Communities and Local Government

Care Services Improvement Partnership CSIP

Housing LIN

More Choice, Greater Voice

a toolkit for producing a strategy for accommodation with care for older people

February 2008

What is the Housing Learning and Improvement Network?

The Housing LIN brings together groups of senior staff within local authorities, primary care trusts, registered social landlords, the private sector and others interested in forging closer partnerships in delivering housing with care solutions for older people and vunerable adults.

Care Services Improvement Partnership

The Care Services Improvement Partnership (CSIP) was launched on 1 April 2005 after a formal public consultation. Our main goal is to support positive changes in services and the well-being of:

- People with mental health problems
- People with learning disabilities
- People with physical disabilities
- Older people with health and care needs
- Children and families and
- People with health and social care needs in the criminal justice system.

The Integrated Care Network offers advice on partnerships and integration that cut across all services in health and social care. It works closely with other networks and programmes across CSIP to ensure synergy in improvements.

About the author

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He is Vice Chair of Governors at the Centre for Policy on Ageing and a Trustee of Help and Care, Bournemouth.

Acknowledgements

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We are also grateful for contributions from Housing LIN members.

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1 Executive summary

"Shifting care closer to home is one of the pillars that supports our vision of improved community health and social care"

Department of Health White Paper, *Our health, our care our say: a new direction of community services* (2006).

"Housing supply has increased substantially in the last few years, but it is still not keeping up with rising demand from our ageing, growing population."

Housing Green Paper, *Homes for the Future* (CLG 2007)

This document provides a toolkit for undertaking work that will support a whole system approach to planning and developing accommodation and care. It is published by the Housing Learning and Improvement Network at the Care Services Improvement Partnership at the Department of Health and the Department of Communities and Local Government.

It is good practice rather than mandatory and has been prepared specifically to accompany the government's new National Housing Strategy for an Ageing Society, to offer guidance for commissioners and providers to enable them to produce accommodation and care strategies for older people.

It will be helpful to a range of people working at local and regional level. Those working to develop strategies that co-ordinate the planning of health, housing and social care bodies will find assistance here in developing an approach and structuring material. Those within local authority housing or adult social care departments whose requirements may be more focused on particular services will find materials here that will help them set those specific concerns into a wider context. Development staff within provider organisations, such as Registered Social Landlords and those in the private sector, will find here materials that they can use to understand and respond to the concerns of their statutory partners. It will inform a range of local documents such as the local development framework and joint strategic needs assessments.

These materials help map out a process, provide source materials and actual examples and introduce key questions that need to be determined locally. They encourage the development of shared definitions and understandings of the challenges and the possible responses to them that will ensure appropriate housing and care for older people now and for the future.

The basic assumption of this document is that accommodation, whether in general housing or in some form of specialised accommodation, is crucial in providing a context for the maintenance or restoration of independence and ensuring quality of life.

It is concerned with the provision of specialised accommodation – specifically sheltered housing/retirement housing in its various forms and extra care housing. However, it sets these within the context of housing-related care and support services that support people living in general housing (for sale or for rent), such as Home Improvement Agency services, day and home care and the accommodation dimension of residential care homes and nursing homes.

The consideration of accommodation choices is set within a whole system that encompasses the heath and social care services. This may be essential in maintaining the well-being and the viability of their home, irrespective of tenure.

It seeks to suggest connections – from the focus on accommodation to the multi-faceted agenda that is developing across the domains of health, housing and social care. The report also explores links to other services such as planning, transport, life-long learning and leisure services.

The material presented in this document is of several kinds:

Guidance on the structure and drafting of the study

Briefing notes that explain assumptions that lay behind the study

Tools for completing particular elements of the study

Building materials such as good practice examples

Draft material that may be incorporated into the local study

Other useful information

2 The structure of the local study

The study needs to be structured with a clear focus on the end result and its purpose. As we have said, none of this is mandatory but below are a list of questions any authority opting to use this toolkit would ask:

- What is the audience for the outputs of this study?
- What decisions and actions do we expect to result?
- What information will be needed to validate those decisions and actions?
- What material will need to be included to provide a basis for the programme of work required to implement those decisions and actions?

The answers to these questions may be summarised in a table of sections for the outputs from the study. We suggest a structure that has been developed in the course of carrying out a number of such studies in a variety of settings:

1) Introduction: how and why the study came to be commissioned, determining an approach to the issues, establishing a value base

2) Establishing population size, trend and indicators of potential need for services

3) Mapping current service patterns

4) Taking account of national policies and specific performance targets and indicators, such as PSA 17

5) Understanding the local policy context and any local/regional priorities

6) The elements of a whole system to meet the accommodation and care needs of local older people.

7) Funding the future

8) The outline of a new pattern of provision

9) Conclusion, recommendations and action plan.

Appendix 1 Good practice examples

Appendix 2 Literature and sources

Appendix 3 List of individuals and organisations interviewed/consulted

The arrangement of sections is a matter of judgement and will depend upon local history and circumstances. To achieve a relatively concise report some material may be moved to appendices with summaries appearing in the main body of the report. The account of detailed statistical information, or the review of the national policy context, provide examples of material that might be treated in this way.

An executive summary will generally be required, either at the front of the report that is likely to form the major output of the study, or as a free standing document. It could possibly serve both functions.

It may be helpful to commission as one of the outputs an audio-visual presentation (in PowerPoint™ for example), based on the executive summary. This could be shown at local housing fora, older people's consultation meetings and/or multi-disciplinary training events.

3 Commissioning the study

Having determined a structure that will answer the prime questions identified above, it is a relatively short step to drafting a work programme as the basis for commissioning the study. The material for drafting some of the sections may be readily to hand in existing reports and briefings, other materials are to be found in this document and some may need to be specifically commissioned.

However much material is pre-existing there will be two major tasks:

- Drawing the material together so that it represents a coherent whole, rather than a compendium of interesting miscellaneous material, and
- Interpreting the material to arrive at specific conclusions about the future shape of provision to match local needs and expectations.

Deciding who should undertake the work may be largely determined by issues of capacity and budget:

- Is there anyone of appropriate seniority and expertise within the organisation who has the capacity within their work programme to undertake the task?
- Is there sufficient budget to pay a contractor to undertake the work?

The benefit of using an existing member of staff from one of the stakeholder organisations is that they will have an established knowledge of the locality, the organisational and policy context and good access to the key stakeholders. If this is an existing post holder there will certainly be capacity issues and they may also be perceived by other stakeholders as over-identified with the perspective of their own organisation or department.

Employing a contractor means that the capacity issues are transferred to them, they should bring expertise in this particular area, they may have established contacts with areas of good practice and they will be perceived as being neutral among the stakeholders. The downside will be the cost: however good their wider knowledge they will have a steep local learning curve and they may try to import a “one-size-fits-all” approach that fails to answer local requirements.

In some circumstances it will be possible to adopt a mixed approach with some work undertaken internally: collation of existing documentation and statistical data for example, and some undertaken by a contractor: interviews and consultations, editing material, drafting recommendations.

4 Structures for support & liaison

A successful study will require robust arrangements for commissioning, direction and implementation. These will include, as a minimum, a core group representing the key stakeholders and a wider reference group providing access to a wide range of stakeholder organisations and individuals.

The **core group** should be convened at the earliest opportunity and provide the forum for addressing the issues around the purpose of the study, the arrangements for commissioning and the appointment of staff or contractor to undertake the work. This will normally be a predominantly officer group and will include representatives of:

- Local authority social care – older persons' services (including those with responsibility for commissioning domiciliary, residential and nursing home care)
- Local authority Supporting People or commissioning body
- Local authority planners
- Local authority housing – housing management (if the authority manages its own stock), social housing liaison and those with responsibility for private sector housing
- Primary Care Trust(s) –older persons' services lead
- At least two representatives of older people drawn from the reference group, and
- Voluntary sector – representatives of current or potential service users and carers, including groups with particular needs – such as elders from Black and Minority Ethnic communities.

Ideally, the mix will include those with operational or commissioning responsibility and those with strategic and planning responsibility. The group.should include people senior enough to provide real authority to the exercise and to ensure access to staff at all levels of their organisations. Where an elected member has responsibility to be the "champion" for older people within the authority consideration should be given to including him or her in the core group.

The reference group should balance the inclusion of further numbers of officers who may have more specialised functions with elected members, wider voluntary sector involvement and the direct participation of current or potential service users and carers.

Examples of officers who might be included in this wider group include the person managing sheltered housing, someone from the Occupational Therapy Service, the private sector housing grants manager and the discharge manager of the local acute NHS trust. The inclusion of elected members can be decided in the light of local political sensitivities and the interest of particular members. Voluntary sector organisations might include Age Concern, the Alzheimer's Disease Society and other condition-specific groups, the local Home Improvement Agency and Registered Social Landlords with an interest in provision for older people.

Consideration also needs to be given to involving the independent sector, including representatives of local retirement housing, estate agents and/or lenders.

Where a forum for consulting older people on local strategies and services already exists recruiting members to the reference group may be relatively straightforward. An effort should also be made to secure some input to the group from those who do not participate in such structures and from those not currently accessing services.

In addition to the person who has formal responsibility for commissioning the study it is important to appoint someone within one of the key stakeholder organisations to act as prime contact. This is especially important if the study is to be undertaken by an external contractor. The prime contact will co-ordinate the provision of documentation and of contact details.

They will act as the first point of contact for communication between the stakeholders and the person or persons undertaking the study. They may help with arrangements for meetings and interviews.

The core group will expect to meet regularly through the period that the study is being undertaken to receive reports on progress, to discuss issues as they arise, to provide a steer to the person conducting the study and to help resolve any problems of access. They will review emerging outputs and advise on presentation and dissemination. The reference group may meet less frequently – being briefed on the purpose and methodology early in the process, having an opportunity to be consulted on emerging issues as the work progresses and being able to comment on draft outputs – including key recommendations – before these are finalised.

5 Consultation & participation

Development of a strategic response to the current and future housing and care needs of older people needs to be rooted in the workings of the local strategic partnership.

It is here that the work needs to be owned and consultation and participation needs to begin in this forum. The work should relate to the Joint Strategic Needs Assessment and as its conclusions emerge they should help shape the Local Area Agreement. This high level consultation and liaison is fundamental if the particular mechanisms for consultation and participation suggested in this section are to be effective.

Engaging with professional stakeholders

By professional stakeholders we mean the relevant officers of the local authority, of the primary care trust(s), and Acute NHS Trust(s). Within the local authority this will obviously include representatives of housing and social care but may also include:

- Planning
- Building Control
- Transport
- Economic Development, and
- Leisure services and Libraries.

Changes in the current pattern of accommodation and care and the development of new forms of provision and new initiatives in existing provision are likely to have impacts within their fields of responsibility. Figure One *(page 10)* gives an indication of the issues that may be raised by the range of internal stakeholders within a unitary authority in relation to a new Extra Care housing scheme. This is by no means exhaustive but illustrates how diverse the stakeholder, and their concerns, may be.

