

APPENDIX 2

New Service Offer

1. Executive Summary – Proposed new service

Service Name	Independent Living Service
Service Vision	Enabling older people to retain their independence and quality of life
Staffing Structure	<ul style="list-style-type: none"> • 1 x Independent Living Manager • 2 x Independent Living Team Leaders • 21 x Independent Living Co-ordinators • 2 x Activity Co-ordinators • 1 x Lifeline Co-ordinator • 1 x Facilities Co-ordinator (managed within Housing Repairs) <p>28 (FTE) members of staff</p>
Main Features	<ul style="list-style-type: none"> • Needs assessment to assess individual needs • Tailored service • ILCs small caseload (average 67 cases each) • Focus on maintaining personal contact with customers as identified within the needs assessment • ILC available at published times at every 'A' scheme each week • Separation of roles; ILCs can focus on the customer and providing support • Complex enforcement cases managed by Tenancy and Estates team • Scheme activities managed by a specialist officer • Health and safety managed by a specialist officer (within Housing Repairs)

2. Introduction

In November 2017, the Committee approved the independent review of Retirement Living. Housing Quality Network (HQN) were commissioned to undertake this work and produced a report with three options for the future delivery of the Retirement Living Service:

Option 1 – an “Independent Living Service”: Enabling older people to retain their independence and quality of life

Option 2 – an “Enhanced Housing Management Service: Managing specialist housing for older people

Option 3 – “Retirement Living Service” (current service): Visiting people in retirement housing

The Committee agreed for residents to be consulted on the three options and consultation was undertaken in April/May 2018. Consultation included a letter sent to all 1,411 Retirement Living Service (RLS) addresses and an invitation to attend one of 25 presentations being held across the Borough. The presentations explained the options being consulted on in more detail and provided attendees with an opportunity to ask questions, either through discussion with the group or individually. Residents were asked to feedback their views by completing a paper or web based survey (further information about the feedback can be found in appendices 3 and 4).

262 people including residents and family/support workers attended the presentations and 44% of surveys (626) surveys were returned.

The results of the consultation are below:

	%
Option 1 - An "Independent Living Service"	26
Option 2 - An "Enhanced Housing Management Service"	6
Option 3 - A "Retirement Living Service"	68

The consultation shows a clear preference for Option 3 by a majority of respondents. Many respondents expressed satisfaction with the current service and their personal contact arrangements and questioned the need for any change; there was some concern expressed about the impact of any changes on existing staff.

On further analysis, much of the feedback received from those supporting Option 3 identifies that it is *change* itself that they wish to avoid rather than a rejection of aspects of the other options. Many respondents used the phrase "*if it ain't broke why fix it*" and "*better the devil you know than the devil you don't*" to highlight their concerns about a change to the status quo.

We are aware that this client group can often lack a desire to change and when presented with the possibility of retaining the status quo may select this option. Some respondents who selected Option 3, identified concerns with the current service:

- *"I am happy with the service as it is at the moment although staff often seem stressed at trying to visit several schemes in one day and cannot give their full attention to one"*
- *"Very good service until the officers did not visit"*
- *"Satisfied with how things are at the moment. A visit once a week and meetings to talk over things would help if we did see them around a little bit more so that we can talk about things that we need"*

This supports the issues identified within the HQN report and reflects concerns expressed by staff and managers currently involved with the service.

For these reasons, it is proposed to implement a modified service which retains the positive features of the current service such as a focus on personal contact, small caseloads and named staff, but balances this with changes that address

some of the concerns raised by customers, staff and the HQN report, e.g. specialist roles and a needs assessment etc.

The proposed new service is explained in more detail below.

3. Proposed New Service - Independent Living Service

It is proposed to change the name of the service to the Independent Living Service (ILS). The HQN report states that “both customers and staff dislike the name Retirement Living. They feel it is a negative and unwelcome label.” Attendees commented that the Retirement Living name was out dated and puts some people off applying who are still in work and enjoying their independence. An “Independent Living Service” gives a far more positive impression of the services available.

