



**STRATEGIC INNOVATION & PEER LEARNING**  
*In housing, health, care and support*

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# APPENDIX B

## A MARKET ASSESSMENT

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## **South West Housing Learning and Improvement Network**

### **Putting Older People First in the South West: A Market Assessment Report**

**January 2010**

# South West Housing Learning and Improvement Network

## Putting Older People First in the South West: A Market Assessment Report

### 1 Introduction

The South West Housing Learning and Improvement Network (LIN), working in partnership with the Government Office of the South West, South West Councils, and the Regional Improvement and Efficiency Partnership, wished to develop an understanding of the current position in the region in the planning and delivery of services to meet the needs and aspirations of its ageing population. In August 2009 it commissioned the Institute of Public Care (IPC) to carry out a market assessment through a series of surveys designed to gather information from the range of stakeholders potentially involved in and able to influence this planning and delivery process. The survey questions were developed from the recommendations within the report "Putting Older People First in the South West" and the accompanying case studies.<sup>1</sup>

The aim of the surveys was to develop an understanding of current activity in each of these areas, and identify examples of good practice that could be shared across the region. The benchmark position provided by the surveys will be used as a starting point for the development of a regional action plan. This will build on the support activities already underway across the region to support the development of extra care housing, including a series of action learning sets and the development of multi-media materials. It will inform the work of a regional Housing Support Unit which will provide practical support and assistance to authorities developing an informed plan for achieving better housing options for older and vulnerable people.<sup>2</sup>

This report provides the results of this market assessment through

- A description of the methodology used, and the response rate.
- An overview of responses across the region.
- The identification of good practice and barriers as highlighted by respondents
- The key challenges and areas where respondents feel that regional support would be useful.
- Two appendices providing:
  - One complete set of responses from one authority as an example.
  - All of the operational and strategic ideas presented for regional support categorised by respondent.

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<sup>1</sup> "Putting Older People First in the South West", 2008, Housing LIN and Housing Corporation

<sup>2</sup> See Appendix 2 for further information about the Housing Support Unit.

## **2 Methodology**

### **2.1 Survey Design**

There were eight surveys produced, each tailored to its particular audience, as follows:

- a) Commissioners
  - o Adult Social Care
  - o Strategic Housing
  - o Supporting People
  - o Health
  - o Planners
- b) Providers
  - o Housing
  - o Housing related support
  - o Care

Each tailored survey followed the same basic format of:

- An introductory section explaining the purpose of the survey.
- An overview of the national context, including specific reference to the Transformation of Adult Social Care and Total Place agendas, the requirements of Comprehensive Area Assessments, and the need to drive out efficiencies and reduce reliance on residential care.
- The regional position as described in the Putting Older People First in the South West, and as relevant to the particular survey audience.
- The relevant recommendations of the Putting Older People First report
- A series of questions based on these recommendations, and some guidance on the questions and information being sought.

### **2.2 Survey Distribution**

The surveys were distributed electronically by a number of agencies as relevant to particular audiences. These agencies included the Strategic Health Authority, the Government Office of the South West, the Supporting People Regional Implementation Group (RIG), the National Housing Federation, the South West Housing LIN, and IPC. Each agency used its own contacts for its particular audience so, for example, the Adult Social Care survey was sent to Directors. The ASC Directors were also asked to distribute the care provider surveys to their care providers, but this was probably the least successful aspect of the distribution, and would need reconsideration if the survey was to be repeated.

The original deadline for return of completed surveys was Monday 12<sup>th</sup> October, but given the postal strike and the resultant poor response at that point, further follow up emails were sent out with a deferred deadline of 10<sup>th</sup> November.

### **2.3 Responses**

There were a total of 64 completed surveys returned, of which 39 were from commissioners and 25 were from providers. The response across the region was

patchy, as detailed in the tables below. Cornwall & Isles of Scilly, Devon, Gloucestershire and Bournemouth all managed 7 or more returns in total, whereas Bath & NE Somerset, South Gloucestershire and Torbay returned 2 or less, with Torbay being the only authority not to return a survey from at least one commissioner. The patchiness of the response obviously impacts on the completeness of the regional picture, and limits the ability to compare positions within different local authorities.

The table below shows a summary of responses by local authority. It should be noted that some providers covered more than one authority so the total returned will be lower than the sum of those returned for all local authorities.

**Table 1: Summary of responses by local authority**

<b>Authority</b>	<b>Commissioners<sup>3</sup></b>	<b>Providers</b>	<b>Total</b>
Cornwall & Isles of Scilly	4	5	9
Devon	4	3	7
Dorset	3	1	4
Gloucestershire	5	2	7
Somerset	2	2	4
Wiltshire	2	3	5
Bath & NE Somerset	2	0	2
Bournemouth	4	3	7
Bristol	1	3	4
North Somerset	3	2	5
Plymouth	3	3	6
Poole	4	2	6
South Gloucestershire	1	1	2
Swindon	1	2	3
Torbay	0	1	1
<b>Total</b>	<b>39</b>	<b>25</b>	
		<b>Total responses</b>	<b>64</b>

The breakdown of responses from specific commissioners and providers also varied between authorities, as shown in the two tables below.

**Table 2: Responses by type of commissioners**

<b>Authority</b>	<b>Strategic Housing</b>	<b>Supporting People</b>	<b>Adult Social Care</b>	<b>Planners</b>	<b>Health</b>	<b>Total</b>
Cornwall & Isles of Scilly	1	1	1		1	<b>4</b>
Devon	2		1		1	<b>4</b>
Dorset	2				1	<b>3</b>
Gloucestershire	3	1	1			<b>5</b>
Somerset	1				1	<b>2</b>

<sup>3</sup> One survey returned from NHS Bournemouth and Poole covering the two local authorities.

Authority	Strategic Housing	Supporting People	Adult Social Care	Planners	Health	Total
Wiltshire		1			1	2
Bath & NE Somerset			1		1	2
Bournemouth	1		1	1	1	4
Bristol	1					1
North Somerset	1	1		1		3
Plymouth			1	1	1	3
Poole		1	1	1	1	4
South Gloucestershire				1		1
Swindon				1		1
Torbay						0
<b>Total</b>	<b>12</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>9</b>	
					<b>All</b>	<b>39</b>

The table below shows the breakdown of responses by type of provider. As has been noted above, the low response from care providers probably reflects the approach taken to distribute surveys, ie, via Adult Social Care. It is also known that some providers would have received a number of surveys as they provide both housing and housing support, and in some cases, care. In many, though not all, cases only one survey was returned from that provider.

**Table 3: Responses by type of provider**

Authority	Housing	Care	Housing support	Total
Cornwall & Isles of Scilly	1		4	5
Devon	1		2	3
Dorset			1	1
Gloucestershire		1	1	2
Somerset			2	2
Wiltshire	2		1	3
Bath & NE Somerset				0
Bournemouth	1	1	1	3
Bristol	2		1	3
North Somerset	1		1	2
Plymouth	1		2	3
Poole		2		2
South Gloucestershire			1	1
Swindon	1		1	2
Torbay			1	1
<b>Total</b>	<b>6</b>	<b>3</b>	<b>16</b>	
			<b>All</b>	<b>25</b>

### 3 The commissioning process

#### 3.1 Introduction

The "Putting Older People First in the South West" report identified a range of recommendations around the commissioning of services for older people. These include:

- The need to develop commissioning strategies in partnership with key stakeholders, including county and districts, and adult social care, housing and health.
- The importance of highlighting the housing needs of an ageing population across key strategic documents, including the Sustainable Community Strategy and key planning documents.
- The need for both strategic and delivery agencies operating in the region to take radical interventions in the housing and care market to raise performance against the indicators for Public Service Agreement 17 (PSA 17).

This section summarises the responses in these areas from the surveys received, and provides examples of approaches being taken.

#### 3.2 Commissioning for housing for older people

The majority of respondents report that they either have a commissioning strategy covering options for older people's housing, or are in the process of designing one.

A number of PCTs report being part of Extra Care Commissioning Groups.

