

## Cambridgeshire Best Value Review of Sheltered Housing Executive Summary

*The Cambridgeshire Sheltered Housing Review Steering Group developed the following vision, to combine housing issues with the existing health and social care vision for Cambridgeshire:*

### ***Working with Older People to improve their quality of life.***

We will do this by:

- Listening to what older people have to say
- Challenging and addressing ageism whilst promoting positive views of older people
- Working with others to promote well-being in all aspect of an older person's life
- Designing and delivering services around individual needs
- Enabling older people to live in a safe home and environment
- Tailored to meet their needs
- In an active community
- In a secure environment
- Promoting independence in all our services

### ***Our Vision in Practice***

Our vision will mean change in how we do things. Some of these changes are already in place and we need to build on them; others are new.

*Listening to what older people have to say – involving older people in planning services; making sure older people have the **information** they need to make real **choices** about the services they receive; ensuring decisions about care fully involve the older person at each stage of the process; ensuring that the relevant groups such as Patient Forums reflect the needs and views of older people; **empower** older people in the wider **community***

*Challenging and addressing ageism and promoting positive views of older people – examining our resource allocation; ensuring our policies do not discriminate on grounds of age; providing **opportunities** for older people to participate and **integrate** within communities; avoiding **institutional discrimination***

*Working with others to promote well-being in all aspect of an older person's life – recognising that health, social care, housing and support are important for older people but that so are many other services, such as transport and leisure;*

*developing links with other services (public, private and voluntary) to deliver our broader vision in partnership; influencing Local Strategic Partnerships to work on this agenda and to support communities where the **safety, security** and inclusion of older people is addressed. (need link to community safety, planning, citizenship)*

*Designing and delivering services around individual needs – **bespoke care and support plans**; developing a wider range of services; pooling and managing budgets to achieve more flexible responses to the needs of individuals, communities and localities*

*Promoting independence in all our services – more emphasis on preventative work; developing commissioning strategies that reduce reliance on institutional care and increase community based care; refocusing existing services to promote independence through more **flexible, responsive** services; making greater use of direct payments; developing **culturally sensitive** services for all groups*

## 1. Introduction

This report sets out the findings of a Best Value and Supporting People review of the provision of sheltered housing across Cambridgeshire. The purpose of the review is to:

- Evaluate the effectiveness for current and future residents of the sheltered housing service across Cambridgeshire
- Assess fitness for purpose under Best Value and the Supporting People Quality Assessment Framework.

The work of the review was organised by a Steering Group of providers and commissioners from across the County, supported by external consultants. The Steering Group has since produced an Action Plan to take the work forward. The Action plan is reproduced as Appendix 5.

The report encompassed:

- Use of the recognised evaluation system “Starfish” for scheme data
- Information about individual schemes and the services offered
- The relationship of these services to local and national policy initiatives
- The links to Community Alarm systems and health and care services
- Market trends in housing and demographic information
- The views of local older people, both residents of sheltered housing and more general groups of older people through a series of “focus” groups

Each provider now has a significant amount of data about their housing services and provision with a format that is consistent across all providers. The approach

to recording information varied across providers resulting in the need for further work by individual providers to look at the long-term viability of some of their housing provision, and to continue to improve services.

## **2. Key Issues Identified**

### **2.1 Services**

A summary of key points about services follows:

- Care and support services are broadly suitable to the needs of current tenants, but are less likely to be suitable to meet the needs of future tenants
- Schemes broadly meet their aims and objectives and operate in accordance with best practice
- Tenants are broadly satisfied with the service received
- Overall, all but 3 schemes are assessed as providing 'definitely' or 'generally' good quality service

Scheme manager service:

- The quality of procedural guidance and the comprehensiveness of training requirements are very varied
- Reviews of the scheme manager service have been conducted by all providers over the last 5 years but the predominant model is still a resident scheme manager employed on a Monday to Friday basis. Three providers offer a scheme manager service outside their sheltered housing

### **2.2 Property Issues**

Across the providers there is a significant mix of sheltered housing stock in a range of urban and rural settings. A number of key points emerged:

- A number of schemes are of poor quality, with bedsit accommodation, and in some cases shared facilities, offering limited attraction to potential residents, problems that will increase year on year
- In some areas there is a level of provision that seems too high for local needs and this is reflected in difficulties in letting
- There are increasing concerns over the financial viability of some schemes and this is particularly true within South Cambridgeshire
- A number of schemes may face a challenge to their classification as sheltered housing under new government definitions for retirement

housing. In particular schemes with limited accessibility and / or poor levels of amenities will face difficulty

- Costs and charges vary across the providers and work is required to make charges to residents more transparent
- In relation to future Supporting People grant funding there are potential difficulties, particularly for higher costing schemes

### **2.3 Future provision**

There is a variation of levels of provision across the County, and in some local authority areas it may be that poorer schemes will need to be closed. Overall, providers are aware of the difficulties specific schemes face and are committed to maintaining their service, unless schemes are too poor, or have too low a level of demand to secure a long-term future. The strengthening in partnership working between housing providers and health and social care will help develop a more cohesive view of the potential of sheltered housing in contributing to promoting independence, and improving the contribution of resources to older people's services across the County.

