

Housing Learning & Improvement Network

Care Services Improvement Partnership 

Health and Social Care
Change Agent Team

ESTIMATING FUTURE REQUIREMENTS FOR EXTRA CARE HOUSING IN SWINDON

Prepared by the **Institute of Public Care**, Oxford Brookes University, for the Housing Learning & Improvement Network

Local Authority:

Swindon Borough Council

1 Aims

Local authorities and health providers are well supplied with demographic data which enables them to understand likely changes in population profiles over the next thirty years. There are other factors that need to be taken into account for effective projection of need and planning of service developments.

The Swindon case study shows how one Unitary Authority has developed and utilised a tool to help inform a strategy for housing, support and care for older people. This tool examines the gap between current service supply and likely future populations of older people in geographic areas within the Borough in order to estimate the number of Extra Care Housing units that will be required by 2010.

Other Housing LIN publications available in this format:

- Case Study no.1: **Extra Care Strategic Developments in North Yorkshire**
- Case Study no.2: **Extra Care Strategic Developments in East Sussex**
- Case Study no.3: **'Least-use' Assistive Technology in Dementia Extra Care (Eastleigh)**
- Case Study no.5: **Village People: A Mixed Tenure Retirement Community (Bristol)**
- Case Study no.6: **How to get an Extra Care Programme in Practice**
- Case Study no.7: **Supporting Diversity in Tower Hamlets**
- Case Study no.8: **The Kent Health & Affordable Warmth Strategy**
- Case Study no.9: **Supporting People with Dementia in Sheltered Housing**
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- Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford**
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- Case Study no.18: **Community Involvement in Planning Extra Care: the Larchwood User's Group (Brighton & Hove)**
- Case Study no.19 **Durham Integrated Team - a practical guide**
- Case Study no.20 **BME Older People's Joint Service Initiative - Analysis and Evaluation of Current Strategies (Sheffield)**

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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1 AIMS

Local authorities and health providers are well supplied with demographic data which enables them to understand likely changes in population profiles over the next thirty years. There are other factors that need to be taken into account for effective projection of need and planning of service developments.

The Swindon case study shows how one Unitary Authority has developed and utilised a tool to help inform a strategy for housing, support and care for older people. This tool examines the gap between current service supply and likely future populations of older people in geographic areas within the Borough in order to estimate the number of Extra Care Housing units that will be required by 2010.

2 LOCAL SERVICE CONTEXT

2.1 Strategy

Since 2002, Swindon Borough Council has been working to meet targets requiring a 20% reduction in residential care placements. This approach has involved the consolidation of inter-agency partnerships, remodelling and an expanded remit for some Ordinary Sheltered Housing (OSH) Schemes so that they meet Extra Care Housing (ECH) standards and, more recently, new build ECH schemes. The Council's *50 Promises for Swindon* include the promise of a new ECH scheme a year for the next 5 years. In addition to buildings, the programme delivers resource centres, day services, domiciliary care and nursing care through a broad-based local partnership.

2.2 Resources

In 2002 Swindon Borough Council and Swindon social services jointly applied to the Department of Health (DH) for a grant to provide Extra Care Housing and resource centres through the refurbishment of existing sheltered housing schemes. The partnership was awarded £304,000 by the DH, which was augmented with £500,000 capital funding from social services and £250,000 from the housing department. This funding was allocated to the development of the first remodelled scheme, Newburgh House in Highworth.

An additional remodelled scheme was developed at The Ridings, a scheme with 25 flats. Some of the DH money was used for this scheme. In addition, Kennet Housing Society¹ provided £250,000 for this project, whilst social services provided capital of £250,000 and £130,000 DH funding.

¹ Kennet Housing Society is a general needs housing association based in Marlborough. In 2004, Kennet Housing Society became a wholly owned subsidiary of The Guinness Trust Group, whilst retaining its own name, board of management and staffing.

One unforeseen and expensive part of refurbishing The Ridings was the removal and disposal of asbestos – a significant element of the remodelling costs which served to disqualify from consideration other schemes with similar problems.

Funding of £370,000 was secured from the second round of bids to the DH, for a remodelling scheme at Harry Garrett Court in Wroughton, which is being taken forward in partnership with Sanctuary Housing. Initially, funding was to consist of the DH grant, £250,000 from social services, and £150,000 from Sanctuary: however social services has now agreed an additional £80,000.

