

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

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ADULTS AND OLDER PEOPLE

The Herefordshire Partnership (2007) 'Growing Older in Herefordshire: A strategy for older people in Herefordshire'

The aims of this strategy are listed as follows:

- Communication and Information
 - Knowing where to access information and services
 - Having the opportunity to remain involved and to become involved in the local community
 - Being able to access recreational, social and educational activities
- Community Safety
 - Feeling and being safer at home
 - Worrying less about crime
 - Being less vulnerable to crime
 - Having more information about crime
- Employment and Retirement
 - Avoiding social isolation
 - Developing positive attitudes towards employing older people
 - Being able to access employment and fair treatment
 - Being able to plan ahead for retirement
 - Having sufficient income in retirement
- Health and Independence
 - Ease of access to primary care services
 - Having accommodation needs met
 - Receiving assistance at home that promotes independence
 - Benefiting from person-centred services
 - Feeling satisfied that service charges are fair
- Transport and Access
 - Easy access to service information
 - Having more services provided in one place
 - Improving public transport
 - More reliable services supporting rural areas

The strategy document does not provide an action plan detailing how these aims are going to be achieved or a timescale under which they are to be achieved.

Future social care needs and services for older people and adults with learning disabilities in Herefordshire, Herefordshire Council Corporate Policy and Research Team, September 2006

Compared with generally high-performing East Riding, Shropshire and Somerset, Herefordshire proportionately provides much lower levels of residential and nursing home care, helps fewer people to live at home, and is slower to complete assessments and provide services. It spends less but has higher unit costs, which is partly because it raises less income from charging service users. It has fewer social workers, care managers, support staff and senior managers. It has much poorer systems for data collection and analysis.

Compared with Shropshire, it appears to have a significantly lower level of voluntary-sector community support that enables people to live fulfilled lives in their own homes and communities. These are needed as the bed-rock for sustainable and cost-effective services. They are not about professional social care and should be developed as part of the comprehensive strategy Growing Older in Herefordshire.

This community support needs to have good links to professional social care and health services, especially reablement that supports people intensively for a limited time to enable them to return to independent lives in their communities. Other crucial ingredients of future services are: a network of active-ageing centres in existing community buildings; changing the eligibility criteria for social care to require that the non-social care options should first have been exhausted; extending direct payments and individualised budgets to as many people as possible; extra-care housing; telecare; much more intensive home care, especially to meet the needs of the rapidly rising number with dementia; but also (because of our current low level of provision) a more modest increase in residential and nursing home places, with a shift in the balance towards nursing and specialist care; and the closer integration of community hospitals in the delivery of services to avoid hospital stays that undermine independent living.

Just to maintain the current, inadequate pattern and levels of services to meet the minimum expected increases in demand for social care, making the maximum efficiency savings possible in those circumstances, would cost an estimated additional £3.6 million a year by 2011, compared with costs in 2005-06 (all figures at 2005-06 prices).

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

The draft Commissioning Plan shows that 57% of the budget for the current year for older people is predicted to be spent on long-term care. This compares with

the target set by the Department of Health of 40% (Use of Resources in Adult Social Care, DH October 2009). 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.

The Commissioning Plan also highlights that NHS Herefordshire also has a high number of community beds for its population, the highest in the West Midlands Strategic Health Authority (WMSHA) area,

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 for older people as at September 2010, with residential care coming out as 75% more expensive and nursing home care as 150% more expensive than 15 hours of home care a week.

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. Re commissioned 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

Draft Herefordshire Market Position Statement for Adult Health and Social Care (July 2011)

The draft Market Position Statement 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".

Living Well with Dementia in Herefordshire: A Joint Commissioning Plan by NHS Herefordshire and Herefordshire Council 2010-2013

The Joint Commissioning Plan 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 a way of addressing rural issues and social isolation.

HEALTH

'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 we use our resources prudently
- The difficulty of recruiting to replace an ageing workforce

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

1. Promote life-styles that underpin good health and well-being - This is fundamental to the future health of the whole population and to managing demand within constrained resources.
2. Maximise mental health and well-being - The risk to mental health is evident in many age groups. In particular, the large increase in the number of over 85s will lead to substantially increased demand.
3. Reduce health inequalities between localities and groups - It is our ambition to reduce the gap for life expectancy and health and well being.
4. Maximise independence, especially for older people - We want to maximise the independence of our older people and others who require care and support. The need to act is a priority given the expected large increase in the number of frail old people and the need to provide good quality, cost-effective care packages at a time of constrained resources.
5. Secure good health and well-being for children and young people - Action is needed to improve children and young people's dental and mental health, levels of obesity and reduce levels of smoking, alcohol consumption and Chlamydia.

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. A range of devices to support users are in place with more expected to be tested in the coming year
- Develop implementation plans for 5 agreed care pathways:
 - i. Frail Elderly
 - ii. COPD
 - iii. Stroke

- iv. Diabetes
- v. Lower Back Pain
- Deliver the Herefordshire Palliative and End of Life Care Strategy by:
 - vi. Introducing timely identification of individuals approaching the end of life and creating an Advance Care Plan
 - vii. Training and developing the health and social care professionals so they are better equipped to assess the needs of patients and carers and provide the best quality care at the end of life
 - viii. Ensuring all service providers are working within the principles of the National Quality Markers for EOL and the Gold Standard Framework
 - ix. Develop a GP LES to support advance care planning, identification of preferred place for care and an integrated communication stream
- 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:
 - x. Putting People First
 - xi. Choice and control
 - xii. Tele healthcare
 - xiii. Personal healthcare budgets

HOUSING AND PLANNING

Housing in Herefordshire Strategy, 2011-2012

At a local level Herefordshire is expecting a greater emphasis on the West Housing Market Area Partnership, working more closely with its neighbours on joint policy developments, joint initiatives and securing investment. The Partnership will together be considering opportunities for greater cost effectiveness, re-shaping services to meet future funding challenges and identifying opportunities for greater value for money and improved outcomes. This will be achieved by working with other service areas and organisations, such as health, economic regeneration and importantly housing and community organisations.

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
The aim is that Herefordshire has a balanced, flexible, healthy housing market which can respond to changes in demand, changes in the economy and support regeneration within Herefordshire. In particular, ensuring that housing is as affordable as possible to local people, is safe and healthy and that there is a choice of housing options available across all tenures
- Decent homes
The aim is 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. Relevant objectives:
 - Improve the condition of all homes, particularly the condition of houses in multiple occupation through a range of interventions encompassed within a Private Sector Renewal Strategy and Policy
 - Reduce the number of empty properties in Herefordshire
 - Encourage a reduction in domestic related carbon emissions and the number of fuel-poor households through our Affordable Warmth Strategy

- Influence local people and organisations to ensure that housing is of a good quality and contributes to improving health and well being
- 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 equitable 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

The aim is to prevent homelessness wherever possible, as prevention is the key to promoting health and wellbeing and protecting the people of Herefordshire

Homelessness Strategy for Herefordshire, 2008-2013

Six outcomes are listed for homelessness in this strategy document:

1. The prevention of homelessness through the effective targeting of housing options and services
2. To end the use of bed and breakfast as temporary accommodation and to continue to reduce the overall number of households in temporary accommodation
3. To ensure sufficient accommodation and support is available for people who are, or who may become, homeless

4. Improve joint working amongst all agencies concerned with homelessness and prevention
5. To reduce homelessness and its related impacts amongst vulnerable client groups including young people and children
6. To maximise the effectiveness and targeting of homelessness services through the use of improved data collection and intelligence gathering

The number of homelessness presentations from the elderly within Herefordshire is relatively low, with 4 applications from those above 65 years in 2007/2008. It is important, however, to ensure that homelessness amongst the elderly is not hidden by their living with family or in unsuitable accommodation or taking up a hospital bed whilst alternative housing is found.

Key actions for older people:

- To complete in 2008, Hereford City's first Extra Care scheme, which will enable over 91 older people to live independently in their own homes with support, matched to their individual needs
- The preparation and development of the hospital discharge protocol between mental health, County Hospital, Community Hospitals and Herefordshire Council
- To develop a register of adapted properties within the county
- To improve information - prepare leaflets on homelessness services (including audio and other relevant media) to be prepared and circulated to public, prevention officers and support agencies along with uploading to the web sites. These should also take account of BME Groups and Older People
- To prepare a Directory of Homelessness and Related Services, to be used by service users and support teams
- To develop an older persons housing plan, in alignment with the aims and objectives of the Older Person Strategy for "Growing older In Herefordshire"

Gypsy and Traveller Accommodation Assessment: Shropshire, Herefordshire, Telford and Wrekin and Powys July 2008

The Gypsy and Traveller Accommodation Needs Assessment took place during 2007 covering the area of Herefordshire, Shropshire, Powys, Telford and Wrekin.

The objective of the study was to:

- Quantify the need for Gypsies and Travellers accommodation in terms of :
 1. Site accommodation on private sites (owned or rented)
 2. Site accommodation on socially rented residential sites
 3. Site accommodation on transit sites
 4. Bricks and mortar housing for owner-occupation
 5. Affordable bricks and mortar housing
- Establish the suitability of the above
- Quantify the unmet housing support needs of Gypsies and Travellers in respect of service to enable them to maintain their accommodation in transitional periods
- Identify the unmet need for Gypsy and Traveller access to wider service provision, including health and education.

The Assessment identified a need for 83 additional pitches in Herefordshire up to 2012 and a further 26 pitches from the period 2012 - 2017. An internal working group has been pro-active in ensuring that provision is in place to ensure pitches continue to be delivered to meet this target.

Herefordshire Housing Allocations Policy, May 2010

A summary of this document has been added to the demographic and contextual report that accompanies this literature review.

Herefordshire Council 'Affordable Warmth Strategy, July 2008'

The action plan contains 6 key aims:

1. To raise awareness of affordable warmth and its related issues
 - a. Promotional work to publicise affordable warmth
 - b. Increase awareness through partnerships with educational organisations
2. To effectively coordinate affordable warmth activity between partners to establish a joined up approach
 - a. Improve co-ordination and communication at a practical and strategic level
 - b. Improve links with energy suppliers
 - c. Develop partnerships with the health sector
 - d. Identify most vulnerable households

3. To maximise efficiency in use of resources and secure funding to implement affordable warmth
 - a. Ensure energy efficiency projects are specific to Herefordshire
 - b. Develop a systematic approach to accessing funding
4. To apply new solutions in implementing affordable warmth action plan
 - a. Develop innovative techniques
 - b. Identify potential to develop renewable energy projects to benefit fuel poor
5. To ensure consideration of issues relating to all housing tenures in the implementation of affordable warmth action plan
 - a. Develop effective policy to help with under-occupation
 - b. Improve affordable warmth in the housing association sector, the private rented sector, and the owner-occupier sector
 - c. Promote good practice for each housing tenure
6. Establish an integrated system of high quality energy efficiency and income maximisation advice
 - a. Make advice available to everyone
 - b. Integrate income maximisation into advice provision
 - c. Train dedicated affordable warmth champions from key organisations
 - d. Establish a systematic and joined-up approach to energy and income maximisation advice

Tribal (October 2006) 'Review of Sheltered Housing: Herefordshire Council'

The following is a summary of the findings within this review document:

Needs and aspirations

- Whilst there is a clear preference for receiving support in existing accommodation, there are other factors that impact on demand for sheltered housing; the image and offering of much existing sheltered housing is not attractive to a population of older people increasingly owning their own homes and wanting to live independently.
- There is evidence of demand for sheltered housing services, but the research suggests that the current provision is not meeting the requirements of older people for a range of reasons including, location, size of accommodation, accessibility and quality of housing.
- Accommodation preferences:
 - Two or more bedrooms
 - Bungalows preferred in most cases
 - Accessibility (including ramps, lifts, level access, easy to reach controls etc)
 - Located near amenities

- Spacious
- Modern kitchen and bathroom facilities (including walk in showers)
- Efficient and effective heating and insulation
- Away from heavy traffic and problem neighbours
- Parking
- Storage
- Secure environment (in and out)
- Communal space and facilities
- Gym
- Garden
- Service preferences:
 - Community alarm
 - Gardening
 - Aids and adaptations
 - Transport
 - Personal care services
 - Community nurse health check ups
 - Chiropody
 - Eye tests
 - Help with domestic tasks
 - Financial help
 - Supporting People services
 - IT facilities e.g. internet café
 - Provision of meals
 - Handy person

Current Provision

- Much of the current provision is in the wrong location or of a standard that does not meet the needs and aspirations of older people. This is supported by the high incidence of void rates above 5%
- Bedsit accommodation is unpopular and does not meet the needs of most older people
- There is acknowledgement by providers that much of the existing provision needs to be remodeled or decommissioned
- The development of flagship extra care schemes will only serve to reinforce this position as would-be sheltered housing tenants choose the new extra care schemes and those who continue to prefer sheltered housing, have their aspirations raised by seeing what can be provided in these new schemes
- A strategic response is sought to allow providers to make sustainable business decisions about the future of their stock and their involvement in sheltered housing provision

- Most current provision is rented accommodation, but there is also substantial leasehold provision with at least 16 leasehold schemes identified in the area
- A review of current provision based on information provided in the course of the research has made it possible to make recommendations in respect of some of the existing sheltered services and accommodation

Review Recommendations

- Based on the outcome of this report and on the Supporting People service review outcomes, identify plans for the future of each service. This will include options for continuing services as they are, re-modeling services either for use by older people or for other client groups, or decommissioning
- Use the data in this report to identify gaps in service provision, including non-sheltered services such as staying put services, carer support and extra care
- Prioritising these needs and developing commissioning briefs for the services that are needed. Linking this with the work on the model for joint service commissioning
- Planning investment in existing, re-modeled and new services in conjunction with decommissioning plans
- Partnership working with providers and other stakeholders to manage the transition to achieve minimum distress to service users and maintaining a buoyant provider market that does not undermine provider confidence and commitment to the sector.

Outside Consultants (2008) West Midlands West Housing Market Area 'Strategic Housing Market Assessment 2008'

There is a section specifically on older people within this housing market assessment. In this section, there is a demographic analysis of the older population within Herefordshire and Shropshire and a summary of the main strategic priorities with regards to older people within each area. All of this information has already been collected and analysed within the demographic and contextual report that accompanies this document. Therefore, it has not been repeated here.

Herefordshire and Shropshire Housing Strategy Consultation Draft, 2011-2015

The draft strategy identifies:

- The fast rising number of older people
- The challenges of meeting housing and support needs in rural areas
- The potential of offering fast track targeted low level adaptations for people coming out of hospital or at risk of readmission
- The need for a wide range of high quality supported and specialised housing for older people

Priority 1 is adequate and affordable housing provided in partnership to meet current and future needs of all our communities. This is to include specialist accommodation for older people such as extra care housing.

Priority 2 is that existing stock is of a high quality and used effectively. This is to include addressing under-occupation by older people by provision of more manageable homes to enable them to downsize.

Priority 3 is that residents are empowered through having access to appropriate and timely housing support and advice about housing options. This needs to include advice for older people facing challenges such as social isolation

Herefordshire Local Housing Market Assessment (LHMA) (June 2011)

The key findings from the LMHA are:

- Housing Market Dynamics: an ageing population which will affect housing demand; strong growth in house prices; a recovery in house prices after the recent downturn but sales remaining subdued
- Housing needs assessment: net affordable housing need for the period 2011-2016 of 2,838 (568 per annum) with 1883 being in the Hereford area; within that figure a need for 46% social rented (64% in Hereford) and 54% intermediate affordable housing
- Long-term analysis of housing requirements: the major need up to 2026 for market housing is for 3 bedroom properties. There is also a strong retirement market both within the county and in relation to inward migration. This applies to all the HMAs. Two thirds of the need for affordable housing is 1 and 2 bedroom dwellings, with two thirds wanting houses and one third flats. The LHMA states that two thirds of projected household growth for the period 2006-2026 would be one person households

- Affordable housing policy: affordable housing targets vary between 40% for Ledbury and Ross to 25% for Leominster, with the figure for rural areas at 35%. It anticipates that a substantial proportion will be delivered through section 106 agreements. The LHMA also identifies strong potential for intermediate housing products during the current downturn
- Mix of market housing: The LHMA suggests that planning policies should not be overly prescriptive regarding the mix of housing required, although the planning system should deliver a mix of sites

Herefordshire Council Local Housing Requirements Study Final Report (July 2011)

The Herefordshire Council Local Housing Requirements Study Final Report (July 2011) builds on and is presented as an addendum to the LHMA.

The Herefordshire Council Local Housing Requirements Study (July 2011) by GL Hearn, builds on and is presented as an addendum to the LHMA. It 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.

The only reference to older people relates 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.

SUPPORTING PEOPLE

The Herefordshire Supporting People Partnership 'Herefordshire Supporting People Strategy, 2005-2010'

Specific priorities listed in this document include:

- Addressing homelessness and preventing homelessness, in particular repeat homelessness and supporting women at risk of domestic violence
- Providing support to older people to maintain their independence
- Tackling substance misuse (alcohol and drugs)
- Making our neighbourhoods safer (addressing crime, community safety and anti-social behaviour)
- Seek to ensure equal access to services

The Herefordshire Supporting People Partnership aims to deliver preventative services that will:

- Reduce the level of homelessness and repeat homelessness
- Reduce the risk of offending and drug misuse
- Promote independence and social inclusion of vulnerable and disabled people through the provision of enabling housing-related support services
- Delay an individual's need to access more intensive services due to a deterioration in health, or ability
- Improve the spectrum of choice in the supported housing sector
- Seek to ensure equal access to services
- Maximise the use of all available resources to best meet the housing and housing-related support needs of vulnerable and disabled people

The Herefordshire Supporting People Partnership will seek to commission services that:

- Complement the vision
- Meet the needs of the county
- Are flexible
- Are sustainable

- Are cost effective, providing value for money
- Fit with the strategic priorities of partners
- Are high quality
- Are eligible for Supporting People funding

Commissioning priorities for older people:

- Floating support services to complement the Council's Reablement Strategy
- Services to complement the Extra Care provision
- Supported housing with assistive technology for people with dementia
- Early intervention services for people with dementia
- A review of the Sheltered Housing sector

Strategic priorities with regards to older people for the period 2006-2007:

- Strategic aim for older people: To enable the Council and the PCT to meet the Government's target to enable older people to remain independent in their own homes for longer
- Actions for older people:
 - To commission the provision of housing-related support to the Extra Care community being developed in Hereford city in partnership with the Extra Care Charitable Trust and Festival Housing Group
 - To commission supported accommodation incorporating assistive technology for people experiencing early signs of dementia or Alzheimer's Disease
- Strategic aim for older people with dementia:
 - To enable the Council and its partners to meet the housing and prevention aspirations of the National Service Framework for older people with a mental illness
- Actions for older people with dementia:
 - To commission a pilot housing-related support scheme for people identified as having early signs of dementia or Alzheimer's Disease

Herefordshire Supporting People Annual Update, 2007-2008

Information and data added to the demographic and contextual profile for Herefordshire.

Herefordshire Council 'Draft Supporting People Business Case 2009 (Extract)'

The aims listed in this document are as follows:

- To gain the support of the Herefordshire Partnership to secure 100 % - 94 % of the current level of recurrent government funding for the delivery of preventative, housing - related support services for the next three years
- To retain the non-recurrent under spend to address contractual commitments pending the completion of a comprehensive procurement programme
- To recommend revised governance arrangements that reflect the integrated structures, strengthen the current arrangements and realise efficiencies and improved value for money
- To receive the endorsement of the Herefordshire Partnership for the identified commissioning intentions
- To secure the funding required to maintain staffing levels in order to achieve the above

In order to improve service provision, respond to identified needs and evaluate alternative models of service delivery, a number of innovative pilot services have been introduced. These include the Older People Pilot, Independent Domestic Violence Advisers and the Wrap-Around Pilot for people who are at risk of homelessness as a result of drugs /alcohol and/or offending.

The Older People Pilot has broadened the availability of housing-related support services. Previously, the majority of services were provided in Sheltered Housing Schemes. By breaking this link, service providers now offer a community wide service and respond to an individual's support needs irrespective of where they live. The outcomes of the pilot will inform the specification of a new service that will be commissioned during 2010.

Specific data within this document has been added to the Supporting People section of the demographic and contextual report that accompanies this document.

Housing - Related Support Commissioning Intentions, 2011-2014

The primary aim, as stated in this document, 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, 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 demand
- Diverting demand
- Managing the demand that remains more efficiently and more cost effectively
- Stimulating the development of greater diversity in the market
- Providing leadership

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

- A greater emphasis on prevention - this will be realised through closer strategic alignment between health and social care, and between housing support and health and social care. Services for older people, particularly the most vulnerable will be a priority in order that they can maintain their own home and maximise their independence
- Shaping the market for personalisation and ensuring that choice is available for all people will result in commissioners working in partnership with Providers and communities to ensure that people are able to receive support to meet their needs
- Clear and accessible information regarding care and support will be developed irrespective of the funding stream of how a person's care and support is funded

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 list of service specifications that will be developed in 2011 are:

- Handyperson / home improvement
- Floating housing-related support
- Community alarms and telecare
- Temporary housing for homeless young people
- Temporary housing for homeless single people
- Support and advice to prevent and reduce homelessness

- Support and accommodation for women and children experiencing domestic abuse

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.

COMMUNITY AND CORPORATE

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 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 housing, health facilities, leisure facilities, libraries and other cultural venues, shops and local meeting places. For Herefordshire, access to services is particularly key 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, which presents a particular challenge in terms of supporting people to live safely and independently in their own homes. To fulfill 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:

- Providing affordable housing and addressing homelessness

- 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
- Raising awareness and use of library services
- 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

The Community Strategy for Herefordshire: A Sustainable Future for the County, 2006

The community strategy vision is stated as follows:

'Herefordshire will be a place where people, organisations and businesses working together within an outstanding natural environment will bring about sustainable prosperity and well being for all.'

The key issues in Herefordshire, as identified via consultation, are listed as follows:

- A safe and pleasant environment to live and work in
- Affordable housing
- Better access to sport and recreational facilities
- Better information on and access to local services
- Better pay
- Business diversification and enterprise
- Flood prevention
- Improved access to health services
- Improved public facilities
- Improved public transport and less traffic congestion

- Improved skills and training opportunities
- More say in local issues and decision making
- Protecting the environment
- Reduce crime and anti-social behaviour
- Support to live independently

The strategy is divided into 4 thematic priorities:

- Economic Development and Enterprise
- Healthier Communities and Older People
- Children and Young People
- Safer and Stronger Communities

The Healthier Communities and Older People theme is the most relevant to this piece of work. The impact of an ageing population is acknowledged. The key local issues with regard to this theme are listed as follows:

- Support to live independently
- Improved access to health services
- Better information on and access to local services
- Improved public facilities
- Better access to sport and recreational facilities

One of the actions suggests a need for an older people's strategy for Herefordshire that emphasizes independence and wellbeing.

'Encouraging Communities to Shape the Future of Herefordshire' Herefordshire's Strategy for Community Involvement, 2005

The aim of this strategy is to improve community involvement in the process of decision-making. The specific objectives and measures are given in the following table.

Objectives

Measures

<ul style="list-style-type: none"> • To enable more people to be engaged in the democratic process • To continuously improve the ways we involve residents and partners through information, training and sharing of best Practice • To ensure the appropriate involvement of Herefordshire people in the decisions which affect their lives • To enable everyone, especially hard-to-reach groups and groups at risk of disadvantage to make their voices heard, particularly <ul style="list-style-type: none"> ○ Older People, ○ Children and Young People, ○ Disabled People and ○ people from ethnic minorities ○ people who live in geographical isolation (e.g. in small villages) ○ people who are otherwise isolated • To increase transparency and accountability • To make best use of available resources and techniques for community involvement and consultation, including the emerging electronic means of consultation. 	<ul style="list-style-type: none"> %age of residents who feel that they can influence decisions the council makes (based on survey) %level increase in active involvement through volunteering %age of Parish Council seats uncontested # of/representation of respective groups to participate in decision making processes %age increase of formal volunteering across the county % of Parishes uncontested in local elections # of Parish Plans adopted %age of reports of consultations published Demonstrated by publication of Consultation guide and feedback from consultees.
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In particular the strategy seeks to ensure that:

- Community Involvement and consultative activity is accessible to and inclusive of the views of all Herefordshire people within the meaning of the current and future equalities legislation
- The aspirations in the current and future Corporate Plans of Herefordshire Council are being addressed
- Community Involvement and consultation are mainstream activities for all Council departments and services
- Guidance is provided to Council staff, staff in partner organisations and residents in Herefordshire who are or wish to be involved in their communities to ensure that high and consistent standards of community involvement and consultation practice are adhered to

- Activity is coordinated to ensure lack of duplication and best use of resources which will lead to increased levels of participation
- The findings of involvement and consultative activity are fed back to participants and promoted to ensure maximum value.
- The impact consultation has had on service planning and delivery be explained on a regular basis and Best Practice being shared
- People who live and work in Herefordshire are provided with clear information to them about their opportunities to get involved and what their involvement can achieve
- A variety of mechanisms are developed and used to consult with residents and partners, including new technologies
- All stakeholders are committed to the achievement of its aims and objectives

The Herefordshire Partnership 'Herefordshire Story of Place: Local Area Agreement, 2008-2011'

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 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.

The county has a very high rate of hip fracture: in 2005/6 there were 355 hospital admissions for hip fractures for those over 65 years, which is a rate of 780 per 100,000 people, compared with the regional and England averages of 565. More needs to be done to prevent falls, which will be a significant factor in helping older people to live independently at home.

The county has a commitment to reduce the number of people living in residential homes, which presents a particular challenge in terms of supporting people to live safely and independently in their own 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 Local Area Agreement 2008-2011: Refreshed Indicators and Targets (March 2010)

The following is a list of the refreshed indicators and targets that are relevant to this piece of work:

- Increase the availability of appropriate and affordable housing
- Encourage thriving communities where people are able to influence change and take action to improve their area, regardless of their background.
- Improve the availability of sustainable services and facilities and access to them.
- Help vulnerable people to live safely and independently in their own homes
 - NI130 Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets). Baseline = 2.4% in 07-08. Target = 31% of all clients by 2010-2011
 - NI135 Carers receiving needs assessment or review and a specific carer's service, or advice and information. Baseline = 12.9% 06-07. Target = 22.9% by 2010-2011
 - NI136 – People supported to live independently through social services (all ages). Baseline = 2,989 06-07. Target = 3,879 by 2010-2011
 - NI142 – Number of vulnerable people who are supported to maintain independent living. Baseline = 96.7% 07-08. Target = 97.8% by 2010-2011

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

The Local Investment Plan was developed by Herefordshire Council in partnership with the Homes and Communities Agency. It provides a strategic framework within which organisations will work and invest together to deliver the key priorities for regeneration, including housing.

The report identifies:

- The higher than average number of older people, and the key challenge of enabling older people to live safely and independently in their own homes, as well as the need for support for family carers
- The higher than average number of older people who are likely to have paid off their mortgage

- The high unmet demand for social housing
- Healthier communities and older people are identified as one of the six key themes for action. The outcomes include improving the quality of life of older people through:
 - Supporting people with assessed social care needs to live independently in their own home, with accessible services and the information they need
 - Maximising opportunities for independence through more supported housing and tackling inadequately heated housing
- Accommodation solutions for older people to include extra care housing

The key priorities listed for Herefordshire are as follows:

1. Growth in Hereford City and its surrounds (8,500 new homes)
2. Rural and Market town housing
3. Supporting independent living for vulnerable households
4. Increasing energy efficiency and decent homes

The specific outcomes for the priority 3 above, which is the most relevant to this piece of work, are listed below.

