

Older People Strategic Review

The Future of Supporting People funded services For Older People in Essex

Draft Recommendations Report

Executive Summary

Version 1.5

1. BACKGROUND

Essex County Council funds through the Supporting People team, Older Peoples' support services across Essex.

The Supporting People team have begun to undertake a series of Strategic Reviews, including the Older People Strategic Review. This review has been prioritised within the Supporting People programme as the number of older people in Essex is set to increase significantly.

This Strategic Review focuses on Supporting People funded services specifically for Older People including Extra Care services, Very Sheltered housing, Sheltered housing and services specifically for Older People with Mental Health Problems.

Careline services, Home Improvement Agencies and Telecare will also be taken into account during this review.

2. METHODOLOGY – what work has been carried out so far?

A business case¹ was produced which identified issues around the delivery of services for Older People in Essex, together with the national and local drivers

¹ See Appendix 3 for the Business Case

for change. The Business Case also sets out the aims and objectives of the review and the organisational arrangements which included the formation of an Older People Review Project Board and Working Group.

A pivotal process of the Strategic Review was the production of the Draft Baseline and Strategic Review report². The report provided a baseline measurement of SP funded service provision to determine whether the current provision and mix of services achieved the aims and objectives of the Strategic Review. The Baseline and Strategic Review also sets out the key issues for SP funded Older People services in Essex.

On the 15th October 2008 Supporting People held a conference as part of the Strategic Review³. The main focus of the conference was the workshops that were held to gain attendees views on

1. The key principles to underpin Older Peoples' support services
2. Future service delivery options and models for SP funded Older People services.

3. RECOMMENDATIONS

The draft recommendations have been developed through consultation, feedback and work undertaken jointly with the Older People Strategic Review Project Board and Working Group. The Draft Recommendation Report is a consultation document for all key stakeholders. Providers in particular should discuss these proposals with their staff and service users, if appropriate, to see if and how they could be applied to services.

10 key principles have been developed with the aim of helping to ensure consistent service delivery.

Accommodation Based Services

The Older People Strategic Review Team, have undertaken an extensive consultation exercise. Three service models have been identified as appropriate for delivering SP funded support services for Older People in Essex. These three models are: Hub and Spoke, Status Quo (traditional sheltered housing model) and Floating Support.

Providers will also need to assess and evidence if and how they provide value for money.

² See Appendix 2 for the Baseline and Strategic Review Report.

³ See Appendix 5 for more information on the conference

Non-Accommodation Based Services

Non-accommodation based Older Peoples' services, namely Telecare, Careline services and HIA's are not focussed on in this review but are referred to in this report. There are currently a number of pieces of work and pilots that are being carried out and will need to complement the recommendations for accommodation based services and adhere to the key principles for Older Peoples' support services.

4. CONCLUSION AND NEXT STEPS

Whilst it is apparent that "one size doesn't fit all" the Recommendations Report has identified a preferred service delivery model. Of the 3 main models research and consultation has shown that the model that best meets the aims and objectives of the Strategic Review is model 1 the 'Hub and Spoke' model. However it is recognised that the 'Hub and Spoke' model may not be appropriate for all services across the County. Therefore it might be that in certain services model 2 'Floating Support', or model 3 'Status Quo' or another alternative model might be more appropriate. The 10 key principles must be met regardless of the model adopted.

The next steps are

- To seek formal feedback on the Draft Recommendations Report following consultation with providers, staff, service users and other key stakeholders
- For the SP Team to attend relevant meetings as requested
- For further meetings to be held with members of the Older People Project Board and Working Group to explore future funding and contractual arrangements, referral arrangements and the approach to implementing the Recommendations Report.
- To continue to work in partnership with Adults, Health and Community Well-being regarding Extra Care services, Home Improvement Agencies, Careline services and Telecare.
- To finalise the Recommendations Report and action plan and present it to the SP Commissioning Body in June 2009.

5. SUGGESTED QUESTIONS FOR PROVIDERS TO ASK TO DETERMINE WHICH MODEL IS APPROPRIATE

Providers are encouraged to use the questions or discussion points set out in this section to start thinking about whether the hub and spoke model is appropriate, how it could work and if not to suggest an alternative approach. There could be a different approach for different services delivered by the same provider.

Contents

1. [Background](#)
2. [Methodology](#)
3. [Recommendations](#)
4. [Conclusion, Consultation](#) and Implementation
5. [Suggested Questions](#)
6. [Glossary](#) of Terms

Older People Strategic Review

The Future of Supporting People funded services For Older People in Essex

Draft Recommendations Report

Version 1.5

1. Background

1.1 Why Review Services for Older People?

Essex County Council (ECC) funds through the Supporting People (SP) Programme, Older Peoples' support services across Essex. The Supporting People team are undertaking a series of strategic reviews⁴, including the Older People Strategic Review. This review has been prioritised within the Supporting People programme as the number of Older People in Essex and their circumstances are set to change significantly. The key changes include an ageing population, an increase in age related health and medical conditions, an increase in the number of Older People and the number of Older People living alone⁵.

