NATIONAL HOUSING FEDERATION

"More than just a few kind words!"

Reshaping support in sheltered housing:
a good practice guide for housing providers and local authorities
A project commissioned by the CLG Ministerial Working Group for Sheltered Housing

Communities and Local Government

Foreword

Sheltered housing has been a home of choice for many older people in our society for the last 30-40 years. Giving that little bit of extra help when needed and providing opportunities for ongoing social activity with peers, it has proved a valuable setting in which older people have been able to live safely and maintain their independence.

In our strategy for an ageing society, Lifetime Homes, Lifetime Neighbourhoods, we recognised that such specialised housing will continue to play a valuable role in supporting us as we grow older, and will be a positive choice for many older people in the future.

Sheltered housing has always included a range of different models of accommodation and support. The changing and increasing expectations of older people, and the age and nature of some sheltered housing, mean that those models need to be able to adapt to different requirements. At the same time, different ways of funding the support that is included with sheltered housing – traditionally provided by a warden or sheltered scheme manager – has also led to changes in how sheltered housing is delivered.

Sometimes these changes have been done very well, but the report by Help the Aged – Nobody's Listening – captured the concerns of a growing number of older people where changes hadn't been done well, leaving them feeling vulnerable, distressed and unsure where to go with their complaints.

We are very clear that the best services are developed together with the active involvement of those who use them. The constraints of funding, the demands for different models of services are all things that sheltered housing residents are aware of, and can help providers and commissioners of services to address when they are fully involved.

So we brought together the Ministerial working group on sheltered housing, drawing on the expertise of representatives of older people, sheltered housing residents, providers and service commissioners. Its task was to identify ways to make a positive difference to the lives of people living in sheltered housing, now and in the future. It was also required to address some of the explicit concerns made by older people about how the changes in sheltered housing were being introduced.

As sheltered housing transforms and modernises to meet the current needs and aspirations of older residents, there are both real concerns about the future of sheltered housing, as well as the recognition of opportunities to deliver more personalised, choice-based services. Sheltered housing remains a vital, preventative service, which often functions as a central hub to the local community. Most importantly for the older people who live in sheltered housing, it is their home.

Key to managing changes to services well, is the relationship between commissioners, providers and residents. Commissioning bodies, housing and support providers and residents should work closely in partnership to ensure that residents are not simply informed about proposed changes, but are actively involved in designing changes to their services and are given the opportunity to consider a variety of different models.

This guide highlights good practice in the implementation of any changes to current services, as well as providing case studies on a variety of successful models for support services to older people whether it be flexible community-based support, a scheme manager service, innovative use of technology or a hub and spoke model. Through identifying their overall benefits for older people and value for money, the case studies will present providers and commissioners with a sound background and evidence base for commissioning a range of housing-related support services for older people.

Lord Bill McKenzie of Luton
Parliamentary Under Secretary of State,
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Contents

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This guide is one of four projects commissioned by the CLG Ministerial Working Group for Sheltered Housing:
- Effective Resident Involvement and Consultation in Sheltered Housing: A Good Practice Guide for Providers and Commissioners
- Complaints
- EAC Housing for Older People Awards and Report

1. Summary

Our society is ageing, and a better range of choices is needed to enable people to live fulfilling lives into older age. In addition to developing new types of building and new service models, we must also make best use of existing resources. This publication aims to assist with this process by providing good practice examples of how support services within existing sheltered housing stock are being modernised and developed.

The guide is in 11 sections as set out below.

1. Summary

2. Introduction: setting the scene and defining some terminology

3. Drivers for change
Sheltered housing services are being affected by a great number of agendas from national and local sources. The personalisation agenda is set to become a powerful influence on the future. However, aspirations of current residents, future residents, staff, providers and commissioners do not always match.

4. Recognising the ongoing potential in sheltered housing
Sheltered housing continues to be one of the nation's great assets for meeting the needs of older people. It should be a crucial part of Joint Strategic Needs Assessments. Sheltered housing is a preventative service where people are able to offer mutual support, and often plays an important role as a community hub. Any change to support services should ensure that these values are not diminished or lost.

5. Managing change
Much has been written about the fact that in a successful change management process, changes to services are negotiated, and not imposed. This section describes good and bad practice in involving residents and staff. It recommends that housing providers and local authorities must work proactively in partnership with residents and staff when considering a change to the service model and before any decisions have been made.

6. Future directions for sheltered housing services
Debate about the future of sheltered housing is sometimes reduced to discussion about the pros and cons of scheme managers versus floating support. The position is more complex than this, and the options more varied. This section suggests that both the structure and the content of the service need to be reviewed in tandem. The diagram on page 14 illustrates a wider range of options which are available. Sections 7 and 8 then discuss these two elements of service development.

7. Developing the service structure
The most common structures are:
- Scheme manager (an updated version of the traditional warden model)
- Community-based support from a community base, supporting older people wherever they live
- Hub and spoke model, providing support from a scheme base to older people who live in the scheme and others living independently in the community.

Case studies illustrate the advantages of each of these structures, and the section recommends the importance of evaluating all the options before embarking on a process of change.

8. Developing the service content
Each of the service structures described in section 7 above can be developed in a number of directions, as illustrated by case studies covering:
- Increasing the use of telecare and assistive technology
- Changing to a service offering housing management only
- Developing a menu of options
- Developing a fully personalised service
- Extending the target group for the service to include older homeless people and people with complex needs
- Undertaking an asset management review and consultation on services to both improve the quality of the stock and service delivery arrangements.

These options are not mutually exclusive, and all need to be considered when looking at how older people's needs are changing and how services must develop to remain relevant. Many services already provide a menu of options, and the personalisation agenda will continue to require providers to be more flexible to meet customers' needs. Each option requires careful thought, and this section sets out specific recommendations for each, based on the experiences described in the case studies.

9. Developing a strategy for remodelling support services in sheltered housing
Sheltered housing makes a significant contribution to local authorities' wider strategic priorities. This section recommends the need for a greater understanding amongst service providers of the local agendas, and how they can contribute. Joint work between authorities and providers is needed to raise the profile of sheltered housing within the Local Strategic Partnership.

10. Recommissioning sheltered housing services
Many local authority commissioners have begun to review and recommission support services for older people in sheltered housing and in the community. This section suggests that open tendering should not necessarily be the default option. A partnership approach may prove more fruitful and result in a better service. The owner of the sheltered housing building is a key stakeholder, and should be involved in any discussion about how support services within that building are to be provided in the future. The importance of accurate tenancy agreements is also highlighted.

11. Resources and further reading

2. Introduction

There are nearly half a million homes in sheltered housing in England. An enormously valuable resource, sheltered housing should be a major contributor to the debate about how to expand housing choices for older people and meet the needs of our ageing society. Recent emphasis has rightly been on enhancing the housing with care choices for older people; eg, developing extra care for people with higher needs including dementia, and on mixed tenure solutions to suit our population of older owner-occupiers as well as renters in the private and social sectors. However, this has meant that conventional sheltered housing has continued to be largely overlooked in terms of its contribution to meeting housing needs: it continues to be seen as a poor relation in the policy debate around housing for an ageing population. Sheltered housing receives a mixed press: some sheltered housing buildings are unsuitable for the needs of people as they become frail as they have poor space standards, lack modern facilities, are not located where people want to live and so suffer from low demand. For existing residents the service is sometimes so popular that residents have mounted legal challenges against decisions to remove their resident scheme managers.

Needs, lifestyles and expectations are changing, and many other drivers for change are affecting the way sheltered housing services are delivered. Organisations such as ERoSH and the Centre for Housing and Support have sought to re-shape and modernise the role of the scheme manager, but this has been in the context of only limited consensus among providers and commissioners about the place sheltered housing should have within a contemporary range of housing, care and support options for older people.

This publication is aimed at providers and commissioners of sheltered housing and partner agencies. We hope it will encourage providers and commissioners to work together, with the residents at the heart of the process, to ensure that the services provided within sheltered housing are thoughtfully modernised to meet the needs and aspirations of new and existing residents.

Terminology

- The term 'sheltered housing' is used throughout the guide to cover the whole range of social rented and leasehold retirement housing schemes of self-contained, purpose-built accommodation units for older people, with or without a scheme manager, with or without communal areas, and with or without additional services.
- The term 'support service' is used to describe any model of support ranging from a scheme manager to community-based or floating support.
- The term 'scheme manager' is used throughout to include the posts sometimes named wardens or court managers.
- The term 'resident' is used to describe anyone who lives in sheltered housing, including tenants and long leaseholders, whereas 'service user' refers to anyone receiving any type of support service.

3. Drivers for change

Sheltered housing is the largest purpose-built housing asset for older people in England. However, at a time of considerable change, it is being affected by demographic, political, financial and aspirational influences. When considering how services might be adapted to meet changing needs, these drivers for change do not necessarily all point in the same direction.

1   Changing needs

a) Increased needs due to demographic changes
Sheltered housing has experienced an ageing in its population, and a corresponding increase in residents living with dementia or chronic ill-health. Those already living there have lived longer and the average age at which people have moved into sheltered housing has steadily risen. Many are keen to engage in a wide range of activities and wish to engage actively with their local community.

b) Mixed profile of needs
Alongside this, some people have moved into sheltered housing primarily for company or security and have low levels of other needs. Others moved with a partner, who had higher needs but has since died, and the remaining partner has few or no immediate support needs but their home is established and they do not wish to move.

c) Changed needs profile due to allocations policies
Needs profiles have been further changed in areas where allocation policies have been extended to include people from 50 (or occasionally even younger) with a range of support needs. Housing providers are also seeing older people with complex needs, such as substance misuse or with a history of homelessness, moving into sheltered housing.

In many services, a combination of some or all of these changes has led to a distinct segmentation in the residents' needs. The same scheme may provide housing to a group of younger residents who have no care and support needs, those with needs such as mental health or substance misuse, and very elderly and physically frail residents.

