

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 12th January 2016

Decision Type: Non-Urgent Non-Executive Non-Key

Title: Extra Care Housing Update

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Chief Officer: Stephen John, Assistant Director with Statutory Responsibilities, Adult Social Care, Education, Care and Health Services

Ward: Borough-wide

1. Reason for report

- 1.1 To update the Care Services PDS Committee on the current void status within both the commissioned and LBB ECH schemes
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2. **RECOMMENDATION**

- 2.1 The Care Services PDS Committee is asked to note and comment on the attached report.

Corporate Policy

1. Policy Status:
 2. BBB Priority:
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Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Recurring Cost: Existing cost is £3,021,000. Future costs dependant on outcome of any tendering exercise.
 3. Budget head/performance centre: Adult Social Care – Assessment & Care Management and Direct Care Services
 4. Total current budget for this head: £1,797,000 and £1,224,000 respectively
 5. Source of funding: Adult Social Care Base Budget
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Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: N/A
 2. Call-in: Not Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 283 apartments
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Ward Councillor Views

1. Have Ward Councillors been asked for comments?
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 The Service:

Extra Care Housing in Bromley is provided across the borough in 6 schemes with a total of 283 apartments. Of those 271 are available for long term tenancy lets and 12 are set aside for assessment purposes. 2 schemes are owned and managed by Affinity Sutton who are the landlords for Norton Court (NC) and Durham House (DH) and one by A2 Dominion who are the landlords for Apsley. Within these 3 schemes LBB Direct Care currently provides the care and support. The other 3 Schemes are owned and managed by Hanover Housing Association with two external care providers, Mears Care in Crown Meadow Court (CMC) and Sanctuary Care in Regency (RC) and Sutherland Court (SC)

3.2 There is a policy governing nominations giving priority to the Hanover Schemes to meet the aims of a zero void target within that service because of the financial implications. All staff follow this policy and nominations are defaulted to the next longest void by the ECH Administrator. Exceptional to this directive would be circumstances regarding safety/risk issues and care management are required to put a case for an exceptional circumstance to the Head of Service for consideration.

3.3 The average length of stay in a tenancy is three years and with an approximate turnover of 20% we would expect an annual movement of around 55 people in and out of the schemes. In the last 12 months care management have submitted 95 service users to Panel for nomination and of those 72 were approved, 17 were rejected and the remaining 6 were deferred. This would indicate that approximately 25% of nominations are unsuccessful at the point of decision making by LBB. There are additional rejections at the point of decision by ECH Providers and a combination of those reasons is stated below.

3.4 Voids:

Extra Care Housing in Bromley was developed with the intention that care services would have 100% nomination rights. It would therefore only be accessible to people who are ordinarily resident in the borough who have been assessed as meeting the eligibility threshold for care and support with housing needs. Any change to the nominations agreement would have to be negotiated with Hanover Housing and would need to be reflected in further legal agreements between the Council and the other local authorities, and between the other local authorities and Hanover Housing. Under the current contractual arrangements other Local Authorities cannot therefore be offered the opportunity to nominate people for an apartment.

3.5 The Council has nominations agreements with Hanover Housing for RC, SC and CMC. These legal agreements give the Council the right to nominate people to the extra care schemes and set out the eligibility criteria as agreed with Hanover Housing and in accordance with the funding conditions set by the Homes and Communities Agency. The criteria refer to the requirement for nominees to have a local connection to the area as defined by DCLG in their Homeless Code.

3.6 Current position

As of the 8th December there are 23 voids across all 6 schemes with 13 voids in Hanover and 10 in the LBB Schemes. Of the 13 voids in the Hanover Schemes all

tenancies have been allocated and agreed. Of those 5 will have moved in by the end of December and the remaining 7 are planned to move in early January. The 10 vacant apartments in the LBB Schemes currently do not have a nominated person against them. However; there are currently 4 people in the process of being assessed and nominated for ECH. The situation is fluid and therefore is subject to frequent change.

3.7 Breakdown by Scheme (as at end of November):

Hanover :

CMC has 5 voids ranging from 0 to 406 days

RC has 5 voids ranging from 15 to 439 days

SC has 7 voids ranging from 15 to 155 days.

Of the voids in the Hanover Schemes two predate the January 15 hold relating to the Lubbock closure described below. Apartment 10 in CMC (406 days) and apartment 39 in RC (439) days have been void for this period because they have two bedrooms and are only filled if there are no one bedroom apartments vacant (the provision of two bedroom apartments was a condition of the funding received by Hanover from the Homes and Communities Agency).

