

The Key to Independence

Housing Strategy for Older People

2008 - 2013

Final

June 2008

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A. THE CURRENT SITUATION

Introduction

The ageing population will affect every aspect of life in the next twenty years and presents a considerable challenge to policy makers and. There is already much national debate about the future funding of pensions and the costs of providing health and social care to more older people, and for longer.

The impact of this demographic shift on the volume and type of housing and housing-related support will also be very significant. Where older people live, and how they live, has changed significantly in the last twenty years, and the aspirations of older people now and in the future will be very different to those of previous generations. Compared to older people in previous generations, many will be better off (as a result of property ownership) and have longer retirements.

Older people are far from being a homogenous group, whether in terms of their finances, their health or their life experiences. They range from the 'affluent well' to the 'poor ill, and through people in different stages of life – for example, those in their 60s are likely to have different experiences and aspirations compared to those in their 80s, 90s or beyond.

Governmental strategies have underlined the importance of inclusion and citizenship and reflected national feedback from older people that they want more choices and greater say in how they live their lives.

There has been a significant move away from the assumption that residential care is the natural place for older people to live. The overwhelming majority of older people live in the community, some with support, some in sheltered housing, but most managing by themselves perhaps with informal support from family, neighbours, churches and the voluntary sector. Although the image which springs to mind when people talk about retirement housing is of blocks of sheltered flats or retirement villages, the reality is that around 90% of older people nationally live in ordinary or mainstream housing, with 5% in residential / nursing home provision and 5% in sheltered / supported housing (of which over 80% is provided by the social housing sector).

This is not reflected in the current resources going into the sector, since the principle part of current expenditure goes on accommodation-based support, i.e. sheltered housing schemes.

The Government agenda for social care and health services prescribes greater personalisation and flexibility, self directed support and access to information to ensure that people can make informed choices. As a result of consultation with older people themselves, there is an increasing focus on active aging, on independence rather than dependence on services, and a move to more individualised, community based solutions.

We live longer and expect more, but as we get older, we may experience changes in our physical mobility, our health and our mental capacity and we may also become more socially isolated.

The factors which may result in the breakdown of independence for an older person and which can prompt a move to residential care (sometimes known as 'push' factors) include:

- § Housing which is not adapted to a person's needs (e.g. following a major change in their health)
- § Not being able to keep up the fabric of your home (e.g. DIY, decorating, gardening)
- § Fear of crime and anti-social behaviour
- § Social isolation
- § Dementia or confusion which makes daily life difficult
- § Bereavement, or a health crisis (such as fall, infection or hospital admission)

Responding to these needs and supporting older people through appropriate housing, housing-related support and housing improvement is the key way to enabling older people to make choices and maintain their independence.

Housing is increasingly recognised as the key to ensuring older people can live active lives and retain their dignity and independence. Better housing for older people leads to improvements in their health and well being, as well as creating more suitable environments in which to deliver social care. Good housing is critical to remaining well, remaining independent and being part of the community. As such, housing for older people is 'part of the solution, rather than part of the problem'.

This strategy is about supporting older people across all tenures (i.e. the different arrangements by which people live in their home, such as ownership or renting), recognising that the majority of older people live in ordinary housing and should therefore have access to services which are universally available. It is fundamentally about increasing the support and options older people have to help them live independently for as long as they want.

Key Local and National Strategies

Government and local strategies and policies have, for several years, reflected the need to meet the wish of older people to remain independent in their own homes with appropriate support when they need it.

Local strategies have also considered the role of housing and housing-related support in maintaining independence and reflected the growing recognition that commissioners need to take a lead in ensuring that services are accessible, flexible and person centred.

Lifetime Homes, Lifetime Neighbourhoods - A National Strategy for Housing in an Ageing Society

The recent national strategy (February 2007) underlined the interdependence between health, social care and housing to the wellbeing of the older person and reinforced the significance of housing in an integrated approach. Government undertakings at a national level include:

- § **Investment in new housing** – both social housing and shared ownership;
- § **A single advice and information portal** about housing for older people and a commitment to strengthen local housing information services;
- § **Investment in Home Improvement Agencies (HIAs)** and handyperson schemes and development of a more strategic role for HIAs;
- § **Increased funding to Disabled Facilities Grants (DFG)** and new DFG thresholds and criteria;
- § Adoption of a target for new homes to be built to **Lifetime Home Standards** by 2011 (public housing) and 2013 for all new housing, and encouragement of good design;
- § **Regional and local plans being required to take proper account of ageing.**

Joint Older People's Strategy 2005-2008

The joint PCT / Social Services strategy acknowledges that most of the users of health and social care services are older people, and reflects the emphasis on developing a preventative approach and promoting greater independence, as laid out in the Green Paper, 'Independence, Well Being and Choice'.

One direct consequence of the joint strategy has been services being organised on geographical clusters to ensure that health and social care services work closely together to provide integrated services to local communities. This has led to the establishment of community teams for older people, due to go live by the end of 2008.

In terms of housing, *“an expanded range of housing and care options for older people to have real choice and control about how and where they live”* was identified as a priority, with the key action being *“to work with housing providers to commission and develop housing provision that enables older people to retain their independence”*.

Significantly, the strategy included a five year target of *“a net reduction of up to 140 sheltered units”*, along with a programme of extra care provision being developed. The latter has been delivered on (with some reduction in the amount of sheltered housing on the sites which were redeveloped). However, progress on the overall target has been negligible, and this is an issue which this strategy returns to.

The joint strategy is due for review and work is currently being done to refresh an Older People’s Commissioning Strategy / Delivery Plan (which falls out of the overall strategy), focussing on the promotion of independence and well being of older people in the broadest sense.

The Supporting People Five Year Strategy (2003-2008)

The original Supporting People strategy laid the foundations for the Supporting People Programme. It recognised the importance of investment in older people’s services and committed to maintaining current levels of investment in older peoples’ services, despite an overall reduction in the financial allocation in real terms.

The need for services which support older people with dementia and / or who have physical disabilities was identified and an undertaking given to re-focus investment away from standard sheltered housing towards extra-care housing: *“This will mean a net reduction in the resources we currently allocate to standard sheltered housing”*.

In practice, the roll-out of extra care housing has progressed well, but there has been no reduction in the financial allocation to the sheltered housing sector, nor a significant decrease in the number of units.

The Independent Living Delivery Plan 2008-2011 supersedes the Supporting People Strategy, and is informed by this document. It reiterates the local authority’s intention to develop *“A more flexible range of housing and support options for older people”*

The Local Plan and Core Strategy

The Bath & North East Somerset Local Plan, adopted in 2007, makes specific reference to the need to provide for the growing number of elderly people in the District (Policy HG.1). The

Council's emerging Core Strategy, which will replace the Local Plan once adopted, sets out the long term spatial vision, objectives and strategy for the area over the next twenty years. It will adopt a holistic approach towards meeting the needs of local residents and recognises that the ageing population has "*implications for the way in which we build new housing and shape our communities*". One of the questions to which it seeks views as part of the consultation process is how the housing needs of the ageing population will be met. The Core Strategy is scheduled to be adopted in 2010.

This focus on the specific housing needs of the ageing population is to be welcomed, as there is limited evidence to date that older people's housing needs have been treated as a significant factor in strategic discussions about the future of the area. Debates locally tend to be dominated by local responses to the Government's requirement to significantly increase the overall amount of housing, especially affordable housing, and the impact of the Regional Spatial Strategy on the Green Belt, employment, tourism, transport, and quality of life for residents. The recent national strategy, Lifetime Homes, Lifetime Communities, with its focus on 'Lifetime Homes' will hopefully help to integrate the two housing agendas (i.e. building more housing and meeting the needs of an ageing population) more closely together.

The Local Area Agreement

The Local Area Agreement includes targets to maintain the independence of older people, reinforcing the objectives in earlier strategies and complementing the objectives in this document. These include:

- § An expanded range of housing and care options for older people in order to provide them with real choice and control about how and where they live. (This relates to the increase in extra care tenancies available within Bath & North East Somerset);
- § Better access to universal services so that more older people participate in the wider community (focussed on the uptake of courses and lifelong learning opportunities by older people);
- § Expanded preventative services and improved health promotion enabling increasing numbers of older people to remain independent for longer (with a target to increase attendance at falls and balance clinics / classes).

Key Drivers

A Rapidly Rising Older Population

We are an ageing population. For example, it is estimated that across the country, the number of older people has now outstripped the number of people under the age of 15.

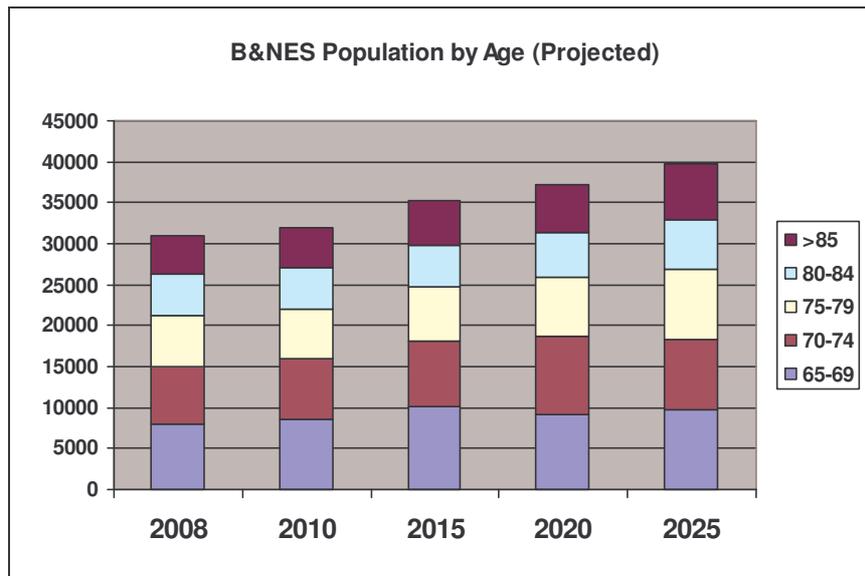
There is a higher than average number of older people in the Bath & North East Somerset community – 17.3% over 65, compared to 15.9% nationally (mid 2006 estimates). By 2026, the share is estimated to be 20.2%. The South West region generally has the highest proportion of people aged 65 and over, and 85 and over, in England. Both men and women in the South West have the longest life expectancy (78.1 for men, and 82.2 for women) and the joint lowest Standardised Mortality Rate in England (shared with the South East).

Women form a higher percentage of the older population and this increases strongly with age (54% of those 65-79; 64% of those aged 80 and over), although the gap will narrow in future years due to expected increases in the life expectancy of men.

In the older age group, more women than men live alone, and single women arguably find the security and relief of responsibility for household offered by sheltered housing schemes attractive. Locally, around 65% of sheltered housing tenants of Somer Community Housing Trust (the provider with three quarter share of the sheltered housing provision) are women.

72% of attendees at the consultation event run as part of the development of this strategy (representing both owner occupiers, private renters and sheltered housing tenants) were women.

The table below shows the rise in the number of older people locally. **Between 2008 – 2025, there is projected to be a 24 % in the population aged 65-84 - and a 43% rise in the population aged 85+.**



The overall rise in the number of older people will also include a rise in the number of informal carers such as partners, friends, neighbours or family members, who are themselves elderly and whose independence, and therefore the care they provide, is vulnerable to breaking down with out appropriate support.

The Growth in Number of Households

In the next twenty years, increasing numbers of older people will live alone as a consequence of changing patterns of marriage and divorce and increased longevity. Since the incidence of living alone increases strongly with age, and living alone is generally accepted as an indicator of social exclusion in a community, this represents an area of need.

Nationally, 30% of all UK households are currently headed by someone aged 60 or over - and this is set to increase.

The number of households in the South West is expected to increase by 28% between 2003 and 2026 - more than half of these new households will be over 65. **The ageing population is therefore the single most significant factor in the growth of households and the need for homes.**

Dementia

Both the prevalence (i.e. total number of cases in the population) and the incidence of dementia (the rate of dementia / the risk of being affected) increases with age. Approximately 5% of the total population nationally aged 65 or over have dementia; this rises to 20% of the population aged 80 or over.

According to the Alzheimer's Society, the number of older people with dementia in the South West is due to increase by 26% between 2007 and 2017, and by 40% between 2007 and 2021.

In Bath & North East Somerset, the projected number of older people aged 65 and over in 2008 is around 2,487, projected to rise to 3,302 in 2025 – a 33% increase.

Disability and Illness

Although many older people are healthier in older age than previous generations, there is still a strong link between age and illness, physical and sensory impairments, mobility problems, and / or dementia. For example, more than 40% of people over 65 in the South West have a limiting long-term illness, and this proportion is projected to increase. **In Bath & North East Somerset, the current number of people with a long-term limiting illness is 13,292 (2008), expected to rise to 17,276 in 2025 – a 30% increase.**

Older People from Black and Other Minority Ethnic Communities

The number of older people from black and other minority ethnic communities in Bath & North East Somerset is relatively small, which often makes understanding and meeting their needs particularly challenging.

There has been an overall increase in the black and other minority ethnic population in the area since the 1991 Census, with the 2001 Census data indicating that black and other minority ethnic residents account for 2.78% of the total population (compared to 1.58% in 1991). It is estimated that there are nearly 250 older people from black and other minority ethnic groups.