1.2 What services are included in the Strategic Review?

This review focuses on Supporting People funded accommodation based services specifically for Older People and does not include services where neither the primary or secondary client group is Older People. The following service types are included in the review:

- Sheltered Housing (including services providing community based support)
- Very Sheltered Housing
- Older People Mental Health Services
- Extra Care Services (SP is working with ECC Strategic Planning and Commissioning Team, who are taking the lead on implementing the Extra Care Strategy)

Home Improvement Agencies (HIAs), Careline and Telecare services are not focussed on in this Strategic Review due to the pilots and work already being

⁴ See appendix 1 for more information on what a strategic review entails

⁵ See appendix 2, for the Final Baseline and Strategic Review report for more information

carried out in partnership with ECC Adults, Health and Community Well-being (AHCW). However they are referred to in this recommendations report.

2. Methodology – what work has been carried out so far?

2.1. Business Case

A business case⁶ was produced which identified issues around the delivery of services for Older People in Essex, together with the national and local drivers for change. The Business Case also sets out the aims and objectives of the review and the organisational arrangements which include the formation of an Older People Review Project Board and Working Group. These two groups oversee the work of the Strategic Review⁷. The aims and objectives of the review are set out below:

2.1.1 The aims of the Strategic Review are to ensure that support:

- is focussed on increasing or maintaining independence and achieving positive and timely outcomes for service users
- is targeted towards Older People who require housing related support, regardless of where they live
- services can accommodate and support the growing number of Older People, including increasing the provision of support to Older People in their own homes.

2.1.2 The objectives of the Strategic Review:

- Examine the current arrangements and identify what changes may be required to achieve the correct mix of needs-led services that secure the best outcomes for vulnerable Older People in Essex in the future.
- Identify how current sheltered schemes can contribute towards achieving good quality support services for Older People and the provision of appropriate or desirable accommodation.
- Identify models for tenure neutral service delivery that are already in place or in development.
- Ensure service users experience a consistent and equitable service wherever they live in the County whilst taking into account local needs, risks and service provision.
- Consider the impact of the introduction of Individual Budgets and self directed support on Supporting People funded services.
- Identify how the use of Telecare can maximise service delivery and help to meet the needs of Older People.

⁶ See Appendix 3 for the Business Case

⁷ See Appendix 4 for the Organisational structure

2.2 Baseline Report and Strategic Review Report

A pivotal process of the Strategic Review was the production of the Draft Baseline and Strategic Review report⁸. The report provided a baseline measurement of SP funded service provision to determine whether the current provision and mix of services achieves the aims and objectives of the Strategic Review.

2.2.1 What are the key issues for SP funded Older People services?

The Baseline and Strategic Review report highlighted the following issues

- 17 % of services will not meet 'decent homes standards' by 2010 (ALMOs have an extension until 2014)
- 41% of services are not Disability Discrimination Act compliant
- 18% of units are bed-sits
- 4% of services will be decommissioned within the next 5 years
- There is an undersupply of Extra Care services across Essex
- Older, not fit for purpose accommodation could impact on the potential for remodelling services into Extra Care-type services
- There is not enough provision to meet current levels of need and this gap is set to increase
- Accommodation based services need to be flexible and tailored to meet changing and individual needs
- There is an inconsistency in service costs and the quality and support provided
- Current support services are weighted towards accommodation based options, in particular Sheltered Housing. This does not offer enough choice for Older People.
- The majority of Older People live in their own homes, with few support services to assist them.
- Older People sometimes have to move into sheltered housing as it is the only housing option offered even though they do not necessarily need or want support

2.3 Conference – 'Future service delivery options for Older Peoples' services in Essex'

On the 15th October 2008 Supporting People held a conference as part of the Strategic Review⁹. The conference was well attended and included service users and representatives from District and Borough Councils, Health and Older

⁸ See Appendix 2 for the Baseline and Strategic Review Report.

⁹ See Appendix 5 for more information on the conference

Peoples' support providers. The main focus of the conference was the workshops that were held to gain peoples views on

1. The key principles to underpin Older Peoples' support services to ensure consistency quality and service delivery
2. Future service delivery options and models for SP funded Older People services.