New provision of retirement housing is likely to be provided by both the private and social sectors. In some instances it is probable that by better use of smaller grants, such as Disabled Facility Grants and Aids and Adaptations work, there will be a greater emphasis on developing services to people in their existing homes, rather than the provision of new sheltered housing. Extra care provision would in part be the exception to this, with a large programme of additional housing required.

### **2.4 The views of older people**

Residents of sheltered housing were generally satisfied with the housing and services they receive. However, some concerns were raised and these are detailed in Chapter 5. Across the focus groups there was a high degree of satisfaction in the Community Alarm service. Older people not living in sheltered housing did not see the schemes as being their preference for future accommodation. In part, this may be due to a lack of knowledge as to what sheltered housing can offer, and improved information is an action point arising from this work. .

### **2.5 Community Alarm Service**

As part of this research an overview of the social alarm services in Cambridgeshire was undertaken with the assistance of staff from Cambridge City Council. The outcomes of the research suggest that the services offered are, in the main, basic monitoring services (the full results of these surveys are detailed in the main report).

In our view social alarm services will become an increasingly important element in providing services for older people in the future and will increasingly be offered to customers in the community as government policy is centred on services being delivered in a home setting.

### **3. Recommendations & Developing for the Future**

#### **3.1 Towards whole system strategic working**

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. We propose the following building blocks to link housing more closely into this service re-design.

##### **3.1.1 Shared Performance Indicators across health, social care and housing**

The adoption of a number of shared Performance Indicators. These are detailed in Section 7 of the report.

##### **3.1.2 Linking housing in with the health & social care integration plans**

Linking sheltered housing (and other aspects of the housing agenda) into the health and social services redesign plans

#### **3.2 Developing integrated information, advice and assessment**

We have found considerable variation in the level and quality of information and advice available to older people on housing options. There also appears to be a need to strengthen the place of housing in the care pathways and SAP (Single Assessment Process) process.

We would recommend therefore that consideration should be given to:

- Developing a clear role for housing options and services as part of work to improve care pathways
- Developing a clear role for sheltered housing scheme managers in the SAP hospital discharge planning and pre-tenancy assessments
- Producing a directory in each district council area of sheltered housing choices (as have Huntingdonshire), using a standard template for collecting and producing information
- Linking 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

### **3.3 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. A number of issues should be addressed:

#### **3.3.1 Make better use of “ordinary” sheltered housing including:**

- Developing a more explicit role for sheltered housing as part of the planned increase in HTLAH (Help to Live at Home Service)
- Explaining, promoting and developing the preventative role of sheltered housing
- Promoting the community role of sheltered housing
- Expanding the role of sheltered housing schemes as resource centres

#### **3.3.2 In consultation with service users rationalise existing sheltered housing**

- This will result in some schemes being remodelled while others will be decommissioned following in-depth option appraisal. An indicative programme is required illustrating how rationalisation 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.
- An agreed set of protocols for closure programmes would benefit tenants, eg 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.

#### **3.3.3 Address different models of extra care, dementia housing and intermediate care**

- 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. We propose that the current social services projections for extra care are reviewed in the light of the overall recommendations in this report

- 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 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
- Develop housing based pilots for intermediate care and rehabilitation

### **3.3.4 Integrate sheltered, extra care and intermediate care plans with residential and nursing care and with demographic changes**

- 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
- 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

## **3.4 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 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"

### ***Housing & Planning***

Our interviews with older people who own their homes demonstrate that they would want to continue to own their own homes as they grow older. This therefore 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.

To minimize 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.

## **3.5 Integrated services at a local level**

### **3.5.1 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 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

### 3.5.2 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, desire for user-friendly information, feedback on research in which they had participated, invitations to be involved/meet/discuss
- **Delays in OT assessments and subsequent adaptations** eg through initial phone assessments to prioritise need

### 3.6 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 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.

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 different 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

### 3.7 Quality and standards

From our analysis we make the following recommendations:

1. To ensure a county wide consistently high quality service all providers should consider registering with the Centre for Sheltered Housing Studies for accreditation under the Code of Practice

2. The providers of the 16 schemes 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 simultaneously with considering developing the scheme manager service to the wider community
4. All providers ensure that the management of the scheme manager service has specialist support
5. Providers should disseminate to all front line staff the good and bad practice points on services in the report and incorporate these into supervision, action plans and training programmes

### **3.8 Resourcing and commissioning**

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

- 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
- 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 allowed for in 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.