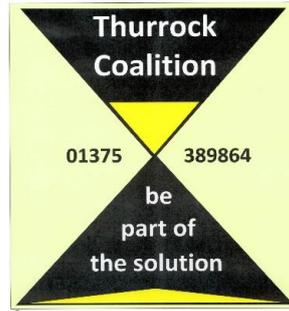


## Thurrock Coalition



### **Submission in relation to the impact of proposed changes to the way Social Care is provided in Thurrock**

#### **Summary Report to the Thurrock Health & Well-Being Overview & Scrutiny Committee – January 2016**

##### **Introduction**

Thurrock Coalition offers advice and support for disabled and older residents of Thurrock and their carers. We are a wide network of individuals and groups aiming to inform people about their rights and entitlements and to improve the quality and choice of services that might assist them.

One of our main aims and key functions is to consult and engage with residents of Thurrock to help shape and influence Thurrock Council policies and strategies around Adult Social Care, with a particular focus upon personalisation, service improvement and the maximisation of choice and control for the people we support.

It is on this basis that Thurrock Coalition gathered the input and feedback as part of the consultation on proposed changes to the way Social Care is provided in Thurrock and drafted this report and recommendations, providing evidence to inform the Local Authority's Equality Impact Assessment.

##### **Background to Thurrock Coalition**

**Thurrock Coalition** is the formally recognised Disabled Peoples' User Led Organisation for Thurrock, comprising of:

**Thurrock Lifestyle Solutions (TLS)** is founded on the concept of Community Solutions, using disabled people as its experts by experience. TLS has developed several models of supporting people to live lifestyles of choice in the community. Currently TLS supports a Lifestyle in Transition house, training people to live independently, providing Personal Assistants, enabling people to find paid work and supporting young people in transition. A team of Lifestyle Enablers is developing opportunities for inclusive education, employment and social opportunities.

**Thurrock Diversity Network (TDN)** is a Society for the Benefit of the Community, working for the benefit of disabled adult residents of Thurrock through the promotion of citizenship and the development of inclusive communities. We support and encourage disabled people's active participation and full integration into society.

Thurrock Diversity Network campaigns through User-Led consultation and co-production initiatives to shape and influence local and national policies and strategies affecting disabled people of all impairment types. We have a membership base of over 50 individuals and organisations across the borough, and extensive experience in community engagement, benefitting disabled people through the promotion of inclusive communities and active participation. TDN meets monthly to discuss and debate issues of import to disabled people, their families, carers and support organisations, which then informs, influences and shapes the agenda of the Disability Partnership Board held quarterly with Thurrock Council. TDN highlights and responds to issues, hosting and facilitating events and surveys of contemporary interest to improve the provision of services which facilitate independent living.

**Thurrock Centre For Independent Living (TCIL)** provides extensive advice, information, advocacy, support, guidance and peer support to disabled people, older people, their families and carers - Offering a “one stop shop” for information on disability-related issues, including rights, entitlements, social activities, well-being, signposting individuals where necessary. TCIL is situated in the heart of Thurrock and operates from fully accessible premises.

**Thurrock Mind** is a local independent organisation affiliated to National Mind that was founded over 30 years ago in order to provide a user-led basis upon which to develop local services to support those with mental health problems in the community. Thurrock Mind offers services that promote effective social inclusion; Community Bridge Builders, a Wellbeing Centre, Befriending and a Stepping Stones gardening project.

The 4 Organisations detailed above form Thurrock Coalition, and collectively we engage directly with approximately 1000 people and 100 plus community organisations.

## **The Consultation on proposed changes to the way Social Care is provided in Thurrock**

**The proposals relate to the following areas:**

- **Review of Equipment Services in Thurrock**
- **Review of Charging for Adult Social Care Services**
- **Review of Day Care Services in Thurrock**
- **Review of Extra Care Services in Thurrock**

**Each proposal is dealt with in turn**

As Thurrock Coalition we are very concerned about the impact that any proposed changes to adult social care services will have on the individuals concerned, primarily older, vulnerable people, carers, and family members.

