

Subject:	Sheltered Housing Review Update		
Date of Meeting:	11 February 2014 Housing Management Consultative Sub-Committee		
Report of:	Executive Director of Environment, Development & Housing		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 This report provides an update on the sheltered housing review.

2. RECOMMENDATIONS:

2.1 That Housing Management Consultative Sub-Committee note this report.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 The context of the sheltered housing review.

3.1.1 The 2013 Joint Strategic Needs Assessment (JSNA) for Brighton and Hove identifies that although there are currently lower proportions of older people in the city, there are still over 35,000 people over 65 and this population set to increase and become more diverse. The largest increases will be in the 70-74 and over 90 age groups. 11% of the city's elderly live in council accommodation.

3.1.2 The JSNA also identified that older people are presenting with more complex health and care needs, and this trend is set to continue, presenting challenges to services that support them.

3.1.3 The JSNA also identified that there are inequalities across the city which are widening. The gap in life expectancy between the most and least deprived people is now over 10 years for men and six years for women. There are similar inequalities in healthy life expectancy.

3.1.4 Most of the highest areas of deprivation are those in which council housing is concentrated. 51% of sheltered tenants live in the five most deprived lower super output areas of the city.

3.1.5 The Health and Social Care Act 2012 introduced a substantive strategic shift in how we respond as a nation to rising demands and increasing treatment costs:

- It recognised that more needed to be done to prevent illness as well as treat illness.
- It recognised that to reduce health inequalities, the social determinants of health also had to be addressed, such as housing.
- It re-instated the role of public health back to a local authority.
- It introduced Health & Wellbeing Boards so that health, public health, social care and housing could work together, achieving synergies between them.
- It placed NHS budget and commissioning to local GPs (Clinical Commissioning Groups) who could address local need and be locally accountable.
- Of local need, it established the duty of local authority and Clinical Commissioning Groups to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (delivered through newly created health and wellbeing boards).

3.1.6 The need to work more preventatively and in a more joined up way across the health, social care, public health and housing sector is now recognised as a fundamental to providing services.

3.1.7 As a society with an ageing population there has been an increasing understanding of what it is to grow old:

- There is a desire to see older people not as a deficit to society but as an asset.
- There is a desire to see an awareness of positive concepts of ageing, such as 'dignified ageing' or 'active ageing'.
- There is now awareness that loneliness can have a detrimental impact on health.
- There is a better awareness of the diversity amongst the elderly.
- There is a growing recognition of the 'very elderly' as a distinctive group (over 80s)
- There is an understanding that the younger elderly are an ideal age group to target preventative work, but who are often overlooked by services.

3.1.8 The review of the sheltered housing service has been conducted within this local and national context.

3.2 The council's sheltered housing service

3.2.1 The council is the largest provider of sheltered housing in the city, with 23 schemes providing 851 units of accommodation. The service is provided by the equivalent of 21 full time scheme managers and three team managers. The service is managed by the Older Peoples Housing Manager.

3.2.2 The service is provided to older people (recognised as those aged 50 and above) with an identified support need with access via the council's Homemove process.

3.2.3 Nearly a third of sheltered tenants are now 80 years and over where a higher proportion may be expected to have or develop higher support needs.

3.2.4 The trend towards higher or complex support need identified by the JSNA has also one identified by staff and residents and currently 153 (18%) of sheltered tenants have been assessed as having a higher support need:

- 53 physical frailties or other needs (34%)
- 44 mental health conditions (29%)
- 31 alcohol dependency issues (20%)
- 25 learning disability (16%)

3.2.5 Due to increasing life expectancy and eligibility criteria that enable people in their 50s to live in sheltered housing, there is now a significant age range in the schemes. The largest proportion of the sheltered population are those aged between 60 and 80 (57%). There is also a significant number of those over 80 (32%) and a growing number of people below the age of 60 (11%).

3.2.6 People below 60 are often presenting with higher or more complex need when entering sheltered housing. All the 23 sheltered tenants in their 50s who moved in during 2013 had significant health or support issues:

- 11 had mental health issues (48%)
- 8 had physical health issues (35%)
- 3 had alcohol dependency issues (13%)
- 1 had a learning disability (4%)

3.3 The review process

3.3.1 In March 2013 the service together with the Sheltered Housing Action Group (SHAG) presented to the Housing Management Consultative Sub-Committee on the need to review the service. The main reasons for the review being:

- The service had not been fully reviewed since the Best Value Review in 2000.
- The service aims and objectives weren't clear and tenants wanted to see a clear 'sheltered housing policy'.
- The demographic changes within the schemes were having an impact on service delivery and resident perceptions about who the service was for.
- The 'one size fits all' model of delivery was no longer sustainable.
- The funding model was no longer sustainable.
- The service appeared under-resourced.
- The new strategic direction described above offered opportunities for a more strategically relevant service e.g. delivering shared outcomes.
- The JSNA identified key health and wellbeing impacts that the service could help address as a preventative support service.