It was important that a single individual could take responsibility for implementing the strategy. At that time Swindon social services were in need of a new Older Persons Team Manager, and an arrangement was made whereby the postholder would spend half his time as a Team Manager and half as a Project Manager with the responsibility for developing ECH in Swindon and taking the partnership forward. The latter element of the post is funded by Kennet Housing Society and Guinness Trust, an arrangement which is seen to have worked well.

2.3 Remodelling

Three schemes had been built in Swindon in the 1990s to ECH standards, but to date had been used as OSH schemes, and these schemes were thought to provide the best opportunity for development. Newburgh House in Highworth was chosen as the initial site for refurbishment. The scheme had ten void properties which were refurbished to ECH standards whilst existing tenants remained in their homes. All existing and potential tenants received a new assessment to identify those who might benefit from ECH. Local GPs supported the scheme. The Guinness Trust, which had just incorporated Kennet Housing Society, was selected to provide the care.

At The Ridings, 6 tenancies were released for ECH and an antiquated Swindon Borough Council day centre was closed and transferred to the Ridings. A large conservatory style building has been added with 6 toilets (a need identified by users), a hairdresser, shop, and restaurant. This building will have an important role as a resource centre for residents and for the wider community of older people. Meals will be provided from an industrial kitchen including breakfast and evening meal for current tenants, day centre users, and local older people. Once again all tenants were assessed and 6 of the existing tenants were found to meet the criteria for ECH. The PCT provides nursing care where necessary.

Harry Garrett Court consists of 41 one bedroom flats which were built in 1990, some to ECH standards. New build elements of the scheme will feature a mixed economy with some people purchasing equity in their flats. The project benefits from the enthusiastic support of elected members, and from architects who are familiar with the design requirements of older people. As with The Ridings, a local resource centre will be a key element of the scheme. However, a key learning point has been the importance of consulting and involving tenants from the beginning, and failure to do so has created difficulties further along the project planning process.

2.4 Future plans

The first three ECH schemes have been planned without the benefit of a model to estimate the likely number of places needed. However, future schemes will be planned and located with reference to the new model which was developed earlier this year, and which is described in Section 4 below. The objective is to provide a minimum of

300 ECH tenancies by 2010. Moreover, the model has prompted partners to work with planners and housing providers to identify potential sites in the appropriate locations.

3 ESTIMATING THE NUMBER AND LOCATION OF ECH PLACES

3.1 A tool for transforming demographic and supply data into information for strategic planning

The tool designed to estimate likely future need for ECH housing within the Borough was developed early in partnership with Kent County Council, and was presented to the South West Regional Housing Learning and Improvement Network in July 2005.

The first phase of the Swindon ECH programme has relied mainly on refurbishing existing schemes, and decisions have been made on the basis of local opportunities and constraints. All the next generation of ECH will be new build, and the Authority is at the stage of selecting partners, localities and sites.

The new tool will contribute to the selection of sites and localities for future new build schemes on the basis of population age, as well as determining local characteristics such as tenure and ethnicity which will influence the characteristics of the schemes. It will also help to provide an estimate of the likely number of ECH places needed in the Borough.

The Kent/Swindon estimate of need is projected forward as far as 2010, and is based on:

- Current numbers and distribution of older people
- Current numbers and distribution of domiciliary and residential care clients
- Population projections for Swindon.

Graphs and statistics have been produced with the aid of SASPAC, which is software specifically designed for the analysis and interrogation of census small area statistics.