As part of the consultation process regarding the impact of any changes to Equipment Services in Thurrock, we have distributed the consultation documents to our members and partner organisations, community groups, events and networks to gather views and feedback and held a series of 5 dedicated consultation workshops

through September to December 2015 to discuss the potential impacts of the proposed changes and to discuss solutions and suggest alternatives.

### **Consultation Programme Breakdown – throughout October and November 2015**

<u>Venue</u>	<u>Details</u>	<u>Responses/Feedback Received</u>
Thurrock Stroke Project, Civic Hall, Blackshots, Grays. Carers Centre, Cromwell Road, Grays. The Beehive, West Street, Grays, Essex RM17 6XP. Thurrock Over Fifties Forum. Thurrock Older Peoples Parliament Thurrock Diversity Network Thurrock Mental Health Service User & Carer Forum, CARIADS, One Community, Tilbury. Trans-Vol Customers	Consultation & Outreach Events	63

The snapshot evidence from individuals, carers, family members and representatives from Thurrock Coalition, Thurrock Diversity Network, Thurrock Unsighted Peoples' Society (TUPS), Thurrock Over Fifties Forum (TOFF), Thurrock Centre for Independent Living, Thurrock Diversity Network, CARIADS. Thurrock Lifestyle Solutions, Thurrock Mind, Parent Advisory Team Thurrock, BATIAS and the Stroke Project can be found in the body of the report.

### **The Protected Characteristics**

The following provides an overview of the relevance of the proposed changes to the Protected Characteristics under the Equality Act 2010 and where identified, action to mitigate any impact.

**Age:** The proposals for change the way Adult Social Care is provided are aimed at Older and disabled people who require items of daily living equipment to help them remain independent and safe at home, the changes could adversely affect those less able to live independently without Equipment based support.

**Disability:** By the nature of the types of services in question, all recipients will have some form of impairment or long term condition, in particular disabled people with mobility or sensory impairments and older people who have some form of impairment(s) associated with ageing.

**Gender reassignment:** No specific issues have been identified in relation to gender reassignment. The services will be provided to people irrespective of, but with respect for their gender reassignment, as this will be taken into consideration in any needs assessment.

**Marriage** – No disproportionate effect intrinsic to the changes as such. However, a proportion of carers are partners. Charging for Carers Services may result in partners not accessing respite.

**Pregnancy/ Maternity** – The proposed changes have no disproportionate effect.

**Race/Ethnicity** – The impact of the proposed changes is not affected by race/ethnicity. No specific issues have been identified in relation to race/ethnicity. The service will be provided to people irrespective of, but with respect for their race/ethnicity, as this will be taken into consideration in any needs assessment.

**Religion/Belief** – The impact of the proposed changes is not affected by religion/belief. No specific issues have been identified in relation to religion/belief. The service will be provided to people irrespective of, but with respect for their religion/belief, as this will be taken into consideration in any needs assessment.

**Sexual Orientation** – The impact of the proposed changes is not affected by sexual orientation. No specific issues have been identified in relation to sexual orientation. The service will be provided to people irrespective of, but with respect for their sexual orientation, as this will be taken into consideration in any needs assessment.

**Gender:** The consequences of the proposed changes fall equally on both genders.

### **Specific Considerations relevant to the proposals**

**Carers/ families:** The proposals around changes to the way Adult Social Care is provided in Thurrock should seek to identify changes which promote independence and choice and facilitate support for carers.

**Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities, but should not be done at the expense of forgoing much needed support in more personalised and appropriate settings for each individual concerned (see below).

**Social Exclusion:** The proposals around changes to the way Adult Social Care is provided in Thurrock will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.