2   Changing expectations
The current and rising generations of older people have lived a more privatised lifestyle than their predecessors and, therefore, may place greater emphasis on private space as opposed to communal spaces. Their expectations of space are generally higher as are their aspirations for the quality of their environment and of the services they are offered. Their attitudes are more likely to be based on an appreciation of their rights and their expectations shaped by a lifetime of experience as consumers[1]. Some of the existing buildings do not meet these expectations and are costly to convert. Other buildings are in poor locations. Low demand for particular schemes has become a powerful local driver for change.

3   Supporting People
The introduction of the Supporting People (SP) programme gave local authorities strategic responsibility for planning how housing-related support services in sheltered housing services should be planned, commissioned and delivered to meet identified needs. Older people constituted by far the largest client group within the new funding structure, but the level of funding per person was the lowest of all client groups, since scheme manager services were typically less intensive than some other supported housing services, and were sometimes not accurately costed when they were disaggregated from rents. The inclusion of the scheme manager service within SP set sheltered housing and its support services within a strategic context, a 'whole community' approach.

Under SP, the role of the scheme manager had to be clearly defined, and separated out into housing management and support. The programme placed a greater emphasis on identifying value for money and measurable outcomes, with recipients of services each having a support plan, and the quality of the service measured by the new Quality Assessment Framework, key performance indicators (KPIs), and reviews by the SP team.

4 Value for money and changing commissioning patterns

As part of their strategic review, SP teams were prompted to ensure services were properly targeted to those individuals who needed them. The need was identified for support to be delivered to isolated older people living in the wider community. The outcomes of some SP reviews raised questions about the role of the full-time resident scheme manager, the value for money this represented, and whether the scarce resources might be stretched further by offering a service to older people regardless of where they lived, but clearly targeted at those with support needs. Some authorities decided that support to older people in the community should be provided as part of a 'generic floating support service' available to people of all ages with all types of support needs across housing tenures.

SP will in future be commissioned through the Area Based Grant. Overall, there is a greater emphasis on local partnerships and the need to commission according to local priorities and based on evidence of need, which should be evidenced in JSNA and captured in local housing strategies, investment plans and meeting PSA17 targets.

5 Specific issues relating to resident scheme managers

a) Working Time Directive and other legislation

The European Working Time Directive restricted the hours staff should be asked to work. For example, if they were called on in the night, they could not work the next morning. Providing cover in the morning whenever the scheme manager was disturbed in the night could have been prohibitively expensive. This has prompted the move to a 9-5 scheme manager, with an out-of-hours service covered by an alarm system.

b) Confusion over the role of housing related support versus care.

Residents, relatives/carers and other agencies sometimes have had different perceptions of the role and responsibilities of the scheme manager. In some cases, resident scheme managers have delivered far more than housing related support. The expectation from some sources has been that personal care, including administering medication, would be undertaken, even though this falls clearly outside the remit of housing-related support. When residents are ill, or being discharged from hospital, social care assessments have not always been completed speedily, and scheme managers have often been the only person on hand to 'fill the gap' in service provision. Perversely the role of the sheltered housing scheme manager has not been fully recognised within health and social care service delivery and they have often been excluded from case conferences and needs assessments.

c) Difficulty in recruiting resident scheme managers

Some providers have found that the requirement for staff to be resident at the scheme can limit the number of candidates for the position, and it can make it harder to find the right person for the job.

6 The transformation agenda

Recent years have seen a co-ordinated emphasis of government policy to transform public services to offer people greater choice and control. The 2006 Health White Paper[2] signalled a need to deliver services closer to home, in community settings of people's choice rather than expecting people to fit into a 'one size fits all' service. The choice and control agenda was taken further a year later in Putting People First[3] which proposed a radical overhaul of how social care services are organised. One key element in giving people control over the services they receive is the intention to roll out Personal Budgets to all adult social care service users by 2011 (although this deadline may not be met, the transformation agenda will continue to influence service delivery). Once people have control of their own budgets, this can lead the way to fundamental changes in service provision. Services not wanted by individuals will disappear, whilst new service models will emerge to meet new demands. The impact of personalisation upon sheltered housing is more fully laid out in development 4 in section 8.

4. Recognising the ongoing potential in sheltered housing

With a presence in many communities, sheltered housing represents the most substantial asset to meet the accommodation and support needs of older people. It is right to give emphasis to the development of extra-care, retirement villages, co-housing, and mixed tenure services, but not at the expense of addressing issues relating to sheltered housing. Policy-makers, commissioners and providers will be serving current and potential residents of sheltered housing badly if they do not give at least equal time to thinking about how to maintain and develop the valuable sheltered housing stock and services they already have.

There are issues to do with stock which represent a challenge for housing providers, but the majority of sheltered housing schemes represent an attractive option for those seeking to maintain their independence as they grow older. The advantages of the support offered through sheltered housing are well known amongst providers and residents, but are worth repeating here.

The 2009 CapGemini cost-benefit analysis of the SP programme concluded that the revenue cost of providing housing-related support services to older people was £295 million, whilst the total benefit to public spending was £1,570 million. This gives a new benefit of £1,265 million[4].

The CapGemini report also looked at what was likely to happen if SP funding was withdrawn. It found that, on average, for an older person living in sheltered housing:
- The average cost of SP support was £440 per annum
- If SP were to be removed, the cost to other services would increase by £550, made up of:
i. £428 increased cost to social services
ii. £55 increased costs relating to hospital admissions
iii. £67 increased other costs (these are broken down in the report).

These costs relate only to those who continued to live independently following the withdrawal of SP services. Costs are considerably increased by the fact that a proportion may require residential care.

It should also be noted that the cost benefits of sheltered housing do not solely fall onto health and social care expenditure. The CapGemini report also highlighted the housing dividend of sheltered housing; for example, preventing homelessness, offering move-on accommodation and/or freeing up much-needed family sized housing.

The value of prevention
Sheltered housing provides a preventive service, reducing the need for more acute intervention later. Housing management and support services in sheltered housing are targeted to assist people to live an active and fulfilling life. The benefits can be seen in the tenancy sustainment, maintenance of independence, the prevention of accidents and poor health, and improvements to physical and mental health. Sheltered housing can prolong independence and self-care by providing a range of low level support services, and supporting people to access more intensive services as and when they need them. The Quality Assessment Framework (QAF) ensures that services are working towards person-centred support plans that emphasise maintaining independence.

The value of community links
Many sheltered housing schemes have strong links with their local community, providing facilities that build social capital and serve the wider community, with the potential to further strengthen the contribution to the local facilities available to older people. Within sheltered housing, subject to the availability of communal areas, organised social activities and day opportunities can promote lifelong learning, healthy living, active ageing and intergenerational links.

The value of mutual support
Loneliness and depression are recognised as major negative influences on the quality of life in old age. Both formal activities of the kind described and informal social interaction within sheltered housing, ideally involving both residents and those from the surrounding community, contribute to tackling these problems. Recent developments in co-housing for older people emphasise that healthy later life is more often achieved through interdependence than independence.

The value of a local hub
Sheltered housing is also a natural hub for bringing together relevant services for residents and other older local residents in the wider community. Communal areas can be used to host a number of agencies. These include housing, health and social care services such as benefits advice and chiropody services, voluntary sector events such as Age UK coffee mornings or Alzheimer's Society dementia awareness sessions. Even the notice boards can be used to raise awareness of key issues including transport links, local events and services.

Maintaining these values
In thinking about the future and how sheltered housing services might be adapted, it is vital to consider how best to maintain the advantages and opportunities of sheltered housing. Community links between older people's services and the wider community, for example, are very hard to rebuild once lost. In consultation with residents and statutory partners, sheltered housing can be transformed into a modern, versatile service, without losing any of the strengths of the service which had been built up over the years.

5. Managing change

A strategy to develop or change support services in sheltered housing, whether led by the commissioner or the provider, must be viewed as a change management process. The principles of change management are just as relevant here as they are in any business setting, and central to these principles is the need to involve those affected and not impose change upon them. This section looks at involving residents and staff. Section 10 discusses the commissioning process and the importance of partnership between commissioners and providers.

In sheltered housing, residents are the key stakeholders, but involvement of staff, management, commissioners, and partner agencies is also crucial. The example given below illustrates how a badly-planned change management process can lead to a range of difficulties for the successful continuation of the service.

"Johnnie" Johnson Housing Trust

"Johnnie" Johnson Housing Trust, a housing association operating across England, has experienced first-hand the differences in tendering techniques of different local authorities in England. In one part of the country, it was acknowledged that many older people were living without any support and the decision was made to tender support services for older people on the basis of all support being provided as a floating support service. However, housing associations were not involved in developing the service proposal and only became aware of the proposal at the point when the service was about to be tendered. Consequently, no housing association tendered for the new contract and each contract was won by the existing local authority community alarm service operating within each tendered area. As a result, the scheme manager services from all sheltered schemes in the county were withdrawn. This has had a tremendous impact on a scheme where the scheme manager had to be TUPEed[5] to the local authority, as the support element of her role was more than 50%. Residents of "Johnnie" Johnson were not included in the consultation process undertaken by the council and they bitterly regretted the loss of the scheme manager and believed that it was the fault of the organisation for letting her go. There has been a significant drop in the demand for the scheme, which was previously in high demand. The whole process has also impacted upon the sense of security current residents feel, as well as the level of integration the scheme has with the rest of the community.

This experience can be directly contrasted with commissioning decisions in other parts of the country. In one local authority, the SP team demonstrated genuine consultation with residents and providers. A two tiered systems of support was agreed, which was acceptable to the residents and "Johnnie" Johnson.

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Consultation with residents
Research commissioned by Help the Aged[6] shows that residents feel more positive about changes in services where the landlord had a track record of consulting them and where time was taken to involve them in designing changes to their services triggered by commissioning decisions, including where funding for scheme managers was to be withdrawn. However, the recent Select Committee's report on the Supporting People Programme[7] voiced concerns that sheltered housing residents' choice was not being listened to.