Outcome 3: Supporting independent living/vulnerable persons

- Through major and minor home improvements and disabled facilities grants
- Further extra care provision for older persons
- Delivery of housing solutions for mental health/learning disabilities
- Provision of pitches for Gypsy and Travelers
- Supporting Homeless families, prolific offenders and socially excluded families through private rented accommodation

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 Joint Strategic Needs Assessment, 2008

This needs assessment gives the following initial pointers to potential commissioning objectives:

- To develop and tailor services so that they are as accessible and effective for all people in socially deprived areas as they are for people in more affluent areas
- To develop and tailor services so that they can be as accessible and effective for all people living in rurally isolated areas as they are for those in towns
- To develop and tailor services so that they can be as accessible and effective for people from minority ethnic groups as they are for those from the majority, white British population

And the following potential commissioning priorities:

- To develop models of services for all needs groups that can overcome the key deprivation "domain" in Herefordshire, namely rural isolation and a dispersed population
- To develop lifestyle services appropriate for different groups that focus on reducing the proportions of the population that smoke; are overweight or obese; or drink too much. This will reduce the burden of disease in middle and old age
- To complete the putting into place of the agreed new patterns of services for older people, those with learning disabilities and 18-64s with mental health problems or physical disabilities following the 2006 and 2007 needs assessments
- To develop integrated teams providing universal and targeted children's services aimed increasingly at early intervention and prevention
- To find ways to ensure the quality and range of children's and young people's services in the face of these age groups' diminishing share of the county population
- To make self-directed care the preferred option, wherever possible

The JSNA identifies the following gaps in terms of work that needs to be done for/ with older people:

- Safety: shared information about vulnerable/at risk cohorts
- Formal mechanisms to consult regularly with older people and secure their engagement in the planning and delivery of services
- Up-to-date data on perceived access to key services

- Health status: updated lifestyle data
- Safer and stronger communities: perceptions re. crime, volunteering and community cohesion

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 expansion 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 currently fragmented services, including the traditional split between community and acute, is neither affordable, clinically sustainable nor the best way to meet patients' needs. The current bed-based model fails to meet the needs and expectations of our community. It is costly and does not represent a good use of health resources.

- HHT is located in the centre of Hereford with the majority of its services delivered in a PFI facility. It provides the full range of DGH services, with referrals to specialist services provided through network arrangements (such as Cancer, Neurology, ENT and Renal services) Some 40% of the Trust's facilities are provided in old accommodation, notably from four hutted wards which are considered sub-standard
- Its 132 beds for medical emergencies are occupied mainly by older people who have respiratory, stroke and MSK problems. The number of admissions are high, many are avoidable
- Community services – our provider arm is not yet fully independent. Its integration with HHT will achieve this. We expect that the new, integrated organisation will exist in shadow form in 2010-11 and be established as a legal entity in 2011-12
- The Community Provider is based around six community hospitals and professional teams. It provides children, adults and older people's services (including intermediate care) The Community teams are configured around five localities, providing district nursing and occupational therapy
- It is heavily bed-based, with its 126 beds mainly occupied by older people who need rehabilitation after a stroke or a fracture. Most of its occupants are discharged from HHT

Response to the gap between the health needs of our communities and our current provision:

- 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

Appendix 2: Demographic Information

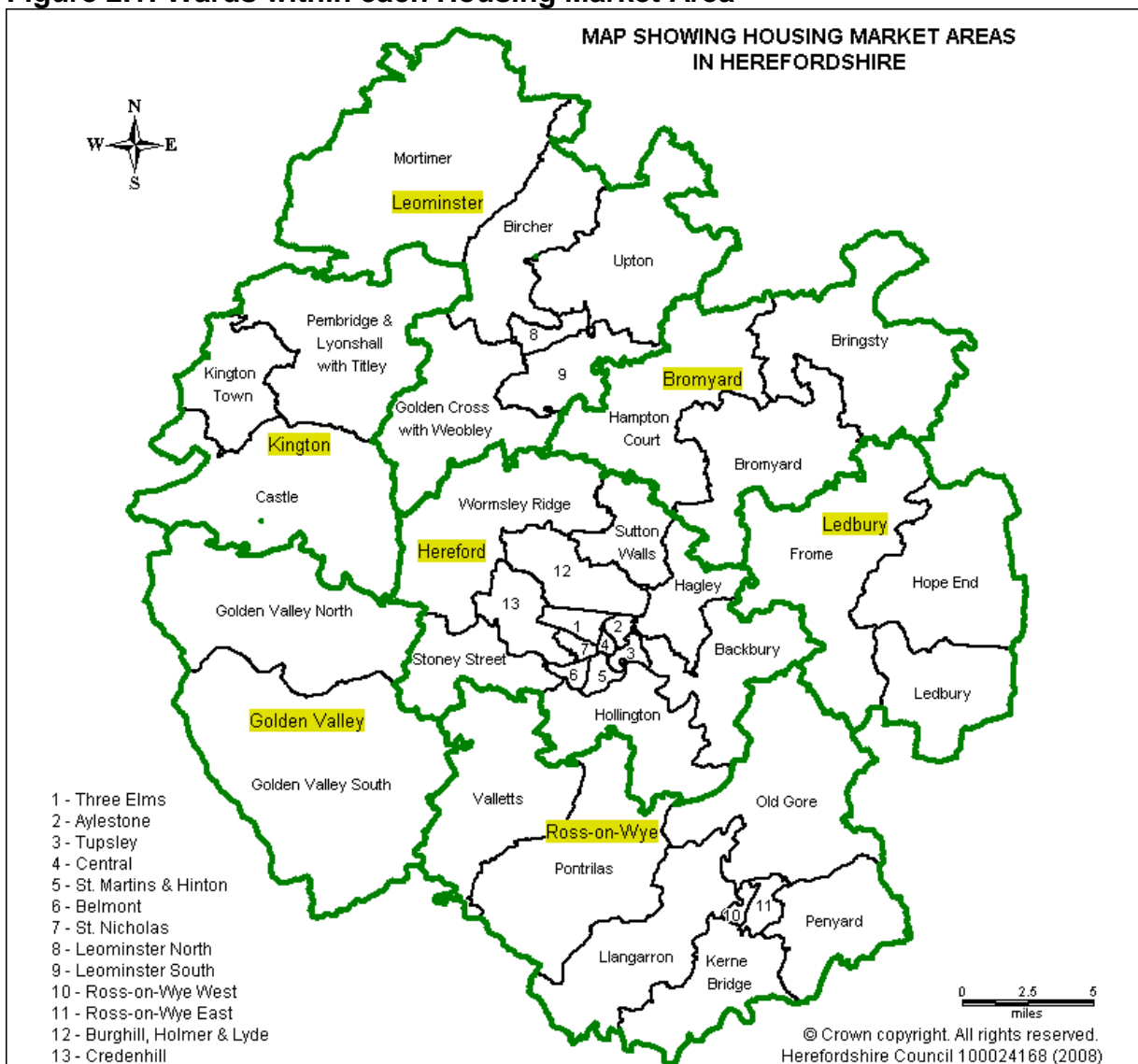
2.1 Population changes

This demographic and contextual report brings together information and data for the Herefordshire County local authority area as a whole alongside information and data for the 7 housing market areas made up of:

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

Information at the housing market area level has been produced by amalgamating ward-level data within the Strategic Housing Market Area Assessment 2008. The wards that have been used to define each of the seven areas are set out in figure 2.1.

Figure 2.1: Wards within each Housing Market Area



To ensure consistency the wards in figure 2.1 above correlate with those that have been used by Arc4 for the Household Survey. (See Chapter 3)

However, some data is not available at this lower geographical level. Where this is the case, County level data has been used

There is a section at the end of this chapter which summarises the data and information for the 7 housing market areas and the local authority area, to draw conclusions about the findings. This section can be used to provide a brief overview of the data and to make comparisons between the different localities, and between the local authority, the region, and nationally.

Data Sources

All of the data that has been used to produce this demographic and contextual report is the most up-to-date and best available at time of writing. PFA Ltd. only uses data from recognised and reliable online sources, including the Department of Health (POPPI data used for a wide variety of population projections data), the Office for National Statistics (ONS data covering a wide variety of topics based on the 2001 Census), the Department for Work and Pensions (benefits data), and the Land Registry (BBC house price data). Data has also been taken from local authority documents for the purpose of producing this report, including Supporting People strategies/ plans and Joint Strategic Needs Assessments (JSNAs), which have been signed off by local authorities as containing correct and reliable information.

Although all of the data is from recognised and reliable sources, many of the datasets have been constructed with the use of prevalence rates, estimates and experimental data. This is particularly true for the data that has been extracted from POPPI, which uses these methods to project numbers of older people into the future. Prevalence rates are calculated using trends that have been witnessed in the past, and so therefore do not take into consideration any future factors, such as changes in policy and strategic direction. As such, this type of data, although being the best available and the most up-to-date, can only be used as an estimate or guideline to future numbers of older people, who, for example, may require specialist services.

Herefordshire County Council has its own Research Team (HCRT), which have developed population forecasts to estimate future numbers of older people according to estimated demand for housing. These population forecasts have been used as the primary population data source in this profile. The forecasts have also been used to adjust the population projections provided by POPPI, in order to generate future population estimates that are in-line with those developed by the local authority. Notes will appear in the supporting text where this calculation has been carried out.

Population Characteristics

Herefordshire's total population is 179,100 (2009 mid year estimate) and it is expected to be 193,600, 8% higher in 2026¹. As there have been fewer births than deaths in recent years, the increase in population is entirely due to inward migration. The County receives a net-inflow of about 600 people per annum from the rest of the UK, 75% of these come from London and the South East.

Herefordshire has a highly dispersed population. The population density is the fourth lowest of all county level authorities in England. Just under one third live in Hereford City and about a fifth in the five market towns (Leominster, Ross-on

¹ HCRT & 2006-based national population projections, ONS.– State of Herefordshire Report 2009)

Wye, Ledbury, Bromyard and Kington). The rest, nearly half, live in villages and other rural areas. However, the density varies dramatically between areas: from 0.1 persons per hectare in some rural areas (the lowest density is in the Golden Valley) to more than 50 persons per hectare in some parts of Hereford city. (*Herefordshire JSNA 2008*)

Most important in terms of the challenge – and the costs – of service delivery and access to services, is the dispersal. Herefordshire has a higher proportion of its population living in very sparsely populated areas (0.5 or fewer residents per hectare) than any other English county level authority. (*Herefordshire JSNA 2008*)

Sparsity for people aged 65 and over

This indicator is based on the percentage of an authority's older population (defined as aged 65+) that live in Lower Super Output Areas (LSOAs) with low overall population densities (i.e. number of persons of all ages per hectare). LSOAs are statistical geographies that nest into wards and were designed (by the Office for National Statistics) to have populations of about 1,500 people.

Two measures make up the 'Sparsity for People Aged 65+' indicator:

- The population aged 65+ of LSOAs with a density of 0.08 or less (persons per hectare), divided by the total population aged 65+ in the whole county (referred to herewith as "very sparse" LSOAs)
- The population aged 65+ of LSOAs with a density of more than 0.08 but less than or equal to 0.64 persons per hectare, divided by the total population aged 65+ in the whole county (referred to herewith as "sparse" LSOAs) 'Sparsity for People Aged 65+' is based on the 1st measure multiplied by 2, plus the 2nd measure, i.e. greater weight is given to the percentage of the older population living in "very sparse" LSOAs

Only the Council of the Isles of Scilly and Rutland Unitary Authority have higher values than Herefordshire in terms of the overall 'sparsity for people aged 65+' indicator. However, neither of these authorities has a higher percentage of its population aged 65 and over living in "very sparse" LSOAs than Herefordshire; this is only the case for North Yorkshire County Council.

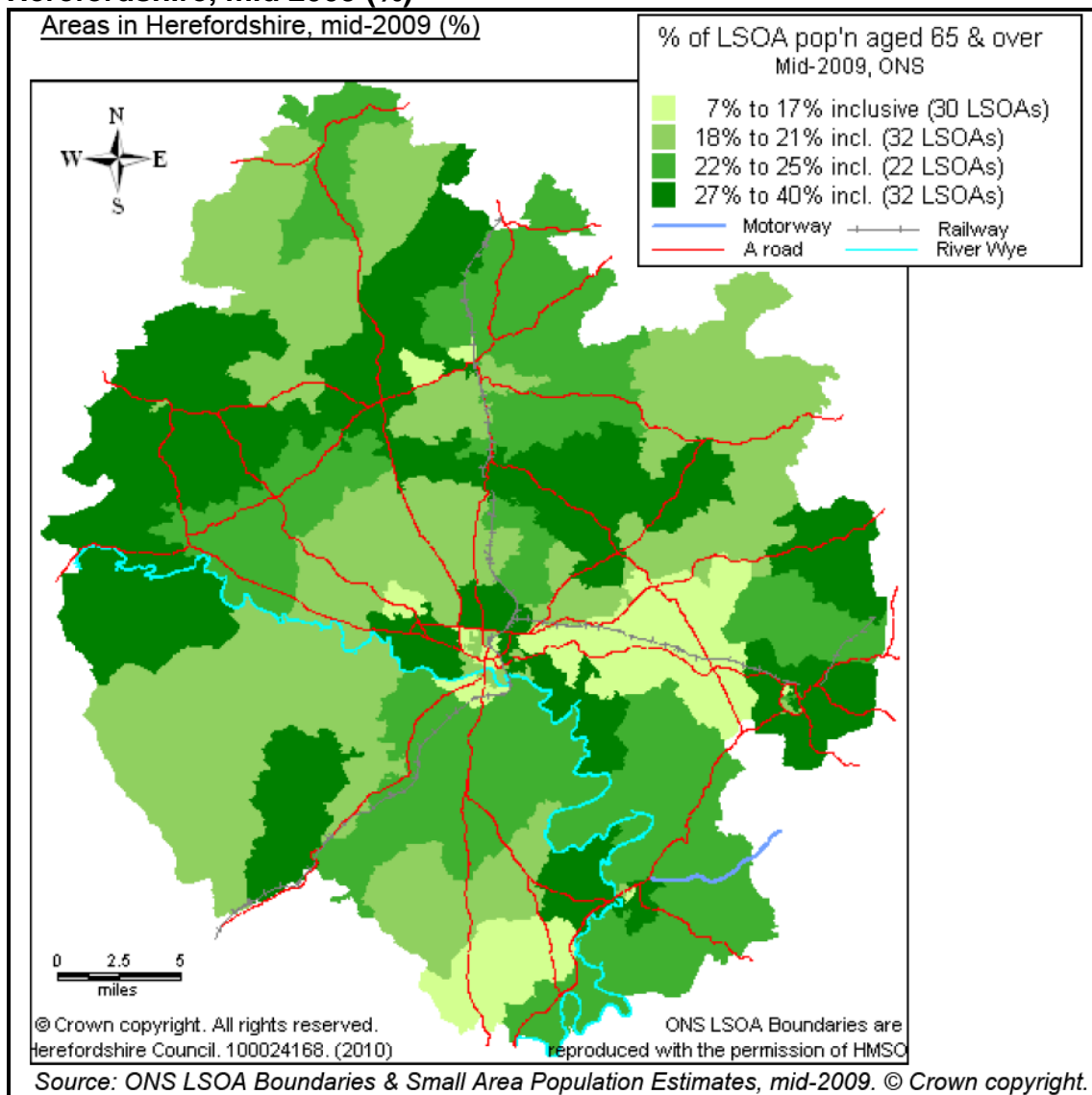
At the moment 20.4% of Herefordshire's population aged 65+ live in LSOAs with a population density of less than or equal to 0.08 persons (of all ages) per hectare, whilst the equivalent figure for North Yorkshire is 21.5%. Rutland has the 6th largest value (15.5%), but no people aged 65+ in the Isles of Scilly live in "very sparse" LSOAs. The Council of the Isles of Scilly and Rutland UA are the only authorities with more than half of their population aged 65+ living in "sparse" LSOAs: 100% and 51.1% respectively. Herefordshire has the 3rd highest value

(34.5%), although Somerset County Council's proportion is almost the same (34.0%).

Source: *Sparsity of Population in Herefordshire*, Herefordshire Council Research Team, 2008

Information on the proportion of the population living in the Lower Super Output Areas in Herefordshire aged 65+ is provided in Figure 2.2 and shows considerable variation across different parts of the county.

Figure 2.2: Proportion of population of people aged 65+ in LSOAs in Herefordshire, mid 2009 (%)



Source: *State of Herefordshire Report, 2010*

Housing Market Areas - Population Estimates

Figure 2.3 provides rounded mid-2009 population estimates for the 7 housing market areas in Herefordshire for the population aged 65 and over.

Figure 2.3: 65+ Population Estimates of Herefordshire local areas by age group, mid-2009 (rounded)

Age	Area							Herefordshire Total
	Bromyard	Golden Valley	Hereford	Kington	Ledbury	Leominster	Ross	
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.

Looking at the percentage of the total population that is aged 65+ in each of these local areas, as set out in Figure 2.4, there are clear differences between the different areas. Kington has the highest proportion of its total population falling into the 65+ age bracket at 28.1%, whereas the level of people aged 65+ in Hereford City is considerably lower at 17.7%. Kington also has a considerable 85+ population at 6.3%.

Figure 2.4: % 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.

There are a considerable number of older people living in the most rural areas of Herefordshire, as detailed in Figure 2.5. Whilst 20% of the urban population is aged 65+, 24% of the rural town and fringe population falls into this age group along with 23% of the rural village or dispersed settlements population. Older people living in such remote rural areas may be located further from essential

services and amenities and may experience higher levels of social isolation than those living in more urban areas.

Figure 2.5: % of Population of Urban and Rural Herefordshire by age group, 2009²

Area	0-15	16-29	30-44	45-64	65+	Total
'Urban' Herefordshire*	18%	16%	19%	26%	20%	100%
'Rural town & fringe' Hfds*	18%	14%	19%	26%	24%	100%
'Rural village or dispersed' Hfds*	16%	11%	16%	33%	23%	100%
Herefordshire county	17%	14%	18%	29%	22%	100%

Notes (Tables 24 & 25): Figures may not sum due to rounding; percentages based on rounded numbers.

* According to Defra's urban/rural classification of LSOAs, 2004.

Source: ONS, experimental small area population estimates © Crown copyright.

Source: State of Herefordshire Report, 2010

Local Authority Population Forecasts

The population data in this section has been taken directly from Herefordshire County Council's mid-2006 based population forecasts to the year 2025. The population forecasts in 5-year intervals for the 65+ age group are set out in Figure 2.6. According to these forecasts, the 65+ population in Herefordshire is estimated to increase by 48% during the next 15 years. The growth of those aged 90+ is extremely high at 127.8% over the period.

Figure 2.6: Herefordshire County 65+ Population Forecasts, 2010-2025

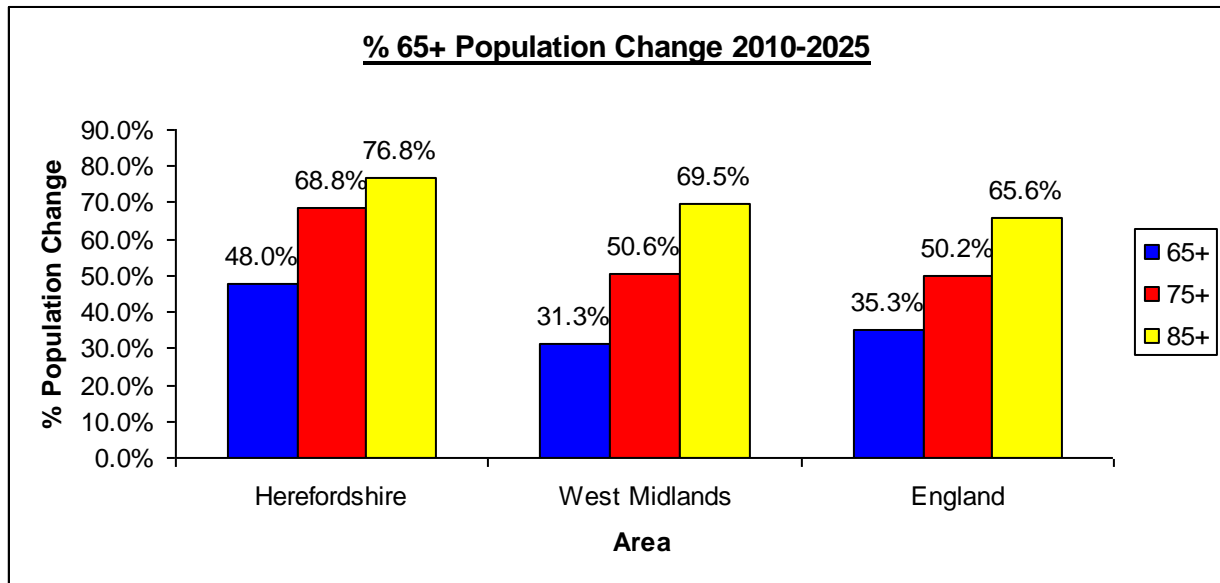
Age	Year of Forecast				% change 2010-2025
	2010	2015	2020	2025	
65-69	11,700	14,400	13,600	14,000	19.7
70-74	9,500	11,400	14,100	13,400	41.1
75-79	7,800	8,700	10,600	13,200	69.2
80-84	5,800	6,500	7,500	9,300	60.3
85-89	3,800	4,100	4,800	5,800	52.6
90+	1,800	2,500	3,100	4,100	127.8
Total 65+	40,400	47,600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

The data in Figure 2.6 above is compared regionally and nationally in Figure 2.7, to offer some context to the projected population change in Herefordshire. This shows that the rate of population change in Herefordshire for the 65+ age groups is higher than that of the West Midlands region and England.

² Urban Areas are defined as population over 10,000

Figure 2.7: 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

Figure 2.8 looks at the Herefordshire population data as a proportion of the total population for the years 2010 and 2025. As the data shows, Herefordshire is projected to witness a considerable increase in the proportion of the total population that is aged 65 and over, far higher than the rate of growth in the West Midlands and England. The 85+ population in Herefordshire is projected to increase by just over three quarters in the next 15 years, a considerable increase in the numbers of very old people and a resultant increase in demand for specialist services for frail older people and people with dementia.

Figure 2.8: % Herefordshire Total Population aged 65+, 2010 and 2025

Area	Age Group	Year		Additional % over period
		2010	2025	
Herefordshire	65+	22.2	31.0	8.7
	75+	10.6	16.8	6.2
	85+	3.1	5.1	2.0
West Midlands	65+	17.1	20.8	3.7
	75+	8.0	11.2	3.2
	85+	2.3	3.6	1.3
England	65+	16.4	20.0	3.6
	75+	7.9	10.7	2.8
	85+	2.3	3.4	1.1

Source: Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire, ONS 2008-based Sub-National Population Projections for West Midlands and England

Ethnicity

As shown in Figure 2.9 the proportion of BME (Black and Minority Ethnic) groups in Herefordshire's resident population is much lower than nationally and regionally (i.e. 4.0% vs 15.8% and 16.4% respectively); but has increased by nearly two thirds since 2001. The largest BME groups in Herefordshire are 'white other' (2,500), 'Asian or Asian British' (1,200) and 'mixed' (1,100). Gypsies and Travellers are variously estimated to number between 800 and 900.

(Herefordshire JSNA 2008)

Figure 2.9: Ethnicity of Herefordshire's Population (all ages) compared to England and Wales (mid-2006) and change since 2001

Ethnic group	Herefordshire, mid-2006		England, mid-2006	Change in Herefordshire, mid-2001 to mid-2006	
	Number	% of total population	% of total population	Change in number in ethnic group	% change in ethnic group
White: British	170,600	96.0%	84.2%	100	< 0.5%
White: Irish	900	0.5%	1.1%	100	13%
White: Other White	2,500	1.4%	3.3%	600	30%
Mixed	1,100	0.6%	1.6%	400	57%
Asian or Asian British	1,200	0.7%	5.5%	900	225%
Black or Black British	700	0.4%	2.8%	500	250%
Chinese	400	0.2%	0.7%	200	100%
Other Ethnic Group	300	0.2%	0.7%	200	100%
Total Non 'White British'	7,200	4.0%	15.8%	2,800	64%
All People	177,800	100%	100%	2,900	2%

Source: ONS. Crown Copyright 2008. Figures rounded to 100 so may not sum.

Source: Herefordshire Joint Strategic Needs Assessment (JSNA) 2008

Figure 2.10 looks at the estimated ethnic profile of the retirement-age population in Herefordshire in 2007. This data is not available at the ward-level so can only be produced at the local authority-level and higher. Herefordshire has a very low retirement-age BME population at 0.9% of the total retirement population.

Figure 2.10: Ethnic Profile of the Retirement-Age Population in 2007 (Local Authority-level and above)

Area	Ethnic Group				
	White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
Herefordshire	99.1	0.2	0.2	0.2	0.2
West Midlands	94.9	0.2	3.1	1.6	0.2
England	95.9	0.3	2.2	1.3	0.4

Source: ONS Estimated Resident Population by Broad Ethnic Group, mid-2007 experimental statistics (N.B. percentages may not sum due to rounding)

HOUSING

Housing Characteristics of the 65+ Population

- Of people aged 65 and over 73% are owner occupiers, very slightly higher than the population as a whole. This is predominantly in the 65-74 age group where 78% are owner occupiers. This decreases to 56% for people aged 85 and over
- People aged 85 and over are more likely to live in communal establishments such as care homes, than other age groups
- The 65-74 age group is less likely to live in rented social housing (i.e. housing association) than the 75 and over groups
- Older people with a limiting long term illness or disability are more likely to live in social housing and communal establishments
- It is difficult to assess the effect that higher home ownership rates and high house prices in Herefordshire have on the self-funding for social care. The Wanless Review³ stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care. However, research done locally (Herefordshire Council Adult Social Care) suggests a third of care homes are probably privately funded in Herefordshire
- Information provided in Figure 2.11 shows there are a higher proportion of lone pensioner households in rural towns than other areas in Herefordshire and proportions of pensioner couple households are higher in rural villages as well as rural towns.