**Snapshot of evidence, feedback & views on in- year savings proposals that Thurrock Council are recommending around changes to Equipment, Charging, Day Care and Extra Care.**

## **Charging for Equipment under £50**

**Summarise any information you have about the diversity of the people potentially impacted by the reductions in Equipment Provision and any research on the issues effecting their inclusion. Note: (Stopping issuing equipment under £50. People will need to pay for this themselves)**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- This makes a hierarchy of impairments for equipment – people with sensory impairments will be more affected than people with learning difficulties
- Relatives/carers will have to foot the bill
- People who have no relatives get no support
- What about people who have life limiting conditions – will the support provision be good enough?
- How will people get advice and information on how/where/when to get equipment fitted correctly and safely
- People with mobility difficulties will not be able to fit/measure/install equipment safely themselves – they won't have the right support
- People in receipt of benefits have less disposable income to spend on equipment
- Who will fit a £50 grab rail if it falls off?
- How does the proposal intend to deal with replacements and repairs?
- The costs could increase through “mission creep” over time
- Disabled people already face an added costs penalty of living with an impairment

**How could the reductions to Equipment Provision impact on Disabled/older people/carers?**

- Having less support means peoples' conditions become more likely to deteriorate and require more costly support in the longer terms
- Carers may have to increase the remit of their caring role and care for longer
- Carers will become ill
- The Council will not be fulfilling their Statutory duty to reduce, remove or delay the need for care (under the Care Act 2014)
- A staff Team will mean a longer wait for Equipment assessments, therefore people may deteriorate whilst waiting
- People will become more isolated which could lead to mental health conditions, and a potential increase in suicides.
- Moving people and changing routines will result in undue stress

## **Additional considerations around Charging for Equipment under £50**

Simple Aids to daily Living are an effective way to help residents maintain independence in the home and outdoors.

There are a variety of low cost items, averaging £20 or less on the market to help with activities, however, Disabled people are half as likely to be employed and half as likely to have no educational qualification.

According to the Employers Forum on Disability, one in five disabled people in the UK are unemployed but want to work; this compares to one in 15 of non-disabled people. 44.3% of working age disabled people are economically inactive. This figure is nearly 4 times higher than non-disabled people (11.5%). Disabled people are 4 times more likely to be out of work than non-disabled people. (Joseph Rowntree Foundation 2014).

The issue will be for those people who are unable or unwilling to self-purchase such items which results in compromising their safety and well-being, which in turn impacts upon statutory duties around promotion of “Well-Being.”

The changes would also disproportionately impact Disabled people in terms of their economic situation, given that disabled people are less likely to be employed and thus economically active compared to non-disabled people:

*According to the Labour Force Survey, disabled people are now more likely to be employed than they were in 2002, but disabled people remain significantly less likely to be in employment than non-disabled people. In 2012, 46.3% of working-age disabled people are in employment compared to 76.4% of working-age non-disabled people. There is therefore a 30.1 percentage point gap between disabled and non-disabled people, representing over 2 million people. The gap has reduced by 10 percentage points over the last 14 years and has remained stable over the last two years despite the economic climate.<sup>1</sup>*

Furthermore, tightening eligibility criteria for equipment could have an adverse effect upon the ability of disabled people to live independently if their access to necessary and vital equipment is curtailed through an additional costs barrier. This is particularly important given that “Over a quarter of disabled people say that they do not frequently have choice and control over their daily lives.”<sup>2</sup>

It must be noted that such specialised equipment, even if small, is essential to support disabled people to live independent lives. The price tag often associated with purchases (especially if bought on the High Street from specialist retailers) of this kind can take up a high proportion of the income of disabled people, their families

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<sup>1</sup> DWP Office for Disability Issues – Disability Facts & Figures. Available at: <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#employment>

<sup>2</sup> Source: ONS Opinions Survey 2011

and carers. The critical importance of disability equipment to the lives of disabled people makes it an important area to consider further.

For example, taking an electric tin opener – if bought at a specialist retailer can cost up to £15.00, but online can be purchased for £4.14 - £10.95<sup>3</sup>. A bath board purchased on the High Street can cost £35-45, but online costs around £15 (see above).

However, the Disability Digital Divide presents a barrier to disabled people accessing the Internet, and in turn limiting the ability of purchasing cheaper equipment themselves.