3.2 Current numbers and distribution of older people

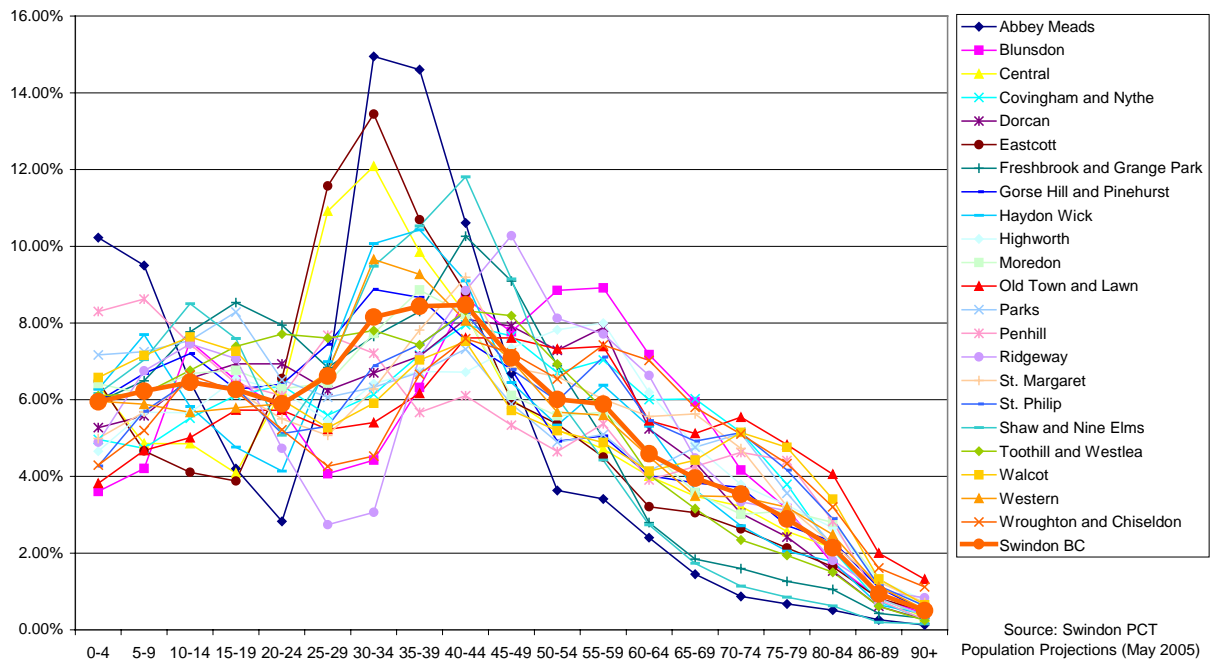
In order to provide ECH to meet the needs of local communities, commissioners need a good understanding of where older people live within the Borough, as well as the geographical distribution of characteristics such as ethnicity and tenure, and this can be done by examining Office of National Statistics (ONS) data at ward level.

According to the mid-2003 population estimates there were at that time 181,500 people in Swindon, of whom 16.1 percent were of retirement age – somewhat fewer than the England and Wales figure of 18.5%².

The first stage in developing the model was to plot the age profile in each of the Swindon wards. A plot giving the age of profile for each of the 22 Swindon wards is shown in Figure 1 below.