Both SP commissioners and housing providers need to take the consultation and ongoing engagement of residents in decisions about the future of the scheme and the support service seriously, making suitable budget and expertise available for these exercises. Any options for transforming the support service should be consulted on, taking a person-centred approach and leading to a phased approach when implementing the service changes. Each stage should be combined with a review and a chance for residents to feed back throughout. Housing providers must work proactively with residents so as to be prepared for any changes that might take place, whether in the near or distant future, and ensure that a quality service prevails.

Aragon Housing Association

Aragon Housing Association, a housing association operating in the East of England, worked proactively with residents and commissioners to come up with a new vision for its support services. This enabled the association to work closely with residents, and involve commissioners in finding out more about how its scheme worked and the full impact of the support on offer. It was able to present a vision for transforming its support service, which offered value for money, and it worked in partnership with residents and commissioners to deliver this. The support service was restructured into two parts: scheme managers who work across a number of schemes offering support flexibly and not just to one scheme, and home support officers who may offer tenure-neutral support in the future. The association will shortly be consulting again with all residents on an informal basis to continue to find out about their experiences of the support service and whether anything could be changed to improve the services. It also operates a retirement housing forum to ensure continual involvement and is looking to produce a dedicated retirement housing resident's newsletter to boost levels of engagement even further.

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The new Tenants Services Authority (TSA) will regulate all social housing providers including local authorities from April 2009. Consultation with residents is central to the draft standards[8], which set out a regulatory framework that seeks to achieve an outcome focused and co-regulatory approach. Housing associations will be expected to demonstrate an effective responsive service for residents, including sheltered housing residents, but the system will not prescribe exactly how organisations should achieve this.

Consultation with staff

A strategy will also be needed for consulting staff and keeping all those involved informed about progress. Many existing staff are motivated by the fulfilment they have found in their established role and will be anxious that review will lead to a withdrawal of the service, or a change or extension of their role, possibly supporting larger numbers of people whom they do not know. In evaluating new models, evidence that the service has been configured to provide a fulfilling, deliverable and safe workload for individuals will clearly be an issue.

Pennine Housing 2000

When Pennine Housing 2000, a housing association operating in Yorkshire and Humberside, reviewed its sheltered housing service in 2002, it used a comprehensive approach to project management by establishing:
– A review group which included frontline staff and representatives from SP, social services, the trade union and resident representatives
– A core group made up of frontline staff, including the staff representatives who were on the review group, to make sure that staff were fully involved in the details of the review including the potential impact of any changes from a staff perspective. The core group also helped to make sure that regular updates were communicated back to the wider staff team.

One of the Pennine's directors was also a member of the review group which ensured that the review was seen as a strategic priority and also helped to support officers leading the review through what was a complex and challenging process. Elements of the change management process included:
– A survey for staff by staff to gather clear information about all the positives and negatives of the current service from staff's perspective; and the key priorities that staff felt needed to be addressed within the scope of the review
– Visits with the staff core group to other organisations to see how they had changed
– Linking up with the National Wardens Association (NWA) who ran a session about changes with staff, independently of the management team and arrangements put into place for staff to contact the NWA as an organisation who could give impartial advice and support on an ongoing basis.

The outcomes of the review were implemented in 2003 and, overall, staff have embraced the changes, particularly the benefits of the team-based structure. Improved communication and management support are two other strengths of the new service from a staff point of view. Staff also appreciate now being part of the bigger Pennine team and the fact that their role, in helping to make a difference to the lives of older people, is now recognised and valued.

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Recommendations
- Housing providers and local authorities must work proactively in partnership with residents and staff when considering a change to the service model and before any decisions have been made.

- It is vital that the housing provider and the local authority ensure any concerns residents have about a new service can be heard and are addressed.

- Residents must be able to choose the issues they want to get involved in, how they want to contribute and the pace at which they want to work. Every individual has different preferences, interests, capacity and a person-centred service works with this diversity.

- There are risks and costs associated with this way of working, which both the housing provider and the local authority should take into account. Residents should always be clear whether they are being engaged in discussion to shape future proposals, consulted or simply informed.
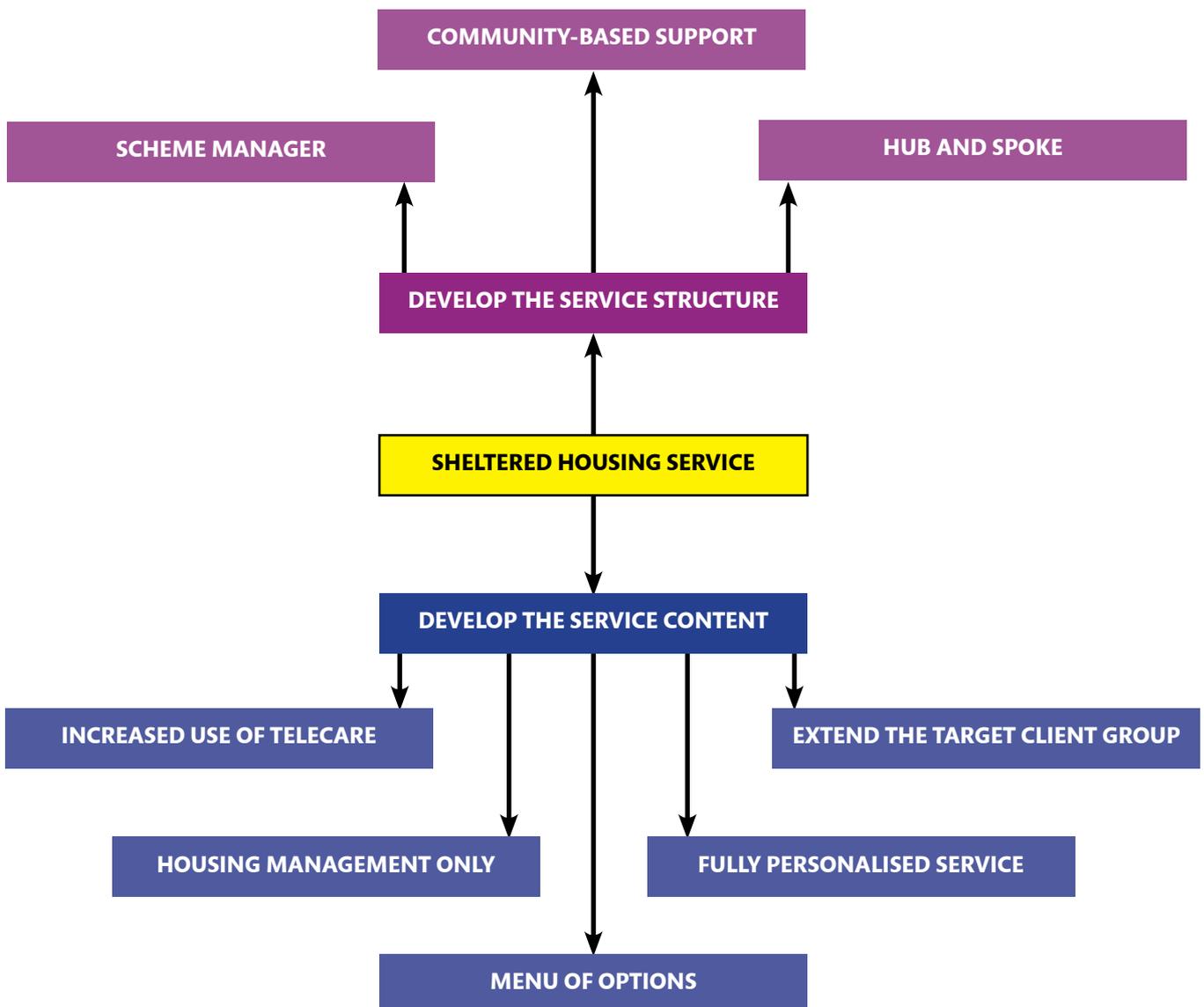
6. Future directions for sheltered housing services

The drivers for change outlined in section 3 demonstrate why services are being reshaped and the impact this has on sheltered housing. The great potential which sheltered housing offers (as described in section 4) means that it is too valuable a resource to be disregarded when considering how to expand options for housing for older people.

This section suggests a variety of directions in which sheltered housing might be developed. The changes fall into two categories:
• Development of the structure of the service
• Development of the content of the service.

These changes can be considered separately (ie the structure can change but the service content remain the same, or vice versa), but a comprehensive review of the future of the service will want to look at both. The full range of options set out in the following sections is shown pictorially below. The options are not mutually exclusive, and any number of them should be considered when reshaping the service.

COMMUNITY-BASED SUPPORT

SCHEME MANAGER

HUB AND SPOKE

DEVELOP THE SERVICE STRUCTURE

SHELTERED HOUSING SERVICE

DEVELOP THE SERVICE CONTENT

INCREASED USE OF TELECARE

EXTEND THE TARGET CLIENT GROUP

HOUSING MANAGEMENT ONLY

FULLY PERSONALISED SERVICE

MENU OF OPTIONS

7. Developing the service structure

This section describes three different ways of structuring a support service to adapt to changing needs.

1. Scheme manager: an updated version of the traditional warden model working from a base within the service (whether or not they also live there) and providing a service to those living in the scheme.
2. Community-based support: one or more staff based within the community providing support to older people regardless of where they live, including those living in sheltered housing.
3. Hub and spoke: one or more staff working from a base within sheltered housing, offering a service to those living in the scheme and to older people living elsewhere (either in other schemes or in the community).

These models are summarised in the chart below:

Structures	Staff base	Offering services to
1. Scheme manager	Scheme	Scheme
2. Community-based	Community	Scheme and community
3. Hub and spoke	Scheme	Scheme and community

Structure 1: Scheme Manager
Scheme managers, who may live on- or off-site, are largely replacing the original resident warden role. The service will generally be provided within specific hours, supported by an out-of-hours cover by a call centre. The scheme manager places an emphasis on supporting independence, choice and control for older people through delivering a good quality, professional service.

