

ECHO is an independent research project commissioned and funded by
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The Provision of Social Care in Extra Care Housing (ECHO)

Trends in Commissioning Arrangements for Housing with Care

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The ECHO Project

- 2 year project, October 2015–September 2017
- 2 local authorities:
 - City, unitary authority (Area 1)
 - County council, 2-tier authority (Area 2)
- Interviews with commissioners of adult social care in housing with care:
 - February 2016
 - April 2017

Financial Pressures

- Changing capital funding regimes
- Local authority funding
- Spare room subsidy and Household Benefit cap – under 65s
- 1% reduction in social rents from April 2016, delayed to April 2017 for supported housing sector
- Local Housing Allowance cap on social rent, delayed for 1 year, then to 2019/20 for supported housing sector
- Housing & Planning Act 2016 – sale of vacant local authority housing, extension of ‘right-to-buy’ to social housing

Contracting for Care and Support

- Area 1:
 - Separate care and Supporting People contracts before April 2016
 - Recommissioned during 2015/16, and combined care and support contract from April 2016, aiming to look more holistically at individual's needs
 - Formal requirement to maximise or improve independence
 - Variable hourly rates for social care, increased from previously negotiated rate, but removed uplift for weekends and bank holidays
 - 3 bands:
 - Previously: low (20%); medium (40%); high (40%)
 - Now (following consultation): 5–15 hours (40%); 15+ hours (40%); variable for complex, erratic needs (20%)
- Area 2:
 - Contract with housing provider
 - Housing provider required to contract with onsite provider selected from approved list
 - Separate contracts for care and contribution to core (housing-related support and night service)
 - Set hourly rate for paying care, increased for NMW increase, but no change in core
 - 3 bands (unchanged): low 7 hours and below; medium 7¼–14 hours; high 14¼ hours and above (weighted to high end)

Contracting Issues

- Area 1:
 - No financial eligibility criteria enabled wealthy to take up social rented housing, so added
 - Provision in contract for use of Direct Payment, but tends not to be used
- Area 2:
 - If onsite provider unable to provide support, spot purchase from domiciliary care provider on list of approved providers, but at higher rate, so use onsite provider as much as possible
 - Free to use Direct Payment for choice of provider, but guided to onsite provider
 - Some concerns about several providers entering premises
 - Insufficient staff onsite if provider does not want to expand (not usually an issue)
 - Managing vacancies and balancing needs – changes in suitability while on waiting list

Adjusting to Changes in Care Needs

- Area 1:
 - Temporary changes: $\pm 10\%$ adjustment to commissioned service allowed in contract
 - Permanent: reassessment
 - Providers able to refer reduced needs to adult social care system, and in discussion about extending to increases
- Area 2:
 - Temporary changes: purchase weekly number of hours, so flexibility within week, more difficult from week-to-week
 - Permanent: reassessment

Commissioning & Developing Provision

- Area 1:
 - Provision of affordable units on target, but shortfall for private sale, and members require check on estimates
 - Assessment of demand complicated because choice to move
 - More private retirement housing than private extra care, although current developments combine affordable and market sale/shared ownership units
 - Housing Department view of what is affordable housing
 - Competition for land for general needs housing etc
 - Arrangement with neighbouring authority
 - Not yet seen impact of financial policy changes, though risk
- Area 2:
 - Shortfall in private provision compared with strategy
 - Investor preferences for private developments in some districts
 - Need to review number expected to benefit
 - Have evidence of impact of financial policy changes – scheme put on hold
 - Concern that low income residents priced out of extra care, and residential care will be only option
 - Prevention emphasised by Care Act, but no funding available

Discussion

- Assessment of need – Housing White Paper requirement to plan to meet needs and stimulate market (Cm 9352)
- Shortfall in private extra care provision
- Costs (NLW/NMW) pressures and recruitment
- Direct Payments – dominance of onsite provider
- Forms of provision – communal space (HAPPI 2)
- Impact of government announcements and changes on provider confidence

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