

Housing Support for Older People in Norfolk

A Strategy and New Delivery Model



Contents

It is intended that the final version of this document will be published in a web enabled format in order that readers can access links to those parts of the document most relevant to them; to the data sources and supporting documentation that we have gathered during the course of this piece of work, and to external websites, such as the Norfolk Observatory. This printed version has no links, but some of those that we are proposing are appended for information.

The report is presented in two parts; the first concerns the drivers in respect of needs, supply, policy and the views of older people which will shape the way that support will need to change in coming years. The second part of the report considers how the current methods of delivering housing support would change to meet the challenges outlined. Additional data is contained in the appendices, published separately.

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This report was written for Norfolk County Council Supporting People team. Much of the supporting information is available as links to the web based document which can be accessed at: www.norfolk.gov.uk/supportingpeople (follow the link to the news, events and research page) - from November 2010.

The Norfolk Supporting People Team will be leading on options for delivering the outcomes. For further information contact the NSP Team on 01603 729245 or via the County Council Contact Centre on 0344 8008020.

Part One

Strategy

1. Summary

- 1.1 This report looks at the current demographic profile of the county and the projected changes over the next twenty to thirty years. It examines the housing support provision currently in place to meet the needs of an aging population, and whether in the context of national policy the current system is fit for future requirements. During the life of this project the policy emphasis has shifted towards public spending restraint. At the time of producing the final report the Norfolk Supporting People programme is preparing for substantial cuts in funding and is having to revise thinking on structural accountability for service provision (including future management and commissioning arrangements for the housing support programme).
- 1.2 The research for this report included an extensive consultation process with a wide range of older people, their carers and professionals working with them. This drew out a number of consistent messages in respect of what older people really want and where the blockages are in the current systems which prevent effective appropriate support being provided in a timely and cost effective manner. Although the focus of this report is on changing the way in which housing support is provided for older people, the scope of the report includes wider systems of care and support.
- 1.3 Confusion about what services might be available and which care and support organisations would provide them was common among older people and some professionals.
- 1.4 The greatest levels of concern were found among older owner occupiers who worried about finances and maintaining their home as well as the possibility of their health deteriorating in the future. However the greatest proportion of available Supporting People funding is directed at residents of sheltered housing schemes who were not concerned about these factors and were assisted through additional personal support from scheme staff.
- 1.5 Whilst not directly addressed within the work undertaken so far, there is a need to quantify the number of individuals who are entering old age with persistent and specific intensive support needs and where existing or proposed models may not accommodate these needs. For example, individuals who have been homeless for a long time. Their lifestyle and the pressures associated with extended periods of homelessness have created particular long term support needs. Information on client numbers and differences in support needs from proposed models will indicate if specialist approaches should be considered.
- 1.6 The report proposes an expansion of support services for older people based where possible on existing 'hubs' such as sheltered housing schemes which can provide preventative outreach services to the wider community. Such services would mainly involve 'signposting' to other agencies rather than direct intervention and, it is anticipated, would be mainly temporary in nature, withdrawing once the problem had been resolved or the need met. The current economic climate emphasises the need to provide this support in the most cost effective way and this will have to be fully considered in the development of delivery arrangements.

2. The National Policy Context

- 2.1 During the course of the last parliament a number of key publications covering health, housing and social care began to establish a clear direction for policy in relation to older people. Demographic trends are the main drivers of this policy. By 2022, 20% of the population of England will be over 65, and there will be a 60% increase in those over 85 by 2027.
- 2.2 The National Dementia Strategy predicts that the number of people with dementia (currently 560,000) will double in 20 years. The strategy states that '...the needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services'.
- 2.3 The Darzai review of the NHS recognised the relationship between health, social care and wider community services, and the White Paper: 'Our Health Our Care Our Say' stressed the importance of the personalisation agenda: *empowering citizens to shape their own lives and the services they receive*. The cross governmental protocol 'Transforming Social Care' emphasised the need for joint working between agencies and 'Putting People First' advocated a holistic approach to the introduction of a personalised adult social care system led by the local authority incorporating authentic partnership working with other agencies.
- 2.4 In 'Lifetime Homes, Lifetime Neighbourhoods' the CLG set out a national strategy for housing in an aging society. The report identified the '... paramount need to improve information and advice services so [older people] know how to make the right choice for them, and are not forced to leave their homes before they are ready, or need to do so' and also aimed to 'make it easier and safer for people to stay in their own homes, near their family and neighbours'.
- 2.5 Sheltered housing meets the needs of many older people and will continue to play an important part in Norfolk's provision in conjunction with other services. However the expectation that high quality, individually tailored services will be put in place during a period of rapidly rising demand and with the significant reductions in Supporting People funding presents a huge challenge to the sector. The likely changes to funding suggest that resources will be at a premium for the next five years at least and that there will be a renewed emphasis on localism and moving decision making to the individual.
- 2.6 The Decentralisation and Localism Bill is intended to devolve greater powers across a range of services - including housing - to councils and neighbourhoods, and emphasises the importance of ensuring that solutions are developed which are appropriate at the local level. In the health field, the government has made clear its intention to 'strengthen the power of GPs to act as patients' expert guides through the health system', by enabling them to commission care on their patients' behalf. In addition there will be an increased emphasis on volunteering and philanthropy and in making it easier for people to come together to improve their communities and help one another, building on the already valuable contribution of the voluntary sector.

