A study of the Housing and Support needs of Older People in Herefordshire

Final report January 2012

Peter Fletcher Associates and Arc4

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Team

Ken Davies
Michael Bullock
Alison Brandon
Kay Wainman
Louise Craig
Peter Fletcher
Avis Duncan

Peter Fletcher Associates Ltd
Chesterwood Grange
Haydon Bridge
Northumberland NE47 6HW
Tel: 01434 684944
Fax: 01434 684945
Email: info@peterfletcherassociates.co.uk
Website: www.peterfletcherassociates.co.uk

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Glossary

Adaptations: Changes to the physical fabric of the home to make it suitable for the occupier. The most common adaptations are stair-lifts, grab rails, level access showers and ramps.

Bedroom Standard: 'Bedroom standard' is used as an indicator of occupation density. According to the Survey of English Housing, a standard number of bedrooms is allocated to each household in accordance with its age/sex/marital status composition and the relationship of the members to one another. A separate bedroom is allocated to each married or cohabiting couple, any other person aged 21 or over, each pair of adolescents aged 10 - 20 of the same sex, and each pair of children under 10. Any unpaired person aged 10 - 20 is paired, if possible with a child under 10 of the same sex, or, if that is not possible, he or she is given a separate bedroom, as is any unpaired child under 10. This standard is then compared with the actual number of bedrooms (including bed-sitters) available for the sole use of the household, and differences are tabulated. Bedrooms converted to other uses are not counted as available unless they have been denoted as bedrooms by the informants; bedrooms not actually in use are counted unless uninhabitable.

Black and Minority Ethnic (BME): Generic term for people or communities who are not White British.

Comprehensive Spending Review: Is a Treasury-led process to allocate resources across all government departments, according to the Government's priorities

Department for Communities and Local Government (DCLG): Government Department usually referred to as **CLG**, previously ODPM –Office of the Deputy Prime Minister, and DETR – Department of Environment Transport and the Regions.

Direct Payments: Allows a person to have their care funding paid direct to them so they can choose and pay for their own care provider.

Disabled Facility Grant (DFG): A grant available to disabled people to help with adaptations to the home.

Decent Homes: The standard set by the government relating to the condition of people's homes. The government's target is that all local authority and housing association homes should meet the Decent Homes standard by 2010.

Department of Health (DH): Government Department responsible for health funding, Adult Social Care and funded the Extra Care Housing Fund

Extra Care Housing: Independent accommodation with access to 24 hour care & support. This provides flexibility for people to access care when they need to maintain their independence.

General Needs Housing: Applies to general family housing and dwellings for families, singles and couples. It includes public and private rented accommodation as well as various forms of owner-occupation.

Home Improvement Agency (HIA): locally based not-for-profit organisations that assist older, disabled and vulnerable people to remain living in their homes independently by repairs, improvements and adaptations to their homes

Home Point: The Home Point Agency manages Herefordshire's Housing Register and advertises available affordable homes on behalf of Herefordshire Council and the county's leading Housing Associations.

Lifetime Homes: Homes built to the national standard having certain design features that make them flexible enough to meet the changing needs, over time, of the households that occupy them.

Local Area Agreement (LAA): A LAA sets out the priorities for a local area as agreed between central government and that local area through the local authority, Local Strategic Partnership and other key local partners.

Local Development Framework (LDF) Core Strategy: The LDF is the spatial planning strategy introduced in England and Wales by the Planning and Compulsory Purchase Act 2004. The Core Strategy outlines the vision and overall objectives for the LDF in a local authority area.

Local Housing Market Assessment (LHMA): an analysis of current and future housing requirements for both affordable and market housing

Local Housing Requirements Study: a technical assessment of future housing requirements to support and inform the development of the Core Strategy of the Local Development Framework

Personalisation: the Department of Health describe personalisation as 'every person across the spectrum of need having choice and control over the shape of his or her support in the most appropriate setting'.

Pension Credit: Pension Credit is an income related benefit for pensioners living in Great Britain. It is made up of two different parts, Guarantee Credit and Savings Credit.

Personal Budget: a personal budget is a sum of money allocated to an individual who is assessed as needing personal assistance and support services, in a non urgent situation. It generally applies to social care funding.

Primary Care Trust (PCT): Local bodies responsible for health care budgets, planning and delivery of primary care services.

Registered Provider of Social Housing (RP), also known as Registered Social Landlord (RSL) or Housing Association: They are government funded not for profit organisations that provide affordable housing. They include housing associations, trusts and cooperatives. They work with local authorities to provide homes for people meeting the affordable homes criteria. As well as developing land and building homes, RSLs undertake a landlord function by maintaining properties and collecting rent.

Rent Free: May mean someone who is given accommodation in return for the provision of a service such as caretaking

Retirement Age: This is the age that people were expected to retire from work and when they may become eligible for a state pension.

Retirement Village: These are usually large scale developments of 250 units and above. Often there is little to distinguish between these and large Extra Care schemes. They offer on-site support and care, but in addition include a much wider range of facilities and choice of types of accommodation. Some developments also include residential and nursing care.

Sheltered Housing: Some times known as Retirement Housing it is usually intended for people over the age of 60 and contains a number of special design features. It can be for people who rent, but also for people who want to either part or fully purchase. In 1969 Ministry of Housing and Local Government provided mandatory definitions for specialist housing:

- Category 1 – communal facilities and warden are optional, may be flats and/or bungalows and usually no lift

- Category 2 – flats under one roof with communal facilities, resident warden and a lift

Although dropped in 1980 these terms are still in common use for describing sheltered housing

Specialist Accommodation: Accommodation that is designed with special features for particular needs such as people who are aging and/or have a disability.

Supporting People: The former administrative programme for distributing public spending on housing related support services including monitoring quality and standards.

Telecare (also called assistive technology): A range of equipment that can be fitted in people's homes to allow constant monitoring and access to help

The Wanless Review: In 2002, the government commissioned Derek Wanless to assess the long-term resource requirements for the NHS. His findings have significant implications for the future provision of social care. An update of the challenges in implementing the recommendations in this report was published in 2004.

User-led Organisations (ULOs): are organisations that are run by and controlled by people who use support services, including disabled people of any impairment, older people, and families and carers. They were set up to promote giving people more choice and control over how their support needs are met.

1.   Introduction

1.1   The Commission

Herefordshire Council commissioned Peter Fletcher Associates to carry out a comprehensive survey of the housing and support needs of older people. Herefordshire Council wanted to understand the overall needs of older people in the administrative area and any differences that existed between the local housing market areas of Herefordshire.

The work needed to:

- Focus on older people. For the purposes of this work older people were defined as those over 50. This is the point when people begin to think about the issues of retirement but also it helps to identify the aspirations of future generations of older people.

- Understand future need and demand for housing and services for older people, through undertaking quantitative surveys, supported by qualitative face to face work with older people

- Inform related studies of specialist accommodation including sheltered housing and the role of Extra Care/Residential Care

- Understand the linkages between housing, health and care, including specialist housing, for example sheltered and extra care housing and the role they play in the quality of life of older people.

This study is also intended to produce information about the housing and support needs of Older People that can be used for Housing, Planning, Regeneration and Support planning purposes. The change in government has resulted in proposals that will have significant implications for the commissioning of housing, the delivery of health and social care and changes to Planning structures. These changes are the subject of legislation that was going through parliament at the time this report was produced.

Detailed requirements of the study included:

- Identifying and summarise the existing secondary data relating to housing and the housing support needs of older people in Herefordshire

- Building on the existing secondary data through qualitative study to identify household aspirations, preferences and concerns in terms of the location, size and type of accommodation being sought, and in particular reflecting local housing market needs

- Considering the mechanisms that will help older people remain in their own home and retain independence, including for example home improvements, aids and adaptations, assistive technology and handy person services

- Considering the current specialist accommodation system, the role it currently plays and identifying the drivers of change and its future role linking in with health and social care

- Examining how older people perceive the current services provided by statutory and non-statutory agencies in relation to the provision of housing, housing related support and housing advice. In particular, gathering information to shape the delivery of services

- Examining the range of options that need to be made available to support older people in their own home and within the community taking, account of the strategic guidance included in Lifetime Homes, Lifetime Neighbourhoods – a National Strategy for Housing in an Ageing Society (2008) that reflect a wider systems approach which considers the role and impact of Health, Care and Support in maximising independence

- Making recommendations to bring the supply of accommodation and support services into balance to meet need and produce proposals for how improved services might be delivered

1.2   Structure of this Report

This report covers all of the main issues emerging from the research. A separate Executive Summary is intended for wider circulation.

In order to make this document more accessible a significant amount of supporting information has been placed in Appendices.

Section Two sets out the national and local policy, and summarises the demographic context for Herefordshire.

Section Three sets out the findings from the extensive consultation work that has taken place with older people in Herefordshire. It also sets out in full the findings from the survey of households aged 50+.

Section Four addresses both the general needs and specialist housing systems and supply, and relates current supply to future needs and demand via a gap analysis and produces a number of proposals concerning future housing supply.

Section Five focuses on the services available for older people in Herefordshire and develops a number of proposals for wider service development.

Finally in Section Six a set of recommendations based on the proposals contained in Sections Four and Five are developed.

1.3 Methodology

Approach to this work

The work involved in developing this report included:

- Understanding the local housing context, the current housing strategy and planning policies of the local authority, and existing evidence of housing supply and demand from older people

- Understanding the local supply of non-housing services to older people and how they impact on the needs and wants of older people where such evidence is available

- Making use of information already available, including reports, documents, research and strategies already in the public domain - See Appendix 1 for the local policy context and Appendix 2 for demographic information

- Undertaking primary research to inform the project as follows –
    - Consultation with older people - See Appendix 3
    - Older People's Household Survey - See Appendix 4
    - Surveys of Sheltered Housing properties and residents - See Appendix 7
    - Interviews with a range of stakeholders including housing and support providers
    - Interviews with a range of commissioners

The methodology for each of these elements is described in detail within the respective Appendices.

Other information about the allocations policy is provided in Appendix 5. The supply of Residential and Nursing Care is provided in Appendix 6 and the supply of specialist housing for rent is provided in Appendix 8. Appendix 9 provides background information and examples of extra care housing. Appendix 10 provides examples of specific local planning policies in relation to older people, either in the Core Strategy itself or in a Supplementary Planning Document.

In total, 3932 older people were included in the older people's household and sheltered housing resident surveys, and a further 62 were involved in local consultations. This makes a total of 3994 older people who assisted in informing this work.

Survey responses

Two surveys were carried out to identify needs:

1. An older people's Household survey which had 3578 returns
2. A sheltered housing survey that focused on the needs of older people resulting in 354 returns

Information was gathered on a total of 3932 people. Not all the questions were answered in either survey and therefore results for individual questions do not necessarily total the number of returns made. The gender breakdown for the surveys is provided in Figure 1.1. There is a higher proportion of women in the sheltered housing resident survey.

Figure 1.1: Gender - survey returns

Gender	Household*	Sheltered	Total nos. across the 2 surveys
Female	1,669 (49.8%)	219 (61.9%)	1888
Male	1,682 (50.2%)	135 (38.1%)	1817
Total per survey	3,351 (100%)	354 (100%)	

*227 did not respond to this question

The age breakdown for the two surveys is provided in Figure 1-2. The sheltered housing resident survey shows an older population mix than the household survey. This is in line with other areas where the average age of sheltered housing residents is higher than the population as a whole.

Figure 1.2: Age - survey returns

Age	Household	Sheltered	Total nos. across the 2 surveys
50-64	1260 (35.2%)	59 (16.7%)	**1319**
64-79	1613 (45%)	193 (54.7%)	**1806**
80 and over	705 (19.8%)	101 (28.6%)	**806**
Total per survey	3578 (100%)	353 (100%)	**3931**

* 1 did not respond to this question

Figure 1.3 shows the ethnic breakdown from the two surveys. The vast majority of people included in both surveys were identified as British White.

Figure 1.3: Ethnicity - survey returns

Ethnicity	Household	Sheltered	Total nos. across the 2 surveys
British White	3,319 (98.7%)	352 (97.8%)	**3671**
White Irish	0	6 (1.6%)	**6**
White Other	36 (1%)	1 (0.3%)	**37**
Any other ethnic group	5 (0.3%)	1 (0.3%)	**6**
Total per survey	3,360 (100%)	360 (100%)	**3,720**

More detailed information on the surveys can be found in Appendices 4 and 7. Descriptions of the impact of this information on the needs analysis can be found in individual client group sections.

1.4   Defining Older People

For the purposes of this study, and in line with national government policy, older people are defined as being people aged 50+. People go through different stages of their lives as they get older. These include:

- Moving from full-time employment – sometimes through part-time or casual employment – to becoming retired

- Active retirement – being involved in different activities and groups

- Moving from independence to becoming increasingly frail and reliant on other people

People go through these transitions at different times and paces. Some people do not go through some of them at all – there are, for example, plenty of very active older people who will never need to rely on other people (although the numbers of such people do decrease with age). Each person will experience the process of ageing differently which is one reason why services need to adapt and become much more flexible.

Fifty is the lower age at which people increasingly either start to think about, plan for and/or experience these changes. That is why, in common with many Government documents and other similar strategies, this has been chosen as the starting point for this study. It does not mean that anyone who reaches 50 should be thought of as old. Neither does it mean that the things this study considers do not affect people under 50 – they often do. Improving things for people aged 50 and over will often mean improving things for everyone.

2. The Context and Demography of Herefordshire

This section of the report is divided up into the following three parts:

- **National review** – a brief summary of prevailing national policy with respect to housing provision for older people

- **Local strategic review** – a brief summary of relevant local strategies that relate to housing provision for older people

- **Local demographics** – a brief synopsis of the key demographics of the County that relate specifically to older people

2.1 Evolving National Policy and guidance

2.1.1 National policy

Although there has been a change in government the new administration appears to be retaining at least some general continuity of approach. The Coalition Government recognises the impact of an ageing population and wants a coherent and integrated approach in building its policy around four key themes that echo the previous government's approach:

1. Engaging older people as partners and put decision-making directly in the hands of older people, for example through personalisation

2. Ensuring that preventative interventions are available that relate to all aspects of older people's lives. This involves developing a strategic approach to older people that goes beyond health and social care

3. Recognising the contribution that older people can make to society, and the need for a focus on quality of life and well-being

4. Ensuring that all older people are able to contribute to and be part of society by addressing issues of social exclusion amongst older people

The key government drivers include:

- The Government's **Comprehensive Spending Review** (CSR) in October 2010 set out significant changes to the way services will be planned and delivered:

  - Funding for Local Government was to be reduced with year on year reductions estimated to total approximately 26% by the end of the 4 year period. Most of the Local Government funding will no longer have a ring fenced element creating greater flexibility to make spending decisions

  - Confirmed in the CSR were previous announcements that a significant amount of regulation of the public sector was to be

removed. This included planning targets, performance indicators and the role of the Audit Commission. Again this will create greater flexibility with Local Authorities able to make decisions that best suit local circumstances The CSR also identified an additional £2 billion via CLG and DOH to support an integrated approach to the planning and delivery of preventative services with specific mention of re-enablement services and assistive technology

- The Supporting People budget was set at over £6 billion which represents a stand still position. In real terms this will see a reduction estimated to be approximately 11% due to the impact of inflation. It was confirmed that Support People grant will now form part of the Formula Grant and would not be ring fenced

- **The Localism Bill 2011**

  - There will be a significant shift in decision making to the local area with Local Authorities taking greater control of planning and housing development. Local communities will also have a greater right to challenge decisions and to bid for control of local amenities and services

  - There will be significant changes to the way new housing is developed in the future. The Government will increase housing supply by reforming the planning system so it is more efficient, effective and supportive of economic development. In addition, it will introduce a New Homes Bonus that will directly reward and incentivise local authorities and local communities to be supportive of housing growth, equivalent to matching the additional council tax from every new home for each of the following six years

  - It will also reduce the total regulatory burden on the house building industry over the Spending Review period

  - New intermediate rental contracts will be introduced for social housing that are more flexible, at rent levels between current market and social rents (80% of market rents). They will be known as "Affordable Rents". The increased rental income is intended to stimulate investment from housing providers who will be expected to commit more of their own resources to development. This is likely to be the main vehicle for future development of rented accommodation

  - There will be a community right to build giving communities the right to build homes and amenities, without planning permission in some circumstances

  - Local Authorities will be able to adjust their waiting list criteria to make best use of the stock

- **Housing Benefit Policy**

  - The government is looking to reduce the overall cost to the Exchequer of Housing Benefit. It introduced changes from April 2011 to limit the level of Local Housing Allowance payable for different sizes of property, making only three out of ten properties for rent in any area now affordable for people making a new claim

  - However, the changes also mean that help paying for an extra bedroom might be allowable for people needing a carer providing overnight care

  - Further changes are planned for 2012 and 2013 but these are not likely to effect older people

- **Health and Social Care Bill 2011**

  - The Health and Social Care Bill 2011 sets out the government's vision for the National Health Service:

  - A new structure for delivering health through groups of GP practices, while transferring strategic planning responsibility for public health to Local Authorities through the creation of Health and Well-being Boards

  - The abolition of PCTs

  - The further development of personalisation

  - Greater integrated planning and service delivery between Adult Social Services and Health

  - Prevention is seen as a key theme

- The *Putting People First* compact which ended at 31 March 2011 had a cross government goal of delivering choice and a personalised approach to promoting independence, enabling and supporting for both active and vulnerable older people in the community. This was the main driver of personalisation. The new government explicitly support this approach and in November 2010 the DOH published further details in: *Vision for Adult Social Care Capable Communities and Active Citizens.* In January 2011 21 organisations including the Department of Health, the Association of Directors of Adult Social Services and the National Federation of Housing signed up to a new sector agreement called "*Think Local, Act Personal*[1]" that is intended to move the delivery of personalisation forward

- The *Living well with Dementia: National Dementia Strategy* (DH February 2009) which set out an approach to one of the consequences of an ageing population and considers a range of options. Subsequently two implementation plans have been

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[1] thinklocalactpersonal@scie.org.uk

published. The most recent one Quality Outcomes for People with Dementia: build on the work of the National Dementia Strategy was published by the Department of Health in September 2010. This second plan is set in the context of the plans that formed the Health and Social Care Bill

Housing and Planning Policy for older people

The Coalition Government has not published its own housing strategy for older people and national policy is still broadly driven by:

- The Housing Green Paper '*Homes for the future: more affordable, more sustainable'* (July 2007) which has a specific section on housing for an ageing population (Section Six, Section Nine) which states that "**older people will make up 48% of all new growth in households to 2024, and a substantial majority of new households in many regions will be over 65**" (Ref: Housing Green Paper, ch. 6 paragraph. 9). It goes on to make it clear that new housing and infrastructure should reflect this demographic change, and that Local Development Frameworks should consider the housing requirements of older people.

- *'Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing for an Ageing Society* (CLG, DH and DWP 2008) which sets out the government's vision for meeting the growing housing demands of an ageing population and ways to meet the changing lifestyle needs and aspirations of current and future generations of older people. It focuses on giving older people greater choice and addressing the challenges of an ageing population. The strategy promotes new thinking on lifetime neighbourhoods backed by the introduction of lifetime homes standards for all new build housing by 2013. It also makes a number of recommendations for a more explicit housing offer for older people built around:

  - Better information about housing options, and advice about staying at home services or moving to specialist accommodation such as extra care

  - Further development of preventative services including property services such as handyperson, home improvement agencies, and adaptations, practical services such as gardening and housing support services which are what?

  - Equity release products

  - More robust market information and a stronger role for planning

  - Improved strategic analysis on accommodation with care solutions for older people across all tenures

  - A new future for specialist housing, through a wider range of both housing, service and tenure choices, beyond residential and nursing home care

However, in November 2011 the Coalition Government produced its own national housing strategy, **A Housing Strategy for England (DCLG 2011),** some elements of which did address the challenge of an ageing population in relation to housing policy. Key messages from the strategy are that:

"Some 60% of projected growth in households to 2033 will be aged 65+.

Good housing for older people can reduce caring pressures on working families. It can also prevent costs to the National Health Service and social care providers.

Attractive choices to move to smaller, more suitable homes can free up much-needed local family housing.

The national housing strategy sets out "a new deal for older people's housing, with a better offer to support older people to live independently for longer".

The main elements of this new deal are:

- Enabling older people to make an informed choice about their housing and care in later life, through a £1.5m investment in the FirstStop information and advice service

- Protecting funding for DFGs, with the national allocation due to increase from £169m in 2010/11 to £185m in 2014/5

- Help for small repairs through £51m funding for handyperson schemes between 2011-15

- Work to help extend the reach of HIA services and to ensure that the Green Deal works for older people

- Stimulating the development of attractive equity release products

- Encouraging local authorities to make provision for a wide range of housing types across all tenures, including accessible and adaptable general-needs retirement housing, and specialised housing options including sheltered and ExtraCare housing for older people with support and care needs

- Continued promotion of Lifetime Homes standards

- Promotion of innovative solutions such as Homeshare (matching someone who needs some companionship or a little help to carry on living in their own home, with someone who is willing to give a little help and needs accommodation)

- Promoting Lifetime Neighbourhoods

In relation to national planning policy *PPS1 (Planning Policy Statement 1: Delivering Sustainable Development* (January 2005)) states that planning is required to incorporate 'particular requirements relating to age' within a wider framework of well integrated strategies and programmes; and partnership

working (paragraphs 15 and 16). PPS3 (Planning Policy Statement 3: Housing (June 2010)) goes a little further with regards to an ageing population, and emphasises the need for local planning authorities to provide a range of accommodation as part of "sustainable, inclusive, mixed communities" (paragraph 8). This should be informed by "future demographic trends and profiles" and take into account the requirements of all age groups, including "older people" (paragraph 21). In deciding planning applications one of the four key criteria is: "ensuring developments achieve a good mix of housing reflecting the accommodation requirements of specific groups, in particular…older people" (paragraph 69).

2.1.2 Current and forthcoming national research and guidance

At the final report stage of this work a number of relevant national research and guidance documents have just been published or are due to be published shortly. Key findings on recently published reports are provided below, together with a list of guidance due to be published over the next few months.

Improving housing with care choices for older people: an evaluation of extra care housing (PSSRU and Housing LIN, November 2011)

This report sets out findings on a DH funded evaluation by PSSRU of 19 extra care schemes that received capital funding from the DH Extra Care Housing Fund and opened between April 2006 and November 2008. It is available on the Housing LIN website (www.housinglin.org.uk) in the section on extra care, under evaluation. The key findings were:

- Delivering person centred outcomes:
  - Outcomes were generally very positive, with most people reporting a good quality of life
  - Of those who were still alive at the end of the study over 90% remained living in their extra care scheme
  - For most people physical functional ability appeared to improve or remain stable for the first 18 months after they moved in, and more than half had either improved or remained stable by 30 months
  - Cognitive functioning remained stable for the majority, but at 30 months a larger proportion had improved rather than had deteriorated

- Costs and cost-effectiveness:
  - Costs varied according to the level of physical and cognitive impairment
  - Combining care and housing management arrangements were associated with lower costs
  - When matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing
  - Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost effective alternative for

people who have the same characteristics who currently move into residential care

- Improving choice:
    - People had generally made a positive choice to move into extra care housing
    - Alternative forms of housing such as extra care are seen as providing a means of encouraging downsizing
    - Levels of supply of extra care as an alternative to residential care are low thereby limiting choice for older people
    - Funding of extra care housing is complex and particularly in the current financial climate it is important that incentives that deliver a cost effective return on investment in local care economies are in place if this is to be a viable option for older people in the future
    - More capital investment and further development of marketing strategies are needed if extra care housing is to be made more available and more appealing to more able residents. Without continuing to attract a wide range of residents, including those with few or no care and support needs as well as those with higher levels of need, extra care housing may become like residential care and lose its distinctiveness.

SHOP: Strategic Housing for Older People (ADASS and Housing LIN, December 2011)

Co-produced by ADASS this strategic housing for older people Toolkit provides a framework for addressing the housing demand and supply challenges for an increasingly ageing population. It is available on the Housing LIN website (www.housinglin.org.uk) in the section on strategy.

There are three sections to the resource pack:

- Section A focuses on Older People and Housing

- Section B looks at Developing Extra Care Housing

- Section C provides a Bibliography and list of Key Resources

Key messages are:

- The way we have thought about, designed and funded housing for older people has to change

- Housing and care solutions need to be much more positive and attractive than those that have been seen as appropriate in the past

- Predicting demand is complex, but we know that whilst there is a clear preference by older people to remain in their family home, many older people contemplate a move to alternative accommodation, although few people wish that to be residential care

- The wish to move and preference for where to move to is heavily influenced by what is available and suitable. Show attractive and affordable alternatives that match peoples desires and they are much more likely to opt for change. For example, in the Netherlands where there is a wider choice of specialist accommodation, the numbers wishing to move to alternative accommodation is greater than the UK. The numbers of people wishing to remain in their family home may be heavily influenced by limited choice rather than by a real preference

SHOP identifies two main approaches to projecting future demand:

- The first is modelling through care home demand. The SHOP report suggests that at least one third of residents could have been diverted to other more appropriate forms of housing with care, such as extra care, and possibly up to two thirds if appropriate information and advice had been available

- The second is modelling from population data. Further information on this is provided in section 4.3 of the report

There is a range of other recent information and guidance available on the Housing LIN website (www.housinglin.org.uk). These include:

- Viewpoint 20 on Planning Use Classes and Extra Care Housing (November 2011)

- Viewpoint 21 on Housing, prevention and early intervention at work: a summary of the evidence base (November 2011)

Forthcoming reports in the next few months include:

- The Older Persons' Housing Toolkit: Helping Local Authorities plan for specialist housing for older people by McCarthy and Stone (due mid 2012)

- A number of reports linked to the National Housing Strategy 2011:
  - Handyperson Schemes evaluation (due December 2011)
  - Lifetime Neighbourhoods report (due December 2011)
  - Research on Lifetime Homes (due summer 2012)

2.1.3 Regional Policy

One of the first actions of the new Government was to confirm significant changes to the planning system and in particular the removal of Regional Spatial Targets and the need for a Regional Spatial Strategy. Subsequently, further changes have been proposed which are likely to see other regional structures removed along with the plans and strategies that support them.

Previous regional reports and plans and their impact on local priorities have therefore been included in Appendix 1 for reference.

2.2   Evolving Local Policy

This section considers, in summary form only, the elements of the main strategies that have a bearing on this study area. For a fuller version please see Appendix 1.

Herefordshire Council is responding to the changing financial and national policy context. Consequently as this research was being carried out a number of policy and operational reviews were being published. The aim of these changes is to reshape the way services are being delivered to better fit the needs of the local community. One consequence of these changes is that a number of policy documents contained in Appendix 1 will be overtaken by new policies over the next few months. Set out here are the most recent relevant documents:

The Herefordshire Partnership 'The Herefordshire Sustainable Community Strategy, 2010-2011'

'Healthier communities and older people' is one of the six themes for action listed in this document. The health, well-being and independence of older people is a key priority for Herefordshire, which will only be achieved through robust multi agency-working, including an enhanced role for the third sector. The vision promoted through the Growing Older in Herefordshire Strategy[2] is that older people will remain independent and active, continuing to live in, and contribute to, strong local communities and be included in decisions regarding the future services and activities that they want and need.

Herefordshire is working towards the following relevant outcomes under this priority:

- Supporting people with assessed social care needs to live independently in their own homes wherever possible, with accessible services and information they need

- Ensuring vulnerable adults are kept safe by a fast and reliable service response

'Stronger Communities' is another relevant theme for action in this document, with the aim stated as 'We will develop stronger, vibrant, more inclusive communities in which people enjoy a good quality of life and feel they have influence over decisions that affect them.' Under this theme, the document goes on to say that local communities will be more sustainable if they have access to vital services and facilities which meet their needs, such as suitable

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[2] 'Growing Older in Herefordshire: A strategy for older people in Herefordshire'(2007) See Appendix 1

housing, health facilities, leisure facilities, libraries and other cultural venues, shops and local meeting places. For Herefordshire, access to services is particularly a challenge in rural areas, and this could be improved through innovative solutions, for instance, better use and combining of community, public and private sector buildings and facilities and mobile services. The aim is also to reduce the number of people living in residential homes. To fulfil this commitment requires a robust multi agency approach, with carers and the voluntary and community sector having a key role to play alongside statutory agencies.

Herefordshire is working towards the following relevant outcomes under this priority:

- Ensuring vulnerable people have access to a range of housing options, including support and the ability to live independently

- Providing accessible, high quality sporting, cultural and recreational facilities and activities

- Ensuring fair access to the services which Herefordshire residents need

- Raising awareness and understanding of volunteering, promoting mutual benefits to the individual and the wider community

- Encouraging communities and individuals to participate and influence local decisions which affect them

- Promoting a County where people feel accepted, confident and empowered

- Ensuring communities are more resilient and recover from emergencies through effective partnership planning and co-ordination

Herefordshire Council and the Homes and Communities Agency (January 2011) 'Local Investment Plan, 2011-2026'

The key priorities listed for Herefordshire are as follows:

1. Growth in Hereford City and its surrounds

2. Rural and Market town housing

3. Supporting independent living for vulnerable households

4. Increasing energy efficiency and decent homes

The specific outcomes for priority 3 above, which are most relevant to this research, are listed below.

Outcome 3: Supporting independent living/vulnerable persons

- Through major and minor home improvements and disabled facilities grants

- Further address the needs of the growing older population envisaged through the provision of extra care housing

- Delivery of housing solutions for mental health/learning disabilities

- Provision of additional pitches for Gypsy and Travellers

- Meeting the accommodation needs of the most socially excluded, preventing homelessness with appropriate housing related support

Funding to enable delivery is critical to delivering Herefordshire's vision. This Plan, in conjunction with the Herefordshire Public Services Joint Asset Management Capital Strategy 2010 and the emerging Herefordshire Partnership External Funding Strategy (providing for a county wide approach to external funding) will be central in co-ordinating funds, particularly for capital investment, as well as bidding to various agencies for funds for programmes and individual projects.

Herefordshire Council and Herefordshire NHS 'World-Class Commissioning Strategic Plan, 2010-2014'

The five strategic priorities listed in this document are as follows:

1. Promote life-styles that underpin health and well-being

2. Maximise mental health and well-being

3. Reduce health inequalities between localities and groups

4. Maximise independence, especially for older people

5. Secure good health and well-being for children and young people

These are underpinned by four cross cutting objectives:

- Delivering through high quality care

- Giving patients choice and control of their health

- Protecting the most vulnerable of all ages

- Ensuring local people shape their services

Specifically with regards to older people, the document lists the following necessary actions:

- Completing the implementation of the programmes to provide more cost-effective care for people in their own homes and communities is vital, particularly in addressing the needs of the steadily increasing number of over 85s, including those with dementia

- The continued development of supported housing programmes will play a crucial part

- These programmes need to be complemented by effective action planning to give effect to the wider Older People's Strategy, so that

older people's contributions to their communities are maximised and they are able to live fulfilled lives that sustain their health and wellbeing

- The number of people aged 85 and over is expected to more than double by 2026 to 10,200. This group makes by far the greatest demands on health and social care and is at great risk of isolation and poor, inadequately heated housing

The review of the sustainability of the Herefordshire provider health economy, carried out in 2009, concluded that the following response to the gap between the health needs and provision is needed:

- Improve the pattern of services for the older population, with the aim of enabling health and well-being. The redesign of care pathways is concentrating on the care and treatment of the frail elderly, those with respiratory diseases, at risk of stroke. Work is also being undertaken on the pathway for lower back pain and diabetes

- Ensure that those at risk of illness or loss of independence are well supported and, if ill, recover their independence as quickly as possible

'Healthy Herefordshire' Year One (2010-2011) Operational Plan

The biggest challenges emerge from four main areas:

- The rural nature of the county making access to services sometimes difficult and frequently more costly

- The ageing population and the consequent increased need for healthcare

- The financial outlook which demands the use of resources prudently

- The difficulty of recruiting to replace an ageing workforce

The local relevant strategic priorities for the next 4 years are listed as follows:

- Promote life-styles that underpin good health and well-being

- Maximise mental health and well-being

- Reduce health inequalities between localities and groups

- Maximise independence, especially for older people

Specific tasks and action points relating to older people are as follows:

- Project to identify various Telehealth devices that enable individuals to stay in their own homes.

- Develop implementation plans for 5 agreed care pathways including frail elderly

- Deliver the Herefordshire Palliative and End of Life (EOL) Care Strategy

- Continue the nurse specialist Gold Standard Framework facilitator role to ensure implementation across the Residential Care and Nursing Homes locally

- For mental health for those aged 65+ - Identify partner and manage steady financial state while achieving modernisation and Redesign of Older Peoples Services

- Examine the feasibility of personal health and care budgets for carers

- Train Carers Assessors to support the introduction of personal budgets

- Implement the recommendations from the 'Scrutiny Review of the Support to Carers in Herefordshire'

- Deliver the 4 projects within the Herefordshire Personalisation Programme:

  i. Putting People First

  ii. Choice and control

  iii. Telehealthcare

  iv. Personal healthcare budgets.

Housing in Herefordshire Strategy, 2010-2011

The vision for housing in Herefordshire in 2020 is as follows:

'By 2020 housing in Herefordshire will be more safe, healthy and affordable for local people and support sustainable communities. Housing will be of a higher quality, increasingly energy efficient and suitable for the diverse needs of the community.'

The vision is supported by 4 priorities, each with a set of objectives identifying the main areas of focus. The four priorities are:

- To achieve a more balanced housing market

- Decent homes: to improve the condition of homes across Herefordshire, to reduce the numbers of empty properties, and to limit the impact of fuel poverty and climate change.