Source: Herefordshire Council 'Older People Needs Assessment Report, August 2006'

³ Securing Good Health for the Whole Population: Final Report, 25 February 2004

Figure 2.11: Proportion of Household Types in Rural/ Urban Locations

		Herefordshire			
		Urban	Rural town	Rural Village	Rural Dispersed
All households		34,500	7,951	16,145	15,608
One person	Lone Pensioner	16.7%	18.8%	14.6%	11.6%
	Single Person household	15.9%	13.0%	9.8%	11.1%
Pensioners couples		10.3%	12.8%	13.4%	11.9%
Married couple households	Without children	12.6%	13.4%	18.2%	19.1%
	With dependent children	16.2%	15.3%	19.7%	20.0%
	With non-dependent children	5.2%	5.0%	6.5%	6.9%
Cohabiting couple family households	Without children	4.6%	5.0%	3.7%	4.0%
	With dependent children	3.6%	3.8%	2.8%	2.3%
	With non-dependent children	0.4%	0.2%	0.4%	0.4%
Lone parent	With dependent children	6.6%	6.1%	4.1%	3.6%
	With non-dependent children	2.9%	2.9%	2.4%	2.8%
Other Households	With dependent Children	1.6%	0.8%	1.5%	2.2%
	All Students	0.1%	0.0%	0.0%	0.3%
	All Pensioners	0.4%	0.7%	0.5%	0.7%
	Other	3.0%	2.4%	2.3%	3.1%

Source: 2001 Census, OA Boundaries, ONS, Crown copyright

Source: *State of Herefordshire Report, 2010****Pensioner Household Tenure****Local Authority Level*

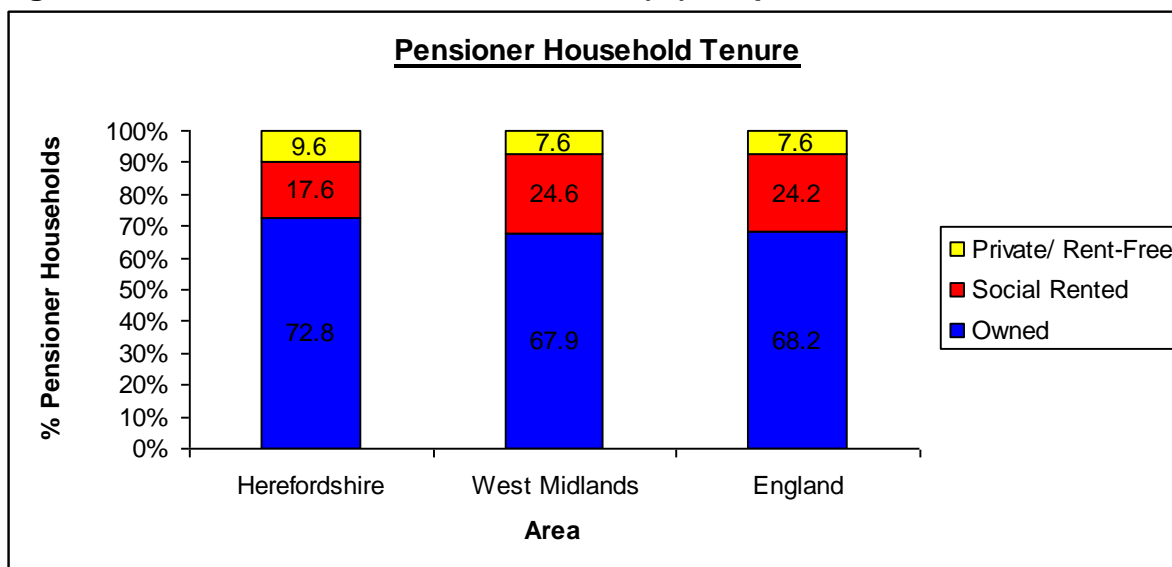
The tenure of pensioner households, according to 2001 Census data, is analysed in Figures 2.12 and 2.13. Although the 2001 Census data is now outdated, the relative proportions of older people in each tenure will not have changed to a great extent, and the following data provides an indication of the current pensioner tenure situation in each of the geographical areas being analysed here. The level of owner-occupation amongst pensioner households in Herefordshire is far higher than the West Midlands region and nationally at 72.8%. Social renting is also far lower at 17.6% and private renting/ living rent free is slightly higher.

Figure 2.12: Pensioner Household Tenure (%)

Area	Owned	Social Rented	Private Rented/ Rent Free
Herefordshire	72.8	17.6	9.6
West Midlands	67.9	24.6	7.6
England	68.2	24.2	7.6

Source: *ONS 2001 Census*

Figure 2.13: Pensioner Household Tenure (%) Graph

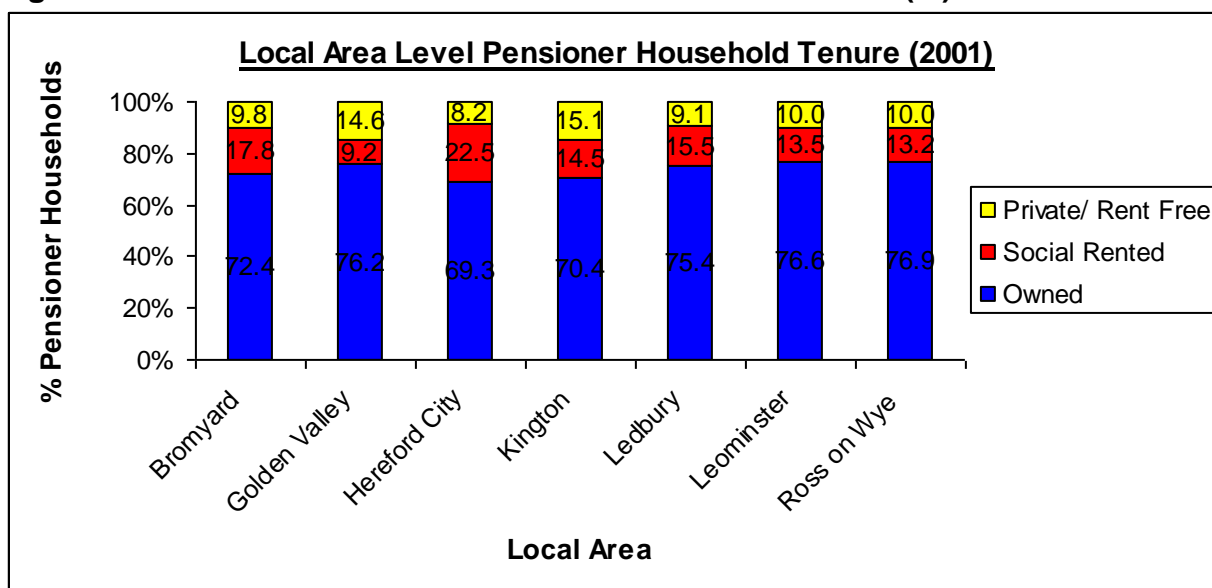


Source: ONS 2001 Census

Local Area Level

Figure 2.14 provides a comparison of pensioner household tenure in Herefordshire's housing market areas. Leominster, Ross-on-Wye and Golden Valley area have considerable levels of owner-occupation whilst Hereford City has the lowest level in the County. Social renting is low throughout Herefordshire, peaking in Hereford City at 22.5%. Private renting and living rent free is relatively high throughout the County, particularly in Kington at 15.1% and the Golden Valley area at 14.6%.

Figure 2.14: Local Area Level Pensioner Household Tenure (%)



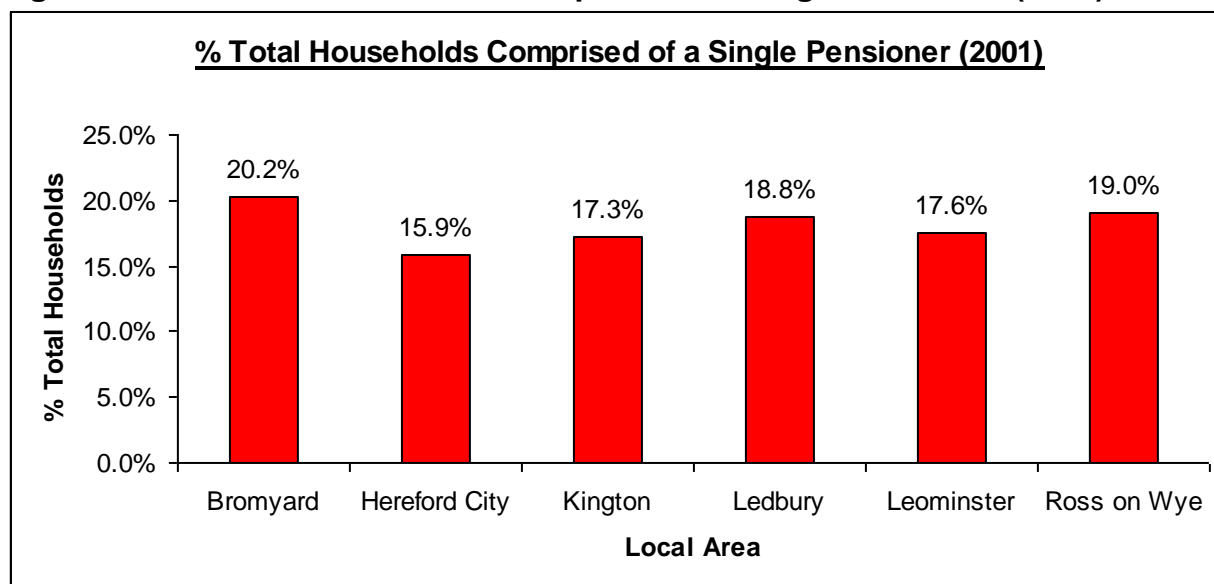
Source: ONS 2001 Census

Living Alone

Local Area (2001)

Figure 2.15, collected from the Herefordshire Market Area Profiles (2009), gives the percentage of households in each local area that are single-pensioner households. Bromyard has the highest level of single pensioner households at 20.2%, followed by Ross-on-Wye at 19%, which could suggest a higher level of need for low-level support services to support this potentially isolated population in these areas.

Figure 2.15: % Total Households Comprised of a Single Pensioner (2001)



Source: Herefordshire County Council 'Market Town Area Profiles, June 2009'

The Golden Valley area is not included in the 2009 profile. However, there is ward-level data available for this area. 13.7% of the total households in the Golden Valley North ward are comprised of a single pensioner, as are 15.7% of the total households in the Golden Valley South ward. Both of these percentages are lower than those of the other local areas in Herefordshire.

Local Authority Forecasts

Projections of the number of people aged 65+ estimated to be living alone are provided by POPPI (Projection Older People Population Information www.poppi.org.uk). However, the POPPI data has been adjusted here to ensure that population numbers are in line with Herefordshire County Council's 2006-based population forecasts. These data adjustments have been made using the following formula:

(Herefordshire Forecast Population / POPPI Projected Population) x POPPI estimates

Living alone can have a negative impact on older people, particularly in terms of their vulnerability to social isolation and their dependency on support services to remain independent in their own homes. Figure 2.16 offers a projection of the number of people aged 65+ who are living alone in Herefordshire by age group to 2025. The data here shows that the likelihood of living alone increases substantially with age. The rate of growth in the numbers of older people living alone between 2010 and 2025 in Herefordshire is far higher than that of the West Midlands region.

Figure 2.16: Estimated Number of People aged 65+ Living Alone in Herefordshire by Age Group, 2010-2025

Area	Age Group	Year of Forecast				% change 2010-2025
		2010	2015	2020	2025	
Herefordshire	65-74	5,320	6,455	6,992	6,871	29.1
	75+	9,600	10,729	12,811	15,851	65.1
	Total 65+	14,904	17,214	19,860	22,704	52.3
West Midlands	65-74	125,150	141,130	144,440	142,980	14.2
	75+	219,762	241,897	275,245	323,436	47.2
	Total 65+	344,912	383,027	419,685	466,416	35.2

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire, POPPI for West Midlands

House Prices

Figure 2.17 shows average property prices for the market areas in Herefordshire and compares them to the regional and national picture. Overall average house prices in Herefordshire are higher than the regional average and lower than the national average. Ross-on-Wye has the highest average house prices within Herefordshire.

Figure 2.17: Average Property Prices (£) by Area and Property Type (July-September 2010)

Area	Type of Property				Overall Average	% Annual Change
	Detached	Semi	Terraced	Flat		
Bromyard	265,000	155,000	220,000	No data	226,250	No data
Golden Valley area (HR2 postcode)	290,562	179,950	125,645	No data	214,026	No data
Hereford	271,314	172,353	140,020	135,375	173,757	No data
Kington	352,699	198,602	188,048	217,840	232,628	No data
Leominster	198,000	152,938	146,249	123,000	155,167	No data
Ledbury	193,500	161,975	173,250	89,000	162,431	No data
Ross-on-Wye	386,667	177,500	122,500	125,000	229,167	No data
Herefordshire	299,494	194,209	159,261	126,467	227,121	+2.1%
West Midlands	295,054	159,679	132,119	115,173	183,522	+4.4%
UK	352,699	210,320	200,044	227,592	246,387	+10.0%

Source: Herefordshire, West Midlands and UK data from BBC House Prices, using Land Registry data for the period July-September 2010. Other data from www.home.co.uk, using average sold prices during the month of August 2010.

Deprivation

This section investigates income deprivation and barriers to housing and services within Herefordshire. With regards to older people specifically, the Income Deprivation Affecting Older People Indicator (IDAOPI) in Herefordshire will be analysed alongside the uptake of Pension Credits as an income supplement to low-income pensioners.

Though most people in Herefordshire are not deprived, there are pockets of poverty. Around 14,900 people (mostly in Hereford but also in Leominster, Bromyard and Ross on Wye) live in the ten areas of the county that fall among the 25% most *income deprived* in England. Two areas in Leominster and South Wye are in the 10% most income-deprived in England.

The summary ranking for *multiple deprivation* which includes income and other factors found about 11,900 people (7% of the population) live in the eight areas that are identified as among the most severe 25% in England for *multiple deprivation*. Again, these are in South Wye (six, including one in the most deprived 10% nationally) and Leominster (two).

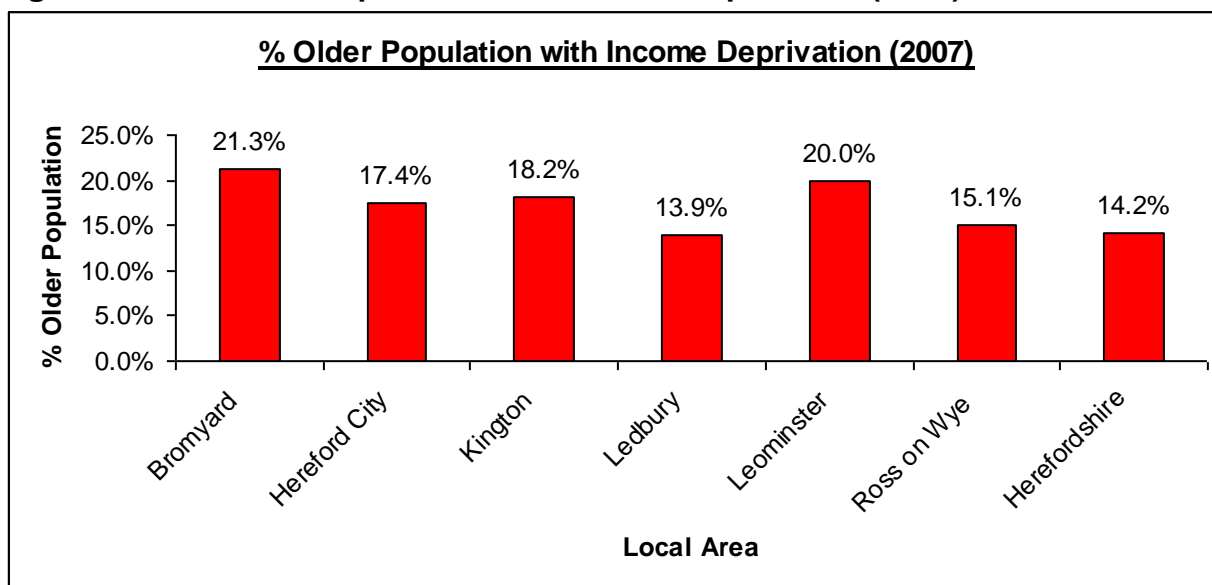
Source: Herefordshire JSNA 2008

Income Deprivation Affecting Older People

Across the county it was estimated that 14.2% of the older population fell into the Income Deprived category.

Figure 2.18 details the percentage of older people who are considered to be income deprived within each housing market area, with Herefordshire County given as a comparison. The higher levels of deprivation in Bromyard and Leominster can be seen clearly here.

Figure 2.18: % Older Population with Income Deprivation (2007)



Source: Herefordshire County Council 'Market Town Area Profile, June 2009'

The Golden Valley area was not included in this table. Instead, ward-level data is provided for this area. With regards to the percentage of older people with income deprivation, the figure is 12.5% for the Golden Valley North ward and 10.2% for the Golden Valley South ward, both of which are lower than the proportions of older people with income deprivation in the other local areas given above.

Pension Credits

Figure 2.19 sets out the number of people claiming pension credits in Herefordshire, broken down by local area. As Pension Credits are often not claimed by many people who are entitled to them, the data in this Figure only provides an insight into the number of claimants rather than the number of older people who are entitled to this benefit.

Figure 2.19: Number of People Claiming Pension Credits in Herefordshire, May 2010

Area	Age Group			Total 60+
	60-69	70-79	80+	
Bromyard	180	160	225	565
Golden Valley	65	80	65	210
Hereford City	1,080	1,120	1,340	3,540
Kington	125	140	205	470
Ledbury	205	240	340	785
Leominster	370	370	450	1,190
Ross on Wye	355	375	515	1,245
Herefordshire	2,380	2,485	3,140	8,005

Source: Department of Work and Pensions (DWP) Tabulation Tool.

Due to the fact that local-level population data is only available for the year 2009, it is not possible to calculate the percentage of people aged 60+ who were claiming Pension Credits in May 2010 by local area. Instead, in Figure 2.20, the percentage of Herefordshire's 60+ population who are claiming Pension Credits has been calculated and compared nationally to add context. The level of older people claiming this benefit is far lower in Herefordshire than the national average.

Figure 2.20: % People aged 60+ Claiming Pension Credits, May 2010

Area	Age Group			Total 60+
	60-69	70-79	80+	
Herefordshire	9.3	14.3	27.4	14.7
England	15.8	24.0	39.6	23.4

Source: Department of Work and Pensions (DWP) Tabulation Tool alongside ONS 2008-based Sub-National Population Projections data for England and Herefordshire Council Research Team Population Forecasts based on ONS 2006 mid-year estimates

Barriers to Housing and Services

A striking exception to the low deprivation levels is the domain of *barriers to housing and services*. Nearly two thirds of Herefordshire's people (117,400) live in areas falling among the 25% most deprived in England for geographical barriers to services (76 of 116 SOAs); while 45% (80,200 people) live in the 52 SOAs that also fall into the 10% most deprived in England for this domain. The experience of the Citizens' Advice Bureaux (CAB) in Herefordshire illustrates this. CAB advisers are noticing particular problems associated with those living in rural/isolated areas, where there is commonly no access public transport or to gas supplies. People therefore rely on oil for heating, and have little choice but to run a car because of a lack of public transport. Increasing costs of heating oil and motor fuel therefore have a disproportionate effect on those living in isolated areas. Figure 2.1 provides information on the percentage of households in rural

areas who live within a set distance of key services. The distances for people in Herefordshire are generally greater than for other rural counties with dispersed populations.

(Herefordshire JSNA 2008)

Figure 2.21: % of households in rural areas who live within set distances of key services (2004)

Authority	Bank (<4km)	Cash point (<4km)	GP surgery (<4km)	Job Centre (<8km)	Library (<4km)	Petrol station (<4km)	Post Offices (<2km)	Primary schools (<2km)	Secondary schools (<4km)	Supermarkets (4km)
Herefordshire, County of (UA)	31%	56%	48%	52%	36%	68%	72%	66%	43%	34%
Isles of Scilly, Council of the	83%	81%	82%	0%	0%	0%	21%	77%	0%	83%
North Yorkshire (County Council)	55%	74%	66%	36%	58%	84%	81%	79%	51%	53%
Rutland (UA)	60%	62%	74%	72%	66%	87%	84%	79%	60%	61%
Shropshire (County Council)	50%	71%	67%	48%	62%	80%	71%	77%	46%	44%
Cumbria (County Council)	67%	77%	69%	54%	71%	85%	81%	83%	63%	66%
Northumberland (County Council)	66%	77%	72%	51%	73%	82%	86%	83%	71%	71%

Source: Countryside Agency

Notes:

- Figures for Herefordshire compared with the 4 other authorities in top 5 for 'sparsity' indicators (Isles of Scilly, North Yorkshire, Rutland & Shropshire) and 2 authorities that have lower overall population density than Herefordshire (Cumbria & Northumberland)
- Highlighting shows any figures that are **lower** than Herefordshire for each service

Source: Herefordshire Council Research Team (2007) 'Sparsity of Population in Herefordshire – Further Issues'

HEALTH

Limiting Long-Term Illness

Local Authority Level

Figure 2.22 shows that nearly half (47%) of the residents aged 65 or above self-reported having a limiting long-term illness (LLTI) at the time of the 2001 Census i.e. a long-term illness, health problem or disability, which limits daily activity or work. The proportion steadily increases from 36% of 65 - 74 year olds to 75% of the 85 and over age group

Figure 2.22: Number and % Herefordshire 65+ Population with LLTI (2001)

Age Group	Number with a limiting long term illness	% of population
65 - 74	6,334	36%
75 – 84	6,320	53%
85 and over	2,983	75%
65 and over	15,637	47%

Source: 2001 Census – Crown Copyright, T05.

Note: Includes people in communal establishments.

Source: Herefordshire Council 'Older People Needs Assessment Report, August 2006'

Assuming that the Census rates will continue to apply, there may be another 3,200 people with a limiting long term illness or disability in 2011 and a further 5,100 by 2020 compared with 2004. Figure 2.23 estimates the numbers of older people with a limiting long term illness in 2004, 2011 and 2020, by applying the Census rates to the current, forecast and projected population of these age groups

Figure 2.23: Estimated Number of People aged 65+ in Herefordshire with LLTI, 2004, 2011 and 2020

Herefordshire	2004	2011	2020
65 to 74	6,600	8,000	9,900
75 to 84	6,800	7,300	9,400
85 and over	3,200	4,500	5,700
65 & over	16,500	19,600	24,700

Source: Herefordshire Council Research Team

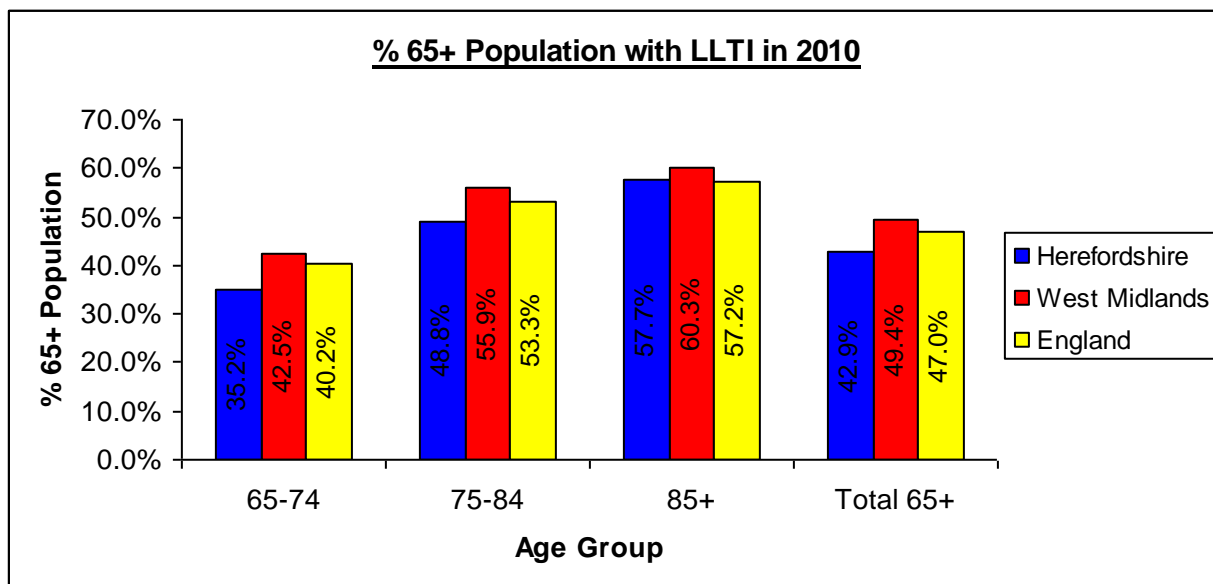
Source: Herefordshire Council 'Older People Needs Assessment Report, August 2006'

An analysis of the population with a limiting long term illness by urban/rural areas shows that there is a higher proportion living in urban areas (47%) in Herefordshire compared with rural areas (22% live in 'rural village' areas, 20% in 'rural dispersed' and 11% in 'rural town' areas).

Source: Herefordshire Council 'Older People Needs Assessment Report, August 2006'

Figure 2.24 shows that the level of limiting long-term illness (LLTI) amongst the 65+ population of Herefordshire in 2010, is lower than the regional and national average.

Figure 2.24: % 65+ Population with Limiting Long-Term Illness (LLTI) in 2010

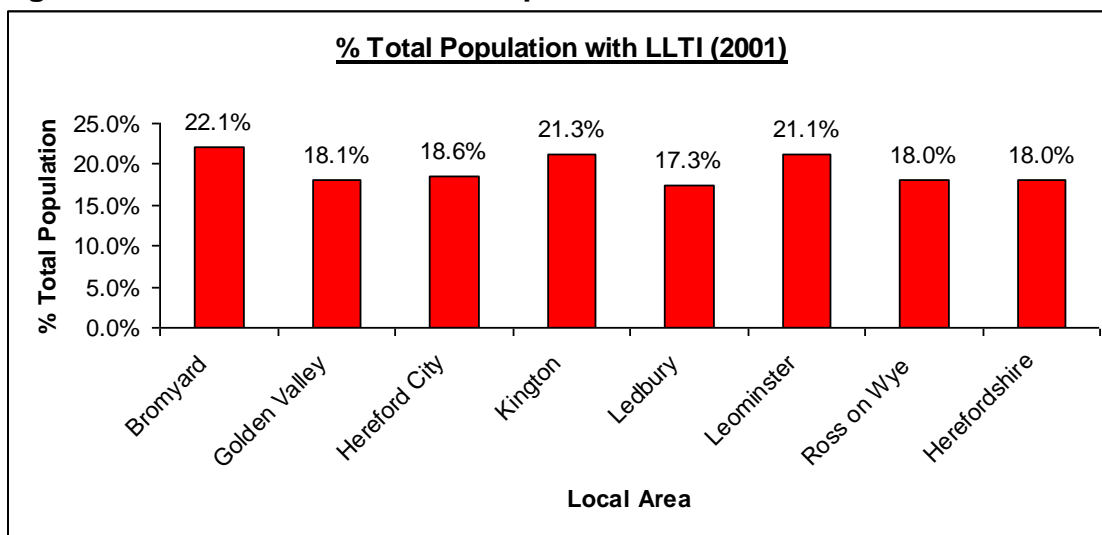


Source: POPPI LLTI Projections alongside ONS mid-2008 Sub-national Population Projections for 2010

Local Area Level

LLTI at the local area level is provided in Figure 2.25. Figures are provided for the total population (i.e. all age groups), as data for LLTI is not broken down by age at this lower geographical level. The data shows higher levels of LLTI in Bromyard, Kington and Leominster, compared with the other market areas and Hereford City.

Figure 2.25: % Total Local Area Population with LLTI in 2001



Source: Herefordshire Council 'Market Town Area Profile, June 2009'

Disability

Figure 2.26 estimates the number of people aged 65 and over with a serious disability in Herefordshire. Numbers are projected to increase from 5,256 in 2004 to 7,870 in 2020, an additional 2,614 people and a growth rate of 49.7% over the period.

Figure 2.26: Estimated numbers of people 65 years and over with a serious disability in Herefordshire

HEREFORDSHIRE	% with a serious disability	2004	Forecast 2011	Projected 2020
65-74	9%	1,656	1,998	2,484
75-84	17%	2,187	2,340	3,035
85+	39%	1,640	2,342	2,928
65 & over	15%	5,256	6,236	7,870

Source: Herefordshire Council Research Team

Source: Herefordshire Council 'Older People Needs Assessment Report, August 2006'

Demand for Social Care

Several factors drive demand for social care services by older people as distilled in the Wanless Review: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances as discussed above. The Wanless Review remains an important underpinning influence on current policy planning.

However the most significant factor in determining effective or higher levels of need is disability which results in an inability to carry out one or more of the main Activities for Daily Living (ADL). These include being able to wash, dress, feed, toilet, get in and out of bed or a chair. This would cover the basic daily living needs and safety needs of older people but not necessarily address the whole agenda of the Government White Papers "Independence, well-being and choice" and "Your health, your care, your choice".

