

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

JOINT REPORT OF THE EXECUTIVE DIRECTOR (COMMUNITIES) AND THE EXECUTIVE DIRECTOR (PEOPLE) TO CABINET ON 6 FEBRUARY 2019

EXTENDING THE SCOPE OF EXTRA CARE PROVISION

1.0 PURPOSE OF REPORT

- 1.1 To seek Cabinet's approval for introducing a 24 hour care element within two of the four extra care schemes in the Borough as part of improving the accommodation and support offer to older people in need of care and support.

2.0 RECOMMENDATIONS

- 2.1 **That Cabinet gives approval to the introduction of the proposed model of extra care provision, indicated in Section 4.0 of this report and to proceed with the commissioning and procurement of a care and support provider for this purpose.**
- 2.2 **That a follow-up report on the implementation and benefits of the new scheme, be submitted for Cabinet's consideration during 2020/21.**

3.0 INTRODUCTION

- 3.1 Extra care housing is housing with on-site care, primarily for older people where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care, support, domestic, social, community and other services..
- 3.2 The physical environment may include the provision of amenities such as hairdressing and café facilities to further promote independent living among older people, whilst the care and support element will include housing related support, low level personal support, together with early intervention and formal care, which is provided as part of a care and support plan. Care and support is located on-site and available 24 hours per day.
- 3.3 The principal focus of such models is to promote independent living in older age and to provide 'homes for life' wherever possible. The wrap-around model of care and support provides a flexible offer to those living in the scheme whilst reflecting a sliding scale of support as individual needs change, preventing the need for alternative services, notably admission to residential care.

- 3.4 The inclusion of extra care in the Council's housing and support offer to older people in need of care and support in the Borough, has formed part of its strategic intentions since 2004 where the Older People's Board Housing Strategy described the development of extra care as essential to promote long term independence and reduce the need for more institutionalised care.
- 3.5 In the Council's latest Vulnerable and Older People's Housing Needs Assessment which was considered by Cabinet at its meeting held on 15th June 2016, a consultant's report, commissioned and published the previous year, commented upon the absence of extra care housing schemes, in comparison to other similar areas, and recommended a re-model of current schemes to include a care offer.
- 3.6 In addition, the recent Peer Challenge concerning value for money and the effective use of resources in adult social care, which was also considered by Cabinet at its meeting held on 14th November, this year, also identified an opportunity to *"...Extend the scope of extra care to promote independence and longer life opportunities and to redress the balance of referrals to residential care."*
- 3.7 Current Position
- 3.8 There are 4 extra care facilities located across the Borough with a total capacity of 227 units. In two of these schemes there is a total of 41 service users (out of 117 tenants) including those with a direct payment and those who self- fund, who are in receipt of a care package.
- 3.9 All 4 facilities have day-time, on-site, low level support from the current housing provider which is jointly funded under-contract by the Communities Directorate and the People Directorate.
- 3.10 A review of the above facilities carried out in 2017, concluded that:
- They do not reflect the fundamental principles of extra care in that there is no on-site care and support.
 - They do not support the Council's corporate objectives and associated outcome statements, particularly in helping reduce demand for additional services and support, through access to early help and in enabling individuals to be happier, independent and active.
 - Current provision is unlikely to help deliver the Council's objective of reducing admissions to residential care (*figures suggest an average of 3-5 admissions per scheme, per year*)

4.0 PROPOSAL AND JUSTIFICATION

- 4.1 With this in mind, it is proposed that the Council goes out to market to procure the on-site provision of care and support (including well-being and housing related support) within 2 of the Borough's 4 extra care schemes during 2019/20. This is based upon the financial investment which the Council is able to currently fund and a consideration of the needs of present occupants of the 4 schemes.

