

Scrutiny Review – Sheltered Housing – Access to Health and Social Care Services

A Review by the Adults & Health Scrutiny Panel – 2021/22	
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1. Chair's Foreword

Sheltered housing is an area that we know has been struggling. We have seen a loss of individual managers per scheme, and a change from an older frailer population to younger residents with high category needs. As such, the opportunity to undertake a review into health and care support within our schemes was seized.

This review is set within the context of ongoing proposals to insource Homes for Haringey, who run the sheltered housing schemes in the Borough.

It was vital for us to understand what health and social care support was currently available, and the needs of residents, so we could ensure they had a decent home and life experience within our scheme.

As a result of the loss of individual managers for each scheme, a new Hub and Spoke system has evolved which endeavours to ensure stability of manager oversight in the schemes within their remit. However, this was highlighted as a source of resident concern. Not only did residents feel less supported in their health and social care needs, but also in practicalities of repairs and anti-social behaviour. This emphasised the need to rethink how we could empower residents to voice concerns and have their ideas acted upon within a new steering group.

Empowering residents within sheltered housing would enable co-production within the teams approach to tackling problems identified within this review. Further, it will allow for senior oversight to ensure this steering group be a powerful force for change.

Our residents within sheltered housing can often feel forgotten as the composition of their placements are changing. Residents need to feel supported in both their health and care needs. Increasing our resident's wellbeing is a core part of Haringey's Health and Wellbeing strategy.

Consideration needs to be taken over how residents with high health and care needs are being supported and monitored within sheltered housing. Likewise, our older residents also need equal importance to be placed on social support and maintaining their health.

I hope that our recommendations to support our residents within sheltered housing are accepted and is seen as a first step to ensuring a framework be put in place to guarantee that all our sheltered housing schemes receive the health and care support to promote resident wellbeing.

My thanks to all the Officers and residents who took part in this review. It is their invaluable insight into the realities of our sheltered housing that has allowed us to make these recommendations.

To all the members on the Adults and Health Scrutiny panel who have taken part in both online and in person meetings, and whose determination to explore the everyday resident experiences, that has allowed this review to make such wide-ranging recommendations.

Finally, to our Scrutiny Officer, Dominic O'Brien who organised the meetings, complied all the information and wrote the review report, thank you for all your hard work, it is greatly appreciated.



Councillor Pippa Connor, Chair of Adults & Health Scrutiny Panel

2. Recommendations

Sheltered Housing and Locality Working	
1	Sheltered housing schemes should be fully embedded into the new localities approach in Haringey with health and wellbeing services made more easily accessible to residents. The Council should report back to the Scrutiny Panel in 6 months' time to set out how an integrated offer for sheltered housing residents into locality working will work in practice assisting them to navigate the system and overcome practical barriers to accessing services such as mobility issues.
Priority issues for sheltered housing residents	
2	Support for clients with high needs including specialised targeted support where appropriate, to be prioritised as part of the locality working approach, particularly when their behaviour is understood to be having a significant impact on other residents.
3	HfH should carry out a review of arrangements for residents in non-hub schemes to access activities/services in hub schemes, including the availability of transport and accessibility requirements.
4	For the possibility of district nurses to visit sheltered housing on a regular basis to be considered as part of the locality working approach.
5	For consideration to be given to setting up a direct line to GPs that supported housing staff could call in cases where a resident has a high level of needs.
6	BEH-MHT should work to ensure that mental health staff based within localities teams have close links with their local sheltered housing schemes so that residents can obtain quicker and easier access to mental health services when required and that sheltered housing managers can obtain support for urgent mental health related issues when they arise.
7	Local Area Coordinators should have a regular presence in sheltered housing schemes in their area, with contact details made prominently available and information provided to all residents about how they can access the services at their closest Community Locality Hub.
8	As part of the locality working approach, the Council should consider what existing befriending services are available in the Borough and whether these could be linked into sheltered housing schemes to support isolated residents, including considering whether additional resourcing for such services would be required to make this possible.
9	Communication with sheltered housing staff and residents about expected timescales for reported repairs to be carried out should be prioritised, with

	updates to be automatically provided when a repair date is scheduled or changed. HfH should provide the Scrutiny Panel to demonstrate how they intend to provide information to sheltered housing managers and residents about when repairs can be expected to be carried out.
10	HfH should ensure that the co-production group includes wide representation from sheltered housing steering groups across the Borough and should also be attended by senior members of staff from HfH, Social Care and the Localities Team. This group should in turn report to the Haringey Borough Partnership.

3. Context to the Review

- 3.1 The priorities of the Council's Borough Plan for 2019-23 include a vision of Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential and also for a safe, stable and affordable home for everyone, whatever their circumstances. Through this Scrutiny Review, the Adults & Health Scrutiny Panel aims to explore how residents who live in sheltered housing are supported by the Council and Homes for Haringey towards these aims.
- 3.2 Supported housing schemes are run by Homes for Haringey across the Borough, which typically comprise of self-contained flats, for mainly older tenants but also some younger tenants with particular support needs.
- 3.3 Various Members have reported examples of casework in their wards, often involving difficulties relating to households in sheltered housing where residents have particular needs that are sometimes complex or require support from multiple local public agencies. This can include cases involving alcohol or drug dependency issues or cases involving mental ill-health. They also referred to cases involving anti-social behaviour which can have a detrimental impact on many residents in a block. Members highlighted the importance of co-ordination between local stakeholders and practical difficulties that they had experiencing in identifying who to contact in order to obtain further help and support for affected residents.
- 3.4 Noting that many sheltered housing residents are from older age groups and that some have particular support needs, Members also considered that it would also be beneficial to understand more about what measures were in place to promote aging well and a preventative approach to potential health and social care issues as such an approach can potentially improve the future health and wellbeing of residents and reduce future costs to health and social care agencies.
- 3.5 Members considered that, in addition to taking evidence from representatives of the Council and other local public bodies, it would also be crucial to understand the views of local residents living in sheltered accommodation.
- 3.6 The Panel was made aware that the HfH Resident Scrutiny Panel had recently conducted a review of supported housing which was published in November 2020. There are some areas of overlap with this Scrutiny Review such as concerns about repairs, but this Scrutiny Review differed as it was primarily concerned with access to health services. The review carried out by the Resident Scrutiny Panel can be accessed at: <https://www.homesforharingey.org/you/get-involved/scrutiny-panel>