3. Recommendations

This section sets out the recommendations for the future service delivery of Older Peoples' support services. These draft recommendations have been developed as a discussion tool for consultation with all key stakeholders. Providers in particular should discuss these proposals with their staff and service users, if appropriate, to see how they could be applied to services. These recommendations have been developed through and taken into account

- The draft Baseline and Strategic Review Report findings, questionnaires, focus groups and feedback
- Meetings held with providers, service users, staff and other key stakeholders
- The workshop discussions and feedback gained during the conferences on 30th April 2006 and 15th of October 2008
- The discussions during the Older People Project Board and Working Group meetings that have been held regularly since September 2007
- The Telecare/Careline Conference, including the workshops on the 17th September 2008 and Careline pilots
- The HIA pilots, CLG bid for handyperson services and re-contracting in 2010

3.1. Key Principles for Older People services

The following 10 key principles have been developed. The aim of these key principles is to help ensure consistent service delivery. These should be adhered to by all SP funded Older People service providers:

1. Services should be of a high quality and delivered in the most cost effective way
2. Services should be well publicised to service users in need of housing related support
3. Where accommodation is provided it should be easily accessible and of a good or high quality
4. Services must be flexible so that people can get more or less support when needed
5. Services should provide effective housing related support to help service users maintain or increase their independence for as long as possible. They

should consist of targeted and planned work to achieve specific outcomes for service users

6. Services should be available across the county and to anyone regardless of who owns the accommodation i.e. tenure neutral¹⁰
7. Services should be customer focused and encourage service user involvement and control over provision
8. The safety and security of the service user must be a key aspect of services
9. Services should provide a consistent standard of support staff

The next key principle can only be achieved through a commitment from all key partners:

10. Services should be delivered through a partnership approach and should be integrated with Health, Social Services and the third sector

3.2. Accommodation Based Services

This section refers to the following services:

- Sheltered Housing (including services providing community based support)
- Very Sheltered Housing
- Older People Mental Health Services
- Extra Care Services (SP element only)

3.2.1. Service Delivery Model

The 3 main models of support for Older People that are delivered across the country and within Essex are¹¹

1. **Hub and Spoke or Community Outreach** – Support Workers are based within a scheme and provide support to residents who need and want housing related support based on the needs assessment carried out. The remainder of the support worker's time is spent providing housing related support to vulnerable Older People in the community. Where a communal lounge or other facilities are provided the scheme can act as a hub for social activities and services such as hairdressing, toe nail cutting etc, Older People from the community can be invited in to utilise the facilities and services, as long as there is not significant opposition from the residents in the service.
2. **Status Quo or Traditional Sheltered Housing** – the majority of services for Older People consist of the traditional sheltered or very sheltered housing and extra care services where housing related support is provided by the scheme manager who is based at the service for all or part of the day. The scheme

¹⁰ Except for the SP funded elements of the HIA services that are currently specifically for vulnerable owner occupiers and private sector tenants, the expansion of these services across all tenures will be explored as part of the re-contracting exercise for March 2010

¹¹ For more detail on the floating support model and traditional sheltered housing see Appendix 7

manager can live on site or be based there for all or part of the day. The same level of support is normally provided to all residents. At present residents do not normally have the opportunity to opt out of support even if they do not want or need it. Social activities and visiting services are normally provided for the residents of the service only.

3. **Floating Support** – support is provided to vulnerable Older People in need of housing related support regardless of where they live. The level of housing related support provided is determined by the needs assessment carried out. The support worker normally sets out for their support visits from their home and may only go into their office base a few times a week.

Out of the 3 main models described above research and consultation has shown that the preferred service delivery model that best meets the aims and objectives of the Strategic Review (section 2.1.1 and 2.1.2) is model 1 'Hub and Spoke'.

However, it is recognised that this model may not be appropriate for all services across the county for a variety of reasons. For example, staffing levels are too low, location of the service, quality of the accommodation, services might be being decommissioned or decanted, properties may be hard to let, the service is in high demand or the level of need of the service users within existing services is too high. Therefore although the preferred method of service delivery is 'hub and spoke' it might be that in certain services model 2 'Floating Support', or model 3 'Status Quo' or another alternative model might be more appropriate, as long as the 10 key principles can be met.

Providers are encouraged to use the questions set out in section 5 at the end of this document to help determine whether the 'Hub and Spoke' model is appropriate for their services and if not to propose an alternative approach. There could be a different approach for different services delivered by the same provider. Providers are encouraged to include staff, stakeholders and service users in these discussions, where appropriate, to help decide on the best and most appropriate approach to service delivery.

The ultimate aim of this review is to enable housing related support to be provided to those people in the community that need support, whilst ensuring that scheme residents who require support are still able to receive it.

3.2.2 Why Hub and Spoke as the preferred service delivery model?

- It increases provision without the need to build more schemes
- It enables the same or increased level of support service to be delivered when schemes are being changed i.e. when schemes are decommissioned, decanted, hard to let or being refurbished more support can be provided to people in the community.

- Support is targeted at those that need it within schemes and to people in the community and is, therefore, a better use of resources
- Service users in existing schemes can have the choice to opt out of receiving support if they do not want it and to opt back in if their needs change
- The service can be flexible to respond to peaks and troughs in an individual's support needs
- It enables Older People to access support services without moving from their home and is tenure neutral
- It can be developed through a phased approach with targeted advertising to begin with
- The pace of change is more acceptable than opting for a floating support approach
- The focus of support provision is still within schemes
- Telecare equipment can be used to its full advantage to monitor the health and well-being of service users
- More social activities, trips and visiting services could be provided if the scheme is able to facilitate these as service users in the community can take part and this could make them more cost effective. There may however be barriers to achieving this, for example transport issues and resident opposition.