- Meeting the needs of vulnerable households. The aim is to support those people who wish to live more independently, through adapting existing and new homes and providing a range of housing with appropriate support to meet their needs, while enabling them to gain community and economic benefits. Relevant objectives:

- Ensure equality of access to housing, housing support services and information about housing options for all vulnerable households

- Support high quality services which help vulnerable people to remain in their own home including the provision of telecare, disabled adaptations and small repairs services

- Anticipate and respond to the particular needs of the high number of older people in Herefordshire including, where appropriate, through Extra Care Housing

- Assess in partnership with commissioning partners the need for different types of housing for all vulnerable people, and ensure that resources are deployed where possible, to where they are most needed

- Provide housing and housing solutions to the accommodation needs of the Gypsy and Traveller communities

- Respond to the changing economic position by encouraging economic inclusion through housing provision and support

- Preventing homelessness

Housing-Related Support Commissioning Intentions, 2011-2014

The primary aim is to undertake a managed programme of transformation that will deliver increased efficiency and improved outcomes through the provision of enabling and preventative housing related support services that maintain the independence of vulnerable people and improve their quality of life. The local authority is working towards the following outcomes:

- Enhancing the quality of life and promoting choice (including personalisation) for people with care and support needs

- Preventing deterioration and premature death, delaying dependency and supporting recovery from episodes of ill health, addiction or following injury

- Preventing homelessness and reducing the period of homelessness experienced by people

- Ensuring people have a positive experience of care and support

- Treating, caring and supporting people in a safe environment and protecting them from avoidable harm

In light of the significant reductions in funding for local authorities over the next four years, the Council believe that it is essential that a proactive response is taken to ensure that Herefordshire has anticipated and is working towards changes in a strategic and sustainable way. The key activities for commissioners in delivering the necessary change include:

- Reducing or diverting demand, and managing the demand that remains more efficiently and more cost effectively

- Stimulating the development of greater diversity in the market

The procurement of services will be underpinned by the following principles:

- A greater emphasis on prevention

- Shaping the market for personalisation and ensuring that choice is available for all people

- Clear and accessible information regarding care and support

Intentions specifically with regards to helping people to stay independent:

- The provision of countywide targeted, practical person-centred support to people at increased risk of losing their independence; this will be available regardless of the service-users tenure or location. These services will be supplementary and complementary to domiciliary care and universally available support services

- Housing related support will be the foundation of the Council's early intervention support, working closely with the Neighbourhood Teams, and in partnership with voluntary sector providers and community organisations will offer a service to vulnerable people requiring short-term help either as a result of a crisis or transition in living arrangements (less than one year)

- The Council wishes to purchase support that can help people in finding a home, setting up and maintaining a home, and help in establishing personal safety and security

- The Council wishes to purchase practical, time limited home improvement support. A handyman scheme will be commissioned to provide a rapid response services within 48 hours of referral to complete minor repairs and the installation of items such as grab rails. Other activities will include minor adaptations, low level repairs, installation of fire alarms and home safety inspection

- The use of assistive technology will be increased to meet the Council's objective of maximising independence

- All commissioned services will be required to demonstrate that they will enable service-users to increase their independence and have a voice in deciding what services address their needs

- The Council is looking for providers that are able to deliver support regardless of location of the person in need throughout the county. Added value by the provider will be sought in terms of innovation, responsiveness and effectiveness

The lists of service specifications related to older people that will be developed in 2011 include:

- Home Improvement Agency and low level Handyperson Service

- Floating housing-related support

- Community alarms and telecare

.

The programme will also contribute to supported living through personal budgets for people with learning disabilities, physical disabilities and sensory impairments, mental health needs and older people.

2.2.1 Summary of the policy context

The policy context sets out the change that is beginning to take place driven by the country's economic position and the changes in Government policy by the Coalition Government.

- The changes nationally have seen a transfer of responsibility to Local Authorities concerning the pattern of local services, the removal of most ring fences on spending and a reduction in performance monitoring. Together these open up the potential for a much more flexible approach to commissioning. Over time this is likely to see very different patterns of services emerge across Local Authorities

- The reductions in Local Government funding in particular have led to a significant re-appraisal of all services at a local level and Local Authorities have been encouraged to use the new flexibilities as a means of reducing costs while continuing to deliver services. This is likely to see more joint commissioning of services and changes to the way services are delivered. The widespread introduction of Personal Budgets will also over time see a significant shift in power from Local Authority commissioners to individuals purchasing their own services. This will also have an impact on providers who will need to deal with the challenges of a new market for support and care

- It is anticipated that more services will be provided through voluntary organisations and through the development of social enterprises. It is anticipated that the introduction of individualisation will see the emergence of "user led organisations" who will provide advice, brokerage and services

- Funding changes are likely to see new ways of delivering social housing emerge, with a much stronger role for Local Authorities as enablers. Social Housing providers will be expected to make use of their own resources to support development and this will be achieved by increased income through the use of the new Affordable Rent model. Other changes such as the changes to the length of tenancies, more flexible allocations policies and greater scrutiny by tenants will have wider implications

- The government is introducing measures to limit the level of Housing Benefit. The main effect for older single people might be their ability to afford two bedroom property in the future, at a time when the two

bedroom property is becoming the norm for new retirement and extra care housing for older people

- The changes in planning are intended to aid housing (and other) development while providing a much stronger voice for local communities in the planning process

- Major changes are proposed for the way that health services are commissioned in the community. These changes are not proposed until 2013 and will require significant preparation. A key element of these changes is the development of a closer relationship between Health and Adult Social Care in delivering preventative and re-enablement services for older people

- The new national housing strategy sets out a new deal for older people and highlights the importance of older people as a key driver in the housing market. It highlights that:

  - "Some 60% of projected growth in households to 2033 will be aged 65+

  - Good housing for older people can reduce caring pressures on working families. It can also prevent costs to the National Health Service and social care providers

  - Attractive choices to move to smaller, more suitable homes can free up much-needed local family housing

- A recently published major government funded national research evaluation by PSSRU has highlighted that extra care housing delivers positive outcomes for older people with physical and cognitive functioning improving for many at 30 months after the move. It also showed that extra care is a cost effective option compared with residential care – with better outcomes at similar or lower costs, and that the development of extra care both improved choice and provided a means of encouraging downsizing

The proposed local changes demonstrate a clear progression towards a strategy of prevention with a strong focus on the older population:

- An emphasis on independence and re-enablement through:

  - Increased take up of personal budgets which will result in greater choice

  - Services focused on enabling people to regain independence with more short term interventions

  - Emphasis on information to ensure people are able to make the right choices

  - Targeted growth of handyperson services to help people remain in their own home

- The diversion of people away from residential and nursing care through:
  - Further development of extra care housing with or without nursing
  - More targeted use of support services
  - Increased use of technology including telecare
  - Recognition that delivering care and support to rural areas presents challenges
- Diversification of the housing market through:
  - Recognition that there needs to be a change within the housing market to meet the needs of an ageing population
  - Different solutions are required across the local areas reflecting differing circumstances
  - Recognition that the specialist housing market currently offers limited choice

2.3   Population changes

2.3.1 Introduction

A detailed demographic analysis was carried out covering the local authority area as a whole and the seven housing market areas:

- Bromyard
- Golden Valley
- Hereford
- Kington
- Ledbury
- Leominster
- Ross-on-Wye

In the Strategic Housing Market Assessment (2008) the West Midlands West Housing Market Area covers Shropshire and Herefordshire. Herefordshire is then broken down into the seven housing market areas listed above.

Figure 2.1 sets out the wards within each of the Housing Market Areas.

Figure 2.1: Wards within each Housing Market Area
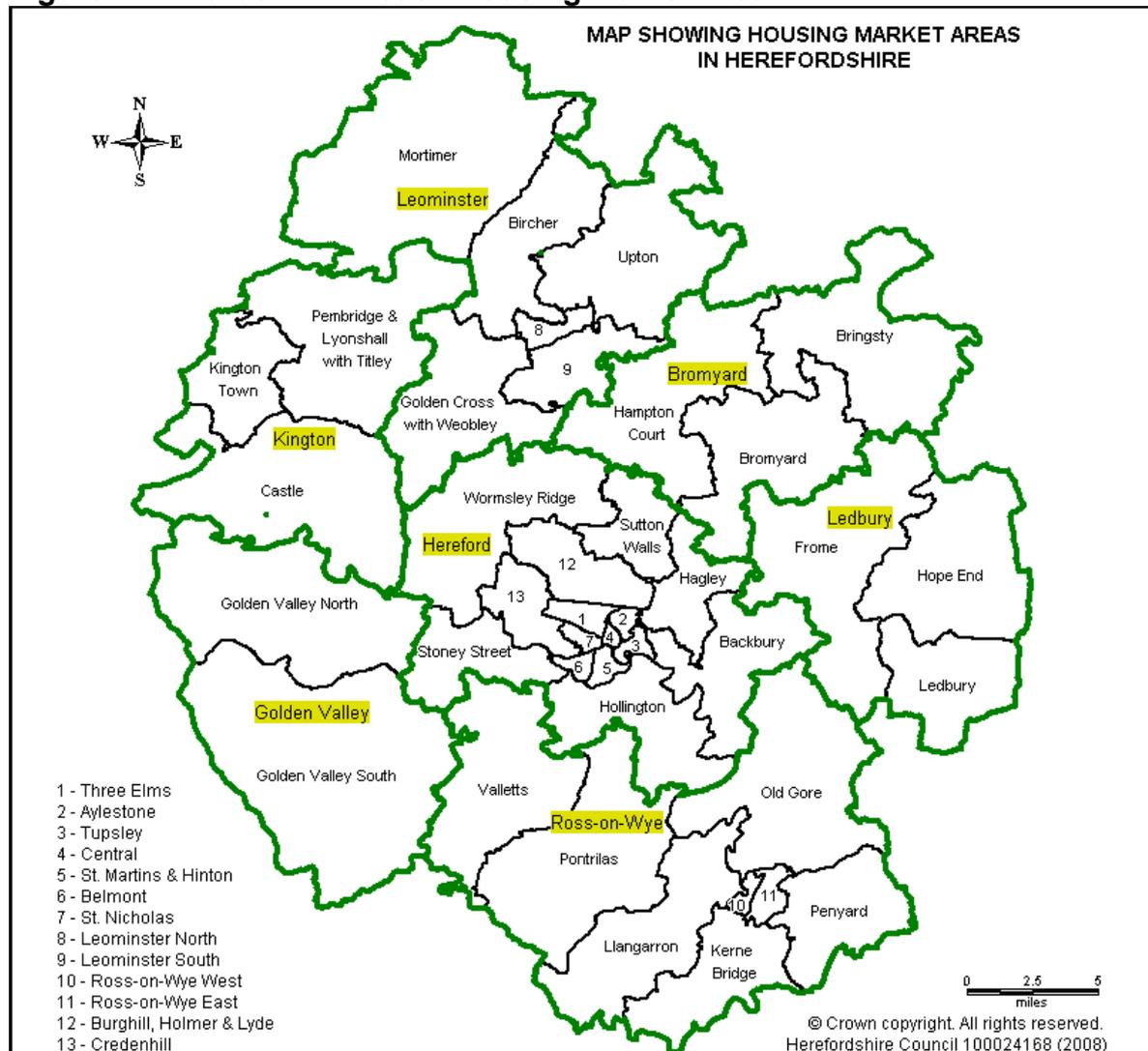
The full demographic analysis, including information about data sources is provided in Appendix 2. It covers:

- Overall population characteristics, including the population dispersal and the high proportion of the population living in very sparsely populated areas

- Population estimates for people aged 65+ for each of the Housing Market Areas

- Population projections of people aged 65+ to 2025

- Ethnic breakdown of the population

- Housing characteristics of the 65+ population, including: proportion of household types in rural/urban locations; tenure; proportion of older people living alone; house prices; deprivation; barriers to housing and services in relation to rurality

- Health characteristics of the 65+ population, including: level of limiting long-term illness; disability; demand for social care; dementia; learning disabilities; unpaid care; domestic tasks, self care and mobility

Here we provide:

- Tables on estimates of the older population for each of the Seven housing market area, and population projections – see section 2.3.2

- Summary of key findings followed by conclusions for the county as a whole and for each of the 7 housing market areas – see section 2.3.3

2.3.2 Older population and population projections

Older population estimates

Figure 2.2 (Figure 2.3 in Appendix 2) provides population estimates for people aged 65+ for the 7 housing market areas and the county, and Figure 2.3 (Figure 2.4 in Appendix 2) shows the percentage of the population that is aged 65+ in each of the housing market areas and the county.

Figure 2.2: 65+ Population Estimates of Herefordshire local areas by age group, mid-2009 (rounded)

Age	Area							
	Bromyard	Golden Valley	Hereford	Kington	Ledbury	Leominster	Ross	Herefordshire Total
65-69	200	400	2,600	200	600	700	600	11,000
70-74	200	400	2,300	200	500	500	500	9,200
75-79	200	300	2,000	200	500	500	500	7,500
80-84	200	200	1,600	100	400	400	400	5,700
85+	200	200	1,400	200	400	400	400	5,400
Total 65+	1,000	1,500	9,900	900	2,400	2,500	2,400	38,800
Total 75+	600	700	5,000	500	1,300	1,300	1,300	18,600
Total 85+	200	200	1,400	200	400	400	400	5,400

Source: ONS© Crown Copyright 2010 (Herefordshire Council Research Team, www.herefordshire.gov.uk)
N.B. Figures have been rounded to the nearest 100 on the advice of the ONS due to the potential error at this low geographical level.

Figure 2.3: % Population of Hereford local areas by 65+ age group, 2009 (rounded)

	Bromyard	Golden Valley	Hereford	Kington	Ledbury	Leominster	Ross	Herefordshire
Total 65+	23.9	25.1	17.7	28.1	24.5	22.3	23.8	21.7
Total 75+	13.0	11.7	9.0	15.6	13.3	11.6	12.9	10.4
Total 85+	4.3	3.3	2.5	6.3	4.1	3.6	4.0	3.0

Source: ONS© Crown Copyright 2010 (Herefordshire Council Research Team, www.herefordshire.gov.uk)
N.B. Figures have been rounded to the nearest 100 on the advice of the ONS due to the potential error at this low geographical level. Therefore, there may be slight differences between these percentages and those in the previous table from the State of Herefordshire Report, 2010.

Older Population Forecasts

Figure 2.4 (Figure 2.6 in Appendix 2) provides population forecasts for people aged 65+ for the county, and Figure 2.5 (Figure 2.7 in Appendix 2) compares the projected changes in the older population in the county with the regional and England averages.

Figure 2.4: Herefordshire County 65+ Population Forecasts, 2010-2025

Age	Year of Forecast				% change 2010-2025
	2010	**2015**	**2020**	**2025**	
65-69	11,700	14,400	13,600	14,000	19.7
70-74	9,500	11,400	14,100	13,400	41.1
75-79	7,800	8,700	10,600	13,200	69.2
80-84	5,800	6,500	7,500	9,300	60.3
85-89	3,800	4,100	4,800	5,800	52.6
90+	1,800	2,500	3,100	4,100	127.8
Total 65+	**40,400**	**47,600**	**53,700**	**59,800**	**48.0**
Total 75+	**19,200**	**21,800**	**26,000**	**32,400**	**68.8**
Total 85+	**5,600**	**6,600**	**7,900**	**9,900**	**76.8**

Source: Herefordshire County Council Research Team based on ONS mid-2006 based estimates

Figure 2.5: 65+ Population Change 2010-2025
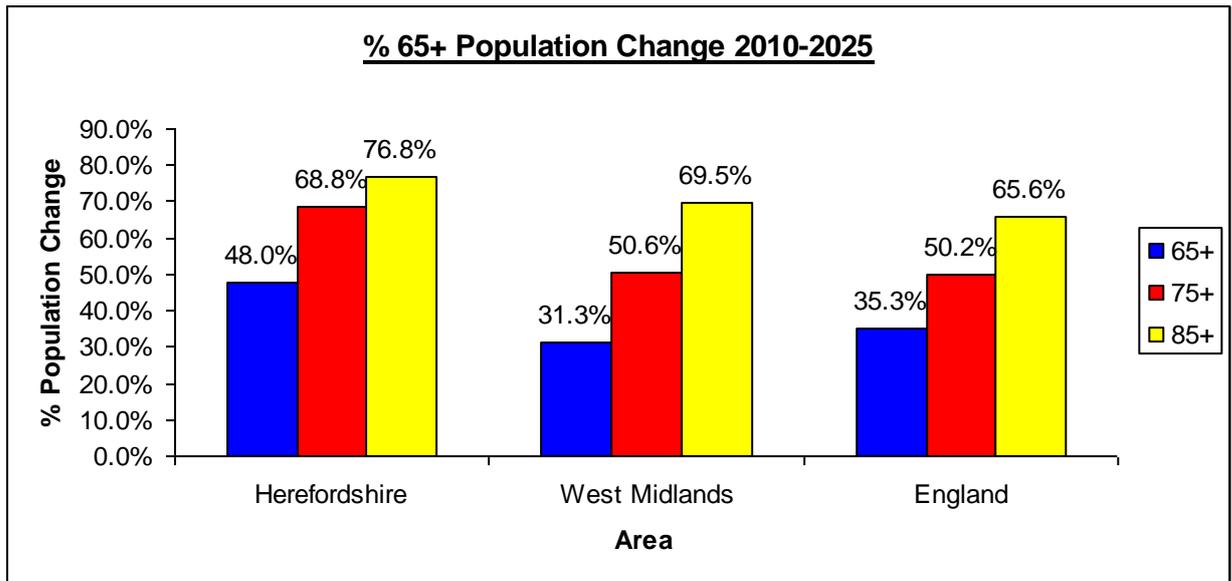
Source: Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire, POPPI for West Midlands and England

2.3.3   Summary of Key Findings and Conclusions

Summary of Key Findings

Figure 2.6 summarises the key demographic findings for the county and for each of the housing market areas.

Figure 2.6: Key demographic findings for the county and housing market areas

Area	Key Findings
Herefordshire County	• High levels of population aged 65+ living in rural towns/ remote areas of the county (20% of the urban population is aged 65+, 24% rural town/ fringe population is aged 65+, 23% rural village/ dispersed settlement population is aged 65+). • Number of people aged 65+ forecast to increase by 48% between 2010 and 2025, people aged 85+ to increase by 76.8% and people aged 90+ to increase by 127.8% - higher than regional and national averages. • % Total population aged 65+ to increase from 22.2% in 2010 to 31% in 2025 – higher than both regional and national averages. • Very small older BME population – 0.9% total retirement-age population. • High levels of pensioner owner-occupation (72.8%), relatively low levels of social renting (17.6%) and

Area	Key Findings
	relatively high levels of private renting/ living rent free (9.6%). • 14,904 people aged 65+ forecast to be living alone in 2010, projected to increase by 52.3% by 2025. • Overall average house price of £227,121 for July-September 2010 – higher than the regional average and lower than the national average. 2.1% annual increase in overall average house price over the year. • 14.2% of older people overall are living in income deprivation, a low percentage by national standards. • Lower level of Pension Credit uptake than the national average at 14.7% of the retired population. • 117,400 people (all ages) fall into the 25% most deprived SOAs in England with regards to barriers to housing and services. 45% of this population (80,200 people) live within the 52 SOAs that also fall into the 10% most deprived in England. • 47% of the population aged 65+ has a limiting long-term illness (LLTI) – lower than both the regional and national averages. • 2,861 people aged 65+ forecast to have dementia in 2010, rising to 4,803 by 2025 = 67.8% increase and an additional 1,941 people. • The numbers of older people with a Learning Disability reaching old age will continue to increase while the number of older carers support people with a Learning Disability will also increase • Forecast 4,449 people aged 65+ providing unpaid care in 2010, rising to 6,320 in 2025 = 42% increase and an additional 1,871 people. There will also be an associated growth in older people. • Forecast 16,616 people aged 65+ unable to carry out at least one domestic task in 2010, rising to 25,675 in 2025 = 54.5% increase and an additional 9,059 people. • Forecast 13,651 people aged 65+ unable to carry out at least one self-care task in 2010, rising to 20,969 in 2025 = 53.6% increase and an additional 7,318 people. • Forecast 7,516 people aged 65+ with mobility problems in 2010, rising to 11,685 in 2025 = 55.4% increase and an additional 4,167 people.
Bromyard	• 1,000 people (24% total population) aged 65+ in 2009, 4.3% total population aged 85+. • High level of pensioner owner-occupation (72.4%), relatively low level of social renting (17.8%) and

Area	Key Findings
	relatively high private renting/ living rent free (9.8%) – very similar to County average. • 20.2% of households in 2001 comprising a single pensioner – the highest level amongst Herefordshire market towns and Hereford City. • One of the highest overall average house prices amongst comparator areas at £226,250. • 21.3% of the older population are income deprived – the highest percentage in Herefordshire. • 22.1% of the total population have a limiting long-term illness (LLTI) – the highest level of LLTI in Herefordshire and far higher than the regional and national averages. • Estimated 85 people aged 65+ with dementia in 2009.
Golden Valley	• 1,500 people (25.1% total population) aged 65+ in 2009, 3.3% total population aged 85+ • High level of pensioner owner-occupation (76.2%), very low level of social renting (9.2%) and high level of private renting/ living rent free (14.6%) • 13.7% of households in Golden Valley North ward and 15.7% of households in Golden Valley South ward comprising a single pensioner – lower proportion than all comparator areas • Low level of older person income deprivation (12.5% Golden Valley North and 10.2% Golden Valley South) • 18.1% of the total population have a limiting long-term illness (LLTI) – one of the lowest levels in Herefordshire • Estimated 99 people aged 65+ with dementia in 2009 • The overall average house price is £214,026
Hereford City	• 9,900 people (18% total population) aged 65+ in 2009, 2.5% total population aged 85+. • Lower level of pensioner owner-occupation than other areas (69.3%), higher social renting (22.5%) and lower private renting/ living rent free (8.2%). • 15.9% of households in 2001 comprising a single pensioner – the lowest of all comparator areas. • Overall average house price of £173,757 – mid-range amongst comparator areas. • 17.4% of the older population are income deprived. • 18.6% of the total population have a limiting long-term illness – a mid-range level amongst comparator areas and very similar to the regional average of 18.9%. • Estimated 698 people aged 65+ with dementia in

Area	Key Findings
	2009.
Kington	• 900 people (28% total population) aged 65+ in 2009, 6.3% total population aged 85+ - highest proportions of older people in Herefordshire • 70.4% pensioner households owner-occupiers, very low social renting at 14.5%, high level of private renting/ living rent free at 15.1%. • 17.3% of households in 2001 comprising a single pensioner. • 18.2% of the older population are income deprived. • 21.3% of the total population have a limiting long-term illness – a relatively high proportion amongst comparator areas and higher than both the regional and national average. • Estimated 68 people aged 65+ with dementia in 2009. • The highest overall average house price among the comparator areas, at £232,628
Ledbury	• 2,400 people (24% total population) aged 65+ in 2009, 4.1% total population aged 85+. • Very high level of pensioner owner-occupation (75.4%), very low level of social renting (15.5%), relatively high level of private renting/ living rent free (9.1%). • 18.8% of households in 2001 comprising a single pensioner. • One of the lowest overall average house prices at £162,431. • 13.9% of the older population are income deprived – the lowest percentage in Herefordshire. • 17.3% of the total population have a limiting long-term illness – the lowest level within Herefordshire and lower than both the regional and national averages. • Estimated 179 people aged 65+ with dementia in 2009.
Leominster	• 2,500 people (22% total population) aged 65+ in 2009, 3.6% total population aged 85+. • Very high level of pensioner owner-occupation (76.6%), very low level of social renting at 13.5%, and relatively high private renting/ living rent free (10%). • 17.6% of households in 2001 comprising a single pensioner. • The lowest overall average house price amongst comparator areas at £155,167. • 20% of the older population are income deprived –

Area	Key Findings
	one of the highest proportions in Herefordshire. • 21.1% of the total population have a limiting long-term illness – far higher than both the regional and national averages. • Estimated 180 people aged 65+ with dementia in 2009.
Ross-on-Wye	• 2,400 people (25% total population) aged 65+ in 2009, 4% total population aged 85+. • Highest level of pensioner owner-occupation in Herefordshire at 76.9%, lowest level of social renting (13.2%) and relatively high level of private renting/ living rent free (10%). • 19% of households in 2001 comprising a single pensioner. • The 2nd highest overall average house price amongst comparator areas at £229,167. • 15.1% of the older population are income deprived – one of the lowest proportions in Herefordshire. • 18% of the total population have a limiting long-term illness – very similar level to the national average of 17.9% and lower than the regional average. • Estimated 179 people aged 65+ with dementia in 2009.

(Various sources, all cited in full in later figures)

Summary of Conclusions

Figure 2.7 sets out conclusions from the demographic findings for the county as a whole and the housing market areas.

Figure 2.7: Summary of key conclusions for the county and housing market areas

Area	Key Conclusions
Herefordshire County	• The sparsely populated nature of the County contributes to a high proportion of older households considered to be deprived with regards to barriers to housing and services. This factor creates higher than average levels of social isolation for older households that do not have access to a car or may have mobility problems, which in turn creates higher levels of need for support services to help people to access vital services and to remain independent in their own homes. Logistically, the sparsity of the older population causes problems for service provision due to the remote nature of some settlements and the travelling distance between older households for

Area	Key Conclusions
	services provided to people within their own homes. • Very high levels of older population growth are forecast for the County, meaning an increasing level of demand upon support services for this demographic. The very old population (90 yrs+) is forecast to more than double in the next 15 years resulting in a considerable increase in demand for support services for the frail elderly and for those with dementia. • The high levels of older population growth will result in an increasing level of older people with dementia, as this illness becomes more common with age, an increasing level of frail older people with additional support needs, and an increasing level of older people who require low-level support services to assist with self-care and domestic tasks and to support a lower level of mobility. • High levels of pensioner owner-occupation partnered with relatively high overall average house prices means a large market for leasehold retirement accommodation and a large older population with potentially high levels of equity tied up in their homes, which could be released to pay for more appropriate accommodation and relevant support services. • This point is also reinforced by the low levels of income deprivation amongst older people and the low levels of Pension Credit uptake which both suggest a relatively financially secure older population in Herefordshire.
Bromyard	• A large older population at nearly a quarter of the total population, combined with high levels of pensioner owner-occupation and high overall house prices results in a healthy market for leasehold retirement accommodation in this area. • However, this area also has the highest level of income deprivation, suggesting that a considerable proportion of the older owner-occupiers may be equity rich and resource poor. • This area has the highest level of limiting long-term illness and also a considerable level of pensioners living alone, both contributing to a greater need for support services to help people to remain independent. However, with equity being tied up in property, this may need to be released before the population can afford to pay for such services.
Golden Valley	• Around a quarter of the population of the Golden Valley area are aged 65+, offering a large market for support services and accommodation tailored

Area	Key Conclusions
	towards older people. • There is a relatively high level of owner-occupation and also a high level of private renting/ living rent free in the area, pointing towards a need for a wide range of housing options for older people with different housing circumstances. • This area has one of the lowest levels of limiting-long term illness and the lowest levels of older person income deprivation in the County, suggesting a relatively healthy and wealthy older population with a lower demand upon health and other support services.
Hereford City	• Large numbers of older people due to the large overall population of this city mean a high level of demand for support services for older people; for both low-level support services to help people to remain independent and for specialist services including those for people with dementia. • A lower level of owner-occupation than the other areas and mid-range average house prices could point to a need for a more diverse older person's accommodation market, catering to the wider range of housing circumstances of this population.
Kington	• This area has the highest proportion of older people in Herefordshire at 28%, meaning a large market for support services and accommodation for older people. • There is a relatively high level of owner-occupation and also a high level of private renting/ living rent free in the area, pointing towards a need for a wide range of housing options for older people with different housing circumstances. • This area has a high level of limiting long-term illness, suggesting a healthy demand for support services for older people who may have mobility problems or more specialist needs.
Ledbury	• Around a quarter of the population of Ledbury are aged 65+, offering a large market for support services and accommodation tailored towards older people. • There are very high levels of owner-occupation amongst pensioner households yet rather average house prices. This suggests a large potential market for leasehold retirement accommodation but at a more affordable price. However, this area also has the lowest level of income deprivation in the County, meaning that the older population may not have to rely solely upon equity release to be able to pay for

Area	Key Conclusions
	accommodation and support. • This area has the lowest level of limiting-long term illness in the County, suggesting a relatively healthy older population with a lower demand upon health and other support services.
Leominster	• A relatively substantial older population and a very high level of pensioner owner-occupation both point to a large market for retirement accommodation in the area. However, Leominster has the lowest overall average house price in the County, suggesting a need for more affordable leasehold retirement accommodation and a variety of other accommodation tenures. • The high level of income deprivation and limiting long-term illness in this area suggest a relatively lower level of financial resource to pay for support yet a relatively high level of need for support services.
Ross-on-Wye	• The high proportion of older people in this area (25% of the total population), partnered with the highest level of owner-occupation in Herefordshire and the highest overall average house prices, results in a healthy market for leasehold retirement accommodation in this area. • There is a relatively high level of living alone amongst older people in this area, suggesting a need for low-level support services for this population to help them to remain independent in their own homes. • Low levels of income deprivation and low levels of limiting long-term illness point to a financially secure and relatively healthy older population, and perhaps a lower level of demand for health-related support services.

(Various sources, all cited in full in later figures)

3. Views of Older People

3.1   Introduction

This section of the report first of all looks at the changing aspirations of older people.

It goes on to set out the results of two exercises to gather the views of older people across the study area:

- Face to face consultation with groups of older people (See Appendix Three for full results)

- The results of a survey of older households aged 50+ (See Appendix Four for technical information)

3.2   The changing aspirations of older people

A wide range of consumer research with older people shows that their aspirations in relation to housing and care in older age are growing[3]. This is driven by higher levels of home ownership (and so equity and capital wealth), higher aspirations around lifestyle, and a wish to sustain independence even if older people have health and care needs. This is translating into a growing view that being frail does not necessarily mean giving up and going into a care home. Aspirations have been and are continuing to change at a rapid pace and will continue to do so via the baby boomer generation – for example a desire for more space, more bedrooms, and improved quality of life.

Older people tend to move for different reasons at different stages of their lives. Some choose to move at an earlier age due to 'pull' factors. These people are making a positive choice to move (e.g. better location, or smaller, easier to manage home). These people have tended to move to other general needs housing, for example a house, flat or bungalow.

Other older people choose to stay where they are for as long as possible, even if their current home may not be easy to manage, and then move at a later stage due to 'push' factors (e.g. reasons such as illness, disabilities which makes it harder to get around the house, loneliness, or death of a partner).

In making their choices if they want to move home in older age, whether for 'push' or 'pull' factors, a number of factors are becoming increasingly important:

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[3] Most recently " Breaking the Mould" published by National Federation of Housing 2011 also includes: research produced by Housing LIN (www.dhcarenetworks.org.uk/housing); research supporting Life Time Homes, Lifetime Neighbourhoods

- *Space:* older people are looking to good space standard accommodation. This is reflected in the fact that a growing amount of early sheltered housing, built to poor space standards, and often without a separate bedroom, is now becoming hard to let or sell

- *Two bedrooms:* the growing aspirations of older people, and the desire for an additional bedroom for relatives, friends or carers to come and stay, means that the wish for two bedrooms is becoming the norm for the majority of older people, including single person older households.

- *Location:* location has always been, and is still a critical factor, in older people making a housing choice that suits them. For 'pull' factor moves for people in early retirement, rural areas are becoming increasingly attractive. For people in later retirement, ('push' factor moves) most people wish to move to a location - usually city, town or large village – where services and facilities are close to hand

- *Accessibility to services:* A growing number of older people are looking to move to somewhere where both the building and services will be able to support them if they become frailer without them having to make a further move

- *Service approach:* older people are increasingly looking for a service model (alongside the housing) that is flexible and allows them to pay a small fixed service charge and then to have a service model with different options that allows them to purchase services as they need them

- *Couples remaining together:* older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home

In relation to both public and independent sector services, older people and other groups of the population are looking for:

- Improvements in quality year on year

- Fairness and equity in how they pay for services

- Transparency on what they are getting for what cost, and flexibility in being able to purchase services as and when they need

3.3   Consultation Outcomes

Introduction

Five consultation events took place involving 62 older people. The consultations took place in a range of settings including urban and rural areas:

- Bromyard

- Hereford City

- Leominister
- Ross on Wye
- A Gypsies and Travellers Group

People from BME communities were included and there was a mix of people who lived in specialist accommodation, people who were owner occupiers, who were social renters and some who were in shared ownership. 50 people attended the 4 geographical consultation events and 12 people the Gypsies and Travellers group. Appendix 3 provides details of locations and numbers of people attending the groups.

Age UK provided considerable assistance in setting up these sessions and PFA would like to thank them for their help and advice.

The same question schedule was used for the four geographical consultation events, ensuring standardisation and comparability in the information that was collected. The question schedule is broadly based upon **the Care Services Efficiency Delivery (CSED) toolkit** (see http://www.housingcare.org/downloads/kbase/2990.pdf). Specific questions have been used to find out from the attendees their current and future housing and support needs. The questions also gauge participants' awareness of the different housing and support services that are available to them as they get older.

