



policy consultancy research

STRATEGIC REVIEW OF OLDER PERSONS HOUSING AND SUPPORT SERVICES

For Devon County Council

Final Report Version 2
March **2008**

Contents

- 1. Introduction**
- 2. Context**
- 3. Mapping Needs and Supply**
- 4. Feedback from Stakeholders**
- 5. Options and implications**
- 6. Vision, Principles and the way forward**

Appendix 1 - Market Town Analysis of SP services and Adult Care Services

Appendix 2 - Summary of the options for support services

Appendix 3 - Draft Implementation Plan

Appendix 4 – Financial Modelling

1. Introduction

DCC commissioned this strategic review to provide a direction of travel for housing and support services for older people that are commissioned under the Supporting People programme. As such the strategic review is focus on sheltered housing for older people, but also encompasses extra care housing and community alarms/telecare.

The strategic review has come to the conclusion that retaining the status quo is not an option. In particular the increase in the number of older people projected to live in Devon requires new approaches to providing housing and support services, as well as social care services. Furthermore, the evidence shows that the vast majority of older people live in private accommodation, whilst virtually all Supporting People services for older people are provided to those living in housing association or local authority sheltered accommodation.

1.2 Approach to the review

This approach to the review has involved the following:

- **Comprehensive service mapping** – DCC provided comprehensive data on SP services for older people.
- **Demand analysis** – demand analysis involved using CSCI's Projecting Older People Population System (POPPI), together with local data from Housing Market and Needs Assessments, and other data, to obtain an indication of the future demand for housing support services.
- **Meetings with District Housing Authority and a City Housing Authority** – these meetings discussed the options for housing and support services.
- **Consultation with providers** – meetings held with a number of providers and a specific meeting of the sheltered housing forum was convened. In addition a workshop held at the Devon SP Conference and telephone interviews were undertaken with a sample of providers
- **Meeting with Adult Community Services and Older Persons Mental Health Services (OPMH)** –meetings were held with all three ACS locality areas and a meeting was held with the locality managers of OPMH.
- **Consultation with older people** – this involved two workshops at the Older Persons Conference and a meeting of the housing sub group of the Senior Council. In addition feedback was obtained from providers about the outcomes of their own consultation exercises with residents of sheltered housing.
- **Financial model** –a financial model has been developed to cost the proposals for housing and support services (the outputs are summarised in **Appendix 4**)

A discussion paper on the proposals arising from the review was produced and was discussed by DCC's Senior Management Team, HSSP and the Strategic Older Persons Partnership. A final draft report, based on the discussion paper and



subsequent discussions, was produced for a special meeting of the Joint Commissioning Board.

2. Context

2.1 National Context

Demographic context

The demographic projections for England show an increasing number of older people. This change in population is occurring because people are living longer and there is a lower birth rate. The population projections are as shown in the table below:

England	2008	2010	2015	2020
Population aged 65 and over	8,287,800	8,585,000	9,673,900	10,452,500
Population aged 85 and over	1,112,700	1,163,100	1,299,700	1,475,900

The percentage increase in the older population as a percentage of the total population is projected as follows:

England	2008	2010	2015	2020
Population aged 65 and over	16.18%	16.60%	18.25%	19.23%
Population aged 85 and over	2.17%	2.25%	2.45%	2.72%

Rural Areas

England's population is increasing in rural areas and becoming older. Inward migration accounts for the increasing population, mainly with those in the 40-50 year older age group who settle in a rural areas and stay into old age. The average age for a rural resident is 50 years old compared with 42 years old for an urban resident.

Tenure of older people

There are significant changes occurring in relation to the tenure of older people, with the vast majority of older people owning their own homes as shown in the table below:

Tenure in England	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	80.47%	76.10%	67.79%	61.42%
Rent from LA	9.97%	13.35%	17.11%	17.51%
Other social rented	3.80%	5.24%	7.42%	9.64%
Private rented or rent free	5.76%	5.31%	7.68%	11.43%

There are considerable implications for housing and support services. Most SP funding for older people is directed to tenants living in sheltered accommodation with little or no access to housing support services for low income older owner occupiers and a number of administering authorities have concluded that this situation is inequitable.

Older people and their aspirations

There is considerable research evidence to show that older people have a diversity of aspirations depending on their income, family and education etc. However there has been very little choice in terms of the housing and support options available to older people and sheltered housing has largely been provided as a standard service, with very little consideration of the needs of older people.

Increasingly older people are becoming more demanding and have higher expectations. These expectations are increasingly have an impact on the sheltered housing market where some schemes are becoming difficult to let. Bed-sit and small units are less popular and increasingly the private sector is stepping in to meet the needs of those older people who are able to release equity from the sale of their homes and can afford meet service charges.

Research shows that older people are choosing options other than sheltered housing, with many wanting to remain living in their own homes, or moving to suitable alternative housing, such as bungalows. However, housing options for older people can be limited particularly where the accommodation is not built to meet changing needs of an older person.

Increasingly older people are remaining in work beyond the normal age of retirement due to skills shortages and through government incentives. These changes are having an impact on the aspirations of older people with some continuing work after they moved into sheltered accommodation

Policy Context

- **Supporting People**

The CLG has published its future strategy for Supporting People entitled '*Independence and Opportunity*'. The strategy is based on four themes:

- Keeping people at the heart of the programme- by increasing personalisation of services and choice including learning from the Individual Budget pilots.
- Enhancing partnerships with Third Sector organisations.
- Delivering services within the context of Local Area Agreements – the ring fence will be removed from SP funding from April 2009 and support services for vulnerable people have been built into the new performance framework for local authorities.
- Increasing efficiency and reducing bureaucracy.



These themes have implications for authorities in commissioning housing support services that are more focused on individuals' needs. Furthermore, creating efficiencies in the SP programme is essential in developing increased capacity to meet identified needs.

Since the publication of the national SP strategy the CLG has announced the three funding settlement for the programme. The Comprehensive Spending Review 2007 has resulted in a 3.5% per annum cut in overall grant available for the programme over the next three years. This presents real challenges for authorities and providers in respect of their capacity to deliver on meeting future needs. Proposals to remove the ringfence for SP funding via Local Area Agreements and Area Based Grants will present additional challenges.

- **Social care and health**

Department of health policy is encouraging health and adult social care to support older people living at home, or in a specialist accommodation in the community, to reduce unnecessary hospital admissions and to prevent the need to move into residential care.

There is an increasing move toward self directed support by using direct payments to give service users greater control over purchasing services. This approach is intended to personalise services for individuals and to create greater efficiencies. Currently there are 13 sites that are piloting the use of Individual Budgets where a number of different revenue streams are available to service user to purchase services based on a single assessment process. SP funding is an important element within IBs that is part of the pilot.

- **Housing and older people strategy**

The government is currently developing a National Strategy for Housing in an Ageing Society. The consultation paper explains that the scale of demographic change will mean that current housing and support levels are not sustainable for the future. The intention of the strategy is to stimulate innovation in services and housing to provide approaches that prevent health and care crises.

The strategy is intended to set a new direction of travel by giving leadership on planning, designing and building of new housing and new communities. The strategy is also intended to help with making the most of existing housing in both the public and private sectors, including specialist provision. Finally, the strategy is intended to meet individual needs through enabling independence, choice and control at home, supported by coherent preventative services including SP services and Home Improvement Agencies, advice services and making the use of innovative models such as Individual Budgets.

2.2 Local Context

Since 1981 the South West region has had the fastest growing population among all UK region. High demand for housing in the region has inflated property prices and the growth in household numbers has outpaced new housing development. One of the key features of the region is its older than average population compared with other English regions.

The older population in Devon is projected increase both in terms of the number and proportion of people over the age of 65, as shown in the table below

Devon	2008	2010	2015	2020
Population aged 65 and over	161,900	170,300	198,000	241,900
Population aged 85 and over	24,100	25,200	28,300	32,100
Population aged 65 and over as % of total population	21.51%	22.23%	24.78%	26.30%

Most older people live in owner occupied accommodation and the proportion that lives in different types of tenure in Devon is shown in the table below:

Tenure in Devon	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	84.99%	83.36%	78.57%	74.64%
Rent from LA	4.83%	6.68%	8.01%	7.68%
Other social rented	2.47%	3.62%	5.17%	6.33%
Private rented or rent free	7.71%	6.35%	8.25%	11.35%

The South West region has a low proportion of social rented housing compared with figures nationally – 16% of stock is for rent from social landlords compared with 24%. The Housing Market and Needs Assessments have found that there is an unmet need for affordable housing in the region, both in areas of economic growth where housing costs are high as well in certain rural and coastal areas where there is a demand for second homes and the use of housing for holiday accommodation.

Older people and mental health

The prevalence of dementia rises with age. The following tables shows the projections for people over the age of 65 predicated to have dementia:

Devon	2008	2010	2015	2020
Population aged 65 to 74	1,626	1,740	2,108	2,334
Population aged 75 to 84	5,132	5,202	5,609	6,530
Population aged 85 and over	5,992	6,275	7,004	7,848
Total	12,750	13,217	14,721	16,712



These increases may have implications for the development of extra care housing that can meet the needs of older people with mild to moderate dementia.

Older people can also experience psychotic or neurotic disorders. Applying the prevalence figures to the population over the age of 65 shows that the population at risk in 2008 of psychotic disorders is 8,899 and of neurotic disorders is 26,535. These figures rise to 12,050 and 35,932 respectively in 2020.

Districts

The population data has been broken down at a district and city authority level. There are projected to be significant increases in the number of older people aged 65 and over in each of the authorities as shown in the table below.

Total population aged 65 and over	2008	2010	2015	2020
East Devon	36,100	37,900	43,500	47,800
Exeter	18,400	18,800	20,600	22,000
Mid Devon	14,800	15,700	18,500	20,800
North Devon	19,600	20,700	24,300	26,900
South Hams	18,200	19,100	22,200	24,400
Teignbridge	28,700	30,200	35,000	38,900
Torridge	14,900	16,100	19,600	22,400
West Devon	11,400	11,900	14,300	15,900

There are also significant increases in the percentage of older people aged 65 and over as a proportion of the total population in all the authorities. Most significantly in East Devon there will be increase from 26% in 2008 to 31% in 2020.

Rurality and Isolation

The Mosaic profile of Devon shows that the county has large rural areas and high numbers of older people. A significant proportion of households fall into the rural isolation and older person groups, which can be summarised as follows:

Percentage of households	Older People	Rural Isolation
East Devon	41.73%	17.68%
Exeter	14.40%	0.14%
Mid Devon	13.74%	33.23%
North Devon	21.42%	25.13%
South Hams	25.09%	33.10%
Teignbridge	27.85%	13.15%
Torridge	20.86%	38.37%
West Devon	18.59%	37.10%

The table below shows the proportion of all households where there is a lone pensioner.