3.2.3 How would the Hub and Spoke Model work?

This section gives a basic overview of how the hub and spoke model could work. This is not prescriptive or all encompassing as it is recognised that the approach could vary depending on how the service currently operates due to issues including staffing levels, local arrangements and service user needs.

The 'Hub and Spoke' method entails delivering a service to the community from an existing sheltered housing scheme using the existing staff member(s). The sheltered housing scheme is used as the 'hub' with the support reaching out to Older People in the community like the spokes of a wheel. The Scheme Manager would be based at the scheme for part of the day and would then spend the remainder of their time supporting Older People in the community. The amount of time spent at the scheme and in the community would depend on the levels of support needed as determined through the service users' needs and risk assessments. The level of support provided should vary per service user in accordance with their level of need and would be outcome focussed.

Support can be provided in the community across all tenures including private rented, home owners, and other Registered Social Landlords.

Support to existing residents

The support needs of residents in the scheme should take precedence over those in the community and would be determined by the needs and risk

assessment carried out as detailed in individual support plans. The basic housing management that is carried out within the service and is not paid for by SP may need to be reviewed to ensure that the correct amount of time is allocated to this, particularly if part of the Scheme Manager's time is spent in the community. Housing Management includes reporting repairs, monitoring rental accounts, managing voids etc.

Residents should have the opportunity to opt out of receiving support if they do not need or want it. Full use should be made of Telecare for those residents that have been assessed as needing Telecare equipment. A procedure should be put in place for responding to service users in need of support or in an emergency situation whilst the Scheme Manager is out supporting residents in the community.

A daily or regular call or visit can still be provided if this has been identified as a need in a service user's support plan. Support can be provided on an ongoing basis or for as long as the service user requires.

Support to people in the community

The community based support would be provided up to a certain radius from the scheme as deemed appropriate by the provider and depending on the location of the service. The aim is to support as many service users as there is capacity to do so within the spare hours released from the Sheltered Housing Service. Support in the community should be provided on a short to medium term basis i.e. not for longer than five years unless there are particular circumstances that warrant otherwise.

Community based support could be provided for up to 3 hours per person per week (hours permitting). This will vary according to the level of need of the service user and may be as little as a regular telephone call or monthly visit.

If the service user's primary need is that they are homeless, at risk of homelessness, have a drug or alcohol problem and is not due to their age then it may be more appropriate to refer them to one of the three Holistic Floating Support services that specialise in these areas.

If an individual has been referred to one of the three Holistic Floating Support services and they are over the age of 60 the Floating Support provider will liaise with the relevant Older People Support Provider to determine who would be appropriate to support the service user and consider other issues such as whether there is any spare capacity on the service.

Social activities, community based service users, visiting services

Whilst this is not an SP funded activity it is recognised that where a communal lounge and other facilities are provided the scheme can act as a hub for social activities and services such as hairdressing, toe nail cutting etc. Older People in

the community could be invited to take part which may mean that more social activities can be provided and may prevent isolation to vulnerable people in the community.

3.2.4 Extra Care services

Extra Care Providers are also encouraged to identify whether the ‘Hub and Spoke’ approach is possible for their services, although it is recognised that this may not be appropriate for this service type.

Work will also continue with ECC Strategic Planning and Commissioning to identify which services meet the criteria for Extra Care, whether there is the potential to remodel any existing services into Extra Care provision and identify any new sites for Extra Care services. Work will also continue to ensure that services currently classed as Extra Care continue to function in this remit

3.2.5 Value for Money

Contractual information and data gained through the Provider questionnaires has identified that there are large cost variances for Older Peoples’ services across the County. These cost differences do not necessarily correlate to a higher or lower intensity of support provided and therefore these anomalies will need to be addressed during the implementation of this Recommendations Report.

The table below shows the range of weekly unit costs across the 3 main service types.

| | Sheltered + CBS¹² | Very Sheltered | Extra Care |
|---------------|-------------------------------------|-----------------------|-------------------|
| Low | £0.30 | £9.03 | £9.03 |
| Median | £15.00 | £41.54 | £56.34 |
| High | £114.43 | £128.09 | £75.81 |

Providers will be asked to evaluate their costs and to demonstrate how they offer value for money. This will produce information which

can be used for comparative purposes. It is important to stress that any costing information provided will be for internal use only and will not be published or shared outside of the SP Team. It is necessary to do this so that

- variances can be explored further
- examples of good practice are highlighted
- optimum use of resources can be achieved

¹² CBS = Community Based Support

The average hourly rate for any service funded by SP should be no more than £20 per hour (excluding the Careline element) as set out in other commissioning exercises within Essex.

Any services that provide night cover where there is an onsite scheme manager that is funded through SP will need to adhere to the principles of the SP 24hr Strategic Review, i.e. any services that cannot demonstrate that housing related support is provided on a regular basis overnight may not have the night element of the service funded by SP.