Set out below is an overall summary of the results of the consultation events. Detailed findings from the four geographical consultation events, and the findings from the Gypsies and Travellers event, can be found in Appendix 3:

- Overall, the majority did want to stay in their own homes but at all the sessions up to a quarter had been thinking about options for a while. This reflected the views in the household survey. However some people suggested that a lack of choice also influenced their decision to stay put. There were discussions about the lack of options, for example in Bromyard

- Most people recognised that in order to stay in their own home they may at some time need help and this included the provision of aids and adaptations, help with domestic tasks and care services

- People were generally prepared to pay for services that help them remain independent but concerns were expressed about how costly this can be. Garden maintenance was identified as an issue

- Consistently people said they would turn to family and friends first if their health failed. The lack of availability of support and care services was identified as one of the reasons for this. However, there was also an underlying view that people wanted to remain as independent as possible. Gypsies and Travellers also identified family as the key source of support

- It was noticeable that a lot of older people indicated that their family had moved away to find work yet they still relied on friends and family as the first point for support

- The lack of 2 bed bungalows was a consistent issue across all the consultation groups including Gypsies and Travellers, but especially where there is very little sheltered housing as an alternative housing option

- There was some resistance to flats above ground floor in the rural areas where there was concern about the design and reliability of lifts

- However location was identified as a critical factor in making future housing decisions. Ease of access to facilities, transport and remaining within existing communities were seen as important issues in relation to location

- There were mixed views on renting in the future or purchasing. Although there was a tendency for people who are owner-occupiers to prefer purchasing

- Reasons for moving included for example, deterioration in health, not wanting the responsibilities of property and garden maintenance, the costs of employing people to do the work, needing to be closer to transport and facilities

- The drivers for moving were balanced by the emotional attachment people had to their homes, the community spirit and most importantly the support of family and friends

- For older Gypsies and Travellers, the inappropriateness of living in caravans was noted. In particular difficulties of heating a caravan was a major cause of concern. However, their preference was a housing solution that could be linked to existing sites rather than moving to traditional accommodation

- Some owner occupiers favoured purchasing supported accommodation rather than renting. A number of people intended to live in either leasehold or shared ownership retirement housing. There were mixed views on the quality of services but the accommodation seemed to be of good quality

- There was a general awareness of sheltered housing but unsurprisingly fewer people knew about extra care housing, and where they did extra care had been developed in the area. For those who had heard of extra care there was some concern that it was very expensive

- A number of people lived in sheltered housing and spoke positively about the experience although there was a general awareness that the way services were being delivered was changing

- Everyone seemed to be aware of residential care and nursing home care and whilst most people associated it with a loss of

independence and somewhat of a last resort it was noted that there was good quality provision available

- There is still a lack of awareness about what is available for older people and what they are entitled to. For example there were people at the consultations that could have a community alarm but did not know they could have one as they lived in general needs housing. There is very little awareness of Assistive Technology and Home Improvement Agency services. To balance this some people had a large amount of information about what was available. There was a noticeable difference between the rural areas, where people consistently identified a lack of information, and Hereford where the Council's one stop shop was identified as a useful resource

- Most people turned to voluntary agencies for advice and support with the exception of Hereford and most people saw voluntary organisations, alongside Radio Hereford and Worcester, and the local paper (Hereford Times) as future sources of information

- Rural areas often offer a lot less choice of accommodation. There are few areas where there is specialist housing for rent or sale and in some places there is a general scarcity of all types of housing. However, many people would prefer to stay where they are and do not want to move to where there is more choice. There is a strong sense of belonging to local communities and this has an impact on people's willingness to consider moving

- There was a consistent view that it is better to consider downsizing at an early stage. Those who had moved said it was a painful experience but that they now wished they had considered it at a much earlier point. Those who were not yet considering moving thought it was a good idea to plan ahead and think about future options

- Other issues that emerged included the impact that a lack of public transport can have on the quality of life and the ways it can influence the decision to move. The lack of public transport can be a driver to move but it can also influence where people will consider moving to

Many of the findings from the consultation reflect the results from the Household Survey

3.4   Older peoples' Household Survey Results

Introduction

A major household survey was carried out as part of the overall programme of research into older persons' housing in Herefordshire. A sample of 12,268 households were contacted where residents were likely to be aged 50 or over. The sample was stratified by housing market area and used the 'MOSAIC' database to ensure the sample reflected different types of older person

household based on social, economic circumstances, tenure and household type. 3,578 completed questionnaires were received, a 29.1% response rate.

For analytical purposes, data is presented for the seven housing market areas: Bromyard, Golden Valley, Hereford, Kington, Ledbury, Leominster and Ross on Wye. (Hereford City is identified separately to the rest of the HMA). This section presents the main findings of the survey and unless otherwise stated, all figures quoted in this section are based on the older persons' household survey.

Technical information relating to the survey is presented at Appendix 4. A set of data tabulations accompanies this report which presents survey question responses by housing market area, tenure and age band.

Questionnaire section 1: about your household

Household type and characteristics (Q1 to Q4)

Figure 3.1 illustrates that the majority of older person households in Herefordshire are either couple households (50.9%) or single adult households (34.2%). Additionally 8.7% are couples with children, 4.6% other types of household (for instance siblings or friends sharing) and 1.6% are single adults with children. Notably 64.9% of social renting older person households comprise one person.

Figure 3.1: Household type

	Single adult	Single adult with children	Couple	Couple with children	Other type of household
Household Type	34.2	1.6	50.9	8.7	4.6
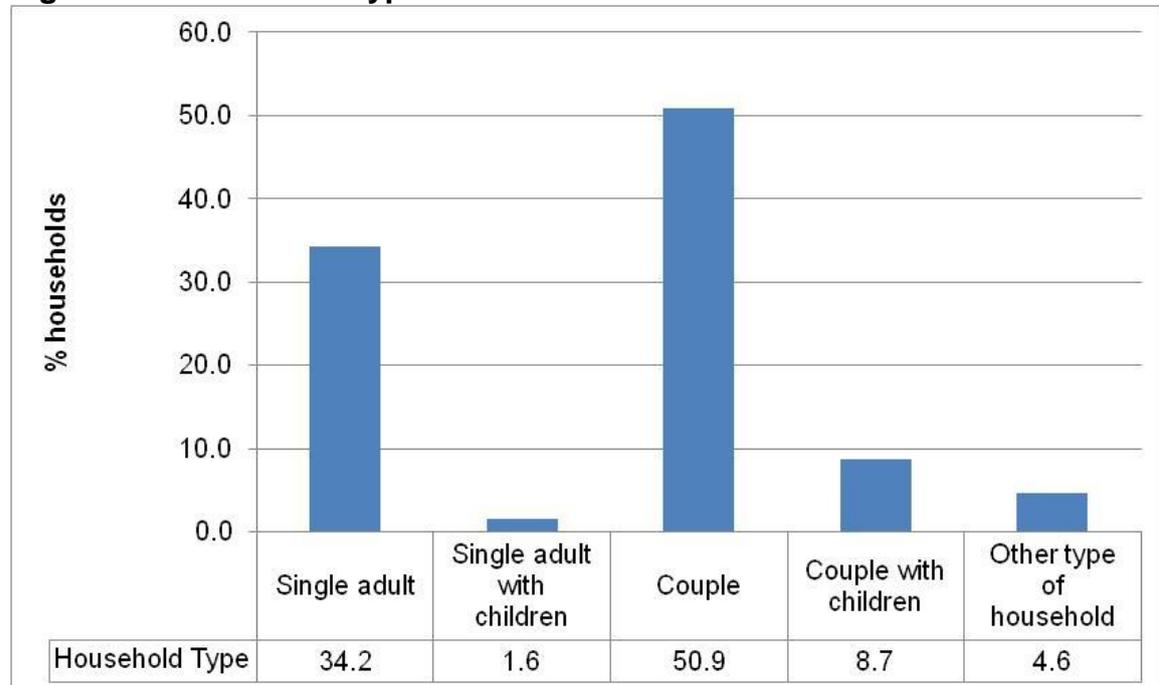
People who stay regularly (Q5-7)

The household survey asked if others sometimes come and stay who do not normally live at the address, for example children, grandchildren, friends and siblings. Figure 3.2 shows that 18.3% have children staying with them either weekly or monthly; and 16.3% have grandchildren staying with them at least weekly or monthly. Owner occupiers were most likely to have people come and stay, with 18.8% having children and 16.5% having grandchildren staying on a frequent (at least once a week) or occasional (once a month) basis. In contrast, social renters were least likely to have people staying with them on a regular basis. The size of dwellings occupied by social renters is likely to influence this trend, as 54.5% of households live either in studio/bedsit or one bedroom accommodation, compared with 8.9% of all households.

This analysis has important implications when considering the number of bedrooms an older person household actually requires. Clearly for a considerable number of households, bedrooms are required not only for the household itself but for people to stay regularly, in particular children and grandchildren.

The household questionnaire asked if carers (not related) are accommodated in the household. These could be waking carers or sleep-in staff. Overall, 3.9% of private renters and 1.5% of social housing accommodate carers on a frequent (at least once a week) or occasional (once a month) basis, compared with an average of 0.7% across all tenures.

Around 319 older person households state that the people who come to stay on a temporary basis are planning to move in permanently in the next five years. Of these, most (90.4%) would have sufficient space but 9.6% would become overcrowded.

Figure 3.2: People staying over regularly

	Children	Grand children	Friends	Brother/ sister	Other relations	Carer
■ Sometimes (at least once each year)	29.9	22.1	22.5	18.8	14.1	0.2
■ Occasionally (once a month)	14.1	12.2	6.8	2.7	2.5	0.2
■ Frequently (at least once a week)	4.2	4.1	1.5	0.8	0.7	0.5
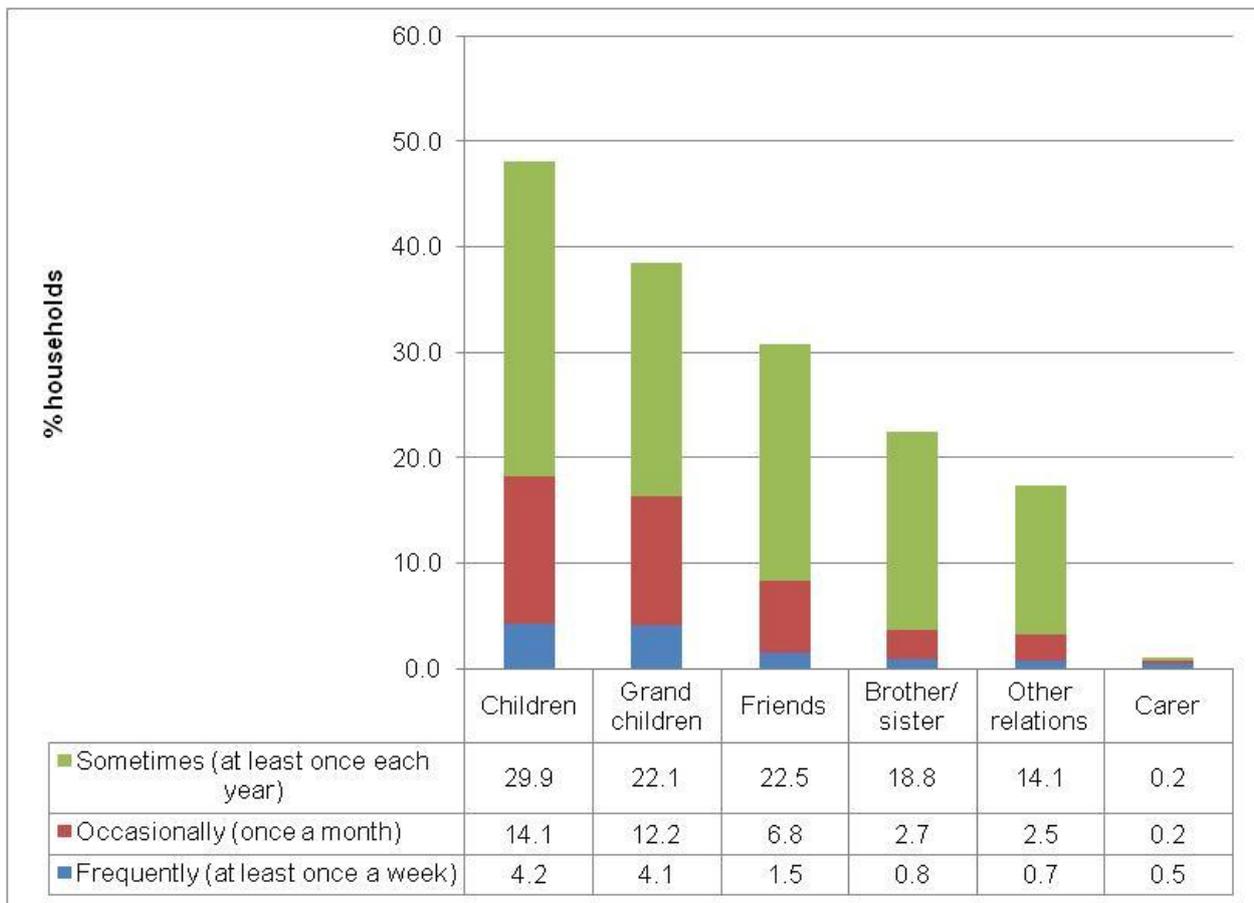
Questionnaire Section 2: about your home

Tenure, number of bedrooms and property type (Q8-11)

Across Herefordshire, 83.2% of older person households live in owner occupied properties (67.8% own outright and 15.3% own with a mortgage). A further 9.7% rent from a Housing Association, 6.1% rent privately, 1.0% live in intermediate tenure properties (for instance shared ownership) and 0.1% live in temporary housing.

The tenure profile is broadly similar across the housing market areas, the notable exception being Hereford City (part of the Hereford HMA) where 79.5% of older person households are owner occupiers, 16.4% live in social rented accommodation and 3.5% rent privately. The proportion of older person households living in owner occupied properties is highest in Ledbury (87.9%) and Ross on Wye (86.6%).

The majority of older person households live in a property with two (23.2%), three (41.1%) and four (21.3%) bedrooms; a further 5.4% live in properties with five or more bedrooms and 8.9% have one bedroom/bedsit. Notable observations are:

- 14.2% of older person households in Hereford City live in one bedroom/bedsit accommodation; older person households living in the Golden Valley and Hereford (outside the City) housing market areas tend to live in larger properties, with 36.9% in Herefordshire (outside the City) and 33.3% in Golden Valley living in properties with four or more bedrooms

- The proportion of older person households living in three bedroom properties was highest in Hereford City (46.1%), Hereford (outside the City) (44.2%) and Kington (44%)

- There are variations in the proportions of people living in particular property sizes according to age group, with the proportion of residents living in smaller accommodation increasing with age group. Households where the household reference person is aged 50 to 64 are most likely to live in larger properties, with 36% living in a property with four or more bedrooms. In contrast, where the household reference person is aged 80 or over, 19.2% live in one bedroom/studio accommodation and 32.8% live in two bedroom properties

- There are variations in the size of property by tenure. Social rented properties tend to be small, with 80.5% of older person households living in properties with one/studio (53.5%) and two (27%) bedrooms. In contrast, owner occupied properties are larger, with 31.3% having four or more bedrooms, 44.1% three bedrooms and 24.6% one/studio or two bedrooms. Private rented properties tend to be smaller, with 56% having one/studio or two bedrooms, but 26.1% have three bedrooms and 8% four or more bedrooms

Older person households live in a variety of dwelling types, with 65.9% living in houses (of these 45.2% live in detached, 15.1% in semi-detached and 5.7% in terraced), 25% live in bungalows, 7.2% in flats/apartments and 1.9% in other types of property. Notable observations are:

- The proportion of older person households living in detached houses is highest in Golden Valley (65.1%) and Kington (58.3%); the proportion in semi-detached is highest in Hereford City (26.8%); the proportion living in bungalows is highest in Bromyard (31.5%), Hereford (outside the City) (30.6%) and Ledbury (30.4%); the proportion living in flats is highest in Hereford City (13.6%)

- In terms of age group, older person households with a household reference person aged 50-64 are most likely to live in detached houses (54%); amongst the 65-79 group 46% live in detached houses and 26.2% live in bungalows; amongst the 80+ group, 41.3% live in bungalows, 26.8% in detached houses and 14.3% in a flat/apartment

- Owner occupiers are most likely to live in houses, in particular detached (51%) and semi-detached properties (15%), with a further 24.3% living in bungalows. Social renters are most likely to live in

flats/apartments (38.2%) and bungalows (32.8%). Private renters are most likely to live in houses (35.7% detached and 19.9% semi-detached), 21.4% in bungalows and 15.4% in flats/apartments

Figure 3.3 presents an overall profile of dwelling stock occupied by older person households by property type and size.

Figure 3.3: Dwelling stock occupied by older person households

Property type	Bedrooms (total %)						
	Bedsit/ studio	One	Two	Three	Four	Five or more	Total
Detached house	0.1	0.3	5.0	19.1	21.0	5.6	51.0
Semi-detached house	0.0	0.2	2.1	10.7	1.7	0.4	15.0
Terraced house	0.0	0.2	1.4	2.6	0.4	0.1	4.7
Bungalow	0.1	1.1	9.7	11.4	1.8	0.2	24.3
Maisonette	0.0	0.0	0.1	0.0	0.0	0.0	0.2
Flat/apartment	0.0	1.1	1.4	0.2	0.0	0.0	2.7
Other e.g. Caravan/ Park Home	0.0	0.3	1.6	0.2	0.0	0.0	2.1
Total	0.3	3.2	21.1	44.1	24.9	6.4	100.0
Base	85	1072	7019	14632	8265	2119	33192

The household survey indicates that 4.9% of older person households live in sheltered housing, 0.1% in extra care schemes and 0.1% in residential care/nursing homes. Most of these properties were smaller bungalows and flats, as shown in Figure 3.4 (note that Figure 3.4 is a sub-set of the information in Figure 3.3 and not additional supply).

Figure 3.4: Characteristics of dwellings occupied by households in sheltered, extra care and residential care/nursing home

Property type	Bedrooms (total %)						
	Bedsit/ studio	One	Two	Three	Four	Five or more	Total
Detached house	0.0	0.0	0.3	0.0	0.6	0.3	1.2
Semi-detached house	0.0	0.0	0.7	0.0	0.0	0.0	0.7
Terraced house	0.0	0.3	1.1	0.6	0.0	0.0	2.0
Bungalow	0.0	25.4	14.0	0.0	0.0	0.0	39.4
Maisonette	0.0	1.2	0.6	0.0	0.0	0.0	1.8
Flat/apartment	9.9	37.2	6.9	1.0	0.0	0.0	55.0
TOTAL	9.9	64.1	23.6	1.6	0.6	0.3	100.0
Base	197	1276	469	31	12	6	1991

Size of rooms (Q12)

Figure 3.5 illustrates that the vast majority of older person households (at least 80%) consider that the size of rooms in their home is 'about right'. That said, 13.7% felt that their bathroom is too small and 13.1% felt that their kitchen is too small. Social renters are most likely to feel that room sizes are too small (20.7% stated their bathroom is too small, 17.4% living room, 17.6% bedroom and 21.5% kitchen). Concerns over the size of rooms is most likely to be voiced by households where the household reference person is aged 50-64 (17.4% stated their bathroom is too small, 8.8% living room, 10.1% bedroom and 17.2% kitchen). Notably, very few older person households feel that the rooms in their dwellings are too big.

Figure 3.5: Views on size of rooms in the home
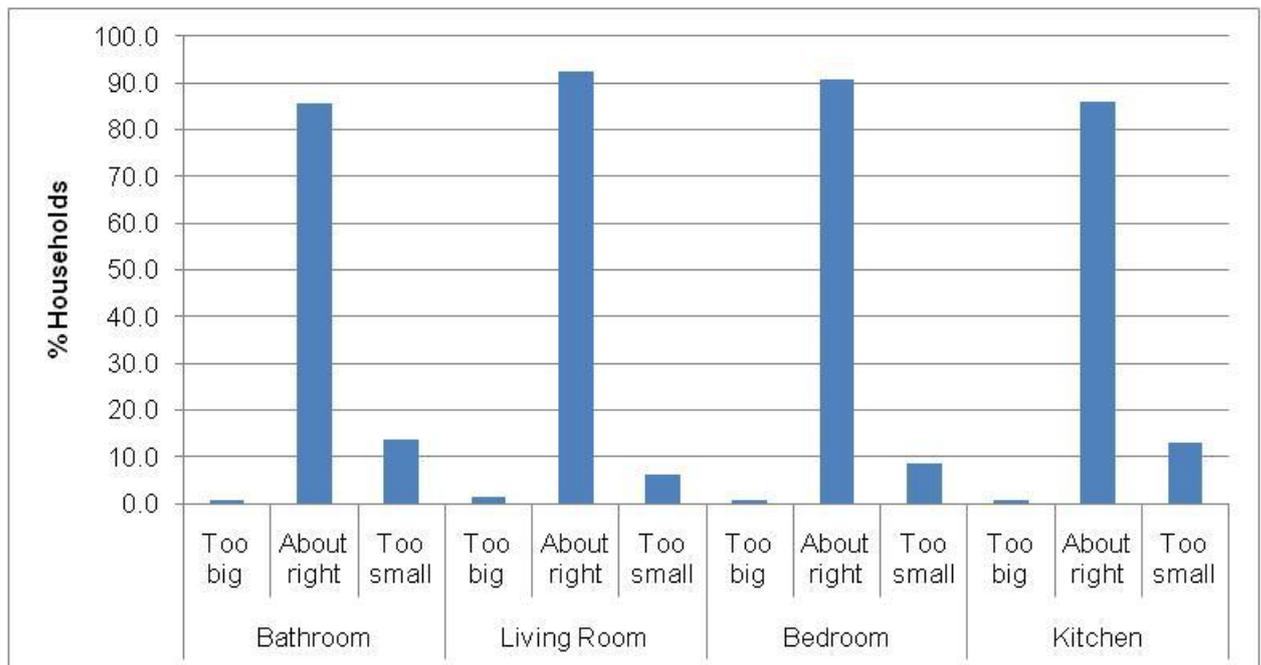
Amenities (Q13)

Figure 3.6 summarises the responses to whether the older person household has a downstairs toilet (with 80% stating they did) and the type of shower they have access to (most likely to be a step-in shower).

Figure 3.6: Amenities household has access to

Amenities	Yes (%)	No (%)	Base
Downstairs toilet	80.9	19.1	39902
Walk-in shower level with the floor	14.4	85.6	39902
Step-in shower where the level is a few inches above the level of the floor	49.6	50.4	39902

Length of residence (Q14)

37.3% of older person households have lived in their current accommodation for at least 20 years. A further 25.3% have lived there for between 10 and 20 years, 19.2% between 5 and 10 years and 18.1% for less than five years. Main variations in length of residence are:

- By age group: 47.4% of older persons households with a household reference person aged 80 or over have lived in their current accommodation for at least 20 years compared with 31.8% of households with a 50-64 year old household reference person

- By tenure: 35.1% of older person households in the private rented sector and 24.7% in social rented sector have lived in their current accommodation for less than 10 years; this compares with 16.1% of owner occupiers. In contrast, 39.9% of owner occupiers have lived in their accommodation for at least 20 years compared with 23.7% of private renters and 24.8% of social renters. This reflects national trends, with owner occupiers most likely to remain in their accommodation for longer periods of time compared with social renters and, particularly, private renters who often have short-term tenancies.

Overcrowding and under-occupancy

In order to establish the degree to which a household is overcrowding or under-occupying, the Bedroom Standard Model (see Glossary) can be used. This considers the number of people in a household, their relationships and age group to establish the number of bedrooms they require. By comparing with actual number of bedrooms available, modelling can identify if a household is overcrowded or under-occupying.

Analysis suggests that 0.5% of older person households are living in overcrowded dwellings; 12.4% live in dwellings with the appropriate number of bedrooms for the household size and characteristics; and 87.1% are under-occupying. Of under-occupying households:

- 28.4% have 1 spare bedroom

- 37.4% have 2 spare bedrooms

- 21.3% have three or more spare bedrooms

On the basis that an older person household is 'severely under-occupying' if it has three or more spare bedrooms, there are around 8500 such households across Herefordshire. Most of these households are in the private sector (97.1% owner occupied and 1.9% private rented). A majority (71.7%) intend on staying in their own home over the next five years; a further 15% are intending on moving elsewhere, a further 0.5% intend to move in with family/friends and 12.8% are unsure. Of households planning to move, a majority cite a need to move to smaller accommodation as the current property is difficult to manage (64.8%) and 58.9% want a smaller garden.

Questionnaire Section 3: heating your home and state of repair

Heating and hot water systems (Q15-16)

Figure 3.7 illustrates that older person households are heavily dependent on gas and oil as a source of heating: 54.1% use gas and 31% use oil for heating and hot water. A further 24.3% have a wood burning stove and 16.2% have an open fire/solid fuel for heating.

There are some variations in the range of heating/hot water sources by tenure. 65.2% of social renters have gas for heating and hot water and a further 23% have electric/night storage heaters. Owner occupiers are most likely to use gas (54.3%) and oil (34.2%) as a source of heating and hot water. Private renters are more likely than households in other tenures to have a boiler heated by electricity (21.5%), have free-standing room heaters (19.9%) and have an open fire/wood burning stove (24.4%).

Figure 3.7: Heating and hot water systems
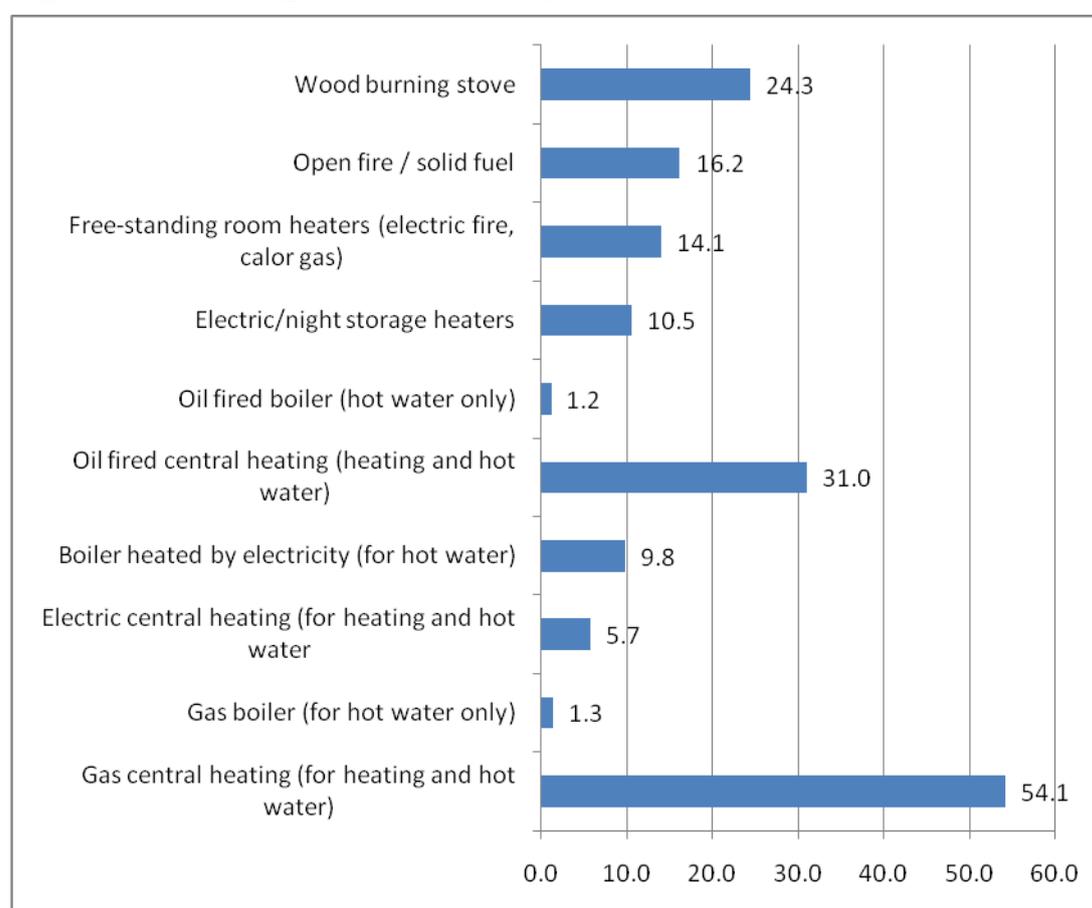
Note: respondent could tick more than one response

When asked about issues associated with heating, a majority (65.9%) stated it was too expensive, 37.5% stated it was not warm enough in very cold weather, 22.1% would prefer an alternative method of heating and 12.3% are not warm enough generally and need extra heating.

Figure 3.8 summarises comments about heating by housing market area. This indicates that in Bromyard, Golden Valley, Kington, Leominster Ross on Wye more than 30% of households felt their heating was too expensive. In these areas, households were more likely to have oil fired central heating/hot water. Fuel costs, particular the price of domestic fuel oil, are likely to have a disproportionate impact across the County and diversifying into alternative fuel sources is an important priority.

Figure 3.8: Comments about heating by housing market area (HMA) inc. breakdown for Hereford City

Comment about heating	HMA (% making comment)								
	Bromyard	Golden Valley	Hereford	Hereford City	Kington	Ledbury	Leominster	Ross on Wye	Total
Would prefer alternative method of heating	12.7	15.1	9.5	4.7	12.6	7.9	13.7	14.6	10.3
Too warm	0.6	0.2	0.7	0.6	0.2	0.3	0.8	0.5	0.6
Not warm enough generally - need extra heating	6.3	7.9	4.8	5.0	5.3	5.2	5.9	6.8	5.7
Not warm enough in very cold weather	16.7	23.2	15.6	17.4	20.9	13.9	16.8	19.0	17.5
Too expensive	36.5	37.4	26.5	25.6	37.0	27.3	31.3	35.9	30.8
Difficult to adjust central heating controls	5.8	5.2	4.8	5.4	6.8	5.1	4.6	3.7	5.0
Difficult to adjust or control appliances	4.2	2.7	1.4	1.6	4.3	3.1	4.8	2.2	2.8
Don't know how to use it properly	1.6	1.8	0.7	2.2	1.1	2.6	2.4	1.2	1.8
Radiators in wrong position	3.0	2.7	3.4	4.4	2.6	1.8	3.2	3.4	3.3
Can't get enough hot water at any one time	1.2	2.3	2.0	1.6	2.3	1.8	1.0	1.4	1.6
Not reliable / breaks down	0.4	1.4	2.7	2.5	0.6	1.1	1.4	1.5	1.7
TOTAL	3,131	2,075	3,989	10,747	2,702	4,287	6,019	6,952	39,902

Note: households could tick more than one response

State of repair and repair problems (Q17-Q18)
Overall, 83% of older person households are satisfied with the state of repair of their home, 12.6% are neither satisfied nor dissatisfied and 4.4% expressed dissatisfaction.

Levels of dissatisfaction with state of repair (either dissatisfied or very dissatisfied) are highest amongst households in the Golden Valley HMA (9.1%) and amongst private renters (10.4%).

A total of 39.3% of older person households state that their dwelling has a repair problem which needs attention. Figure 3.9 summarises the range of problems stated and most frequently mentioned are problems with windows, roofing, fencing, dampness/mould growth fencing and brick/stone work.

Figure 3.9: Repair problems

Repair problems	% stating problem
Windows	37.0
Roof	21.1
Fencing	21.0
Dampness/Mould Growth	20.0
Brick/stonework	19.3
Bathroom/Toilet	18.2
Cold/heating problems	17.1
Wiring/electrics/fittings	14.6
Kitchen	14.4
Doors	13.3
Plastering	8.3
Total households	15,673

Note: Respondents could tick more than one option

How repair problems vary by tenure is summarised in Figure 3.10. This shows the proportion of households by tenure stating a particular repair problem.

Figure 3.10: Repair problems stated by tenure

Repair problem	Owner Occupied	Private Rented	Social Rented	Intermediate	Total
Brick/stonework	7.9	8.2	3.8	14.2	7.6
Roof	9.1	6.3	2.3	12.9	8.3
Windows	13.5	25.9	14.6	26.6	14.5
Plastering	3.2	3.9	3.2	7.6	3.3
Kitchen	4.9	11.6	8.6	4.2	5.7
Doors	4.6	8.9	8.3	6.5	5.2
Bathroom/Toilet	6.2	11.5	12.6	9.0	7.1
Cold/heating problems	6.0	15.5	7.5	4.8	6.7
Dampness/Mould Growth	7.5	13.6	7.6	4.4	7.8
Wiring/electrics/fittings	5.6	10.3	3.7	6.0	5.7
Fencing	8.4	7.6	6.7	14.7	8.3
Total	37.7	49.1	45.9	49.5	39.3
Base	33193	2461	3854	393	39902

Questionnaire Section 4: mobility, adaptations and assistance required

Use of wheelchairs, mobility scooters and other walking aids (Q19-Q23)

Around 2,855 residents in older person households (7.2% of households) said that they used a wheelchair.

26.1% of households containing wheelchair users (746) are located in the Hereford City HMA, 18.2% (520) are located in the Ross on Wye HMA and a further 16.3% (465) are located in the Leominster HMA. 68.9% of households containing a wheelchair user are owner occupiers, 20.1% are social renters, 9.5% are private renters and 1.4% live in intermediate tenure dwellings.

Overall, 77.7% of wheelchairs are only used outdoors and 22.3% are used both indoors and outdoors.

Figure 3.11 illustrates the range of wheelchairs used by respondents. A majority (58.2%) use a manual wheelchair.

Figure 3.11: Type of wheelchair

Type of wheelchair	% of users
Electric indoor	1.7
Electric indoor/outdoor	9.2
Electric scooter	30.7
Manual (self-propelled)	18.7
Manual (pushed by someone)	39.5
Base (all wheelchair users)	100.0

Of older people who use an electric scooter (1,003), 22.1% have difficulties storing/charging their scooter.

26.2% of older person households contained a resident who uses a walking stick, walking frame or other mobility aid, in particular: residents living in social rented dwellings (51.7%), private renters (33.2%) and people aged 80 or over (61.9%).

Personal statement (Q24)

Respondents in older person households were asked to think about their home and if a series of statements apply to them. The aim of this question was to explore the extent to which older people were experiencing difficulties with their current home and the types of amenities they currently have access to. Personal statements are summarised in Figure 3.12 which also shows how responses varied by age group.

Figure 3.12: Statements about the home by age band of respondent

Around the home...	Age Band (%)			
	50 to 64	65 to 79	80 and over	Total
I manage stairs with difficulty	9.4	11.9	17.6	12.3
I manage stairs with assistance	1.4	2.0	4.4	2.3
I have moved my bed downstairs	2.6	1.8	3.4	2.4
I sleep on a chair/couch	1.4	0.2	0.5	0.6
I use a commode as I can't use the toilet	1.1	1.1	3.6	1.7
I use a standard bath	60.8	50.4	25.8	48.4
I use a bath with equipment	2.6	5.1	15.1	6.5
I have a bath but I can't use it	6.0	6.9	17.8	9.0
I use a shower over the bath	41.3	36.5	28.2	36.2
I use a step-in shower cubicle	42.3	43.8	38.8	42.3
I use a level-access shower	8.0	6.9	9.3	7.8
I cannot get into some rooms in my home	0.9	1.0	1.3	1.0
Total responses	10,082	14,746	6,885	31,714

Adaptations (Q25)

The range of adaptations which have already been made in older persons' households and those required either now or in the next 5 years is summarised in Figure 3.13. The most frequently made adaptations include downstairs toilet (25.9%) and internal hand/grab rails (13.2%).

In terms of adaptations required either now or in the next five years, the most frequently mentioned are: downstairs w/c (29.4%), internal hand/grab rails (19.6%), and adaptations to bathroom (14%).

