



Leicestershire
County Council



LEICESTERSHIRE ADULTS AND COMMUNITIES

Leicestershire Extra Care Housing Service Standards 2010 – 2015

Promoting Independence...Changing Lives

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KEY PRINCIPLES

LEICESTERSHIRE EXTRA CARE HOUSING (EXTRA CARE SCHEMES)

Extra Care Housing helps create balanced communities with more homes with choice, through increased public funding for housing and the commercial sector.

Leicestershire's Extra Care Housing Strategy 2010 – 2015, aims to reform and modernise traditional residential care provision in Leicestershire to help better meet the needs and expectations of older people in the County, including those individuals who live in their own home and fund their own care and support needs.

The Strategy's vision is to give people in Leicestershire new and modernised specialist housing that is accessible and part of the community and one that older people will aspire to live in.

In Leicestershire Extra Care Housing will be based on three key principles¹:

- To promote independence – the provision of self contained accommodation with access to on site care and support enables individuals to live independently in the community, promote their well-being and help to alleviate social isolation.
- To be empowering – primary health, care and support services should come to the individual, as and when needed, rather than the individual being required to change their accommodation, in order to receive services that can and should be available in the community.
- To be accessible – where individuals live should be designed, or be capable of being adapted, to facilitate the delivery of personal social and health care services.

Extra Care Housing in Leicestershire will be delivered as a model which will assist individuals to carry out day-to-day tasks of independent living for themselves. The model should aim to achieve independence and dignity for individuals and giving them more choice and control.

¹ *Care Services Improvement Partnership: Why do we need Extra Care Housing, 2003*

SECTION ONE: Introduction

1. INTRODUCTION

The Extra Care Housing Service Standards is a key document outlining the design and service arrangements for Extra Care Housing in Leicestershire.

The Service Standards² will inform all interested parties (including prospective residents) as to the nature of the service, how it will be managed and what they can expect from the service.

The Service Standards are intended for use by everyone involved in the Extra Care Housing development process to assist in achieving a high quality and sustainable place to live.

The principles, guidance and requirements define a quality framework to encourage a consistent approach to quality design and service standards within all Extra Care Housing Schemes.

The design of Extra Care Housing schemes will require discussion and further development of more detailed layouts. The Service Standards may not present obvious or standard solutions. Therefore, a Partnership Agreement (Operational Policy) would need to be devised for individual commissioned projects, outlining a more detailed design and service specification relevant to localised developments of schemes. For this reason this document is not intended to be prescriptive.

The Extra Care Housing Service Standards will be subject to regular review and subsequent updating. This will occur as a result of changes in legislation and standards and feedback from providers and developer partners.

1.1. Concepts of Extra Care Housing³

Extra Care Housing in Leicestershire is a new form of housing provision that allows people in need of care and support to remain independent, or age in one place without having to move, in particular to residential care or nursing homes. The concepts of Extra Care Housing are:

- Enabling couples to continue to live together rather than one of the couples having to move into a residential care setting.
- Giving people lifestyles choices and a range of tenure options, with low cost home ownership (including outright sales or shared ownership).

² Leicestershire Extra Care Service Standards 2010-2015 are aligned to the good practice guidance produced by the Care Services Improvement Partnership (CSIP) Housing Learning and Improvement Network: Design and Management Guide, 2008

³ Leicestershire Extra Care Housing Strategy 2010-2015

- Living at home – not in a home, having one's own front door and on-site high quality meals provision, with a main meal available on site each day.
- The design of the building will be adapted to maximise physical accessibility.
- A balanced community will be maintained so that the more independent tenants can support those with higher dependencies.
- Social events and activities will be provided in communal/meeting areas.
- To allow for a flexible and adaptive approach to the care of older people, based on individuals needs and this can increase or diminish according to circumstances. Personal care and housing support will be available on site throughout a 24 hour period.
- The opportunity to preserve or rebuild independent living skills and offer a range of facilities and social activities that are valued by older people and contribute to an active, healthy and interesting life.
- Quality inclusive design of buildings that is attractive but also functional.
- The provision of accessible buildings with smart technology that make independent living possible for people with a range of abilities. Incorporate the usual components of purpose-built self-contained accommodation for independent living, but include specifically equipped bathrooms, communal areas and space for support staff.
- Building a real community including mixed tenures and mixed abilities. Extra Care Housing should be accessible to the wider community and offer the same benefits and services available to all older people.
- Flexibility makes it more cost effective than more conventional forms of care and support, such as residential care – making it an increasingly popular choice for older people.
- Create a culture which puts older people at the centre of services, i.e. choice and control and one where housing, health, care and support providers are committed to quality, supporting independence, being customer focused.
- Working closely with landlords to ensure that appropriate allocations to the schemes are made, including allocating tenancies to people who would otherwise be considered for a residential care placement, so long as they fit with the requirements of the scheme.

1.2. Working in Partnership

Extra Care Housing schemes are developed in partnership (see table below), which include future residents and their families. Successful partnerships should provide high quality, vibrant, safe, attractive, sustainable and well designed schemes that:

- Have an established shared philosophy for both the scheme and support services.
- Meet the identified needs for that which it was funded and develop current best practice.
- Have agreed a design that reflects the criteria outlined in the Design Criteria and established capital and revenue funding arrangements.
- Have an agreed Partnership Agreement and Commissioners Service Specification.
- Have agreed membership of the operational review and monitoring of the scheme, which include representatives from all interested parties.
- Have engaged and or informed the local community, prospective residents and operational staff throughout the development.

The following table⁴ gives an example of the nature of involving partners for planning Extra Care Housing schemes:

(Key: LAs – Local Authorities, ECH – Extra Care Housing)

Partners	Role/Contribution
Providers and Housing Operators	
Housing Associations	<ul style="list-style-type: none"> ▪ Joint working with LAs to develop strategic direction. ▪ The provision of expertise and knowledge to LAs. ▪ Experience in responding to identified need in providing ECH for social rented sector and other forms of tenure.
Independent Sector/Charities	<ul style="list-style-type: none"> ▪ Ensuring engagements in the local ECH agenda. ▪ Helping to inform the demand for ECH. Responding to identified need in providing ECH. ▪ Ensure a choice of a wide range of accommodation options.
Local Authorities, e.g. Social Care	<ul style="list-style-type: none"> ▪ Ensuring utilisation of existing resources