3. Norfolk - The Big Picture

- 3.1 Future population projections suggest that if current trends continue, older people will form an increasingly large percentage of the County's population. The number of people aged between 65 and 74 is projected to increase by around 48,800 by 2033, and those aged 75 and over by 82,200. This is an increase of 54 per cent and 95 per cent respectively. The other age groups are projected to increase by between 10 and 17 percent. Significantly, the proportion of the population aged 45 and over is projected to exceed 50 per cent by 2016 (from 48 per cent in 2006).
- 3.2 Across Norfolk as a whole, significant growth is projected in people aged 65 and over between 2008 and 2033. People in this age group already formed a fifth or more of the population in all districts except Norwich in 2008. By 2033 this proportion is projected to rise to almost 40% in North Norfolk and over 32% in King's Lynn and West Norfolk. North Norfolk is projected by 2033 to have the fifth largest proportion of older people – 39.5% - of all local authorities in the country.
- 3.3 The size of the county and the combination of urban centres and sparsely populated rural areas present particular challenges for the delivery of services and means that it is important that provision is tailored to the setting and to the current and projected demographic profile.
- 3.4 For example, the tenure patterns of older people are significantly different in Norwich compared to the rest of the county. Only 47% of people aged over 65 own their own homes in Norwich. In the rest of the county this proportion ranges from 80% in Broadland to 70% in Great Yarmouth. Conversely in Norwich 47% of this group live in Council or other social rented housing. The range elsewhere is from 11% (Broadland) to 21% (Great Yarmouth). Norwich also has the largest provision of supported accommodation and care spaces per head of population and therefore a significant portion of the available county funding.
- 3.5 Norfolk Older People's Strategic Partnership document 'Living longer, living well – a strategy for older people in Norfolk' identifies as a key priority the need for 'Good access to information, advice and advocacy' Objective 1.1 as critical in allowing older people to live independently and suggests a multi agency approach in four tiers providing:
- Information , signposting to services – service user takes action
 - Advice, diagnosing need and signposting to services – service user takes action
 - Advice and support , diagnosing need and assisting individuals to access services – service user is supported to take action
 - Advocacy, where challenge and support may be needed to access services and enforce rights – advocate works with service users

4. District Profiles

4.1 The table below serves to illustrate some of the issues relating to provision of services at a district level. The information has been taken from our own data gathering exercise and, in respect of the information relating to care and dementia provision has been taken from the County's Care Home Review. Links to the full data sets and to the relevant tables from the Norfolk Observatory are provided in the web-enabled version of this document. A more detailed commentary can be found in the appendices to this report.

Table 1: District Profiles

	Breckland	Broadland	GYBC	KLWN	North Norfolk	Norwich	South Norfolk	Norfolk
Population 2008	129,200	122,700	95,900	142,600	101,500	137,300	118,100	847,300
% 65+	20.82	20.94	20.43	22.57	27.37	14.27	20.74	20.8
%Projected 65+ 2011	22.98	22.73	22.00	24.33	29.75	14.49	22.69	22.44
%Projected 65+ 2021	26.72	25.78	24.61	27.64	34.61	13.98	25.94	28.54
No Sheltered Units	966	527	978	955	563	1770	696	6455
No of sheltered units per 1,000 pop	7.48	4.29	10.19	6.69	5.54	12.89	5.889	7.61
No of sheltered units per 1,000 people aged 65+pop	35.91	20.50	50.15	29.67	20.25	90.30	28.41	36.61
No Care places ¹	1149 ³	467 ³	1098	1277	1295	1677 ³	984	7947
No Dementia places ²	401 ³	217 ³	354	399	324	313 ³	234	1965
Total forecast shortfall in care places ⁴	437 ³	68 ³	357	529	410	449 ³	496	2746
% over 65 who are owner occupiers	72.67	80.54	70.18	71.77	73.92	47.02	74.04	70.28