4. Terms of reference


4.1 The terms of reference for the scrutiny review was to review the current arrangements for the provision of sheltered housing in Haringey including:

- Issues identified from various sources of information about the experience of residents living in sheltered housing. This should include any recent pilot projects, any recent co-production work or more general feedback from residents or other stakeholders.
- Support measures taken to address issues impacting on the quality of life of some residents, specifically:
 - Residents experiencing mental health difficulties;
 - Residents experiencing alcohol/drug misuse issues;
 - Residents reporting problems with anti-social behaviour.
- The wider care and support provided to residents living in sheltered housing, including:
 - Ensuring that residents know who to communicate with when they need to access help/support on a wide range of issues;
 - Measures with a preventative approach to potential health and social care issues;
 - Measures that promote aging well.

5. Background to Sheltered Housing in Haringey

- 5.1 The Panel’s evidence gathering for the Scrutiny Review began in September 2021. The Panel received a detailed briefing note from Homes for Haringey (HfH) on the provision and management of Council owned sheltered housing. The Panel held evidence sessions with senior staff from the Adults department and the Housing department at Haringey Council, from Homes for Haringey (HfH), North Central London Clinical Commissioning Group (CCG) and Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT).
- 5.2 The Panel spoke directly to sheltered housing residents in different parts of the Borough. In September 2021 the Panel spoke to residents and support & wellbeing workers from Larkspur Close (White Hart Lane ward) and Park Road (Crouch End ward). The Panel also carried out site visits to meet directly with groups of residents at Cranley Dene Court (Muswell Hill ward) in December 2021 and at Lowry House (Northumberland Park ward) in Feb 2022.
- 5.3 The Panel was informed by HfH that the aim of supported housing is to offer a service providing sheltered and secure accommodation. Furthermore, the resident retains overall independence, with some low-level support but with the knowledge of having an alarm system in place in the event of urgent assistance being required. Supported housing can also assist in reducing social isolation for residents by many schemes having a communal lounge area and social activities taking place. Additionally, because support is available for residents to remain in their current homes, demand for traditional supported housing accommodation had fallen.
- 5.4 The Council’s supported housing accommodation is managed by HfH with a total of 1,356 properties. Some of these are leasehold properties having been sold under the Right To Buy scheme. 842 of the properties were sheltered housing across 23 schemes in the borough. The other 514 properties were Community Good Neighbourhood units across 25 schemes in the borough. Community Good Neighbourhood schemes are a type of supported housing for those with lower needs, including younger people and more active older people.
- 5.5 In terms of the level of support provided, officers were keen to stress that Supported Housing and Community Good Neighbourhood properties are not care homes or assisted living units and the service does not provide emergency accommodation. The following continuum of care table shows where its provision fits with the sector.

Continuum of care	Accommodation type	Definition
LOW	General needs housing	Self-contained accommodation within

	<p>Sheltered/supported housing and housing designated for older people</p> 	<p>general needs stock with no age or care criteria</p> <p>Self-contained accommodation designated for older people (usually aged 50 or over)</p> <p>Sheltered housing (23 schemes) and Good Neighbour schemes (25 schemes) arranged into 8 hub and cluster groupings.</p>
HIGH	Extra care housing	Self-contained accommodation designated for older people in a setting where care and support can be provided as required from an on-site provider.
HIGH	Residential care	Private or shared en-suite rooms within a care facility. All residents will receive domestic care and some degree of personal care.
HIGH	Nursing care	Private or shared en-suite rooms within a care facility. All residents will receive domestic care and some degree of personal and nursing care.

Allocations policy

- 5.6 The Panel was informed that the allocations policy for supported housing required that residents had to be over 50 with some degree of frailty. Younger applicants with severe disability may be considered. Homeowners and others with access to sufficient equity/capital to purchase more suitable accommodation may be excluded.
- 5.7 Tenants can include those with a level of dementia, mental health problems, continence problems, sensory impairment problems or mobility problems.
- 5.8 Although the service does not provide regular personal care or nursing tasks from within the support and wellbeing staff team, any resident who does require regular personal care or nursing tasks can access the local home care team or the community nursing service to have their needs met.

Support Plans

- 5.9 In discussion with the Panel, Helidon Topulli, Head of Support & Wellbeing at HfH, explained that there was a comprehensive process for support planning. As part of the individual support planning, they would sit down with residents, go through all the areas of their life including issues of physical disability, mental health, daily living and any other needs. Based on this process, referrals are then made to appropriate services. Care packages were monitored and if the needs had changed, reassessments were made to change the services where appropriate. HfH worked closely with the Mental Health Trust for example and met with them monthly to discuss discharge cases and any issues that had arisen so that the appropriate provision could be made.
- 5.10 A Panel member asked how plans for each tenant were checked and who had access to this information. Helidon Topulli said that care plans were completed by social workers/care assessors. Four weeks after someone moves into a sheltered housing scheme, the staff would meet with them for an induction and organise an individual support plan and risk assessment. This was the first point of contact for staff to identify individual needs. Following that support plan, and in discussion with the tenant, referrals would be made on their behalf, including registering them with a new GP nearby if required, making a referral to social care for any personal care needs or to occupational therapy for any accessibility/mobility issues. One-to-one key support was then provided to tenants on a regular basis to monitor individual support plans and identify any issues or changes that needed to be made. All the information was confidential but there were sharing protocols with social services as agreed with the tenants.