⁴ Leicestershire Extra Care Housing Strategy 2010-2015, Leicestershire County Council, Adults & Communities

and Housing Department	and stock to provide ECH.
Capital Financing	
Housing Assoc/Commercial Lenders	<ul style="list-style-type: none"> Provision of funding advice and financing of developments.
Homes & Community Agency	<ul style="list-style-type: none"> Ensuring they are aware of local developments and future potential bids for funding. Provision of guidance, financing and bidding for future funding.
Elected Members	<ul style="list-style-type: none"> Ensuring that where the local authority is a total or part provider of ECH – suitable financial planning is in place.
Health, Care and Supporting People Provision	
Social Care/PCTs, NHS, Health Authorities, GP Commissioners	<ul style="list-style-type: none"> Planning that appropriate health, care and support services are available or can be commissioned. Helping to inform and develop the ethos behind individual schemes. Ensuring ECH is seen as a core service in meeting the health and social care needs of the population.
Voluntary Sector Agencies/Independent Sector/Support Services	<ul style="list-style-type: none"> Enabling providers to be part of the solution in the provision of services in ECH.
Commissioning	
Health, Social Care and Housing Departments	<ul style="list-style-type: none"> Developing strategic direction for ECH – and to ensure sign up by key stakeholders. Ensuring/facilitating the development of a market which is sustainable and based on locally identified need. Ensuring agencies are working in partnership.
Service Users and Carers/older peoples Forums etc	<ul style="list-style-type: none"> The provision of ongoing input to help shape the development of the strategy and future services. Ensuring the consideration of older people's needs and aspirations.
Elected Members	<ul style="list-style-type: none"> Ensuring members are champions of ECH for the authority.
Development and Implementation	
Planning (Local Authority and Regional)	<ul style="list-style-type: none"> Assistance with identifying and designating possible sites for development. Ensuring that plans submitted to the authority adhere to the LAs ethos of ECH, meet minimum standards, and respond to locally identified need. Ensuring that key individuals are aware of impending applications.

	<ul style="list-style-type: none"> ▪ Assist/guide key individuals through the planning process.
Local People	<ul style="list-style-type: none"> ▪ The provision of input into the design and nature of the scheme. ▪ Ensuring the support of the community in the development of the scheme⁵.
Service Users and Carers	<ul style="list-style-type: none"> ▪ Shaping the nature of the scheme and services to be developed.
Specialist Interest Groups	<ul style="list-style-type: none"> ▪ Ensuring input from key groups to shape nature of scheme if developed for minority community. This may be Black and Minority Ethnic groups, faith communities or groups with specialist interest in older people, e.g. co-housing movement.
Health, Care and Supporting People Provision	
Elected Members	<ul style="list-style-type: none"> ▪ Ensuring elected members are 'brought on board' early in the development of thinking about ECH and the implications for other services and accommodation, e.g. sheltered housing. ▪ The prioritisation of the need for the development of ECH in the authority. ▪ The provision of support to individual schemes being built in individual wards.
Media	<ul style="list-style-type: none"> ▪ Promoting the development of ECH schemes. ▪ The advertising of individual schemes. ▪ The reporting of the success of schemes.

⁵ Brighton and Hove District Council brought together a local community and involved them in the planning of an extra care scheme which was being developed to replace an existing residential care home

SECTION TWO: Service Purpose

2. POLICY CRITERIA

2.1. The Aim of Extra Care Housing is:

- To maximise the independence of older people by providing self contained accommodation and 24- hour care and support tailored to the needs of each individual.
- To add to the spectrum of choice for older people.
- To enable housing and care agencies to respond flexibly and with maximum value for money to meet people's needs.
- To provide the appropriate level of care and support.
- To create a housing culture that requires a different service delivery to that which is delivered by registered care.
- Having no set times for getting up and going to bed or when to have meals.
- Having a choice of what to eat on any given day and of what to buy for the preparation of meals and snacks.
- For residents to stay in their flats or join in with others and be able to close the front door and be on their own.

2.1.1. Extra Care Housing schemes enable older people to retain an independent lifestyle in their own home whilst receiving the care and support services that they need and choose. Extra Care Housing schemes provide services for people in their own locality and community wherever possible.

2.1.2. As residents in Extra Care Housing schemes become increasingly frail, services and support are increased to meet their needs. Normally, residents are able to find the support and care they will need to remain in their own homes as long as possible, without the need to move.

2.1.3. There will however, be situations in which residents' needs cannot be met in Extra Care Housing schemes such as:

- Long term health problems, where access to on-going 24 hour nursing care/treatment is required and can only be delivered in specialist provision, and/or the community nurses can no longer meet the residents needs.
- People whose behaviour challenges the service to the extent that their or other residents' quality of life is substantially and

significantly reduced and where behaviour cannot be mitigated by reasonable management actions.

In such cases individual's needs and wishes should be considered and a re-assessment of risk made, particularly if they are unable to make their own decisions and in such cases where a power of attorney is required. Where the level of risk is acceptable, or can be reduced to an acceptable level, the individual should be enabled to remain in their own home.

- 2.1.4. In some instances there may be complex care packages that are funded by more than one agency. In these cases it is the responsibility of Social Care to liaise closely with Health colleagues throughout the allocation process, and on an ongoing basis.
- 2.1.5. Training will be necessary to ensure that social workers, primary health care staff, medical staff including GP's and consultants and housing staff are all familiar with the eligibility criteria for the service, the scope of provision within it and any move on policies that have been agreed by the stakeholder.
- 2.1.6. Information about the service should be positively promoted to the local community from the planning and development phase right through to the implementation phase. The scheme is likely to be more successful if the service involves the wider local community. Therefore, positive action should be taken to raise awareness and to create opportunities to promote social integration and inter-relationship between the scheme and other local people.

2.2. Direct Payments and Individualised Budgets

- There may be occasions when individuals choose to have their care and support delivered by a third party. Where eligible, this may be available by the Extra Care Housing scheme mechanisms of Direct Payments or Individualised Budgets.
- Careful arrangements need to be in place to ensure that the older person is not at risk and that arrangements for night cover meet people's needs, that the security of the building is not compromised and that the main provider is getting paid for the care and support they deliver.
- These decisions and agreements must be made before the third party provider begins to work in the scheme.

2.1. Resident Information and Budget Arrangements

- A scheme-by-scheme leaflet should be available which explains the different elements of the financial charges and arrangements within each specific service. The 'e' version of the leaflet will be held by

Adults and Communities and Local Housing Districts/Boroughs. It is updated annually using information provided by the landlords and Housing Related Support Services.

- Supporting People funding is available to fund housing related support costs. The proportional splits between rent/eligible service charges/ Supporting People/and Care have to be agreed.
- Where Extra Care Housing schemes offer low level support, for example domestic cleaning, shopping, laundry etc – this is billed direct to the resident at a published rate to an agreed level. These charges should be shown in 'menu' form.
- Where there is a café or meals service, charges are made directly to the resident.

