

**Brighton & Hove City Council  
Sheltered Housing Review**

**Draft Report**

***Strictly Private & Confidential***



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## Introduction

This review was carried out by consultants from the Chartered Institute of Housing between April – December 2012. The key aims were to provide a critical overview of the current service and make recommendations for improvement. The review was carried out at a time of severe reductions in public spending and the knowledge that existing funding sources were likely to continue to reduce over the next few years.

It is necessary for all public services to make savings whilst ensuring that they provide value for money for their communities and the best possible service for customers. New service models are required to respond to increasing numbers of older people, the changing needs and aspirations of an ageing population and tighter constraints on public spending.

The consultancy team visited schemes and spoke to tenants individually and in meetings. A tenant survey was carried and the results analysed. Staff shadowing was carried out to better understand the services provided to tenants and staff views were gathered through a series of meetings. Other organisations and agencies, whose work contributes to the successful delivery of the sheltered housing service, were invited to comment. and their

The **Chartered Institute of Housing** (CIH) is the professional body for the housing industry; it works with the whole sector to improve standards of housing delivery and with the government to develop more effective ways to provide services for communities. CIH has 22,000 members who work in housing in this country and abroad. Through its consultancy service, CIH consultancy, it provides housing consultancy and business support services to the housing sector. Surpluses made from our consultancy activities are reinvested back into the sector through the CIH.



## Executive summary

### Sheltered Housing Proposed Mission Statements:

*To provide personal and practical support to help older people lead full and active lives; maintain their safety, independence and dignity; and have choice and control over the services they receive and how they are developed and delivered*

*To provide a responsive and consistent sheltered housing management service for tenants to ensure that all schemes provide a safe, enjoyable, well maintained living environment with effective referrals where additional support needs are identified.*

*To work with older people across our sheltered housing schemes, and in local communities, to explore what people would like to do, how they would like to get involved and contribute, and by working across all the agencies in Brighton & Hove, make sure that where possible these wishes are achieved.*

## Context

Brighton & Hove City Council owns and manages 856 units of sheltered housing across 23 schemes. Across all schemes, 46% of properties are 1-bed flats and 34% are self-contained studios. Currently there are 35,800 people aged 65 or over in the City; 20,100 females and 15,800 males, with the ratio of women to men increasing with age.

The largest percentage of residents aged 65 years and over are in five wards, with over half the City's older people living in the 40% most deprived areas for older people in England, and some in the 4% most deprived. The West locality has the highest number of older people and prevalence of stroke, diabetes and dementia. In seven wards less than one in ten people is aged 65 years or over.

Brighton & Hove has a relatively large proportion of older people living alone and potentially isolated who are more dependent upon public services. Single pensioner households are higher than average and the majority of people aged 75 or over live alone; of those living alone, 34% are male, 61% female.



## Section 1 – Key Findings

- Most people living in sheltered housing are satisfied with their accommodation and the support they receive. There are some concerns over the space standards in bedsits, the appearance of the communal areas and lounges; and in some schemes, the lack of consistent staffing where managers are on long term sick leave.
- Sheltered housing tenants reflect the older population across the city. There is a wide range of needs across the schemes. Tenants and staff report an increasing number of tenants with complex needs, most notably mental health issues. There are concerns that, on occasion, a new tenant has moved in without the necessary level of care and support in place to help them live independently, manage their tenancy and become part of the wider community within the scheme.
- The repair and maintenance standard of schemes and the homes they provide are fair. There is a high proportion (34%) of self-contained studios, often referred to as bedsits by other providers. Tenant' views on these smaller units are mixed. The overall satisfaction amongst men is higher than among women who find it more difficult to cope with the limited living space. The schemes are clean and generally in good repair.
- Most tenants are happy with the repair service. There is some discontent about the time taken to carry out minor repairs and the lack of assistance with minor jobs. People without family support living nearby sometimes struggle to get small jobs done – changing light bulbs, taking down/putting up curtains etc. Tenants were clear that they would happily pay for materials if a handyperson service was available.
- Most people living in sheltered housing are satisfied with their accommodation and the support they receive. However, best practice has not been followed in terms of decoration, fixtures and fittings in communal areas. There are no differentiated colour schemes, fittings and textures to provide a vibrant living environment and to assist people with a dementia or poor sight.
- There are widespread concerns amongst tenants that the scheme corridors are stark and sterile and do not provide a “homely” environment. This is largely due to restrictions imposed by the Fire Officer. This could be overcome with the installation of sprinkler systems but this would be costly.
- Communal lounges, that should form the social hub of the schemes, are furnished and set out in a very old fashioned style. Some are shabby and poorly used. There are inconsistent standards across schemes for decoration and furnishings.



- There are some shared concerns over the space standards in bedsits, the appearance of the communal areas and, in particular schemes, the lack of consistent staffing where managers are on long term sick leave or there are vacant posts.
- Tenants involved in gardening activities really enjoyed and appreciated the opportunity to get involved in their scheme surroundings. Concern was expressed that often the lead for gardening projects relied on one or two tenants and if they were no longer able to run the project it often faltered if there was no succession planning. Tenants were enthusiastic about the idea of community gardens and allotments for older people where sheltered housing scheme land was available.
- Tenants interviewed would like there to be a greater range of activities with less emphasis on coffee mornings as often the only opportunity to socialise. The range of activities and opportunities to engage varies considerably across the schemes.
- Tenants views on opening up sheltered scheme lounges to older people in neighbouring communities were varied with the majority in favour provided assurances could be given around supervision and the personal safety of tenants.
- There is no consistent, city wide approach to opportunities for tenants to participate in their communities, engage in study or hobbies and join in a range of activities. There are some examples of tenant led activities, for example, one scheme has a tenant run lunch club and another has a tenant run exercise class.
- There is a lack of integration and co-operation between housing, health and social care about the contribution that sheltered housing, and an expanded housing related support service, could make to the delivery of a number of health and social care priorities across the city - for example, falls prevention, hospital discharge and intermediate care.
- Some staff expressed concern about the lack of joint working with social care for tenants with medium/ high level care and support needs. The level of co-operation and joint working achieved with health and social care professionals tended to rely on the approach taken by individuals. Partnership working with health was more positively reported. Staff felt that more needed to be done at management levels across the agencies to secure agreement on information sharing and joint working.



## Section 2 – Recommendations

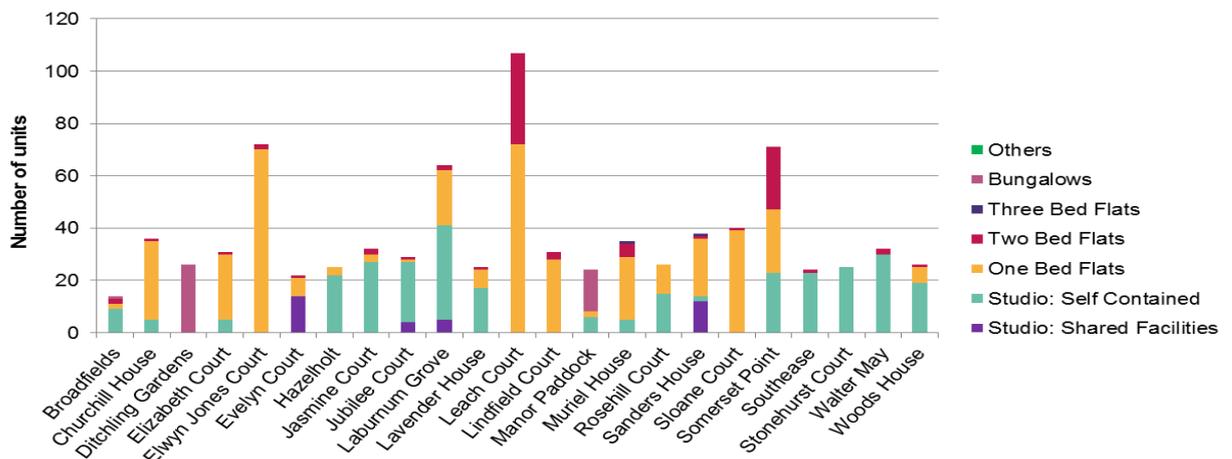
- Consider the introduction of a new sheltered housing service with three new levels of service to meet the expressed needs and aspirations of tenants; provide a targeted needs based high quality support service, at different levels, to achieve agreed outcomes; develop a new post to co-ordinate and expand activities and other engagement opportunities for tenants; explore funding opportunities to extend the support offer to older people in the wider community across housing tenures. Full details of the recommended new service offer are set out on pages
- Review the current allocations and lettings policies and practices for sheltered housing including the Choice Based Lettings system to provide a more responsive and appropriate service.
- Review policies and procedures with particular attention to the needs assessment, support planning and other record keeping. Consider introducing new needs assessment processes, paperless support planning and quality assessments. Secure agreement with relevant partner agencies on the processes to be used and ensure that these compliment and add value to other agency processes.
- Develop a consistent, city wide approach to opportunities for tenants to participate in their communities, engage in study or hobbies and join in a range of activities.
- Consider revising the internal environment in schemes in terms of decoration, fixtures and fittings in communal areas. Understand and implement best practice including introducing differentiated colour schemes, fittings and textures to provide a vibrant living environment and to assist people with a dementia or poor sight.
- Carry out a feasibility study into providing all schemes with communal IT facilities and broadband.
- Consider commissioning a comprehensive sheltered housing asset review.
- Work with local primary health and care services develop and deliver a wide range of services from sheltered housing schemes to older people living in schemes and in neighbouring communities. These should include a wide range of health checks, screening and health promotion activities.



## Section 3 - Local Context

### Sheltered Housing Profile

- There are 856 units available for let across 23 different units.
- Across all schemes, 46% of properties are 1-bed flats and 34% are self-contained studios.
- The largest scheme is Leach Court which has 107 units (13% of all units). Approximately two thirds of these are 1-bed flats, with the remaining properties being 2-bedroom flats.



The demographic profile of residents in sheltered housing in Brighton & Hove is diverse reflecting that of the older population in the area and nationally. There are significant pressures on housing across the city, both in terms of supply and affordability.

The current housing related support service model for older people is directly linked to sheltered housing accommodation and is provided as a single service offer. Tenants are however able to opt out of elements of the service including daily calls and support planning giving them choice and control over the services provided.

The allocation of sheltered housing is currently based on housing need rather than a rigorous multi-agency assessment of support and care needs where this would benefit the tenant. Some residents do not currently require support and this mixed needs community is essential in preserving the dynamism and unique characteristics of successful schemes. There are tenants who are well and active with some engaged in paid or voluntary work.



There are, however a growing number of residents with complex care and support needs. The secure, affordable and supported housing provided to these tenants contributes to them being able to live independently and is reducing the need, and high cost, of residential care. Sheltered housing staff are rising to the challenge of meeting these more complex needs but would benefit from consistently high levels of multi-agency working and information sharing.

Feedback from residents indicates that some have opted for sheltered housing for a number of reasons other than an immediate need for personal support at the time the tenancy is secured. The reasons cited include the following

- Loss of partner
- Inability to manage previous home
- Security and affordability of accommodation - most often when moving from private rented sector
- Access to social contact - to combat loneliness and isolation
- Location - desire to move closer to family, friends and amenities.

The role of sheltered housing in combatting loneliness and social isolation is recognised by those directly involved in the service but more could be done to foster a wider understanding and recognition of this with key partners in health and social care.