Notes

- 1 'All types of care' from Care Home Review
- 2 Including all the joint registered places for older people and dementia care
- 3 This data is based on the Care Home Review which was based around 16 local areas, one of which is Greater Norwich. The Broadland and South Norfolk figures do not therefore include, eg, Costessey and Hellesdon, which are counted in the Norwich figures
- 4 Based on projections in Care Home Review

4.2 Although this strategy relates to housing support it is of course essential that support is seen as part of a continuous spectrum of provision and that services are developed accordingly.

- 4.3 It can be seen that Norwich, with one of the largest populations of all the districts, also has the greatest number of sheltered housing units per thousand people aged 65+. However it is also apparent that the City will have the lowest proportion of older people in its population by 2021. The disparity is not so apparent when looking at the provision and forecast demand for care and dementia places, but it should be borne in mind that these figures (as note 3 to the table points out) are for 'Greater Norwich ' and include areas such as Costessey and Hellesdon which fall outside the City boundary.
- 4.3 By contrast, North Norfolk is projected to have the largest proportion of older people in its population by 2021 but currently has the fewest sheltered housing places.
- 4.4 Owner occupation is a further significant factor as we know from the feedback we have received, that owner-occupiers feel more vulnerable than those in social rented accommodation and have concerns relating to finance and maintenance of their homes. This concern is likely to be related in part to household income and there may well be issues among poorer owner occupiers who are often 'asset rich and cash poor'. It should be noted that indices highlight areas of relative deprivation in parts of Norwich, Great Yarmouth, Kings Lynn and Thetford and there may be a need to target elderly owner-occupiers in these areas.
- 4.5 Broadland has the highest proportion of owner occupation and Norwich the lowest by a considerable margin.

5 What People Told Us

- 5.1 As part of the consultation exercise we sought to identify both what older people identified as their biggest priorities and also what the professionals working with them thought would be their priorities. While there were similarities between what older people and professionals working with them thought were priorities for maintaining independent living, each had different perspectives.

Table 2 Findings from consultation

Professional views of older peoples' priorities	Older peoples' concerns about the future
Social Isolation	Financial
Finance	Loss of independence (transport)
Health Care	Home maintenance
Social Care	Isolation
Transport	Rogue traders
Housing	Dying alone

- 5.2 Personal planning for the future was not high on most peoples' agenda and there was little understanding about what financial assistance is available or how they might get support in accessing funding. Many saw lack of transport as the reason they could no longer be independent and the struggle to maintain their homes and find dependable tradesmen was a significant factor for owner-occupiers. Few interviewees were considering support needs and most assumed that whatever help they needed would be provided and brought to them. A high proportion said that they thought care services were poor. Private arrangements were being used successfully but with no contracting in evidence. Those living in rural locations were finding it difficult to find care and support providers, even when prepared to pay.
- 5.3 Interviewees with experience of trying to access services found the process difficult and didn't feel they were listened to when they tried to explain what they needed. Inconsistent provision of services across the county leads to confusion both for older people and the professionals trying to work with them.
- 5.4 There is a lack of a clear definition of the types of supported housing available for older people. Private and charitable schemes have different access criteria to public sector schemes, which themselves may vary between landlords and within districts. This presents confusion for older people and the professionals working with them, as does the inability to access stock in another district through Choice Based Lettings schemes as they currently stand. Although experiencing difficulties in accessing services in the community some people see the move into supported accommodation as a 'retirement move'. They do

not have a current need for support services that is linked to the accommodation. The existing provision fails to meet the expectations of many older people, especially those moving from larger homes. This does not help address the most effective use of limited housing stock, or build on the clear benefits of sheltered housing and housing with care schemes which were self evident, but don't always target support at those most in need of it.

