

CHAPTER 7 THE WAY FORWARD – PROPOSALS AND RECOMMENDATIONS

Introduction

This chapter of the report sets out the way forward and our recommendations. Although the review is focused on sheltered and extra care housing it is important to set the recommendations within the broader framework set out in *Preparing Older People's Strategies: linking housing to health, social care and other local strategies (ODPM/DH, 2003)*.

The headings in that guidance for the recommendations section of an older people's housing strategy are reproduced below:

- 7.1 Vision, principles and culture
- 7.2 Towards whole system strategic working
- 7.3 Developing integrated information, advice and assessment
- 7.4 Rebalancing the specialist accommodation system
- 7.5 Refocusing the housing system
- 7.6 Integrated services at a local level
- 7.7 Creating diversity and choice
- 7.8 Quality and standards
- 7.9 Resourcing and commissioning

The covering letter from ODPM and DH highlights the aims of this guidance is to:

- Help health and social services incorporate the housing dimension when drawing up Local Delivery Plans and capacity plans for older people's services, and to build partnerships with housing authorities for that purpose
- Ensure that housing strategies take specific account of the needs of older people
- The covering letter to the guidance makes it clear that the housing dimension is vital to the delivery of health and social care strategies for older people, and that several of the DH's PPF targets have a housing dimension, for example:
 - 30% of all older people receiving support to be supported intensively to live at home by 2006
 - All systems to have established an integrated fall service by 2005
 - 6,700 more extra care housing places by 2006

We use these same 9 headings for our proposals and recommendations

7.1 Vision, Principles and Culture

In the Foreword we set out the vision developed by the Steering Group. The vision covers a broad set of principles which can be applied to all services, including sheltered housing.

We recommend that all sheltered providers in the county are asked to sign up to the vision and principles set out in the Foreword.

In delivering the vision, the local partners should take account of the changing policy debate set out in section 2 of chapter 2 and the challenges for sheltered housing set out in sections 2.4-2.6 of that chapter around new service models, rising expectations, the importance of sheltered housing in rural areas. And meeting decent homes standards.

In addition, reflecting what older people said to us (Chapter 5 refers) consideration should be given to ensuring that sheltered housing today and in the future is planned and delivered in response to the priorities that older people identify. The principal themes related to us by older people were that they were seeking:

- Tenure choice
- To remain in their own homes for as long as possible as sheltered housing / residential care was not 'first prize' irrespective of tenure
- Design requirements which included not only high space standards, aids and adaptations to assist those with disabilities but also good location that enabled them to see the world 'going about its business' from their home and reduce feelings of isolation
- Services tailored to meet their needs, not those of the provider
- Staff and / or volunteers who were closer in age to themselves so that they could relate to them and converse with them more easily
- Linked to the above was the need for transport via dial-a-ride services or voluntary services to enable older people to continue to go shopping and attend activities. This was a particular problem in rural locations and combined services linked to school bus services and postal deliveries are options that could be explored.

7.2 Towards whole system strategic working

As set out in chapter 2, section 3.4 the PCTs and social services have been working together on a strategy for modernisation and re-design of older people's services, and on plans for health and social care integration, based on section 31 agreements.

Following discussions with members of the Steering Group on 29th January we propose the following building blocks to link housing more closely into this service re-design.

7.2.1 Shared Performance Indicators across health, social care and housing

We propose that the following are adopted as shared PIs across health, social care and housing:

- Preventative Services to reduce risk. (This would be a new local indicator, as defined in the locality commissioning template, based on 100 per 1000 people aged 65+ including LPSA stretch. It would include areas such as falls prevention, risk of hypothermia)
- C32 – Number of older people helped to live at home (including intensive home care)
- C28, BV53 – intensive home care, (including extra care housing)
- A5 - Emergency admissions of people aged 75+ to hospital
- D41 – people aged 75+ occupying an acute hospital bed with delayed transfer of care
- User involvement
- C26 – admissions to residential and nursing homes
- D38 - % of adaptations and equipment delivered within timescale
- BV62 (ODPM) - % of unfit private sector dwellings made fit by local authority action

The first 7 of these are all currently under discussion between the county council and the PCTs. The first 3 will definitely be in the section 31 agreement.

7.2.2 Linking housing in with the health & social care integration plans

Discussions with the Steering Group also identified a number of areas for linking sheltered housing (and other aspects of the housing agenda) into the health and social services re-design plans, of which only an increase in the number of extra care places from 304 (0.4% to 1500 (1.9%) is currently built in to the social services projections referred to in chapter 2.