##### **Dorset:**

*"Dorset authorities (Districts, Boroughs and County) have worked together with partners to produce an Extra Care Housing Strategy 2007-10 for Dorset. Extra care Housing is now being developed in a co-ordinated way across Dorset. The strategy does address to some degree the issues of the amount and tenure and options available to older people."*

*"DCC's Future Care Strategy Group [which] was established to consider the current and future needs of Dorset's elderly population, focusing on Extra Care, Care Homes and Home Care. The group is due to report imminently and initial findings show that there is inadequate provision for older people's services, particularly around dementia and future demographic growth will place increasing demands."*

#### 3.3 Sustainable Community Strategy

Recognition of the need to provide housing to meet the needs of an aging population is contained in a number of Sustainable Community Strategies but overall the picture is mixed.

This question was asked of planners, and whilst all respondents referred to wording that is relevant there is clearly difference in the degree to which the issue has been considered and highlighted in the Strategies. Two examples quoted by respondents illustrate this:

**Example 1:**

- *"Housing quality is high especially in houses let by private landlords, houses under multiple occupancy and houses inhabited by vulnerable people.*
- *We have a well developed proposal for social, affordable and sustainable housing.*
- *People are supported in their choice of care and housing circumstances."*

**Example 2: North Somerset**

*"Meet the health and social needs of older people through:*

- *Accessible services that promote independent living*
- *Further development of urban and rural social networks and activities to reduce social isolation and improve mental health*
- *Appropriate support for carers of old people.*

*Ensure older people and vulnerable groups have access to a range of housing and housing related services through:*

- *Quality information and advice about housing options provided.*
- *Provision of services and support to deliver decent, affordable, accessible, warm and safe homes leading to improved independence.*
- *Increased housing choice and options.*
- *A range of housing alternatives to residential care for older people unable to remain in their own homes."*

### **3.4 Planning**

From the responses received engagement with key stakeholders including the Primary Care Trusts and Adult Social Care in developing the Core Strategy is generally good with mechanisms either existing or set up for the purpose of ensuring effective engagement. There were no specific references to engaging with older people as part of the process.

One planning authority highlights the benefits of getting different perspectives on an issue as they can lead to more fully thought through solutions. The authority had held the view that it is better to build on brownfield sites before greenfield, as they often have better local infrastructures (transport, schools, healthcare) and are not currently serving a useful purpose. However as a result of consultation with the PCT, the authority discovered another perspective:

*"The local PCT was invited to participate in the consultation of our Core Strategy and we have received some useful comments from them including, evenly phasing the greenfield rather than cramped brownfield sites, as that would*



*provide more room to appreciate nature and grow own vegetables etc (Policy option SS3a). Local PCT has generally supported the housing options for future housing growth. However they have expressed a general concern that new schemes should be low density and pleasant healthy places to live."*

Few Core Strategies attempt to address the needs of an ageing population, relying on supplementary planning documents to provide detail. For those still in the process of finalising their Core Strategy, whilst one authority conceded that *"this is an area where further work maybe needed"*, others felt that the subject had been covered elsewhere.

The need for a Supplementary Planning Document (SPD) on Lifetime Homes and Neighbourhoods varied across the region accordingly to the status of the Core Strategy. There was more evidence of the adoption of Lifetime Homes standards, than of Lifetime Neighbourhoods, in Local Development Frameworks:

*"With regard to Lifetime Neighbourhoods it is not considered that these constitute anything materially different from 'sustainable communities' that meet the needs of all age and special needs groups. The terminology is still being considered. The key is to ensure the principles are incorporated rather than the 'badge' – which may well change, be superceded etc"*

## **4 Understanding demand**

### **4.1 Introduction**

There were a range of recommendations in "Putting People First in the South West" around developing an understanding of the demand for housing services for older people, as well as understanding the impact such services (or the lack of them) can have on the health and wellbeing of older people. These include:

- Local housing and social care authorities need to establish the level of need for extra care housing in each area and the appropriate balance between accommodation for sale and rent.
- The need to identify the minimum set of services and other facilities required to sustain older people in their communities.
- PCTs should work with local authorities to build on the Joint Strategic Needs Assessments to analyse key pressures on NHS services that might be affected by housing design and location.

### **4.2 Use of the JSNA and the impact of housing on health**

Many authorities are using the JSNA as a baseline from which to develop joint commissioning initiatives, although equally others have said that although there is a JSNA in place more detailed work has not yet been done on it to further support this area of work. There was also a reference to using other predictive models to identify the capacity required, although the specific models were not named.

**Poole:**

*"The information contained in the JSNA is being used in a range of joint commissioning initiatives across health and social care.... The Public Health Team also link with the Poole Partnership Health and Wellbeing Board to agree priority developments within the areas of social deprivation in the Borough."*

The need to plan and design homes to enable rather than disable people as they grow older is being recognised as a key driver in some authorities.

**NHS Devon:**

*"Our Public Health team have commenced work with District Council private sector housing colleagues to develop a joint Private Sector Housing Strategy which will be evidenced by its own JSNA work. The aim is to ensure that scarce private sector funding is targeted to those with highest health and housing needs."*

*"We also work jointly with the wider County Council and the District Councils to ensure that health needs are fully considered within the Local Development Frameworks and plans to develop the two new communities planned within Devon. This includes planning for new community based health and social care infrastructure, as well as ensuring all new housing development is to Lifetime Home Standards and a percentage are to full wheelchair design standards."*

There are authorities where there is less successful partnership working between the PCT and the local authority on this agenda. For example, one local authority describes encouraging PCT involvement as *"getting blood out of a stone"*; one PCT observes that they have *"had very limited involvement in local authority discussion"*.

Barriers cited include the challenge of working with a large number and complexity of partners:

*"The complex network of two tier local authority along with a variety of housing authority providers challenges joint working."*

There is a need to make clear lines of accountability and decision making:

*"At present, the Strategic Planning Partnership Board for Older People and Long Term Conditions (of which the Housing Strategy Group is a sub set) does not directly report to the X Strategic Partnership. In the absence of this reporting line, co-ordinated progress will be slow."*

### **4.3 Demand from Home Improvement Agency service users**

The response from Supporting People teams was extremely low. The three responses received all put 81-82% of Home Improvement Agency (HIA)/Disabled Facilities Grants (DFG) service users as coming from those over the age of 60.

Demand can be met at present but teams know that demand will increase, and here is not confidence that demand can continue to be met in the future:

*"There is ongoing work to analyse the implications of an increasing number of applications."*

*"There has been some projected demand in some areas of the county in others demand has been estimated. The agencies anticipate that demand will exceed their capacity to meet the demand."*

#### **4.4 Demand for housing related support**

As with the previous section, there was a very limited response to questions about use of Supporting People monies for older people services. The overall picture presented is that there is limited development of floating support services for older people, with the emphasis on services provided in sheltered housing.

## **5 Understanding and improving current market and services**

### **5.1 Introduction**

This section considers the recommendations that focus on developing an understanding of, and improving, existing services. These include:

- Local authorities at both a unitary, county and district level, together with RSLs need to review the condition, accessibility, location and value of current sheltered housing stock, and establish priorities for adaptation, refurbishment, replacement, or sale. Reviews should take account of private sheltered housing and the relationship of private to public or RSL provision as compared to current tenures within the older person population.
- Regional and local housing authorities need to support an expansion in the range of housing options available to older people and floating support, including for those with dementia.
- Local authority commissioners need to plan for the expansion of Home Improvement Agencies, Disabled Facilities Grants, telecare and assistive technology, Warmfront, information and advice, and to align these with their re-ablement, intermediate care, and more intensive home care and reablement services.

### **5.2 Existing Sheltered Housing Provision**

Several Supporting People responses refer to reviews of the sheltered housing stock which has led to some decommissioning or remodelling, however, it is not clear this review process has been taken regionally. Responses in other surveys suggest there is some lack of clarity on the role of the different housing authorities in this review process and their ability to respond to the results of the review through revenue funding new services.