People from these communities are under-represented in sheltered housing schemes. Data from the largest single Registered Social Landlord (RSL), Somer, though incomplete (40% of tenants have no ethnicity coded) shows only 1% of sheltered tenants are from black and other minority ethnic communities.

People from black and other minority ethnic communities are more likely to be owner occupiers, often in poor quality housing. They may find it harder to access housing related support and advice services and harder to influence housing provision, both because of cultural barriers, and because their relatively small presence.

There is a need for policy makers to resist cultural assumptions, for example, that people in these groups will be looked after by family, and listen to the views of older non-white owner occupiers, renters and tenants of social housing.

Levels of Deprivation

Bath & North East Somerset is a relatively prosperous area, with good life expectancy and a relatively low crime (i.e. lower than the England average). In the 2007 Indices of Multiple Deprivation, none of the 115 lower super output areas (LSOAs) (i.e. neighbourhood areas used for statistical analysis which are smaller than wards) were in the most deprived 10% in England.

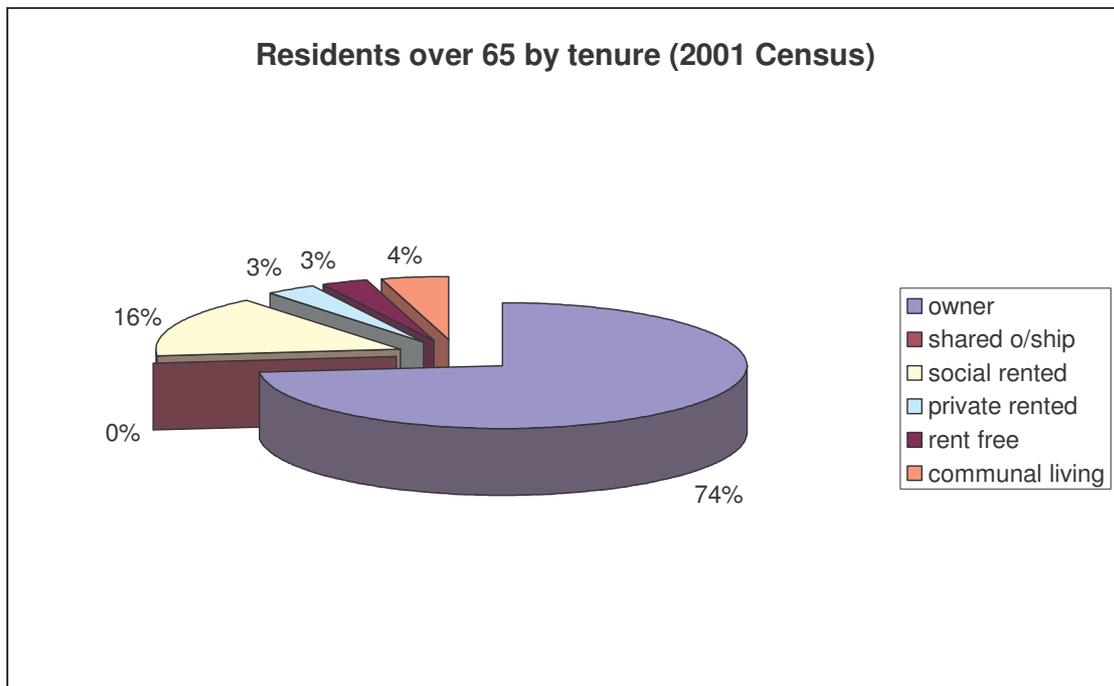
However, four Bath wards were in England's most deprived 20% (Combe Down, Kingsmead, Southdown and Twerton), highlighting the disparity between the apparent levels of affluence overall, and the quality of life for some residents. One indicator of affordability in housing is average house price; in Bath & North East Somerset this is 30% higher than the England average (£228,000 compared to £175,000), indicating the high cost of living in Bath.

Other areas which show significant levels of income deprivation are Whiteway in Bath, Keynsham, and the rural areas of Midsomer Norton, Radstock, Timsbury and Peasedown St John.

There are areas where older people are more concentrated, and some of these are also areas of relative deprivation; for example, Keynsham has the lowest level of working age residents in the district, with one in five residents being retired. Concentrations of older people are also found in Southdown and Twerton within Bath.

Where Do Older People Live?

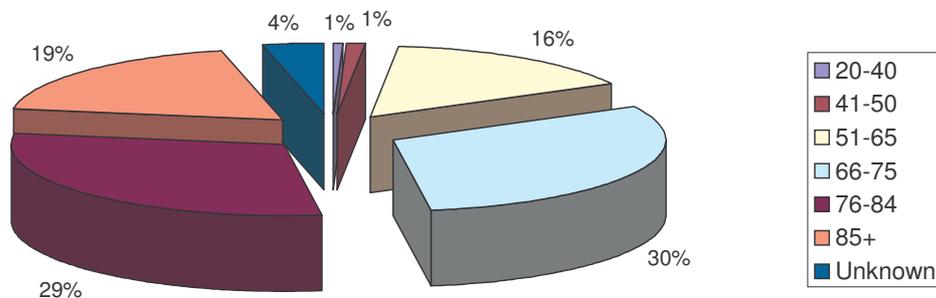
Tenure (Type of Housing)



The majority of people over 65 are owner occupiers, and most of these own their property outright, having paid off their mortgage. At 74%, the rate of owner occupation is slightly higher among over 65s than that across all ages of the population (The Bath & North East Somerset 2004 House Condition Survey indicated 70% of all properties being owner occupied)

The largest provider of social rented housing is Somer Community Housing Trust with 10,907 properties, of which 1,661 (15%) are sheltered units for older people. The table below shows Somer's sheltered housing tenants by age.

Somer Sheltered Tenants (by age)



Not all older people living in social rented housing live in sheltered accommodation however. Available data shows that at least 28% of Somer's tenants overall are 65 or over (a further 11% of tenants are uncoded / no information about age is available). It is therefore likely that as many tenants as live in sheltered housing are living in Somer's non-sheltered housing properties (called general needs). The support needs of this group of 'hidden' older people also need to be considered, particularly as they get older and their needs change.

Leasehold

Some older people are happy to sell their homes and go into rented accommodation, perhaps feeling relieved of the responsibility of property ownership and happy to live off the interest from their capital gains.

However, many want to retain the equity that has built up in their home. There is a gap locally in the market for private developments to provide these older people with greater housing options and allow them to move and / or downsize. Extra care accommodation, sheltered accommodation or retirement housing available as leasehold (or shared ownership) enables older people to retain equity in their property at the same time as choosing to live in a property which suits their needs, is easy to manage, and comes with support if required.

There are variations in the amount of extra care housing for rent and for sale between different local authorities in the South West region. For example, Bournemouth currently has no extra care housing for rent, while Bath & North East Somerset has none for sale - despite the fact

that the majority of older people are home owners. There is also limited provision of shared ownership options currently.

The total amount available for sale locally is estimated at around 500 properties. This is a low number considering the likely demand and the number of self funders in the area. Existing private developments in Bath include The Empire (43 units), The Moorings (54 units), Homeavon House in Keynsham (61 units) and Pegasus Court, also in Keynsham (39 units), and Habutts in Bathampton (26 units). A couple of leasehold schemes - Minerva Court and Meadow Lane - are owned and managed by Somer (who took them over from the developers who built them about fifteen years ago). These schemes are very popular and flats do not become available very often (or stay empty for long).

It is noticeable that there are no recently built private schemes, and none in the pipeline. There is no retirement village in the area (although a planning application has been lodged for development of the disused print works site in Paulton, including plans for a retirement village, are currently being considered).

It is noticeable that a number of developers who are active in other areas are absent from the Bath & North East Somerset locality. McCarthy and Stone is a major national developer of private retirement housing; they report that the average age of their residents nationally is 80 years, and entry costs are £150,000 upwards. Pegasus Retirement Homes are another large developer, and Peverel provided management for nearly all the existing schemes in Bath, and many more elsewhere.

A quick telephone survey of the major developers in the sector confirmed that all of them perceived the area as being high demand and were actively seeking opportunities. However, reasons given for why developments were not being brought to market included:

- § Shortage of suitable land for new build;
- § Planning restrictions;
- § Local resident opposition;
- § Section 106 / affordable housing requirements (which apply when developments have more than 14 units) making a scheme less attractive financially (retirement housing tends to be higher density than other developments because it incorporates less parking, so developers quickly reach the 14 units threshold);
- § Archaeological investigations / brownfield site investigations (e.g. hydro carbon leaks on the site of former petrol stations) which extend time and cost.

Although very few older people currently live in leasehold properties, the Council should, wherever possible, encourage schemes to come to market in order to increase the range of options available to older people and meet their aspirations.

State of Repair

The Government's 'Decent homes' standard includes four components: 'fitness' (vs. unfit); reasonable state of repair (vs. disrepair); reasonable modern facilities and services / modernisation; and reasonable degree of thermal comfort at affordable cost.

The Bath & North East Somerset House Condition Survey (August 2004) is based on a large sample of local private sector properties and provides detailed information about condition in the sector. It concludes that the overall rate of 'unfit' housing in Bath & North East Somerset is 4.7%, just higher than the England average of 4.4%.

Measuring those properties against the Government's Decent Homes Standard, 28% of dwellings can be seen as non decent, compared to 33% in England as a whole. As we have seen, older people are disproportionately more likely to be living in unfit or non-decent homes, despite owning a valuable capital asset, because of their limited disposable incomes.

Whilst there is good progress in achieving the Government's Decent Homes standard in the rented social housing sector locally, older people are more likely to be owner occupiers and private tenants and are therefore also more likely to live in 'unfit' housing in the private sector. This may mean suffering from run down, damp or unheated properties, defective and inadequate electrical wiring and gas appliances, or inadequate, old and unhygienic food preparation and washing facilities.

It is estimated that over a third of older people live in 'non decent' housing and as a result are exposed to a number of hazards which have a direct impact on their health, and therefore their independence and wellbeing. Health risks include circulatory diseases, respiratory diseases, accidents such as falls and fires, and mobility difficulties.

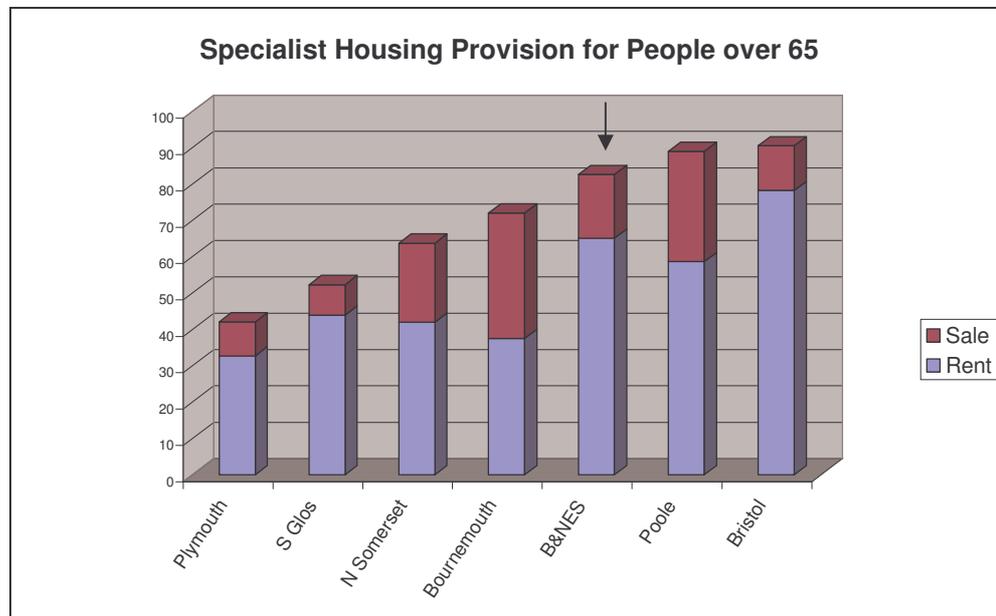
The Supply of Older People's Housing

The majority of housing designated as being for older people currently is social housing for rent.

The table below shows provision in the unitary local authorities in the South West, adapted from 'Accessing Regional Housing Markets' from the Regional Housing Improvement Network.

(NB. A number of local providers accept tenants from age 55, or 60, rather than just over 65, which is the age at which eligibility for sheltered housing is generally assumed).

Bath & North East Somerset is relatively well supplied compared to neighbouring areas, although there is a relatively low proportion of housing for older people available for sale.



Extra Care Housing

The development of schemes which offer 'housing with care' (known, in some parts of the country, as 'very sheltered' housing) offers options to older people who have higher support needs but who still want to maintain their own tenancy. The development of extra care provision has been strongly encouraged by the Government.

Care staff in extra care schemes are available to deliver support packages to individual tenants and to provide 24 hour cover. There is usually an option of a cooked meal eaten communally, and social activities involving tenants are encouraged. However, each tenant has their own space and their own front door and can maintain their own lives. Extra care residents may often have quite substantial care or care and support needs, but they are likely to also be very motivated to want to live independently, rather than to be in residential care, which is the main alternative for those with high support needs.

Bath & North East Somerset has seen a significant expansion in the provision of extra care in recent years, with several new builds / redevelopments in partnership with local housing providers. This expansion occurred as part of a major change management programme to modernise services for older people, which included the closure and reprovision of several old

style local authority-run Elderly Persons Homes (EPHs) which were no longer fit for purpose, and the building of three mixed-use Community Resource Centres.