The other areas relate to:

- Information, advice and assessment
- Rebalancing the specialist accommodation system
- Refocusing the housing system
- Integration at a local level
- Resourcing and commissioning

Our proposals on these areas are set out in the rest of the sections of this chapter.

Overall, the aim must be to use this report as the basis for developing an overarching older people's strategy in each district/PCT area that crosses housing, as well as health and social care.

7.3 Developing integrated information, advice and assessment

As shown in chapter 2, section 3.5, we have found considerable variation in the level and quality of information and advice available to older people on housing options. There is also a need to strengthen the place of housing in the care pathways and SAP process

Recommendations:

- Develop a clear role for housing options and services as part of work to improve care pathways
- Develop a clear role for sheltered housing scheme managers in the SAP (Single Assessment Process), hospital discharge planning and pre-tenancy assessments
- Produce a directory in each district council area of sheltered housing choices (as have Huntingdonshire), using a standard template for collecting and producing information, as has been developed in Liverpool, through Access Liverpool. Such a directory, linked to housing advice enables older people to choose the sheltered housing that they want and to compare different schemes and providers – a people rather than a provider led approach.
- Link into the Housing Options for Older People (HOOP) and national housing advice service provided by the Elderly Accommodation Counsel to broaden the housing related information available to older people

It should also be noted that a theme emanating from the focus groups was that much of the sheltered housing in the County was not suitable for residents with intensive home care packages. This is contrary to Government thinking, namely, **'30% of all older people receiving support to be supported intensively to live at home by 2006'** and clearly this concept should be integrated into information drafted for existing and prospective residents of sheltered housing. A major issue for all the focus groups irrespective of tenure was that they were dissatisfied with the time delays for OT assessments and subsequent installation of aids and adaptations. Clearly budgets are limited but clearer information on the process with regular updates on the progress of applications should be considered.

7.4 Rebalancing the specialist accommodation system

There are still two systems for specialist accommodation – residential care and nursing homes; and sheltered and extra care housing. There is a need to rebalance the specialist accommodation system, using a whole system

approach, and building on the initial work carried out by social services and the PCTs to rebalance the pattern of services for older people away from residential care (chapter 2, section 3.4). We have provided a model, including numbers, for extra care housing, although we do not have enough detailed information to do the same modelling for the rest of the specialist accommodation system. However, we do aim, in this section to set out a clear direction for the future for both commissioners and providers. The following issues should be addressed:

1. Nursing and residential homes and extra care housing

Plan for a growth in the number of extra care housing places through a combination of new build and refurbished schemes and through schemes for sale (both full leasehold and shared ownership) as well as rent. The Department of Health has no benchmark figures for the appropriate level of extra care housing in a local authority. DH says that this should be determined by local factors, for example, how far it is seen as an alternative to residential care. In Cambridgeshire the county council is keen to see extra care used in this way, and to phase out residential care placements as far as possible through increased use of nursing home care and extra care housing.

We believe that a more detailed assessment of the residential and nursing care market is required, to establish future trends and identify the viability / vulnerability of the many smaller homes in Cambridgeshire. In addition Social Services and Health need to assess how appropriate levels of nursing care, particularly for dementia sufferers, can be established in appropriate geographic areas to ensure placement does not prevent families and carers from maintaining regular contact with clients.

In terms of increasing the supply of extra care housing we think that the current social services projections for extra care – from 307 (0.4%) to 1,500 (1.9%) – are reasonable, and broadly in line with a number of other shire counties with significant extra care programmes (for example Suffolk, North Yorkshire and Cheshire).

Models of extra care need to be developed that are appropriate to local needs and circumstances, particularly reflecting the rural nature of much of the County. Some of these models should be service based rather than building based – utilising existing physical resources to provide care and support to dispersed communities. Extra care needs to evolve towards a concept that can be delivered in a range of housing settings and not just designated extra care schemes. Set out below is an indicative programme for extra care, including service-based models.

Developing Extra Care

We have been asked to provide some “high level” view as to the direction and scale of new provision for older people, in particular the level of extra care provision that might be adopted as a target. We have previously quoted the Social Services target, 1500 units, which is closely related to the level of

residential care provision that would, ideally, be replaced by the use of extra care.

The current supply figure for extra care is 273 units. A capital programme, based on a mid range new build figure from successful DoH bids for extra care this winter, would generate a capital funding requirement of over £100 million. Support costs, in annual revenue terms, for the additional units, would be between £1.6 million and £2million.