4. Vision – “Enabling older people to retain their independence and quality of life”

It is proposed to adopt this vision as it properly encapsulates the primary aims of the service and its focus on retaining residents’ independence for as long as possible. Residents who attended the presentations felt that this vision met their needs and correctly explained the service they currently receive.

5. Needs Assessment - Independent Living Plan

It is proposed to introduce a new personalised needs assessment for each resident who receives the ILS. This will ensure that customer needs are identified at the start of the tenancy and appropriate support is in place to maximise independence. A regular 6 month review (or more frequently if circumstances change e.g. hospital discharge) will ensure that the service is tailored to the individual, and continues to support independence.

The HQN report commented that the needs assessment “should cover the five outcomes of: Stay Healthy, Stay Safe, Economic Wellbeing, Enjoy and achieve, Make a positive contribution.” The report also advised that if the existing service was retained it should “reintroduce a basic needs assessment”.

The existing service does not include a needs assessment and so it is possible that customer needs are not being met. Indeed, some attendees to the presentation discussed their personal circumstances (following the presentation) and explained how their current needs were *not* being met by the current service. They felt that it was unable to “flex” with their changing needs such as; the need to transfer to downstairs accommodation or the need for additional support to help support a spouse with dementia.

Residents who selected Option 1 and 3 were positive about the needs assessment approach and commented as follows:

- *“A personalised plan seems to fit our requirements as we don’t know the level of support we may require at a later time”*

- *“Because it highlights the “flexibility” as things change”*
- *“I am reasonably healthy at the present time, also I am fairly mobile and have my own car. The flexibility this option allows for change as I grow older but may become infirm and less mobile. An occasional regular visit will meet my current needs”*
- *“Option 1 may be beneficial to me with regards to having a personalised plan as this could take my deafness into account”*

The proposed ILS will ensure that personalised support is in place for all customers, and a regular formal review will ensure that changing needs will be identified and met.

A more flexible approach will also enable those who do not currently require much support to select a service level which better reflects their needs. 6% of respondents chose Option 2 and one such respondent stated: *“We feel this option provides for support for those who really need it rather than providing the same level of service for everyone regardless of need”*.

6. Customer Contact

It is proposed that the ILS will retain a focus on personal contact. Customers were very clear that they valued the contact with the Retirement Living Officer (RLO), although agreed that the current visit could be very brief.

- *“I am 93 and housebound. I need visits and to know help is available when I need it”*
- *“I do not see any visitors and look forward to having an RLO who I know and trust”*
- *“I very rarely get visitors and I look forward to someone calling 3 times a week (Mon/Wed/Fri) just to see if I am OK”*

Many of the respondents who selected Option 3 thought this was the best way to safeguard their existing personal contact arrangements and did not believe that Option 1 or 2 met this requirement.

The HQN report identified that around 70% of tenants received a visit at least once a week which is an unusually high visiting rate compared with other schemes. In some cases there is a need for frequent visits, however a high proportion of residents want a visit as “they are paying for them”.

Under the proposal, personal contact will be offered in a variety of ways including in person, via the telephone or alarm call system and at a frequency that meets the needs of the customer (as identified in the needs assessment). Personal contact will be prearranged to ensure that the interaction is meaningful and focuses on retaining the customer’s independence.

The consultation highlighted that there are currently a range of contact arrangements in place which includes a personal daily visit for vulnerable customers to a monthly phone call for more independent residents.

