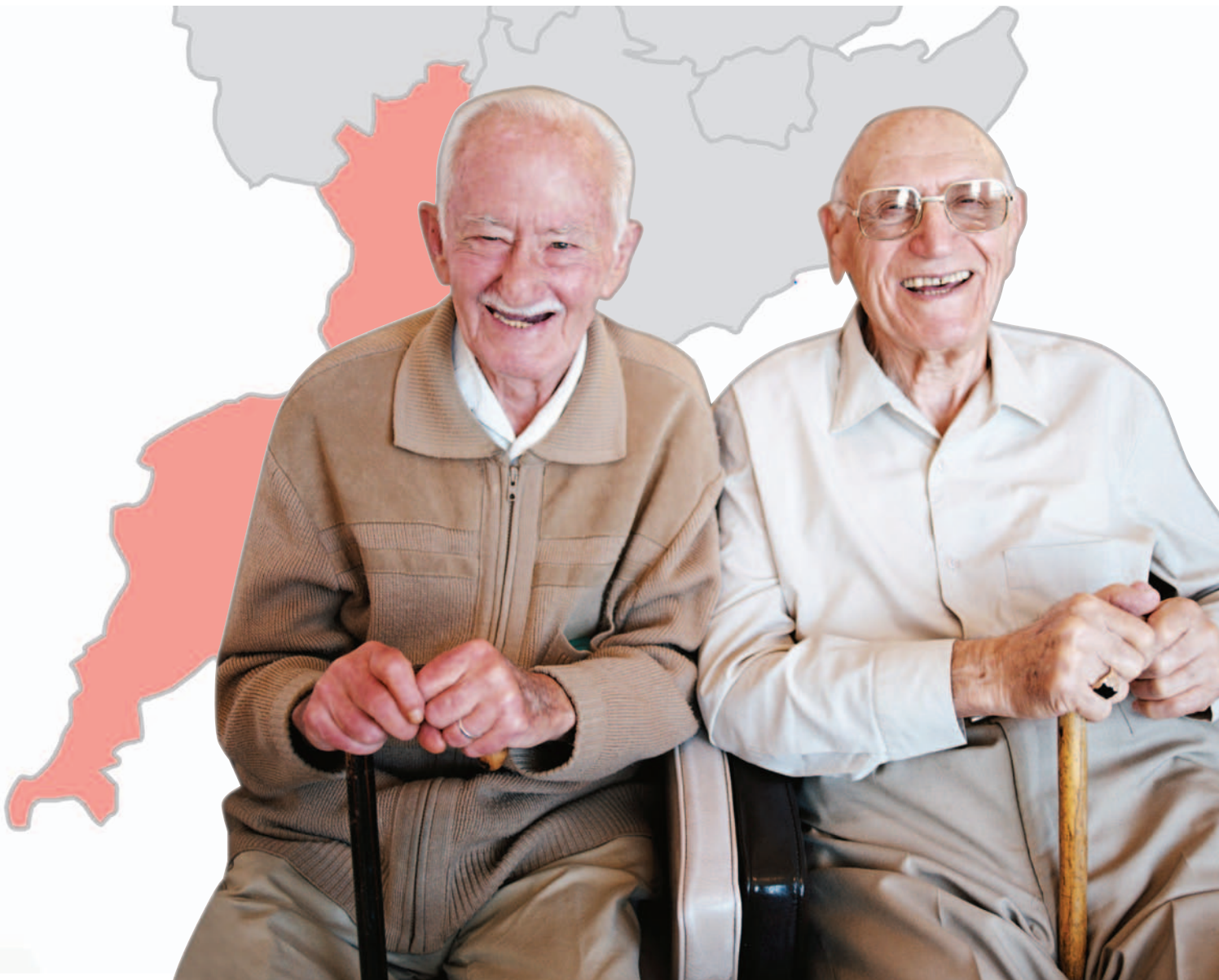




Care Services Improvement Partnership **CSIP**

**Housing Learning and
Improvement**
Network

Executive Summary
**Putting Older People
First in the South West**
A regional housing market assessment
November 2008



Contents

Introduction	1
Policy Themes	2
Demographic Change	3
Regional Housing Supply	5
Funding	7
Future Directions	9
Conclusions	11
Key Actions for the South West	13

Introduction

This executive summary is one of five documents concerned with the future accommodation needs of older people in the South West of England. All the documents have been prepared by the Housing Learning and Improvement Network in the Care Services improvement Partnership (CSIP) at the Department of Health and the Housing Corporation. The pack is made up of:

- This executive summary – a concise introduction to the key issues and themes that concern housing for older people in the South West and the policy considerations that flow from these themes. The summary draws on the material developed in the two main papers below.
- A briefing Taking the Strategy Forward for the South West.
- A comprehensive overview of the regional housing market for older people.
- A set of case studies designed to draw on the best examples of good housing practice with regard to older people from across the region,
- A glossary of useful housing, care and support terms that can help provide a common understanding of language used across the sectors

The intention of these papers is to present the issues most likely to affect older people across the region and to encourage both regional and local government to take appropriate

Policy Themes

In recent years, both local and national government has increasingly come to recognise the importance and implications of the growth in the population aged over 65. For example, the Treasury's Public Service Agreement (PSA) 17 sets out a series of indicators to promote independence and well-being in later life and, in a recent Cabinet Office Strategy Unit paper, the ageing population was described as one of the ten key challenges facing Britain¹.

Current national policy supports two twin themes. First, to increase the supply of accommodation available for older people through regulation (in terms of the development of new build housing to lifetime homes standards); while maximising the housing options across tenure and property types for older people to support independent living and access to appropriate services where needed, for example, through support for the development of extra care housing. The second plank of policy through social care – and increasingly through health – is to develop the government's personalisation agenda. Supported by an inter-departmental protocol, this aims to transform social care in particular, through giving older people greater choice and control over services and funding.

However, given the scale of demographic change, particularly in the South West, it is also increasingly probable that funding of housing and social care through the public purse is unlikely to keep pace with the rate of population growth. Whilst the emphasis of service provision will be on keeping people in their own homes it is also likely that older people will need to make a greater contribution to funding their own care. The government announced their intention to publish a Green Paper on the future funding of care and support in the 2007 Comprehensive Spending Review. A consultation on the options for change is currently underway (*The case for change – why England needs a new care and support system*, Department of Health, 2008).

¹ *Realising Britain's Potential: Future Strategic Challenges for Britain*, Cabinet Office Strategy Unit February 2008.

Demographic Change

The South West region already has a higher proportion of older people than any other English region. That trend is only likely to be continued in coming years with particular pressure occurring amongst the counties in the region, although the unitary authorities of North Somerset, South Gloucestershire and Swindon will also experience considerable growth in their oldest old populations. In fact, the highest single increase is likely to be in South Gloucestershire where the population aged over 85 is likely to double in the next seventeen years.

Projected growth in South West shire county population of people aged over 85		
	2008	2020
Cornwall	16,100	22,900
Devon	24,100	32,100
Dorset	14,900	20,100
Gloucestershire	15,400	20,800
Somerset	15,500	21,500
Wiltshire	11,100	15,800
Total	99,108	135,220

The growth in the oldest population will also be matched by a diminution in the proportion of people in early middle age.

Whilst the growth in population is considerable, there is not necessarily a direct correlation between age and demand for services. For example, the South West has the greatest longevity of all the English regions (78 for men and 82 for women) and a lower proportion of people aged over 65 with a limiting long term illness (40% compared to the national average of 47%).

In the long term, a variety of factors may also influence demand for services; these include advances in medicine, affluence, proximity of friends and families and how proactive services are in identifying and reaching out to populations in need.

However, despite those caveats, the growth in the oldest old population is of such size that an increase in demand is inevitable. For example just taking the over 85 year old population and extrapolating that for the likely numbers of people with a dementia across the region would see an increase from thirty six to fifty six thousand over the next seventeen years.

Two further factors are worthy of note. The most difficult trend to chart is the likely future impact of inward migration (In 2004/05 it was estimated that there was a net inwards migration of over 4,000 people aged over 65). However, that figure may be an underestimate as a consequence of second home ownership. Future demand may be heavily influenced by the proportion of second home owners who decide to locate to the south west post-retirement as well as those who decide to move to the region. The impact on accommodation may also be exacerbated by the type of property people purchase. If it is of the historic cottage variety, it is unlikely to be suitable for people with increasing frailty.

Secondly, although much smaller in number and proportion than the general growth in the older person's population, there is also likely to be increased pressure on expenditure through the higher numbers of 'young' older people with a learning disability. For example, in Devon the number of people aged over 55 with a moderate or severe learning disability is likely to grow from around 1,200 to nearly 1,500.

When this trend is considered alongside the increased age of the parents of this group, who will eventually die or become unable to care for their offspring, the numerical increase, although small, could still mean a large increase in expenditure.