2.2. Enduring Power of Attorney

People moving into Extra Care Housing may wish to consider making arrangements for enduring power of attorney. This process would not be activated until it is required.

2.3. Court of Protection

This service is available for people who need support (particularly financial matters), to ensure that they gain the best outcome for themselves as individuals. This may be in circumstances where there is no enduring power of attorney needs to be overturned.

2.4. Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations and how they should go about this. It also enables people to plan ahead for a time when they may lose capacity. This is particularly important when considering a new tenancy and individuals maintaining a tenancy.

2.5. Advance Directives

This is a way that people can indicate how they wish their care and support to be provided should they become incapacitated. It is good practice for matters like this to be discussed so that the resident families and staff all understand the residents' wishes.

3. DESIGN CRITERIA

In the past older people moved to increasingly institutionalised accommodation as frailty increased or mental health deteriorated. With each move the amount of living space diminished. Part of the ethos of Extra Care Housing is that individuals still require private space as they grow older, that space standards should not drop below a certain minimum, for example 50 square meters.

The criteria sets out the minimum standards that provide a starting point for designs and specifications.

The design of Extra Care Housing schemes should have an overriding commitment to maximise people's mental health and well being, such as ensuring natural light is maximised within the building. Schemes must be imaginative and uplifting, as well as being accessible.

Consideration should also be given to incorporating other housing needs within the scheme, for example general needs or other supported housing services. Other community services may also be developed on the same site (for example a gym, library or shops). Offices may also be available for not for profit agencies whose objectives will enhance the service for older people.

3.1. The Site

Ideally the site should be:

- Easily accessible avoiding steep gradients.
- Integrated and relating to the community.
- As near to public transport links as possible.
- Near services (shops, GP, pub, church etc).
- Able to attract sufficient staff.
- Be aware of the ecological value.
- Consider flood risk zone rating.

The Extra Care Housing schemes will reflect both local need and location. The size and height of the building should reflect:

- The ability of residents to move around the scheme.
- The number of units built should reflect the viability of the service with regard to the local needs and revenue funding required.
- The location and surrounding buildings.

In terms of land, good practice guidance suggests for an Extra Care Housing scheme to be viable it has 45-60 flats, the site area will be approximately between 1.25 – 1.5 acres.

The site must include space sufficient to accommodate a communal garden.

3.2. External

The exterior of an Extra Care Housing schemes should:

- Provide adequate parking to meet the needs of residents, staff and visitors and meet the requirements of the Planning Authority. There should be allocated spaces for adequate number of disabled parking.
- Consideration should be given to the need for additional spaces if day care or other services are being provided on the site. It is recommended that individual spaces are clearly marked out.
- Requirements for an emergency/minibus drop-off under cover, to allow for the anticipated size of such vehicles.
- Need to ensure there is sufficient external space and scooter storage.
- Cycle Racks might be useful.
- A turning area for service vehicles is required by Planning Authority.
- A secure refuse storage area capable of meeting local authority recycling/clinical waste requirements with sufficient external space for various bins.
- A bin store must be accessible.
- Maintenance/Garden store.
- Consideration should be given to install CCTV to front door and car park, linked to the flats.
- Landscaping must be safe and thought-out, reflecting resident's needs and aspirations

3.3 Space Standards

The following standards should be employed when considering space standards:

- Lifetime Homes
- Secure by Design
- Disability Discrimination Act

The following schedule is based on a scheme of 50 flats and gives indication of spaces to consider with suggested floor areas. The type of space and where it will be located within the scheme will depend on the

specific development and may have different requirements in schemes.
The following is an example of space standards to be considered:

Accommodation	Approximate Area
RESIDENTS ACCOMMODATION	
34 No. 1-Bed 2 Person Flats 16 No. 2-Bed 3 Person Flats	51m ² 68m ²
COMMUNAL ACCOMMODATION & FACILITIES	
<p>Main Communal Lounge This room should be located near to and visible from the main entrance with a focal point such as fireplace or similar. Dining and lounge spaces should be linked but should occupy distinctly separate spaces. Views and direct access onto a south facing terrace and garden are a benefit. Alcoves and niches will allow smaller groups to gather together.</p>	1.5m_/resident
<p>Dining Area If possible this room should link to an external terrace to allow dining outside in good weather. This space could be designed in several ways, as a restaurant or café with table service or serving counter, or as a domestic dining room. Space for residents using wheelchairs and walking aids should be allowed.</p>	1.2m_/resident or 2m_/diner
<p>Residents Tea Kitchen This should be adjacent to the lounge and dining space, for use by residents and for refreshments for small functions and could double up as serving counter for main meals.</p>	10m ²
<p>Small Lounges/Hobby Rooms (2 minimum) These spaces can be located on upper floors and used for private parties with relatives, small gatherings, specific activities etc. These rooms should be easily accessible and not located at the ends of corridors or isolated from the main circulation route. The number of these rooms will depend on the size of the scheme and whether the flats are arranged in clusters.</p>	Min 15m_each
<p>Communal WCs These should be located near to entrance area and communal lounge/dining areas and they should be designed for wheelchair accessibility.</p>	4m_each
<p>Assisted bathrooms At least 1 per floor, equipped with baths to allow both assisted and independent use by residents. These rooms</p>	12 – 15m_

should be designed to be as domestic as possible. This space should allow baths to be located in a peninsula position.	
Hairdressing & Beauty Therapy This room could be located near to entrance area and might have a multi-purpose use.	12m_minimum
STAFF & ANCILLARY ACCOMMODATION	
Managers Office The office should be situated with views into the main entrance area, space for desk, computer table, chair, plus two visitor's chairs and document storage.	12m_minimum
Care Staff Office This office should have space for two desks, files storage and table for handover meetings, privacy is important due to the confidential nature of the work.	15m_minimum
Photocopier Area This space could be useful	
Staff Overnight Room with en-suite facilities The need for this space will depend on staff arrangements and whether waking-night staff are employed.	18m_minimum
Staff Rest Room with Kitchenette This room should have space for table and chairs plus a couple of armchairs and to consider a staff smoking area e.g. a covered external terrace.	15m_minimum
Staff Locker/Changing Room & WC All staff will need locker space and possibly an area for changing clothes. There should be at least two dedicated staff toilets with consideration for a separate staff shower.	10m_
Guest Room with en-suite This should be designed for wheelchair user access, accommodating two twin beds with en-suite shower, WC and basin.	20m_
Laundry For use by residents and staff with adjoining external drying yard. It may be appropriate to divide the laundry to provide separate resident and staff areas.	30m
Sluice Room This room is for consideration which could be incorporated into the main laundry.	5m_