*"We are looking at options for new build extra care housing however the local authority are unable to commit revenue funding at this stage so we are unable to fully commit to this model. None of our existing sheltered housing stock lends itself to conversion to extra care."*

*"No immediate plans to develop any extra care - partly because existing buildings are not ideal for conversion and partly because there are national extra care specialists already operating within our district."*

Housing associations appear to be particularly focused on ensuring that their stock is fit for purpose and that the right balance of provision is achieved. There is a move away from scheme manager based sheltered housing towards more individualised models, in some cases taking a 'hub and spoke' approach to the delivery of services. However, one provider noted that the review carried out of their stock had focused on the buildings and not considered the housing related support going into it. Clearly without this broader strategic review going beyond the bricks and mortar it will be difficult to develop effective services, whether they are sheltered housing or indeed extra care housing.

To develop an appropriate spread of housing provision across the local authority area, the local authority needs to take the lead in developing an overview of what is needed, what there is at present and how to move forward. Whilst housing associations may independently review their stock for their operating areas, it is vital that the local authority includes them as a partner in the local authority's needs analysis and future strategy.

#### **Sarsen Housing:**

*"Sarsen Housing began a comprehensive review of all sheltered stock around eight years ago. Some schemes have been remodelled and improved, two sites redeveloped as extra care housing in partnership with the local authority, some sites, where there was no longer a need for sheltered housing, have been developed as general needs housing and one scheme is mixed tenure for older people and for general needs properties."*

*"We have been working with the local authority on the older people's accommodation strategy which has included a review of all our sheltered stock. A new vision is developed and we will work with the local authority to deliver."*

Virtually no local authority has conducted a cross tenure review of sheltered housing stock and most have no plans to do so. Whilst council owned and housing association sheltered stock appears to be well understood, the impression given is that private retirement housing sector and house-builders are largely left to themselves.

*"There is no shortfall currently indentified in the rented sector for sheltered housing but cannot comment on the private sector."*

This approach will clearly limit the ability of authorities to plan for future demand; engagement with the private sector is clearly necessary in developing and delivering effective planning, commissioning and procurement strategies.<sup>4</sup>

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<sup>4</sup> A useful cross tenure approach is set out in "More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people", 2008, Housing LIN

### 5.3 Reducing fuel poverty

Housing providers are aware of the impact of fuel poverty on their tenants and many regard this area as priority. A creative approach towards finding solutions is employed.

#### ***Westlea Housing Association***

*"We have a financial inclusion strategy and an affordable warmth strategy. These strategies complement each other. They are aimed at all residents but we have a number of measures which enable us to target elderly people eg we arrange for home visits by energy advisors who will give advice about heating settings, affordable tariffs etc.*

*"We also fund the CAB to employ a "money friend" specifically for our tenants. The role of the post is to provide independent advice and support to enable residents to access bank accounts, the local credit union and actually changing utility providers ie doing the research, going onto websites etc."*

The majority of Councils that had replied had conducted a stock condition survey that covered energy efficiency either in 2008 or 2009 with the results not yet available for some. A frequent comment was that whilst new build properties are (required to be) built to high standards, the older non-traditional housing presents problems. Funding to raise the energy efficiency levels of those properties and access to mains gas supplies were reoccurring issues.

*"The main barrier to reducing fuel poverty is funding both in terms of Private Sector Renewal grants and HRA funding for Council properties."*

*"The barriers to reducing fuel poverty ... are constraints on funding and resources, which are exacerbated by a sparsely populated area, with high levels of hard to treat properties and an absence of access to gas supplies."*

### 5.4 Lifetime Homes and Lifetime Neighbourhoods

For many authorities the inclusion of Lifetime Homes Standards within the Core Strategy or SPD is a relatively new consideration. The Standards currently appear to be being applied piecemeal with a percentage of new housing in a development being required to conform.

The Code for Sustainable Homes, currently out for consultation by the Department of Communities and Local Government (CLG), can be seen to set a framework for Council to following on the way to securing 100% zero carbon new homes by 2016. Lifetime Homes is one factor taken into account in the scoring and to achieve high scores against the code in the future<sup>5</sup>, it will be necessary for all housing to be built to Lifetime Homes standards.

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<sup>5</sup> The Lifetime Homes standards are mandatory at Code level 6, the highest level. From 2010 they will be mandatory at Code level 4 and in 2013 at Code level 3.

### **North Somerset**

*"The Core Strategy draft Policy CS2: Delivering Sustainable Design and Construction requires all developments of 10 or more new homes to incorporate 50% constructed to the Lifetime Homes standard up to 2013 and 100% from 2013 onwards."*

### **Swindon**

*"Lifetime homes are currently a part of the Swindon Standard for new development. In the emerging Core Strategy the issue of design, access and sustainable construction have been merged into one policy and the issue of lifetime homes taken up by demanding full compliance across the CSH (3 in 2010, 4 in 2013 and 6 in 2016)."*

Several housing authorities refer to design standards that they have included within their extra care housing strategies, but others have not developed these. Similarly, some authorities have developed design standards with which to assess existing sheltered housing, others have not.

The "Lifetime Neighbourhoods" phrase does not appear well known amongst respondents. One planning authority consider that their Core Strategy deals with many of the elements of Lifetime Neighbourhoods but do not, and do not seem to have considered using the Lifetime Neighbourhoods brand. One commented that *"it is not considered anything materially different from "Sustainable Communities" that meet the needs of all ages and special needs groups."*

At the time of writing, the Homes and Communities Agency has published the report from the Housing our Ageing Population: Panel for Innovation (HAPPI). This sets out a series of recommendations, including the adoption of Lifetime Neighbourhoods, greater use of assistive technologies, and energy efficiency measures to develop sustainable housing options for older people.<sup>6</sup>

## **6 Service Models**

### **6.1 Introduction**

This section considers a range of differing aspects of service design and delivery:

- The integration of services.
- Services which are able to meet the needs of older people with specialist needs, particularly people with dementia.
- The impact of the personalisation agenda on the contracting and delivery of services.
- The development of assistive technology.
- The provision of sustainable services in rural areas.

The "Putting Older People First in the South West" report included these relevant recommendations:

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<sup>6</sup> HAPPI report: <http://www.homesandcommunities.co.uk/housing-ageing-population-panel-innovation.htm>

- Health and Social Care Commissioners need to develop models of care and support that reduce duplication of effort and resources, eg, through multi-tasking by staff, effective information sharing in alliance with assistive technology to maximise effectiveness.
- Regional bodies need to develop and support effective approaches to sustaining older people in their own homes
- Regional bodies and local authorities need to support an expansion in the range of housing options available to older people, and floating support, including for those people with dementia.
- Attention needs to be given to ensuring that housing developments are "dementia friendly".

## 6.2 Integrated Services

There are a number of examples where integrated services are being developed or delivered, and there appears to be recognition that this can be a valuable approach. In particular, there is reference to the integrated model of providing care and support into extra care housing.

*"We find these integrated services provide a more holistic service for our service users."*

### **Coastline Housing**

*"We are remodelling an older persons supported housing scheme and converting it to extra care standard. A pilot care and support contract is to be provided through Adult Social Care. The whole scheme will become an active ageing centre for the community working with health, Adult Care and Support, and utilising modern telecare technologies."*

For some providers the advantages of working with others to deliver more joined-up services for older people need to be balanced against the perceived risk to business.

*"There are clear advantages in doing so but there are also increased business risks."*

Where the picture appears more "patchy" is the extent to which private or third sector providers are engaged with developing and delivering solutions. Some providers report difficulties in becoming involved with the local authority or PCT.

*"I am not aware of any local joint initiatives and in one local authority area we are being cut out of the loop in terms of consultation."*

*"We aim to work in partnership with health and social care commissioners but no integrated services have been commissioned to date, and it is quite difficult to engage / interest health commissioners"*

The ability to deliver integrated services is also seen as being influenced by factors outside local control. The delivery of some integrated care services are

seen as contingent on new buildings, and the current economic climate is seen as a barrier.<sup>7</sup>

*“Developing integrated support is also constrained by current market conditions in terms of building and developing accommodation.”*

### **6.3 Meeting specialist needs.**

The majority of councils and providers have or are developing specialist floating support. In addition there are number of examples of extra care services that cater to specific needs.