3.3.2 Following the presentation, the service contracted the Chartered Institute of Housing as the lead consultant in undertaking the review. The CIH were chosen as the housing sectors professional body and as they had been promoting the strategic role of housing in the new health, social care and public health landscape.

3.3.3 The review has taken the following steps:

- Consultation with sheltered housing tenants through meetings with tenant representatives, tenants in group meetings and meetings with individual tenants.
- Consultation and work-shadowing with the staff workforce.
- Consultation with stakeholders.
- A survey of sheltered tenants.
- An audit of the quality of service using the Service Quality Tool.
- Performance analysis.

3.3.4 At the start of the review, we instructed the CIH to fully involve the tenants in the review, so as well as meeting with SHAG the consultants visited our schemes to hold group and face-to-face meetings. And as SHAG had made its position clear in 2009 regarding the importance of site-based scheme management, we advised the CIH that we were not looking to significantly change this element of service.

3.3.5 The CIH are finalising their final recommendations to the council with a final report and action plan planned to be submitted to the Sheltered Housing Action Group in March 2014. Initial findings have been submitted.

3.4 The initial findings

3.4.1 The CIH conducted a major survey of the sheltered tenants and all tenants were invited to respond, either on-line or through a paper survey.

3.4.2 The survey (of which 160 or 19% responded) found that:

- 83% said that the service was either good or excellent. Only 4% said it was poor.
- 86% said that the support was just enough. 17% said it was not enough.
- 46% said their support plan was useful.
- Of the benefits associated with sheltered housing, respondents made associations with being happy, being connected and being active and healthy.
- 30% had a support need that was met by someone other than their scheme manager. Of this group, 13% said the need was being met by a paid carer and 37% by family or friends.
- 11.5% said that they provided care themselves to another person.
- Of the key JSNA health impacts, the greatest impact for residents (in order of priority) were healthy weight / mental health / smoking / dementia / cancer.

3.4.3 These results echoed many of the observations of the service found as a result of group and face-to-face discussions.

(A full summary of the survey results is included in Appendix 1)

3.4.4 The CIH audited the quality of the service using a nationally recognised tool (the 'Service Quality Tool'). The methodology of the audit was:

- To use a sample of five sheltered schemes to scrutinise the service.
- To scrutinise the key policies and procedures of the service, such as the safeguarding procedures or the complaints procedure.
- To scrutinise the outcomes of the support being delivered by looking at the assessments and support plans for tenants.

- To meet with staff at all levels to ensure that policies and procedures were being followed in practice.
- To meet with tenants to listen to their views and to ensure that the service was being delivered in a way consistent to policy and procedure.
- Work-shadowing staff.

3.4.5 The audit and work-shadowing found that:

- The service met all core areas of inspection but performed particularly well in reducing or delaying the need for higher dependency services.
- The support plans reflected more intensive management support rather than housing related support.
- The role of the scheme manager included a higher proportion of housing management tasks than we had previously assumed.
- There were some inconsistencies in terms of services provided across the city.
- The service seemed to over emphasise health and safety.

3.4.6 The CIH conducted an 'Appreciative Inquiry' day, bringing together representatives from SHAG and the sheltered staff to look at where the service could be improved. Appreciative inquiry is a methodology used for studying and changing organisations.

3.4.7 The Appreciative Inquiry day found that:

- There were community tensions associated with too great a mix of age group and need.
- The schemes worked well when people engaged with each other as a community.
- There was a desire for different levels or types of accommodation.
- There was a desire for sheltered staff to be more involved in the assessment and letting process for sheltered housing.
- There was a desire for better communication particularly with maintenance issues.
- There was a desire for bureaucracies (expressed as 'paperwork') to be reduced.
- There was an over burden and over emphasis on health and safety.

(A full summary of the Appreciative Inquiry Day is included in Appendix 2)

3.4.8 The CIH also met with other stakeholders, including Adult Social Care, Public Health, the Commissioning Team and Age UK. The findings of this consultation found that:

- There was some confusion about the role, purpose and scope of sheltered housing.
- There needed to be more clarity on the assessment processes for sheltered housing.
- There could be more integration between sheltered housing and other services and organisations about the contribution the service could make towards the health priorities in the city.

- There needed to be a greater involvement of the voluntary sector, particularly in developing a wider range of opportunities for older people to contribute to their local community.