The potential for the Internet and mainstream technology to have a positive impact upon Disabled people (of whom there are 11 million nationwide) is yet to be realised. A recent report from Scope and the Helen Hamlyn Centre for Design highlights the following issues that need to be addressed.

- Disabled people still face a huge digital divide – and that many still have to choose between expensive specialist equipment, or inaccessible mainstream gadgets.
- Technology built for disabled people is expensive, low functionality, and often requires specialist knowledge to adapt
- Mainstream technology, like iPads and Windows Tablets, is cheaper and can do much more, but is rarely customised to meet disabled people's needs.

*It is suggested that emphasis needs to be placed upon improving the information available to disabled people about enabling technology. Disabled people are amongst the groups least likely to use the internet, and are 20% less likely to be online than their peers. This is despite the huge potential of services like online shopping and banking to transform the lives of disabled people.<sup>4</sup>*

Therefore, the local authority, if considering removing items from the equipment catalogue, should look at ways of supporting Disabled people to access the Internet and accessible technology as a preventative way of reducing and delaying the need for care.

The local authority should review at least some of the proposed cuts in the provision of care services in light of the budget announcement on the increase in minimum wage. The cost of paying for carers on minimum wage is going to increase by at least 10% from next April (2016) and then 6% a year for the following 4 years. There is going to be a significant increase in the cost of care which is going to have to be met.

<sup>3</sup> <http://www.completecareshop.co.uk/kitchen-aids/can-and-tin-openers/>

<sup>4</sup> Scope "Enabling Technology" – January 2015. Available at: <http://www.hhc.rca.ac.uk/CMS/files/1.Enabling%20technology%20report%202013%20digital%20technology%20disabled%20people%20Scope%20Helen%20Hamlyn.pdf>

In terms of safeguarding, installation, review, appropriateness and correct usage of small items of equipment, feedback indicates some concerns if the Local Authority stops providing equipment costing under £50, respondents to the consultation would like clarification as to how any equipment purchased will be safely, properly and correctly set up, installed and fitted to ensure safe usage by the Disabled person. Saving money on the equipment provision and the installation thereof risks the health and well-being of vulnerable people who may, slip, trip or fall as a result of incorrectly installed equipment breaking or coming away from the wall(s).

The preventative nature of small items of equipment becomes redundant if an incorrect installation or set up (by untrained friends, family or community members) results in an even short term hospital admission and subsequent healthcare intervention and/or treatment.

**What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

**Actions:**

- Provide qualified people to give advice and support to install
- Use a time banking initiative
- Make an exemption for people who lack capacity or have no family or support network
- Train community volunteers in basic Occupational Therapy assessments for small items of equipment. Provide an accredited course.

### **Charging for Adult Social Care Services**

**Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around Charging for Adult Social Care Services and any research on the issues effecting their inclusion.**

**Think about: Respite Services, Assistive Tech, pendants, Blue Badges, Residential Rates**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- Parents, carers and families
- Older people
- Disabled people
- People with more complex needs
- People who are already more socially excluded when not attending Day Care
- People made vulnerable through long-term illness

## **How could the Charging for Adult Social Care Services impact on Disabled/older people/carers?**

### **Cromwell Road & Sitting Service**

- People will be socially isolated as will not access services
- Carers will not get a break, which in turn will lead to more stress and pressure
- Financial pressure on families to try and meet payment

### **Assistive Technology and Pendant Alarms**

- High risk if refuse because of cost. i.e. more falls, hospital admissions etc
- Carers will feel like they are unable to go out and leave the person alone
- Psychological stress on both carers and people who use services – risk of security
- People will become unable to live independently at home with assistive aids

### **Residential Respite**

- If charges are too high (no indication of potential scale or options is given) people won't access service, this will place pressure upon carers that won't get the break they need

### **Day Centres**

- Transport issues – people may not be able to get to the Centres if the days/times/frequency changes and would thus rely upon family, which would defeat the object of respite for the carer
- If only half day/sessional, there may not be time to do anything
- Loss of peer support and sharing knowledge

### **Extra Care**

- If people can't afford charges, they won't get the care that they have been assessed as needing, leading to a risk of more hospital admissions or even residential care
- People can currently stay in their own homes as carers onsite 24/7. If care is commissioned out to so many calls per day, people may not cope and conditions would deteriorate.