#### **Bournemouth**

*We are currently developing in partnership with PCT & Housing Landlord Services a new extra care scheme specifically for people with dementia. We are also actively engaged with seeking to develop an extra care scheme for the older Jewish community within Bournemouth.*

*For those people with a learning disability, we feel provision is best facilitated through integration in the community & in other extra care schemes.*

*The model of extra care will be developed to provide a flexible extra care service to be available as and when needed. It is hoped that this will be available for both social care housing and home owners.*

Those who are not providing services for specific groups tend to be aware that the need to do this exists.

*“We are working closely with our main county provider on their draft strategy and are considering other client groups where our asset management strategy and development strategy enable us to do so.”*

*“Not at this stage but clearly there will be an increasing need for these types of services.”*

In a minority of cases, catering for specialist groups is not considered desirable or necessary. This may be because the council feels that insufficient numbers of specific client groups exist to justify a bespoke service, or because they are uncomfortable in defining the needs of people in groups rather than taking them as individuals on a case by case basis.

*“Our approach is to meet the housing and support needs of all people rather than by compartmentalising them into groups with specialist needs.”*

*“We do not have the evidence to support a need for specialist supported accommodation for specific groups of older people with additional needs. Our*

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<sup>7</sup> For further information about approaches to the integration of services see “From the Ground Up: A report on integrated care design and delivery”, 2010, Community Health Partnerships & Integrated Care Network



*strategy is therefore to meet these needs through general needs properties with appropriate floating support."*

*"As specialist floating support services are under increasing threat of viability from personalisation, there are no plans to provide specialist floating support services at present."*

#### **6.4 Personalisation**

The government's concordat, "Putting People First": places personalisation at the heart of the transformation of adult social care. In particular, by April 2011, 30% of all eligible users/carers have a personal budget.<sup>8</sup>

The tension between delivering personalised services and securing the efficiencies of large scale contracts is being felt, and there are also concerns amongst providers about its impact on their businesses and the market as a whole. There are also increasing concerns about how to maintain the ethos of extra care housing whilst providing choice for service users.

*"We recognise that personalisation is key to provide high quality services and that block provision is restrictive. However, some block provision is required to ensure consistency of service delivery, quality and safety and work with provider to identify "core" services & menu of optional services in Extra Care Housing."*

*"Real issue within extra care housing about the impact that personal budgets may have on our ability to commission 24/7 services on site cost effectively."*

*"Delivering personalised services is causing concern about the impact that will have on provider business practice."*

#### **6.5 Assistive technology**

The value and potential of assistive technology is recognised across the region, and there are a number of examples of its use.

##### **Bournemouth**

*"Reablement are using assistive technology as a prevention tool. Our day centres are now displaying various telecare equipment for promotion purposes to a wider community."*

*Bournemouth is able to provide an individually tailored telecare service from a variety of suppliers. A self financing BLEEP telecare promotions officer has been appointed to advise on telecare. All Housing Landlord Services sheltered housing schemes are fully telcare enabled, with residents provided with additional sensors such as bed/chair occupancy sensors, property exit door alerts. DDA devices include audible visual alerts for fire detection and a remote control intercom / door opener."*

*The new extra care scheme has the infrastructure available for the latest assistive technology to be utilised as enhancements arise."*

<sup>8</sup> Department of Health LAC (DH) circular (2009) 1 Transforming Adult Social Care

### **Cornwall**

*Cornwall and Isles of Scilly is one of the 3 national Whole System Demonstrators for Telehealth and Telecare with 1100 people currently supported by assistive technology and a further 1100 by next year in their own homes.*

*The technology itself is simple to use by people and staff. However, the complexity is in managing the processes for consent, installation, monitoring and response. All of these factors need considerable project management and administrative input. The organisation also needs to consider organisation development and business change to optimise the benefits of this way of working.*

*There is also significant initial investment in the equipment and staff to properly support it. However, the evidence from US and early indicators from the WSD is that there are significant benefits clinically, socially and economically. Staff are able to prioritise caseloads, identify deteriorating conditions early on and intervene before an exacerbation occurs. Patients and clients feel re-assured and more confident and understand better their own condition and the impact of lifestyle on their health. This is reinforced by the visual readings on the home monitoring units."*

A number of barriers to assistive technology becoming more widespread were identified including lack of understanding about what assistive technology can offer, availability and cost. It is seen as a preventative device but without the potential cost-savings being quantified it is difficult to protect from funding cuts. To advance it needs to be part of any care pathway and the value given by it more explicit.<sup>9</sup>

*"We feel that lack of confidence in family members remaining in their own homes is a major obstacle. Service User's friends, relations and advocates are very risk averse and tend to look for residential or nursing home places once service users reach the stage where they would benefit from telecare and assistive technology."*

*"Many of the products are simple tools, but more and more are technological (electrical and/or software driven) and we recognise that availability and funding will be major obstacles. As result much of the needy population will never benefit these life improving devices."*

*"This is very difficult to justify when you have so many other competing priorities on a tight budget. The "cost" of not using a higher level of assistive technology has not been investigated fully ie are people being admitted to hospital or kept in longer due to the lack of technology?"*

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<sup>9</sup> For discussion of approaches to enabling people to remain in their own homes for longer and in more cost effective ways see "Use of Resources in Adult Social Care", 2009, DH.

## 6.6 Rural care and support

Although some of the councils in the South West are exclusively urban, the majority include substantial rural areas. The surveys therefore asked whether services had been commissioned or designed specifically to cope with the challenges of meeting need in rural areas. This question was seldom answered in the survey

Some areas recognise that rural areas pose problems for service delivery but have yet to progress this. One council is beginning to grapple with the issues involved, but has not engaged with the care market to test how achievable their ideas are.

*"Our draft extra care commissioning strategy identifies the need for alternatives to large extra care schemes, to meet the need in smaller rural market towns and their hinterland. The Strategy describes the concept of 'close care' models, but we have yet to approach the care market to determine how readily the 24/7 availability of care and support services could be met."*

## 7 Challenges

Commissioners and providers were asked what they considered to be the main challenges facing them in supporting the older people's agenda as set out in 'Putting Older People First in the South West'.

Whilst some challenges raised were linked directly to the issues covered in the survey, there were others that spanned more than one issue and these are covered here. The challenges raised were varied but there was also a notable degree of consensus around a few key themes.

### 7.1 Funding

Unsurprisingly over half of the respondents identified funding problems (both capital and revenue) as a key challenge. For some, this was about having insufficient monies to deliver the infrastructure and services they feel are needed for the future. The recession was felt to be causing a slowdown in building by developers meaning that planned developments were taking longer to deliver.

*"We are aiming to provide two extra care schemes within the next 3 years – but it is proving difficult to provide shared ownership or outright ownership dwellings due to the reluctance of providers to return to this market at the moment. Thus the current climate of a reluctance to lend by banks is a main challenge."*

*"Providers undertaking investment within the current climate is being reviewed or put on temporary hold, so this will also have an impact on any new service being considered."*

*"Key challenge remains instability of long term funding which impacts provider's ability to invest in long term projects, particularly accommodation/property based."*

The primary concern was lack of funding. The predicted cuts in local authority finances cause notable concern, but are further exacerbated by fear that despite

the rise in older people being predicted, it does not appear to have been budgeted for.

*"Predicated future funding pressures on Local Authority finances over the coming years."*

*"Currently, we see that central government is not budgeting for the current needs in elderly care, especially dementia and physical and mental disabilities. To which we add that there are no plans, let alone funding, for the forecast substantial increase[d] demands in elderly care over the next 15 years."*

*"The rise in the older population...and cuts in SP funding seem to be in direct conflict with each other."*

*"We feel the main challenges are the rising demographics."*

## **7.2 Staffing**

Both commissioners and providers raised concerns about staffing, primarily in relation to their roles, and concerns about securing/retaining staff in the future.

Personalisation is bringing changes to roles, responsibilities and potentially pay and employment conditions. There is concern in the sector about how this will play out and how to manage a flexible individualised service staffed by people who want job security. The rising numbers, and proportion, of older people in the future also raises concerns about whether there will be sufficient staffing to meet demand.