## Section 4 – Current Service Model

### Support

The current service model provides a standardised model of support although there are variations in the application across the city. The majority of scheme manager time is spent on housing management tasks at between 60/70% with the remaining 40/30% spent on support tasks. The housing management tasks are essential for the maintenance of the schemes and the health & safety of residents, they also provide some low level support for residents and those experiencing periods of crisis.

The support element of the service is thinly spread and not outcome focused. This results in a lack of rigour and consistency in delivery; an inability to respond in sufficient depth to those in greatest need; and tensions between the balance and effective delivery of the two service elements which both have process and administrative systems attached to them.

The support service is not currently offered to other residents, including owner occupiers and those in the private rented sectors, in the areas surrounding the schemes. There is the potential to provide a community based support service to older people in the wider community provided funding was available from health and social care. This expanded service could help to achieve improved health and wellbeing outcomes for older people that meet the local priorities of health and social care commissioners and providers.

### Scheme Quality

The quality of the schemes is variable with continuing uncertainty amongst residents in some about their future. There is little consistency around the quality of the internal and external environments or the level of support available. Considerable variations also exist in the availability of scheme based activities, resident involvement and the engagement with external agencies.

High quality sheltered housing schemes are characterised by a combination of factors that contribute to the overall appearance of the scheme, its accessibility, the quality of the built environment and facilities for the residents and their visitors.

CIH's 'best practice' Sheltered Housing Scheme Assessment Standard provides a detailed analysis of assessment findings to include key considerations around issues such as:

- Scheme location
- Unit types/sizes
- Health & safety issues
- Accessibility
- 'Dementia' friendly design



- Kitchen and bathing facilities
- Internal environment
- External environment.

This review has not included a formal assessment of the schemes but the findings drawn from visits to a sample of schemes are as follows:

- Schemes are accessible by public transport and are within reasonable reach of local amenities.
- Some schemes are located on steep hills making access difficult for residents with reduced mobility. Access within the schemes was generally good although some residents highlighted concerns with the storage of mobility scooters and the distance these were kept from their flats.
- Health & safety checks are regularly carried out and the Fire Officer's requirements have been followed. The latter has resulted in concerns from tenants and these are set out below in the impact of the Fire Officer reports section.
- Best practice has not been followed in terms of decoration, fixtures and fittings in communal areas. There are no differentiated colour schemes, fittings and textures to provide a vibrant living environment and to assist people with a dementia or poor sight.
- Communal area designs are dull, shabby in some cases and lacking in warmth and vitality.
- Furnishings in communal lounges are old fashioned and uninspiring.
- There is no consistent investment in communal areas.
- The level of repair and maintenance is generally good although some external improvements would benefit the appearance of some schemes and make them more welcoming.

### Impact of Fire Officer Reports

Residents in all the schemes visited expressed concern about the removal of decorations, pictures and furniture from corridors in response to the Fire Officers report resulting from a policy direction on sterile common ways. Residents are saddened by the impact that this has had on the internal environment of schemes, creating sterile and institutionalised environments. The installation of Residents felt that there was a lack of understanding that the schemes are their homes and that they spend considerable parts of their days "at home" making the environment of particular importance to them.



There was also concern that comfortable chairs in some entrances had been replaced by hard, plastic chairs. This is an issue for residents who use this area to wait for taxis, hospital transport and lifts from friends/ relatives – sometimes for quite long periods of time.

### **Community hubs**

There is little evidence of the use of schemes as community hubs for the delivery of a wide range of health, care, support, education and recreational activities. Most of the schemes visited provided no IT access for residents and there was little information on opportunities to connect or contribute to their communities.

There are some activities that are open to older people in the community but this could, and should, be expanded to create greater value of service particularly given demographic trends. There are a number of partnerships with voluntary sector groups, most notably the local Age UK, and these do provide a model that should be developed.

Tenants views on opening up sheltered scheme lounges to older people in neighbouring communities was varied with the majority in favour provided assurances could be given around supervision and the personal safety of tenants.

There is the potential to develop specialist support and make better use of communal facilities for older people in the wider community including dementia hubs and clusters, carer support, and community health and care centres.

Local primary health and care services could be encouraged to develop and deliver a wide range of services from sheltered housing schemes. These could include a wide range of health checks, screening and health promotion activities. This would reduce pressure on health clinics, GPs and community health professionals. Transport could be part of this offer, subject to funding being identified, and this would also address issues of loneliness and isolation for those living in other forms of housing in neighbouring parts of the city.

### **Participation, activities and opportunities for tenants**

There is no consistent, city wide approach to opportunities for tenants to participate in their communities, engage in study or hobbies and join in a range of activities. There are some examples of tenant led activities, for example, one scheme has a tenant run lunch club and another has a tenant run exercise class.

The range of opportunities for older people that operate across the city are not sufficiently well communicated to tenants. The sheltered housing service would benefit from improved co-ordination with other services. Partner organisations could work more productively with sheltered housing to deliver local services and activities. This may well require some change of infrastructure.



The diverse nature of the sheltered housing residents has many positive aspects. The presence of a significant proportion of the independent "walking well" creates a more dynamic community than that found in sheltered housing services elsewhere, extra care housing, residential/ nursing care and with an ageing demographic in many schemes this should be viewed positively.

In some schemes the high numbers of men has a mixed impact on the affected schemes. The women we spoke to felt that men were less inclined to become involved in traditional activities and to socialise, tending to rely more on external social sources, for example, the pub. The representation of men is at a higher level in Brighton & Hove than that found in many other parts of the UK and needs to be considered in the remodelling of services including opportunities to participate and the nature of activities on offer.

Opportunities for shared IT facilities would be welcomed by tenants with no access to a personal computer. Tenants are aware that there are opportunities that are available over the internet that many are unable to access. Training in this area that had been made available in some schemes was positively received.

Given the ageing population, tenants who are "walking well" could be given more opportunities to better support others, the lifelines project at the Patching Lodge scheme does just that. This does require a structured, supportive approach with clarity about the support, advice and information that will be required.

A peer support and mentoring scheme is being developed within housing and there is significant value in developing a scheme of this kind for sheltered housing tenants that could be extended to other older people in localities.

### **Needs & Risk Assessments**

The absence of a robust needs and risk based assessment process for the delivery of support is resulting in some residents with high needs not getting the levels of support that they require to help manage, and improve, the quality of their lives. There is also a need to develop a strength based support assessment that identifies what people can do and builds on those characteristics whilst also addressing areas of need.

Residents in a significant number of schemes expressed concerns about some more recent allocation of flats and bedsits to people with higher needs, most notably people with complex mental health issues, who can be disruptive to the tranquillity of schemes and on occasion the peace of mind of other residents. The ageing population will result in more tenants with mental health issues and a dementia so this is an issue that requires a specific response in partnership with other agencies. This is not an area that can be left to the sheltered housing to manage in isolation.



There is a perception amongst staff and some residents that sheltered housing is viewed by allocation staff, health and social care agencies as being able to provide a supported living environment for people with complex needs without detailed needs and risk assessments being carried out prior to an offer of housing being made. Staff reported occasions when people with high needs had moved into schemes with no prior notification and no care and/or support plans in place. This needs to be addressed whilst also managing perceptions and ensuring a balanced and proportionate response.

Staff expressed concern about the burden of paper based systems and some repetition of record keeping with both electronic and paper based records being kept. Some staff felt that the time spent on the administrative burdens were detracting from face to face contact with tenants.

### **Allocation & Lettings**

The Choice Based Lettings system as an effective way of allocating sheltered housing has been widely questioned. There is an issue around making the best use of the stock whilst maintaining balanced communities and managing levels of need with specific schemes. An allocation system that is driven by the needs and aspirations of the older person, informed by the suitability of the available accommodation, drawing on the expertise of the scheme support and care staff might be a more responsive approach.

Where sheltered housing applicants are identified as having complex needs viewings of properties prior to letting should be arranged in every instance. This would enable all relevant support and care staff to be represented to discuss the needs of the applicant and make sure that they understand the offer and are able to manage the tenancy.

Pre-tenancy and new tenancy support is essential to ensure that the sheltered housing offered is the correct solution and sustainable for the tenant. There should be a renewed emphasis on this for sheltered housing tenants and prospective tenants.

### **Stakeholder consultation**

*Appendices: the detailed findings from meetings with tenants, the tenant survey and the Appreciative Inquiry can be found at the end of this report.*

The findings from interviews with voluntary and statutory stakeholders suggest that there is confusion about the role, purpose and scope of sheltered housing that include:

A perception amongst social care commissioners and providers that the allocation of accommodation is based only on housing need rather than a joint assessment with social care;



There is a lack of integration and co-operation between housing, health and social care about the contribution that sheltered housing, and an expanded housing related support service, could make to the delivery of a number of health and social care priorities across the city - for example, falls prevention, hospital discharge and intermediate care. The Better Care Fund, the increased emphasis in integration and the opportunities for co-production and joint commissioning that will be afforded by the enactment of the Care Bill provide the foundations on which to integrate support for older people that places the sheltered housing service at its heart.

Sheltered housing staff expressed concern about the lack of joint working with social care for tenants with medium/ high level care and support needs. The level of co-operation and joint working achieved with health and social care professionals tended to rely on the approach taken by individuals. Partnership working with health was more positively reported. Staff felt that more needed to be done at management levels across the agencies to secure agreement on information sharing and joint working.

There are some positive examples of joint working with voluntary sector organisations, for example the Cheers Alcohol Research Project with Age UK. This is an area where more work could be done to harness the skills and capacity of voluntary sector organisation to identify opportunities and develop a wide range of opportunities for older people to contribute to their communities, participate in a wide range of activities, learn and connect with others.

This review was commissioned to address these very issues and there is a broad consensus that all sectors need to work more constructively with the sheltered service to deliver benefits across the care, health and voluntary sectors.



## Section 5 – Proposed remodelling of support

The initial conclusions from the evidence of the review, the pressures on current and future funding through Supporting People, and opportunities that new models of health and social care commissioning offer suggest that a new service model is needed.

The suggested new model would have three types of service to replace the current single model applied only in sheltered housing.

### 1. Enhanced Sheltered Housing Management Service

#### *Mission statement*

*To provide a responsive and consistent sheltered housing management service for tenants that ensures that all schemes provide a safe, enjoyable, well maintained living environment with effective referrals where additional support needs are identified.*

This service will be delivered to the residents of the council's sheltered housing stock. It aims to keep those with lower levels of need well and reduce the need for higher dependency services. Covering the wellbeing, safety, security, health & safety and upkeep requirements of the scheme and residents, this is essentially an enhanced housing management service.

The enhanced sheltered housing management service will ensure that the scheme is well maintained, that health and safety checks are carried out and that all communal areas are accessible for all tenants. Staff will be responsible for liaising with the property repairs and maintenance service and the grounds maintenance service. They will also ensure that planned maintenance is carried out in a timely and effective manner. Staff will have regular contact with residents when required and assist them in resolving problems and/or signpost them to the relevant service/agency.

The appointed staff will cover a designated cluster of schemes. Consistency of contact with a named officer will be assured through the allocation of an individual for each scheme and information will be made available to all tenants to provide the assurance about who will be on site and when they will be available. Regular contact with residents in each scheme will be arranged to ensure that the transition to the new service model is monitored.

The enhanced sheltered housing management staff will refer residents for the new Housing Support Service, outlined in the next section of this report, and help with the organisation of



events, surgeries and activities particularly where these address issues of wellbeing and sociability, or where the activities help contribute towards the preventative health agenda.