<p>Main Catering Kitchen and associated storage & staff facilities The brief for this space will depend on whether a full catering service is to be provided or if it is for a less intensive use, e.g. external caterers.</p>	55m_
<p>Cleaners Storage</p>	5m_each
<p>General Storage</p>	15m_minimum
<p>Re-charging store for electric buggies and scooters</p>	25 – 30m_
<p>Public Payphone This should be for consideration as to whether this is required as most residents will have access to their own private telephones.</p>	
SERVICES & PLANT	
<p>Minimum of 1 no. of Lift to all floors: minimum of 13 person (stretcher size)</p>	2600 x 1800mm shaft approx
<p>Lift Motor Room if required</p>	4m_
<p>Refuse store (including lobby and cupboard for Clinical Waste)</p>	16m_
<p>Recycling collection point</p> <p>Plant Room & Service Risers The size of the plant room(s) will vary significantly from scheme to scheme depending on the method of space heating selected and the extent of individual metering decided upon. Space required for water storage (including the possibility of booster tanks and pumps if the building height dictates) will also vary. As a guide 20-25m_ should be allowed, but specialist service engineer advice on size and location should be sought at the earliest possible opportunity.</p>	6m_
<p>Electrical Intake/Meter Room</p>	10m_
<p>Room for Tunstall Equipment</p>	

Design Checklist, Care Services Improvement Partnership, Extra Care Toolkit, 2003

3.4. Other spaces to consider

In addition to the above schedule other spaces will be determined by factors specific to the site, the scale of the development and local need. The need for such additional facilities may be identifiable but it may still be financially prohibitive.

Other spaces to be considered for additional facilities include:

- Shop
- Library
- IT facilities/Information Points/Touch Screens
- Café/Bar/Pub
- Leisure Facilities
- Outreach staff offices (core & cluster model)

3.5. Dementia and Extra Care Housing

There may some Extra Care Housing schemes, which have specialist units for people with dementia, offering smart technology and distinctive design to help occupiers to find their way around. However, if occupiers are to be able to age in their own dwellings without having to move, then all Extra Care Housing buildings should be designed to this standard.

3.6. Black and Minority Ethnic Groups and Extra Care Housing

For ethnic minorities there is less likely to be a scheme reflecting their own communities in their immediate neighbourhood. For older people from all groups, both majority and minority, religious observance is often central to their lives, but for minority groups living in a setting designed for the majority such observance may be difficult to achieve⁶.

3.6. Handover

The handover from the contractor (developer) to the operational service providers is critical and careful planning is required, this is usually a period of 12- 18 months. Operational staff will need to be familiar with the space, technology, health and safety matters and functionality as part of their induction.

The contractor must provide a Plain English set of information about all the facilities built into the scheme, and practically be part of the induction program to ensure staff know how the building works, what to do if something stops working and how to respond to an emergency.

⁶ *Older Persons Housing Needs and Aspirations Research in Leicester and Leicestershire*, by Salford University, 2010

SECTION THREE: Management Guide

4. MANAGEMENT OF SERVICES

The delivery of services in Extra Care Housing schemes and how services are provided to best fit the scheme, should consider the following key points:

- Extra Care is housing first. It shouldn't be an institution and should not look or feel like one.
- To achieve flexible care, management of care and support needs to take place close to the user.
- Assessment and allocation is a joint function which needs to facilitate scheme objectives such as achieving a balanced community with a positive approach to mental health.

4.1. Models of Care and Support

Existing models of support and care are as follows:

- Housing provider provides housing management, support and care.
- Housing provider provides housing services including support and Social Care provides personal care.
- Housing provider provides housing services and Social Care contract a third party to provide personal care. Support could be provided by either.
- Housing provider manages the building. The support and care are delivered by a provider who also has responsibility for housing management.

The service delivery of Extra Care Housing schemes need to take into account how much management of the care and support component should take place on site⁷.

Services must be provided in ways that maximise dignity, choice and independence, respect for, and autonomy of, residents. Residents have a right to confidentiality and their privacy must be safeguarded. Services should enhance the quality of life of individuals and supporting people in doing things they find difficult, whilst preserving and developing abilities and skills.

⁷ *Local Management of Services, Developing and Implementing Local Extra Care Housing Strategies, Department of Health, 2004*

4.2. Care and Support Services

The following care and support services will be available:

- Assistance with personal care
- Assistance with self-administration of prescribed medicine
- Assistance with daily living
- Assistance to maintain a tenancy
- Help with pension collection and shopping
- Assistance to arrange laundry and domestic cleaning
- Leisure activities and outings

This is not an exhaustive list care and support packages will be individually tailored.

4.3. The Role of the Scheme Manager

The service delivery of Extra Care Housing schemes need to take into account how much management of the care component should take place on site⁸. The role of the Scheme Manager would also include managing contractors and repairs.

Role	Advantages
The scheme manager as a housing manager	
<ul style="list-style-type: none"> ▪ Manages the building. ▪ Manages cleaning staff. ▪ Liaises with care and support or other service providers. ▪ May manage catering staff and handyman service. 	<ul style="list-style-type: none"> ▪ Separation of accommodation and care is more congruent with community care principles. ▪ Commissioners are less likely to insist on registration. ▪ Separating support and care ensures that housing support services in the shape of low level preventative interventions are not lost. ▪ Experience and skills in housing management.
The scheme manager as housing and care manager	
<ul style="list-style-type: none"> ▪ Is involved with staff from partner agencies in allocating places. ▪ Has line management responsibility for both care and support staff. ▪ Probably involved in deciding eligibility criteria for the scheme. ▪ Liaises directly with social workers to increase or decrease care hours. 	<ul style="list-style-type: none"> ▪ Avoids danger of demarcation dispute between care and support workers. ▪ Gives control of quality of care – ensures that the philosophy of independent living will be adhered to. ▪ Provides a seamless service.

⁸ *Local Management of Services, Developing and Implementing Local Extra Care Housing Strategies, Department of Health, 2004*

4.4. Delivery of Care and Support within the Scheme

The roles of care and tenancy support workers may be separate within the scheme, or the two roles may be combined in a single post:

Role	Advantages
Separate care and support worker roles	
<ul style="list-style-type: none"> ▪ Care and support provided by different organisations. ▪ Maintaining a tenancy. 	<ul style="list-style-type: none"> ▪ Benefits from high levels of expertise within separate parent organisations. ▪ Easier to extend the partnership, for example commercial interest and the wider environment.
Care and support roles combined in a single key worker post	
<ul style="list-style-type: none"> ▪ Care and support provided by one organisation or partnering arrangements in place. 	<ul style="list-style-type: none"> ▪ Better continuity of care for users. ▪ Easier to ensure that care is delivered at times appropriate for the users. ▪ Easier to manage contract compliance. ▪ More flexibility in increasing or decreasing care hours – step up, step down approach. ▪ Scheme manager has direct responsibility for training and performance managing staff.