We would suggest adopting five year and ten year targets to achieve the desired level of extra care, comprised of three elements:

1. Service based
2. Refurbishment / remodelling
3. New build, including leasehold developments

Service based provision is premised on a number of assumptions:

- That there will be accessible housing available to older people, suitable for their needs and range of mobility – through Aids and Adaptation programmes, through allocation of ground floor properties or lift accessed units on higher floors, through the development, particularly in the new settlements, of a proportion of accessible housing,
- That home care services, offering overnight care will be available
- That the funding for support services required to facilitate successful independent living, will be available

Using existing extra care and sheltered housing schemes as a base resource for floating extra care would allow joint teams of support and care staff to operate across a local community at an economic cost and offer the levels of service and care required for many older people currently faced with accepting a move into institutional care. It would also offer improved financial viability for some sheltered schemes currently facing difficulties, particularly in rural areas.

We suggest that a target of 200 clients is adopted over the first five-year period and a further 300 in the second five-year period.

Refurbishment or remodelling of a scheme can be effective if appropriate parameters for this approach are adopted. We would highlight the views taken by the DoH in assessing the recent capital bids for extra care and attached as an Appendix here. Where the fundamentals of the scheme are appropriate – good accessibility, good location and scope for additional services to be offered, then remodelled schemes can make a major contribution.

We would suggest an initial target is set of 240 units in the first five years and a further 100 units in the second five years.

Capital funding is difficult to secure. It has taken a number of years to develop the 273 extra care units in Cambridgeshire. We would take a cautious view of what is possible and suggest two programmes:

Extra Care for Sale: 80 units in the first five years and a further 120 in the following five years. These figures may grow as a consequence of market demand but at present there is little evidence of the owner occupied sector and private developers addressing this part of the housing for older people market. Nevertheless, this a relatively new area and it is reasonable in planning terms to adopt this assumption and engage with the private sector to test out its potential.

For social sector units, we suggest a programme of 140 units in the first five years and a further 120 units in the second part of the programme

This would provide 1300 “units” as shown in the table below:

Table 32

Programme	1st Five Years	2nd Five Years	Total
Service based	200	300	500
Remodelling	240	100	340
New Build Social*	140	120	260
New Build private**	80	120	200
Total	660	540	1300

*Primarily rented but possibly also leasehold and shared ownership

** Primarily leasehold

This spread of solutions is strongly recommended but the balance between the different options requires much further work before it can be regarded as viable. Current care and support needs for existing residents of sheltered schemes should be identified; the scope for both the refurbishment and service figures needs to be assessed carefully - with commissioners setting out clear parameters for providers to meet if they are to secure revenue support. These periods would be “development” timescales, that is they would be projects started within those given timescale rather than completed units, although this should not be the case with service based schemes.

The small level of leasehold provision does not reflect the tenure of local people and although higher age groups are more concentrated in the social sector, the balance between owner occupation and renting may need to alter over the course of the next decade. Both the social and private sectors are able to address this need for leasehold provision.

There is also a need to assess how the capital and revenue resources required should be targeted to each district. There are three main factors. Population is the most obvious; current supply is the second and the third, and one that is of critical importance to health and social services, is the level of residential provision in any one area.

The table below is based on the population figures and the current supply against the target figure produced by Social services of 1500 units. This shows the “required” numbers of extra care beds for each local authority area, although this does not take account of factors which heavily impact on Cambridge City for example, with a high proportion of older sheltered schemes and a high number of residential care beds. Nor is it based on known levels of home care and numbers of people moving into higher care.

Table 33

District	Pop 60+	%age of 60+	Prop of SS target (1500)	Existing	Gap
Cambridge City	18,332	17.01%	255	57	198
East Cambs	15,720	14.58%	219	94	125
Fenland	20,484	19.00%	285	74	211
Huntingdon	27,789	25.78%	387	18	369
South Cambs	25,439	23.60%	354	30	324
	107,783	100.00%	1500	273	1227

We recommend that this is used as a starting point to evaluate the overall target, the practicality of achieving it within the timescale and the capacity of both commissioners and providers to meet the requirements each has of the other partners.

2. Meeting specialist needs for intermediate care, dementia and learning disability

Extra care housing for people with dementia or learning disability needs to be factored into any planned increase in provision. This should be targeted initially into those areas with limited existing residential care places for dementia sufferers. There are examples from other areas, both of specialist wings in extra care for people with dementia (e.g. in Suffolk), or of placing people with dementia alongside other older people without dementia. However, extra care housing should not be seen as the only option to be developed and other housing based pilots for older people with dementia, for example small group living models, should also be piloted in order to extend options and choices.