The numbers of staff required will need to be determined and this is highlighted as part of the draft transition plan. The cost of this service will be funded through a review of service charges in full consultation with tenants in each scheme.

## 2. Tenure neutral Older People's Housing Support Service

### *Mission statement:*

*To provide personal and practical support to help older people lead full and active lives; maintain their safety, independence and dignity; and have choice and control over the services they receive and how they are delivered.*

**Older People's Housing Support Service** – the proposed new service would be provided at level 1 and level 2. The section below outlines the proposed details and is presented in a format to present to potential commissioners. Older people need to be the key drivers in determining the level of support that they require and the way in which the support should be delivered. Integrated assessment, co-production of care and support plans and co-ordinated delivery with other agencies are prerequisites for a successful support service. This service is designed to meet the objectives and needs identified in the JSNA and the approach outlined in the Better Care and Public Health strategies.

### **Methodology**

Eligibility for and access to the service would be determined by a clear eligibility and assessment framework based on a Standardised Assessment for Housing Related Support Guidance.

Referrals will be logged on receipt and an initial assessment made to identify any immediate or urgent priority. As part of the referral process, criteria will be agreed for any immediate assessments, for example, discharge from hospital.

Service standards will be developed to reflect the service specification requirement for dealing with urgent cases on the same day as referral, and all other cases within three days. These timescales will be impacted by volume of demand but we will dedicate appropriate staff capacity and work with our partner agencies to achieve these.

The assessment and eligibility criteria will be clearly set out, promoted to partner agencies and service users, and include a right of appeal. Where an applicant is deemed not eligible for the service a letter (or appropriate communication) will be sent setting out the reasons why and including the appeals process.



The assessments will be prioritised to ensure that access to the service is determined on the basis of highest need, but will also include an element of waiting time. In discussion with partner agencies and service users weighting will be attached to each of the criteria and an overall needs matrix developed which reflects the weighting and the number of criteria met to deliver an overall score of need. Waiting time will be used to prioritise cases where scores are equal.

The service model proposed sets out two levels of support. These are:

Level 1 - a time limited, high level support service aimed at responding to service users in crisis, and likely to meet the criteria above for an urgent assessment for access to the service. We will identify and make best use of allied services to ensure a rapid and complete response to the housing and support needs of these service users working with them in their homes to achieve clearly identified outcomes.

Level 2 – low level support delivered mainly to groups of service users focused around health and well-being to prevent and reduce the need for more intensive care and support services and, to respond to individual support needs on a surgery basis. Access to this level of support provides targeted support to higher numbers of people. We will work to develop a wide range of group support activities that meet locally identified needs using our community assets, predominately sheltered housing community lounges, as support hubs.

The assessment framework will determine eligibility. The service offered will be flexible so that priority can be given to Level 1 service users where needed to meet demand and ensure that the most urgent needs are met.

Our ethos in selecting and prioritising referrals reflects our priorities to ensure:

- Rapid response to those with the highest needs
- Prevention – reducing the need for Level 1 support through effective delivery at Level 2
- Partnership approach to achieve agreed outcomes
- Customers are able to influence the service.

The needs, risk assessment and support planning policies and procedures will be person-centred and outcome focused. They will be designed to ensure that services provided achieve a minimum of level B against the Supporting People QAF<sup>1</sup>. Customers' needs and aspirations are paramount. Liaison with partner agencies, family and carers, to ensure that a comprehensive picture is obtained. The needs identified feed into the individual's support plan and these are developed in the context of the risk assessment.

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<sup>1</sup> Consideration is being given to the introduction of the new, DCLG sponsored, web based SQT (service quality tool) developed by CIH to replace the QAF



Risk will be assessed as part of the overall needs assessment. Risk guidance for staff WILL be developed to cover risk to self, risk to others and risk from others. Positive risk taking will be encouraged, opportunities will be provided to combat loneliness and isolation, and involve the service user in managing their risks. Where any risk assessments flag up issues of safeguarding these will be dealt with through robust safeguarding policies and procedures.

Support plans will be geared towards maximising independence and developed with service users to agree their desired outcomes. Support will then tailored to meet individual needs and achieve the agreed goals. Actions to mitigate any risks identified through the needs assessment will also be addressed. Integral to the approach will be to provide support that prevents, delays and reduces the need for more intensive care and support whilst providing appropriate opportunities to engage with others. This will be achieved by setting clear outcomes to be achieved and measuring distance travelled.

Older people have diverse needs and the support planning methodology will ensure that support is provided at the level required. Individual outcomes for older people vary significantly but providing good information, advice and signposting, and liaising with partner agencies will be key to ensuring outcomes are achieved. Good referral arrangements with partners will be developed and comprehensive information on national and local agencies and services that can help in meeting the needs of our service users.

The value of behaviour change requires particular emphasis and is perhaps more important than signposting (which can simply shift an issue around agencies). Loneliness, for example, is not addressed by simply putting people in a communal setting but by working with cognitive ability and barriers that underpin a desire to get involved. That nudge towards better health will only be delivered if behaviour change is actively addressed within this work.

Some typical outcomes achieved for older people through their support plans will include:

- Tackling isolation and loneliness through engagement in social and community activities
- Resolving issues that impact on the ability to stay well at home including affordable warmth and repairs
- Ensuring care and support packages are in place that meet personal needs to enable independent living
- Support to maximise income and address debt

Progress in achieving agreed outcomes will be measured and assessed through regular reviews with customers using both quantitative and qualitative criteria. Progress will be assessed by both the customer and the support worker.



The approach to risk assessment and support planning will be subject to comprehensive quality assurance arrangements. Support plans will need to be regularly monitored to ensure they are reaching the required standards.

Staff will be trained to ensure they deliver an effective service. Training will focus on achieving the best outcomes for customers as well as meeting QAF core objectives, and our broader corporate aims. Areas of good practice will be shared on a regular basis through team meetings and training updates and we will work with other service providers to extend this across the city.

Timely and managed withdrawal of support will be a key element of the support planning process. At Level 1, outcomes will be agreed with customers that leads to them being able continue their lives without needing housing related support. This may be as a result of resolving the particular issues, for example, ensuring they have adequate financial resources to meet their requirements, resolving housing issues that are impacting on their ability to manage at home, and/or by having care and support packages in place from other providers. It will be made clear to service users that housing related support is time limited to meet their own individual needs, and that once these have been met the Level 1 service will cease.

Where a further needs assessment is required there will be the option for a step down to Level 2 if this is needed to address ongoing needs, for example, loneliness and isolation, falls prevention activities and low level early onset dementia. A new support plan will be developed with the customer to reflect this. This will allow a smoother and gradual transition from the support service.

The reduced need for support and the criteria for its removal will be evidenced through the support planning process. As outcomes are achieved, and the needs identified in the current needs assessment met, the level of support will be reduced followed by cessation of support. This will be carried out in consultation with the service user and where necessary partner agencies, family and carers.

Work with services users will be developed to achieve transparent approach to ending support services, based on agreed criteria and a scoring system that relates back to the original needs assessment framework. There will be an appeals system for customers who feel they are not ready to exit the service.

When service users receiving 'Level 2' leave the service following the procedure outlined above they will have the option to continue to access the service fully or in part as a self-funder. They will also receive advice and assistance about accessing support from other agencies.



Following exit from the service customer feedback will be sought to help assess the impact that the service has made in relation to quality of life, independent living and improved health and well-being. Feedback will also be sought from partner agencies involved with the customer and any family or carers. We will also seek to obtain further customer feedback after six months of exiting the service. The customer feedback will be collated and shared to inform future service improvement.

### 3. Older People's Support Service: Activities Development Officer

#### *Mission statement*

*To work with older people across our sheltered housing schemes, and in their local communities, to explore what people would like to do, how they would like to get involved and contribute, and by working across all the agencies in Brighton & Hove, make sure that where possible these wishes are achieved.*

In response to concerns raised by residents and partner agencies it is proposed that a new post be created to work across the city to develop, instigate, co-ordinate and seek funding for a wide range of opportunities for older people in receipt of housing related support and/or in sheltered housing. The officer will work with the statutory and voluntary agencies across the city and the involvement of older people in determining the scope of the role and the priorities for delivery.

A key requirement of this new post will be to build on the existing partnership working with the voluntary sector, identify new opportunities and engage fully with the voluntary sector council. The aim will be to raise the profile of the opportunities that the sheltered housing service can provide as a community hub and to realise the potential of the service as a community asset.

This post could be filled from the existing staffing structure and consideration of this will form part of subsequent staffing structure proposals.



## Section 6 - Draft Transition Plan

Objective	Actions	Lead	Target Date	Outcomes
1. Achieve effective change management for service users to minimise anxieties and concern amongst older people currently in receipt of services	1.1 Draw up and agree of comprehensive SMART delivery plan with key stakeholders. These will include service user representatives, carer' groups, staff, elected members, health & social care agencies and voluntary sector partners 1.2 Devise and agree a communication & marketing strategy for the new service			All key stakeholders understand the changes to the service, the transition arrangements and future service delivery. Each stage of the process has been explained and communicated. Marketing and communication in place.
2. Develop proposed new staffing structure and working practices	2.1 Prepare and agree new job descriptions and person specifications 2.2 Carry out job evaluations as required 2.3 Carry out transfers of staff to new posts as required 2.4 Identify training and development needs			New job descriptions and person specifications agreed Training and development plan agreed
3. Prepare for new service model providing the detailed methodology for the two levels of service	3.1 Detailed service modelling for levels 1 and 2 agreed 3.2 Detailed eligibility criteria for each level outlined 3.3 Charging schedules prepared for each service level for self funders for discussion 3.4 Initial revisions to needs and risk assessments for each service level 3.5 Support plans amended to reflect new levels			The development phase will enable a smooth transition of the new service model detailed in item



Objective	Actions	Lead	Target Date	Outcomes
	<p>of service</p> <p>3.6 Monitoring and performance frameworks developed to assess outcomes and conform with SQT/ QAF level B requirements.</p>			
4. Liaise with existing providers to establish a list of current service users	<p>4.1 Establish list of current service users from existing records</p> <p>4.2 Liaise with other providers and obtain list of their service users</p>			
5. Liaise with existing service recipients to establish those who do not wish to continue receiving the services going forward	<p>5.1 Identify service users who no longer wish to receive a housing related support service</p> <p>5.2 Explore the options available to service users who still have a housing related support need but wish to withdraw from the service to ensure that their needs are met in some other way</p>			<p>Service capacity is increased by service users no longer wanting the service exiting from it</p> <p>Service users who withdraw from the service have access to others services should a need be identified</p>
6. Undertake a standardised housing related support needs assessment with all current Service Users.	<p>6.1 Develop and implement a programme of visits to assess all current service users for eligibility for the new service</p> <p>6.2 Coordinate the programme of visits in liaison with the Authority's visits to carry out the financial means test and follow up any potential self-funder cases.</p> <p>6.3 Establish a system of charging and collection for self-funders of the service</p>			<p>Only those assessed as eligible will receive the housing related support service</p> <p>Service users will make a financial contribution to the service where appropriate increasing the capacity of the service</p>