## **Additional considerations around Charging for Adult Social Care Services**

Carers will be affected by the proposed changes. Charging for Carer's Services in particular has resulted in a high proportion of feedback that this is deemed an unfair proposal. Many felt that carers save the local authority a large amount of money through their caring role. The change could lead to lower levels of voluntary caring and consequently a greater cost in the longer term. Implementing charging may impact on the recently developed Carers Strategy which has a strong prevention element.

The cost to the Carer may mean they cannot afford valuable time away. Carers may ignore their own health if these charges are implemented having a detrimental effect on the health of carer and cared for, leading to increased costs to services. Carers may become socially isolated. Carer may lose employment and valuable income to take up full time caring role

Family relationships may get strained without respite breaks which could be detrimental to both the carer and the cared for. Carers may stop the caring role they provide. There could be a potentially large increase in service and numbers of assessments, under Section 10 of the Care Act 2014 – requiring only an “appearance of need” which would put more pressure on finances

Concern about costs to implement proposal as well as the cost for assessment with many carers being nil charge payers may not match forecasts for recovery

**What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

- Increase charges for those that can afford it (to be determined through financial assessment)
- Outsource services
- Shut one building – not all at full capacity. Then maximise capacity at the other sites (manage any transition in a person-centred manner with dignity & respect)
- Look at sharing premises with other businesses, voluntary organisations etc.

**Day Care**

**Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around reductions in Day Care and any research on the issues effecting their inclusion.**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- Parents, carers and families
- Older people
- Disabled people
- People with more complex needs
- People who are already more socially excluded when not attending Day Care
- People made vulnerable through long-term illness

## How could the reductions in Day Care impact on Disabled/older people/carers?

The reductions or changes around Day Care will result in:

- Emotional stress upon carers
- Lack of respite for carers
- Loss of Therapy for the person
- Safeguarding issues could arise due to lack of opportunity for contact and checking on the well-being (emotional and physical) of vulnerable people
- Increased social isolation
- Reduced opportunity for peer support
- Reduced opportunity for information sharing
- Increase in the numbers and costs of Care Packages – resulting in longer waiting lists – particularly with fewer staff members
- Currently at least 6 months waiting list for Day Care
- Greater demand over time due to changing demographics and the ageing population
- More impact upon G.P. surgery as not seeing anyone
- People pressing the Pendant Alarms to talk to Careline
- Greater pressure on Ambulance Services, when preventative services are not in place, leading to major events resulting in avoidable hospital admissions and higher costs of care

### Additional considerations around Day Care

An increase in an ageing population as well as an increase of people with age-related impairments will mean an even greater need for support in the borough as well as access to services and civic amenities. Changing, removing or reducing Day Care and Carers services will disproportionately impact older people and disabled people.

Age UK “Care in Crisis” Report from 2014<sup>5</sup> highlights several key points in relation to demand for Adult Social Care, reductions in funding, a decrease in the number of people using community services and an increase in residents in residential and nursing homes and unmet need – all when taken in the round, provide a myriad of factors contributing to the challenges facing Older People in Local Authorities across the U.K.

#### Key points

- Increasing demand - The number of people aged 85 and over (the group most likely to need care) has increased by 30 per cent between 2005 and 2014

<sup>5</sup> [http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/CIC/Care\\_in\\_Crisis\\_report\\_2014.pdf?epslanguage=en-GB?dtrk%3Dtrue](http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/CIC/Care_in_Crisis_report_2014.pdf?epslanguage=en-GB?dtrk%3Dtrue)

- Reductions in funding - Between 2005/6 and 2010/11 public funding for older people's social care stagnated. From 2010/11 to 2013/14 public funding for older people's social care (including transfers from the NHS to councils) decreased by 10 per cent in real terms.