	All households	Lone Pensioner households	Lone Pensioner households as a % of all households
East Devon	55,011	10,883	19.78%
Exeter	46,573	7,120	15.29%
Mid Devon	28,928	4,355	15.05%
North Devon	36,777	5,764	15.67%
South Hams	34,810	5,605	16.01%
Teignbridge	51,417	8,744	17.01%
Torrige	24,870	3,854	15.50%
West Devon	20,188	3,141	15.56%

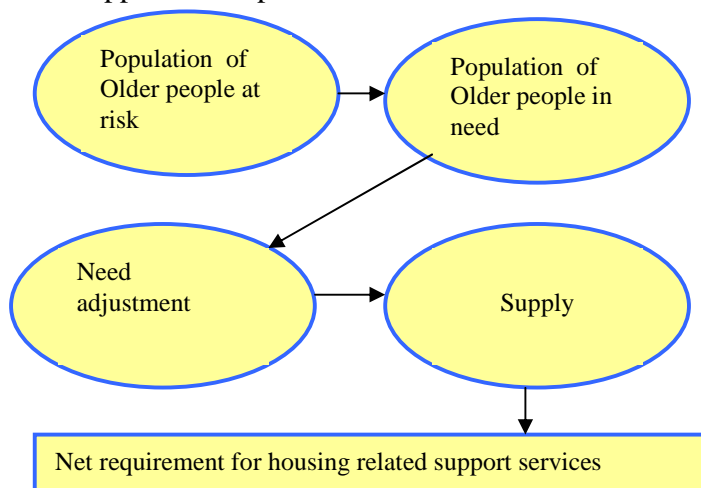
These factors combine to present a picture of a high proportion of older people living in rural areas, a significant number of which comprise single pensioner households.

3. Mapping Needs and Supply

3.1 A model for estimating the need for housing support services

The approach to estimating the need from older people for housing related support services has been based on a model used to develop the Supporting People distribution formula (Communities and Local Government – Supporting People Distribution Formula Technical Consultation Paper – November 2005) and the model used for identifying the need for supported housing in London (London Housing Federation, May of London/Housing Corporation – Building for All – May 2007).

The approach adopted is illustrated below.



The application of this approach to Devon has involved deriving population and prevalence data from POPPI (Projecting Older People Population Information System – CSIP) which provides statistical data on the older person population. The approach adopted for assessing needs in Devon works as follows:

Population at risk	The population at risk figure has been derived from census data to show the number of older people unable to manage on their own and who may need housing related support services. Not everyone will actually require housing related support services, as they may receive help from a variety of sources to deal with practical tasks and help with accommodation issues. The data shows the proportion of older population who are unable to manage at least one domestic task on their own (including managing their own affairs).
Population in need	The population in need has been derived from data in the Housing Market & Needs Assessments, which can provide an indication of the number of older people living in their own homes who may



	require support. In addition it has been assumed that 75% of sheltered tenants require support and 100% of those in receipt of floating support. The population in need is a measure of all the older people who are likely to require some form of housing related support during a particular year. This equates to 28.08% of the population at risk (in 2008).
Need adjustment	The population in need is adjusted to take account of older people who will use a support service for less than a year. Generally it is assumed that older people will require longer term support, however the review has found that some older people do need short term interventions to help re-established themselves at home (e.g. after coming out of hospital). As the model is based on a year by year basis those who require a service for more than 12 months is not relevant to the calculation of need.
Supply	Having identified the gross requirement for housing related support then the next step is to identify the current supply of services. This is based on the number of units of sheltered housing and floating support services. These are defined as a unit of support that is currently available.

3.2 Assessing the need for housing support services

Population at risk

The table below provides a rough indication of the number of older people ‘at risk’ using data from POPPI.

Devon	2008	2010	2015	2020
Population aged 65-74 unable to manage at least one domestic task on their own (including managing their own affairs)	19,512	21,072	25,680	27,120
Population aged 75 and over unable to manage at least one domestic task on their own (including managing their own affairs)	38,688	39,600	43,680	61,872

The data shows that 24% of 65-74 year olds and 48% of people aged 75 and over are unable to manage on their own. It shows the number of older people who are unable to manage at least one domestic task on their own including household shopping, washing and drying dishes, cleaning windows inside, using the vacuum cleaner, washing clothes and dealing with personal affairs. This data has been used a proxy for those potentially requiring housing related support (although it needs to be noted that some of these activities are related to the need for domiciliary care only).



Many will not require housing related support as they will receive support from elsewhere e.g. from their families, or where they only require domiciliary care they will purchase these services directly or be assessed under FACS.

Population in need

The population in need has been calculated as a percentage of the population at risk. The calculation is based on information contained in the Housing Market and Needs Assessments about the percentage of people aged over 60 and who are highly likely to consider moving to sheltered housing. We have used sheltered housing as a proxy to estimate the number of older people living in their own homes that are likely to require housing related support services. In addition it has been assumed that 75% of existing residents living in sheltered housing require support and 100% of those in receipt of floating support.

As most of the Districts' Housing Market and Needs Assessments are due to be revised on a sub regional basis, the data on the percentage of the older population in need has largely been based on the recent Exeter & Torbay Strategic Housing Market Assessment, which covers Exeter, Mid Devon, East Devon, and Teignbridge. We have validated this information using information from the Housing Market and Needs Assessments of South Hams and West Devon.

The Exeter & Torbay Strategic Housing Market Assessment found that 7.6% of older people surveyed were very likely to consider living in sheltered housing i.e. they wanted to receive support in addition to accommodation. These figures have been applied to older population in Devon to calculate the numbers living in their own homes who require support (excluding sheltered housing residents, floating support placements and residents living in residential care homes).

An indication of the total population in need is shown in the table below:

Devon – population in need living in their own homes or sheltered housing	2008	2010	2015	2020
Population in need over 65 in need	16,340	16,957	18,990	21,233

Need Adjustment

The need for services is adjusted slightly based on the assumption that about 25% of older people will only require services for a short period (i.e. less than a year) e.g. hospital discharge support. It is assumed that the majority of older people will require housing related support for a year or longer. This has the effect of slightly reducing the gross need for services.

Devon	2008	2010	2015	2020
Population aged 65 and over in need	13,277	13,778	15,430	17,252

The figures show the need for housing related support which could either be delivered to people in living in sheltered accommodation or living in another type of accommodation.

Supply

The supply of housing related support services is based on the number of sheltered housing units/supported housing and the number of floating support units. The total number of units is the total number of support units that are available for older people.

Devon	2008
Sheltered Housing	6,739
Floating support	60*
Total	6,799

* The SPLS data includes some alarm services with floating support. These have not been included as floating support and they appear to provide a response service

Net Requirement of Support

Based on the above analysis there is a net requirement as shown in the table below:

	2008
Population at risk	58,200
Population in need	16,340
Demand adjustment	13,277
Supply	6,799
Net Requirement	6,478

On the basis that 25% of current sheltered housing residents do not require support (based on the research used by the 'Building for All' model) there is potential capacity that can be used to meet the needs of older people living in other tenures.

It has been estimated that there are about 5,100 residents living in sheltered accommodation, and about 8,100 older people living in other forms of tenure, who require support. On this basis there is currently a capacity of about 1,700 support units which could meet the needs of some older people living in other tenures. It should be noted that not all older people in need will be eligible for SP subsidy.

The above can be broken down on a district basis



2008	Population at risk	Population in need (adjusted)	Supply*	Net Requirement
East Devon	13,200	3,007	1,615	1,392
Exeter	6,720	1,560	847	713
Mid Devon	5,256	1,257	681	576
North Devon	6,936	1,728	1,032	698
South Hams	6,480	1,502	782	720
Teignbridge	10,392	2,170	896	1,274
Torridge	5,232	1,130	462	668
West Devon	4,032	837	301	536

* Not including the 183 cross district units

The net requirement is likely increase in subsequent years based on the projected increase in the numbers of older people living in Devon and an assumption that the supply of support services will remain constant.

3.2.1 The needs of BME communities

There is a small, but growing, BME older person population in Devon. This population comprises older people of different ethnic origin, the most significant numbers whom are of Chinese and Asian origin. There is a diversity of needs amongst this older population with the most significant service gaps being:

- the need for floating support to help older people move into independent accommodation and to provide them with initial support (this service could be part of a broader older person service with a worker that specialises in the needs of BME groups)
- a specialist sheltered housing scheme for older BME people (this could include older people of different ethnic origin), with support being provided on a floating basis

There is a considerable amount of multi occupancy with older relatives living with their family. A need has been identified by the Hikmat Centre for support to help older people access independent housing and then support with living independently. There are also some older people who would like to move to sheltered housing and experience to date of such moves has not been positive (e.g. existing residents complaining about the smell of cooking). The Hikmat Centre has found that older people from a number of different BME communities would be prepared to live in a sheltered housing together. Support could be provided on a flexible basis through a floating support service. There may also be some demand for extra care from older people in the Chinese population.

3.2.2 Resources for support services

Currently there are 6,739 units of accommodation based services for older people across Devon, the majority of which are provided as sheltered housing. These units are almost exclusively provided in local authority or housing association



accommodation and £3,321,591 Supporting People funding has been budgeted for these services during 2007/08. In contrast there are about 60 units of floating support to people living in different type of tenure which receives approximately £170,000 SP grant.

As a result of Comprehensive Spending Review and the introduction of the SP Distribution formula, the overall resources for the programme in Devon will reduce over the next three years as shown in the table below:

Authority	Indicative grant allocation 2008/09 (£)	Indicative grant allocation 2009/10 (£)	Indicative grant allocation 2010/11 (£)
Devon	19,337,068	19,337,068	19,158,803

It will therefore be essential for the SP programme to make the most efficient use of the resources for support services for older people

3.3 Assessing the need for extra care housing

The approach adopted to assessing the need for extra care is much more indicative than that used to assess housing related support needs. Essentially the need for extra care is based on making an assessment of the numbers of people who are at risk of moving into residential care and who could potentially live in an extra care housing scheme.

The number of people currently living in residential care and who are supported by DCC is as follows, with projections to 2020:

Devon	2008	2010	2015	2020
Total number of older people in residential and nursing care during the year, purchased or provided by the CSSR	5,621	5,912	6,874	7,603

It is likely that many of these individuals who have moved into residential care could have moved to extra care housing had this option been available at the time.

