

Review of Transforming Your Care and Older People – Role of Supported Living

Introduction

The Northern Ireland Federation of Housing Associations (NIFHA) represents 26 registered housing associations in Northern Ireland. Collectively our members provide 44,000 homes comprising general needs, specialist and supported accommodation, as well as shared ownership.

Housing associations are charitable social businesses. Our movement is investing increasing private finance to deliver public benefit in meeting housing need, supporting tenants and transforming communities. Further information on NIFHA and housing associations is available at www.nifha.org

Key recommendations

To maximize supported living's role in delivering *Transforming Your Care*, the following are needed:

- **Retention of Supporting People and Special Needs Management Allowance** as dedicated housing budgets to help older people live as independently as possible in their own homes, with annual index-linked uplifts following a seven year funding freeze.
- **Review regional care rate for domiciliary care in supported living schemes** to recognise additional costs and complexities of caring for people with dementia.
- **Review DSD Social Housing Development Programme capital funding** to ensure the Total Cost Indicators (TCIs) support the required standard of schemes, and set aside a small pot to allow re-modelling of sheltered housing and general needs homes as supported living.
- **A regional approach on some risk-sharing on voids** to encourage Trusts to make full use of schemes and avoid the accumulation of unsustainable deficits by housing providers.
- **Joint commitment to new schemes and specific levels of revenue funding** from all partners including Trusts, NIHE Supporting People team, RQIA, housing associations and managing partners, before business cases are signed off.
- **Commitment by statutory funders to revenue funding for first ten years of new schemes** to help safeguard significant capital investment by government and housing associations.
- **Appointment of Supported Living 'Champions'** in the HSCB and each Trust to promote the model and help unblock barriers to proposed schemes, as well as an overall champion hosted within the housing sector to promote the model (see appendix for proposal).
- **Earlier and more formal involvement of RQIA in commissioning of schemes**, along with consistent and realistic views on safeguards needed to protect vulnerable people in their own homes, especially people with dementia.

Background on types of housing association accommodation for older people

Housing associations are major providers of housing, care and support to older people in Northern Ireland. Although some of this provision is through **registered residential and nursing homes**, most such provision for people with high needs is delivered through the private and statutory sectors.

Housing association housing options for older people include **sheltered housing** and **supported housing** including 'supported living'.

Sheltered housing 'is a term used to describe a group of dwellings built in accordance with specific guidelines set by DSD, designed for older or disabled people and with support provided on site.'¹ The agreed aim of sheltered housing is to enable older people to continue to live independently for as long as possible in the community, through providing support at the level and timing required. Residents of sheltered accommodation are independent, free to come and go and have visitors as they wish.² There are around 300 sheltered housing schemes in Northern Ireland providing around 9,000 homes.

Eligibility for sheltered housing has traditionally been viewed as solely for couples or single people aged over 60, although some housing associations advertise sheltered housing as an option for people aged 55-plus. Category 2 sheltered housing (the majority of the sheltered stock) is accessed via the Common Selection Scheme, although sheltered housing is increasingly being offered to younger people and those with additional needs.

Overall sheltered housing residents are satisfied with their accommodation and associated services. Sheltered housing is relatively affordable accommodation providing safety and security in a community setting.

However sheltered housing faces a number of challenges:

- Younger people (50+) accessing services
- The wide age range of residents (aged 50 to 100+)
- The complexity of needs
- The varying levels of support required
- Issues over the desirability and suitability of physical design
- Providing services to older people in the local neighbourhood³

Some residents find that the much more varied population of sheltered housing residents and increasing prevalence of people with complex needs has significantly altered the nature of the accommodation they expected. Housing associations are concerned that many residents now have significant care packages on entering sheltered housing, and that this may not be appropriate or sustainable. However a number of sheltered housing developments may be suitable for re-modelling as supported living schemes.

¹ *The role of sheltered housing in Northern Ireland and future issues*, Fiona Boyle for the Northern Ireland Housing Executive, September 2012, page 15

² Ibid.

³ *Housing Related Support Strategy 2012-2015*, Northern Ireland Housing Executive, page 25

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Supported housing is an umbrella term which is applied to a whole range of housing based options for vulnerable people. It has been defined in many different ways depending on who regulates, commissions, provides or uses the services.

