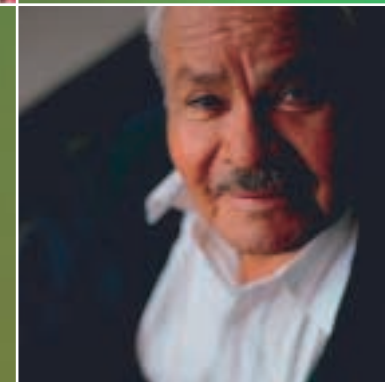




OFFICE OF THE
DEPUTY PRIME MINISTER

PREPARING OLDER PEOPLE'S STRATEGIES

linking housing to
health, social care and
other local strategies



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Glossary of terms

BGOP	Better Government for Older People programme
Citizenship approach	This phrase is used in the guidance to refer to a strategic approach by a local authority and its partners that recognises older people should be included in the local planning structures being established and decisions on many issues. The approach usually aims to tackle ageism and promotes the social inclusion of the older population.
Commissioning	The framework for delivering how agreed services will be provided
DH	Department of Health
DTLR	Department of Transport, Local Government and the Regions
HAZ	Health Action Zone
HIP	Housing Investment Programme
LDP	NHS/social care planning for older people's services is based on a 3 year Local Delivery Plan for 2003-06. This is described in the DH Priorities & Planning Framework 2003-2006. DH will issue guidance on LDPs shortly.
Local planning structures	A range of structures for planning services
NCSC	National Care Standards Commission
NSF	NHS National Service Frameworks e.g. an NSF for older people
ODPM	Office of the Deputy Prime Minister
PAF	Performance Assessment Frameworks, used by all Social Services Departments to report their performance against key targets set by Government.

Intermediate Care	Intensive health and social care and therapy, normally for up to six weeks, with the aim of retaining or regaining the skills and confidence for independent living. Services are normally provided in the person's own home or in community based settings such as residential care, sheltered or extra care housing and are aimed at enabling people to move from hospital and to prevent hospital admission.
PCG	Primary Care Group, first tier community based health services. PCGs have been replaced with PCTs
PCT	Primary Care Trust
Respite Care	Short-term care/support and accommodation. Often while an older person's partner or family carer needs a break or is ill.
RSL	Registered Social Landlord. A housing association registered with the Housing Corporation
Strategy	A big plan. For example, when talking about local planning arrangements we start with the highest level for a local authority such as, the Community Plan and we refer to strategies that feed into it after that
Whole systems	The guidance follows a whole systems services are one of a number of other services that together make up the whole system that affects older citizens. This approach is useful not just for housing but also for health, social care, regeneration and wider audiences. It is particularly helpful in locality meetings that bring together health, housing, social services and other agencies to build joined up approaches for developing strategies for older people's services

Introduction to the guidance framework

Government is committed to improving all older people's quality of life. Central to this commitment is the development of new policies and initiatives that strengthen the roles of local authorities and their partners as key agents for change. The Office of the Deputy Prime Minister, the Department of Health and the Housing Corporation commissioned Peter Fletcher, Director of Peter Fletcher Associates and Moyra Risborough working on behalf of CURS to produce this document to ensure that the diverse needs of older people are considered and reflected in the wide range of strategy documents and guidance local authorities are required to produce. Particular emphasis needs to be given to the needs and requirements of growing numbers of frail older people and those from black and minority ethnic backgrounds. Strategies need to address how the specific needs of these groups can be addressed both in the short and longer term, and give consideration to planning for the needs of future groups of ethnic elders (i.e. those from Eastern Europe and the Middle East).

It is equally important that links are made across strategies and policies, particularly between housing, social care and health. The importance of these links is highlighted with the publication of the National Service Framework (NSF) for older people, and the implementation of the *Supporting People* programme throughout all English local authorities from April 2003.

Older people form the largest client group for services provided under the *Supporting People* programme. This new

way of funding housing-related support services will provide local authorities with the ability to develop new services where need is greatest. As part of the *Supporting People* programme, sheltered housing schemes and other support services such as social alarms will be reviewed between 2003 - 2006. These reviews will inform wider *Best Value* reviews that will ensure there is a need for such services, and that services are of good quality and are cost effective. The NSF for older people is a key part of Government's agenda to improve standards and delivery of services. All the standards have implications for housing. For example Standard Six (prevention of falls) and Standard Eight (promoting an active healthy life in older age) can only be addressed effectively if the housing dimension for older people is addressed. This means asking how suitable their housing is and considering what adaptations, equipment and repairs can help to maintain their independence and well being.

Building Capacity and Partnerships in Care published by the Department of Health in 2001 underlines the importance of linking housing, health and social care. These links underpin better commissioning practice for older people's services and, should ensure that services are able to work together. *Better Care Higher Standards* published in 1999 by the then Department of Transport Local Government and the Regions (DTLR), now the Office of the Deputy Prime Minister (ODPM), and the Department of Health (DH) promoted joint approaches on service standards and information provision across housing, health and social care in order to strengthen partnership working.

The Change Agent Team (CAT) in the Department of Health has set up three Learning and Improvement Networks on:

- care pathways and integrated hospital discharge planning
- intermediate care and alternatives to hospital admission
- housing and extra care

The overall aim of the networks is to help local authorities and PCTs deliver local housing-based solutions in response to locally assessed needs. Such solutions may range from permanent long-term living arrangements to short-term use of appropriate housing to assist hospital discharge, rehabilitation and intermediate care.

The Office of the Deputy Prime Minister and Department of Health will help Home Improvement Agencies (HIAs) target the non-decent homes in the private sector occupied by older and vulnerable people, threatening their health and adding pressure to health services. Home Improvement Agencies promote independent living by helping older and disabled people to cope with the repair and adaptation of their homes and they provide links to other services that their clients need.

The Department of Health wishes to encourage the future development of extra care housing which extends the choices available to older people. An increasing number of local authorities and their health partners are starting to make the strategic shift away from residential care and

towards a broader range of supported housing models, including extra care housing. This will result in a wider choice, greater independence and control for older people in line with changing aspirations.

The Department of Health recently announced funding of £9.5m for HIAs hospital discharge schemes over the next 3 years 2003-6. The Office of the Deputy Prime Minister has announced additional funding of £5.2m over the same period, on top of the £8.5m it already puts into the sector.

This document is designed to complement the 2002/03 guidance on producing effective housing strategies and plans produced by the Chartered Institute of Housing on behalf of the then DTLR in March 2002 (www.housing.odpm.gov.uk). The guidance in this document is not prescriptive. It aims to:

- Ease the process of preparing strategies.
- Ensure that all relevant strategies include appropriate housing components in a consistent way and within a unified vision and strategic direction.
- Enable an easy 'read across' from one strategy to another.
- Assist 'joined up' planning, commissioning and service delivery.

This work was commissioned as one of a number of follow-up actions from *Quality and Choice for Older People's Housing: A Strategic Framework* (2001) DETR/DH. *Quality and Choice* gave several reasons why a more coherent framework for housing older people is necessary. Key reasons are:

- Too many people continue to live in poor accommodation and have no choice and control over where they live.
- There is a need to respond to complex challenges and to a highly diverse older population's requirements and wishes. Challenges exist because there is an increasing older population and the profile is changing rapidly. For example, people are living longer, there is a projected increase in the number of older people from

black and minority ethnic groups, an increase in the number of people with dementia, and more people with a learning disability are living into older age. There are huge upward changes in lifestyle and expectations yet there is polarisation between well-off and poorer older people, and older homeless people have specific needs for services that are inadequately met.

- There is a need to tackle age discrimination and to ensure older people have more say in the development of solutions to social problems and play their full part in society. The Better Government for Older People programme and the Listening Events for Older People held by the then Inter Ministerial Group for Older People identified a number of issues in relation to housing and support. These included: design of new homes; insulation and energy saving; home security and safety, practical help around the home and garden; more independent living opportunities and better provision of sheltered housing; less waiting times for adaptations and moving home; more flexibility of housing, care and support options and clearer information and advice on what is available.
- The implementation and delivery of new policies such as Supporting People and the National Service Framework for Older People require new partnerships between central and local Government, other local agencies, service providers and older people themselves. There is a wider Government agenda around social cohesion, well being and self-determination.

Housing has a central role to play in enabling older people to remain involved and live their lives to the full. However, it has to be allied to the right care, support and wider services older people want such as good transport and services to keep them safe and prevent crime.

- Social care and health services are urged to focus on interventions that will promote independence and provide care and support close to home rather than through institutional based services. The change requires flexible and integrated service solutions across health, social care and housing.

Housing has a very wide meaning covering strategic planning responsibilities for all older people regardless of tenure, faith, race or income as well as the provision of housing and planning consents for new building.

The Strategic Framework for Older People's Housing set two main objectives:

- **First:** *to ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances; and*
- **Secondly:** *to support older people to make active and informed choices about their accommodation by providing access to appropriate housing and services and by providing advice on suitable services and options*

It was suggested that service approaches should be: integrated; holistic; inclusive; involving, and preventative.

Quality and Choice identified the following five priority areas for new policy and service developments:

- **Diversity and Choice:** ensuring services promote independence and are responsive to all older people's needs and preferences.
- **Information and advice:** ensuring that information and advice are accessible both to professionals and older people themselves on the variety of housing and support options/solutions available.
- **Flexible service provision:** assisting local authorities and service providers to review housing and service models in order to improve flexibility to meet changing needs, taking into account the views of older people.
- **Quality:** emphasising the importance of the quality of housing and support services, both in terms of ensuring homes are warm, safe and secure and in monitoring the services provided.

- **Joint working:** improving the integration of services delivered at the local level by housing, social services and health authorities and nationally through Government departments.

The 2002 Housing Investment Programme (HIP) guidance draws attention to the importance of considering the needs of all vulnerable groups, and specifically older people, when drawing up local authority housing strategies. An increasing number of related strategies and plans (*Better Care Higher Standards, the NSF for Older People and Building Capacity and Partnerships in Care*) also recognise the centrality of the housing dimension. This signals the fact that linkages between various services and strategic policy areas are better recognised and are expected to be made explicit.