Guildford Borough Council: redefining the role of the scheme manager

Staff structures within the local authority sheltered housing had developed piecemeal over many years, and staff were working with a variety of job titles and descriptions, including:
– Head of community services
– Care services manager
– Sheltered service manager
– Sheltered housing manager
– Duty manager
– Community support staff
– General assistants.

It was agreed that a simpler structure was needed, with greater clarity over roles. Working groups were set up including residents, staff and stakeholders. It was felt important that their influence continued, so a model for a continuous improvement group was developed and this group now reviews all policies, procedures and practices that occur.

The review recommended a complete restructure of the sheltered team and a reduction of staffing levels, so required careful discussion and handling. The process was assisted by a number of posts being kept vacant and one manager deciding to take early retirement, which helped to reduce redundancies. The new staffing structure streamlined both the management and the scheme staff:
– Head of community care services
– Sheltered housing manager
– Team leader sheltered housing
– Sheltered housing officers
– Sheltered housing assistants.

The sheltered housing officers undertake a mix of housing management and support functions, funded partly from rent and partly from SP. They are typically responsible for two schemes each. They have responsibility for management of the schemes and also lead on risk assessment and support planning.

Each scheme has a dedicated sheltered housing officer, partly funded by SP, who provides day-to-day support to residents. Each scheme also has a dedicated Sheltered Housing Assistant who provides housekeeping support for communal areas and is also able to assist the sheltered housing officer as necessary. This post provides opportunities for career progression.

All sheltered housing staff are offered training and sheltered housing assistants are encouraged to see applying for a post of sheltered housing officer as a next step.

Costs and benefits
The new structure delivered a saving of approximately £160,000 (in the region of 15% of the total budget).

The same number of people continues to receive a service but in a more targeted way, since support needs are now identified and recorded via the support planning system and met in a co-ordinated way. The new structure means that staff in the more junior grade of sheltered housing assistant can be employed for tasks requiring less experience and training, but this grade is also now used as a training grade to provide future applicants for sheltered housing officer and other posts within the service.

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McCarthy and Stone: moving to a non-residential scheme manager

McCarthy and Stone are reviewing the support available in each of their schemes. An increasing number of developments are now staffed on a non-residential basis by a visiting manager who can, in extreme emergencies, be called out to assist. As all residents in private retirement housing pay for the service to their development and are fully responsible for the costs, they are directly responsible for the type of service available to them. Most developments already have a sophisticated emergency alarm system, which is linked to staff trained to deal with emergencies and other problems.

When the residential scheme manager resigned at Homepeak House in Hythe, residents were consulted through letter and face-to-face to find out if they were happy with the support service or if they would like to change to a non-resident scheme manager.

The move to a non-residential manager benefited leaseholders financially as the residential scheme manager's apartment was sold, with £10, 000 being paid into the development's contingency fund. The disposal of the scheme managers' apartment into private ownership also meant that no further maintenance, refurbishment and redecoration costs would be funded by resident's service charge monies. The sale of the apartment also gives another property to the development, which contributes towards service charges, therefore reducing the service charge bills overall. Most significantly, the reduction in the number of hours worked by a scheme manager also results in a saving in the remuneration element of the annual service charge.

The consultation resulted in a ballot with residents voting to move from a resident scheme manager to a non resident scheme manager. They are very happy with the change in service, and how the change was managed overall.

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Structure 2: Community-based support
In this model, one or more staff provide support to older people regardless of where they live. It is more commonly termed 'floating support', but especially for older people's services, this name does not describe the service well. The term floating support was originally used to denote services for people usually below retirement age, who were experiencing particular needs or vulnerabilities. The support would be provided for a limited time and would then float off when no longer required.

More recently floating support has been used to describe any support service which is delivered to a person in their own home, where the service is provided on an individual basis rather than linked to the building in which the person lives. When applied to sheltered housing, it raises fears that the previously permanent scheme manager service will be replaced by a temporary service which will then float off elsewhere. The term 'community-based support' is better because it describes a flexible model of support which may be needed on a short or long-term basis.

Below are two examples of different models of community-based support. One is an entirely tenure-neutral service commissioned separately from sheltered housing services, and the other is a small-scale extension of existing sheltered housing services into a community-based support service.

Maidstone Housing Trust: introduction of an intensive floating support service to supplement existing services

Kent County Council SP team commissioned a major strategic review of older people's services in 2006. Following this, the commissioning body recommended that both floating support and scheme-based staff should continue to be funded, but with an increasing emphasis on providing support services to all older people who needed them, regardless of where they lived. A good practice workshop was organised to share experience and expertise from providers who had already taken the route of providing support through a community-based service.

A new Older Persons Intensive Floating Support Service was started in April 2009 with Maidstone Housing Trust (MHT), who already ran sheltered housing services and floating support services, due to identified needs in the district. This service provides two hours of support per person per week for a period of no more than two years.
The service is available to any older person over 50, regardless of where they live. Referrals are via the SP team referral process which involves a variety of agencies including social services. Needs are assessed at the point of referral. This has generated better partnership working and involvement in the joint allocation and referral process with the RSL, borough council and adult social services. This has also raised a better awareness of the complex needs of some customers and the other agencies involved in the delivery of more specialised services.

This means that the service can be offered to people living in their own home, in private rented accommodation, or in sheltered housing. MHT's own support co-ordinators are responsible for three sheltered housing schemes each, so provide a low intensity service. Any additional needs are met by referral to either the intensive floating support service or to another service to supplement the existing support.

The intensive floating support service is slightly unusual in that it is limited to two years, whereas older people often need ongoing or increasing support as they age. It is designed to support people through times of change or short- to medium-term need. For example, people can be supported to help make a decision about selling or moving out of a family home into a smaller flat. If the increased level of needs is likely to be permanent, then the service acts as a signposting service, to ensure that permanent support systems are in place before the floating support service ends.
The advantage of Kent's decision to classify the service as having an expected duration of up to two years is that it is a non-chargeable service under SP categorisation, and can be offered to people for free.

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The second example was initiated by the service provider rather than the commissioner, and describes how it instigated a small-scale community-based service in order to demonstrate a wider need.

Hyndburn Homes: community-based support for older residents in general needs housing stock

Hyndburn Homes, a housing association operating in the North West, has been gradually moving away from resident scheme managers in its sheltered housing service by replacing resident with non-resident posts each time a scheme manager left or retired. For some time now all staff, whether resident or non-resident, worked Monday to Friday 9-5 and were not on call out of these hours.

It now employs 16 staff supporting 1,200 older residents in its sheltered housing services. The staff are organised into area-based teams. Some work from sheltered schemes where there are office facilities, whilst others are based in community centres.

Hyndburn was keen to expand the service into a community-based service open to all older residents, and took a proposal to its local SP team. No additional funding was available, but Hyndburn offered to expand the service within its existing contract price. It was funded to provide a support service at 100% occupancy of its sheltered stock, whereas it calculated that its average void level was around 32 units. Hyndburn, therefore, used this spare capacity by offering a service to up to 32 people living in its general needs stock.

The support service includes:
– Regular visits from a named staff member, weekly, monthly or quarterly depending on the resident's level of need
– The fitting of a key safe to allow access in the event of an emergency situation
– The provision of an alarm system which will allow contact with Hyndburn's response centre in the event of an emergency.

The service offers a mix of preventive support (eg, promoting healthy living) and offering targeted support tailored to meet specific needs. Staff are trained in a variety of areas including end of life care planning. Customers receive the benefit of the knowledge, skills and experience of the support staff, and thereby access the same service opportunities received by sheltered housing residents without having to move out of their own home. The service has also benefited Hyndburn Homes by ensuring that the support is focused on those in need of the service. Promotion and knowledge of the service has improved and raised awareness within local communities.

The service is not time-limited, so is chargeable for those in general housing at the same rate as for those in sheltered housing. Benefit recipients are largely exempt from the charges.

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Structure 3: Hub and Spoke
Several providers have begun developing hub and spoke models using schemes as a base from which to reach out to those in the adjoining properties and the wider community as a way of meeting more people's needs and optimising the use of resources. These are either outreach (where staff based in a scheme provide assistance to older people in a local area), or in-reach, (where local people come to the scheme to use the facilities). The latter is more common in extra care accommodation which has a wide range of facilities on offer.

Flourish Homes: providing a range of hub and spoke services

Flourish Housing, a provider of housing across central Somerset, reorganised its homes and services to ensure that older people living in the area could access the right support at the right time in their lives. It now provides a range of hub and spoke services which include:
– 21 sheltered housing schemes
– Four extra care schemes
– Floating support to people within their own homes.

The support provided is based on individual needs assessments and encompasses a banded system of support for sheltered housing and a similar range of support services to those living in the community. These include a helpline service, assistive technology devices, daily telephone contact and regular support visits to address individually assessed support needs.
Flourish has also introduced two particularly innovative services to meet identified needs:
– A road to recovery short term service, which provides housing support on a temporary basis to assist people being discharged from hospital
– A smooth move service which assists older people who are living in large family houses to move to supported housing.

Activity co-ordinators employed by Flourish Housing work with local voluntary agencies, health and social care organisations and colleges to arrange suitable activities for communal halls including internet shopping, 'flexercise' classes and healthy eating classes.

Outcomes from all of these activities are monitored to assess the effectiveness of the service. This approach was developed in close consultation with residents and staff, and aimed to test a range of hypotheses including that this would be a more cost effective approach to providing support, would offer a range of services that people could dip in and out of as their needs changed and would open up the facilities within the sheltered housing schemes to the wider community of older people.