If it is identified that a service is of an unacceptably high cost or is providing poor value for money the relevant provider will be given the opportunity to explore how their service(s) could be expanded or changed to make better use of the funding and offer good value for money. If providers are still unable to evidence how they will provide value for money then the SP Team may need to consider whether the service should be re-commissioned. However, any decision of this nature would need to be agreed by the SP Commissioning Body.

A sub group of the Older People Strategic Review Project Board and Working Group has been set up to look at future funding and contractual arrangements. A paper will be submitted to the SP Commissioning Body in June 2009 outlining the different options.

3.3 Non-accommodation based services

Non-accommodation based Older Peoples' services, namely Telecare, Careline services and HIA's are not focussed on in this review. However the following work is being carried out and will need to complement the recommendations for accommodation based services and adhere to the key principles for Older Peoples' support services.

3.3.1. Careline/Telecare¹³

In Essex there are currently 8 main Careline services, which are predominantly operated by Local Authorities and National Careline providers who operate in Essex. Careline services can either provide a monitoring and response service or a monitoring only service. ECC has been working in partnership with these Careline providers and suppliers to promote the development of Telecare and link with developments in assistive-technology and telehealth.

3.3.2 Review of Careline and Telecare provision

A Telecare/Careline Conference was held at The Waterfront on the 17th September 2008 for all key stakeholders. The conference consisted of

¹³ See Appendix 6 for more information on Telecare and Careline services, including the prevention pilots.

presentations and workshops which focussed on the positive aspects of Careline and Telecare services as well as areas for improvement. The workshops also looked at how Careline and Telecare services could be provided in the future to meet changing need and challenges such as demographic variations. The feedback gained at the Conference is currently being collated and a report will be issued in due course.

Further to the Conference a review of Careline and Telecare services will be carried out to ensure that there is consistent service delivery, coverage and funding across the County (as currently this is not the case). The review will explore a range of service delivery options to identify whether alternative service delivery methods are appropriate and provide better value for money.

The review will identify how Telecare and Careline provision can complement the agreed approach to service delivery for accommodation based services. It will also identify the role of SP within Careline services and other funding streams that contribute to Careline services. A Careline/Telecare Project Board will be set up which will operate as a subgroup of the Older People Project Board and Working Group.

3.3.3. Careline Prevention Pilots

There have been two Careline prevention pilots carried out in Epping and Clacton. AH&CW are leading on these as part of the Prevention Agenda. The pilot in Epping was carried out by ECC care staff and has now ended. The pilot in Clacton is currently being carried out by sheltered housing staff. Both pilots involve a holistic 'case review' of the clients' needs being carried out to determine the reason for the incident leading to the triggering of an alarm. The client will then be signposted to any relevant organisations to try and prevent the incident occurring again.

The outcomes and success of the pilots is currently being reviewed and a decision will be made about if and how the Careline case reviews will be rolled out across the County. Any decision made will need to take into account and complement the recommendations for accommodation based services as well as the Telecare/Careline review to ensure a consistent and joined up approach.

3.3.4. Home Improvement Agencies

There are 10 HIAs covering the whole of Essex, helping over 10,000 people a year. HIAs are not for profit, locally based organisations that assist vulnerable homeowners or private sector tenants who are older, disabled or have a low income to repair, improve, maintain or adapt their home.

As well as continuing to try and attract in additional funding for HIAs as part of the prevention agenda the following pieces of work are and will be carried out.

3.3.5. The Department for Communities and Local Government (CLG) Bid for additional funding for handyman services

Essex has been successful in the bid to the CLG for the additional funding for minor repairs and adaptations 'handyman' services, following the recommendation in the 'Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society' (February 2008).

Essex has been awarded additional funding of £150k for 2009/10 and £220k for 2010/11. This funding will be used to develop existing handyman services. A decision will now need to be made about how this funding will be allocated across the County.

In addition to this, The Essex Supporting People Team, on behalf of ECC AH&CW, has also bid to the CLG for the Enhanced Services Funding. The outcome of this bid is still to be announced. Projected awards will total approximately £50 - £200K over two years commencing 2009/2010. Between 10 and 20 Local Authorities will receive this Grant funding for enhanced services proposals. Essex has bid for a one off funding amount of £20k to secure basic electrical and Portable Appliance Testing (PAT) training for handymen as appropriate to each agency. The basic electrical training will allow the handymen to carry out tasks such as changing or fixing plugs, light fittings or sockets and wiring in cookers. At present there are approximately 2000 enquiries per year of this nature (across the agencies) that cannot be dealt with.

3.3.6. Gardening Pilots

Currently four out of the ten HIAs are piloting gardening services (Other HIA's already carry out gardening services but these are not funded or monitored by ECC). The HIA's carry out basic garden maintenance and clearance for vulnerable people, including Older People. These pilots are being funded through the ECC AH&CW 'Prevention Budget'. The pilots started in June 2008 and are ongoing. The outcomes and success of the pilots are currently being reviewed and a decision will be made about if and how these gardening services will be rolled out across the County.

