

PATHWAYS INTO EXTRA CARE – THE CUSTOMER JOURNEY

Affordable rented Extra Care housing that has been built with grant subsidy from the DoH or HCA (formally Housing Corporation) and is owned and managed by Registered Providers is a precious resource. It is important to ensure that these dwellings are let to applicants who are most in need.

However, there is no single definition of what "Extra Care" actually offers. Whilst the concept of Extra Care provision is widely understood – that is, the focus on prolonging independence, supporting reablement and well-being, and generally speaking the design and built environment will incorporate standard features, there is no single agreement on age eligibility, methodology for assessment of care or support needs, staffing levels (particularly at night) and provision of meals. Age criteria varies widely and may be further complicated by any specific age related Section 106 planning conditions that the scheme may have to comply with. Age is also not an indicator of need in itself so as much flexibility as possible should be used.

In consideration of all the above, by definition, there cannot therefore be a single model pathway for customers to access allocation to Extra Care dwellings.

The most common form of allocation is via a multi agency panel, usually consisting of strategic housing, adult social care, support and housing management provider and landlord staff. Yet again, there is no single model of setting up such a panel as this will depend on local priorities and circumstances. Indeed, there will be some cases where the landlord/ owner of the scheme also carry out housing management social care and housing related support.

There can be competing tensions and priorities within the stakeholder partnership when letting vacancies, not least the need to ensure the community "balance" within the scheme, the need to avoid long void periods, the need to consider existing housing management and tenancy policies of the provider and the need to ensure sustainability of the care and support model that has been chosen. This is where a clear vision of the agreed outputs and concept for the scheme that all parties have signed up to is essential, as is effective partnership relationships.

With the drive towards personalisation, an additional issue is emerging around the need to balance choice and control for the individual whilst ensuring care staff based on site are utilised as fully as possible and the concept and model of extra care provision is thus maintained. . When consulting older people above the personalisation agenda, many state that choice of provider is not their main priority, but choice and control of the service that is provided for them is. Evidence also shows that even when offered a choice of another care provider via an individual budget, extra care residents often choose the on site provider as this can offer them continuity and a better value service. A combination of "top slicing" an individual budget for the core care and support service, leaving the

remainder for the exercise of choice can work well .There is a risk that if tenants are compelled to accept the on site provider , CQC may consider this to be more akin to residential care than domiciliary care. Not only would this have serious consequences for providers and customers, it also damages the concept of extra care provision promoting independence.

Charges and service levels vary across schemes and it is essential that potential residents have clear information as to core level of care and support they can expect and the cost of this before they move in.

Many allocation pathways are carried out via "local lettings plan" which often set out a % formula for assisting overall levels of need within a scheme, for example:

- One third, One third, One third (high, medium and low need)
- 40/40/20 (40% High/ Critical need under FACS, 40% medium or substantial , 20% low/none)
- 40/40/20 (12 care hours pw or more, 7 -12 care hours , 0 – 7 care hours)
- 25/25/50
- 25/50/25

Attached as appendix L, sub appendices a), b), c), and d), are two current examples of how allocations work in different counties in the South West plus two illustrative flow charts;

- Ridgeway HA (part of the Aster Group) and Wilshire Council (now a unitary authority)
- Trailways Court Blandford Forum a DoH grant funded extra care scheme which opened in April 2011 and was a partnership between
 - North Dorset District Council, (strategic housing responsibility)-
 - Dorset County Council (adult social care and Supporting People responsibility)
 - Synergy Housing Group (owner, developer and manager of the building)

Both documents contain examples of good practice but also demonstrate quite different approaches.

The Ridgeway Extra Care Scheme

The pathway here adheres to the fairly common "one third" concept, further defining it as three bandings of

- 0 – 4 hours of care pw,
- 4-10 care hours pw
- 10 plus care hours per week

The dwellings are advertised through the Choice Based letting system prior to the panel assessing them. The agreement gives the association the right to refuse applicants and sets out clearly the likely situations where this could be used. The right of appeal for applicants who are turned down is via the provider's complaints procedure. Applicants are required to agree and accept the minimum package of care and support (often referred to as the "core service") and to engage with support and care planning. Dwellings are let on starter tenancies initially. There is specific reference to the issue of void properties and it is explicitly stated that void costs will be covered for up to 12 weeks by council partners if the property is being held for a specific applicant.