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Pennine Housing 2000: moving from a resident warden-based service to a hub and spoke model

Pennine carried out a strategic review of its sheltered service in 2002, shortly after it transferred on a LSVT basis the year before (section 5 of this report described Pennine's good practice approach to consulting staff).

At the time of the transfer of stock from the council, the service was a very traditional, resident warden-based service, which had never been looked at. Amongst many other things, there were huge variations in the quality of service that residents received, very much dependent upon individual personalities of staff.
The scope of the review was overarching in that it set out to address all aspects of sheltered housing, rather than doing a piecemeal review of specific parts of the service. The framework covered its strategic fit, service standards, capital investment, expansion of choice and housing support options, quality of housing support, staffing structure and role, resident involvement, charges and allocations. However, the starting point was to ascertain the things that the residents valued about sheltered housing and to build the future service upon these things but in a way that would be more sustainable, both for current residents, future customers and strategically.

Following a great deal of involvement with residents and staff throughout the review, Pennine moved from a resident warden-based service to a hub and spoke model in 2003. This was based upon teams of support officers working from office bases established in the bigger schemes, providing support to sheltered housing residents and older people living in the wider community, including non-Pennine residents, across the whole Borough. Residents' concerns about the new model were addressed prior to implementation to help allay fears and concerns. Residents were also given a very clear message that the implementation of the new service was a starting point, not an end point and that consultation would continue so residents could help mould the service once the initial changes had bedded in.

The hub and spoke arrangement links the larger schemes with smaller schemes that might otherwise have become isolated or difficult to sustain from a financial viability point of view.   The closure of six schemes since 2003 has allowed the service to develop a floating support service and extra care housing. A menu of service level choices and differential charges has been introduced for the floating support part of the service. Residents in schemes continue to pay a core support charge. Pennine was also chosen by another local housing association to provide the support for one of its sheltered schemes. With the approval of the local SP team, two other housing associations have also used Pennines support team, on a temporary basis, when they themselves were unable to recruit.

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Recommendations
- Sheltered housing services can be restructured in a number of ways. Commissioners and providers should evaluate all the options as part of developing a future strategy for their area.
- As part of this, housing providers should develop better understanding of the needs and preferences of current and future residents. Their preferred option should be shaped by consultation with residents, and fed into commissioners' considerations for future strategies.
- Where the same staff are providing a range of support and housing management tasks, providers may wish to look at the options for restructuring teams to separate out these tasks.

8. Developing the service content

This section describes different ways to develop the content of the service offered. Each of these options should be considered when reshaping the content of the support service, and may be combined with any of the structures described in the previous section:

1. Increasing the use of telecare and assistive technology
2. Changing to a service offering housing management only
3. Developing a menu of options
4. Developing a fully personalised service
5. Extending the target group for the service
6. Undertaking an asset management review and consultation on services to both improve the quality of the stock and service delivery arrangements.

Development 1: assistive technology/telecare
Technology has been part of the sheltered housing service for decades, with many schemes designed with an alarm cord to alert the scheme manager in an emergency. Systems and gadgets have become vastly more sophisticated since then, and now provide a plethora of ways of assisting independent living, in addition to summoning help in an emergency.

Nottingham Community Housing Association

Nottingham Community Housing Association developed its SMaRT (Support Management and Response Team) service to provide an enhanced person-centred support service to all residents of supported and sheltered housing, floating support recipients, and to individuals and families living in their own homes. The service uses the latest technology with mobile support workers to deliver a seamless round the clock service.

All service users are provided with a Lifeline unit which links via a phone line directly to the SMaRT service. The system automatically informs the team who is calling and where from, enabling them to provide informed and consistent support at all times. The service differs from a standard call centre in that the calls are taken by trained and experienced support workers who can provide emotional support and reassurance over the phone, and are able to judge whether they should dispatch a mobile response team. The staff have electronic access to support plans and risk assessment, allowing a coherent and appropriate response to calls. All NCHA staff use a single electronic records system, so that a single, up-to-date record is always available to whoever is providing support to an individual.

SMaRT also provides a range of devices according to risks identified. These can identify falls or inactivity, smoke, gas, or floods, control external doors and monitor visitors. They can also set up audio-visual messaging facilities which provide prompts such as:
• Medication reminders
• Alarm calls for morning calls or appointments
• Health checks daily or weekly that the service user must acknowledge, or staff will be alerted
• Courtesy messaging for standard events such as reminders that an electrician will be calling.

Where supported and sheltered schemes have CCTV, SMaRT staff can remotely monitor these systems in order to be spotted quickly and monitored. Systems are also available for the safe keeping of keys to allow quick access to a property 24 hours a day with minimum delay, for an out-of-hours emergency maintenance service, and for a lone-worker protection system whereby staff have to log in and out and are monitored automatically.

The SMaRT service complements, rather than replaces, the scheme managers in sheltered housing, who continue to work 40-hour weeks. SMaRT provides an out-of-hours service, and also covers times when the scheme manager is away. The services are well integrated, with a handover session completed each time the scheme manager comes on or off duty.

Costs and benefits
The running costs for SMaRT in 2007-8 were £667k (including the paying off of debt from the capital set-up costs over a four-year period). These are total costs covering all client groups. NCHA identified three sources of efficiencies.

First, without the urgent response element of SMaRT, it is possible that support visits would be more frequent than is actually necessary for risk-averse reasons. If floating support visits were reduced by an average of just half an hour per week per person, this would save around £280k p.a. (based on £25.34 calculated by SITRA Benchmarking for the National Housing Federation, for a floating support service for 420 people).

Second, because people can immediately access support 24/7 via SMaRT, night staff (waking or sleeping) have been replaced at many schemes at a lower cost per user. NCHA calculated that this saved £303k p.a. at 2008 prices.

Third, SMaRT enables some people (mainly clients with a learning disability and/or with mental health problems) who would traditionally have residential or hospital support (or may even be in prison) to live relatively independently and safely in the community at a much lower cost.

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Development 2: moving to a housing management only service
Sheltered housing providers face a dilemma when the wishes of residents do not match the commissioning intentions of SP teams. In some cases the model preferred by some residents does not match the changing needs or wishes of other residents. The motivation of those who move to sheltered housing is obviously very varied but a significant reason cited is the desire for a sense of security or the sudden need for more intensive support due to recent bereavement or illness[9].

Where residents highly value the familiar face of a dedicated scheme manager, but it is determined (either by the commissioner or provider) that maintaining a scheme manager role is no longer possible, one option worth pursuing is to offer a housing management only service. All residents of social housing receive a housing management service, but it may well be possible to enhance this within sheltered housing to an intensive housing management service paid for through rents and service charges. This will be a more restricted service than most scheme managers currently provide, but may in some cases be all that some residents want.

Sheltered housing is allowed to move towards target rent +10%, rather than target rent +5%, in recognition that housing management may cost more here than in general needs. On a target rent of £80, this gives an extra £4 per person per week. In a 32-unit scheme this equates to £6,700 per year. Housing benefit cannot fund nursing or personal care, food expenses, laundry, leisure items or transport[10] and with the introduction of SP it can no longer fund general counselling or support. However, some scope remains for funding services which are provided in connection with the provision of adequate accommodation[11]. It should, however, be taken into account that residents who are not eligible for housing benefit will have to pay an increased rent or additional service charge. The housing provider will also have to get their agreement with the changes before going ahead.

Providers would need to research the options carefully and take into account restrictions due to TSA rent caps, local reference rents and housing benefit/income support arrangements (to cover both social and private sector retirement housing). The local authority is not obliged to refer a TSA registered provider to the rent officer for comparison to the local reference rent. Yet, they are always entitled to do so. However, if the provider has a good partnership with the local authority and illustrates how the provision of this service could be a solution to the withdrawal of a scheme manager, the local authority may be willing not to refer the rent. Equally in private retirement housing, an independent valuation tribunal may assess service charge levels to ensure they are fair and reasonable.

The intensive management service would have to work alongside a floating support service and any telecare services available locally. The distinction between a housing management service and an SP funded service is blurred with emergency alarm services: if the alarm service is part of the fabric of the building and needs to be maintained, this should be paid through housing benefit. However, the response (for example a support worker) would be funded through funding for housing related support services.

Recommendations
- Housing providers could initiate a discussion on options for intensive housing management as part of the development of a strategy for transforming/remodelling local support service provision.
- Local authorities could consider the benefits of this option as an interim model when scheme manager services are withdrawn.

Development 3: a menu approach

Many providers have moved from a one-size fits all service to a menu of options. This allows a more targeted approach, providing support only where needed. This can greatly increase value for money, because it enables providers to balance their staff's workloads so that any staff spare capacity is fully used. Below is an example from Fareham Council.

In 2004 Fareham Council introduced a pilot in one sheltered housing scheme. They devised the following five options:

Option	Description	Weekly cost per person
1	Emergency call system: hard wired alarm system with named family/friend as first responder to all emergency calls	£3.01
2	As Option 1, but with mobile sheltered housing officer (SHO) as first responder to emergency and out of hours calls	£7.50
3	As Option 2, plus a weekly visit from mobile SHO who is also first responder to emergency and out of hours calls	£10.10
4	As Option 3, but with visit from a SHO 5 days a week	£18.77
5	As Option 4, but with a visit from a SHO 7 days a week	£22.66

The service previously being offered to residents was a standard Option 4: ie visit from sheltered housing officer five days a week plus emergency call system which was responded to by a mobile sheltered housing officer. 29 residents in one scheme were visited and the menu of options discussed. They then decided what level of service they thought would best suit them. The results were:

No. of residents visited	No. completing option form	No. for option 1	No. for option 2	No. for option 3	No. for option 4	No. for option 5
29	28	2	5	9	12	0

This showed that 16 out of 28 respondents chose a lower level of service than they were receiving. Offering all 28 respondents a level 4 service would have cost £27,400 per annum. Offering the service they actually chose cost £18,750: a reduction of 32%. The committee report recommending the pilot noted:

"As there is at present a full time SHO providing the service to sheltered residents at Garden Court, a reduction in the level of service will free up some of this officer's time. Any surplus officer time will be deployed elsewhere within the sheltered housing service which includes the possibility of additional responsibility for service provision to residents at any of the nearby sheltered housing schemes."