“Hub and spoke” model

- 5.11 A total of 8 of the schemes had been designated as support and well-being ‘hubs’ which offer an enhanced range of services. This new approach had been introduced following a review of supported housing by HfH and the Council in 2017. The aim was to implement a structure for targeted delivery, providing support when needed based on risk.
- 5.12 Each “hub” is managed as part of a “cluster” of schemes from the hubs. A group of other “spoke” schemes (typically 4 to 7 schemes) are affiliated with the hub scheme. Residents at all schemes, whether living in the hub scheme or one of the affiliated schemes can access various services. Definitions of the hubs and the spokes were provided as follows:

Hub: A Hub centre has responsibility for co-ordinating services across one or more satellite or ‘spoke’ centres. Hub centres have their own leaders, and spokes may or

may not be led by an individual centre manager (or deputy). The hub may provide core services that are not available in spoke centres.

Cluster (Spoke): A group of two or more centres working collaboratively in a specified geographical area to optimise reach. This may be on an informal basis, or more formally as a designated locality cluster.

5.13 Helidon Topulli told the Panel that the services delivered at each hub would vary, dependent on the facilities of the scheme and the needs and aspirations of service users. However, typically each hub would provide the following services:

- Individual support planning and risk assessment
- One-to-One key support
- Safeguarding and protection from abuse.
- Monitoring of care packages
- Responsive alarm service, as a point of first contact in emergencies.
- Skills for life such as I.T.
- Advice sessions on employment, benefits, budgeting and finances
- Individual support to maximise income and promote financial inclusion
- Community health services on a permanent or ad hoc basis, e.g. clinics for diabetes, chiropody, district nurses and GPs
- Help to report repairs (if required)

5.14 Helidon Topulli also said that there were a number health and wellbeing activities being run across the Hubs and Clusters in partnership with various organisations. These activities included:

- Older and bolder exercise group
- Chair based exercises
- Gardening groups incorporating gardening with healthy eating, budgeting and cookery skills groups (specifically working with single men that drink and people with dementia/reduced mobility)
- Broadway brunch; this incorporates a two course meal with interactive entertainment to encourage people to move more and reduce social isolation
- LGBT walking and historical group
- WII fit exercise sessions
- Cancer support group run by volunteers
- Health checks and walk in services provided by Stroke Association
- 'Let's talk' mental health relaxation workshop
- Foot clinic
- Escaping pain workshop (designed for people with back pain and arthritis) to assess over 12-week period of exercise
- Yoga and dance group

- 5.15 Helidon Topulli told the Panel that the future vision for the service included aligning the offer to the wider health and social care agenda and to co-produce services with residents. There were plans to analyse the current Support and Well-Being Service to find out whether the current model was working. They also wanted to improve staff training and to develop floating and community support for residents in the community around the Hub scheme.
- 5.16 Following the Hub refurbishment there would be an enhanced offer of services, including:
- A base for personal and domestic care teams, working at the scheme and in the wider community
 - Advice and support to promote the increased take-up of assistive technology to address individually assessed support needs.
 - A short-term road to recovery service, which provides housing support on a temporary basis to assist people being discharged from hospital.
 - A smooth move service which assists older people who are living in large family houses to move to supported housing.
 - Workstations for housing support, occupational therapy, and social work staff to work jointly at the scheme and in the wider community.
 - A base for social activities, learning and including digital inclusion, 'flexercise' classes and healthy eating classes.
- 5.17 On proposals for the future, Panel Members noted that there were a lot of aspirations listed and asked about the timescales and targets for delivery. Helidon Topulli said that these aspirations were part of the plans for the year ahead and some of this work had already started. Capital funding had been identified for the furniture replacement in sheltered housing. Since lockdown measures ended in August, more than 25 meaningful activities had been organised for residents. The quality of support planning for individuals was monitored closely and these measures had been improving.
- 5.18 Asked for further details about the proposals on co-production, Helidon Topulli said that he saw co-production as involving residents with any decision that affects them. Steering groups had been set up and a Tenants Charter had been co-produced, as had the service offer welcome pack. A group of residents were engaged as part of the Supported Housing Improvement Forum and the information is shared with them, they would read the information and provide their suggestions. In addition, because each scheme has individual needs and aspirations, the steering groups met every month to discuss things that affect them in their area and raised issues with HfH.
- 5.19 HfH provided the table below which lists the hubs and cluster schemes in full.

Hub	Units	Ward	Cluster Schemes	Units	Ward
Sophia House	34	Tottenham Green	Stonebridge Rd	26	Tottenham Green
			Summerhill	30	Tottenham Green
			Ferry Lane	60	Tottenham Hale
			Talbot Close	12	Tottenham Green
			Earlsmead Rd/ Ashmount Rd	23	Tottenham Green
			TOTAL	185	
Latimer House	32	Tottenham Green	The Crescent	24	Seven Sisters
			Spanswick Lodge	28	West Green
			Clive Lloyd	27	West Green
			Eastbourne Rd	14	Seven Sisters
			Dorset Road	11	Tottenham Green
			Loobert Road	10	Tottenham Green
			TOTAL	146	
The Lindales	27	Northumberland Park	Brookside Hs	31	Bruce Grove
			Asplins Rd	12	Northumberland
			William Rainbird Hs/ William Atkinson Hs	55	Northumberland
			Cooperage Close	14	Northumberland
Lowry House	52	Northumberland Park	Clements House	27	Northumberland
			Campbell Court	52	Northumberland
			Circular Rd	24	Tottenham Hale
			Coombes House	27	Northumberland
Bedale House	33	Hornsey	Stokley Court	46	Hornsey
			Park Road	28	Crouch End
			The Priory	51	Hornsey
			New Road	11	Crouch End
			The Grove	47	Crouch End
			TOTAL	216	
Palace Gates	38	Bounds Green	Bracknell Close	64	Woodside
			Newnham Rd	11	Woodside
			Louise Court	12	Woodside
			Alfred Findley House	20	Noel Park
			Clarence Rd	18	Bounds Green