All local authorities are required to have an older people's housing strategy and HIP returns sent to the then DTLR for 2001-2 indicate that local authorities are beginning to produce such strategies but there is still a long way to go. This document is set out as a framework that can be copied and borrowed or developed on by authorities and their partners. It is aimed at those responsible for planning and/or delivering the housing function but it also has a wider audience in health, social care, regeneration and planning. This is because increasingly authorities are developing 'joined up' strategic approaches. This document strongly encourages the development of these approaches.

Structure

This document provides a framework for producing a strategy using a sample template. Under each template heading are ingredients that should be incorporated into a strategy. These are based on an actual housing and service strategy (*Accommodation Strategy for Older People in Liverpool - August 2001*), and also take account of a range of other strategies that have been examined as part of the background work for this guidance.

It is organised as follows:

- Section One: Executive summary
- Section Two: Introduction to the strategy; setting the Local context
- Section Three: Identifying the housing ingredients: Needs and demand
- Section Four: How the current housing and service systems work
- Section Five: Planning for the future
- Section Six: Proposals and recommendations
- Section Seven: Taking the strategy forward

The Format

The text in sections one to seven is laid out across the page under three headings:

- Explaining **why** particular areas are included in the framework.
- **Identifying key issues** to be addressed in each area.
- Sources of **data and information** (national and local) that provide evidence to underpin sections of the strategy.

Some sections also include handy tips, and/or case study examples. The final section, section seven, gives a blank template which authorities can use if they wish to collect the information required and to check their progress on actions they need to carry out.

The guidance follows a *whole systems* approach, which acknowledges that housing services are one of a number of other services that together make up the whole system that affects older citizens. This approach is useful not just for housing but also for health, social care, regeneration and wider audiences. It is particularly helpful in locality meetings that bring together health, housing, social services and other agencies to build joined up approaches for developing strategies for older people's services. For example, It can help in the strategic process where:

- Housing authorities want to reduce the number of non decent homes for older people.
- Health want to ensure they deliver aspects of the NSF for older people, for example, falls prevention and intermediate care.
- Social services want to promote and deliver a prevention agenda.
- Regeneration strategies aim to develop a social inclusion policy that includes older people.

What is Meant by the Strategy Process

Developing a strategy is about a **PROCESS** not just about producing a **DOCUMENT** at a fixed point in time. Experience from developing strategies for older people indicates that it involves:

Preparing for the strategy

- Engaging the right partners from the beginning to get ownership.
- Engaging older people as partners.
- Preparing and agreeing a brief that covers the full agenda of all the partners rather than just a part of it.
- Creating the capacity to undertake the work.

Developing the strategy

- Working with a steering group as active partners to own the agenda, including older people.
- Ensuring that the work relates to the wider strategic agenda.

Implementing the strategy

- Building an implementation plan and clear responsibilities for implementation in the strategy itself.
- Building in 'time' to take the strategy forward.

Section one

Executive summary



Section One: Executive summary

Why:

For ease of reading a summary should give a synopsis of what is in the full strategy and the action plan for delivering the strategy.

It can be produced separately from the full strategy document for use as an Information leaflet or briefing paper to communicate the key points and actions to a wide audience, including professionals, the public, the media and particularly older people.

Key issues:

All the sections need to be covered briefly.

Will you use it as an information or briefing document?

If not, how do you plan to inform the community?

The summary and the strategy should be provided in plain language. Those parts to be made publicly available should be translated into community languages and, put into other media such as on tape. Larger typefaces, easier to read fonts are helpful. Partially sighted people often find that electronic communication is helpful because they can put transfer text into fonts and systems they usually use.

Section two

Introduction: Setting the local context



Section Two: Introduction to the Strategy: Setting the Local Context

Why:

This section should describe:

- **Aims and objectives**
- **Methodology**
- **National context**
- **Local context**

- **Structure of the document**

Key issues:

For example promoting quality of life and well-being, independence, social inclusion, and supporting a higher proportion of older people at home or in a supported housing setting.

What methods were used to develop the strategy, including the consultation and involvement process?

Key policy changes affecting the strategy, particularly strategies it has to link to.

Including the key influences determining the local approach for developing the strategy.

This will include a description of how the strategy fits with the broader strategic agenda in the local authority area. (See the notes on the following page for more information).

The document should be clearly laid out. Where references are made to evidence or sources these should point the reader to the place they will find a full reference so they can obtain e.g. internal documents and other strategies if they wish. There should also be a contents page and an explanation of key terms.

Notes on the Local Context: Developing a Strategic Approach to fit Local Planning Structures

Why:

Local authorities and their partners have different approaches to strategy development and planning that suits their local circumstances. It is important to be able to adapt strategies for the older population, including housing, to fit circumstances and different approaches.

Key issues:

Ensure that older people and housing issues are included in the wider change agenda. Otherwise housing matters can become marginalized and disconnected from the broader big strategy agenda.

Housing authorities need to inform other planners. Other planners need to pass on information and consult their housing partners.

Make sure the strategy fits with your local strategic planning structures e.g. that it is ready to fit with the cycle meetings timetabled for key strategies such as, Community Plan, LDP, and so on.

Look at the four approaches we give for strategic planning.

They illustrate that there are various ways to ensure that older people's strategies are well linked into other strategic planning.

Sources of data and Information:

Four different approaches to strategic development and planning are shown on the next page. They illustrate how housing matters can be incorporated to suit local needs.

Key strategy documents everyone needs to know about are:

Community Plan
HIPs

LDPs

Supporting People Strategy
Crime and Disorder Strategy

Approach 1: Citizenship Strategy linked to the Community Plan

An increasing number of authorities are building their strategic planning structures around the Local Strategic Partnership and the planning framework around the **Community Plan** for the whole population. In this approach they use a set of broad themes to build their strategies. The themes might include:

- **Citizenship, social inclusion and modernising democracy:**

This sets out their consultation and engagement approaches with the local population. In this example we have included the term *citizenship*. It is used to underline a strategic intention to recognise older people as a specific population group and ensure that they are included in the structures being established. This is because older people are frequently overlooked in policies. In general such an approach includes an objective to tackle ageism and promote the social inclusion of the older population.

- **Health of the population:** *Here it is important to identify the housing components which can impact on health.*
- **Communities, safety and regeneration:** *community safety, linked to the home and the local environment surrounding the home is a key issue affecting the health and well-being of the older population.*

- **Economic development:** *the way services for older people are delivered can support the local economy and jobs for local people, through, for example, the establishment of a local care company.*
- **Education and life-long learning:** *access to life-long learning and inexpensive room hire arrangements, for example for University of the 3rd Age (U3A) Groups, are important issues for older people.*

In Approach 1, older people's issues including housing need to be explicitly woven into the strategy framework. This is necessary because without it older people may become marginalized in favour of strategies that focus on young people, families, and groups that tend to be seen as economically active.

Approach 2: Health led strategy

In some local areas strategy planning and development are influenced by joint health and local authority duties to promote the health and well being of the local population. In these cases the key planning document becomes the Local Delivery Plan (LDP).

Government health policy is becoming more focused on tackling the underlying causes of ill health in communities as well as on health and social care service provision. There are also new health policy 'pegs' for older people, such as the *NSF for Older People, Better Care Higher Standards and Building Capacity and Partnerships in Care*, which are starting to make references to housing. These open up the opportunity, often for the first time, to put housing components into a broader health strategy on health promotion and prevention.

Many health partners are just beginning to understand the potential of housing to help them change the balance of care for older people away from hospitals and institutional care and into 'care close to home'. Also, older people are competing for health time and resources with a range of other consumers. For these reasons it's important that housing planners ensure housing is incorporated into LDPs, and that older people's issues are given sufficient attention and priorities.

Housing for Health in Tyne & Wear

The Tyne & Wear HAZ, the local authority housing department, the National Housing Federation, and the Housing Corporation collaborated on an 18-month action research project to highlight the potential for housing related initiatives to tackle health inequalities and improve health and well being. The project:

- Produced a Good Practice Guide and Directory of Initiatives (including examples of initiatives that related specifically to older people).
- Undertook a development exercise in 5 local areas to identify health and housing issues from a community perspective.
- Produced Health and Housing Action Plans for each of the 5 local authority areas.

The Guide, Directory and write-up of the development exercise can be found on the:

- Tyne & Wear HAZ website www.haz.co.uk

The Health & Housing section of the national HAZ website www.haznet.org.uk

Sandwell Health and Housing Strategy

Sandwell has a joint 'Housing for Health' Strategy between the Local Authority, the HAZ and the Health Authority (February 2000). The Sandwell Health and Housing Strategy, is divided into five sections:

Section One: Housing and Health - the background, covers: the effects of poor housing; the evidence; improving housing, health and reducing NHS costs; the effect of health on housing for older people, people with mental health problems, physically disabled people; the housing aspects of community care; housing fitness, standards and indicators; national housing conditions.

Section Two: Housing needs and health in Sandwell, covers: assessment of housing needs; household information; housing conditions; special needs housing; housing morbidity (asthma, accidents, mental health); homelessness and housing.

Section Three: Developing and 'Housing for Health Strategy', covers:

- Regeneration (SRB, New Deal for Communities).
- Transformational Projects (Agewell, Equity Sharing, Repairs on Prescription, Energy Services Company).

- Improving our understanding of the effects of housing conditions on people's health:
 - measuring the effect of housing on health in sandwell;
 - health profiles to inform housing investment;
 - awarding housing priority on medical grounds;
 - child home safety equipment loan scheme;
 - mental health housing provision;
 - homelessness and temporary accommodation health review;
 - housing and winter months elderly hospital admissions review;
 - housing and health research and information officer.

Section Four: Action Table on Housing and Health, under the three themes of Section Three. The table under each theme is structured as: key area; project; action; how; who; timescale.

Section Five: Further information, on the Housing Strategy and key plans and strategies that impact upon the housing and health agenda.

Approach 3: Integrated Strategy for the Older Population

Some areas are developing approaches, which recognise older people as a key group who demand explicit attention. These are integrated approaches that have generally been strongly influenced by the Better Government for Older People (BGOP) programme. They tend to focus on services from the ordinary/common sense service user or citizen point of view rather than the more traditional approach, which is led by service providers and expert professional staffs. Integrated strategies start by considering the whole older population (often aged 50+), rather than focusing primarily on those older people who are seen as require most resources and services. This approach incorporates most of the content covered already in approaches 1 and 2 in that it starts from a citizenship approach although it explicitly focuses on the older population. It also has the positive goals of promoting good health and well-being and tackling health inequalities (described in Approach 2). The key difference is that Approach 3 has an explicit focus on the older population. Services are just one component of the strategy.