One approach to predicating the future demand for extra care housing is to base the calculation on those who are most at risk of moving into residential care. This would identify the population that is at risk and that may need extra care housing. The most obvious approach to identifying the population at risk is by using the number aged 80 and over, as shown in the table below.



Population aged 80 and over	2008	2010	2015	2020
East Devon	11,700	12,200	12,900	14,400
Exeter	5,900	6,100	6,500	7,200
Mid Devon	4,100	4,400	4,800	5,700
North Devon	5,500	5,700	6,300	7,300
South Hams	5,300	5,400	5,700	6,500
Teignbridge	8,900	9,200	9,900	11,100
Torrige	4,100	4,400	5,100	6,200
West Devon	3,200	3,200	3,800	4,400

However, the vast majority of the population at risk could remain in their own homes, either with domiciliary care or help from carers – only a very small proportion would require extra care housing. It has been assumed that 3% of the population at risk will require extra care housing based on data extrapolated from the housing market assessments. Based on this figure the following table shows the need for extra care (for 2008):

2008	Population at risk	Population in need	Supply	Net Requirement
East Devon	11,700	351	0	351
Exeter	5,900	177	0	177
Mid Devon	4,100	123	0	123
North Devon	5,500	165	0	165
South Hams	5,300	159	56	103
Teignbridge	8,900	267	0	267
Torrige	4,100	123	0	123
West Devon	3,200	96	0	96

Although the SPLS data shows the availability of 305 units of very sheltered housing only 56 of these units provide extra care housing on a 24 hours basis with care staff on site. The net requirement for extra care housing based on this analysis shows a total of **1,405** units.

3.4 Community alarms

There are 1,984 community alarm units across Devon that are in receipt of approximately £91,699 SP funding (not including the community alarms that are provided to tenants of sheltered housing). We understand that these alarm services are mainly provided to older people living in ‘designated’ housing for older people and which do not receive a warden service. These units are provided in local authority or housing association accommodation. The review has found that most providers of alarm services have extended their services to older people living in other types of tenure.



4. Feedback from Stakeholders

4.1 Introduction

This review has involved a considerable level of consultation and communication with key stakeholders. These have included:

Consultation	
District Councils/City Council	Meetings took place with all the district councils and a city council to discuss the issues arising from the strategic review
Adult Community Services	Meetings took place with each of the three ACS localities
The Health Service	Two meetings took place with older person services, one of which was with OPMH
Providers	In addition to the meetings held with local authority providers, there was a special meeting of the sheltered housing forum to discuss the review. Telephone interviews were also held with a sample of providers and a workshop was held on the strategic review at the SP conference.
Older People	Workshops on housing and support were held at the Older Peoples' Conference and a housing sub group of the Senior Council was convened to discuss the review. Feedback has also been obtained on the tenant consultation exercises carried out by providers.
Voluntary and Community organisations	A meeting took place with Hikmat Centre to discuss the needs of older people from BME communities in Devon

Although there has been no specific consultation meeting with existing residents of sheltered housing there has been involvement of older people in the review. The intention is to convene a consultation event with sheltered housing residents to discuss the findings of the review and the implementation options.

4.2 Sheltered housing

4.2.1 Models of support

Providers of sheltered housing are moving away from a model of support that involves a residential warden. For some providers this process is very incremental and for others it is the result of a policy change within the organisation and has involved a rapid change from residential wardens to peripatetic support workers.

These changes reflect the fact that providers are trying to address the needs of their sheltered housing tenants more effectively. Providers reported that by moving to



mobile wardens their time could be deployed more flexibility so that they are not tied to a particular scheme.

Although the initiatives adopted by providers have helped to develop a far more responsive service, the underlying services are still accommodation based and rely on sheltered housing residents to require support services. Some providers have extended their support service to older people living in Category 1 accommodation by using the capacity of the existing service. However, these approaches are limited and there has been no extension of support to general needs tenants or people living in the private sector.

Models	Definitions
Resident warden	Where a warden lives in a flat on site. The warden provides a service to those residents in their 'scheme'. The warden is on duty during the weekday but residents often call out the warden out of hours. This is an accommodation based service as the charge for the warden is part of the service charge in the tenancy agreement.
Mobile warden	Where a warden does not live on site (or is not fixed to a particular scheme) and provides support on a flexible basis, often to more than one scheme. This is an accommodation based service as the charge for the warden is part of the service charge in the tenancy agreement.
Peripatetic support worker	This is another term for a mobile warden, but with estate management functions transferred to housing officers or caretakers. The worker's role is far more focused on support. This is an accommodation based service as the charge for the support worker is part of the service charge in the tenancy agreement.
Floating support	This involves completely separating the support service from the accommodation so that the support worker is not linked to any particular type of accommodation. This type of service is completely tenure neutral as the service can be provided to older people living in any tenure. The charge for the support service is separated from any charges for accommodation. Floating support requires a change to the SP contract.

Floating support

All the stakeholders interviewed were asked their views about moving sheltered housing from providing an accommodation based service to the provision of floating support.

Those District Councils (and a City Council) that also provide sheltered accommodation were most concerned about the disengagement of support from accommodation. Although they support the concept of providing support to older



people living in other forms of tenure they were concerned that the core support should continue to be linked to existing sheltered housing tenants and be available for future sheltered housing tenants.

Other Districts generally thought that there should be a move to floating support so that older people in all forms of tenure could access this type of support. Representatives of ACS and the PCT supported the concept of floating support, although there were some concerns raised about the role of the warden in helping with the well being of older people in sheltered housing (i.e. preventing them from needing hospital treatment).

The housing association sector has largely welcomed concept of floating support and providing support to older people in other tenures, with a number of provisos. There are some concerns about the capacity of their services to meet the support needs of older people living in other forms of tenure and there are concerns about how such services are to be commissioned in the future.

4.2.2 Support needs of sheltered housing residents

The strategic review aimed to obtain an indication of the support needs of existing residents living in sheltered housing. Most providers are not aware of the extent to which tenants require the support services, as they have not carried out a comprehensive needs survey. The general consensus is that most sheltered housing tenants have low support needs, with a small but significant proportion that are frail and have high support needs.

Those providers that have carried out needs surveys have found that, although most of their sheltered housing tenants have a support need, there is a proportion that have no support requirements at all. A survey carried out by one provider found that that 21% of sheltered housing tenants did not require a support service, with another 15% requiring very low support. The preliminary results of another survey suggest that about 25% of sheltered tenants do not require a support service. However, a recent desk top exercise by a provider found that 60% of their residents had high needs, 34% medium to low needs and 6% with no support needs.

Although the majority of providers have not carried out comprehensive surveys, it is clear from the evidence that the majority of sheltered housing tenants appear to have support needs. The proportion that have no support needs at all, or very low support needs, may vary from 35% to 5% of residents depending on the area, the popularity of the stock and the type of provision. However, more work needs to be done to not only establish the proportion of those that have no support needs at all, but also the proportion with very low support needs which could potentially be met through telecare.



4.2.3 Feedback from service users

This review has obtained feedback from a number of provider consultation exercises carried with of sheltered housing residents. The most significant feedback from service users is as follows:

- There is evidence that residents do not want a ‘one size fits all’ approach to the warden service. Consultation exercises carried out by providers have shown that sheltered housing residents accept that the support service should be needs led and tailored to individuals (although a significant proportion of residents did not want to lose their resident warden, on the balance they were in favour of mobile wardens/peripatetic support workers).
- One provider that has changed its services from residential wardens to peripatetic support found that the level of resident satisfaction increased as a result of this change (measured through tenants’ satisfaction surveys).
- The introduction of caretakers for sheltered housing by some providers (to complement the introduction of non-resident wardens) has been very successful as these posts have been able to carry out estate management functions that would ordinarily be carried out by a resident warden e.g. clearing up after the bins have been emptied.
- Service users have found that they prefer to have more than one support worker, operating on a flexible basis, as this provides them with greater choice.

There are currently no accommodation based services for older people that have been remodelled as floating support as the current contract with the county is to deliver accommodation based services (as a consequence providers have been unable to use any spare capacity to provide services to older people living in their general needs stock or other tenures). However, the peripatetic model has enabled providers to focus support on where it most needed rather than having scheme based staff.

Some districts authorities, and providers, pointed out that they have received feedback from some residents that they do not want to pay charges for services that they don’t use e.g. the warden and the community alarm services. Older people, involved in the review, have also pointed out that some people move into sheltered accommodation as they want to remain living in the area and may not need the support service.

4.2.4 Asset management

All the providers have asset management strategies that include their sheltered housing stock as they are required to achieve Decent Homes Standards.

Those authorities that are also providers, and stock transfer RSLs, have the oldest and most traditional types of sheltered housing. Some of this stock is difficult to let and some of it may not appropriate for sheltered accommodation e.g. steps up to the front door, or flats above the ground floor with no lift access. Some sheltered



housing that is located in isolated areas can be popular, however some of the stock can also be difficult to let.

As part of their asset management strategies most providers are reviewing the suitability of their sheltered housing stock. Providers have identified that some stock needs to be decommissioned as it is no longer suitable and could either be disposed of or used to meet other needs. In decommissioning any stock providers recognise that they will need to work with the county as such a process would have an impact on their SP contract for an accommodation based service.

It is clear that there are considerable variations between providers about the ways in which aids and adaptations are funded in sheltered housing schemes

4.2.5 Lettings to sheltered housing

The feedback from authorities and from RSLs suggests that choice based lettings schemes, where they have been introduced, have been very successful in addressing the issue of difficult to let sheltered housing. However, because providers require older people to have support needs this may result in prioritising people for sheltered accommodation who are not in most housing need.

Currently there is a perverse incentive for providers to allocate sheltered housing to people who have a support need, as the accommodation is linked to the support service provided. Providers are concerned that they have been contracted to provide accommodation based support services by the county and as such need to ensure that any new lettings also require support. This approach potentially leads to sheltered housing only being able to accommodate those that are more dependent, rather than creating balanced communities of older people who want to live in a more of a community setting.

4.3 Support needs of older people in other tenures

As part of the review we wanted to find out about the support needs of older people living in other types of tenure. It is clear from talking to District Councils (and a City Council) that there is little information on the number of people living in the private sector with support needs. However, these authorities acknowledge that there is an imbalance and that support services need to be extended to other tenures.

Housing association providers are aware that some of their older general needs tenants require support, but none of them have carried out comprehensive needs surveys. Some providers are including these surveys in their work programmes as they are concerned about the ability of some older tenants to manage their tenancy. Providers pointed out that many older people living in Category 1 sheltered housing now have support needs, but have no access to support services.