Councils have cut back on their funding for social care: From 2010/11 to 2013/14 government funding to councils reduced by 19.6 per cent. Despite increasing the proportion of budget spent on average by councils on adult social care to over 40 per cent in 2013/14, the actual amount spent decreased on average by 20 per cent (£2.8 billion) between 2011/12 and 2013/14.

In today's prices using a GDP deflator, for the financial year 2013/14 - Only 13 per cent of councils considered people with 'moderate' needs eligible for funding in 2013/14, compared with nearly half of councils in 2005/6

- Fewer service users supported by public funding - The proportion of older people in receipt of local authority supported social care services has declined since 2005/6, with a particularly sharp decrease from 2008/9. In 2005/6 15.3 per cent of people aged 65 and over received services. This proportion fell to 9.9 per cent in 2012/13. 896,000 people aged 65 and over received these services in 2012/13, compared with 1,231,000 in 2005/6. 35 per cent of councils have reduced the number of older people using their services by more than 40 per cent between 2005/6 and 2012/13
- Taking account of socio-demographic change, the actual drop in the number of older service users in this period is 36 per cent compared with the scenario had service coverage been maintained at 2005/6 levels.
- Decrease in users of community services - Data on all the people who used local authority supported care services in each year between 2005/6 and 2012/13 showed a decrease in users of community services: Specifically:

The number of older people using day care centres fell by 49 per cent from 136,000 to 69,100.

The number of older people receiving home care fell by 21 per cent from 489,000 to 384,600.

These figures demonstrate that fewer people are benefitting from preventative services that support them to remain in their own homes.

- Increase in residents in residential and nursing homes - Data on all the people who used local authority supported residential and nursing homes in each year between 2005/6 and 2012/13 showed an increase in numbers:

The number of older people using residential care homes rose by 21 per cent from 135,000 to 164,000.

The number of older people using nursing care rose by 22 per cent from 65,000 to 79,000

- Rising contributions from those eligible for public funding - Average fees and charges per service user rose by a relatively small amount between 2005/6 and 2008/9 and then started to rise much more sharply from 2009/10 to 2012/13. On average service users were paying £588 per year more in real terms in 2012/13 than they were paying in 2009/10.
- Unmet need - In 2011, it was estimated that of 2 million older people with care related needs, nearly 800,000 received no support from public or private sector agencies.

## Day Care & Personalisation

A Report from Age UK<sup>6</sup>, highlights the continuing popularity of Day Care as an option for Older people that could co-exist and be complimented by move towards greater personalisation, personal budgets and direct payments:

*Despite their popularity amongst older people, day services are often depicted as an outdated model of service provision that does not reflect what would be wanted within a market shaped by today's older people.*

*This argument is often made in the context of the moves to personalisation and personal budgets, but it is largely based on experience in the learning disability field.*

*There is substantial evidence, that many older people in receipt of personal budgets positively choose to use day services, but there is certainly scope for increasing the personalisation of support within a day service setting.<sup>7</sup>*

### **What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

#### **Actions:**

- More Assistive Technology into Extra Care Homes
- Those with Carers could be given option/choice to receive longer Day Care to give the Carer a break
- Keep full days (or provide individual option/choice) – This would also help to reduce numbers of return journeys required each day
- Implement a financial assessment across all eligible services
- Introduce a minimum charge to avoid cost of collection

<sup>6</sup> Age UK: "Effectiveness of day services - Summary of research evidence - October 2011". Available at: [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day\\_services\\_evidence%20%20of\\_effectiveness\\_October\\_2011.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day_services_evidence%20%20of_effectiveness_October_2011.pdf?dtrk=true)

<sup>7</sup> Ibid p.3

## **Extra Care**

**Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around reductions in Extra Care Services and any research on the issues effecting their inclusion.**

- **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)**

- Parents, carers and families
- Older people are disproportionately affected by this proposals
- Disabled people
- People with more complex needs
- People who are already more socially excluded due to their situation
- People made vulnerable through long-term illness