In this approach, housing sits within a broader service context and within a wider vision of citizenship that acknowledges citizens have rights and responsibilities. The key is to ensure the housing component is incorporated across all the action points that the strategy highlights.

Darlington Integrated Strategy for the Older Population

Darlington Borough Council and its health partners consulted with older people on a broad range of topics, which led to setting up a Steering Group with an equal number of older people and professionals (including a senior local authority housing representative) and as a result jointly developed an Integrated Strategy for Older People. The Strategy was approved by the Borough Council and its health partners in early 2002 and launched at a public meeting attended by some 300 older people.

The strategy comprises:

- Vision and Principles developed by older people.
- Four 'building blocks' around:
 - engagement of older people as citizens, including formal structures of engagement;
 - positive images of older people;
 - active ageing;
 - services, quality of life and well-being.

Two development workshops were held in spring 2002 to engage older people in partnership working to develop and take forward the action agenda from the strategy, which includes housing. Part of the work to take the strategy forward includes working in partnership with older people to address the 8 standards in the NSF for Older People.

The Reports of the BGOP Programme (*All Our Futures*, May 2002) give a number of examples on working in partnership with older people. Also on developing approaches to address the needs and aspirations of all the older population in a local area i.e. not only those who use services.

Approach 4: Accommodation and service strategy for older people

This approach starts by developing a specific accommodation and service strategy for older people. The approach is most likely to ensure that the housing components will be included, BUT has the danger of being scoped too narrowly both in housing terms and in relation to other services. Some housing authorities, for example have restricted their strategies to just a consideration of sheltered housing, or even to local authority sheltered housing for rent rather than the wider housing, health and service agenda.

It isn't necessary to take such a narrow view. A strategy can be broader in content **and** conception. For example, by locating it within a strategic approach which acknowledges that older people are citizens as well as service users, that health promotion is part of the strategic objectives and that the strategy wants to encourage good models of communicating with older citizens and involve them in deciding future services.

Accommodation Strategy for Older People in Liverpool

In Liverpool, health, social services, housing and regeneration, together with RSL partners commissioned consultants to develop a broad based accommodation and service strategy for older people. The strategy is citizen centred. It covers all tenures and the full range of accommodation and service options for older people. As well as housing priorities it addresses key health and social service objectives such as reducing hospital and long-stay care admissions and increasing intermediate care services. It also addresses regeneration issues such as standards for new housing and considers older people's needs and desires for services in a highly local area as part of the overall strategic intentions of developing the attractiveness of a location, encouraging local people to stay and contribute to the locality and, encourage other people, businesses and services to want to move there.

Housing, Care and Support Strategy for Older People in County Durham

In County Durham the county social service department, the seven district housing departments, health and probation, have commissioned a broad based housing, care and support strategy for older people, which will include local plans for each of the seven districts and five PCTs, as well as a county vision and overview. The vision reflects the breadth of the commission:

- Reduce the numbers of older people moving into long term institutional care.
- Increase the choices for housing care and support available to older people in Durham.
- Develop a flexible range of services which meet the needs of older people now and in the future.
- Promote integrated working between housing, care and support services.
- Contribute to the delivery of Supporting People, National Service Framework for Older People and Intermediate Care Strategies.
- Contribute to the modernisation and preventative service objectives Inform the development of the Supported Housing Strategy for County Durham.

Section three

Identifying the housing ingredients: Needs and demand



Section Three: Identifying the Housing Ingredients: Needs and demand

Why

A strategy should be based on evidence of need and demand for services. Authorities should collect and present information about the needs and demands of all older people - not just those who currently use services.

The headings on the right in the next column are intended to assist authorities to systematically gather the information they require.

Key issues to be addressed

Information on demography including:

1. Population projections for the area and for neighbouring or benchmark authorities and nationally for the population aged 50+ broken down into gender and age bands. It is useful to project forwards for the next 20 years. The figures need to be updated regularly, for example, every 5 years.
2. Population projections for the BME older population as above.

Poverty and health including projections of:

1. Numbers of people on or below poverty levels.
2. Wider information on income and wealth patterns of the older population.
3. Levels of long-term limiting illness.
4. Level of deaths for people aged 50+ generally and from cancers, heart disease, strokes and falls.
5. Levels of depression, other mental health problems and dementia.

Sources of data and information

LDP for Older People

NSF Local implementation Team

Census data

Local poverty and economic development studies

National data sources include the General Household Survey, the Family Expenditure Survey, Regional Trends and data regularly produced by the Department of Work and Pensions

Why

Key issues to be addressed

6. Numbers of people with life affecting conditions (for example a learning disability or multiple sclerosis) who are living into older age.
7. Particular factors around poverty, health and older age that are affecting the older BME population in the area.

Information on housing and accommodation:

- Number of older people on waiting lists (by BME group).
- Number of older homeless people.
- Number of older people living alone.
- Tenure occupied by older people.
- Housing conditions of older households.
- Number of older people requesting Disabled Facilities Grants (DFGs).
- Local data and reports on older people's housing and support needs.
- Number of disabled, adapted and wheelchair properties.

Sources of data and information

PCTs/NHS Trusts/Community Health Councils (CHCs).

Community Relations Councils (CRCs).

Housing Departments, RSLs. Environmental Health Departments collect data on private sector house conditions and are responsible for DFGs. Much local data may be in local private sector renewal strategies.

Some local authorities and RSLs have adapted property registers.

There are some estate agents that hold details of adapted properties for sale.

Why

The strategy should reflect the views of a wide range of older people. Surveys and consultations by a variety of Departments and organisations contain useful information on the improvements older people want to see. Government is particularly keen to encourage a holistic approach acknowledging that good housing and services enable older people to retain their independence and take part in wider society.

Key issues to be addressed

Views of older people including:

1. Perceived attitudes towards older age in the area.
2. Opportunities for active ageing and views on services that promote active ageing, including leisure, education, the arts, transport and information.
3. Views about services that support vulnerable older people, particularly health, social care and housing services.
4. Recognition of the diversity of the older population - ensuring that the views of older people from BME groups, people in rural as well as urban areas, and homeless people are taken into account, no matter how small they are in numerical terms.
5. Relating the views of older people locally too other consumer research on the needs and demands of the older population.

Sources of data and information

Supporting People reviews

Best Value reviews

Better Care Higher Standards (BCHS)

NSF consultations

Annual reports of service user and carer's views - contact the local Social Services BCHS Long Term Care Charter Champion in social services or housing. Also see [www.doh.gov.uk/long term care](http://www.doh.gov.uk/long_term_care)

Tenant and resident satisfaction surveys

Reports by voluntary organisations e.g. Age Concern, Community Relations Councils, Councils for Voluntary Organisations, local BGOP projects and networks.

For information see the BGOP website www.cabinet-office.gov.uk/servicefirst/index/opmenu.htm

Section four

How the current housing and service systems work



Section Four: How the current housing and service system works

This section represents an approach for mapping the current system's responses to needs and demands set out in Section Three. The current system includes departments, organisations, professional staffs, friends and relatives and older people themselves. Between them they divide up functions and activities that relate to the well being of older people. But who does what? When we locate who does what tasks onto a single map we get a systematic understanding of the ingredients in the whole system. We can also get a better understanding of the ingredients in the whole system. We can also get a better understanding of what the whole system looks like and identify its shortcoming.

We begin with how older people want to be involved in decision making in the round. Next we compare actual performance to see how local practice across the system compares.

Why

How older people experience the housing and service system is a key indicator of its effectiveness.

Key issues to be addressed

Engaging with older people

1. What formal methods are there for engaging with and involving older people? At a general level and in relation to housing and related services?
2. What specific models are being used to engage with and involve older people from BME groups?
3. What work is undertaken to ensure that 'hard to reach' older people's views are taken into account - for example older homeless people, older people with mental health problems including dementia, those who live alone, those who are frail, and people living in institutional care?
4. What evidence is there that there is a positive anti-ageing culture? For example that older people are involved as equal citizens in planning services and consultation on the future regardless of faith, race, disability or gender.

Sources of data and information

Good practice: *Better Care Higher Standards*, (BCHS)
Contact the local Long Term Care Charter Champion.

See *From Lip Service to Real Service*.
A report on meeting the needs of older BME groups.
At www.doh.gov.uk

Supporting People handy guide: *Reflecting the needs and concerns of Black and Minority Ethnic Communities in Supporting People*. A web site for BME providers can be accessed via the SP KWeb at www.spkweb.org.uk

Local evidence:

- LDP for Older People
- NSF for older people
- The HIP
- Social Services Performance Assessment Framework (PAF) figures
- RSL returns to the Housing Corporation on key performance indicators
www.housingcorp.gov.uk
- Cross cutting Best Value reports
- Inspection reports - Social Services Inspection unit, the Audit Commission
www.auditcommission.gov.uk

Why

Very few local areas have a coherent supply map. Information on supply tends to be partial and it is scattered between departments and organisations.

It is vital for future good planning that there is a good evidence base on the supply of accommodation. It is also necessary to see what the supply looks like when compared to the needs of the population in different localities. The Housing Corporation e.g. require this kind of information when funds for development are being sought.

Key issues to be addressed

Establishing the supply of accommodation for older people and general supply

Supply side information covering ALL purpose built specialist accommodation provision for older people across tenures. This can be broken down into geographical planning areas using GIS mapping, a computerised geographical package which many planning departments have access to.

The supply information should ideally include:

- Accommodation for physically frail people: nursing homes, residential homes, extra care housing, sheltered housing in the public, voluntary and private sectors and, specific provision for BME groups
- Mental health and dementia: nursing and residential homes, extra care, supported housing such as group homes and adult placement
- Intermediate care services
- ‘Continuing care’ services such as high support social care and nursing care packages for people with long term needs for services who are not covered in the above categories.

Supply information covering ‘ordinary’ housing concentrating on:

- Number of general needs housing (in ALL tenures).
- Condition of the above (number of non decent homes; dwellings lacking central heating, or lacking amenities);
- Implications of balance of supply in terms of property size, type and tenure.