Objective	Actions	Lead	Target Date	Outcomes
7. Signpost current Service Users who, through use of the Housing Related Support Assessment Tool, do not have an identified need into other services as appropriate, including access to this service through private (self-funding) arrangements	<p>7.1 As part of 4.1 above Identify service users who are no longer eligible to receive housing related support and explore with them whether alternative support may be available, arranging this through advice, assistance and signposting to other services</p> <p>7.2 Work with partner agencies and the voluntary sector to set up arrangements for service users exiting housing support to access other services</p> <p>7.3 Where service users are no longer eligible for the service but are able and prepared to self-fund arrange access to the service on the charging basis under 4.5 above.</p>			<p>Service users who are no longer eligible for housing related support have access to others services where needed</p> <p>Service capacity for housing related support is increased through offering support in alternative ways by generating income to support the overall costs of delivering the service.</p>
8. Establish new Service delivery arrangements	<p>8.1 Develop the new service model based on a two tier structure of support to provide intensive high level support or low level support dependent on the service users individual assessment</p> <p>8.2 Consult with partner agencies and service users to develop the details of the service and in particular the low level activities to support health and well being</p> <p>8.3 Promote and publicise the new service arrangements in ways set out under the response to Question 9. In particular</p>			<p>A new service model is in place which:</p> <ul style="list-style-type: none"> <li>• Is accessible to all older people on the basis of need and regardless of tenures</li> <li>• Ensures that those with the highest needs are prioritised for support</li> <li>• Reflects the views of service users and partner agencies in how services are provided</li> <li>• Offers choice and flexibility to service users and is personalised to their needs</li> <li>• Addresses preventing, delaying and</li> </ul>



Objective	Actions	Lead	Target Date	Outcomes
	<p>publicity material will emphasise the tenure neutral aspect of the service and encourage self-funders to join the service.</p> <p>8.4 Confirm and disseminate eligibility and assessment criteria in line with a standardised Housing Related Support Assessment Tool, including the right of appeal</p> <p>8.5 Review and revise the needs and risk assessment and support planning policies and procedures to reflect the aims and objectives of the new service</p> <p>8.6 Carry out an audit of staff training needs and identify and meet any needs arising from the new service delivery model</p> <p>8.7 Build on existing monitoring arrangements for the service to show how well high level objectives are being achieved</p> <p>8.8 Build on existing and establish new methods of collecting service user views and satisfaction with the service</p> <p>8.9 Establish a waiting list maintains service users in priority order to access the service when capacity becomes available.</p>			<p>reducing the need for more intensive services through activities aimed at groups. This will increase the capacity of the service and benefit more people</p> <ul style="list-style-type: none"> <li>• Is flexible in using available capacity to best effect</li> </ul> <p>Policies and procedures are in place to support effective delivery of the new service with an outcomes focused approach towards meeting service user needs.</p> <p>Existing and prospective service users are aware of the new service and have access to information about it.</p>
9. Maintain ongoing communication with	9.1 Develop an overarching communication plan for the transition phase which sets out the			Service users will be supported throughout the transition period with advice and information



Objective	Actions	Lead	Target Date	Outcomes
existing service recipients in respect of transition and new service delivery arrangements.	<p>approach to be taken and includes the actions set out below</p> <p>9.2 Provide publicity and arrange group meetings to keep service users informed about the new service and the arrangements for the transition period.</p> <p>9.3 Use 1 to 1 meetings with service users as part of the current service arrangements to provide information and advice</p> <p>9.4 Provide information to partner agencies, the wider statutory and voluntary sector and families and carers about the changes to the housing related support service</p> <p>9.5 Train front line staff in the transitional and new service arrangements so that they can deal with any service user concerns as they arise</p>			<p>leading to smooth access into the new service</p> <p>Transition to the new service will be effectively supported by partners</p>
10. Undertake any other key tasks identified during the transition period.	<p>10.1 Establish a mechanism for capturing any key tasks that arise during the transition period so that they can be added to the transition plan with the appropriate actions to deliver</p> <p>10.2 Develop a service plan</p>			<p>There is a clear method for identifying and implementing any additional tasks for ensuring the smooth transition of the service</p> <p>The service will have a proactive approach to managing the budgetary provision for the service</p>

## Section 7 – National Context

Around 5 per cent of the older population live in specialist housing with support. Across the UK there are nearly 18,000 developments and around 550,000 units (480,000 in England) of such housing, built and managed by not-for-profit and private providers.

The space standards, facilities and accessibility of the existing sheltered housing stock are poor in some areas of the UK. A significant amount, although not all, of this poor provision is in local authority ownership. In some areas the sheltered housing stock was not included in the Decent Homes Programme and so failed to benefit from the capital investment afforded to the general needs stock. This lack of investment is compounded by poor design and, in some cases, poorly located schemes. CIH consultancy has developed a standard against which existing sheltered housing provision is scored when reviews are commissioned from providers.

The lack of capital investment is now exacerbated by the loss of revenue to fund the support services traditionally provided to older residents in sheltered housing. The main cause of this is significant reductions in the Supporting People grant administered by 154 local authorities across England and subsequent loss, or reductions, of Supporting People contracts to sheltered housing service providers. The reductions are expected to continue over the next 12 months with some providers receiving no revenue funding for support for older people in their sheltered housing schemes.

Recent focus and emphasis for policy makers, and many providers, has tended to be on investment in new build, predominately Extra Care schemes, with little attention or regard afforded to the existing sheltered housing stock. There are, of course, some notable exceptions with some good examples of sheltered housing remodelling of both buildings and support services to better meet the needs and aspirations of older people.

### JRF report – key findings

There is a wide range of accommodation and levels of support in sheltered, extra sheltered and retirement housing.

- The UK has around 550,000 units of housing with support for older people, mainly social rented but also for sale, provided by not-for-profit and private organisations.
- In the changing world of housing and welfare policy, gaps in the evidence on sheltered housing ought to be of concern to policy-makers and commissioners of housing, support and care commissioners because of the effects on existing and prospective residents.
- The review found limited data on quality of accommodation; extent of support provision; and the age, health, care and support needs of social tenants in England.

- English data suggests a wider range of people now living in social rented sheltered housing: more people under pension age (a third of new tenants); more with different needs; and significant numbers aged 85+. Less data is available on owner-occupied and private rented retirement housing, and on the rest of the UK.
- There is little recent academic or resident-led research evidence on the quality of accommodation or services.
- Many sheltered housing schemes have diminishing levels of on-site staffing. This has affected the quality of life for some residents, especially those aged 85+ and/or with high support needs.
- Changes to residents' characteristics and to on-site staff are less evident in owner-occupied retirement housing.

### **Who lives in supported housing for older people?**

#### ***Social rented housing***

A widening range of people moving into and living in sheltered housing in England includes: an increasing proportion of younger tenants (below pension age); significant numbers of tenants aged over 85; new residents with a wider range of support needs and reasons for moving, including homelessness. Overall, around 60 per cent of new residents reported a 'disability-related requirement' (with higher percentages among older movers) and 18 per cent moved for reasons connected to homelessness (with higher percentages among younger movers).

Existing residents reported a wide range of impairments and ill-health: mobility (43 per cent), physical health (40 per cent), sensory impairment (12 per cent visual, 15 per cent hearing), chronic disability/illness (13 per cent), and mental health (9 per cent). In terms of support needed to manage health issues, four years' data showed no change in most categories, but a slight (and statistically significant) increase in needing support to manage mental health or substance use.

This may confirm anecdotal evidence from existing residents reported in some studies. Over a quarter of existing residents are over 85, and more than half have disabilities and health conditions. Many of these residents probably have care packages, indicated by evidence of joint working with health/social services (18 per cent of residents) and some research.

## Quality of life for residents with high support needs

### *Social rented housing*

Much of the evidence on the positive impact of sheltered housing is based on a traditional model, with support provided by an on-site warden/scheme manager. Recent evidence shows residents' satisfaction with the quality of life (e.g. accommodation, social activities) in some sheltered housing, mainly with onsite staff. However, residents have also expressed concerns, especially where costs have increased and support services have been significantly reduced. Limited evidence indicates that where support from staff based at the scheme has been reduced or removed, residents with high support needs (particularly the most elderly residents) may be especially affected.

A combination of reduced staffing and a wider range of ages and support needs can affect community cohesion, and may also reduce the possibility of residents providing informal support for each other. There is some evidence of elderly residents having to replace services previously provided by scheme-based staff, including maintaining the security of the building, and supporting and caring for frailer neighbours.

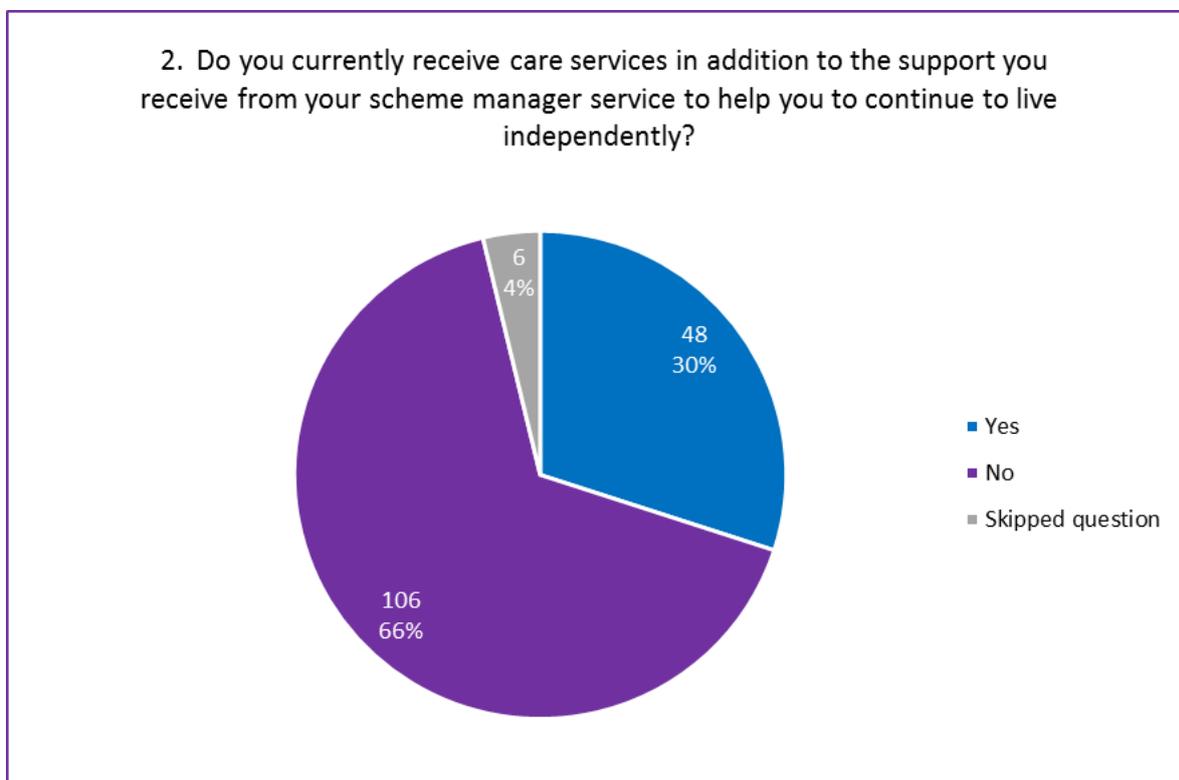
Little evidence relates specifically to older people with high support needs. Qualitative evidence suggests that sheltered housing can promote self-determination, safety/security, privacy to conduct personal relationships (especially for couples) and opportunities for wider social interaction. Factors that may improve or reduce quality of life include:

- personal factors such as the extent of regular contact with family and on-going involvement in the community, and the impact of longer-term disabilities versus those acquired later in life;
- accommodation, such as space standards, location, security;
- on-site service provision, for example scheme manager/support model, quality of staff;
- availability of additional care/support, including specialist support for residents with specific needs.