Hub	Units	Ward	Cluster Schemes	Units	Ward
			TOTAL	163	
Hilldene Court	32	Alexandra	Keynes Close Cranley Dene Court Baden Court John Clifford House Clissold Close Buckden Close The Avenue	34 44 8 15 18 8 12	Fortis Green Muswell Hill Bounds Green Crouch End Fortis Green Fortis Green Crouch End
			TOTAL	171	
Bigbury Close	34	White Hart Lane	Lamford Close Compton Crescent Roseland Close Larkspur Close	19 19 20 36	White Hart Lane White Hart Lane White Hart Lane White Hart Lane
			TOTAL	128	

6. The Council's approach to Ageing Well

- 6.1 In September 2021, the Panel received a presentation from Charlotte Pomery (AD for Commissioning) and Rebecca Cribb (Commissioning Officer) housing in the context of the Council's Ageing Well Strategy.
- 6.2 The Ageing Well Strategy is a five-year strategy (2019-24) taking a life course approach with the following structure:
- Ageing Well, i.e. how we can adopt healthier and fulfilling lifestyles as we age;
 - Living Well with Long-Term Conditions, including dementia: A separate strategy will be developed for LTCs, but this section gives a view about the general approach taken. A specific section in the Ageing Well Strategy discusses Living Well with Dementia;
 - Living Well when Becoming Frail: This describes the need for targeted help and support when individuals become frail, typically those with mild frailty;
 - Living Well when Frailer: This describes the needs of people with more complex needs and how we will provide a coordinated response to best manage these needs. These individuals are those most likely to need a coordinated, often statutory sector, support;
 - Planning for, and Nearing, End of Life: This describes how as partners we will support people to die with dignity in the place of their choosing;
 - Supporting People to Recover after Illness or Crisis including crisis and short-term support in, and discharge from, hospital or to avoid hospitalisation;
 - Supporting Carers to continue in their caring role and have a life of their own.
- 6.3 The Ageing Well Board included the Council, NHS, Homes for Haringey and the local voluntary and community sector working together in partnership. The Ageing Well Strategy has a Work Plan for 2021/22 supported by a project team.
- 6.4 In Haringey, it was expected that there would be a significant growth (69%) in residents over the age of 65 over the next 20 years. This would increase the proportion of residents over the age of 65 from 10.5% to 17%. A significant growth (79%) in residents aged over 65 predicted to have dementia was expected over the same period. The older population in Haringey was weighted significantly towards the west of the borough, while the higher levels of deprivation were weighted towards the east of the borough.
- 6.5 There were estimated to be around 2,000 people in Haringey with late onset dementia, 55% of which were mild cases, 32% moderate and 13% severe.

6.6 There was an Ageing Well Web Resource and Ageing Well Guide targeted at Haringey and Enfield residents over 50 (or people who know/care for them) and is designed for those who may be fit and well and want to know what they can do to look after themselves, or for those who may have had a crisis like a fall or a visit to a hospital. The Web Resource brings together new and existing content, across a number of themes and topics relevant to older people in a more easily navigable way on one landing page on the website. The Ageing Well Guide is a shorter and downloadable version of the Ageing Well Resource. 2,500 hard copies had been distributed to front-line services, libraries and sheltered housing across the borough.

Early Help and Prevention

6.7 Early Help and Prevention is a medium to long-term project within the Ageing Well Strategy which aims to build advice, information and support at an earlier stage in order to develop the community offer for older people. This is targeted at people over 50 because positive aspects of lifestyle such as exercise, eating well, socialising, etc. all contribute towards ageing well. Additional targeted support is required for higher risk groups, including BAME groups, people living in deprived localities and people with pre-existing long-term conditions.

6.8 There were four interlinked project workstreams within the project:

- Information and Communication
- Community Navigation and Social Prescribing
- Community asset-based approach to commissioning
- Dementia

6.9 There was a tiered approach to day opportunities from Universal to Specialist with recognition that getting the right day opportunities offer for individuals at an earlier stage can help to reduce higher levels of demand at a later stage.

Housing Related Support for Older People

6.10 There were six services in this sector which illustrated that sheltered housing was part of a much wider offer to support residents in their homes:

1. **Public Voice** – Haringey Reach & Connect. This is a partnership with the voluntary sector (MIND, Wise Thoughts, Hail/Vibrance and Public Voice) and the Haringey Over-50s Forum working through 8 community connectors to support residents in practical ways. This was a universal offer to all Haringey residents aged 50+.
2. **Bridge Renewal Trust** – Home from Hospital Service. This service supports people through hospital discharge back into their own home (including sheltered housing) and is delivered by the Bridge Renewal Trust.