Housing need has therefore has already been assessed by entry on to the council's housing register to bid for vacant properties. Care needs are assessed by adult social care staff and support and risk assessment is carried out by the scheme manager.

Trailways Court, Blandford Forum, North Dorset

Trailways Court is a recently completed extra care scheme consisting of 35 no.1 bed roomed flats and 5 no. 2 bed roomed flats all (for rent at affordable / target rents) and associated communal facilities.

Synergy Housing Group provides housing management services via a full time scheme manager funded for 50% of the role on intensive housing management, and the other 50% funding via Supporting People, to carry out an overall co-ordinating role plus support planning and risk assessment of tenants.

Synergy is also funded via SP for a part time worker (20 hours pw) who will assist with social activities and meal times.

The main care and support contract was tendered for a three year period to an outcome based specification. These outcomes were the eight "Ageing Well in Dorset" outcomes agreed in 2009 by consulting extensively with older peoples fora across Dorset, and the seven national CQC outcomes for older people

The care and support service has three main components:

- an initial Settling In Programme;
- a Health and Well-being Programme; and
- 24 hours emergency cover and delivery of night time packages of care.

Tenants living in the scheme who are eligible for a care package of services from the local authority

will be provided with a personal budget and will have the freedom to choose how that support is provided. However any tenant requiring a care package at night will have this delivered by the Provider.

The contract specifies that following staffing levels for seven days a week, fifty two weeks a year for the full duration of the contract (**Three Years**);

- one domiciliary Care trained officer on site between 7am and 10pm and
- one waking domiciliary care trained officer between 10pm and 7am
- one sleeping domiciliary care trained officer between 10pm and 7am

The level of staffing may be varied by negotiation with the purchaser, particularly during the initial start up period.

There is a detailed partnership protocol between all five stakeholders -

- SCA (the domiciliary care provider)
- Synergy,
- North Dorset District Council ,
- Dorset County Council adult social care and SP staff

This model does not explicitly state a formula or percentage but works more flexibly on an individual basis. Applicants can self refer but must be on - or must join -the district council's housing register. The care provider attends panel meetings in an advisory capacity but does not have a vote. Health representatives have a standing invitation to attend but also do not have a vote. Care needs are assessed by Dorset county council adult social care staff who report these at the meeting. The scheme manager or Extra Care manager employed by Synergy also assesses the applicant. The district council chairs the panel meetings and has a casting vote if necessary. Applicants who are turned down have a right to request a review which the District council leads on. The document is less prescriptive on service standards for example for void properties and receipt of nominations

The Trailways panel seems to be operating well as the scheme opens for business and the flats are being let. A liaison group has been established to review the operation of the allocations panel.

The whole scheme is subject to a major piece of evaluation work led by Dorset County council, which will complete in March 2012 and will incorporate a high level of consultation using a variety of methods across all stakeholders, including most importantly, measuring outcomes for tenants and their families, cost/benefits of the Extra care model chosen and indicators around any differences identified between the shire counties and unitary authorities

Conclusion

This report gives a brief overview as to how customers access extra care schemes very differently in two schemes in two different counties in the South West.

While there is no set model of contracting for and delivering care and support services in extra care schemes, there cannot be a “one size fits all” approach on access. Combining care and support in one contract can be more effective and providing adequate training has been given, there is no reason why one member of staff cannot complete a combined housing eligibility and need assessment with the care and support assessment. The customer journey can be streamlined in this way. Further process efficiencies can be made by early liaison –possibly at the point of showing the potential applicant the “show flat” (or when a scheme is already open, a visit to the scheme hosted by the scheme manager), who can at this stage also carry out any required landlord /housing management / pre tenancy checks or assessments the provider may need to complete.

A customer sanctification survey with the referral and moving in process should also be carried out as part of the “settling in “period with a new tenant. This can then feed into a continuous improvement cycle

Any partnership agreement will only work successfully if there is a real understanding of the roles and responsibilities of each partner, the constraints and regulatory background that they work within and clearly laid out time-scales for referrals, scheme visits, assessments, void issues and meetings. This can be more difficult in two tier authorities than in unitaries and there are likely to be further changes around eligibility for the housing register and other strategic housing policies with the forthcoming localism bill which will also have an impact.