The Wanless Review gave estimates of the numbers of older people with a disability (using age-specific prevalence of diseases) and in need of help with 1 or more ADL, under 3 different future scenarios:

1. No change: age-specific prevalence of diseases remain the same with prevention strategies and effective treatments offsetting potential increases in obesity and other trends.
2. Poor health (projected increased rates of obesity and arthritis): obesity trends continue with subsequent effect on prevalence of arthritis, stroke, coronary heart disease and vascular dementia. Some prevention strategies in place but fail to offset increased

prevalence. Treatment focused on reduction in mortality rather than disability.

3. Improved population health: Individuals 'take their health seriously and there is a decline in risk factors, particularly obesity and smoking'. The health service is responsive with effective disease prevention and treatments.

All 3 scenarios show significant projected rises in the numbers of disabled older people in England by 2025, to varying degrees: 67% increase in scenario 1, 69% in scenario 2 and 57% in scenario 3. Wanless also incorporated another model (PSSRU, 2004) used to calculate rates of dependency measured by ability to do Activities of Daily Living (ADLs), which included rates of severe cognitive impairment in older people. These rates were applied to population projections (Government Actuarial Department - GAD, 2004). The numbers from this 'base case' closely approximated the improved population health scenario figures for England. Therefore, the improved health scenario rates of dependency given for England were applied to Herefordshire's current, forecast and projected population, to provide estimates of the numbers of people in need of social care in the future. Those in need of help to do one or more core ADLs are in high demand of social care, as shown in Figure 2.27.

The Wanless Review estimates that nationally the number of older people with substantial needs will rise by 43% by 2022 and 55% by 2025. This rate of increase will be much higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially an increase of 55% between 2004 and 2020 and 71% between 2004 and 2025.

Figure 2.27: Estimates of the number people aged 65 and over with a higher demand for social care in Herefordshire from 2004 to 2020

HEREFORDSHIRE	2004	2011	%change 2004-11	2020	%change 2004-20
Number of older people with HIGH demand for social care*	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency**	10,500	12,800	22%	16,200	54%
* Groups 3 & 4 dependency classification: dependent for help with 1 or more core Activity for Daily Living (ADL) such as getting out of bed or getting dressed. ** Groups 1 to 4 dependency classification: includes those with no core ADL difficulties but only IADL difficulties e.g. shopping or cleaning, those with difficulty in doing core ADLs (Group 2) and upwards (Groups 3 & 4).					

Source: Wanless Report, 2006; applied to Herefordshire population figures.
 Source: Herefordshire Council 'Older People Needs Assessment Report, August 2006'

Dementia

Dementia presents a significant and urgent challenge to health and social care in Herefordshire both in terms of the numbers of people affected and costs. Projections suggest that the estimated 2,821 people affected in 2010 could almost double to 5,572 by 2030, a 92% increase. The Joint Commissioning Plan *Living Well with Dementia in Herefordshire 2010/11* is the catalyst for change in the way people with dementia are viewed and cared for.

Dementia Forecasts

Figure 2.28 forecasts the numbers of people aged 65+ with dementia up to the year 2025. This data has been calculated in the same way as the data for living alone using the following formula:

(Herefordshire Forecast Population / POPPI Projected Population) x POPPI estimates

Again, the POPPI data has been adjusted here to ensure that population numbers are in line with Herefordshire County Council's 2006-based population forecasts.

Figure 2.28: Forecast Number of People aged 65+ with Dementia in Herefordshire to 2025

Age Group	Year of Forecast				Additional Numbers 2010-2025	% Change 2010-2025
	2010	2015	2020	2025		
65-69	146	180	170	174	28	19.3
70-74	261	309	387	364	104	39.7
75-79	458	508	619	770	312	68.2
80-84	696	776	903	1,105	409	58.7
85-89	770	822	956	1,150	380	49.3
90+	539	717	924	1,219	680	126.1
TOTAL 65+	2,861	3,334	4,008	4,803	1,941	67.8

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire

According to the adjusted data in Figure 2.28, it is estimated that there will be an additional 1,941 people aged 65+ with dementia by 2025, a total of 4,803 people. The rate of increase is expected to be particularly high in the 90+ age group at 126.1% over the period.

Local Area Dementia Estimates

An estimate of the number of older people in each of Herefordshire's market towns and Hereford City with dementia is shown in Figure 2.29, using the dementia prevalence rates that are given by the Alzheimer's Society, as follows:

- 40-64 years: 1 in 1,400
- 65-69 years: 1 in 100
- 70-79 years: 1 in 25
- 80+ years: 1 in 6

(www.alzheimers.org.uk)

Figure 2.29: Estimated number of people aged 65+ with dementia by area (mid-2009)

Age Group	Area						Herefordshire Total
	Bromyard	Hereford	Kington	Ledbury	Leominster	Ross	
65-69	2	26	2	6	7	6	49
70-74	8	92	8	20	20	20	168
75-79	8	80	8	20	20	20	156
80-84	33	267	17	67	67	67	517
85+	33	233	33	67	67	67	500
Total 65+	85	698	68	179	180	179	1,390
Total 75+	75	580	58	153	153	153	1,173
Total 85+	33	233	33	67	67	67	500

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.

Given the predicted rising demand in both overall numbers and in severity of the condition, *Living Well with Dementia in Herefordshire 2010/11* suggests there is a need for more of the existing services; memory assessment services or clinics, memory cafes, and far more specialist services: home care, day care, extra care housing, residential and nursing care, and far more support for carers.

Learning Disabilities

The projected numbers of people aged 65+ with learning disabilities is given in Figure 2.30. There are projected to be an additional 517 people aged 65+ with learning disabilities by the end of the period.

Figure 2.30: Number of People aged 65+ Projected to have Learning Disabilities

	2010	2015	2020	2025	2030
People aged 65-74 predicted to have a learning disability	453	546	582	577	632
People aged 75-84 predicted to have a learning disability	267	300	355	436	465
People aged 85 and over predicted to have a learning disability	104	126	152	191	244
Total population aged 65 and over predicted to have a learning disability	824	972	1,088	1,204	1,341

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire

The number of people with a Learning Disability who will need a service is less than the population projections. Some people who have a Learning Disability can have a mild form which allows them to lead independent lives. Also a Learning Disability can be one of a number of other overlapping needs particularly in old age. For example dementia or other physical disabilities can become the prominent need.

Information provided by commissioners confirmed that there are 124 people with a Learning Disability at 31 March 2010 aged over 55 who may need a service. 35 people live in Hereford City wards; 51 people live in wards in the market towns; and 27 people are scattered in the villages and countryside elsewhere in the county. Six live out of the county in permanent nursing, residential or supported living arrangements and make no use of Herefordshire services. The number of older people with a Learning Disability (over 65s) who many need a service is projected to increase from 32 overall to 46 by 2015 and 60 people by 2020.

The small growth in older people with a Learning Disability presents specific housing challenges. As aging becomes a more important factor the type of accommodation they may need can change from general needs housing to more specialist accessible accommodation.

Commissioners have also noted that there is a small group of people with Learning Disabilities in their late 40s and 50s that have older carers who are at risk of becoming too frail to provide care. Some older carers who may be supporting much younger people with a Learning Disability, would also benefit from specialist accommodation, such as sheltered housing.

Unpaid Care

The 2001 Census showed that the percentage of people providing unpaid care increases with age, peaking at those in their fifties before declining slightly in older age groups – although the largest numbers of carers were aged 60 and over; Older carers tended to provide higher amounts of care than younger ones, and carers in poor health tended to provide more care than those in better health. Nationally, there is estimated to be a 45% increase in the demand for informal care between 2003 and 2026, which is likely to be higher in Herefordshire due to the age profile. Therefore, unless there is an increase in the tendency to provide care, there may be a shortfall in the number of unpaid carers in the county. This would have consequences for public and third sector organisations. Projected growth in the numbers of people with dementia and the numbers of people with disabilities living into older age, will also put pressure on individuals and families providing unpaid care.

Source: State of Herefordshire Report, 2010

Figure 2.31 provides a breakdown of the forecasts for growth in the provision of unpaid care in Herefordshire up to 2025. This data has been calculated in the same way as the data for living alone and dementia was calculated, using the following formula:

(Herefordshire Forecast Population / POPPI Projected Population) x POPPI estimates

Again, the POPPI data have been adjusted here to ensure that population numbers are in line with Herefordshire County Council's 2006-based population forecasts.

Figure 2.31: 65+ Population in Herefordshire providing unpaid care to a partner, family member or other person, forecast to 2025

Age Group	Year of Forecast				% Change 2010-2025	Additional Numbers 2010-2025
	2010	2015	2020	2025		
65-74	2,908	3,540	3,800	3,759	29.2	851
75-84	1,298	1,450	1,728	2,147	65.4	849
85+	239	282	337	423	76.9	184
Total 65+	4,449	5,261	5,843	6,320	42.0	1,871

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire

According to the estimates in the Figure above, the number of people aged 65+ in Herefordshire who are providing unpaid care will have increased by 42%, equivalent to an additional 1,871 people.

The growth in older carers will also have an impact on housing. Some older people are already being supported by older carers and this trend is set to continue. For some there will be a need for specialist accommodation and that is likely to mean two or three bed accommodation

Domestic Tasks, Self-Care and Mobility

This section looks at the numbers of people aged 65 and over in Herefordshire who are unable to carry out at least one of the following types of tasks: domestic tasks (Figure 2.32); self-care activities (figure 2.33); and mobility activities (Figure 2.34). This data will give an idea of the extent to which support in these three areas is required now and in the future. The figures are calculated using prevalence rates, so the proportion of the 65+ population that is represented in the numbers remains static over the period, and can be used to offer an idea of numbers only. Again, the POPPI data for these datasets has been adjusted using the following formula (*Herefordshire Forecast Population / POPPI Projected Population*) x POPPI estimates

Figure 2.32: Number of 65+ Population in Herefordshire Unable to manage at least 1 Domestic Task

Age Group	Year of Forecast				% Change 2010-2025	Additional Numbers 2010-2025
	2010	2015	2020	2025		
65-69	2,586	3,186	3,040	3,104	20.0	518
70-74	2,917	3,475	4,340	4,105	40.7	1,188
75-79	3,489	3,860	4,705	5,858	67.9	2,370
80-84	3,251	3,616	4,186	5,117	57.4	1,866
85+	4,373	5,008	6,058	7,490	71.3	3,117
Total 65+	16,616	19,145	22,328	25,675	54.5	9,059

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire

Figure 2.33: Number of 65+ Population in Herefordshire Unable to manage at least 1 Self-Care Activity

Age Group	Year of Forecast				% Change 2010-2025	Additional Numbers 2010-2025
	2010	2015	2020	2025		
65-69	2,285	2,813	2,678	2,736	19.8	452
70-74	2,339	2,785	3,477	3,286	40.5	948
75-79	2,687	2,978	3,630	4,519	68.2	1,832
80-84	2,586	2,876	3,331	4,072	57.5	1,487
85+	3,755	4,281	5,156	6,355	69.2	2,600
Total 65+	13,651	15,733	18,272	20,969	53.6	7,318

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire

Figure 2.34: Number of 65+ Population in Herefordshire Unable to manage at least 1 Mobility Activity

Age Group	Year of Forecast				% Change 2010-2025	Additional Numbers 2010-2025
	2010	2015	2020	2025		
65-69	996	1,226	1,167	1,192	19.7	197
70-74	1,241	1,478	1,845	1,744	40.5	503
75-79	1,319	1,454	1,772	2,206	67.3	887
80-84	1,413	1,572	1,821	2,226	57.5	812
85+	2,547	2,905	3,500	4,315	69.4	1,768
Total 65+	7,516	8,634	10,105	11,683	55.4	4,167

Source: POPPI data adjusted using Herefordshire County Council Research Team based on ONS mid-2006 based estimates for Herefordshire

Looking at all three of these sub-sets of information, the increase in numbers of people over the period is apparent. This means that the services that are provided to assist with each of these types of tasks are set to witness increasing pressures over the coming years, with greater numbers of older people requiring these services to remain independent.

Appendix 3: Consultation with Older People

1. Introduction

This Appendix sets out the findings from five focus groups held with older people. Four were geographically based focus groups, and were held in:

- Bromyard
- Hereford City
- Leominster
- Ross on Wye

The geographical groups followed a formal structure, responding to a set of questions.

The fifth group was a less formal group held with gypsies and travellers.

2. PFA Herefordshire Focus Group – Bromyard

Background

16 older people from all walks of life were present at the meeting of the Bromyard Friendship group on 25th February in the Public Hall in Bromyard at 10.30am. The age range was from 60 to 95 and the group meet monthly and have various entertainment, talks or they chat and have a cup of tea. From the people at the meeting tenure-wise no-one lived with their family and just over half the people lived in their own home and the others all lived in rented sheltered housing or bungalows with Registered Social Landlords, particularly Elgar Housing Association. It is understood that there is no leasehold sheltered housing in the Bromyard area.

Most of the people at the meeting had lived in and around Bromyard either all their lives or for over 20 years.

Questions Asked at the meeting

1. Have you started to think about your future housing options?

4 people at the meeting had started to think about their future housing options and were in various stages of looking into different options.

2. The survey suggests that most older people want to remain in their current home, is this true for you?

The majority of people at the meeting wanted to remain in their own home which reflected the survey results. Some of this was because people had already made the move to accommodation more suited to their physical needs and some of this was because they just did not know what their options and choices might be and what they might qualify for etc.

3. If you are considering a move what are your reasons for moving?

- a. House too big**
- b. Garden too big**
- c. To be nearer to shops and services?**
- d. To be nearer to support/family**

The 4 people who had started to look at their future options and some of the people who have already looked at their motivation for moving previously mentioned the following: for some it was the garden and the fact that it can cause people to feel down if they see the garden going down hill. This was also true of the house and was not that they found their house too big as such but more that they struggled with keeping up with the maintenance and decoration of the house and also feeling responsible for everything which weighed heavily on them at times. In addition, if the property was a house then stairs had become or were becoming an issue for several people. Also, transport is reported to be very poor to and from the surrounding villages of Bromyard (see question 20) and people report that post offices and local shops have been closing in the villages and so there quite a few people considering a move either nearer to shops and facilities or to where better transport exists. One lady said that as they have stopped any bus services to and from her village she lives in fear of not being able to drive. As a widow on her own with no family and no local shop or post office, she feels that she would have to move if she could not drive as she would be so isolated.

Interestingly, only one person wanted to move to be closer to family. In many cases the older people at the meeting did not have family nearby and some were scattered far and wide. This was thought to be because people's children struggled to find work when they were younger and tended to move for work. In other cases, people already had family nearby who they could call on when they needed support. Bromyard is reported to have a good community spirit where local people help each other out where they can.

4. Would you be interested in owning or renting your new home?

- a. What kind of home would you wish to move to? The survey indicated that preferences were for two or three bedroom bungalows or houses.**

b. Would you consider buying sheltered or extra care accommodation

Most people wanted to stay where they were anyway but if they did move most would prefer a 2 bed bungalow to a flat or a house. Several people said that they would consider buying into sheltered housing but said that there simply isn't any in the Bromyard area. The nearest leasehold housing for older people was thought to be in Leominster or Hereford. There was also thought to be no extra care in the area and again the nearest was thought to be in Hereford itself. There was felt to be real lack of choice of housing for older people in the area. Also some tenants of Elgar HA were explaining that the role of the Warden has changed so much at their schemes that they did not feel as supported as they once had been when they moved in. They also stated that the Wardens that they have now conduct visits into the nearby community depending on what someone needs and can be a daily visit if necessary.

5. The survey indicated that many who preferred to stay in their current home were not accessing any support services, is this true for you?

- a. Why do you think this is? – e.g. You have family on hand who support you, or you wish to remain as independent as possible and you would see receiving services as losing independence?**

Very few people at the meeting accessed any support services. Some get some support from their Warden if they live in sheltered housing and they also have community alarm links built into their properties. A couple of other people had dispersed alarms at their homes with pendants which they had not had to use in an emergency but which made them feel much more secure.

In terms of why take up of services is so low, a few people had family who were supporting them but in no way the majority of people at the meeting. Firstly, they thought that there were not many services full stop. They also thought that take up of services might be low as many people simply don't know what services there are especially in the more rural areas and if they did know they might think that they are not entitled to them, or wouldn't qualify for them or that they simply did not want to pay for them or could not afford to pay for them. They also thought that a big factor is that receiving support services is seen by many as meaning a loss of independence and many people are too proud to ask for help.

6. The survey indicated that the areas where people would want support services are with things such as

- **cleaning windows**
- **the garden**
- **decorating**
- **cleaning**
- **heavy shopping**

- **low level maintenance**

Would you agree, is there anything else you would prioritise?

Many people already get help with gardening, cleaning windows, decorating and cleaning, either in their own homes or in their Elgar HA flats and bungalows. People still need help with heavy shopping which they try to get friends and relatives to help with. Several people mentioned needing help with low level maintenance and this can be a real issue. They are upset at the demise of the Herefordshire handy person service which many had found really useful.

A couple of people made the point that shopping in Bromyard in an electric scooter is quite difficult as where there is a dropped kerb on one side of the street there is sometimes not one on the other. They felt that this really needs sorting out by the Council.

7. If you are already accessing services what are they? E.g.:

- **Home Improvement Agencies** – nobody had heard of these and did not think there was one in the Bromyard area anyway. The local age concern keeps lists of contractors who are approved as being suitable for older people
- **Handy person** – Hereford used to have a handyperson service which has been well used and is very popular but there is no more funding for this role, which will be missed
- **Adaptations** – very few people knew to go through social services and the OTs service but several people had adaptations in their home or electric scooters that they had bought from mobility shops – Leominster or Hereford
- **Home care** – no-one at the meeting had home care and was not sure how to go about getting it but knew that there was a service for home care after someone has left hospital (run by the Red Cross)
- **GP/District Nurse** – everyone knew how to access these services and did so as they needed to
- **Community alarms** - several people had links with a community alarm, usually through the accommodation that they were in at Elgar HA
- **Assistive Technology** – no-one at the meeting had never heard of this but thought that it could suit some people

- Would you expect to or be prepared to pay for some these services?

Some people would be prepared to pay but also felt that there were lots of other older people who were not prepared to pay or could not pay.

8. Would you consider equity release for funding home maintenance in the future, repairs etc.

If not ,why?

Most people knew what equity release was and not one person would be prepared to consider it. They had heard of people who had encountered problems with it and felt that it had something of a slightly 'dodgy' reputation or certainly with unacceptable risks with it.

9. The survey suggested fewer people would approach the council for information and advice can you suggest why this is? (Preferred sources are CAB, Age UK, radio, newspaper, family/friends)

The vast majority of people would use Age Concern for information and advice in the town and none of them would think of going to the Council for information. There is some information given over the radio and in newspapers but mostly people in Bromyard go on word of mouth from friends, neighbours and family and Age Concern. When asked why older people tend not to use the Council, they were not exactly sure why but never have done and when they thought about it said that they couldn't remember the place having any leaflets or information anywhere. (This is unconfirmed as it may be perception rather than a fact).

10. In this area where would you go for help/get support from? E.g.

- **Social Services**
- **CAB**
- **Age UK**
- **GP**

Most people would go to Age Concern which has been in Bromyard town centre for years. The office is currently open Mon, Tue and Wed mornings. To get advice, information or to be signposted elsewhere for support, people must make an appointment with staff. One lady explained that she lives in a village outside of Bromyard with no bus service and she has no family. She is fairly recently widowed and said that a life saver for her was being able to drop in and have a chat and a cup of tea with people at Age Concern. It helped her feel less lonely and isolated. She appreciates that there have been funding cuts for Age Concern but feels that an appointment only system means that she feels that she has nowhere else to go for an informal chat. She understandably feels that she cannot make an appointment just to have some informal social contact.

Some people thought that the nearest Social Services office was in Hereford but no-one was sure and did not really know what services were available from the offices either. The CAB has a 'surgery' at the local library in Bromyard on a Thursday. However, no-one at the meeting had ever used it.

There is stated to be one Doctors surgery in Bromyard, which was said to provide a very good service. In addition, unusually with a town the size of Bromyard there is a small local hospital on the site of the old workhouse which runs various clinics such as an eye clinic and physiotherapy clinic but also has some wards for

older people who have often been to the larger hospital in Hereford and come to Bromyard to recuperate before going home.

12. If there are low levels of awareness around services, how could your awareness of these services be improved? What can be done to improve advice and information?

People at the meeting found it difficult to think on the spot about how to improve awareness of services except for agencies etc to use groups in Bromyard (there are 4) to explain what is available, hand out leaflets and hopefully word of mouth would do the rest. This issue of raising awareness in more rural areas was known to be an issue but thinking of solutions was difficult.

Some people felt that having at least one informal session at Age Concern could also help to improve awareness. Others felt that more use could be made of the radio as a form of communication – lots of older people are thought to listen to Hereford and Worcester radio.

13. If there is a lack of local services – how/where are people finding support?

From family and friends and from the local community with each other helping and spreading information to each other when support is needed. As mentioned before people often go to Age Concern and then can be sign posted to wherever they need support from.

14. If you are thinking about moving, when is a good time to move?

- **Early to downsize**
- **Later when health determines**

Several people who have already made the move to sheltered level access accommodation are really glad they did and not one person regretted the move. Most people agreed that moving earlier rather than later was probably best but that is not always how things happen – human nature being what it is. However, as previously mentioned most people do not want to move anyway.

15. What factors will influence your decisions?

- **Cost of moving**
- **Cost of purchasing a new home**
- **Location-what factors**

The cost of moving and buying a home was not seen as a major factor in influencing decisions made as Bromyard is not known as a particularly affluent area and so if some one has a house to sell then buying a small bungalow people thought would, in the main, be possible. Also, there is no leasehold

property in Bromyard and so renting is the only other option. Decisions are therefore influenced in some ways by the lack of choice in the area.

In terms of location, people at the meeting reported that there are no poor areas in Bromyard really and that everywhere is seen as fine to live in although people have different ideas how close to the centre they wish to live.

16. What will you do if your mobility decreases?

- **Would you still be able to stay in your current home/ current scheme?**
- **How would you manage stairs/ home maintenance?**
- **What type of adaptations would you need?**
- **Would you know where to go for this type of service?**

As mentioned previously most people want to stay where they are and have whatever adaptations to their home that would be necessary eg stairlifts. They had some idea of where to go to get what they need but felt that many other OP do not know necessarily.

17. What will you do if your care needs increase?

- **Would you be able to stay in your current accommodation if you develop mental health problems, such as dementia?**
- **Who will provide the care that you need?**
- **Where would you go to access this care?**
- **What type of adaptations would you need?**

In the case of dementia people felt that their relatives or friends would probably pick it up first and then take them to the GP. They felt that they may have to go to a care home if their dementia became too severe although it was thought that there is only one residential home in the area that caters for people with dementia. Some had family who they thought might look after them but quite a few of them did not have this as an option. Some felt that they would go to Age Concern or their GP and then probably through Social Services to get care and some knew how to do this but some had no idea and thought that again many other older people don't know this either.

18. If you moved into the area to retire

- **What attracted you?**
- **Has it lived up to your expectations? In what way?**
- **Are you encountering any challenges in living here that you had not anticipated?**

Most people agreed that Bromyard is a friendly place where there is still a good sense of community and people looking out for each other. It is also thought to

be a beautiful area and one which most people have lived in for decades and is therefore familiar to them.

In terms of expectations people would have liked more housing choices both rented but mainly to have some leasehold sheltered or extra care housing. Many have been very disappointed by the facilities disappearing such as local shops and post offices in villages. Also transport has been very disappointing for most people with some people at the meeting living in villages with literally no public transport system. One lady will have to move if she is unable to drive as she would have no way of getting into the town.

Also, people reported that shops are quite poor in Bromyard and that they have to go to Hereford, Worcester, Leominster or Ledbury to get what they need.

19. Have you heard of Co-Housing – (explain if needed) is this something you would consider? Why?

No, no-one had heard of co-housing but generally everyone felt that the more choice the better for older people in the area. However, if the co-housing meant young and old living together then some people felt that this could lead to clashes in lifestyle. Others liked the idea and like to live in a mixed community.

20. Public transport – are local services good?

- **Accessibility – location of bus stops**
- **Routes – direct/ indirect routes**
- **Times – does the service run frequently? Does the service run all day?**
- **Alternative transport services – ‘dial a ride’**

In Bromyard itself buses were thought to be fairly infrequent but do exist. There is also a bus that literally does a circular route round the centre of Bromyard for most of the day which can drop up and pick up where anyone wants to go. This was reported to be popular and very handy for older people. There is also a train line to Worcester and Ledbury which was good for some people who are fairly fit. There is also reported to be a community transport bus which was well thought of and well used.

However in the villages transport appears to be another story. One lady explained how ever since her children were little there used to be one bus a week to Hereford from her village and one bus back leaving only an hour and a half in Hereford itself to shop. This one bus a week was cancelled a couple of years ago and now there is nothing. Another lady from a different village also has no bus service. This causes such issues for older people as they become frailer and more isolated.

3. PFA Herefordshire Focus Group – Hereford City

Background

There were 8 people attending the meeting in the Library Meeting room at the Shire Hall in Hereford town centre on Monday 14th March at 10.00am. This meeting was arranged by Brian Burrows of Age Concern who also attended the meeting. Although several of the people attending had tried to get other older people involved, there was not a great deal of interest shown in the topic despite a flyer being sent for Age Concern to use to promote the event. However, the 8 people attending were well informed on a variety of topics and there was much interesting, intelligent and thoughtful discussion. The meeting lasted 2 hours and 10 minutes.

Of the people attending the meeting, 1 was in a rented Housing Association sheltered property (Anchor Trust) and the rest of the attendees were owner occupiers who all lived in and around Hereford City's boundary. Everyone was over 70 at the meeting with 2 people being over 80. The majority of people had lived in Hereford for 15 years or more, with some living there all their lives and just one lady having lived in Hereford for just 18 months. All of the people at the meeting could speak with knowledge about both Herefordshire and Hereford city itself. Unusually, there were more men than women at this meeting.

Questions asked at the meeting

1. Have you started to think about your future housing options?

One lady has been considering her future housing options as she is not happy with her current rented sheltered housing. The lady lives on the second floor and although there is a lift, she suffers from vertigo but at the time the second floor flat was all that was on offer. She needed to move originally from her bungalow as neighbours who moved next door to her were anti social and causing many issues for her. There have also been issues with supporting people charges and the fact that the landlord has not been sorting this out and a bill arrived at the lady's address for a large sum of money on Christmas Eve, causing her great anxiety, which she is finding hard to forget about.

Of the other people at the meeting 2 gentlemen had already moved into accommodation in Hereford more suited to their particular needs or those of their spouse and have both been there a few years. The rest of the attendees were in a variety of properties which varied in 'suitability' for their physical needs but no-one wanted to move from their homes and have every intention of staying where they are for as long as possible. One lady in her 80s was struggling with her stairs and so had a stairlift fitted through Social Services which she was very happy with.

Several people made the comment that if your house feels like your home and you have perhaps friends and family nearby and many memories at the dwelling that physical unsuitability does not always play a part in decisions that you may make. At the end of the day a property can be adapted to make life easier for someone although everyone accepted that not all older people can afford to make these changes.

2. The survey suggests that most older people want to remain in their current home, is this true for you?

Everyone except the lady who was not happy in her rented sheltered housing flat wanted to remain in their own home, which reflects the survey results.

Some people at the meeting mentioned that their perception is that even if they wanted to move to rented sheltered housing, for example, they would find it difficult as they would not be a priority due to them having their own house and therefore, what amounts to a fair amount of capital. Whether this is accurate for all social landlords in the area could not be confirmed at this meeting but if this is not true then the landlords may need to do some promotion to dissipate these perceptions.