Figure 3.13: Adaptations in older person households' dwellings

Adaptations	Already have (%)	Need now or in next 5 years (%)	Total (%)	Number of households need now or in next 5 years
Downstairs WC	25.9	3.5	29.4	1390
Internal hand/grab rails	13.2	6.4	19.6	2559
Adaptations to bathroom	5.5	8.5	14.0	3394
External hand/grab rails	6.3	5.3	11.6	2133
Telecare (e.g. CO2 detectors; fall sensors)	4.5	3.9	8.3	1544
Improvements to access outside the home (e.g. Level access to the front door or ramp)	3.3	4.2	7.4	1668
Lever door handles	5.6	1	6.6	388
Stair lift / vertical lift	2.8	3.6	6.4	1437
Electrically operated chair	3.3	1.4	4.7	565
Electrically operated bed	3.1	1.4	4.5	565

Adaptations	Already have (%)	Need now or in next 5 years (%)	Total (%)	Number of households need now or in next 5 years
Adaptations to kitchen	2.1	1.8	3.9	733
Introduction of downstairs sleeping arrangements	2.3	1.4	3.7	571
Improvements to access inside the home (e.g. Door widening)	1.1	1.3	2.4	534
Base	39902	39902	39902	

Help required with activities (Q26)

The help already received by households and the range of help required with a series of activities is summarised in Figure 3.14. This help can be from a variety of sources including family and friends, voluntary agencies, and help from housing providers. Households are most likely to receive help with practical tasks such as cleaning windows (21.5%), gardening (20.2%) and cleaning the home (15.9%) and decorating (15.7%). Data would suggest that those requiring help have sought to find it, with less than 10% of households requiring any particular type of help. Noted is the need for help with decorating (7.3%), gardening (6.2%) and cleaning windows (5.7%).

Figure 3.14: Help with activities currently received and needed

Type of help	Currently get help (%)	Need help (%)	Total (%)	Number of households needing help
Getting to bed	4.3	1.3	5.5	499
Dressing	5.4	1.1	6.4	421
Stairs	1.9	0.9	2.7	341
Getting washed	3.3	0.7	3.9	266
Getting in bath	5.0	2.1	7.1	830
Using toilet	1.7	0.5	2.2	195
Preparing a meal	5.5	1.4	6.8	542
Managing medication	4.2	0.7	4.9	284
Managing medical equipment	0.4	0.3	0.7	132
Doing laundry	8.0	2.2	10.1	863
Shopping heavy	12.3	3.9	16.2	1559
Shopping light	7.6	1.5	9.1	612
Cleaning home	15.9	3.6	19.5	1440
Cleaning windows	21.5	5.7	27.2	2270
Garden	20.2	6.2	26.4	2477
Decorating	15.7	7.3	23.0	2905
low level maintenance	10.6	4.1	14.6	1623
Help with pets	1.5	0.9	2.4	363

Type of help	Currently get help (%)	Need help (%)	Total (%)	Number of households needing help
Engage in social activities	4.3	1.7	6.0	659
Safety of home	5.8	1.6	7.4	650
Managing finances	7.3	0.9	8.2	379
Support neighbourhood	2.8	1.1	3.9	443
Base	39902	39902	39902	

Community alarm or Telecare Service (Q27)

A total of 15.2% (around 6,000 households) stated that they already have a community alarm or telecare service in their home. This proportion is highest amongst social renters (60.7% of households have this service) and households headed by someone aged 80 or over (47.1%). Geographically, households in Hereford City were most likely to have a community alarm or telecare service (21.4%).

Help from organisations (Q28)

Figure 3.15 summarises the range of help either currently received or needed by older person households from a range of organisations. Only a minority of households stated that they currently receive help and this is mainly from the district nurse (3.6%), home care providers (2.1%) and gardening services (2.0%). A total of 0.8% of households stated they needed help from a district nurse and 0.8% needed help from gardening services.

Figure 3.15: Help from organisations currently received and needed

Help from:	Currently get help (%)	Need help (%)	Total (%)	Number of households needing help
District nurse	3.6	0.8	**4.4**	325
Gardening service	2	0.8	**2.8**	328
Home care provider	2.1	0.4	**2.5**	164
Other help	2	0.2	**2.2**	82
Housing support	1.4	0.3	**1.7**	137
Day care provider	1.2	0.3	**1.6**	136
Home improve agency	0.4	0.5	**0.9**	188
Base	39902	39902	39902	

Information and advice (Q29-Q30)

Households were asked if they think there should be more information and advice on a range of issues as summarised in Figure 3.16. Although a majority of households (64.8%) felt that they did not require any information or

advice, 21.6% wanted information and advice on financial matters including claiming benefits, 11% on future housing options, 10.9% on general help and support and 10% on home improvements.

Figure 3.16: Information and advice requirements

Information/advice on:	% households
No information or advice needed	64.8
Financial matters including claiming benefits	21.6
The different options for future housing	11.0
General help and support	10.9
Home improvements	10.0
Safety and security	8.6
Leisure and social activities/clubs	7.7
Getting involved in your local community and volunteering	5.4
Healthy eating/lifestyle	4.6
Total	39,902

When asked where households get housing information, advice and support (Figure 3.17), a majority stated they do not need to get it (55.7%). Of those seeking information, advice and support, they mainly obtain it from newspapers (15.9%), the internet (14.5%) and Citizens Advice Bureaux/Age Concern/Other Voluntary Agencies (14%).

Figure 3.17: Sources of information for housing information, advice and support

Source of information	% households
I don't need to get housing information, advice and support	55.7
Newspapers	15.9
Internet	14.5
Citizens Advice Bureau, Age Concern, Other Voluntary Agency	14
Information from family/friends	13.6
Radio	10.2
Parish council, magazine, notice board	8.9
Housing Association	7.3
Council Customer Services Centres	6.4
Local libraries	4.8
Telephone advice and information service	2.7
Total	39,902

Questionnaire Section 5: future housing requirements

Moving intentions (Q31)

Over the next five years, a majority of older person households (72%) are intending to stay in their own home. 11.9% of older persons households are intending to move, either on their own/with partner (10.3%) or with family/friends they live with (1.0%) and 0.6% intend to move to live with family and friends. 16.1% are not sure of their future moving intentions.

Survey data therefore indicates that around 4,750 (11%) of older person households are planning to move in the next 5 years or around. This equates to around 950 (2.4%) of older person households moving each year.

Reasons for moving (Q32)

The reasons why a household intends to move in the next five years are summarised in Figure 3.18. Households could tick more than one reason for moving and most frequently cited reasons (mentioned by at least 30% of respondents) are the need for smaller property (44.9%), wanting a smaller garden (43%) and to be closer to facilities (31.2%).

Figure 3.18: Reasons for moving

Reasons for moving	% households
Need smaller property (current property difficult to manage)	44.9
Want smaller garden	43.0
To be closer to facilities e.g. shops, doctors	31.2
To be closer to family/friends to give/receive support	19.1
To be closer to family/friends for social reasons	17.4
Need housing suitable for older/disabled person	12.6
Want larger property or one that was better in some way	12.4
Cannot afford rent/mortgage payments	10.4
Want to buy	9.9
To move to a better neighbourhood/more pleasant area	7.1
Want own home/live independently	7.0
Need a home with a shower rather than a bath	6.9
I am unhappy about the crime levels in the area, or I am worried by behaviour of people living near me	4.0
Need a bathroom downstairs	3.9
Marriage/to live together	3.9
Want larger garden	3.8
To be closer to work/new job	3.6
Forced to move	3.2
Lacking or need separate kitchen/bathroom/toilet	2.8
This is only a temporary accommodation	2.2
Divorce/separation/family stress	2.2
Major disrepair of home	1.4
Overcrowding	0.4
Total responses	11,564
Base: households planning to move	4739

Note: respondents could tick more than one option

Reasons for moving vary to some extent by age group, for instance households headed by someone aged 80 or over are most likely to want to move to housing suitable for an older/disabled person (43%) and to be closer to family/friends to give/receive support. In contrast households headed by someone aged 65-79 were most likely to want to move to a smaller property (50%) and wanting a smaller garden (50%). For households headed by someone aged 50-64, downsizing to a smaller property was most frequently mentioned (44.4%) along with wanting a smaller garden (33.5%).

There are variations in reasons for moving by tenure, which include:

- For owner occupiers, the most frequently stated reasons for moving are the need for a smaller property (48.9%), wanting a smaller garden (46.6%) and to be closer to facilities (31.3%)

- For private renters, 34.7% could not afford rent payments, 25.9% want a smaller garden and 24.9% want to be closer to facilities

- For social renters, 46.5% want to move to be closer to facilities and 44.3% want to move because they need a home with a shower rather than a bath

Tenure options (Q33)

The tenure preferences of older person households who are planning to move in the next 5 years are summarised in Figure 3.19. Overall, 78.8% would consider buying a property outright/with a mortgage, 27% buying sheltered accommodation, 23.6% buying extra care housing and 20.4% renting from a housing association.

There is considerable variation in the tenure preferences by current tenure. For owner occupiers, the majority (88.8%) would consider buying a property and 32.4% would consider buying sheltered accommodation and 28.3% would consider buying extra care housing. There is a considerable degree of interest in co-housing from owner occupiers, with 15.2% stating they would consider it.

For private renters, a majority (63.6%) would consider renting from a housing association, 44.5% would consider renting another property privately and 44.3% would consider buying on the open market. A further 36.8% would consider renting extra care housing and 20.6% would consider co-housing.

Amongst social renters, strongest preferences are to rent from a housing association (86.9%), renting sheltered accommodation (46.4%) and renting extra care housing (42.6%).

This evidence suggests that there are a variety of housing tenure options being considered and these in turn are strongly influenced by current tenure. Notably private and social renters have a strong interest in renting specialist accommodation such as sheltered and extra care housing whereas owner occupiers have a strong interest in buying extra care housing.

Figure 3.19: Tenure preferences of older person households planning to move in the next five years

Tenure option considered	Current tenure and % would consider				
	Owner Occupied	Private Rented	Social Rented	Inter-mediate	Total
Buying a property outright or with a mortgage	88.8	44.3	0.0	100.0	78.8
Shared ownership (part rent/buy)	5.5	12.0	8.0	0.0	6.4
Rent a property from a private landlord	8.2	44.5	16.5	22.7	13.1
Rent from a Housing Association	10.0	63.6	86.9	0.0	20.4
Sheltered accommodation - rent	11.0	48.6	46.4	0.0	17.3
Sheltered accommodation - buy	32.4	3.4	0.0	0.0	27.0
Sheltered accommodation - part rent/buy	5.6	3.4	0.0	0.0	5.0
Extra Care Housing - rent	8.1	36.8	42.6	0.0	13.3
Extra Care Housing - buy	28.3	3.4	0.0	0.0	23.6
Extra Care Housing - part rent/buy	6.2	1.1	0.0	0.0	5.3
Residential Care Home	4.9	1.3	2.5	0.0	4.3
Co-Housing	15.2	20.6	8.0	0.0	15.4
Total moving households	3,892	569	237	39	4,738

Overall, older person households expected they were most likely to consider buying an owner occupied property (55.1%), buying sheltered accommodation (13.4%) or renting sheltered accommodation (8.8%).

Type and size preferences (Q33 – Q34)

The questionnaire asked what households would like and what they expect to move to. Property type and size preferences of older person households planning to move in the next five years are summarised in Figure 3.20.

In terms of property type, strongest preference (likes) is for bungalows but a higher proportion of households expect to move to flats/apartments. Strongest preferences are for two bedroom properties followed by three bedrooms; households expect to move to their preferred property size, but higher proportions expect to move to smaller one and two bedroom properties.

Figure 3.20: Property type preferences

Property type	Like (%)	Expect (%)	Variation
House	37.8	38.3	0.5
Bungalow	49.7	41.1	-8.6
Apartment (ground floor)	7.7	12.9	5.2
Apartment (above ground floor)	4.8	7.7	2.9
Total	100.0	100.0	
Base	4,739 households intending to move		

No. bedrooms	Like (%)	Expect (%)	Variation
Studio/bedsit	0.9	2.6	1.7
One bedroom	6.3	12.1	5.8
Two bedrooms	47.3	43.7	-3.6
Three bedrooms	38.2	36.5	-1.7
Three+ bedrooms	7.3	5.2	-2.1
Total	100.0	100.0	
Base	4,739 households intending to move		

Location preferences (Q35)

Figure 3.21 considers area preferences within Herefordshire by current residential location of older person households planning to move in the next five years. Strongest preferences are for living in Hereford City, Leominster and the Hereford HMA area (excluding the City). In Ledbury and Leominster at least 70% of households intend on moving within the same Housing Market Area. Evidence suggests movement of older person households within the Hereford HMA between Hereford City and the remainder of the Hereford HMA; and in Kington around 20% would consider moving to Leominster.

Figure 3.21: Location preferences

Preferred area	Current area (column %)								
	Bromyard	Golden Valley	Hereford	Hereford City	Kington	Ledbury	Leominster	Ross on Wye	**Total**
Hereford City	12.4	4.6	25.1	**63.2**	14.8	7.0	10.2	17.5	**23.4**
Hereford and surrounding area	12.4	14.2	**31.3**	31.5	10.0	7.0	10.2	3.2	**15.4**
Bromyard and surrounding area	**53.3**	0.0	0.0	0.0	0.0	0.0	1.7	0.0	**3.4**
Golden Valley and surrounding area	0.0	**64.3**	0.0	0.0	0.0	0.0	1.7	6.3	**5.4**
Kington and surrounding area	0.0	2.6	0.0	0.0	**50.2**	0.0	1.7	0.0	**3.8**
Ledbury and surrounding area	6.5	0.0	18.7	5.3	4.8	**81.4**	3.4	4.7	**12.9**
Leominster and surrounding area	12.4	4.6	6.2	0.0	20.2	2.3	**71.1**	0.0	**17.8**
Ross-on-Wye and surrounding area	3.0	9.7	18.7	0.0	0.0	2.3	0.0	**68.3**	**18.0**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Base: 4,739 households intending to move; table shows % who stated preferred area by current area e.g. for Bromyard residents, 53.3% would consider the Bromyard and surrounding area and 12.4% would consider Leominster and surrounding area.

Questionnaire Section 7: Income and affordability

Ability to pay bills and repairs (Q38)

The household survey asked how concerned older person households were with their ability to pay a series of household expenses (Figure 3.22). Overall, greatest concern is raised over the ability to pay household bills (e.g. Council Tax, heating, telephone and water) with 40.9% stating they were very or fairly concerned, and ability to pay repairs (38.1%).

Figure 3.22: Concerns over ability to pay bills, repairs and debts
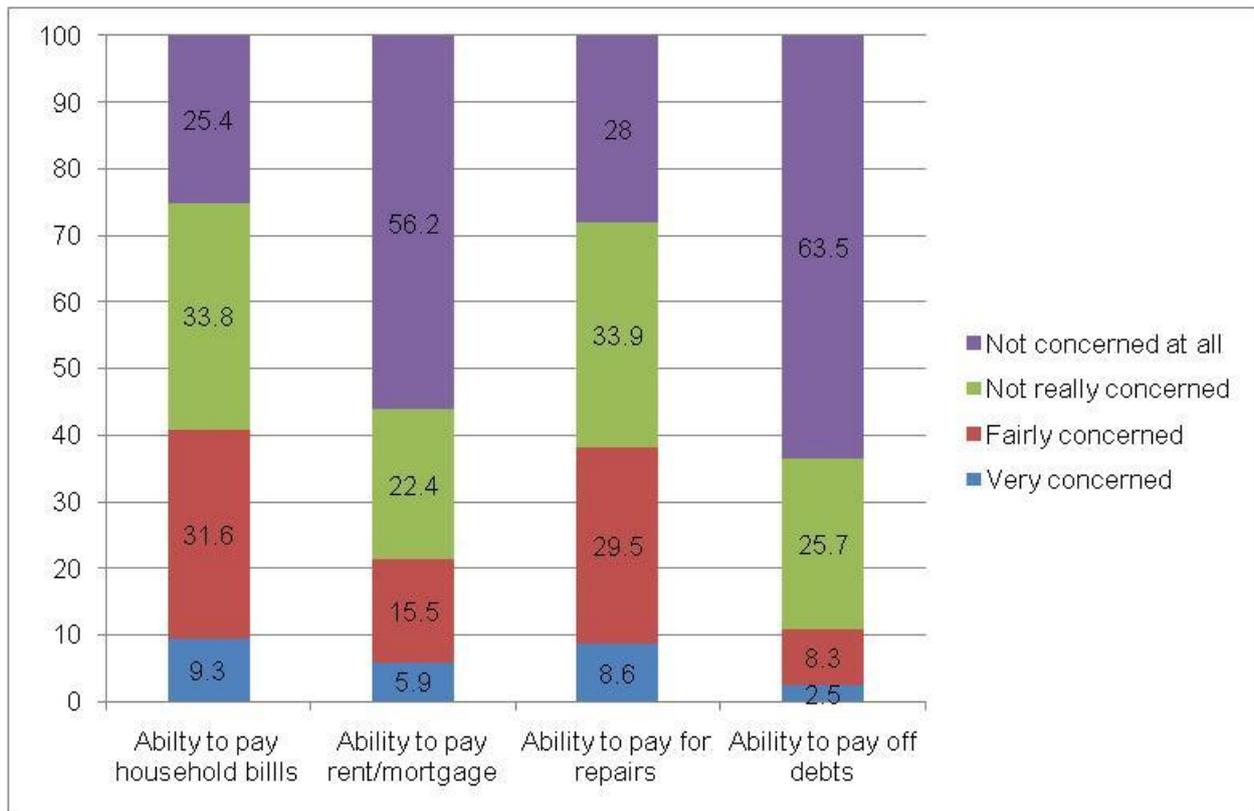
Regarding the ability to pay household bills:

- A majority (67.2%) of private renters are concerned (of whom 23% are very concerned)
- 46.2% of households headed by someone aged 50-64 are concerned (of whom 11.6% are very concerned)

Regarding the ability of households to pay their rent/mortgage, 63.4% of private renters are concerned.

Regarding the ability to pay for repairs, 38.7% of owner occupiers expressed concerns, along with 43.2% of households headed by someone aged 50-64.

Regarding debt, a minority of households (10.8%) stated this to be a problem, with 2.5% very concerned. Concern is greatest amongst social renters (29.6%) and private renters (27%) and households headed by someone aged 50-64 (14.7%).

Income sources (Q39)

Figure 3.23 summarises the range of income sources received by older person households. Overall, 74.2% receive a state retirement pension (which increases to almost all households headed by someone aged 65+). A further 53.8% receive an occupational pension, 47.1% use their savings as source of

income, 26.9% are in employment (mainly people in the 50-64 age group) and 9.3% receive pension credit.

In terms of benefit receipt, 8.8% receive Attendance Allowance, and 8.7% receive Disability Living Allowance. 5% receive full housing benefit and 3.5% receive partial housing benefit.

Owner occupiers are most likely to receive an occupational pension (59%) compared with other tenures; social renters are more likely to receive a pension credit (39%); and 30.8% of social renters receive the Disability Living Allowance compared with 4.9% of owner occupiers. Overall, 66.9% of social renters and 27% of private renters receive either full or partial housing benefit.

Figure 3.23: Sources of income

Sources of income	Total (%)	By tenure (%)				By Age Band (%)		
		Owner Occupied	Private Rented	Social Rented	Shared ownership/Equity	50 to 64	65 to 79	80 and over
State retirement pension	74.2	74.4	64.1	77.3	93.9	33.4	96.7	97.6
Occupational pension	53.8	59	28.8	22.8	68.1	37.4	65.4	57
Savings	47.1	52.3	28	14	47.3	33.4	55.2	53.7
Employment	26.9	28.1	35.5	11.4	18.4	59.6	11.7	1.2
Pension credit	9.3	5.8	11.2	39	8.2	4	10.1	17.5
Attendance Allowance	8.8	7.2	9.8	21.8	13.3	1.6	5.6	30.5
Disability Living Allowance	7.7	4.9	10.2	30.8	6.4	7.3	7.7	8.3
Other benefits / allowances	5.8	4.2	9.8	17.2	2.9	7.9	4.1	5.6
Housing Benefit (all of my rent is paid)	5.0	0.2	9.4	44.5	0.0	4.4	4.4	7.5
Housing Benefit (some of my rent is paid)	3.5	0.3	17.6	22.4	5.1	2	3.9	5.4
Carer's Allowance	2.3	1.8	3.7	6.5	0	2	2.1	3.7
Jobseekers' Allowance	0.3	0.1	2.9	0.3	0	0.9	0	0
Base (valid households)	38,348	31,959	2,378	3,635	376	13,726	17,444	7,178

Interest in equity release (Q40)

Relatively few older person households expressed interest in equity release schemes. Only 4.4% of owner occupiers state that they would be interested and 13.9% were not sure, with 70.3% not interested and a further 11.3% saying it was not relevant to them.

Affordability of open market purchase and rents (Q41-Q42)

Older person households were asked how much they could roughly afford if they were planning to buy a property. Overall, 89.4% could afford at least £100,000 and 49.7% could afford at least £200,000. Hence, there is a potential market for a variety of home ownership products for older person households.

For households considering renting, the questionnaire asked roughly how much could the household afford to spend. 74.1% could afford at least £60 per week and 21.6% could afford at least £150 each week.

Please note that data presented relates to households where the household reference person (head of household) is aged 50 or over and for simplicity, these households are termed 'older person households' throughout the report.

3.5 Summary of the key points of the older peoples' household survey

Survey sample

- Survey to 12,268 households. 3,578 completed questionnaires received, a 29.1% response rate

About your home

- Tenure: 83.2% owner occupiers (67.8% own outright and 15.3% own with a mortgage); A further 9.7% rent from a Housing Association, 6.1% rent privately, 1.0% live in intermediate tenure properties (for instance shared ownership) and 0.1% live in temporary housing

- Bedrooms:The majority of older person households live in a property with two (23.2%), three (41.1%) and four (21.3%) bedrooms; a further 5.4% live in properties with five or more bedrooms and 8.9%% have one bedroom/bedsit

- Housing type: 65.9% living in houses (of these 45.2% live in detached, 15.1% in semi-detached and 5.7% in terraced), 25% live in bungalows, 7.2% in flats/apartments and 1.9% in other types of property

- Size of rooms: 80% said size of rooms was 'about right'

- Heating and hot water: 54.1% use gas and 31% use oil for heating

and hot water. A further 24.3% have a wood burning stove and 16.2% have an open fire/solid fuel for heating

- State of repair: 83% of older person households are satisfied with the state of repair of their home, 12.6% are neither satisfied nor dissatisfied and 4.4% expressed dissatisfaction

- 39.3% said their dwelling had repair problems that needed attention. Problems with windows, kitchens, cold/heating problems and dampness/mould growth were particularly likely to be mentioned by private renters, Across the owner occupied sector, window and roof problems were most likely to be mentioned. Across the social rented sector, problems with windows and bathroom/toilet were most likely to be mentioned.

Who lives in your household?

- Household Type: 50.9% are couple households, 34.2% are single adult households. Additionally 8.7% are couples with children, 4.6% other types of household (for instance siblings or friends sharing) and 1.6% are single adults with children. Notably 64.9% of social renting older person households comprise one person

- Mobility aids: 2,855 residents in older person households (7.2% of households) said that they used a wheelchair. 77.7% of wheelchairs are only used outdoors and 22.3% are used both indoors and outdoors. 38.5% use an electric scooter

- People who stay regularly: 18.3% have children staying with them either weekly or monthly; and 16.3% have grandchildren staying with them at least weekly or monthly

- Under-occupation: 0.5% of older person households are living in overcrowded dwellings; 12.4% live in dwellings with the appropriate number of bedrooms for the household size and characteristics; and 87.1% are under-occupying

Help and support

- Adaptations: Most frequent adaptations were; downstairs wc (29.5%); and internal handrails (13.2%)

- Community alarm: 15.2% of older person households (around 6,000 households) have access to a community alarm/telecare service

- Help required: help was most required decorating (7.3%), gardening (6.2%) and cleaning windows (5.7%)

- Information and advice: 64.8% felt that they did not require any information or advice, 21.6% wanted information and advice on financial matters including claiming benefits, 11% on future housing options, 10.9% on general help and support and 10% on home improvements

- Most likely sources of information Of those seeking information, advice and support, they mainly obtain it from newspapers (15.9%),

the internet (14.5%) and Citizens Advice Bureaux/Age Concern/Other Voluntary Agencies (14%).

Future housing requirements

- Moving intentions: (72%) are intending to stay in their own home. 12% of older persons households are intending to move, either on their own/with partner (10.3%) or with family/friends they live with (1.0%) and 0.6% intend to move to live with family and friends

- Reasons for moving: main reasons were smaller property (44.9%), wanting a smaller garden (43%) and to be closer to facilities (31.2%)

- Tenure preferences on moving: 78.8% would consider buying a property outright/with a mortgage, 27% buying sheltered accommodation, 23.6% buying extra care housing and 20.4% renting from a housing association

- Property type for movers: most wanted a bungalow (49.7%), followed by ground floor and lift access apartments (12.5%)

- Property size for movers: most wanted two bedroom housing (47.3%), followed 38.2% who wanted three bedrooms

- Specialist housing for movers: there was interest in both sheltered housing and extra care across all tenures; low interest in care homes

Income and affordability

- Income Sources: 74.2% receive a state retirement pension (which increases to almost all households headed by someone aged 65+). A further 53.8% receive an occupational pension, 47.1% use their savings as a source of income, 26.9% are in employment and 9.3% receive pension credit

- Ability to pay bills and repairs: Overall, greatest concern is raised over the ability to pay household bills (with 40.9% stating they were very or fairly concerned) and ability to pay repairs (38.1%).

- Equity release: 4.4% of owner occupiers state that they would be interested and 13.9% were not sure, with 70.3% not interested and a further 11.3% saying it was not relevant to them

- Affordability of open market purchase: 89.4% planning to buya property could afford at least £100,000 and 49.7% could afford at least £200,000. There is a potential market for a variety of home ownership products

- Affordability of renting: 74.1% could afford at least £60 a week, and 21.6% could afford at least £150 a week.

3.6 Overall conclusions on results of the consultation with Older People

In this section of the report we have brought together the views of a wide cross section of older people through the consultation process and the household survey. There are a number of consistent messages that emerge:

Staying put

- A majority of older people like where they live and want to be supported to remain there. This is consistent with similar research in other areas

- There is a clear need for services that will help people to remain in their own home mainly focused on domestic tasks and house and garden maintenance

- Support from family and friends is a more important factor than access to services particularly in some rural areas

- Improved public transport in rural areas would help people to remain in their home

- Significant numbers of people have already had adaptations carried out to their homes and this is likely to be a continuing need

- Some people said that they had not considered moving because there were no suitable alternatives in the area in which they lived and they were not prepared to move out of the area.

Drivers to move house

- Financial matters are a cause of concern both in terms of maintaining a home and having to pay for services or care in the future

- Moving to smaller accommodation and the wish for a smaller garden are reasons for considering moving, alongside the ability to afford the upkeep of the home

- Underpinning any consideration about moving are long term health and mobility issues. This is a critical factor in deciding to move

- Moving to an area with better facilities is also a factor

Future housing options

- A two bedroom bungalow is by far the most popular choice for people who want to move. This reflects the views of older people nationally as well as in Herefordshire. However there are only a limited number of this type of property available and due to the current financial climate it is unlikely that there will be the opportunity

to significantly improve this position. Ground floor flats and flats accessed by lift are also popular with some people

- The number of people who regularly have people come to stay is evidence of one of the reasons why most older people want 2 bedrooms

- Location was identified as an important issue when considering moving and access to amenities such as transport and shops should be a key consideration in future developments

- A significant number of people who many consider moving have the ability to purchase properties at between £100,000 and £200,000. This should be attractive to developers

- The majority of people who said they wanted to move were interested in a range of housing options that include outright purchase and shared ownership. Ideally this choice should be available across all areas

- There are noticeable differences across the housing market areas and this will therefore be a factor in planning future provision. As an example people in rural areas were much less likely to be interested in flats

- Few people said they would choose sheltered housing or residential care but of those who think they might move in the next 5 years significantly more would consider Extra Care.

Making choices

- During the consultation sessions awareness of some services was identified as being very limited. Awareness of how to access services was also an issue. This contrasts with responses from the survey that suggested better awareness. It was noticeable that use of the internet as a source of information featured more prominently in the survey.

- Access to information is important in helping people to make informed decisions and for some, particularly disabled groups the way information is provided is also important. There is a need for different responses between the generations, for example very few people over 75 would use the internet but high proportions of those 50 to 64 would. Use of the local media was identified as a popular mechanism for providing information.

4. Needs and Housing Supply

4.1 Introduction

This section of the report:

- Provides information on the general needs housing supply and housing market in Herefordshire (section 4.2)

- Provides information on specialist accommodation for older people (section 4.3)

- Assesses future housing need and demand – key issues in moving forward (section 4.4)

4.2 The Housing Market in Herefordshire

In this section of the report examination of other data sources takes place to find out more about the position of older people living in general needs housing.

General Needs Housing Supply

It is estimated that nearly a third of the housing stock in England is occupied by people over retirement age[4], and older people are already a very significant part of the general housing market. With the number of people over 65 in Herefordshire due to increase by nearly 50% over the next 15 - 20 years older people represent the fastest growing population group in the housing market.

General Needs Housing Studies frequently do not take account of the scale of older people in the general housing market and often only mention them in the context of specialist housing. This is a point that was made in "Lifetime Homes Lifetime Neighbourhoods", the National Strategy for Housing in an Ageing Society 2008. It recognised that most older people live in ordinary housing and included a core recommendation that planning general needs housing should include planning for the growing numbers of older people living in the general housing stock.

It was noted in Section Two that the vast majority of older people are owner-occupiers in Herefordshire (72.8%) and there are relatively low levels of social renting (17.6%) and relatively high levels of private renting/ living rent free (9.6%)

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[4] Homes and Communities Agency (January 2011), Vulnerable and Older People Advisory Group annual report, "Meeting the needs and aspirations of an ageing population". London: HCA

The most recent House Condition Survey was undertaken in 2005 (including owner occupied and rented properties) and some of the main findings from the report are listed below:

- The housing with the highest rate of 'non-decency' or unfitness (41%) was for households where the head of household is over 85 years of age. Those headed by people from the 75- 84 age group had the second highest rate of unfit housing at 39%.

- These results indicate an association between condition of housing and older age groups, highlighting potential issues of affordability or inability to attend to maintenance issues. Affordability of necessary repair work is likely to be an issue for 'equity rich cash poor' older households.

- The survey found a strong association between residents with disabilities and income, with 58% of dwellings where a resident with a disability lives having a household income below £10,000 per annum, compared to 30% of households where no persons with a disability live. This represents approximately 9,100 such dwellings in Herefordshire.

- One of the reasons given by social workers for admissions to care homes in the Wanless Report (see section 2) was having physically unsuitable housing. Health-related causes are the primary reasons but *"poor housing is an issue that goes beyond social care".* The findings of the House Condition Survey therefore have implications for the potential of improvements in the housing conditions for older people as one way of reducing the need to go into residential care.

The Stock Condition Survey in 2005, supported by subsequent research, suggests that a large proportion of those living in poor quality or non decent housing will be older people who will be the most vulnerable to the implications of poor housing.

The Council has responded to the stock condition issues in a range of ways including:

- The development of an Affordable Warmth Strategy in 2008

- A Special Energy Efficiency Scheme (SEES) which made grants of up to £500 per household available for energy efficiency measures including loft insulation, cavity wall insulation, thermostatic radiator valves, hot water cylinder thermostats, room thermostats, draught proofing, hot water tank jacket, and programmers

- The Home Improvement Grant Schemes administered by Herefordshire Council Private Sector Housing, including grants under the Decent Homes legislation, in order to improve the condition of the stock. However these are now subject to changes in funding arrangements

- About 2.5% of the housing stock were subject to either an energy efficiency grant or an improvement grant over the three year period 2006-9

- Housing Renewal Policy 2011-12 published in March 2011, this document is dealt with in more detail in section 5

- A new Healthy Homes survey is to be completed in conjunction with Shropshire Council during the summer of 2011

- Accreditation Scheme for Landlords and Tenants

The Council has reinforced its intention to continue to address the quality of housing through its strategic plans (see Section Two).

A Strategic Housing Market Assessment for Herefordshire and Shropshire was conducted in 2008[5] to inform housing and planning policy at regional, sub-regional and local levels and drew on existing information. It noted that:

- The greatest proportion of unfit dwellings was found in Herefordshire and entirely in the private sector (owner-occupation and private rented) with an estimate of 3147 (4.6% of the total stock). This was still lower than the West Midlands region as a whole.

- Under-occupancy was an issue in Herefordshire. 60.3% of properties have two rooms or more than the size of the household

- There was no evidence of low demand in the public or private sectors and vacancy rates were also low suggesting increasing demand

- At the time of research it was estimated that Herefordshire would need 22,441 additional properties by 2026. This figure included an element of inward migration. However, it was estimated that 16,600 new properties were needed with 8,300 in Hereford City

A Herefordshire Local Housing Market Assessment (LHMA) has recently been published in June 2011, together with a Local Housing Requirement Study (published in July 2011). The LHMA builds on the work in 2008 and focuses on both affordable and market housing at the local housing market area levels. The LHMA provides detailed analysis of each area and projects that over the next five years up to 2016 the following net affordable housing would be needed:

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[5] West Midlands West Housing Market Area(Herefordshire and Shropshire): A Strategic Housing Market Assessment 2008

Figure 4.1: Affordable housing need by local housing market area 2011-2016

Location	Number of Units
Hereford	1,883
Ross	271
Leominster	252
Ledbury	143
Bromyard	43
Kington	150
Golden Valley	96
Total	**2,838**

Source: Herefordshire Local Housing Market Assessment 2011

Within the overall total of 2,838 there is a need for 46% social rented and 54% intermediate housing, though the proportion varies between the seven local areas.

The LHMA updated the earlier 2008 study. The main demand for market housing is for 3 bedroom properties but for social housing two thirds of the need is for one and two bedroom dwellings.

Further work carried out in the Herefordshire Council Local Housing Requirements Study (July 2011) by GL Hearn, which builds on the LHMA, recommends a figure of between 14,400-18,000 net new housing for the period between 2011 and 2031 as a realistic assessment of housing need and demand.

As a result of this additional analysis in the Local Housing Requirements Study, a target of 16,500 net completions is being proposed for the Core Strategy of the Local Development Framework as the delivery figure for new housing for Herefordshire up to 2031. This is an annual average of 825 net new dwellings per year, and is considered to be a realistic housing target for Herefordshire, which meets the Council's desire for a sustainable level of growth for the county.

Further information on the 2011 Herefordshire LHMA and the 2011 Local Housing Requirements Study is provided in Appendix 1.

The Council has set about addressing the housing supply issues but as the 2008 work noted it was being published at a time of financial uncertainty in relation to the banking system and therefore uncertainty about future house building. Consequently, the financial recession has had a major impact on house building in Herefordshire with a number of large scale developments significantly reducing the speed at which new properties were built. This is likely to put added pressure on local markets as demand continues to grow.