We would also include elected members of the local authority, especially those with particular interest in or responsibility in this area.

The private sector is often under-represented in these studies and this can be addressed by seeking to consult with private sector landlords (through a private sector landlords forum if one exists locally), with local property developers and local estate agents.

Also included in this category are the representatives of organisations of and for older people. These will include the local Age Concern and the local branch of such organisations as the Alzheimer's Disease Society and similar local groups such as the RNIB and RNID. Those providing leadership in newer structures such as local consultative groups of older people or an older persons' forum may also be included.

It should also include the representatives of organisations representing Black and Minority Ethnic communities.

In total this can amount to a significant number of individuals with a heavy time allocation needed if each is to be interviewed individually. It will often be helpful to draw some together in groups for interview and discussion.

Engaging with existing and future service users

Achieving direct input from older people and their carers, and from those approaching old age, represents a significant challenge. Consultation with older people may represent a major project within the wider study.

A starting point is to research or examine what has already been done on local engagement and

what current structures exist to achieve consultation and engagement.

Where these structures are in place and are happy to co-operate, they will provide the best route for initial work. The local Citizen's Panel may have an older persons' sub-group or the Older Persons' Forum may have an interest group focusing on housing and care. Many of these structures have been developed in response to the Better Government for Older People programme and will bring incisiveness and a well informed critique to the review of current provision and the evaluation of future programmes.

Where there is no existing structure, it will be helpful to establish an advisory group of older people to support the study. This could comprise eight to 12 members representing all tenures and including residential care and Black and Minority Ethnic community representation.

To secure inputs from particular groups within the local population of older people, it could be helpful to arrange consultative group meetings with a particular focus.These could include:

- Owner-occupiers
- Sheltered Housing Tenants
- Elders from Black and Minority Ethnic communities
- Older people who are Gay, Lesbian, Bi-sexual or Transgender, and
- Rural housing issues for older people (where relevant).

To reach a wider constituency of older people, it might be possible to invite older people to write in, using local media to publicise the study. In other situations it might be appropriate to use a questionnaire – but be aware that securing a genuine cross-sample could present a problem. One of the limitations to this means of consultation is that respondents will be influenced by their current level of knowledge – and demand for new forms of provision, such as extra care housing, may be depressed by a lack of awareness of what it is and how it differs from conventional sheltered housing.

It is important to recognise that any strategy that emerges from the study must respond to the needs, perceptions and aspirations of the current generation of older people but must also have the flexibility to respond in due course to the emerging needs, perceptions and aspirations of succeeding generations of older people.

There are a number of tools available to encourage participation by older people in sharing their views. Local authorities can access the POPPI Demand Forecasting and Capacity Planning tool at *www.poppi.org.uk* without charge.

POPPI stands for Projecting Older People Population Information and provides the latest National Statistics 65+ population projections for individual local authorities down to district level. POPPI forecasts can go out to 2025, split by gender and age-band. Advantages include:

- POPPI delivers projections automatically and allows you to examine data for other localities too
- Local characteristics and prevalence data are projected onto population estimates
- National comparator information from care service data returns is included, and
- All data tables can be downloaded to Excel for analysis and charting.

Developed in collaboration with 23 councils in England, the POPPI tool is an important starting point for councils to plan for future demand in adult social care. POPPI saves time and effort collating information and gives a consistent baseline for Strategic Needs Assessment.

The toolkit *Anticipating Future Needs* sets out a Methodology for identifying a sample, constructing and planning the consultative activity and on analysing the data (available at *www.csed.csip.org.uk*). The materials provide detailed advice on the techniques available: individual interviews, focus groups and a seven stage process for structuring a focus group session. Also see Housing LIN case study no. 31 at *www.icn.csip.org.uk/housing*.

In the conduct of the study, and in subsequent consultation on its conclusions, the intention should be to achieve participation by older people, rather than token consultation. Consultation can too easily become the sharing of pre-formed conclusions and options. Participation implies that older people themselves will have helped identify the issues, evaluated the options and helped shape the conclusions.

Figure One: Internal Corporate Checklist for a Unitary Authority considering developments of specialised accommodation for older people

Note: Figure One is a worked example from a particular local authority, the departments and functions involved in their strategic planning process and the concerns they raised: it therefore offers a template for conducting a similar exercise rather than a definitive list of issues and indications of concern

Location	Planning	Building Control	Environment	Social Care	Housing	Health	Leisure & Culture	Community Safety	Legal	Finance
1. Are there crime issues in the area and if there are how are these to be addressed in the design of the development?	✓	✓	✓					✓		
2. Will the development be within 400 metres of: • a general store • a newsagents • a post office • a library • a pharmacy • a health centre or doctor's surgery • places of worship • Transport link such as a bus stop If not, how do the developers propose to ensure access to these services as part of "lifetime neighbourhoods"?	✓		✓	✓	✓					
3. What consideration has been given to improving access to local amenities through the use of dropped kerbs, controlled crossings, provision of accessible street furniture, and so on?	✓	✓	✓							
4. Will the design ensure the accessibility of the development for those with impaired mobility or sensory impairment.	✓	✓								
5. Has a detailed "Access Statement" been provided?	✓									
6. Will an appropriate balance be struck between policies to restrict car use and adequate parking for motor vehicles, given increasing levels of car ownership among those 80+ How much car parking space is to be provided for staff and visitors?	✓	✓	✓							
7. Will there be facilities for the storage and charging of pavement vehicles?		✓								
8. Will cycle storage be provided for staff and residents?	✓									
The Accommodation										
9. What is the mix of units proposed? All units should be en suite, normally with showers. Two bed roomed units should be the norm for retirement developments. Extracare schemes may warrant a mix of one and two bed units.	✓			✓	✓					

10. How imaginative is the range of communal facilities? For example, day opportunities: IT suite, art and craft facilities, fitness suite, day care or health.				✓			✓			
11. What arrangements are secured for the staffing and servicing of these facilities?				✓		✓				
12. Are the units designed to space and design principles congruent with Lifetime Homes and energy efficiency standards?		✓		✓	✓					
13. Are lifts to be provided to all areas in development of more than entrance level?		✓								
14. What arrangements are envisaged to provide a positive role for residents in the design, development and management of the proposed facility?				✓						
15. Will a proportion of the units be available for sale or rent at levels judged to be "affordable"?					✓					
Impact										
16. What will the physical and visual impact of the development be on the surrounding area?	✓									
17. What impact will the population of the scheme have on the age profile of the ward?				✓	✓					
18. What will the cumulative impact be on demand for GP services in the area? (Refer to age profile of GP service area or health impact assessment).						✓				
19. Will the facilities of the scheme be available to those in the surrounding community and if so on what terms?				✓	✓	✓	✓			
20. What will the impact of the scheme be on the local labour market?				✓		✓				
21. Are the arrangements proposed for the storage and collection of waste appropriate?			✓							
22. Does the design for the site provide adequate access for specialist and emergency vehicles such as waste collection vehicles, fire tenders and ambulances?			✓							
23. Are the landscaping and perimeter arrangements so designed as to reduce potential crime and ensure easy maintenance?			✓							
24. Would the properties be considered good design if developed in mainstream housing for sale?	✓	✓			✓					
25. Are the properties characterful?	✓				✓					
26. What consideration has been given to the provision of green space?	✓		✓				✓			
27. What is the build quality of the properties?	✓	✓								
28. Does the design incorporate flexible space for independent living?					✓	✓				

6 A vision to inform a strategic direction

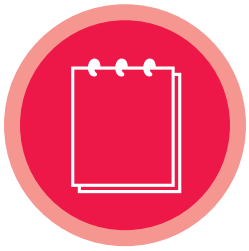
The development of a strategy that can lead to a viable whole system of accommodation and care for older people requires an overall vision. We would suggest that the first stage is to achieve such a corporate vision and to secure "sign-up". Sign-up by elected members and senior officers within the local authority, within the local health economy, among voluntary and commercial partner organisations and – most important of all – among older people themselves.

In developing such a vision we would suggest some key building blocks:

- The recognition of old age as a time of growth and development rather than of passive decline
- An approach in the development and management of services and accommodation that offers whole solutions for whole lifestyles
- A commitment to systems that provide genuine options and real choice
- An approach grounded in the rights of older and disabled citizens, and that recognises the consequences in the sharing of risk, and
- An aspiration that the outcome should be accommodation for older people that provides a context for care, rather than being dictated or constrained by care needs.

Where a suitable statement has already been adopted, within the local authority for example, then other partners may be invited to endorse it. Where no suitable statement exists then the development of a statement of values and aspirations should be the first recommendation of the study. A "visioning event" in which key stakeholders are represented at a senior level and older people themselves have a key role is an effective means of developing such a statement. Once developed it needs to be incorporated not just in the public documents that deal with policies and services in relation to older people but in the statements of corporate values and priorities of all stakeholder organisations.

7 Recognising key influencing factors

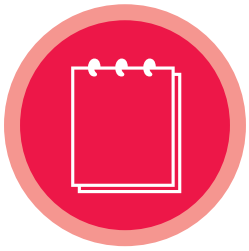


Looking at the broad picture of accommodation and care for older people it is helpful to articulate the factors that are driving change and will influence the future of accommodation and care for older people:

- The majority of older people will live until the very end of their lives in general housing and may need adaptations and other forms of help and advice to cope with their homes.
- An increasing proportion of older people are homeowners (around 75-80% in most places) and they will be reluctant to transfer into rented accommodation in old age and see the value of the equity in their homes eroded.
- Much specialised accommodation is in sheltered housing, some of which is now quite old and lacks the space standards and facilities now accepted as normal.
- The average age of those living in such accommodation has moved upwards very rapidly in the last two decades, bringing higher levels of need for support that the design of these buildings does not always allow.
- Some sheltered schemes have seen the retreat of amenities, such as shops, access to doctors and pharmacy and proximity to public transport – making independent life for their residents more difficult.
- New models of enhanced and extra care housing have emerged, offering not only the possibility of supporting higher levels of dependency but also an environment for a lively and active old age.
- Local authority residential care provision is generally housed in buildings that are now showing the limitations of their design concepts, even when the fabric is in good condition. Whilst dedicated staff add enormous value to the lives of those who live in such homes the pattern is inherently institutional. Local authorities have generally found it unfeasible to continue the direct provision of such accommodation.
- In the private sector the provision of traditional residential care in relatively small units is financially precarious and many providers continue to leave the market.
- While the nursing home sector continues to provide a context for the care of the more physically dependent and mentally confused older people, the steadily rising cost makes it imperative that other solutions are explored.