- 4.2 Subject to Cabinet's approval, the 2 schemes to be selected have the highest number of tenants in receipt of a funded care package and an older age profile. Therefore, it is likely that these individuals could benefit more quickly from the model proposed.
- 4.3 In addition, the provision of an added care and support element in 2 extra care schemes rather than 1 will form a more attractive offer to potential providers and improve provision, particularly in enabling the flexibility for staff to operate across two schemes in managing demand.
- 4.4 It is proposed that Cabinet gives approval for the Council and housing partners, through the allocations process, to change the balance of individuals with care needs, within the extra care schemes to the following:
- 20% low care needs (0-10 hours per week)
 - 50% medium care needs (10-21 hours per week)
 - 30% high care needs (21+ hours per week)
- 4.5 This model should be based on 24 hour access to support utilising a minimum of 2 care staff from 7.00am to 7.00pm, 7 days per week, together with 1 waking night staff from 10.00pm to 7.00am and 1 full-time equivalent wellbeing worker(s) operating a minimum of 10 hours per day, subject to the needs of the scheme.
- 4.6 The proposed contract should reflect a core and flex model of delivery, thereby allowing the introduction of more workers as the above balance is achieved and the number of tenants with care and support needs increases. It is also proposed that new referrals for tenancies at the 2 selected schemes should be screened to identify those with either medium or high care needs as part of maximising the use of support in the scheme.

5.0 CONSIDERATION OF ALTERNATIVE APPROACHES

- 5.1 The 'wrap-around' model of care and support would provide a flexible offer to service users within the proposed scheme and provide a valuable sliding scale of support as individual needs change thereby preventing the requirement for additional services, including potential admission to residential care.
- 5.2 Whilst the Local Authority could continue with the current model of provision in the Borough, the recommended proposal will help improve outcomes for older people in need of care and support and is a more cost effective proposal in the long term which has been recommended previously by the Council, through its Vulnerable and Older People's Housing Needs Assessment as well as sector based peers.

6.0 IMPLICATIONS FOR LOCAL PEOPLE/SERVICE USERS

- 6.1 The introduction of a care and support element within extra care will provide a valuable, further support option for older people with care and support needs and contribute to improvements in the health and wellbeing of tenants, thereby enabling them to better participate within their communities and reduce the effects of isolation.

7.0 FINANCIAL IMPLICATIONS

7.1 The financial implications of the proposal to introduce a 24 hour care/support model into 2 of Barnsley's 4 extra care schemes is outlined below and summarised in the attached Appendix A.

7.2 Existing Provision

The current extra care housing schemes offer the following services: on-site housing related support, property management support and overnight safety and security through the Central Call monitoring / response service. Housing related support (low level support) is provided under a block contract funded by the Communities Directorate at an average cost of £45K per scheme. Property management / maintenance is provided by the registered housing provider and funded through levied rent and service charges on tenants (eligible for housing benefit support). Call monitoring/response is provided by the Assisted Living Technology service and funded by a charge to the tenants (average income of £9k per scheme).

Currently, care support is delivered (by various external domiciliary care providers) through care packages to individual tenants with assessed needs and eligible for social care support. Around 41 tenants in both identified schemes are assessed as requiring care support, of which 17 are BMBC social care funded clients (homecare /direct payment provision) at a cost estimated at £185k.

7.3 Proposed model

Paragraphs 4.4 - 4.6 outline the on-site care support model proposed for both identified schemes. The table below gives a breakdown of the potential cost / investment required to implement a 24 hour care / support provision across 2 schemes based on the proposed model:

	£
Estimated contract cost (care provider)	293,095
Less existing funding:	
Housing support funding	-45,000
Central call / response charges	-8,034
Total net cost for 1 scheme	240,061
Total net cost for 2 schemes	480,122

The estimated contract cost is based on an assumed hourly rate for care (including waking nights) and wellbeing support workers applied against an estimated total number of hours of provision per annum. It is also assumed that the funding contribution from Communities Directorate for housing support as well as charges for the central call response service would continue as present.

The following summarises some of the key assumptions and factors for further consideration:

- i. The actual tendered hourly rate of provision (via the procurement process) may be higher than the assumed rate used in the costing above.
- ii. Above costing is based on current needs profile / number of social care tenants at both schemes. Whilst, the aim of the scheme is to re-balance the proportion of social care and non-social care tenants this is unlikely to be achieved in the short term. As a result it is not anticipated that the implementation of this scheme would result in cost savings from reduced admissions to residential care in the short term.
- iii. It should be noted that as the number of tenants with care and support needs increases, an increase in staff would be required resulting in increased contract cost (based on the core and flex model of delivery).
- iv. The above funding requirement would be mitigated or reduced as some current tenants in receipt of care packages (estimated at £185k) cease their existing provision and transfer their care to the on-site provider. There is always the small risk of some tenants that would choose to retain their existing care provider (or direct payment provision).
- v. Assessing of tenants to the care element of the on-site model would be based on assessed care needs (including a financial assessment). As a result self-funding tenants with care needs would be expected to make a contribution towards any care provision of the on-site model.