4.3. Managing Care and Support Hours

- Scheme managers with responsibility for both support and care usually have a fixed number of support and care hours which they allocate across the scheme. These hours may be supplemented by the continued support of informal carers, an additional resource which is usually lost when people enter residential care.
- Research by provider suggests care hours tend to rise on entry to the scheme, but by the end of a year they have usually dropped to a level which is slightly higher than they were receiving at home.⁹
- A flexible approach to assessment, and good partnership working, helps to promote a 'step-up step-down' approach to care. This means that care can be increased for short periods of time when needed, and reduced when the immediate difficulty is over.

⁹ Baker, *An Evaluation of Extra Care Scheme*, Hanover Housing Association, October 2002

- A preferred balance is one in which one third of occupants need few or no care hours, one third have medium care needs, and one third have high care needs.
- Leisure and social activities are an important part of Extra Care Housing provision and need to be considered as part of the care and support hours.

4.4. Older People with Dementia

Extra Care Housing schemes aim to provide a home for life therefore they are likely to have a proportion of occupiers with dementia. Generally, if these people entered the scheme before the onset of dementia, they are more likely to be accepted by the community, and will also find it easier to orientate themselves to their surroundings (as they will be familiar) for longer.

Most Scheme Managers seem able to cater for the needs of people with dementia provided that they are not prone to wandering and do not put other occupiers at risk. In such circumstances requirements may include additional staffing, and more specific training for all staff. All staff will need some training in the care and support of people with dementia, regardless of whether the scheme offers specialist care for this group.

4.5. Older People from Black and Minority Ethnic Groups

People from ethnic minorities are generally under-represented in Extra Care Housing schemes. Whilst the reasons for this are likely to be as diverse as the communities affected, some broad similarities apply. Many Asian families are owner-occupiers, so presumably experience the same lack of information about available choices as does white owner-occupiers¹⁰.

5. ELIGIBILITY AND ALLOCATION PROCEDURE

Criteria for entry to the scheme should be decided well before the opening of any scheme and needs to be the result of discussion between all the commissioning partners.

Most Extra Care Housing schemes will offer a home for life, in such cases the balance of dependency within the scheme can only be managed on entry, as people remain there as they get more dependent. Therefore, newly available places may well be assigned to people who are relatively able. The Scheme Manager will be aware (in consultation with the allocations panel) what level of dependency is appropriate in a

¹⁰ *Managing tenancy allocations and maintaining a balanced community within the scheme, Local Management of Services, Developing and Implementing Local Extra Care Housing Strategies, Department of Health, 2004*

potential occupant – but the reasoning behind this should be understood by all relevant parties involved.

Allocation policies and procedures need to be fair and equitable. Access to schemes will be open to all older people whose needs for the service can be demonstrated. High quality liaison between the stakeholders is critical. In making allocations it is important that all partners are represented and that conflicting organisational objectives are made explicit early in the process.

5.1. Eligibility Criteria

Eligibility for Extra Care schemes will be established by the completion of a Housing Needs Assessment, a Community Care Assessment – that will identify both support and care needs, and a Risk Assessment. In addition some prospective residents, for example people with mental health will need a specialist health assessment.

- 5.1.2. Applicants must be in housing need. Individuals' present accommodation may no longer be suitable because care and/or other facilities cannot readily, practically or economically be provided there.
- 5.1.3. The eligibility criteria are a specified minimum and maximum hours of housing, care and/or support needs per week. The minimum levels of assessed need allows for a balanced/mixed community to be retained within the scheme.
- 5.1.4. Care and support plans will be person centred. These should be complied with all residents to reflect the ways that their needs will be met in the scheme. These should provide maximum independence, autonomy, dignity and choice for the individual.
- 5.1.5. Applicants will usually be living in the district/borough council area or be able to demonstrate a local connection – this means that the person lives in the district/borough or lived there for a period in the immediate past or has family in the area (local connection is defined in Section 199 Housing Act 1996).
- 5.1.6. The needs of carers will be considered in the assessment for Extra Care Housing schemes.

5.2. Allocations Criteria

Residents living in Extra Care schemes will have a range of care and support needs. The minimum hours of care and support criteria enables a balanced/mix community to be formed. The principle of maintaining a balanced/mixed community must be considered by the Allocations Panel (usually representatives from housing, care and support teams).

- 5.2.1. Applicants for Extra Care Housing schemes may currently be living in a range of housing, including residential/nursing care or sheltered housing, rented accommodation or owner occupation. Extra Care Housing will provide further support than what they receive in their current home. A more independent lifestyle may be facilitated for some, whereas the provision of regular night care or continually supportive community will be key factors for others.
- 5.2.2. Applicants may have restricted mobility but will be able to cope in a supportive environment. Some people may need a variety of aids and equipment to enable them to function positively.
- 5.2.3. Applicants will not need to move from Extra Care Housing schemes unless their health deteriorates to the point where their care and support needs exceed the level of care and support that the scheme can offer.
- 5.2.4. Applicants for Extra Care Housing schemes will not currently be suffering from mental health that lead to violent or severely challenging behaviour, unless a scheme with a full risk assessment indicates suitability.
- 5.2.5. Applicants to Extra Care Housing schemes may be in early stages of dementia, but will still be able to make relationships, function within a daily routine, have some knowledge of their surroundings and/or be in a supportive relationship within the scheme.
- 5.2.6. Existing residents whose dementia worsens and those who develop symptoms of dementia will continue to be supported within the scheme. If however, behaviour is severely challenging or anti-social and/or people become a danger to themselves or others, then a further joint risk assessment will be undertaken. Where residents needs increase to the extent where they are unable to be supported within the scheme – a further joint risk assessment will need to be undertaken as part of the joint move on process.
- 5.2.7. It is recognised that residents will need flexibility in the provision of care services and that this and support needs will change over time. It should be noted that with the high quality of care and support a higher than average number of people are able to die at home if they wish.

6. ALLOCATION POLICY

The purpose of having an allocations policy is to ensure that all partners in the Scheme are involved in the allocation process and that the necessary housing and support assessments have taken place. The policy will also ensure that both initial lettings and voids are handled efficiently and effectively, this should be linked to the local lettings policy/choice based lettings scheme.

It is necessary to ensure that all potential residents have access to the allocation process and that service users and workers are aware of the routes to acquiring the housing.