3. If you are considering a move what are your reasons for moving?

- a. House too big**
- b. Garden too big**
- c. To be nearer to shops and services**
- d. To be nearer to support/family?**

Although the attendees did not wish to move themselves with the exception of one lady, they could see why all of the above reasons could contribute to why older people might want to move. The main point of the discussion on this question was about being nearer to support particularly from family. Some thought that so many people nowadays do not live near their children that the days of family supporting someone in their old age are all but over for some older people. However, one man who works at the Age Concern office in Hereford stated that about 5% of the calls that he receives from the public are family members who live away from Hereford (sometimes very far from the area), asking for information on behalf of their elderly relatives living in the Hereford area - so support can be gained in other ways by family. The point was made that Herefordshire is reported to have the second lowest weekly wages of anywhere in the country and so for many years younger people have often had to move to get work. Hence unlike some other areas of the country older people in this county quite commonly do not have family nearby to help to support them. Several people at the meeting commented on how important your local community and friends in particular become in circumstances where your family are not nearby to you. This was another reason why many people did not want to move as they felt that it can be very hard to make the break and if people

move to be near to their families they can actually feel more lonely and isolated away from these friends, neighbours and people of their own age even if the intentions of family are to increase support for them.

There was a lot of discussion about the rurality of Herefordshire and how they felt that although many people will want to stay put in the rural/village location that they live in that there are older people who want to move nearer to shops and facilities and be more central in Hereford and other towns and enjoy a more varied social life perhaps with more social contact.

4. Would you be interested in owning or renting your new home?

- a. What kind of home would you wish to move to? The survey indicated that preferences were for two or three bedroom bungalows or houses.**
- b. Would you consider buying sheltered or extra care accommodation**

If people at the meeting did consider moving, most would want a bungalow with 2 to 3 bedrooms located in a fairly central position. If they thought sheltered housing might suit them they felt that they would prefer to buy/lease rather than rent as they were worried for example, how their capital released from a sale might affect any benefits they receive if they did not re-invest in property financially. They also thought that they were unlikely to be successful in renting property for reasons given above. However, some did say that they would look into all types of sheltered - rented included if they were seriously looking at sheltered.

5. The survey indicated that many who preferred to stay in their current home were not accessing any support services, is this true for you?

- a. Why do you think this is? – e.g. You have family on hand who support you, or you wish to remain as independent as possible and you would see receiving services as losing independence?**

No-one at the meeting in their own home was accessing any support services apart from support services from a Scheme Manager at the sheltered scheme, which again is a reflection of the survey results. Some people had relatives who help to give them some support but mostly people felt that they didn't want to ask for help and were worried about losing their independence. Some people felt that most of the older people that they know would just muddle through or go to the GP only if they really needed help. They didn't know why there are so many independent older people in Herefordshire but thought that it is to do with the Second World War mentality and there are indeed apparently high proportions of ex service men living in Herefordshire. In addition, in rural communities it is felt that older people are so used to fending for themselves because they are not aware of an alternative or what help is available that they just get on with it or ask

each other or family if they are quite desperate. There was an acknowledged lack of information in some rural communities and Herefordshire in particular and many older people make assumptions that they would not qualify for a support service. Some people who work as volunteers for Age Concern also say that the vast majority of people who contact Age Concern for support, advice, help and social contact are women as men seem to find it much more difficult to seek help and support. Men therefore seem to feel that independence could be lost by looking for advice and support which could also be one of the reasons for low take-up of services.

The comments were made that many older people may not want to pay for the service even if there is one on offer. The point was made that many older people in Hereford and Herefordshire may own a property and be 'capital rich' but many are also 'income poor'.

Also discussed about Hereford itself is that it is seen by locals as a town of two cities with Hereford itself on one side of the river and South Wye on the other. South Wye has very high levels of poverty and deprivation and several people felt that what older people may want or need there may be different to the other side of the river. One man stated that in his experience of working with Age Concern many older people from South Wye wanted and expected all services to be free and would not take them up if they weren't.

6. The survey indicated that the areas where people would want support services are with things such as

- **cleaning windows**
- **the garden**
- **decorating**
- **cleaning**
- **heavy shopping**
- **low level maintenance**

Would you agree, is there anything else you would prioritise?

Everyone at the meeting agreed that they either already had help for some or all of these tasks or thought that they were starting to need help with them. The supermarkets in Hereford are mainly on the fringe of the town centre and only Tesco was slightly more central. This makes heavy shopping really difficult for most people. Several people have cleaners, window cleaners and gardeners that they have sorted out privately. Low level maintenance was particularly an issue especially since the demise of the popular handyman service. Age Concern state that the handyman service is the most enquired about and requested service in the Hereford area. People at the meeting felt that the handyperson service was desperately needed back in Herefordshire.

7. If you are already accessing services what are they? E.g.:

- **Home Improvement Agencies** – nobody knew of one in the area, people are likely to use Age Concern in relation to things that need doing on their property
- **Handy person** – several people would access this service if it hadn't been cut. Originally the handy man scheme was set up with lottery funding and people only had to pay for materials. Then they were charged £10 an hour for work and then it was ended as Age Concern and the County Council could not cover the costs. There was also a 'You at home' service which used to do some handyperson work but now they only really do security
- **Adaptations** some people had stair lifts and adaptations that they had got through Social Services and the OT services. People knew of at least 3 mobility shops in Hereford to purchase other things
- **Home care** people at the meeting knew how to access home care but thought that many more didn't. They thought that most people would go to their GPs or contact Age Concern. The Red Cross are said to offer a good short term home care service after someone has been in hospital. However, it was noted that many volunteers at Age Concern still take phone calls from older people and their families who have been discharged from hospital with no care in place and no social worker involvement prior to discharge
- **GP/District Nurse** – most people were aware of their GPs and the sorts of services that were provided eg district nursing services. They felt that most older people would be aware of this
- **Community alarms** – 2 people already had a community alarm service which they found very useful and made them and their families feel more secure. In Herefordshire the Fire Service Community Team is part of this service and are understood to actually fit the alarms in some circumstances
- **Assistive Technology** – no-one knew very much about AT but it is on the agenda in Herefordshire to promote this. There is an event on 1/4/11 promoting technology for people with sight loss run by the National Society for the blind

- Would you expect to or be prepared to pay for some these services?

Most people at the meeting would be prepared to pay for services that they might need but felt that many other older people in Herefordshire were either not prepared to pay or simply were unable to pay.

**8. Would you consider equity release for funding home maintenance in the future, repairs etc.
If not ,why?**

Most people were unfamiliar with exactly what equity release entailed but were not keen on the sound of it. They would need to know more about it and be sure

that it was not a financially 'unsafe' scheme before they would consider it. It was felt that in Hereford it is still a traditional place where people want to leave their home to their families and in some cases would rather do without themselves in order for this to happen.

9. The survey suggested fewer people would approach the council for information and advice can you suggest why this is? (Preferred sources are CAB, Age UK, radio, newspaper, family/friends)

In central Hereford there is Garrick House, a one stop shop for the Council where people do go for some information. People who had been found the staff good and the service efficient. They think that the reason that many other people in Herefordshire do not see the Council as places for information could be to do with the fact that there are other places that are better known in the area for advice and information and in particular – Age Concern. They felt that the CAB was fairly well used and all the voluntary sector were seen to work well together with each agency often signposting to each other to ensure that each person is recommended the best agency for their particular advice or information need.

BBC Radio Hereford and Worcester do give out some information to older people at certain times and is thought to be fairly well used by older people in the County. However, they are reliant on other people to give them information in the first place, such as Age Concern.

The main newspaper is the Hereford Times and there are also 2 free papers, one of which is the Hereford Journal. Information from newspapers is thought to be hit and miss and papers only really want to print what is thought to be of interest to the public which may not always be information for older people. It was thought that this could be improved.

Because of the rurality of the County it was felt that much of the information passed to older people is through each other and nearby family and friends.

10. In this area where would you go for help/get support from? E.g.

- **Social Services**
- **CAB**
- **Age UK**
- **GP**

Each person at the meeting knew where to go to access services from all of the above. However, many of them are either volunteers for Age Concern or they access a day centre run by Age Concern. They therefore accept that they are much more likely to be aware of these services than many other older people. They think that even though living in rural Herefordshire poses many difficulties with getting information to older people, so it can be in the city. It is felt that there are many lonely and isolated older people in Hereford itself who are slipping

through the net and not getting the advice, information and support that they need.

One man explained that lack of NHS dentists are a real issue in the city and that 2 years ago they built a large dental surgery (Pool House) for only NHS patients with 5 dentists. However, before this, one gentleman had no dental care for nearly 3 years because there were no NHS dentists available in the area. These 5 dentists now have completely full lists and people again have to be referred to dentists in Ross on Wye!

Age Concern are very active in the whole of the County and also in Hereford itself. They are open in their Hereford office from 10 until 2 Mon to Fri and appointments can be made or people can pop in more informally. They also run 14 Day centres across the County which are well used. However, the Social Services criteria for qualifying for one of the day centres is set to change. It is understood that the criteria will be based more on physical frailty than before and people at the meeting are worried about older people who may be fit-ish but may have mental health issues or could be lonely and isolated and they may now fall through the net. Age Concern also run an Alzheimer's café session for people with dementia and their carers. They have started a rural men's club which is doing very well. They were trying to get more men involved and found that they did not want to come to the standard day centres as they are nearly all women who attend. They get together in different locations and talk about whatever they want to and this has been very successful in getting men talking to each other about what they might need including support, information and advice.

GP services are said to be good overall and there is said to be a good pop-in surgery just south of the river.

12. If there are low levels of awareness around services, how could your awareness of these services be improved? What can be done to improve advice and information?

- Retirement courses/packs that include starting to look at housing issues in the future with what options are available etc. Currently these courses only seem to focus on financial advice and leisure activities
- Word of mouth whenever any groups of people or individuals meet up
- Improvements with radio and newspapers
- Possible use of Parish/Church magazines for rural communities as it is felt these are widely read in villages
- Ensure that the younger 'older' generation are getting advice and information hopefully before a crisis occurs
- Ensuring flexible services that are not just age related but take account of differing frailties
- Better choice of services, what suits one person may not suit another and people need a range of choices

- Using services such as the Village Warden Scheme which is the first of its kind in the country. This scheme is run by the Red Cross and the warden is the first port of call in the village and will have good local knowledge. Although this scheme is still in its early stages, it seems a good opportunity to pass on information to older people in the villages

13. If there is a lack of local services – how/where are people finding support?

It was felt that people are either struggling on and not finding support or they are accessing support from friends, relatives or neighbours. Many older people do use Age Concern services for advice and information and the numbers of people contacting AC seem to be ever increasing.

14. If you are thinking about moving, when is a good time to move?

- **Early to downsize**
- **Later when health determines**

Most people accept that to think about your housing options early before any crises occurs is probably the best way. Feedback received from older people at Age Concern confirms that when people do this, they often say that they wish they had done it even earlier – so successful is the move. However, many people don't want to move at all anyway and so would rather adapt their property than think about moving. Also, it was thought to be human nature to not think about something unless you have to and so many people will wait until their health determines a move.

15. What factors will influence your decisions?

- **Cost of moving**
- **Cost of purchasing a new home**
- **Location-what factors**

All of these but especially location. Also important is the state of health of the older person, whether or nor they want to lease/purchase or rent, proximity to facilities or family and friends etc.

16. What will you do if your mobility decreases?

- **Would you still be able to stay in your current home/ current scheme?**
- **How would you manage stairs/ home maintenance?**
- **What type of adaptations would you need?**
- **Would you know where to go for this type of service?**

As mentioned previously most people wanted to stay where they are and have whatever adaptations to their home that would be necessary eg stairlifts. They all

knew where to go get what they need but accept that many other OP do not know necessarily.

17. What will you do if your care needs increase?

- **Would you be able to stay in your current accommodation if you develop mental health problems, such as dementia?**
- **Who will provide the care that you need?**
- **Where would you go to access this care?**
- **What type of adaptations would you need?**

In the case of dementia people felt that their relatives or friends would probably pick it up first and then take them to the GP. They felt that they may have to go to a care home if their dementia became too severe. Some had family who they thought might look after them but quite a few of them did not have this as an option. They felt that they would go through Social Services to get care and knew how to do this but again felt that many older people don't know this.

18. If you moved into the area to retire

- **What attracted you?**
- **Has it lived up to your expectations? In what way?**
- **Are you encountering any challenges in living here that you had not anticipated?**

It is felt that Herefordshire and Hereford are beautiful and many of the people are very familiar with it as they have lived here for all or most of their lives. In terms of expectations, people spoke about how things became different after the split with Worcestershire in the local government changes years ago. They felt that Worcestershire benefited more than Herefordshire in certain respects and that they see themselves in some ways as a 'poor relation' to their neighbouring county now. They felt that they see themselves as 'west country' where Worcestershire see themselves as more 'west midlands'.

They also feel that Hereford itself has gone down hill in the last few years and is now not very good as a shopping centre. Years ago the market used to attract people selling their wares from Wales and the farmers' wives would come and shop in the centre of Hereford. Then the market place moved and the atmosphere altered and then the centre seemed to slowly decline. It is felt that there are too many estate agents, mobile phone shops and charity shops and if people want to get something good then they would go to Cheltenham or Cardiff.

Parking is a big issue in Hereford with few parking places that are getting increasingly expensive although there is a 'red badge' scheme which entitles someone older to park for free for 2 hours in a Herefordshire County Council car park. Some people felt that if the Government want the 'big society' then they should make things better for parking for volunteers to get into Hereford. Also, if

someone is coming in for the day then the long stay car parks are quite a walk out of the town, which does not suit many older people.

Some people felt that people in Hereford itself were not always that friendly and could be quite isolating if you didn't have friends nearby.

Also, the comment was made that diesel is always very expensive in Hereford as they have a 'sitting duck' market who have to go miles to get any competition going.

19. Have you heard of Co-Housing – (explain if needed) is this something you would consider? Why?

No, no-one had heard of co-housing but generally everyone felt that the more choice the better for older people in the area. However, if the co-housing meant young and old living together then some people felt that this could lead to clashes in lifestyle. Others liked the idea and like to live in a mixed community.

20. Public transport – are local services good?

- **Accessibility – location of bus stops**
- **Routes – direct/ indirect routes**
- **Times – does the service run frequently? Does the service run all day?**
- **Alternative transport services – 'dial a ride'**

People at the meeting stated that bus routes keep being cut down and that has meant for some people that the bus stop near them has been removed. Many people cannot walk to the nearest bus stop any more. Many mention that they also cannot walk back to their bus stop with any shopping. Frequency of buses in Hereford are also said to be reducing but generally do run all day. There seem to be several bus stations in Hereford but not enough bus stops. Buses that are commonly used are to Worcester, Cheltenham and Gloucester and there are also trains to several areas. However, people felt that the transport to rural areas of Herefordshire was very infrequent and made older people sometimes very isolated especially if they don't or can't drive. In addition new rules to cut costs are likely to be brought in. This includes having to pay for bus rides despite having a bus pass before 9.30 in the morning.

There is a community transport scheme available but not many people at the meeting use this.

As mentioned before there is a red badge scheme to be able to park free for 2 hours in Hereford County Council's car parks.

4. PFA Herefordshire Focus Group – Leominster

Background

13 people attended the meeting at the Age Concern offices in Leominster in their Training Room on Thursday 3rd March 2011. The meeting was arranged by Anna Egginton of Age Concern and as well as a flyer advertising the event, several people from varied backgrounds were invited. There was a high level of discussion with thoughtful answers and lots of the people attending talking for other older people that they know as well as explaining their own circumstances.

The majority of people owned their own home with the rest rented flats or bungalows from The Marches Housing Association and one lady who has a leasehold flat in a sheltered complex in Leominster. The ages of the people attending the meeting ranged from 60 to over 80. About three quarters of the people at the meeting had lived in the area either all or most of their lives or for 20 or more years at least. About a quarter of the people had moved to the area in the last 5-7 years or so.

Questions Asked at the meeting

1. Have you started to think about your future housing options?

A few people had already thought about their options and had moved to accommodation that was more physically suited to their needs. A few others were at a stage of wondering whether to make a move or whether to stay where they are and have property adapted or not. This depended on many factors including whether or not to move nearer to facilities, move nearer to the centre of town, financial reasons, family reasons and how adaptable they thought that their property might be.

2. The survey suggests that most older people want to remain in their current home, is this true for you?

The majority of people did reflect the survey results and wanted to stay where they were. However, there were less people who were quite as adamant as in the Hereford and Bromyard focus groups. Several people thought that they would have to decide when and if circumstances changed for them and what was available as an alternative before they could say definitely.

They felt that leaving a good community and good neighbours was a really difficult move especially if someone had lived somewhere for a long time. However, those who lived in nearby villages to Leominster could see that if their community started to diminish and they could not drive themselves that moving nearer in to town would be a good idea to prevent loneliness and isolation. In

addition, a few people thought that day would come when they could not use their stairs and therefore upstairs of their house. Some people are finding the size of their garden too much to maintain and in the longer term find that they want to move to somewhere where the garden and accommodation is smaller.

3. If you are considering a move what are your reasons for moving?

- a. House too big**
- b. Garden too big**
- c. To be nearer to shops and services?**
- d. To be nearer to support/family**

All these reasons were mentioned as personal reasons for people to consider a move. However, at the meeting, the garden and possibly moving nearer to the centre of Leominster were the main reasons for moving. One lady is currently considering a move as the village that she is living in has just lost its village shop and post office and she feels much more isolated than she did before. However, in another village apparently the Post Office van comes 4 times a week which helps, although they felt that they could do with the same sort of system with a mobile shop.

4. Would you be interested in owning or renting your new home?

- a. What kind of home would you wish to move to? The survey indicated that preferences were for two or three bedroom bungalows or houses.**
- b. Would you consider buying sheltered or extra care accommodation**

The response varied and although there were some people who wanted to live in their own 2 bedroomed bungalows – a few people were prepared to look at sheltered flats and bungalows to buy or to rent depending on their circumstances and the location and support options available. There were also several people who would not consider a flat under any circumstances as they just did not like the thought of it and some could not cope with lifts.

There was an interesting discussion between life in a rented sheltered flat and life in a leasehold sheltered flat. The lady in rented was happy with the building, the support and the fact that she still felt independent but secure because there would some response if something went wrong and secure because of the building itself. The lady in leasehold property however was less satisfied. She had unfortunately had 7 different 'managers' (or wardens) in 7 years and so there was a feeling of the scheme being in a state of uncertainty with each Manager doing things differently. Both people had more or less the same facilities within the scheme but different perceptions of feeling secure or insecure. In addition, this lady had always felt that she should not 'lose' her capital sum from selling her house in Worcestershire and so opted for buying a flat instead of renting. When she moved in, she immediately needed a new water tank which cost her in

excess of £500. She is fairly sure now that she wishes that she had opted to rent instead with less financial and maintenance responsibilities.

Several people knew about the Rose Garden, which is understood to be a mixed tenure extra care scheme/village in Hereford. There is reported to be a long waiting list for this scheme but the perception is that it is for more well off people as the service charge is reported to be up to £100 per week (this is unconfirmed). Certainly this is seen as too expensive for many people at the meeting. Some people like the idea of living mainly with other older people and some people want to live in a more mixed community. People felt that there should be lots of choice for older people in the area, which could accommodate people's different needs.

5. The survey indicated that many who preferred to stay in their current home were not accessing any support services, is this true for you?

- a. Why do you think this is? – e.g. You have family on hand who support you, or you wish to remain as independent as possible and you would see receiving services as losing independence?**

Only one person at the meeting was accessing any official support, although some did get support from their family. This support had been arranged by staff at the GP surgery. This reflects the findings in the survey. It was felt that although the older people at the meeting were well informed and several of them worked in a volunteer capacity at Age Concern they felt that there were so many people who did not know about the services, did not think they would be entitled to any services, did not want to pay for the service, were simply fiercely independent or had family and friends who probably informally helped them. They also felt to be informed about what is happening locally they really needed access to Leominster town centre and the Age Concern offices in particular. This is where transport, particularly in the surrounding rural areas of Leominster was seen as an issue and a barrier to communication. Even walking to and from bus stops is an issue for some people even if there are buses running. There is a system locally however, called 'Community Wheels' which can pick someone off and drop them back – they just pay for their fuel as the system runs with volunteer drivers.

6. The survey indicated that the areas where people would want support services are with things such as

- **cleaning windows**
- **the garden**
- **decorating**
- **cleaning**
- **heavy shopping**
- **low level maintenance**

Would you agree, is there anything else you would prioritise?

Most people felt that older people generally needed help with all of the above. One lady had heard that in Shropshire there is a service where volunteers come and help to maintain the gardens of older people which everyone thought would be a great idea in Herefordshire. Even older people who are fit and well can find things more challenging and feel that they have to adapt. For example, one lady is fine to clean her house but has recently bought another Hoover which is kept permanently upstairs as it was transferring the Hoover up and down stairs that has become difficult. Heavy shopping was also very difficult for many but there is a bus that goes straight to the supermarket and then keeps the shopping whilst people can go into town and then drops them off later on in the day.

One lady suggested that hanging and re-hanging curtains was getting very difficult but felt that this could come under the handyman service. This led to the main point of discussion which was the demise of the Herefordshire handyman service, which many people had used and had found really useful over the years. However, this scheme which used to be run by Age Concern and then by the Council is finishing in March which causes great difficulty for so many older people. The people at the meeting said that this was their number one priority for help, support and keeping their independence.

7. If you are already accessing services what are they? E.g.:

- **Home Improvement Agencies** – no-one at the meeting knew of one but they have accessed help from Age Concern who help with lists of contractors etc
- **Handy person** – see above, service to be ceased at the end of this month
- **Adaptations** – there is a mobility shop in Leominster and some in Hereford. Some people have used these shops for things from tap adaptations to electric mobility scooters. Some have also gone through social service and the OTs but think that there are lots of older people who are not aware of this system
- **Home care** - one person accessed home care for herself and this was conducted through her GP to social services
- **GP/District Nurse** - everyone knew how to access these services and did so as they needed to
- **Community alarms** – only one person at the meeting had a dispersed alarm and the 2 people living in sheltered housing had hard wired CA systems which could have a pendant attached if necessary
- **Assistive Technology** – no-one at the meeting had never heard of this but thought that it could suit some people

- Would you expect to or be prepared to pay for some these services?

Several people at the meeting would be prepared to pay for some of these services but felt that they could not answer on behalf of other older people. One

lady produced a list of care agencies and what they charge an hour in the week and at weekends which is around £14 – 15 per hour in the week and more at weekends, which many thought was a lot. They therefore felt that there were lots of other people who would not be prepared to pay or simply could not pay.

8. Would you consider equity release for funding home maintenance in the future, repairs etc. If not ,why?

No-one at the meeting would consider the equity release schemes. One lady's son is an accountant and had strongly advised against her doing this and everyone was of the opinion that it might sound like a good, quick, short term solution but actually it could be more risky in the longer term. People also feared unscrupulous organisations.

9. The survey suggested fewer people would approach the council for information and advice can you suggest why this is? (Preferred sources are CAB, Age UK, radio, newspaper, family/friends)

In Leominster, very few people had been to the Council for information. They think that the reason that many other people in Herefordshire do not see the Council as places for information could be to do with the fact that there are other places that are better known in the area for advice and information and in particular – Age Concern. They felt that the CAB was fairly well used and actually runs from the Council building in Leominster on Mon and Tue mornings.

BBC Radio Hereford and Worcester were reported to give out some information to older people at certain times but this was thought to be quite infrequent and inconsistent and many people would have like to see this improved as many older people seem to listen to this particular radio station.

The main newspaper is the Hereford Times and there is also a free paper, which has one page of local news to Leominster. Information that relates to older people in newspapers is thought to be hit and miss and papers only really want to print what is thought to be of interest to the public which may not always be information for older people. It was thought that this could also be improved.

Because of the rurality of the County it was felt that much of the information passed to older people is through each other and nearby family and friends

Other sources of information are from the Red Cross who run a home care scheme called 'Home from Hospital'.

10. In this area where would you go for help/get support from? E.g.

- **Social Services**
- **CAB**
- **Age UK**

- **GP**

Most people at the meeting would go to Age Concern or their GP depending on what their issue was. Age Concern in Leominster is open every day except Monday and people can either make appointments or go in and informally have a chat with someone. Not many people had been to the CAB or through the Social Services although they knew how to.

12. If there are low levels of awareness around services, how could your awareness of these services be improved? What can be done to improve advice and information?

- Word of mouth whenever any groups of people or individuals meet up. Age Concern have adverts up explaining what is going on in different locations across Leominster and in the town itself
- Improvements with radio and newspapers
- Possible use of Parish/Church magazines for rural communities as it is felt these are widely read in villages and may get the message across for various topics to the rural community
- Ensure that the younger 'older' generation are getting advice and information hopefully before a crisis occurs
- Better choice of services, what suits one person may not suit another and people need a range of choices

13. If there is a lack of local services – how/where are people finding support?

From family and friends and from the local community with each other helping and spreading information to each other when support is needed. As mentioned before people often go to Age Concern and then are often sign posted to wherever they need support from. It was stated that many people are probably not actually finding support at all and are struggling along themselves until a crisis occurs.

14. If you are thinking about moving, when is a good time to move?

- **Early to downsize**
- **Later when health determines**

Most people accept that to think about your housing options early before any crises occurs is probably the best way. Feedback received from older people at Age Concern confirms that when people do this, they often say that they wish they had done it even earlier – so successful is the move. For those that have already made the move, they report that they found downsizing very hard at the time but have no regrets about doing it and feel in some ways – more free now and independent especially when they have fewer responsibilities. However, many people don't want to move at all anyway and so would rather adapt their

property than think about moving. Also, it was thought to be human nature to not think about something unless you have to and so many people will wait until their health determines a move whatever advice or information they received.

15. What factors will influence your decisions?

- **Cost of moving**
- **Cost of purchasing a new home**
- **Location-what factors**

The cost of moving was not too much of a big issue for most people at the meeting because they are likely to be downsizing and therefore if they are buying are likely to be buying a cheaper property. However, they felt there are lots of other people who would have issues paying for the move itself. People also felt that Leominster had a good variety of properties to suit all pockets and so this was also not a highly significant factor in terms of deciding to move. However, location was seen as a factor and although Leominster is overall seen as a good area, there are certain pockets where people would not want to move. People at the meeting felt that this was true of most places in England, though.

People thought that more likely to have an impact on the decision was the state of someone's personal circumstances such as bereavement, lack of proximity to family and friends, their proximity to shops and facilities, someone's state of physical or mental health, access to transport and loneliness and isolation.

16. What will you do if your mobility decreases?

- **Would you still be able to stay in your current home/ current scheme?**
- **How would you manage stairs/ home maintenance?**
- **What type of adaptations would you need?**
- **Would you know where to go for this type of service?**

As mentioned previously most people wanted to stay where they are and have whatever adaptations to their home that would be necessary eg stairlifts. They all knew where to go to get what they need but accept that many other OP do not know necessarily

17. What will you do if your care needs increase?

- **Would you be able to stay in your current accommodation if you develop mental health problems, such as dementia?**
- **Who will provide the care that you need?**
- **Where would you go to access this care?**
- **What type of adaptations would you need?**

In the case of dementia people felt that their relatives or friends would probably pick it up first and then take them to the GP. They felt that they may have to go to a care home if their dementia became too severe. Some had family who they

thought might look after them but quite a few of them did not have this as an option. They felt that they would go through Social Services to get care and knew how to do this but again felt that many older people don't know this.