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This approach to pricing and paying for exactly what you want to receive is becoming commonplace in many areas of service provision. This theme will be picked up further in the next development under the discussion of the potential effects of personalisation on sheltered housing services.

Recommendations
- Local authorities and housing providers should work in partnership with other local providers to ensure they are offering a menu of housing, care and support options to older people.
- Better information should be on offer to older people before they move into sheltered schemes in the social sector, highlighting the benefits of sheltered housing and emphasising what providers are able to offer by way of facilities and services.

Development 4: a fully personalised service

From its consultation 'Our health, our care, our say', Government concluded that "people want support when they need it, and they expect it quickly, easily and in a way that fits into their lives. " Responding to that imperative is the driving force behind the personalisation agenda which aims to give people more choice and control over their lives[12].

The key to achieving this aim lies in transferring the power and control of the service to the service user. This represents a cultural shift away from a service-led approach, to placing the service user at the centre of the process of identifying people's needs, enabling them to make choices about how they are supported to live their lives.

The development of a menu of options as described above represents a first step towards a fully personalised service. However, it is only a first step, since it presents a range of options from which residents may choose. A fully personalised service allows the customer to define exactly the service they want.

Around the time of the introduction of SP, the role of the scheme manager was the subject of much debate about what was eligible for funding. Activities such as organising social activities and occasional shopping came under particular scrutiny. It is, therefore, interesting to note that, should residents in sheltered housing be awarded their own individual budget, they may choose to spend it on whatever they like (within reason, legality, and any other restrictions decided by the commissioner). They may, for example, choose to spend it on someone to do the shopping for them, or to buy a computer and do their shopping online.

A resident with an individual budget for their support may choose to employ the current service provider or another agency or individual. In order to compete with other agencies, the service provider will need to consider whether:
• It is possible to offer the resident a named individual staff member
• It is possible to offer the support at the time the resident wants it
• It is possible to provide as wide a range of services as other agencies or individuals
• It is possible to match other providers on price. If not, providers must be able to demonstrate why their support service is worth the higher price.

The consequences for sheltered housing may be far-reaching. If the provider has retained a scheme manager model, but not all residents choose to purchase the service, there may be insufficient funding to continue the post. If residents choose a variety of other support providers (agencies and individuals), the traffic of strangers coming in and out of the scheme will considerably increase, and liaison between the landlord, residents and support providers will be more complex. Equally groups of residents may chose to combine their spending power and ask to purchase a reinstated scheme manager.

The IBSEN evaluation of the individual budget pilots showed that older people had lower levels of well-being as measured in the interviews, an outcome that was reflected in previous concerns that older people would struggle to cope with the responsibility of an individual budget. There are other limitations to individual budgets[13]. If an older person living in sheltered housing is only eligible for support, they may only receive £15 or less a week – the average support charge for sheltered housing. Furthermore, there will be people in sheltered housing who are not eligible for funding of care or support, which might make it difficult for residents to collectively purchase a scheme manager for example. In addition, as a result of the FACS[14] criteria, which differ between local authorities, lower tiers for care and support may not be able to get a personal budget for support.

This is why it is important to ensure commissioned services continue to run alongside personal budgets, as those individuals will be able to access a support service which has been commissioned by the local authority. There are a variety of different ways that people can be given more control over the commissioning and delivery of services. Individual service funds retain some elements of block contracting for services while allowing services users the freedom to set the outcomes that they want the service to achieve.

Recommendations
• Housing providers must seek to understand the market for their services amongst older people, seeking to offer aspirational services that older people may with to purchase with their personal budgets in the future. They should also be transparent about the costs of their service, to demonstrate to residents and service users where their money is going.
• Local commissioners should recognise their role in managing the local market and work with providers to encourage more flexible and person-centred services.
• Local commissioners should ensure that they continue to invest in preventative services such as telecare and low level support.

Development 5: extending the target group for the service

Sheltered housing is adapting to meet more complex needs of older people, such as people living with dementia or people with a learning disability through telecare and remodelling of schemes. This section looks specifically at how sheltered housing might be developed to house older people with complex needs who are insecurely housed or homeless.

The Coalition on Older Homelessness conservatively estimates that there are around 42,000 older homeless people in England and Wales[15] . Increasingly housing providers are seeing older people with complex needs including a history of homelessness and/or substance misuse problems moving into sheltered housing.

Residents in homeless hostels are expected to stay for up to two years, but for older residents there are very limited choices for where they might move to. Sheltered housing is often suggested as an option, but this requires a clearer understanding of the needs of ex-homeless people by providers of retirement housing both in local authorities and RSLs.

The example below highlights how Liverpool SP team took the lead in assisting with this process:

Liverpool's Supporting People strategy

Liverpool's Supporting People strategy identified an issue of older people who were homeless or insecurely housed and had a range of support needs, including alcohol use and mental health. It also indicated a potential oversupply of sheltered housing for rent. ACCESS Liverpool, the single gateway to sheltered housing in Liverpool, reported an increase in the number of applications from older people who have been homeless or have alcohol, mental health or offending needs and cannot access sheltered schemes because they are deferred or suspended from housing waiting lists due to unmet support needs.

Supporting People agreed to fund two support workers for 12 months to work in partnership with ACCESS Liverpool with the aim of increasing access to sheltered housing for those older people who are at risk of being homeless. The sheltered housing providers and the older people's pilot workers, working in association with ACCESS Liverpool:

- Support service users who are suspended or deferred from housing waiting lists to prepare them to re-apply to housing lists and access sheltered housing
- Build capacity with sheltered housing and extra care providers to accommodate this client group
- Capture learning and outcomes from the pilot to inform future provision of resettlement services in Liverpool.

The pilot has been very successful in unblocking the barriers that exist for this client group going into sheltered housing. Nine months into the project there had been 34 referrals, 12 older people were re-housed in sheltered or extra care and receiving ongoing support. Others were awaiting assessment or assessment was ongoing or the case had been closed. Service users value the post-tenancy support provided by the resettlement workers, from organising bills and budgeting, to the emotional benefits of support and the reassurance provided to service users that there is someone there for them. It has also been very valued by scheme managers.

This service has now been mainstreamed and a recently commissioned citywide resettlement service will include two dedicated workers for older people based on the learning from the pilot. This will be operational from January 2010.

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In other areas, support providers have taken the initiative.

Cambridge Cyrenians

Cambridge Cyrenians, a provider of accommodation for homeless people in Cambridge has worked with the City Council to find ways to break down the barriers that existed for older homeless people being offered sheltered housing. It succeeded in creating a specialist post to support people with a history of homelessness in sheltered housing, and commissioned a one-day training course for all scheme managers to enhance their understanding of older homelessness.

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Midland Heart

Midland Heart, a housing association operating in the East and West Midlands, has developed a sheltered housing scheme (Trinity Close) specifically for older people with a history of homelessness. The service came about because residents with more complex needs such as mental health, substance misuse and challenging behaviour were not able to access the level of support they required, and experienced resentment from other existing residents in the scheme. Trinity Close offers residents more intensive support than in standard sheltered housing, including alcohol support and access to domiciliary care. As Birmingham City Council does not provide funding for night support, the scheme has sought to provide more intensive housing management overnight through a concierge service funded by housing benefit. It is also a good example of joint commissioning as it receives funding from SP, adult social services as well as mental health services.

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Recommendations
- Local authorities are encouraged to ensure needs analysis on older people's housing and support needs is inclusive of the hostel population. An appraisal of possible housing options for these older people should include the kind of move-on accommodation that might be required for older people with a history of homelessness.
- Training should be made available to scheme managers and other housing support workers on the needs of older homeless people or older people with complex needs such as substance misuse.
- Adult social care departments are encouraged to develop a specialist response to older people with complex needs and/or a history of homelessness depending on the needs of that local area.

Development 6: Asset Management planning
The existing sheltered housing is a very important asset, although admittedly, some schemes no longer meet the physical or aspirational needs of older and vulnerable adults. Some schemes are old and unattractive, in areas where local shops and other facilities have disappeared and access to transport is no longer easy. A number of schemes, especially those in the ownership of local authorities, lack lifts and are generally inaccessible to potential residents considering a move into sheltered housing at a later stage in their lives than had generally been the case in the 1960s and 1970s. Many do not meet current expectations in terms of energy efficiency.

The effectiveness of any re-shaped service will be impacted by the physical environments from which and into which it is delivered: small, inaccessible accommodation with outdated facilities will compromise the effectiveness of even the best conceived service. Any re-shaping of service should, therefore, be related to an appraisal of whether the physical environment is fit for purpose.

However, it does not always make sense for housing providers to invest in property that might be under threat of losing its support contract. If the contract is lost, further investment might be necessary to adapt it for another purpose. Housing providers would benefit from guidance from the local authority on how the accommodation could be used to meet current local strategies, if the accommodation based services are decommissioned. This would help ensure appropriate alternative uses were considered at an early stage, along with accessing the appropriate public funds when remodelling costs could not be directly funded. Failure to address these issues could lead to the loss of valuable, designated supported housing to the sector, as properties are being sold, mothballed or reverted to general needs use. This loss will be very difficult to recover, as planning and funding complexities are making the development of new sheltered housing difficult.

Recommendations
- If accommodation-based support services are decommissioned, local authorities are encouraged to offer guidance to housing providers on how the accommodation could be used to meet current local strategies.
- Housing providers should consider any changes to support services in the context of a wider appraisal of their scheme including the physical aspects of the building.

9. Developing a strategy for remodelling support services in sheltered housing

a) Strategic review

There are many examples from around the country of innovative work in developing an agreed strategic direction for sheltered housing as part of a wider older people's strategy or Supporting People strategy. The following is an example from Essex County Council.

