Public Report
Cabinet

Committee Name and Date of Committee Meeting
Cabinet – 12 October 2026

Report Title
Extra Care Housing Model

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Executive Director Approving Submission of the Report
Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Report Author(s)
Claire Green, Programme Manager, Adult Care and Integration
Claire.Green@rotherham.gov.uk

Debbie Ramskill, Head of Provider Services, Adult Care and Integration
Deborah.ramskill@rotherham.gov.uk

Ward(s) Affected
All

Report Summary
In April 2026, Cabinet approved a period of consultation on a proposed model for the delivery of care and support to tenants living in Extra Care Housing (ECH) schemes in Rotherham. The focus of the proposal was to ensure Adult Social Care could deliver a quality and sustainable model that meets the support needs of tenants living in the Potteries Court and Bakers Field Court ECH schemes.

This report summarises the feedback received from the 90-day consultation and proposes a model for the provision of Extra Care Housing in Rotherham.

Recommendations

That Cabinet:

1. Note the feedback from the consultation.

2. Approve implementation of the proposed final model, as set out in paragraph 3.1.

List of Appendices Included

Appendix 1 Extra Care Housing Consultation Summary Report
Appendix 2 Equality Impact Assessment Part B
Appendix 3 Climate Impact Assessment

Background Papers
Cabinet Report - 13 April 2026 - Extra Care Housing Model

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A

Council Approval Required
No

Exempt from the Press and Public
No

Extra Care Housing

1. Background

1.1 Extra Care Housing (ECH) is recognised nationally for providing people aged 55 years and over with independent, self-contained homes within a community setting, combined with on-site care and support services available 24 hours a day. It aims to support older adults to sustain their independence and tenancy by offering varying levels of person-centred care and support.

1.2 In Rotherham, the ECH model supports the Council to meet its duties under the Care Act 2014 by preventing people's needs from escalating, reducing those needs through fostering a sense of community for both tenants and the wider community, and delaying the need for residential care.

1.3 Rotherham has two ECH schemes, Bakers Field Court, and Potteries Court, offering 88 tenancies in total. The schemes are owned by Together Housing Association having been developed in partnership with the Council nearly 20 years ago. Tenants with eligible social care needs currently receive services from a range of external providers, including commissioned providers, an independent agency or Personal Assistants via a Direct Payment.

1.4 The Council has recognised an opportunity to strengthen the current ECH model to optimise outcomes for tenants, both current and future, and for residents living in neighbouring communities. In April 2026, Cabinet approved a recommendation to consult with stakeholders and the broader public on a preferred option for the future delivery of ECH.

1.5 This report summarises the outcome of the consultation and presents a proposed future model. Additionally, the report outlines how the Council proposes to implement the model to realise the intended benefits.

2. Key Issues

2.1 It has been recognised by the Council that the current ECH model is not optimising outcomes for people and as such, proposed several options to remodel how tenants living in ECH access care and support.

2.2 The table below shows the current annual cost of the model. It is noted that spend fluctuates over time based on tenant need.

Commissioned Care and Support	**Potteries Court**	**Bakers Field Court**	**Cost per year**
	4 providers supporting 9 tenants	9 providers supporting 21 tenants	£0.703m
Direct Payment	3 tenants	8 tenants	£0.360m
Council staffing establishment (year-end forecast)			£0.908m
Total Cost			£1.971m

2.3 The preferred option outlined in the last report and subject to consultation, was for the schemes to be registered with the Care Quality Commission (CQC) so that Council-employed staff can meet tenants' personal care and support needs, focussed on ways to strengthen the existing care and support provision for tenants living in ECH. The preferred option's intention is to ensure a flexible, person-focussed approach which would improve outcomes for people whilst ensuring value for money and sustainable investment in the Council's workforce.

2.4 Maximising the ECH offer would enable access to timely, planned and responsive care and support to tenants 24-hours a day, 7-days a week. The schemes would be registered with CQC as one provider. The model will form a clear distinction between roles that meet Care Act eligible social care need and housing related support.

2.5 The intention of the preferred option is to reduce the number of professionals involved in a person's support by providing a consistent team of suitably qualified and trained staff. Once fully embedded, it would replace existing arrangements that are in place with independent providers, ensuring a flexible and proportionate response to prevent, reduce and delay care and support needs.