² Source: Office of National Statistics: Swindon Neighbourhood Profile

Figure 1. Swindon: Distribution of Elderly Population by Ward

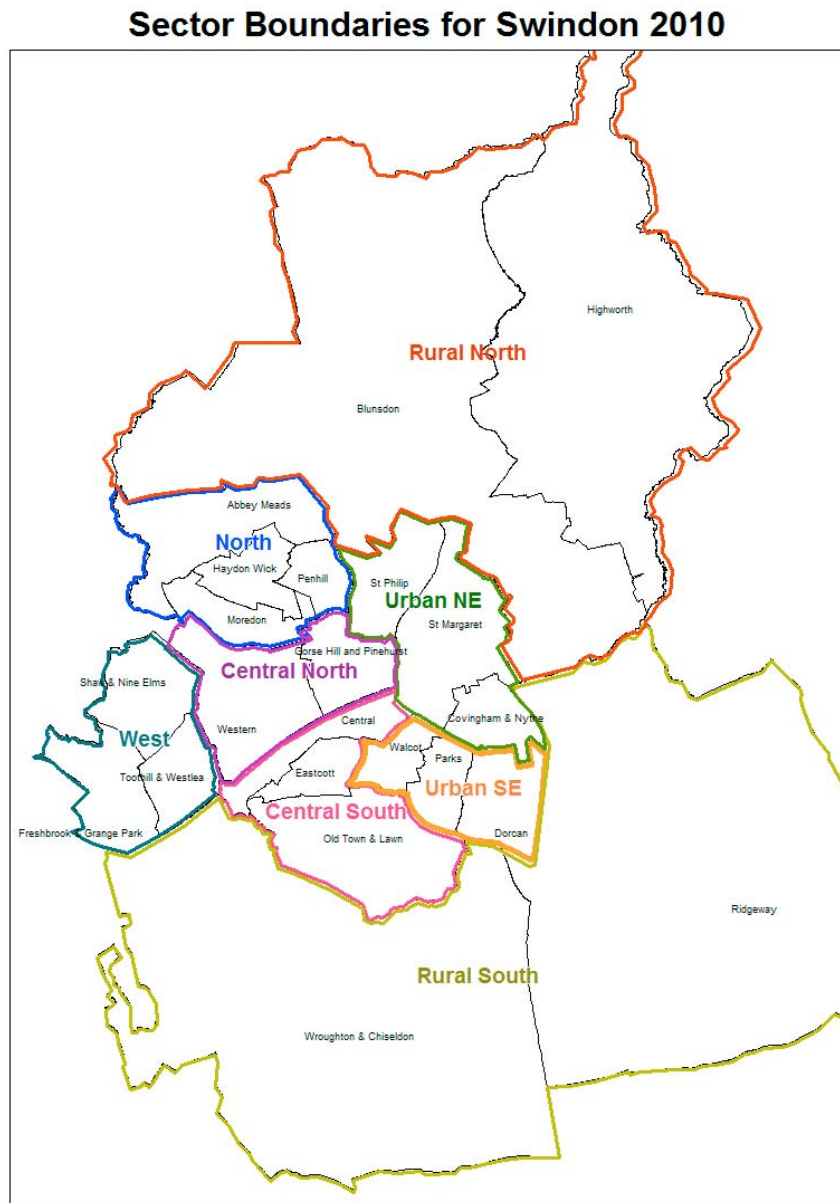


This exercise identified wards with unusually high proportions of older people, most notably Old Town and Lawn, Wroughton and Chiselton, and Walcot, all of which had a higher than average proportion of people aged 80 and over, whilst Blunsdon, with Covingham and Nythe, had higher proportions of those age 60 – 70. Other wards, in particular Abbey Meads, show a younger profile, with larger proportions of children and young families, or other people of working age.

Although informative, this graph is fairly busy and difficult to read. As well as illustrating the ward age profiles, it illustrates the difficulties involved in understanding profiles for 22 wards. Displaying data for selected wards in a series of single charts may make matters simpler to understand, but it does produce a large number of charts.

Therefore, the next stage was to group together wards with similar characteristics. A number of statistical methods are available to achieve this, the standard method being cluster analysis which allows the investigator to group geographical areas on a range of different variables. However, cluster analysis would have selected pockets of wards with similar characteristics dotted about the Borough. In order to avoid this, a pragmatic approach was taken, whereby workable boundaries were drawn around groups of wards, creating geographical entities with reasonably homogeneous populations. In the case of Swindon, the wards have been divided into six sectors covering the urban areas of the Borough, and two covering the rural areas. Figure 2 shows a map of the sectors.