However, a second consequence of the recession has been a slow down in turnover as it has become increasingly difficult to sell houses. Uncertainties about the economy and increasing difficulties in accessing mortgages have been key factors in this. The position concerning social rented housing is

similar to the extent that it has not been possible to meet development targets. There is a mix of reasons for that including the lack of affordable land in some rural areas and difficulties in obtaining public subsidies. Again the financial recession has also played its part.

Although the housing market has been "flat" nationally house prices have continued to increase in Herefordshire. In 2006/7 the average house price in Herefordshire was £212,056, by September 2010 they were £227,121. They continued to increase till December 2011, although by June 2011 they had fallen slightly to £220,331 as demonstrated in Figure 4.2.

Figure 4.2: Change in House prices

Year	Type of Property				Overall
	Detached	**Semi**	**Terraced**	**Flat**	**Average**
2006/7*	291,819	181,455	151,737	130,271	212,056
2010* (July to September)	299,494	194,209	159,261	126,467	227,121
2010** (Oct to December)	300,354	182.314	145,339	120,252	228,821
2011 (Apr to June) ****	297,337	178,520	151,390	116,565	220,331

*West Midlands West Housing Market Area (Herefordshire and Shropshire): A Strategic Housing Market Assessment 2008
**See Appendix 2 Figure 2.17
*** BBC House Prices, December 2010
**** BBC House Prices, June 2011

It was predicted that 2010/11 would see house prices either stagnate or fall[7] and predictions for 2011/12 are suggesting further falls. The figure above illustrates that there does not seem to be a universal pattern to house price changes in Herefordshire with the cost of detached houses remaining buoyant while prices of all other types of property have fallen.

Herefordshire also consists of a number of quite different housing markets with average house prices varying from £232,628 in Kington to £155,167 in Leominster. Generally people want to stay within their local area and this was also confirmed in the older people's consultation (see Section Three). The implication of inward migration is also an issue. As was noted in Section Two the growth in the population seems to be largely linked to migration and there is concern that this is causing house prices to inflate and that a significant proportion of vacant properties are not going to people already in the local housing market.

The Herefordshire Council Local Housing Requirements Study Final (July 2011) makes reference to older people in relation to migration, where there is more inward than outward migration for the 50-69 age groups up to 2031.

However, it also shows that inward migration is very low or stops from 75 onwards and that there is net outward migration for people aged 85+ up to 2016. This is important, given Herefordshire Council's concern that the

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[7] Royal Institute of Chattered Surveyors Housing Market Survey July 2010

development of specialist housing for older people might result in further inward migration. Figures from McCarthy and Stone, the largest provider of specialist housing for older people in England show that the average age of people living in their different housing types is:

Retirement Living   - 78 years old
Assisted Living   - 83 years old
Tailored Care   - 85 years old

The message is that inward migration is likely to impact on demand for ordinary housing for older people but only in a very limited way on future demand for specialist housing.

The picture that emerges is of a housing market where housing pressures are growing. The Older People's Household Survey results in Section Three showed that 12% of older person households are planning to move in the next 5 years. Furthermore, of those considering moving 78.8% would consider buying a property outright/with a mortgage (88.8% of current owner-occupiers), 27% buying sheltered accommodation, 23.6% buying extra care housing and 20.4% renting from a housing association[8]. In many cases these are older people under-occupying family housing (see Section Three). It would help the overall functioning of the housing market if more older people would consider down-sizing, since this would free up family housing. However, that would require a better supply of suitable alternative accommodation for older people to move to than currently exists.

One of the reasons why older people remain in their current home is a lack of awareness of the housing options that are available to them, a point that is highlighted in Housing LIN Viewpoint 19[9] on downsizing into specialist accommodation. The offer of alternative accommodation for older households therefore needs to be as attractive as possible, to offer an incentive to move out of what is often a family residence that has been their home for a considerable length of time. Households also need to have a good understanding of the alternative accommodation available to enable them to make an informed decision about the potential of other accommodation to meet their needs.

There is a clear message that the large majority of older people who decide to move will want to purchase alternative accommodation. As the household survey indicated overall, 89.4% could afford at least £100,000 and 49.7% could afford at least £200,000. However, critically the differing housing markets, and levels of house prices, in Herefordshire will influence the level of equity that can be released. A number of issues emerge from this:

- The Older People's Household Survey suggests that there is a need for a range of alternative accommodation and tenure, including shared ownership, that can meet the needs of older people in differing economic circumstances

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[8] This was a multiple choice question
[9] Janet Sutherland (2011) 'Housing LIN Viewpoint No. 19: Viewpoint on Downsizing for Older People into Specialist Accommodation'

- It is clear that many would resist moving to smaller accommodation if it meant moving from the local area. Therefore a mix of developments are needed within local areas

- Although 2 bed bungalows are a popular choice smaller houses also feature prominently

- Most older people do not want to live in specialist housing or in age segregated communities such as Retirement Villages (although some would). Their needs may be met within general needs developments, provided that properties are developed to "lifetime" standards[10] based on the principles of adaptability and accessibility

- Flats are only seen as an alternative by a small number but this contrasts with a strong interest in Extra Care Housing (see section 3). The two Extra Care developments in Herefordshire are mainly flats and are likely to be most people's local experience of extra care. This suggests that lifestyle may be a determining factor. Flats that are modern and offer incentives such as a wide range of social and leisure activities may persuade some people that this is a viable alternative

- Specialist accommodation is also an option and this is addressed later in section 4.3

Conclusions

- Based on demographic projections of the growth of older households, there will be a growing need and demand from older people, especially owner occupiers, for a range of accessible housing types

- The balance of development has been suggested as an 80/20% split between market and affordable housing

- Inward migration will continue to be an issue and it is inevitable that a certain amount of new development for older people will be taken up by migration, but that this will relate mainly to ordinary rather than specialist housing. Some of the properties that may be freed up by downsizing would be able to accommodate inward migrants

- The direction set out in the 2008 *Lifetime Homes and Lifetime Neighbourhoods Strategy* (see section 2) highlights that planning for an ageing population should form a key element of future housing strategy and planning considerations, to include: information and advice; development of practical and preventative services; equity release products; better market information and a stronger role for planning; a better range of both general needs and specialist housing

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[10] Lifetime Homes Standard, published by the Joseph Rowntree Foundation in 1997

- Herefordshire Council has already put in place initiatives to deal with the quality of the existing stock and has set out policies for energy efficiency and the increasing use of green technology

4.3 Specialist Accommodation

4.3.1 Introduction

Specialist accommodation includes all forms of accommodation that are specifically designed to support older people. These include residential and nursing care, various forms of sheltered housing and extra care. Definitions are provided in the glossary. At present, specialist accommodation for older people is planned as two, or even three, largely separate systems, as illustrated in Figure 4.3 below.

Figure 4.3: Specialist accommodation for older people

Secondary health care	Care Home/Social Care		Housing
• Acute care • Non acute rehabilitation	<u>Short stay</u> • Intermediate care • Respite	<u>Long stay</u> Nursing & Residential Homes	• Sheltered Housing • Extra Care
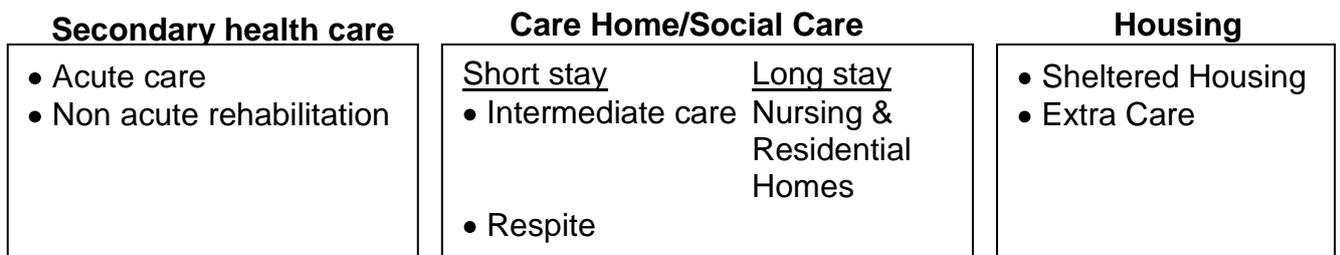
The evolution of Extra Care housing has begun to bridge this gap between housing and social care provision and in a number of innovative schemes some health services are also being provided.

Unless stated the data in the Figures refer to number of places (for residential care and nursing homes) and for dwelling units for extra care and sheltered housing.

This section looks at:

- Residential and nursing home supply (section 4.3.2)
- Supply of specialist housing for rent (section 4.3.3)
- Quality of sheltered housing for rent (section 4.3.4)
- Demand for specialist housing for rent (section 4.3.5)
- Extra care and very sheltered housing (section 4.3.6)
- Retirement housing for sale (section 4.3.7)
- Conclusions on specialist accommodation in Herefordshire (section 4.3.8)
- Benchmarking the specialist supply side (section 4.3.9)

4.3.2 Residential Care and Nursing Home supply as at September 2011

Figures 4.4 and 4.5 provide supply data for care and nursing home provision in the housing market areas and for the county as a whole.

Figure 4.4: Residential Care

Location	Number of Units
Bromyard	87
Ewyas Harold	25
Hereford	290
Ledbury	67
Leominster	57
Colwall	20
Ross on Wye	251
Withington	28
Total	**825**

Figure 4.5: With Nursing Care

Location	Number of Units
Brockhampton	58
Bromyard	28
Hereford	293
Kington	127
Ledbury	36
Leominster	115
Ross on Wye	45
Total	**702**

More detailed supply data listing each care and nursing home within each housing market area is provided in Appendix 6.

There is a reasonable spread of both residential and care home provision, with a concentration on Hereford City. Like other forms of specialist accommodation there is very little or no provision in some rural areas.

As shown in Figure 4.6, from 2007-8 to 2009-10 the numbers of people in residential care has increased while numbers going in to nursing care has decreased. Herefordshire has lower numbers of people in residential care and nursing care than either the national average or the group of councils that are part of Herefordshire's comparator group:

Figure 4.6: Number of people per 100,000 population receiving residential care, nursing care and community-based services and the ratio of people aged 65+ receiving residential care, nursing care and community-based services as at 31st March 2010

Series	Council 2007-08	Council 2008-09	Council 2009-10	Comparator Average 2009-10	England 2009-10
Residential Care	1,032	1,059	1,138	1,421	1,450
Nursing Care	631	565	601	616	611
Community Based Services	7,997	8,841	7,060	6,142	7,263
Ratio Of Residential And Nursing Care Over Community Based Services	0.2081	0.1837	0.2463	0.3315	0.2838

Source - ASC-CAR S1 and RAP P2S
Data for 2009-10 is provisional.
1. Residential Care excludes adult placements, unstaffed and other homes
Source: National Adult Social Care Intelligence Service (NASCIS) Older People Report, 2009-2010

As shown in Figure 4.7 over the same period the rate of admissions to residential care has remained broadly the same, while admissions to nursing home care decreased. The level of admissions are much lower for Herefordshire than their comparator group and also lower than the national average.

Figure 4.7: The number of permanent admissions to registered accommodation per 100,000 population split between residential and nursing care as at 31st March 2010

Series	Year	Residential Care	Nursing Care	Total Of Residential Care Plus Nursing Care
Council	2007-08	333	190	523
	2008-09	370	156	526
	2009-10	330	173	503
Comparator Average	2007-08	476	254	730
	2008-09	450	226	676
	2009-10	509	252	761
England	2007-08	477	261	738
	2008-09	510	243	753
	2009-10	482	228	710

Source - ASC-CAR S3
Data for 2009-10 is provisional.
1. Residential Care excludes adult placements, unstaffed and other homes
Source: National Adult Social Care Intelligence Service (NASCIS) Older People Report, 2009-2010

However, the draft NHS Herefordshire Integrated Commissioning Plan for older people (May 2011) shows that:

- Adult social care is spending almost 60% of its budget on bed based care against a figure of 40% recommended by the Department of Health (Use of Resources in Adult Social Care, DH October 2009)

- The NHS in Herefordshire has the highest number of NHS beds per 100,000 population of all PCTs within the West Midlands Strategic Health Authority, and that the utilisation of acute hospital care in Herefordshire is higher than elsewhere in England for older people aged 75+

The same report concludes that "overall there is too high a dependence on bed based care than more responsive care, closer to home, where appropriate.

Like most Local Authorities, in order to deal with the increasing numbers of frail older people Herefordshire wants to continue to divert people away from higher level services such as residential and nursing care (see Section Two).

However, across Local Authorities there is a recognition that while preventative actions and the introduction of alternatives such as Extra Care can reduce the need for residential care, it is more difficult to address the increase in nursing home care as the growth in, for example, high dependence dementias and chronic long-term conditions is increasing as part of the growth in the older population.

4.3.3 Supply of Specialist Housing for Rent

In 1969 a Ministry of Housing and Local Government circular 82/69 provided mandatory definitions for specialist housing:

- Category 1 – communal facilities and warden are optional, may be flats and/or bungalows and usually no lift

- Category 2 – flats under one roof with communal facilities, resident warden and a lift

After 1980 these mandatory definitions were dropped although the terminology is still in regular use and offers one of the few shortcuts to describing particular forms of specialist housing for older people. In reality the definitions never properly addressed the range of development that was on offer. Since then and particularly after the introduction of Supporting People in 2003 the way specialist accommodation is defined has become much more open to interpretation. As support services have changed some buildings that were previously identified as sheltered housing because of a dedicated warden service have been redefined as simply accommodation for older people, taking away the distinction between them and what was known as category 1 housing. These buildings still retain special features such as common areas and an element of communal living but the challenge now is to understand if these features do offer a way of meeting differing needs to other forms of specialist accommodation.

Many developments that could previously be described as Category 1 have been redesignated where demand has fallen either by changing the lettings criteria or by changing the client group. Furthermore, some properties are now designated for a variety of needs which include older people.

As a consequence of these changes it has become increasingly difficult to be certain about the numbers of differing types of accommodation that are available. Figure 4.8 sets out the current estimates for all specialist rented accommodation in Herefordshire including Extra Care and Very Sheltered.

Figure 4.8: Specialist stock-breakdown as at Jan 2011

Unit Type	Numbers
Studio	98
1b Flat	950
2b Flat	92
3b Flat	1
1b Bungalow	496
2b bungalow	281
3b bungalow	5
Houses	2
Total	**1925**

Source: Herefordshire Council specialist stock figures as at Jan 2011

Extra Care and Very Sheltered Housing are considered separately later in this section.

A total of 1925 properties have been identified as specifically dedicated to older people while there approximately a further 200 properties that may be offered to older people as well as other groups such as people with a physical disability or a sensory impairment. Most of this stock is also linked to a community alarms services. Community alarms are considered further in section 5.

Sheltered Housing provides about 20% of all social housing stock. As shown in Figure 4.9 this varies across different housing market areas of the county:

Figure 4.9: Sheltered Housing as a % of the Social Housing Stock

No Beds	Hereford	Ross	Leominster	Ledbury	Bromyard	Kington	Golden Valley	All
1	16.1%	18.1%	14.7%	10.1%	13%	6.0%	14.8%	**15%**
2	3.7%	3.0%	8.2%	0.2%	5%	22.2%	24.3%	**5%**
3	1.3%	0.0%	0.4%	0.0%	0.4%	0.5%	0.0%	**0.8%**
Total	**21.1%**	**21.1%**	**23.3%**	**10.3%**	**17.6%**	**28.7%**	**39.1%**	**20.8%**

Source: Draft working document - Housing Market Assessment and reproduced with permission of Herefordshire Council

Golden Valley has proportionately the highest levels of specialist accommodation but this is also by far the smallest local housing market while Ledbury has the lowest levels of specialist accommodation.

Further information on the supply of specialist housing by individual scheme and provider is provided in Appendix 8.

4.3.4 Quality of sheltered housing for rent

As part of this work PFA carried out a survey of sheltered housing schemes to assess sustainability. The detailed findings from the survey are set out in Appendix 7. The survey was only sent to those providers who offered sheltered housing by providing a dedicated support service as well as specialist buildings. This was to ensure that like for like comparisons were provided with the results of similar surveys conducted in other areas.

Information was gathered on 377 units of accommodation covering 14 schemes, slightly less than half of the sheltered housing stock. Figure 4.10 shows that the largest proportion of units types recorded are 1 bed flats, 41.3% of the stock in the survey. 16.7% (63 units) are bedsits. However, this is likely to be an underestimate as no information has been provided for 35% of the units in the survey.

Figure 4.10: Total number of units by type

	No. of units
How many are for rent	**377**
Number of bedsit flats	63
Number of 1 bed flats	150
Number of 2 bed flats	4
Number of 1 bed bungalows	26
Number of 2 bed bungalows	2
No data provided	132

All of the schemes where age was recorded were at least 20 years old. This suggests an ageing stock:

Figure 4.11: Age of Schemes

Age of scheme (Phase 1)	
No reply	2 15.4%
21-30 years	9 69.2%
More than 30 years	3 15.4%

Figure 4.12 shows that improvements had been carried out to 71.4% of the schemes in the past 12 months and 64.3% have also had improvements in the past 10 years suggesting that the stock is well maintained.

Figure 4.12: Have there been any improvements and / or repairs to any individual schemes?

	In the last 12 months	Between 1 and 5 years ago	Over 5 years ago
External walls	-	-	-
Roof	1	-	-
Windows	-	2	-
External doors	1	2	-
Insulation	-	-	1
Rewiring	1	3	1
Central heating	-	1	-
Kitchens	4	2	4
Bathrooms	2	-	-
Insulation	-	1	-
Remodelling - please describe	5	-	-

All of those answering the question concerning Decent Homes Standard confirmed that this work had been completed.

In total 35.7% of the schemes have undergone some form of remodelling. In many cases remodelling is associated with addressing the unpopularity of bedsits. A lot of providers chose to place a partition across the bed recess to create a separate bedroom and a small one bed flat. This may be the only option for some buildings. Some providers will carry out major re-modelling, converting 3 bedsits into 2 one bed flats. However, this is an expensive solution and is often technically not possible. It leads to a reduced number of properties while still requiring the same amount of maintenance of communal areas making service charges for the remaining residents more expensive.

Most providers are planning further improvements to their schemes as shown in Figure 4.13.

Figure 4.13: Future Improvements

	No reply	Yes	No
Planned and approved	1	9	4

A key issue in terms of lettability is lift access to upper floors. Figure 4.14 identifies that there were 3 schemes where there is no lift access to upper floors.

Figure 4.14: Lift Access to upper floors

Is there through floor lift access to all upper floors in main building?	
Yes	5 35.7%
No	3 21.4%
Not applicable	6 42.9%

Generally, access in the schemes including individual properties was said to be either good or reasonable. Figure 4.15 shows that only two schemes identified any access problems.

Figure 4.15: Access

Are any parts of the main building difficult to access?	
None	12
Main entrance	1
Other common parts	1

Figure 4.16 highlights the fact that most schemes have a good range of facilities.

Figure 4.16: Facilities

Facilities available in schemes	
Communal lounge	13 92.9%
Dining room / restaurant	1 7.1%
Assisted bathrooms	5 35.7%
Laundry	12 85.7%
Hairdressing	4 28.6%
Guest room	8 57.1%
Car Parking	13 92.9%
Buggy store	1 7.1%

Facilities available in schemes	
IT room / library / hobbies room	3 21.4%

A growing problem is storage for electric mobility scooters. This is a particular problem in older schemes where property and corridors sizes prohibited storage in or near individual homes. The increasing use of mobility scooters is almost certainly going to create more long term storage problems.

All the schemes are linked to a community alarm service but Figure 4.17 identifies that only one scheme currently makes use of Assistive Technology.

Figure 4.17: Use of Assistive Technology

Is there any form of Assistive Technology in place?	
No reply	1
Yes	1
No	12

The only scheme that has Assistive Technology is Caldwell Court which is provided by Marches Housing Association where they have pendants and lifelines.

Conclusions on the sheltered housing property survey

Much of the current specialist stock was built in the 1970's and 1980's and particularly those developments that were designated as sheltered housing were designed on an understanding that people were prepared to compromise personal space for public space within the building in order to socialise. As a consequence space standards in sheltered housing flats are often less generous that general needs flats and modernisation is therefore often compromised by limited space.

Although most properties will have benefited from modernisation and Decent Homes work, the original design of the buildings can lead to a situation where the accommodation does not meet the needs or aspirations of older people. Interviews with providers suggest that there has been some closure of poor quality buildings where there was little demand and that more closures are being considered due to design issues with the accommodation.

4.3.5   Demand for specialist housing for rent

Sheltered housing property survey

The sheltered housing property survey (see above and Appendix 7) also asked a question relating to demand and the time it takes to let a property. As Figure 4.18 identifies, at the present time there is little or no problem with

letting properties. This was also confirmed in interviews that there conducted with most housing providers as part of this work:

Figure 4.18: How long does it take to let a property:

	Up to 4 weeks	5-8 weeks
Bedsit flats in main building	2	2
1 bed flats in main building	7	1
2 bed flats in main building	-	2
1 bed flats in external buildings	1	1
2 bed flats in external buildings	-	-
1 bed bungalows	8	1
2 bed bungalows	1	-

The longest time that properties took to let was between five and eight weeks. In other similar surveys conducted in other areas of England by PFA it has not been unusual to find properties taking over 6 months. This suggests that despite the design of buildings people are still willing to move into this type of building.

One of the most important factors influencing demand is location and as shown in Figure 4.19, all of the schemes were recorded as either being in desirable or reasonable locations

Figure 4.19: How desirable is the area in which the scheme is located

Is the area in which the scheme is situated?	
Desirable	7
Reasonable	7

The location of a scheme can often override the quality of property on offer.

The sheltered property survey asked why people chose sheltered housing. As identified in Figure 4.20 the main reason (for 13 schemes was the scheme itself) but location (7 schemes) was an important factor in its own right as well.

Figure 4.20: Why did you choose Sheltered Housing?

Why choose sheltered Housing	
Want sheltered accommodation	13
Want larger accommodation	1
Location of scheme	7
Lift to upper floors	1
Rent / service charge appropriate	1
Shared facilities	1

Home Point Supply

Information on demand was also gathered from Home Point (see Appendix Five for the Allocations policy), the choice based lettings service that covers most older people's accommodation in Herefordshire with the exception of Extra Care and Very Sheltered housing. These are let through a different system

Of 11,735 properties covered by Home Point , 159 are designated as being for age 60 and over, and 904 are designated as being for age 55 and over. In addition, there are 1,019 properties owned by Herefordshire Housing (HHL) which do not have a specific age designation against them, but which are marked as "Sheltered". While some sheltered stock is provided for non-age-related categories of clients (clients who are vulnerable in one way or another), it is likely that most of the sheltered stock is designated for older people.

During the quarter (1st October 2010 – 31st December 2010) there were 949 people aged 55 and over on the Home Point housing waiting list. Figure 4.21 looks at the minimum number of bedrooms required by those on the waiting list by age group.

Figure 4.21: Minimum Bedroom Requirements by Age Group and Banding of properties let through Home Point

Minimum no. of Bedrooms Required	1 Bedrooms				2 Bedrooms				3 + Bedrooms				Total
Banding	P	G	S	B	P	G	S	B	P	G	S	B	
Age No. of Under 18s	2	7	29	16	1	2	6	2	0	0	0	0	**65**
Age No. of 18 - 25	34	116	236	258	14	74	179	116	1	4	68	8	**1108**
Age No. of 26 - 35	9	79	181	168	7	60	174	133	8	29	206	88	**1142**
Age No. of 36 - 45	11	80	160	169	6	50	104	128	8	23	152	103	**994**
Age No. of 46 - 55	4	70	137	154	1	42	54	83	1	6	53	44	**649**
Age No. of 56-65	3	54	112	169	1	22	27	29	0	0	10	9	**436**
Age No. of 66 - 75	0	44	80	115	0	12	16	15	0	0	1	1	**284**
Age No. of Over 75s	1	39	98	67	0	8	8	7	0	0	0	1	**229**
Total	64	489	1033	1116	30	270	568	573	18	62	490	254	**4907**
Total	**2702**				**1381**				**824**				

Source: Home Point Quarterly Monitoring Statistics, 1st October 2010 – 31st December 2010

Looking at the applicants aged 56 and over, very few require a property with a minimum of more than 1 bedroom*:*

- 98 of the 436 applicants in the 56-65 age group (22.5%),

- 45 of the 284 applicants aged 66-75 (15.8%), and

- 215 of the 229 applicants aged 75+ (10.5%)

Other influences on demand

- As was noted earlier there have been some changes in the way support services are delivered and this has been coupled with some properties being designated for people over 55 or 65. This may see demand increase further as properties are opened up to a wider age range

- The Council has also recognised the value of downsizing in the lettings policy by prioritising those who can free up under-occupied properties. This is an important initiative as it frees up much needed family housing but also adds to the demand for specialist accommodation

- Any new social rented accommodation may be let at the new "affordable rent" but should have regard for the Council's forthcoming Tenancy Strategy (see Section Two) and this may mean that they could be more expensive than current rents. Providers will also have the option to convert re-lets to affordable rents and this may have an influence on demand. At the moment, housing providers do not think they will consider this option for re-lets.

- Changes to welfare benefits may see people under-occupying properties penalised if the rent is funded through housing benefit. This includes those who under-occupy by one bedroom, for example a couple occupying a two bedroom bungalow. Consequently it may be far less attractive for social and private renters who are supported by housing benefits to move to 2 bed bungalows or houses. This therefore is more likely to see people choosing 1 bedroom accommodation.

- In a further development some housing providers are beginning to offer some specialist rented properties for sale when they become available. Although only a few providers are doing this, notably Hanover, if this trend grows then this may see the numbers of properties becoming available for rent reducing.

Conclusions on demand for rented specialist accommodation

The housing register information confirms that there are more people interested in moving into specialist accommodation than there are properties available. Taking together the property survey results on demand for sheltered

housing alongside the information on the waiting lists and the results of interviews with providers, confirms that there is no evidence of low demand for specialist accommodation for older people within Herefordshire.

4.3.6 Extra Care and Very Sheltered Housing

Extra Care has increasingly become the main focus of housing development for older people nationally. Extra Care is a *concept* rather than a housing type as there are many different kinds of housing and services that come under this label. They are aimed at people with different kinds of incomes and aspirations. Some are for rent only and are aimed at 'social' tenants while others are aimed at people who can pay market rents. There are developments that are purely for sale or leasehold and others that are mixed rental and leasehold, often called shared ownership.

The Department of Health (DH) describes Extra Care as "a type of housing that enables people with care and/or support needs to remain in their own home. It is a form of specialised housing for adults with varying care needs. Traditionally these people may have been accommodated in sheltered housing, residential care, nursing homes and other types of accommodation with care and/or support. Extra Care accommodation enables the delivery of health and social care services to most service users without the need for them to move out of their own homes. Extra Care Housing should be capable of providing the majority of residents with a home for the remainder of their life, regardless of changes in their care needs, if they so desire."

Key to this housing option is the shift of emphasis from 'quality of care' to 'quality of life'. The crucial factor therefore is the philosophy, together with special design features that pulls together a package that enables people to live independently.

Currently there are two Extra Care schemes in Herefordshire providing 143 units (109 for rent and 34 units for sale). The Extra Care schemes have proved to be very popular. The modern space and design standards are a very important factor in their popularity.

Generally Extra Care is let outside of the usual lettings systems. This is to ensure that the developments maintain a balanced community of needs. As a result it is quite common for a third of all lets to go to those with a housing need but either no or low support or care needs. This group may otherwise have been housed in sheltered housing or other specialist accommodation. As a result, there has been some evidence of demand for sheltered housing shifting to Extra Care where they are in close proximity. In some areas this has been seen as a strategic opportunity to bring a better balance of quality to the specialist housing stock where Extra Care has being introduced into an area linked with the planned closure of outdated sheltered accommodation.

Interviews with Commissioners and housing providers confirmed their support for more Extra Care schemes in Herefordshire but as it was noted at the beginning of this section the current state of the housing market is making the

opportunity to develop much more difficult. There are also issues concerning the funding of care and support and the impact of personalisation that are addressed in Section Five.

There are a further two schemes (72 units) that are identified as Very Sheltered Housing and offer an enhanced support and care service. For the purposes of the model that follows (see Figure 4.24) these schemes would be described as Enhanced Sheltered Housing.

Conclusions on Extra Care Housing + Very Sheltered supply

There are noticeable gaps in Extra Care provision for all tenure groups across Herefordshire due to the very limited development that has taken place up to now.

4.3.7   Retirement Housing for sale

Figure 4.22 sets out estimates of specialist retirement housing for sale. There is a particular issue in identifying private sector retirement housing developments as they may only be recorded as specialist provision during the planning stage. Once developments are fully sold, identifying these developments is often dependant on how the managing agent chooses to advertise when properties come up for sale. As a consequence there is a tendency to under estimate the scale of "for sale" provision:

Figure 4.22: Specialist Accommodation for sale

Area/ Address	Name of Property	Type of Property	Number of units	Price
Belmont	Brook Farm Court	Cottages, Bungalows and Apartments	Cottages (14), Bungalows (9), Apartments (18). **41 units in total**	£105,000 (2 bed 1st floor apartment)
Ross-on-Wye (Gloucester Road)	Goodrich Court	Apartments	58	£85,000 (1 bed 1st floor apartment) to £139,950 (2 bed 1st floor apartment)
Ross-on-Wye (Station Street)	Wallace Court	Apartments	43	£149,950 (1 bed apartment) to £169,950 (2 bed

Area/ Address	Name of Property	Type of Property	Number of units	Price
				apartment)
Ledbury (The Homend)	Dawes Court	Apartments	22	From £69,950 (1 bed flat) to £115,000 (2 bed apartment)
Hereford (Old Mill Close, Off Friar Street)	Watkins Court	Apartments	54	£142,000 (2 bed apartment)
Total			**218**	

Source: www.retirementhomesearch.co.uk

Figure 4.23: Shared Ownership/Leasehold Older Persons Housing in Herefordshire

Housing Association	Name of Scheme	Area	Number of Shared Ownership Units	Size of Units
Elgar	Rose Garden	Hereford	34	1 and 2 Bed
Guardian	Bridge Court	Leominster	21	1 and 2 bed
	Upperhall Close	Ledbury	20	2 bed
	Guardian Court	Hereford	18	1 and 2 bed
	Fairfield Green	Fownhope	10	2 bed
West Mercia	Burrows Court	Hereford	18	1 Bed
	Deens Court	Hereford	20	1 and 2 bed
	Beechwood Court	Hereford	12	2 Bed
	St Mary's Court	Hereford	10	1 and 2 bed
	St Owen Court	Hereford	22	1 Bed
Ragland	Town End Court	Leominster	53	1 and 2 bed
Touchstone	Fonteine	Ross on	49	2 bed

	Court	Wye		
	Jamieson Court	Hereford	16	2 bed
Total Units Shared Ownership			**293**	

Source: Herefordshire Council Stock List

Conclusions on sheltered housing for sale

- The level of provision clearly indicates that there is interest within Herefordshire for both outright purchase and shared ownership/leasehold options.

- The costs of resale properties seem to be within the price range of those who were interested in purchasing alternative accommodation (see Section Three)

4.3.8 Conclusions on specialist accommodation in Herefordshire

The overall range of specialist provision demonstrates the following characteristics:

- A good overall capacity of residential care provision within Herefordshire. A good level of nursing home provision but there may be a need for either change of use or additional provision for people with a dementia

- A reasonable spread of residential care and nursing home provision in some areas but the provision in rural areas is mainly focused on the "market towns"

- A reasonable level of sheltered housing for rent. There is some evidence that some of the property on offer is outdated. However there is little evidence of low demand

- A low supply of leasehold retirement housing and specialist accommodation for outright purchase or shared ownership

- An undersupply of Extra Care across all tenures

4.3.9 Benchmarking the Specialist supply side

Below we benchmark the current supply of specialist accommodation for older people against the recommended levels from *More Choice Greater Voice, a toolkit for producing a strategy for accommodation with care for older people* (Housing LIN, for CLG, CSIP/DH February 2008), which have now been updated in the Strategic Housing for Older People Toolkit 2011 (SHOP) – see page 19 of Section A of the SHOP Toolkit. The Toolkit is referenced in Section 2.1.2 of this report. The trends that have shaped the model are:

- The demand for rented conventional sheltered housing is likely to decline

- The suitability of the older stock for letting will become increasingly problematic

- The potential for leasehold retirement housing will continue to grow

- Some existing schemes will lend themselves to refurbishment and remodelling to provide enhanced sheltered housing to supporting rising levels of frailty

- Some of this enhanced sheltered housing should be offered for sale alongside that for rent

- There is a need for an increasing proportion of extra care housing but its viability depends on a stronger strategic relationship between health, housing and social care agencies

- Extra Care housing should be provided for sale and rent.

- There is a need for housing-based models of accommodation and care for people with dementia

- The proper design and use of Extra Care Housing should mitigate the demand for an increase in residential care provision and may allow some measure of re-provision

- Housing-based models for dementia care will provide an alternative to nursing home based strategies for meeting the needs of those living with moderate to severe dementia

- The need for greater choice in the housing market

The model sets out a series of "norms" for the levels of different specialist provision referencing them against the older population. The model is helpful as it looks across all tenures of specialist accommodation. In the past estimates have focused on specialist rented provision exclusively. The model therefore provides a way of looking across the specialist accommodation system and providing information for considering in what ways the volume and balance of specialist housing needs to change to meet future needs.

The model only considers the needs of people over 75. This is the group that is most likely to be interested in or needing specialist accommodation. The evidence from both the household survey and the consultation exercise confirms this. It should be noted that the model used to project future supply takes no account of affordability in the projections.

The main changes from the original model developed in 2008 relate to:

- A slower projected loss of sheltered housing for rent because of the scarcity of capital funding to carry out re-provision and supply shortfalls in other aspects of the housing market

- Higher projections for the level of leasehold retirement housing to reflect the fact that demand is growing strongly especially in areas where owner occupation levels among older people and property values are high

- higher targets for extra care housing, in particular extra care for sale, to reflect the drive at both national and local levels to reduce the level of publicly funded placements in extra care housing

The total population aged over 75 at 2015 for Herefordshire is expected to be 21,800 (see Section Two). By 2025 the population is projected to be 32,400. The projections in Figure 4.24 are based on these figures:

Figure 4.24: Projecting future supply against the updated More Choice Greater Voice Model on p.19 of the SHOP Toolkit

Type of provision	Current supply (2010)	Suggested provision per 1000 of population 75+	Suggested supply 2015	Increase/ (decrease) by 2015 from 2010	Suggested supply by 2025	Increase/ (decrease) by 2025 from 2010
Housing based provision for dementia	0	6	128	128	194	194
Extra care for rent	109	15	327	218	486	377
Extra care for sale	34	30	654	620	972	938
Enhanced sheltered housing for rent	0	10	218	218	324	324
Enhanced sheltered for sale	0	10	218	218	324	324
Sheltered for rent	1925	60	1308	(617)	1944	19
Sheltered for sale	511	120	2616	2105	3888	3377

The projections suggest a significant reduction in sheltered housing for rent up to 2015 (though a small increase up to 2025 to reflect growth in the older population) which is balanced by growth in extra care and enhanced sheltered housing. The key area of growth is for outright purchase and shared ownership and leasehold developments.