Current and planned provision of extra care units totals 140 units. In most cases, extra care tenants live in mixed communities with other types of provision for older people also on site:

Scheme	RSL Partner	Location	Units	Note
St John's Court	Somer	BATH Central	30 units	Plus 21 sheltered housing
Avondown	Guinness	BATH Twerton	30 units	Plus 16 sheltered housing
The Orchard	Knightstone	BATH Combe Down	20 units	Standalone scheme
Greenacres	Somer	NE SOMERSET Midsomer Norton	30 units	Part of Community Resource Centre (CRC) comprising day centre and residential care home
Keynsham	Somer	NE SOMERSET Keynsham	30 units	as above

Care has been taken to meet the needs of individuals with dementia in the newly built schemes, with the physical layout designed with dementia in mind, and the staff recruited are trained to provide care for people with varying levels of dementia.

Extra care schemes should be able to meet a range of diverse needs, and as such, it is expected that they develop a very mixed communities, for instance, including older people with learning difficulties or from black and other minority ethnic communities.

Bath & North East Somerset is fortunate in the extent of extra care provision, and the existing schemes are popular and have high occupancy rates. However, any further expansion is dependent on the identification of suitable sites and capital funding, together with a robust analysis of future demand. Demand is influenced by factors such as location, which is a key consideration for potential tenants, cost (tenants who self-fund have to manage both housing and care costs) and the number of potential tenants to whom extra care is best suited (i.e. those who are determined to live independently). There is also typically a long lead in time for schemes to come on line due to the complexity of finding sites and funding and developing partnerships with RSL partners.

Extra care housing undoubtedly broadens the range of options for older people. It may be considered by older people for whom it is not practical or desirable to remain in their own home, even with the sort of support available in the community. These older people might otherwise be offered sheltered housing which might not be able to meet their level of support need - or residential care, a more institutional setting, where they would not have their own tenancy.

Expansion in extra care provision should in general be balanced by a reduction in traditional sheltered housing provision and / or residential care to reflect the substitution (or redesignation) of traditional models of housing with new models. This is likely to be particularly appropriate in an area of high levels of sheltered housing provision, such as Bath & North East Somerset. However, to date, the growth in extra care housing locally has not been matched by an equal reduction in other forms of provision.

New Build

The development of new homes, particularly those on brownfield sites (e.g. the Western Riverside development) provides sites which are often close to local amenities, but which may require high density building, e.g. flats rather than houses or bungalows. Not all of these are likely to be suitable for older people.

However, one way of making sure that properties are attractive to older people is that they are readily adaptable to meet changing needs as people get older. The Lifetime Homes standards enable homes to meet the needs of a range of people, including families with children, younger disabled people, or older people. Features include:

- § Sockets and controls at a convenient height, and low window sills;
- § Wider doors and hall for wheelchair access (and turning circle space for a wheelchair in living rooms);
- § Accessible threshold, covered and lit;
- § Space for future stair lift or through lift (between floors);
- § Bathrooms planned to give side access to toilet and bath.

Although the local authority no longer builds and owns housing directly, it leads strategic development at regional and local level, as well as regeneration / economic development and the planning process, and is therefore very involved with RSLs and private developers.

However, to date, progress on building more homes to Lifetime Homes standards has been disappointingly slow, hampered by developers arguing that the additional requirements add to

their build costs, for example. The targets in the Government's recent national strategy will hopefully reinforce the need for Lifetime Homes to become the norm.

Main Sources of Support

The Supporting People Programme Grant

The Supporting People programme was set up in 2003 to support vulnerable people to retain their tenancies and maximise their capacity for independent living. Long term services, such as sheltered housing, are chargeable and subject to a means test; short term services, such as support to homeless individuals or victims of domestic violence, are not chargeable. Tenants who are eligible for support from the Supporting People Programme Grant are those on reduced incomes, for example, those in receipt of Housing Benefit or pension credit, or with limited savings.

RSLs own and manage the sheltered housing stock and their costs are met through rents and service charges, with the support element provided by Sheltered Housing Officers or Wardens being paid for through the Supporting People Programme Grant.

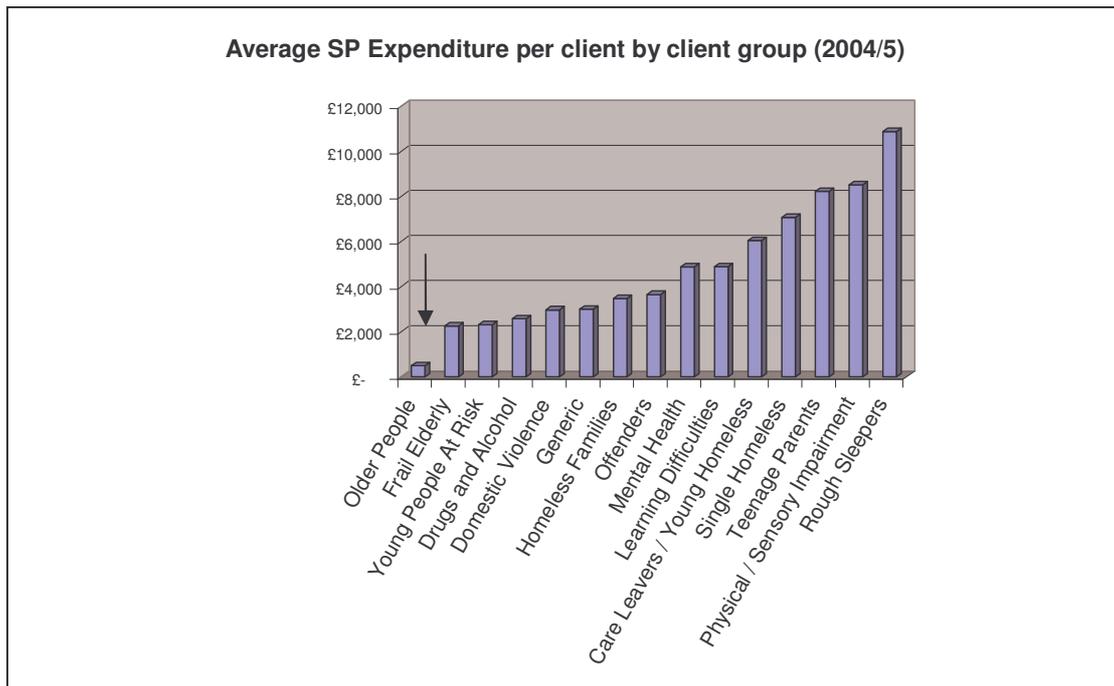
Key principles in the commissioning of Supporting People support services are the targeting of cash-limited funds for:

- § The encouragement of early intervention and preventative work;
- § Provision of support that encourages independence rather than dependency ('doing with' the client, rather than 'doing for' the client);
- § A focus on outcomes based on meeting individual needs.

The Supporting People team carry out ongoing contract monitoring of the support element, together with periodic reviews of each support provider using the Quality Assessment Framework (QAF), backed up by validation visits and service user consultation. Value for money work and the benchmarking of costs (often done in conjunction with other local authorities in the South West) also informs contract negotiations with the providers.

Apart from support to tenants in the extra care housing provision which has come on stream in the last couple of years (shown under the heading of 'Frail Elderly'), and support to the local Home Improvement Agency, Care and Repair, the vast majority of Supporting People funding for older people goes into supporting the traditional model of sheltered housing.

The proportion of the total Supporting People Programme Grant spent on older people is 21% of the total (£0.84million out of a total of £4million in 2007/8), which is the largest proportion of spend on any single client group. However, this should be seen in the context of the number of older people supported being the largest in terms of numbers - and the average cost per older person per year being the absolute lowest compared to other Supporting People funded client groups. Of course, Supporting People expenditure on the older client group represents funding of long term support, whereas for all other groups, the higher cost per client is attributable to short-term and 'move on' interventions to facilitate independence.



Much work has been done to ensure a uniform approach to costing across providers to ensure that costs attributed to the Supporting People Programme Grant accurately reflect the actual support received by tenants and reflect the true cost of the support (termed 'full cost recovery'). This has gone some way to eliminating any hidden subsidies (e.g. from 'general needs housing' revenue) and clarified the split between the housing management activities, which are not eligible, and support costs which are eligible.

For the purposes of the contact with each provider, average costs are attributed to weekly units (of support), rather than to individuals. This can mask the variations in different levels of need among individual tenants, particularly in the larger contracts (although value for money issues, hourly costs and the number of support hours provider for individual service users are considered separately as part of the overall service review process).

Contracting with providers for support on a tenant by tenant basis (i.e. 'spot purchasing' for individuals, rather than 'block purchasing' for whole schemes) would potentially yield more accurate information about individual levels of support, and would fit with the drive towards 'personalisation' in contracting and service provision. However, it would also present considerable accounting, data collection and staff capacity challenges and there are no proposals currently to move to more individualised Supporting People payments.

The Supporting People team have compared the cost per support hour across sheltered housing and found that costs vary considerably between schemes, and between providers:

- § Cost per hour ranging from £8.73 to £30.50 per hour (with an average of £18);
- § Average support time (per person per week) ranging from 8 minutes to 1 hour 26 minutes (with an average of 28 minutes);
- § Unit cost (a factor of both hour cost and amount of support) ranging from £2.59 to £22.28 (with an average of £11.66)

Another variable which varies considerably is the proportion of total cost which is charged to the Supporting People Programme. The role of Supported Housing Officers or Wardens is usually split between support to individual tenants (i.e. eligible support) and housing management, i.e. the upkeep and maintenance of the building (i.e. ineligible support). The Supporting People team have analysed and compared the split across local providers, with most reporting a split of 50:50 or 60:40. However, the largest RSL, Somer, has reported 80% support, versus 20% housing management, suggesting that a greater proportion of Supported Housing Officer costs have historically been funded through the Supporting People grant.

The Supporting People team have also identified that service charges to Somer tenants have been low relatively to other providers. This has been addressed as part of the move to full cost recovery to better reflect the true split of roles, leading to phased increases in service charges.

Local findings have also been fed into comparative work done across the region and further work is being done with providers to analyse the reasons for variations in cost, for example, identifying 'outliers' (i.e. extremes) in terms of high or low levels of support, the impact of cross subsidy and the role of economies of scale. These issues inform contract negotiations with the providers.

In terms of the overall financial allocation, the Government has made it clear that the Supporting People Programme Grant will reduce in real terms over the next three years. Therefore, as well as securing transparency in costing, and delivering continuous improvement in quality, outcomes and value for money, the Supporting People Programme will need to deliver the strategic challenges outlined in this document within the financial constraints. This will require creative approaches and a clear focus on priorities.

The Council's Housing Improvement Function

The Council is responsible for various measures which combine to help tackle poor housing standards and help meet the Government's 'Decent Homes' standard. These are set out in the Council's Housing Renewal Policy, which has a clear focus on targeting support to residents over 60, in recognition of the fact that older residents are disproportionately affected by poor housing, and that this impacts on their health and wellbeing. For example, measures to improve heating in homes can directly prevent hypothermia and other illnesses in the elderly that can lead to hospital admission and loss of independence, as well as improving energy conservation and reducing costs.

Services provided as part of the Council's Strategic Housing services include:

- § Initiatives to combat fuel poverty, including grants for works, and distribution of energy efficient light bulbs and water tank jackets. These are in line with the Government's Warm Homes campaign to ensure that homes have double glazing, loft and cavity wall insulation and a good central heating system;
- § Low cost or interest-free loans to carry out essential repairs such as leaking roofs, window replacement and central heating installation;
- § Disabled facilities grants for larger adaptations, such as stair lifts, through lifts, downstairs toilets or extensions;
- § Grants to assist individuals on a low income to obtain a community alarm and keysafe;
- § The Secure Homes initiative which offers grants to assist those on low incomes to improve the security of their homes, for example, by fitting window and door locks, security lighting and alarms;
- § Advice and information to help individual tenants and home owners, and general resources such as lists of reliable contractors / builders.

Low cost loans are available to home owners on low incomes through a partnership venture between all the local authorities in the South West under the umbrella of Wessex Improvement Loans – although take up of loans has been low, despite the very subsidised interest rate.

Reducing Fear of Crime

Levels of crime are relatively low in the Bath & North East Somerset area, however older people often have a disproportionate fear of crime and anti-social behaviour, and this can prompt them for example to leave their home and seek a sheltered tenancy where they feel safer.

The **Elder Aware Project** is a local initiative set up in 2002 by the local Community Safety and Drugs Partnership, which includes the Council's Community Safety Team and the Police. Initially set up as a pilot with money from the Government Office of the South West., the scheme received a positive independent evaluation in 2005 and has since been mainstreamed.

The aim is to empower older people to feel safe in their own homes, rather than to scare them. Events and talks (around two a month are held) raise awareness of all the things older people can do to be safer, and outcomes include participants reporting a greater confidence in 'looking out for each other'. 410 older people attended events in 2007, with a further 283 attending in the first half of 2008, and as events are run in local venues, there was good coverage of all areas, including Radstock and Keynsham. As well as crime prevention information advice, around 500 'goody bags' a year are also given out containing useful items such as 'Message in a Bottle' (containing personal information which could be used by emergency services), a personal alarm and a timer switch.