Supported housing can be described as any housing scheme where housing, support and often care services are provided as an integrated package. The following elements best describe its essence:

- The purpose of support is to enable service users to live as independently as possible within their community;
- Service users are empowered to become socially included in the wider sense of community participation;
- The care and support provided varies and relates to the nature of the accommodation; and
- It is a finite and an increasingly limited resource which is not generally available (unlike sheltered housing) but limited to those who are vulnerable.⁴

Supported living, and other types of supported housing, are distinct from general needs social housing because there are higher staff levels than other forms of social housing because support and care services are provided in addition to housing management. It is commonly arranged through partnerships between different organisations, including Health Trusts and Area Supporting People Partnerships that commission services, housing associations providing the accommodation (and sometimes care and support too), and other care and support providers, both Health Trusts and a wide range of charities that enter in to management agreements with housing associations.

Supported housing includes both accommodation-based services where vulnerable people live in a specifically designed property to receive support services; and non-accommodation based services where vulnerable people can receive the necessary support services irrespective of where they are living. For the purposes of this paper, supported housing is used to refer to specifically designed accommodation rather than non-accommodation based services such as floating support.

Currently there is much less supported housing for older people than sheltered housing – approximately 1,500 units compared to 9,000 units. Although people accessing both sheltered and supported living have to apply through the Housing Executive, unlike sheltered housing supported living is not allocated through the Common Selection Scheme but through a separate process.

Advantages of the supported living model

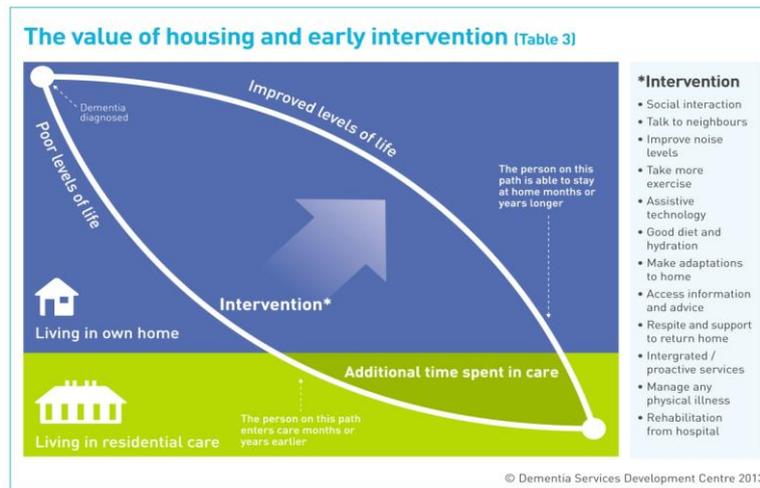
Housing associations are big supporters of the supported living model. Among excellent supported living developments for older people in Northern Ireland are [Hemsworth Court](#), Belfast (Helm/Belfast Trust); [Cedar Court](#), Downpatrick (Trinity/South Eastern Trust); and [Barn Halt](#), Carrickfergus (Fold/Northern Trust).

Our movement therefore believes supported living has a major potential role to play in fulfilling the vision of *Transforming Your Care*. Among its advantages for frail elderly people and older people with early dementia are that it can help:

⁴ Explanation from Sitra - <http://www.sitra.org/about-us/vic-rayner-explains-supported-housing/>

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- Maximize independence
- Reduce mental health deterioration and overall deterioration in health and wellbeing
- Avoid or delay the need for more expensive residential or nursing care
- Reduce health emergencies
- Reduce admittances to hospital
- Enable palliative care in a community setting



The graphic above from the Dementia Services Development Centre⁵ demonstrates that appropriate housing interventions, whether in a person's family home or sheltered housing or supported living, can greatly improve quality of life and significantly reduce the need for expensive registered care in an institutionalised environment.

Obviously supported living is no panacea. It is unlikely to be suitable for residents currently in statutory residential care homes who are unlikely to be able to regain the necessary degree of independence. Also the majority of older people will continue to wish to 'age in place' in their own family home. With appropriate care and support this should be possible. However supported living can be a great option for people who feel unable to manage in the current home but do not need the more intensive care and support in registered homes.

Funding for supported living for older people

Supported living schemes depend on a fairly complex mix of capital and revenue funding.

The capital costs are met primarily by statutory funders. Most of this funding is from the Department for Social Development in the form of housing association grant (HAG) administered by the Housing Executive in its management of the Social Housing Development Programme (SHDP). In exceptional circumstances Health Trusts may top-up this funding, perhaps to achieve their desired specification for the development. Housing associations still contribute a significant proportion of the capital costs for new schemes – typically between 20-30%. Most of the housing association investment will be money borrowed at competitive rates from banks or, increasingly, the capital debt [bond] markets, secured against the associations' assets.