18. If you moved into the area to retire

- **What attracted you?**
- **Has it lived up to your expectations? In what way?**
- **Are you encountering any challenges in living here that you had not anticipated?**

Most people thought that the Leominster area was very attractive and were very familiar with the area, having lived there for so long in so many cases. Most people had certainly appreciated the rural life when they were younger but now some were feeling a little isolated and worried about not being able to drive as the transport in some rural areas was thought to be quite poor.

Leominster has a cottage hospital which has wards for older people to recuperate from operations etc in other larger hospitals as well as running clinics for chiropody, physiotherapy and eye clinics. People feel that the GPs and hospital generally run a good service for the older people of Leominster.

People at the meeting report that Leominster has a reputation for having a close knit community based on several large, interrelated families in the area, which can be hard to 'break into' socially and therefore people are not always that friendly to 'new' folk. Some people had found this to be true and that generally people take a long time to get to know you in Leominster and that you can feel like an outsider for a long time. Another lady had found people very friendly and did not really recognise what the others were saying. She found people quite responsive to her.

The town centre was seen as having gone downhill with there being too many antique shops, charity shops and hairdressers and not enough clothes shops for the older generation or food shops, for example. People at the meeting go to Hereford, Ledbury or Worcester if they want something special.

19. Have you heard of Co-Housing – (explain if needed) is this something you would consider? Why?

No, no-one had heard of co-housing but generally everyone felt that the more choice the better for older people in the area. However, if the co-housing meant young and old living together then some people felt that this could lead to clashes in lifestyle. Others liked the idea and like to live in a mixed community. The main point was to have lots of choice for the variety of needs and aspirations of older people in the area.

20. Public transport – are local services good?

- **Accessibility – location of bus stops**
- **Routes – direct/ indirect routes**
- **Times – does the service run frequently? Does the service run all day?**
- **Alternative transport services – ‘dial a ride’**

The local Leominster buses were thought to be quite good, although some people still struggle to get to and from bus stops if they do not walk well. One lady reported that the nearest bus stop for her in Leominster is too far for her to walk to and so she would have to drive to the bus stop which of course, defeats the object in the first place. However, people from rural areas felt that buses were far too infrequent and they thought that there were villages with no bus route whatsoever. They thought that this could be causing people in rural areas to feel very isolated. There are fairly frequent buses to Hereford which are thought to be well used but others stated that to get to Worcester you needed to go to Hereford first which is basically in the opposite direction (this was unconfirmed). This also was reported to be true for buses to Malvern and Birmingham too.

There are trains but someone pointed out that to get from one side of the train tracks to the other a bridge must be used which has no lift and so many people are put off using it as they cannot get up and down the steep stairs, especially at the end of a journey.

5. PFA Herefordshire Focus Group – Ross on Wye

Background

The group was set up with the help of Sue Pawling from Ross on Wye Age Concern. 13 older people attended drawn from groups run by Age Concern. There were 11 women and 2 men. We had to be out of the room promptly at 11.30. Attendees were mainly in the age range 60's- 70's. Most owned their current home but at least one lady rented social housing. One or two were living in flats/bungalows. Most were living in houses. Most of the group had lived in the HR9 area for more than 10 years. One lady moved in 9 years ago and one lady moved very recently into McCarthy and Stone accommodation.

1. Have you started to think about your future housing options?

There was mixed response to this question. Some said it was not something they wanted to think about at the moment. Others were considering housing options and one lady had recently moved in to housing for older people. Some people wanted to stay in the family home in order to accommodate visiting family as often family live away these days.

2. The survey suggests that older people want to remain in their current home, is this true for you?

This was true for most of the group but some would consider moving to suitable accommodation. The key issue is a lack of choice.

3. If you are considering a move what are your reasons for moving?

- a. House too big**
- b. Garden too big**
- c. To be nearer to shops and services?**
- d. To be nearer to support/family**

House and garden becoming too big and also expensive to manage were key elements. One lady had moved to be nearer relatives but that was actually to provide support rather than receive it. Social isolation was identified as a problem and people would move for this reason, especially after the death of a partner.

4. Would you be interested in owning or renting your new home?

- **What kind of home would you wish to move to? The survey indicated that preferences were for two or three bedroom bungalows or houses.**
- **Would you consider buying sheltered or extra care accommodation**

There was interest in either owning or renting. Ross is an expensive area so renting is an attractive option. One or two were looking at social housing for rent. However there was a concern about suitability of what was available. Smallbrook Gardens were mentioned as being in a good location, near facilities, but being very small. Flats or bungalows would be considered. It was felt that a lot of current available accommodation is too old and too small and in poor locations. In some locations the public transport is poor. Social isolation was mentioned as a concern. One lady was living in Goodrich Court (McCarthy and Stone) which has a good warden was criticised for poor design, cramped, access problems, lack of social activities so people still feeling isolated and lonely even though living in supported housing.

There was concern that some social housing traditionally used for older people was being let to younger people and this was putting older people off.

There was interest in buying sheltered or extra care accommodation. However there was concern about high service charges, those paying them felt they were high for the service received. Extra care was welcomed as a concept but felt that people would only be interested when they were in their 70's not 60's. The idea of retirement villages was attractive to some and not to others. Some preferred a mixed community with families around etc. Others were looking for a quieter

environment and would welcome living in an older people's community with more focussed facilities and appropriate accommodation.

5. The survey indicated that many who preferred to stay in their current home were not accessing any support services, is this true for you?

- a. Why do you think this is? – e.g. You have family on hand who support you, or you wish to remain as independent as possible and you would see receiving services as losing independence?**

Did not explore this.

6. The survey indicated that the areas where people would want support services are with things such as

- **cleaning windows**
- **the garden**
- **decorating**
- **cleaning**
- **heavy shopping**
- **low level maintenance**

Would you agree, is there anything else you would prioritise?

There was general agreement with this but the main issue raised was affording the services. Generally people were not accessing much support but there was concern about home care charges being expensive. Also 'gardening services', especially if you had a big garden. Transport for those in village locations was also mentioned as a priority. Some mentioned completing paperwork for benefits etc.

If you are already accessing services what are they? E.g.:

- **Home Improvement Agencies**
- **Handy person**
- **Adaptations**
- **Home care**
- **GP/District Nurse**
- **Community alarms**
- **Assistive Technology**

- Would you expect to or be prepared to pay for some these services?

Few services were being accessed. One or two were using assistive technology, lifelines. Sue provided some information about assistive technology in terms of telecare and Age Concerns' handy person service. Most were not aware of these services. Low level adaptations are done quite quickly but people were aware that there is a big queue for most adaptations. Concern was again expressed

about the cost of services and this was felt to be prohibitive. Council tax was also thought to be high.

**8. Would you consider equity release for funding home maintenance in the future, repairs etc.
If not, why?**

Most were not keen on the idea as there is a high risk attached to getting the right one. Good advice would be needed.

9. The survey suggested fewer people would approach the council for information and advice can you suggest why this is? (Preferred sources are CAB, Age UK, radio, newspaper, family/friends)

The council was considered to be somewhat inaccessible, slow and bureaucratic. People do not bother to ask. Age Concern was a good source of information for people and the local newspaper was found to be useful and informative.

10. In this area where would you go for help/get support from? E.g.

- Social Services
- CAB
- Age UK
- GP

Most would refer to the GP or Age Concern. There is a demand for help with completing paperwork (forms etc). Particularly those left on their own after the death of a spouse who may have done much of the paper work.

11. If there are low levels of awareness around services, how could your awareness of these services be improved? What can be done to improve advice and information?

It was felt that Ross has a good range of services but finding out about them, having the right info was an issue. The local newspaper being used more was a popular suggestion. Someone mentioned a quarterly council/NHS publication (they could not recall its name) that is useful.

12. If there is a lack of local services – how/where are people finding support?

It was felt that Ross is generally quite well served. The handy person service can be very busy. The issue of concern was around cost.

13. If you are thinking about moving, when is a good time to move?

- Early to downsize
- Later when health determines

People generally felt that you move when you have to, most do it in response to health problems or loss of spouse. It is probably better to move earlier but people don't think that far ahead very often.

14. What factors will influence your decisions?

- **Cost of moving**
- **Cost of purchasing a new home**
- **Location-what factors**

Main issues were identified as being the cost of property, lack of choice especially around renting and the cost and effort of moving home itself. If help were available with actually moving home it would be very useful. The thought of moving can be a deterrent. One lady had moved with support from her daughter who sorted out the whole move. Location issues were around being near to facilities/services and having transport. The transport issue is a problem for outlying villages where there is a lack of public transport.

15. What will you do if your mobility decreases?

- **Would you still be able to stay in your current home/ current scheme?**
- **How would you manage stairs/ home maintenance?**
- **What type of adaptations would you need?**
- **Would you know where to go for this type of service?**

To find out about service needed such as adaptation, help with repairs, Home Care etc. they group said they would ask Age Concern or the GP. It was felt that managing could be a struggle. They thought assistive technology could help. The issue of social inclusion was again raised. There was concern about being isolated in your own home.

16. What will you do if your care needs increase?

- **Would you be able to stay in your current accommodation if you develop mental health problems, such as dementia?**
- **Who will provide the care that you need?**
- **Where would you go to access this care?**
- **What type of adaptations would you need?**

It was felt that if you suffered from dementia then you might have to go into a home. No one was keen on this idea and it was seen as a last resort. The retirement home in Ross was considered to be in a poor location. The group anticipated that council agencies would provide the services needed to support them at home.

17. If you moved into the area to retire

- **What attracted you?**

- **Has it lived up to your expectations? In what way?**
- **Are you encountering any challenges in living here that you had not anticipated?**

We did not discuss this as a group however I spoke to one lady before the meeting who had moved into the area 9 years ago and she said it had been a challenge moving to the area. They had moved to be near family, moving itself is a challenge; there was a limited range of options in the price range they were considering. It is an expensive area to move to. Since moving they have settled well.

18. Have you heard of Co-Housing – (explain if needed) is this something you would consider? Why?

We did not explore this

19. Public transport – are local services good?

- **Accessibility – location of bus stops**
- **Routes – direct/ indirect routes**
- **Times – does the service run frequently? Does the service run all day?**
- **Alternative transport services – ‘dial a ride’**

There were concerns about public transport if you lived in outlying villages as there might only be a service once a week. Most people used cars. Some said they would like to see a park and ride using the Riverside car park which is not used a lot. Opinion was divided as to whether Ross was well provided with car parking. The bus to Morrison's causes a problem as you can alight at the supermarket but to board you have to use a bus stop around the corner and this is difficult if you have heavy bags having done a big supermarket shop. Some wanted a bus stop on Gloucester Road. Also the drop off point for disabled passengers is located in a place which causes the road to be blocked. The taxi rank there is never used. WRVS run voluntary transport which is useful. One man was a volunteer driver for a men's group.

6. PFA Herefordshire gypsies and travellers group

This was an informal group of 12 older people who were a mix of people who lived in traditional housing and those that continued to live in caravans or semi permanent structures. The interview could not follow a formal structure as participants left and others arrived during the course of the session:

- There was a very clear lack of awareness of the different support services that exist, but also an overwhelming reluctance to even consider such support services, in particular home care

- There is a very strong sense of family responsibility when it comes to the care that people receive and a strong aversion to personally moving into retirement accommodation or allowing elderly relatives to do so
- Some would be willing to receive care from another traveller but not from external agencies
- There was a strong lack of awareness of the different types of housing that exists for older people, mainly due to the strong reluctance to consider such housing as an option
- If moving was necessary, people would not know where to go and who to speak to
- There is a need for greater face-to-face contact between the council and older travellers, to build relationships and improve communication
- There is a shared feeling amongst travellers that they do not have the same rights as non-travellers and do not receive the same level of service and support
- The problems of fuel poverty combined with living in a caravan which does not hold heat were highlighted in this consultation
- This emphasised clearly how inappropriate caravans may be for some older people, especially those with health problems. A need for chalet-type accommodation for older people on traveller sites, such as those in Ireland, was suggested by one lady.
- There are difficulties in accessing official sites and the restrictions on unofficial camping have encouraged some to either move into traditional housing to purchase sites where they can set up semi-permanent or permanent accommodation
- When asked about what forms of traditional housing might be considered, family housing or bungalows that had car parking and other space were identified.

Appendix 4: Older Peoples' Household Survey Technical Information

Household Survey Technical Information

A comprehensive household survey questionnaire was devised in consultation with the Council. This was sent to a random sample of 12,268 households. The sample frame for the study was households likely to contain people aged 50 or over based on MOASIC categories, with the sample drawn based on representative numbers of households by ward, housing market area and MOASIC category (summarised in Fig. 1).

Fig. 1: Summary of relevant MOASIC Groups and Types

Group	Description	Type	Description
A	Residents of isolated rural communities	A02	Retirees electing to settle in environmentally attractive localities
		A03	Remoter communities with poor access to public and commercial services
B	Residents of small and mid-sized towns with strong local roots	B05	Better off empty nesters in low-density estates on town fringes
		B07	Empty nester owner occupiers making little use of public services
C	Wealthy people living in the most sought-after neighbourhoods	C09	Successful older business leaders living in sought-after suburbs
D	Successful professionals living in suburban or semi-rural homes	D13	Higher income older champions of village communities
		D14	Older people living in large houses in mature suburbs
E	Middle income families living in moderate suburban semis	E17	Comfortably off suburban families weakly tied to their local community
		E18	Industrial workers living comfortably in owner occupied semis
		E19	Self-reliant older families in suburban semis in industrial towns
K	Residents with sufficient incomes in right-to-buy social housing	K48	Middle-aged couples and families in right-to-buy homes
		K49	Low income older couples long established in former council estates
		K50	Older families in low value housing in traditional industrial areas
L	Active elderly people living in pleasant retirement locations	L52	Communities of wealthy older people living in large seaside houses
		L53	Residents in retirement, second home and tourist communities
		L54	Retired people of modest means commonly living in seaside bungalows
		L55	Capable older people leasing/owning flats in purpose built blocks
M	Elderly people reliant on state support	M56	Older people living on social housing estates with limited budgets
		M57	Old people in flats subsisting on welfare payments
		M58	Less mobile older people requiring a degree of care
		M59	People living in social accommodation designed for older people
O	Families in low-rise social housing with high levels of benefit need	O67	Older tenants in low-rise social housing estates where jobs are scarce

Source: Herefordshire Council

Residents who were sent a questionnaire had the option of completing the survey by post or online. A total of 3,578 completed questionnaires were received, with 81 (2.3%) completed online and 3,497 (97.7%) returned by post.

The sample errors achieved with the dataset are summarised in Fig. 2. This indicates an overall sample error of +/-1.56%.

Fig. 2: Survey sample errors

Housing Market Area	Total Older Person HHs	Sample required*	Households contacted	Actual Response	Actual Response rate	Actual sample error
Bromyard	3,131	342	1,710	496	29.0%	4.04%
Golden Valley	2,075	324	1,620	444	27.4%	4.12%
Hereford	3,989	350	481	147	30.6%	7.93%
Hereford City	10,747	371	1,392	317	22.8%	5.42%
Kington	2,702	336	1,683	470	27.9%	4.11%
Ledbury	4,287	352	1,762	611	34.7%	3.67%
Leominster	6,019	361	1,802	505	28.0%	4.17%
Ross on Wye	6,952	364	1,818	588	32.3%	3.87%
Total	39,902	380	12,268	3578	29.2%	1.56%

*Assuming +/-5% sample error

A weighting/grossing multiplier was applied to each response so that data analysis proceeded on the basis of the total number of older person households. Analysis assumes a total of 39,902 older person households across Herefordshire.

Note that analysis presented in this report is based on households unless otherwise stated.

Equalities monitoring

Respondents to the questionnaire were invited to complete an equalities monitoring section at the end of the questionnaire, with the option to tick 'prefer not to say' for any or all questions.

Equalities monitoring data (unweighted) is now summarised.

Gender**Fig. 3: What is your gender?**

Gender	No. of respondents	% of responses
Male	1,682	47.0
Female	1,669	46.6
Missing	227	6.3
Total	3,578	100.0

Age**Fig. 4: What is your age (in years)?**

Age Band	No. of respondents	% of responses
50-64	1260	35.2
65-79	1613	45.1
80 and over	705	19.7
Total	3578	100.0

Disability**Fig. 5: Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do?**

Response	No. of respondents	% responses
Yes	1,003	28.0
No	2,145	59.9
Prefer not to say	430	12.0
Total	3,578	100.0

National identity**Fig. 6: How would you describe your national identity?**

National identity	No. of respondents	% of responses
English	2,668	74.6
Scottish	48	1.3
British	641	17.9
Welsh	177	4.9
Northern Irish	13	0.4
Irish	10	0.3
Other	21	0.6
Total	3,578	100.0

Ethnic group**Fig. 7: How would you describe your ethnic group?**

Ethnicity	No. of respondents	% of responses
White British	3,319	92.8
Other white	36	1.0
Any other ethnic group	5	0.1
Missing	218	6.1
Total	3,578	100.0

Appendix 5: Allocations Policy

Housing Allocations Policy

The Home Point Partnership is the means adopted by the Council and a number of Registered Providers (RPs) to determine allocation of housing stock through a jointly operated choice-based lettings scheme. The following are members of the Home Point Partnership, which operates under a partnering agreement:

- Bromford Housing Group
- Elgar Housing Association
- Gloucestershire Housing Association
- Herefordshire Council
- Herefordshire Housing Ltd
- Kemble Housing
- Marches Housing Association
- Sanctuary Housing
- South Shropshire Housing Association
- Two Rivers Housing

The Partnership funds the operation of Home Point Herefordshire to maintain a housing register, determine priority amongst those seeking social housing in Herefordshire, and advertise properties of member RPs that become available for letting. Home Point does not actually allocate the housing. Once it is determined who has greatest priority for a property that has been advertised through Home Point, the relevant landlord will then decide, using their own eligibility criteria, whether to make an allocation.

How the Scheme Operates

In order to apply for a home with a Partner RP in Herefordshire, an applicant needs to register with Home Point. The application will then be assessed by Home Point and the applicant will be designated as falling within one of the bands indicated below.

- Priority Status
 - Statutorily homeless with a duty to re-house
 - Agricultural tied accommodation is coming to an end
 - Young person leaving care
 - Social care referral
 - Move-on from supported housing

- Homelessness inevitable
- Special cases panel
- Gold Band
 - Homeless without statutory responsibility to re-house
 - Home deemed to have category 1 hazards that cannot be resolved or reduced to a category 2 hazard within 6 months
 - Verified high medical need, where a move will improve or prevent deterioration of a condition
 - A notice to quit or repossession order has been served
 - Statutory over-crowding
 - The applicant is in or supported accommodation and no longer requires that level of support
 - The tenant is under-occupying and wishes to downsize to a smaller property
- Silver Band
 - People suffering from ongoing direct harassment who want to move
 - Presence of category 1 hazards that can be resolved or reduced to category 2 hazards within 6 months
 - Home deemed to have presence of category 2 hazards
 - Overcrowding (needing 1 or more extra bedrooms)
 - Applicant is lacking essential facilities or sharing them with non-family members
 - A move is needed to give support to, or receive support from, family members
 - Applicant's family is forced to live apart
 - Applicant or their family are in temporary accommodation, are of no fixed abode, or where a homeless investigation is underway
 - Supported accommodation required
 - Applicant is in, or due to be in, full-time employment which will mean excessive travel
 - Relationship breakdown
 - Applicant has a child under 10, or is pregnant, and lives in a flat above ground floor
 - Applicant has difficulty accessing vital services including public transport
 - Level access/ improved level access required and there is no prospect of adaptations to the property within 12 months
 - 16-17 year olds facing homelessness
- Bronze Band
 - All other applicants who do not meet any criteria to fall into another band

Those who are registered through Home Point can then bid for properties that are advertised, and Home Point will determine which of those bidding has the

highest priority, using the bands above. The successful applicant will then be put forward to the RP, and the RP will carry out a check to confirm that the circumstances at the time of application still apply. Home Point does not however, allocate the property; the RP will then determine whether to allocate the property in accordance with their own allocations criteria. Where a property has been adapted, is suitable for those with medical needs, is a sensitive let or has a local lettings plan in place, RPs may advertise and give preference to the most suitable applicants.

(Source: Herefordshire's Housing Allocations Policy, May 2010)

Extra Care Allocations Policy

The Herefordshire Independent Living scheme is a partnership between Elgar Housing Association, Extra Care Charitable Trust, Herefordshire Council Adult Social Care and Herefordshire Primary Care Trust. The following allocations procedure will work in line with the scheme letting policy. The assessment of applications will be the responsibility of a joint allocation panel of members from all partners.

Action	Who
Elgar HA will hold and maintain the waiting list for the scheme	Elgar HA
Applicants will complete the scheme application form and return to Elgar HA at The Rose Garden (Extra Care). This also includes direct referrals for those with care needs from Herefordshire Adult Social Care	Applicant
The Allocations Panel will check local connection and age criteria and will undertake an initial joint assessment of level of care. Based on the above, the Allocations Panel will accept or reject application onto the waiting list subject to further joint assessments	Allocations Panel
As and when required the Allocations Panel will meet to review and process applications	Allocations Panel
Following the joint assessments, Elgar HA will send a letter to an applicant confirming the outcome of that joint assessment	Elgar HA
Upon notification of a vacancy, the Allocations Panel will convene and select an applicant based on maintaining the balance of care levels and age as detailed within the contract	Allocations Panel
An offer will be made subject to an up to date support needs (undertaken within 4 weeks of agreement to offer a vacancy) and financial assessment by Adult Social Care & Extra Care respectively	Extra Care & Adult Social Care Adult Social Care & Housing Benefit
Agreement to funding stream(s) by Adult Social Care & Housing Benefit	
Upon confirmation of the above, Elgar HA to confirm allocation in writing to the applicant and Allocation Panel and arrange sign up	Elgar HA
<u>Annual Review from start of contract</u> During Autumn of each year, Elgar HA will conduct a review of the waiting list and ensure any non-replies are discussed at Allocations Panel before removal from the waiting list In September of each year the allocations panel will review the age and level of care profile of residents in the scheme. The results of which will feed into the allocations in the following 12 months	Elgar HA Allocations Panel

<p>Appeal Process An appeal must be made in writing within 21 working days of receipt of the decision letter</p> <p>The appeal will be investigated by an officer from Elgar HA (usually the Housing Manager (Housing Needs)), independent of the officers on the Allocations Panel, and any other independent person deemed appropriate to the Appeals process</p> <p>Appeals will be responded to in writing within 28 working days</p>	<p>Applicant / Advocate</p> <p>Elgar HA/ Herefordshire Housing Needs Department / Extra Care</p> <p>Elgar HA</p>
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Source: Herefordshire County Council

Fig. 1: Current and Preferred Locations of Home Point Waiting List Applicants aged 60+, June 2010

Current Location	Preferred Location
Backbury (10)	
Birder (7)	
Bringsty (5)	Bromyard (1)
Bromyard (42)	Pembridge and Lyonshall (1)
Burghill (5)	
Castle (15)	Kington (1)
Credenhill (13)	
Frome (4)	
Golden Cross with Weobley (14)	Leominster (1)
Golden Valley North (5)	
Golden Valley South (5)	
Hagley (6)	
Hampton Court (5)	
Hereford City (243)	Hereford City (10) Sutton Walls (1) Bromyard (1) Leominster (1)
Hollington (3)	Hereford City (1)
Hope End (13)	
Kerne Bridge (4)	
Kington (20)	
Ledbury (38)	
Leominster (44)	Leominster (2)
Llangarron (6)	
Mortimer (8)	
NFA (3)	
Old Gore (8)	
Out of County (142)	Hereford City (2) Leominster (1) Stoney Street (1) Bromyard (1) Hope End (1)
Pembridge and Lyonshall (12)	Hereford City (1) Pembridge and Lyonshall (2)
Penyard (8)	

Current Location	Preferred Location
Pontrilas (4)	
Ross on Wye (49)	Ross on Wye (4)
Stoney Street (6)	
Sutton Walls (2)	
Upton (3)	
Valletts (5)	Kington (1)
Wormsley Ridge (3)	
N/A (4)	
Blanks (3)	

Source: Herefordshire County Council

Appendix 6: Residential and Nursing Care Home supply

This appendix sets out the supply figures for:

- Care homes (table 1)
- Care homes with nursing (table 2)

Location	Name of Home	Number of Units
Bromyard	Froome Bank	18
Bromyard	Pencombe Hall	32
Bromyard	Whitegates	37
Total Bromyard		87
Ewyas Harold	Dulas Court	25
Total Ewyas Harold		25
Hereford	Abbey grange	29
Hereford	Aston House	16
Hereford	Coldwells House and The Stables	28
Hereford	Credenhill Court	35
Hereford	Elmhurst	25
Hereford	Field Farm House	27
Hereford	Hampton House	34
Hereford	Holmer Court	32
Hereford	The Manors Rest Home	23
Hereford	Wykenhurst	24
Hereford	Charnwood Country Residence for the Elderly	17
Total Hereford		290
Ledbury	Birchams Grange	24
Ledbury	Leadon Bank	43
Total Ledbury		67
Leominster	Ashfield House	13
Leominster	The Forbury	28
Leominster	The Old Vicarage	16
Total Leominster		57
Colwell	Evendine House	20
Total Colwell		20
Ross on Wye	Dovecote Care Home	15
Ross on Wye	The Chestnuts	30
Ross on Wye	Ganarew House	37
Ross on Wye	Lawfords House	15
Ross on Wye	Marsden House	23
Ross on Wye	Rosedale Retirement Home	24
Ross on Wye	Ross Court	42
Ross on Wye	West Bank Residential Home	36
Ross on Wye	Whitchurch House	29
Total Ross on Wye		251
Withington	Orchard House	28
Total Withington		28
Total Units (All Areas)		825

Source: www.housingcare.org

Care Home with Nursing Supply in Herefordshire

Location	Name of Home	Number of Units
Brockhampton	Brockhampton Court Nursing Home	58
Total Brockhampton		58
Bromyard	Highwell House	28
Total Bromyard		28
Hereford	Broomy Hill Nursing Home	40
Hereford	Hampton Grange Nursing Home	42
Hereford	Newstead House Nursing Home	47
Hereford	Oaklands Nursing Home	30
Hereford	Stretton Nursing Home	50
Hereford	The Weir Nursing Home	35
Hereford	Holmer Care Centre	49
Total Hereford		293
Kington	The Garth Care Home	32
Kington	Kington Court Health and Social Care Centre	48
Kington	Lynhales Hall Nursing Home	47
Total Kington		127
Ledbury	Ledbury Nursing Home	36
Total Ledbury		36
Leominster	Glendaph Nursing Home	31
Leominster	Leominster Residential and Nursing Home	51
Leominster	West Eaton House Nursing and Residential Home	33
Total Leominster		115
Ross on Wye	Hazelhurst Nursing Home	45
Total Ross on Wye		45
Total Units (All Areas)		702

Source: www.housingcare.org

Appendix 7: Sheltered housing property and resident survey analyses

This Appendix sets out:

- The results of the sheltered housing property survey (section 1)
- The results of the sheltered housing resident survey (section 2)
- Technical information and definitions for each survey (section 3)

1. Sheltered Housing: Property Survey

Fig. 1: What type of service is the scheme?

Scheme service type	
Mixture of Cat 2 and Cat 1 schemes	3
Category 2/Sheltered housing	10
Extra Care housing for older people	1

Fig. 2: How old is the scheme?