3. **Homes for Haringey** – Activities in the Hub & Cluster Service. This service, delivered by HfH, provides a range of activities for HfH residents and the wider community.
 4. **Community Alarms Service** – This service, delivered in-house, provides a 24/365 community alarm system to help people to live independently by providing an instant response if there is an emergency in the home.
 5. **Wise Thoughts** – This provides monthly drop-in sessions for older LGBT+ Community offering activities, advice and support.
 6. **Elderly Accommodation Council** – Housing Options for Older People. This helps to support older people to make informed decision about their housing options.
- 6.11 A Panel Member observed that there were some older residents in their ward in unmanageable large properties and suggested that Haringey should proactively promote the benefit of sheltered housing, possibly through open days to sheltered housing schemes. Tracey Downie said that there could be some negative perceptions about sheltered housing that deterred residents from moving into schemes so some new literature was being produced to help emphasise the independent living aspect of the schemes. The Housing Demand team had a list of residents that could potentially move into sheltered housing, many of which may prefer to move into the good neighbourhood schemes with a higher level of independence.
- 6.12 Robbie Erbmann, AD for Housing, informed the Panel that a consultation with residents on the future provision of housing services would help to inform how better to integrate services as part of the proposed move of HfH services back under the direct control of the Council. Asked whether a more structured well-being offer was being considered through the recent consultation exercise, he said that there was a long list of services were being considered and there was a body of work relating to how various services could be brought together to achieve better outcomes for residents. Panel Members suggested that bringing other services into sheltered housing could be a way of drawing in external information and support that people could engage with more easily.
- 6.13 Asked about the measures of success being used for sheltered housing services, Charlotte Pomery said that there were operational targets and performance indicators set by commissioners in areas such as response times for repairs, how quickly residents are seen, complaints, etc. Tracie Downie added that support plans were audited and that residents were contacted to check that they are happy with their support plan.
- 6.14 Asked whether any analysis had been carried out on the required provision of older people's housing, Robbie Erbmann said that there were currently 237 people on the waiting list for sheltered housing and 117 people looking to access Community Good

Neighbourhood schemes. The initial draft of the Strategic Housing Market Assessment suggested that, as of next year, there would be a need for just under 3,250 older persons units in the borough - around 1,250 for rent and 2,000 for ownership. There was already a lot of rented provision, with 1,356 sheltered housing properties and around another 700 or so housing association homes. However, there was a very significant undersupply for older people's housing for ownership and so supply in this area needed to be increased by around 1,000 over the next 20 years. The mix of older people's housing was therefore important, including other factors such as properties suitable for wheelchair use and other needs.

- 6.15 A Panel Member noted that the Haynes Dementia Hub in the west of the borough provided a centre of excellence for dementia and asked how people in sheltered housing in the east of the Borough could access specialist dementia support. Rebecca Cribb said that people with eligible needs could access support through the adult social care assessment pathway. There were other day service providers in the east of the borough (the Grace Organisation, the Cypriot Centre and the Community Hub) that provided services to people with moderate to severe dementia and were equipped to provide that support, though they were not exclusively specialists in dementia. The aim was for a consistent offer across the borough.

7. Locality working

- 7.1 Throughout 2021, the Adults & Health Scrutiny Panel has been briefed on the development of locality working, a new community-based approach aimed at better addressing need in local neighbourhoods, reducing inequalities and building better outcomes for residents. The vision for the approach had been defined as *“We want to work alongside residents to prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.”*
- 7.2 The Panel was informed that this vision required a simpler, more joined up system and integrated, multi-disciplinary teams tackling issues holistically by building relationships and looking at the root causes of problems such as debt or ill-health. This needed a workforce who feel connected to each other and able to work flexibly across organisations along with a partnership with the voluntary sector. This involved encouraging difference groups of people who work with residents and patients to feel that they are part of the same team and recognise when they are working with the same residents and patients.
- 7.3 The locality working approach would be based on three locality areas of west, central and east Haringey and supported by number of Community Locality Hubs which would provide physical spaces to enable locality-based working and an Integrated Locality Centre within each locality which would focus on the integration of health and care services.
- 7.4 The Council’s Connected Communities programme would be built in as part of the model in order to provide a bridge between residents and statutory services when issues were identified.
- 7.5 The Panel felt that the role of locality working was particularly relevant to sheltered housing residents who typically required support from a range of different services. However, the residents also already had individual support plans which specified the services that they needed and were supported by sheltered housing staff in accessing them. In discussions with the Panel, Charlotte Pomery said the aim was that the resources in the Community Locality Hubs were available to sheltered housing residents and, more broadly, there was also the Reach and Connect service and a wider set of initiatives to help people know what is available in their area. Tracey Downey, Executive Director of Operations at HfH, added that coordinators in sheltered housing had a role in being aware of everything that is going on in the community and providing information to residents.
- 7.6 A Support and Wellbeing worker that the Panel spoke to said that they did work together with the Local Area Coordinators and that sometimes tenants needed to be signposted to external organisations including through Connected Communities.

However, relations with them had been better prior to the pandemic which had interrupted a lot of this contact. Helidon agreed with these comments and added that generally, in relation to the review of care packages, the HfH staff would be the first port of call as the coordinator.

- 7.7 Tim Miller, Joint Assistant Director for Commissioning at NCL CCG and Haringey Council, said that support staff in sheltered housing were often the first point of contact and are generalists so they need other agencies to turn to in certain circumstances which can require some navigating at times. Services such as Connected Communities play an important role in early intervention and prevention and can help to provide a bridge between services.
- 7.8 Paul Allen, Head of Integrated Commissioning for Older People and Frailty, commented that the key thing was how to connect to people who are able to help with what happens next, including with people who have a more holistic view such as local area coordinators who might be able to pop into sheltered accommodation settings and act as that liaison point to wider solutions. He said that Local Area Coordinators do access sheltered accommodation schemes although this had been hampered recently by the pandemic. This connection helped to establish at an early stage when there were residents that needed additional help.
- 7.9 Given that the aim of the locality working approach was to better address need and to build better outcomes for residents, the Panel took the view that sheltered housing residents should be closely connected to this approach. Throughout the Review, the Panel had been made aware of significant vulnerabilities and health needs among sheltered housing residents. Some of the specific concerns that the Panel discussed with sheltered housing residents and others are explored further in the next section of this report.