- 5.5 Gaps in services were evident in planning for future accommodation needs both at an individual and countywide level, as were the barriers to supporting individuals in rural areas. There was little or no provision in most of the county for supporting intergenerational carers and personal crisis support. More flexible outward- reaching day services and end of life services are generally lacking.
- 5.6 Professionals dealing with older people report a lack of co-operative working leading to inefficient use of resources as a barrier to providing the best possible service to the client. Agencies trying to engage with Health found it particularly difficult.
- 5.7 Referral routes between agencies need to improve, with clarity about provision helping to prevent overlapping services and identifying which should be extended. Concerns were also raised about the lack of data demonstrating value for money from commissioned services.
- 5.8 There are concerns from some service providers that the current drive towards personalised budgets and person-centred approaches to care and support may weaken the viability of such services, especially in rural areas. Where clients use their funding to engage family and friends, the demand for good quality services from agencies may no longer provide the critical mass needed to allow a business to operate effectively, leaving the statutory providers that remain spread too thinly. At a time of concern about funding streams, the withdrawal of services despite their effectiveness indicates the importance of developing better effective joint commissioning arrangements that include Health - who would potentially reap the greatest savings from preventative work. The limitation of current arrangements mean that many ideas for services which could be beneficial and cost effective simply cannot be commissioned.
- 5.9 For older people living in the community, the need for housing support (as opposed to other support) is generally short term, requiring help to overcome a particular difficulty or to adjust to changes in circumstances. Older people who don't enjoy living alone or who are socially isolated may not be in need of supported housing or housing support if they can be signposted and befriended by other networks.
- 5.10 A mythology appears to exist around the issue of assistive technology, the implications of which need to be understood if its application is to be expanded in future. Existing users were on the whole happy and appreciated the security they felt it offered but assistive technology was not universally popular and often misunderstood by potential users.

Part Two

Towards new models of housing support

6. What We Can Build On

- 6.1 Some services stood out as effective, necessary and valued. Sheltered housing is effective in addressing a significant proportion of the concerns raised by older people. Home Improvement Agencies that had worked carefully with older people to provide adaptations to improve safety and mobility were praised. Those with experience of using assistive technology and out of hours response teams in times of crisis were delighted that help had been at hand and their ability to remain living independently was maintained. Any advice service which was accessible, responsive and understanding, which allowed the client to consider what, if any options they had and how they could realise them, was generally most appreciated and valued by both older people and their carers, both personal and professional.
- 6.2 Building on these services and examining how they could be better integrated forms the basis for proposed future provision. However in times of increasingly limited resources, it was apparent that a number of tenants of supported schemes were not in need of the level of support services available and if redirected to the wider community this support would provide better value for money. Any reconfiguration of services should follow the principle of increasing the number of people in need to have timely access to help.
- 6.3 It is clear from the interviews with older people that there is a marked difference between those living in supported housing and those who are not, in terms of their quality of life and worries about remaining independent.
- 6.4 Sheltered housing models provided older people with manageable and maintenance-free accommodation in a secure community setting, with good access to support services and emergency assistance as required. There is a high degree of continuity of service which is sought after by older people and creates a more person-centred approach. Concerns focused more on the quality of social activities and personal needs. The concerns of older people living outside sheltered housing were focused on how they would maintain their homes, what this would cost and who could be trusted to do the work. They were often isolated, concerned about security and unsure of how they could access help both in emergencies and generally as they became less mobile. However, sheltered and communal living models don't suit all older people and use a disproportionate amount of available resources, so the benefits and the costs must be weighed against the need to provide services to the older people with support needs who do not want to live in sheltered schemes.
- 6.4 Housing with care schemes can provide all that sheltered housing can offer and have the added benefit of additional personal care services, increasing to meet need as required.
- 6.5 Pilot outreach services in Norfolk have provided useful information which can be built upon to show how older people could be supported effectively outside the sheltered model (although there was significant variance between the pilots in respect of take up and value for money). They have filled a gap in service provision which enhances the use of assistive technology and, although provided free of charge in the pilots, our discussion with older people suggests that those who thought it would provide them with a beneficial service would consider paying for it. Tailored use of assistive technology (AT) could be much