The feedback obtained from discussions held with older people confirm that they want support services to be available to older people living in the private sector and not just those living in sheltered housing. There was agreement about the principle that support should be available to everyone no matter where they lived.

Currently there is 208 FTE front line staff providing warden services to older people in sheltered housing across Devon (not including extra care housing). About 85% of their time is apportioned to support, resulting in 176 FTE staff providing support. Based on a working assumption that 75% of residents require the support service, about 44 FTE staff could be released to provide support to older people living in other tenure. This would add to the 4.85 FTE currently providing floating support to older people.

4.4 Extra care housing

There was a considerable level of support from stakeholders for developing extra care housing as an alternative to residential care. Although providers had an understanding of the number of sheltered housing tenants who may require extra care housing, districts did not have a lot of evidence about the need for extra care housing, apart from indicative data from their Housing Market and Needs Assessments. Older people identified extra care housing as an important option and some had visited the extra care housing schemes in Bristol and thought that these would provide a good model for Devon.

The main issue identified by district councils was the difficulty in obtaining revenue funding for extra care housing. There are a number of sheltered housing schemes that are suitable for remodelling as extra care housing, but obtaining funding for 24 hour support has been the main barrier. The meetings with ACS confirmed that they fully support the concept of extra care housing as an alternative to residential care; however there may be a need for transitional funding whereby a system of spot purchasing moves to one requiring block contracts. One suggestion was made for pump priming funding for a transitional period.

There are issues about resourcing existing sheltered housing schemes that could be remodelled as an extra care housing scheme. In particular many of the existing residents may not require extra care and this type of change creates very little new capacity. One approach is to incrementally place more dependent people in these schemes so that they can eventually be remodelled as extra care housing (domiciliary care services could be used until economies of scale could allow for care staff to be based on site).

4.5 Meeting support needs in rural areas

There is a growing older person population in rural areas as people either return to, or move to, Devon to retire. Furthermore, the proportion of older people as a



percentage of the population in these areas is increasing as younger people migrate to urban areas for work.

The evidence from stakeholders suggests that older people wish to remain living in rural areas, many of whom have lived in these communities for most of their lives. There is a question of how a support service can be delivered efficiently to people living in rural areas. Some stakeholders suggested the concept of enhanced sheltered housing which could provide a hub from which floating support workers could operate.

The issue of close care to people in rural areas has arisen during the review, where individuals have high care needs but could receive outreach support from an extra care housing scheme. Close care services could potentially be located in extra care schemes; however there are challenges about providing comprehensive personal care to people living in isolated rural areas. One option is to use telecare to monitor an individual so that a carer is only alerted where there is a problem e.g. the person wanders out of the house. Close care services could then operate as flexible responsive domiciliary care services.

4.6 Telecare/community alarms/out of hours response service

All the providers commented that they need to look at what they can do with telecare. Some already work with community alarm providers that can supply and monitor telecare equipment, while others have very outdated systems and work with alarm providers that may not be geared up to telecare. Most providers agree that hard wired systems in their sheltered housing should be replaced by telephone based systems – this may take some time where providers have recently upgraded their hard wired systems. The older people who were consulted as part of the review were enthusiastic about telecare, but recognised that there also needed to be an appropriate response service.

Some providers currently provide an out of hours response service to their sheltered housing tenants, although this service tends to be quite patchy – this is delivered either by wardens on rota or ‘retained’ wardens. The review found that no other response services are available to older people with an alarm service (apart from one service in Mid Devon providing an alarm and floating support service)

4.7 Housing for older people

The other housing options required by older people were discussed with districts and other stakeholders. The following issues arose:

Mixed tenure and private sector developments

- There is a need for mixed tenure extra care housing developments so that older people can preserve their equity in property and receive extra care services. This



is considered an important option for new extra care housing schemes, as developers are reluctant to develop mixed tenure in private sector retirement schemes.

- There is a need for private sector retirement developments in most districts, including assisted living schemes (e.g. McCarthy and Stone developments). In some areas, particularly the South Hams, there are problems with the supply of land for these types of developments. In North Devon older people tend to be asset rich and income poor, making it difficult to pay high service charges.
- Private sector schemes do not necessarily meet local needs and issues were identified in relation to the knock on effect of these schemes on social care and health services.

Affordable housing

- In some districts there is a need for smaller units of affordable housing so that older people can move from larger units.
- There is a need for affordable housing developments to include specific units for older people e.g. up to wheelchair standards, as well as general needs housing based on life times homes principles. The importance of working with planners was identified by stakeholders.
- New housing developments (private and social housing) are needed around existing settlements so that older people do not have to move out of the area.

Under occupation

- There is an issue about under occupation of large units by older people. Often owner occupiers downsize and buy smaller units. However many older people living in large units of social housing continue to under occupy. One of the issues is the lack of smaller units in which to rehouse older people.
- The need was identified for an advice service to help older people move house; either those who are owner occupiers living in large properties or older people under occupying social housing.

Adaptations

- There is a continuing need for DFG funding to adapt properties so that older people can remain in their homes e.g. walk in showers.



5. Options and Implications

5.1 Introduction

This section of the review sets out the options that have arisen from the stakeholder interviews and the analysis of data. As the review is focused on sheltered housing the options and implication concentrate on these services. However, this chapter also considers related housing and support services including extra care housing, telecare/community alarms and response services.

5.2 Sheltered housing

There has been some consensus about the principles for remodelling the support services provided in sheltered housing. In fact these principles have informed many of the changes that are currently taking place to sheltered housing services. These principles are as follows:

- Support services should be person centred and should be provided to individuals that require support, based on an assessment of need;
- The service should have a strong preventative focus;
- The support service should be available to people living in others types of tenures;
- The scheme manager/warden service should be provided on a non-residential basis;
- The scheme manager's role should be extended to cover other skills;
- The use of technology to complement support services.

Although there was generally unanimous agreement about these principles, there were differing views about how to achieve these principles in relation to providing services.

5.2.1 Development of a new service model

The strategic review has found that there are inconsistent approaches to providing support services to older people and that support services tend to be thinly spread across the majority of residents of sheltered housing (although practice is changing).

This review proposes that a new service model should underpin the provision of all support services for older people, to ensure a consistent approach to providing these services and to provide more focused person centred interventions. Essentially a multi-skilled approach is being proposed for the support service, which should adopt a holistic, or a whole systems approach to meeting needs.

It is important to point out that the intention is not to make support staff experts in all areas, nor for them to provide specialist services, but to ensure support staff are



able to recognise particular needs and have an understanding of the pathways into specialist services or where to obtain advice. This will rely on staff being able to recognise particular triggers and provide a 'triage' service.

The following sets out the key elements of a proposed new service model. Support staff will be expected to carry out holistic initial assessments, as well as ongoing assessments, as part of the support planning process. Initial assessment will cover:

- The need for housing related support and the level of support required
- An assessment of telecare needs (potentially as a trusted assessor)
- Assessment of the risk of falls
- The need for other services e.g. social care or health
- Assessment on any indicators related to mental health
- Basic assessment of the need for minor adaptations
- Assessment of housing options (and referral to a housing authority where appropriate)

The assessment will allow referrals to be made to specialist agencies that would provide services or further assessments.

The new service model will require services to be tailored to the individual depending on their support needs. Essentially two service areas have been identified:

- Those who require regular contact to maintain their independence (this type of service may not be provided indefinitely and could cease as a result of a support review);
- Those who require short term crisis intervention or short term help such as help with hospital discharge.

The service model also needs to have a key preventative role including:

- Monitoring the well being of service users, particularly in relation to their home
- Improving quality of life e.g. providing support and advice on leisure activities
- Encouraging activities that will prevent ill health e.g. diet
- Encouraging falls prevention
- Identifying symptoms of dementia and ensuring that suitable services are put in place
- Working closely with the community alarm services/telecare care services and to respond appropriately

It is clear that some of the above activities overlap with those provided by ACS/Health, and, where older people receive care or health services, the support services need to work closely with ACS/Health to provide a specialist housing related input. The review has found that where older people are in receipt of social care services their housing issues tend to be neglected as ACS/Health are not familiar with this issue.



As the service model will move away from the concept of a ‘scheme’ and instead to providing a service to ‘individuals’, there has been a debate about how social activities for residents in sheltered housing schemes will be organised. Ultimately the service model will require residents to organise their own social activities (e.g. through setting up a residents committee) with appropriate support from the provider’s tenant involvement officer. The support worker could support individuals to become involved in the organisation of these activities, or any other social activities that meets their needs.

The service model will also involve the support services brokering access to other services or signposting people to suitable services e.g.

- Adult Social care services
- Health services
- Voluntary sector services

The new service model will require training for staff including training on:

- Carrying out assessments
- Housing options for older people
- Mental health issues
- Picking people up as a result of a falls (based on the findings of the Pick Up pilot)
- Diversity and ethnicity issues

The service model will place considerable emphasis on working closely in co-operation with ACS and Health to provide a more holistic approach to meeting the needs of service users. Co-ordination will ensure that resources are used more effectively and will provide greater reach in rural areas – this may include joint training so that some tasks can be performed by support workers as well as care/health workers.

5.2.2 Service options

Below are set out the options for providing support services to older people that have arisen out of the review. All the options will be underpinned by the new service model which involves the following:

- an assessment of individual need
- a multi skilled approach to providing services to older people.
- a move away from residential scheme managers/wardens

The options are summarised in **Appendix 2** and are as follows. These options are not mutually exclusive and can be mixed and matched.

- **Option 1 - Sheltered housing with mobile wardens who also provide community support**

This option involves changing resident wardens into non-resident wardens. This follows the current direction of travel for many providers where there has been a



move towards mobile wardens. This option extends the role of wardens to provide support to older people living in other tenures.

Although a mobile support service would be provided, the service would still be largely accommodation based as the charges would be linked to the sheltered housing scheme (apart from those living in other tenure in the community and receiving the support services).

- **Option 2 - Sheltered housing with mobile wardens providing a menu of services**

This option involving providing mobile services to older people service living in sheltered housing, as well as those living in other tenures in the community. Service users would only pay for the services that they receive based on an assessment. This approach would be based on a menu of services for instance:

- Alarm only
- Alarm with a response service
- Alarm with visiting support

- **Option 3 - Enhanced sheltered housing and older persons floating support services**

This option involves remodelling a number of existing sheltered housing schemes as enhanced sheltered housing. The definition of enhanced sheltered housing still has to be determined, but it sits below extra care housing and provides more than sheltered housing. The key elements are likely to be:

- Enhanced sheltered housing schemes would meet the needs of those who require a support service (but not high enough levels to require extra care)
- All service users would be required to be assessed for support needs before being allocated the accommodation
- The scheme manager would be based on site during the day on a non-residential basis and additional hours may be required (e.g. to employ a support worker on site)
- There would be communal facilities that could also be used by older people in the community e.g. for social event
- There would be treatment rooms
- Seated exercise classes could be carried out at these schemes
- There could be an office for domiciliary care workers where significant number of services users require care
- There would be scooter charging areas
- The scheme would not provide 24 on site staff cover.