- The significant growth of the oldest section of the older population brings with it marked increases in the number of those with dementia and other forms of cognitive impairment. For them there is a desire to provide something more than the alternative of being cared for at home or going straight into a nursing home. While the support of older people with such conditions in sheltered housing is sometimes difficult, there are housing based models – often involving the use of new technology to manage risk – where a good quality of life can be achieved.
- Expectations among older people will continue to increase, in relation to their physical surroundings and access to facilities – but also in their right to be consulted and to participate in decisions that affect their lives.
- Traditionally, the attention of the local authority has been focused almost exclusively on identifying and meeting the accommodation and care needs of those who met the eligibility criteria for statutory funding. An increasing proportion of older people have the financial resources to fund their access to accommodation and care but do require information, advice and assistance in making sound decisions. The strategic orbit of the local authority and its partners should include these self-funders, the facilitation of appropriate accommodation and care options for them and the provision of information, advice and assistance.

8 Determining an approach



Taken together, these values and influencing factors lead us to a vision of the future provision of a range of care services and accommodation settings that will give older people choice and quality of life.

The introduction of new forms, such as extra care housing or housing based forms of accommodation for people with dementia, must be balanced by the phasing out of some older accommodation and models of care.

The introduction of a wider range of choices for those who want to own all or part of their accommodation, irrespective of their care needs, will imply a reduction in the proportion for rent.

The process of change must be carefully handled to inform and involve those who will be most directly affected: current and future tenants and residents.

As a consequence:

- We see a greater drive towards the personalisation of accommodation and accommodation-related care and support services.
- We envisage a future in which the services for older people living in general housing will become more comprehensive and connected, offering information, advice and practical support in managing the home and maintaining an independent life within it.
- We see a probable reduction in conventional sheltered housing to rent, through the withdrawal of the older or less attractive stock, together with an overall reduction in traditional residential care in both public and private sectors.
- We expect that these developments will be more than balanced by the development of extra care housing and housing-based provision for people with dementia, alongside the enhancement of some existing sheltered stock and the increasing development of new retirement housing communities.
- We see all of these models being offered on the basis of a range of tenures from renting, through shared ownership to outright sale.
- We look for this range of accommodation options being supported by a matching range of care and support services that allow people to delay or eliminate moves into more specialised accommodation: fulfilling the aspiration of most older people that they should stay in their existing home for as long as possible.

9 Establishing population size & trends

The reports of the 2001 Census provide a rich source of data and in many places local analysis will already have been completed. With so much data available down to ward level the challenge might be identifying that which is relevant to forming an overall strategic picture.

We would suggest the minimum data set for such a study will be:

- Total population of the local authority area by age cohorts, 2001.
- Projections of growth in total population 2001 to 2028.
- Projections for growth of older population by cohorts 2001 to 2028 – numbers.
- Projections for growth of older population by cohorts 2001 to 2028 – as a percentage of the total population.
- Population of older people by age cohort by ward, 2001, and
- Population of older people from BME communities by cohort and community, 2001.

At the time of writing the 2004 population estimates and projections based upon them are available. Some will prefer to use these as their baseline data set. Others will wish to use the decennial census as their baseline, adding the updated estimates as they become available to provide a more recent base.

While social care will generally be drawn to estimates of the numbers of individuals, housing planners will prefer estimates of households. As the purpose is to investigate the trend rather than to make precise estimates of future numbers, both categories of data have their use – so long as like is compared with like.

It will be helpful to have the summary tables for England for each of these categories, whether you include them in the report of the study or not. They will allow comparisons to be made with national levels and trends.

As previously noted, local authorities can access the POPPI Demand Forecasting and Capacity Planning tool at *www.poppi.org.uk* without charge.

Total population of the local authority area by age cohorts, 2001

This may be regarded as the baseline for any analysis: what is the current size of the local population in total and the distribution of older people across the age categories of older age? As time passes from the last general census some may prefer to use estimates produced annually by the Office of National Statistics as a starting point. Others will feel that the last decennial census provides the most solid foundation before moving into the area of estimates and projections.

Table 1: Population of Peterborough from 2001 census

Age Range	Total	Males	Females
0-4	10,237	5,162	5,075
5-9	10,922	5,641	5,281
10-14	11,009	5,556	5,453
15-19	9,980	4,955	5,025
20-24	9,630	4,732	4,898
25-29	11,418	5,676	5,742
30-34	12,707	6,217	6,490
35-39	12,092	5,895	6,197
40-44	10,802	5,304	5,498
45-49	10,033	4,862	5,171
50-54	10,296	5,164	5,132
55-59	8,012	3,911	4,101
60-64	6,807	3,386	3,421
65-69	6,362	3,008	3,354
70-74	5,674	2,640	3,034
75-79	4,626	2,016	2,610
80-84	3,070	1,198	1,872
85-89	1,605	495	1110
90 and over	779	192	587
Totals	**156,061**	**76,010**	**80,051**

(Source.ONS 2001 Census reports Click Licence CO2W0003323)

Commentary on such a table might draw attention to the proportion of people over retirement age, the numbers in early, middle and advanced old age (broadly 55-70, 70-85, 85+), each of which will have, in aggregate, different characteristics that impact upon the level of need for services.

Projections of growth in total population 2001 to 2028

Table 2: Population growth projections – Wokingham

000s	2001 census	2003 census	2008 census	2013 census	2018 census	2023 census	2028 census
Total	150.2	151.2	154.3	157.2	160.2	163.2	165.7
Males	75.1	75.5	76.7	77.8	79.1	80.4	81.4
Females	75.1	75.7	77.7	79.4	81.1	82.9	84.3

(Source ONS 2001 Census Click Licence CO2W0003323)

These projections will offer a baseline against which the particular projections for cohorts within the older population can be evaluated. Thus a moderate growth in the number of older people within a population projected to increase in overall numbers will have a different impact to the same level of projected growth within a population that is declining in overall numbers.

Table 3: Current and projected population 50+ – Wokingham

000s	Age range	2001 census	2003 census	2008 census	2013 census	2018 census	2023 census	2028 census
Total	50-64	27.6	27.8	29	29.2	30.5	30.7	28.8
	65-74	10.3	10.9	11.6	14	15	14.4	15.4
	75+	7.6	8	9.4	11	12.4	15.2	16.8
Males	50-64	16.1	13.8	14.5	14.9	15.6	15.6	14.4
	65-74	7.1	5.2	5.6	6.8	7.1	7.1	7.7
	75+	4.6	3.1	3.8	4.5	5.2	6.4	7
Females	50-64	17.7	14.1	14.3	14.2	14.8	15.2	14.4
	65-74	8.2	5.6	6.1	7.2	7.8	7.3	7.7
	75+	7.7	5	5.6	6.5	7.4	8.9	9.7

(Source ONS 2001 Census Click Licence CO2W0003323)

Table 4: Percentage of the population above age thresholds – Wokingham

Age range	2001 census	2003 census	2008 census	2013 census	2018 census	2023 census	2028 census
50-64	30.3	30.9	32.4	34.5	36.1	36.9	36.8
65-74	11.9	12.5	13.6	15.9	17.1	18.1	19.4
75+	5.1	5.3	6.1	7.0	7.7	9.3	10.1

(Source ONS 2001 Census Click Licence CO2W0003323)

Table 5: Population projections 50+ by five year cohorts

000s	Age range	2001 census	2003 census	2008 census	2013 census	2018 census	2023 census	2028 census
Total	50-54	5.7	5.2	5.1	5.8	6.1	5.4	4.7
	55-59	4.2	4.8	4.8	4.8	5.3	5.6	5.1
	60-64	3.4	3.5	4.3	4.3	4.3	4.8	5.1
	65-69	3.0	3	3.1	3.8	3.8	3.8	4.3
	70-74	2.6	2.6	2.6	2.7	3.4	3.4	3.4
	75-79	2.2	2.1	2.2	2.3	2.4	3.1	3.1
	80-84	1.5	1.7	1.7	1.8	1.9	2.1	2.7
	85+	1.3	1.2	1.4	1.6	1.9	2.2	2.5
	All 50+	23.8	24.1	25.2	27.1	29.1	30.4	30.9
Males	50-54	3.0	2.7	2.6	2.9	3	2.6	2.4
	55-59	2.1	2.5	2.4	2.4	2.7	2.7	2.5
	60-64	1.7	1.8	2.2	2.1	2.1	2.4	2.5
	65-69	1.4	1.4	1.5	1.9	1.8	1.8	2.1
	70-74	1.1	1.1	1.2	1.3	1.6	1.6	1.6
	75-79	0.8	0.8	0.9	1	1.1	1.4	1.4
	80-84	0.5	0.6	0.6	0.7	0.8	0.9	1.2
	85+	0.4	0.4	0.5	0.6	0.8	0.9	1.1
	All 50+	11.0	11.3	11.9	12.9	13.9	14.3	14.8
Females	50-54	2.7	2.6	2.5	2.8	3.1	2.8	2.3
	55-59	2.1	2.3	2.4	2.3	2.6	2.9	2.6
	60-64	1.7	1.8	2.1	2.2	2.1	2.4	2.6
	65-69	1.6	1.6	1.6	1.9	2	1.9	2.2
	70-74	1.5	1.5	1.5	1.5	1.8	1.8	1.8
	75-79	1.3	1.3	1.3	1.3	1.3	1.7	1.7
	80-84	0.9	1.1	1	1.1	1.1	1.2	1.5
	85+	0.9	0.8	0.9	1	1.1	1.2	1.4
	All 50+	12.8	13	13.3	14.1	15.1	15.9	16.1

(Source ONS 2001 Census Click Licence CO2W0003323)

Table 6: Numerical totals for each cohort by ward – Reigate and Banstead

Age range	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Banstead Village	633	493	378	379	342	315	288	192	110	50	3
Chipstead, Hooley and Woodmansterne	637	459	417	346	293	188	143	78	46	10	0
Earlswood and Whitebushes	570	375	343	232	209	177	184	101	43	0	0
Horley Central	509	392	339	324	348	255	234	140	61	14	0
Horley East	441	292	177	176	147	91	82	31	11	0	0
Horley West	636	457	401	305	269	203	122	52	25	12	0
Kingswood with Burgh Heath	607	461	383	341	273	208	149	93	57	20	0
Meadvale and St John's	547	403	279	301	273	236	172	94	32	3	0
Merstham	543	395	269	258	295	366	253	121	28	6	6
Nork	634	499	436	336	322	253	172	89	32	6	3
Preston	146	120	90	97	119	130	87	23	9	0	0
Redhill East	416	315	212	205	170	163	84	52	16	3	0
Redhill West	522	430	335	359	306	231	157	100	21	3	0
Reigate Central	486	358	275	258	272	262	202	166	81	27	6
Reigate Hill	378	323	225	234	233	211	171	159	75	10	6
Salfords and Sidlow	254	215	157	111	106	79	65	25	9	3	3
South Park and Woodhatch	548	387	351	332	342	251	184	80	36	6	3
Tadworth and Walton	576	455	380	335	258	280	187	170	84	22	0
Tattenhams	578	467	380	358	357	314	214	119	40	12	3
Total	**9,661**	**7,296**	**5,827**	**5,287**	**4,934**	**4,213**	**3,150**	**1,885**	**816**	**207**	**33**

(Source ONS 2001 Census Click Licence CO2W0003323)

Tables 3-5 provide crucial information about the future growth or decline in numbers within the older population. In many areas the number and proportion of those in advanced old age is set to increase – in some cases substantially – and this will have a direct impact upon the future demand for services. In other areas the number of those in advanced old age will decline in the short-term whilst the number of those in early old age will increase. The timescale, urgency and even the nature of the strategic response made by housing, health and social care organisations will be affected by analysis of these projections.