Sources of data and information

National Care Standards Commission data (NCSC)
www.carestandards.org.uk

HIP data

LDP

Information from local Intermediate Care Co-ordinators

based in PCTs

Elderly Accommodation Counsel database for local area.
(www.housingcare.org)

Community Data Services (CDS)
www.comdata.co.uk or find CDS on www.housingcorp.gov.uk

Supporting People local ‘supply mapping’ data

Local housing strategy

Why

Key issues to be addressed

- Implications of conditions on balance of supply and adequacy of supply.

Supply information covering all housing related ‘floating support’ and other services:

- Those services that enable people to continue to live in ordinary housing but are not personal care e.g. mobile warden service that can provide low level support.
- Home Improvement Agencies, community alarms.
- Any information on supply taken from the work on mapping demand e.g. no. of adapted properties.

Analysis of how supply operates

- How far supply operates, and is recorded as one system rather than separate systems run by health, social services and housing. Are there methods to bring information together so as to plan the capacity across the whole accommodation system?
- Benchmarking supply against other comparable areas through use of national data sources.
- Analysis of general needs housing supply and house conditions, and implications. By implications we mean number of non decent homes; the location of properties compared to areas that contain high numbers of older people and BME elders and people with specific needs. Also dwellings lacking central heating, or lacking amenities, size, type and tenure.

Sources of data and information

The HIP

Local register of adapted and disabled properties (some authorities have these)

See *Building Capacity and Partnerships in Care* at www.doh.gov.uk

- Analysis of purpose built supply. The condition and suitability for groups of older people with specific needs. The overall balance of purpose built supply in terms of size, type and tenure.
- Adequacy of floating support services for older people's (and carer's) needs across all tenure types.
- Home Improvement Agencies - extent of coverage, what services are provided, focus of service

To see if the accommodation and other parts of the system are working in harmony to support older people it is necessary to search for specific information and clues.

Here clues are being looked for on progress against Government objectives for improving older people's well being. They include:

- Reducing number of older people entering long term care & nursing homes

Mapping & analysing health & social care for older people

How well is the system working in relation to:

- Supporting older people at home and preventative services.
- Use of nursing and residential care.
- Using supported housing models e.g. extra care & sheltered.
- Use of and balance of mental health services for older people.
- Use/balance of services for older people with a learning disability.
- Use of hospital beds, particularly around emergency admission and delayed discharge patterns.
- Emergency, intermediate care and rehabilitation system, and how far there is a strategy that includes use of the housing system.
- Key NSF areas e.g. falls & health promotion. How these are being addressed and how far there is a housing dimension to the work.
- Balance of health and social care funding for accommodation and how far this is moving from being institutional to being community based.

Supporting People Supply Data

HIP

Supporting People Strategy

See Social Services Performance Assessment Framework (PAF) - PAF is a system used to gather performance information of Social services and Health against a national set of numbered targets. See www.doh.gov.uk/scg/pssperform/index

(PAF C28)
(admissions trends)

NSF local implementation teams (local PCT will provide contacts).

PAF A5 &
(PAF D41)

Intermediate Care Co-ordinator based at the PCT.

- Enabling older people to be discharged from hospital quickly with rehabilitative and intermediate care so they recover properly.
- Ensuring when they are discharged they receive appropriate continuing help and support to help them live independently.
- Ensuring fewer older people are forced to go into hospital by making more low level & preventative or community based services available.

There are some parts of the service map that have grown out of various functions e.g. grants for making changes to homes because of disability. Or, sheltered housing, which often grew out of views on what older people needed twenty or more years ago.

- How far the health and social care system addresses the needs of older people from BME groups.

Mapping and analysing the housing system and its links to planning and regeneration

- How far do the housing system and wider planning and regeneration systems support older people in the community? A series of questions such as these might help find the answers. What is the role of sheltered housing and extra care housing? What are the service goals and model(s)? How far do they support older people in the community, including older people from BME groups? Who is the provision aimed at? Does it have an explicit place in the service system for older people in relation to health and social services? Are cross tenure issues considered and addressed?

LDP

E.g. evidence that changes have been made based on consultations and joint work with BME groups. See the LDP and BCHS local charters for joint standards and targets set.

There is a wide range of information and good practice available on assessing services. For very up to date thinking on reviewing sheltered, extra care and community alarm services, for discussion on service standards, goals and models, see DTLR (October 2001) *Supporting People: Administrative Guidance*. www.supporting-people.odpm.gov.uk

It is necessary to understand the context for these services and see how they work. Generally older people and their advocates have a difficult job working out which department or organisation might be responsible.

Services are traditionally split into functions. For example, local authority provided housing for rent is dealt with by one department but a separate department often deals with advice on and help to obtain grants for disabled adaptations. Despite these splits some local authorities and partner organisations have an integrated approach that help the customer overcome barriers between departments.

- What is the role of community alarm services and new technology? Are they meshed in as part of the wider service system? For example, do they complement a health or social care rapid response service? Is there an integrated 'out of hours' service linking night nursing, rapid response and mobile warden services using the community alarm service as the emergency contact point?
- Community equipment and adaptations, Home Improvement Agency and handyperson services, affordable warmth and energy efficiency services. Who is responsible for these services? How do they fit together? Are they integrated in any way?
- What arrangements are there for all older people to get information on and access to the above housing services? Do access arrangements support choice for all sections of the community including owner occupiers and homeless people? How far do strategies to improve services include initiatives such as providing one stop shops and information and advice services (particularly on housing, support and income maximisation).
- Do regeneration plans, policies and ways of working explicitly identify and take steps to include older people (e.g. accessible standards for new housing, community support services to enable older people to stay at home, community safety policies, transport policies).

HIP

See the Audit Commission website at www.auditcommission.gov.uk

Also the Housing Corporation website for good practice and innovation projects at www.housingcorp.gov.uk

LDP

Cross-cutting Best Value Reviews of Older People's services.

Discussions with relevant staffs such as front line housing department and RSL staff, local Age Concern advice and information staff, CABs, housing advice centres.

Local Housing and Support Needs Studies.

Integrated approaches don't exist in as many areas as they should. Customers easily fall foul of the gaps.

Why

Older people are often overlooked in wider planning agendas because attention tends to be placed on people whom planners think are economically active. Most of us benefit from living in areas with a mix of generations. Planners should be encouraged to include older people's views and interests along with everyone else's.

- How far is the Planning system and the use of the policy guidance on housing (PPG3) sensitive to older people's requirements and interests and able to prioritise these against competing housing demands? Is the local interpretation of PPG3 with its emphasis on brown field development at higher densities delivering more and better specialist private housing for older people or less by increasing competition for suitable sites or demanding contributions that make such housing less competitive? Is this specialist provision being specifically monitored as a part of the "Plan Monitor & Manage" system introduced by PPG3 and how geared up is the system to responding with local policy modifications?

Intermediate Care Co-ordinator & NSF local implementation teams.

See ODPM web site for more on PPG3.

ODPM/DH Guidance on adaptations (to be published Feb 2003).

DH Community Equipment Circular, March 2001 (www.doh.gov.uk)

Community Plan
The Local Plan

Neighbourhood renewal strategies.

Older people have money to spend. For example, when considering plans to redevelop city centres or rural towns, planners should think how attractive they are to the growing population of older consumers as well as to younger people.

Various services contribute to the quality of life and well being of older people. Services such as transport, significantly affect older people's decisions to stay where they are or move home. Transport therefore interfaces with the housing system.

Analysing the wider service system and strategies

Do the following policy and strategic service areas include older people and link into policies and strategies to support older people to have good quality lives in the community?

Transport

Arts and leisure

Life-long learning

Community safety

Local strategies include the following types: Local Transport Strategy, Local Development Plan, Crime and Disorder Strategy and Community Safety Strategy. Education and Community and Leisure or Community Development Departments are generally responsible for strategies on arts and leisure and life long learning.

Why

This would look across all the parts of the system examined so far and give an overview based on the evidence examined against the key outcomes for the 5 themes from DTLR/DoH (2001) *Quality and Choice for Older People's Housing. A Strategic Framework*. The accommodation, support, social and health care systems also generate income. Plans to develop these systems for older people should harmonise with regeneration, economic development, transport, community safety, education and wider plans.

Key issues to be addressed

Analysing the whole system: Putting it altogether to see how it supports older people

Does the present system support older people? Is there evidence to demonstrate that it is developing key outcomes for older people in line with the 5 key themes in Quality and Choice for Older People's Housing.

- **Diversity and choice** to achieve: increased informed choice in appropriate housing and care solutions; and greater responses to the diverse needs and aspirations of vulnerable groups, including older people, for housing and care services.
- **Information, advice and access** to achieve: better advice and information on housing options for older people and their carers; advice and information that is appropriate for all older people - in different settings, formats and languages, for example; and a greater sharing of ideas and initiatives to encourage new service models and provision.
- **Flexible service provision** and how far there is one accessible system for ALL groups of older people to help them stay in their homes for as long as possible or, live in a home that best suits their needs and aspirations; facilities so that older people can use their own resources to improve their housing; access to technologies which help older people to feel safe and secure at home; and joint planning of new provision taking a strategic 'whole systems' approach to meeting needs.

Sources of data and information

- **Quality and standards** to achieve a marked improvement in the quality of older people's housing; and greater involvement of older people in setting and monitoring the quality of the housing and support services they receive.
- **Joint working** including how far there is a multi-agency approach, and how far services are commissioned in an integrated way. The idea is to achieve: more integrated user-led services and to shift the barriers that prevent holistic service provision for older people.

Section five

Planning the future



Section 5: Planning for the future

Best Value requires local authorities and their partners to challenge and compare what they do with other local authorities to ensure they are planning and providing services that meet the current and anticipated needs of the population. Section five of the strategy complements and keeps Best Value in mind since it focuses on planning for the future.

Why

Consumer research highlights that the needs and aspirations of older people are changing rapidly. In addition there are usually local factors that underlie particular needs and priorities of older people in different geographical areas. These needs to be taken account of when planning services for the future.

Key issues to be addressed

Looking at the changing needs and aspirations of the older population as related to housing and related services.