- more effective in helping prevent the need for care and hospitalisation when combined with a range of responsive services. Following similar pilots, work is currently underway in Suffolk to develop a countywide response team to work in conjunction with AT providers.
- 6.6 Although limited, the Night Owls and Swifts pilot schemes demonstrate demand and the ability to provide services at a reasonable cost to complement technology. Marketing strategies are needed to help overcome reluctance about using new technologies to help enable independent living. There could be increased promotional work aimed at professionals working with older people to ensure a comprehensive understanding of how flexible and simple the systems can be. Whilst funding for AT generally falls to the individual and 'expense' is cited as a factor for not taking the service, there is evidence that relatives and carers who have their load lightened by the provision of the service will often readily meet the cost.
 - 6.7 There are a wide range of voluntary services providing contact for older people, either directly through personal or telephone contact or indirectly by providing support with general domestic and social activity and these are highly regarded by older people who would otherwise be isolated. But there is not a consistent level of provision across the county with rural areas generally having the least, especially face to face services.
 - 6.8 Practical and potentially cost saving new approaches in Kings Lynn & West Norfolk assisting people to remain independent include a pilot de-cluttering service and agreement that, where moving to more suitable accommodation would prevent the need to adapt the current home. Disabled Facilities Grant can be used to fund the move.
 - 6.9 A recent specialist floating support pilot for older people in Suffolk demonstrated that private sector clients can benefit significantly from a holistic assessment and advocacy to help them access existing services, often with increased income from benefit take up and improved financial management. These clients were very focused in terms of what they wanted and support provision was rarely required long term, often concluded in less than six visits.
 - 6.10 Help to access services that are legitimate and trustworthy was universally welcomed and led to an increased willingness to come forward with new areas of support needs in the confidence these would be addressed before they reached a critical stage.
 - 6.11 New integrated health teams across Norfolk hope to provide a more holistic approach to patient care and to utilise efficiency gains from more cooperative working to help fill gaps. Whilst these teams are still relatively new, staff were supportive of the joined-up approach.
 - 6.12 The most successful service delivery from a client's perspective occurs when they are able to access help simply and where agencies have worked together to create a package of care. The client doesn't always know which agency is delivering which element of care; they simply get what they need. There is evidence to support the proposition that, where good working relationships have been built up between individuals or organisations and boundaries are flexible, the client gets a better service.

7. What We Could Provide

- 7.1 There is a need to provide a range of flexible and person-centred services to older people which will change to reflect each generation, the economic situation and new technologies as they are developed. This strategy focuses on how it might be possible to deliver existing support services more effectively, help people to understand what options are available and therefore plan for the longer term. Crisis in care or health management is always more expensive than planned support. Falls prevention work is a well used example of the small costs of minor adaptations work, against expensive prolonged hospital stays and deteriorating health.
- 7.2 Building on existing provision is an opportunity to save time, utilise established expertise, and provide a new vision for services looking for strategic direction. Spreading the existing funding and resources to target a larger number of older people, particularly in planning and preventative work, is necessary.
- 7.3 Existing supported housing schemes are reasonably well distributed across the county and provide a useful platform to create centres providing flexible services to older people by skilled multi agency teams, extending into the wider community. This type of scheme is often referred to as a “Hub and Spoke” model.
- 7.4 ‘Hub and Spoke’ models are well established and work in both urban and rural settings. Success is built on defining clearly what range of services will be delivered, by whom and to whom.
- 7.5 Urban schemes are more easily established, built around the density of both older people and services. Rural schemes present a more difficult challenge, however in Norfolk many older people live outside the major conurbations
- 7.6 Two levels of hub and spoke model are proposed:
- **Community Hubs** - Form the bulk of outreach services, based on existing sheltered schemes and providing a better resource for some older people living locally. Outreach support could be linked to the extension of emergency alarms and other assistive technology for people living nearby. Depending on the design of an existing sheltered scheme and the views of scheme residents this could be combined with ‘in reach’, allowing older people in the community to access social events or allied services at the sheltered scheme. Emphasis would be on signposting to required services through housing support, with long term planning and responsive short term crisis intervention at the schemes and within the surrounding community. If effective local joint planning structures are developed, this model could be used to link in with the delivery of wider packages of support (emergency response/ domiciliary care/ preventative health intervention) from a shared base. This might also help extend services into new localities and link older people in the community to activities taking place at sheltered housing schemes.
 - **Super Hubs** - Based around housing with care schemes that can provide care services to scheme residents and older people in the wider community. They

may accommodate health services permanently or ad hoc surgeries and could also incorporate meals services. Emphasis would be on medium to high level care and little or no housing support, (housing support could be provided as required from community hubs). The development of this model is dependent on strengthening arrangements between commissioning partners and the housing support component (as a proportion of the overall support packages) is likely to be low.