The updated model does not cover registered care homes and nursing home care. The current supply is:

- 702 care home with nursing places, which is in line with the England average
- 825 care home places, which is below the England average

However, all local authority areas are aiming to reduce the level of admissions to long-term care, so the supply of both care home and care home with nursing is seen as adequate.

The *More Choice Greater Voice* toolkit makes clear that the norms it proposes need to be moderated to take account of local circumstances and local policy. Account needs to be taken of the following:

- The aim of shifting the balance of provision away from long-term care, and to supporting more older people at home

- The current financial climate which will make it difficult to secure capital finance for new developments

- Reductions in the subsidies available for social housing and the introduction of Affordable Rents

- The need to address the projected growth in the number of people with dementia and the number of people with disabilities and long-term conditions living into older age

- The general shift to flexible housing support rather than support linked to specialist accommodation

- The general pattern of reducing levels of care homes to take account of more people being supported at home or in housing settings

- The housing market remaining at about its current rate of turnover for some time to come

- The ongoing good demand for even outdated sheltered housing if it is in a popular location. This makes the economic case for renewal more difficult within the context of challenging financial climate

The recommendations in section 6 of the report set out proposed new supply targets for specialist housing, based on the benchmarking above, moderated for Herefordshire.

4.4 Assessing future housing need and demand: Key issues in moving forward

General needs housing

The key priorities identified from this study in relation to supply are:

- In planning future general needs housing recognise that between a quarter and a third of the general needs stock will be occupied by older people

- The development of 'all age' accessible two bedroom general needs housing, both rent and shared ownership to address the ageing population in the housing market. There was a strong preference for bungalows in the consultation. However, this must be balanced by what can be delivered realistically in terms of housing needs across all sectors and all age groups. Specific targets are not therefore proposed, for example for two bedroom bungalows, because it is unlikely that there are the resources available to meet overall

demand. It may be necessary therefore to consider ways to promote alternative options. It is suggested that the balance of a 80/20% split between market and affordable housing

- Look at other alternatives to address unmet demand. For example one option for addressing the needs of people under occupying houses might be to provide a better quality sheltered/retirement housing offer as a form of incentive to move. This builds on the additional priority given to people who fall into this category on the housing register

- Investigate the supply/demand imbalance in more detail within each local area

- Improve the overall standard and accessibility of housing through use of the planning system to influence new development

- Increase the number of wheelchair/adapted properties as part of the modernisation of specialist housing. This may be very challenging for specific developments but as far as possible they should be brought into line with newbuild design standards

- Ensure that all new dwellings where the front door access is on an upper storey either have lift access or are designed so that assisted access can be provided in the stairwells if required at a future date

- Consider the infrastructure that is needed to develop lifetime communities when delivering large scale regeneration, for example: local amenities, transport links and dropped kerbs

Specialist Housing

- There is an adequate supply of general residential and nursing home places for older people across the study area given the planned shift away from long-term care

- There are few examples and an under supply of housing based options for people with dementia in Herefordshire. Nationally, there are good examples of people with dementia being supported in Extra Care housing[11]. Examples are provided in Appendix 9. There may be a need for smaller housing based schemes – sometimes grouped together to give economies of scale in order to meet specialist needs

- There is a shortfall of Extra Care housing for rent, leasehold and shared ownership

- Proposals for the large scale development of Extra Care may be scaled down due to the current financial climate but there should be opportunities to continue to develop some Extra Care making use of existing resources and the new financial structure being introduced within the Localism Bill

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[11] See http://www.housinglin.org.uk/

- There is an oversupply of lower quality sheltered housing for rent with a large under supply of sheltered housing for sale

There is a need for:

- Better use to be made of some existing provision and particularly sheltered accommodation to support higher levels of frailty and to meet the needs of older people with learning disabilities and older people at risk of homelessness

- Additional Extra Care provision for rent and sale

- A higher level of quality of sheltered housing for rent to meet the growing aspirations of older people

- More 2 bedroom housing, both in sheltered housing flats, and bungalows and in general needs housing

- A growth in the level of sheltered housing for sale and shared ownership in the long term

- Providers to consider the implications of the Localism Bill and the "right to manage" power that will be given to local communities in decommissioning specialist accommodation

- Providers to consider the balance of their stock. Some sheltered housing for rent is of a good standard and there is some evidence nationally that some providers are beginning to offer a proportion of re-lets for sale. This is intended to create an income flow that will support future development while also addressing the need to change the tenure balance and meet the needs of older owner occupiers

Procurement and planning

- The options for procuring new housing are changing in terms of the way the planning system will operate and funding. Commissioners will therefore need to explore new mechanisms for procuring new housing. Some housing providers are already considering how they will fund new development from within their own resources. To encourage this type of interest Local Authorities will have to consider what incentives they can offer; a financial contribution, land etc. To reach this stage there will need to be clear plans about what will be required

- It is clear that Local Authorities and providers will have to work closely with communities to develop plans. The Localism Bill will provide a new dimension to the planning process and also the community's "right to build" may become a factor in the development of specialist accommodation

- Local Authorities may work in collaboration to develop strategic partnerships with builders and housing providers. There are a range of options here and a number of well developed approaches. In order to attract developers to work in the county, the local planning

framework will need to enable developers wishing to develop specialist housing for older people to compete with general needs builders over suitable development sites. Consideration will be given to setting a clear direction in the Core Strategy for older people as a strategic housing and planning priority for the county

- Housing providers may begin to offer mixed tenure developments providing very high quality specialist accommodation for sale in order to create capital to develop specialist social rented accommodation

- Most Extra Care schemes provide a range of communal and community facilities. The changing funding situation is likely to make the justification of at least some of these facilities more difficult. Therefore health and social care will have to consider the provision of capital funding for some facilities

- The government is also planning to make more government owned land available for housing and other development.

Overall, there needs to be a change over time in the balance of tenure from rent to sale and shared ownership, a broadening of choice in housing type and service model, and an increase in the quality of housing to meet the growing aspirations of older people.

5. Independence and Community Living

5.1 Introduction: Building a joined up system for older people

This section of the report addresses:

- National drivers for change (section 5.2)

- Herefordshire's response (section 5.3)

- Information, advice and access to services (section 5.4)

- Specialist accommodation - extra care and sheltered housing (section 5.5)

- Supporting people at home: community alarms, assistive technology and neighbourhood models of housing related support (section 5.6)

- Home Improvement Agency (HIA) and other related services (section 5.7)

- Meeting specialist needs – dementia and learning disability (section 5.8)

- Making it happen: market development and use of resources (section 5.9)

- Conclusions (section 5.10)

5.2 National drivers for change – resources, personalisation, reablement and prevention

There are two main national drivers for change that impact on the planning and delivery of housing and support for older people at a local level. The first relates to the financial implications for local authorities of the Comprehensive Spending Review (CSR), and the challenge of addressing the growth in the older population with fewer resources.

The second relates to the government's *new vision for adult social care*, which was launched in November 2010. The vision reinforced and strengthened the previous government's drive on personalisation and promotes:

- A growth in the number of people (both people who use services and their carers) with personal budgets and direct payments - this vision challenges councils to provide personal budgets, preferably as direct payments, to everyone eligible within the next two years

- A more diverse workforce, including the growing use of personal assistants

- The support of mutuals, co-operatives, charities and social enterprises, and encouraging greater involvement from these groups in the running of public services

- Breaking down barriers between health and social care funding to incentivise preventative action

All this is in line with the government's strategy to shift power from:

- The state to the citizen

- Central government to local authorities

- Providers to service users

The implications of personalisation for service providers

The implications resulting from the introduction of personalisation are considerable for housing support and care providers. Many older people already fund their own support and care and many more that mainly fall into the "substantial and critical" category in Adult Social Services needs assessments will have significant budgets with which to choose their best combination of services.

Under these circumstances they will have the resources, choice and control to purchase housing support services and care services. At one level this presents a challenge for service providers but it also creates an opportunity to offer a menu of customer focused services.

Housing providers have a strong track record in finding individual solutions that fit around people. Personalisation will accelerate developments already underway in the housing sector to give people more control and choice over their living environment and require different relationships between people who use services, housing and support providers and commissioners.

A number of housing providers have tested how personalisation fits with models of specialist housing. It is possible to develop a core service offer and then a menu of options which are available for purchase, using public or private funding, either in-house or from another source. People may also want to buy services jointly.

The implications for housing providers have been identified as follows[12]:

- Personalisation for housing providers means: tailoring support to people's individual needs to enable them to live full, independent lives

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[12] Source: At a glance 8: Personalisation briefing: Implications for housing providers
Social Care Institute for excellence at a glance: Personalisation: briefing: Implications for Housing Providers 2009

- Housing and the local environment can make a critical difference to someone's ability to live independently

- Housing providers need to be able to offer people a choice in how and where they could live and to ensure that homes are well designed, flexible and accessible – the Lifetime Homes design standards can help with this

- Developing ways to respond to personalisation through specialist housing

- Local authorities can include funding for housing related support in the personal budget of people using services if applicable

- Ensuring that people have access to information and advice to make good decisions about their care and support

- Finding new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services

- Developing systems and processes to enable staff to work in creative, person-centred ways

The importance of reablement and prevention

A key aspect of the personalisation agenda is promoting reablement and prevention and well-being approaches that support independence, and reduce the likelihood of more expensive long-term care interventions. Evaluation of the *POPP* (*Partnership for Older People's Projects*) Department of Health funded programmes from 2006-9 indicates that investment in prevention in social care can result in savings for the NHS. Potential savings could be in the range from £0.73p to £1.34 for every pound spent. 50% of people who received a reablement package needed no ongoing care package and 36-48% continued to have no ongoing package after two years. PSSRU data suggests the average cost of reablement is £2,000 per person.

5.3   Herefordshire's response

Funding environment

For 2010-2011 Herefordshire Council Adult Services had to make a budget reduction of 1.63% and Regeneration a budget reduction of 4.58%. These reductions do not take account of inflation.

Adult Services and Health

In Herefordshire, Adult Services spends slightly more than half of its total budget on people over 65. Herefordshire has been shifting resources away from higher level services such as residential and nursing care. The rate at which people are now being admitted into residential and nursing care is reducing; this is despite an increasing older population, particularly over 85's. Numbers being admitted are also lower than comparator authorities and the

average for England. While admissions have decreased expenditure on residential and nursing care still remains higher than comparator Authorities and the average for England. Figure 5.1 shows the expenditure in Herefordshire over the three years from 2007-8 to 2009-10.

Figure 5.1: % of total gross current expenditure spent on residential care by client group, 07-08 to 09-10
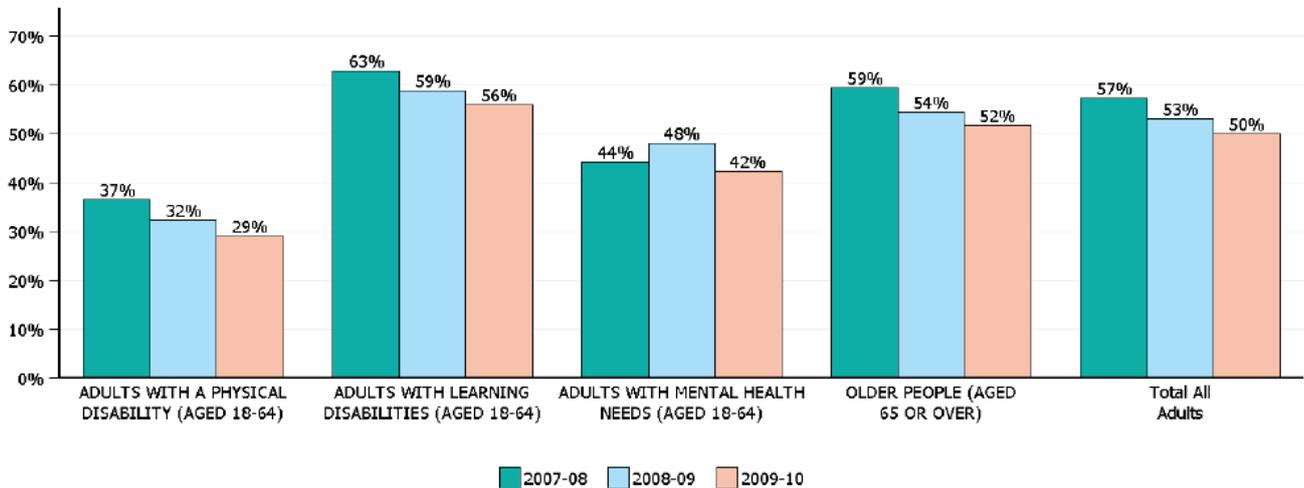
Source: National Adult Social Care Intelligence Service (NASCIS) Expenditure 2009-2010 Report

However, the DH report on the *Use of Resources in Adult Social Care* (October 2009) stated that Adult Services Departments should be spending no more than 40% of their budget on long-term care, and Herefordshire are still above that figure.

The *Herefordshire Health and Social Care Community Draft (14 May 2011) Commissioning Plan for Integrated Health and Adult Social Care with an Emphasis on Older People* provides further information on activity and spend for older people for 2010-2011 in Figure 5.2.

This shows that 57% of the budget for the current year for older people is predicted to be spent on long-term care. To achieve the DH target of 40% would mean a shift of £2,157,950 away from residential and nursing home care and into community based services.

Figure 5.2: Client activity and spend for older people in Herefordshire for Adult Social Care 2010-2011.

Older People's care	Forecast outturn	Projected activity 2010-11
		(based on frameworki 3 quarters activity, finance activity data, prior year outturns)
		Numbers of client during the year whose primary client group is Older People)
	£	**Client Nos.**
Residential Care	4,406,744	270
Nursing	2,781,104	240
Extra Care	215,545	10
Day Care	599,537	300
Direct Payments	164,135	70
Personal Budgets	336,218	30
Homecare	4,071,462	1500
Total	12,574,745	

Based on frameworki 3 quarters activity, finance activity data, prior year outturn
Numbers of client during the year whose primary client group is Older People

NHS Herefordshire also has a high number of community beds for its population, the highest in the West Midlands Strategic Health Authority (WMSHA) area, as shown in Figure 5.3.

Figure 5.3: Number of community beds provided by the PCT per 100,000 weighted population.
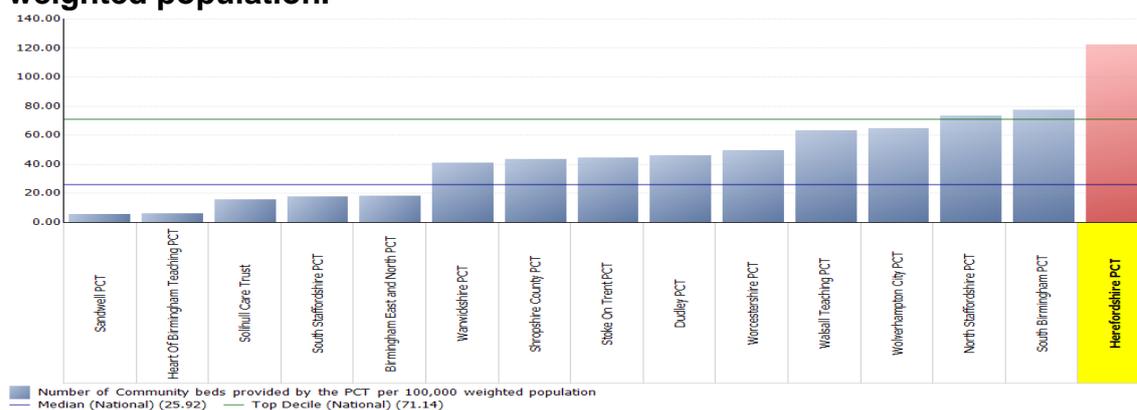
Source: Hospital Activity Statistics and Department of Health, 2007/08

The same report highlights for 2009-2010 a lower than comparator average of social care clients:

- Receiving self directed support (NI 130)

- Achieving independence for older people through rehabilitation/re-enablement and intermediate care (NI 125)

It also shows an average performance in relation to the comparator group for 2009-2010 of social care clients supported to live independently (NI 136).

The same report concludes that:

- Individuals are not supported to exercise choice and personalisation of care through the allocation of personal budgets

- The majority of spend on adult social care is in independent care home settings

- Utilisation of acute hospital care is higher than elsewhere in England for older people aged 75+

- When older people come into contact with the health and social care system rehabilitation and reablement services are not sufficient to enable a return to independent living; and

- There is too high a dependence on bed based care in both the health and social care markets rather than more responsive care, closer to home, where appropriate

Other key factors identified in the *draft Integrated Commission Plan for older People* include:

- An increase in hospital admissions due to falls – an increase of 40% between 2003 and 2007

- High prevalence of dementia

- High use of Accident and Emergency Hospital treatment with complaints that could be more efficiently treated by GPs

The report sets out the average comparative costs of care in bed based and community settings. The key information for older people is reproduced in Figure 5.4

Figure 5.4: Costs of care per individual by care setting as at September 2010

Type of care	£ per person per year at September 2010
15 hours/week home care	12,000
Residential care for older people	21,000
Nursing care for older people	30,000

Changing the focus of the provider market

The *draft Herefordshire Integrated Commissioning Plan* (May 2011*)* highlights that "work will be required with private and social housing providers and the broadening of supply of care and support providers and to assist entry into the

market of new providers. Larger providers will be encouraged to offer more flexible community options, and care homes will see themselves increasingly as community facilities. Market development should stimulate a changing offer from providers with more small-scale voluntary and independent "micro providers" and social enterprises that can offer community based, affordable and niche support to individuals and small groups".

The health service is focused on re-designing pathways to prevent falls and reduce admissions and length of stay for people with chronic diseases. The aim is to reduce the level of activity in acute hospital settings by 25% by 2013-14.

The action plan for the *draft Integrated Commissioning Plan* focuses on:

- Prevention

- A simplified Single Assessment Process (SAP) across health and social care

- Greater take-up of personal budgets

- Improving advice and information for self funders

- The development of a more diverse and high quality care and support market for service users and carers, with a shift away from long-term care, and a greater variety and choice of services available

- Further development of Assistive Technology

- Improved intermediate care and reablement services to enable increasing numbers of people to retain or regain independence. Recommissioned services will include:
  - Advice and information on benefits, winter warmth/fuel poverty
  - Continence management
  - Falls prevention
  - Aids/adaptations & equipment
  - Self care for long term conditions
  - Advice & support for sensory impairment
  - Access to services such as podiatry and dental care
  - Advice and information on nutrition

- Greater support for carers

- Reduce reliance on residential respite care

- Prevention and early intervention in mental health and dementia

- The development of a neighbourhood model of community health and adult social care

- Market development to include a housing plan for older people, to include advice and support for self funders and advice on adaptations and equipment for people who own their own homes

For Adult Social Care the *draft Herefordshire Market Position Statement for Adult Health and Social Care* (July 2011) also highlights the need for market development and re-shaping to deliver on personalisation – moving away from "a traditional menu of services to a more flexible person-centred offer". It identifies the key elements of successful market development as:

- Provider engagement – engaging providers who can bring fresh ideas and experience of service development

- Enhancement of existing markets – moving away from block contracts to framework agreements and spot purchasing; providers tendering in consortia to open up greater choice; Individual Service Funds (ISF) where the provider holds the personal budget; and outcome focused contracts

- Introduction of new market options – provision of non formal support; greater emphasis to engaging with universal services; a variety of brokerage and support planning services for individuals; supporting User Led Organisations (ULOs), social enterprises and co-operatives

- Competition (quality and price) – high quality services which offer value for money

The draft *Market Position Statement* also sets out a set of market intentions and priorities, including:

- To invest in early intervention and prevention

- To invest in carers services that are flexible to meet the assessed needs of the cared for and for the carer

- To continue to resource home care/ domiciliary care

- To support the re-patriation of people living outside of the county to return home

- Reduction in traditional day care and residential care

- Investment in reablement, intermediate care and assistive technology

The same document also states that the "Council is committed to developing alternative services and housing options to enable older people to have more choice about how they have their own care needs met within their own home in the future. As a result, expect extra-care schemes to offer a range of both in-reach and out-reach services to the wider community as well as care homes to diversify to deliver outreach services".

The future for housing related support services for older people

Significant changes are also being made to the way support services are delivered to older people in Herefordshire. Herefordshire have made a clear decision that housing related support would not be planned as a separate function and consequently merged Supporting People into an integrated Health and Adult Social Care commissioning function.

This was helped in 2009/10 when the Supporting People programme grant was removed from ring fencing, and from 2010/11 the funding is paid as part of the Formula Grant. Supporting People funds can now therefore be used more flexibly to meet strategic aims.

Changes were first piloted in 2009/10 when resident wardens were replaced with community based floating support services for older people living in sheltered accommodation. Further changes were made at the beginning of 2011/12.

In future support services will be much more aligned with the prevention and reablement agenda. Interviews held with the acting Director for Adult Social Care, and the Lead Commissioner for older people for the Council and PCT have identified the following priorities for housing and support services:

- The development of more extra care housing across all tenures to reduce the reliance on traditional bed based care, but with a focus on models that do not rely on high levels of capital funding from the Homes and Communities Agency, or on substantial revenue funding from Adult Social Care

- A shift in the focus of housing support funding from accommodation based funding to funding based on individual need, with the core housing support services to be based around telecare

- Additional services, preferably short-term intervention services, that can be added to the core service to include:

  - A coherent strategy around telecare services
  - Floating support linked to the development of a neighbourhood support model

- A more proactive approach to Disabled Facilities Grants (DFGs) and restructuring the Home Improvement Agency service (HIA)

- Ensuring that specialist needs are met for particular population groups, in particular people with dementia and people with a learning disability living into older age

Alongside this the County Council is looking to work with health, social care and housing providers, including sheltered housing and housing support providers, to be able to support people with higher care needs out of long-term care, and move away from the current situation where some vulnerable people are moving into long-term care too early.

The rest of Section Five addresses how different elements of the housing support system can support the vision and service direction that the Council is looking to take forward.

5.4   Information, advice and access to services

A key aspect of the changes that are taking place in Herefordshire involve older people taking more control for themselves and facilitating them to make informed choices. Information is therefore a critical issue.

It was found in the interviews and survey (see Section 3), that there was an understanding by older people of the importance of being provided with good quality information and being signposted to services. However, it was also found that:

- Many older people did not feel that they needed any additional information, particularly people living in the rural areas

- There was a range of information sources and access routes into services which could be confusing for older people.

- Older people had limited knowledge of some service options

- There are a range of organisation who have developed their own systems of information, although most older people in Herefordshire seem to prefer using voluntary services

Although many people say they do not require more information at a given point in time the ability to make effective and informed choices is dependant on good information. The development of personalisation will see the introduction of information systems to support choices (see section above). There is also a need for a broader range of information about services for people not eligible under FAC's (Fair Access to Care) eligibility criteria so that they can purchase the services they need to sustain independent living.

There is a need to make straightforward independent information available to people about their local services, helping them make informed choices and influence decisions:

- It needs to focus on people and the places they live in

- It should give people a snapshot of opportunities and choices in their local area

- It should also help local services improve the quality of life in their area through an understanding of what is and is not on offer

- It should help people understand if they are getting value for money from their local services.

The older peoples' household survey (see Section Three) suggested that financial inclusion should form a key element of information. One element of this relates to benefits take-up. There is still plenty of evidence, for example from voluntary organisations such as Age UK, about lack of knowledge and take-up of benefits by older people. Social housing providers, such as

Housing 21, have invested in welfare rights advisors and have found that they have secured additional income for tenants.

At times people will need access to financial services and products, and access to the right forms of information will help to ensure they make the right choices on a range of financial issues. As an example Equity Release products were not a popular choice in the older peoples' household survey. However, they may be a very useful product for some and information about what the product is intended to do, what options are available and where to go for further advice would be very useful.

A key aim for financial information would be to target the most vulnerable and at risk from financial exclusion, but this range of information is also useful to all older people.

The development of information does have a cost and this will also be a key factor. The older peoples' household survey suggested that a range of methods will be needed to provide information including the use of local newspapers and the internet.

The National Housing Strategy 2011 (section 6) recognises the importance of enabling people to make an informed choice about their housing and care in later life, and is investing £1.5 million in the FirstStop information and advice service.

Housing staff can also play a signposting role when they visit older people at home, similar to that provided by the First Contact service in Nottinghamshire, one of the Link Age +pilots. There staff from a range of agencies use a quick and easy 10 question checklist in the home covering areas such as home safety (such as smoke alarms), danger of trips and falls, and adequate heating, where for example the trigger question is "are you warm enough"? If the answer to any question is 'yes' then the person is referred on or given information about the appropriate service to make contact themselves.

Conclusions on information and advice

The service transformation that is taking place across health, social care, housing support and preventative services emphasises the importance of developing a clear and integrated approach to information and access to services for the older population as a whole across all tenures, not just people looking at accessing specialist accommodation or health and social care services.

There is a need for Herefordshire Council to working actively with social housing providers, housing support staff and other voluntary sector providers of information and advice to:

- Promote benefit take-up and information to older people about services and financial products would provide substantial benefit to older people across all income groups

- Promote the use across the County by housing, care and health staff of the national FirstStop housing advice and information service. It is a free resource for older people, their relatives and professionals
- Consider the potential of housing involvement in a First Contact type service, such as that developed in Nottinghamshire

5.5   Specialist Accommodation

5.5.1 Introduction

Overall, the changes in policy and older people's aspirations, has led to the market changing and evolving in the following ways:

- Demography is driving new and additional demand for housing for older people

- Budget pressures in health and social care are driving change in housing and care services

- There is a move away from a standard 'take it or leave it' 'one size fits all' approach to service delivery

- Both government and providers are looking to move thinking from quality of service to quality of experience

This section considers the impact that these influences will have on the future role of extra care and sheltered housing.

5.5.2 The Development of Extra Care Services

Extra Care housing is still a relatively new model of housing with care. It is increasingly seen as a more appropriate and cost effective way of supporting older people than residential care. Many local authorities have developed Extra Care Housing strategies or have an explicit section within commissioning plans that set out the future development of Extra Care.

In Section Four it was noted that Extra Care is a flexible model that is based on a concept of support and independence within a housing setting. Consequently there are a range of services on offer:

- Some local authorities have been explicit about the range of Extra Care types that they want to see developed by both the public and private sectors. For example some Extra Care developments have been specifically aimed at people with a dementia or with a Learning Disability while others have been developed as part of the re-provision of residential care.

- Schemes can vary in size from a specialist scheme supporting 8 people with dementia to village schemes with 200 or more units supporting a wide range of needs

- There are also variations in the way support and care is delivered. Some will only deliver services to people who live in the development while others are designed so that services can be delivered to the wider community. Most Extra Care schemes are designed so that the wider older community can come to the scheme to take advantage of the facilities on offer

These differences need to be considered in developing a strategic approach to Extra Care. Account also needs to be taken of the growing private sector market for Extra Care schemes. This type of development may have a different name such as Assisted Living but essentially the Extra Care package of services are on offer. Generally all the people within the scheme purchase their accommodation, and purchase services from a menu of support and care.

Extra Care is likely to play an important role in Herefordshire in the future but the geography of Herefordshire and the sparse rural population will make it difficult to develop viable Extra Care schemes across the whole of the county. In a number of rural areas across the country this challenge has been addressed by developing a "virtual" model of Extra Care. This is covered in section 5.6.4 which looks at housing related support.

Further information and examples of extra care

Further information on the development of extra care housing is provided in Appendix 9. The Appendix also provides a number of examples of different extra care models. The case studies cover:

- Close care – extra care housing linked to a care or nursing home on the same site
- Models for people with dementia
- New build extra care housing
- Remodelling sheltered housing to extra care
- Assisted Living/very sheltered housing
- Village developments
- Continuing Care Retirement Communities

We look at some of these models further in section 5.8 on dementia and 5.9 on market development and use of resources.

5.5.3 Sheltered Housing for rent

Sheltered Housing Residents' survey

Staff from sheltered and Extra Care schemes were asked to complete a survey based on information in support plans. Some providers were not included in the survey because they did not gather information on all of the people living in the schemes making it impossible to produce an overall

picture of needs and services. The providers who responded to the survey were: Anchor Trust; Hanover; Marches Housing Association; Shaw Community Services; and WM Housing Group. Festival' did not respond to the survey.

Individuals were not identified in this process and information was aggregated to scheme level. In order to make like for like comparisons with other Authorities a standard description for service levels was used. In Appendix seven details of the survey methodology and results are provided. The survey looked at:

- Who was living in sheltered and extra care housing by age, gender and ethnicity

- Their dependency levels, based on a simple activities of daily living assessment, which are then compared with other authorities

- Schemes with a significant number of people with confused behaviour, or with people with drug or alcohol problems

- Moves from sheltered and extra care housing into higher care settings

- The level and type of services received

Information was gathered on 354 residents, about two thirds were female (61.8%). 97.5% of residents were White British, 2% White Irish or White Other, 0.3% Mixed White and Black Caribbean and 0.2% no reply.

The age breakdown is shown in Figure 5.5. 56% were aged 75+. This reflects the picture in most other areas, where there has been an ageing of the population in sheltered housing in line with the older population more widely. However, it should also be noted that 18% were aged under 65, and 6 people were under 50 years old.

Figure 5.5: Age breakdown

No reply	2 0.6%
Age	
Under 50	6 1.7%
50-64 yrs	59 16.3%
65-74 yrs	92 25.5%
75-84 yrs	102 28.3%
85+ yrs	100 27.7%

Dependency levels

The survey used 5 dependency levels ranging from independent to maximum dependency. Sheltered and housing support staff were provided with criteria (based on activities of daily living assessments) to enable them to determine the dependency level of their residents. The criteria are set out in Appendix 7. The breakdown is provided in Figure 5.6 below.

The resident survey found that 73.1 % of those included in the survey either had no need or had low level needs. The figures show lower dependency levels than for sheltered residents in some other authorities surveyed by PFA (e.g. Bolsover had 57% of residents with no or low needs), though other authorities had a higher level of sheltered residents with no or low needs (e.g. Vale of Aylesbury, 82% and Elmbridge, 84%).

Figure 5.6: Dependency Levels

No reply	1 0.3%
Dependency levels of residents	
Independent (no dependency)	161 44.6%
Low dependency	103 28.5%
Medium dependency	59 16.3%
High dependency	27 7.5%
Maximum dependency	8 2.2%
Don't know	2 0.6%

As shown in Figure 5.7 14.4% of residents were identified with behaviour that was a cause for concern (e.g. wandering, confusion, bizarre or irrational acts, affecting their ability to manage daily/personal care tasks and putting themselves and/or others at risk), while a further 11% were identified with some form of depression or mental health problems, and a small number (2.5%) had alcohol related behaviour which was a cause for concern. No evidence of drug related behaviour was identified.

Figure 5.7 Behaviour that is a cause for concern

	No reply	Yes	No
Which cause concern	20 5.5%	52 14.4%	289 80.1%
Suffer from depression or other mental health problems	24 6.6%	40 11.1%	297 82.3%
Alcohol-related behaviour which causes concern	28 7.8%	9 2.5%	324 89.8%
Drug related behaviour	26 7.2%	- -	335 92.8%

There can be significant management problems in schemes where there are clusters of residents with confused behaviour, or alcohol problems. The Herefordshire residents survey showed:

- 10 schemes with people whose behaviour was a cause for concern (e.g. wandering, confusion, bizarre or irrational acts, affecting their ability to manage daily/personal care tasks and putting themselves and/or others at risk), and 2 of these schemes had 4 or more people who fell into this category

- 8 schemes with people who had indications of depression and 6 of these schemes had 3 or more people who fell into this category

The survey does identify individual schemes where these issues have emerged. The details of these schemes have been provided to Commissioners but are not included in publicly accessible information.

Services

Figure 5.8 shows the percentage of residents receiving services. In line with the higher dependency levels of people living in extra care schemes the survey showed that people living in extra care were receiving a much higher level of home care than in the Category 1 and 2 sheltered housing. The level of home care and other services is much lower in sheltered housing than in extra care, and this is in line with the findings in Figure 5.6 concerning the high level of people in sheltered housing who have no or low level needs. However, there is a high level of informal family support, particularly in Category 2 sheltered housing.

There is also a noticeable difference in the level of practical services (domestic tasks such as cleaning and shopping) provided to people who live in Category 2 housing 2.5% and Category 1 (11.3%).

Figure 5.8: Residents Receiving Services - percentages

Service	Cat 1	Cat 2	Extra Care	Total
Home Care (Social Services)	12.9%	10.0%	51.7%	17.2%
Home Care (Privately Funded)	1.6%	2.1%	20.7%	5.0%
Practical Services	11.3%	2.5%	1.7%	3.9%
District Nurse	4.8%	0.4%	1.7%	1.4%
Day Care	0.0%	1.7%	0.0%	1.1%
Respite Care	0.0%	0.0%	0.0%	0.0%
Meals on wheels	1.6%	0.4%	0.0%	0.6%
Care family	17.7%	40.2%	20.7%	33.2%
Intensive warden	0.0%	0.4%	3.4%	0.8%

Conclusions from the residents' survey

The sample survey of residents in sheltered housing shows:

- The age profile is similar to that in many other authorities surveyed by PFA

- There are also similar levels of dependency, but a lower level of schemes with clusters of people with indications of confusion, depression, or problems than in many other authorities surveyed by PFA

- There are very few people from BME groups accessing specialist accommodation but this reflects the older population profile

- There are also some sheltered schemes with higher dependency levels. However, there are no schemes with a level of services which could be easily translated into a more cost effective very sheltered housing/extra care type service model

Overall, the level of dependency and services in sheltered housing in Herefordshire are relatively low. Some other areas do support more people with higher levels of dependency in their sheltered housing than is the case in Herefordshire.