Table 6 gives numerical totals but a tabulation expressing the data as percentages of relevant population is also available. Taken together this data will allow the development of a view about where within a local authority concentrations of older people are to be found and may indicate how priorities for the provision or renewal of facilities ought to be set.

Population of older people from BME communities by cohort and community, 2001

Most Black and Minority Ethnic communities have a younger population that in the wider community. Thus the numbers of those in old age may currently be small. Even in areas of relatively high BME populations numbers of elders within each BME community may be very small except in a relatively limited number of wards. Within some communities there are much more substantial numbers in succeeding cohorts who will enter old age in ten or twenty years time.

Table 7: BME Elders by community 2001 – Doncaster

Note: The data on which this table is based is set out in an extensive spread sheet from which this key data relevant to older people has been drawn and re-formatted.

Age Range	65-74	75-84	85+
All people	26,029	16,251	4,622
White: British	25,284	15,834	4,562
White: Irish	310	142	18
White other: White	168	212	21
Mixed: White & Black Caribbean	9	3	0
Mixed: White & Black African	3	3	0
Mixed: White & Asian	18	3	0
Mixed: other Mixed	0	3	3
Asian or Asian British: Indian	39	15	6
Asian or Asian British: Pakistani	54	6	3
Asian or Asian British: Bangladeshi	0	0	0
Asian or Asian British: other Asian	3	6	3
Black or Black British: Black Caribbean	87	18	3
Black or Black British: Black African	12	0	0
Black or Black British: other Black	0	0	0
Chinese or other ethnic Group: Chinese	36	6	3
Chinese or other ethnic Group: other ethnic group	6	0	0

(Source: Contact Consulting based on 2001 Census ONS Click Licence CO2W0003323)

Table 8: Ward population by ethnic origin, 2001 – Peterborough

All people (number)	%	White British	White other	Indian	Pakistani	Black Caribbean	Black African	Chinese
8,762	Central	39.97	4.54	2.32	46.46	1.03	0.68	0.19
8,141	Park	78.36	4.69	3.66	7.71	0.65	0.23	0.39
8,312	West	78.81	3.71	4.14	7.05	0.51	0.59	0.45
8,424	East	79.51	3.47	2.60	5.37	1.08	0.90	0.87
6,820	Ravensthorpe	80.22	2.17	2.89	6.76	1.44	0.62	0.37
156,061	Peterborough	85.70	2.92	1.84	4.47	0.72	0.35	0.34
7,871	Fletton	85,95	6.49	1.46	0.58	0.76	0.30	0.29
5,124	North	87.26	2.21	2.24	2.65	1.25	0.53	0.14
8,753	Dogsthorpe	87.50	2.35	2.57	2.07	0.80	0.30	0.29
9,483	Bretton North	88.00	1.86	2.07	1.50	1.13	0.44	0.25
3,206	Bretton South	88.43	2.46	3.24	0.56	0.66	0.31	0.47
8,579	Stanground Central	89.26	6.03	1.22	0.45	0.49	0.26	0.13
3,059	Stanground East	89.77	3.11	1.50	0.20	0.95	0.26	1.34
10,416	Orton Longueville	90.29	2.52	1.04	0.79	0.78	0.41	0.11
5,437	Walton	91.12	1.99	1.97	0.63	0.68	0.22	0.22
8,236	Orton Waterville	91.37	2.15	1.60	0.21	0.45	0.27	0.53
3,515	Orton Hampton	91.55	2.87	1.51	0.09	0.74	0.14	0.83
8,213	Paston	91.77	1.64	0.96	0.50	0.82	0.18	0.55
7,943	Werrington North	92.71	1.93	1.17	0.23	0.53	0.25	0.43
6,669	Werrington South	94.93	1.41	0.66	0.18	0.25	0.16	0.31
5,297	Eye and Thorney	94.96	1.45	0.77	0.09	0.45	0.19	0.08
2,610	Barnack	95.56	2.41	0.27	0.00	0.00	0.00	0.00
6,255	Gliton & Wittering	96.48	1.47	0.43	0.05	0.19	0.08	0.05
2,649	Northborough	96.72	1.40	0.38	0.11	0.00	0.11	0.00
2,961	Newborough	96.73	1.31	0.35	0.00	0.26	0.00	0.00

(Source: Peterborough City Council based on ONS Census 2001)

The distribution of particular Black and Minority Ethnic communities within a local authority area is best seen by reviewing data at a ward level.

Interpreting the data on the current and future needs of BME Elders provides a considerable challenge:

- The needs of each Black and Minority Ethnic community is distinct and cannot be crudely aggregated.
- Expectations vary within communities and between generations: some wish to have provision specific to their community and cultural identity, others wish to encourage greater sensitivity within generic provision.
- It is clear that succeeding generations within BME communities may have different expectations reflecting changing lifestyles and provision made now needs to be sufficiently flexible to respond to that dynamic situation.
- Where numbers are small, in some cases in single figures, making specific provision is a particular challenge.

10 Data reflecting housing circumstances

The sources of data for establishing the housing circumstances of older people may be drawn from a variety of sources but should cover three principal areas:

- Tenure
- Property type
- House Condition
- Property value

Changes in tenure represent a key trend in understanding the current and future accommodation needs of older people. Owner-occupation is now the majority tenure for older people, even in advanced old age.

The data may hold some surprises: for example the number of those in old age who are still paying a mortgage and those whose landlords are now a LSVT (Large Scale Voluntary Transfer) Registered Social Landlord who report themselves as living in a Council House. In addition to numbers by age group in ownership and various forms of renting the data will also identify those living in communal situations: mainly residential care and nursing establishments. This data is available from the 2001 census reports.

Table 9: Tenure by age and gender of household head – Cotswold District Council

	Male						Female					
	50-54	55-59	60-64	65-74	75-84	85+	50-54	55-59	60-64	65-74	75-84	85+
Own outright	809	973	1,073	2,467	1,599	373	1,011	1,236	1,288	2,824	2,153	647
Own with mortgage	1,711	1,086	538	426	144	29	1,422	880	415	386	212	64
Shared ownership	21	19	12	16	3	0	16	15	12	6	12	3
Rented from LA	29	18	22	58	36	12	16	26	21	75	82	26
Other social rented	276	218	210	449	299	102	261	218	231	558	584	238
Private rented	317	233	152	277	139	38	255	216	151	266	192	69
Living rent free	108	99	80	108	90	33	111	91	74	147	194	119
Communal establishment	10	6	3	6	45	53	12	9	15	12	128	288

(Source: ONS 2001 Census Click Licence CO2W0003323)

Property Type can have a significant impact. We know that a high proportion of older people can live independently if they are in accommodation in which the key facilities are all on the same level. A high proportion of bungalows and flats in the dwelling mix within an area may mitigate the need for specialised housing, although space standards and accessibility within the dwelling will be crucial. Data on the dwelling mix will be found in census data and in house condition surveys.

House condition data will be available from house condition surveys undertaken by the local authority or on its behalf. This should identify the numbers of older people living in housing that falls below current standards either because of missing amenities or though its state of disrepair. Table 10 provides national average figures from the English House Condition Survey but local studies will give much more detailed information. As surveys are only undertaken periodically, some data may be several years old.

Table 10: Poor housing

%	Non-decent	Insufficient thermal comfort	Other reasons
Household with at least one person 60+	39	34	14
All households	33	26	12

(Source: Contact Consulting, hypothecated from ODPM House Condition Survey 2001)

Property value data is available from the Land Registry through their website which sets out the average sale prices realised and the number of transactions registered for properties of different types. We give a county-wide example here but data is available for more focused areas.

Table 11: Average price and volume of sales for Hampshire, April 2007

%	Detached (£)	Semi-detached (£)	Terraced (£)	Maisonette/Flat (£)	All
Hampshire	352,636	203,360	166,980	126,581	218,285

(Source: Land Registry Returns)

Table 12: Average house prices for England and Wales April 2007

%	Detached (£)	Semi-detached (£)	Terraced (£)	Maisonette/Flat (£)	All
England/ Wales	270,320	169,451	140,462	169,307	179,935

(Source: Land Registry Returns)

This data on property values may have at least two principal uses:

- It may help determine what represents affordability in relation to retirement accommodation offered for sale (some would regard the average selling price of a semi-detached house as an acceptable measure).
- It also provides some indication of the likely value of equity available to older people in making a contribution from that source either to the repair and maintenance of their home, or to funding long-term care needs.

11 Indicators of potential need

Accurate local data concerning the potential need of older people for services is often difficult to establish. In some areas local studies may have been conducted but this will rarely be the case. It is possible to take prevalence levels established by national surveys and apply them to local populations. Whilst these provide a very "blunt instrument" as they cannot reflect local variations in health inequalities they do provide a benchmark figure other than current levels of expressed demand for services and can be used to explore unexpressed demand locally.

Table 13: Difficulties with personal care tasks

Note: "Base number" refers to the number of people living in the local authority area who are within this age group and therefore the base number to which the percentage of prevalence has been applied to achieve the local number.

Age range	65 - 69		70 – 74		75 - 79		80 – 84		85+		TOTAL
	%	No.	%	No.	%	No.	%	No.	%	No.	
Bathing, showering washing all over	3	159	5	247	6	255	11	345	21	627	**1,633**
Dressing & undressing	2	106	2	99	2	85	4	125	8	239	**654**
Washing face & hands	0	0	0	0	0	0	1	31	2	60	**91**
Feeding	0	0	0	0	0	0	0	0	3	90	**90**
Cutting toenails	18	953	24	1,184	34	1,443	43	1,348	64	1,910	**6,838**
Taking medicines	2	106	3	148	3	127	5	157	10	299	**837**
At least one of above	19	1,006	25	1,234	36	1,528	45	1,411	67	2,000	**7,179**
Base number		5,295		4,934		4,243		3,135		2,985	**20,593**

(Source: Contact Consulting, based on 2001 Census and 2001 GHS. ONS Click Licence CO2W0003323)

The General Household Survey of 2001 asked people about their difficulty with a range of tasks in the areas of personal care, mobility and domestic tasks. It also asked about sensory problems. From the reports of the study it is possible to establish a percentage of incidence by age cohort and then to apply that to the number of people in that age group within the local community. Using future population projections it is possible to identify trends in future potential need for services.

Of the difficulties identified those that may have particular relevance for housing are connected with bathing, showering and washing all over where adaptation, or the provision of specifically designed features in accommodation intended for older people may be appropriate.

All the categories identified here may indicate a need for accessible housing, whether by adaptation to an existing dwelling or through transfer to accommodation designed to be accessible.

Table 14: Mobility problems

Note: "Base number" refers to the number of people living in the local authority area who are within this age group and therefore the base number to which the percentage of prevalence has been applied to achieve the local number.

