

Housing Learning & Improvement Network

The Health and Social Care Change Agent Team (CAT) was created by the Department of Health to improve hospital and social care associated arrangements. The Housing Learning & Improvement Network, a section of the CAT in the newly formed Care Services Improvement Partnership, is devoted to housing based models of care and support for adults.



Care Services Improvement Partnership **CSIP**

Essex County Council Older Persons Housing Strategy

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Lead Organisation:

Essex County Council

Brief Description:

This study provides an example of how key data on the household characteristics of older people can inform and underpin local planning strategies and documents such as Housing Strategies for Older People, Housing Market Assessments, Supporting People strategies and applications for sheltered housing funding pots.

This document forms the executive summary of a full report titled "Linking the Evidence-base to Outcomes", available from the Housing LIN website under 'Strategies': <http://www.icn.csip.org.uk/housing>

Introduction

Population ageing is an irreversible trend and a major driver of future housing markets. The 65+ population in Essex is projected to grow from around 220,000 in 2001 to 325,000 in 2021, an increase of almost 50%. Sustainable strategies are therefore necessary to cope with changing demand for housing and housing-related services.

Demand for domiciliary care, day care, home adaptations, handyman services, specialist housing and full time nursing and residential care is very likely to rise in all areas due to demographic drivers of illness and disability. For example, this study estimates a county-wide increase of around 8,000 people over 65 with dementia from 2001 to 2021. In addition, demand will be influenced by changing standards of acceptable quality of life amongst older generations.

Accommodation becomes a key defining environment as we age. Older people spend a much greater amount of their time at home than other age groups. As our physical capacity declines with age, the condition, design and location of housing becomes increasingly influential on our health, mobility, social inclusion and wellbeing.

Overview of age, health, disability and tenure trends in Essex:

Age, ill-health and disability are useful indicators of likely demand for housing-related services, such as maintenance work, adaptations, and domiciliary support services. They are also drivers of demand for specialist accommodation, such as sheltered or Extra Care housing.

Survey data show *tenure is a useful proxy for wealth inequalities and socio-economic groupings, which are in turn predictors of patterns of ill-health and disability.* Disadvantaged populations show 'premature' ill-health and disability in comparison to the general population. This gap is most noticeable in 'early' old age. In the Essex population aged 50-64, almost three times as many people report a long-term limiting illness and 'not good' health in social rented tenures than owner occupiers.

Sources such as the 2001 Census can be used to create a profile of older populations in any given local or regional area. Planners can then consider how the circumstances of older populations will affect demands for three main housing options for older people, which are to:

- a) Remain at home and adapt and maintain as necessary
- b) Move to mainstream or purpose-built specialist housing to be close to relatives or friends, possibly involving downsizing property
- c) Move to purpose-built specialist housing with a high degree of care, such as sheltered, Extra Care or residential housing.

Planners can consider how demand for housing and housing-related care will evolve in different areas. For example, demand for specialist housing in the private rented and leasehold sector is likely to increase where large concentrations of high socio-economic groups exist. Suitable development sites close to these communities should be earmarked, and information services to promote these options should be available.

On the other hand, where populations of low social economic groups exist, services will need to act preventatively to reduce the likely burden of ill-health, disability, social exclusion. Funding pots for Supporting People or social-rented sheltered and Extra Care housing could be strategically invested in or close to these areas. Where large groups of older homeowners and private renters exist with relative income deprivation, services will need to help overcome the likely backlog of repairs, maintenance and demand for adaptations. Information on housing and service options may need to be made more accessible.

In Essex County Council:

The County has a comparable distribution of age, tenure, and ill-health and disability to the East of England.

However, considerable variation exists between different Districts in terms of patterns of tenure, ill-health and disability. For example:

- o Rochford, Brentwood, Castle Point and Tendring have relatively higher rates of people aged 50+ in comparison to the County Average. Harlow, Basildon and Colchester have relatively lower rates.

- o Harlow, Basildon and Tendring show a relatively high rate of older people with limiting long-term illness and 'not good health' in comparison to the County average. Uttlesford, Chelmsford and Brentwood show relatively lower rates.
- o Owner occupancy is relatively high in Castle Point, Rochford, Tendring and Maldon. It is relatively low in Basildon, Braintree and Harlow where social and private rented tenures are higher.

Data on specialist housing for older people points to a likely shortfall in low-level and intermediate, Sheltered and Extra Care specialist housing across all Districts. Of all the categories, sheltered housing is currently the most well provisioned, although the social sector outnumbers leasehold by almost 3-1. Thousands of new and reconditioned units will be necessary to meet both existing needs and emerging demand for the leasehold sector in the specialist market, as well as to respond to policy directives to modernise care provision, (for example, through increasing the availability of Extra Care housing at the expense of nursing and residential care.) A simple no-change scenario for prevalence rates of people receiving local authority Supporting People funding for sheltered housing indicates a County-wide increase of around 5,000 between 2001 and 2021 based on demographic trends. In addition to this, a Department of Health standardised projection estimates a county-level increase in people in care homes (i.e. nursing or residential care) of around 4,000 by 2025.

In light of the above, doing nothing is not a viable option as the housing with care aspirations of older people indicates an overwhelming demand for new and innovative solutions. It is therefore incumbent on commissioners, planners, providers and developers of housing in Essex to take a strategic approach on the housing and housing related care and support needs of older people, and identify a range of sustainable choices across social and private sector markets.

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**
- Case Study no.10: **Direct Payments for Personal Assistance in Hampshire**
- Case Study no.11: **Housing for Older People from the Chinese Community in Middlesbrough**
- Case Study no.12: **Shared ownership for People with Disabilities (London & SE)**
- Case Study no.13: **Home Care Service for People with Dementia in Poole**
- Case Study no.14: **Intermediate Care Services within Extra Care Sheltered Housing in Maidenhead**
- Case Study no.15: **Sheltered Housing Contributes to Regeneration in Gainsborough**
- Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford**
- Case Study no.17: **A Virtual Care Village Model (Cumbria)**
- 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)**
- Case Study no.21: **Estimating Future Requirements for Extra Care Housing (Swindon)**
- Case Study no.22: **'The Generation Project': a sure start for older people in Manchester**
- Case Study no.23: **Developing ECH in Cheshire: the PFI route**
- Case Study no.24: **Commissioning an ECH Scheme from Social Services' Perspective - Leicester**
- Case Study no.25: **Broadacres Housing Association Older Persons Floating Support**
- Case Study no.26: **Unmet Housing-Related Support Needs in Wokingham District - an investigation**
- Case Study no.27: **Dee Park Active Retirement Club - Age Concern Berkshire**

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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