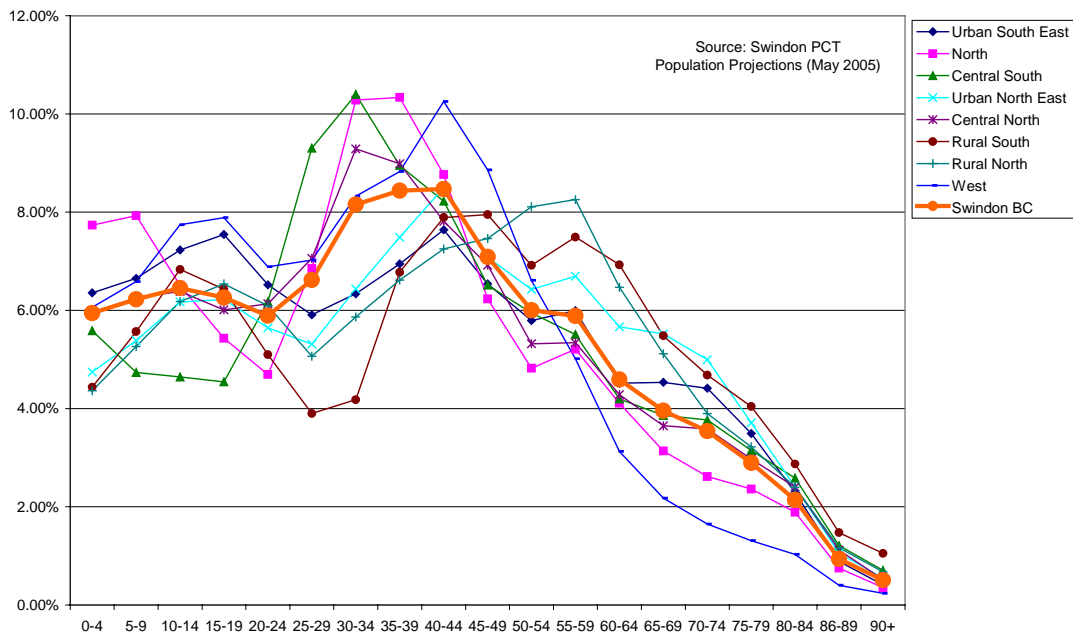
Figure 2. Sector Boundaries for Swindon



Stakeholders were invited to comment on these sector boundaries, which were found to be consistent both with local knowledge and with those emerging from similar work taking place in the Borough, such as the work of the Community Safety Partnership, and work commissioned by the PCT from the Greater London Authority in 2005. Ideally in the future, a template for grouping wards could be developed and agreed by all service providers.

Plotting the population characteristics of the sectors, as shown in Figure 3, results in a much simpler graph than does plotting wards.

Figure 3. Age profile of the Swindon Sectors



A close look at the chart shows that the two rural sectors, Rural North and Rural South, are home to older populations. This finding is in line with the national picture of older age profiles in rural areas. However, rural populations in Swindon are not remote – the Borough covers only 5 miles from north to south, and the population density is on average 785 people per square kilometre, compared with an average of 208 for the region and 380 for England overall (Source: ONS Neighbourhood Profile).

Having found a way of making the age profiles more manageable (and potentially other population characteristics such as ethnicity and tenure) the next step was to find a mechanism for relating the information to what older people actually need in terms of service provision. The solution adopted in Swindon was to use existing supply as a proxy for need.

3.3 Current numbers and distribution of domiciliary and residential care clients

3.3.1 Assessing likely need for ECH among clients currently living in the community

This step of the analysis identifies where the recipients of social care in the Borough currently live. Table 1 below shows the numbers of people in each sector currently supported by domiciliary care. This table indicates that, in terms of absolute numbers, more people are supported in the urban sectors, and fewer in the rural sectors.

Table 1: Number of Domiciliary Clients currently supported: by Sector

Sector	Number of domiciliary clients currently supported
Urban South East	122
North	108
Central South	99
Urban North East	95
Central North	90
Rural South	56
Rural North	47
West	44

In using data on the supply of services as a proxy for estimating need, the assumption is made that current supply is adequately and equitably meeting need in the Borough. It is interesting to check this assumption by examining the way in which the current number of clients supported relates to the actual number of older people in the sectors, to see if there is any geographical variation

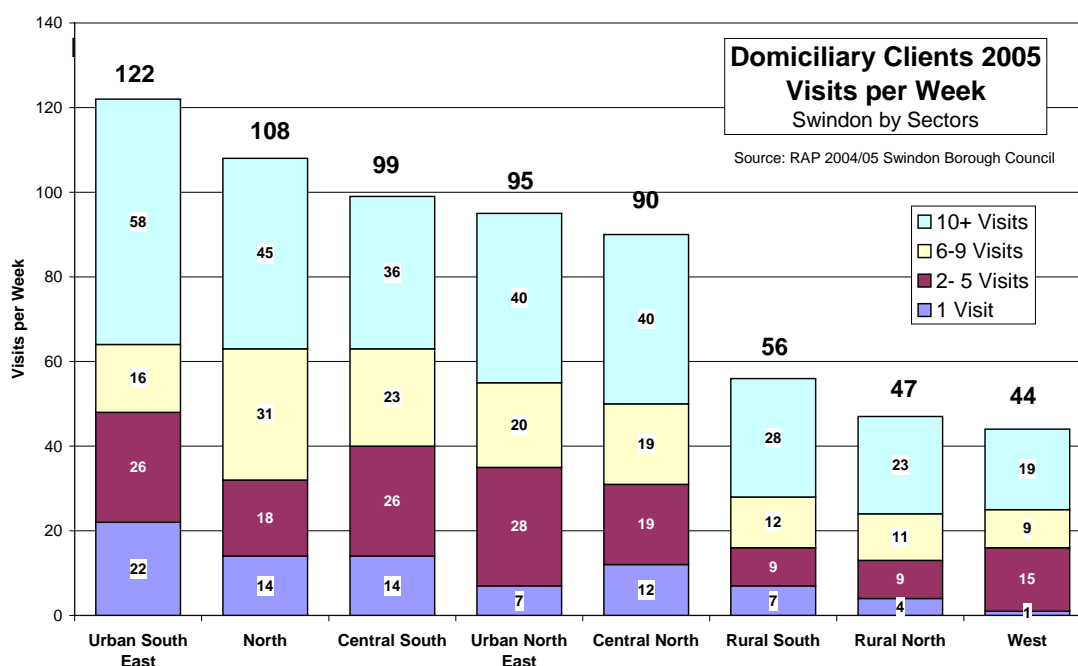
In fact, numbers of domiciliary care clients as a percentage of people aged 85+ does vary somewhat by sector of the Borough, although probably not significantly. Central and Rural South sectors apparently have fewer domiciliary care clients as a percentage of all those aged 85+ than do other sectors, whilst Urban South East sector has rather more. This may be an indicator of increased need in the south east, or it might be contingent on a particular local context which is independent of actual need.