The **Bobby Van** is a mobile service which is staffed by a carpenter / locksmith, who is also a trained crime reduction officer. The service provides a home security check and advice and information, as well as practical help such as the fitting of locks, door chains and spy holes. The service is free to residents and is very popular, with 311 clients in 2007/08. Because the Bobby Van worker 'steps over the threshold' of older people's homes, it also often results in referrals to other agencies, such as Care and Repair.

However, there has been a recent shift in emphasis in how the Bobby Van service is delivered: from being a 'proactive' service targeting older people over 60 and other vulnerable people, to being 'reactive', targeting victims of previous burglaries only (in order to discourage repeat burglaries). This has resulted in a weakening of the preventative service aimed at older people. There is also limited capacity having only one van and driver.

Both the Elder Aware Project and the Bobby Van provide tangible outcomes in terms of maintaining older people's confidence independence in the community for a relatively small investment. Given the importance of crime prevention advice and practical help such as installation and small works to older people maintaining their independence in the community, there is a strong case for expanding the service through a partnership approach and matched funding.

Assistive Technology

The Council's Community Alarms Service

The most widespread use of assistive technology is the community alarm, which is an emergency call system linked to a 24-hour control centre. Around 1,235 dispersed alarms (i.e. those in people's homes in the community) are in use at any one time. Somer Community Housing Trust also run a separate alarm service, hard wired into the sheltered housing schemes they run, and there are a small number of sheltered schemes in the area which are 'alarm only' (i.e. no Supported Housing Officer).

Community alarms provide reassurance to older people that help will be available in an emergency. The user presses a button on a pendant which automatically dials the control centre, where information is held about individual subscribers. A trained operator then assesses whether to call the emergency services, or a named contact.

The service is available to people of all ages in all tenures and there is high take up by older owner occupiers. Subscribers require one (or more) keyholders / emergency named contacts who can be called in the event that an alarm goes off. A key safe is also usually recommended to enable emergency services to gain entry to the home, if necessary.

There is an installation fee and an ongoing weekly charge. Around a third of community alarm users are eligible for a grant because they are on a low income (e.g. in receipt of housing benefit or guaranteed pension credit) and these are processed by the Council's Housing Improvement Team. As well as a reduced weekly subscription, a one-off grant of £150 funds the purchase of the alarm unit, pendant and keysafe and their installation.

The community alarm service is managed through the Council's Occupational Therapy service and is self funding, with the running costs covered by a combination of subscriptions and grants. The service provides added value through the installation of smoke detectors, gas

monitors and some fall detectors which are linked to the community alarm unit (which unlike a community alarm pendant, will go off automatically without the user having to press a button).

The community alarms service provides a valuable 'safety net' to older people living in the community and ensures an immediate response in a crisis. However, two concerns have emerged and need to be addressed:

- § How best to respond to falls - the most common reason for community alarms to be set off. Around 200 per year to the community alarms service are the result of falls and these often result in an ambulance being called by the control centre operator. Frequently, their response is to pick the person up and offer advice, or take the individual to A&E. It is questionable if this is the best use of an ambulance / hospital services.
- § How best to respond to the needs of those older people living in the community who do not have a friend, neighbour or family member willing to respond in the event that the alarm is set off, and therefore cannot take advantage of the service

Discussions are already underway between Social and Housing Services and the PCT, as part of the move towards more integrated working, on a trial of an alternative response to falls.

Trained community-based nursing staff could assess the severity of a falls situation and undertake falls prevention and management work in high risk cases (e.g. addressing the reasons for the fall, liaising with GPs and referring to the Falls Clinic, as appropriate). The trial of a targeted response is a step in the right direction in adding value to the community alarms services, and in ensuring the most appropriate response to older people who fall at home.

This still leaves the issue of how to extend the alarms 'safety net' to those who need it most - older people who would like a community alarm but cannot provide even one named emergency contact. By definition, these older people living alone in the community but without reliable support are the most vulnerable group of all, and their independence is the most likely to break down without timely support.

Extending the community alarms service to this group would require a consistent community based response, including out-of-hours. (A local private homecare agency, Care and Continuity, already provides this response service to the small number of people who are willing to pay for it). A number of options could be looked at, including this function being included in the floating support based support recommended elsewhere in this strategy, or linked to the work of existing peripatetic support workers, such as Sheltered Housing Officers or Wardens as part of outreach work.

There will undoubtedly be resource implications and capacity issues, but this area of need is a priority in terms of supporting older people living alone to remain independent because help is there when they need it.

Telecare

More sophisticated assistive technology is included under the umbrella term of telecare or preventative technology (also sometimes referred to as 'smart' technology). The Government's Preventative Technology Grant aims to help people live at home independently and safely and prevent avoidable admissions to residential care, nursing care and hospital. To this end, the Government has invested in a range of telecare projects nationally aimed at supporting people in the community.

Several different telecare tools to be trialled locally:

- § **Additional sensors (e.g. flood detectors)** introduced to increase some extra care tenants' safety at St John's Court and provide an increased level of privacy and dignity by reducing the need for frequent staff checks (on site staff continue to respond if necessary);
- § **A dementia care pilot** with Avon and Wiltshire Partnership, the mental health NHS Trust, for lifestyle monitors to help people with dementia stay at home;
- § **Personal health monitors** to assist people with chronic diseases to manage their conditions (based in (e.g. Avondown extra care scheme) for blood pressure monitoring and other investigations, which the In-Reach Nursing team oversee.

The Government money is non-recurring and the pilot is relatively small scale, so there are issues about raising expectations. The effectiveness of these tools is also currently being evaluated. If found to have significant benefits, the issue would be how to replicate the use of this sort of assistive technology on a larger scale in terms of cost, response, and sustainability. The provision of equipment is only part of the equation. There is a need to consider how to support the technology via health and social care services staff, both via initial assessments in identifying where technology can be used, and in ensuring appropriate response systems are in place.

Repairs and Adaptations

Disabled Facilities Grant

The Disabled Facilities Grant (DFG) exists to ensure that residents have freedom of movement into and around their home, and access to essential facilities within it. It is available to all residents, regardless of tenure, with eligibility assessed following rules set by Government. Examples of work funded under DFG are stair lifts, level access showers, work to make a home wheelchair friendly, and (more rarely) extensions to provide a downstairs bathroom and / or bedroom.

Building work or adaptations are only funded following a careful assessment of the options, cost, and applicant's need. The local scheme benefits from efficient working between Occupational Therapy team, who provide assessments and advise on adaptations, and the Disabled Facilities Grant team, who process applications and commission the work. The local process boast an efficient turnaround of applications.

In 2006/7, the budget of £658,000 provided 249 grants. As the Disabled Facilities Grant is a mandatory grant (i.e. if an applicant meets the criteria and satisfies the means test, the grant must be paid), but paid out of a cash-limited (i.e. fixed) budget, demand has to be managed at times by prioritising cases, sometimes leading to waits for non urgent cases. The balance between very expensive works such as an extension (up to £30,000) which can use up a significant proportion of the budget, and the average award of around £5,000 for a stair lift or level access shower, is entirely dependent on demand. However, the local scheme has not needed to introduce significant waits in recent years.

Complementary measures currently being taken to ensure that Disabled Facilities Grant is used in the most effective way possible include:

- § Ensuring that already adapted properties are identified and that these properties are utilised correctly in assisting long term independence by re-letting them to the right tenants;
- § Applicants requiring major adaptation works being given help to consider more suitable alternative accommodation, if appropriate;
- § Homes in new developments being designed for the needs of a specific wheelchair user at a more reasonable cost at the building stage, rather than being adapted later;

- § Agreements being reached with Somer and the other main housing providers to decrease the cost of future adaptations by anticipating future needs, for example, collaborating on accessibility when there is a programme of bathroom replacements.

The Government in its recent national strategy, Lifetime Homes, Lifetime Neighbourhoods, increased funding nationally, in recognition of both the value of Disabled Facilities Grant to maintaining the independence of individuals in the community, and the high levels of demand. Nonetheless, given the high levels of owner occupied housing in relatively poor condition, demand for Disabled Facilities Grants is likely to remain high in the future, leading to continuing pressure on the budget.

Occupational Therapy

The Council's Occupational Therapy service provides services to individuals, regardless of tenure. These include:

- § Advice on alternative methods of managing activities of daily living;
- § Loans of essential items of equipment to help with day-to-day tasks and;
- § Help with minor adaptations, such as a grab rail by the toilet or an additional stair rail;
- § Recommendations to the Housing Improvement Team for a Disabled Facilities Grant in the case of larger adaptations.

Waiting times for Occupational Therapy assessments have improved in the last couple of years, and the establishment of a joint equipment service with the PCT has led to more timely and efficient delivery of equipment.

The Occupational Therapy service also manages the Community Alarms service and the Telecare pilot project.

Care and Repair

The maintenance of a home, particularly an older home such as a Victorian terrace, can be a burden to many older homeowners. Older people may also find small jobs stressful, for example, putting up a blind or changing a light fitting. As a result, they may tolerate jobs not getting done for a long time. Local and national consultations with older feedback frequently underline this anxiety about the trustworthiness of contractors, since older people generally feel they are more likely to be taken advantage of by unscrupulous contractors.

Care and Repair is the local Home Improvement Agency (HIA), a not for profit organisation which offers practical help and assistance to older and disabled homeowners to repair, improve and adapt their homes. The aim is to enable clients to continue living at home in greater comfort, warmth and independence.

The service includes small adaptations and the organising of works done by contractors. Staff also add value by providing visual safety checks, e.g. of wiring, as well as energy advice, smoke alarms and security advice. Care and Repair offer a holistic service and can refer to relevant statutory or voluntary sector agencies, or offer benefits advice, as appropriate. In addition to the core service, there is also a Handyperson Scheme, for small DIY jobs.

The service is used by homeowners, most of whom self refer. A small number of referrals also come via Occupational Therapists, PCT staff and Care Managers. Care and Repair is based in Midsomer Norton and has good reach in the North East Somerset area, particularly the rural areas where there are many older people, and areas in the district such as the Chew Valley and Keynsham.

Many older people are 'asset rich, but cash poor', living on fixed incomes and having limited disposable income to pay for repairs or maintenance on their home. Clients are charged a fee, albeit a heavily subsidised one, making it a trusted and affordable source of practical help. The organisation is not perceived by older residents to be a charity, nor part of the Council, and as such, is trusted, and seen as independent. As was clear from the consultation event, and from the Supporting Review of the service, there is high satisfaction at the point of delivery, with evidence of repeat business.

However, the failure of the service to reach black and other minority ethnic communities was raised in their recent Supporting People review. There is also a concern that those who currently access Care and Repair are the 'go getters' and not the most vulnerable older people in the community, who are more likely to put up with problems in their property.

Funding comes from a variety of sources including the PCT and Social and Housing Services, (who have a service level agreement in place for installing small aids and adaptations), the Royal British Legion and Norton Radstock Council. The Supporting People Grant is £38,400 and a Social Services voluntary grant brings in a further £83,000. As the Supporting People Grant funds only about 30% of the total service (in line with practice elsewhere), it has proved difficult to match the contract value to a transparent unit cost, in line with full cost recovery principles, and further costing and value for money work is being done.

The current contract is for Care and Repair to respond to 400 enquiries annually, and to complete 100 jobs, plus 600 Handyperson jobs. Given the high numbers of owner occupiers locally, and the poor condition of much of the local property, the target arguably does not reflect the real numbers of people who could be helped to live independently by this type of service.

There have also been capacity issues, such as staff sickness, which have reduced the numbers of people helped to below the targets set (as with any small organisation, any absences of key personnel have a disproportionate effect).

The extent of unmet need is borne out by the views of stakeholders (such as the Home Improvement Team, Community Alarms Service, Primary Care Trust, and Age Concern), who were consulted as part of the most recent Supporting Review of the service, although it is difficult to quantify the extent of this.

The management of Care and Repair was taken over in 2007 by Hanover at Home (part of the Hanover Housing Group, a national provider of housing and housing related services for older people). Hanover at Home also manage Care and Repair HIAs in North Somerset and South Gloucestershire, and it is hoped they will support the local Care and Repair and help it to develop, particularly in respect of performance, costing, fundraising and strategy.

Access to affordable repairs to help people stay put, advice and information about housing repairs and housing options, and appropriate signposting, as required, are key tenets of this strategy. There is no doubt that Care and Repair represents a valuable contribution to this agenda. The challenge for commissioners is to ensure that the widest number of residents possible benefit, within the limited resources available, and that delivery is focussed on value for money and contracted performance targets.

As with all contracts, there is an opportunity within the commissioning cycle to ensure that the service specifications which providers will deliver against ensures that the aims of this strategy are met, and that the right providers are in the market to meet the demand.

Equity Release

Although many older homeowners have considerable equity tied up in their home, there may be a reluctance to see their home as having potential cash value; they may see it as something to be 'passed on' to their children or required to pay for nursing home fees at a later date.

However, where grants are insufficient or not available to homeowners for repairs, a fair and soundly run equity release scheme can provide a good option to maintain a comfortable

lifestyle. However, products in the equity release market are very variable and the sector is not closely regulated, so caution needs to be exercised.

Many older people also associate loans and equity release with 'the credit culture' and have anxieties that interest on equity release will outstrip equity and result in repossession and homelessness.

Impartial advice about the different products available, and their suitability for different individuals and their circumstances, is therefore vital. The Council and its partners, such as Age Concern, can help promote available options and address the reservations that older people have about them, by, for example, recommending trusted suppliers.