7. INFORMATION TO RESIDENTS AND PROSPECTIVE RESIDENTS

All partners need to be committed to enabling informed choices to be made in a timely fashion. A leaflet should be produced describing the scheme and the services it provides and pre-tenancy information should be prepared to include:

- Housing rights
- Housing responsibilities
- Eligibility and allocation criteria process
- Charges
- Roles and responsibilities of staff
- How support and care will be delivered
- Agencies involved
- Benefits advice
- Opportunities for social and shared activities

A residents handbook and service user guide should also be provided that is specific to the scheme, it is suggested the following should be included within the handbook:

7.1. Resident's Handbook and Service User Guide

As good practice Resident's Handbook and Service User Guide should be provided that is specific to the scheme. Information should include:

- An explanation of the philosophy of the service.
- The eligibility criteria and allocation process.
- How care and support needs are assessed and provided.
- The services that are provided.
- The role of the Scheme Manager.
- Role of the carers and support workers.
- The charges that will be levied rents, service charges, housing related support charges, Fairer Charging arrangements.
- An explanation of the housing related support services provided at the scheme.
- The local facilities available both in the scheme and in the wider community.

- The social activities provided.
- Floor plans of the individual flats together with measurements.
- Useful community addresses such as the GP, chemist, Community Psychiatric Nurse etc
- The arrears policy covering both rents and Social Care charges and also information on how to access welfare advice and debt counselling.
- The complaints procedure.
- The participation policy, which outlines how residents will be involved in decision-making.
- Equality and Diversity policies.
- Nuisance and eviction policies.
- The procedure if a resident is absent e.g. goes into hospital.

7.2. Information for New Residents Handbook

Suggestions for information for new residents include:

- Tenancy handbook including the tenancy agreement, benefits advice, repair and maintenance obligations, and the consultation process.
- A map of the scheme and one of the local area.
- Services provided.
- Information about their flat.
- Policies about the scheme, including visitors, pets etc.
- Any additional information required by the Statement of Purpose from domiciliary care provider.

8. INDUCTION AND TRAINING

A service is only as good as its staff and its staff are only as good as the leadership, culture and vision sharing that is offered to them. Although it is not within the remit of this guide to identify and recommend training arrangements - it is important to recognise that services are a combination of professional cultures and that this, must be reflected in any training programmes undertaken or offered to people and should be jointly administered where possible.

8.1. Effective Training

In order to deliver effective training it is important to ensure that sufficient time and funding is available. This will enable the induction training and subsequent updating and good practice training to be delivered to the highest quality. It will therefore, recognise the mix of professional cultures necessary and acknowledge both the complex needs of each individual resident and the overall service within the scheme.

It is necessary to convey the importance of and the commitment of a new culture, which is a combination of housing, health, care and support. Most members of a new staff team will come from one of the above professions.

Time must be committed to ensuring that staff understand and are signed up to the concept of supporting people to do things rather than doing things for them.

All staff need to have knowledge of housing management as well as care and support, it is an integral part of an Extra Care Housing scheme.

8.2. Information for Family Members

The availability of information and training for family members who are carers will be critical to the partnership between the resident, staff and families. Consideration therefore, must be given to their inclusion in some training events and to whether or not specific sessions should be arranged for them, such as risk management.

9. DOCUMENTATION/DATA PROTECTION

Documentation will support partnership arrangements and ensure that all partners are clear about their roles and responsibilities. A Partnering Agreement will explain the relationship between the different partners. It is a standard document agreed by the partners.

9.1. Service Level Agreement /and Care and Support Contracts

There will be service level agreements and care and support contracts explaining the different relationships between stakeholders and their financial and legal roles and responsibilities. The Partnership Agreement (a joint document) will be a major part of the contractual arrangements between stakeholders. A service specification will detail the requirements of social care/housing related support and the invoicing arrangements.

9.2. Management Agreements

These need only to be used where the care provider and landlord are different bodies. Each housing organisation will have its own policies

and procedures. A formal contract will be required that sets the parameters and responsibilities for both the purchasers and providers.

- Within the context of this agreement the following should be considered:
- Minimum contract term and whether it would be a rolling contract.
- Notice required to end the contract.
- Clear definitions of roles/responsibilities of all the parties.
- Details of monitoring arrangements and performance standards requirements.
- Arbitration arrangements.
- An agreed annual budget process.

9.3. Partnership Agreement (Operational Policy)

This should be provided as a working document for all staff and should give clear directions on a scheme-by-scheme basis.

It should be provided by the housing provider for the Project Team in consultation with purchasers, working partner agencies and scheme staff. It should be a guide to consistency and good practice in the every day running of the service and should be subsequently amended and updated regularly.

It is recommended the Partnership Agreement should include:

- Aims and objectives of the service
- Philosophy of care
- Promotion of and integration with the local community
- Allocation policy
 - Eligibility
 - Process
- Tenancy Agreement
- Support Arrangement
- Welfare rights advice
- Medical arrangements for residents (each must be registered with their own GP)
- Medication
- Hospital admission
- Notification of resident's absence procedure (as a safety measure)
- Staffing arrangements
 - Hours
 - Reporting in
 - Clear statement of roles and responsibilities of different staff posts (including limitation of roles)

- Rota
- Use of Agency staff
- Sickness
- Annual Leave
- Disciplinary Arrangements
- Training
- Sleep-in
- Deputising
- Administration
- Record Keeping
- Scheme log
- Use of passkey
- Accidents
- Standards
- Security
- Health and Safety
- Resident participation
- Operational of laundry service/s
- Meals service
- Social activities
 - Use of space in scheme by outside individuals or organisations
 - Residents Committee
 - Social Fund
- Life long learning
- Cleaning arrangements for both flats and communal areas
- Reporting repairs
- Gardner/handyperson
 - Hours
 - Job Description
- Activities Organiser
- Administrative support

10. QUALITY ASSURANCE, MONITORING & REVIEW

There will be a need to oversee the development and letting of a new service is a crucial part of the Quality Assurance process. Once the scheme has been designed, constructed the Project Team will still have a number of specific tasks to undertake to ensure the Quality Assurance process is fulfilled.

10.1. Review of the Scheme and the Development Process

The purpose of these reviews is to assess new learning about the building and the service, resolve problems relating to the development and oversee the lettings process. Reviews will need to be held at regular intervals.

It is recommended Reviews are held:

- 3 Months

- To identify and resolve urgent, incorrect assumptions and decisions made during the development process about support arrangements and levels of care.

- To ensure action is taken to remedy any problems relating to the building.

- 6 and 12 months

- To rigorously and robustly review all elements of the development process and the scheme.

- It is essential that the review 'pass-ported' any lessons learnt to existing or subsequent schemes.