3. Options considered and recommended proposal

3.1 The report recommends that Cabinet approves the implementation of the proposed final model which is for the schemes to be registered with the CQC so that Council employed staff can meet tenants' personal care and support needs. By embedding a consistent team of staff, the model is intended to improve overall tenant experience impacting positively on tenant wellbeing; provide access to a timely and proportionate response to care needs, 24/7; embed a stronger link between tenants and assessing officers to deliver timely reviews; and strengthen quality assurance of the ECH provision, through robust management oversight, ensuring the schemes are well-led.

3.2 The findings from the consultation were consistently positive with 94% of people either supporting or strongly supporting this model. Section 4 provides a detailed overview of the consultation approach and the findings.

3.3 As the Extra Care Housing provision would be registered with the Care Quality Commission (CQC), robust management oversight would be provided through the introduction of a Registered and Deputy Manager. This would strengthen the approach to quality assurance and ensure the schemes are well-led. The proposed model will ensure a robust position for ECH to deliver the National Supported Housing Standards for England, which define a minimum acceptable baseline for the care, support, and supervision of tenants, as part of the Supported Housing (Regulatory Oversight) Act 2023.

3.4 A Council-employed team of enablement-focused staff would meet tenants' Care Act eligible care needs with the provision modelled on the existing enablement approach embedded within Adult Social Care Provider Services. This approach focusses on maximising people's independence and wellbeing. Existing tenants will retain the right to choose who they receive care and

support from. Whilst the Council will honour the arrangements existing tenants have in place with independent providers, should tenants choose to retain this, future new tenants will be provided with core hours from the on-site care team, whilst still maintaining choice and control over their care and support for assessed hours that exceed this.

3.5 Access to ECH provision will be determined equitably through a Care Act assessment and Financial Assessment, aligned to the Council's Charging Policy, to determine tenant contribution to care costs. Provision will be guided by a strengths-based, proportionate care plan.

3.6 The staff support will be available across the ECH schemes 24 hours a day, 7 days a week, to deliver care and respond to fluctuating need. The staffing model will include built-in capacity to flex and adapt to individuals' changing needs through use of a dependency tool, described below.

3.7 Allocation of placements at the schemes would continue to be aligned to the allocation agreement that the Council has in place with Together Housing. However, the process would be strengthened to involve social work practice and would focus on accommodating tenant needs effectively across the four dependency levels.

Formal care dependency level	Average number of care hours per week	Percentage of tenants
High	14	30
Medium	8	25
Low	4	20
None	0	25

3.8 As the table above demonstrates, not all tenants would have formal care needs, however, they would have varying levels of support need. Alongside care staff, support workers based on-site would deliver wellbeing support, as defined in a needs-led support plan, through advice, guidance and signposting; they will support tenants through a strengths-based approach to establish social connections and join activities and provide housing related support to ensure tenants successfully maintain their property. For this wellbeing support, tenants would have a defined, needs-led support plan which would be personalised to their individual needs and the outcomes they want to achieve.

3.9 It is recognised that some tenants receive care and support informally and the Council is committed to continuing to support unpaid carers to sustain their caring role.

3.10 The model will ensure connectivity with Adult Social Care community social work teams to enable a timely response to changing need, through appropriate assessments and reviews. It is envisaged that in turn, this will prevent hospital admissions and reduce readmission rates and avoiding care and support needs escalating to crisis situations. In addition to improved experience and outcomes for tenants, as well as system benefits, the model will support a reduced demand on the Council's Enablement and Rothercare services.

3.11 The Rothercare Community Alarm will continue to be installed in all properties, providing accessible support to tenants in crisis situations, if required.

3.12 Through simplification of the model, the intention is to improve overall outcomes for tenants by maximising their independence through tailored care and support. The approach would improve the relational experience of tenants by embedding consistency of staff delivering care and support, impacting positively on tenant wellbeing. The model supports a 'home for life' ethos as the model can adapt and respond to people's changing needs. It would also enable people's choice to receive end of life care within their own home.

3.13 The proposed model would enable the Council and Together Housing to better promote the schemes as community assets which invite visitors in to access communal areas, such as the café, and participate in activities organised by the schemes. This will encourage tenants to establish links to their wider community network.

3.14 Alternative models were considered prior to the consultation, as detailed in the Cabinet report considered on 13 April 2026. These were rejected as they would not provide the same level of benefit to tenants, would not offer value for money and would severely limit oversight of the schemes and any further development.