Table 2: Number of people aged 85 and older , by Sector

Sector	Number of people aged 85+: 2005 projections	Domiciliary care clients as a % of people aged 85+
Urban South East	331	36.8
North	414	26.0
Central South	525	18.85
Urban North East	429	22.1
Central North	308	29.2
Rural South	306	18.3
Rural North	207	22.7
West	179	24.7
Swindon	2699	24.5

Supply data can also be broken down into the number of visits per week each client receives. Figure 3 shows volumes of service in each sector

Figure 3. Swindon: Domiciliary Clients 2005: Visits per week.



Although the numbers vary in each sector, clients receiving ten or more visits per week as a proportion of all clients remains fairly similar across the sectors; ranging from 0.4 to 0.5. Once again, although this tells us something about volumes of care across the sectors, it is important to amplify the figures with qualitative data to ensure that they do not gloss over inconsistencies in access or supply across the Borough.

Table 4 below shows how many clients are receiving 10 or more visits per week, per hundred aged 85 plus in the sector.

Table 4. Clients receiving 10+ Domiciliary visits per week, per hundred aged 85+.

Sector	Number of people aged 85+: 2005 projections	Clients receiving 10 or more visits per week	Clients receiving 10 or more visits per week as a % of all age 85+
Urban South East	331	58	17.5
North	414	45	10.8
Central South	525	36	6.85
Urban North East	429	40	9.3
Central North	308	40	13.0
Rural South	306	28	9.15
Rural North	207	23	11.1
West	179	19	10.6
Swindon	2699	289	10.7

In Central South sector a notably lower proportion of those aged 85+ are receiving 10 or more domiciliary visits a week, whilst in Urban South East Sector the reverse is true. Such anomalies may be the result of health inequalities, of differences in service delivery, cultural differences or other reasons, and should be investigated in the light of the service experience of older people, carers and practitioners to build up a richer picture of local complexities.

Local knowledge about levels of service provision can amplify the demographic and supply figures - what do local people, service providers, older people and carers say about service availability in the different sectors? Are there factors which result in unequal service delivery in the different sectors – for example, are some more remote than others? This a key point at which to link demographic and service data, as well as local knowledge, in order to understand how those factors might operate in Swindon.

3.3.2 Assessing likely need for Extra Care for clients who would otherwise access Residential Care.

The overall distribution of residential beds in the Borough is not included in the model, for two reasons:

- Residents of care homes are likely to be accommodated at a distance from their original communities, so their current location gives no information about the future distribution of need.
- At this stage Swindon is primarily concerned with local authority residential care beds, not with the private sector. Need in the private sector is being addressed through the development of shared equity, but is not currently included in the model.

However, like other authorities, Swindon is responsible for care home residents who run out of money during their care home stay. Another factor not currently included in the model, but perhaps one for future consideration, is that as many as one in three care home residents need never have entered a care home had alternative provision been available.³

Swindon has set a 2010 target residential care population which requires a reduction of 20% in relation to the 2005 figures. Applying this 20% figure across all local authority residential clients, as well as people with physical disabilities or mental ill health, indicates that 92 clients who would otherwise have accessed residential care will be in need of alternative provision.

It is possible to allocate these 92 clients across the sectors in the same proportion as domiciliary care is supplied, on the assumption that the distribution of need will be similar. However, if a particular sector is experiencing an under-supply relative to its population, as seems to be the case in the Central South sector in Swindon, applying the same proportions will perpetuate the difficulties. Therefore a thorough understanding of the factors affecting the distribution of domiciliary care is a pre-requisite for the success of this approach.

In addition, it will be important to improve assessment processes to ensure that those people who are diverted from residential care in order to access ECH are the people who will benefit most from what ECH has to offer.