**How could the reductions to Extra Care Services impact on Disabled/older people/carers?**

- Worried about people paying a weekly charge, amounting to £300 per month (particularly those unable to afford it)
- This is a step back towards putting people into institutions – What's happened to the recognition and practical implementation of the Social Model of Disability?
- Having less time or support means peoples' conditions become more likely to deteriorate and require more costly support in the longer terms
- 6 months of a financial year to save £50k is too quick
- Carers may have to increase the remit of their caring role and care for longer
- Carers will become ill
- The Council will not be fulfilling their Statutory duty to reduce, remove or delay the need for care (under the Care Act 2014)
- A smaller Social Work Team will mean a longer wait for assessment, therefore people may deteriorate whilst waiting
- People will become more isolated which could lead to mental health conditions, and a potential increase in suicides.
- Moving people and changing routines will result in undue stress

## Additional considerations around Extra Care Housing

Research from the Housing Learning & Improvement Network<sup>8</sup> shows that there are 5 core elements of Extra Care Housing that help older people to achieve fulfilling, socially-connected lives, through participation, inclusion, activity, improved opportunities for maintenance of health & well-being with onsite support 24/7. These are as follows:

- 1. The ethos of extra care housing promotes the concept of a home (and community) for life, independence, homeliness and flexible care pathways.*
- 2. The design of extra care housing schemes promotes social contact through 'building in' communal areas and facilities - such as cafes and leisure facilities - that encourage residents to mix. Sometimes these facilities are also open to the wider community.*
- 3. Residents of extra care schemes can also participate (or not) in a wide range of activities both onsite and in the wider community. These range from onsite exercise classes through to joining local organisations outside the housing development. Although many residents, particularly the younger and fitter ones, will take part in a range of 'mainstream' activities off-site, the less active ones can still gain the social contact offered by even relatively low-key activities within the housing scheme - such as exercise classes or quizzes.*
- 4. With care and support staff available on-site around the clock, new residents have access to some social interaction from the off. Most studies of social wellbeing in extra care note the importance of staff in supporting new residents as they develop and strengthen social relationships. We see this as an in-built sense of community and the fourth building block of social interaction in extra care.*
- 5. And finally, there is evidence that extra care housing offers improved health and functional ability with, for example, fewer falls and shorter hospital stays. Residents feel more confident about - and are more capable of - engaging in social activities.*

Source: What Role For Extra Care Housing in a Socially Isolated Landscape?<sup>9</sup>

<sup>8</sup> <http://www.housinglin.org.uk/>

<sup>9</sup> Full Report available at:

[http://www.housinglin.org.uk/library/Resources/Housing/Support\\_materials/Reports/HLIN\\_Report\\_Isolation.pdf](http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Reports/HLIN_Report_Isolation.pdf)

**What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available**

**Actions:**

- Council staff are too expensive – recruit cheaper staff to support us
- Focus upon the individual – deliver tailored support on the ground
- If you reduce the numbers, will equality increase?
- Is the development being built in south Ockendon big enough (50+ individuals) to be viable?
- People must be given a full follow up assessment/review after any change
- Promote Asset Based Community Development (ABCD)/ Local Area Co-Ordination (LAC) initiatives – e.g. develop intergenerational groups, baking, dancing, keep fit etc. Make the communal lounges really communal in a meaningful way
- The suggested concierge needs to be properly trained in a wide variety of disciplines and support.

**Conclusion & Recommendations**

- The consultation and outreach exercises engaged people, of a varied demographic and with a range of impairment types each of whom provided valuable insight and input into the consultation around proposed changes to Equipment, Charging, Day Care and Extra Care Provision in Thurrock.
- We recommend that the evidence and information relating to the diversity of people who are likely to be affected, as well as the potential impacts upon the affected groups and the suggested actions to minimise adverse effects contained within the report be adopted to inform the future delivery of Adult Social Care provision wherever possible.
- It is hoped that the evidence, discussions, questions and issues raised throughout the workshops and outreach exercises, along with the references to and application of key policy and good practice documentation will be used by the Local Authority to inform, develop and carry out an Equality Impact Assessment in a positive and meaningful way, informed by person-centred principles alongside the people who use Council Services.