RECOMMENDATION 1 – Sheltered housing schemes should be fully embedded into the new localities approach in Haringey with health and wellbeing services made more easily accessible to residents. The Council should report back to the Scrutiny Panel in 6 months’ time to set out how an integrated offer for sheltered housing residents into locality working will work in practice assisting them to navigate the system and overcome practical barriers to accessing services such as mobility issues.

8. Issues raised by sheltered housing residents

- 8.1 The Panel spoke to residents of Larkspur Close and Park Road online along with support & wellbeing workers about the access that residents have to local health and wellbeing services. The Panel also spoke to groups of residents on visits to Cranley Dene Court in Muswell Hill and Lowry House in Tottenham.

Support for clients with high needs

- 8.2 Some residents of Lowry House expressed concerns about anti-social behaviour that was having an impact on their quality of life. They said that communal areas were sometimes very busy and noisy late at night. Some of this related to residents with complex needs, including mental health problems, but they also alleged that some people who were not residents were gaining access to the lounge areas. They said that smoking and drinking was occurring in the communal areas.
- 8.3 With regards to the allocations policy, Tracey Downie said that it could be difficult to reject someone on the basis of potential anti-social behaviour and the aim would often be to provide additional support to prevent disruption to other residents. Cllr Connor observed that these situations could cause significant distress to other residents but Councillors did not always know who best to contact to help resolve the situation. She also noted that contact details for managers in sheltered housing schemes could be difficult for residents/Councillors to obtain.
- 8.4 Cllr Connor asked whether sheltered housing schemes for people with very high needs, including mental health needs, were being considered or whether the policy was to mix people within existing schemes. Charlotte Pomery said that it was complicated as people often have a mix of different needs, so the policies weren't always clear cut. She cited an example of placing younger people with learning difficulties in schemes for learning disabled residents. However, age-related needs may develop over time and so other types of old-age provision sheltered housing may become more suitable for them. While the eligibility criteria might be quite broad, the individual assessment process looks in more detail about the most appropriate placement for an individual and what support they will need.
- 8.5 The Panel was concerned about the lack of support that often appeared to be in place for residents with high needs and/or challenging behaviour. This had a significant knock-on effect to the quality of life of other residents.

RECOMMENDATION 2 – Support for clients with high needs including specialised targeted support where appropriate, to be prioritised as part of the locality working approach, particularly when their behaviour is understood to be having a significant impact on other residents.

Access to services (Hub and Cluster model)

- 8.6 In discussions with the Panel, a resident of Larkspur Close (a 'Spoke' scheme) said that most social/health & wellbeing events took place at nearby Bigbury Close (a 'Hub' scheme) so most residents at Larkspur Close did not get to attend, often because of mobility issues. However, she had previously brought five of the Larkspur Close residents to an event at Bigbury Close and they had enjoyed themselves and were asking when the next one would be. So they were keen to be involved, provided that they had a means of getting to the events. She suggested that one of the afternoon tea events should take place at Larkspur Close so that the residents there could be involved more often and have the opportunity to meet people from Bigbury Close.
- 8.7 A Park Road resident commented that their accommodation was part of a Community Good Neighbourhood scheme, so there was no warden on site but there were staff available by phone and there was a pull cord system for emergencies. She felt there was help available whenever she needed help with documentation or benefits and there was also trust between neighbours to support one another which had helped when staff had been unable to attend due to Covid. Activities that provided social connections were therefore valuable, including those that involved other blocks/schemes. She said that these activities were often set up at certain locations, such as Bedale House which residents from other schemes would then go to. Transport for this would often be via taxis.
- 8.8 The Panel expressed concerns that residents who were not part of a scheme directly linked to a hub found it difficult to access the services, particularly if transport was an issue. Charlotte Pomery said that direct feedback on this would be useful but the model was that the schemes should all be connected to a hub. Tracey Downie said that all sheltered housing residents had a support plan which was regularly reviewed and ensures that they attend the activities/sessions that they want to. If this isn't in their proximity then they can be registered with Taxicards and other transport options but she acknowledged that transport can sometimes provide a practical barrier.
- 8.9 The Panel was concerned that residents in the non-hub (or 'spoke') schemes were not, in practice, engaging with activities and services taking place in hubs as much as residents in hub schemes were able to.

RECOMMENDATION 3 – HfH should carry out a review of arrangements for residents in non-hub schemes to access activities/services in hub schemes, including the availability of transport and accessibility requirements.

Access to services (Primary Care)

- 8.10 Residents at both Cranley Dene Court and Lowry House reported finding it difficult to obtain GP appointments, although it was acknowledged that this was currently also an issue for the wider community. A lot of residents found it difficult to use online/email-based appointment system. Residents at the same scheme were registered with various different GP surgeries.
- 8.11 Residents told the Panel that they were aware of neighbours who had serious needs and significant mobility issues and said that they required home visits for medical issues.
- 8.12 Other residents said that a visit from a district nurse on a monthly basis would be particularly helpful for dealing with common issues, check-ups and blood pressure monitoring. One resident said that they hadn't had a diabetes check for over a year as they found it difficult to get out. It was noted that a lot of residents had mobility issues and that transport for them was not always easy to arrange.
- 8.13 A Larkspur Close resident told the Panel that some people were finding it more difficult to get to their GP or chiropodist and suggested that a regular visit from a medical team would be very useful to residents.
- 8.14 A Panel Member commented that the link to GPs was an important one and suggested that there should be a direct line that supported housing staff could ring, in a similar way to the care home model. Helidon Topulli responded that supported housing was independent living unlike care homes but said that staff work with tenants and sometimes contact their GP on their behalf. This would happen particularly if there had been a review of the support plan where health and wellbeing needs had changed or if prescriptions needed to be looked at again.
- 8.15 The Panel accepted that, in many cases, sheltered housing residents were living independently in the way that sheltered housing is intended to work and therefore made their own arrangements for GP appointments and other primary care services. However, the Panel also heard evidence that a significant minority of residents struggled to gain access to primary care services due to mobility and transport issues. The Panel considered that closer links were required between vulnerable residents and local primary care services.