- 7.7 There may be longer term opportunities to provide the full range of support implied within these models, linked to a sheltered housing scheme or more than one scheme in some areas. The whole model would be viewed as a single community with opportunities for older people to use all services when needed and develop relationships with an established team and the rest of the community providing the security and continuity so valued by older people. To achieve a holistic service of this kind will also require much firmer integration of commissioning structures between social care, health, housing support and housing. Remodelling elements of provision to create outreach and in reach models is likely to prove more achievable.
- 7.8 For Community Hubs, a proportion of current funding could be directed towards providing outreach support to older people in the surrounding community at average hourly rates with agreed outputs and outcomes. Options for funding the housing support component in the Super Hub model would probably depend on Supporting People commissioners reviewing how resources are currently used to meet the housing support needs of older people who also have more substantial care needs (within the Housing with Care model).
- 7.9 Detailed arrangements for changing how services are delivered and shifting some proportion of housing support towards people living outside sheltered tenure will have to be developed as part of the delivery model to accompany this strategy. Based on the approaches in other areas potential options could include:
- Working collaboratively with existing providers to extend their support services to older people living in local communities
 - Working with providers to split housing support and housing management functions and costs and maximise rent and service charge income
 - Withdrawing funding from existing contracts and using some of this money for new support models
 - Specifying, developing and procuring for new models which offer tenure neutral support for older people
 - Some combination of these approaches
- 7.10 There are risks and relative levels of complexity associated with each option which will need to be weighed as part of the proposals for delivery arrangements. The least disruptive option for current service users, staff and providers would be to redeploy elements of existing provision. However if the method of delivery chosen is one of collaborative and incremental change significant issues arise about the nature of aspects of existing provision. This would need to be factored into decisions about which current sheltered schemes would provide extended support services The adequacy of buildings and facilities and the extent to which a provider can evidence quality in areas of

- service delivery will be key to decisions about where support could be extended to people in the wider community.
- 7.11 Using existing resources in the first instance focused on revised targets and outputs. Planning for enhancement of other established centres to accommodate the necessary teams and networks would allow opportunities to vary the number of schemes at each level in line with population predictions. However there will always be some areas of the county where comprehensive support provision and Super Hubs will not be viable.
- 7.12 Local knowledge is a critical aspect of successful services, particularly in rural areas and strengthens the argument for multiple service providers based in localities where they already manage services. Many already have staff and networks that can be built upon. However variability in quality across this sector as evidenced by Supporting People reviews and quality monitoring processes indicates that providers and commissioners will need to commit resources to ensuring that staff have the necessary skills and training to deliver support on an outreach basis.
- 7.13 It is evident that many older people, their carers and many professionals are unaware of the range of services currently in operation across the county and how to access them. Existing channels of communication and information sharing are not successful in making sure that services are consistently and seamlessly provided to the user. Combined with the lack of planning by individuals for their future, this means that many older people are left struggling to get assistance when they need it.
- 7.14 The interaction of key agencies through the Hub & Spoke schemes would help to promote better understanding of available services and provide opportunities for more streamlined processes to be developed. In addition to core services, the provider would be well positioned to consider offering additional services - such as home maintenance, gardening or decorating - either directly as an extension of their current activities or as a conduit for other contractors. Coordination of available services by the hub provider to create menus of services addressing individual or local needs would help to overcome concerns for older people and carers about 'contracting with the unknown'. Our research showed that often the barrier to having services was not financial, but arose from fears about with whom and how they should contract and trust, given that many of these services require access to an older person's home.
- 7.15 Prevention and planning are essential to cost effective services that can be flexible and responsive as circumstances change. However neither can be effective without involving the service user and our research demonstrates that few older people are thinking ahead, let alone planning for their future accommodation and support needs. We need to find ways to engage more actively, helping people to become more aware of what their future needs might be and how they can begin to plan over a longer term to meet them.
- 7.16 Where people do plan it is often around pensions, making wills and insurance, all areas linked to the private sector where products are heavily promoted. Equivalent advertising of services to develop an understanding of what options might be available to older people or their carers, and (just as importantly) what

is not likely to be available, would raise the profile of support and care planning. Marketing services has proved successful in other aspects of local authority work and a properly constructed campaign developed to coincide with the proposed provision should improve take up, which can then build by word of mouth, a favourite and trusted route for older people.