Respondents commented:

- *“We only have one visit per week anyway, happy with that for the time being”*
- *“I look forward to someone calling 3 times a week (Mon/Wed/Fri) just to see if I am OK”*
- *“To continue to be checked by the warden daily for our safety and well-being”*

The ILS will continue to meet these diverse needs and is designed to be flexible to meet the changing needs of customers. Many respondents identified how their own changing circumstances would determine the frequency of contact they required:

- *“At the moment as I am quite independent [...] and at a later date I may require more support”.*
- *“I would like fewer visits until I need more visits when my health starts to deteriorate”*
- *“At the moment we don't really need an RLO regularly, but as we get older it will be peace of mind to know that there will be someone around if needed”*
- *“Whilst we don't particularly need regular visits at the moment, there will probably be a time when we do”*
- *“I receive one visit a week but may need more later.”*

During the consultation, residents of 'A' schemes (who generally have higher needs) particularly highlighted the reassurance they felt at having an RLO available on scheme; although they recognised that the staff member could not be scheme based all the time. It is proposed that the Independent Living Co-ordinator (ILC) will be present at every 'A' scheme for an agreed time period each week. This will be in addition to residents' personal contact arrangements.

7. Scheme Activities

It is proposed to have specialist Activities Co-ordinators to support the work of the ILS. This will provide an opportunity for a diverse programme of activities to be developed within each scheme. One respondent stated, *“Sounds promising, activities co-ordinator is what is needed”*.

The HQN report highlighted the important role that an activities programme can have in reducing isolation and feelings of loneliness. The current service has resulted in the RLO no longer having the time to provide practical assistance to run scheme activities and that this approach “is not sustaining activities on all schemes”.

One respondent said: *“At present there are no social activities in the residents lounge. The warden is brilliant but is far too busy! There used to be a Tuesday breakfast but it has stopped”*. Another stated: *“I did used to enjoy the events down the centre which the warden did because I'm a widower and it got me out the bungalow and stop me feel lonely even if it was only a few hours”*

Respondents recognised that opportunities to participate in scheme activities had declined in recent years and this was something that was regretted:

- *“Yes, need more activities on the Close and more input from the council not leaving it for resident, most of which are too ill to do anything or informed”*
- *“Because there is no activities at moment so I don't come to the room”*
- *“Option 3 - now the RLOs do not do social activities, it is done by social group but if they are supposed to be doing it, help would be good”*

Attendees to the presentation reported variable experiences with activities; some schemes had lots of opportunities to get involved and others' less so. Residents highlighted the current limited range of activities on offer which largely relate to cooking (breakfast clubs etc.) and bingo, and were keen to try different activities such as table tennis, chair based activities, films shows, quizzes etc. There was agreement that a broader range of activities would be welcomed.

Whilst the majority of residents did not select Option 1 and 2 (which included a specialist Activity Co-ordinator role), there were few negative responses about the new role. Some attendees wanted reassurance that this role would not negatively impact on the work of the Social Committee, which it will not.

The Activity Co-ordinator will utilise the feedback provided as part of the needs assessment to develop a bespoke programme of activities to meet identified need.

A vibrant activities programme will be a unique selling point and help to encourage new customers into the service (at a time when demand is declining) and will also address the increasing issue of loneliness and social isolation experienced by an increasing number of older people.

8. Roles and Structure

The proposed structure chart and financial impacts are set out below. The proposed structure shows a reduction of 1.31 (FTE) members of staff when compared to the current structure (however the Facilities Co-ordinator will report within the Housing Repairs Team).

The Independent Living Service will be led by an Independent Living Manager and supported by two Independent Living Team Leaders.

It is proposed to create specialist roles within the Independent Living Service. Customer feedback suggested that this was a positive move and would allow each Co-ordinator to retain their focus within their specialist area. The HQN report recommended the establishment of specialist posts and staff have expressed difficulty with the current variety of their existing RLO roles. A move to specialist roles will allow the Independent Living Co-ordinator to focus on providing support to customers, rather than becoming involved in enforcement cases or managing scheme Health and Safety issues.

Proposed new roles:

Independent Living Co-ordinator (ILC) – this role will focus on maintaining customer's independence and sustaining tenancies.