1. Have you looked at national consumer research?
2. Have you looked at local consumer research of the older population?

Sources of data and information

Some national sources include:

Evidence presented to the Royal Commission on Long Term Care and published in *With Respect to Old Age*. Published by the Department of Health and available from www.doh.gov.uk

Better Government for Older People Pilots & *All Our Futures* Report of the BGOP Pilots at www.cabinet-office.gov.uk/servicefirst/index/opmenu.htm

Age Concern Debate of the Age reports at www.ageconcern.org.uk

Department for Work and Pensions reports on Listening Events with the over 50s e.g. *Life Begins at 50: A Better Society for Older People* at www.dwp.gov.uk/publications/dss/2000/lifeat50

Various research reports on innovative practice produced by the Housing and Older People in Europe Network (HOPE) at www.hopenetwork.org.uk

There is plenty of good practice developing around the country. However, there are local areas that seem to develop services which don't reflect good practice. This may be because commissioners aren't aware there are better models for service design. Increasingly local authorities and their partners need to demonstrate Best Value in service planning and development. For example, the Housing Corporation and most other funders require evidence of research on service planning.

Looking outside the authority area to identify thinking and examples that could bring new learning to ensure a Best Value approach

1. Have you looked at key websites?
2. Have you visited housing and service models in other areas?

Local sources might include reports by local Age Concern, Help the Aged and Abbeyfield Society branches. Also other local charities and voluntary organisations. There are often consultation reports produced by local authority housing or social services that targeted older people. Its worth checking the local authority website for any information and links.

Housing Corporation Innovation and Good Practice database at <http://cig.bre.co.uk/igpwebsite>

Chartered Institute of Housing Good Practice Unit - go to www.cih.org

See various research publications commissioned by Housing 21 and Anchor Trust. See also a report on involving older people in Best Value from Anchor, and the Audit Commission web site for completed Best Value reviews. Contact:

Housing 21: www.housing21.org.uk

Anchor Trust: www.anchor.org.uk

Audit Commission: www.auditcommission.gov.uk

Information on Beacon Councils particularly those working with older people:

www.local-regions.dtlr.gov.uk/beacon/news/index.htm

Joseph Rowntree Foundation: www.jrf.org.uk

Information on care and repair good practice from:

Care and Repair England: www.careandrepair-england.org.uk

Foundations: www.cel.co.uk

Section six

Proposals and recommendations



Section 6: Proposals and recommendations

This section of the strategy should contain proposals and recommendations that:

- Directly consider older people within the future housing agenda for the local area.
- Address the interface between the housing agenda and the wider policy and service agenda for older people.
- Work towards whole system improvements for and with all older people.
- Set out plans for creating diverse services that provide all older people with the capacity for choice.

A set of headings are suggested based on those produced in Liverpool's Accommodation Strategy for Older People.

These are:

1. Vision, Principles and Culture.
2. Towards Whole Systems Strategic Working.
3. Developing Integrated Information, Advice & Assessment.
4. Rebalancing the specialist accommodation system.
5. Refocusing the housing system.
6. Integrating Services at a Local Level.
7. Creating Diversity and Choice.
8. Quality and Standards.
9. Resourcing and commissioning.

1. Vision, Principles and culture

Why

Any strategy, to be effective, must sit within a vision, a set of underlying principles and a desired culture for both citizens and services. Strategies should be seen as a part of a dynamic process, not as fixed documents at a fixed point in time. They should evolve as they go, with regular review and updating as the local and national environment changes.

Key issues to be addressed

Vision:

1. Avoid duplication. For example, does the Community Plan have objectives that aim to involve local citizens in planning decisions? Could a Housing Strategy for Older People complement this vision? Is there already a vision for older people via the LDP or NSF to which the housing dimension could be added?
2. Relate the vision to desired outcomes, both for older people (e.g. greater housing choice), and for agencies to enable them to hit their key performance targets (e.g. fewer non decent homes).
3. Ensure that the vision and desired outcomes are in line with the aims and objectives for the strategy set out in section 1 of this guidance.
4. Ensure that the vision is not narrowly 'housing' centred, but relates to the broader well-being and quality of life agenda for older people. In this way the vision and outcome objectives can be made as relevant to health, social services, and regeneration key target areas as to housing (e.g. fewer delayed discharges from hospital, fewer admissions into long-term care).

Sources of data and information

Community Plan

LDP

NSF

Why

A vision, set of principles, and common service culture, agreed by all key stakeholders and sectors, is central to breaking down barriers and fragmented thinking. This applies across different levels of local government such as districts and counties and across sectors. It can build concepts of whole system thinking based around the needs and aspirations of the 'whole' older person rather than just one aspect of their lives.

Key issues to be addressed

Principles:

What principles underpin the vision?

Tip Principles are generally equally relevant to different sectors such as housing and health. Why not aim for principles that highlight key matters? For example, if the vision is to be delivered in a way that puts older people first - (e.g. promotes their dignity) the principles should reflect matters that older people say are important.

Service culture:

What service culture are you aiming for? The service culture will determine how certain tasks are done and how services are delivered. The proposals should at least acknowledge that there is a service culture and indicate what will be done to encourage and facilitate inter-disciplinary working.

Tip Several local authority areas are working towards a common service culture that staffs agree on. It is based on a social or 'enabling' model of health. Enabling in this sense means older people are encouraged to do as much as possible for themselves. It emphasises the switch to prevention and rehabilitation and the movement away from services that maintain and 'do for' people. The aim is for a common service culture to operate across the service system in order to reinforce inter disciplinary working.

Revisiting and updating:

How will you update the vision, principles and desired service culture? How frequently will they be revisited?

Sources of data and information

Example 5: Growing Older in Darlington - Vision Statement and Underlying Principles

Our vision is of Darlington's Older People, Local Authority, Local Health Services, and other local organisations, having an open & honest understanding that they are equal and accountable partners, who are working together to:

1. Improve the quality of life for older people in the Borough, and promote the benefits of doing so.
2. Ensure that older people are listened to, their views are acknowledged and respected and their needs are met, irrespective of who they are, where they live and the services they may need.
3. Empower older people so they can make valid, and informed, choices and have control over their own lives.
4. Provide opportunities for **all** older people to become involved with the improvement of services in Darlington, if they so wish.
5. Provide opportunities for **all** older people to have access to, and participate in, their community as useful and respected citizens, and to fully enjoy their social and leisure activities and interests.

To realise this vision, a series of principles are needed which all Agencies and Older People understand and adopt.

In this way we will all be working in the same direction towards the common goals of improving the health and well-being of older people in Darlington.

The principles reflect the key issues emerging from consultations with Agencies and Older People and are listed below:

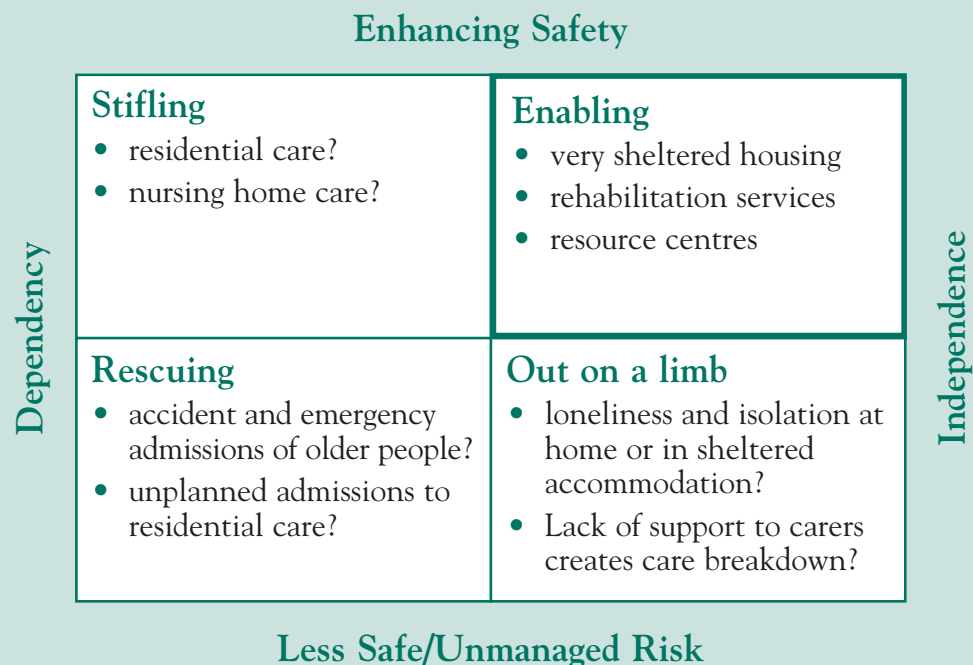
OPPORTUNITY:	Older People want an environment in Darlington that encourages opportunity
INDEPENDENCE:	Older People have the right to accessible information and advice, so that they can remain independent and in control
WORKING TOGETHER:	The people who provide services should work together to meet the need of the individual older person
DIGNITY:	Older People need help only in those areas they specify

RESPECT:	Older people deserve to be treated with courtesy and respect by all citizens. Older people wish to be asked for their views, and listened to, rather than others assuming they know best.
LOCALITY:	Darlington Borough has a number of communities in the town and the villages. The people who provide services need to take into account the different needs of these communities.
PARTNERSHIPS:	Partnerships between Older People and all Agencies are necessary at all levels of decision making and involvement.
BE REALISTIC:	Realistic time-scales, and adequate funding are required to develop and implement agreed actions.

Example: 'Enabling Service Delivery Model'

The framework below has been worked up from a model developed by the Audit Commission Joint Review Team.

The aim is to identify 'enabling' service models which promote safety and independence. The model plots the interplay between risk levels and intervention. The optimum position is to maximise enabling interventions. It is possible to map a range of current services onto the framework and then examine how services can be reshaped in order to move towards enabling at a strategic level.



Fletcher P. et al (2001)

'Citizenship and Services in Older Age: The Strategic Role of Very Sheltered Housing' Beaconsfield: Housing 21

2. Towards Whole Systems Strategic Working

Why

Government is increasingly requiring a Whole Systems approach to be adopted at a local level across health and social services, with key cross cutting performance indicators. Best Value reviews also emphasise cross-cutting matters.

A Whole Systems approach is also being demanded by older people to meet their expectations of easy and coherent access to information, housing and services.