3.15 There are 11 tenants from the former Oak Trees ECH scheme, located at Stag Willows, that remain opted-in to receive outreach support from staff based at the Bakers Field Court scheme, following a decision to change the housing type from Extra Care to General Housing by Cabinet on 18 September 2023. Ongoing provision comprises low-level support, including advice and guidance on daily living and wellbeing matters, together with wellbeing calls as and when required by tenants. Oak Trees tenants can call for assistance from the support team, based at Bakers Field. In addition, all tenants have Rothercare equipment installed within their homes to be used in the event of a crisis. The Council will continue to provide this support to existing tenants only and ensure sufficient capacity is built into the staffing establishment.

4. Consultation on the proposal

4.1 A 90-day full public consultation took place between 27 April 2026 and 26 July 2026 to gather feedback on the proposed model of care and support in ECH. The consultation provided Rotherham residents the opportunity to comment on the proposed model. Participants included those potentially directly impacted by the proposed changes, including current tenants, families and carers, the workforce, Together Housing, commissioned providers, agencies and personal assistants, as well as prospective tenants and strategic partners.

4.2 A questionnaire was developed and hosted on the Citizen Space consultation platform, which served as the primary mechanism for collecting responses. The questionnaire requested feedback on key components of the proposed model including:

- Delivery of formally assessed care by a team of Council-employed staff.
- Delivery of support, including housing-related, from a team of Council-employed staff.
- Availability of provision over a 24/7 basis.

- Quality and regulatory assurance.
- Promotion of ECH as community assets for wider community engagement.
- Adoption of an enabling approach to care and support.
- Anticipated impact of the model on tenant experience and outcomes.

4.3 Planned consultation activities were promoted and delivered to support the consultation process, comprising of six tenant drop-in sessions on varied days and times, across Bakers Field Court and Potteries Court, four drop-in sessions for Council staff working within ECH, and five public drop-in sessions facilitated at libraries across the borough. In addition, a dedicated engagement session was delivered to commissioned providers through the Home Care Provider Forum, supported by follow-up communications to encourage participation and feedback.

4.4 Tenant views are strongly represented in the feedback with 93% of the total number of ECH tenants across both schemes participating in the process. This high level of engagement resulted from 56 tenants (64% of all tenants) attending a drop-in session and a further 25 tenants (29%) completing the online questionnaire outside of the drop-in sessions. This high level of tenant participation ensured that tenant views were well represented throughout the consultation.

4.5 A comprehensive communications plan was developed to support a broad programme of internal and external promotional activity. Internally, the consultation was promoted through a range of corporate communication channels, including the Monday Round Up (available to all staff), an all-staff email distributed to Adult Care, Housing and Public Health colleagues and targeted communications to housing services.

4.6 Externally, the consultation was promoted through social media activity, ward e-bulletins and follow-up communications to commissioned providers. In addition, the consultation was shared with Rotherfed, which subsequently promoted the consultation to its online Tenant Connectors Pool, and engaged directly with tenant groups to encourage participation.

4.7 A total of 136 responses were received. The consultation findings demonstrate a high level of support towards the proposed model, with 128 respondents (94%) stating that they either supported or strongly supported the proposed model. Similarly, 128 respondents agreed that care and support should be available on-site 24 hours a day, seven days a week. In addition, 114 respondents (84%) considered it either very important or extremely important that one team of Council-employed staff deliver care and support to meet tenant needs.

4.8 Free text feedback was also analysed and several key themes emerged. The table below provides an overview of the feedback, indicating out of 100% of the feedback received, the proportion attributed to each theme. Some comments overlapped into multiple categories.

Theme	Feedback
Staffing 32%	The most frequently raised feedback related to staffing. Respondents expressed concern that existing staffing levels would be insufficient to support the proposed model effectively. Feedback highlighted the need for additional staffing capacity and enhanced staff training, particularly to support service delivery out of hours. Respondents also sought clarification regarding the scope of support that Council-employed staff would be able to provide, including assistance to attend appointments and other day-to-day activities.
Trusted Relationships 25%	Respondents indicated a preference for care and support to be provided by Council-employed staff due to the proposed on-site presence of one team and the opportunity to build trusting relationships with tenants. Respondents felt that the proposed model would promote greater continuity and consistency of care and support.
Supporting Independence 20%	Respondents felt that the proposed model would help tenants maintain their independence for longer through the provision of flexible and appropriate levels of support. They emphasised the important role that ECH plays in providing an alternative between living independently at home and residential care, describing it as a valuable and much-needed service.
Safety and Reassurance 17%	Respondents indicated that the proposed model could enhance safety within the ECH schemes and provide increased reassurance and peace of mind for tenants and their families, particularly through the availability of on-site staff 24 hours a day, seven days a week. It was also noted that the proposed approach would enable staff to respond more effectively to changes in tenant needs and fluctuating levels of demand.
ECH Offer	Several respondents expressed frustration regarding the length of time taken to review the