There are also good examples of older people with a learning disability being supported in sheltered housing schemes. Again this is an area that should be developed in the county as part of developing the role of sheltered housing.

There is a need to develop housing based initiatives for intermediate care and rehabilitation. There are now a number of good examples of using a group of flats in both extra care housing and sheltered housing (where the flats are adapted for the purpose) for intermediate care - for example Sunley Court in

Kettering (an extra care scheme) and Tomlinson Court in Derby (a sheltered scheme). We would recommend that such initiatives are piloted in the county in order to develop learning for the future.

3. Make better use of “ordinary” sheltered housing

We have already set out in chapter 2 the changing policy focus away from acute services for the few towards enabling services for the many. This approach brings sheltered housing centre stage in terms of housing, care and support choices for older people in the future. We believe that sheltered housing - with the right design, standards and service model – has considerable potential to support the service shift being proposed by social services and the PCTs, as well as offering housing choices to older people in the future. We believe that planning for this re-design is best done at district/PCT level, but along the principles set out below:

- Developing a more explicit role for sheltered housing as part of the planned increase in HTLAH (Help to Live at Home Service), as assessed by social services, from 5,400 (6.5%) to 9,969 (12%). As shown above we have identified an explicit role for sheltered housing as part of the development of the extra care programme. In addition, sheltered housing has considerable potential to support a larger number of vulnerable older people in the community, through effective development of the scheme manager service
- Explaining, promoting and developing the preventative role of sheltered housing through the provision of added value preventative services – for example benefits advice, and access to transport, leisure, and lifelong learning
- Promoting the community role of sheltered housing – use of communal facilities for life-long learning activities, “silver-surfing”, inter-generational activities etc. We see this as particularly important in rural areas, where, as explained in chapter 2 schemes can become the support hub for all older people in the area, as well as the wider village community through expanding the role of sheltered housing as resource centres e.g. for visiting chiropody, optician, dietary advice and other medical clinics, venues for home care teams to meet

The outcomes from the focus groups highlighted the fact that sheltered residents rated highly the need for low level services, e.g. changing light bulbs, cleaning, gardening etc and considered that higher needs services should be provided by social services. Many respondents also clearly believed that these were not services that the landlord should consider providing. Of particular note was the fact that they believed that many low level services and social activities could be provided by older people themselves on a paid or voluntary basis.

In terms of volunteers individual providers may wish to consider setting up volunteer groups for individual or groups of sheltered schemes. The government is promoting volunteering and 'older people volunteering to assist older people' is a popular concept. The possibility of accessing an Innovation and Good Practice Grant to promote such a scheme could also be an option to be considered.

4. Rationalise existing sheltered housing

Providers have indicated within this exercise a number of schemes that no longer meet current aspirations or are in areas of low demand (chapter 4). In addition, there are some districts where there is a clear overall over-supply in relation to the population needs (chapter 2, section 3.2.and 3.3). This will require a mix of remodelling and decommissioning. Providers have also indicated a desire to convert some existing schemes to use as extra care. We would stress the point that it is likely the schemes most able to transfer to extra care use will be the "better schemes" with higher building quality and higher levels of provision of amenities and communal space. Change to extra care use is not a solution to dealing with poor quality low demand schemes. An indicative programme is required illustrating how such a programme will impact on supply in each area, what extra care could be added in to compensate for loss of existing sheltered housing stock, and what the overall demand for retirement housing and accessible general needs housing might be in the future, based on demographic data.

An assessment of the impact of decommissioning on remaining supply is required, together with the potential time frame required to re-house existing tenants to other schemes. Current assessments of supply are on a gross basis – total number of units as opposed to number of units that will be retained and available for letting.

An agreed set of protocols for closure programmes would benefit tenants, for example the minimum number of residents in a scheme for it to remain viable from the occupiers perspective, the range of alternative offers that might be made, on what basis preference for vacancies in extra care schemes might be given.

Consideration should be given to converting a proportion of tenanted properties to leasehold schemes. This would increase demand in certain areas and allow additional capital (through the disposal of the leases) to be brought in to aid the overall programme for improvements. It would also help provide a comprehensive approach to older peoples' housing needs.