Age of scheme (Phase 1)	
No reply	2 14.3%
21-30 years	9 64.3%
More than 30 years	3 21.4%

Fig. 3: Total number of units

	No reply	Nos.
How many are leasehold	14	-
How many are for rent	3	377
Number of bedsit flats	11	97
Number of 1 bed flats	6	156

	No reply	Nos.
Number of 2 bed flats	12	4
Number of 3 bed flats	14	-
Number of 1 bed bungalows	10	26
Number of 2 bed bungalows	13	2
Number of 3 bed bungalows	14	-
Total no. of units in scheme	0	622

Fig. 4: Current vacancies

	No reply	Nos.
Total no. of units in main building	10	63
No. of bedsit flats in main building	13	2
No. of 1 bed flats in main building	11	88
No. of 2 bed flats in main building	13	3
No. of 3 bed flats in main building	14	-
Total no. of units in external buildings	12	1
No. of bedsit flats in external buildings	14	-
No. of 1 bed flats in external buildings	12	15
No. of 2 bed flats in external buildings	14	-
No. of 3 bed flats in external buildings	14	-
Total no. of bungalows	12	25
No. of 1 bed bungalows	8	129
No. of 2 bed bungalows	13	2
No. of 3 bed bungalows	14	-

Fig. 5: How long does it take to re-let the units?

	No reply	Up to 4 weeks	5-8 weeks
Bedsit flats in main building	10	2	2
1 bed flats in main building	6	7	1
2 bed flats in main building	12	-	2
3 bed flats in main building	14	-	-
Bedsit flats in external buildings	14	-	-
1 bed flats in external buildings	12	1	1
2 bed flats in external buildings	14	-	-
3 bed flats in external buildings	14	-	-
1 bed bungalows	5	8	1
2 bed bungalows	13	1	-
3 bed bungalows	14	-	-

Fig. 6: Where did your referrals come from in last 12 months?

Where did your referrals come from over the past 12 months	
Waiting list	6
Local authority housing register / LA nomination / CBL	12
Referral agencies	6
Transfers	9

Fig. 7: Tenant's previous arrangements

	No reply	Nos.
From the local authority area	8	15
From neighbouring local authority areas	14	-
From outside of those areas	12	3
Tenants - LA, RSL, private	11	10
Living with family	14	-
Owner occupiers	13	1
Homeless or living in temporary accommodation	14	-

Fig. 8: What are the reasons for people wanting properties here?

Do not want 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

Fig. 9: How many residents have moved to residential or nursing care in the last 12 months

How many residents have moved to residential or nursing care in the last 12 months	
No reply	7
No. of residents	7

Fig. 10: How desirable is the area in which the scheme is situated?

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

Fig. 11: Location of scheme

	No reply	Yes	No
Is the scheme close to public transport?	-	12	2
Is the scheme close to local shops?	-	12	2
Is there good pedestrian access between the scheme and local facilities	1	12	1

Fig. 12: Ease of access to scheme

Accessing properties from outside	
Strongly agree	2
Agree	10
Neither	2

Fig. 13: Parts of main building difficult to access?

Are any parts of the main building difficult to access?	
No reply	1
None	12
Main entrance	1
Other common parts	1

Fig. 14: Difficult external access points?

Are any parts of the external buildings difficult to access?	
No reply	1
None	9
Entrance	1
Garden	1
Other common parts	2

Fig. 15: How easy is it for people to move around inside?

	No reply	Easy	Reasonable
Bedsits in main building	10	1	3
1 bed flats in main building	6	4	4
2 bed flats in main building	12	-	2
3 bed flats in main building	14	-	-
Bedsits in external buildings	14	-	-
1 bed flats in external buildings	13	1	-
2 bed flats in external buildings	14	-	-
3 bed flats in external buildings	14	-	-
1 bed bungalows	5	7	2
2 bed bungalows	13	1	-
3 bed bungalows	14	-	-

Fig. 16: Is the scheme split level?

Is the scheme split level		
Yes		8 57.1%
No		6 42.9%

Fig. 17: Is there lift access?

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%

Fig. 18: Is there lift access in external buildings

Is there through floor lift access to all upper floors in external buildings		
No reply		2
Yes		1
No		1
Not applicable		10

Fig. 19: Size of units

	No reply	Large	Moderate	Small
Bedsits	9 64.3%	- -	5 35.7%	- -
1 bed flats	3 21.4%	1 7.1%	10 71.4%	- -
2 bed flats	14 100.0%	- -	- -	- -
3 bed flats	14 100.0%	- -	- -	- -
1 bed bungalows	5 35.7%	3 21.4%	5 35.7%	1 7.1%
2 bed bungalows	13 92.9%	1 7.1%	- -	- -
3 bed bungalows	14 100.0%	- -	- -	- -

Fig. 20: Do any units share facilities?

Are the units self contained	
No	14

Fig. 21: Available 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%
IT room / library / hobbies room	3 21.4%

Fig. 22: Does the scheme have an alarm system?

Does the scheme have an alarm system?	
No reply	1 7.1%
Hard wired	13 92.9%

Fig. 23: Is there any form of assistive technology in place?

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

Fig. 24: Is there a central boiler services all properties?

Is there a central boiler servicing all the properties?	
No reply	1 7.1%
Yes	4 28.6%
No	9 64.3%

Fig. 25: Can residents control heating levels within their properties?

Can residents control central heating levels within their property?	
No reply	2 14.3%
Yes	12 85.7%

Fig. 26: Have there been any improvements and / or repairs to any individual schemes?

	No reply	Yes	No
In the last 12 months	1 7.1%	10 71.4%	3 21.4%
Between 1 and 5 years ago	3 21.4%	9 64.3%	2 14.3%
Over 5 years ago	6 42.9%	8 57.1%	- -

The 14 schemes in the survey completed each part of this question.

Fig. 27: Where have repairs been made?

	No reply	In the last 12 months	Between 1 and 5 years ago	Over 5 years ago
External walls	14	-	-	-
Roof	13	1	-	-
Windows	12	-	2	-
External doors	11	1	2	-
Insulation	13	-	-	1
Rewiring	9	1	3	1
Central heating	13	-	1	-
Kitchens	5	4	2	4
Bathrooms	12	2	-	-
Insulation	13	-	1	-
Remodelling - please describe	9	5	-	-

Fig. 28: Any future improvements?

	No reply	Yes	No
Planned and approved	1	9	4
Not planned or approved	4	8	2

Fig. 29: If no figures are available are repairs likely to be major or minor?

If no figures are available are repairs likely to be major or minor?	
No reply	4 28.6%
Major	1 7.1%
Minor	9 64.3%

Fig. 30: Does the scheme meet Decent Homes Standards?

Does the scheme meet Decent Homes Standard?	
No reply	7 50.0%
Yes	7 50.0%

Fig. 31: Quality of data

Quality of data	
Very good	1 7.1%
Good	10 71.4%
Quite good	2 14.3%
Not very good	1 7.1%

2. Sheltered Housing Residents Survey

Fig. 32: No. of residents by scheme

No. of residents by scheme	
Arkwright Court	35
Burrows Court	1
Burton Gardens	79
Caldwell Court	33
Drybridge House	1
Eaton Close	24
Glenside	1
Leadon Bank	26
Markwick Close	22
Norfolk House	32
Paradise Court	44
Reynolds Court	1
St John Kemble Court	22
Woodville Grove	39
Woodville	1

Fig. 33: Provider returns

Provider name:	
Anchor Trust	1
Hanover Housing Association	2
Marches Housing Association	270
Shaw Community Services	26
West Mercia Housing Association	62

Fig. 34: Scheme type

What type of scheme is it?	
Category 2 / Sheltered Housing	241
Category 1 / Designated Housing for older people	62
Extra Care Housing for older people	58

Fig. 35: Household type

Household type	
No reply	1 0.3%
Single person	290 80.3%
Couple	70 19.4%

Fig. 36: Gender

Gender	
No reply	7 1.9%
Male	135 37.4%
Female	219 60.7%

Fig. 37: Ethnicity

Ethnicity	
No reply	1 0.3%
White British	352 97.5%
White Irish	6 1.7%
White Other	1 0.3%
Mixed White & Black Caribbean	1 0.3%

Fig. 38: Dependency levels of residents

Dependency levels of resident	
No reply	1 0.3%
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%

Fig. 39: Support Services Received by Resident

Support services received by resident	
No reply	133 36.8%
Home Care funded by Social Services	62 17.2%
Home Care privately funded	18 5.0%
Practical service e.g. cleaning	14 3.9%
District Nursing service	5 1.4%
Day Care	4 1.1%
Respite Care	- -
Meals on Wheels	2 0.6%
Care / support from family or friends	120 33.2%
Intensive warden support (this is more than the normal level of warden support)	3 0.8%

Fig. 40: Services in sheltered housing compared with other authorities

Services	Herefordshire	Herefordshire	Midlands urban/rural	Midlands urban/rural	Northern urban/rural	Northern urban/rural	Northern urban (1)	Northern urban (1)	Northern urban (2)	Northern urban (2)
	Cat 1	Cat 2	Cat 1	Cat 2	Cat 1	Cat 2	Cat 1	Cat 2	Cat 1	Cat 2
Home Care (Social Services & Privately Funded)	14.5%	12.0%	5.5%	21.4%	7.6%	19.4%	16.9%	20.7%	10.7%	17.6%
Practical Services	11.3%	2.5%	5.2%	18.8%	3.9%	18.4%	5.4%	4.7%	2.0%	7.2%
District Nurse	4.8%	0.4%	2.2%	8.6%	2.5%	7.0%	0.0%	0.0%	1.3%	4.8%
Day Care	0.0%	1.7%	1.6%	5.4%	2.8%	7.7%	5.7%	3.1%	1.3%	3.8%
Meals on wheels	1.6%	0.4%	1.2%	7.1%	1.9%	7.3%	2.7%	3.2%	0.0%	7.4%
Care from family	17.7%	40.2%	17.3%	70.2%	24.8%	43.1%	38.9%	19.1%	74.7%	26.6%

Fig. 41: Support Services Might Need

Support services might need	
No reply	298 82.5%
Home Care funded by Social Services	8 2.2%
Home Care privately funded	- -
Practical service e.g. cleaning	14 3.9%
District Nursing service	1 0.3%
Day Care	7 1.9%
Respite Care	2 0.6%
Meals on Wheels	2 0.6%
Care / support from family or friends	5 1.4%
Intensive warden support (this is more than the normal level of warden support)	2 0.6%
Other	22 6.1%

Fig. 42: Does the resident demonstrate behavioral problems?

	No reply	Yes	No
Which cause concern <i>(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</i>	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%

Fig. 43: Dependency levels of resident

No. of residents by scheme	Missing	Dependency levels of resident					
	No reply	Independent (no dependency)	Low dependency	Medium dependency	High dependency	Maximum dependency	Don't know
<i>Arkwright Court</i>	- -	9 25.7%	16 45.7%	5 14.3%	4 11.4%	1 2.9%	- -
<i>Burrows Court</i>	- -	1 100.0%	- -	- -	- -	- -	- -
<i>Burton Gardens</i>	- -	60 75.9%	15 19.0%	2 2.5%	1 1.3%	1 1.3%	- -
<i>Caldwell Court</i>	- -	11 33.3%	15 45.5%	7 21.2%	- -	- -	- -
<i>Drybridge House</i>	- -	1 100.0%	- -	- -	- -	- -	- -
<i>Eaton Close</i>	- -	4 16.7%	14 58.3%	2 8.3%	1 4.2%	3 12.5%	- -
<i>Glenside</i>	- -	1 100.0%	- -	- -	- -	- -	- -
<i>Leadon Bank</i>	- -	10 38.5%	6 23.1%	4 15.4%	6 23.1%	- -	- -
<i>Markwick Close</i>	- -	16 72.7%	3 13.6%	- -	- -	3 13.6%	- -
<i>Norfolk House</i>	- -	- -	- -	21 65.6%	11 34.4%	- -	- -
<i>Paradise Court</i>	- -	23 52.3%	13 29.5%	4 9.1%	4 9.1%	- -	- -
<i>Reynolds Court</i>	- -	- -	- -	1 100.0%	- -	- -	- -
<i>St John Kemble Court</i>	- -	7 31.8%	8 36.4%	5 22.7%	- -	- -	2 9.1%
<i>Woodville Grove</i>	1 2.6%	17 43.6%	13 33.3%	8 20.5%	- -	- -	- -
<i>Woodville</i>	- -	1 100.0%	- -	- -	- -	- -	- -

Fig. 44: 10 schemes with highest service levels

Scheme	Provider	Cat	Home care ss	% of	Home care pri	% of	Prac serv	% of	Dist nurs	% of	Day care	% of	Respi care	% of	Meals o wheels	% of	Visiting Befriending	% of
Drybridge House	Anchor	Cat 2	-	0.0%	-	0.0%	-	0.0%	-	-	-	0.0%	-	-	0.0%	-	1	100.0%
Leadon Bank	Shaw Community Services	EC	17	65.4%	9	34.6%	-	0.0%	-	-	-	0.0%	-	-	0.0%	-	-	0.0%
Norfolk House	Marches HA	EC	13	40.6%	3	9.4%	1	3.1%	1	3.1%	-	0.0%	-	-	0.0%	-	12	37.5%
Eaton Close	Marches HA	Cat 2	5	20.8%	1	4.2%	-	0.0%	-	-	-	0.0%	-	-	0.0%	-	16	66.7%
Caldwell Court	Marches HA	Cat 2	2	6.1%	-	0.0%	-	0.0%	-	-	-	0.0%	-	-	0.0%	-	20	60.6%
Arkwright Court	Marches HA	Cat 2	10	28.6%	2	5.7%	3	8.6%	-	-	-	-	-	1	2.9%	-	7	20.0%
Paradise Court	Marches HA	Cat 2	1	2.3%	-	0.0%	2	4.5%	1	2.3%	1	2.3%	-	-	0.0%	-	21	47.7%
Markwick Close	Marches HA	Cat 2	3	13.6%	-	0.0%	-	0.0%	-	-	1	4.5%	-	-	0.0%	-	8	36.4%
St John Kemble Court	West Mercia HA	Cat 1	1	4.5%	-	0.0%	3	13.6%	2	9.1%	-	-	-	-	0.0%	-	6	27.3%
Woodville Grove	West Mercia HA	Cat 1	7	17.9%	1	2.6%	4	10.3%	1	2.6%	-	-	-	1	2.6%	-	5	12.8%

Fig. 45: Quality of data

Quality of data	
No reply	4
Excellent - data fully accurate and reliable	7
Very good	69
Good	225
Quite good	47
Not very good	9
Poor	-

3. Information on survey topics, service definitions and scoring system

3.1 Sheltered housing property survey

Property survey topics

- Category of scheme i.e. sheltered, very sheltered - see definitions below
- Age of property
- How long since major improvements
- Number and type of units in scheme
- Vacancies at time of survey
- Source of referrals
- Reason for people refusing properties
- Vacancies last year and moves to higher care
- Lettability
- Accessibility for people with limited mobility within and outside units, and within scheme, lift access
- Standards and facilities - size of units, self contained, facilities available
- Links to alarm system, mobile warden
- Location factors – public transport, local facilities and amenities
- Staffing
- New tenant priorities

Definition of Category 1, 2 and Extra Care housing

Category 1/Designated housing for older people:

Self contained accommodation which is specifically designed for older people and which is linked to a community alarm service and which may have mobile or visiting warden/manager support. Category 1/designated housing usually has a lower/less intensive staffing level than sheltered housing and no, or a lower level of, communal facilities than sheltered housing.

Category 2/Sheltered housing for older people:

Grouped housing specifically identified and designed for older people and provided with either a resident or non resident scheme manager service that is available on site regularly throughout the week. Sheltered schemes usually have communal facilities and services. The accommodation may include flats, bed-sits and bungalows.

Extra Care sheltered 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.

Scoring system for sheltered housing property survey and details of schemes

In evaluating sheltered housing we are effectively trying to establish:

- The ability of the scheme to support ageing in place
- Its attractiveness to potential tenants
- Overall, how fit for purpose the scheme is

We focus on the following areas to assess this:

- Accessibility – the extent to which limited mobility is catered for in design and facilities both within flats and within the scheme overall
- Location: proximity to shops, transport and the quality of local amenities
- Lettability – how easy is it to let voids?

Standards: does the scheme meet current standards in terms of facilities, space standards and access? Are all upper floor flats serviced by a lift; size of

3.2 Sheltered resident survey

Resident survey topics

- Number of residents
- Number of men, women, couples
- Average ages
- Ethnic origin
- Dependency levels – independent, low, medium, high, maximum dependency – see definitions below
- Number of tenants with behaviour causing concern for example those exhibiting bizarre behaviour or confusion, and those with alcohol related problems
- Services received by scheme tenants
- Sources for information
- Quality of needs data provided

Criteria for determining dependency levels of tenants

INDEPENDENT (No dependency)

People who are able to manage personal and daily needs/tasks without assistance.

LOW DEPENDENCY

Individuals requiring periodic or continuing help to address a single social care need. There is an emphasis on maximising self-help.

MEDIUM DEPENDENCY

Individuals requiring:

- Assistance with personal care tasks at home
- Rehabilitation
- Appliances/adaptations to their home
- Assistance outside the home (e.g. day care)

HIGH DEPENDENCY

Individuals requiring frequent help with a number of self-care tasks, such as:

- Preparation of meals and/or assistance with eating
- Self-care
- Medication
- Dressing
- Or requiring a high degree of supervision to eliminate or manage risk to self or others

MAXIMUM DEPENDENCY

Individuals requiring very frequent or constant help with self-care tasks, such as:

- Feeding
- Dressing
- Rising and retiring (going to bed)
- Transfers (e.g. moving from chair to toilet)
- Medication
- Nursing procedures

Or who would be at risk of serious neglect, self-injury or harm to others without constant care or supervision

- Flats; are they self contained units?

Appendix 8: Specialist housing stock for rent

Fig. 1: Specialist accommodation for rent (2011)

Type	Provider	Location	Number of Units	
Very Sheltered	Elgar HA	Harling Court	42	38 1b flats 2 1b bungalows 1 2b bungalow
	Marches HA	Norfolk House	31	31 1b flats
Total			73	
Extra Care	Elgar HA	Rose Garden	91 including 57 units for rent	41 1b flats 16 2b flats
	Shaw Care	Leadon Bank	52	
Total			109	
Accommodation designated for older people	Abbeyfield	Saint John Street	10	All studio
	Anchor Trust	Drybridge House	36	29 studio 7 1b flats
		Elizabeth Court	40	32 studio 8 1b flats
		Guardian Court	8	
	Hanover	Reynolds Court	29	27 1b flats 2 2b flats
		Glenside	6	2 flats 4 1b bungalows
	Housing 21	Bernard Hackett	40	40 1b flats
		Kyrle Pope Court	44	44 1b flats
	Marches HA	Arkwright Court	34	34 1b flats
		Bridge St	7	3 1b flats 4 2b flats
		Burton Crescent	51	43 2b bungalows 8 1b bungalows
		Caldwell Court	28	28 1b flats
		Eaton Close	25	25 1b bungalows
		Marwick Close	20	18 2b bungalows 2 3b bungalows
Paradise Court		47	25 1b flats 9 2b flats	

Type	Provider	Location	Number of Units	
				13 1b bungalows
	Midland Heart	Walnut Gardens	30	30 2b bungalows
	West Mercia	Geldof Grove	11	11 1b bungalows
		Princess Av/College Green	16	16 2b bungalows
		Woodville Court	39	2 3b houses 2 2b bungalows 6 1b bungalows 29 1b flats
		Sir John Kemble Court	23	8 1b bungalows 15 1b flats
		Eric Brown Close	6	6 2b bungalows
	Railway HA	Great Western Court	30	30 1b flats
	Siward James & Arkwright Trust	Siward James Close	24	3 1b bungalows 21 2b bungalows
Total			604	
				Studio
				71
				1b Flat
				400
				2b Flat
				31
				1b Bungalow
				72
				2b Bungalow
				137
				3b Bungalow
				2
				House
				2
Total			786	715*

* Detailed breakdown of some stock not provided

Fig. 2: Herefordshire Housing specialist accommodation for rent (2011)

Herefordshire Housing	Location	Number of Units	Accommodation Type
	Freda Pearce Ct	30	14 1b bungalows 15 2b bungalows 1 3b bungalow
	Pentwyn Ct	24	24 1b flats
	Horsecroft	18	10 1b bungalows 7 2b bungalows 1 3b flat
	Patterson Close	6	4 2b bungalows 2 1b bungalows
	Lewis Way	9	8 2b bungalows 1 1b bungalow
	Lower Mead	12	6 1b bungalows

		6 2b bungalows
Pennyplock	9	9 2 b bungalows
Penbailey	6	3 1b bungalows 3 2b bungalows
Fowbridge Gardens	22	3 2b bungalows 19 1b bungalows
Hardlinge Close	9	4 1b bungalows 5 2b bungalows
Callowview	7	7 1b bungalows
Rudge Grove	18	11 1b bungalows 7 2b bungalows
Credenhill	18	14 1b bungalows 4 2b bungalows
Celhonger	6	6 1b bungalows
St David's Rise	8	8 1b bungalows
Leasown	10	10 1b bungalows
Grammar School Close	21	6 1b flats 4 2b flats 7 1b bungalows 4 2b bungalows
Wallace Hall Row	8	8 1b bungalows
Purland	21	19 1b bungalows 6 2b bungalows
Whitecross	21	14 1b bungalows 7 2b bungalows
Gladstone Drive	3	3 1b bungalows
Waterside	6	6 1b bungalows
Tump Lane	6	6 1b bungalows
Turner St	3	3 2b flats
Stallard Court	8	8 1b flats
St Owen's Place	16	16 1b flats
Rushmeadow	10	10 1b flats
Richard Weaver Court	16	16 1b flats
Priory Walk	24	24 1b flats
Penhaligon Way	16	7 1b bungalows 7 2b bungalows 2 3b bungalows
Marlow Drive	15	15 1b bungalows
Mansbridge	8	8 1b flats
Macmillan Close	32	20 1b bungalows 12 2b bungalows
Kirkland Close	12	12 1b bungalows
Kingsway	14	14 1b bungalows
Kier Hardy Close	7	5 1b bungalows 2 2b bungalows
Frank Owen Court	8	8 2b bungalows
De Lacy Court	10	10 1b flats

	Bryngwyn Court	24	24 1b flats
	Brierley Court	17	13 1b flats 4 1b bungalows
	Brampton Road	12	12 1b bungalows
	Belmont Square	30	16 1b flats 14 2b flats
	Ash Avenue	8	8 1b flats
	Morely Suare	19	14 1b flats 5 2b flats
	Winston Road	4	4 1b flats
	Longmeadow	16	13 1b flats 3 2b flats
	Homestead	51	37 1b flats 14 2b flats
	Hoarwithy Road	8	8 1b flats
	Crossfields	30	30 1b flats
	Barklie Ct	24	24 1b flats
	Innesfield	32	1 2b flat 31 1b bungalows
	Ballinger Court	34	6 studio 26 1b flats 2 2b flats
	Disraeli Court	30	30 1b flats
	Homer Street	5	5 1b flats
	Mayberry Avenue	7	7 1b bungalows
	Mountbatten Court	12	6 1b flats 6 2b flats
	Southgate Court	24	24 1b flats
	Church Croft	30	6 1b flats 1 2b flat 23 1b bungalows
	Smallbrook Gdns	25	25 1b bungalows
	Penyard Gdns	34	32 1b bungalows 1 2b flat 1 2b bungalow
		Studio	6
		1b Flat	410
		2b Flat	54
		3b Flat	1
		1b Bungalow	385
		2b Bungalow	118
		3b Bungalow	9
	Total		977

Fig. 3: Elgar Housing specialist accommodation for older people (2011)

Elgar HA	Buttsfield House	29	20 1b flats 3 2b flats 3 1b bungalows
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			3 2b bungalows
	Brookside	9	6 1b bungalows 3 2b bungalows
	Guildway Bungalows, & Schallenge Walk	26	12 1b bungalows 14 2b bungalows
	Kirkham Gardens	26	12 1b flats 1 2b flat 7 1b bungalows 6 2b bungalows
	New Road Bromyard	29	29 1b flats
	Chevenham Close	25	8 studio flats 17 1b flats
	The Leys	5	3 1b flats 1 2b flat 1 1b bungalow
	Parkside	10	10 1b bungalows
	Belle Orchard Close	20	20 1b flats
	St Michaels, Church Street	33	33 1b flats
	The Homend & Turner Ct	21	13 studio flats 6 1b flats 2 2b flats
		Studio	21
		1b Flat	140
		2b Flat	7
		1b Bungalow	39
		2b bungalow	26
Total			233

Appendix 9: Background information and examples of Extra Care housing

1. Introduction

This Appendix provides background on:

- The development of extra care housing
- Case study examples of different types of extra care schemes

2. The Development of Extra Care Services

Extra care housing is a relatively new model of housing with care, which is being seen as a more appropriate and cost effective way of supporting older people. The government has supported the development of extra care through the Department of Health's Extra Care programme. Most local authorities are either in the process of developing extra care services or have already developed them.

Extra care: terminology

There is no one accepted definition of an extra Care service. 'Housing with care in later life – A literature review' published by the Joseph Rowntree Foundation notes that terms such as 'very sheltered housing', 'enhanced sheltered housing', 'integrated care', 'extra care', 'close care', 'flexi-care', 'retirement village', 'retirement community' and 'continuing care retirement community' – are used to refer to grouped housing schemes for older people which provide accommodation and support / care.

The term in most common use to describe grouped housing with support and care is "Extra Care" housing. The report noted that despite the various terms used the range of services provided is broadly similar. Herefordshire has two extra care schemes.

Currently most extra care schemes are building based however new models of extra care are being developed. "Hub and Spoke" models (see later for description) that link into existing sheltered housing and other specialist accommodation are being developed. Virtual extra care (see later for description) is being developed particularly in rural areas which link floating support, home care and assistive technology services to deliver an extra care service with the same group of staff to a network of older people living in their own homes.

In some authorities planning, housing strategy and adult social care staff have agreed a 'definition' of extra care.

Staffordshire County Council for example requires extra care schemes to have as a minimum:

- Self contained flats with kitchen and bathroom facilities that support and enable independence and the delivery of care services
- Staff facilities- office and sleep over room
- Barrier free spaces that are accessible and aid residents mobility
- Communal facilities lounges, dining and day rooms
- Guest facilities and
- Staff on site to maintain the building and manage the delivery of care and support services

Many private developers are approaching authorities with proposals for various forms of extra care and this type of definition makes it clear what is expected. Herefordshire should therefore consider developing its own set of standards for extra care and may wish to use set out above as a starting point.

Given the difficulties housing provider's and authorities may have in raising the capital to develop new schemes, identifying key characteristics can be very useful to private developers who may have the resources to develop new schemes particularly in areas where large numbers of older people own their own homes.

Strategic stance

Extra care was developed as an alternative to residential care. Many Authorities have developed a more strategic approach to the development of extra care. The older people's household survey for Herefordshire indicated that older people are reluctant to go into residential or nursing home care. In the majority of residential and nursing homes older people only have a bedroom as private space and have to spend most of the day in a communal lounge and usually eat communally. Some older people find the lack of privacy and personal space difficult to accept.

Extra care schemes offer older people a self-contained flat or bungalow in which they have 'their own front door'. Residents are tenants and owners and they have security of tenure unlike older people in residential care, who normally occupy their room on a license rather than a tenancy. There will also be communal facilities on site often including a restaurant and rooms for different activities.

There are different models of extra care but in most there is a range of residents with high, medium and low needs. Often a third of residents will need the type of support provided in residential care, a third will have moderate support and care needs and the final third will be people who need little support and no care

services. In residential care everyone will be more dependent. The mixture of residents in extra care and the level of activity create a different atmosphere from residential care, and extra care scheme staff will have what is described as an enabling approach which seeks to keep people active and engaged as opposed to residential care which can foster dependency.