*"Workforce issues – changing the nature of the workforce to respond to the demand for new roles and new activities such as support planning and brokerage, particularly the fact that this may be perceived by staff and unions as a threat to professional roles."*

*"We feel the main challenges are the rising demographics ...there will also be a declining number of younger people available to deliver the increased volumes of care required."*

At the time of writing, the Association of Directors of Adult Social Care and the Local Government Association have restated the local authority milestones for delivering on "Putting People First".<sup>10</sup>

## **7.3 Partnership Working**

The need for health, social care, housing commissioners and providers to work together was raised as an issue by a third of respondents. Associated with that was the challenge of ensuring that monies are spent on what is needed, rather than what is available under discrete budget headings.

*"Managing the interface between health, housing and social care commissioning when agendas may not always be co-terminus."*

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<sup>10</sup> <http://www.dhcarenetworks.org.uk/Personalisation/Topics/Latest/Resource/?cid=6747>

*“Resource allocation needs to be flexible to move across a range of housing, health and social care options for OP than at the moment.”*

For large providers, the increased complexity of personalisation and the variety of supporting arrangements in different local authorities poses problems for the mechanics of how they ensure that they understand the agenda in every local authority. One national provider commented:

*“Our main challenge will be in managing and monitoring 110 authorities taking different approaches. This also impacts on our central lettings team who will need to explain to applicants the different services and funding available for every authority.”*

#### **7.4 Prevention**

There is widespread recognition that preventative services have the potential to reduce demand on services in the future, and that housing is a key preventative service:<sup>11</sup>

*“There is a need to convince our partners of the preventative value of housing services to prevent higher health and social care costs ‘further down the line’.”*

## **8 The potential for regional support**

### **8.1 Introduction**

The final question on each of the surveys asked respondents what support they would find useful from the SW Housing LIN and/or other regional bodies such as the Regional Improvement and Efficiency Partnership to enable them to better understand, build capacity, and/or deliver, the agenda set out in “Putting Older People First in the South West”. The overwhelming majority of respondents had no shortage of ideas about help that they would find useful. These are set out in full in Appendix 2, according to the category of respondent. This appendix also includes further information about the Housing Support Unit which has been established to provide support for local authorities in this area.

There were a small minority of respondents who are still unaware of the capacity building work that the SW Housing LIN carries out:

*“Unsure of exactly what you do.”*

*“We are currently not sure yet what support your organisation could provide in the future.”*

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<sup>11</sup> The report of the national evaluation of the Partnerships for Older People Project sets out the latest information on the impact of preventative services: National Evaluation of Partnerships for Older People Projects: Final Report, 2009, PSSRU

## **8.2 Information**

There was a great hunger from respondents for access to further information, good practice and toolkits. There was general consensus that this would best be achieved through a web based database or information portal.

*"It would be helpful to have a centralised web-based database or information portal so that the latest information can be shared more effectively with on-line discussion forums."*

*"Database of good practice with contact information. Information on benchmarking groups and methods with results. Development of a regional / sub regional guide to housing numbers and types needed for older people"*

*"A toolkit for determining need, tried and tested models of service delivery, together with good practice examples of the way in which services and agencies can come together to provide effective and value for money services which improve outcomes for service users."*

*"Regular information on best practice and examples of where things are working and more importantly what things don't appear to work so well."*

## **8.3 Structured meetings and learning opportunities**

Both commissioners and providers placed value on meeting colleagues face to face and engaging in structured opportunities to learn from each other. There were a wide variety of suggestions in how this could be achieved: networking, events, action learning sets, peer support, and mentoring were all mentioned.

*"Learning events / conferences etc to enable networking and learning from others."*

*"Facilitated sessions (tools, tips and techniques) to help organisations to understand the importance and value of adopting collaborative approaches to delivering the agenda."*

## **8.4 Highlighting the agenda**

Linked into the concerns expressed about future funding raised in the previous section, there was felt to be need for the older person's agenda to be given a higher profile.

*"We would like to see regional bodies being pro-active in raising the profile and issues of older person's services at higher levels within our organisation."*

*"Help in raising the profile nationally so that housing is not the forgotten element within social care and health commissioning strategies."*

*"Keeping the issues regarding demographics, funding etc for older people as high profile as possible."*

The government strategy "Lifetime Homes, Lifetime Neighbourhoods" also recognised this: *"In future, housing, health and care will be increasingly*

*interdependent, that is why this strategy makes housing and ageing a cross-government priority.*<sup>12</sup>

## **8.5 Shared Understanding**

There was an issue about providers and commissioners better understanding each other's agenda and the need for better communication. Commissioners feel that they need help in managing the market and communicating national and local priorities to their providers.

*"A focus on provider management may be helpful enabling providers to understand the new agenda and national drive."*

In turn providers often wanted to engage with the commissioners' agenda more than they were invited or permitted to be, and wanted the value that they can add to be recognised and utilised.

*"We would like assistance in promoting the role of the independent providers ... and getting across the message that we are innovative, creative and driven by a desire to provide quality care in a flexible and service user centred manner."*

## **9 Conclusions**

Although the level of response to this survey means that it is not possible to provide a complete regional picture, there is enough commonality amongst the responses to draw out key themes, as follows:

### *Building the evidence base*

There does appear to have been progress made in developing evidenced-based commissioning strategies for housing services for older people, but work is still underway on these in a number of authorities.

### *Market facilitation*

There appears to be limited understanding of the private market and what it could contribute in delivering these strategies. In addition, there is a mixed picture about the level to which existing sheltered housing is being reviewed and taken into account in developing new services.

### *Making the case for prevention*

There remains the need to raise the profile of older people housing issues amongst key stakeholders to ensure they are consistently represented in key strategic documents and taken into account in service development. A particular issue appears to be the profile housing has as a preventative tool which could impact on demand for health and social care services.

### *Social capital*

The development of services for older people in the community is again "patchy", and there is limited evidence of commissioners and providers involving and developing innovative integrated approaches to service delivery.

### *The impact of 'personalisation'*

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<sup>12</sup> Lifetime Homes, Lifetime Neighbourhoods, 2008, CLG/DH/DWP

There are concerns from both commissioners and providers about the impact the personalisation agenda will have on the market and the viability of their businesses.

*Making best use of scarce resources*

Finally, there is clearly a high level of concern about the impact the current economic climate and future spending cuts will have on services, particularly those perceived to be on the fringes of provision or seeking to mainstream, such as assistive technology.



## Appendix 1

### Case Study: A Shire County

#### 1 Introduction

This case study is comprised of selected answers from commissioners and providers in Shire County Council (Shire CC).

Responses were received from:

- Adult Social Care.
- The Primary Care Trust.
- Strategic Housing from two of the District Councils.
- One Housing Provider which is also a District Council.
- Two Support Providers – one operating in the sub-region and one nationally.

Their responses are provided in the following groupings:

- 1 Commissioning Strategies, Extra Care Provision and Reviews
- 2 Catering to Specific Groups
- 3 Personalisation and the need to be flexible
- 4 Integrated Care and Working in Partnership
- 5 Design Standards & Tackling Health Inequalities
- 6 Energy
- 7 Use of Assistive Technology
- 8 Key Challenges
- 9 The potential for regional support.

#### 2 Commissioning Strategies, Extra Care Provision and Reviews

**Adult Social Care:** Shire CC currently have a housing support strategy for older people and a draft Extra Care Commissioning Strategy for Older People. We are currently working on a private sector housing JSNA for older people, jointly with the public health team, and have an intention to also consider private retirement housing needs for the County (but this work is yet to commence). We are currently working to embed the Strategy into the HCA Single Conversation and to agree some local authority capital to support its delivery.

**PCT:** NHS Shire has worked with Shire CC to develop a fully integrated health & social care system. This includes a Joint Commissioning & Strategic Planning team, which includes within it a Strategic Commissioner for Housing. NHS Shire will seek to formally agree the Shire draft Extra Care Commissioning Strategy in the coming months, along with the County Council and its District Councils.

**Housing Provider:** We have carried out a review of our sheltered housing stock. It was decided that some of our bungalows and adjacent Shire County Council land would be used for an extra care scheme.