- 7.17 Raising awareness could be linked to offering a future personal planning assessment visit, which would aim to provide initially:
- A review of existing and possible future needs
 - Clarity about available services
 - Signposting and information,
 - Examples of how people can remain living independently
 - A self help planning forum/ website link to help consider options
- 7.18 Review visits could be requested by the service user and could increase in frequency, providing a transition to support assessment when care and support are needed. Visits would also provide an opportunity to collect data to assist strategic planning and to enable regular reminders and updates to be made directly available to clients. Applying a countywide structure to data collation and information provision through existing technology could improve effectiveness of provision, whilst making it possible for multiple agencies to deliver the service and clients to self serve.
- 7.19 This type of long term planning - spanning 5-20 years - would help identify developing needs and expectations and allow providers to anticipate and be more proactive in service delivery. Given structures for consistent data input, management of data would be simple and effective, allowing strategic decisions to be better informed with real time data without the need for additional research.
- 7.20 The skills to deliver this type of future personal planning visit already exist to some extent. The staff delivering on site and those providing outreach housing support and signposting have knowledge of available services and understanding of older people's needs and these skills could be extended to other client groups such as those with physical disabilities. There would be a shift in emphasis from meeting existing need to anticipating future need, but staff could provide both and their experience of helping service users in crisis would strengthen their ability to anticipate future needs and discuss this with clients.
- 7.21 This service would be an extension of the existing housing support services, with the development of the roles of supported housing staff currently servicing sheltered accommodation to be able to serve the widest geographical area to ensure countywide coverage.
- 7.22 The personal planning role described here is not the only model for increasing awareness amongst older people of the need to plan about future housing options. Home Improvement Agencies could be best placed to offer a personal planning approach. Care and Repair England has already developed a programme and techniques which can be used at local events to raise awareness amongst older people about consideration of their housing options.

8. Making It Happen

- 8.1 The range of (mostly) state funded provision in Norfolk from statutory and voluntary agencies already includes:
- Residential and housing with care schemes ,
 - Sheltered housing
 - Extended support services to people through assistive technology.
 - Domestic and personal support
 - Gardening and maintenance services
 - Emergency response services
 - Befriending and day services
 - Adaptations
 - Welfare and benefit uptake
- 8.2 The funding of supported schemes for older people in current models means that a disproportionate amount of funding is provided to areas where there are smaller populations of older people.
- 8.3 In Norfolk, £3.4m is spent on housing support services for older people, of which £2.8m goes to sheltered schemes covering just 6,407 households, against a pensionable population of 180,000. There are wide variations between providers over the number of support hours offered to individuals, varying between less than an hour to nearly 5 hours weekly. There are also wide variations in the unit costs of housing support.
- 8.4 There is little evidence that levels of actual support needs are the primary driver in the variance in support costs and weekly support hours currently delivered. With no clear definition of expectations of housing support from commissioners combined with historical subsidies of these services and an unwillingness to levy the full cost of social support and facilities, many providers have blurred the use of funding to ensure they create well serviced schemes at the lowest cost to tenants.
- 8.5 Anticipated reductions in funding increase the urgency of rebalancing expenditure in order to provide a more equitable service across the county and across tenures. Refocusing the good existing provision and sharing experience to extend services is critical to providing adequate support to the growing population of older people. A clear specification for housing support for older people and standardisation of unit costs are likely to be essential as a platform for ensuring that more older people can be supported with less available public funding in a wider range of housing settings.
- 8.6 Increasing demand and potential reductions in funding will make it impossible to sustain the current approach to meet the housing support needs of older people. There needs to be a clear specification (which builds on the definition of eligible housing support tasks) of what housing support for older people - funded by Supporting People - actually is and what it is not. This would offer detailed examples of how support could be provided to some older people on an outreach basis and used to offer help with future personal planning to test the cost of anticipated delivery in the market place.

- 8.7 The Supporting People Quality Assessment Framework (QAF) is the established means of assuring improvement in the quality of housing support services. Commissioners will need in particular to work with providers to ensure that they are able to demonstrate quality across all aspects of the way in which support is offered but in particular in respect of the elements of the QAF which relate to quality of assessment and support planning in delivering services to older people in their own homes.
- 8.8 Mapping the provision of existing and planned services against demographic information will provide a clearer picture of the target areas for the proposed support hubs, which level they should operate at, where gaps need to be filled and providers identified that may be able to fill them. This will help many providers conclude options for their existing schemes and future development opportunities. Defining the levels of service at each location and where the higher levels of service will not be available is also necessary to make any consistent quality of service possible.
- 8.9 To be successful there needs to be a key basic partnership between the strategic housing authority, providers and the older people they currently support to deliver **Community Hubs**, where housing support is provided on an outreach basis or people come into sheltered schemes to access services. The ability to form wider partnerships around specific community hub proposals will mean there is greater likelihood of outreach housing support being delivered as part of an integrated approach.
- 8.10 The task of establishing the partnerships to create **Super Hubs** is more challenging. The partners for successful delivery of these services would be:
- Housing providers: primarily RSL and LA, but there is scope to work with private landlords and developers
 - Adult Social Services: domestic and personal care
 - Supporting People: independent living support
 - Local Authorities: strategic housing, housing benefit, housing options, enabling and allocation, cross boundary flexibility
- 8.11 Key partners must agree countywide structures based on demand and sites for hubs based on existing schemes irrespective of district boundaries to provide the most practical service delivery. The specification of housing support services needs to be standard across the county in terms of expectations for staff competencies, roles, training, processes, service standards, data management and the need to work co-operatively with other agencies. Most providers will be experienced in adapting to prescribed systems like regulatory and review processes such as QAF and regulation regimes for social housing landlords, but others may need initial support.
- 8.12 Adjustments to contract type will be needed to reflect the aspiration to deliver support more flexibly. In respect of Super Hubs, contracts will be needed that