⁵ [Dementia: Finding Housing Solutions](#), National Housing Federation & Dementia Services Development Centre, 2013, page 14

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On the revenue side, supported living tenants are responsible for paying their rent. A majority will receive full support from Housing Benefit to pay their rent and service charge. Additionally they are likely to receive domiciliary care paid for by their Health Trust, and housing-related support paid for by Supporting People (SP). Supporting People funds are variety of services to help older people in supported living live as independently as possible and sustain their tenancy. This can include help to run a household including budgeting, initiatives to reduce social isolation and assistance with repairs.

Challenges to the delivery of new supported living for older people

As charities, housing associations are committed to providing high quality housing, care and support for older people. However as social businesses they have to ensure that any new development is viable and sustainable. There have been issues with supported living schemes such as [Fold's Gnangara development](#) in Enniskillen and Helm's Hemsworth Court development off the lower Shankill. The residents expected to be allocated to these by Trusts have either not materialised or not at the rate required for the schemes to break even. As a result the housing associations concerned are facing significant and unsustainable deficits on these schemes that understandably diminishes the appetite of the sector to take forward further such schemes at considerable risk.

Housing associations are particularly concerned about the revenue funding that underpins the viability of Supported Living schemes. For seven years Supporting People funding has been frozen in cash terms, a cut in real terms of at least 15%. No provision has been made for fast increasing energy costs, or allowances for pay increments to which employees are contractually entitled. This has been compromising the viability of many care and support schemes, not just for housing associations but their charitable managing partners too. It is noticeable that as Health spending continues to increase, and our population is ageing fast,⁶ spending is being squeezed on a key 'invest to save' budget that helps people live as independently as possible and reduces the need for acute services.

Currently DSD is leading a review of Supporting People that our sector fears could lead to fundamental changes in the Programme. Our sector is keen to work with government to reform the Programme to make it even more effective and efficient. However some of the potential changes, including the transfer of much of the budget to Health, the removal of the ring-fence and the introduction of competitive tendering could harm service delivery. If and when the future of Supporting People is confirmed as a properly funded, dedicated housing programme, housing associations will be much more likely to invest in new supported living schemes for older people.

On the first page we outline a number of key recommendations that can help maximize supported living's role in fulfilling the vision of *Transforming Your Care* for older people. These include funding, commissioning, regulatory and education matters.

Departmental action to unblock barriers to new supported living schemes for older people

Since the start of the year we have participated in several useful meetings including with Ministers Poots and McCausland and their respective departments on unblocking the barriers to new supported living schemes.

⁶ By 2021 the number of people aged 85 and over in NI is projected to have increased by 67% to 47,900 from 2010 (NISRA)

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The Ministers have asked officials from their Departments to take forward a programme of work. This includes DHSSPS assessing the viability of developing a common approach to the sharing of financial risk associated with voids. As outlined above, it is important this is achieved as quickly as possible to enable the development of the Rathmoyle scheme (Clanmil/Northern Trust) in Ballycastle and other schemes where this is a sticking point.

DSD and DHSSPS are also scoping work to address medium-term and longer-term blockages to delivery of new supported living units for older people and people with dementia including, potentially:

- Commissioning a project to identify and develop appropriate future models of supported living for elderly clients (including those with dementia) and people with physical disabilities. This work would take into account factors such as geography, needs (including care), affordability and assistive technologies. It would also include an assessment on whether existing models, particularly sheltered housing, are being used effectively and for the purposes intended. The study would also highlight situations or client needs for which supported living are not appropriate.
- Commissioning a project to identify lessons learned from 'legacy' supported living schemes. A small number of such schemes have run into financial difficulties due to places being unfilled (voids) over a sustained period of time. The purpose of this project would be to identify and share lessons learned from the commissioning, design, construction and operation of these schemes with a view to both identifying how these schemes can be made sustainable over the medium-term and pinpointing lessons for future developments.
- Promoting the benefits of supported living, potentially through the appointment of a Supported Living champion on a pilot basis.

NIFHA and our members value the work that has been started by the two departments and involving the Board, Trusts, Supporting People and housing associations. Joint meetings have been useful in coming to a shared understanding of the issues and identifying potential solutions, including in policy, assessment of needs, financial aspects, partnership and communications and project management. We hope this will quickly lead to a more streamlined system in which risk is fairly shared.