Age range	65 - 69		70 – 74		75 - 79		80 – 84		85+		TOTAL
	%	No.	%	No.	%	No.	%	No.	%	No.	
Going out of doors and walking down road	6	317	10	493	14	594	20	627	41	1,223	**3,256**
Getting up and down stairs and steps	5	264	7	345	10	424	16	501	24	716	**1,756**
Getting around house (on the level)	1	53	0	0	2	84	2	62	2	59	**397**
Getting to the toilet	1	53	1	49	1	42	1	31	31	925	**12,77**
Getting in & out bed	2	106	1	49	1	42	3	95	5	149	**442**
At least one of the above	9	476	13	641	18	763	25	783	45	1343	**4,008**
Base number		5,295		4,934		4,243		3,135		2,985	**20,532**

(Source: Contact Consulting, based on 2001 Census and 2001 GHS ONS Click Licence CO2W0003323)

Table 15: Difficulties with domestic tasks

Note: "Base number" refers to the number of people living in the local authority area who are within this age group and therefore the base number to which the percentage of prevalence has been applied to achieve the local number.

Age range	65 - 69		70 – 74		75 - 79		80 – 84		85+		TOTAL
	%	No.	%	No.	%	No.	%	No.	%	No.	
Shopping	5	264	9	444	14	594	21	658	41	1,223	**4,488**
Washing & drying dishes	1	53	2	98	3	127	3	94	9	268	**641**
Clean windows inside	9	476	13	641	20	848	29	909	48	1,432	**6,275**
Jobs involving climbing	15	794	23	1,134	36	1,524	45	1,410	67	2,000	**6,864**
Use vacuum cleaner	5	264	8	394	10	424	17	533	38	1,134	**2,751**
Open screw tops	8	423	9	444	11	466	16	501	28	835	**2,671**
Deal with personal affairs	3	158	4	197	7	297	10	313	25	746	**1,713**
Do practical activities	13	688	22	1,085	34	1,442	41	1,285	62	1,850	**6,352**
At least one of above	23	1,217	31	1,529	46	1,951	57	1,787	77	2,298	**8,784**
Base number		5,295		4,934		4,243		3,135		2,985	**20,532**

(Source: Contact Consulting, based on 2001 Census and 2001 GHS ONS Click Licence CO2W0003323)

Here a number of the indicators may suggest requirements for higher levels of care that will be difficult to provide in a setting of general housing and may be more appropriately provided for in an Extra Care housing, residential care or nursing home setting.

The incidence of dementia is closely related to the age profile of the local population. There are a number of methodologies for calculating the likely levels of cognitive impairment within a population. That provided here is drawn from the work of Ely et al and applies the percentages of incidence identified in their study to the numbers in the local population in each age group.

Table 16: Incidence of Cognitive Impairment 2001

Age range	Population within catchment area	Prevalence %	Number within catchment area
65 – 74	12,100	2.3%	278
75 – 84	7,700	7.2%	554
85 +	2,400	21.9%	526
Total	22,200		1,358

(Source: Contact Consulting, Ely et al & ONS mid-year estimates 1997) (Projections rounded)

Table 17: Forecast Incidence of Cognitive Impairment 2011

Age range	Population within catchment area	Prevalence %	Number within catchment area
65 – 74	13,400	2.3%	308
75 – 84	8,200	7.2%	590
85 +	2,900	21.9%	635
Total	24,500		1,53

(Source: Contact Consulting, Ely et al & ONS mid-year estimates 1997) (Projections rounded)

Problems with sight and hearing are common in old age, tending to increase in prevalence as age increases. Whilst this may not indicate a requirement for particular housing or care options except in more extreme impairment it does underscore the need for thoughtful design in provision for older people.

Table 18: Incidence of sensory impairment 2001 – Reigate and Banstead

Note: "Base number" refers to the number of people living in the local authority area who are within this age group and therefore the base number to which the percentage of prevalence has been applied to achieve the local number.

Age range	65 - 69		70 – 74		75 - 79		80 – 84		85+		TOTAL
	%	No.	%	No.	%	No.	%	No.	%	No.	
Difficulty with sight	20	1,059	24	1,084	31	1,315	36	1,129	49	1,463	**3,910**
Difficulty with hearing (with hearing aid)	6	318	10	493	14	594	21	658	27	806	**2,870**
Without hearing aid	17	900	3211	543	23	976	21	658	27	806	**3,883**
Base number		5,295		4,934		4,243		3,135		2,985	**20,5**

(Source Contact Consulting, based on 2001 Census and 2001 GHS ONS Click Licence CO2W0003323)

Making the calculations

Excel Templates for calculating these tables are provided at the following link: *www.icn.csip.org.uk/MCGVlocalcalculations*

Health warning! It must be stressed that the resulting numbers should be taken only as a broad indication of potential need for services. Local environmental, economic and health factors may influence the results and the model does not claim to reflect those variations.

Local Data

There is sometimes a significant volume of local data available to support these modelled estimates, for example:

- Applications for sheltered housing - available from housing,
- Information indicating a need for housing-related support – available from Supporting People administering authorities,
- Assessments completed indicating a need for residential or nursing care – available from adult social care,
- Incidence of health conditions suggesting a need for specialised accommodation or care – available from PCTs/Directors of Public Health[1],
- Numbers of those whose transfer of care was delayed by housing circumstances or lack of availability of appropriate accommodation – Discharge co-ordinator, Acute Trust.

All these sources are partial but provide a starting point for understanding what is known, and perhaps more importantly what is not known locally. The needs of owner-occupiers and of self-funders for example may not be adequately represented.

There is also some useful learning arising from the government's Partnership for Older People Pilot programme. A new *Promoting Independence Self-Assessment Tool* sets out an approach for health and local authority communities to establish the strengths and weaknesses of their progress in making the shift towards promoting independence, prevention and early intervention. In doing this, it has the potential to help Local Strategic Partnerships (LSPs) work out the priorities for their Local Area Agreements (LAA)[2].

Further advice on how local experience and local data can be captured for the purposes of planning are provided in the *Configuring Future Services Toolkit: A structured Approach to Delivering Better Outcomes for Older People* which can be accessed via *www.csed.csip.org.uk*

In addition, the King's Fund has published a useful tool that can help health and adult social care commissioners predict who will need intensive care.

PARR – short for *Patients At Risk of Re-hospitalisation* – is a software tool that can be run daily. When an individual is admitted to hospital the tool uses the patient's recent admissions data (up to four years) to calculate the likelihood of re-admission over the next 12 months. This takes into account factors such as prior utilisation, diagnoses and socio-demographic information and gives a high rate of predictive accuracy. The tool was commissioned by the Department of Health and developed by the King's Fund with New York University and Health Dialog[3].

1 Care Services Improvement Partnership (2007), The role of public health in supporting the development of integrated services, Integrated Care Network. Department of Health, London

2 Care Services Improvement Partnership (2007), Promoting Independence: the long marathon to achieving choice and control for older people. Department of Health, London

3 The most recent version of the tool, PARR++, was released in November 2007 and is free to download or order on CD from: www.kingsfund.org.uk/current_projects/predictive_risk/patients_at_risk.html

Taking changing aspirations into account

In looking to future patterns of provision we need to be conscious that the future will be characterised by the aspirations of a rising generation of older people rather than simply by an assessment of their needs. If we are not to design-in obsolescence then those aspirations need to be taken seriously.

We do know something of the aspirations of older people.

The key one is that older people have, whatever their circumstances, is the same one they will have pursued throughout their lives from childhood and adolescence, through adulthood and into old age: the desire to have control over their own lives. It is the desire to remain in control that motivates people to struggle on against enormous odds when their existing housing situation becomes difficult. That desire for control covers all the most basic aspects of our lives: with whom, if anyone, we choose to share our living space, what time we get up and go to bed, what we eat and drink and when and where we do so, how we fill our free time, with whom we will socialise, and on and on. These are the basic decisions of our lives. Traditional forms of accommodation and care for older people have tended to compromise this autonomy.

That desire for some degree of control over their own lives leads to concern for the future: what will happen if the capacity to care for oneself is diminished, if savings are exhausted and income is inadequate, if other circumstances change? Whilst recognising that change for themselves and in the world around them is inevitable, older people look for some degree of predictability in the matters that will affect them and their ability to live as they would wish. So will the place they move to continue to accommodate and care for them if mental, physical and/or financial circumstances change? What can they expect and what are their rights?

The autonomy that older people aspire to includes the freedom to choose their own life style. Traditional forms of accommodation and care have implied a degree of conformity: to fit in, to live conventionally, to join in with communal activities. Older people increasingly wish to assert their distinctiveness: in the decoration and furnishing of their living space, in their choice of relationships, in the ways in which they spend their leisure time, and so on.

There is too a concern about eventual access to care. They want reassurance that the accommodation they occupy is suitably designed and equipped so that when the need for care arises, it does not necessarily precipitate a move. They want to know that the care they require can be provided without a complete surrender of privacy, autonomy and lifestyle.

Closely linked with all these aspirations are concerns about financial autonomy. That they should maintain control of the resources they have built up through their working life – and have a degree of control over how those resources are used – is important to them. They want to maintain their status as home owners, if that is their choice, not to see their capital drained through the narrow accommodation options available to meet their care needs when they arise.

For that minority of older people who enter old age as tenants and have limited other financial resources, exercising the same degree of choice will be difficult. Unless providers are willing to offer genuinely mixed tenure schemes in which social renters and home owners live side by side they will contribute to, rather than dilute, the emergence of a two class old age.

Long standing research from the Joseph Rowntree Foundation[4] established that the physical quality of the housing that they occupy is the most important factor in explaining the satisfaction of older people with their housing. The assumption that older people are happier in smaller houses was not borne out by the research.

More recent research from JRF[4] concludes that the combination of independence and security offered by housing with care schemes is highly attractive to older people. The researchers further concluded that: "Accommodation that was very small impacted on residents' lifestyle, and had implications for care delivery. Greater emphasis is needed on 'space for living'."

We can summarise some of these key aspirations of older people as a checklist, Figure Two. This checklist should be expanded to reflect local aspirations and consultation with local older people.

Figure Two: The proposed range of accommodation and care should ensure:

Real options for people in a range of personal and housing circumstances.	✓
Locations that provide access to a range of facilities and services.	✓
Provide actual and perceived security in the scheme and its surroundings.	✓
Recognise and provide for a diversity of lifestyle choices.	✓
Provide a flexible offer of service that is built on positive presumptions about old age.	✓
Offer the best available financial arrangements on entry and for the future.	✓

4 Wilson D, Aspinall P & Murie A Factors Influencing the Housing Satisfaction of Older People. York, Joseph Rowntree Foundation (1995).

5 Croucher K, Huicks L, Bevan M & Sanderson D (2007) Comparative evaluation of models of housing with care in later life, Joseph Rowntree Foundation, York.