The older people floating support service will use the enhanced sheltered housing scheme as a hub and visit older people in their own homes in the surrounding locality (see below for description of older person support service). In particular the need was identified for supporting people to remain in rural locations and the hub



model may reduce the level of travel time. This floating support service will be completely separated from any type accommodation.

- **Option 4 - Older persons floating support services**

This option will involve completely separating support from accommodation, with support workers providing support to older people based on an assessment of support needs. Charges for support services will not be included in an accommodation service charge.

Sheltered housing will be allocated through the housing register, or choice based lettings scheme. The allocation of accommodation will not be based on an assessment of support needs. This approach will ensure a wider mix of people living in sheltered housing.

The assessment of support needs will involve a separate process, whereby an older person would be referred for a support assessment. The assessment will be carried out by the floating support provider. Access to an assessment may need to be co-ordinated through a single access point (perhaps on a locality basis).

It is envisaged that service users will need to be charged for the support services based on a means test. This charge could be a flat rate irrespective of the level of support received, or be banded (i.e. low, medium, high), or be based on the number of support hours provided. The support plan will be focused around enabling the older person to become more independent or providing a crisis, or short term, intervention service.

- **Option 5 - Older persons jointly commissioned floating support services**

A variation of option 4 involves the joint commissioning of support and care teams for older people. These will provide multi disciplinary teams providing an integrated floating support service in each locality or cluster.

- **Option 6 - Direct payments/Individual Budgets**

We understand that ACS currently makes direct payments available to people with learning difficulties, although increasingly they are becoming available to older people (**Appendix 1** shows that there are 112 older people in receipt of direct payments that live in sheltered housing). The further introduction of social care direct payments to older people could potentially lead to the integration of an SP payment for housing related support. To make such a process work a single assessment process for social care and housing related support will need to be developed, together with an integrated Resource Allocation System (RAS). This process will be able to identify social care and SP needs (and define the number of hours required and the outcomes expected).



There is no current mechanism for assessing individuals that require a direct payment of SP only (i.e. not including social care) and an infrastructure would have to be developed to make this option viable. One approach would be for SP to commission an assessment service (rather than the provision of a support service). Older people's housing related support needs could then be assessed and, if eligible, they could be given a direct payment of SP. There would be no mechanism, however, for reviewing how this funding was being spent by the service user or the outcomes achieved.

Direct payments and IBs are a complex option to introduce, although much could be gleaned from the IB pilots. An integrated RAS would have to be developed with ACS and the IB pilots have demonstrated that combining SP and social care payments can be viable. However, there is no current infrastructure for the assessment and review of direct payments of SP only and currently this option is not viable.

5.2.3 Implications of the options

The implications will vary depending on which option is adopted. As previously stated these options are not mutually exclusive. Furthermore some of the options may not be achievable immediately and there may need to be stepped changes.

There are some implications that cut across all the options, for instance training staff to fulfil the requirements of the new service model. The implications of each option are summarised below:

- **Option 1**

This option changes the functions of the wardens, but retains the link with between support and sheltered housing. It is the most popular option with many providers.

The main implications will be:

- No further recruitment of resident wardens.
- Changing practice so that only those with assessed support needs receive the support service.
- Creating the capacity to extend the service to older people in other tenures.
- Introduction of telecare to complement the support service.

- **Option 2**

This option links the services provided to the charges for the services. Support will continue to be linked to accommodation for sheltered housing

The main implications will be (in addition to those in option 1)

- Predicting the volume of business according to the different bands.
- Responding to emergencies outside of the banding (during the day).



- Service users living in sheltered housing would not be charged if no support service is provided.
- Introduction of telecare to complement the support service.

- **Option 3**

This option bridges the gap between extra care housing and visiting support.

The main implications will be

- Remodelling existing sheltered housing as enhanced sheltered housing.
- Consistent assessment of support needs for those accessing enhanced sheltered housing.
- See below for implications for older persons floating support service.

- **Option 4**

This option involve completely separating the link between accommodation and support

The main implications will be

- Ensuring that the service has the capacity to meet the support needs of people in sheltered housing and in other tenures.
- Sheltered housing would be allocated through the housing register/choices based on the basis of housing need (and meeting the age criterion) and this may lead to more balanced communities.
- The way in which the service is commissioned may have implications for providers.
- Some residents in sheltered housing under the age of 75 may become ineligible for a concessionary TV licence.
- Introduction of a caretaker service funded through HB to carry out some of the functions previously carried out by a warden.
- Service users living in sheltered housing would not be charged if no support service is provided.
- Telecare will have an important role to play in complementing a more dispersed service.

- **Option 5**

Where a multi disciplinary support and care team is provided, the main implications are (in addition to the implications in option 4):

- The provider would need to be registered as a domiciliary care provider.
- The needs of those older people with social care needs may be prioritised over those with support needs only.



- **Option 6**

This option will involve the service user purchasing the service using a direct payment or individual budget. The services currently provided will no longer be commissioned.

The main implications for IBs will be

- An infrastructure needs to be set up to develop an integrated RAS for social care and SP.
- Existing providers may not have their services purchased by older people.
- Introduction of a caretaker service funded through HB to carry out some of the functions previously carried out by a warden.
- Some residents in sheltered housing under the age of 75 may become ineligible for a concessionary TV licence.
- There could be the option to purchase telecare as part of an IB.

and for direct payments of SP only

- An infrastructure would need to be set up for assessing and monitoring the outcomes of SP only payments

Although the strategic review uses the term ‘floating support’ to describe services where support is separated from accommodation, some providers thought that this term was not useful and could alarm residents. This review suggests that another term is used, perhaps ‘**housing support services for older people**’. This would distinguish the service from other community support provided to older people (e.g. by OPMH).

5.2.4 Integration and co-ordination with ACS

The strategic review has highlighted the need to work more closely with Adult & Community Services and Health and to link into to the multi disciplinary approach that is currently being adopted.

One way in which to have closer co-operation is through providing services based on the population clusters that have been identified. There are going to be 16 to 18 clusters across Devon each with its own Joint Manager, in recognition of the overlap between social care and health. Community mental health services for older people are also going to be grouped into these clusters to ensure better access to generic services and to provide specialist mental health services within each cluster.

The review has involved discussions about how to deliver more integrated arrangements in relation to support. Developing multi-disciplinary teams of care and support workers was not considered to be the preferred option – instead commissioning housing related support services on a cluster basis, and to which ACS and Health could have access, was considered the best option. The option of



developing IBs was also thought to have potential, particularly if ACS adopted this approach, and would give service users greater choice and control.

In summary, there was unanimous support from ACS and Health for providing floating support services to older people on a cluster basis. This would allow the support service in each cluster to work closely with ACS and Health and to develop interventions that prevented people requiring social care or health services, or helped to discharge older people from hospital. The need to work closely together was identified, as ACS can provide very similar services to SP and by working together there could be greater clarity about who does what (with SP services focusing on housing related issues). **Appendix 1** shows an analysis of SP services by market town and the number of service users who are also receipt of adult social care services.

There are a number of ways in which support services could be commissioned on a cluster basis:

- Each existing provider being commissioned to work on the basis of a new service model (and covering a specific geographical area)
- The commissioning of a lead provider for each cluster on the basis of a new service model, which could then subcontract some of the services to a number of other providers
- Commissioning new teams to provide housing related support in each cluster – these would rationalise the number of existing providers of support services to older people.

The commissioning and procurement of support services for older people will be the subject to a separate process and the approach taken will partly depend on which option is chosen.

5.2.5 Impact on existing residents

Surveys of residents living in sheltered housing have consistently shown a high level of satisfaction with the warden service. However, the warden service has been successfully changed by a number of providers with the consent of residents e.g. from residential to non residential. The review has found that where residents are consulted over changes, and they result in an improved service, these are generally welcomed.

If support is to be separated from housing, residents will focus on how some of practical tasks will be managed around their scheme. One approach is to employ caretakers to carry out the estate management tasks that were previously been undertaken by wardens. In fact this approach could apply to all the options that have been identified, as the service model is intended to move wardens away from providing estate management services. Providers may want DCC to help broker these new arrangements with HB.



One of the issues that may arise is that some residents have moved into sheltered housing with the expectation of being able to receive support in the future. Where there is a separation of housing and support this option will still allow sheltered housing residents access to support based on a needs assessment – however existing residents may need some reassurances.

5.3 Extra care housing

5.3.1 The need for extra care housing

Both the projected population data, and the feedback from the districts, provide a clear indication that extra care housing is needed, both currently and in the future. As extra care housing provides an alternative to residential care, the running costs of extra care housing needs to be primarily met by ACS. There needs to be a strategic decision at a county level about resourcing extra care housing as an alternative to residential care, and then ensuring that the resources are prioritised for this type of service.

All the districts identified a need for extra care housing which is as follows:

	Extra care housing units
East Devon	The need for extra care housing in East Devon is based on the proposed extra care developments which amounts to 136 units. Possibly other extra care housing developments could be sustained in Axminster and Exmouth West.
Exeter	The proposed extra care housing developments of 136 units (including remodelling Eaton House) are thought to be able to satisfy the initial demand for extra care housing.
Mid Devon	The Shaw proposals of 43 units would provide extra care housing units in a good location. Because of the increase in the number of older people over 80 there may be a need for more extra care housing, the most obvious location being Crediton.
North Devon	The strategy is to work in conjunction with social services and Methodist Homes to bring Nora Bellot House up to extra care standards (it was built to extra care housing standards but requires 24 hour cover). The Shaw scheme in Ilfracombe is considered to be in a good location but there is a question about how many people from Ilfracombe need extra care housing.
South Hams	The need for extra care housing has been identified in the housing market assessment as 156 units by 2008, although the number of units currently proposed is 200 (in addition to the existing 31 units). The concentration of extra care housing units in Totnes is considered to be appropriate and that there is sufficient demand. Furthermore the proximity of Plymouth to Sherford would mean that some of the units would be used by this authority.
Teignbridge	The proposed development of 36 units is in the most appropriate



	location for extra care housing. Dawlish and Teinmouth are the next most appropriate places. There is a Tein scheme in Dawlish which could be remodelled as extra care.
Torrige	There is a need for an extra care scheme in Bideford. There may be a need extra care housing in Tarrington and Holdsworthy but there is a question of demand. The most significant issue is providing extra care to those older people that live in isolated rural communities.
West Devon	The need for extra care has been identified in the housing market assessment as 221 units by 2008. The disposal of the hospital site in Oakhampton will provide 55 units. There is a need to develop an extra care scheme in Tavistock.