3.5 Sheltered lettings research

- 3.5.1 Alongside the CIH review, the sheltered service also commissioned Housing's Policy and Performance team to research the issue of so called 'hard-to-let' sheltered housing.
- 3.5.2 Since 'Choice Based Lettings' was introduced in June 2005, there had been no formal research into how applicants and potential applicants to sheltered accommodation rate the process to both register and bid on properties.
- 3.5.3 The research sought to focus on specific groups of applicants to see if conclusions might be given as to why some sheltered housing properties are harder to let than others. The findings of the research will build into the final recommendations for a remodelled service

(A full summary of the research is included in Appendix 3)

3.6 The sheltered housing stock

- 3.6.1 Although not the main focus of the sheltered review, which concentrates on the service delivery, it was acknowledged in our presentation to HMCSC in March 2013 that the schemes themselves (built between the late 1960s and 1990) presented their own challenges in terms of maintenance and facilities.
- 3.6.2 To address concerns about the sustainability of its housing stock, Housing has a long term investment programme to improve both its general needs and sheltered housing homes. To date, Housing has invested over £1 million in its sheltered homes through this programme, including new heating systems, energy efficient communal lighting, solar panel installation and lift renewals.
- 3.6.3. Included within this investment programme has been work to remodel schemes with shared bathrooms into schemes where such facilities are self contained. It is acknowledged that shared bathroom facilities are simply no longer appropriate for dignified ageing and the aim has been to end all sharing of bathrooms. As a result, most of our sheltered schemes which once had shared bathrooms have now been remodelled, including Laburnum Grove, Jasmine Court, Broadfields, Hazelholt and Jubilee Court.
- 3.6.4 There are now only two schemes with shared bathrooms: Sanders House and Evelyn Court, where some tenants already have their own self-contained facilities. Work to upgrade the 12 flats at Sanders House with shared bathrooms is due to begin in April 2014 (subject to budget approval and tender process) following completion of the feasibility and design stage in late 2013. We are also reviewing how best to deliver individual bathrooms for the 14 flats at Evelyn Court which do not have self-contained facilities and will be consulting tenants for their views and preferences.

- 3.6.5 The Property and Investment teams are also in the process of reviewing our sheltered stock to ensure they are 'fit for purpose' to meet the current needs and future needs. It is important the review of the stock and the service are fully 'joined up'.
- 3.6.6 The Housing Stock Review Manager, attended SHAG on 8 January 2014 to update representatives on works to the sheltered stock and a commitment was made to keep representatives and sheltered tenants more informed of the investment and review processes.

3.7 Initial response to the CIH review findings

3.7.1 Although the final report is imminent, the findings of the works to date and the discussions we've had with the CIH have enabled us to take some first steps in improving the service.

3.7.2 Improving Financial Viability

3.7.3 The sheltered service has used the data from the CIH review to propose the remodelling of its charging mechanism. The service is proposing to make a charge to reflect the intensive housing management its scheme managers provide. With the establishment of a housing management charge, the service is less reliant on (reducing) supporting people funding, is more financially sustainable and can use rental income to increase the numbers of scheme managers.

3.7.4 To increase the number of scheme managers has been a strong message from the Sheltered Housing Action Group, and, subject to budget approval, the proposed financial changes will enable the service to increase the number of scheme managers from 21 to 25.

3.7.5 Full details of the proposals are contained within the Housing Revenue Account Budget 2014/15 report submitted for Housing Committee 15 January 2014 and Policy & Resources 13 February 2014.

3.7.6 Improving Assessment Processes

3.7.7 Tenants have raised concerns about the suitability of some older people with higher or more complex support needs entering sheltered housing, and have asked for more co-ordination between Homemove and sheltered housing prior to such accommodation being offered.

3.7.8 The interim report from the CIH also highlighted the importance of the assessment process in managing issues of need and risk. In response, the Homemove and sheltered teams now meet regularly (at an 'assessment panel') to assess the suitability of those applicants where their needs may be too high or too complex for the sheltered housing service to properly support.

3.7.9 This co-ordinated approach has resulted in some people with too high or too complex need being offered more suitable housing options, whilst for others who may be suitable for sheltered housing, the new assessment process has resulted in better co-ordination of support at an earlier stage.

3.7.10 Improving links with the voluntary sector

3.7.11 One of the interim recommendations was to make greater use of the voluntary sector, particularly in developing sheltered housing schemes as hubs of activity to address social isolation.

3.7.12 As set out in the HMCSC presentation in March 2013 the service already strong links with the voluntary sector and has delivered activities and events in collaboration with a number of agencies and organisations including Active Lightworks, Sussex Caring Pets, Bluebird, and Fabrica amongst others.

3.7.13 From April 2014 older peoples community and voluntary activities have been commissioned in locality or activity hubs across the city, with co-ordination and support being led by The Fed. The sheltered service is now working in collaboration with The Fed to ensure that sheltered tenants have better access to activities and organisations and to help extend the value of sheltered housing activities, where appropriate, to older people in the local neighbourhood.