Key issues to be addressed

Whole system template:

What steps will be taken to establish a whole system template that can link housing related strategies and services with other related strategies and parts of the service system, such as health, and community safety?

Or:

If a whole systems approach has already been established, what progress has been made on the above?

Tip The whole systems template needs to:

- Identify different levels of housing and services, from active ageing to institutional care.
- Enable current services to be plotted against the levels.
- Enable a future 'desired' service system to be plotted to change the balance of current services to meet changing needs.

Sources of data and information

Health Act flexibilities.

Better Care Higher Standards

Quality and Choice for Older People's Housing

Supporting People

Public Service Agreements

Community Plan

Other local strategies and plans.

Example: Liverpool Accommodation Strategy for Older People, A Framework for Integrated Whole System Working

The framework overleaf, based on one developed for the Accommodation Strategy for Older People in Liverpool can be used to map the full range of services for older people – not just housing, health and social care services. It divides services into five levels ranging from citizenship and active ageing (level 1) to hospital and long-stay residential and nursing home care (level 5). Current Services can be mapped

at both strategic and neighbourhood levels for each of the five levels. The framework can then be used as a planning tool to change the balance of future services between the levels with the aim of shifting resources upstream from level 5. The framework is illustrative and is not intended to be comprehensive.

Level	Strategy and Principles	Elements	Development areas/ action points	Timescales Outcomes Milestones
1. Citizenship, inclusion and engagement, active ageing	Active Ageing Strategy - to enable the older people to enjoy later life and be as fit, active and healthy as possible LDP Housing strategy	<ul style="list-style-type: none"> Physical activity Leisure and learning Removing barriers and challenging ageism Encouraging volunteering Access to information Pre-retirement education Supporting older people's organisations Engaging older people in decision making <ul style="list-style-type: none"> Active ageing/ageing well - health, diet, exercise Anti poverty <ul style="list-style-type: none"> Accessible housing and lifetime homes 	<ul style="list-style-type: none"> Engagement strategy - city wide and local Development of life time homes Community transport to help older people stay active 	
2. Prevention and minimum intervention	Strategy for Older People; Housing strategy; Regeneration strategy; LDP	<ul style="list-style-type: none"> Befriending/good neighbour schemes Practical services - shopping and cleaning Luncheon clubs and day clubs Adaptations and Home Improvement agencies Community alarm services Purpose designed housing for older people Role of community/neighbourhood wardens Over 75 assessments Home safety and security - all workers (including nurses) going into the home assessing risks from falls, damp, security Community capacity building of BME groups for BME specific services 	<ul style="list-style-type: none"> Greater investment in prevention Use of community alarm service 	
3. Intensive time limited interventions - intermediate care	LDP and intermediate care and mental health strategy	<ul style="list-style-type: none"> Emergency/rapid response services Step up and step down schemes and community based beds/flats using sheltered housing settings Community based resource centres 	<ul style="list-style-type: none"> Strengthening the intermediate care infrastructure in the community Use of housing based models for step up and step down schemes 	
4. Community based ongoing/long-term health, care and support services	LDP; housing strategy	<ul style="list-style-type: none"> Sheltered and very sheltered housing Specialist domiciliary, day care and supported housing for people with dementia Integrated locality health, care and housing support services 	<ul style="list-style-type: none"> Changing commission patterns for services into the home Development of specialist housing and support services Development of extra care housing 	
5. Hospital and institutional care	LDP	<ul style="list-style-type: none"> Long- stay residential and nursing home care Continuing care beds 	<ul style="list-style-type: none"> Reduction of emergency and long stay admissions Developing the independent sector market to meet changing need 	

3. Developing Integrated Information, Advice and Assessment

Why

There is a fundamental need for information and advice. Older people and relatives repeatedly say that good information and advice are essential for promoting choice and independence in older age.

Government is committed to improving information and advice and is requiring a more joined up approach across housing, health and social services. This can be seen in, for example, Better Care Higher Standards, Care Direct and Quality and Choice in Older People's Housing.

Key issues to be addressed

Information:

1. What improvements need to be made to ensure that there is good information and advice available for all older people, that integrates housing with social services and health?
2. What improvements need to be made to ensure that good information is available to advisers and inter-disciplinary teams?
3. What is being done to promote choice amongst older people? For example, is there a Housing Options tool to enable older people to self assess for their housing and support needs?
4. Is there an integrated supply database of all housing and care options which is directly accessible to older people?
5. Is information and advice on options and services available equally to all older people and their relatives? What steps will be taken to make improvements to ensure that information is made available to all?

Assessment and Care Pathways for Individuals:

Are accommodation options such as sheltered and very sheltered housing, and housing services such as community alarms, adaptations, Home Improvement Agencies and handyperson services included in:

Sources of data and information

Better Care Higher Standards - see the example provided.

Publicly accessible databases of sheltered housing and residential care.

NSF Single Assessment Guidance.

HOOP - self assessment tool, see the example provided.

Why

It can also be seen in the NSF for Older People which promotes single assessment and the idea of an integrated 'care pathways' approach that helps track the well being of the whole person. This includes a housing component. In the past care pathways tended to look at the health or social care elements and excluded environmental, housing or social aspects.

Key issues to be addressed

1. Work to develop the single assessment process?
2. Components in care pathways mapping?
3. What steps are being taken to ensure that all aspects of housing are included in the single assessment process and pathways mapping?

Sources of data and information

Example: HOOP (Housing Options for Older People) self assessment tool from the Elderly Accommodation Counsel

HOOP (Housing Options for Older People) approved tool

The Elderly Accommodation Counsel together with the University of Bristol and University of the West of England developed the Housing Options Appraisal tool. It can be used either by older people for self-assessment or by advice staff working with older people. The tool assists older people to assess how well their current home and environment suits them so that they can consider the different factors that may result in a decision to move or stay where they are (www.HousingCare.org). The factors cover such issues as:

- Size and space
- Condition of property
- Comfort and design
- Location
- Managing the home
- Independence
- Security / safety
- Costs (affordability)
- Quality of life

4. Rebalancing the Specialist Accommodation System

Why

The Government acknowledges the need to shift the balance of the whole of the specialist accommodation and housing system for older people. An integrated cross sector approach is required regardless of the type of accommodation an older person lives in.

The Housing Corporation now expects local authorities and their health partners to have an accommodation strategy for older people before they will invest in further specialist housing for older people in the area.

Key issues to be addressed

Progress on developing a re-ablement culture:

1. Is there a shared expectation on a re-ablement culture? For example are service providers explicitly asked to promote rehabilitation and re-ablement in long-term care settings?
2. What are the signs of progress?

Rebalancing the specialist accommodation system:

1. Is the current specialist accommodation system for older people likely to meet the need and demand identified? What proposals should be put in place for the short and long term future?
2. Looking at the geographical breakdown of where services are is there a fair balance of provision across the area covered by the strategy? If not what should be done?
3. Who does the present accommodation system cater for? Who is left out? For example, owner-occupiers, BME groups, people with dementia, older carers? What will be done to ensure that all older groups have sufficient supply and choice?
4. Are any schemes in the pipeline - do they meet current and likely future needs and demands?

Sources of data and information

Supply, needs and demand data from the strategy

Sample capital costings for new build and remodelling for similar schemes to those proposed

Current revenue information set out in key local planning documents such as the LDP for Older People and the Housing Strategy

Related strategies such as regeneration, planning, community safety

Why

The then DTLR and DH in Quality and Choice for Older People's Housing, promotes increased diversity and choice across tenures, and more flexibility of service provision.

Key issues to be addressed

7. Are proposals needed for new:
 - Residential and nursing home care.
 - Sheltered and extra care housing.
 - Specialist needs for older people with: dementia; learning disability; alcohol/drug dependency; challenging behaviour.
 - Housing based models of step up and step down intermediate care.
 - Specific provision for black and minority ethnic groups.
8. Is there a need to consider the adequacy and quality of existing buildings and services as well as looking at the need for new provision?
9. Have the above proposals been put together into a plan?
10. Has the plan been costed in capital terms over a ten year planning period?
11. Has an integrated revenue plan also been worked out across all the relevant funding sources to deliver the planned new accommodation system?

Sources of data and information

5. Refocusing the housing system

Why

The government wants to improve quality and the speed of delivery of housing services.

Consumer research shows older people find some services such as adaptations, disjointed, hard to understand, and slow to be delivered.

New Government guidance on housing renewal and adaptations stresses the need for a more integrated approach at a local level.

Key issues to be addressed

Are access and lettings arrangements appropriate & fair?

1. What are the suggested improvements for making access and lettings appropriate, flexible and fair?
2. There should be proposals that refer to good practice for health and housing assessments/medical lettings.

Tip Improvements should aim to take account of the needs of older people from different tenures, and promote principles of choice based lettings. (A note should be made of pressure on the social housing market e.g. in London and some other areas in the south since this will limit the options for flexibility).

Repairs, improvements, adaptations and equipment

1. What progress can be made on providing an integrated model for repairs, improvements and adaptations that is accessible to older people and is equitable, as far as possible, across tenure in terms of response times?
2. Is there enough capacity for Home Improvement Agency and handyperson services to meet current and future needs?
3. What arrangements can be proposed for equity release options?
4. What are the specific improvements proposed to tackle fuel poverty in older people's homes?

Sources of data and information

Why

Key issues to be addressed

5. What should be done to ensure that staffs are able to refer on? For example, on needs for equipment as part of the plan for integrated equipment services or for adaptations?

Community alarms and new technology:

What can be done to:

- Address any over provision of call centres in the area?
- Link community alarm and mobile wardens services into the wider system of emergency, intensive and out of hours services provided by rapid response, community nurses, and home care?
- Make use of the technology potential in areas such as telemedicine?

Tip Where community alarm services have become more integrated into a wider system there are gains for the workforce in terms of greater security, opportunities for training and development. Its also better for customers.

Planning and regeneration:

1. What is being done to make best use of the potential afforded by the Planning Guidance PPG3 to promote the housing market for older people? This includes sheltered and extra care housing for full leasehold sale and shared ownership?
2. Are there recommendations to incorporate housing for older people as part of regeneration planning for the area?

Sources of data and information

6. Integrating Services at a Local Level

Why

Government is encouraging joined up services at a locality level. This includes breaking down demarcation lines between groups of staff and disciplines.