5.3.2 The provision of extra care

The review has found that location is a particularly important aspect of extra care housing, with schemes needing to be located within a number of key markets towns. The Shaw Health Care proposals were welcomed by the District Councils as providing extra care housing in the right locations. The Shaw proposals, together with the other extra care housing proposals, will largely satisfy the initial demand for extra care housing – the potential extra care housing developments are outlined in the tables below

Authority	Scheme	Delivery	Units
Exeter City	Whipton Barton	SHAW	24 No 1 bed extra care units - 6 of which would be leasehold 31 No 2 bed extra care units – 8 of which would be leasehold
Exeter City	Bodely House	SHAW	20 No 2 bed extra care units plus communal facilities
EDDC	Danby & Exebank	SHAW	37 No 1 bed extra care units - 15 of which would be leasehold 49 No 2 bed extra care units – 25 of which would be leasehold
Mid Devon	Charlton Lodge	SHAW	25 No 1 bed extra care units - 10 of which would be leasehold 18 No 2 bed extra care units – 7 of which would be leasehold
South Hams	Rushbrook	SHAW	5 No 1 bed extra care units - 4 of which would be leasehold 30 No 2 bed extra care units – 24 of which would be leasehold
North Devon	Beech House	SHAW	20 No 1 bed extra care units - 8 of which would be leasehold 20 No 2 bed extra care units – 8 of which would be leasehold
North Devon	Burrow House	SHAW	15 No 1 bed extra care units - 5 of which would be leasehold 25 No 2 bed extra care units – 8 of which would be leasehold
Teinbridge	Mapleton	SHAW	12 No 1 bed units - 2 of which would be leasehold units 24 No 2 bed units – 5 of which would be leasehold units

Authority	Scheme	Delivery	Units
West Devon	Castle Hospital	Disposal	55 extra care units - new build



Authority	Scheme	Delivery	Units
EDDC	Cranbrook	New Comm	50 extra care units - new build
South Hams	Sherford	New Comm	100 extra care units - new build

Authority	Scheme	Delivery	Units
Exeter City	Eaton House	Remodel	61 extra care units
South Hams	Home Meadow	Remodel	65 extra care units
North Devon	Nora Bellot Court	Remodel	45 extra care units

The analysis of the net requirement for extra care housing, compared with the proposed programme is shown in the table below. Although the proposed programme is less than the net requirement the programme is similar the number of units in other similar authorities (for example in Somerset there are 660 extra care housing units).

2008	Net Requirement	Proposed programme
East Devon	351	136
Exeter	177	136
Mid Devon	123	43
North Devon	165	125
South Hams	103	200
Teignbridge	267	36
Torridge	123	0
West Devon	96	55
Total	1,405	731

5.3.3 Funding Extra Care

There is a question about the level of SP resources required for extra care housing. Currently it is estimated that SP funding will meet about a third of the staff costs – which is not dissimilar to the arrangements for extra care housing in other authorities. However, there is a danger that extra care housing may reduce the resources for lower level interventions. One SP authority has decided, as a result of its strategic review, not to invest SP funding in extra care – with the staff costs being entirely met by ACS.

ACS is very enthusiastic about extra care housing and perceives it as part of a continuum, where an older person is unable to live at home but does not require residential care. The model of extra care housing is perceived as essential in meeting the need for independence as well as on site care and supervision. In



particular there are older people with dementia who wander at night and whom carers have problems looking after. Furthermore, it is recognised that this model may not be cheaper than residential care.

A financial analysis of the revenue funding required for the extra care housing programme is included in **Appendix 4**.

5.4 Community alarms and telecare

DCC is in the process of developing a telecare strategy and the strategic review recognises the importance of telecare in complementing a much more flexible support service. Supporting People currently provides funding for community alarms, much of which is subcontracted by existing sheltered housing providers.

The alarm services that are provided to sheltered housing residents are also available to other people living in the community – although SP subsidy is only available to designated units for older people.

The provision of community alarms and telecare is essential to complement support services. The issues that have arisen out of the review are as follows:

- **Sub contracted alarm services.** Sheltered housing providers currently sub contract alarm providers using SP funding. There is a strong argument for DCC to disaggregate alarms from existing contract and contract directly with alarm providers (and potentially re-commission alarm providers that are compatible with telecare)
- **Assessment of need** – The community alarms are currently linked to bricks and mortar and instead they should be provided on the basis of an assessment of need (this could be assessed by the support provider). Telecare equipment could potentially be added based on an assessment of needs. Individuals that are assessed as not needing these services could choose to pay for the equipment themselves.
- **Response service** – there is a need to respond to urgent calls where there is no first responder (and where the emergency services are not required).
- **Hard wired systems** in sheltered housing should be replaced with telephone based systems so that telecare equipment can easily be added to alarm systems
- **Funding the capital costs of telecare equipment** – sheltered housing providers can fund the replacement of alarms but there is a question about which agency should fund the costs of telecare equipment (for both FACS and non FACS eligible)
- **Meeting the monitoring costs of telecare**– there are issues about the boundaries between subsidy/funding provided through SP, ACS.

Many of the alarms in sheltered housing schemes are hard wired. The review has found that providers recognise that the reinvestment of alarms should be through the installation of telephone equipment rather than new hard wired systems, to ensure maximum flexibility and compatibility with the introduction of telecare.



Response service

One of the most significant issues that needs to be addressed is that of falls. The following table provides data on projections of the number of unintended falls.

Older people predicated to attend hospital A&E departments as a result of falls in Devon¹

	2008	2010	2015	2020
65-79	1,258	1,391	1,730	1,580
70-74	1,380	1,450	1,722	2,141
75& over	7,619	7,799	8,602	10,001
Total	10,257	10,639	12,054	13,723

The DCC SP Team is in the process of commissioning a pilot response service that will link to a number of different call centres. The intention is to pilot the response service in two or three districts in Devon to response to non emergency issues, particularly in relation to falls. The service will be able to carry out an assessment of older people who have fallen and use equipment to lift people up (where they are assessed as not requiring hospital treatment) – clinical governance requirements will be met as the response service will be trained to carry out a medical assessment. This service is intended to reduce the numbers of older people from needing to attend A&E

5.5 Aids and adaptations

The provision of aids and adaptations plays a major role in helping older people remain at home. The works required vary from minor adaptations to major works such as a new extension on a house.

This review has found that there are significant variations between providers in the way in which aids and adaptations are funded. Some providers have significant budgets for adaptations which are used to carry out minor works, while other are reliant on DFG funding that can involve a long wait. Some providers use their improvement programme to replace bathrooms with wet rooms/showers in designated housing for older people, while other providers only use DFG funding for these purposes. One stock transfer housing association has a specific DFG budget which was built into the valuation of the housing stock that was transferred.

The above demonstrates the services that an older person receives for aids and adaptations are dependent on which landlord owns their property. As there is a countywide HIA there is opportunity to develop more consistent practice about what items a landlord should fund and what should be met from DFG funding.

¹ POPPI uses prevalence rates based on 2.87% of 65-69 year olds, 3.67% 70-74 year olds and 9.45% aged 75 and over attending hospital A&E departments as a result of unintentional falls

5.6 Housing markets assessments and housing strategies

Although the Housing Market and Needs Assessments have sections on older people, and housing strategies include the needs of older people, there needs to be a better understanding of the what older people want e.g. the need for smaller units so that older people can downsize and remain in the same area; the need for units with sufficient space to enable mobility; the need for private sector developments; the need for mixed tenure in extra care housing and sheltered housing schemes. In addition housing market assessments need to provide a better understanding of the support needs of older people who live in non-sheltered accommodation.

Planning strategies need to be developed to underpin the needs of older people identified in housing strategies so that appropriate housing is developed which can be linked to support when an individual needs these services. Furthermore planners also need to consider issues such as transport and access to shops.



6. Vision and proposals for the way forward

6.1 Vision

The proposed vision for providing support services to older people is as follows:

The provision of high quality, cost effective, preventative housing support services to older people irrespective of the type of tenure in which they live. These services can help service users to sustain their current accommodation, or enable a move to suitable alternative accommodation, and prevent the need for high care residential or health services by working in close partnership with other agencies.

6.2 Principles

The principles that underpin this vision are as follows

- Providing a service which is based on the needs of the individual;
- Providing a support services that is tenure neutral;
- Providing support services to older people based on a consistent service model across the county;
- Providing services that can be delivered to a high quality standards and cost effectively
- Working in partnership with other agencies to ensure that older people access more specialist services (rather than the support service itself being specialist).

6.3 Proposals

6.3.1 Service model for support services

The service model, as previously outlined, is focused on the individual rather than the sheltered housing scheme. There are a number of options for delivering this model.

Proposal

- **The model should adopt a person centred approach rather than a universal service to all residents of sheltered housing**
- **The model should involve the development of multi skilled support staff**

6.3.2 Delivery of support services

The strategic review has come to the consultation that the most effective way in which to achieve the proposed vision is to deliver support services on a floating support basis. The separation of accommodation and support will allow maximum flexibility and the service to be provided to older people irrespective of the tenure in which they lived. Where an individual living in sheltered housing requires support then an assessment of support needs should be carried out



Sheltered housing providers will no longer include support charges as part of the tenancy agreement and service users will be charged separately for the support service (either on the basis of an hourly rate or a fixed amount for a flexible support service). Sheltered housing providers will need to take account of the following:

- **Housing management functions** – where any of these functions have been carried out by a warden they will need to be transferred to a housing officer (the apportionment of warden time to housing management and services will cover these costs).
- **Estate management functions** – providers should employ caretakers to carry out the estate management functions on sheltered housing schemes that were previously carried out by the warden (this would be an HB eligible service charge).
- **Tenant Involvement Officers** – whose role could include supporting residents to become involved in the management of their housing and to form committees (to represent residents' views and organise social activities).

To provide a floating support service a new SP contract will need to be issued by Devon County Council.

