

At present RAS is being piloted. An indicative budget based on the cost of the current care packages is being used as the starting point for RAS, alongside a support plan. Ultimately RAS will apply to everyone.

The model within this extra care scheme will need to demonstrate value for money when compared to people living in residential care or individually in the community.

2014

The RAS is operational across client groups.

Charging for Care – Planned and Unplanned

2010

Care within extra care will be subject to charging. The model we have within extra care is that planned and un-planned care is subject to a charge.

2014

The local authority charges for both the rise and retire/night cover and planned care and support provision following a Fairer Charging assessment. The rise and retire/night cover is divided equally amongst the tenants. This is not liked by a few of the tenants who do not use the service for planned night support, but the local authority has assessed that the night cover is needed and could not be provided on an individual basis due to rational practicalities around safely meeting individuals' needs and managing risks. The current Rise and Retire contract offers good value for money.

Charging for Housing-Related Support

2010

There is no housing related support built into this model.

2014

As above.

Tenure Differences in Access to Care

N/A

Management and Service Model

2010

The landlord will provide the housing management service. They have been fully engaged in the consultation process.

2014

The landlord does not have a member of staff based at the scheme. Two tenant representatives attend contract review meetings.

Activities Facilitation

2010

The consultation group is very keen to get involved in shaping the community area of the scheme and participate in activities there. Some service users will continue to organise meaningful occupation themselves while others need support to access training and employment. Most also want to access better social activities and healthy activities. It is anticipated that the tenants will be represented on the community space management steering group. Support to travel is key to this. As part of the planning agreement, the developer will provide an adapted vehicle within the existing City Car Club.

2014

The lessee of the Space For Change area is currently working with tenants to explore how the area might best be used to benefit them. This is in response to quality monitoring feedback from tenants which was undertaken by the local authority in relation to the expectations of the space's use.

Information provided by the local authority ASC department

Acknowledgements

We are really grateful to all those people who provided information for the local authority approaches and housing with care case studies, especially for your great patience as e-mails went back and forth seeking clarification on various points. I hope that readers will find this collection of examples provides useful insights into the variety of ways care and support are being procured and delivered within housing with care settings.

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

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

For further information about the Housing LIN's comprehensive list of online resources on housing with care and to participate in our shared learning and service improvement networking opportunities, including 'look and learn' site visits and network meetings in your region, visit: www.housinglin.org.uk

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