**Support Provider:** We are in the process of reviewing our sheltered housing stock within Shire. This review is looking at the role of the warden within the service and is considering their role to become floating support.

### 3 Catering to Specific Groups

**Adult Social Care:** We have specifically identified the need for extra care to meet the needs of specific groups of older people – especially older people with dementia. However, we have yet to conclude which model we believe is best suited to meet this need. Our draft extra care commissioning strategy identifies the need for alternatives to large extra care schemes, to meet the need in smaller rural market towns and their hinterland. The Strategy describes the concept of ‘close care’ models, but we have yet to approach the care market to determine how readily the 24/7 availability of care and support services could be met.

**PCT:** We are in the process of developing a locality health hub concept and are exploring the opportunity of improved advice and information hubs within extra care schemes as they develop.

**District Council:** We are a small rural District Council which is sparsely populated. We do not have the evidence to support a need for specialist supported accommodation for specific groups of older people with additional needs. Our strategy is therefore to meet these needs through general needs properties with appropriate floating support.

**Support Provider:** Our only specialist floating support services are for mental health, learning disability and older persons. We do provide support to people in their homes following a fairer charge assessment; we have to ensure this has taken place before the service is put in place to ensure the service user does not accrue any bills. This is an area we are keen to develop for people with Dementia.

### 4 Personalisation and the need to be flexible

**Adult Social Care:** We have developed a ‘Putting People First’ Programme Board which includes a ‘choice and control’ work stream under which personal budgets and RAS tools are being developed for older persons which will be implemented from April/May 2010. The real issue within extra care housing about the impact that personal budgets may have on our ability to commission 24/7 services on site cost effectively.

There is currently an Older Persons group established that includes the service providers and the local SP team and cluster managers. It does not include private sector providers.

**District:** We have fully reviewed our existing sheltered housing stock and its modernisation or otherwise policy is contained in the Asset Management Strategy. This strategy splits the stock into three categories – 1) those for full modernisation as long term housing for older people with support needs; 2)

those for some modernisation that will enable them to remain designated older persons housing; and 3) those for re-modelling, alternative use and/or disposal. The implementation of this programme will very much depend on the outcome of the review of Council house funding and the continuation of Council new build opportunities. An increase in older persons housing is planned together with the provision of Extra Care schemes in line with the County Council's strategy. A district Older Person's Housing Strategy is currently being developed and this will seek to include all providers.

**District:** The Council has established an older persons housing strategy group to review sheltered housing stock across the Borough. The main participants are RSLs with sheltered housing stock. There is little privately owned sheltered housing in District Council, but owners would be welcome to participate in the group. The main driver for setting up the group was the realisation that a proportion of the sheltered housing does not meet current needs. Future demand for sheltered housing was measured in the sub-district area Housing Market Assessment. Demand was estimated for a three year period for the private market and the affordable sector, but further significant population growth for the over 65 age range is forecast in the period to 2026.

**Support provider:** We are in the process of negotiating flexible contracts.

## 5 Integrated Care and Working in Partnership

**Adult Social Care:** Shire commissions integrated care and support services within extra care housing and a small number of other LD and adult MH services. This service is tendered separately from the extra care development itself, and in once case the care & support provider is different to the landlord.

**PCT:** NHS Shire has developed a joint Commissioning Strategy with Shire County Council for health & social care which outlines integrated health & social care service delivery options. We are currently working with the County Council to further develop our rapid response service which, through fully integrated health & social care service delivery will keep people at home and out of hospital at times of crisis. In addition, we have a fully integrated Carers strategy in recognition of the important role that carers play. On 1st Oct we commenced delivery of a Carers Health & Wellbeing check within 35 GP practices covering 40% of the total population, which will which will provide full health checks and carers assessments for over 3,000 carers over the next two years. Provision of telecare services for carers is one key community based service we will deliver in response to these checks. We have also developed our local strategy for Dementia in response to the new National Strategy and joint working is underway to consider the key role that housing with care and support will play in implementing this strategy, along with telecare and telehealth. We are about to deliver a pilot in 3 local health and social care communities to trial the use of 'Just Checking' assistive technology services to support assessment of people with dementia in partnership with the County Council.

**Housing Provider:** We have worked with Shire County Council and PCT on the development of extra care schemes. The first scheme was on a site which consisted of Shire County Council and City Council land. Unfortunately this scheme never went ahead because the developer pulled out. The second scheme

is on a private retirement village site where we have successfully negotiated and obtained 50 affordable units on-site in one block which will be run as extra care.

**Support Provider:** We have 2 integrated care and support services and have just won a new care and support contract. We find these integrated services provide a more holistic service for our service users. The main challenge is proving and evidencing the support side of the contract to commissioners. We are also looking at developing our job descriptions for staff to make them integrated care and support workers.

## 6 Design Standards and Tackling Health Inequalities

**Adult Social Care:** We work closely with the PCT on all housing issues via the Joint Strategic Commissioner (housing) post. We have embedded core health and social care strategic principles into LDF planning processes with the District Councils – the outcome of which will be that all developments over a certain size will be required to produce a Health Impact Assessment in order to achieve planning permission. We are also seeking high numbers of all new development to be built to Lifetime Home Standards, and a % built to full wheelchair standards across all tenures. Our Older Persons accommodation strategies, together with Adult Mental Health and Learning Disability accommodation strategies are all contributing to the JSNA and the evidence is being built into our annual JSNA refresh currently.

**PCT:** We have worked with the eight District Councils for a number of years now on our agenda to reduce health inequalities. The Community Strategy for Shire has as one of its seven priorities the aim to ‘promote health & wellbeing and reduce health inequalities’. Increasingly, the District Council LSPs have highlighted health & wellbeing as a priority within their own local community strategies. Each LSP in Shire has a Health Improvement sub group where local planning around health inequalities takes place and these feed into a Shirewide Strong and Healthy Communities group which is a sub-group of the Healthier and Stronger Communities Strategic Partnership – housing authority representation is embedded in all levels.

Our Public Health team have commenced work with District Council private sector housing colleagues to develop a joint Private Sector Housing Strategy which will be evidenced by its own JSNA work. The aim is to ensure that scarce private sector funding is targeted to those with highest health and housing needs.

We also work jointly with the wider County Council and the District Councils to ensure that health needs are fully considered within the Local Development Frameworks and plans to develop the two new communities planned within Shire. This includes planning for new community based health and social care infrastructure, as well as ensuring all new housing development is to Lifetime Home Standards and a % to full wheelchair design standards.

**District:** Design principles agreed for extra care housing based on a newly built scheme and other best practice in the sector. Extra Care commissioning strategy developed with PCT, CMHT, Adult Social Services etc to ensure all needs are met. Sheltered housing standards agreed and applied to our existing stock when

undertaken a full evaluation prior to agreement of the Asset Management Strategy.

**District:** We do not developed a design standard for sheltered or EC housing. The only development undertaken in the last 10 years is an EC scheme nearing completion. The steering group which developed the concept for this scheme was a partnership of County Council, District Council and PCT, local GP practices and the voluntary sector. The detailed design for the scheme involved working parties on which all these groups were represented.

## 7 Energy Efficiency

**District:** Private Sector stock condition survey completed in 2008. Energy efficiency was a key element in the survey. The survey found that 6100 dwellings were in fuel poverty. Over 40% of these are older people.

Local Authority stock condition survey undertaken in 2003/04. Energy efficiency good compared to the private sector. Fuel poverty at the highest due to overall low incomes of tenants.

Main drivers are to increase thermal efficiency of buildings to reduce carbon emissions and reduce fuel poverty of occupants. Resources targeted at vulnerable households who suffer the greatest fuel poverty.

Council stock will meet decent homes standard in 2010. Some non-traditional properties are a bigger challenge given the cost of improvements. New Council stock is being built to high standards – CSH code 4 and one potentially at code 6. The majority of these properties are for the over 55's and will decrease fuel bills by up to 75%.

Main barrier to reducing fuel poverty is funding both in terms of Private Sector Renewal grants and HRA funding for Council properties.