Proposal

- **To shift away from residential scheme managers to enable a more flexible service to be provided.**
- **To change the service to provide a floating support services and completely separating housing from support**
- **To introduce caretakers for sheltered housing to carry out estate management functions**
- **To use new terminology to signal the changes to the services e.g. the term 'housing support workers' rather than mobile wardens.**

6.3.3 Lettings of sheltered housing

The separation of accommodation and support has implications for the letting of sheltered accommodation. Future lettings of sheltered accommodation should be on the basis of housing need and basic criteria for access to sheltered housing (e.g. minimum age). Lettings to sheltered housing should not be decided on the basis of the support needs of applicants.

It will continue to be good practice to ask applicants to complete a support needs assessment form. Where support triggers are identified the applicant will need to be referred for a support assessment (so that a support service can be provided if required).



This change will lead to a more balanced community within sheltered housing schemes. This will allow less dependent residents to organise social events and participate in the management of the schemes.

Proposal

- **To let sheltered housing on the basis of housing need (as opposed to housing support needs) and in accordance with the lettings schemes of the individual housing authorities.**

6.3.4 Co-ordination with social care and health

The need to co-ordinate the provision of housing support with the services provided by ASC and Health is an important issue that arose from the review. It can be confusing for service user to receive visits from different staff carrying similar tasks.

The most effective way in which to provide housing support services is to co-ordinate them with the social care/health population clusters. Where a service user is in receipt of social care and health services the housing support service could provide a stronger focus on housing issues (to avoid any duplication). Where a service user is not eligible for social care services they could receive a more holistic housing support service.

Proposal

- **To provide support services on the basis of the 16-18 population clusters (this could involve several support providers in each cluster) – support services to be co-ordinated with the services provided by social care/health**

6.3.5 Re-commissioning of support services

Existing contracts with sheltered housing providers are to be extended to Feb 2010, with the proviso that they could be changed should a new service model be introduced prior to this date.

A number of possible options have been identified for the long term re-commissioning of support services based on the proposals within this review, including:

- Commissioning existing providers to provide floating support services (subject to cost and quality);
- Commissioning through a tender process to provide floating services to older people across particular geographical areas e.g. across one or more clusters;
- Commissioning a lead provider in each geographical area with services sub contracted to other providers.



The introduction of Individual Budgets (IBs) will also need to be taken into account. This review has concluded that IBs may have a role to play where service users are in receipt of a direct payment for social care (i.e. the SP and social care funding could be wrapped up as an IB). Alternatively SP commissioned services could run alongside direct payments for social care. The review has concluded that it would not be appropriate to introduce direct payments for SP only as there is no assessment or review infrastructure.

Proposal

- **The way in which support services are to be commissioned will need to be taken forward as part of the implementation process i.e. whether to reconfigure services of existing providers or to re-commission services.**
- **The use of IBs should be considered in the future, where SP funding can be combined with ACS funding**

6.3.6 Extra care housing

The review has found that there is significant need for extra care housing. The Shaw Health Care proposals have been widely welcomed, and together with some remodelling of existing schemes, will make a significant impact on the need for extra care housing.

Proposal

- **To develop extra care housing in each District across Devon to meet the needs identified and to prevent the need for residential care.**
- **To ensure that there is a strategy at a county level to reinvest funding in extra care that would otherwise have been used to purchase residential care**
- **To consider the extent to which SP funding should provide revenue funding for extra care housing.**

6.3.7 Community alarms, Telecare and response services

In terms of personalisation of services it would be appropriate for alarm services to be commissioned separately from the accommodation in sheltered housing. Such an approach will also need to dovetail with provider reinvestment strategies whereby hard wired systems are replaced with telephone based systems.

The strategy for telecare and community alarms is being developed in parallel to this review and the proposals from the review are intended to feed into this strategy.

The review has identified the need for a more comprehensive service to respond to older people who have a non-medical emergency on a 24 hour basis e.g. dealing with falls. Currently a proposal to pilot a response service is being considered.



Proposal

- Alarm services should be commissioned separately from the accommodation (i.e. a direct contract with the authority rather than through a number of sub contracting arrangements)
- Sheltered housing providers should move from hard wired systems to telephone based systems
- There should be an assessment of need to access an alarm service where subsidy is provided (such an assessment could be carried out by the support provider)
- There is a need to pilot a response service and to evaluate how this type of service would dovetail with a floating support service for older people (the proposal for a response service is being considered separately to this review)

6.3.8 Implementation plan

Appendix 3 shows a draft implementation plan which will be further developed by the SP Team.



Appendix 1

Market Town Analysis of SP services and Adult Care Services

Market Town	65+ Population	Capacity of Accommodation Based Services		Clients Receiving Other Adult Care Services					
		Capacity	Rate/1000 65+ Pop	Clients Volume	Rate/1000 65+ Pop	Total Agreements	Day Care	Direct Payments	Personal Care
Ashburton/Buckfastleigh	1791	71	39.6	9	5.0	10	2		8
Axminster	3681	193	52.4	11	3.0	13	2	1	10
Barnstaple	8584	535	62.3	76	8.9	98	26	17	55
Bideford/Northam	7764	353	45.5	58	7.5	72	14	8	50
Braunton	2717	90	33.1	19	7.0	33	7	5	21
Crediton	3983	247	62.0	25	6.3	30	6	6	18
Cullompton	3999	244	61.0	16	4.0	23	7		16
Dartmouth	2440	79	32.4	13	5.3	15	3	3	9
Dawlish	3974	206	51.8	20	5.0	24	7		17
Exeter	21639	930	43.0	123	5.7	175	35	16	124
Exmouth	11410	710	62.2	53	4.6	64	13	12	39
Great Torrington	2502	49	19.6	21	8.4	28	7	2	19
Holsworthy	3026	59	19.5	10	3.3	13	5	5	3
Honiton	4121	145	35.2	7	1.7	8	1		7
Ilfracombe	3528	195	55.3	16	4.5	26	12	1	13
Ivybridge	5739	287	50.0	54	9.4	59	8	2	49
Kingsbridge	4737	200	42.2	28	5.9	34	9		25
Lynnton/Lynmouth	554	23	41.5	1	1.8	2			2
Moretonhampstead	889	11	12.4	1	1.1	1			1
Newton Abbot	13557	495	36.5	76	5.6	91	19		72
Okehampton	5152	104	20.2	15	2.9	25	9	3	13
Ottery St Mary	3453	68	19.7	5	1.4	5	1	1	3
Seaton	4401	155	35.2	8	1.8	10	2	3	5
Sidmouth	6161	266	43.2	14	2.3	17	2	4	11
South Molton	2859	158	55.3	27	9.4	35	7	8	20
Tavistock	5972	197	33.0	23	3.9	32	8	1	23
Teignmouth	5081	148	29.1	18	3.5	22	5	3	14
Tiverton	7541	304	40.3	23	3.0	30	6	3	21
Totnes	4594	247	53.8	34	7.4	44	12	4	28
(blank)	n/a	0	n/a	13	n/a	22	10	4	8
Devon Total	155849	6769	43.4	816	5.2	1061	245	112	704



Appendix 2

Options	Description	Changes Required	Risks
Sheltered housing with mobile wardens who also provide community support	The service would provide mobile wardens to sheltered housing together with community support.	The service is based on a new service model with all wardens become non-residential. Existing capacity would allow support to be provided to the community.	There are low risks as this is the current direction of travel. There may be resistance from wardens to introducing the new service model
Sheltered housing with mobile wardens, who also provide community support, based on a menu of services	There would be different levels of service provided by a mobile service, including support to the community	As above, but with the service being charged according to a menu of services.	Providers are concerned about planning for the volume of business.
Enhanced sheltered housing providing integrated housing and support. These schemes would act as 'hubs' for older persons' floating support services	Access to enhanced sheltered would be based on a support needs assessment. The floating support service would be completely separated from housing and be accessed on the basis of a support needs assessment.	The need to identify suitable enhanced sheltered housing scheme and any remodelling. The older persons support service would be provided on a floating basis across all tenures and not charged as part of sheltered housing. Telecare would need to complement the support service.	There is risk that enhanced sheltered housing may not add value. A floating support service may not provide an efficient service because of the difficulties of geographical coverage.
Older persons' floating support services for all sheltered housing and those in the community	The support service would be completely separated from housing. The service would be accessed on the basis of a support needs assessment.	The older persons support service would be provided on a floating basis across all tenures and not charged as part of sheltered housing. Telecare would need to complement the support service.	A floating support service may not provide an efficient service because of geographical coverage.
Multi disciplinary floating care and support workers	Support and care jointly commissioned for older people on a locality basis (i.e. floating support plus care)	These services would probably need to be registered as domiciliary care services. Telecare would need to complement the support service.	The preventative role of SP may become lost and become subsumed within care services to older people.
Individual budgets for older people to purchase support and/or care	Service users allocated resources to spend on support/and or care or receive a 'virtual' budget which is used to purchase on their behalf.	ACS/SP would have to introduce an integrated RAS. Supporting People would need to assess individuals for SP services only. Older persons support services would no longer be 'commissioned'.	Provider market would have to adapt to IBs or no longer provide support. Service users will need support to manage IBs. Direct payments of SP only may not be a viable option.