3.3.7 HIA SP contracts

The current HIA contracts with SP are due to come to an end in March 2010. A decision will be made imminently on the approach to re-contracting for these services. The new contracts will focus on improving consistency across the county in terms of funding and service delivery.

4. Conclusion, Consultation, Next Steps and Implementation of the Recommendations Report

4.1 Conclusion

The Older People Strategic Review Team, the Project Board and the Working Group have undertaken an extensive consultation exercise. Whilst it is apparent that “one size doesn’t fit all” it has identified a preferred service delivery model. The model which best meets the aims and objectives of the Strategic Review is model 1 ‘Hub and Spoke’.

A further outcome from the consultation exercise has led to the development of 10 key principles. The aim of these principles is to help ensure consistent service delivery and quality and should be adhered to by all SP funded Older People service providers.

It is recognised that the ‘Hub and Spoke’ model may not be appropriate for all services across the County for a variety of reasons. Therefore it might be that in certain services model 2 ‘Floating Support’, or model 3 ‘Status Quo’ or another alternative model might be more appropriate, however, the key principles (as detailed in section 3.1) must be met regardless of the model adopted. Providers will be asked to detail how they feel they can meet the principles and/or the preferred model as set out below.

4.2 Consultation with all key stakeholders

There is now a two month consultation period on the content of the Recommendations Report and the proposed recommendations for future service delivery.

Guidance questions for feedback can be found in Appendix 1 of the letter that accompanies this report.

All comments are welcome on the Recommendations Report, in particular whether providers, staff, service users and other key stakeholders agree or disagree with the proposed recommendations for accommodation based and non-accommodation based services. All comments and opinions on this draft report will inform and shape the final version.

The deadline for the two month consultation period is **18th May 2009**. All comments need to be returned before this date. This is necessary for the comments to be incorporated prior to presentation of the report to the Essex Supporting People Commissioning Body in June 2009. Comments submitted after this date will not be able to be included.

4.3. Next Steps for accommodation based Older People Service Providers

Providers are encouraged to use the questions or discussion points set out in section 5 of the report to start thinking about

- If and how services may need to change to meet the 10 Key Principles set out in section 3
- Whether the hub and spoke model is appropriate, how it could work and if not to suggest an alternative approach. There could be a different approach for different services delivered by the same provider.
- To evaluate if and how services can offer value for money

It is recommended that providers use the guidance questions in section 5 as a discussion tool with staff, service users and other key stakeholders, as appropriate.

At this time providers **are not** required to formally submit the answers to the questions in section 5. These questions will however form a starting point for the initial meetings that members of the Essex Supporting People team will be having with providers from the end of August 2009 onwards. The meetings will be held with providers to start the discussions around if and how the proposals in the Recommendations Report could be implemented by services. Providers will be contacted nearer the time to arrange these meetings.

4.4. Next Steps for non-accommodation based Older People services

Agree timescales and actions for completing the pieces of work as set out in section 3 and continue to work with Telecare/ Careline providers and HIA's.

4.5 Next Steps and Actions for the Older People Project Board and Working Group

Members of the Older People Working Group and Project Board will also be meeting during the consultation period and beyond to

- Explore future funding arrangements, including whether funding on a 'block gross fixed capacity' or 'block gross' basis would be appropriate for services that adopt the 'hub and spoke' model.
- Discuss referral arrangements including how current arrangements need to change with the introduction of 'hub and spoke' to ensure that people in the community receive the appropriate support. The three Holistic Floating Support Providers will also be involved in these discussions.

- Decide on the approach to implementing the Recommendations Report and action plan, including discussing if and how this could vary by district and service type.

4.6 Implementation of the Recommendations Report

It is anticipated that by July 2009 the Recommendations Report will be finalised following the 2 month consultation period. The implementation action plan will also be finalised which will set out the detailed timeframes and milestones for implementing the Recommendations Report.

Immediate milestones are:

- 18th March 2009 - Draft Recommendations Report circulated to all key stakeholders for two months consultation
- 11th May 09 - Draft Recommendations report and comments received to date to be taken to the SP Core Strategy Group
- 2nd June 09 - Draft Recommendations report and comments to be taken to the SP Commissioning Body
- July 2009 – Final Recommendations Report to be sent out to all key stakeholders, including action plan and implementation plan and timeframes
- End of August 2009 onwards – initial discussion meetings with accommodation based Older People Service Providers will begin.

5. Suggested questions for Providers to ask to determine which model is appropriate

Providers are encouraged to use the questions or discussion points set out below to start thinking about whether the ‘Hub and Spoke’ model is appropriate, how it could work and if not to suggest an alternative approach. There could be a different approach for different services delivered by the same provider.