3.3.3 Understanding local characteristics

The experience of Swindon in estimating the appropriate number of ECH places for older people in the Borough illustrates the way in which careful triangulation of data from a number of sources – population age profiles, supply data, and local knowledge, can help to build up a picture of need and supply, and the way these interact in the Borough. No single source is sufficient for decision making: anomalies in the quantitative data have to be examined and understood in light of qualitative information about local communities and their expectations, and about local service delivery decisions.

In response to local comment, the team has now added information about owner occupiers and people from Black and Minority Ethnic (BME) groups, in order to identify likely need both for culturally responsive ECH, and for mixed tenure schemes.

3.3.4 Achieving a balanced community in ECH

Good practice guidance on ECH suggests that the community of older people within the scheme will be more vibrant if it contains a proportion of less frail people who are likely to be active in promoting leisure activities and supporting tenant and owner participation. One recommendation is that schemes should achieve a balance between people of low, medium and high dependency. In the refurbished schemes, Swindon has achieved this balance by introducing a small number of ECH dwellings into established OSH schemes. With respect to new build properties, any model for estimating the likely future number of ECH places must consider that one third of new occupants are likely to have few or no care and support needs on entering the scheme.

³ Kerslake A, Stilwell P. *Very Sheltered Housing in South Gloucestershire*. Institute of Public Care, 2003.

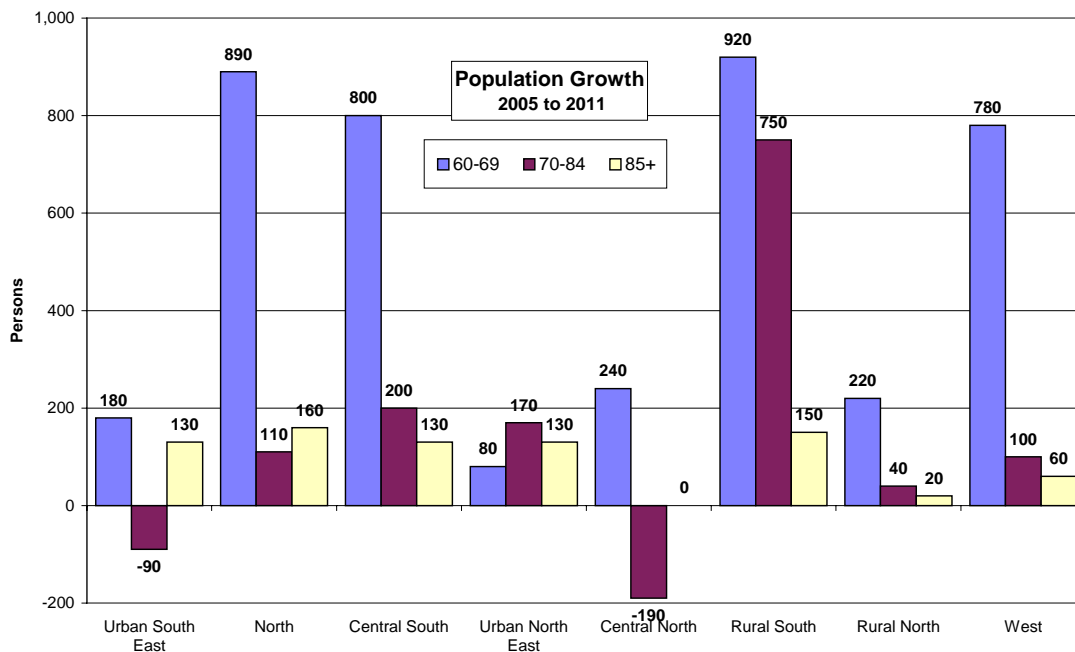
3.4 Swindon Growth: Population Forecasts

These forecasts are the final element in the Swindon needs analysis. As every authority is aware, the cohort of people born just after the Second World War is now reaching retirement age, and will become a large group of old and potentially frail individuals in 25 years or so.

However, major change is likely to take place in Swindon even before the post-war group grow old. Population projections until 2011 indicate that Swindon is likely to grow by approximately 3,000 people per year. Those aged 60-69 will increase by about 1,000 per year, slowing to about 700 per year. Meanwhile, the group of people aged 70-84 will grow at about 200 per year, and those aged 85 and older at about 150 per year. These numbers represent a steep increase in the proportion of older people within the wider population. If present trends continue, the Swindon population will grow by about 10% by 2011, but during the same period the population of people aged 85 and over will grow by 111%.