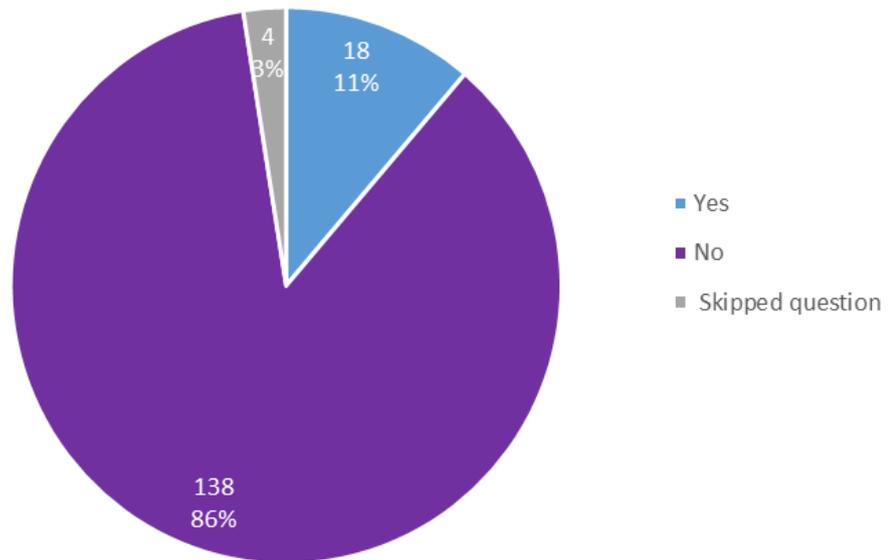
The expectations of residents and their relatives also influence views on quality of life. This applies especially where there have been changes (e.g. to scheme-based services, cost increases) and where residents felt that they were not sufficiently consulted or involved before changes were made.

## Appendix 1 – Resident Survey Results

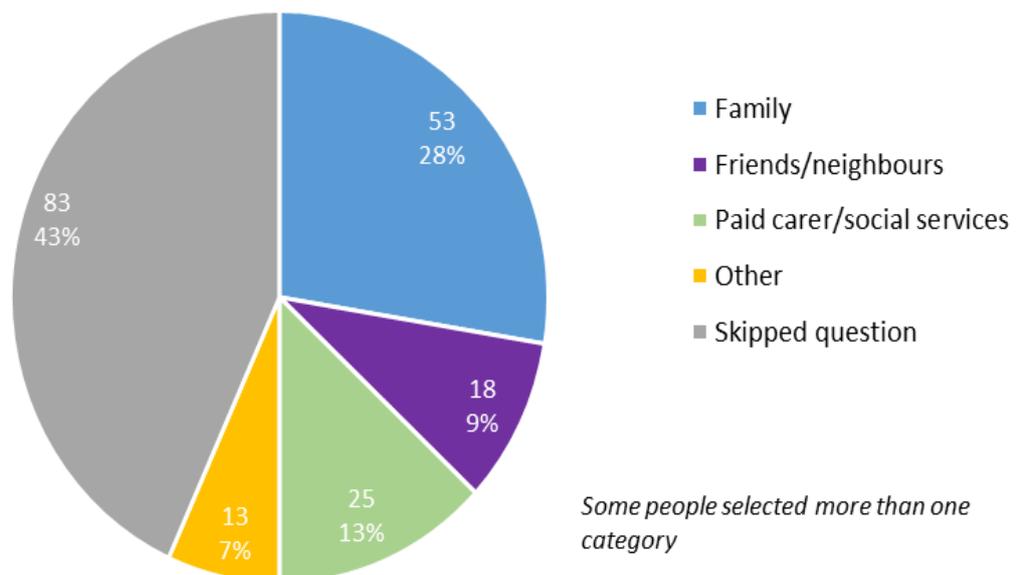
	Response Count
1. Scheme Address	
Answered question	145
Skipped question	15
Total	160



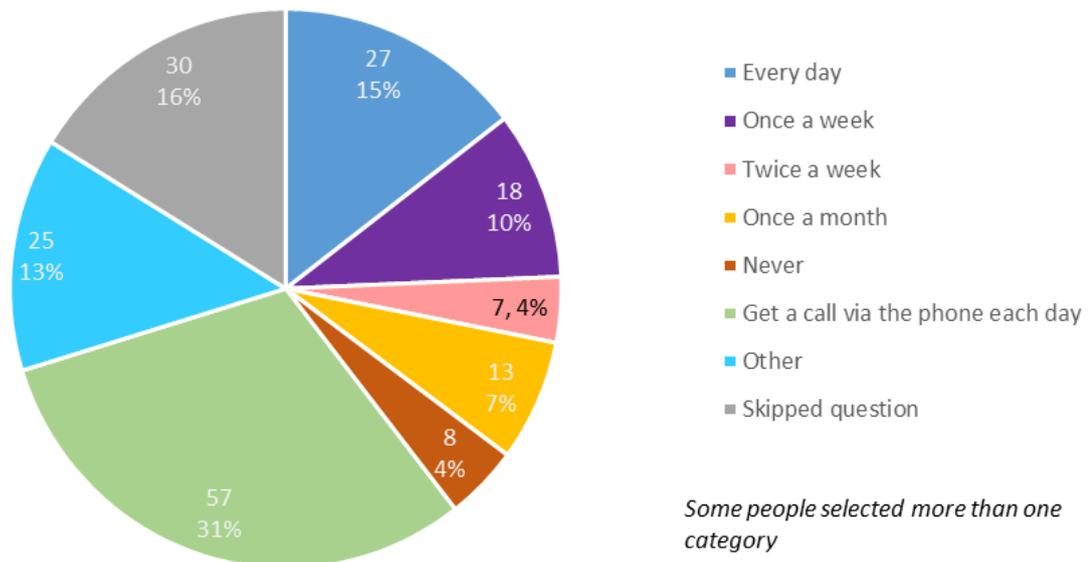
3. Do you or anyone else in your house provide care and support to another person in the household?



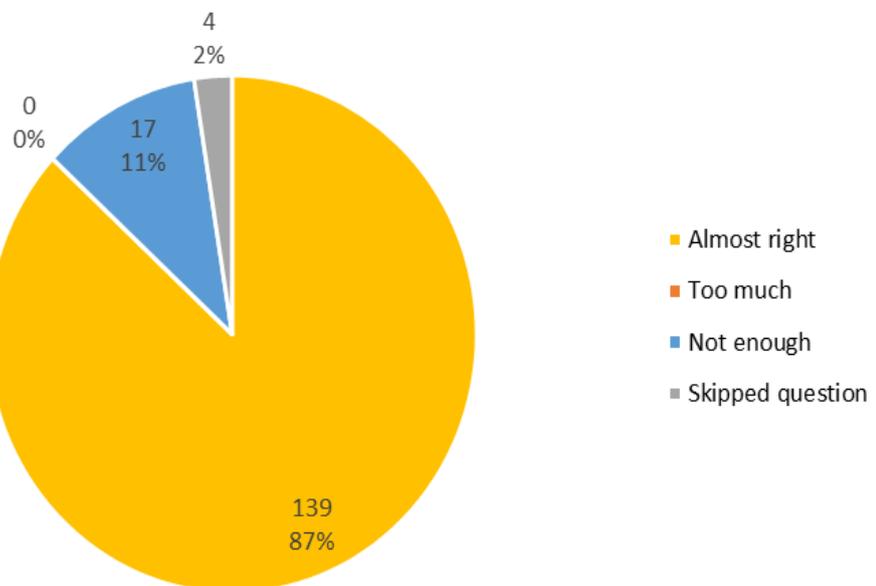
4. If you do receive additional care and support services please tell us who provides this?



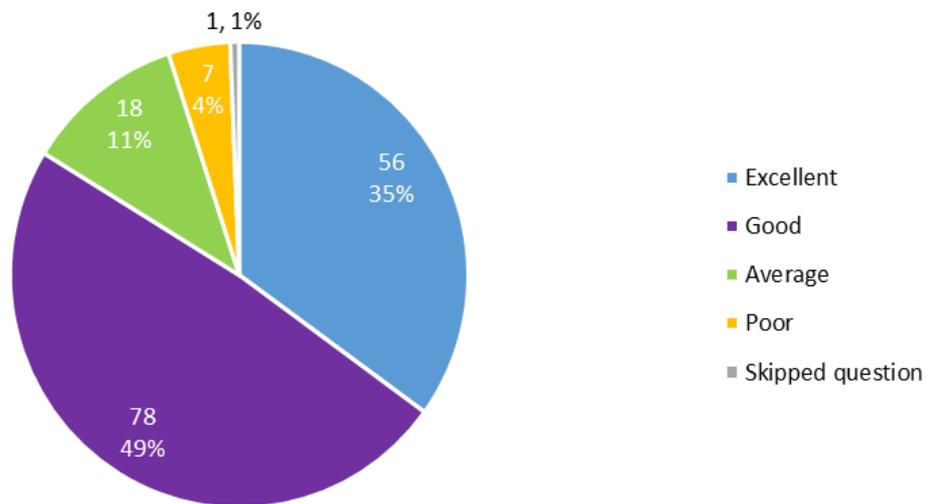
### 5. Roughly how often do you receive a visit from your scheme manager?



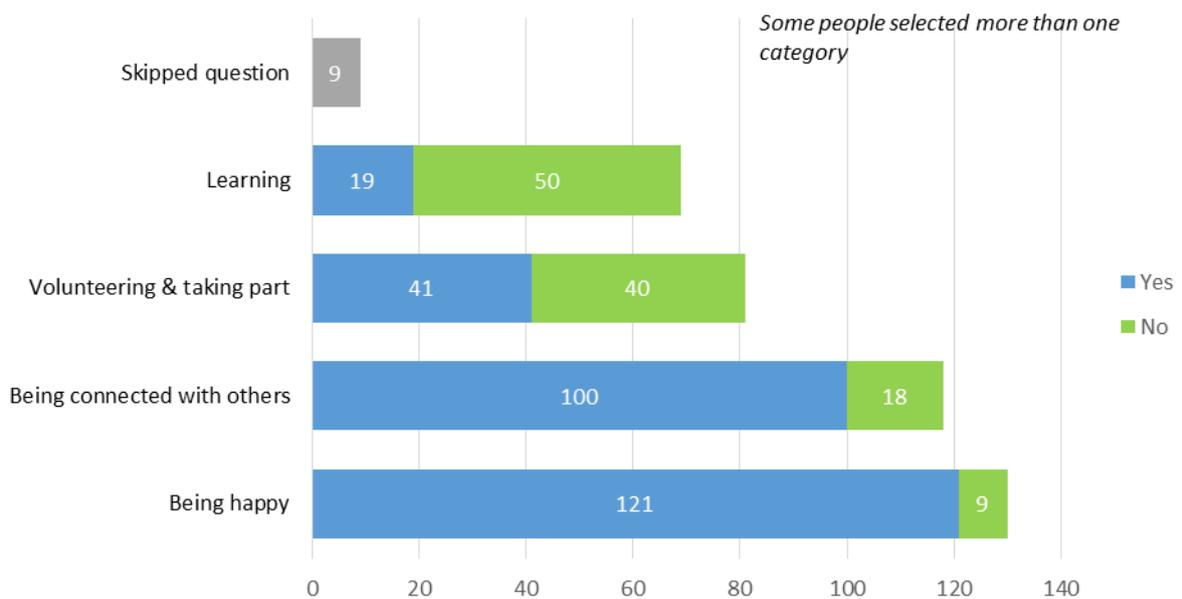
### 6. Do you think the support you receive is