Accommodation based

Non - Accommodation based



Draft Implementation Plan

Tasks	Lead	Start Date	End Date	Project Milestone	Desired Outcome
Quick Wins					
Use the new service model as a basis for a service specification in the extended contract until 2010	SP Team	Feb 2008	April 2008		Extended contracts to contain new service specification
Commission a pilot of a 24 hour response service for one year contract	SP Team	April 2008	March 2008	Contract to run from April 2008 April 2009	To pilot the effectiveness of an out of hours response service
Short/Medium Term					
Assessment of existing residents support needs e.g. by using the CLG questionnaire to obtain a consistent response	SP Team & providers				To obtain an indication of the proportion of sheltered housing tenants who need support
Consultation and communication with sheltered housing tenants about the implementation options	Providers				
Identify whether any providers are able to move to a floating support model immediately	SP Team & providers	April 2008	Feb 2010	Interim contract for floating support to run anytime between from June 2008 to Feb 2010	To introduce the new model on an interim contract until the commissioning strategy is fully developed
Those providers that are able to move to floating support need to issue a formal notification to tenants about service charge changes in	Providers	April 2008	Feb 2010	This will need to take place a month prior to the anniversary of the tenancy	To formally notify residents of changes to service charges prior to the introduction of interim floating support contract



Monitor progress towards floating support services	SP Team	April 2008	Feb 2010	Milestones will be defined as percentage of services that have moved to a floating support model	District and providers to provide information for a number of high level indicators
Evaluation 24 pilot response service	SP Team	June 2009	Aug 2009		
Give formal notice to sheltered housing tenants about changes to the service charge to take place in Feb 2010	Providers	March 2009	March 2009		To prepare the ground for the change to floating support in Feb 2010
Long Term					
Develop a long term commissioning strategy for support services for older people		April 2008	April 2009		To ensure that high quality costs effective support services are commissioned
Implement the commissioning strategy		April 2009	Oct 2009	This will depend on the outcome of commissioning strategy	To select appropriate providers either through a tender process or through a negotiated agreement or extend existing contracts (subject to performance)
Introduce new contracts with providers for floating support		Dec 2009	Feb 2010		
New tenancy agreement issued to sheltered housing residents (with support service excluded)			Feb 2010		
Commission comprehensive 24 hour response service (subject to evaluation)		Oct 2009	April 2010		



Financial Modelling

1. FINANCIAL REVIEW OF CURRENT SERVICES

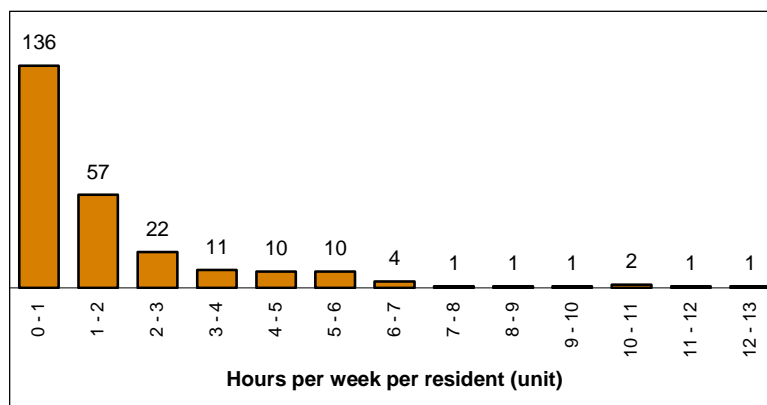
A financial model was developed in Excel to carry out a financial review of the current sheltered housing services. This review is based on information provided by Devon County Council, including 257 sheltered housing services with 44 housing providers, working under 47 contracts across 8 districts.

The table below shows 6,739 accommodation based units in total, with support charges amounting to £4.5m. 69% of the support services are funded by Supporting People (SP); the remainder are self-payers and void units.

		Total	SP-funded	Others
Number of units		6,739	4,753	1,986
Support Charges				
Community alarms	£	777,371	547,474	229,897
Support services	£	3,738,433	2,555,965	1,182,468
Total	£	4,515,804	3,103,438	1,412,365

The most recent DCC financial forecast for 2007/08 shows that SP expenditure is forecast to increase to £3,423,125 and there will be a corresponding shift in the balance from *others* to *SP* in the table.

Based on the data supplied², an average of one hour and 46 minutes per week of staff time is available for each unit of accommodation. However 53% of the schemes (136) have less than one hour of staff time input per unit per week.



Staffing input per unit – numbers of schemes

² An adjustment has been made to the staffing information for some Abbeyfield where it was thought that cleaners and other service staff had been included in the data supplied.



The data supplied by DCC shows that staff time has been nominally split between *Managers* and *Other* staff (based on the SP3 submissions). The average breaks down to approximately 36 minutes of *Manager's* time and 1 hour and 10 minutes for *Other* staff. The total staffing input is equivalent to 61.9 full-time equivalent³ managers and 161.2 full-time equivalent other staff.

Although individual service budgets have not been supplied, it has been assumed the average cost per staff member based on information from providers is £17,592⁴ for a 37.5 hour week. Therefore on average the cost of staff time per unit would amount to £16.83 per week.

Staff costs are split with 85% charged to support and 15% to housing (property) activities, based on information collected by the strategic review. The average costs per week are therefore approximately as follows⁵:

Average cost of staff	£	16.83	per unit per week
Charged to:			
Support services	£	14.30	per unit per week
Charged to rent	£	1.26	per unit per week housing management
Charged to services	£	1.27	per unit per week caretaking, etc.

The income from support charges to pay for staff time has been estimated on the basis of the unit cost from the data provided, less £2.28 per resident per week for community alarm charges. The average community alarm charge has been estimated by comparing the average charge for all units provided by each of the 18 community alarm providers.

The remaining charge averages £12.83 per unit per week. Whilst this is lower than the average cost of support salaries at £14.30, the overall salary costs are covered by charges as there is a larger number of units with support charges above the level of the cost of support salaries for those units.

The existing support charges therefore cover the notional cost of salaries charged to support overall:

Income from support charges

(excluding £2.28 notionally for community alarms): **£3,738,433**

Expenditure on salaries (85% charged to support)

³ Based on a 37½ hour week

⁴ Assuming a salary of £15,500, NI at £1,162 and pension at £930 (6%).

⁵ For this purpose it has been assumed that the 15% apportioned to housing activities are split 50:50 between housing management and the provision of services such as caretaking.



based on typical salary levels:

£3,485,050

Overall funding for admin & other expenditure: (7.3%) £ 253,383

There is however a significant variation between districts and providers, either suggesting that rents and charges for other services are subsidising the cost of support (and vice-versa), or that some of the data is missing.

2 FLOATING SUPPORT SERVICES

The strategic review has proposed that support services should be provided on a floating support basis so that support can be focused on those living in sheltered housing who are assessed as needing support, and using any spare capacity to provide support to older people living in the wider community

Sheltered housing residents, who did not need the support, would no longer pay support charges and SP funding would be released in order to pay for support for eligible clients outside the existing sheltered stock.

The support charge for floating support would be separated entirely from accommodation charges to become a separate charge for support under a separate support service agreement that would apply across sheltered housing and other service users.

The SP funding released for residents in the wider community would depend on the extent of the support needs among existing sheltered housing tenants. Based on the assumption that 25% of sheltered tenants do not need the support service (rounded up by scheme) there would be 3,662 tenants needing support and currently receiving SP funding and 1,091 who would not need the service. Assuming they continue to receive SP for the community alarm service, this would release £576,067⁶ for services to people in the wider community (see table below).

	SP- Users	SP- £	Comm alarm alarm (SP) £	Support service £	Support service needed number	Support service NOT needed number	Funding released £
Cross District	132	63,149	15,650	47,499	99	33	11,875
East Devon	961	488,629	113,936	374,693	743	218	80,272
Exeter	551	396,501	61,925	334,577	425	126	77,387
Mid Devon	497	300,400	55,240	245,160	380	117	57,687
North Devon	788	583,735	88,272	495,463	606	182	113,058
South Hams	549	352,914	61,286	291,628	425	124	65,342
Teignbridge	704	508,932	83,466	425,466	539	165	98,693
Torridge	344	268,993	40,785	228,209	268	76	49,167
West Devon	227	140,184	26,913	113,270	177	50	22,586
	4,753	3,103,438	547,474	2,555,965	3,662	1,091	576,067

⁶ The actual amount released would be less as the cost of support for existing service users in receipt of SP is expected to be slightly higher for floating support services.



The table below compares the income and expenditure of the current model (where support charges are included in the tenancy agreement) with the income and expenditure of the floating support model

	Income £ 000s	Expenditure £ 000s	
Current			
Support charges	3,738	3,653	} Salaries
Rents & charges	645	645	
		86	Other support costs / overheads
	<u>4,383</u>	<u>4,383</u>	
Future			
	Income £ 000s	Expenditure £ 000s	
Support contracts	3,738	3,653	Salaries
		86	Other support costs / overheads
Rents	322	322	Housing management
Service charges *	322	322	Caretaking, etc *
	<u>4,383</u>	<u>4,383</u>	

The table shows a cost neutral position and assumes that the income from rents and services charges, released by a change to a floating support model, would pay for housing officer time and be used to employ caretakers. However, the salaries of floating support workers will be slightly higher than those for resident wardens, as explained below:

- It has been assumed the cost of a floating support would be approximately £18,179, including pensions and NI compared to £17,592. In addition there would be the cost of essential car users allowances (£726 - £1,056) and mileage (average £1,630 for 5,000 miles per annum).
- It has been assumed that 70% of existing services have moved to a mobile/peripatetic model with 30% employing residential staff.
- The above table assumes that any additional support costs will be absorbed by decreasing capacity – this will be offset by the fact that similar costs are already be incurred by existing peripatetic/mobile teams.

Based on the assumed staffing cost and allowing for 12.5% overheads to cover training, recruitment and administrative costs, the cost per support hour would be approximately £11.94 (excluding community alarms).

3. THE EFFECT ON RENTS AND SERVICE CHARGES

If the support service were to be separated from the tenancy agreement, as described above, there would be an effect on rents and service charges. As 15% of existing staff costs are funded by rents and service charges (assumed to be 7.5% each), there would be approximately:

- **£322,500** available to pay for housing management as currently undertaken by wardens and charged to rents.
- **£322,500** available to pay for caretaking and other duties currently undertaken by wardens.

The average weekly amount from each source would be £1.29 per resident, ranging from £0.12 to £8.88.

A detailed review of the need for a caretaking service will need to be undertaken on a scheme by scheme basis to determine the likely service charge. Where providers decide to employ caretakers the service charge may, for some schemes, need to be greater than the current apportionment of the warden's salary to services.

4. EXTRA CARE HOUSING

A financial model was developed to calculate the capital costs of new extra care developments and remodelling existing schemes. The assumptions within the model can be adjusted, although the initial outputs have assumed the following:

- the capital costs of the Shaw schemes will be met by private finance
- Leasehold units to be sold and the disposal proceeds to subsidise the capital costs
- Capital costs of Castle Hill and the New Community schemes to be 50% funded by grant
- The capital costs of remodelling existing schemes into extra care to be met by grant
- Private loans assumed to be over 25 years
- Long term interest rates assumed to 4.98%
- Capital costs of £120,000 per unit
- Rental income covers all housing costs including loan repayments
- Expenditure on services to be met by service charge income

The model has assumed that the revenue costs will be based on the following:

- 75% of leasehold units are self financing
- 5% of rented unit are self financing
- Care and support costs at £14 per hour
- Each resident to receive an average of 7 hours per week
- One third of care and support costs to be met by SP and two thirds by ACS



The model has been made available to DCC. The table below summaries the projected care and support revenue costs (000s) for the extra care programme:

	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
ACS	186	1,029	1,253	1,334	1,421	2,151	2,204	2,259	2,399	2,459	2,520	2,583	2,648	2,714
SP	93	514	627	667	711	1,075	1,102	1,130	1,199	1,229	1,260	1,292	1,324	1,357