Key Facts

- The highest proportion of older people in any English region, with the number of people aged 85 and above projected to increase by more than 57% between 2008 and 2025 (see table below).
- Growing numbers of older people (especially women) living alone who are more likely than others to require public care and support as they become frailer to enable them to live alone.
- A projected increase in the number of older people with a long-term limiting illness of 45% between 2008 and 2025, compared with 39% for England as whole.
- A projected increase of 49% in the number of older people with dementia between 2008 and 2025 which will have a major impact on the demand for specialist accommodation and support.
- 84% of sixty to sixty four year olds are owner occupiers.
- Growth of other groups of older people requiring specialist provision, for example, people with learning disabilities, mental health and alcohol problems.
- Over-representation of older people in rural areas where access to services and other facilities is increasingly difficult.
- High levels of net inward migration, with around 16% of in-migrants aged 60 and above.
- A corresponding decline in the proportion of younger age groups that are potential care providers.

Regional Housing Supply

There are three main factors to consider here: the general trends in housing amongst older people in the South West region across all forms of tenure, the particular role of social housing and finally the changes to services and communities required to enable people to remain within the community.

In terms of the general trends in the housing market, the South West has had considerable price growth in recent years. However, over and above any impact on local authority funding and although too early to predict the full impact of the credit crunch and the economic downturn, these developments are likely to affect: start-ups of new housing and care schemes due to the difficulties of attracting capital funding and investment; older people trying to sell their homes due to the decline in prices and the slow down in the housing market; self-funders in long term care as their savings and investments diminish in value. It is uncertain how these potential developments will affect the current high levels of inward migration and the highest proportion of second homes in the country. The growth in new housing provision has been limited.

Most older people are home owners. Provision of appropriate specialist housing or housing with care for older people as they become more frail will potentially free up family sized accommodation and stimulate movement in the housing market.

Many local authorities and RSLs are looking to decommission or remodel their ordinary sheltered housing stock as they are having difficulties in letting accommodation that is no longer suitable or sub-standard. There is widespread anecdotal evidence that much sheltered housing is no longer fit for future populations of older people, in terms of design, size and space or accessibility standards.

There are wide variations across the region in the level of provision of extra care housing. Bristol has the highest level of provision of extra care followed by Somerset and Bournemouth; while Cornwall and Torbay appear to have the lowest rates of provision. There are also variations in the amount of extra care housing for rent and for sale between authorities. For example, Bournemouth has no extra care housing for rent, while Bath and North East Somerset has none for sale. Less than half of the local authorities in the region have extra care housing for sale.

There are wide variations in the number of residential care home beds as a proportion of the population aged over 65. Although residential care is not the option preferred by most older people, in the absence of alternatives the market remains buoyant. However, it is at the most dependent end of the residential care market, ie care with nursing that most demand in the future is likely to occur.

However, older people will not remain in the community simply through the provision of improved accommodation. Of crucial importance will be the provision of care, support and health services. If the current level of social care provision is extrapolated against the population increase then it is clear that some local authorities will have difficulty in meeting demand within a comparatively short time period.

However, these are not just issues of funding. Clearly in some of the more rural parts of the region duplication of health, care and support services is neither desirable nor affordable. There need to be rapid increases in not only the provision of extra care housing in some areas – across both the public and private sectors – but also in care and repair services, in community health interventions, (particularly in Cornwall where some acute services are located out of the County), and in support to carers.

It is particularly important in developing new provision that appropriate community health services are in place to support people. Many of these services need to focus on rehabilitation and recovery rather than being acute services.

Support services also require people to deliver them and given the outward migration of working age people from the region this will pose problems. Some of this shortfall could be met through improvements in the use of assistive technology, improved employment prospects through better training and through combining care tasks into more highly skilled jobs, bringing in non-UK migrant labour and encouraging the immediate post-retirement population to continue working in care roles.

Finally, the nature and accessibility of communities is a key factor in terms of supporting older people. Obviously factors such as the existence of voluntary organisations and community support groups play a major role in enabling older people to remain within their own homes and communities. However, accessibility to shops, transport, post offices and banks also has a major part to play if older people are to remain successfully within the many smaller towns and villages throughout the region. The potential impact of developments on older people should always be a consideration regionally in planning decisions.

Key Facts

- High and increasing levels of owner occupation among older people – 78% of people aged 65 and above own their own homes.
- Above average levels of private renting and lower than average levels of social renting by older people.
- High levels of under-occupation, ranging from 47% of owner occupiers to 11% of social renters (ie two or more bedrooms above the "bedroom standard").