are designed for a range of providers to deliver services at a local level, bringing the wealth of their knowledge and experience to the communities in which they are established. By entering into a dialogue with existing providers from all sectors at the outset, to describe the vision of support for older people in the county, commissioners will provide the guidance and certainty many providers seek. By clearly identifying the locations for proposed hubs, current supported housing providers will be able to make strategic decisions about the future of their schemes.

- 8.13 Structures for Hub and Spoke models at each level need to have clear links to statutory bodies and paths of accountability will need to be identified, based on existing cross agency bodies.
- 8.14 Whilst some schemes will be able to integrate community health provision from the outset, (for example, where a hub area mirrors an 'integrated health team', or where facilities can be provided to accommodate drop-in health surgeries), it will take time to fully engage health services in hub type delivery in other areas. Current working arrangements and health commissioning priorities suggest that this would not be productive in the short term. Over time however, establishing links with Health would be a preferred route, both for improved service delivery and to increase effectiveness of resources.
- 8.15 Although the hubs would be designed to accommodate the needs of older people, many of the support services could support other client groups living in the community who share similar support needs, such as people with physical or learning disabilities. In addition it would be possible to use hubs as a focal point for community volunteer schemes. All of this would need to be negotiated very carefully with existing tenants on candidate sheltered schemes because it concerns their homes and immediate communities. The considerable challenges in creating the models broadly conceived in this report also provides opportunities for support providers to involve sheltered tenants in seeking solutions that could work well for them and for other older people who live locally.

9. Next Steps

- 9.1 Changes to support delivery at sheltered schemes is a sensitive area, with much media attention being given to the continuing withdrawal of resident scheme managers across the sector. There are instances where schemes are still not charging the full costs of services and facilities. Both tenants and providers need to be helped to ensure that the correct funding is being accessed to maintain the levels of service at the schemes.
- 9.2 The principles of this strategy have been agreed by Norfolk Supporting People Commissioning Body, the next stage of delivery will be the detailed discussions with current providers of service and local authority enabling officers to consider the implications of the proposals in each of the seven districts. There may well be good ideas for practical implementation and partnerships that will support progress going forward fairly quickly in respect of **Community Hubs**. Negotiations for the detailed arrangements for delivery can allow a flexibility of approach to be agreed which enables effective local delivery of housing support for older people, (within the framework of an overall service specification), without taking a postcode approach to services.
- 9.3 Many providers who manage sheltered stock are also providers of general social housing and are all too aware of the numbers of older people in that stock who they cannot currently support but would like to. Some providers may need support in seeing how they can accommodate the model with existing staff and schemes. Local authorities may need to consider where they feel the bulk of services should be delivered – hubs - and where there may have to be areas that cannot be provided with the same levels of service.
- 9.4 Opportunities to link this work with other strategic work going on in Norfolk with Health, Community Services Residential Homes Review (Strategic Models of Care/ Building a Better Future) and the Norfolk Older Persons Strategy Board, will need to be highlighted and links developed and supported to ensure the greatest effectiveness of services and providing best value for money.
- 9.5 Where providers cannot provide extended community housing support services, it will be necessary to consider with them to what extent their existing funding can be maintained and what options they may have to partner with other providers to deliver the service, with agreed timescales to achieve standards. There will be a need for providers to consult genuinely with the tenants of existing schemes about the use of their facilities for the wider community where their scheme is suitable and well located. This implies discussing what benefits this may bring and any impact it may have, whilst addressing any concerns about the changes in working arrangements for support staff.