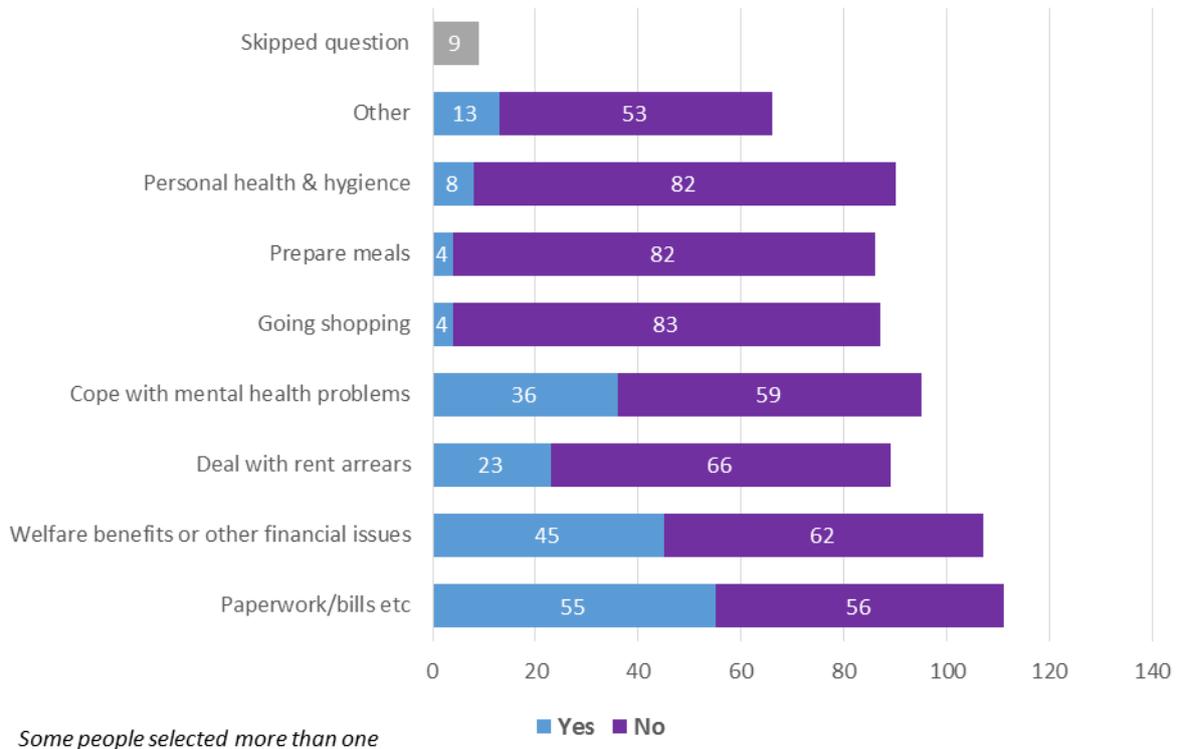
7. Please indicate below, how would you rate the service you receive from Brighton & Hove sheltered housing?



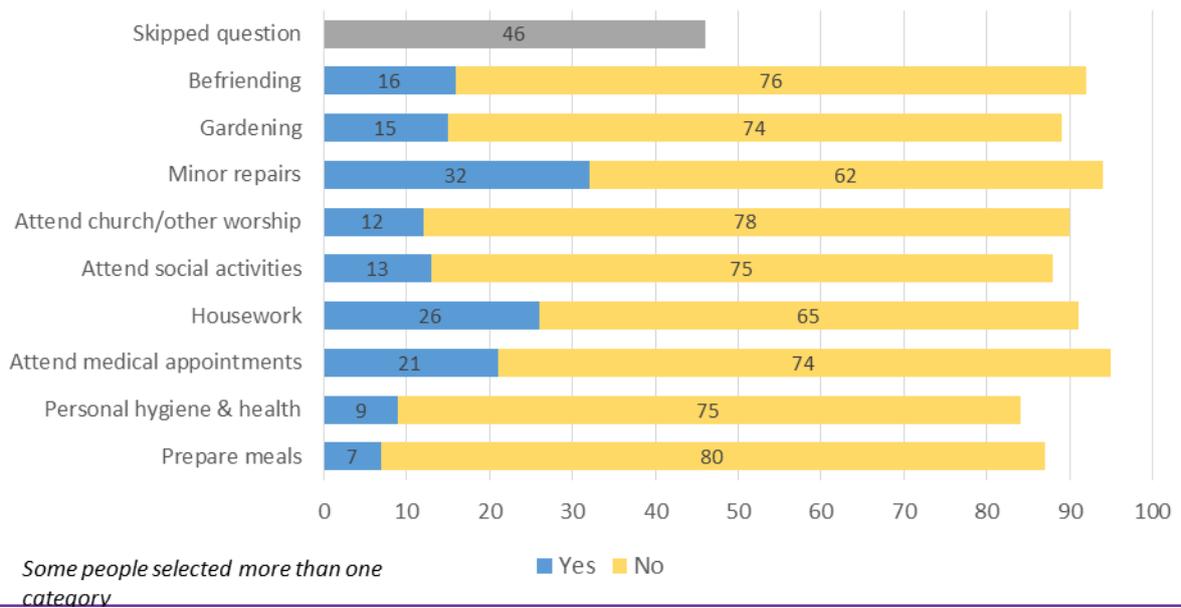
8. Please tick any of the boxes if you think that living in sheltered housing has helped you with any of the issues listed below?



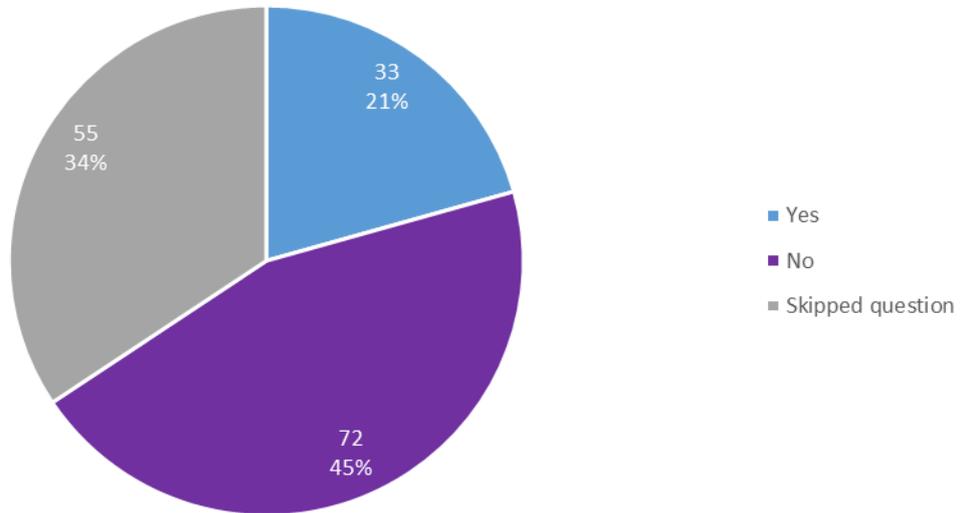
### 9. Does your scheme manager help you with any of the following?



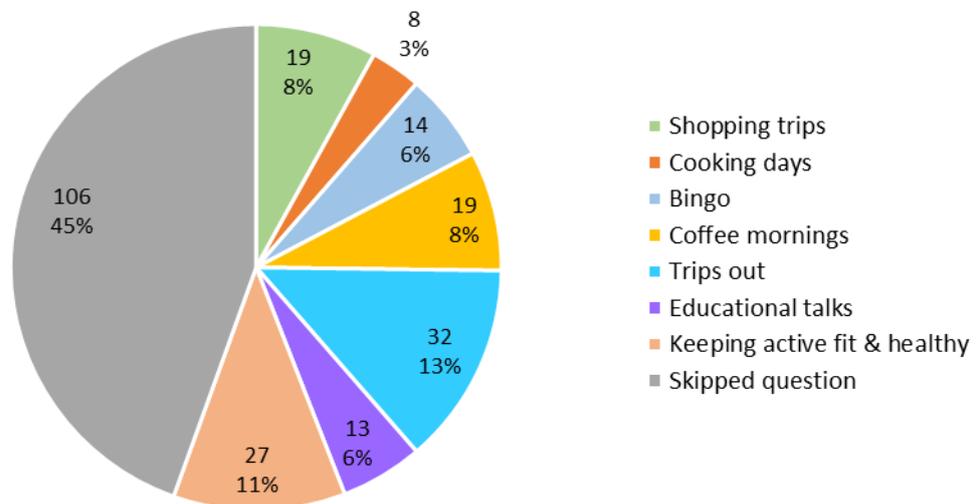
### 10. Would you find it helpful to receive any of the following services



11. Would you like to have more social activities arranged?



12. If you would like more social activities what would you like?

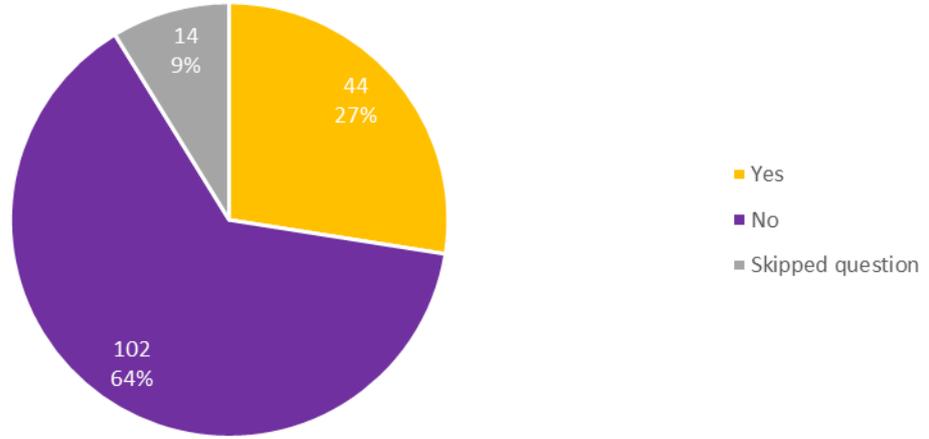


*Some people selected more than one category*

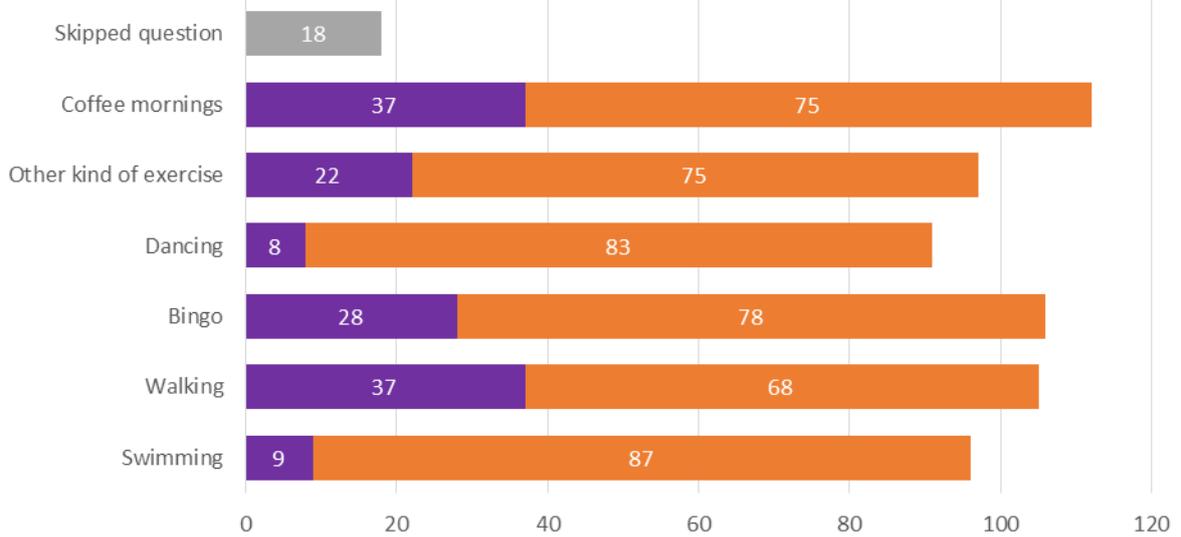
13. Do you need any other support to help you to stay living in your own home? (Please specify)