RECOMMENDATION 4 – For the possibility of district nurses to visit sheltered housing on a regular basis to be considered as part of the locality working approach.

RECOMMENDATION 5 – For consideration to be given to setting up a direct line to GPs that supported housing staff could call in cases where a resident has a high level of needs.

Access to services (Mental Health)

- 8.16 In discussions with sheltered housing residents in the Borough, the Panel heard examples of residents, and the staff acting on their behalf, struggling to obtain access to mental health services. Asked about the needs of residents, Paul Allen, Head of Integrated Commissioning for Older People and Frailty, explained that when someone moved into sheltered accommodation, their needs were discussed with the housing provider and documented. These needs were dynamic and could change. Their support needs were identified and connected to the agencies that needed to be involved, including GPs.
- 8.17 Panel Members asked about support for resident with mental health problems. Mark Pritchard, Senior Service Lead for Haringey community mental health services for Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT), said that some residents would not necessarily go to their GPs about mental health issues. BEH-MHT was therefore developing partnerships with other providers, including HfH and Connected Communities, so that they could get advice quickly on linking to mental health services and not rely only on GP referrals.
- 8.18 Tim Miller, Joint Assistant Director for Commissioning, told the Panel that people with unmet mental health needs could not be compelled to access mental health treatment unless the Mental Health Act comes into play. However, earlier support could be made available from community mental health teams, closer to GPs and other services without the need for a formal referral. This was something that the team had wanted to do for some time but had not had the resources to do so until now.
- 8.19 Mark Pritchard added that the aim was to secure co-location community settings where drop-in sessions could be run with health, social care and voluntary sector staff. There were no current specific plans to do this within sheltered accommodation schemes but would be in community settings away from St Ann's. Asked by Cllr Connor whether sessions at sheltered housing schemes could be considered if there was sufficient demand, he said that they would be open to discussions on this and was working closely with the Localities programme to look at where there are community spaces where staff could be located.
- 8.20 Asked about the links between the mental health team and HfH, Mark Pritchard said that this sometimes involved dealing with cases of homelessness or potential homelessness due to eviction by private landlords because of issues relating to mental ill health. There were also people who needed to change their housing and move into sheltered accommodation so this role was a key link that had improved the access of the mental health team into HfH. Asked what would happen if there was a potentially unsuitable placement involving two different service users, Mark

Pritchard responded that this sort of conversation didn't typically arise as it would usually be a judgment for the housing officers about whether the residents would have the appropriate support needed. Tim Miller added that sheltered housing allocations were primarily determined by the Council's lettings policy. However, where there might be residents who have restrictions relating to the criminal justice system such as ASBOs, there might be conversations about the level of need and the combination of the types of people they would be living with.

- 8.21 Asked about the process for mental health inpatients when returning to sheltered housing, Mark Pritchard said that mental health inpatient services were running at a high capacity and so a smooth discharge process was needed. It was important to ensure that a sheltered housing pathway was the right option at the outset, because if it subsequently emerged that a different pathway was required then it would be necessary to go back to the start. He said that it wasn't always clear what needs could be catered for in sheltered housing so that had been a few cases where it had been necessary to abandon the pathway and start again. There were twice weekly system discharge calls with partners and now, as well as the HfH housing officer, there was also now a tenancy manager who joined the calls to help make those decisions and help to ensure that barriers to discharge had been identified and the right pathway was selected.
- 8.22 Asked about support on discharge to sheltered housing, Mark Pritchard said that there were a number of options for this, including reviewing any additional care packages and the greater use of reablement services. All inpatients would have a named worker in the community team who would oversee care as someone left hospital. The crisis resolution and home treatment team's role was to help to facilitate discharge and not keep people in hospital any longer than necessary.

RECOMMENDATION 6 – BEH-MHT should work to ensure that mental health staff based within localities teams have close links with their local sheltered housing schemes so that residents can obtain quicker and easier access to mental health services when required and that sheltered housing managers can obtain support for urgent mental health related issues when they arise.

Support for residents from staff in sheltered housing

- 8.23 The Panel was informed by HfH that when the provision of supported housing was at its peak in the 1970s and 1980s, each supported housing scheme in the Borough had a warden who lived on site. With the development of modern technology and changes in funding streams, most landlords (including Haringey), had moved away from this model.