More broadly, if the huge potential of housing in successfully delivering *Transforming Your Care* is to be fulfilled, it is vital that there is more systematic and ongoing engagement between Health and Housing at a senior level. This could usefully include developing joint bids for related capital and revenue funding for the next spending period.

NIFHA

24 April 2014



Championing Supported Living in Northern Ireland

An outline proposal

Introduction

Almost everyone supports the vision of *Transforming Your Care* (TYC) to support people with significant health issues to live more independently in the community. This will require a decisive shift towards a more responsive and preventative approach. Within this, properly joining-up housing and health, care and support will be essential. Although the housing ‘family’ fully endorses the vision of TYC, there has thus far been little opportunity for us to contribute at a strategic level. To maximise the prospects for success, that needs to change.

Developing a wider range of housing options is central in the TYC Implementation Plan. A key commitment is to

Support Older People and those with Long Term Conditions to maintain their own independence and manage the functions of daily living in their own home or assisted housing, as opposed to an acute setting or long-term care.

It also states that:

Community-based alternatives to residential care are increasing all the time, and there is a need to ensure that the availability and functioning of these is more widely known so that people can see the different styles of independent living that it is now possible to offer older people, where the traditional response would have been to offer a residential placement. Due to the improved availability of these types of community-based alternatives, it is expected that the demand for statutory residential homes will further decline.

Although community-based alternatives to residential care have increased in recent years, this continued growth cannot be taken for granted; it can only be sustained through the creation of a more joined-up and supportive policy and funding. The Health and Social Development ministers are committed to achieving this and NIFHA and our members also want to play a full part.

Joining-up health, housing, care and support

A well-funded, fully integrated system of care, support, health, housing and other services is essential, not just to provide high quality support for individuals, carers and families, but also to provide good value to the exchequer and the tax payer.

House of Commons Health Select Committee 2012

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Housing is an essential part of an effective health and social care system. Integrated care, housing and support enables alternative care pathways to be provided that reduce the demand an individual has for acute services, as well as improving their quality of life. Specialist housing and housing-related support help people to live independently in the community, reducing the need for care and preventing poor health. For example, timely home adaptations and re-ablement services get people home from hospital quickly and prevent hospital readmissions, helping them to recover their independence after illness.

Housing associations in Northern Ireland already deliver a wide range of services that promote independence and prevent people needing more intensive and institutional forms of care, including:

- supportive design including new homes built to Lifetime Homes
- adaptations, handyperson and care and repair schemes
- advice and information on housing options
- supported, sheltered and specialist housing
- support services built around individual needs and preferences
- assistive technology, telecare and telehealth, as pioneered by Fold Housing Association
- floating support for owner-occupiers

Furthermore, effective joint working between providers of housing, health and care and support can:

- Avoid or delay a move to residential care;
- Reduce admittance to hospital and avoid readmission;
- Reduce the demand for assessment and treatment centres;
- Prevent the need for domiciliary care;
- Prevent health emergencies and reduce demands on A&E; and
- Prevent mental health deterioration and overall deterioration in health and wellbeing.

In Great Britain there is significant policy development and analysis to help ensure housing's contribution to meeting health outcomes is maximized. Excellent work is undertaken by a range of bodies including [Sitra](#), [Housing LIN](#) and [Erosh](#). As outlined below, the NHS in Scotland and England are also investing in specific projects in this area.

Northern Ireland can learn much from work in other jurisdictions, but policy development and strategic planning here suffers from the lack of similar dedicated resources.

[England – National Housing Federation Health Partnership Hub](#)

The National Housing Federation (NHF) is one of 21 voluntary sector organisations that is part of the Department of Health's £3.5million [Health and Care Voluntary Sector Strategic Partner Programme](#) through which the third sector can contribute their expertise to inform and shape national policy. Through the Partnership, the NHF is further developing housing's offer to health, advising housing associations on how they can engage with health bodies, from research to presenting their case to build strong partnerships.

Scotland – Joint Improvement Team

The Joint Improvement Team (JIT) is a strategic improvement partnership between the Scottish Government, NHS Scotland, COSLA (Convention of Scottish Local Authorities) and the Third, Independent and Housing Sectors. JIT provides a range of practical improvement support and challenge including knowledge exchange, developmental innovation and improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. It champions the identification, development, evaluation, spread and adoption of good practice to accelerate the pace of improvement towards the Scottish Government's vision for 2020 for each citizen to be able to lead a longer, healthier life at home or in their own choice of setting in an integrated health and social care environment – which includes an increasing focus on prevention, anticipation and supported self-management.