5. Meeting the needs of older people in other housing settings

Most older people live in ordinary housing. There is a need to address the provision of floating support services for older people not living in sheltered

housing. Developing a broader based support service across general as well as sheltered stock will both meet demand, and may also offer improved financial viability to rural schemes, for example those financially non viable schemes in South Cambridgeshire (chapter 4)

Increasingly, the public and social sectors are accepting the need to ensure planning is undertaken to meet the needs of older people living in their own homes and the choices they require as they age. In terms of these older people seeking appropriate retirement housing as owner-occupiers, Local authorities are urged to consider the potential of their powers and influence as planning authorities. They should specifically encourage additional retirement housing development by the private sector, including owner occupied models for extra care.

7.5 Refocusing the housing system

Specialist housing services

We have not undertaken an assessment of specialist housing services as part of this study such as: lettings policies in general needs housing; adaptations, equipment, HIAs and handyperson services; and the role of community alarm services and assistive technology for the older population as a whole. However, we have undertaken a limited study on the role of community alarm services in relation to sheltered housing.

Community alarm services

Our recommendations, building on our findings in chapter 6, are to:

- Cease contracts with non ASAP accredited providers
- Move to contracting only with providers:
 - Offering additional services that include mobiles and/or calls at weekends or when the scheme manager is on leave to identified vulnerable tenants thereby addressing tenants' concerns about no scheme manager cover at weekends/when on leave)
 - Who have invested in the most modern and sophisticated assistive technology (e.g. to enable medical telecare)
- Providers should secure BV /VFM by combining to secure joint contracts with alarm providers, equipment providers and maintenance contractors
- Continue to develop floating support services to older people not living in sheltered housing
- Undertake a more detailed review of alarm provision, addressing ODPM guidance on "achieving a level playing field across stock type and tenure"

The Housing market

We have referred in chapter 2 to the changes in the demographic make-up of the older population, the issue of equity in people's homes, and the growing importance of older people in the housing market.

Our interviews with older people who live in general needs housing stated "when asked if they owned their own homes.....they would want to continue to own their own homes". This reflects the need to ensure that the range of general needs housing stock in the future offers the range of housing options across all tenures that older people want, if both current and future aspirations are to be met. Most districts have identified the need for bungalows, and for 2 bedroom units as a minimum, whether flats or bungalows.

To minimise the need to move in later life, also within planning powers, we suggest planners consider how minimum standards for accessibility to smaller units can be incorporated. In particular we suggest an assessment of Universal Design principals is made to see how such an approach to housing design can aid older people and other groups within the community to benefit from more flexibly designed, more accessible general needs housing and whether targets for accessible housing can be incorporated in local planning guidance.

There are also issues related to the broader infrastructure – e.g. access to shops, post offices, transport – particularly in rural areas, which are critical to planning to meet the future housing needs and aspirations of the older population.

7.6 Integrated services at a local level

Housing, health and social care integration at a local level

Discussions with members of the Steering Group showed an interest in undertaking further work at a local level in relation to linking up housing, social care and primary health staff and functions. Examples discussed were:

- Role of neighbourhood wardens in terms of prevention and alerting
- Developing the mobile warden model in South Cambridgeshire which is funded 25% by users, 25% by parish council; 25% by district; 25% by county social services. We understand that there is quite high take-up in S. Cambridgeshire

We believe that there would be merit in considering one or more locality pilots as learning models, which can build on examples from other parts of the country, for example Sedgefield (Older People's Partnership Board) or Braintree and Witham (Care Trust) where community alarm and sheltered wardens are linked into integrated structure with primary health and social care staff

Broader integration issues

In addition, our consultations with older people identified a number of other areas which older people saw as critical to their ability to sustain choice and independence in older age. These included:

- **Transport** – “lack of transport was a major concern for many participants and the availability /frequency of services depended on the location of the scheme. Those in rural areas have most problems”
- **Design** – focus groups had some clear views on this – eg need for low level windows that can be seen out of from a chair, user friendly door entry systems and so on
- **Meaningful tenant participation** – continuous thread in much of the focus groups, interviews for sp – desire for user-friendly information, feedback on feedback, invitations to be involved/meet/discuss
- **Delays in OT assessments and subsequent adaptations** eg through initial phone assessments to prioritise need

7.7 Creating diversity and choice

There is a need to plan ahead to take account of the growing diversity of the older population. From the QAF findings (chapter 3) and other discussions we believe that with some notable exceptions there has been little pro-active work in Cambridgeshire to identify and then attract BME elders to sheltered housing. The Supporting People team had little to say about this in their validation visit reports, with the emphasis on ensuring that the formalities for successful completion of the Core Service Objectives on Fair Access, Diversity and Inclusion.