If an older person does not have family to leave their home too, and is struggling, they may consider leaving their home to a charity in return for help and support. There is a scheme run by Help The Aged called **Gifted Housing**, a national scheme which happens to be run from the Bath office. The Charity takes responsibility for repairs and maintenance, property insurance, Council Tax and water rates; provides a community alarm; and helps with gardening costs. The homeowner pays your fuel and telephone bills and contents insurance. The Gifted Housing team can also help with arranging and paying for care and the scheme is flexible enough to arrange a move to a more suitable smaller home, if appropriate.

Self Directed Support

Self Funders

Self funding, whether through released equity, savings or occupational pensions, is becoming an increasing feature of service provision, making user choice and user demand a significant driver. Many of the forms of assistance described above are available to self funders and / or regardless of tenure - although awareness of what is available is considerably lower among self funders. However, the visibility of older residents who are 'outside the system' (by virtue of not being eligible for funded social care, or other support) is increasing. For example, the recent leaflet, 'Choosing The Right Support For You', which accompanied the Directory of Services for Older People produced by Social Services and Housing, was aimed at self-funders. The need to signpost self funders and help them make informed choices was also raised in a recent Commission of Social Care Inspection (CSCI) inspection of services for older people in Bath & North East Somerset.

In looking at the long term benefits of including a wider section of the older population in services which support them to maintain their independence – such as access to advice and information about housing options, access to affordable repairs and adaptations, and floating support for the most vulnerable people living in the community – this strategy reflects and reinforces these trends.

Individual Budgets and Direct Payments

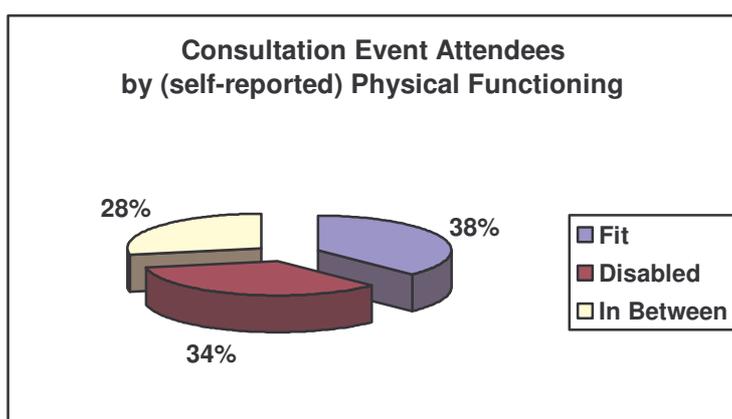
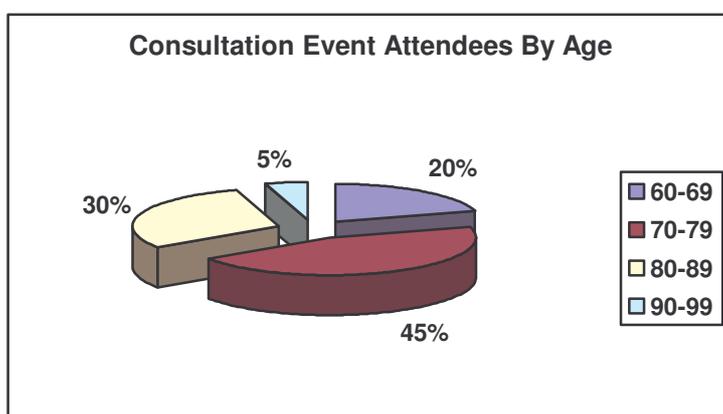
Individual Budgets (IBs) and Direct Payments (DPs) are ways of giving older people the means to live independently in their own homes by arranging personal care in the ways that best suit them, essentially commissioning their own support. There is likely to be a growth in the take up of IBs and DPs among those older people who are eligible, in keeping with the Government's choice and personalisation agenda.

Individual Budgets can lead to innovative solutions to maintaining independence, some of which are related to housing. For example, one user in another area has used their Individual Budget to pay for the mending of a fence, which was causing friction with a neighbour, plus some mediation time to sort out the feud that had arisen because of it. This is an example of a relatively small problem being solved, which might otherwise grow until it contributed to the person moving out and into sheltered or residential accommodation. In creative and flexible ways, the new funding opportunities for personalised support can also help a person maintain their tenancy and their independence.

B. WHAT DO OLDER PEOPLE WANT?

The views of older people have informed this strategy through feedback and information gathered from older people's organisations and older people themselves.

A consultation event by around seventy older people was held on 21 February 2008 attended. 57% of attendees owned their property, 43% rented their home (three quarters of whom were sheltered housing tenants). Several local sheltered housing Residents' Associations were represented, as were past clients of Care and Repair, users of the Community Alarms service and members of the Black and Ethnic Minority Senior Citizens Association (BEMSCA) and Action for Pensioners. There was a representative mix of older people of different ages and different levels of physical functioning, as the pie charts below show:



The day included presentations by different support providers outlining the help currently available to older people, together with information stands and leaflets (including the 'hot off the press' Directory of Services for Older People from Social and Housing Services).

Discussion groups were held in which participants considered the following:

- § What do older people need to help them maintain their independence?
- § What do they like and not like about their current housing?
- § What should older people's housing look like in the future?

The day included much lively discussion and strong views were expressed by participants. As well as relating their experiences and making clear their aspirations, there was a strong challenge to the Council, elected members and other agencies to demonstrate a joined up approach, taking in planning, transport, health services, development and environmental issues, as well as housing.

Infrastructure Issues (Location, Transport, Amenities)

While there is an understandable tendency for strategic discussions about older people's housing to focus on building design, space considerations, and layout, older people themselves cite transport, closeness to amenities, (such as post offices, shops, GP surgeries and churches) as key considerations in their housing agenda.

The location of housing is critical for older people, and this came through very strongly at the consultation event. Some older people talked about how much they enjoyed the peace and quiet of the country, but were frustrated by the frustrations of a rural location, such as distance from amenities, and lack of public transport.

Several participants talked about the importance of staying where they have always lived and already have support networks. Living in a good neighbourhood is likely to be particularly important for older people who spend more time there, compared with younger residents who leave the area to go out to work. The importance of good neighbours also becomes more significant as friends age, or are frail themselves, and if family live some distance away.

During the consultation discussions, there were a number of comments about issues including traffic, litter and dog mess, community policing, post office closures, bus services and access to shops and services. This underlined the importance of getting the infrastructure and wider environment right to enable a holistic response to the needs of older people. This concerns the Council's role corporately, as much as its duties within Social Services and Housing.

Space and Design Considerations

At the consultation event, there was a consensus among the participants about the following priorities:

- § The need for decent bathroom / shower facilities (this echoes research carried out with older people nationally);
- § Stair lifts were considered essential, with most older people understandably preferring a stair lift so they can use the whole of their house, over the option of moving a bed downstairs (or moving elsewhere). Access to front doors is also important;
- § Shared bathrooms or other facilities are not considered acceptable by the majority of older people;
- § Accessible sockets, accessible storage and good security are important;
- § Design and space considerations are particularly important for people with sensory impairment (e.g. lighting and layout for people with visual impairment).

It is often assumed that older people need less space when they retire, particularly as they are often living alone. In reality, they may need more space, for instance:

- § To enable them to use the range of daily living aids and mobility aids now available, such as trolleys, walking aids, scooters and wheelchairs. For example, access to buildings, and within buildings, needs to incorporate the needs of scooters, including space for 'parking' and re-charging them. (This is an issue in some of the older sheltered housing schemes, where accessibility is generally described as good, but mobility within smaller flats may be limited);
- § To allow family, carers and friends to visit;
- § To allow older people to pursue hobbies and interests to keep them active and engaged;
- § To have separate bedrooms, even if a married couple (or if a partner becomes disabled or ill).

83% of the biggest local sheltered housing provider's tenants are single and the majority of the sheltered stock is one-bedroomed stock – but this does not mean that single older people choose to have a one bed property; most say they would prefer two.

This also has implications for the number of people successfully 'downsizing' their property when they get older. Research nationally has shown that older people often express a wish to move to a smaller property (e.g. from a house to a flat), but not to a small property, as they do not want to be 'living in a box'.

The lack of suitably sized alternatives can hamper this desire to move, leading to a number of family sized properties being under occupied. Yet, if older people are able to move to somewhere more suitable and more manageable that meets their aspirations, properties for families would be freed up – a win-win for all parties.

Help with Household Maintenance

Older people report that they sometimes struggle to maintain their home. Many experience problems managing their gardens and doing general maintenance, and are put off by the difficulty of finding reliable help, particularly for small jobs.

Whilst Care and Repair provides a valuable service for small works, older people report a need for help with additional everyday tasks, such as window cleaning, changing light bulbs and curtains, unblocking gutters and drains, and removal of large items of rubbish. Maintaining a garden (grass cutting and hedge trimming) in particular can be a burden, and an overgrown garden can inadvertently invite anti-social behaviour.

These proved to be areas of concern for older residents, whatever their tenure. For example, at the consultation event, some residents commented that, while major repairs and improvements to their property are provided by the landlord, they too still have a need for small maintenance jobs, help with decorating, gardening.

There appears to be limited provision of an ‘odd jobs’ service, including gardening, by the local private sector, even though many older people would be prepared to pay a reasonable rate. This raises the potential for a social enterprise (for example, a supported employment scheme providing work for people with learning difficulties) to fill the gap, or perhaps use of volunteers, for example, through the local Time Bank.

Overcoming Social Isolation

Isolation is often linked to loss of independence and depression in old age. It can often be a contributory factor to people deciding to move to sheltered housing, although anecdotal evidence shows that even in those settings, people may withdraw ‘behind their own door’.

Accessible transport is fundamental to ensuring that older people ‘get out and about’, whether through public transport, the help of friends, or the Dial-a-Ride scheme. The impact on wellbeing of an older person never leaving home except for, for example, medical appointments, is huge. However, the ability to go out is linked to a number of factors, not just

transport; for example, confidence to leave the home, safety issues, level pavements, the proper equipment (such as mobility aids) and sometimes, the need for an escort or company.

Older people want to be independent, but they also want to be part of the community. Keeping people engaged in their community, through volunteering, hobbies, church activities, lifelong learning, politics or fitness, are ways of combating isolation.

One way in which existing services service may 'reach out' to isolated older people living in the community is for extra care and sheltered housing schemes which have communal facilities, to offer facilities and activities to non residents. A few schemes already provide more of a community hub, for example, St Nicholas Court in Bathampton (run by Somer), encourage community events and welcomes residents from the surrounding area to activities and coffee mornings. Methodist Homes have a similar ethos, as do the Council-run Community Resource Centres (CRCs), which the in-house extra care provision is part of.

Clearly, any such arrangements need to be carefully negotiated with scheme residents so that they do not feel intruded on in their home and are happy to share their space (something which the Commission for Social Care Inspection monitors), but the arrival of 'new faces' can be experienced as stimulating and welcome for residents.

Segregation or Integration?

The practice in the past has been to designate whole blocks of self-contained housing for older people, often with some communal facilities, such as a lounge, a laundry and a garden. This arrangement of older people living in one place fitted well at the time with operating a system of resident wardens, although the majority of Supported Housing Officers or Wardens now work from a neighbourhood base, rather than living in the scheme.

Many older people do enjoy the camaraderie of having other older residents all around, along with the sense of community and of everyone being 'in the same boat'. Introducing tenants who have different needs can cause problems. For example, there are a few schemes – usually schemes with vacancies which are hard to let - where younger adults of working age in need of supported housing have taken up tenancies. Some of these residents have had a history of drink, drugs, homelessness or mental health issues, resulting in a clash of lifestyles between older (usually female) tenants and younger (usually male) tenants.

Other older people find the very idea of being 'warehoused' in an age-specific housing scheme unappealing, commenting that it is nice to be around younger people, and that it can be

depressing if neighbours have illness, dementia or challenging behaviour; they would rather continue living in a mixed neighbourhood. This fits with the Government's vision of sustainable communities with a mix of ages and types of people.

At the consultation event, there was a fairly even split between people who firmly wanted to live as part of an ordinary community, and those who liked the idea of a retirement 'village'. The latter group often cited freedom from anti-social behaviour (whether the threat was real or perceived) as one positive aspect of such an arrangement.

Access to Advice and Information

The availability of timely advice and information is essential to promoting informed choice.

There are two main areas about which older people need information and advice:

- § How to get help to maintain or adapt their home;
- § Planning their options, whether they are thinking of moving or staying put.

In general, it is easier to access information about the first area.

Independent sources of advice include The Elderly Accommodation Council, and Counsel and Care (national organisations providing web and telephone based advice and information), Age Concern and Citizens Advice Bureaux (national organisations with national web sites and telephone services and local offices where older people can get advice and information face to face).

The Council also has a Housing Advice service, but this currently deals primarily with statutory homelessness applications and related issues from younger adults. In the minds of many older people, the Council may still be associated with 'Council housing' rather than the full range of strategic housing issues, and they do not approach the Council for general housing related advice in any numbers. Many are also unclear about the respective roles of Somer Community Housing Trust, the RSL established through the transfer of the Council's housing stock, and the Council. This can add to the lack of clarity about who to go to for advice and information about housing options.

Other sources of information and advice include Care and Repair and the Community Alarms service, who visit clients in their homes and can take this opportunity to offer advice or signpost to other agencies. The Council's recently published A to Z of Services for Older People, and accompanying leaflet 'Choosing The Right Support For You' are further resources to help older people access information about a range of services.

