

**DEVELOPMENT OF OLDER
PERSONS ACCOMMODATION
AND SUPPORT STRATEGY**

**PHASE 2 REPORT TO
ROCHFORD DISTRICT COUNCIL**

**The
Housing & Support
Partnership**

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EXECUTIVE SUMMARY

The Council wishes to develop an accommodation and support strategy for older people. Analysis provided early last year (Phase 1) found:

- a 17% increase in those over 75 in the next 10 years can be expected
- a 20% increase in those over 85 in just 5 years

These large increases in Rochford exceed national trends. They underline the emphasis on provision for more frail older people.

To meet these needs we found a good supply of sheltered housing for rent and sale, some 'extra care' provision but a relatively low level of residential care. There were signs of services under pressure. When compared to neighbouring authorities:

- less home care and a waiting list
- a decline in lower level preventative and domiciliary care services
- lower levels of provision of meals – but this was receiving attention
- larger GP lists

In addition Essex had 20% more people over 75 awaiting discharge from hospital than the national average.

In this second (Phase 2) report we were asked to:

- Establish the supply and demand position of Housing Association
- Look at whether sheltered housing was in the right place
- Carry out an assessment of the Council's sheltered housing

Housing Association Provision

Six associations providing 336 sheltered properties to rent, contributed data showing minimal voids and substantial waiting lists, in excess of 130 people. Three organisations manage a further 255 leasehold sheltered properties for which there is also a high demand.

The housing associations do not anticipate increasing the supply of sheltered housing to rent. There will be a marginal contraction as schemes are re-modelled, eliminating bedsits or converted to leasehold for sale. The high level of owner occupation amongst older people in Rochford (over 80%) means there is a demand for leasehold retirement housing. Several associations would be interested in extra care provision if the Council supports this and it might make sense to think of mixed tenure "extra care" (Chapter 2).

Supply and demand at a local level

There is some mismatch between where older people live and the location of sheltered housing. Rochford town has a third of the sheltered housing but only 10% of the elderly population.

Leasehold provision is generous in Rayleigh, Ashington and Rochford but minimal elsewhere.

Sheltered housing for rent is low in Outer Rayleigh, Great Wakering and Hullbridge (Chapter 3).

Sheltered Housing – physical provision

Rochford Council has overall a high quality of building stock, gardens are well maintained and in locations which remain suitable for older people. Rochford has relatively few problems with bed-sits and shared facilities. The schemes are mostly less than 30 years old and a number have already been modernised. Only minor work is needed in the majority of cases with more significant work at a few schemes.

By letting residents and staff speak for themselves we found:

- Transport and getting out, as found in previous projects, is difficult for some
- Entrance areas need improvement and create barriers
- The standard and style of decorations is variable, some schemes still have an institutional style
- Some dissatisfaction with standards of cleaning, absence of "deep cleaning"
- An apparently inconsistent approach to heating/energy management
- A need to give some attention to security and or entry system
- A demand for the replacement of baths by showers (a common finding in our work)
- Inadequate provision for electric buggies
- Potential for the application of assistive technology to improve services and security

We comment on good practice in relation to a number of these items (Chapter 4).

Sheltered Housing – organisation, management and services

Turning to the "people" side and support services we found:

- There are some questions about the vigour (or observance) of Health and Safety requirements
- Residents do not see Rochford's sheltered housing as "a home for life". They fear being forced to move if they become more disabled or unwell.
- Residents were worried about support at night
- There is evidence of lonely, isolated residents, some tenants with behaviour that challenged staff and similar issues which staff (and sometimes residents) felt needed a more positive response via assessments, support arrangements, training, support from senior staff or otherwise.

Overall we conclude the supported housing management service does not have the capacity to provide a high level of support or to take on the wider role of assisting with the delivery of support services to the wider community of older people.

Collaboration, joint working, joint training, planning and similar ways of getting better integrated services delivered for older people are widely understood to be necessary. Our

review identified a range of shortcomings in present arrangements. Hospital discharge and the closer involvement of scheme managers is an obvious area to focus on.

Scheme based staff identified a range of organisational practices they felt needed attention. This included care assessments, risk assessments, business plans and budgets, involvement in lettings and void reduction, support and supervision, isolation of staff....(Chapter 5).

Towards a policy

The concluding chapter reviews national, county and local policy on accommodation and support for older people. The present policy of only letting to fit older people and not supporting people at home as they become frailer is now in opposition to national and county policy which is focused on supporting people to be independent in their own homes as long as possible and avoiding pre-mature entry to more institutional forms of provision. It does not address the population changes. We tested current practices against an Emerging Role of Sheltered Housing (EROSH) checklist to identify areas of practice that would need addressing if Rochford decided to move towards a social care model of provision more suitable for frailer older people. The areas highlighted include:

- Allocations process
- Procedure manuals
- Working arrangements with social care agencies
- Care assessments and reviews
- Hospital discharge and health links

We identify additional areas of effective management practice to consider:

- Meetings of front line staff
- Supervision
- Mechanisms for keeping a dispersed workforce informed and supported
- Structured training
- Quality assurance and review systems

Rochford will need to take a strategic view on eight main areas:

- Geographical mis-match
- How to address the specific issues at scheme level and across sheltered housing identified in Chapters 4 and 5
- The place of extra care as an alternative to (under provided) residential care
- Whether to retain the present model of sheltered housing and lettings practice or move towards a higher level of care, at home
- How to deliver Best Value following the KPMG report which also pointed to warden services as an area for attention – by in-house changes or externalisation
- Role of front line staff
- How to secure arrangements with health and social services that deliver better support for older people locally
- The extent to which private sector provision and private/personal finance should be engaged to grow, diversify or improve provision bearing in mind the unusually high levels of owner occupation (Chapter 6).