- 8.24 Support and assistance in supported housing schemes were now provided by Hub Co-ordinators and a team of Support and Wellbeing Officers. Staff were on site from Monday to Friday, 9am to 5pm. All of the housing units were linked to the Haringey Council Community Alarm service which provided out of office hours and emergency support.
- 8.25 Residents at Cranley Dene Court commented that there ought to be a manager in every scheme, but the managers now had to look after several schemes. They felt that high-dependency residents should not be placed in the schemes without the appropriate level of staff support. They found that they often struggled to be able to speak to managers when support was needed. One resident added that there was a lot of social isolation and that other neighbours were more likely to knock on doors and find out about issues and problems that people had rather than the managers who did not have the time.
- 8.26 A Support and Wellbeing worker told the Panel that sometimes residents might not feel confident enough to approach staff in the office and may instead talk to another resident for advice. Asked about access to the staff, a Larkspur Close resident agreed that they were pressured with their workload, noting that a key member of staff worked at the scheme for three days a week and had a lot to fit in to that time. However, residents often had a lot of issues to raise.
- 8.27 Panel Members emphasised the importance of members of staff who know the residents very well, acknowledging that the workload of the current staff may be too high for this to be possible. Helidon Topulli said that there used to be scheme managers based on site and some aspects of this worked well but some were outdated and not achieving their aims. However, they were listening to tenants and looking at how more resources could be provided.
- 8.28 A Larkspur Close resident suggested that a befriending service for residents would be a good initiative, particularly as people had experienced less contact during lockdown, some were scared and some residents experienced mental health problems.
- 8.29 Asked about the idea of a befrienders service, a Park Road resident said that it could be hard to tell whether individual residents needed this as they could be 'homebodies' who preferred not to go out or they could be lonely or socially isolated. It could be beneficial for a befriender to be of a similar demographic, such as a male befriender for a man without much other male contact for example. Helidon Topulli commented that he recognised the need for befriending services and that some services had been provided in the past which they would like to expand upon, along with improved communications to tenants about the services available to them.

8.30 The Panel was conscious that sheltered housing managers had a huge workload and now had to manage multiple schemes which made it more difficult for them to monitor the needs of individual residents. The Panel was particularly concerned about the impact of this on frailer and more vulnerable residents. The Panel felt that, if it was not possible to better resource staffing in sheltered housing schemes, then the locality working approach and the Connected Communities programme might have a role in supplementing the support provided by sheltered housing managers to have a presence in schemes and better connect vulnerable residents to appropriate services.

RECOMMENDATION 7 – Local Area Coordinators should have a regular presence in sheltered housing schemes in their area, with contact details made prominently available and information provided to all residents about how they can access the services at their closest Community Locality Hub.

RECOMMENDATION 8 – As part of the locality working approach, the Council should consider what existing befriending services are available in the Borough and whether these could be linked into sheltered housing schemes to support isolated residents, including considering whether additional resourcing for such services would be required to make this possible.

Repairs

8.31 Routine repairs taking a long time to be completed was another common complaint that the Panel heard. Residents at Lowry House said that broken radiators and sinks could be left unrepaired for several months at a time even after having been reported to HfH. A Support and Wellbeing worker that the Panel spoke to said that repairs could often be a big concern with residents left feeling unsupported if there were long delays.

8.32 The Panel observed that, in addition to the repairs often being delayed due to a lack of resources, residents and sheltered housing managers were often not communicated with about when they could expect their repair to be dealt with. The Panel felt that improved communication could help residents to feel more supported and reassured that their repair would be carried out by a certain date.

RECOMMENDATION 9 – Communication with sheltered housing staff and residents about expected timescales for reported repairs to be carried out should be prioritised, with updates to be automatically provided when a repair date is scheduled or changed. HfH should provide the Scrutiny Panel to demonstrate how they intend to provide information to sheltered housing managers and residents about when repairs can be expected to be carried out.

How residents can make their voices heard

- 8.33 The Panel was informed by HfH that steering groups had recently been developed within schemes to encourage residents to talk more about issues of concern. Complaint levels were quite low so it was hoped that the steering groups could help to identify issues that were not otherwise being raised. The Panel heard that steering groups were currently more active in some schemes than in others. There was also a wider co-production group as set out in paragraph 5.18.
- 8.34 On the low complaint rate, a Panel Member observed that some elderly residents could be apprehensive about complaining because they worry that they will have services taken from them. Reassurance was therefore needed that the Council values honest and open feedback to help the system improve. Tracie Downie agreed and said that newsletters explaining changes that had been made as a result of a complaint could be a useful way of reassuring residents. Also, ensuring that there was a strong feedback loop after complaints are made was an important part of the communications. Cllr Connor observed that enabling 'suggestions' as well as complaints rather than labelling everything as 'complaints' could help encourage residents to provide feedback so that it doesn't have such negative connotations. Tracie Downie agreed with this point and said that suggestions and feedback was encouraged through the tenant meetings.
- 8.35 The Panel welcomed the establishment of residents' steering groups and a co-production group as positive developments with the potential to raise the profile of residents' most prominent concerns. The Panel considered that consistency in this approach was needed to ensure that residents in all schemes had the opportunity for their concerns to be heard and that it was important to ensure that these concerns were heard by staff at a senior enough level to be able to take appropriate action in response.

RECOMMENDATION 10 – HfH should ensure that the co-production group includes wide representation from sheltered housing steering groups across the Borough and should also be attended by senior members of staff from HfH, Social Care and the Localities Team. This group should in turn report to the Haringey Borough Partnership.

Appendix A

Review contributors

Session 1 – 29th Sep 2021

Charlotte Pomery – Assistant Director for Commissioning (Haringey Council)

Rebecca Cribb - Commissioning Officer (Haringey Council)

Robbie Erbmman - Assistant Director for Housing (Haringey Council)

Tracie Downie - Executive Director of Operations (HfH)

Helidon Topulli - Head of Support & Wellbeing (HfH)

Session 2 – 30th Nov 2021

Tim Miller - Joint Assistant Director for Commissioning (NCL CCG/Haringey Council)

Mark Pritchard - Senior Service Lead for Haringey community mental health services for Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT)

Paul Allen – Head of Integrated Commissioning for Older People and Frailty (Haringey Council)

Caroline Gillett – Haringey Primary Care team

Site visits & online discussions with sheltered housing residents

Residents of Larkspur Close and support & wellbeing worker (online) – Sep 2021

Residents of Park Road and support & wellbeing worker (online) – Sep 2021

Residents of Cranley Dene Court (site visit) – Dec 2021

Residents of Lowry House (site visit) – Feb 2022