Essex County Council: Older People's Strategic Review

Recommendations were developed in consultation with the older people strategic review project board and working group. Both of these groups are made up of representatives from support providers, health authorities, residents, service users and voluntary organisations. A recommendation report was produced to consult with key stakeholders and providers were asked to discuss the proposals with their staff and service users. Three service models were proposed as appropriate for delivering SP funded support services: hub and spoke, status quo (traditional sheltered housing model) and floating support. Whilst it is apparent that one size doesn't fit all, the recommendations report has identified that the hub and spoke model best meets the aims and objectives of the strategic review. However it is recognised that this may not be appropriate for all services across the county, and commissioners remain open to the status quo being used in certain services

b) Sheltered Housing's contribution to wider strategic priorities

Professionals within both the primary and acute health sectors have an interest in the provision of appropriate accommodation and care for older people. Housing and support contribute to achieving health and wellbeing goals, through the provision of accessible and safe environments, which prevent falls and other circumstances leading to hospital admission as well as increasing the options for re-ablement and timely hospital discharge. PCTs have their own framework, Vital Signs, which feeds into the local area agreement. Providers should try to see how they meet the objectives and targets of this framework to illustrate the links between sheltered housing and health prevention. Adult social care has similar interests in securing a range of options that will encourage independent living, provide a safe and secure environment, offer an appropriate context for the delivery of care and delay the requirement for more costly forms of care provision.

As a specialist provider of homes and services for older people, Willow Housing and Care, based in NW London, became aware that a number of new residents were coming from hospital, where it seemed they had remained too long because their own home was not suitable to return to. Working closely with SP commissioners, Willow Housing and Care decided to provide a support service to older people in hospital, helping them make choices about returning home or alternative accommodation such as sheltered or extra care. If they wish to return home, Willow Housing and Care arranges for such things as aids and adaptations, cleaning, moving their bed downstairs, a community alarm and homecare. It then provides on-going support for up to six months, linking into other services as appropriate. Commissioners liked the idea because it linked clearly to the preventative agenda, and social services liked it because it saved on their delayed discharge fines. The PCT also liked it because Willow Housing and Care staff are based amongst their discharge teams, and the service helps to free up beds. The Department of Health's evaluation of the service has shown that for a £41k investment, the service[16] has saved £420k per year in health and social care expenditure through reducing admissions to residential care and re-admissions to hospital. Service users have shown high satisfaction with the service, and an increasing number of older people have returned to live independently after a hospital stay.

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Sheltered housing also contributes to priorities identified in Local Area Agreements, and forms a valuable part of the housing stock which should be noted in housing strategies. A great many local strategic forums, therefore, need to be aware of the potential asset which sheltered housing provides in their work to deliver a wide range of priorities.

Recommendations
- Providers should try to understand sheltered housing from the perspective of the local commissioner, linking the benefits of their service to a number of different strategies including the Local Area Agreement, Department of Health Vital Signs framework, Putting People First, as well as the local housing strategy, SP strategy and older people's strategy.
- Housing providers and local authorities should work together to raise the profile of housing related support services and their contribution to meeting the objectives of the Sustainable Community Strategy and Local Area Agreement targets. This would include identifying members of the LSP who could be briefed on the achievements and issues for their sector and residents.
- Housing providers should identify who on the LSP could represent the interests of their residents and service users.

10. Re-Commissioning sheltered housing services

a) Partnership between commissioners, providers and residents

This publication seeks to illustrate the fact that sheltered housing is being affected by many drivers for change, approaching from all directions. In some of the examples in the previous section, the impetus for change has come from the provider, in others the catalyst was a strategic review of the whole authority commissioned by the SP team. The most positive examples involve a partnership between commissioner, provider, residents and partner agencies.

Housing providers should gain insight into the key issues for local commissioners, including the need to:
- Improve cost efficiency
- Change the mix between residential and community support
- Target and increase access to support services especially for owner occupiers
- Facilitate greater choice and control for service users.

Housing providers need to be aware of what they can and cannot offer, and should involve residents in an honest discussion about what can and cannot be influenced prior to any decisions being made. It makes sense for a housing provider to work proactively with commissioners so as to be prepared for any changes that might take place and ensure that a quality service prevails.

This section describes some of the complexity of recommissioning or modernising the sheltered housing service, and demonstrates the importance of open and creative dialogue to ensure that the resultant service meets changing needs.

The impact of Supporting People on the scheme manager role
When SP was introduced, all sheltered housing providers were required to decide what proportion of their scheme manager service was a housing management service (funded by rent) and what proportion was housing-related support (funded by SP). Although Government at the time sought to clarify the distinction, it was clear that housing management, intensive housing management and support formed a continuum, rather than a set of discreet functions.

This meant that some providers judged their scheme managers to be housing managers, providing a small amount of support. Others judged them to be support providers, with a small element of housing management in their job description. Some took a position in the middle. These decisions taken in 2002/3 now have important implications for how the service may be remodelled, either by the provider or by the commissioner, since the provider retains control over that part of the service funded by rent and service charge, whilst the commissioner controls the future of the housing-related support part funded by SP.

Housing management and support: together or separately?

Supported housing has always had a long history of a separation between ownership of the building and provision of the service within it, since in many cases the support service is provided by a specialist agency. The recent Select Committee's report on the Supporting People Programme[17] concluded that the separation of funding for accommodation and support has created serious issues for providers and users of sheltered housing.

Within the supported housing field, the following models are all very common:
- Organisation A owns the building and provides housing management, whilst organisation B provides support
- Organisation A owns the building and contracts with organisation B to provide housing management on their behalf. The SP team contracts with organisation B to provide support service
- Organisation A owns the building, provides housing management, and provides support.

In the first case, the support service is independent of the owner of the building, and can be recommissioned without reference to the owner. However, this is not good practice, since the owner of the building is a key stakeholder (and will have to give permission for the new support provider to enter their premises, and may want to charge them for the use of any office or communal facilities). Since it is important to co-ordinate housing management and support for the benefit of the residents, it is obviously preferable for the owner to be in agreement over the choice of support provider.

In the second case, the commissioner may recommission the support service, but it is even more important that the building's owner is involved in the decision, since they must decide what will happen to the housing management service. They may decide to take the housing management back in-house and provide it themselves. In some service models it is important that housing management and support are provided as an integrated package, and in these cases, the owner of the building and the SP team need to agree on who should provide the joint housing management and support service.

In sheltered housing, the third model is much more common, where the same organisation owns the building, provides housing management and support. The impetus for change may come from either the landlord or the SP commissioner in the following instances.

- Where the landlord is leading a modernisation programme (in consultation with residents, and partner agencies), they have some flexibility over whether they wish to maintain the same mix of housing management and support, or whether to separate these out and reshape them separately.

- Where the SP commissioner is leading the process, they need to take into account the differences between sheltered and supported housing, and reflect this in their procurement procedures. The level of service provided to each resident is typically much lower in sheltered housing. With a traditional scheme manager service, the same staff member will be providing some housing management and some support. Recommissioning of the support service is, therefore, likely to mean recommissioning parts of posts. This adds complexity to the recommissioning process, and it is not always appropriate to take procurement systems designed for supported housing and apply them to sheltered housing.

Modernising sheltered housing support services: retender or work in partnership?
It is vital that modernisation takes place in a spirit of partnership between commissioner, landlord and residents. Time must be taken to clarify exactly what elements of the service are paid for by SP and are thus within the remit of SP to recommission. Where a landlord is providing a high quality service, and is open to discussion of how to modernise the service and look at options including community-based support and hub-and-spoke models, commissioners should be very clear as to why an open tender, and appointment of a third party, provides a better way forward. Some authorities' standing orders require all services to be put out to open tender, but this should not automatically be the first option.

If the support service is tendered and the existing landlord wishes to continue to provide the service but is under-cut on price (or out-bid on quality), it must be accepted that the disappointment felt by the landlord and staff will filter through to the residents. Where residents were pleased with the existing service, there is a strong likelihood that they will feel that change is being forced upon them, and will find the process disempowering. This dilemma sits at the heart of the SP commissioner's role, since one of the aims of SP was to put the service user at the heart of decision-making and shape the service around them, whereas procurement procedures can lead to standardisation and price comparisons having the upper hand. Honest dialogue is required to devise a strategy for communicating with residents why a new organisation has been employed to provide the support service.

Implications for tenancy agreements
The tenancy agreement should state that the service is non-specific about the nature of support provided in the sheltered housing scheme, which means that a move to floating support or other model which is community-based, will be allowed to take place. The tenancy agreement provides for cases where support is an essential part of the package being offered to the resident. The tenancy assumes that support, where provided, will be the subject of a separate agreement, which will also set out (if applicable) the resident's obligation to pay.

The other implication is the need to review the support clause in tenancy agreements, possibly removing the obligation to pay for and receive support from the tenancy agreement and issue residents with separate contracts for support. Such contracts could be between the user and either the landlord or other party that directly provides the support. If support remains in the tenancy agreement, this theoretically allows providers to negotiate with residents on the basis that their stay at a project is conditional on their need for support and agreement to receive it. For example, what happens if the residents' needs change or if they no longer want support if it is not in the tenancy agreement? Many providers might wish to work with separate support contracts as there are alternative options in terms of the management of the housing service. As a matter of good practice, some tenancy agreements may need to refer to support by making it clear that the tenancy is offered on the basis of a need for housing and support.

The National Housing Federation model agreement states that:
"This Tenancy is granted to facilitate the provision of support for the Tenant or a member of his or her household. The nature of this provision, and the Tenant's obligations in relation to it, including, if applicable, any obligation to pay for it, are set out in a separate support agreement. Because the provision of support is fundamental to this Tenancy, it shall be regarded as a breach of this Tenancy if the Tenant withdraws from or breaches the support agreement, and in the event of such a withdrawal or breach the Association may take steps to end the Tenancy."
As a matter of good practice some tenancy agreements may need to refer to support by making it clear that the tenancy is offered on the basis of a need for housing and support[18].