It also includes ensuring tasks are not duplicated by different staff and different parts of the service system for older people. It means making flexible use of staff, plant and other resources.

And, it includes moving towards one service system for older people rather than separate systems.

Issues to be addressed

Housing and the NSF for Older People:

1. Are proposals in place to link housing into each area of the NSF for Older People?
2. Are sheltered and extra care housing being used for intermediate care?

Warden services, sheltered housing and extra care:

Are proposals in place to make sure that resident and mobile wardens are linked into the social care and health systems at key areas such as: assessment; hospital admission and discharge; intermediate care?

Sources of data and information

NSF for Older People

Quality and Choice in Older People's Housing

Why

Issues to be addressed

Tips Consider the potential for sheltered warden to act as care managers for tenants.

Examine the potential for sheltered housing and extra care to play a community support role for other vulnerable older people in the area.

Community support and issues in the home

1. Are proposals for improvements on tenancy support making good use of caretakers and neighbourhood wardens? For example their informal support and alerting other agencies if the tenancy appears to be breaking down.
2. Are there proposals for improvement that include looking at the potential for a range of local services (wardens, social workers, home care, district nurses, health visitors) to pass on common information and refer to others in a common sense way?

Tips In a number of areas models are being developed for a range of workers who visit older people at home to have common tasks for making sure a home is danger proof. They can also advise or pass on referrals to others for expert advice and information on home security, adaptations, affordable warmth, repairs

Sources of data and information

Example: Housing links to the 8 standards in the National Service Framework for Older People

The NSF for Older People refers to key links with the housing system across the 8 standards. It therefore offers a bridge for housing and health staff to develop joint working and common agendas. Set out below is a bullet point summary of some of the main links with references to the relevant paragraph numbers in the NSF.

Standard 1 - Age Discrimination

Tackling age discrimination could lead to a higher proportion of older people having treatment and remaining in or returning to a housing setting

Standard 2 - Person Centred Care

Housing components around:

- Information on housing services and link to BCHS (para. 2.12).
- Commissioning/service models - "housing warden to be integral part of team" (2.24).
- Single assessment - accommodation and care of the home (2.29 and 2.34).
- Community equipment.

Standard 3 - Intermediate Care

Housing components:

- Step up and step down in very sheltered (3.14, and 3.18).
- Housing alternatives to residential care (3.24).

- Housing staff part of wider team (3.27).
- Multi-professional care plan (3.28).
- Assessing & actioning changes to the home - adaptations, safety checks, damp (3.29-3.30).

Standard 4 - General Hospital Care

Discharge planning should include "community support and housing" (4.30)

Standard 5 - Stroke

Stroke planning and pathways should assess for suitability of accommodation, and need for adaptations, improvements, equipment and support (5.25, 5.28).

Standard 6 - Falls

Community strategy for falls (6.9)

- Pavements and street lighting.
- Information.
- Making property safer - lighting, stairs, loose carpets, slippery floors, grab rails, inaccessible lights or windows
- Triggering referrals to falls service (6.13).
- Assessment on risk factors to trigger interventions around equipment to improve safety, repairs or improvements, social care support (6.14), community alarms/tele-care (6.33).

Standard 7 - Mental Health

Housing elements include:

- Agreed working and referral arrangements between mental health team & housing workers (7.48).
- Presumption of support at home - tele-care and environmental technologies (7.51).
- Advice and outreach by mental health teams to sheltered housing (7.56).

Standard 8 - Promotion of health and active life in older age

- Focus on healthy communities to link health agenda with regeneration agenda (8.2).
- Local initiatives to reduce poverty and improve housing conditions; improve quality of homes to reduce fuel poverty, prevent ill health and accidents (8.14).
- Energy efficiency schemes, social contact and community safety (8.17).

Overarching NSF action/local delivery

- Inclusive planning process to include housing.

Linking Supporting People grant with the application of NHS and other council resources to deliver co-ordinated housing, care and support options for older people.

Example: Using Sheltered Housing for Intermediate Care

Department of Health guidance on Supporting Implementation of the National Service Framework for Older People - Intermediate Care: Moving Forward (Department of Health 2002) (www.doh.gov.uk) makes explicit references to working with the housing system to deliver intermediate care in settings 'close to home'. This includes the use of sheltered and very sheltered housing as step-up and step-down schemes. Examples are:

Shield Court, Newcastle upon Tyne;

COPD Nurse-led Unit;

Telemonitoring: Creativity in Clinical Care.

The vision of developing a nurse-led unit which would support patients suffering from Chronic Obstructive Pulmonary Disease in a primary health setting grew from collaborative work with Newcastle primary Care Trust, Community & Housing Directorate of Newcastle City Council, the National HAZ Innovation Project and the Tunstall Group.

The project provides in patient beds in units which are located in a local authority sheltered housing scheme currently leased by Newcastle Primary Care Trust through Challenge Fund monies. All the rooms have been decorated and refurbished with one specifically adapted for highly dependent patients.

Patients are admitted to the unit from the acute medical wards at the Royal Victoria Infirmary (RVI), using specific admission criteria, within 72 hours of admission when the patients are medically stable but still require 24 hour nursing care. Nursing care is delivered by a project nurse with expertise in COPD management and also support workers from the PCT's Rapid Response Team. Links with the respiratory team at the RVI are retained via a telemonitoring link to the chest clinic, facilitated by Community Care Alarms Service and Tunstall.

Through a process of assessment and rehabilitation the aim of the unit is to identify the bio-psycho-social needs of patients in order that they can continue to maintain a high quality of independent living supported in the community.

To date over 70 patients have been successfully admitted to the unit with only a small percentage having to be readmitted to hospital following an acute exacerbation of their illness.

Tomlinson Court, Derby

Tomlinson Court is a sheltered housing scheme run by Housing 21. In May 2000 a new short-term rehabilitation facility opened using 10 flats in the scheme, which had been upgraded. The scheme is a partnership between Housing 21, Derby City Council and Derby PCT.

The aims are to:

- enhance the independence and choice of older people by enabling them to develop the skills they need to live independently when the need arises;
- prevent or delay admission to residential care or nursing homes;
- provide an interim measure following discharge from hospital before returning home;
- improve the quality of life for service users;
- provide short-term intensive rehabilitation (6-8 weeks) followed by a co-ordinated service on return home.

Of the initial residents, 60% were discharged from hospital, 20% came from their own homes, and 20% from residential homes.

19 out of the first 25 residents returned to independent living (nearly 80%) either in their own homes or in new homes, 2 entered residential care and 4 died.

The service is an innovative use of an existing sheltered housing scheme and a successful partnership model.

Example: Extra Care Trust example of community support role of extra care housing

Broadway Gardens, Wolverhampton

This very sheltered scheme is owned and managed by Extra Care Charitable Trust. It is a relatively new scheme that was purpose built. It has a larger than average communal lounge and also has facilities for pottery, painting and woodwork. There is an I.T. suite with a range of computers and software. Tenants who run some classes and oversee some of these facilities. Other sessions such as working with oil paints and water colours are run by an older person living in the nearby community

The scheme is open to the wider community through a number of day care places that are provided under contract with social services. All scheme facilities are available to tenants allocated places. There is also an active drive to recruit volunteers to help run classes and courses and to share experience and skills.

A cook is employed in the scheme to provide lunches and evening meals. Tenants pay for the meals themselves. The dining area is attractively set out and has a restaurant ambience with music playing. Tenants and visitors are encouraged to enjoy meals as a social occasion.

Progressive privacy is put into practice through a separation of the general communal area from the flats in the scheme. Tenants have their own communal space to meet in if they wish

Example: Walbrook community support role of caretakers

Walbrook Housing Association estimates that 65% of their tenants have low level support needs. Neighbourhood caretakers, working in areas of street renewal, as well as on estates, can play a valuable role in providing informal support and alerting other agencies if the tenancy appears to be breaking down. Caretakers also have a role of encouraging local people to own and take responsibility for the local community in which they live, and to adopt an inclusive approach that includes contributing to meeting community needs. This might be, for example, through a gardening project or creating a playground. Derby City Council supports the concept of such a role.

7. Diversity and choice

Why

The number of older black and minority ethnic households will rise faster than the remainder of the population. *Quality and choice for Older People's Housing* stresses the importance of culturally appropriate provision within the community.

Myths get in the way of good needs analysis and planning for the future.

For example, at a seminar specially convened for the work leading to this guidance, it was noted how little real progress has been made in 15 years. Myths still dominate and they HAVE to be tackled head on.

Issues to be addressed

Access and information

1. It is vital to ensure that people are able to get information so they *can* make an informed choice. How easy is it to get good information and what steps should be taken to improve it?
2. Making sure that there is a coherent single data base of all accommodation and services is an essential step in the right direction. Making sure that older people, their relatives and advocates can use it is equally important.
3. There is a need to be imaginative and to use resources for communicating and passing on information well. What is your strategy?

Tips Have some open days – invite people to come from different communities so they can see what some examples of provision are like. Explain that there is more and say how people can find out.

Have a feature on what's available on local community radio stations.

Appropriateness and sensitivity

Services and accommodation are sometimes inappropriate. Assessment and lettings policies should be sensitive to culture and faith.

Sources of data and information

The HOOP tool – a user friendly method to assess people's requirements and take them through options go to: www.HousingCare.org

Local supply information.

Good leaflets in plain and community languages if possible.

Members of staff who can talk about and describe different services in various languages.

Talk to others – see our examples for more information.

Why

Diversity has to be borne in mind when thinking about disabled groups, people who live in urban and rural areas. Their interests and needs are not the same.

Issues to be addressed

Tip How do you know if a service is or could be appropriate? Why not ask a panel of BME Elders to advise you and help you work out an action plan for the future?

Local versus specialist somewhere else

There's often a debate amongst service planners about the merits of specialist provision that might meet the needs of a group in let's say the region and, a highly local arrangement that isn't so specialist. For example, a housing association providing extra care for Chinese elders has found that Chinese people from a considerable distance away want to move to it because there isn't anything like it near them. The strategy needs to consider present and future needs for services, and needs to consider whether being local or specialist is best

Staffing and service culture

Many authorities and organisations recognise how important it is for service users and their relatives to be able to identify with staff and the service culture. Some key elements are worth identifying and working on. They are:

- Recruiting and providing training to attract staff from a variety of BME communities
- Ensuring that meals including the preparation, serving and so on are appropriate for people who will eat them

Sources of data and information

Some excellent reports describe issues of appropriateness. See the 2000 Royal Commission report on Long Term Care for a good discussion, www.doh.gov.uk.