However, it is clear from the consultation event, that older people are not aware of the range of support already available. This may be due to the fragmented way this information can be accessed, and the preference many older people express for being taken through their options by a person, rather than trawling through websites or databases for answers to their questions. (This style of 'brokerage' is used to plan options with clients who receive an Individual Budget but is very resource intensive and not available to the majority of older people). Every effort needs to be made therefore to continually promote access to, for example, Occupational Therapy services, the Housing Improvement Team and Care and Repair to the target audience.

Access to information at the right time is critical to enabling older people to exercise the choice of staying in their own home or moving. A good understanding of the options may ensure that a choice is made which avoids the need for further moves later on, and the upheaval that comes with them.

Some older people at the consultation event commented that they had thought ahead about the sort of housing they would need in the future, and made arrangements accordingly. However, for many older people, major life changing decisions are made in response to an emergency, e.g. bereavement, disability, illness, or simply no longer being able to cope, rather than as part of a plan.

Ways to prompt older people to think about their housing options at an earlier stage are therefore to be encouraged. The Housing Options for Older People (HOOP) online tool is one way of giving individuals a structured way of thinking about their choices, and could be promoted and used more widely. The role of the Council's Housing Advice service in responding to the needs of older people could also be expanded.

Older People with Special Needs

Older People with Dementia

Changes in an older person's mental health may affect their ability to maintain independence and support needs to be available to deal with these changes.

Dementia may be mild, moderate or severe. Those with severe dementia are likely to need a significant amount of help, and this group may meet the referral criteria of the NHS Community Mental Health Teams. The later stages of dementia can also have a profound physical health

impact, so a multi-agency response (mental health services, mainstream health services and social services) is often necessary.

However, the majority of older people with dementia will continue living in the community, often supported by primary health care services and social services, rather than mental health services. Many are cared for by older partners, who may be isolated because of their caring responsibilities.

People living in the community with mild or moderate dementia may have difficulties which are not so apparent or disabling; some may not even have a formal diagnosis. However, their life might be affected by problems such as:

- § Becoming confused about time and place, leading to daily activities such as shopping being done at odd times or being forgotten;
- § Forgetting saucepans, running baths leading to risks in the home;
- § Having difficulty with telephone calls and correspondence;
- § Wandering or becoming lost;
- § Neglecting hygiene or eating.

Many older people themselves think that dementia requires residential care. The local authority can help promote community-based alternatives, but there is currently negligible support for older people with dementia living in the community. Meeting these needs will be necessary in the future.

Some local authorities have commissioned a separate floating support service to address the needs of this specific group of vulnerable older people in the community, while have met this challenge through generic floating support services for older people.

Older Homeless People / 'Old Before Their Time'

The 'old before their time' group includes people of working age, who, due to a lifetime of rough sleeping, alcohol or drug use, have the physical or mental health problems associated with old age. Individuals with a history of drug and alcohol problems, homelessness and / or mental health (both older, and 'old before their time'), do not cope well in ordinary tenancies. They are therefore natural candidates for accommodation with support.

Sheltered units locally have sometimes been used as 'move on' accommodation for such clients, often because of the availability of vacancies in certain schemes. However the move away from street culture, alcohol or drugs may be difficult for these tenants, their behaviours

may be chaotic, and this can lead to tensions reported with existing 'ordinary' sheltered residents in these schemes.

Sheltered housing *can* be adapted to meet the needs of certain groups such as older homeless people with additional levels of specialist long term care and support. But their needs are different to other sheltered housing residents. Adapting accommodation-based support to a higher need client group must be done carefully and in a planned way, rather than opportunistically, i.e. simply because there is a vacancy.

Older People with Learning Difficulties

Due to the improving health and lifespans of people with learning difficulties, there are increasing numbers of older people with learning difficulties requiring appropriate housing. Many adults with learning difficulties currently live in group homes in the community, or are supported in their own tenancies, e.g. through a Keyring network. A small number of older people with learning difficulties live successfully within the extra care schemes.

The Adult Learning Difficulties Commissioning Strategy 2006-2010 recognises that more people with learning difficulties are living longer and will therefore experience the problems associated with ageing.

There are already over 100 people known to services who are aged 55 or over, many of whom live with elderly family carers who will not be able to care for them indefinitely: approximately 40% of people caring for a son or daughter with learning difficulties are aged 60 or over themselves. There are also likely to be many more people with learning difficulties approaching old age who are not known to services.

As with all groups of older people, the local and national strategy is to enable older people with learning difficulties to carry on living in their own homes if they want to, wherever possible – even if their needs change.

C. TRENDS IN SHELTERED HOUSING

Background

The majority of older people continue to live in their own homes. The recent addition of extra care tenancies, which offer support to older people within their own home, rather than care 'in a home' (i.e. residential care), is to be welcomed, and is well suited to those people with higher levels of need. However, it remains a fact that the bulk of current expenditure is applied to the sheltered housing sector. This section considers the local provision and highlights the changes needed to address this imbalance.

Providers

A number of providers provide accommodation-based support to older people in the area:

Sheltered Housing Providers	Units
Somer Community Housing Trust	1,661 (= 1,943 tenants, i.e. incl. couples)
Guinness Care and Support	148
Knightstone Housing Association	89
Hanover Housing Association	73
Anchor Trust	72
Methodist Homes Housing Association	57
Housing 21	25
Places for People	16
Abbeyfield UK	14 NB. volunteer-led housing association
Sanctuary Housing Association	9
Abbeyfield Society	9 NB. volunteer-led housing association
English Churches Housing Group	8
Orbit Housing Association	6
TOTAL	2,187

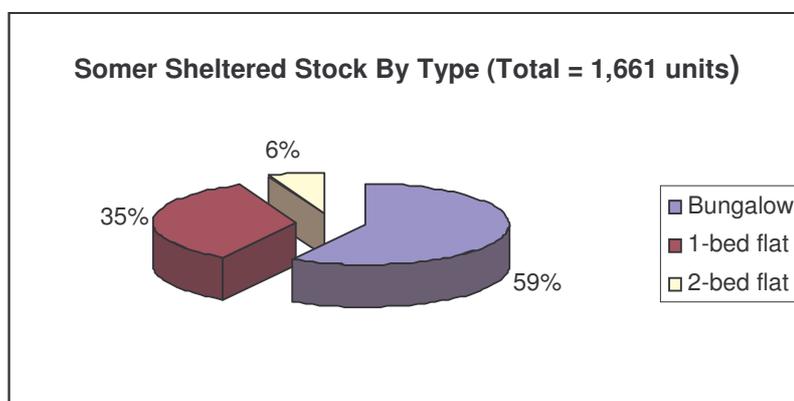
The majority of the sheltered housing units (76%) are owned and managed by Somer Community Housing Trust, which is the largest single provider of sheltered housing in the South West region. Much of the discussion that follows uses illustrations from the Somer sheltered housing contract, both because it represents the bulk of the current expenditure and the bulk of sheltered housing tenants, and because of the level of information available.

There are also providers of almshouse supported accommodation for older people locally, such as St John's Hospital (which provide 132 units of supported accommodation through a

scheme in the city centre and at Combe Park, a recently built new scheme near the Royal United Hospital), and Partis College in Newbridge (which is based around a chapel, and provides 32 units of supported accommodation to women only). These schemes are based on historic benevolent foundations and advertise and fill vacancies directly, without using the Council's Housing Register.

Sheltered Accommodation by Size and Type (Somerset only)

Bungalows are often considered to be the traditional option for older people with reducing mobility. There is a very high number of bungalows included within the sheltered housing schemes locally: nearly 60%. Many are to be found in concentrated clusters.



Of the 971 total bungalows:

- § 20 (2%) are bedsit bungalows (i.e. no separate bedroom and living room).
- § 885 (91%) are one bed bungalows
- § 66 (7% of bungalows) are two beds.

Older people are generally positive about bungalows, since they offer self-contained accommodation on one level. However, given the small size of most of the bungalows, there may be issues with space, storage and accessibility within the property. Some bungalows are located in areas which older people report are affected by anti-social behaviour, or are not close to amenities.

Of the one bed flats which are available for rent, exactly half (290) are upper floor flats. In general, these are less popular than ground floor flats, particularly if there is no lift in the building.

The Quality of Buildings

Although some of the sheltered housing stock was built at lower density than is common practice today (e.g. low rise buildings, a high proportion of bungalows, the presence of lawns or 'clear' space nearby), the interiors were often built to what would now be considered low space standards, and / or are inadequate in terms of accessibility. Some schemes may be unsuitable because older people with mobility difficulties have trouble moving around them safely, meaning that they are not able to provide 'a home for life'. Some schemes need significant refurbishment to comply with Decent Homes Standards. Some are laid out in ways that do not minimise anti-social behaviour (e.g. paths at the back of the building, poor lighting)

Refurbishment to bring these properties up to standard is not always possible or economic. For example, it may be problematic to install a lift if the block only comprises a small number of flats or is in a listed building, or to enlarge corridors for mobility scooters without reducing room size. Some older buildings may be of a construction which limits how much they can be disturbed or adapted without a complete rebuild.

Levels of Support (and Changes in the Role of Warden)

The relatively good supply of sheltered accommodation, and a historic emphasis on the age qualification rather than need when considering applicants, has reinforced a historic pattern of some tenants having no identified support needs.

Despite the definition of sheltered housing as housing with support, there is a group of tenants who do not need or want the support offered; for these tenants, the primary benefit of sheltered housing is the accommodation, and a sense of security, rather than the support. Indeed, some providers have in the past operated 'support waivers' whereby tenants opted out of support; these were often self-funders with concerns about paying for services they do not need or feel do not offer good value for money.

A further group of tenants have low support needs which are typically met through a daily or weekly 'check' telephone call. Given the experience of the Supported Housing Officers / Wardens, and the increasing case for a more universal service to be provided to greater numbers of older people, including those living outside the sheltered schemes, it is questionable whether this is the best use of their time or skills. There may be other ways of delivering this function in order to free up Supported Housing Officer / Warden time and expertise, for example, as an add-on to the service provided by the community alarms response service, or the Social Services Duty team.

There is also the issue of whether such continuous low level of support results in clear outcomes. Arguably, it is not the best use of resources for people living in sheltered housing schemes to receive support on an ongoing / long term basis, if the physical arrangement of their housing is sufficient for them to maintain independence (for example, level access, close neighbours, manageable garden, alarm system if appropriate) and other sources of support are available (such as access to advice and information), if needed. A number of sheltered tenants already receive additional external support (such as community meals, social care, or informal care from family or friends), In order to ensure the best use of resources, further work should be done to examine the value for money aspects, outcomes and alternatives to the category of residents who receive the very lowest level of support.

Around half of Somer sheltered tenants are estimated to receive little or no support directly through the scheme. Service reviews indicate that while some tenants undoubtedly have higher input, support is at notional in a proportion of cases; it is certainly a lower average amount of input to some tenants than would be expected in a floating support scheme targeted at residents with identified support needs.

Furthermore, some schemes are not covered by a Supported Housing Officer or Warden at all: 116 sheltered housing units are currently 'alarm only' schemes (46 Somer units, 56 units Guinness, 6 units Orbit Housing Association and 8 units Sanctuary Housing Association). Those tenants living in alarm only schemes can also be assumed to have low needs. However, as their needs change, they may require housing related support, and may therefore need to move to different accommodation if it is not available.

Along with low average levels of support input, Supporting People reviews have also identified that a number of residents do not have adequate support plans, although this indicator is improving.

Yet review findings and consultation events consistently indicate a high level of service user satisfaction, and there has been considerable dissatisfaction with certain changes. Arguably, this reflects the expectations that residents have about the service provided, which is often based on how things were in the past.

The last couple of years have seen considerable changes in the way that support has been delivered to tenants in sheltered housing schemes. Increasingly, the more generic 'social' aspect of support given to tenants by a warden has given way to more person-centred support,

with more individual support plans being agreed with tenants. In a number of cases, face to face visits have been replaced by less frequent visits, or by a check telephone call.

In Somer, Wardens have been redesignated Sheltered Housing Support Officers in recognition of these changes, their numbers reduced, and they are now based off-site, in teams which cover a geographical patch. For some tenants, this loss of a resident warden has been difficult, particularly the loss of a psychological feeling of safety, and the social aspect of having a 'friendly face'. In many cases under the old model, the Warden was also a neighbour living within the scheme, and friend, as well as a support worker. Feedback on the re-organisation of the warden service included some tenants opposing the perceived loss of social contact, organised social activities and general sense of reassurance and safety they felt from having access to a Warden (as they were then), rather than identifying a loss of specific housing-related support.

Now that the Supported Housing Officers are based in patch offices, there are arguably clearer professional boundaries and improved opportunities for team support, communication and learning. The new look Supported Housing Officers are in fact already working in ways which are more consistent with a floating support model - albeit one currently serving only sheltered tenants, rather than older people in the wider community.

Levels of Need

An analysis of the 761 applicants on the Housing Register who are currently seeking sheltered housing shows that 22% are classified as Band A, i.e. having a high priority housing need, 4% as Band B, having a medium priority need, and 53% as Band C - which indicates "*a genuine need to live in the B&NES area*". The remaining 21% are Band D, i.e. who do not meet the criteria for any of the above bands.