We recommend that action plans are drawn up for scheme managers and their managers to include the following steps:

- Attend diversity training to raise awareness of the needs of BME elders
- Make contact with local BME groups and invite community leaders and others to visit schemes
- Work with existing tenants to raise awareness of the existence of difference local BME groups and their cultural needs
- Identify barriers to referrals/nominations from BME elders and address solutions to overcome barriers
- Identify realistic targets to increase the number of referrals from BME elders

In relation to ‘choice’ the outcomes from the focus groups also highlighted a broader agenda as the majority of those respondents currently living in the community preferred not to move into sheltered housing or residential care

but to remain in their own homes for as long as possible. This outcome is in line with research carried out on a national basis. Some of the respondents and in particular professionals who had experience of the social sector recognised that there was a requirement for a range of services to be provided to enable people to remain independent for longer. It was also perceived, across all the groups, that some of the services currently provided were not of a sufficiently high standard and lack of training and poor financial rewards for staff in the sector were considered to exacerbate this problem. This leads us to suggest that providers should consider the wider agenda and not merely continue to provide standard support services in sheltered housing for rent or for sale.

As mentioned in 2.4 above some organisations have already adopted service delivery models that provide support services to people in the community as well as in their own properties. We would recommend therefore that providers consider undertaking in-house appraisals to assess the suitability of similar models for their individual organisations. In parallel they should consider exploring options to provide additional services within existing schemes which meet both community and internal scheme needs. These schemes are likely to include working with partners in the sector and may also include voluntary sector involvement.

Although many of the respondents had been asked about their views in the past there was a clear perception that they felt that they could not influence policy and many were scathing about the lack of feedback received following user consultation exercises. Although we accept the fact that not all organisations are poor at providing information and feedback it appears, however, that the overall perception is that this is an area where statutory agencies can reassess their procedures. In this regard it is widely recognised that a key element in providing appropriate services is user involvement in their development.

7.8 Quality and standards

From our analysis in chapter 3 we make the following recommendations:

1. All sheltered housing providers (including those not undertaking the Starfish exercise) should consider registering with the Centre for Sheltered Housing Studies for accreditation under the Code of Practice in order to:
 - Ensure a county wide consistent high quality service
 - Ensure that modern expectations for sheltered housing service delivery are met
 - Address all the requirements of the Core and Service Objectives of the QAF
2. The providers of the 16 schemes (referred to in paragraph 2.2.3) should examine the reasons for the predicted unsuitability of the service for future tenants

3. All providers address the implications of the Working Time Directive (para 3.8) simultaneously with considering developing the scheme manager service to the wider community (para 3.7)
4. All providers ensure that the management of the scheme manager service is specialist wherever possible (para 3.10)
5. Providers should disseminate to all front line staff the good and bad practice points summarised in para 4 and incorporate these into supervision, action plans and training programmes

7.9 Resourcing and commissioning

We have identified the need, in discussion with the Steering Group, for clear planning and commissioning mechanisms in order to take the findings and recommendations of this report forward, in an integrated way, across housing, social services and health, at both county and district levels. The Steering Group has produced an Action Plan to take the work forward and this is reproduced as Appendix 5.

We would propose that strategic planning and commissioning in the future is carried out at two levels.

It is required at a county level in order to agree the vision and values and to sign up to a shared strategic direction for the design of services for older people and the place of sheltered housing within that. We would see that role being carried out either by an expanded role for the Supporting People Commissioning Body, or through a continuation of the Steering Group set up for this work, but with a redefined role. This would include reviewing overall progress on taking forward the recommendations, and agreeing pieces of development and project work which could be done more effectively by combining the resources of all the districts and providers – for example, agreeing protocols on the role of sheltered scheme managers in relation to the SAP and hospital admission and discharge.

It is also required at sub county level since this is increasingly the level at which the older people's service re-design work will be driven. Given that this is being done at PCT level we recommend that this is also followed for planning, commissioning and resourcing the future work on the sheltered stock and service and on the wider housing agenda for older people, when this is taken on board. For 3 of the districts the boundaries are coterminous with the PCTs. However, East Cambridge and Fenland share a PCT, and we recommend that they work together on local planning and commissioning for older people's services in order to be able to fit with the proposed social services and PCT Partnership structures.