Providers are encouraged to include staff, stakeholders and service users in these discussions, where appropriate, to help decide on the best and most appropriate approach to service delivery.

All support services regardless of the service delivery type should adhere to the 10 key principles set out in section 3.1.

1. Freeing up Scheme Manager time to provide support in the community

- 1.1 Is the service currently at full capacity? If there are voids, how long have the voids been for? What is the reason for the voids? Are these likely to be long term? Could this or has this freed up support worker time?
- 1.2 Do all residents currently need support as identified through their needs and risk assessments and support plans?
- 1.3 Do all residents need or want a daily or regular call up or visit?
- 1.4 Could the provision of Telecare free up any support worker time?
- 1.5 Do all residents get the same level of support? Could support be better targeted at residents that need support to free up support worker time?
- 1.6 What procedures could be put in place to ensure that whilst the support worker is out in the community there is the potential to respond to a call out from the scheme?
- 1.7 What procedures could be put in place to ensure that existing residents do not feel that they are being disadvantaged if their support worker is not at the service at the current level?
- 1.8 Do you think that residents would be resistant to change? Is there an approach that could help overcome this?

2. Opting in and out of support

- 2.1 Can residents currently opt out of receiving support if they do not need or want support? If this is the case what percentage of residents has opted out? If no do you think any residents would want to opt out if they were given the opportunity?
- 2.2 Is it part of the tenancy agreement that residents have to pay for (if they are not entitled to SP funding) support or receive support? If so could this be changed?
- 2.3 What is or would be your approach in relation to service users that have opted out of support but require support either as a one off or regular basis?
- 2.4 For service users that have opted out should they still have access to Careline equipment? If no, what could be the implications of this?
- 2.5 How would opting out of support affect the charging of service users? Would they still have to pay for support if they did not need or want it? How would any support charges be structured e.g. no charges where no support received, sliding scale, bandings etc?

3. Staffing and support provision

- 3.1 What percentage of staff time is funded by SP??
- 3.2 What percentage of staff time is allocated to housing management tasks?
What could be the impact on this if staff time is spent in the community?
- 3.3 Would staff be willing to work in the community as well as within schemes?
- 3.4 Do the existing support workers drive or have access to a car?
- 3.5 Are there any concerns or training issues around lone working?
- 3.6 Would job descriptions need to change and be evaluated?
- 3.7 Have staff carried out the training to become Telecare assessors?
- 3.8 Have staff received enough training on providing support to comply with the QAF and would they be confident about providing support to people in the community?
- 3.9 Are there robust needs and risk assessment tools and procedures in place to determine the level of need of the service user? Are support plans outcome focussed?
- 3.10 If staff were working in the community would they know what services are available to signpost service users to?
- 3.11 What do you feel would be the training requirements for staff to work in the community, if any?

4. Scheme location

- 4.1 Is the scheme located in an area that is easy to travel to and from the community, i.e. are there suitable road links, is it a reasonable travelling distance?
- 4.2 If not is there a central point that you could use as a base to deliver support from?
- 4.3 What do you feel would be a reasonable travelling distance for staff?
- 4.4 Are schemes located close together, could a member of staff cover more than one service?

5. Accommodation

- 5.1 What condition is the accommodation in? Will it meet the Decent Homes Standard? Is it Disability Discrimination Act Compliant? Does it need refurbishing, if yes, is this cost effective?
- 5.2 Is the accommodation desirable and of a high quality?
- 5.3 Does the service need to be remodelled?
- 5.4 Is there currently a waiting list?
- 5.5 Do you have a problem with voids?
- 5.6 Is everyone resident at the service an older person in terms of the age criteria (as applied locally)? Is the service being used as a general needs housing option?

6. Social Activities, trips and visiting services

- 6.1 Does the service have suitable communal facilities to invite people from the community to participate in activities or services?
- 6.2 Do you already open up social activities to the wider community?
- 6.3 How would existing residents feel about social activities being opened up to the wider community?

7. Publicising the service and referrals

- 7.1 How do you currently publicise services? Is this effective?
- 7.2 Would you need to publicise the service to people in the community in a different way?
- 7.3 How do you currently receive referrals? Could this approach accommodate referrals from people in the community across all tenures?
- 7.4 How do you currently prioritise referrals, could this approach work for people in the community?
- 7.5 Do you link in with other services close by to determine which service is most appropriate for the potential service user? If no, is this something that could be implemented?

8. Funding

- 8.1 What is your current hourly rate (excluding Careline funding)? How many hours of SP funded support provided per week per service?
- 8.2 Do you feel that you could provide better value for money, if yes, how?
- 8.3 What could be the cost implications of providing support in the community to you as a provider, to service users within the community and within schemes?
- 8.4 If you have any services outside Essex, how are they funded by SP??
- 8.5 Have any of the SP teams adopted a 'block gross fixed capacity' or 'block gross' approach or something similar? If yes, what are the pros and cons of this approach?