- Above average levels of fuel poverty and poor energy efficiency among older people, particularly in the private sector, coinciding with above average excess winter deaths among people aged 85 and above.
- Possible effects of climate change in terms of extreme weather events and greater risk of flooding.
- The highest number and percentage of second homes in England, with hot spots in a number of coastal districts which means that many older people find themselves living among empty houses for much of the year.
- A growing trend towards the introduction of more flexible and person-centred models of housing support, such as floating support.
- Wide variations between authorities in the level of provision of sheltered and extra care housing although a general trend to increase the amount of extra care housing.
- Concerns about the extent to which sheltered housing is fit for future needs.
- A limited amount of sheltered or retirement housing for sale in some authorities.
- A lack of extra care housing for sale in more than half of local authorities.
- Variable but increasing provision of home improvement services and other low level housing support services such as handypersons across the region and between rural and urban areas.
- Variable and limited provision of telecare and assistive technology.
- The lowest rate of people receiving grant funded person-centred community care services in England.
- A relatively low percentage of older adults in residential care.
- A higher proportion of hospital in-patient episodes are of older people in the South West, than England as a whole.

Funding

Given the potential discrepancy between the population increase and the amount of funding likely to be available from public sources older people will be expected to draw on their own resources to a greater extent. Across the region high levels of owner occupation suggest that some older people will be able to pay towards the costs of adapting their homes, or moving to accommodation better suited to their needs.

However, even allowing for this change it may still take intervention from the local authority to stimulate the market.

For example it could mean:

- Developers being encouraged to think more widely about the diverse needs of the older people's accommodation market.
- Planning controls that encourage development of housing suitable for older people.
- Care agencies being encouraged to develop the capability to take on a wider range of tasks – including some Supporting People and health care roles.
- Carers being better financially supported.

In terms of supported housing a growth in the development of extra care is both likely and necessary, as is a major re-think of existing sheltered housing. It is likely these two types of accommodation will conceptually move closer together to provide dwellings into which it is possible to deliver a range of health and social care services.

Funding sources

Capital funding

There is a regional target that 10% of new social rented housing should be either for people receiving specialist support services or specialist provision for older people (South West Regional Housing Body). The recent initiatives below provide some funding towards achieving this target.

Lifetime Homes, Lifetime Neighbourhoods provides £35 million of new funding up to 2011 for housing information and advice for older people, handyperson services, and housing improvement agencies; and a 31% increase in Disabled Facilities Grant with the budget rising to £166 million by 2011.

The Department of Health made £60 million available in 2006-08 to develop new extra care housing places in England in areas where need could be demonstrated (as reflected in relevant strategies, particularly local Supporting People strategies and regional housing strategies) and subject to a number of criteria through Extra Care Housing Fund. Local Authority circular LASSL(DH)(2007)2 accompanying the Social Care Reform Grant highlights a number of specific revenue and capital programmes that the Department of Health will be taking forward to enhance independent living opportunities for older people: including a further £80m grant programme for extra care housing over the next 2 years, approximately £40m per annum. Further details of the bidding arrangements are available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083285

In addition, the Housing Corporation has recently announced that £250 million for supported (including some sheltered housing) and extra care housing has been awarded as part of their National Affordable Homes Programme 2008-2011. Of this, £18m has been allocated to supported and older peoples' provision, including £3m of work to existing stock in the South West.

There is also potential for providers (both local authorities and RSLs) to use their assets to help fund extra care housing by using land available through replacement schemes. Section 106 agreements have been used to support the development of extra care housing. In addition, mixed tenure sheltered and extra care housing schemes may be part-funded through leasehold or shared equity arrangements. Such initiatives could be supported through the Private Finance Initiative and commercial loans.

No single agency can deliver extra care housing in the volume that will be needed in future years. The development of extra care housing involves partnership working. Extra care housing schemes can only be developed and maintained through a partnership of stakeholders including planners, commissioners, providers and developers.

There is limited funding available both nationally and regionally for remodeling the existing housing stock to fit the needs and preferences of older people in terms of size, space and accessibility. An important alternative source of funding is Disabled Facilities Grants (DFG) which helps disabled older people (and others) to pay for adaptations to their home. Disabled Facilities Grant – The Package of Changes to Modernise the Programme (DCLG, 2008) provides additional funding; an increase in maximum grant levels to £30,000; a transfer of the element of Housing Corporation's Social Housing Grant spent on adaptations to the main DFG programme; and relaxation of the funding framework in relation to the local authority contribution.