Housing has been an integral part of the work of JIT since it was formed in 2005. JIT's role is to identify the housing 'connections' of local health and social care partnership's work. Housing is one of the 'themes' within JIT's work programme as well as forming part of the intensive support we provide to local partnerships.

Outline proposal for Supported Living Champion

The Health and Social Development Ministers are committed to delivering sufficient new supported living accommodation, which will make a valuable contribution to fulfilling the vision of *Transforming Your Care*. Housing associations and our charitable managing partners are committed to working with statutory partners to deliver more supported living provision, but there are significant challenges. These have been ably captured, along with potential solutions, in meetings led by the DSD and DHSSPS.

NIFHA is committed to maximize our contribution to the success of the supported living model, and accepts the actions recommended for us through the joint DSD/DHSSPS meetings (although these will require some funding). However we believe that a more extensive and ambitious programme may be required. Ideally this could be progressed through the recruitment of a 'Supported Living Champion' who could champion the model in the statutory, housing association and managing partner sectors.

NIFHA would be keen to host such a post, which could be recruited on a consultancy basis, for a 12-24 month programme of work encompassing:

Education, communication and promotion

- Development of a website, range of literature and a short film to promote supported living, including to the general public; carers and potential clients; health and social care professionals; elected representatives and planners. These would set out the success of the model so far in NI including case studies and testimonies from residents and professionals.

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- Programme of events across Northern Ireland aimed at the groups listed above to promote the supported living model, explaining its role within the spectrum of housing and care options for people with older needs. 25-30 meetings across NI in a year might be needed to achieve step-change in awareness.
- With support from NIHE, lead an awareness process with Trusts around processes for developing and delivering new supported living units and on the purpose of sheltered housing, perhaps through a seminar. This would also give Trusts the opportunity to raise awareness of their processes and constraints. This could also contribute to promoting the supported living model to practitioners within Trusts.
- Organise a 'Supported Living Week' to provide a focus for awareness raising and education efforts. This could replicate many of the approaches that have been used by the National Housing Federation in their annual supported housing week.
- Run a media campaign to highlight the success of the supported living model. This would target local media which has extensive reach and credibility in communities around NI. There would be an emphasis on using local case studies for feature articles.
- With statutory partners, directly addressing local opposition to supported living schemes by greater promotion of the model at a political level, including through enlisting the Health and Social Development Ministers to actively promote supported living. Again a series of events is likely to be required to get results, including potentially a Long Gallery event at Stormont and meetings with each party group, and meetings with councillors in the eleven new local authorities.

Policy / service model development

- Development of a new supported living website as a hub for information required by policy-makers and professionals in the housing, health and social care fields. This could include detailed sections on the various challenges of establishing and running supported living schemes, with case studies on how these can be overcome. Detailed case studies, similar to those on the [Housing LIN website](#) could be developed to consider the strengths, weaknesses and cost-effectiveness of the supported living model in NI to date.
- Contribute significantly to DSD/DHSSPS/NIHE/HSCB commissioned project to identify and develop appropriate future models of supported living for older clients (including those with dementia) and people with physical disabilities.
- Help statutory partners to assess whether existing models, particularly sheltered housing, are being used effectively and for the purposes intended, and highlight situations or client needs for which supported living will not be appropriate.

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- With the [Dementia Centre](#), publish a Northern Ireland version of [Dementia: Finding housing solutions](#), setting out the role housing associations can play in allowing people with dementia to live independently, and how supported living can help people with dementia meet their aspirations, and reduce hospital stays and care home admissions.
- Contribute to DSD/DHSSPS/NIHE/ HSCB commissioned project to identify lessons learned from 'legacy' supported living schemes. This will identify and share lessons learned from the commissioning, design, construction and operation of these schemes with a view to both identifying how these schemes can be made sustainable over the medium-term and pinpointing lessons for future developments.
- With member housing associations and sector lenders, consider future scope for housing associations to raise private finance for new supported living (and other care and support) schemes. By analysing private financing of this element of provision, confidence of lenders can hopefully be increased and a much more accurate picture can be established of the degree of capital funding required post 2016 to support the necessary provision of new supported living schemes.

NIFHA would be very interested in hosting a Supported Living Champion post, perhaps for an initial period of two years. There is a huge amount of work to be done in achieving the necessary increase in understanding, confidence and capacity in the model. Although ad hoc and individual efforts by the various partners can be helpful, a more co-ordinated and concerted approach is now required.

We hope there will be an early opportunity to discuss this outline proposal with statutory partners.

Cameron Watt

24 February 2014