7.4 Funding and value for money considerations

It is proposed that the required funding requirement (FYE £480k) is contained within the existing resource envelope for Adult Social Care through the realignment of the Older People residential / nursing care provision budget. The increased level of recurrent health funding / contributions towards cost of care packages and the effective monitoring of direct payments accounts mean that there is scope to fund this requirement from existing resources.

Whilst the current profile of tenants in the schemes is unlikely to yield any significant return (or cost savings) on investment in the short term, nevertheless extra care housing schemes (with a high proportion of tenants with medium to high level care needs) has been demonstrated to be a cost effective option for supporting Older People in the community (and an alternative to residential care provision).

8.0 EMPLOYEE IMPLICATIONS

- 8.1 There are no implications for Local Authority employees emerging through the recommended proposal. However, there are potential implications for staff employed by the current housing provider which is providing the low level support within the schemes, through the tendering process for the procurement of a care and support provider..

9.0 LEGAL IMPLICATIONS

- 9.1 In relation to current tenants within the Scheme, the Service Director (Legal Services) has advised that whilst the Authority can actively work with those service users in receipt of a care package, at present, to transfer their care to an on-site provider, there is no legal obligation to do so. However, there could arise a financial risk to the Authority should individuals choose to retain their current care provider or direct payment.
- 9.2 A further review of current tenancy agreements is required should the Council change the current provision around housing related support. For existing tenants it is likely that a variation to the tenancy agreement would be required. For new tenants, reference to the on-site care provider could be included within the tenancy agreement. In order to remain compliant with the Care Act (2014) individuals would retain their right to change care provider should they wish to do so.
- 9.3 Existing tenants pay a nominal fee for access to the Council's response service. Again, the Council would be unable to make it a mandatory requirement that service users change this arrangement as individuals retain the right of choice over how their needs are met. However, this would be something which the Council could offer or encourage as an alternative arrangement.
- 9.4 For new tenants, the Council and Housing Provider could consider the inclusion of a nominal fee for on-site service provision, as part of a service-level agreement. This would clearly identify the respective role and responsibilities of each partner.

10.0 CUSTOMER AND DIGITAL IMPLICATIONS

- 10.1 There are no implications for accessing services through the current range of channels and there should be no impact upon the onus in favour of Digital First transactions.

11.0 COMMUNICATIONS IMPLICATIONS

- 11.1 Subject to the proposal being approved and adopted, steps will be taken to commission and procure a care and support provider, after which information for the benefit of service users, families and the media will be developed on the new scheme.

12.0 CONSULTATIONS

- 12.1 Consultation on the proposal(s) has been conducted with tenants in the 2 proposed extra care schemes with the response that 24 hour on-site care would be welcomed by most tenants. However, the following comments were raised in relation to the proposed change:
- Tenants are concerned over increased costs and the majority were unwilling to pay a voluntary contribution towards this.

- Service users with existing care packages expressed that they would wish to keep their current provider but would consider utilising the on-site support provider in the evenings and at weekends, in terms of maintaining wellbeing, as care provision would need to be in line with an individual assessment.
- Tenants are concerned that they would lose staff currently supporting them through the current schemes and with whom they have formed good relationships.

12.2 Consultation has also been carried out with the current housing providers who commented on the following:

- Concern over whether the proposed model of extra care with a care element, is achievable.
- The impact in relation to the housing management function.
- The impact on tenants of the potential need to increase rents in order to cover costs.
- Achieving the right balance between care and support.
- Re-addressing the balance between care and support may lead to less referrals for extra care as it may be seen as a care home.

12.3 Should the proposal be recommended for approval by Cabinet, further consultation will take place with current tenants as part of implementing the 24 hour care and support model. In particular, consultation will be required with current tenants who are in receipt of a care package in order to share with them, the benefits of having one provider offering 24 hour care and support within the scheme as part of a more holistic approach.