12 Mapping local provision

Existing provision within the area is unlikely to be recorded in a complete or coherent way. As a minimum the study should seek to record:

- The number of units of conventional sheltered housing to rent,
- The number of units of conventional sheltered housing for sale,
- The number of units of enhanced sheltered housing to rent,
- The number of units of enhanced sheltered housing for sale,
- The number of units of extra care housing to rent,
- The number of units of extra care housing for sale,
- The number of units within almshouses and Abbeyfield houses,
- The number of registered places in care homes designated for older people, for older people with mental infirmity and other categories that specifically mention older people (such as people with a learning disability who are over 65).
- The number of registered places in care homes providing nursing for older people, for older people with mental infirmity and other categories that specifically mention older people (such as people with a learning disability who are 65 years of age or more).

Information about sheltered housing and its variants might be available locally, for example in directories of sheltered accommodation provided for the general public and in provision-mapping undertaken by Supporting People. However, both these sources may not record all leasehold schemes.

An alternative source is the database provided by the Elderly Accommodation Counsel (EAC) as part of its administrative support to the Housing Learning and Improvement Network in the Care Services Improvement Partnership at the Department of Health. It should be noted however, that some sources are likely to be hampered by incomplete data and imprecision in definition by the sector: for example, in what may be described as extra care housing. To address this, EAC with the support of a consortia of cross-sector industry providers have developed a Quality of Information Mark to encourage and help providers deliver better and more consistent information to older people about all forms of retirement housing (*www.housingcare.org*).

Numbers of places available in residential care homes and in care homes registered to provide nursing care may again be known from local records and may be checked against the listings provided by the Commission for Social Care and Inspection (CSCI).

The EAC database now also includes listings of care homes. Arriving at accurate numbers may not be easy. Commissioners may include capacity used by them in neighbouring authorities. Places may be registered for more than one prospective client group, leading to double counting. Making historical comparisons is complicated by a change in registration categories since the inauguration of CSCI.

In the absence of nationally agreed definitions at present, it may be necessary to develop a local understanding of what the expected characteristics of each category of specialised accommodation may be. The "Wokingham Matrix" provides a template for local discussion and development but it is a starting point for a local discussion, rather than a definitive set of statements of universal application.

Figure Three: The Wokingham Matrix

Housing Type		Characteristics of population	Design and facility requirements	Services
Retirement accommoda-tion	Essential	Independent population.	Self contained accessible accommodation. A sustainable location in terms of access to local amenities and services.	Community Alarm.
	Desirable		Built to meet lifetime homes standards. Guest room with a range of facilities Providing two bedrooms in each unit.	Visiting warden/scheme manager service on demand, floating support service and/or individual budget.
Conventional Sheltered Housing	Essential	Independent population.	En suite private accommodation Communal facilities. High standard of accessibility internal and external. Guest room with a range of facilities.	Facilitated access to care services. Dedicated warden/ scheme manager service.
	Desirable	Capacity to cope with occasional care needs.	Enhanced communal facilities: eg craft facilities, IT suite, etc. Infra-structure in place for assistive technology. Generous storage space in addition to that within the individual unit.	Facilitated social and recreational activity programme, floating support service and/or individual budget.
Enhanced Sheltered Housing	Essential	Mixed dependency population. Including up to 12 hrs per week care needs.	Assisted bathing facilities. Access to meals service. Recreational/Leisure facilities. Infra-structure in place for assistive technology. Guest accommodation with range of facilities.	Manager based on site to provide support and facilitate access to day opportunity services. Expedited access to care services Facilitated social and recreational activity programme.
	Desirable	Aggregate care needs 150-200 hrs per week.	Restaurant. Fully equipped craft rooms. IT Suite. Exercise suite. Generous storage space in addition to that within the individual unit.	On site care and/or support.

Housing Type		Characteristics of population	Design and facility requirements	Services
Extra Care Sheltered Housing	Essential	Mixed dependency population, around 1/3rd having care needs in excess of 18 hrs care per week. 1/3rd low care needs. 1/3rd no current care needs. Aggregate care needs at least 240 hrs per week.	En-suite one bedroom & accommodation - Restaurant - Fully equipped craft rooms - IT Suite - Exercise suite - Day opportunities Scheme design encourages orientation. Infra-structure in place for assistive technology Generous storage space in addition to that within the individual unit.	Manager based on site to provide support and co-ordination 24/7 on site care. Facilitated recreation, social, cultural programme.
	Desirable	Existing residents supported in extreme frailty Some residents with moderate levels of dementia.	Some utilisation of assistive technology Communal facilities available for older people in local community	Access to nursing/ wellbeing services Access to dementia services.
Registered Care Home	Essential	Minimum care needs 18 hrs per week up to highest level of personal care short of nursing.	In space and design standards meeting the requirements of the Commission for Social Care Inspection. Infra-structure for assistive technology.	In staffing levels and practice meeting the requirements of the Commission for Social Care Inspection.
	Desirable	Capacity to cope with highest levels of physical and mental frailty	Exceeding the minimum space standards and with additional facilities to enrich the life experience of residents. Guest accommodation with a range of facilities. Some utilisation of assistive technology.	Evidence of highest professional practice and staffing to support life enrichment for residents.

(© Contact Consulting & Wokingham UA 2005/ amended)

This definitional matrix was adopted by Wokingham UA as the basis for discussion with existing and potential providers when matching the accommodation and care package they were offering against the aspirations of the authority's older persons' accommodation strategy.

It has subsequently been used with a number of other authorities and in the analysis of the supply of specialised housing for older people across Wales.

When the information has been collated it may be represented in tables, such as those below, that set out the level of provision in the London Borough of Harrow.

Table 19: Summary of retirement housing in Harrow

Tenure	Bedsits (BSR)	1 bed	2 bed	Bungalow	Not specified	Total
Rented Sheltered housing units – LA/RSLs	325	700	-	98	76	**1,199**
Leasehold Sheltered housing units	-	27	94	144	457	**722**
Abbeyfield Houses and Almshouses	19	-	-	-	-	**19**
Totals	**344**	**727**	**94**	**242**	**533**	**1,940**

(Source: Contact Consulting from Elderly Accommodation Counsel database)

There are also substantial issues around the distinction to be drawn between total capacity and the number of places supported by statutory funding and commissioning. Others can also be drawn between the total capacity when compared with the number of residents with long-standing associations with the area. Often this data is not readily available and can only, and then often with some difficulty, be gathered by individually surveying local registered care homes. If the data is to be robust this may be the only route to securing it but it will carry a time and resource consequence.

Table 20: Residential and Nursing home Places within Harrow

	Local Authority	RSL or Charity	Commercial/Private	Totals
Residential Care 65+	-	151	265	**416**
Residential Care EMI	-	-	-	**-**
Residential Care Mental Health 65+	-	-	-	**-**
Residential Care Learning Disability 65+	-	-	-	**-**
Totals	**-**	**151**	**265**	**416**
Residential Care with Nursing 65+	-	74	454	**528**
Residential Care with Nursing EMI	-	-	14	**14**
Totals	**-**	**74**	**468**	**542**

(Source: Contact Consulting from Elderly Accommodation Counsel database)

To allow meaningful comparison the number of places available needs to be expressed in a standardised form. A useful means of doing this is to express the provision as a ratio of places to each 1,000 of the older population above three threshold ages: 65, 75, and 85. To simplify matters, places are aggregated into housing, residential care and nursing home places.

The following illustrations rely upon traditional distinctions between residential care and nursing home care. Changes in the categorisation of care homes make historical comparisons difficult. The old categories of Residential Care Home and Nursing Home no longer apply but the figures in Table 21 do give an indication of distribution of capacity through styles of accommodation that provide differing levels of care.

Table 21: Provision of places for older people in Wokingham

	Number of units/places	Per 1,000 of the population 65 years and over	Per 1,000 of the population 75 years and over	Per 1,000 of the population 85 years and over
Sheltered and very sheltered housing	1,249	70	164	608
Residential care places	251	14	33	122
Nursing home places	373	21	49	182

(Source: Contact Consulting, based on PSSRU for the Royal Commission on Long Term Care and ONS projections)

A further benefit of expressing the level of provision in this way is that it allows comparison with a broad historic average for England: this is calculated from the information about levels of provision contained in the Research Appendices to the report of the Royal Commission on the Future of Long Term Care. This is summarised in Table 22.

Table 22: Number of units/places for older people in England

	Number of units/places	Per 1,000 of the population 65 years and over	Per 1,000 of the population 75 years and over	Per 1,000 of the population 85 years and over
Sheltered and very sheltered housing	516,524	668	136	491
Residential care places	288,750	37	76	274
Nursing home places	157,500	20	42	150

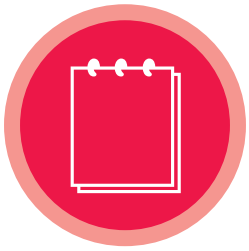
(Source: Contact Consulting, based on PSSRU for the Royal Commission on Long Term Care and ONS projections)

In practice the key indicator will be the ratio to the population of those aged over 75 as this is widely accepted as a threshold age for appropriate entry to specialised housing, residential care and nursing home care. If the provision of sheltered housing is disaggregated - as between rented and leasehold and then expressed as a ratio of provision to population - it will commonly be established that there is enough sheltered housing to rent to accommodate all those over seventy years of age currently living in rented housing, sometimes twice over.

The study may also seek to establish:

- The number of units of specialised accommodation for older people (the variants of sheltered housing and extra care housing) currently under development or planned by providers,
- The number of people occupying places in care homes and care homes providing nursing care that are funded by the local authority,
- The number of care packages/Individual budgets provided by the local authority to people living in their own homes and
- The number of people living in specialised accommodation who receive support through Supporting People.

13 The context in National Policy



Local initiatives need to take account of legislation, statutory guidance and good practice. In the dynamic climate within which those engaged in health, housing and social care are working these elements are constantly developing as the Government seeks to identify the linkages in policy and to disseminate the benefits of emerging practice.

While there are summaries and précis available, there is considerable benefit in revisiting the documents and preparing a fresh summary that will reflect the concerns that lie behind the local study.

Because the body of available material is constantly developing there can be no definitive list that will not be out of date within a few weeks. We do provide a checklist of sources and a listing of some of the most significant recent documents.

Some recent key documents:

- National Housing Strategy for an Ageing Society, CLG (2008)
- Putting People First, DH (2007)
- Commissioning Framework for Health and Well-Being. DH (2007)
- Homes for the Future: More Affordable, More Sustainable. CLG (2007)
- Our Health, Our Care, Our Say: a new direction for community services. White Paper DH (2006)
- Independence, Well-being and Choice. Green Paper DH (2006)
- Dignity in Care. DH (2006)
- The Local Government White Paper: Strong and Prosperous Communities. DCLG (2006)
- Sure Start to later life: Ending inequality for older people ODPM (2006)
- Opportunity Age: Meeting the Challenges of Ageing in the 21st Century. CM 6466 (2005)
- Commissioning a Patient Led NHS. DH (2005)
- Choosing Health: Making Healthy Choices Easier. DH (2004)
- Older People, Independence and Well-being: The Challenge for Public Services. Audit Commission (2004)
- Public Services for Tomorrow's Older Citizens: Attitudes to Ageing. ADSS (2004)
- National Service Framework for Older People. DH (2001)
- Quality and Choice for Older Peoples' Housing: A Strategic Framework. DETR (2001)

The role of Public Service Agreements and related Performance Indicators.