- The 12 month review should be informed by an annual residents' survey, which will then be made available to the Joint Advisory Group (JAG).

- Firm action must be taken at all three reviews to ensure problems are managed and errors are corrected wherever possible.

10.2. Joint Advisory Group (JAG)

A Joint Advisory Group (JAG) should be established and meet a minimum of four times a year. The JAG should include partners and must include the following group members:

- Scheme Manager (and Housing and Support Manager if different)
- Scheme Manager's Line Manager
- District/ Borough Council representative
- Care Provider Manager
- Social Care Team Manager
- Housing Related Support Manager
- Health
 - Finance representative (where Health are providing funding)
 - Clinical representative (where residents need a health input)
 - PCT representative
- Resident representative
- Carer representative

It will be the responsibility of the members of the JAG to ensure that they have a working knowledge of the scheme and its services through the visits and resident information.

The Group has responsibility for ensuring the following tasks:

- a) That the allocations to the scheme are in accordance with the County Allocation Policy and will address any issues that arise during the allocation process.
- b) Agreeing quality assurance information acquired from residents surveys, housing related support assessment framework, Social Care and Domiciliary Care Standards.
- c) Receiving and considering budget information to facilitate timely adjustments when required.
- d) Ensuring that timely and appropriate responses are made to difficulties identified by either purchaser or provider.
- e) Annual Review of Partnership Agreement.

10.3. The Annual Budget Review

This meeting will include all commissioners – and will receive and consider available information from all sources and makes any necessary service and budget adjustments.

10.4. Care and Support Quality Monitoring

Social Care monitors and reviews the quality of all services on behalf of individual service users. This includes the care element for those living in Extra Care schemes supported by a Social Care contract. Housing related support services will be monitored through the quality assessment framework. Monitoring visits should be aligned and diplomatic negotiation may be necessary to create a shared vision.

Leicestershire Adults & Communities Contracts Team will undertake monitoring of the service against the Social Care Service Specification. The Service Specification contains explicit standards relating to aspects of the environment, care and support practice and the management of the scheme.

11. STAFFING

All staffing arrangements need to be flexible and capable of change as people's needs and/or the scheme changes and develops. The essential element is that all partners work to the same vision so that success will be achieved.

The success of any service depends on a common understanding and a shared vision underpinned by sound and practical day to day working arrangements. Lines of responsibility and accountability must be clear and unambiguous. The use of Partnership Agreements may be helpful. Key success criteria include:

- Clear and professional on-site management.
- The ability to work co-operatively and to network.
- The ability to create formal and informal relationships between stakeholders.
- Flexibility to facilitate an integrated and workable system of management and service delivery.
- The availability and use of a range of skills and experience.
- The involvement and participation of service users/residents.
- Systems of monitoring and review.

11.1. Scheme Manager

It is vital to be very clear about the range of duties and responsibilities of the Scheme Manager and that all parties share this understanding. It is important that the recruitment process and the salary of the Scheme Manager should reflect the complex nature of the role and its range of responsibilities that include housing management, support, care and a range of ancillary services (e.g. café, day services etc). All stakeholders could be included in the appointment of new Scheme Managers.

Central Control services (call centres) can provide back up in Extra Care Housing schemes if multiple emergencies occur or as an extra backup to night staff. As 24 hour care and support is provided management arrangements are required. A reliable and effective communication system is therefore essential for emergencies. Staff should be clear about deputising arrangements.

12. NEEDS AND RISK ASSESSMENTS

Assessed referrals by Adult Social Care will identify the needs and risks and determine the care and support services needed by individual residents. Assessments must take place prior to an applicant being nominated to the scheme and will be reviewed at regular intervals.

Assessments must be co-ordinated from Health, Social Care and Housing. From this information providers can create a complimentary care and support plan. A plan is required for each resident, which is updated against changing needs.

If residents need 24 hour nursing care or one to one support on a 24 hour basis then it will be necessary to reassess the ability of the service to meet their needs.

13. HOUSING MANAGEMENT ISSUES TO BE CONSIDERED

It should be noted that these issues are suggestions and are neither comprehensive nor exhaustive.

13.1. Service Charges

Items generally funded from the accommodation related service charge include:

- Scheme Manager's costs – the proportion of time spent on housing management.
- On-site office costs.
- Provision for the renewal of furniture and equipment.
- Provision for the servicing of equipment, e.g. fire alarm
- Communal heating, lighting, water supply and cleaning.
- Gardening/handyperson services.
- Cleaning external windows.
- Annual gas and portable electrical appliance checks.

13.2. Housing Related Support Costs

The following items are generally included in the support costs:

- Scheme Manager's costs - the proportion of time spent on support.
- Enable residents to do things for themselves or to assist them with tasks, such as:
 - Helping in securing the flat.
 - Help with individual safety within the flat.
 - Enabling the resident to maintain their flat.
 - Enabling and supporting the resident to promote their independence.

13.4. Pet Policy

A clearly defined pet policy must be agreed and made available to all incoming residents.

13.5. Resident Participation

Opportunities for resident participation should take account the individual and scheme needs. Residents should have the opportunity to be involved in the day to day management of the scheme.

Residents should be kept fully informed and be consulted about any changes that affect them as individuals, or the scheme as a whole. This will include staff appointments.

Any communication with or involvement of residents should be in a form that is accessible to all. Residents must not be excluded from participation due to their cultural, mental, physical or social needs.

The scheme and service must have robust quality assurance systems that involve residents, such as:

- Annual Reviews which include individual interviews or surveys
- Resident Forums.

13.6. Arrears Management

There must be clarity about stakeholder responsibilities on who will lead on arrears collection and how the resident will move through the process.

13.7. Neighbour Disputes and Anti-Social Behaviour

Attempts must be made to resolve neighbour disputes at the earliest opportunity. The roles of the Scheme Manager and scheme staff are vital in providing evidence and in resolving any neighbour problems that may arise. Clear policy guidelines for all to follow are required. The landlord's Anti-Social Behaviour policy is usually relevant and sufficient in managing anti-social behaviour within all schemes.

14. SERVICES TO THE WIDER COMMUNITY

It is very important when developing schemes to recognise their potential to be a resource to the whole community and particularly for older people. The value in creating dynamic and stimulating environment must be maximised. Extra Care Housing schemes should be used for the benefit of the wider community by providing services that the local community want and need, where possible.

14.1. Meals

Wherever possible a café serving meals residents and the local community where possible should be provided in the public area of the scheme, this could be through:

- Locally produced fresh cooked meals delivered to the scheme.
- On site fresh cooked food.
- Independently run café
- Steamed cuisine

The meals service should be flexible, so that residents can cook wherever possible, but access alternatives when they wish. There must also be a choice of menu, this could be from a range of providers.