6. Glossary of Terms

| Term / Abbreviation | Meaning |
|---|--|
| Accommodation based Service (ABS) | Support provided to people in a service, e.g. sheltered housing. Or in a specific property that has been designated for support provision. |
| Adult, Health and Community Wellbeing (AH & CW) | The team responsible for overseeing Adult Social Care. Part of Essex County Council. |
| Arms Length Management Organisation (ALMO) | An ALMO is a company set up by a local authority to manage and improve all or part of its housing stock. The company is owned by the Local Authority and operates under the terms of a management agreement between the authority and the ALMO. An ALMO is managed by a board of directors which includes tenants, local authority nominees and independent members. |
| Block Gross Fixed Capacity | A payment level is agreed between SP and the provider to reflect the average amount of eligible service users that would utilise the service in any given year (e.g. 80%) - There would then be a tolerance built into the contract requiring any variation in this figure (e.g. +/- 5%) to lead to an adjustment in payment being made to reflect actual service delivery to eligible users'. |
| Block Gross Payments | An SP payment method whereby a fixed payment which has an inbuilt allowance for voids is made in respect of a particular service. Payments are made on a 4 weekly basis irrespective of actual utilisation by HB eligible service users. Utilisation (including payment levels) is then managed through SPs performance monitoring systems. |
| Block Subsidy Payments | An SP payment method whereby payments are made only for service users who are HB eligible. Eligibility must be proven through data exchanges between SP, HB and the provider and is regularly managed, monitored and updated by all parties. Payments are made on a 4 weekly basis. |
| Care | To help sustain an individual's level of independence (see also personal care). Not funded by Supporting People. |
| Careline / Community Alarm | Community Alarm Service. Provides a twenty-four hour, 365 days a year, emergency alarm service through a telephone line. |
| Community based support (CBS) | Support provided to people in the community not service or accommodation based. |

| | |
|--|---|
| Commissioning Body | A group of elected councillors and board members, from County Council, District and Borough Council , the Health Service in Essex responsible for guiding the Supporting People Programme. |
| DDA | Disability Discrimination Act |
| ECC | Essex County Council |
| Essex Supporting People Team (SP) | The team employed by Essex County Council responsible for implementing and running the Supporting People programme in the County. |
| Frail Elderly | Older People who are infirm and in need of more support and some level of personal care |
| Floating Support (FS) | Support services that are not specifically tied to a particular property or group of properties. Support is tenure neutral and 'floats off' when support is no longer required. |
| Home improvement Agency (HIA) | Organisation that helps older and disabled people carry out repairs and improvements to their homes and offers signposting service, advice and support for benefits, adaptations and support services. |
| Housing related support | Support specifically aimed at helping people to establish themselves, or stay in, their own home. This does not include personal care. |
| Individual Budgets / Self Directed Support | A new initiative that provides a financial budget direct to the service user which allows people to purchase and manage their own care and support. |
| JSNA | Joint Strategic Needs Assessment |
| Older People Mental Health (OPMH) services | Support service specifically for Older People with mental health problems, e.g. Alzheimer's. |
| PCT | Primary Care Trust. |
| Personal Care | Personal care includes help with personal hygiene, eating requirements, dealing with problems of immobility, assistance with medication. Not funded by Supporting People and typically funded through Health or Adult Social Care. |
| Performance Indicator (PI) returns | Specific service information that is returned by providers to the SP team on a quarterly basis. |
| POPPI | Projecting Older People Population Information. |
| Providers | Organisations, companies, charities and individuals that provide support services. |
| Quality Assessment Framework (QAF) | A set of standards initially set down by central Government to assess the quality of SP funded services. Providers self assess against the standards and SP validate grades through the Service Review Programme. The Supporting People team use the results as part of the bench marking process, with the aim of continually improving the services in Essex. |

| | |
|----------------------------------|--|
| RSL | Registered Social Landlord. |
| Residential Home | Accommodation run by the Health Authority for people with high intensity care needs, not tenure based. |
| Service User | Someone who is using support services. |
| Service review Programme | The system of examining the quality of services funded by the Supporting People Programme. |
| Stakeholder | An individual or group with an interest in the success of the Supporting People programme in delivering the intended results and maintaining the viability of Supporting People funded services. |
| Support | To increase an individual's level of independence, see also 'housing related support.' |
| Support Service | A service that might be eligible for funding through Supporting People. |
| Supported Housing | These are the services that provide accommodation and support to help vulnerable people in need of support to live independently. |
| Supporting People Grant | Money from the government to pay housing related support services under the Supporting People programme. |
| Supporting People (SP) Programme | The programme started on 1 st April 2003 and pays for services providing housing related support to vulnerable adults. Services are monitored on their quality, performance and cost. |
| Telecare | Assisted technology that helps people remain independent. |
| Tenure/ tenancy | Describes what type of housing you live in and how you are paying for it: Owner occupier; private or social rented, leaseholder. Supported Housing generally falls under the category 'social rented.' |
| Third Sector | Voluntary or Charity Sector |