12.4 The Council's Senior Management Team has been consulted on the proposal and is supportive of this development to extra care in the Borough.

13.0 THE CORPORATE PLAN AND THE COUNCIL'S PERFORMANCE MANAGEMENT FRAMEWORK

13.1 Barnsley MBC Corporate Plan (2017-20)

13.2 The proposal to introduce a care element into 2 of the Borough's Extra Care Schemes, will support the Council's policy outcomes of reducing demand for services through access to timely help and in helping people live healthier, happier, independent and active lives.

13.3 The Corporate Performance Report for Quarter 2 indicates that the number of admissions to residential and nursing care among people aged 65 or over during 2018/19 is considerably below that of the corresponding period in 2017/18. Currently, the Authority's performance reflects that we are on track to achieve and better our year-end target for 2018/19. The availability of extra care accommodation with on-site care and support would help further reduce admissions into residential care.

13.4 Barnsley Health and Wellbeing Strategy (2016-20)

- 13.5 As part of its whole-systems based approach, the Borough's Health and Wellbeing Strategy enables a focus on innovation and outcomes in order to meet the significant challenges of an ageing population in which people are living longer but with a concomitant rise in the number of people with a long-term condition and who require care and support.
- 13.6 The introduction of a care element into the extra care schemes envisaged, will help in the prevention of older people in need of care and support from entering residential and nursing care in the long term, whilst, at the same time, maximising independence and avoiding social isolation. Maintaining the health and wellbeing of these people will enable and inspire them to continue to play a rewarding role in their communities, based on their years of experience and build valuable social capital.

14.0 PROMOTING EQUALITY, DIVERSITY AND SOCIAL INCLUSION

- 14.1 The proposal, if approved, will continue to meet the specific care and support needs of individual service users with a protected characteristic as defined by the Equality Act (2010) and Public Sector Equality Duty. This will be an explicit requirement within the specification for the scheme which will form an integral part of the commissioning and procurement of the care and support provider.
- 14.2 A full equality impact assessment of the proposed scheme will be undertaken, during 2019/20.

15.0 TACKLING THE IMPACT OF POVERTY

- 15.1 The proposed model of extra care would have no adverse impact upon the Borough's strategy and plan for tackling child and family poverty. In September 2017, Full Council approved, for adoption, a revised policy of financial charging for adult social care packages. However, for those service users who, following a financial assessment, are assessed as being unable to afford to pay a full or partial contribution towards their care and support package, their entitlement to fully funded care and support will remain unaffected.

16.0 TACKLING HEALTH INEQUALITIES

- 16.1 Please see Paragraphs 13.5 and 13.6 of this report.

17. REDUCTION OF CRIME AND DISORDER

- 17.1 There are no implications for tackling crime, disorder and anti-social behaviour or in promoting community safety, emerging through this report.

18. RISK MANAGEMENT ISSUES

- 18.1 Whilst the proposal would reduce dependence on alternative and additional services, including admissions to residential and nursing care, it could limit the level of choice available to service users, in terms of their care and support provider,

although individuals would still retain the option of receiving a direct payment to arrange their own care and support.

- 18.2 Equally, the advantages and benefits of the proposals are based upon assumptions concerning the level of need, which are highlighted in Section 7.0 of this report. These, together with the legal considerations indicated in Paragraphs 9.1 – 9.3, represent potential risks which will be managed and mitigated as part of service and financial planning and through the Adult Social Care and Health Risk Register,

19.0 HEALTH, SAFETY AND EMERGENCY RESILIENCE ISSUES

- 19.1 There are no implications for the health and safety of the public or workforce arising through the proposal or for the resilience of the Borough in an emergency.

20.0 COMPATIBILITY WITH THE EUROPEAN CONVENTION ON HUMAN RIGHTS

- 20.1 The proposal would be compatible with the EU Convention.

21.0 CONSERVATION OF BIODIVERSITY

- 21.1 There are no implications for the local environment or the conservation of biodiversity emerging through the proposal.

22.0 GLOSSARY

- 22.1 None, applicable.

23.0 LIST OF APPENDICES

- 23.1 Appendix 'A': Summary of financial implications. .

24.0 BACKGROUND PAPERS

- 24.1 If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made

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