Alongside the announcement of the Comprehensive Spending Review in October 2007, the Government re-stated and expanded the Public Service Agreements (PSAs) and associated indicators that will shape the delivery of its policies.

PSA 20: increase long term housing supply and affordability. Amongst its indicators is the requirement to demonstrate trends in affordability, to deliver affordable homes, to show improvement in the efficiency rating of new homes and the adoption of development plan documents.

PSA 17: Tackle Poverty and promote greater independence and well being in later life. This includes indicators that may be seen as relevant to housing for older people:

- Healthy life-expectancy at age 65,
- Over 65s satisfied with home and neighbourhood and
- Over 65s supported to live independently.

PSA 18: Promote better health and well-being for all. This includes indicators to improve all age/all cause mortality rates, to narrow the gap in mortality rates between disadvantaged and non-disadvantaged areas – and to increase the proportion of people supported to live independently.

Other PSAs (such as PSA 16: socially excluded adults) and a number of the National Indicators relating to vulnerable adults are also relevant to developing services for older people.

In addition to the official information on the CLG website there is a helpful briefing paper on the Care and Repair England website.

Introduction to the Local Performance Framework – Delivering Better Outcomes for Local People
http://www.communities.gov.uk/publications/localgovernment/localperformanceframework

The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators
http://www.communities.gov.uk/publications/localgovernment/nationalindicator

Development of the new LAA framework – Operational Guidance 2007
http://www.communities.gov.uk/publications/localgovernment/laaoperationalguidance

National Indicators for Local Authorities and Local Authority Partnerships: a Handbook of definitions
http://www.communities.gov.uk/publications/localgovernment/indicatorsdefinitions

Briefing on Implications of the Comprehensive Spending Review (2008-2011), Performance Targets and Indicators for Private Sector Housing
www.careandrepair-england.org.uk

14 Understanding the local policy context

This is certainly one element of the study that can only be prepared locally. The purpose of this section is to provide a connected account of how the current pattern of service and policy framework has been arrived at, what the current priorities and imperatives are and what constraints there might be upon future development.

The sources will include established policy documents such as:

- Sustainable Communities Strategy
- Commissioning and Older People's Plans
- Local Development Framework (planning)
- Local Delivery Plans (health)
- Community Safety Strategy
- Supporting People Strategy
- Local Strategic Partnerships
- Local Housing Strategies

In addition, there will be other information contained in Best Value reviews, reports of and responses to external inspection, reports to committee, and so on. We provide a checklist below that will provide a starting point for identifying and collating documentation. It is not exhaustive and will need to be amended and expanded to reflect the local situation.

The intention should be to provide a strand of narrative and to clearly identify past actions and current intentions.

Figure Five: Checklist of documents Health, Housing and Social Care provision for older people

(Not all documents will be available or appropriate in all cases. This list is not exhaustive)

Document	Available ✓	Sourced from:	Date passed to consultant/ Co-ordinator	If available electronic-ally give full hyperlink
Corporate				
Star rating for councils				
Local Area Agreements setting out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level				
NSF Implementation Plan(s)				
Compendia of statistical information - Vitality Profile, etc				
Health				
Accountability agreements between NHS Trusts and PCTs and SHAs				

Document	Available ✓	Sourced from:	Date passed to consultant/ Co-ordinator	If available electronic-ally give full hyperlink
Commissioning strategy Operational Plan				
Commissioning intentions				
Commissioning plans				
Quarterly performance reviews for NHS Trusts and PCTs				
Health Care Commission Annual Health Check				
Health Care Commission Improvement Reviews				
Notifications (and supporting documents) of use of Health Act Flexibility under Section 75 Partnership agreements for both provision and commissioning				
Information regarding Delayed Transfers of Care (DTCs)				
Foundation Trust applications – Integrated Business Plans, finance planning				
Social Care, general				
CSCI Council Star Ratings				
RAP returns				
CSCI National Minimum Standards				
CSCI Inspection reports				
CSCI Registration reports				
National Care Standard Commission Care Home reports				
Service plan for adult services				
Service specific or cross-cutting older people's reviews				
Improvement or implementation plans				
Joint planning documents				
Local Delivery Plans/ Community Plan (past Health Improvement Plans)				
Local Development Framework				
Community Strategy				
Local Area Agreements				
Joint Commissioning Statements				
Service Development Plans				
Any documents that evidence participation in NHS improvement schemes such as Access (A&E waiting times), Emergency Care, 18 weeks, Primary Care collaboratives				
Capacity plans				
Home Care				
Policy documents for the commissioning of home care				

Document	Available ✓	Sourced from:	Date passed to consultant/ Co-ordinator	If available electronic-ally give full hyperlink
Performance reports on delivery of home care (both in-house, if any, and external)				
Reports on proposals for intensive home care packages.				
Performance reports on delivery of intensive home care packages.				
Intermediate Care				
Plans for the delivery of Intermediate Care				
Progress reports on delivery of Intermediate Care				
Supporting People				
Service mapping undertaken by Supporting People Team.				
Needs mapping undertaken by Supporting People Team.				
Supporting People commissioning plans.				
Relevant SP reviews, eg Home Care, Sheltered Housing, HIA				
Equipment and Adaptations				
Strategic plans for Private Sector Renewal and grants				
Policies and out-turn for Disabled Facilities Grant.				
Total funding provided from all sources for adaptations and protocols & policies for managing demand.				
Current status report on Community Equipment Integration.				
Take up of telecare through Prevention Technology Grant				
Registered Homes				
List of registered homes including capacity and categories of provision.				
Directories or other material provided to the general public.				
Local capacity information				
Summaries of commissioning activity				
Sheltered Housing				
Lists of sheltered accommodation within the area in all sectors with detailed information on what is provided.				
Reports of Supporting People or any reviews of sheltered housing.				
Planning or development proposals for extra care accommodation				
Other documents – please add documents not listed but known to stakeholders				
Local housing strategy				

15 Outlining a new pattern of provision

The new *National Housing Strategy for an Ageing Society* makes clear that there is a need for greater leadership and ambition to address the housing market and circumstances, lifestyle choices and needs of older people now and into the future.

"The strategy strongly recommends that proper local analysis is done to understand current and projected supply and demand. Determining levels of provision is of course entirely a matter for local determination."

Having weighed likely changes in the population of older people, had regard to the direction provided in both national and local policy, considered the current pattern of provision and taken into account the context provided by a whole system of health, housing and care there is just one major step left: to quantify the range of future provision.

It is unlikely that the current pattern of provision will have developed in response to assessed need but rather in response to short-term demand and provider perceptions of what will be popular and fundable. Moving to a pattern with a more rational base that seeks to place individual elements of provision within a wider context inevitably appears threatening to some. In seeking to look forward and to encourage a shift from the current pattern to one which offers a range of options to older people and is reflective of key characteristics of the older population it will be important to take into account a number of factors:

- The demand for rented conventional sheltered housing is likely to decline.
- The suitability of the older stock for letting will become increasingly problematic.
- The potential for leasehold retirement housing will continue to grow.
- Some existing schemes will lend themselves to refurbishment and remodelling to provide enhanced sheltered housing to support rising levels of frailty.
- Some of this enhanced sheltered housing should be offered for sale alongside that for rent.
- There is a need for an increasing proportion of extra care housing but its viability depends on a stronger strategic relationship between health, housing and social care agencies.
- Extra care housing should be provided for sale and rent.
- There is a need for housing-based models of accommodation and care for people with dementia.
- The proper design and use of extra care housing should mitigate the demand for an increase in residential care provision and may allow some measure of re-provision.
- Housing-based models for dementia care will provide an alternative to nursing home-based strategies for meeting the needs of those living with moderate to severe dementia and
- The need to adequately support those who are self-funding their accommodation and care needs and those whose care is provided informally, that is to say by family members and friends.

All of which leads to a future pattern in which there will be more of some styles of provision and less of others. It is sometimes helpful to summarise these shifts in a single table, such as that shown on Table 23 (page 45).

Having taken account of these changes how much specialised accommodation may be needed in total? What we set out here rests on the assumptions set out above, a review of past attempts at estimating the appropriate ratio of provision for sheltered housing, and the experience of local authorities we have worked with who are attempting to shape a strategic direction from what they have inherited to something that will meet future needs and aspirations. It represents an attempt to quantify matters with explicit numerical ratios and targets. It is contentious, but deliberately so, in challenging those who must develop local strategies to draw all the strands together in a way that quantifies their intentions.

Previous estimates of the requirements for sheltered housing tended to look mainly at the need for social rented provision, rather than at the overall potential demand. The emergence of owner-occupation as a significant factor in old age has shifted the balance between estimates of need and response to demand. The benefits of providing more leasehold retirement housing, for example, may be as much in its effect in releasing family sized accommodation into the market as in meeting the particular needs of those who move into it. The approach we propose in this section seeks to balance the conventional estimates of need against the direction of policy (in relation to enhanced and extra care forms of sheltered housing for example) and demand in the market (in relation to ownership options) in all forms of specialised accommodation for older people. This has been based on a review of past indicators and refined through a number of local studies undertaken in support of local authority strategies.

From the work carried out for the Royal Commission on Long Term Care, we know that the inherited stock of sheltered and enhanced sheltered housing is around 136 per thousand. We would propose that a future ratio might be around 180 units of specialised accommodation of all kinds, other than registered care home places, per thousand of those over 75 years. In part, this reflects the likely increase in demand for leasehold accommodation and the achievable rate at which disengagement from the current level of rented sheltered housing may progress. Provision for those who might otherwise be accommodated and cared for in residential care will be spread across extra care housing, to a limited extent in Enhanced Sheltered Housing, and continuing forms of residential care. The approach allows for a marginal rise in the ratio of provision in sheltered housing of all kinds.

In relation to particular forms of provision our model assumes that a “norm” for conventional sheltered housing to rent would be around 50 units per 1,000 of the population over 75 years and around 75 units per 1,000 of leasehold conventional sheltered housing. This inverts the current levels of provision in most places but reflects the rapidly changing tenure balance where around 70% of those over 75 years of age are home owners.

Some of the loss in conventional sheltered housing for rent will be off-set by the provision of enhanced sheltered housing with a projection of around 20 places per 1,000 people over 75, divided equally between ownership and renting. Full extra care housing offers the possibility of housing a balanced community of people with relatively limited care needs through to those who might otherwise be living in residential care, total provision is projected at 25 per 1,000, again divided between rent and sale. In each approach a modest provision is made for the development of housing forms to provide a context for the care of those people with dementia who cannot be supported in their existing home but require an alternative to residential or nursing home care: the norm here is ten places per 1,000. This does not reflect potential need but reflects the “pilot” and necessarily tentative nature of such provision in the immediate future.