12%	current ECH model and some commented that the model should have been proposed and introduced much sooner. Some respondents also highlighted the need for further investment in Extra Care Housing, including the development of additional schemes in Rotherham to increase access to the service for residents across the borough.

4.9 Overall, feedback demonstrated broad support for the potential benefits of the proposed model, particularly in relation to safety and the consistency of staff, whilst also highlighting concerns regarding staffing capacity and the implementation of the proposed model.

4.10 4% of respondents opposed the proposed model, with feedback highlighting two principal themes: trust and choice. Concerns included perception that access to ECH may become more restricted and a level of uncertainty about whether the model would be feasible in practice. Feedback also reflected concerns arising from previous changes to the schemes and confidence in the Council's ability to meet future care and support need. In relation to choice, feedback emphasised the importance of maintaining individual choice and personalised support arrangements, in line with the principles of the Care Act 2014.

5. Timetable and Accountability for Implementing this Decision

5.1 Subject to Cabinet approval, a plan to implement the model from 1 April 2027 will be developed and governed through the Senior Management and Directorate Leadership Team within the Adult Care, Housing and Public Health Directorate. The plan will identify and monitor progress towards the following key milestones:

- Implementation of an effective staff structure. This will involve a 30-day Trade Union and staff consultation on the proposed staffing model, followed by a period of recruitment. A staff training and development plan will be adopted.
- Implementing the digital rostering platform in ECH that is embedded across the other Adult Social Care in-house care services.
- Reviewing and strengthening the allocation process ensure the benefits of the scheme are maximised.
- Completing a programme of reviews with tenants, families and carers to ensure safe transfer to the new model. Concurrently, partnership working with commissioned and independent partners will take place to incrementally support the transfer to the new model, where appropriate.

6. Financial and Procurement Advice and Implications

6.1 The cost of the new model is expected to be circa £1.490m. The budget available is £1.971m in the current year, reducing to £1.77m in 2027/28 and then £1.57m in 2028/29, excluding inflation. This will enable anticipated transitional costs in the first two years to be met from the existing budget, as

people move across to the new system and will allow some people to stay with their current providers if they want to.

6.2 The procurement requirements detailed within this report, must be undertaken in compliance with relevant procurement legislation (the Public Contracts Regulations 2015 or the Procurement Act 2023) depending on the route to market, as well as the Council's Financial and Procurement Procedure Rules.

7. Legal Advice and Implications

7.1 The Local Authority must comply with its statutory duties under the Care Act 2014. As set out within the body of this report the ECH model supports the Local Authority to meet these duties by promoting wellbeing, preventing people's needs from escalating, reducing those needs through fostering a sense of community for both tenants and the wider community and delaying the need for more restrictive care options.

7.2 The Care Act 2014 also requires the Local Authority to shape and facilitate the local market for adult social care and support; this includes providing housing options that promote choice and control for residents.

7.3 A 90-day consultation period has taken place, and the responses have been analysed. The robust consultation process that has taken place will assist in minimising the risk of legal challenge in relation to the Local Authority's decision-making process in respect of the implementation of a new model.

8. Human Resources Advice and Implications

8.1 There are currently 23.69 Full Time Equivalent (FTE) Council-employed staff working across the Extra Care Housing schemes. Implementation of the proposed model will require a review of the current staffing establishment to ensure the workforce structure, skill mix and management arrangements are aligned to the future operating model and regulatory requirements.