**District:** The district council carried out a stock condition survey in 2004 which included information on energy efficiency, but not fuel poverty. The Council concentrates on energy efficiency rather than fuel poverty, because it is able to work to improve the quality of the housing stock. The Council is unable to influence energy prices and incomes which determine fuel poverty.

The main driver for the Council's Energy Efficiency policy is the improvement of the housing stock. The main vehicles are grants and loans for home improvements including heating and insulation which target the most vulnerable groups, through CosyShire, Warm Up, Plea, and the central Government Warmfront. Improvements to housing stock result from housing enforcement work, the Council's Private Sector renewal policy, and through partnerships with e.g. Care and Repair.

The barriers to reducing fuel poverty in District Council are constraints on funding and resources, which are exacerbated by a sparsely populated area, with high levels of hard to treat properties and an absence of access to gas supplies.

**Housing Provider:** We have a Shire Affordable Warmth Strategy which encompasses older residents. We also promote energy efficiency grants through partners such as Age Concern.

## 8 Use of Assistive Technology

**Adult Social Care:** Shire has mainstreamed access to telecare services within its core care management processes. Contact assessments are sent electronically to our Rapid Equipment and Minor Adaptations service providers who validate the assessment on site and install and fix the required telecare equipment (or commission more complex pieces of equipment and installation from Tunstall.) In this way, assessment and access to telecare is the same as for all community equipment.

**PCT:** NHS Shire has worked in partnership with the Council to develop and implement a telecare and telehealth strategy for Shire and have been part of planning and implementing a number of pilot initiatives. From Nov 2010, telecare will be a mainstream service available to our integrated health & social care management teams and delivered via our Rapid Equipment and Minor Adaptation service.

Key challenges around this agenda are:

- o Lack of robust evidence, with p value, to support ongoing commissioning plans and development of the business case
- o Achieving clinician sign up to the telecare / telehealth agenda
- o Clear care pathways that have embedded telecare/telehealth within them
- o Realising the resource shift from acute to prevention services

**District:** Older persons housing support services currently undergoing transformation in line with the Supporting People Older Persons Strategy. This will see a move away from accommodation based support to floating support based on individual needs. SP currently working with providers in each LA area to move strategy forward and design appropriate services. New contracting arrangements and more flexible funding will be introduced as part of this programme.

**District:** Ongoing support is provided through floating support. The Council has used funds provided to alleviate winter pressures to purchase additional levels of floating support which can be directed to cases where there is a crisis, or to promote and maintain independence. The Council also funds a Tenants Incentive Scheme that provides funds to enable tenants to move to smaller, more appropriate accommodation. One of the Council's Spend to Save initiatives can support tenants in temporary rent arrears in order to maintain the tenancy.

**Housing Provider:** Due to the older persons supporting people review and the move away from accommodation based support to an individual basis, we are going to look at new call alarm systems that are "plug in and portable" and not hard wired to specific units. There is a budgeting issue with this but we will try to address it.

## 9 Key Challenges

### **Adult Social Care and PCT:**

- Working across the 2 tiers of local government – ACS and District Housing Authorities
- Securing the necessary capital funding to develop extra care housing schemes
- The impact of personal budgets on the commissioning of the 24/7 care services within extra care housing
- Reducing public sector spending in health, social care and housing sectors
- Embedding the SW POPF agenda within national government discussions around social care provision in the future
- Supporting private sector housing interventions (DFG's, affordable warmth programme etc,) in a time of reducing public sector spending – difficulties of convincing district council politicians that this a high priority for spend locally
- Supporting increasing numbers of people with a dementia in the community
- Increasing the strategic planning between housing, health & social care in planning for an ageing population and recognising the key contribution that good quality appropriate housing will play in modernising health and social care services

### **District:**

Sufficient resources to meet the need, both in terms of new or modernised accommodation and staff resources to provide support. Need to bring together service providers and commissioners to act more strategically in assessing, designing and implementing new services.

### **District:**

The main challenge is always lack of resources. There continues to be a great deal of publicity which has raised awareness of the plight of young newly forming households who are not able to access housing because of the affordability gap, and quite rightly, resources are being directed at this. It does however obscure the implications arising from the forecast growth in the older population. In particular, a lot of the existing sheltered housing stock requires investment to remodel to current standards, but this tends to be an expensive exercise which does not add to stock numbers.

### **Housing Provider:**

Resources, land and delay with RSS and LDF.

### **Support Provider:**

Our main challenge is to move away from accommodation based support to a floating support service. It would be good if Shire CC funded an integrated care and support floating support service which would meet the needs of older people in very remote rural areas

## 10 The potential for regional support

### **Adult Social Care & PCT:**

- Help in developing a toolkit / framework that can be used across organisations and tiers of local government to implement the agenda
- Help in raising the profile nationally so that housing is not the forgotten element within key social care and health commissioning strategies
- 'Support team' to come in and support local implementation planning
- Development of a peer support / mentoring programme

### **District:**

- Issues based workshops that give clear information on the strategic direction and practical advice on how this has been achieved elsewhere.
- Examples of best practise and presentations from providers who have made the change.
- Policy development advice for those currently undertaking reviews.

### **Housing provider:**

- Training
- A model for the development of extra care by a two tier authority and the PCT

### **Support Provider:**

There may be an opportunity for the LIN to promote the role of Housing and Support within the Healthcare and Social Care Sectors. There does appear to be a lack of understanding within these areas as to how good quality, low cost & low level support, can avoid an expensive and intense medical intervention.

### **Support Provider:**

Better access/understanding to delivering a floating support service to people with dementia.



## APPENDIX 2

### Regional Support

#### 1 Introduction

This appendix sets out the responses to the question asking what regional support respondents would like to deliver this agenda, using their own words.

The question was posed in the context of the development of the South West Housing Support Unit by a partnership consisting of the Department of Health South West, the South West Joint Improvement Partnership, the South West Housing LIN, and the Regional Improvement and Efficiency Partnership (Housing Delivery Plan Project Group). The aims of the Unit are threefold:

- To support the Transformation of Adult Social Care:
  - That every council has a clear strategy, jointly agreed with health, for how it will shift some investment from reactive provision towards preventative and enabling/rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.
  - That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas. These commissioning strategies take account of the priorities identified through their JSNAs
  - Developing approaches that will demonstrate an effective use of the available resources and help to meet efficiency targets and the Total Place agenda
- To enable local authorities to take the findings of the Housing LIN's 'Putting Older People in the South West' report forward, in order to have housing and support services which are fit for the future and in line with the rising aspirations of the next generation as set out in PSA 17 (promote greater independence and wellbeing in later life).
- To support local authorities and their strategic partners to increase the quality and range of accommodation options for older people with mental health needs and learning disabilities, in line with the National Indicators which make up the housing-related priorities set out in PSA 16.

The Unit will complement existing improvement and efficiency programmes, prevent duplication in regional support activity, and supply the following to local authorities in the region:

- Tailored information and intelligence on existing initiatives and experience
- Detailed advice, guidance and support for strategy development and;
- Other capacity building activities for local authorities

## 2 Suggested Areas for Support

### 2.1 Adult Social Care Commissioners

- Cornwall would benefit from some additional capacity to accurately analyse the accommodation needs of older people. Cornwall has significant traditional residential care provision but current trends indicate over a third remains empty at any one time.
- It would be helpful to have a centralised web based database or information portal so that latest information can be shared more effectively with on-line discussion forums. One to one meetings with SW LIN representatives would be particularly useful.
- Action learning set approach.  
"Consultant" time to discuss local issues.  
Forum discussion and examples of practice good and bad.
- Help in developing a toolkit / framework that can be used across organisations and tiers of local government to implement the agenda
- A 'Support team' to come in and support local implementation planning  
Development of a peer support / mentoring programme
- Support to develop contraction models – we need capacity to devote to this. Plymouth has a good capital building programme but the challenge for us is to get an acceptable "fit" with PPF within existing resources.
- As lead commissioner for extra care housing, some project time would be helpful to explore this further and to refresh our strategy.
- Extra-Care housing will soon become a real choice for people and the demand for domiciliary (homecare) continues to rise which may well reflect older people's wish to stay in their own homes come what may, but without a true understanding of what people want, this could result in crisis moves coupled with increased dependency, rather than, well planned and considered decisions about housing. We need to be very clear about what is available to older people. These areas are challenging within limited resources.
- A focus on provider management may be helpful, enabling providers to understand the new agenda and the national drive. Communication management from an external source may help commissioners and providers to work together more in partnership top focus on what can be done locally to support the agenda.
- Help in raising the profile nationally so that housing is not the forgotten element within key social care and health commissioning strategies