Some authorities want to provide extra care as an alternative to residential care but some are beginning to see it as a 'first choice' as opposed to an alternative to residential care. Extra care can be entirely rented, entirely for sale or a mix of both, including shared ownership.

The implications for other services

The development of extra care has an impact on other services. If a third of extra care places are an alternative to residential care it follows that the demand for places in residential care homes will be reduced (all other things being equal) and this will impact on the growth of the residential sector.

Many extra care schemes are new build, or upgrades of existing sheltered schemes, and tend to be of a very high standard. Two thirds of the units (assuming the thirds model is adopted) will be available to older people not in need of residential care and they will attract people who may have considered entering existing sheltered services. Extra care programmes challenge current sheltered housing providers both in terms of competing in local markets based on the quality of the accommodation and the range of services provided. This will almost inevitably impact on the demand for existing sheltered schemes that are within the same local housing market area.

The majority of older people want to remain in their own homes and local authorities are focussing on the development of services which help people to remain at home for as long as possible. As services that enable people to remain at home develop most older people will only choose to move when their needs are such that they require the equivalent of residential care. This may further reduce the demand for existing sheltered services that cannot provide that level of care and increase the demand for extra care type developments across all tenures.

The financial viability of extra care schemes

The current Comprehensive Spending review has led to a significant reduction in funding for social housing through the Homes and Communities Agency, including funding for specialist housing for older people. Comment is made in section 4 on the likely implications.

The reduction in social housing subsidy along with the introduction of the new Affordable Rent will see changes to the revenue and capital models. There will

be very little Government subsidy available in the future to develop extra care. In section 4 it was noted that the emphasis will be placed on a mix of housing providers drawing on their own resources and borrowing capacity together with Local Authority contributions of land and other subsidies that we probably be the starting point for new development. Alongside these, an element of outright purchase and shared ownership are likely to be needed to ensure financial viability.

The majority of extra care scheme are revenue funded via rents/leasehold receipts, service charges, support and care funding. These revenue funding streams are now under pressure as a result of the financial situation. In the consultation with older people (see section 3) there were some comments concerning extra care being an expensive option. The revenue costs are likely to become an increasing issue for housing and support providers.

The support funding usually came from the Supporting People and the care funding from social care budgets. As both funds now form part of the single Area Based Grant the potential for commissioning support and care as a single service is likely to increase.

Together, the pressures on capital and revenue funding may see the type of extra care facilities and services change. Extra care usually includes a number of elements that are seen by older people and commissioners as attractive, such as exercise facilities, shops, treatment rooms and hobbies and other activity rooms. These facilities are usually supported by a mix of charges, revenue funding from service charges, support funds and volunteering. These facilities and services are likely to be questioned in the new financial climate. Commissioners will need to have a clear vision of the role that is required for extra care to ensure that where these additional features are required a clear investment case can be made.

The introduction of personalisation is having an impact on revenue funding models for extra care housing. Most areas are moving from block to using a cost and volume contract approach. This enables a core contract with the main care provider, but the flexibility for individual tenants to choose another care provider if they wish to through their individual budget. In addition a cost and volume contract also allows for the level of care to be flexed according to the overall level of care needs at an Extra Care scheme at any one time. This overcomes any difficulties in accepting someone with high care needs as an alternative to a residential care placement, if such a placement would breach the core contract care hours ceiling for a particular extra care scheme.

Some authorities have seen extra care as a potentially cost efficient model. For example if a number of people currently receiving high levels of domiciliary support in the community choose to move into extra care, this can 'create' a saving because their care can be provided more economically. If people move

into extra care as an alternative to residential care the local authority 'saves' the cost of a residential placement, which can be seen to contribute to the cost of the extra care scheme.

It is also argued that the enabling approach in extra care keeps people fitter for longer and helps them to maintain and regain their self-care skills. Some authorities expect that support / care needs will reduce on admission to extra care thus adding to the savings.

However the downturn in the housing market has made it more difficult for owner occupiers to sell their homes and authorities and providers may need to be flexible about tenure or they may have empty units. There are examples of private sector schemes that only provide a service to owner-occupiers which now have a significant number of vacancies because of current market conditions. There are also examples of newly completed extra care schemes where a number of properties intended for owner-occupation or shared ownership have had to be changed to rent.

Specialisms within Extra Care

One of the more recent features around the development of extra care is the development of a more explicit health dimension. This has been mainly prompted by the requirements set out in more recent bidding rounds of the DH Extra Care Capital Funding to include a health dimension. More recent developments of extra care are being designed to address specialist needs such as learning disabilities and dementia. In Chapter 2 the growth in the numbers in both these categories was noted. We are still learning about how far extra care can support people with dementia. However, there is growing evidence that extra care and other housing based models have an important role to play in the spectrum of provision. Supporting people with dementia therefore needs to be seen as a core part of the role of extra care

Summary

Any authority considering strategically developing extra care services needs to:

- Understand the impact of extra care on residential care and sheltered housing within the wider housing and care markets
- Be clear about the number of units to be developed
- Develop a clear specification for the service, which clarifies the role of each extra care scheme
- Look at other models of extra care, hub and spoke, virtual extra care etc
- Undertake financial modelling to ensure each scheme provides value for money

- Manage the nomination process to ensure balance and value for money
- Have an agreed but flexible tenure split
- Determine the demand for extra care from owner-occupiers and factor this into any consideration about the actual level of extra care provision required
- Bring other potential providers into the market. In some areas residential care homes with additional land have chosen to remodel themselves into Extra Care schemes providing a residential care and Extra Care accommodation and there is a need to share this option with residential providers
- Ensure that specialist needs are being met

3. Case studies

Below we provide 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

1. Close care

Close Care schemes consist of independent flats or bungalows built on the same location as a care home. Residents often have some services (such as cleaning) included in their service charge and other services can be purchased from the care home.

Case study 1 – Stamford Bridge Beaumont Close Care, Stamford Bridge, York, E Riding of Yorkshire. Barchester Healthcare Ltd.

Tenure	Leasehold.
Size	30 one bedroom apartments, each approximately 36.5m ² . Emergency call fitted to all rooms of each apartment

Development	Close Care Courtyard development on the same site as, and adjoining Manor House Nursing Home which provides nursing care, residential care, respite care and day care
Facilities	Communal Lounge, laundry, garden
Services	Manor House Home Care is a registered domiciliary agency. Close care residents can purchase: flexible packages of domestic, shopping, laundry and personal care to suit individual needs; meals, day care, hairdressing, chiropody and respite care from the nursing home; maintenance and repairs services
Attached care home	77 beds. Registered to provide personal care with nursing
Location	Within walking distance of the village of Stamford Bridge, and 5 miles from York
Lifestyle	Concept of independent living, with care support and services available to meet changing needs, including respite to promote independent living for as long as possible. Ability to participate in the social activities and Church services that are held in the nursing home
New residents	Couples or single people aged 60 or over, in need of care

Case study 2 – Wood Green, Driffield, Hicalife Developments Ltd

Tenure	Freehold, 9 two bedroom bungalows designed for independent living.
Size	Two bedroom, lounge, bathroom and kitchen, each approximately 65m ² . Emergency call system fitted to all rooms in bungalows.
Development	Secure courtyard development adjoining Woodlands Care Home (56 beds). The site is close to the town centre, bus and railway station.
Facilities	Communal and private gardens.
Services	Service charge covers call system, garden maintenance and window cleaning. Full range of domiciliary care services available from existing Home care operation.
Attached Care Home	56 bed care home offering residential and dementia care services.
Location	Driffield, East Yorkshire
Lifestyle	The properties are designed for safety and security and to enable residents to retain their independence.
New residents	55's and over

2. Specialist dementia scheme

A range of housing based models for people with dementia are now emerging.

Case study 3 – Stanton Lodge, close care apartments for couples where one person has dementia, Swindon, Wiltshire. Methodist Homes

Tenure	Leasehold or shared ownership. Shared ownership prices at 75% and 50% of the value of the properties, plus a monthly rent on the outstanding amount of the capital payment
Size	4 one bed, 6 two bed, and 4 large two bedroom apartments equipped with the latest assistive technology
Development	Apartments on the same site as, and adjoining Fitzwarren House, a purpose built dementia and nursing care home. Both buildings are colour coded design to assist with finding your way around
Facilities	Secure communal landscaped gardens designed with people with dementia in mind
Services	Well-being package which includes 24 hour staffing support on site, an activities and events programme and respite care (up to 10 days per year) tailored to suit individual needs, charged at £125 a week. Additional, cleaning, washing, shopping care and support services can be purchased on demand, as can meals services.
Attached care home	60 en suite rooms. Registered to provide personal care with nursing
Location	Rural location in open countryside near Stratton St Margaret, two miles from Swindon
Lifestyle	Pioneering lifestyle option offering purpose designed self contained apartments and flexible tailor made specialist care and support for couples where one person has dementia. The aim is to enable couples to stay together in comfort and security with total peace of mind, whilst gaining access to the best possible support
New residents	Couples where one person has dementia

Case study 4: Portland House, St. Helens, Methodist Homes

Tenure	Rented – approximately £594 per week
Size	2 Bungalows with 4 units within each. Each unit is a bedsit with bathroom.
Development	Each bungalow contains 4 bed-sit flats with shared facilities to facilitate the philosophy of inclusion.
Facilities	Shared Kitchen, lounge and dining room

Services	Telecare service and sensor technology. Taking a person-centered approach, staff work closely with tenants to ensure the provision of care based on: attachment (reassurance of sustaining relationships – includes family involvement); inclusion (social groups); occupation (activities and stimulation); identity (the need for a sense of self); and comfort (comfort and support). Relatives are encouraged to visit on an individual basis and assist with cleaning, laundry and GP, hospital or shop visits.
Location	Within Newton-Le-Willows community, and walking distance to shops and town centre.
Lifestyle	Adopting a person-centered approach, staff work to maintain tenants' skills to promote a sense of self, independence, and focus on delaying or preventing admission to residential or nursing home care.
New residents	People with dementia

Case study 5: Dementia Care Partnership, Newcastle

Tenure	Tenancy for rent
Size	Five, four tenancy bungalows for a total of 20 people
Development	Independent Supported Living Houses – bungalows grouped on the same site
Facilities	Own private accommodation with shared community facilities;
Services	24 hour support and care, not registered as care homes
Location	Brunswick Village, Newcastle upon Tyne
Lifestyle	Home for life philosophy of promoting quality of life and enabling tenants to remain living as independently as possible
New residents	For people with dementia of all ages and people from black and minority ethnic communities

3. New build Extra Care

Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self contained homes, their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, and bungalow estates. It is a popular choice among older people because it can sometimes provide an alternative to a care home.

In addition to the self contained homes, extra care housing schemes have communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), and in addition schemes often include a restaurant or dining

room, health & fitness facilities, hobby rooms and even computer rooms. Domestic support and personal care are available, usually provided by on-site staff.

Case study 6: Woodridge Gardens, Washington, Housing 21

Tenure	Rent, leasehold and shared ownership
Size	39 two bedroom flats
Development	New build extra care scheme built in 2009
Facilities	Lift, lounge, restaurant, laundry, gardens, activities room, hairdressing salon
Services	On site care team 24/7, and some meals available
Location	Washington, Sunderland
Lifestyle	Philosophy of supporting independence and re-ablement
New residents	Older people

4. Remodelling sheltered housing to extra care

Case study 7 – Pilgrim Court, Newcastle upon Tyne. MHA Care Group

Tenure	Flats for rent
Size	40, one bedroom flats and 1 two bedroom flat over three floors
Development	Originally a sheltered housing scheme that was refurbished and extended to become an extra care scheme.
Facilities	Communal Lounge, laundry, garden, lift, hairdressing salon, assisted bathroom and office accommodation for the Scheme Manager and care team. A small café is being provided to one side of the lounge to provide a choice of hot meals and snacks
Services	The scheme is staffed 24/7 providing assistance with personal care tasks, meal preparation, visits to local shops, arranging medical appointments and support with laundry, cleaning and management of personal finances In addition to the rent and service charge there is a weekly well being charge plus the opportunity to purchase additional care and support services as required. There is no care contract with adult social care and residents are either self funding (some using Attendance Allowance) or have a direct payment
Location	Within walking distance of local shops and Metro
Lifestyle	MHA philosophy of care is to improve the quality of life of older people and the scheme aims to help residents remain as independent as possible with an emphasis on

	enabling in order to maintain skills and prevent or delay admission to long term care, ensuring that residents have control of their own lives, remain part of the wider community and retain their social relationships
New residents	The eligibility criteria are to be aged 60 or over and to have an assessed need for assistance with personal care and/or domestic tasks. Priority is given to people in hospital, long or short stay care beds, people who have intensive care packages; people at risk of being unsupported due to carers needs, couples with different care needs who wish to remain living together and people living with dementia

5. Assisted Living/Very sheltered housing

Assisted Living or Very Sheltered housing are alternative titles for, and forms of extra care housing. However, they will often have fewer facilities and a lower level of core services than extra care housing.

Case study 8: Amelia Court, Worthing, McCarthy & Stone/Peverel

Tenure	Leasehold
Size	63 one and two bedroom flats
Development	New assisted living scheme built in 2009
Facilities	Lift, lounge, dining room, laundry, guest facilities, garden
Services	Community alarm, domestic service to flats, night cover, lunchtime restaurant
Location	Central Worthing, well located for shops and services
Lifestyle	Independent living philosophy and additional services to bridge the gap between conventional retirement housing and a care home
New residents	People of retirement age

Case study 9: Gorslands Court, Aigburgh Vale Liverpool, Retirement security.

Tenure	Leasehold. Retirement Security aim to make their housing available to people with limited assets and limited income. On their website they state: Normally, the purchase price of a property is met by the capital represented by a prospective purchaser's existing home. Where there is a shortfall of up to £100,000, or 50% of the cost, whichever
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	is the less, an interest only mortgage may be arranged with a reputable lender. In some circumstances, the interest on the mortgage is met by Government benefit
Size	53 one and two bedroom apartments. Emergency call fitted to all rooms of each apartment
Development	Built in 1995
Facilities	Communal Lounge, laundry, garden, library, conservatory and lift.
Services	Manager and duty managers on duty 24 hours a day. A team of housekeepers provide 1.5 hours a week of domestic help to each flat. Restaurant providing Midday meal for residents and guests.
Location	Scheme stands alone close to Sefton Park, in a desirable residential area
Lifestyle	Concept of independent living, with support and services available to meet changing needs. Range of social activities available including film nights and quizzes. The management of each court is controlled by the owners of the flats
New residents	People of retirement age

6. Village Developments

An increasingly popular concept, but lacking any single, clear definition. Essentially anything from an estate to a full blown village-sized development of bungalows, flats or houses, intended for occupation by older people. Often include a number of recreation facilities, such as a bowling green.

Case study 10 – Hartfields, Middle Warren, Hartlepool, JRHT

Tenure	Mixed tenure – 40% leasehold, 20% shared ownership, 40% rented.
Size	28 cottages approximately 80m ² . 138 two bedroom apartments approx 66m ² . 57 two bed apartments, approx 58.6m ² . 19 one bed apartments, approx 50.5m ² .
Development	Extra Care retirement village, located north-east of the town centre on a Greenfield site, close to a neighbourhood park. There is regular bus service, a GP surgery onsite, next to a supermarket but no other shops or amenities nearby.
Facilities	Restaurant, health living suite, arts and crafts room, convenience store, bar, library, IT room, and hair salon.
Services	Onsite GP surgery, mixture of care and housing support. 24 hour alarm service.
Location	North-east of town centre, within developing Hartfields

	community. It is located on part of a Greenfield site designated for extensive housing development. There is a supermarket close by but no other shops or amenities.
Lifestyle	Concept of independent living, but can accommodate significant number of people with high levels of care and support needs. Therefore can meet the changing care and support needs of people over time. The intention is to mix tenants and owners across the scheme and to maintain a balance of care needs across different tenures.
New residents	The scheme is for Hartlepool residents aged 60 and over who have a strong connection with the area. Rented properties are nominated by Hartlepool Borough Council.

7. Continuing Care Retirement Communities

CCRCs have been described as “an all-embracing, comprehensive alternative to both sheltered housing and residential care providing for a whole range of needs and individual circumstances” (Department of Health, 2004).

A number of key features distinguish CCRCs from traditional residential care homes and sheltered housing. CCRCs are commonly large in scale (over 100 units) and are able to cater for a wide mix of residents by tailoring the package of care to the individual's own needs. CCRCs often comprise a mix of tenures. They also include care home as well as housing provision, which distinguishes them from village developments. They will have a range of social, leisure and support services facilities.

Case study 11: Hartrigg Oaks, York, Joseph Rowntree Housing Trust

Tenure	Mixed tenure – 3 methods of payment: one-off, fully refundable payment; one-off non-refundable payment; yearly sum payable monthly. An annual service charge is also included to cover bungalow maintenance, the upkeep of communal areas and the entitlement of care and support if needed.
Size	21 acre estate with 152 one and two bedroom bungalows, 42 of which are bed-sits.
Development	Described as offering ‘age in place’ accommodation, the community village offers a range of bungalow housing with one or two bedrooms or bed-sits.
Facilities	Licensed restaurant, coffee shop, gym and spa pool, small shop, hair salon, arts/craft room, games and leisure rooms, library, IT facilities, people carrier.
Services	Care and support services are available to meet the changing needs of residents.
Attached care	The Oaks care centre is attached to Hartrigg Oaks

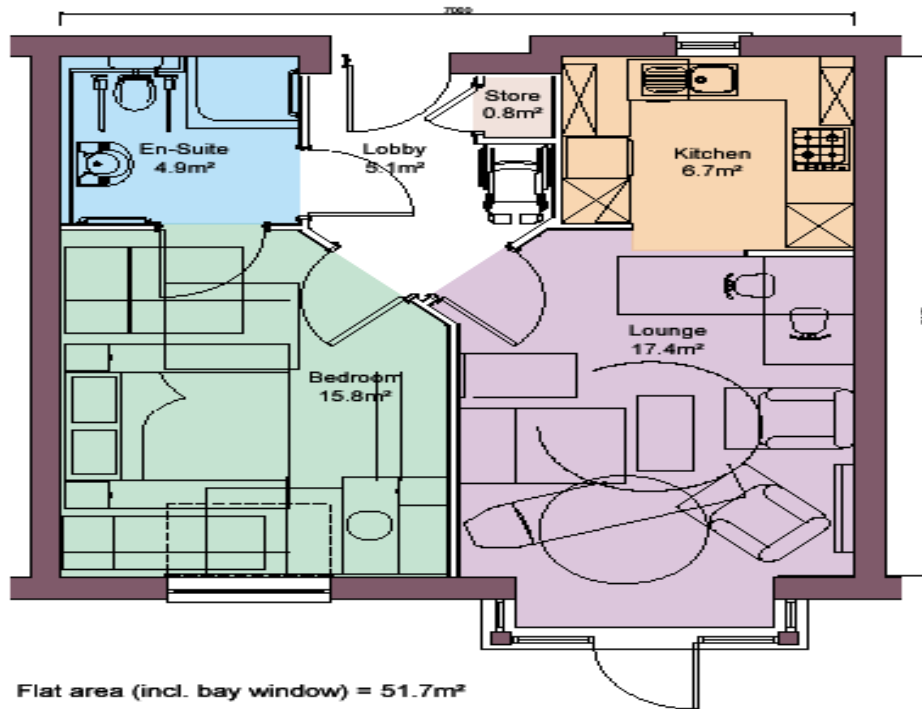
home	community village and provides residential and nursing care and supports people who develop dementia within the community village.
Location	Located roughly 3 miles north of York within the New Earswick, close to a JRF school and walking distance to shops and amenities.
Lifestyle	The community is designed to offer independence, to support future care needs with sustainable housing to support changing needs, and a range of financial options within a community setting.
New residents	Hartrigg Oaks would ideally like people to move into the community when they reach retirement and are healthy and priority is given to the youngest applicants. This is intended to maintain a vibrant mixed community.

Case study 12: Buckshaw Retirement Village, Chorley, Hicalife

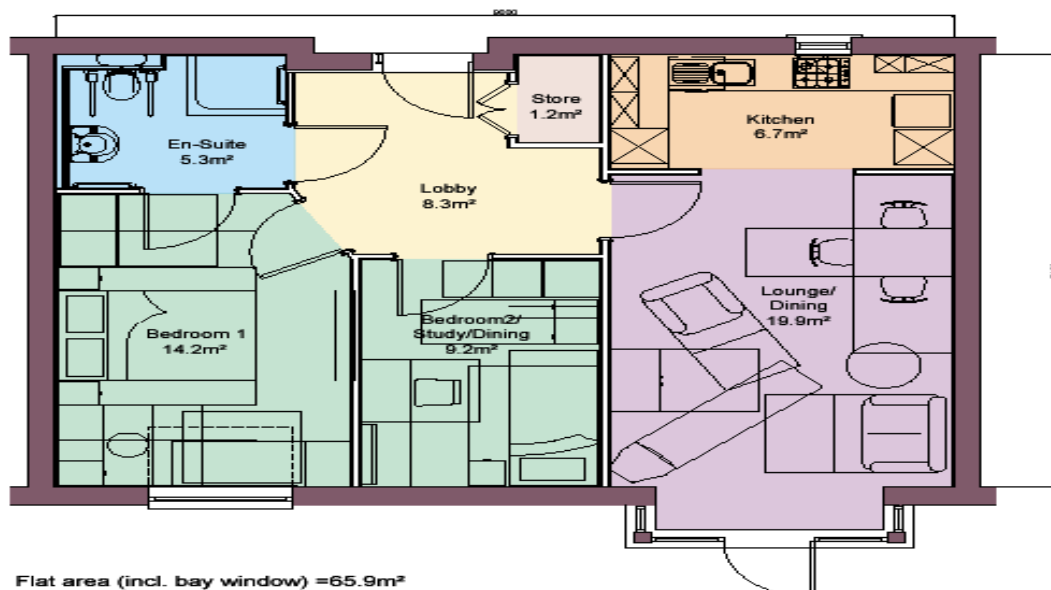
Tenure	Independent Living Units for sale; Assisted Living Units for rent; Supported Living Units (Registered as care home)
Size	216 apartments, divided into: 78 one and two bedroom independent living units, 78 studios and one bedroom units of assisted living; and 60 dedicated dementia and nursing Supported Living units, divided into four sections, each with 15 apartments.
Development	Separate independent, assisted and supported living parts of the development. Supported Living are designed as dementia friendly and for nursing
Facilities	A gym hair salon, bowling green, licensed restaurant, shop, laundry services, library and IT suite, and GP surgery.
Services	24 hour emergency response system and onsite care staff, laundry and housekeeping service, wellness centre with hydrotherapy service, financial advice available, consultation with family and friends.
Attached care home	Registered Supported Living Units are part of the development
Location	Located 3 miles from the town centre, close to shops, amenities and public transport.
Lifestyle	Regular social activities are included and meals are available. Three distinct tailored communities with an emphasis on comfort, homeliness, social interaction and quality of life.
New residents	55 years of age.

Examples for Flat Designs for Extra Care Housing

One bedroom flat



Two bedroom flat



Appendix 10: Examples of local planning policies relating to Older people

This Appendix provides:

- Firstly an example (example 1) of a specific planning policy for older people as part of the Core Strategy
- Secondly, an example (example 2) of a Supplementary Planning Document being developed for Supported Housing for older people and people with disabilities

Example 1: Elmbridge Borough Council Core Strategy 2011 – CS20: Policy for Older People

CS20 – Older People

1. The Council will support the developments of specialist accommodation for older people in suitable locations, to help deliver the targets set out in the Strategic Review of Housing Provision for Older People in Elmbridge (2009) and any subsequent review. This will be provided through a combination of new schemes and the remodelling of older. Poorer quality sheltered housing which is no longer fit for purpose.
2. Existing specialist accommodation will be protected, unless it can be demonstrated that there is insufficient demand/need, or if the loss would result in an overall improvement of provision that is more responsive to the local needs of the whole community
3. Accommodation should utilise creative design, be of high quality specification, incorporate generous space standards and a high proportion of two bedroom units (at least 50%) and have full wheelchair access. Bedsit accommodation will be discouraged.
4. The Council will work with older people and transport providers to enhance access to key local services, adult education and lifelong learning, particularly volunteering opportunities and the Centres for Retired People.
5. The Council will, where possible, seek to develop and support the roles of Centres for Retired People, Whiteley Village and where feasible new schemes as community hubs for leisure, recreation and community activities for older people.

7.29 National policy seeks to ensure that a mix of house types is achieved across the plan period to meet the needs of the community. ⁽⁴²⁾

7.30 Elmbridge has a higher proportion of people aged 85+ than both Surrey and England, and by 2025 is projected to have a higher proportion of people aged 55+ than both Surrey and England. It will be important to ensure greater housing choice in terms of a range of higher quality specialist accommodation and smaller ordinary dwellings located in close proximity to public transport, amenities and services, in addition to providing a range of services to help people stay put in their own home. Offering attractive housing alternatives for older people will help to free up under-occupied family sized homes, support an improved quality of life and an opportunity to maintain an independent lifestyle.

7.31 Evidence suggests there is an adequate supply of nursing home accommodation in the Borough which should be protected. It identifies a need for at least 200 units of private sheltered housing for sale over the next ten years and (subject to a further review) a further 150 units by 2025/26. It also identifies a need for a minimum of 250 units of extra-care housing over the next ten years and (subject to a further review), a further 150 units by 2025/26. ⁽⁴³⁾ A higher quality product than currently exists would more appropriately meet local needs, to include creative design, quality specification, generous space standards, a high proportion of 2 bed units, and full wheelchair access. There is low demand for bedsit accommodation and as such this will be discouraged. This will be provided through a combination of new schemes and the remodelling of older, poorer quality sheltered housing, which no longer meet local needs. Further details will be provided in future DPDs that address Development Management and Site Allocations and Design and Character SPD. Policies CS17-Local Character, Density and Design, CS19-Housing Type and Size, and CS21-Affordable housing will combine with this policy to provide a comprehensive approach to meeting the needs of older people, through the provision of a range of accommodation, including specialist accommodation and smaller homes, both private and affordable, ensuring homes are flexible and adaptable, so that they provide better living environments for everyone, and improving access to a wide range of services which support independence.

7.32 The policy will help to deliver the Elmbridge Sustainable Community Strategy's aim of promoting health and wellbeing (SCS11) by helping older people to remain independent in their own home.

42 PPS 3 Housing - www.communities.gov.uk/planningandbuilding

43 Strategic Review of Housing for Older People in Elmbridge (2009) - www.elmbridge.gov.uk/documents

Example 2: Newcastle draft Supported Housing Supplementary Planning Document (SPD) – September 2011

As part of the development of its Core Strategy, Newcastle City Council is developing a Supplementary Planning Document (SPD) for Supported Housing. The scope of the SPD is housing designated for older people and people with disabilities. It covers the full range of supported housing for these client groups; scheme type, scheme size and tenure. The SPD has five key objectives:

- 1. Respond to housing need**
- 2. Make best use of existing housing by responding to meet housing need**
- 3. Make best use of existing housing by responding to housing**

aspirations. This focuses on expanding choice the choice and the quality of the product offered to older people as a means to tackle under-occupation

- 4. The location has a positive impact on quality of life.** This means close to public transport, services and facilities
- 5. Contribute to health prevention and improve quality of life**

The SPD sets out 8 outcomes relating to location, design and the service offer.

The SPD will shortly be going out for consultation.