Increasingly, the ethos of the local authority, and the requirements of the funding regime, means that services are targeted to those who need them most and most likely to benefit. For example, in recent years, there has therefore been a greater focus on individual support plans with clear outcomes, which are periodically reviewed and updated (usually six monthly). Through Supporting People reviews, concerns have been raised that some providers are failing to meet expectations of support planning.

At the same time as recognising that some tenants have minimal needs, there may be other tenants who need a higher level of service, for instance, as they age, become disabled, or are affected by dementia. Anecdotally, providers have highlighted their concern that, if more of

their tenants had high needs, the Supported Housing Officers or Wardens would not have the capacity to meet them. One symptom of this may be the number of tenants who move on to residential care. Anecdotal evidence suggests that tenants who are seen as a risk to themselves or to their neighbours, or who are affected by repeated falls, infections, or set smoke alarms off regularly, may be directed towards residential care where there is more continuous support and supervision.

Of course, sometimes tenants move to residential care through choice, or to be in a different area (e.g. nearer family) and other alternatives are not suitable. However, further analysis as to why the needs of residents who move into residential care could not be met within the sheltered housing scheme, would be fruitful. This would test the hypothesis that they are moving because of a lack of available support, which is something that could be addressed in the future.

It is not clear how many current residents experience problems with dementia, but the average levels of support, suggest that it is difficult to meet higher needs within the Supported Housing Officers' / Wardens' time, capacity and skills, and this may contribute to this group moving into residential care. There is also often an issue with other residents not feeling comfortable with neighbours who are 'different' in some way.

Demand for Sheltered Housing

Some sheltered schemes remain popular, particularly if they have good space standards and are in a good location. However, overall, although the proportion of the population which is over 60 is increasing, demand for sheltered housing has not increased accordingly. A number of local schemes have vacancies (or 'voids').

Of course, empty properties are unavoidable, and arise for a number of reasons, including: the resident dying, moving to a residential home, moving to a sheltered scheme elsewhere, or to more independent living. However, long delays in finding a suitable new tenant (termed 're-let times') are a good indicator of how popular, or otherwise, a scheme is.

75% of vacancies in the local social housing sector are filled using a system run by the local authority and based on a centralised Housing Register of applicants. In September 2007, a 'choice based lettings' system called Homesearch was introduced to replace the old system of 'allocations'. Its features include the open advertising of available properties, and 'bidding' by interested applicants. Bidding can be done online, by text or by automated telephone line.

There is an awareness that older people may experience more barriers in using the system which requires more active participation than the previous allocations system, (e.g. by looking at the advertisements for properties and choosing which to bid for), and help is available to help and information is available to help more vulnerable applicants bid for properties.

The two key indicators which reflect demand for sheltered housing are:

- § The levels of vacancies reported in certain schemes
- § The proportion and frequency of sheltered tenancies being advertised

The weekly advertising of empty properties in the local newspaper and on the web visibly underlines the relatively high level of voids among sheltered properties, relative to voids in general needs properties (for which there is much demand). For example, in the first seven months of operation of Homesearch (September 2007 – April 2008), the new choice based lettings system introduced to replace allocations, nearly half of all properties advertised (47%) were sheltered (103 out of 321). However, only 14% of the applicants on the Housing Register are seeking sheltered housing (761 out of 5,435). The result is an average of 12 bids for each sheltered property advertised – compared to 86 bids for each general needs property advertised.

Reasons for why sheltered housing may be becoming less popular include:

- § Homeowners do not wish to rent if they have owned their own home previously;
- § Some sheltered schemes have limited space (mostly one beds – not suitable for couples who wish to sleep separately, or accommodate carers or people who have family visiting);
- § Limited kitchen space;
- § Insufficient space for mobility aids (such as scooters) to be used or stored, with narrow corridors and door widths (some instances of scooters blocking fire exits due to lack of space);
- § Some schemes, lack lifts to the first floor, do not have gardens, parking;
- § Some sheltered schemes are not located close to amenities and / or poorly served by public transport;
- § Some schemes are not accessible;
- § Some people do not wish to be labelled as needing specialist accommodation for older people and would rather live in a mixed community.

The overall occupancy or utilisation level monitored as part of ongoing contract monitoring by the Supporting People team may be at 96 – 98%, but this masks much higher void rates in

certain low demand for certain schemes. For example, a review of the voids in 2007/8 highlighted one scheme of 16 units with an annual vacancy rate of 53%, another with 21% (of 12 units), 19% (of 38 units), 18% (of 25 units), which are indicative of very long re-let times in certain places. Based on 2007/8 data, it is estimated that 30 units of sheltered accommodation have been vacant for the whole year – the equivalent of a whole scheme.

The supply of sheltered housing also effectively minimises any choice older applicants have in terms of housing. Older people applying to the Housing Register, or seeking a transfer from their current social housing tenancy, are often encouraged to consider sheltered housing, both because it is seen as the main housing option available to older people, regardless of their needs and preferences, and because the supply of sheltered housing is so much greater than the supply of general needs housing, compared to the demand. Older applicants, in any case, typically have lower priority 'scores', and are therefore effectively ineligible for any general needs housing that does become available.

Another consequence of the availability of sheltered housing stock compared to general needs stock has been the placing of some younger disabled adults (usually those in receipt of higher level Disability Living Allowance) into sheltered accommodation. As shown elsewhere, this mixing of client groups has potential to cause some tensions and difficulties in meeting presenting support needs.

D. PRIORITIES FOR CHANGE

Remodelling Sheltered Housing

The status quo is not sustainable. The rising needs of older people living in the community for support, the high level of sheltered provision historically, and the relative decline in the suitability and popularity of sheltered housing, point to a realignment of resources. Given the focus on supporting older people to maintain their independence in their own homes, wherever possible, the demand for sheltered housing is likely to continue to decline. In terms of value for money, it is not feasible to continue to invest principally in long term support to tenants of sheltered housing, many of whom have low or no needs, while failing to support owner occupiers and older people in the private rented sector.

The local authority is aware that some of the existing sheltered stock is now not fit for purpose because of the following factors:

- § Low demand (due to location / condition / accessibility);
- § The quality of accommodation is below acceptable standards (e.g. no lift to first floor, kitchens which are small, with poor layout or lack of storage, sub standard bathrooms, shared facilities);

The sheltered housing stock that remains must offer an attractive, modern, accessible, and well proportioned alternative that older people want to choose to live in.

This strategy recommends an overall reduction in the number of sheltered housing units of 200 units, across all providers by 2015. , This echoes the direction of travel set in the earlier Older People's Strategy and Supporting People Strategy, where a target reduction of 140 was originally identified, but not implemented.

This strategy sets out the case more fully for a shift in investment from traditional models of housing with support, towards more flexible, equitable and personalised support to older people in all tenures. The intention is that, by setting out a clear vision and rationale for the proposed change, there will be a greater commitment to realising the target reduction of 200 units.

During the consultation on the draft strategy, some providers have questioned the rationale for a more stretching target (200 vs. the original 140). The target reduction is based on the current levels of voids, reducing demand for conventional sheltered housing, and the existence of units which are no longer fit for purpose because of size, location, accessibility, condition and

popularity. In order to put it into perspective, a reduction of 200 units represents less than 10% of the total sheltered housing stock (NB. and without taking into account the growth in extra care housing, which has not been matched by a reduction in 'ordinary sheltered housing'). Furthermore, some schemes have already been identified as candidates for decommissioning (see below).

Most importantly, the savings resulting from this reduction will be reinvested in line with the recommendations in this document to develop community based housing-related support in line with what older people tell us they want.

In order to identify priorities for the necessary change management process, detailed work needs to be done to identify the most suitable options for all existing stock, on a scheme by scheme basis. It is likely that the main providers of sheltered housing already have stock appraisal information which identifies those schemes where the building or the facilities are no longer fit for purpose.

In addition, void information (i.e. vacancy rates) indicates the less popular schemes, and the Supporting People reviews have identified issues relating to individual schemes, such as levels of demand, suitability of properties and levels of support.

Those schemes which are in high quality, accessible buildings, in a good location, and therefore popular with older people, will have a long term future. Those which are reasonably popular and in a reasonable location, but affected by some other problems, may need some investment or improvement in order to ensure their long term future. Detailed work will need to be done with RSL partners to identify any investment required, whether through the RSLs' own investment plans, or from external sources, such as the Housing Corporation.

There will be other schemes identified through this process which, taking all the factors into account, are not viable in the long term. There need to be clear plans for how to rationalise these schemes. Depending on size, condition, density and accessibility, options considered for may include:

- § Disposal (i.e. sale) of unfit / surplus stock and reinvestment of the proceeds;
- § Demolition and rebuild to higher space standards and / or higher density;
- § Refurbishment to bring up to modern space and accessibility standards;
- § Redesignation to general needs housing for which there is a high demand;
- § Remodelling to provide services for special groups of older people or other client groups, such as people with learning difficulties.

As a starting point for discussions with providers, the Supporting People and Homeseach teams recently pooled their knowledge of schemes gleaned from reviews, visits, conversations with providers, and lettings information, to give each sheltered housing scheme an approximate composite score, based on factors such as location, condition, popularity and accessibility.

It should be emphasised that this was a 'quick and dirty' exercise, and not a formal part of the ongoing contract monitoring and review process; nonetheless, it has identified some low scoring schemes which could be priorities for transformation or rationalisation. This summary ranking of schemes will be discussed during more in depth discussions with providers, as part of the implementation of this strategy.

In addition, Supporting People reviews have highlighted issues with particular schemes which point to these schemes being prioritised for decommissioning. Examples are:

- § John Slessor Court on Lansdown Hill (Housing 21)
- § Ladymead House in Walcot Street (Knightstone Housing Association)

In the case of John Slessor Court, the number of bedsits, and its location on a hill (with the bus stop at the bottom), make it less attractive to older people. As a consequence, there are tenants of working age and no support needs living in the scheme. Work has been done with the housing provider to help them fill the remaining vacant units, but his scheme is unlikely to be viable in the longer term.

Ladymead House is located close to the centre of town and is not on a hill, but as a converted Georgian building, suffers from problems with its heating system, the state of its windows and the quality of the bathrooms. The Supporting People team have had some initial discussions with the housing provider about the questionable future of Ladymead, which need to be pursued.

The practical difficulties of reducing sheltered units are not to be underestimated, but the task is not insurmountable if seen as part of the wider strategy to extend and enhance support to more older people. The earlier change management process to close old-style local authority run elderly persons homes (EPHs) locally was achieved by working closely with residents, family members, staff and partners. **It goes without saying that consultation and communication with tenants will be essential to explain any changes, in the context of modernising housing provision and extending choices for all older people.**

The success of this venture depends on strong partnership working between the sheltered housing providers and the local authority, the sharing of information, and clear and consistent

messages to local residents, tenants and other stakeholders about the longer term benefits of a more balanced, targeted and equitable system of housing-related support to older people.

Developing Floating Support

Older residents living in general needs housing, private rented accommodation, or in homes which they own, are currently denied access to Supporting People funded housing-related support because resources are concentrated on sheltered housing schemes. The development of housing related support for older people living in the community, i.e. floating support, will therefore address a serious shortfall in the current allocation of resources. It is also likely to improve access to groups who are under represented in traditional sheltered housing, such as older people from black and minority ethnic communities.

The impact of it will be to ensure that those older people with identified needs get targeted support at the right time, in order support tenancy sustainment and maintain independence.

Floating support works using a holistic approach to an individual's specific needs, and may include:

- § Assistance to access welfare benefits;
- § Encouragement of skills to maintain a tenancy, such as paying bills or managing shopping;
- § Help with forms;
- § Advice on home improvements;
- § Advice about housing options and planning for the future;
- § Signposting to community based organisations, leisure activities, transport;
- § Links to local services;
- § Advice on accessing other support, such as community alarm service or Care and Repair.

There need to be clear boundaries with social care provision, and clients need to be given a clear understanding of what floating support can, and cannot, provide. In keeping with the ethos of Supporting People funding for other client groups, the emphasis should be on 'doing *with*' rather than 'doing *for*'.

There is a risk that, given the likely level of unmet need, a floating support scheme may not be able to meet demand, and / or will quickly get clogged up with intensive work for only a small number of cases.

In order to manage demand and ensure that improved outcomes are delivered, the scope of the service must be kept tight. Most floating support services elsewhere in the country work on

the basis of time limited intervention, i.e. only being provided while the individual has a clearly defined support need (although residents can usually dip in and out of the service when they need to). Floating support is not a substitute for social care provision, nor a means of delivering open-ended support, such as befriending.

Getting the right referrals is also vital to managing a limited resource in the best way. Triggers for early intervention might be older tenants experiencing difficulties with household management, rents, or welfare benefits, or bereavement, or physical or mental health problems. In places where this model is already working (e.g. North Somerset), charities can and do nominate older people, as do Citizens Advice Bureaux, health and social care staff (including as part of the hospital discharge planning process), even landlords. Referrals are usually allocated through a single referral point (such as Care Connect, or Care Direct).

A coherent service specification would need to be drawn up outlining the expectations of the service, the referral criteria and expected outcomes, identified funding (from savings in the sheltered housing sector, or elsewhere) and the target client group, and put out to tender as part of the usual procurement process. A decision would also need to be made whether to trial floating support as a pilot, or commit to its wholesale introduction, perhaps through a phased roll out.