Changing support services in sheltered housing

In section 5.3 it was noted that support services commissioned by the local authority/PCT were undergoing a strategic change in delivery. The focus of future support services will be prevention and reablement. Housing support services will be integrated with health and adult social care services to ensure people either maintain or regain independence. These are intended to be mainly short term interventions.

In the past the support service (funded via Supporting People) was available as part of an ongoing and long-term service package for tenants in sheltered housing.

The Council is focusing on delivering support through community based floating support services to people living in all tenures including general needs

housing and sheltered housing. In cases when a tenant in sheltered housing needs support this may come from an organisation other than their landlord. However, where people are eligible for a Personal Budget they can still decide to purchase a longer term support service if they wish.

Sheltered housing providers have the options of: removing the housing support service; moving to an alternative model (for example a concierge service which has the advantage of providing one of the key things that many tenants say attracted them to sheltered housing – a presence on site for at least part of the day - or an intensive housing management service); or continuing to offer a support service, either as a free service funded via a cross subsidy from other income, or they could offer the service to those who are prepared to pay for it.

The last option would represent a shift to a much more commercial way of operating and may be something that some providers will view as an opportunity. They may consider offering services through charging only to their tenants or to the wider market, and/or in collaboration with other providers.

They may also consider offering a broader range of services to those not living in their properties, including handyperson/maintenance services.

In line with the changing commissioning environment, sheltered housing providers in most parts of the country are re-appraising their approach to delivering housing related support

Interviews held with providers in Herefordshire confirm that a number are now considering how they may continue to offer some form of support, despite the withdrawal of housing support (Supporting People) funding from sheltered housing. It is likely that those that do will offer a smaller core service, together with a menu of services from which residents can choose on a 'pay as you go' basis.

One option for those providers who have a concentration of schemes in particular areas is a Hub and Spoke model. This is looked at further in section 5.6.4 as part of the wider housing support role for people living in general needs housing, linked to the development of the County's Neighbourhood approach.

Supporting people with higher level needs in sheltered and retirement housing

The sheltered housing resident survey identified the potential for some sheltered housing for rent schemes to play a fuller role to support a higher level of dependency. However, with the withdrawal of scheme based housing support funding providers will need to look at how to shift to a very sheltered housing model and how to fund this. Any support model in the future would need to be built around the County Council's new support model of telecare and floating support. We look at this further in section 5.9

5.5.4 Conclusions on specialist accommodation

- The development of extra care housing provides an opportunity for the Council to reduce its reliance on bed based models of care in hospital and other residential and nursing home care. This section of the report and Appendix 9 identifies a range of possible models. The implications of these for developing the market and shifting the balance of resources is looked at in section 5.9

- For rural areas a 'virtual' model of extra care might be more appropriate. This is looked at further in section 5.6.4

- The change in the way support is commissioned – from property based to individual based - presents a challenge to housing providers of specialist accommodation. They now need to consider what services they will offer and how these will be funded

- One option is for providers to move to a self funding model where residents will pay themselves for a smaller core service and then purchase additional services on a 'pay as you go' menu basis. Housing associations may choose to subsidise these services or provide them on a commercial basis.

- Sheltered housing providers can also consider shifting some schemes to an extra care/very sheltered housing model but will need to look at a self funding market approach for this (see section 5.9)

5.6 Supporting people at home: Community alarms, assistive technology and neighbourhood models of housing related support

5.6.1 Introduction

The Council is looking to develop a better value for money housing support service which can offer support to more people across all tenures and types of housing, and for a lower overall cost. The Council sees the core service as a telecare service linked to alarm monitoring, supplemented as appropriate by a floating housing related support service linking into a joined up neighbourhood approach. We look at each of these in turn, and then look at bringing them together into a 'virtual' extra care approach.

5.6.2 Community alarms

Current position

Community alarms are mainly provided to specialist accommodation in Herefordshire. Herefordshire Housing Ltd is by far the largest provider and they provide community alarm services to some of the other sheltered housing providers. Its service does not include an emergency out of hours visiting service. Some other sheltered housing providers however, for example

Anchor Trust, have their own "in house" community alarm service. In total 2070 homes are linked to a community alarm service.

There are also an unknown number of people who will have purchased community alarm services privately through adverts in newspapers and magazines. The Council estimates that there are between 2,000 and 2,500 people in the County who purchase a community alarm privately.

The term community alarm does not reflect the ability of current technology to support people to live independently. The development of Telecare and Telemedicine, together with improved digital technology and greater capacity to deliver information all reflect a greater overall potential to use technology as part of the range of support for older people.

In Herefordshire the Council will no longer funds community alarm services unless they are part of a telecare package for an individual. Sheltered housing providers wishing to continue to provide community alarm services must recoup the cost as a charge to their tenants. Some tenants of sheltered housing had already chosen to opt out of receiving a community alarm service. However consultation conducted by PFA in Herefordshire and elsewhere shows that many older people value the 'peace of mind' that a community alarm service provides.

For housing providers with community alarm services looking for the most efficient means of providing support options the following might be considered:

- Redesign the service to reduce costs and therefore offer at a reduced price. This may include an element of cross subsidy

- Tender the service to obtain the best price and transfer the risk to another community alarm provider

- Merge with other local community alarm providers to provide a larger more commercially viable entity

- Withdraw from the provision of community alarms and allow individuals to make their own decisions

None of these options are straightforward but they do demonstrate the complex business case that is required.

A further consideration is the growing potential of wireless technology. Most new sheltered and extra care schemes no longer have hard wired systems. New systems have greater flexibility and can also provide more forms of support including new developments in Assistive Technology. The widespread development of internet Broadband is likely to drive further development and increase flexibility. These developments threaten traditional community alarm services. The ability to shift between community alarm providers will become much easier as a result of the advances in technology, thereby making the market more competitive. It is also likely that the sorts of organisations that

offer these services may change with the ability to offer a much wider range of services.

For the Council the focus must be on commissioning community alarm services at the best possible unit cost, balanced by the ability of the provider to offer a wider range of services such as telecare services as that market evolves. The Council is already moving in this direction through working with the neighbouring authority of Worcestershire to achieve a low unit cost.

5.6.3 Assistive Technology - Telecare and Telehealth

Telecare consists of equipment and services that support someone's safety and independence in their own home. The equipment can use sensors to sense risks such as smoke, floods and gas, can remind the person to take pills and even call for help if someone falls. A community alarm or call centre can be contacted automatically if any of these problems occur in the person's home. If needed the call centre can arrange for someone to come to the person's home or can contact the family, doctor or emergency services. The system can also warn the person of problems by sounding an alarm, flashing lights or vibrating a box which can be kept in their pocket or under their pillow. The system can:

- Reduce risk for those living at home

- Prompt rapid and appropriate response to emergencies

- Manage specific conditions

- Delay admission to residential or nursing care

- Enable safer discharge from hospital or care

- Help to support people with dementia or learning disabilities to live independently

Herefordshire already has over 1000 units of assistive technology in use. Telecare services were initiated through the Supporting People funding – Innovation Grant in 2008.These services are currently provided free.

A CSED evaluation of Herefordshire's Telecare Services identified "cash avoided savings" averaging between £13-£15k per service user. It also identified that better outcomes could be achieved if telecare was considered earlier in the assessment process and deployed as an alternative rather than additional to care services.

The Council is now looking to:
- Redesign the service so that telecare is mainstreamed within the single assessment process as the first consideration
- Make sure hat telecare is available at an early stage and at an equitable cost for vulnerable people who are not eligible under the FACS (Fair Access to Care) criteria. A charging framework would be introduced alongside this

- Significantly increase capacity, maximise savings and minimise costs

The implications for the housing sector

In the sheltered housing property survey (see Section 4) it was noted that there was little use of Telecare. It is understood that the community alarm equipment in some schemes is out of date and cannot support Telecare. There will be a need for the Council to work with sheltered housing providers to ensure that their community alarm equipment can, in the future, support the delivery of telecare

There will also be a need for the Council to work more widely with both social housing providers, and private sector providers of retirement housing in order to brief them about their forthcoming telecare strategy and the potential to use telecare to support older people in the community. The briefing will need to include information about the charging plan for self payers

5.6.4 Neighbourhood models of Housing Related Support

Current position

In sections 5.3 and 5.5 the change in the way support will be provided were described. Apart from in extra care housing, housing support services funded by the Council will mainly be delivered in the form of floating support alongside personal care and health services. The main challenges in delivering this new form of service are:

- Taking account of the impact of personalisation

- Finding a cost effective mechanism for delivering services to all areas of the county

Linking in with personalisation – new type of worker/Personal Assistants

Experience of the use of Personal Budgets indicates that older people want:

- A more flexible low level support service that may require support workers to perform personal care, domestic tasks and support people with other aspects of their lives

- A choice of who will provide the support. Research by PFA in 2010-2011 for the North-East Improvement and Efficiency Partnership on the development of Personal Assistants in the Adult Social Care workforce (http://www.northeastiep.gov.uk/adult/WFForum.htm) stated that "*the overwhelming conclusion from the consultation with employers, carers and PAs is that, **unlike traditional care arrangements having a PA is about buying a relationship not just a service.** This makes it, if it works well, qualitatively different from a traditional care role*".

Local authorities are taking different approaches to where they see housing related support fitting in the future. Some authorities see housing related

support as being targeted at older people who do not meet the FACS criteria for social care and would not therefore be eligible for a personal budget. Other authorities, for example Wiltshire, are looking to commission a range of services on a locality basis covering domiciliary care, and support and preventative services.

Herefordshire is looking to develop a neighbourhood model, which includes floating support as a distinct housing related support service, linked to telecare services.

A development area for the Council will be whether it wants to look in the future at a more flexible and integrated model of support that links personal care and housing support. This fits in with the development of more flexible new types of worker role that are emerging such as Personal Assistants.

Neighbourhood Approach

The Council is committed to a neighbourhood approach to the provision of adult social care and health services. Housing related support services will be delivered on this basis with links to these local services. Some areas of Herefordshire are likely to have concentrations of older people who will need the new support services such as Hereford City and the market towns. There will also be people who will use their personal budgets to purchase support as well as care and other services. This will help to increase the choice of support services that are available.

In more sparsely populated rural areas there will be additional time and travel costs and it may be necessary and a logical next step to combine activities further so that personal care/support workers can perform multiple tasks.

Hub and Spoke Models of Specialist Accommodation

As part of the development of a neighbourhood approach there is potential to develop a sheltered housing and extra care hub and spoke service model that offers both outreach support to older people living in surrounding properties and in-reach support to older people living in general needs housing or other sheltered housing in the locality. A menu of services could be offered on a pay as you go basis. This is not an option for every scheme and the choice of scheme would need to reflect the scale of needs in the local area. Such a service model has the potential to build up to a "critical mass" to make it financially viable as well as spreading overhead costs beyond a single sheltered scheme. A model which concentrates support services around sheltered hubs can also reduce travelling costs.

This type of model may be increasingly attractive to more older people as funding shifts through personalisation away from commissioned services to services purchased by individual older people themselves through sources such as Attendance Allowance and Personal Budgets. There may also be

potential to link to GP consortia commissioning by offering a flexible local service delivery model.

Examples of Hub and Spoke models are provided in section 5.9.

Addressing social isolation and improving quality of life

A key development area that emerged in the research was accessing socially isolated older people who needed support to sustain independent living, particularly in rural areas. The older peoples' household survey identified information on leisure and social activities as an important need. Many older people fall through the gap between active older people, and older people already receiving support (e.g. living in sheltered housing). The issue is how to identify them. Alongside this there are issues around models of support. Social housing providers, for example Methodist Homes, have been looking at whether volunteers could support other more isolated older tenants by offering a befriending service – see example in section 5.9. This would fit with the government's Big Society approach.

In Herefordshire, some areas benefit from a network of Village Wardens who are mainly volunteers. Village Wardens are local people who give practical support to vulnerable people, helping them to feel safe, healthy and in touch. They undertake a range of tasks including collecting essential medication, completion of forms, and shopping.

The Council could consider market development work with housing providers and other voluntary organisations to look at a self funding volunteer support networks to address social isolation in older age.

5.6.5   Bringing it all together in a Virtual Extra Care model

The Council and PCT have recognised the need for greater coordination to avoid people falling between the gaps in services and therefore being forced to move, and are looking to develop a more integrated approach. The shift to neighbourhood co-located and multidisciplinary care and health teams has been implemented in Herefordshire. The development of a "virtual" extra care approach introduces a housing dimension.

Adult Social Care and Supporting People in various areas have worked with housing providers and Health to develop 'virtual' models of extra care for people living in general needs housing as well as specialist accommodation. These can link to a hub and spoke model described above.

'Virtual' extra care means a package of services delivered to people in their own homes, equivalent to the package that they would receive in extra care housing. It includes:

- A tiered service controlled by the customer and carer

- Supported by a care manager for people assessed for a Personal Budget

- Accessed through Information, advice and brokerage for self funders

- Primary health care (i.e. GP, community nursing, therapy services)

- Information: and advice

- Flexible add-ons:

  - Telecare/Tele-healthcare

  - Floating housing support

  - Practical support – gardening, cleaning, shopping

  - Property support – Handyperson/Home Improvement Agency

  - Social/community support through the voluntary sector and volunteering models

- Personal care

- Access to mainstream services such as libraries, leisure, lifelong learning and arts and transport

The 'virtual' extra care approach takes the hub and spoke concept one stage further into an integrated service model for older people. It would link housing support services into the wider health and social care transformation agenda. It could represent a further development area for the County Council.

5.6.6 Conclusions on community alarms, assistive technology and housing support

The Council is reshaping the basis of housing support, from accommodation based services to a core built around telecare and floating support services. The key development issues are:

- The Council commissioning telecare services at the lowest possible unit cost

- How the growth in telecare will be funded and the development and introduction of a charging policy

- How the future model of housing support – floating support - can fit with the wider development of more flexible service models in the market place and new types of worker such as Personal Assistants, and with the Council's neighbourhood service approach

- The potential to develop volunteer befriending schemes to address social isolation

- The potential of linking housing support services such as telecare, and floating support to a broader service approach linked with health and social care through hub and spoke and 'virtual' extra care models

5.7 Home Improvement Agency and related services

Home Improvement Agencies (HIAs) were developed in the late 1970s to assist older owner-occupiers living in poor or unsuitable housing. In those early days HIAs had a very clear client focus. Some services also developed to facilitate the administration and targeting of housing repair grants, with property-based targets driving service delivery in addition to the needs of the client. Whilst this helped the sector to expand, it gave rise to other problems. A number of agencies are exposed to over-reliance on 'fee income' at a time when grant availability for repairs is reducing. Since the introduction of the Supporting People programme in 2003, there has been an increasing focus on the needs of vulnerable people, but future development of the sector will depend upon a successful balance of providing information, advice and support for clients and delivering expertise in adapting and maintaining the physical fabric of domestic properties.

'Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing for an Ageing Society (CLG, DH and DWP 2008) calls for the development of *"a service which will offer more and better housing options as well as more predictable and sustainable services for all potential clients"*.

Many, though not all, local HIAs have developed a wide portfolio of services. As well as carrying out repairs and adaptations, traditionally regarded as 'core HIA services', there is a growing trend for HIAs to deliver other, so-called 'ancillary' services, such as:

- Handyperson services – a general grouping of services taken to include a range of small works such as 'odd jobs', DIY repairs, minor adaptations, home safety and security measures, fire safety and accident prevention, and

- Other support services such as gardening and decorating

What do commissioners and clients want from HIAs?

Looking ahead, commissioners will expect HIAs to support clients in a less prescriptive way, providing personalised support that takes account of the individual's circumstances and a range of available options.

Communities and Local Government published *The Future Home Improvement Agency: Supporting choice and maintaining independence* in 2008 to set out what clients and commissioners can expect of HIA services in the future, and indicate how home improvement agencies should respond to the changing environment. As well as the core functions of the HIA the work focused on these key areas:

- Funding for repairs and adaptations

- Support for choice

- Connecting with health and care

- Handyperson services

- Major adaptations

Future commissioning of HIA services will see a greater joining up of housing, health and social care programmes, and HIA services must be capable of offering services which address cross-cutting objectives.

Even before starting the Future HIA project it was apparent that:

- The HIA sector is very diverse in size, structure, management arrangements and services offered, therefore it would not be possible to draw together a plan for the sector's development based on a 'one-size fits all' model, and

- HIAs of the future will increasingly have to respond to local needs and markets. This creates the potential for further diversification and segmentation within the HIA sector. The sector is almost as well defined by its differences as by its similarities. Despite these differences, it also became apparent that all HIAs in the future should share two key facets:

  1. Client-centred support provided in a person's own home

  2. Expertise in making changes to the physical fabric of the home.

Used together, these key strengths provide HIAs with a unique selling point as a provider of services to vulnerable people. Client-centred support places agencies very close to their customers and encourages dialogue at all stages of the process, providing feedback to improve existing services, and uncovering the need for additional services. Much of the development of the most successful HIAs in the country has arisen from acting on feedback from clients. An expertise in matters to do with repairing, improving or adapting the physical fabric of the client's home is equally as critical to the sector's unique market position. There is a risk that the development of a range of less-specialised ancillary services will turn this expertise into a 'nice to have' rather than 'core' service. Without this an agency can lose its distinctiveness as an HIA rather than any other kind of housing-related support agency for older/ vulnerable clients.

If client-centred support and expertise in changing the physical fabric of the home have been shared key strengths, 'support for choice' should become the grounding principle behind their application[13].

Current Position

The HIA in Herefordshire is run by the Local Authority and called 'You at Home' Improvement Agency. There is also a linked Handyperson service. These two Supporting People contracts have now been extended into 2011/12. However, there has been a long standing intention to merge these two services and Herefordshire Council intend to recommission both services as a single service during 2011/12 (see Section Two). The new service will be

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[13] Extracts from Foundations *The Future HIA* project documents

commissioned through a tender process. It is also likely that the Handyperson service will need to review the current charging policy to ensure that it remains financially viable.

HIA Activities

The service provides advice, advocacy and technical support. The core functions are:

- To assist clients to apply for Disabled Facilities Grants

- To work out with clients how the work could be funded, including Home Improvement Agency fees

- To seek quotations and take on a good quality builder, from the Registered Contractor list

- To offer advice and technical support to homeowners who are receiving assistance or loans

- To check if clients can claim welfare benefits

- To enable clients to achieve maximum independence in their home

- To work closely with the Community Occupational Therapy team

The Herefordshire Home Improvement Agency (You at Home) Draft Business Plan, 2010-2013 projects a growth from 2010 to 2012 in the delivery of Major Repairs and Adaptations and also some Minor Repairs and Adaptations (Handyperson) services – small repairs, home security improvements and energy efficiency. However, it also anticipates a standstill position in relation to minor adaptations and fire safety improvements and a reduction in hospital discharge services

However, the changes to public finances will see restrictions on the finances to support the level of current activity. Also, the costs of borrowing have significantly increased and this is likely to put off some people from carrying out adaptations. In Sections Two and Three evidence suggests that although significant numbers of people could be described as "capital rich" because of the value of their property many could also be described as "income poor" because they have very limited incomes. It is this later group who can most benefit from the role of the HIA but they are the group who will be least able to afford the cost of funding works.

Although low income groups could make use of the capital in their homes to fund works there are currently very limited alternatives to mortgages and loans. Equity Release is an option but as the household survey (see Section Three) suggests few people are interested in this product. This may be explained by the negative publicity received in the early years.

Some organisations view HIAs as a gateway to other services and are therefore prepared to cross subsidise the HIA service. The HIA often work for

people who are unaware of what is on offer, for example community alarm services, care and domestic services.

The development of Handyperson services are generally seen as a positive step as they provide services that older people highly value (see Section Three). Set out below in Figure 5.9 is the range of services on offer:

Figure 5.9: Herefordshire Handyperson (low level SP contract only) 1/4/2009 – 17/11/2010[14]

Age	Deaf H01	Blind H02	Learning Disabilities H03	Chronic Illness H04	Mobility H05	Mental Health H06	No H code	Total Jobs
Under 25	2		2		1	2		
26-50	6	4	5	9	24	14		
51-60	2	8	2	10	33	5		
61-70	2	1	1	5	46	5		
71-80	18	5	1	8	119	12		
81-90	35	12		5	157	32		
90+	12	5		10	30	4		
age nk	76	35			410	74		
Total	102	46	13	47	528	87	718	2497

Views on the HIA/Handyperson service

- It is clear that there is limited awareness of the role of the HIA and this is particularly noticeable in the rural areas (see Section Three)

- The Handyperson service seems better known. Both services are well thought of

- The HIA services link to other services such as care and support but interviews with commissioners indicate that more could be done to integrate the service with health and care outcomes

- There are delays in carrying out Occupational Therapist (OT) assessments and this can delay the delivery of works substantially, which may have implications concerning hospital discharge and enablement (interviews with Commissioners)

- The delays in OT assessments has also meant that the DFG budget is under spent

- Given the need identified in Section 3 ways need to be found to make the Handyperson service widely available, perhaps through encouraging further development using a social enterprise model

- Access to HIA and Handyperson services will be a key issue for the new service and there will be a need for clear referral routes (interviews with Commissioners)

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[14] Herefordshire Council Impact Assessment 2010

Conclusions on HIA/Handyperson service

- The recommissioning of these services provides an opportunity to include at least some of the elements of the "Future HIA" proposals within the limited resources that will be available

- Specific operational issues such as delays in OT assessments and the consequent underuse of the DFG budget will need addressing

- As part of the new service, information about options and choices will be a critical issue. In particular there will be a continuing issue about the choice to stay put or move

- Additional capacity will be needed to deliver handyperson services in line with population growth

- Consideration could be given to using the recommissioned HIA to pilot the local use of the Elderly Accommodation Counsel/FirstStop Housing Options for Older People (HOOP) tool to encourage older people to think through the options and respective benefits of staying put or moving home. Further information is provided on the Elderly Accommodation Counsel website under 'services'

5.8   Meeting Specialist Needs

5.8.1 Introduction

This section looks firstly at meeting the needs of people with dementia, followed by the needs of older people with a learning disability.

5.8.2 Dementia

With a predicted rise of 67.8% (1941) in the number of people aged 65+ with dementia between 2010 and 2025 (see Figure 2.6) addressing the growing number of people with dementia represents a significant challenge for Herefordshire.

Living Well with Dementia in Herefordshire: A Joint Commissioning Plan by NHS Herefordshire and Herefordshire Council 2010-2013 sets out three priority areas for improvement – improved awareness, earlier diagnosis and a higher quality of care.

The PCT are looking to develop a new model of care, moving away from institutional services to community based service delivery. The strategy identifies a number of housing and housing related support commissioning intentions:

- Supporting voluntary and community sector organisations to continue to deliver and develop high quality locally focussed support and early intervention solutions to reduce social isolation

- Map and develop a specialist housing model to support people with dementia and their carers

The strategy's implementation plan refers to housing related support, information and advice, floating support and handyperson services and Telecare services as key elements to future service delivery.

The development of Memory Cafes is seen as one way of addressing rural issues and social isolation.

There are four key areas that relate to the housing and support needs of older people with dementia in Herefordshire.

Community alarm, telecare and floating support

There is potential to use telecare (e.g. sensors linked to the cooker, bath and bed) and floating support, as the core housing support services for people with mild to moderate dementia living in ordinary housing, supplemented by services the individual purchases through their Personal Budget.

The role of sheltered housing

The removal of accommodation based housing support for sheltered housing schemes mean that it will be more difficult to support people with dementia in sheltered housing, because of the potential for 'neighbour relationship' issues to become more of a problem than in general needs housing.

The development of specialist housing models for people with dementia

The *Joint Commissioning Plan* (see above) refers to the need to develop a specialist housing model to support people with dementia and their carers. At the present time in England there is no recognised 'ideal' model. However, there is growing experience of the role that different housing models can play. Appendix 9 sets out four examples.

Stanton Lodge (Case study 3) is a Methodist Homes scheme where close care apartments with assistive technology have been built alongside a purpose built dementia and nursing care home. The 14 apartments are aimed at couples where one partner has dementia. The close care units enable the couple to remain living together in the same home rather than being split up due to the person with dementia moving into a care or nursing home. Meals, support and care services are provided through the nursing home.

The units are sold on a leasehold or shared ownership basis which means that the care home owner can recoup their development costs. No public capital subsidy was required. This pioneering lifestyle model also represents good value to the County Council because the person without dementia can continue to provide a caring role but with support at hand on a 24/7 basis.

Portland House (Case study 4) in St Helens is a Methodist Homes Housing with Care scheme for rent, based on two bungalows each housing four people. Portland House has been taken up by the Department of Health as a

model of best practice and the small scale enables residents to live in a more normal housing environment than a care home or larger extra care scheme. Staff adopt a person centred approach to support retention of skills and independence, and the 24/7 staff cover is backed up by the use of assistive technology. There is a strong focus on delaying or preventing admission to residential or nursing home care, and relatives are encouraged to continue to play an active caring role. Comparing work at Portland House with previous jobs, one staff member commented: "It's so different here. We don't take anything away from people, they can be as independent as possible – it's great."

The Dementia Care Partnership (DCP) in Newcastle (Case study 5) provide tenancies for rent in five four person bungalows grouped on the same site, for a total of 20 people. DCP adopts the same philosophy and principles as at Portland House (Case study 4) and takes people with dementia of all ages. The small group living model allows for more specialist group living, for example for younger people with dementia or for people from black and minority ethnic communities.

All three of these case study models has potential for use or adaptation for Herefordshire. They have been selected because they can developed to meet the needs of different sizes of communities and can therefore be applicable for both urban and smaller communities.

There are also examples of extra care schemes supporting people with dementia. Work carried out by Housing 21, one of the largest providers of extra care indicates that around 25% of their extra care residents have dementia. There are two main models for supporting people with dementia in extra care housing:

- An integrated approach where people with dementia are housed in flats across an extra care scheme

- Schemes with a specific floor or wing designed and dedicated for people with dementia

Larger extra care schemes, for example 40 units or more, have not been shown to work as specialist schemes for people with dementia because the scale is too large.

There are also examples of larger scale village developments that incorporate specialist units for people with dementia. Case study 12 in Appendix 9, Buckshaw Retirement Village, Chorley, run by Hicalife, includes 60 Supported Living Units (4 units with 15 apartments each) designed specifically for people with dementia. These units are registered as nursing home care and are capable of providing a high level of care. The design includes a dementia friendly market square which has a pub, shop, cinema, pet shop, corner shop, hair salon, café, bakery and potting shed. Buckshaw Village was developed using private finance with no public subsidy.

5.8.3 Learning Disability

The number of people with a learning disability in Herefordshire is increasing by 17% by 2015 and is predicted to carry on rising after that. Figures provided by the County Council show that there are 124 adult social care clients with learning disability aged over 55 as at 31 March 2010, and that older users (over 65s) are projected to increase from 32 overall to 46 by 2015 and 60 people by 2020. This is based on current users entering this age group and the deaths of users who will be over 82 (Herefordshire's female life expectancy).

Currently people with a learning disability aged over 65 are accessing specific learning disability retirement projects in each locality. Tanbrook is a resource for older people with learning disabilities and age related needs and caters for approximately 21 people per day. Aspire also run a social club which offers drop in support by way of prevention services for those living in the community.

Emerging issues for this group include that of aging carers. The average age of family carers is increasing, with already 50 adults with learning disabilities living with a carer over 70 years of age. There is a group of people with learning disability in their late 40's and 50's therefore who have older carers who are becoming too frail to provide care. The Council is looking at ways to increase the independence of this group.

A second issue is people with a learning disability who are living in residential care but who have the potential to move to a more independent setting.

A third issue is people with a learning disability who themselves become frailer as they get older and need accessible accommodation.

Herefordshire is currently developing a *Learning Disability Housing Plan* which is currently at draft stage.

The development areas in relation to people with learning disability living into older age can be addressed by:

Telecare and floating support

There is potential to use telecare supplemented as needed by floating support, as the core housing support services for people with a learning disability living in ordinary housing, supplemented by services the individual purchases through their Personal Budget.

Role of sheltered housing

Sheltered housing can play a role to support people with a learning disability living into older age who are largely self supporting, perhaps with floating

support, but who need accessible housing because of physical disability as they age.

Role of shared housing

The Council is also looking at the potential of shared housing for people with a learning disability including those whose parents/family carer are too old to care. Shared housing, with care and support funded by people pooling their Personal Budget can be a suitable model. However, it is important that the housing itself is accessible to allow for people with a learning disability to age in place without needing to make a further move. The Council's preferred approach would be a core and cluster model which can achieve economies of scale in terms of core support.

Options would include level access developments. A number of sheltered housing providers have also used the former warden's flat as a shared dwelling for people with learning disability, as long as it has lift access if it is above ground floor. Other options would include working with housing associations to utilise and adapt existing properties and building new specially designed housing

Role of extra care

A number of local authorities have also built into their contracts for extra care housing that some schemes will have a number of units specifically for people with a learning disability. These can be used both to address the challenge of moving people out of residential care who could cope with a more independent environment, and meet the need of people with learning disability living into older age but needing a supportive environment to keep them out of long-term care.

5.8.4   Conclusions on supporting people with specialist needs

The housing and support sector has potential to play a role in supporting both people with dementia and older people with a learning disability, and reducing the reliance on traditional long-term bed based care.

For people with dementia key services are: telecare and housing support; and some specialist housing models. There is less potential for sheltered housing to play a role supporting people with dementia without scheme based staff on site.

For older people with a learning disability the key services are: telecare and housing support; sheltered housing; and shared housing using accessible models such as bungalows or ex warden flats in sheltered housing.

5.9 Making it happen: market development and use of resources

5.9.1 Introduction

A key challenge for the Council is to achieve a shift in the balance of accommodation and services within the context of reduced resources. This section:

- Firstly looks at one region which has taken a strategic approach to transformational change, including an example of another largely rural shire county

- Secondly, looks at some specific examples of service models that will support the transformation plans for Herefordshire

- Thirdly, looks at the implications for the Council to deliver change

5.9.2 South West transformation plan – accommodation work stream

Local authorities in the South West are collaborating together on a 'Use of Resources' programme to address the challenge set out in the DH *Use of Resources in Adult Social Care* report (October 2009), and in particular the financial expectation that no more than 40% of the budget is spent on long-term care. In the S-W an average of 70% of Adult Social Care expenditure for older people is spent on residential and nursing home care, but this only supports 20% of clients. The programme has four work streams:

- Reablement

- The voice of the customer

- Financial modelling tool/website

- Accommodation work stream, which aims to:
  - Plan to meet the future demographic changes
  - Change the balance of accommodation support options
  - Generate cashable savings over the next 10 years

Each of the local adult social care authorities in the S-W has developed a transformation plan. Below we provide an example of one authority's transformation plan as an illustration, focusing on the accommodation work stream. Wiltshire is used as an example because it is a largely rural shire county (though not as sparsely populated as Herefordshire), its transformation plan is well developed and it is open to sharing its plan publicly.

The strategic objectives of Wiltshire's transformation plan have focused on:

- An increased number of nursing and specialist dementia care homes

- Reduced number of residential homes – aim not to commission any residential beds by 2015

- Creation of 4 locality centres of excellence for rehabilitative step down and specialist dementia services
- Support more people to remain in their own homes by providing greater emphasis on preventative services, especially telecare
- Substantial development of extra care housing

Wiltshire's requirements for extra care are for 1,136 units across all tenures. For the population equivalent of Herefordshire this would be 443 units.

The additional units/beds for extra care, nursing and dementia would be spread across the market towns in the county. These will be provided through a mixture of accommodation based (both new build and refurbishment) and virtual extra care. The bed based investment aims to achieve:

- 715 additional units of extra care
- 338 specialist dementia units
- 539 additional nursing beds

Wiltshire are planning a ten year programme to include:

- Two options – PFI/no PFI
- Using the Orders of St John Care Trust (to whom they transferred a number of their care homes), social housing providers and private developers
- A Preferred Developer Framework Contract developed jointly with Devon County Council
- A sheltered housing review
- Use of Social Housing Grant from the Homes and Communities Agency for some elements of the extra care programme
- Disposal of Council's Assets in the form of land and use of County Council surplus sites to support the capital programme
- Taking account of the level of home ownership (and equity held by older owner occupiers) and the market demand by self funders

The financial modelling that Wiltshire has done models revenue and capital implications for the development programme over 25 years, based on the two options. The modelling identifies:

- Average weekly cost reduction of £44 per week
- Projected cost avoidance of £599,626,300
- £220m capital cost of the development programme
- £200k ongoing revenue budget required

The delivery plan includes:

- Engaging the 20 Community Area Boards to get ownership and involvement

- Approval for each development from the Capital Assets Committee

- Consultation with service users, carers and staff

- Working groups for each development including service users input for design and service provision

- Staff information and training sessions on the types of accommodation and the process for allocation

The outcomes for Wiltshire County Council will include:

- Substantial improvement of the type and range of older people's accommodation

- Minimal investment required from the Council

- Significant benefits to the future management of the adult social care budgets

5.9.3 Service models to support the transformation plans for Herefordshire

The table in Figure 5.4 showed the annual cost of 15 hours of home care a week to be £9k less than a residential care place and £18k les than a nursing home place. The ability of the Council and PCT to shift to housing based models and support at home are therefore critical to being able to deliver the service transformation and resource shifts that Herefordshire is looking for, because they use less costly domiciliary care models of service delivery.

Below, using specific examples, four areas of development are set out that will support a shift in resources away from long-term bed based care. They are:

- Extra care housing models using no or minimal public funding

- Re-thinking service contracts in extra care housing

- Hub and spoke models

- A market approach to developing a wider range of support services in the community

This information is included in the main report rather than in an Appendix because a key part of the brief for this commission was to identify models, and cost options, that minimised the need for both capital and revenue funding from adult social care and health.

1.   Development of additional extra care type housing models

Working with the care home sector to develop Close Care
There are a growing number of independent care home providers who have spare land on the site of their care home, or who can purchase land nearby, who have sent the potential of developing into extra care, linked to their care or nursing home – see Case studies 1 (Stamford Bridge Beaumont Close Care) and 2 (Wood Green, Driffield) in Appendix 9.

In these developments the care home provider takes the development risk but can make a profit on the sale or market rent of the close care units. They can then offer meals, care and practical support services through a menu offer which the person/couple pay for from savings, Attendance Allowance or Personal Budget. This is a market development model and the County Council is not tied into any form of contract.