Also see the example from Coventry's BME Elders strategy.

Why

Issues to be addressed

- Ensuring there is space for all to pray, to cook, to be together or separate.
- Ensuring staff are encouraged and supported to understand different cultural and faith norms and that they apply this understanding in their work and relationships with service users.
- Ensuring service users from different faiths, races and cultures have opportunities to learn about their differences and similarities.

Myth busting

Here are typical myths. They should be replaced in the strategy with actual evidence that looks at each community group's age cohorts sensitively and with reference to their needs.

- They look after their own.
- They don't want what's on offer therefore they can't need it.
- They prefer to live with their families.
- They only want to live in one area.

Getting rid of numbers barriers

It isn't enough to say that the BME population is very small therefore there is no need to do anything to make services appropriate or sensitive to their needs. The strategy should say what is being done and it should accurately estimate numbers – there will be a big change in some areas when the 2001 Census figures are available.

Sources of data and information

Example: Better services that are shaped by and for BME Elders

In Coventry services for BME groups have tended to develop on an ad hoc basis. Some of them have quite fragile funding arrangements as a result. In order to develop services that will be fit for the future and which will be part of the mainstream service commissioning and provisioning process, Coventry has adopted a service development strategy which involves BME Elders. There are two groups. One is looking at the services required for African Caribbean Elders and another is developing services for Asian Elders. The groups are developing five year service plans. The service strategies link in health and social care planning and commissioning arrangements.

Example: Never Mind the Numbers

Having a small BME population is often used as an excuse for little or no action. However, some authorities, like Shropshire County Council have chosen to do more not less. Shropshire County Council covers a mostly rural area. Less than 1% of the population is from a BME community. In 1995 the Health Authority set up a project called Making Community Care a Culturally Sensitive Service for Older People from Minority Ethnic Communities. In its first year the project produced a report that that helped the Health Authority to assemble the facts and to start to deal with the real issues facing older people. Key issues were:

- Continued discrimination.
- Lack of multicultural awareness amongst almost all employees involved in community care.
- Not knowing the needs and preferences of black communities.
- Lack of culturally appropriate services, and
- Ineffective information about the services available.

It wasn't numbers but facts that counted.

8. Quality and standards

Why

Government policy across the board stresses the importance of quality services. Increasingly the public expect services of a consistent quality and standard rather than what is seen as the current postcode lottery.

In housing terms the government is looking to reduce the number of non decent homes.

It's hard to define cross-cutting service standards since standards tend to be monitored by different regimes. For example, the National Care Standards Commission or Supporting People.

Issues to be addressed

General needs housing:

1. Do the standards for new housing reflect Lifetime Homes Standards?
2. Is there a specific programme designed to reduce the number of non decent homes lived in by older people in the area?

Specialist Housing:

1. Work with providers to ensure that the standards for residential care and nursing homes are in line with the Care Standards Act 2000.
2. Ensure that the designs and standards for sheltered and extra care housing are in line with best practice.

Services (provided in either of above):

Broad principles can be used to drive standards up. They can be structured around three main sets of principles, for the individual, the organisation and service and, for the individual project or scheme.

Sources of data and information

Joseph Rowntree Foundation research on Lifetime Homes – see www.jrf.org.uk

Care Standards Act 2000 and regulations.

Why

However, there are common characteristics most agencies tend to agree on.

The NSF for older people aims to drive up service standards.

Issues to be addressed

To check progress service providers should be able to answer the following questions:

For the individual

What information is provided for the individual on what is available?

How good is the information?

How effective is it?

For example, does it include what it feels like to service users?

Is there access to an independent advocate when information isn't enough?

What is being done to improve matters?

For the organisation and the service

There should be management and organisational standards covering e.g. service objectives, philosophy and ethos.

Targets for management and organisational improvements Performance against these should be monitored.

There should be regular service reviews.

There should be a clear framework for actions to be followed after reviews.

There should be consistency with standards required by regulators.

There should be an equal opportunities policy and plan for staff and for service users.

There should be a clear shared service culture that refers to standards expected for quality.

Sources of data and information

NSF Older People

Local Champion for Older People's Services (associated with the 'Charter for long term care.')

Also each service covered by the National Care Standards Commission will have a 'Statement of Purpose'.

Those services covered by Supporting People will be asked to provide service standards information. Ask your Supporting People team what is available and what will be made available in future.

Why

Issues to be addressed

There should be a clear set of methods for stakeholders to be involved in setting service standards and, a complaints procedure should exist.

There should be clear training and qualifications standards and a plan that meet with regulatory standards.

There should be an improvement plan.

For the individual project or scheme

There should be standards that reflect the organisational and service standards as above but capable of being seen at the scheme or project level. e.g. Plans for scheme level service improvement, targets and performance against these.

Service user involvement and feedback mechanisms in line with organisational standards and any additional requirements to make them appropriate for the service user group.

(Taken from Draft Liverpool Supported Housing Strategy 2002)

Sources of data and information

9. Resourcing and commissioning

Why

A cross cutting housing strategy for older people that interfaces with the wider service and quality of life agenda requires a change in the way services are commissioned and ways funds are balanced.

The Health Act introduces flexibilities. New sources of funding such as Supporting People mean that local commissioners (working together) are able to treat their financial and other resources as one resource pool. They can use this to address one overall service system for older people.

Issues to be addressed

Resourcing:

1. Local partners need to map and understand the total resource at their disposal.
2. They need to talk through and agree how resources can be re-directed to deliver the change agenda, which a strategy will set out. This may involve shifting the balance of funding from e.g. residential homes to intermediate care and prevention.
3. Local partners need to build up one accommodation and service supply database. This is an important tool that enables them to have an overview on the level and balance of supply.

Service planning and commissioning:

A new commissioning model will need to be developed and agreed, which enables housing and related services to be planned and commissioned as part of the broader service system.

Tip The commissioning model is likely to be much more appropriate if it aims to work with the whole system approach that has been adopted for older people's services, including housing.

Sources of data and information

Housing Strategy

NSF for Older People

JIP for Older People

Health Act flexibilities

Section seven

Taking the strategy forward



Section 7: Taking a strategy forward

Any strategy document is only part of a process to deliver change rather than an end in itself. This final section of the framework offers some suggestions for taking a strategy forward. By this we mean taking steps to ensure that practical change does occur and that it goes in the desired direction.

Local areas will no doubt have their own ways of doing things. For example, linked to the Local Strategic Partnership and Best Value review process. The example we give below has 6 steps and it can be easily adapted to fit the local setting.

The steps are:

Step 1: Developing an action plan

Step 2: Timetabling and prioritising the Action Plan

Step 3: Commissioning Structures

Step 4: Designated project management resources

Step 5: Staff and organisational development

Step 6: Monitoring and review

Step 1: Developing an action plan

Options and recommendations need to be turned into an Action Plan. A typical framework for an Action Plan is set out below:

Action area	Outputs	Timescale	Responsibility	Resources
e.g. Vision & principles				

Step 2: Timetabling and prioritising

Action Plans can end up as long lists. To make them more effective they need to be broken down into manageable tasks and time-scales. You could label them as follows:

- Quick wins (tasks that can be achieved in up to 3 months).
- Medium-term developments (achievable in up to 12 months).

- Long-term developments (3-5 years; 10 years for a major programme of capital investment such as extra care or remodelling the sheltered housing stock).

For each action it is also possible to put a priority, for example:

1. Essential
2. Desirable

A typical timetabled action plan might look as follows:

Action area	Quick win	Medium-term	Long-term

Or it might look like:

	Action area
Quick win	
Medium-term	
Long-term	

Step 3: Commissioning Structures

Strategies can fail because appropriate commissioning structures are not in place.

It is vital that a commissioning structure is set up that:

- includes ALL the key stakeholders required to deliver the strategy on the ground;
- is at an appropriate level for decision making.

Some local areas have to set up quite sophisticated structures e.g.:

- A strategic commissioning board of people who can commit resources for their department or organisation.
- An operational commissioning group which has the day to day responsibility of taking forward the implementation of the strategy.
- Sub groups to address tasks that need detailed work in order to be implemented. Sub groups are a good way of engaging providers, carers and service users in detailed planning.

Step 4: Designated project management resources

Many authorities have found it is harder to deliver than write a strategy. Sometimes it's because an implementation process is not in place. However, it's more often to do with a lack of dedicated resources to 'make it happen'. It is hard for staff to undertake the development work to take a strategy forward on top of the 'day' job.

Tips from some local areas include:

- Creating one or more dedicated project management posts for a time limited period, say 2 years, specifically to drive implementation; or
- Creating a team who are given at least part-time responsibility away from their day to day job to take the strategy forward. Team members might, for example take responsibility for a sub group, or a particular action area. Where a team model is used it is important that one person is given the lead role.

Step 5: Staff and organisational development

It is easy to underestimate the scale of change involved in taking a strategy forward.

A **staff development plan** will be needed to implement the culture change programme set out in the vision. This might include modules on topics such as:

- Working to an 'enabling service culture' e.g. learning to change routines of work and help older service users to do things themselves even if takes longer rather than doing things for them.
- Supporting people with dementia and understanding what makes a difference.
- Educating staff so they can understand and pass on factual information on what diversity and anti-discrimination mean in everyday work and behaviour.

An **organisational development plan** will also be needed for the key stakeholders. This should be ONE plan not separate plans for each agency. This may include key areas where it is important that common approaches and systems are adopted in order to work towards ONE service system for older people rather than separate fragmented systems. Elements might include:

- understanding each other's commissioning approach and developing a common commissioning model;
- project management and the development of a common project management model;
- leadership, and managing change.

Step 6: Monitoring and review

Finally, a robust monitoring and review process will need to be put in place in order to track progress on taking the strategy forward. This might include:

- relating the Action Plan to desired outcomes, and measuring progress against the outcomes;
- measuring progress on key government indicators such as PAFs as a result of the strategy.



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