

**NORTH YORKSHIRE COUNTY COUNCIL****Care & Independence Overview & Scrutiny Committee****30 June 2016****Dialogue with Providers: Extra Care Brief****1.0 Purpose of Report**

- 1.1 To guide the Committee's question and answer session with providers of extra care in the County.

**2.0 Background and Format of Topic**

2.1 The Committee agreed to hold a series of conversations with providers and organisations that provide social care services in partnership and/or via the council's commissioning arrangements. For this June meeting, it was agreed the focus will be on extra care provision.

2.2 The following will be attending at the meeting:

- Andy Powel, Customer Services Director, Broadacres Housing Association
- Clare Charlton, Head of Extra Care, Housing and Care 21.
- Paula Broadbent, Retirement Solutions Director, Keepmoat (the developer)

2.3 The Chairman will invite each of those representatives present to introduce themselves and, briefly, say something about the organisation they work for - what it does, its mission statement, the nature and status of the business, its size/commercial and community reach etc.

2.4 After this, and before the start of the Q and A session, the Chair will ask the Corporate Director for Health and Adult Services to set the scene by saying something about how the authority's position on extra care and varying operating models in place, the business case, the scale of provision, how it meets need, and any proposed changes plans for the future.

2.5 The long list of proposed questions below have been agreed by your group spokespersons, who don't expect to cover all the points in one meeting; it is for you decide which areas to explore. The list has been sent to the representatives well in advance of the meeting.

**3.0 Committee's interest in Extra Care**

3.1 Extra care housing is housing designed to have care arrangements on site. This ranges from low to high intensity care with low to high dependence and varies from staying put services such as home help and floating support.

3.2 The rationale for extra care -as far as the authority is concerned - is that:

- extra care housing acts as a preventative model, supporting independence and avoiding admissions into residential care;
- extra care housing is a more cost effective model of care delivery than other models, including residential care and care in the community

3.3 Generally, most extra care housing appears to reflect the three tenets of: (i) flexible care, (ii) independence, and (iii) homeliness. In addition, extra care may fulfil a role as:

- a direct alternative to a care home (or other institutional setting) for those with moderate-high care needs; or
- prolonging a period of independence for those with low or no care needs; or
- a form of housing for older people who anticipate future care needs; or
- Simply an alternative form of housing for those older people regardless of current or anticipated care needs.

#### **4.0 Care considerations - focus on resident and tenant: Possible discussion points**

4.1 Is extra care promoting Independence?

- a) How does it take the pressure off carers and families who may be struggling to cope with increasing dependency?
- b) What is the extra care component typically made up of? Do we distinguish between support, domestic services and care, is that sensible? How do we avoid unhelpful "seams" in service delivery?
- c) What is the usual pattern in terms of peoples' care needs when they enter extra? Do they reduce? If so, to what extent? [Issue here is if they reduce to a level where care not required]
- d) How do we provide for people with dementia (early and late stages) in an extra care environment?
- e) How do we ensure that close attention is paid to initial and ongoing allocations to ensure that overall dependency levels do not rise to high (see question below) - or fall too low for that matter (too low and do not utilise the enabling benefits of extra care housing) - to help shape a vibrant community
- f) Do we look to ensure occupancy across the range - learning disabilities, mental health problems?
- g) How to balance the need for security and encouraging people to do more for themselves

#### 4.2 A home for living and a healthy home for life

- h) How can we secure a good standard of social life -especially when people don't know their neighbours? [is it a question of design of building as well as facilities]
- i) What opportunities and time is there for the support staff to genuinely get to know the residents and thus for residents to learn to trust them?
- j) Involvement and engagement with residents - How do providers go about ensuring that residents views about facilities and community living are taken into account - what consultation methods are used What do people say. And how do we avoid making people think that consultation about changes is a precursor to reductions?
- k) How do we know design reflects people's wishes and aspirations?
- l) How difficult is it to build a community spirit when people have mixed levels of dependency and differing levels of need?
- m) How do we promote the mutual support of residents to reduce the need for care and support?

#### 4.3 The home in the community

- n) Two way community use - How are peoples actively encouraged to participate and volunteer in the community and vice versa? Notwithstanding the need for a security and enclosed environment
- o) Links to schemes in the community - digital age inclusion courses, other clubs, hobbies social activities and groups
- p) How can the home be a good neighbour - involving the general public?

### **5.0 Performance and outcomes: Possible discussion points**

- a) How does the directorate establish/validate that the rationale has been reflected in outcomes and that is delivering the outcomes that were predicted and expected? What qualitative and quantitative data/information do providers and commissioners use?
- b) What evidence do we have that it enables people who may be at crisis point to avoid residential accommodation?
- c) Demographics, profile, sense of the average length of stay etc

### **6.0 Strategic issues of wider significance in terms of budgets and activity, policy making: Possible discussion points**

#### 6.1 Accountability and challenging decision makers

- a) Is extra care in its current form still relevant, is it still modern? Are decisions made earlier on - about models of care and partnership arrangements, for example - still valid?
- b) How does it compare to other alternatives (domiciliary care in own home, sheltered housing with support, very short domiciliary care, residential care, EMI

residential or nursing care provision, nursing care) and, locally, what is the relationship between them

- c) Financial benefits, ie and actual savings and avoided costs.
- d) Are there any concerns that homes will become "residential-lite" homes by stealth - is high and medium dependency where the most cost savings are to be found?
- e) Dedicated on site team versus community based care? Which works best?

## 6.2 Is the rationale and principle that extra care works still valid

- f) What changes might the authority need to make for the future?
- g) Is the set up - partnership arrangements etc - flexible enough should changes need to be made as policy and statutory needs changes eg Dilnot
- h) Are we expecting the financial advantages to remain?

## **7.0 Partnership concerns and interest - The nature of the relationship. Possible discussion points**

### 7.1 Commissioning options

- a) What's the optimum type of contractual arrangement - need for care? Support and domestic services integrated
- b) How does the authority assist providers to forge community links?

### 7.2 Design:

- c) What are the key element in making a design positively welcoming to families and individuals? How has thinking on design changed over the years?
- d) How can we ensure in design terms that extra care looks and feels like housing first, not an institution - is there is a clear distinction between Extra Care Housing and residential care as recognised by the Care Quality Commission
- e) What are the prerequisites that extra care must have from a developer's point of view?
- f) Physical layout has to be open enough to promote and reinforce sense of independent belonging whilst promoting enclosed environment that places considerable value of safety. Is there, therefore, a danger that the layout, structure becomes outdated? What happens about refurbishments? Where does the capital investment come from
- g) New build or more opportunities for conversion?

## **8.0 Commercial/Business considerations**

- a) Living Wage, recruitment and retention, the problems of staff turnover, Terms and Conditions and the profile of staff – gender, age. permanent, temporary, sessional, relief, level of experience etc
- b) Self-directed support and its impact upon the viability of providers
- c) Are people opting in or out of existing options and services? Influence of personal budgets - does that improve or challenge viability for providers

- d) staff training - what's needed etc., thoughts generally
- e) The rural dimension - problems running extra care in a predominantly rural environment.
- f) Regulation - How this is perceived by providers, the extent to which it is helpful/a burden. Experiences of the CQC regime.
- g) Standards in personal/domiciliary care.

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