LBB:

NC has 7 voids ranging from 28 days to 322 days

DH has 4 voids ranging from 22 days to 203 days

Apsley has no voids.

The reasons for voids are varied and are detailed below.

3.8 Closure of Lubbock House

A directive was given in December 2014 to put a hold on offering tenancies in ECH because of the possible closure of Lubbock House. The hold was implemented on the 22nd January 15 and at the point of releasing the tenancies in June 15 there were 27 SUs on the waiting list. This was in addition to the 15 SUs who were transferred from Lubbock in to 8 tenancies in LBB's DH and Apsley schemes and 7 in the Hanover CMC and RC schemes. These Service Users were given choice as to where they would like to move to hence the 8 tenancies in the LBB schemes being filled when there were voids in the Hanover schemes.

3.9 Based on that information the Head of Service estimated that all voids in Hanover would be filled by the end of September 15. However; given the period of time between initially being assessed and agreed for ECH and being allocated an apartment 17 SUs conditions had deteriorated and their needs were too high to be managed in ECH resulting in them being placed in care homes.

3.10 Age Criteria

Of the 271 apartments across the 6 schemes, 36 people are 65 or under (5 of those are under 55). The 36 people occupy 7 tenancies in the Hanover Schemes and 29 in the LBB schemes. The age range in the Hanover Schemes is from 55 because the

landlord has to meet the Home and Community Agencies Agreement to secure funding. Research tells us that other LA's are complying with the age criteria of this agreement. The age range in the LBB schemes is lower because they are not bound by this agreement. Their youngest tenant is 36 (although this is a temporary situation and very unusual), they have 4 tenants between the ages of 40 – 54 and the remaining 32 range between 55 and 65 years of age and are across all schemes.

3.11 Given that ECH is a service for people over 55 and the majority are over 65 with an average age of 78, careful considerations must be given regarding suitability, when considering using the service for younger adults.

3.12 Mental Capacity Act 2005

Under the Mental Capacity Act we are required to ensure that a Deputy or Attorney is appointed to sign a tenancy if a person lacks mental capacity to hold a tenancy or manage their financial affairs. Although this has been law since 2005 in recent years landlords have strictly implemented this aspect of the Act resulting in the requirement of social care to follow time consuming legal processes. The demand on the Court of Protection has resulted in delays of several months preventing offers of tenancies being made or taken up.

3.13 The immediate response to this requirement was to create a process for the council to have a Licence Agreement with willing landlords so that a designated Officer of the Council could sign the tenancy and claim housing benefit on behalf of the SU once the PoA arrangements are in place. Legal has confirmed that there is no financial risk to the Council from this arrangement. After extensive negotiations A2 Dominion agreed to this which has helped fill some voids in Apsley. The Head of Service is in the process of using the positive experience with Apsley to encourage the other landlords, who have so far refused this agreement, to implement it.

3.14 The longer-term measures implemented are for all staff to raise awareness and encourage SUs and their families to complete Lasting Power of Attorney forms before there is a mental capacity issue.

3.15 Safeguarding

There were several safeguarding concerns in relation to Sanctuary in RC, which lead to a 6 week suspension in August/ Sept 13 and a 7 week suspension in June 14 until August 14. This had an impact on the availability of tenancies and on the confidence staff had in the service in that scheme. This has improved and there have been no further suspensions.

3.16 Refusal of Tenancy by the Landlord and or the Care Provider

The list below provides a breakdown of reasons why tenancies were not offered and, where available, the number of people this applies to:

High needs – combination of reasons listed below (16)

- Mental Health
- Dementia (walking with purpose)

- Behaviour issues (call alarm pressing, frequent attention)
- Challenging family members
- Hoarding
- Falls
- Fire risk (smoking, oxygen)
- Admission to hospital
- Prison History – concerns regarding risks to other tenants (3)
- Furniture issues – where existing furniture is infested - (2)

Other reasons for Voids

- Death
- SU/Family refusal – (8)
- Equipment issues.
- Delays in the CM
- Service User/Family refusal

3.17 Service Users or their family are often worried about how they will manage in ECH and some respond well to the information provided by the care manager and from a visit to the scheme to meet the care staff. However; there are others who refuse to consider alternative options to a care home or will refuse once they have visited a scheme.