## 2.2 Primary Care Trust Commissioners

- Help in developing a toolkit / framework that can be used across organisations and tiers of local government to implement the agenda  
Help in raising the profile nationally so that housing is not the forgotten element within key social care and health commissioning strategies  
'Support team' to come in and support local implementation planning  
Development of a peer support / mentoring programme.
- Support from the learning from other rural areas which have carried out impact assessment of current housing and residential and nursing home stock and how extra care housing has been successfully integrated into the menu of choice.
- Examples of how the NHS can benefit from and can provide support to housing strategies. Good practice ideas to maximize impact of specialist housing schemes upon all agencies' outcomes. Details around innovative schemes which could support people who are very difficult to place.
- We are currently not sure yet what support your organisation could provide in the future, however we would welcome your input to help us deliver the agenda.
- A "get together" initially – to establish what is going on and opportunities to support ongoing and developmental work, eg funding etc.
- It would be helpful to have some support with the "hearts and minds", culture change work, to raise the profile of transformation and personalisation so it is seen as multi-agency change programme. It would also be helpful to be kept in the loop in relation to any intelligence gathering, sharing of good practice and networking activity that could usefully support the change programme
- More influence from region is required to effectively implement joint health and social care commissioning. Resources are needed for extensive analysis of future demographic needs of a large group of complex elderly people and modelling of a wide range of services in urban and rural locations to meet those needs. Failure to do this will put increasing pressure on acute services. Dorset is part of a Total Place pilot, working with Bournemouth and Poole to seek collaborative solutions to some of these problems.
- Enabling more and effective partnership working involving health, social care, housing and DWP.

## 2.3 Strategic Housing

- Example of joint commissioning good practice would be welcome
- Tips and good practice information on how to address challenges (good quality data, capital funding, revenue funding, joined up commitment for all partners)
- Database of good practice with contact information. Info on

benchmarking groups and methods with results. Development of a regional/sub-regional guide to housing numbers and types needed for older people.

- Issued based workshops that give clear information on the strategic direction and practical advice on how this has been achieved elsewhere. Examples of best practice and presentations from providers who have made the change. Policy development advice for those currently undertaking reviews.
- Identify the most effective/highest impact activities to deliver, when at a time of reducing resources/budgets we will find it challenging to deliver on all fronts.
- Sharing best practice.
- Commissioning research into missing service provision in geographic areas. Provision of monies to assist in enabling commissioning of services.

#### **2.4 Supporting People**

- We find the good practice from the Housing LIN invaluable and hope that this continues.  
We would like to see regional bodies being pro-active in raising the profile and issues of older person's services at higher levels within our organisation.  
We would also like to see information from these bodies being provided to older people themselves.  
The geographic position of Cornwall in the South West does limit providers attending some meetings due to the travelling distance.
- Other agendas that we can feed into  
Good practice, and where it has worked.
- Service design models/packs so we do not need to re-invent the wheel.

#### **2.5 Planners**

- Understand what funding is available to deliver necessary services, if any.  
Understand whether there is an immediate and specific need for facilities in particular areas of the district which need to be addressed through our LDF.
- Collation of evidence.
- Good practice LDF policy examples from other local authorities.  
Lobbying of government to bring forward the 2013 roll out date.
- Support in scoping the infrastructure requirements of older people, and funding mechanisms to support this.
- Other than lifetime home standards, existing regulation is insufficient to ensure that specific types of dwellings or accommodation can be delivered. Not sure that this would be a desirable or workable situation in any event.  
Regional bodies etc, could assist by "propaganda" to make developers more aware, particularly if there is any commercial advantage.

## 2.6 Housing Providers

- Training  
A model for the development of extra care by a two tier authority and the PCT
- An information portal would be helpful, and events advising what is going on within the SW region and information promoting good practice examples.
- Help to promote our services, especially with health / social care commissioners
- Help to network / disseminate good practice with other HR support providers
- Joint events and networking are very important and useful in building up relationships and highlighting areas of best practice.
- A strategic model agreed by all parties, Supporting people, Health, Department of Care and Support.  
A shared transparent Vision and commitment.
- A very clear commitment to the important role that sheltered housing will continue to play in housing older people in the South West  
Raising awareness of the importance of supported housing again and again!!

## 2.7 Housing Support Providers (NB: a number of housing providers only completed housing support surveys)

- Clearer awareness of the different issues – i.e. People are aware of the Putting People First  
Agenda – how is this different – share info and good practise and how providers can make it work
- Some sort of consultancy exercise around our service to give advice and take part in discussion on what we might be able to do. Currently we are not able to move forward as we have not been accepted as part of the ILS pilot and I am not sure when or how we would be expected to move into line with their new procedures?
- We have a very productive relationship with the South West Housing LIN. The support we have had has been invaluable in developing the Independent Living Service Partnership in Cornwall. However, there may be an opportunity for the LIN to promote the role of Housing and Support within the Healthcare and Social Care Sectors. There does appear to be a lack of understanding within these areas as to how good quality, low cost & low level support, can avoid an expensive and intense medical intervention. There are pockets of good practice where Health, Housing and Social Care work well together in Cornwall and meet the preventative agenda. However, these need to be replicated across the County.
- Better access/understanding to delivering a floating support service to people with dementia

- a) Research on the impact of personalised care and support on the delivery of services and contracts with authorities
- b) Ideas and suggestions on how agencies will work more closely together when there has been a history of for example health being very difficult to engage with.
- c) Workshops/training
- d) Regular information on 'best practice' and examples of where things are working and importantly what things don't appear to work so well
- Access to any website information including good practice posted by other providers  
Forums for local service providers to come together and discuss any issues or working problems.  
Support in bringing service users views to funding providers and taking these into account.
- Access to training, administration aids/resources.
- Information about best practice  
Updates on how changes in policy will or may affect services with some operational ideas around change.  
Arranging events where providers can meet and exchange ideas.
- Facilitated sessions (tools, tips and techniques) to help organisations to understand the importance and value of adopting collaborative approaches to delivering the agenda.
- A toolkit for determining need, tried and tested models of service delivery, together with good practice examples of the way in which services and agencies can come together to provide effective and value for money services which improve outcomes for service users.
- Learning events / conferences etc to enable networking and learning from others.  
Sharing best practice  
Identifying key influences to assist us to develop our business.  
Keeping the issues regarding demographics, funding etc for older people as high profile as possible.
- A strategic model agreed by all parties, Supporting people, Health, Department of Care and Support.  
A shared transparent Vision and commitment.
- Help to promote the value of our services, especially with health / social care commissioners  
A clear commitment to the important role that sheltered housing will continue to play in housing older people in the South West  
Help to network / disseminate good practice with other HR support providers
- Promotion, challenging, supporting providers to make the changes, lobbying!
- Would be helpful to have support in regulating floating support and ensuring a duty of care on local authorities to ensure that preventative services are not excluded.

## 2.8 Care Providers

- We would like assistance in promoting the role of the independent providers, in conjunction with our association GCPA and getting across the message that we are innovative, creative, and driven by a desire to provide quality care in a flexible and service user centred manner.
- A large increase in elderly sheltered and extra care schemes, which allow the clients to retain a high level of independence that is lost in residential and nursing care homes, would benefit outcomes overall. Of similar importance will be the increased capacity of provider organisations by dint of reduced travel time between clients.
- The population in general have little concept of the subject and the difficulties facing the nation. Two subjects that need to become cultural habit more than head knowledge are: -
  - The ability of older people to better fend for themselves in housekeeping, enjoyable nutrition & diet, their preferred activities & interests and social contact.
  - The awareness of the population of the value of sharing with the older generations and supporting them through paid employment.