Twenty-one ILCs will manage a mixed caseload of approximately 70 customers. Whilst this does represent an increase on the current caseload average of 55, the team will not be responsible for complex enforcement case management, managing scheme social activities, Lifeline installation, 6-monthly Lifeline checks or health and safety checks within the scheme.

This proposal represents an increase of 7 FTEs than was recommended in Option 1 and an increase of 16 FTEs than was recommended in Option 2.

Activities Co-ordinator (AC) – this role will focus on meeting customer needs through developing a diverse programme of activities through partnerships with other agencies.

It is proposed to have two ACs who will each be responsible for the activity needs of approximately 700 customers, based across the existing schemes.

Lifeline Co-ordinator (LC)

The Lifeline Co-ordinator will be responsible for administering and managing the community based Lifeline service to approximately 900 customers (the vast majority are non-Council tenants). Duties include marketing the service, installation of equipment and liaison with the alarm provider.

The facilities management and health and safety checks will be provided by a specialist officer based within the Housing Repairs team.

9. Other Features

The service will operate as follows:

- Monday - Thursday 8.30am – 5pm
- Friday 8.30am – 4.30pm.
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Some customers felt that the service should be provided on a 24/7 basis, but this is not proposed.

The service will continue to be supported by a 24/7 alarm call system.

The service will be responsible for managing and sustaining tenancies. The ILCs will have access to the Open Housing management system. This will allow the team to centrally record their interactions with customers and enable a 360 degree view of each tenancy including rent account and repairs information, thus reducing the need to request information from colleagues. This will enable the ILCs to provide a more seamless service to customers.

The ILCs will investigate all low level cases of nuisance and breaches of tenancy including hoarding. Complex cases of Anti-social Behaviour and other serious tenancy breaches will be referred to the Tenancy and Estates Team for investigation.

10. Recommendation

Whilst a majority of customers indicated a preference for Option 3, which demonstrates how much the current service is valued by residents and some lack of desire to change. Further analysis of the feedback has shown that there are concerns about the current service and these can be addressed by the proposal outlined above.

The HQN report was clear that the current service requires modification and the introduction of a needs assessment, a flexible, personalised service, the creation of specialist roles and small caseloads will provide a service that better meets the needs of this group of residents.

11. Financial Impact of the Independent Living Proposed Structure

The pay and associated costs of the proposed ILS structure (at grade maximum) are estimated to be £710,816 per annum. When compared with the estimated costs of the present arrangements (again at grade maximum) of £915,067 this would produce a saving of £204,251 per annum.

These costs are based upon the grades shown and take no account of any one-off or other costs that may be necessary in the transition to the new structure.

Any agreed changes to the present Retirement Living Service structure would require appropriate changes to budgets. The Facilities Coordinator will be manager within Housing Repairs.

* Please note, Superannuation were calculated on 14.4% not including the lump sum payment

Post Description	Grade	Current pay per post					Proposed pay per post				
		No of Post (FTE)	Bottom of scale	Total Cost	Top of scale	Total Cost	No of Post (FTE)	Bottom of scale	Total Cost	Top of scale	Total Cost
Independent Living Manager	Grade 10	1	£37,945	£37,945	£40,242	£40,242	1	£37,945	£37,945	£40,242	£40,242
Independent Living Team Leader	Grade 7	4	£28,670	£114,680	£30,514	£122,056	2	£28,670	£57,340	£30,514	£61,028
Independent Living Co-ordinator	Grade 5	29.31	£24,030	£704,319	£25,683	£752,769	21	£24,030	£504,630	£25,683	£539,343
Activities Co-ordinator	Grade 4	0	£21,698	£0	£23,401	£0	2	£21,698	£43,396	£23,401	£46,802
Lifeline Co-ordinator	Grade 4	0	£21,698	£0	£23,401	£0	1	£21,698	£21,698	£23,401	£23,401
Total cost				£856,944		£915,067			£665,009		£710,816