14.2. Respite/Intermediate care

This requires the identification of separate funding stream to resource the building of specific flats for this purpose. If respite care and rehabilitation services are part of the scheme it is recommended that these services are located in the core of the building.

14.3. Assisted Bathing

As flush floor showers are provided in each flat, assisted bathing areas could be useful for community use. The assisted bathing area should be near the public areas of the building.

14.4. Laundry

A laundry service could be available should community needs indicate.

14.5. Internet Café

New schemes should consider access to the internet and other computerised facilities for use by the wider community.

14.6. Social Activities

These are especially important to encourage integration, reduce loneliness and increase social contact. It is recommended that services must have a range of activities on offer from which people can choose, individually or collectively. These must reflect the user's preferences and choices.

Older people living locally in the community, in registered care and residents of sheltered schemes should be included in activities and events taking place at the scheme or organised by the scheme.

Consideration should be given to identifying unmet needs for services for older people living locally. Using space to meet that unmet need should be encouraged, for example, improving Health & Well-being sessions.

15. CHARGING IN EXTRA CARE HOUSING

Residents in Extra Care Housing schemes pay for the range of services provided through a number of charges. The main charges are rent and service charges, and social care and support charges. However, residents may also pay for meals, activities and other services such as housework and hairdressing.

Where services are integrated arrangements need to be made to account for combined charges, such as combined care/support, or a combined

housing management and support charge¹¹. For example by looking at the percentage of staff time spent on different tasks, such as housing management or housing support, and allocating costs to the various funding sources accordingly, e.g. to rent or housing related support.

15.1. Main Charges in Rented Extra Care Housing schemes

The following table¹² describes the main services, the charges relating to them, the approaches to attributing costs to residents, and the benefits or subsidies available to individual residents.

Main Services	Charges	How cost is attributed to residents	Potential Benefits and subsidies for individuals
Landlord and Housing Management	Rent	Cost relates to the size and attributes of the accommodation.	Housing Benefit (HB)
Additional housing services, e.g. grounds maintenance, depreciation and maintenance of equipment	Service Charges	Total cost distributed between all units of accommodation with variation according to the size of the unit.	Housing Benefit
Housing related support	Support Charges	Traditionally distributed equally between residents but there is now a move towards being based on assessed need.	HB or Fairer Charging assessment for subsidy from the housing related support administrating authority.
Social care	Care charges	Charges will be based on an individual's assessed need as identified through the Single Assessment Process (SAP) assessment and care plan.	Fairer Charging assessment identifies level of charge payable ¹³ .

¹¹ Housing LIN Factsheet 21: Contracting Arrangements for Extra Care Housing 2007

¹² Housing LIN Report: Charging in Extra Care Housing, 19.02.2010

¹³ Fairer Charging Policies for home care and other non-residential Social Services: Guidance for Councils with Social Services responsibilities

In leasehold properties, where a lease is purchased for the whole property, the resident will not pay rent but will pay a maintenance contribution. In shared ownership properties, where a lease is purchased for a 'share' of the property with the remainder rented, residents will pay a smaller amount of rent in addition to a smaller maintenance contribution. Residents who are not eligible for financial help through the Housing Benefit or Fairer Charging systems may be entitled to Attendance Allowance that could be used to pay for these services.

15.2. Self-Directed Support

The development of self-directed support suggests that there will be growing numbers of older people living in Extra Care Housing who will use mechanisms such as Direct Payments/Individualised Budgets to purchase their care from their own choice of provider¹⁴. In addition there will be self-funders who will wish to make their own purchasing decisions.

Where residents choose to purchase care and support from external providers, this has the potential to create long-term difficulties for commissioners and providers. Often the financial viability of an on-site care team depends on the provision of a given amount of care. However, equally the option to purchase externally presents a challenge to commissioners and providers to ensure the quality of their on-site care provision, including waking night time care, makes it a first choice for people moving in to the scheme, and is marketed accordingly¹⁵.

It is necessary to find a balance between protecting the ethos of Extra Care Housing in terms of accessibility of services on a 24-hour basis, and the right of the individual to choose the best provider of their services.

The key issue must be that the service is seen to provide value for money for the individual, as well as meeting their expectations in terms of its quality. How the costs of the service are charged to individual will affect how it is seen in terms of value for money.

Once schemes are up and running residents will get involved with the procurement of future in house provider services.

15.3. Charging for Social Care

The overriding aim of charging for the care provided in Extra Care Housing schemes must be to develop a system that protects the ethos of the scheme whilst being transparent and fair for individuals being charged, and takes account of their ability to make choices.

¹⁴ Department of Health LAC (DH) circular (2009) 1 Transforming Adult Social Care

¹⁵ Housing LIN Viewpoint 13: Individual Budgets, Micro-Commissioning and Extra Care, 2008

One of the core characteristics of Extra Care Housing is to provide:

“individually tailored, flexible and responsive care and support services to individuals in their own homes, cost effectively and efficiently.”¹⁶

A number of factors will need to be taken into account in developing an approach to charging, the objective must be as set out in the Government’s guidance for local authorities on charging for non-residential services:

“Councils need to ensure both that their charging policies are demonstrably fair as between different service users and that the overall objectives of social care, to promote the independence and social inclusion of service users, are not undermined by poorly designed charging policies.”¹⁷

Developing a charging policy for social care provided within Extra Care Housing schemes presents commissioners with a complex set of issues to consider. These include:

Being clear about and promoting the strategic vision for Extra Care Housing within the authority.

- The affordability of the service for residents.
- Developing the most efficient and accountable procurement approaches.
- Maintaining value for money and equity for residents.

Due to the complexity regarding charging, this process will need to be examined in more detail.

¹⁶ Housing LIN Factsheet 19: Charging for care and support in extra care housing, 2007

¹⁷ Fairer Charging Policies for home care and other non-residential Social Services: Guidance for Councils with Social Services Responsibilities, 2003 DH

REFERENCES

The following guidance and publications have been considered when developing this information, acknowledgement is given to:

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- Evaluation of Extra Care Housing schemes, Hanover Housing Association, October 2002
- Extra Care Strategies, Department of Health, 2004 Housing LIN Factsheet 21: Contracting Arrangements for Extra Care Housing 2007
- Fairer Charging Policies for home care and other non-residential Social Services: Guidance for Councils with Social Services responsibilities
- Leicestershire Housing Strategy 2010 -2015
- Local Management of Services, developing and Implementing Local Housing LIN Report: Charging in Extra Care Housing, 19.02.2010

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