3.18 Of the 8 people who refused the offer of a care and support plan in ECH 4 were residing in care homes and their family decided to continue to fund them privately. 2 chose to stay in their sheltered schemes and 1 refused because he believed he was too young and there was a lack of specialist care. The remaining person is currently in the complaints process challenging the decision to move relative from a care home to ECH.

3.19 Delays with Care Management.

The demand on care management time in managing service users within the Hanover Schemes exceeded expectation. To address this the Head of Service worked closely with Commissioning to address the issues and jointly provided mandatory training for all care management staff. This resulted in improvements in quality and practice but was not enough on its own to address the issue of delay.

3.20 As a result of a more detailed look at the demand the Head of Service calculated that a person in the Hanover Schemes required at least three additional reviews in a given business year compared to the LBB schemes. This is because unscheduled and planned reviews in the LBB schemes were being carried out by Direct Care staff but CM staff are required to complete this work in the Hanover Schemes which adversely affects capacity within care management. In 2013/2014 the Head of Service began the process of developing a dedicated ECH Team but with no additional resource this had to be found from within existing staff.

3.21 The ECH Team have established close working relationships with the Hanover Schemes and are working with all Schemes to improve processes and address issues as they arise to assist with maintaining tenancies and reduce void periods.

3.22 The other issues listed above are addressed on a case by case basis with care management working closely with the management in ECH to agree a plan around risks and concerns. This is ongoing and success is often dependent on which scheme the nomination is being sent to.

3.23 **Dependency Levels and Age Ranges**

3.24 Dependency Levels:

Dependency levels are worked out in hours across all the schemes. Table 1 below provides recent data indicating that the highest dependency is with 119 service users making up 48% of the ECH population. The next highest is in the low age range with 33% and the fewer dependency levels sit in the medium hours with 19% of care hours.

3.25 Analysis as at Oct 15

Table 1

Scheme	Low < 10 hrs	Medium 10 -14 hrs	High 15 – 20 hrs	Higher 20 hrs +
Apsley	1	1	12	10
Durham House	8	0	3	16
Norton Crt	11	8	9	13
Regency Crt	21	12	9	10
Sutherland Crt	22	8	11	5
Crown Meadow Crt	19	17	9	12
Total	82 (33%)	46 (19%)	53 (21%)	66 (27%)

3.26 Five of the total number of people with a tenancy in ECH are under 55 and of those:

- 1 person has low hrs,
- 3 have medium hrs
- 1 person has high hours.

3.27 Thirty-one of the total number of people with a tenancy are between 55 and 65 and of those:

- 16 have low hrs
- 9 have medium hrs
- 6 have high hrs

3.28 This would suggest that the highest dependency levels are with the adults in the older age ranges.

3.29 Age Range:

As at October 2015 the age range was 36 to 101 and the average age for those between 55 and 101 is 78. For those between 36 and 54 the average age is 46. As can be seen in Tables 2 and 3 below there is a slight drop in the average age since 2013/14. The difference can be attributed to the death of the older extremely frail service users and the age of the slightly younger people entering the service.

3.30 Analysis 2013/14

Table 2

No of Residents	Average Age	Physical Disability	Dementia Specific	Dual Diagnosis	Learning Disabled		Mental Health Specific	Dual Diagnosis
					Phys Dis	Dementia		
(7 Schemes)				Phys Dis & Dementia	Phys Dis	Dementia		Mental Health & Phys Dis
276	80	45%	10%	21%	5%	3%	8%	8%

3.31 Analysis as at Oct 15

Table 3

No of Residents	Average Age	Physical Disability	Dementia Specific	Dual Diagnosis	Learning Disabled		Mental Health Specific	Dual Diagnosis
					Phys Dis	Dementia		
(6 Schemes)				Phys Dis & Dementia	Phys Dis	Dementia		Mental Health & Phys Dis
239	78	39%	12%	21%	9%	1%	17%	20%

3.32 **Summary**

The voids have been a challenge as have the age criteria and managing the dependency levels in ECH.

3.33 The closure of Lubbock House and resulting hold on tenancies for a six month period has clearly recently added to that challenge along with the other issues mentioned above in pages 2 and 3. However; it is anticipated that the combination of a reduction from 7 to 6 schemes and a dedicated ECH Team within care management working jointly with Commissioning, those issues will be addressed. The age criteria will remain an issue for the service provision and dependency levels will continue to be a challenge for all involved given the needs we are required to meet under the Care Act 2014.

Non-Applicable Sections:	Legal, Financial, Personnel , Policy Implications
Background Documents: (Access via Contact Officer)	N/A