3.8 **Next Step**

3.8.1 The Older Peoples Housing Manager, Peter Huntbach, presented the initial findings to SHAG on 8 January 2014. A commitment has been made to present the full and final report of the CIH review, together with an action plan of implementation, to SHAG at the next meeting (March 2014).

4. **ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 There are no alternatives at this stage although the review is likely to propose options for consideration.

5. **COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 Community engagement has been at the heart of the review, with sheltered tenants and representatives of SHAG being involved in the consultative processes. 19 sheltered schemes were visited by the CIH with public meetings being held at each together with individual meetings for those tenants who requested one. A survey was promoted at each scheme which could be completed in paper format or on-line. A survey was submitted by 160 (18.7%) of sheltered tenants.

5.2 The Older Peoples Housing Manager, Peter Huntbach, is attending the Older Peoples Council (OPC) meeting on 21 January 2014 and is showing OPC representatives a sample of sheltered schemes prior to the meeting on 16 and 17 January 2014.

5.3 A commitment has been made to present the full and final report of the CIH review, together with an action plan of implementation, to SHAG at the next meeting (March 2014).

6. **CONCLUSION**

- 6.1 The sheltered housing review conducted during 2013 has been completed with initial findings presented to the service and conveyed to tenant representatives via the SHAG.
- 6.2 The Housing Management Consultative Sub Committee is asked to note this update prior to the full and final report.

7. **FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

This report provides an update of the Sheltered Housing Review for noting and therefore there are no direct financial implications of this report. However, as mentioned in paragraph 3.7.2, the review has influenced the remodelling of the charging mechanism to tenants. The Housing Revenue Budget 2014/15 report presented to Housing Committee on 15 January 2014 proposed a new service charge for intensive housing management for tenants in sheltered accommodation. The new charge has been calculated as £19.92 per week. However, to limit the increase to tenants, this is being phased-in over a three year period. For 2014/15 the proposed charge is £15.06 and will be eligible for Housing Benefit. If approved by Budget Council on 27th February, this will replace the current supporting people charge of £12.85. The budget proposals also provide for four extra posts within the sheltered service. The full Housing Revenue Account Budget 2014/15 Report is available to read on the Council's web-site.

Finance Officer Consulted: Monica Brooks

Date: 16/01/14

Legal Implications:

As this report is simply for noting, there are no significant legal implications to draw to the Sub-Committee's attention.

Lawyer Consulted:

Name Liz Woodley

Date: 15/01/14.

Equalities Implications:

An Equalities Impact Assessment will be submitted with the final report of the review.

Sustainability Implications:

The service aims to meet the One Planet Council sustainability commitment towards encouraging active, sociable, meaningful lives that promote good health and wellbeing. The review aims to build upon the work already undertaken within the service that already meets this objective.

Any Other Significant Implications:

Crime & Disorder Implications:

There has been a significant impact on some sheltered communities due to anti social behaviour and disruption, particularly where alcohol dependency issues have been a factor. The review aims to improve the way in which the service works with older people with higher and complex need where such needs have an impact within a sociable community.

Risk and Opportunity Management Implications:

The review has been conducted following the completion of a risk register completed as part of the Housing Business Plan (2013/14) and individually as part of the Sheltered Business Plan (2013/14)

Public Health Implications:

The service aims to work more preventatively with regards to the health and wellbeing of older people, including making a positive contribution to public health.

The health and wellbeing and inequalities screening tool recommended by Public Health will be submitted with the final review.

Corporate / Citywide Implications:

The review aims to deliver a revised service that links to the (draft) city plan and is able to contribute towards sustainable neighbourhoods and ones which can help reduce inequalities within and between neighbourhoods.

The review aims to deliver a revised service that contributes towards the 2011-2015 corporate plan. In particular the revised service aims to enable older and vulnerable people to live health and independent lives, an outcome in the corporate priority of tackling inequality in the city.

The service acknowledges the 2012/13 Annual Report of the Director of Public Health ('Happiness – the eternal pursuit) as a key driver for the work undertaken within sheltered housing and the review.

The review aims to deliver against the key health impacts identified within the Joint Strategic Needs Assessment. In particular, the revised service aims to make a greater contribution in addressing the key health issues of:

- Smoking cessation.
- Health weight and nutrition
- Cancer prevention and early detection.
- Mental health and wellbeing.
- Dementia

The service aims to help meet the challenges and service objectives identified within Adult Social Care's Local Account.

SUPPORTING DOCUMENTATION

Appendices:

- 1 Resident Survey Results
- 2 Appreciate Inquiry Day notes
- 3 Lettings Survey

Documents in Members' Rooms

None

Background Documents

None