Figure 4 shows the sectors which can expect the largest growth in numbers of older people by 2011.

Figure 4. Swindon Growth: Population Forecast by Sector



This chart indicates that the population of people of retirement age in Rural South, North, Central South and West Sectors will grow considerably. However, numbers of people aged 70-84 are predicted to fall in Central North and Urban South East sectors whilst in Urban North East the increase in numbers of older people will be small.

3.5 Making the links

To date, the Swindon model incorporates information from:

- ONS age profiles and population forecasts by age
- Current levels of community and residential support.
- Discussions with elected members, practitioners, older people and carers.

The Swindon team has been requested to examine two more factors, tenure and ethnicity, in order to help determine the nature of the service. As the programme develops, the model is likely to become more complex as decisions are made about where schemes for people with dementia or learning difficulty could best be located. The stock of local information, and systems for collecting it, are likely to grow in the future in response to discussions with stakeholders including elected members, staff from other agencies, older people and carers.

Table 5 below shows how the Swindon team has summarised the expected number of ECH places required in 2010.

Table 5: Expected number of ECH places required by 2010.

	a	b	c	d	e	f
Sector	Proposed ECH places	Predicted growth rate for 85+	Domiciliary clients 10+ visits	Residential clients 20% reduction	Predicted gap in supply (b-f)	Domiciliary plus residential clients (c+d)
Urban South East	0	130	58	17	55	75
North	48	160	45	15	100	60
Central South	28	130	36	14	80	50
Urban North East	0	130	40	13	77	53
Central North	20	0	40	13	-53	53
Rural South	20	150	28	7	115	35
Rural North	20	20	23	7	-10	30
West	20	60	19	6	35	25
Swindon	156	780	289	92	399	381

The Council have produced maps which summarise the data for each sector, and have recently developed the maps by adding information about the distribution of people

from BME groups, and of owner occupiers. These maps have been produced in MapInfo, using information imported from SASPAC via Excel.

4 CHALLENGES AND LEARNING POINTS

4.1 Learning Points

- When assessing future need, demographic and supply data should be supplemented by local knowledge in order to understand where and how access and service inequalities operate. Local information can be used to link different elements of the demographic data: for example, how many people from BME groups are likely to be owner occupiers, and do they own high or low value properties? Would local house prices allow owner occupiers to buy into ECH with capital to spare, or would there be a shortfall?
- When schemes are being refurbished, it is important to consult tenants at an early stage to ensure that they remain engaged with the process, especially when disruption starts and tenants are either surrounded by building works, or being asked temporarily to move out of the scheme.
- In Swindon, the additional cost of remodelling the Ridings following the discovery of asbestos in the building was such that no other OSH scheme in the Borough with similar problems will be considered for remodelling as ECH.
- Part of the success of the Swindon programme is attributed to the adoption of an entrepreneurial style by commissioners in their negotiation with potential providers – for example, by arranging for the new Team Manager to be partly funded by the Housing Association and to act as a local advocate for ECH.

4.2 Challenges

- It will be important to improve assessment processes to ensure that those people who are diverted from residential care in order to access ECH are the people who will benefit most from what ECH has to offer.
- To achieve a balanced community within ECH schemes, the model will have to include the potential for estimating the number of places which should go to people not currently in need of support – including spouse carers.
- ECH is still a new concept, and it is important that all those potentially involved in decision making – elected members, planners, health and housing professionals, social workers, architects and care providers, older people themselves and their carers – have a good understanding of the aims and aspirations of ECH, to ensure that both new and remodelled schemes adhere to best practice.
- An important task for officers is to ensure that elected members remain informed about and supportive of the programme. This is particularly the case in Swindon, which is characterised by strong communities and elected members who remain firmly in touch with their wards. Officers in Swindon had to make the case to elected members for including owner occupiers in the programme, as in the past the Council has been used to providing for the social rented sector only.

- A number of agencies, in particular Community Safety Partnerships, have used ward groupings to target service delivery. Although different agencies will be interested in different characteristics when defining groups of wards, it would be helpful if this exercise could be done on the basis of an agreed set of variables so that all agencies begin to work to a single model.
- Identifying suitable land in the right locations is always a problem. A suitable location for ECH for people from the African-Caribbean community has been identified, but no land is available. For this reason, the preference in Swindon is for developing schemes which offer the skills for working with people from different cultures, rather than single culture schemes.