Recommendations

- The complex inter-relationship between housing management and support must be taken into consideration by whoever is driving a programme of change within sheltered housing services. Since responsibility for housing management lies with the landlord, and for support lies with the SP commissioner, it is vital that any reshaping of services is carried out in partnership.

- Subject to any conflicts of interest, commissioners are encouraged to involve the housing provider and their residents in procurement and tendering initiatives – eg consultation on service specification and involvement in tender assessment stages. At the very least, careful consideration needs to be given to the housing element of services at the stage of developing the procurement strategy.

- Commissioners could consider options of working in partnership with the existing provider, and weigh this against open tendering procedures. They may need to seek exemption from procurement standing orders to allow specific negotiations where appropriate with housing providers in order to develop the right package of housing, care and support.

- More use could be made of competitive dialogue, negotiated procedures and partnering contracts in order to develop strong partnerships, continuity and the best outcomes for users.

- Housing providers are encouraged to develop good understanding of their own value for money and how to demonstrate this to commissioners. They should collect evidence of the value of their service so they can offer an alternative to the commissioners to an open tender process; if the commissioners nevertheless decide upon an open tender, it should put them in a stronger position to bid to keep the service.

- Housing providers and local authorities should make use of the CapGemini tool to understand the levels of financial benefit provided by the SP services in their area. Using this tool can help demonstrate the financial benefits of providing housing related support to meet local needs and could, therefore, be used to influence local discussions over budget setting and commissioning priorities.

- In consultation with residents, housing providers should ensure the tenancy agreement states that the service is non-specific about the nature of support provided in the sheltered housing scheme, which means that a move to floating support or other model which is community-based, is allowed to take place.

11. Resources and further reading

The potential of sheltered housing
Supported Housing Investment Manifesto, National Housing Federation, to be published early 2010.

Use of Resources in Adult Social Care, Department of Health, 2009
This guide is to stimulate discussion and debate for local authorities on how to commission and shape services for tomorrow by making best use of resources.

Up My Street – Working Together in Partnership, National Housing Federation, 2009
This guide sets out how the new local partnership arrangements will affect the social housing sector and highlights some of the successes of housing associations in supporting and engaging with their local partnerships.

Managing Change
Effective Resident Involvement and Consultation in Sheltered Housing, CHS and TPAS, to be published alongside this document in January 2010.

Developing the structure and content of sheltered housing services
Appraisal guide for sheltered housing, National Housing Federation, 2009

Service Charges: A Guide for Registered Social Landlords, National Housing Federation, 2005.
A refresh of this document will be available in March 2010.

Personalisation: a rough guide, Carr, S., and Dittrich, R., SCIE, 2008

Personalisation, prevention and partnership: transforming housing and supported living, Sitra, 2009

ERoSH position statement on resident wardens and their alternatives, ERoSH, 2009 See www.shelteredhousing.org

ERoSH position statement on sheltered housing and support services, ERoSH 2008

ERoSH has also published a member briefing paper on the new performance framework for Local Authorities and Local Authority partnerships, which includes a section on the linkages of certain targets with sheltered housing, as well as opportunities for providers.

The Supporting People Programme, House of Commons (Communities and Local Government Committee), Thirteenth Report of Session 2008-09, Volume I.

Developing an older people's housing strategy Housing our Ageing Population: Panel for Innovation, CLG, DH, HCA, 2009
Report of an innovation panel established following the publication of Lifetime Homes, Lifetime Neighbourhoods. The panel was tasked with addressing the question of 'What further reform is needed to ensure that new build specialised housing meets the needs and aspirations of the older people of the future?' The report draws on international examples of good practice.

Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, CLG, DH, DWP, 2008

More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people. Appleton, N., CLG & CSIP, 2008
This emphasised the need for a strategy that considered the full range of provision and its capacity to respond to the current and projected needs of all older people within the local population.

Preparing Older People's Strategies, HOPDEV, 2003
Support from central government for the preparation of such strategies came first from the Housing for Older People Development group (HOPDEV), a collaborative group combining the input of Communities and Local Government, Department of Health and Department for Work and Pensions with those of third sector and commercial organisations and individual experts. This 2003 guidance provided a range of tools for preparing strategies with a strong evidence base that reflected a range of housing needs among older people

Extra Care Housing Toolkit, CSIP Housing LIN, 2007
In support of its extra care housing programme the Department of Health published this toolkit with a focus on demonstrating a need for extra care housing. The preparation of the strategic case for developing Extra Care Housing led many authorities to consider how this new provision might relate to the existing stocks of sheltered housing within their area.

Homeless Older People's Needs Audit, Homeless Link, 2009.
An audit tool for authorities and providers to find out the numbers and needs of older people in their temporary accommodation: see www.homeless.org.uk

Commissioning

The national Compact, agreed between government and VCS representatives, requires all local authorities to produce a similar local Compact. It has issued a Code of Good Practice on funding, which recommends that procurement processes should be fair and effective and set out clear principles for both purchasers and providers. The Compact was refreshed in December 2009. See www.cabinetoffice.gov.uk/third_sector for further information.

Hearts and minds: Commissioning from the voluntary sector, The Audit Commission, 2007.

A guide to intelligent commissioning, with recommendations for local public bodies, voluntary organisations, regulatory bodies and central government

Sheltered Housing's Contribution to Health and Social Care DVD, EROSH, 2008

**Commissioning and procuring accommodation-based supporting people services,
Saunders, P. and Rogers, N., SITRA, 2009**

A good practice guide with recommendations for commissioners, RSLs, and other agencies.

General resources from Department of Health Care Networks

The Department of Health has several Care Networks which take the lead for the Putting People First team in the Department of Health around integration and whole system reform, housing with care, assistive technology and partnership working. The networks have a collective membership of over 26,000 in health, social care, the third sector and academia. They draw from a broad range of experts to facilitate policy implementation or offer specialist support to aid with service transformation. For further information on all the networks see www.dhcarenetworks.org.uk

Networks of relevance to the issues raised in this publication include:

Better Commissioning Learning Improvement Network Includes resources to help carry out a joint strategic needs assessment looking at key activities like measuring health inequalities and sharing data between partner organisations.

Care Services Efficiency Delivery (CSED)

Helps councils to identify and develop more efficient ways of delivering adult social care. This Department of Health programme is focused on efficiency solutions that support the transformation of adult social care, set out in Putting People First, and help deliver sustainable transformation with maximum benefit to service users. The CSED website contains a useful section on support related housing http://www.dhcarenetworks.org.uk/csed/ with evaluated case studies.

The Telecare Learning & Improvement Network (LIN)

A national network supporting local service redesign through the application of telecare and telehealth to aid the delivery of housing, health, social care and support services for older and vulnerable people.

The Housing Learning & Improvement Network

A national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions. Publishes policy and good practice briefings.

Other networks provide resources on:

• Integrated care
• Personalisation
• Prevention and early intervention
• Building community capacity to put people first
• Dignity
• Dementia
• Common assessment framework (CAF) for adults
• Personal health budgets.

References

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2. Our Health, our care, our say: a new direction for community services, Department of Health, 2006
3. Putting People First: A shared vision and commitment to the transformation of adult social care, Department of Health, 2007
4. Research into the financial benefits of the Supporting People programme, Ashton, T., Hempenstall, C., Capgemini, CLG, 2009
5. The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) refers to the transfer of staff and responsibilities when a contract for existing services is awarded to a new provider.
6. Nobody's Listening, King, N., Pannell, J., Copeman, I., The Housing and Support Partnership, Help the Aged, 2009
7. The Supporting People Programme, Thirteenth Report of Session 2008-09, Volume I,House of Commons (Communities and Local Government Committee)
8. A new regulatory framework for social housing in England, TSA, 2009.
9. Nobody's Listening, King, N., Pannell, J., Copeman, I., The Housing and Support Partnership, Help the Aged, 2009
10. For more information see Service Charges: A Guide for Registered Social Landlords, National Housing Federation, 2005. A refresh of this document will be available in March 2010.
11. Housing Benefit Regulations 2006, Regulation 11, Schedule 1, Part 1, Para 1(g)
12. Local Authority Circular LAC (DH) (2008) 1 Transforming Social Care, January 2008
13. Older people's services and individual budgets, Issues Paper and Good Practice Examples and Ideas, CSIP, 2007
14. Fair Access to Care Services is the set of rules councils use to try to give people care and support fairly and equally.
15. Understanding Older Homeless People. Crane, M., Open University Press, 1999
16. See http://www.dhcarenetworks.org.uk/_library/Resources/CSED/CSEDProduct/willow01.pdf
17. The Supporting People Programme, Thirteenth Report of Session 2008-09, Volume I,House of Commons (Communities and Local Government Committee)
18. Support Agreement for Tenants Receiving Housing Related Support, Sitra, 2003. See http://www.sitra.org.uk/index.php?id=972

The ministerial working group on sheltered housing is chaired by Lord Bill McKenzie of Luton.

The working group was convened by the Department in early 2009 to identify ways to make a positive difference to the lives of people living in sheltered housing, now and in the future. The working group brings together representatives of sheltered housing residents, providers and service commissioners. The following organisations are represented on the working group:

Age Concern and Help the Aged
AIMS - Age Concern's housing advice, mediation and information service
Association of Directors of Adult Social Services
Audit Commission
Centre for Housing and Support
Chartered Institute of Housing
Department of Health
Department for Work and Pensions
Elderly Accommodation Counsel
EROSH - the Essential role of sheltered housing
FirstStop advice service
Homes and Communities Agency
Local Government Association
McCarthy and Stone
National Housing Federation
Sheltered Housing UK
Tenant Services Authority
Tenants Participation Advisory Service