In relation to registered care offering personal care in all sectors, it is our assumption that capacity can be allowed to decline below the current national average of around 76 places per thousand people over seventy-five years of age to around 65 places per thousand. This reflects the capacity to support older people who would otherwise be allocated to residential care in other forms of accommodation, such as extra care housing and improved support to people in their existing home. The decline in

capacity is likely to be achieved largely by continuing exodus of small and medium providers, or the enhancement of services to provide nursing home care.

Our observation of the direction of the market suggests that registered care home places offering nursing care will increase and we therefore suggest a ratio of 45 places per thousand of those seventy-five years of age and over, that is slightly above the existing average level. This reflects continuing dependency upon this category of provision to support the most physically frail and mentally confused older people but moderated by the awareness that those authorities that initially sought to respond to an ageing population by significantly increasing the ratio of nursing provision have now altered direction. Like a number of the proposed "norms" it is an attempt to provide a tangible figure around which local debate can focus.

These norms are all set at 2001 population levels, projected forward this means that, as numbers in the upper age groups increases, the ratio of institutional and specialised housing provision will decline, in line with national government targets to support an increasing proportion of older people in their existing homes. This intention requires the adequate provision of home care and primary health care to people in their own homes. The development of strategies to ensure that such provision can be made will need to be developed in parallel with the shaping of a strategic direction of specialised accommodation and preventive services.

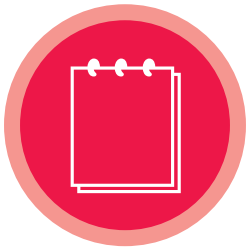
These "norms" are inevitably arbitrary and may be moderated to take account of the rate of change that would be required to meet them. The pattern projected is for the medium to long-term and may need to be adjusted as newer forms are developed and mature. The summary example given in Table 23 exactly illustrates the difficulties of adopting a rigid norm. Even very substantial increase in leasehold provision and reduction in rented provision will not bring sheltered housing into line with what norms might suggest. Whilst an increase in extra care housing will offset the need for so many residential care home place the very considerable under provision of nursing home places indicates the need to encourage further development in that category of provision.

Table 23: Indicative levels of provision of various forms of accommodation for older people in Wokingham 2010-2015

		Current provision	Increase or decrease	Resulting number of units	Provision per 1,000 of Population 75+	Ratios suggested by the "norm"
Conventional sheltered housing for rent		808	-500	380	50.0	50
Leasehold sheltered housing		312	+258	570	75.0	75
Enhanced sheltered housing	For rent	40	+48	88	10.0	10.0
	For sale	99	+53*	152	20.0	10.0
Extracare sheltered housing	For rent	NIL	+95	95	12.5	12.5
	For sale	NIL	+95	95	12.5	12.5
Housing based provision for dementia		NIL	+88	88	10.0	10.0
Registered care home – personal care	Local Authority	70**	No change	70	9.2	65.0
	Private	251	No change	250	32.9	
Registered care home – nursing care		373	No change	373	48.9	45.0

**These figures allow for the transfer of units from renting to whole or partial purchase within the re-provision/enhancement of sheltered housing.*
*** Currently residential care for older people but in process of conversion to provision for Elderly Mentally Infirm*

16 Possible drafting recommendations & an action plan



The recommendations should normally reflect the priorities for action identified in the course of the study. They may include the need to undertake formational work such as the preparation of a statement of vision and values, exploratory work such as improving local knowledge about new forms of provision, setting in place structures for participation by older people and encouraging the review of some current provision while facilitating the introduction of new forms.

A typical set of recommendations from a study of this kind might be:

1) Establish a shared vision

2) Create a dedicated project management team

3) Give further thought to the issues of leadership and champions such as through those that inform the Local Area Agreement

4) Give fresh consideration to the relationship between Adult Social Care Services and Housing to improve the correlation of the policy development

5) Integrate the priorities of the older people's strategy into corporate strategy and priorities

6) Work to develop an integrated portal to services

7) Develop information resources to facilitate choice and access to service

8) Institute a review of all rented sheltered housing with a view to achieving a reduction in the level of conventional sheltered housing to rent, an increase in leasehold provision and the development of enhanced sheltered schemes for both rent and sale.

9) Progress plans for the provision of extra care housing and to review the future role of in-house residential care

10) Develop a housing based dementia care facility

11) Identify potential sources of capital and revenue investment

Any action plan produced to carry forward the recommendations will need to take account of the processes that will be required for the authority to respond to the report and formulate a policy response. Generally, this will involve consulting upon the recommendations, moving to incorporate them into policy and allowing them to influence commissioning behaviour.

Figure Six: Action Plan for Anyborough 2008 to 2009

	2008											2009			
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
1) Corporate Management team augmented as appropriate by elected members and Health personnel and Older Persons' Advisory Group consider a vision of life in old age to which they are prepared to commit time and resourcing – 1 month			→												
2) A broader-based visioning event with large representation of older people and front line staff – facilitated by at least two members of the group in 1 above – taking place within 2 months of 1 above.				★											
3) Senior Member and Officer representatives of City Council and the Health Economy consider what aspects of the recommendation of this review they are prepared to endorse, outline the structural and policy change required – 2 months.				→	→										
4) Multi-disciplinary Project Team including representatives from Older Persons' Advisory Group and RSL's identified to take forward identification – establish within 2 weeks of 3 above.					→	→	→	→							
5) A sub-group of the Multi-disciplinary Project Team augmented as appropriate consider the presentation and resourcing of an extra care village. Detailed costing and site investigations pursued with an objective of brining forward proposals for funding in 2009-2010.						→	→	→	→	→					
6) Project Team established to work through the details of development of new policy and management and funding of existing extra care (extra care sheltered housing schemes) – with an aim to go live in 2008.					→	→									

	2008											2009			
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
7) Sub-group of Multi-disciplinary Project Team consider the integration of the family of services and adaptations, home improvement agencies, equipment services and occupational therapy – 3 months.															
8) Sub-group of Multi-disciplinary Project Team to review the roll-out of new strategy for assistance to private sector housing and connections to wider health, housing and social care agenda – 1 month in autumn 2007.															
9) Establish implementation teams involving front line staff from housing, health, social care, RSLs and Older Persons' Advisory Group. These teams to be tasked to offer advice to strategy groups and promote implementation within their respective agencies. Implementation team to be led by identified champion. Within three months with work ongoing.															
10) Housing Strategy Team to commission detailed scheme by scheme review of conventional sheltered housing using its fitness for future purpose and the scope for service reconfiguration. This review group should include representation from health and social care to examine the future role of wardens, the links with home care and community health services and how future service can be appropriately resourced. This work to be completed within 6 months.															
11) Establish focus groups of persons aged 45 to 60 for each of the minority ethnic communities to debate over a period of 4 to 6 months the nature of housing care and health needs that they believe they will require in 2021 - 2031.															

	2008											2009			
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
12) Establish a Any Town Futures Group of persons aged 45 to 60 to consider the same issues as in 11 above.					★	→	→	→	→	→					
13) Strategic Management Board for Health and Social Care develop costed proposals informed by Multi-disciplinary Project Team for the City Council and Health Authority budget rounds.							→	→	→	→					

★ Indicates a meeting or inaugural meeting for an on-going group.

→ Indicates an on-going item of work with approximate start and completion times.

This action programme represents the beginning of the task, not its total realisation.

17 Other useful information

Useful publications

Care Services Improvement Partnership (2006), E*xtra Care Housing Toolkit, Housing Learning and Improvement Network*. Department of Health, London

Communities and Local Government (2008), *National Housing Strategy for an Ageing Society*. London

Communities and Local Government (2007), *Planning Policy Statement 3*. London

Communities and Local Government (2007), *Homes for the Future: More Affordable, More Sustainable*. London

Croucher K (2008), *The housing choices and aspirations of older people*. Communities and Local Government New Horizons research programme

Department of Health (2007), *Projecting Older Persons Population Information (POPPI)*. London

Department of Health (2006), *Our health, our care, our say: a new direction for community services*. London

Department of Health (2002), *An introduction to Extra Care Housing for commissioners*, London

HM Government (2007), *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*, London

Housing Association Charitable Trust (2007), *Towards an ageing society*. London

The Housing Corporation (forthcoming), *Older People's housing strategy*. London

The Housing Corporation (2002), *Housing for Older People*. London

Housing for Older People Development Group (2006), *Older People's Housing Strategies: key policy drivers*. CLG, London

Housing for Older People Development Group (2005), *Delivering housing for an ageing population: informing housing strategies and planning policies*. CLG, London

International Longevity Centre (2007), *Towards Lifetime Neighbourhoods: designing sustainable communities for all*. London

International Longevity Centre (2007), *Building our Futures: meeting the housing needs of an ageing population*. London

Lewis G (2007), *Predicting who will need costly care: how best to target preventative health, housing and social care programmes*. The King's Fund. London

Office of the Deputy Prime Minister (2003), *Preparing Older People's Housing Strategies. ODPM/Housing Corporation*. London

Royal Town Planning Institute (2007), *Extra care housing: development planning, control and management*. RTPI Good Practice Note 8. London

Vallelly S et al (2007), *Opening doors to independence*. Housing 21, London

Checklist of web sites for legislation policy, guidance and good practice

Government Departments

Cabinet Office *www.cabinetoffice.gov.uk*

Communities and Local Government (CLG)
www.communities.gov.uk

Department of Health *www.dh.gov.uk*

Department of Work and Pensions
www.dwp.gov.uk

Housing for Older People Development Group
www.communities.gov.uk/housingandolderpeople

Housing Learning and Improvement Network
www.icn.csip.org.uk/housing

Housing and housing/care related bodies

Association of Retirement Housing Managers
www.arhm.org

Care & Repair England
www.careandrepair-england.org.uk

Care Services Improvement Partnership
www.csip.org.uk

Chartered Institute of Housing
www.cih.org

Commission for Social Care Inspection
www.csci.org.uk

EROSH (sheltered housing)
www.shelteredhousing.org

Foundations (Home Improvement Agencies)
www.foundations.uk.com

Housing Association Charitable Trust
www.hact.org.uk

The Housing Corporation
www.housingcorp.gov.uk

Integrated Care Network
www.icn.csip.org.uk

Joseph Rowntree Foundation *www.jrf.org.uk*

The Kings Fund *www.kingsfund.org.uk*

Local Government Association
www.lga.gov.uk

National Housing Federation
www.housing.org.uk

Royal Town Planning Institute *www.rtpi.org.uk*

Social Care Institute for Excellence
www.scie.org.uk

Telecare Service Association
www.telecare.org.uk

Town and Country Planning Association
www.tcpa.org.uk

Help and advice for older people

Age Concern England *www.ageconcern.org.uk*

Better Government for Older People
www.bgop.org.uk

Counsel & Care
www.counselandcare.org.uk

Elderly Accommodation Counsel
www.housingcare.org

Help the Aged *www.helptheaged.org.uk*