Answered	23
Skipped question	137
Total	160

14. Do you sometime feel lonely and isolated?

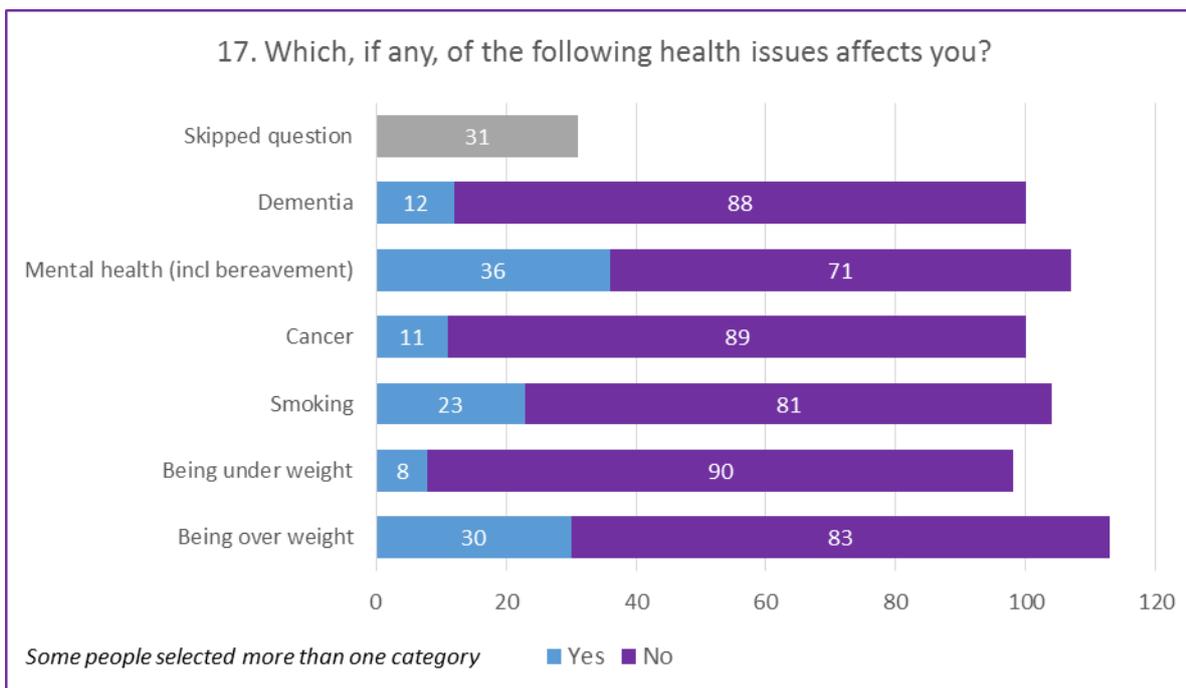
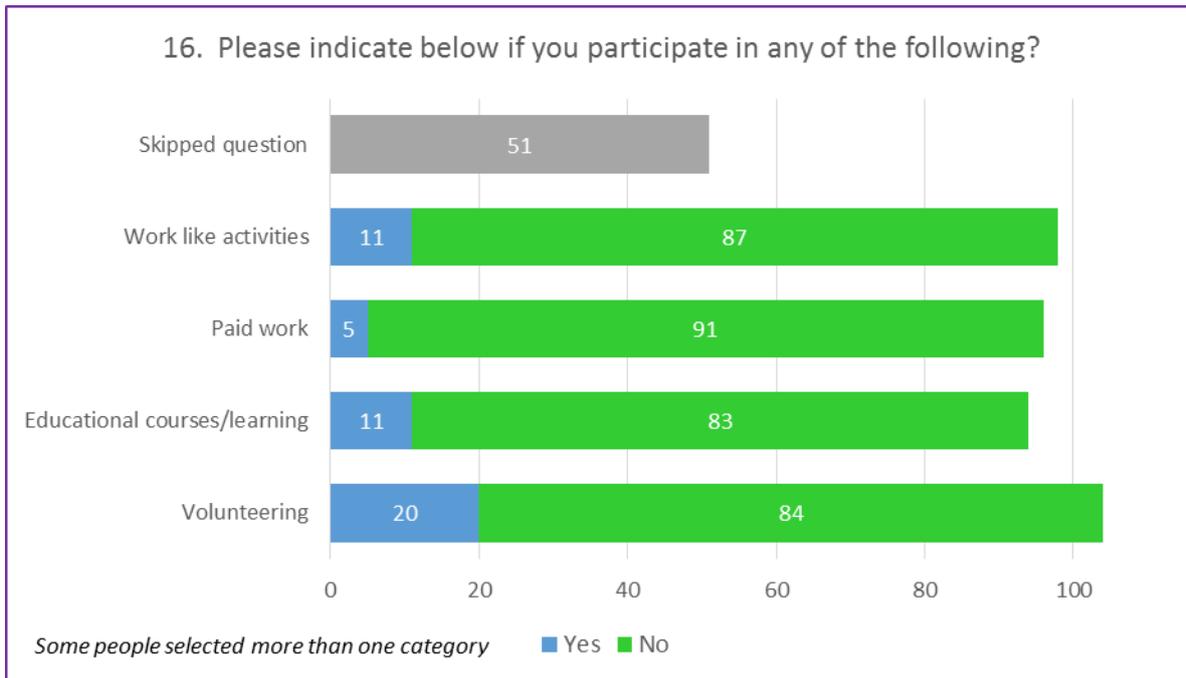


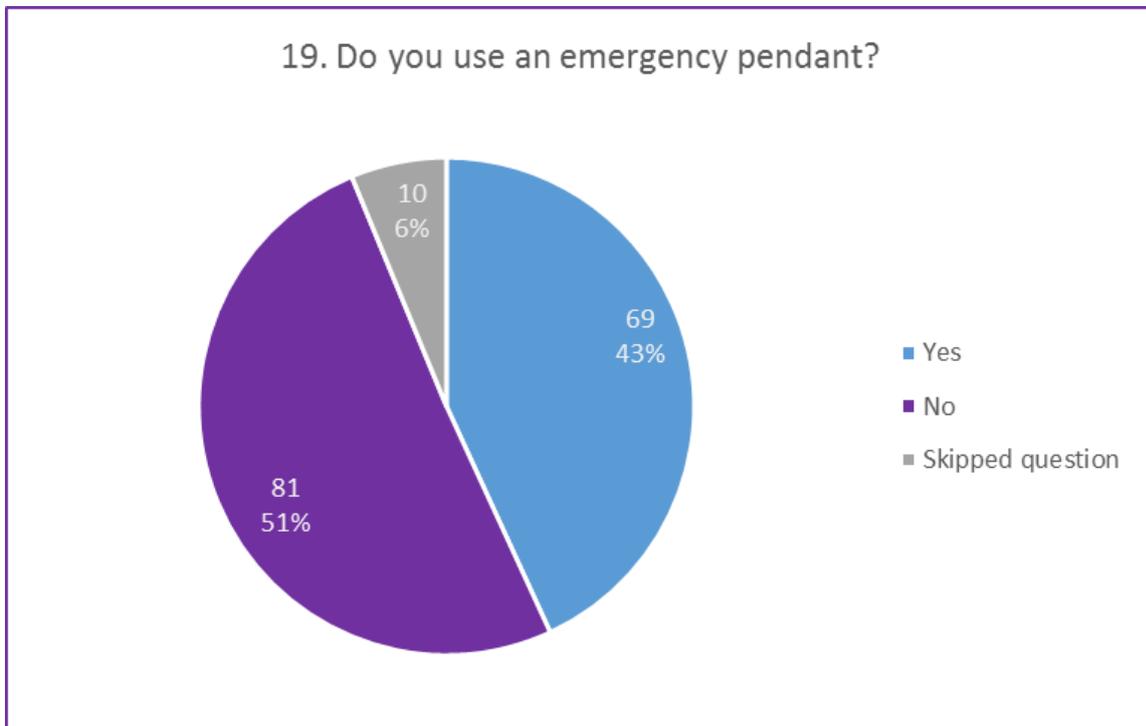
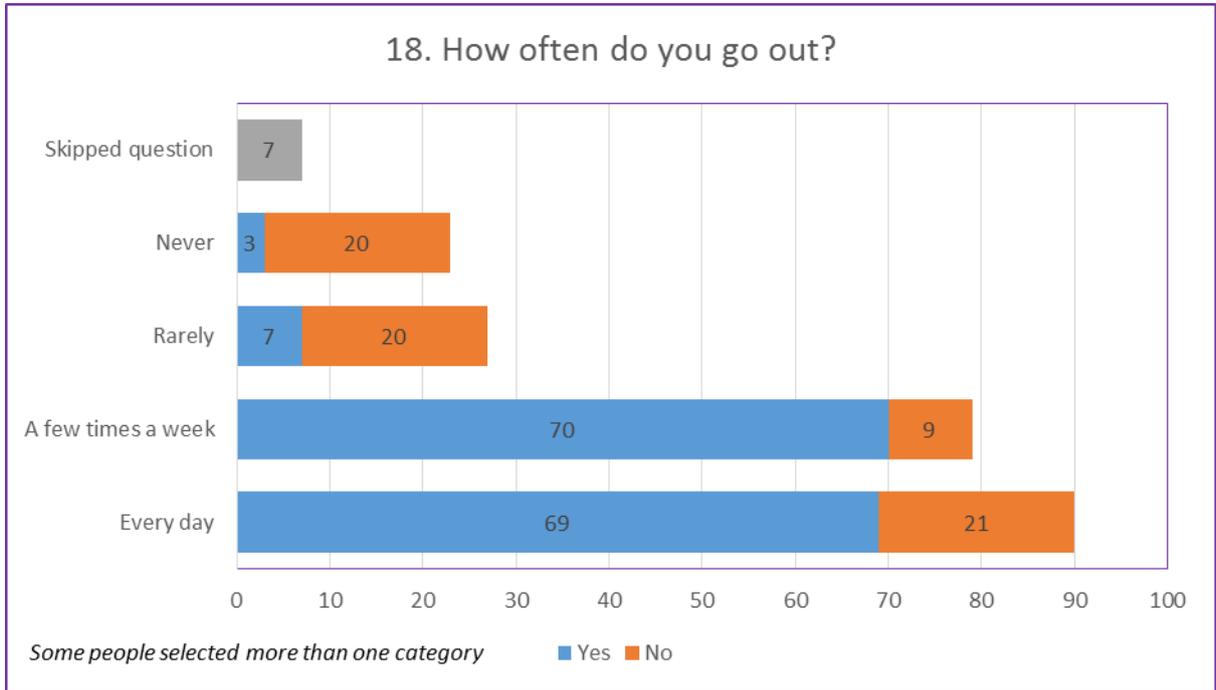
15. Involvement in activities?