8.2 The workforce and recognised Trade Unions have been engaged throughout the development of the proposal, including opportunities to participate in the public consultation process. Should Cabinet approve the proposed model, a formal workforce consultation will be undertaken in line with the Council's change policies and procedures. This consultation will consider:

- The proposed staffing structure and establishment requirements.
- Proposed changes to job roles, responsibilities and job profiles, including the delivery of regulated personal care and the distinction between care and support functions.
- Any proposed changes to working arrangements, shift patterns and service coverage requirements to support a 24-hour, 7-day service.
- Appointment of positions required to support Care Quality Commission (CQC) registration, including a Registered Manager and Deputy Manager.
- Workforce development, skills, qualifications and training requirements.
- The proposed impact on existing employees, in line with Council policies and procedures.

8.3 Whilst all Council-employed care enablers are Level 2 qualified to deliver formal care, a comprehensive programme of training and shadowing opportunities will be available to prepare staff to ensure enablement focused, high quality, safe and person-centred practices are provided in readiness for CQC registration.

8.4 As the proposed model may result in care provision currently delivered by independent providers or Personal Assistants being brought into a Council-operated service, a detailed employment status review and due diligence exercise will be undertaken. This will determine whether the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) apply to any part of the service redesign and identify any associated workforce liabilities and obligations. HR and Legal Services will continue to work closely throughout implementation to ensure compliance with employment legislation and statutory consultation requirements.

9. Implications for Children and Young People and Vulnerable Adults

9.1 It is intended that all current tenants will retain their tenancy and remain in their current property within the ECH scheme, ensuring that their care needs can continue to be met. To ensure ongoing legal compliance, existing tenants can choose to retain their current care arrangements. From the point when the new model is implemented, existing tenants can transfer to the Council delivered provision.

9.2 The proposed final model will have a positive impact on future tenants with care and support needs, as the allocation process will be strengthened to support the more diverse needs of people accessing the offer. This will ensure an equitable approach by supporting people with a broader range of needs to remain independent.

10. Equalities and Human Rights Advice and Implications

10.1 An Equality Analysis has been completed and is attached at Appendix 2.

11. Implications for CO2 Emissions and Climate Change

11.1 A Climate Impact Assessment has been completed. The most significant overall climate impacts the model would have are positive in relation to the reduction of CO_2 emissions from transport, as staff based on-site will deliver care and support to tenants, rather than multiple independent providers travelling across the borough. The proposal would positively affect the ability of Council services to continue during or after extreme heatwaves, flooding and other climate-related hazards, as Council-employed staff will be based on-site 24 hours a day, 7 days a week to support tenants. The full assessment is at Appendix 3.

12. Implications for Partners

12.1 The Council will continue to maintain a positive working partnership with Together Housing who welcome the model as it aligns more consistently with their other schemes. The options presented in this report do not lead to a conflict of interest as Together Housing is not a CQC registered provider.

12.2 Together Housing would retain the role of landlord. The current nomination rights , which enable the Council to nominate people from its housing waiting list for properties, would be unaffected. This will ensure that places are allocated effectively within the four dependency levels.

12.3 The current arrangements with ten commissioned providers and the agencies and personal assistants funded through eleven Direct Payment arrangements may cease, depending on existing tenant choice.

13. Risks and Mitigation

13.1 **Tenants with care and support needs may wish to receive support from an independent provider which could delay full implementation of the model and impact realisation of the benefits.**

- To operationalise the model, prior to implementation, a sustainable staff structure will be proposed to Trade Union colleagues and staff during a 30-days consultation. This will be based on predefined tenant dependency levels to ensure the establishment is sufficient with some flexibility inbuilt.
- Staff levels will be increased incrementally, aligned to the dependency levels. Based on data which shows the number of new tenancies per year over the past 5 years, it is estimated to take 6 years until the model is fully embedded.
- Introduce mandatory core hours from the on-site care team. Tenants will maintain choice and control over their care and support for assessed hours that exceed this.

13.2 **Personal Assistants employed through a Direct Payment arrangement may be personally affected by the proposed final model.**

- Tenants were prompted and supported during the consultation to inform their PA of the proposal.
- Following a decision to implement, a detailed employment status review will be undertaken to determine if TUPE applies to any part of the service redesign, with continued support from HR and Legal Services.

14. Accountable Officers

Ian Spicer, Executive Director of Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	**Date**
Chief Executive	John Edwards	21/09/26
Executive Director of Corporate Services (S.151 Officer)	Judith Badger	14/09/26
Service Director of Legal Services (Monitoring Officer)	Phil Horsfield	18/09/26

Report Author: *Claire Green, Programme Manager*
Claire.Green@rotherham.gov.uk

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