Reshaping the role of rented sheltered housing to extra care
There are a number of examples of sheltered housing evolving its role into extra care. Case study 7 (Pilgrim Court, Newcastle upon Tyne) in Appendix 9 provides an example from MHA (Methodist Homes for the Aged). Further information on the MHA approach is provided below. It is an important example for Herefordshire in that it does not rely on any capital finance from the County Council nor on any formal care contract – i.e. it a self financing consumer model that MHA has developed itself.

MHA has 25 sheltered housing schemes. For a long time it has had a programme of capital works to make its sheltered housing more accessible for frailer older people (e.g. replacing baths with walk-in showers). It identified 11 of its sheltered schemes as having the design potential to be converted to extra care. MHA consulted with residents and relatives in each scheme and in 9 of the 11 there was support for developing an extra care model. The model is predicated on:

- Needing a minimum of 11 residents in a sheltered scheme who want to transfer to the extra care model to make it viable

- Registering as a domiciliary care provider and providing a 24/7 core staffing of 168 hours a week

- Funded by a well-being charge (residents pay this through their Attendance Allowance), Supporting People funding, rents and service charge

- Flexible employment contracts for staff to enable residents to purchase additional care on a 'pay as you go' basis. In one scheme residents are purchasing an additional 122 hours of care in addition to the core well-being service. Residents are also free to purchase additional care from external domiciliary agencies

- Having a balance of dependency levels in each extra care scheme

- Achieving a 10% surplus by year 5 on all schemes that have moved to extra care

- Incentivising residents to try the extra care service by providing it at 25% cost in the first year

- Providing short-term funding from MHA's charity to enable the transition

- Capital works to upgrade the scheme, in particular walk-in showers in the flats, an assisted bathroom, and re-modelling the communal lounge and kitchen area to create a bistro for dining and midday meals

The model is not underpinned by any care contract with Adult Social Care, though a number of residents will have a personal budget.

Private sector Assisted Living and Very Sheltered Housing Models
A number of private developers, for example McCarthy & Stone (see Case Study 8) and Retirement Security (see Case Study 9) in Appendix 9 have developed their own models of Assisted Living/Very Sheltered Housing for leasehold sale, without any reliance on a contract with adult social care.

The McCarthy & Stone Assisted Living model now provides a set of core services on top of those in a conventional retirement housing development such as on site estate manager during the day. The additional core services are:

- Dining room providing 3 course midday meal 7 days a week. The kitchen and staffing costs are built into the service charge, which means that the meals are offered at a very competitive and affordable price of £3.82, and £5.25 for guests

- Sleeping night cover, paid for through the service charge

- One hour of domestic support per week for each flat, with the option to purchase additional hours at £12.25 an hour

- A handyperson service purchased on an hourly rate

Other services such as domiciliary care are purchased individually by the leaseholder.

Retirement Security offers a very similar approach.

McCarthy & Stone have recently launched a further product called Tailored Care, which provides a higher level of service, including an in house care team on site 24/7.

Consumer research identifies that these core services are the ones identified by both older people themselves and care managers as addressing the factors that are most likely to trigger a move into long-term care.

<u>Village Developments</u>
Examples of village developments (case study 10) and Continuing Care Retirement Communities (Case studies 11 and 12) are provided in Appendix 9. There are now a number of developers, for example Retirement Villages Group and Audley Retirement, who undertake full scale village developments without any public subsidy. Some of these models include a nursing home. Others use a 24/7 extra care model but without a registered care or nursing home on site.

<u>Housing based models for people with dementia and older people with a learning disability</u>
Examples have been provided in section 5.8.

2.   Re-thinking service contracts in extra care housing

The traditional model for underpinning the care and support services for extra care housing has been through block contracts by the local authority with the provider for both personal care and housing support. Some local authorities have become concerned about the inflexibility and costs of such contracts, and how they fit with personalisation.

Some local authorities have abandoned having care contracts completely, with individual residents purchasing domiciliary care and other services trough their Personal Budget as they would if they lived in general needs housing. However, authorities have found that the downside of this is a loss of flexibility and economies of scale from having a care team on site. Also, a lack of night cover is triggering increased moves into long-term care and reducing the confidence of social workers in proposing a move into extra care in the first place if it cannot successfully divert people from long-term care.

Most local authorities are therefore looking to retain a smaller core contract to ensure a 24/7 service, including night cover. Lancashire for example refer to it as a core and top up model, with the core acting as the glue that holds the concept and benefits of extra care together. The core in Lancashire covers:

- 24/7 cover
- On site staff
- Housing related support
- Emergency alarm service
- Development of activities on site
- Liaison with the housing association/housing management and support provider, and with the care provider

The core covers around 70% of the care and housing support costs, with residents purchasing additional care and support services either from the care provider that has the contract to provide the core service or from another domiciliary care agency if they choose to do so. Housing 21, which has a care

contract in one scheme in Lancashire has reported that residents are purchasing 293 hours of care in addition to the core contract and that all but one resident has opted for the in-house service.

3.   Hub and spoke models

Some sheltered housing providers, for example, MHA, are also extending their service offer in their sheltered schemes that are remaining as sheltered housing rather than moving to an extra care model, on a 'pay as you go' basis. Additional services on offer include: cleaning; shopping; handyperson; and laundry and ironing.

Alongside this, providers such as MHA, Anchor and Housing 21 are using sheltered housing, extra care, and care homes as a hub for both in-reach and outreach services. For example the MHA additional services to their sheltered tenants described above are also being offered to the wider community within a geographical range of 1-2 miles from their sheltered schemes.

In the past some of these services, for example day care, have been provided via a contract with the county council. However, providers are now beginning to offer these services on a market model, looking to develop an attractive service offer that individual older people will be prepared to purchase through their own financial resources or income they receive through sources such as Attendance Allowance or a Personal budget.

For example, in one extra care scheme in Northumberland where the local authority had funded the building of a day centre but moved away from contracting for traditional day care service the housing provider has developed a partnership with the domiciliary care provider for the scheme to offer a service called 'Life Begins', which includes:

- Day care/day club service
- Mini bus transport
- Cinema
- Internet café
- Shop
- Dining room with option of takeaway tea/supper
- Beauty salon
- Bathing
- Garden and patio

In the above case the provider is taking the full financial risk of developing this service for the market, in a relatively poor area of Northumberland with a low level of home ownership, without any financial grant or contract input from the local authority.

4.   A market approach to developing a wider range of support services in the community

Until recently the market to support older people at home was very fragmented and broken down into largely discreet markets. For example: domiciliary care agencies provided personal care, including domestic services as part of a care package; cleaning agencies provided domestic services; housing and support providers provided housing support; and Home Improvement Agencies provided home improvements and handyperson services.

However, in response to the growth in the older population, and the increasing purchasing power and aspirations of older people to retain independence and control in older age providers are beginning to offer a wider range of services in a more joined up way. Two examples are provided below:

Example 1
In addition to their outreach services from their sheltered housing MHA also have a wider Community Services offer called Live at Home. MHA has a national network of 53 services funded through charitable income and grants (including Supporting People funding), and uses a combination of paid staff and volunteers to offer:

- Befriending

- Lunch/Social clubs

- Lifelong learning

- Shopping services

- Transport

Example 2
Diagonal Alternatives is a recently formed care and support company, based in Northumberland which provides Care and Support at home, including:

- Nursing at home

- Bespoke care and support at home

- Active support to enable people to go out and about

- Live in care and companionship

- Overnight care

- Convalescence after hospital

- Respite care

- Advice and guidance on aids and equipment

In line with personalisation each individual can choose the support staff that they want and like, to provide choice and continuity. The services therefore cross health, social care, practical support and leisure.

A growing number of housing associations and voluntary sector providers such as local Age UK organisations are also looking to develop broader based service offers in the market place to the wider older population.

5.9.4 Implications for Market Development and Commissioning for Herefordshire

To deliver on some of these models leadership and action is needed in four key areas:

Culture change

Interviews held with officers in the Council have highlighted that a major cultural change is needed to shift the balance away from a reliance on bed based hospital and long-term care. There are plenty of examples from elsewhere of housing options and services being developed and then not properly used to shift the balance of services and resources. Information and training for care managers will be particularly important to encourage them to promote housing based models and to have a balanced approach to rights, risks and safeguarding.

Market development

A proactive approach to develop the provider market
Most older people in Herefordshire own their own homes. However, there are very few housing options for older homeowners compared with people who rent. There is a need for a very proactive approach from the Council to bring in independent sector housing and care developers from both the social and private sectors to develop new specialist housing, and care and support services for older people.

A growing number of local authorities are signalling their recognition of the importance of older people in the housing market by either putting planning specific policies for older people in their Core Strategy or by developing Supplementary Planning Documents. An example of each is provided in Appendix 10. Actions such as these provide a clear signal to both general needs and specialist developers and funders that Herefordshire Council is serious about the development of new housing options for older people, and that it wants to work in partnership with both social and private developers to deliver new housing on the ground.

A programme approach to developing extra care
Alongside this a programme approach is required to achieve the scale of development and service transformation that Herefordshire are seeking. A programme approach means working with one or more selected developers and providers to develop a programme of new schemes, for example extra care. A number of local authorities have moved from a one-off approach to a programme approach for the development of extra care housing, for example:

Cheshire using a PFI model; Walsall using a PPP model; and Wiltshire and North Yorkshire using a market development model with developers.

There are two main reasons for developing a programme approach:

- Firstly, a programme approach is the only way to make a real step change in shifting the balance of services away from traditional long-term care models and towards housing based models of service delivery; and

- Secondly, the current reduction in the level of Social Housing Grant from the Homes and Communities Agency means that alternative approaches that do not require substantial public capital subsidy are needed

Both Wiltshire (see further information above) and North Yorkshire are setting up framework agreements with a small number of selected developers with whom they can develop a programme approach. The development plan in both areas is predicated on:

- A mixed tenure approach to take account of the whole market

- Provision of free or subsidised sites by the local authority

- An assumption that the sale of leasehold units can subsidise the affordable (rent and shared ownership) units

- An assumption that only a very limited amount of Social Housing Grant will be available to underpin the programme

- A very proactive approach to making it happen, underpinned by creating project management capacity within the local authority to drive the programme and an enabling approach with development partners

- A planning framework that will ensure that sites are available, some of which are earmarked for housing for older people, to ensure developers can compete with general needs housing developers

- An explicit shift away from local authority placements in residential care

Legal vehicles

The Council and health service have identified the need for new types of organisations to deliver services. This will include both user led organisations (ULOs) and social enterprises. Economic and business development services and skills will need to be provided (or funded) by the County Council to support the development of new types of service delivery organisations to ensure their sustainability.

5.9.5 Conclusions on market development and use of resources

Section 5.9 has illustrated the potential to use new housing and service based models to shift the balance of services and resources away from bed based long-term care. It has also identified models that can be developed in partnership with providers using a market approach that minimises the use of public capital funding.

However, for the Council to deliver the change it will need to:

- Change the current culture of bed based care

- Adopt a market approach to development, driven by a very proactive approach from the Council to make it happen and change the balance from largely rented specialist accommodation to a range of tenures

- Secure support from the economic development side of the Council to enable new providers to emerge in the market place with new legal vehicles such as social enterprises

5.10 Conclusions on independence and community living

Section 5 of this report has looked at the key national drivers for change, namely reduction in public spending and the impacts of personalisation, reablement and prevention.

It has examined the current position of Herefordshire Council, with an over reliance on bed based care both within the NHS, and in relation to local authority use of long-term care. A shift in the annual adult social care budget for 2011-2012 of £2,157,950 would be required to achieve the DH recommended target of no more than 40% of the budget going on long-term residential and nursing home care. The local authority and PCT are looking to develop both reablement and prevention initiatives to shift the balance of services.

They are also looking to develop a more diverse market and get the housing and support sector playing a bigger role but with reduced resources. Key development areas for the housing and support sector are:

Information, advice and access
- Recognition of the importance of information and advice for older people, and working actively with housing and support providers to promote access to information about services, benefit take-up and financial products such as equity release

Specialist accommodation
- The further development of extra care provision across all tenures

- New models of housing management and support services by social housing providers to go alongside the replacement of local authority funded accommodation based support with generic floating support and telecare services

- Assessing the potential of some sheltered housing to shift to an extra care/very sheltered housing model

Supporting people at home

- Seeing telecare as the core support service for older people, with the County Council commissioning the service at the lowest possible unit cost

- Providers of telecare becoming more competitive and changing their service model and costs or withdrawing from the market place

- Looking at how telecare services can be further developed and financed in the future and the development of a charging policy

- The development of the floating support service within the context of the evolution of personalisation, new types of worker such as Personal Assistants, and the development of the County's Neighbourhood approach

- The potential to develop volunteer befriending schemes to address social isolation

- The potential of linking housing support services such as telecare, and floating support to a broader service approach linked with health and social care through hub and spoke and 'virtual' extra care models

Home Improvement Agency and related services

- The recommissioning of these services provides an opportunity to include at least some of the elements of the "Future HIA" proposals within the limited resources that will be available

- Specific operational issues such as delays in OT assessments and the consequent underuse of the DFG budget will need addressing

- As part of the new service information about options and choices will be a critical issue. In particular there will be a continuing issue about the choice to stay put or move

- The development of additional capacity in line with population growth for the public to be able to purchase services such as handyperson services

Meeting specialist needs of people with dementia and older people with a learning disability

- Developing the role of the housing and support sector to support both people with dementia and older people with a learning

disability, and reduce the reliance on traditional long-term bed based care

- For people with dementia key services are: telecare and housing support; and some specialist housing models. There is less potential for sheltered housing to play a role supporting people with dementia without schemes based staff on site

- For older people with a learning disability the key services are: community alarm, telecare and housing support; sheltered housing; and shared housing using accessible models such as bungalows or ex warden flats in sheltered housing

Making it happen: market development and use of resources

- The report illustrates a range of housing and support models that can be used to help the county council shift the balance of services and resources away from long-term bed based care

- Many of the models do not rely on any public sector capital, though they may require action by the County Council to make sure suitable sites are available, sometimes including a capital subsidy for County Council sites

- However, for the County Council to deliver the change it will need to play a leadership role to:

  - Change the current culture of bed based care
  - Adopt a market approach to development, driven by a very proactive approach from the County Council to make it happen and change the balance from largely rented specialist accommodation to a wider range of tenure and service options. Key parts of this will be bringing providers in as partners, and moving from a one-off to a programme approach to new development
  - Secure support from the economic development side of the County Council to enable new providers to emerge in the market place with new legal vehicles such as social enterprises

6. Recommendations

6.1 Introduction

The purpose of this final section of the report is to put forward a set of recommendations that that can form part of a joint strategic approach:

- For housing to deliver a practical set of public and private sector solutions for the growing needs of older people across the County

- For Adult Social Care and Health to develop appropriate care, support and health strategies for older people

- For providers to consider their own housing and support strategies and services for older people

- For links to be made across services and sectors that result in services and outcomes that older people want

These recommendations are based on the key issues emerging from the findings as set out in Sections 2-5 of this report. The evidence and rationale for these recommendations is set out in these earlier sections and is not repeated here.

Most of the recommendations are aimed at Herefordshire Council and its health partners. A number of the recommendations are also aimed at housing and support providers and developers.

There are three main drivers for change that the recommendations seek to address. These are set out in Figure 6.1 below.

Fig. 6.1: Drivers underpinning the recommendations

Addressing the aspirations of older people

Re-balancing the health and social care system

Taking account of the older people in the Housing Market
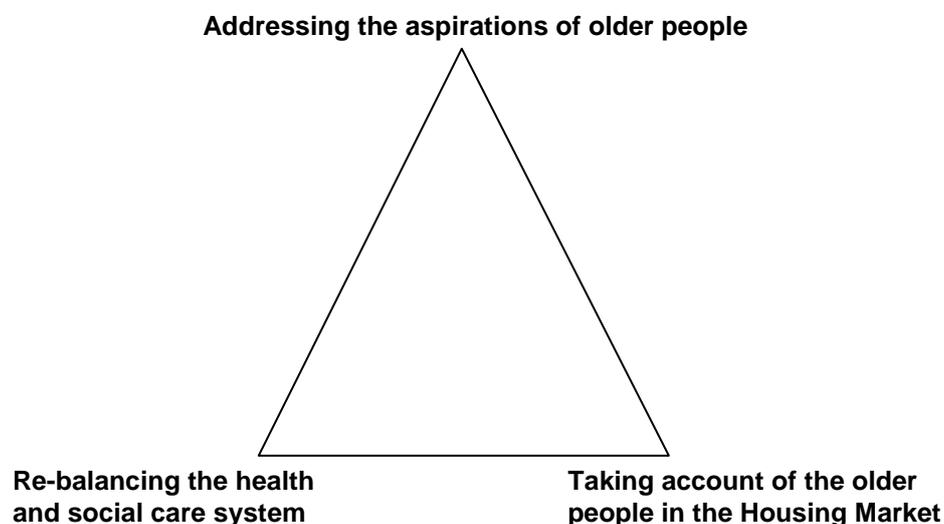
The recommendations in Section 6.2 are set out under the following headings:

- Information and access (6.2.1)

- Older people in the housing market (6.2.2)

- Sheltered housing for rent and sale (6.2.3

- Extra care housing (6.2.4)

- Supporting people at home – assistive technology and neighbourhood models of housing related support (6.2.5)

- Home Improvement Agency and other related services (6.2.6)

- Meeting specialist needs – dementia and learning disability (6.2.7)

- Making it happen: market development and use of resources (6.2.8)

The implications for providers are examined in section 6.3.

Section 6.4 looks at developing an action plan and sets out a number of possible quick wins.

6.2   The Recommendations

6.2.1 Information and access (see section 5)

- Appropriate Information, advice and signposting is critical give older people more control over their lives and to ensure access to services. There is a need for a clear and integrated approach for information with clear access routes for the wider older population across all tenures and income groups includdng those living in rural areas.

- Bring together a project group with housing and support providers to look specifically at information needs and how access and navigation to the right services operates

Recommendation 1

There is a need for Herefordshire Council to working actively with social housing providers, housing support staff and other voluntary sector providers of information and advice to:
- Promote benefit take-up and information to older people across all income groups about housing, services and financial products
- Promote the use across the County by housing, care and health staff of the national FirstStop housing advice and information service. It is a free resource for older people, their relatives and professionals
- Consider the potential of housing involvement in a First Contact type signposting service

6.2.2 Older people in the housing market (see sections 4 and 5)

General needs housing supply

The national housing strategy for an ageing population (2008 and the national housing strategy 2011 both identify older people as the fastest growing population group in the housing market. The 2011 strategy states that.

"Some 60% of projected growth in households to 2033 will be aged 65+.

Good housing for older people can reduce caring pressures on working families. It can also prevent costs to the National Health Service and social care providers.

Attractive choices to move to smaller, more suitable homes can free up much-needed local family housing.

Recommendation 2

Herefordshire Council needs to work with social and private developers to re-balance the general needs housing market to ensure an adequate supply and wider housing choice for the ageing population by:

- Recognising the level of home ownership (nearly 80%) and equity in the older people's market, as shown in the 50+ household survey carried out for this study, and the potential to use new housing developments suitable for older people as a driver to rebalance the housing market

- Developing non-specialist general needs two and three bedroom houses, flats and bungalows for rent and sale that meet lifetime homes standards, across all areas of the county in line with the LHMA and the Local Housing Requirements Study. These will be of equal benefit to older people, people or families with disabilities and young families

- Encouraging mixed developments to balance the market, meet the needs of older people and create genuine lifetime communities

- Market the new housing opportunities to older people across all tenures to encourage people who are under occupying to free up family housing through the development of housing for older people

- Consider the development of a charged for 'Home Moving' service to support older people who might wish to move but who are daunted by the practicalities of moving

- Consider the needs of older people within development briefs for Section 106 commitments and the provision of other forms of cross subsidy

- Ensure that new flats in particular are "future proofed" to take account of the changing population. For example, examine the potential to enhance standards by ensuring that all new flatted blocks have, as a minimum, stairwells that are capable of being adapted to take a stair lift

6.2.3 Sheltered housing for rent and sale (see sections 4 & 5)

The sheltered housing sector is out of balance, with a much higher supply of rented than leasehold accommodation, even though the majority of the older population in the County are home owners. There is a need for:

Recommendation 3

Herefordshire Council should:

- Work with social housing providers to manage down to a smaller provision of higher quality sheltered for rent sector, with decommissioning, upgrading or change over time of sub standard schemes. The supply model in Figure 4.24 in section 4 suggests a significant decrease in the supply need for sheltered housing for rent (by 617 units) to 2015, but a small increase in supply of 19 units (from the 2010 figure) by 2025 to reflect the projected growth in the older population. It is not seen as appropriate in this report to identify a particular target. Rather it is proposed that decisions are taken on a scheme by scheme basis in relation to:
    - Location and demand in the local market
    - The quality and accessibility of individual schemes for older people

- Work with the sheltered accommodation providers to define minimum accommodation standards for the future and to agree an overall decommissioning plan for sub standard sheltered housing for rent.

- Support the development of a small amount of new affordable sheltered housing for rent or shared ownership to improve the overall quality of the stock, and to aid the functioning of the wider housing markets and to release much needed family housing. This is likely to be in the order of around 100 units

- Work with private developers to promote the development of additional leasehold/outright purchase retirement housing to address the current high level of under supply. The model in Figure 4.24 indicates the need for an additional 2105 units by 2015 reaching to an additional 3377 units by 2025. These are unrealistic targets in the light of the current housing market and therefore should be treated as an indication of the need to develop more specialist accommodation for sale as market conditions improve. However, it is important to stress that leasehold retirement housing for older people is still being built even in the current economic climate and developers are looking to work with local authorities who want to see further development of older people's housing

Recommendation 4

In relation to services in sheltered housing the shift by the Council to floating support that is not linked to accommodation based services means that there is a need for sheltered housing providers to:

- Re-think the future role of sheltered housing, based on a floating support model, or other self funding service model

- Assess the potential of some sheltered housing to shift to an extra care/very sheltered housing model

- Consider the potential of sheltered housing playing a wider community role

6.2.4 Enhanced sheltered and Extra Care housing (sections 4 and 5)

There is an under supply of enhanced sheltered and extra care housing in Herefordshire across all tenures.

Recommendation 5

Herefordshire Council and its health partners need to proactively address the shortfall in provision of enhanced sheltered housing and extra care housing as part of the strategy to reduce the reliance on hospital bed based care and long-term residential and nursing home care. There is a need to:

- Promote the development of more enhanced sheltered housing for sale such as Assisted Living (see section 5.9 and Appendix 9) that supports higher levels of need. The model in Figure 4.24 suggests 436 units by 2015 and 648 units by 2025 split equally between rent and sale. This target is unrealistic in the present economic climate, but it is recommended that the County Council works proactively with selected private developers to pilot at least three Assisted Living schemes in the short term in different parts of the county

- Address the shortfall in the provision of extra care housing set out in Figure 4.24 in section 4 – an additional 838 units (one third for rent and two thirds for sale) by 2015; reaching to an additional 1315 units (one third for rent and two thirds for sale) by 2025 compared with the current supply figure. In light of the reductions in public funding and the current housing market, these are challenging targets. However, it should be noted that other authorities still have ambitious extra care programmes (for example North Yorkshire are seeking to develop a further 30 schemes – 1200 units – by 2016 on top of the 14 schemes they already have. It is suggested that Herefordshire should set a target of 300 units of new extra care in the next 5 years, mainly for sale. In section 5.9 a number of mainly self funding models of extra care have been illustrated

- Explore the feasibility of developing a 'virtual extra care at home' model that does not rely on an extra care building – see Recommendation 9

- Proactively seek partners to develop extra care for sale and mixed tenure

- Develop a model specification for extra care that will aid developers as they consider the option to develop in Herefordshire

- Set specific targets for the care management service to divert older people from residential care to extra care as new extra care schemes come on stream. Given the current high level of hospital and long-term bed based care it is suggested that the minimum diversion target should be 20%

- Develop the capacity and skills of staff to enable extra care housing schemes to support a range of needs in relation to older people and adults: people with dementia; people with disabilities living into older age (for example, people with learning disabilities); BME people living into older age; and using two bedroom units to enable partners/relatives to continue to provide a carer role

6.2.5 Supporting People at Home: community alarms, assistive technology and neighbourhood models of Housing Support (See section 5)

The Council is developing a flexible service delivery approach to housing support that is built around the individual rather than the accommodation they live in, underpinned by telecare as the core service. There is a need for Herefordshire Council to develop the following services in a more joined up way, and with additional links to other health, social care and housing services

Recommendation 6

Telecare

- Look at how telecare services can be further developed and financed in the future, and focus in particular on the development of a charging policy

- Work with housing providers to assess whether their community alarm systems in their specialist housing are 'fit for purpose' and compatible with telecare equipment

Recommendation 7

Floating housing support linked to neighbourhoods

- Further develop floating support services within the context of the evolution of personalisation, new types of worker such as Personal Assistants, and the development of the County's Neighbourhood approach

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Recommendation 8

Addressing social isolation

- Examine the potential to develop self-financing volunteer befriending schemes to address social isolation, which would go alongside the Village Warden service that the County is developing

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Recommendation 9

Virtual extra care

- Test out the potential through a pilot in one part of the County, of linking housing support services such as community alarm services, telecare, and floating support to a broader service approach linked with health and social care through hub and spoke and 'virtual' extra care models. The hub could be provided through existing extra care or selected sheltered housing schemes

- Consider the potential for the new GP commissioning groups to fund some elements of low level support as part of a 'virtual' extra care approach. Such funding could be focused on delivering community health targets such as falls prevention and exercise

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6.2.6 Recommendations for the HIA (see sections 3 and 5)

With an increasing emphasis on older people choosing and being supported to stay at home, the demand and desire for preventative services will grow. Preventative services are important due to:

- Their role in supporting older owner occupiers

- Their cost effectiveness

- The ability to link a number of preventative services together in a 'virtual extra care model to provide a comprehensive support package for an older person e.g. dispersed alarm and telecare, adaptations in their homes, handyperson service

- Their flexibility in being able to mix and match together depending on the older person's needs

The proposals for the further development of an integrated HIA are a critical component in delivering this.

Recommendation 10

Herefordshire Council needs to take the lead to:

- Develop and improve information about HIA related services. As part of the new service, information about options and choices will be a critical issue. In particular there will be a continuing issue about the choice to stay put or move

- Develop shared training/liaison for all staff. This would include cross agency approaches to common cases/scenarios. This could be linked to the development of a First Contact type service (see Recommendation 1)

- Develop clear referral mechanisms between organisations

- Address specific operational issues such as delays in OT assessments and the consequent underuse of the DFG budget

- Link HIA services with the broader network of agencies in order to better support older/vulnerable people

- Develop increased capacity for handyperson services, and if appropriate explore new development vehicles such as social enterprise models to achieve this

- Use the HIA to pilot the use of the FirstStop Housing Options for Older People (HOOP) tool to encourage older people to think through the options and respective benefits of staying put or moving home

6.2.7 Meeting specialist needs – dementia and learning disability (sections 4 and 5)

Developing the role of the housing and support sector to support both people with dementia and older people with a learning disability, will reduce the reliance on traditional long-term bed based care.

People with dementia
For people with dementia key services are: telecare and housing support; and some specialist housing models. There is less potential for sheltered housing to play a role supporting people with dementia without schemes based staff on site.

Recommendation 11

There is a need to develop new housing based models for people with dementia and examples have been provided in section 5.8 and Appendix 9. The model in Figure 4.24 suggests 128 units are needed by 2015. This may be an unrealistic target to set but it does indicate the direction of travel. It is recommended that:

- The Council looks to pilot a minimum of two housing based models for people with dementia, in partnership with: an existing care or nursing home provider using a close care model; and with a supported housing provider through an extra care type model

- The Council looks to develop the 'virtual' extra care model for people with dementia to support them in their own homes through community alarm, telecare and housing support, alongside the development of specialist domiciliary care, which has also been identified as a gap that needs to be addressed

Older people with learning disability

For older people with a learning disability the key services are: telecare and housing support; sheltered housing; and shared housing.

Recommendation 12

Herefordshire Council need to:

- Take a proactive approach to using existing specialist housing for older people for older people with a learning disability, including sheltered and extra care housing

- Work with providers to develop shared housing models using accessible accommodation such as bungalows or ex warden flats in sheltered housing

6.2.8 Market development and use of resources (section 5)

Authorities that have been successful in using the housing and support sector as a key part of their transformation plan for older people's services, have succeeded largely because they have taken a very proactive approach rather than wait for change to happen in the market place.

The report illustrates in sections 5.8., 5.9 and Appendix 9 a range of housing and support models that can be used to help the county council shift the balance of services and resources away from long-term bed based care. Many of the models do not rely on any public sector capital, though they may

require action by the County Council to make sure suitable sites are available, sometimes including a capital subsidy for County Council sites. The report also identifies the benefits and importance of having explicit housing strategy and planning policies (see Appendix 10) that specifically highlight the housing and services needed by older people in order to attract developers with resources to want to come and work in the County.

Recommendation 13

For Herefordshire Council to deliver the changes identified in these recommendations it will need to take action to:

- Change the current culture of bed based care

- Adopt a market approach to development. This should include a programme approach using a framework agreement with selected providers and a clear development plan that is predicated on:

  - A cross tenure approach to take account of the whole market

  - Provision of free or subsidised sites by the local authority

  - An assumption that the sale of leasehold units can subsidise the affordable (rent and shared ownership) units

  - An assumption that only a very limited amount of Social Housing Grant will be available to underpin the programme

  - A very proactive approach to both social and private sector providers to make it happen, underpinned by creating project management capacity within the local authority to drive the programme and an enabling approach with development partners

  - Specific planning policies, either in the Core Strategy or through Supplementary Planning Documents (see Appendix 10), that highlight the importance of older people in the housing market in Herefordshire

  - A planning framework that will ensure that sites are available, some of which are earmarked for housing for older people, to ensure developers can compete with general needs housing developers

  - An explicit shift away from local authority placements in residential care

- Secure support from the economic development side of the County Council to enable new providers to emerge in the market place with new legal vehicles such as social enterprises

6.3 The implications for providers

The recommendations set out a clear agenda for working in partnership with both social housing provides and private developers.

There is potential for providers to respond positively to the proposals set out in the recommendations and to proactively work with Herefordshire Council to put the recommendations into action and develop their housing and services in line with the direction set out.

The key areas for action with housing providers relate to:

- The role that housing providers can play to provide information and signposting for older people

- Setting up a Home Moving service

- Ensuring that their development plans address the needs of the ageing population, in relation to both general needs and specialist housing and across all tenures. This means becoming more commercial in their approach and coming up with creative ways of funding and development

- Working with the Council on identifying sheltered housing schemes that are not sustainable and that will need to be commissioned over time, in line with market demand

- Ensuring that their community alarm systems are fit for purpose to link with telecare equipment

- Identifying how their existing housing could support people with dementia and learning disabilities

- Becoming part of a market approach to addressing the future housing and related needs of older people in Herefordshire

6.4 Developing the action plan

The next stage, once this report and its recommendations have been adopted by Herefordshire Council is to develop an action plan for implementation. It is suggested that the action plan is divided into three sections:

- Quick wins (up to 1 year)

- Medium term actions (1-3 years)

- Longer-term actions (4-10 years)

The plan to rebalance the accommodation system will need to be a 10- 15 year plan, given the timescale for bricks and mortar development.

However, we have identified a number of other actions that could be taken forward now as quick wins. These quick wins are set out below under each theme of the recommendations.

Potential quick wins

Information and access

- Promote benefit take-up and information to older people across all income groups about housing, services and financial products

- Promote the use across the County by housing, care and health staff of the national FirstStop housing advice and information service. It is a free resource for older people, their relatives and professionals

- Consider the potential of housing involvement in a First Contact type signposting service

Older people in the housing market

- Consider the development of a charged for 'Home Moving' service to support older people who might wish to move but who are daunted by the practicalities of moving

- Consider the needs of older people within development briefs for Section 106 commitments and the provision of other forms of cross subsidy

- Ensure that new flats in particular are "future proofed" to take account of the changing population. For example, examine the potential to enhance standards by ensuring that all new flatted blocks have, as a minimum, stairwells that are capable of being adapted to take a stair lift

Sheltered housing for rent and sale

- Work with the sheltered accommodation providers to define minimum accommodation standards for the future and to agree an overall decommissioning plan for sub standard sheltered housing for rent

- Work with private developers to promote the development of additional leasehold/outright purchase retirement housing to address the current high level of under supply

In relation to services in sheltered housing the shift by the Council to floating support that is not linked to accommodation based services means that there is a need for sheltered housing providers to:

- Re-think the future role of sheltered housing, based on a floating support model, or other self funding service model

- Assess the potential of some sheltered housing to shift to an extra care/very sheltered housing model

- Consider the potential of sheltered housing playing a wider community role

Enhanced sheltered and extra care housing

- Work proactively with selected private developers to pilot at least three Assisted Living schemes in the short term in different parts of the county

- Explore the feasibility of developing a 'virtual extra care at home' model that does not rely on an extra care building – see Recommendation 9

- Develop a model specification for extra care that will aid developers as they consider the option to develop in Herefordshire

- Set specific targets for the care management service to divert older people from residential care to extra care as new extra care schemes come on stream

- Develop the capacity and skills of staff to enable extra care housing schemes to support a range of needs in relation to older people and adults

Supporting older people at home

- Telecare: Work with housing providers to assess whether their community alarm systems in their specialist housing are 'fit for purpose' and compatible with telecare equipment

- Floating support linked to neighbourhoods: Further develop floating support services within the context of the evolution of personalisation, new types of worker such as Personal Assistants, and the development of the County's Neighbourhood approach

- Social isolation: Examine the potential to develop self-financing volunteer befriending schemes to address social isolation, which would go alongside the Village Warden service that the County is developing

- Virtual extra care: Test out the potential through a pilot in one part of the County

The HIA

- Develop and improve information about HIA related services

- Address specific operational issues such as delays in OT assessments and the consequent underuse of the DFG budget

- Develop increased capacity for handyperson services, and if appropriate explore new development vehicles such as social enterprise models to achieve this

- Use the HIA to pilot the use of the FirstStop Housing Options for Older People (HOOP) tool

Meeting specialist needs - dementia and learning disability

- Pilot a minimum of two housing based models for people with dementia

- Take a proactive approach to using existing specialist housing for older people for older people with a learning disability, including sheltered and extra care housing

Market development and use of resources

- Adopt a market approach to development. This should include a programme approach using a framework agreement with selected providers

- Develop specific planning policies in relation to housing for older people, either in the Core Strategy or in Supplementary Planning Documents