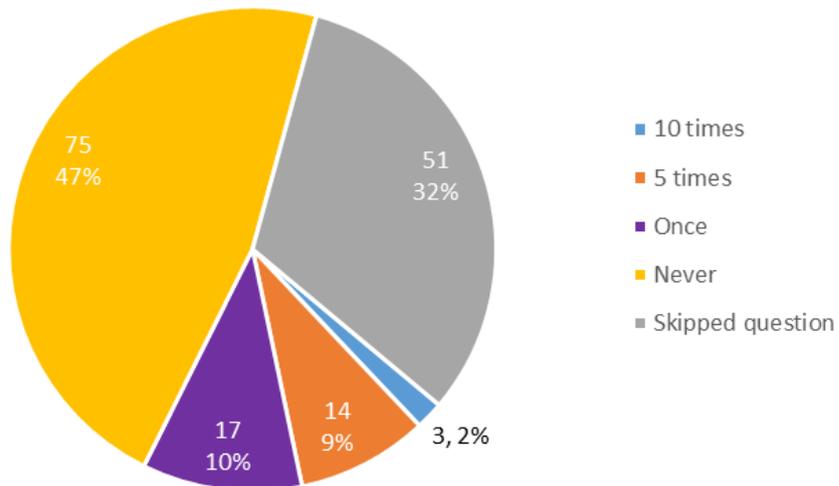
Some people selected more than one category

■ Yes ■ No

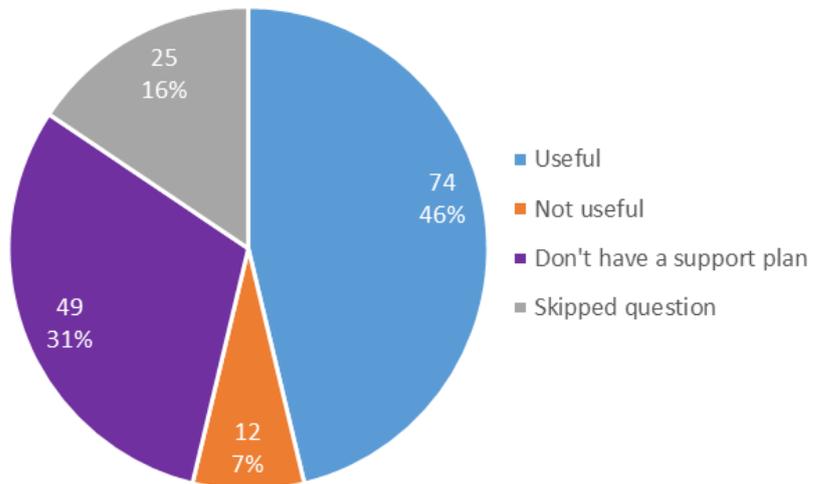




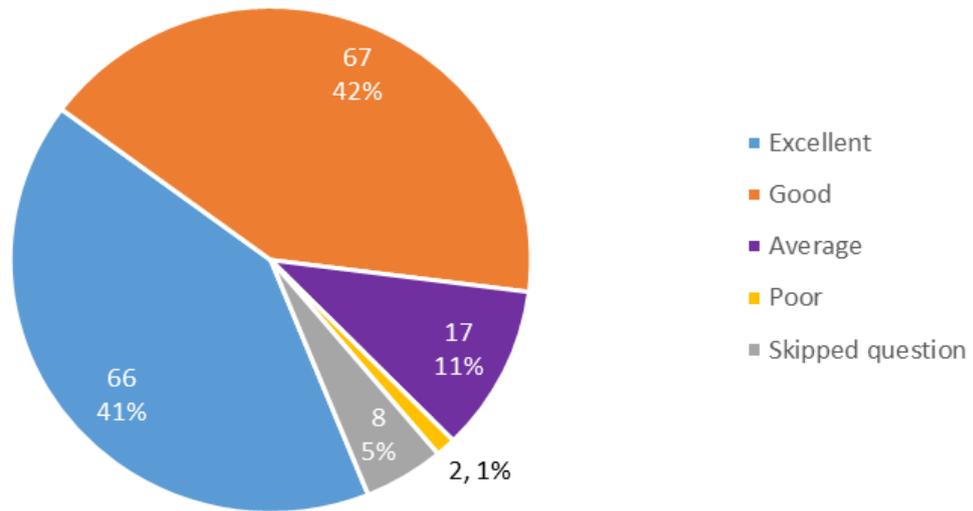
20. How often have you used the alarm over the past 6 months?



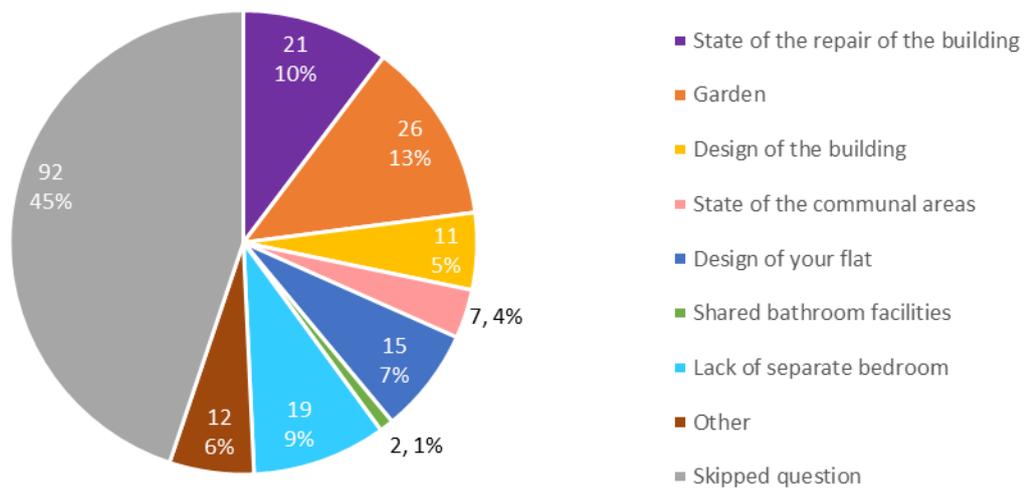
21. How useful has a support plan been?



22. How you rate the housing accommodation you live in?

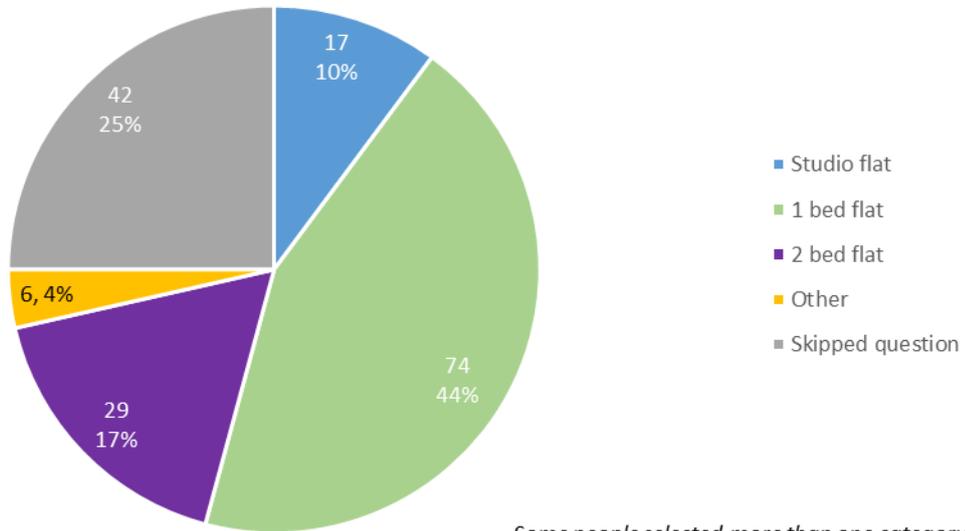


23. Are any of the issues listed below of concern to you?



Some people selected more than one category

24. How many bedrooms would you like if you moved?

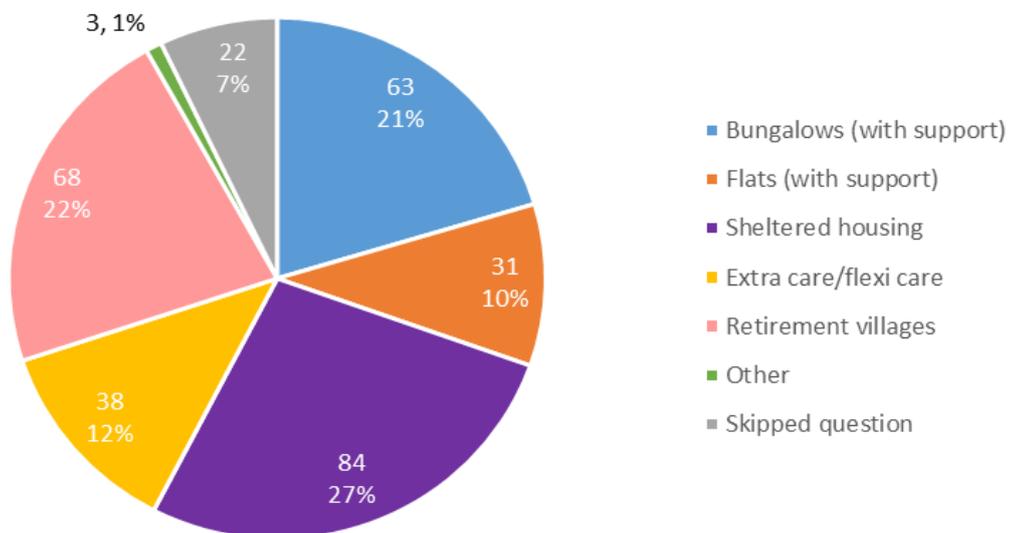


Some people selected more than one category

25. If in the future we were going to build a new sheltered housing scheme in the area what advice would you give us from your experience of living here?

Answered	21	13.1%
Skipped question	139	86.9%
	160	100.0%

26. Type of older person housing for the future?



Some people selected more than one category

27. Any other comments?

Answered	10
Skipped question	150
	160

28. If you would like a summary of the results, please tick the box

Yes	89
No	47
Skipped question	24
	160

We are intending to hold an event to discuss the results from this questionnaire, if there is enough interest. Please tick the box if you

29. are interested in attending

Yes	87
No	56
Skipped question	17
	160

*Appendix 2 – Survey Summary*

*Appendix 3 – Summary of Feedback from Appreciative Inquiry Workshop held on 24 October 2013*

*Appendix 4 – Data Analysis October 2013 (ppt)*