Who will deliver a floating support service? Floating support providers already exist in the market, providing a similar service to other client groups, or focussing specifically on older people's needs. Some local providers may also be interested in developing their current service in this new direction. For example, there may be scope to expand the existing Supported Housing Officer / Warden role to provide outreach to clients in the community. There is therefore likely to be a good response to the opportunity of new work.

There may also be an opportunity for partnerships between existing agencies to develop in order to deliver an effective service: for example, Care and Repair, which already has a good name among homeowners and carries out some of this work with its clients already, could extend its services, perhaps through linking up with a trusted advice and information agency such as Age Concern. Other models to be considered may include running a housing-related support 'clinic' based in a place older people feel happy with, such as a GP surgery.

There may be a case for a separate floating support service for people living in the community with dementia. As discussed elsewhere in this report, the traditional sheltered housing model does not always cater well for older people with mental health problems, dementia, or those

with alcohol problems. There is arguably therefore a need for more intensive, flexible, specialist floating support to older people with these needs (and their carers) in the community.

Helping People to Stay Put

Small maintenance and improvement works are often a cost effective way to make older residents feel able to manage in their own home. Locally, access to aids and adaptations, Disabled Facilities Grants, and repairs and small works is generally good, and contributes significantly to maintaining older people's independence in the community. But there remain areas of unmet demand for household repairs and adaptations; for example, by older tenants of social housing providers (where the landlord undertakes major repairs only).

Demand for affordable gardening and decorating services is another unmet need, where there is an opportunity for social enterprises to emerge to fill the gap.

There is another innovative way in which the local authority can facilitate ongoing support, both practical and social, at relatively low cost, and preventing under occupation of properties at the same time. The **Homeshare** scheme already operates in Bristol and Wiltshire, and works by matching older householders with surplus space with people who need accommodation in exchange for up to 10 hours of support per week. Consideration should be given to how such a scheme could be set up locally.

Helping People to Move

As people age, they are less likely to move house – until they are forced to by ill health or bereavement - because of factors such as upheaval, inconvenience and lack of suitable options. This has an impact on the housing market, and the availability of housing stock, particularly family homes. This type of property is often overrepresented in new developments, yet there are often family homes under occupied by older people elsewhere in the system. Under occupation can result as children leave home, partners die, or divorce. It also means older people may have issues with maintaining and keeping their property in good repair, particularly when they are on a fixed income.

Moving home is a big decision for anyone and requires careful consideration of the area, the accommodation, the amenities, how to finance the move, and what support might be needed. Factors which can hold people back include a lack of information about what options are available, lack of suitable options, and the 'hassle factor' of moving.

For example, key tasks which older people (and other vulnerable householders such as single parents or disabled people) need may need help with include:

- § Getting carpets fitted or cleaned before furniture is moved in;
- § Decorating or cleaning the property;
- § Fitting lights;
- § Plumbing / connecting in white goods;
- § Light fittings and curtains / blinds being put up.

Local authorities elsewhere have been proactive in responding to these needs in different ways:

- § Some Home Improvement Agencies offer a 'moving on' service to provide advice and support (national 'Should I Stay or Should I Go?' pilots) to help people decide if they should move. They may even help with the move.
- § A dedicated Housing Advice specialist for older people appointed to advise on housing options and to help coordinate a move;
- § The Wychavon Council 'recycling homes' scheme that ensures underoccupied homes are swapped with people who are living in cramped conditions (and won the Guardian Public Services award in November 2007).

Financial incentives do exist locally to encourage social housing tenants to move to a smaller, or more appropriate property, however their take up and effectiveness is likely to be limited. The problems of coping with a move might outweigh the incentive. Yet, in some circumstances, if a move were positively encouraged and support given to make it happen, the benefits to all parties would be considerable:

- § Moving to a more suitable property may benefit the tenants, and free up a larger house for a family;
- § Moving to a more suitable property may make an adaptation unnecessary, or reduce the cost of an adaptation required.

A package of incentives, which includes practical help to move, rather than just a financial element, is therefore likely to be more effective in addressing under occupation and making best use of the stock.

Other ways to help people to move to suitable properties considered in this report include:

- § Engagement with the private sector, RSLs and neighbouring local authorities to increase the availability of leasehold and shared equity retirement flats;
- § Promotion of the Lifetime Homes standards in new build housing. While in the short term, existing housing can be adapted or upgraded to ensure that it is suitable for older people to live in, in the longer term, consideration should be given to the design and location of new homes.

E. POTENTIAL RISKS

Without change, the continuation of a situation where there is falling demand for sheltered housing, significant numbers of tenants with no or low support needs, and sheltered housing stock of variable quality and viability, will lead to instability in the provider sector, and poor value for money / opportunity costs for commissioners.

The extent of the historic pattern of traditional sheltered accommodation is likely to create a resistance to change among existing tenants. Even though the aim is to ensure a better and more sustainable service for everyone, and disruption should be minimised through careful planning, those who will undergo what they perceive as change or loss are likely to be better represented (e.g. through Residents' Associations) and more vocal than those who will benefit in the long term, but are likely to be less visible (i.e. older people who do not currently have access to housing related support).

The partnership of local authority commissioners and RSL representatives must be committed to the goals of this strategy and work together in an open and productive way, otherwise there is a risk that the benefits foreseen by this strategy will not be delivered.

The transition to a new model of service requires detailed work and complex re-modelling. The resources needed to manage the project properly need to be made available.

When broadening access to housing related support to older residents who do not live within sheltered accommodation schemes, there are issues about how to manage the likely demand, the raised expectations of residents, and how to target the most vulnerable / hard to reach groups, and those with the greatest potential to benefit.

The key ways to mitigate these risks are:

- § The RSLs and local authority commissioners must communicate the rationale for change and the benefits of change consistently. In particular, the need to move to support identified needs must be clearly and consistently communicated;
- § Any upheaval to tenants (e.g. reduction in size of scheme, moves to other schemes, closures) must be managed carefully, with thorough communication, consultation, and involvement service users, Residents' Associations, ward councillors, the local press, and other stakeholders., in advance, and throughout the process;

- § Careful work must be done to produce specifications and tenders for floating support services which are focussed on outcomes and value for money in their interventions, and which are provided only for as long as the client has an identified support need;
- § There must be sufficient capacity to deliver this change management project.

F. SUMMARY

Aims and Objectives

There is an opportunity for commissioners to take a lead in specifying the service residents need, rather than living with the inherited 'legacy' of provision.

In keeping with the strategic principles outlined in this, and related strategies, the Supporting People Grant in the future should only be payable for individual tenants who are shown to be benefiting from outcome-based support. Social rented accommodation designated for older people should be appropriate for their needs.

There is a need to improve access to housing related support across all tenures. Traditionally, those in sheltered housing, many of them with low needs, have benefited from ongoing support, while many older people with higher needs in the private sector have received no support. Floating support to owner occupiers and those in the private rented sector will be critical in helping more older people sustain their tenancies, and thereby retain their independence.

This strategy aims to redress the balance, and plug the gaps identified, through a planned programme of change management. While some forms of service delivery will decline, others will need to increase and this will open up opportunities for new and existing providers. Close joint working with providers is essential to the success of the strategy.

In summary, in the next five years, provision of support to older people must change in the following fundamental ways:

- § A move to person centred support rather than service-led support;
- § Improved equity of access across tenure demonstrated by an increase in the total number of service users receiving support, and including higher take up by self-funders, owner occupiers, older people in general needs sheltered housing, and private tenants;
- § More targeted, outcome-focussed, and time-limited support, both in sheltered housing schemes and in the community, resulting in better value for money;
- § A focus on well-being and quality of life for all older residents, necessitating strong links between health and social care agendas, and joining up with the Council's corporate role.

Recommendations

This strategy outlines a vision for how housing and housing-related support for older people should change. Resource constraints are a given, so the vision can only be delivered through reinvestment, or better use of existing funds.

The shift in emphasis from accommodation-based support, to flexible community-based support, is a major undertaking. It is anticipated that savings from a reduction in sheltered housing will generate savings, although these will not be released immediately, given the scale of the change management task.

The Supporting People Commissioning Body will debate and prioritise the recommendations below and decide on the extent and timing of implementation, within available resources.

1. Given the demographic growth anticipated, **older people's housing needs should be strongly promoted as a mainstream issue**, and factored into the Council's wider role (for example: in planning policy, economic development, regeneration, community development and transport planning), in addition to Supporting People and strategic housing services
2. **New homes built in the area should comply with the Lifetime Homes standard**, in line with the targets in the national strategy for an ageing population produced by the Government (i.e. to apply to all new public housing by 2011, and all new builds by 2013). The local authority needs to use its leverage with RSLs and private developers to ensure this becomes a reality
3. **The condition and suitability of existing sheltered housing stock should be comprehensively reviewed** as part of a partnership project with key RSL partners.
4. **Sheltered housing units should reduce by 200 by 2015** (just under 10% of the sheltered housing stock) in light of the current levels of voids, reducing demand for conventional sheltered housing, and the existence of units which are no longer fit for purpose because of size, location, accessibility, condition and popularity. Earlier targets to reduce the level of sheltered housing have not been delivered. The seven year target recognises the complexity of the undertaking and allows for a planned transition. It will require a committed partnership between RSLs and the local authority in order to drive it forward. As

Some own three quarters of current provision, this partnership will be particularly crucial to successful change management.

5. **Schemes already identified** through Supporting reviews as having serious problems with voids, the condition of the building and / or location, **should be prioritised for decommissioning**; namely John Slessor Court (Housing 21) and Ladymead House (Knightstone Housing Association).
6. **Alternative ways of meeting the support needs of existing sheltered housing tenants who have minimal needs should be investigated**; for example, one possibility would be to use the call centre used for community alarms to make 'check up' telephone calls, thereby freeing up Sheltered Housing Officers / Wardens to do more targeted face-to-face and / or outreach work.
7. **The reasons behind the moves of sheltered housing tenants into residential care homes should be monitored and reviewed**, to investigate whether sheltered housing could, with appropriate support, provide a 'home for life' in more cases.
8. **The needs of older people from black and other minority ethnic communities should be explored**, in light of their high levels of owner occupation and under-representation in sheltered housing currently.
9. **The needs of older people living in general needs housing** (i.e. older people living in social housing, which is not part of a sheltered scheme) should be explored and addressed, in partnership with RSLs.
10. **Applications by older people to the Housing Register should be governed by an assessment of need** to ensure that properties are let to those who will benefit most from the support offered. This will require close liaison involving the Homesearch Team and RSL partners (and an agreement from RSL that they will apply the principles to the proportion of vacancies which they let directly rather than through the Housing Register)
11. **The number of older people getting help with repairs and maintenance should be increased**, as this is an important factor in ensuring older people can remain independent in their own homes if they want to. It is also a key tenet of the national housing strategy for an ageing population.

12. Given the importance of awareness raising and crime prevention in helping older people deal with the threat of crime and therefore maintain their independence, **the work of the Elder Aware Project and the Bobby Van should be strengthened and extended.**
13. **Social Services and Housing Services should actively promote the availability of fire safety checks by the Fire Service to older people and make referrals accordingly,** as this too supports older residents to safely and confidently remain in their homes.
14. The local authority should **encourage the development of affordable gardening / window cleaning / decorating / rubbish removal services / moving services,** as these are identified as priorities by older people. Options include encouraging the growth of social enterprises, supported employment (for example, providing employment for people with learning difficulties), use of volunteers, or the voluntary sector to fill the gap.
15. **Extra care provision should be balanced by a reduction in sheltered provision and / or residential care** to reflect the substitution of traditional models of housing and care with new models.
16. **Housing-related floating support for older people should be introduced** so that support is available to a greater number of older people, and regardless of tenure. Further detailed work will need to be done on the referral criteria, prioritisation and expected outcomes as part of the commissioning process.
17. **A community based response should be provided to vulnerable individuals who are not eligible for a community alarm.** More work needs to be done to address this gap and identify the most viable way to provide a safety net to this group of older people. Options may involve: using a floating support service; creating a separate service; making this role an add-on to an existing community based team or activity; or an extension of the work of existing Wardens / Sheltered Housing Officers. (However, the response needs to be 24-hour, and there are likely to be capacity issues with all these options). Similar issues are likely to arise if there is further adoption of telecare assistive technology in people's homes – there need to staff available to respond appropriately when a monitor / sensor.
18. **The feasibility and appropriateness of a separate floating support service for older people living in the community with dementia needs to be examined further.**

19. The Council should use its influence to **extend the range of tenures for older people's housing**, such that there is more property available on a leasehold or shared equity basis, in line with the demand locally from older people who wish to retain equity for the future, rather than live in rented accommodation.
20. More accessible and better publicised **advice and information about housing options needs to be available to older people**, to help them plan their future housing needs. More work needs to be done on how this would be best delivered, e.g. as an add-on activity for existing organisations which already 'step over the threshold'; as part of the Council's Housing Advice function; as an adjunct to the proposed floating support service; through a partnership with trusted voluntary sector organisations; or as part of a new role (also offering help with moving?)
21. **The incentives currently in place to reduce under occupation in general needs social housing should be reviewed** in collaboration with RSL partners. The feasibility of introducing a **Homeshare** scheme to match older people needing company and a small amount of support, with people willing to provide support in return for accommodation, should be explored.
22. The feasibility of **offering a help with moving service** should be considered to prevent older people (particularly single older people) staying put, when they would rather move to a more suitable property - but are overwhelmed by the challenges and disruption of moving.