Revenue funding

Sources of current revenue funding are local authority contracts for personal social care, NHS primary care budgets, Supporting People grant, housing management contracts, rent, service charges, and finance by residents and their informal carers. In the coming years, the greater flexibility of Supporting People funding locally, the use of individual budgets, benefit take-up and funding of low level preventive and well-being services might also impact on existing block contracts between local authorities and those providers managing schemes or services involving housing, care and/or support

Equity release

Although research indicates that there is widespread mistrust of equity release products and providers, and it may have adverse consequences for those on means-tested benefits, the development of equity release is one possibility for individuals. New types of equity release, such as drawdown mortgages and home reversion options (which allow people to sell all or part of their home as a percentage of the equity to a lender in return for either extra income or a lump sum) may be more successful.

Future Directions

Nationally there are many examples of good practice in individual local authorities, yet very few of these are brought together in any one single authority as the basis for an overall transformation programme. Nonetheless, there are some strong examples of progressive thinking in the South West. The case studies in the Approaches paper in this pack signpost some of these recent innovations.

- **Current housing.** Most older people will want to stay in their own homes for as long as possible, and this will mean local authorities working with Registered Social Landlords (RSLs) to make housing across all tenures suitable for older people by providing the support, adaptations and equipment needed and improving thermal comfort and reducing fuel poverty to enable them to do so (See Case Studies 4, 5 & 6). Home Improvement Agencies, Disabled Facilities Grants, telecare and assistive technology, Warmfront, information and advice and floating support will play an increasingly important part in promoting the ability of older people to remain in their own homes. (See Case Studies 7 & 10)
- **New housing.** Effective age-proofing requires changes in the quality and supply of housing in the region. All public housing will have to be built to Lifetime Homes Standards by 2011, and all new housing is expected to be so by 2013. Consideration is also needed of how neighbourhoods and wider service provision can maximise the independence of older people. Regional and local authorities and housing providers all have a part to play.
- **Sheltered housing.** Many social landlords have some low demand (difficult-to-let) sheltered housing and there is some survey evidence that many schemes will not meet the requirements and expectations of older people in the future. Low demand may be due to the location, size, accessibility and condition of the housing. RSLs should thoroughly review their existing stock with a view to establishing whether it is already suitable; whether it can be adapted at reasonable cost; or whether it should be replaced. (See Case Study 3) Consideration also needs to be given to the impact of difficult-to-sell private sector retirement housing as a consequence of the current downturn in house sales
- **Extra care housing.** Existing provision of extra care housing in the region is highly variable. It is clear that in many areas, given their demographic profile, more extra care housing for rent, shared ownership and sale will be needed. (See Case Studies 1, 2 & 8) Some sheltered schemes may be suitable for remodelling, while others might provide the sites for new extra care developments. Local authorities can help in this through planning and provision of sites to RSLs and other providers. In addition to the need for good quality extra care housing in the South West, other options such as retirement communities, home-sharing schemes, co-housing etc. offer scope for further development by providers with support from commissioners.

- **Rural care and support.** A lower proportion of younger people in rural areas will jeopardise the ability to maintain older people in rural communities. Local authorities and PCTs need to look at how to combine professional roles across housing, health and social care in alliance with assistive technology in order to maximise use of limited professional resources and to raise levels of community support for older in-migrants who lack local family to provide care and support. (See Case Studies 9 & 10)
- **Wider health and care economy.** A number of pilots and innovations in the South West, for example: the Gloucestershire Partnership for Older People Project (Case Study 9), the Whole System Demonstrator telecare pilot in Cornwall, and the retirement village concept, indicate the scope for imaginative approaches to using available health and care resources more effectively in a way that contributes to the prevention of ill-health and the maintenance of well-being among older people so that they can continue to live independently.
- **Partnership.** Local authorities and RSLs need to work in partnership with a range of organisations to address the future housing needs of older people in the South West. Planners, Primary Care Trusts, the private and voluntary sectors – and not least older people themselves – have a role to play in generating a range of suitable and accessible accommodation. Partnerships with the private and voluntary sectors might include: grants to make new build property accessible; joint commissioning of, and consortia to build, new developments (see Case Study 2); purchase of accommodation in private or voluntary sector developments; public-private initiatives to refurbish and/or sell some of the existing sheltered housing stock.
- **Cultural change and education.** There is a need for a comprehensive change in our attitudes to housing which recognises the implications of an ageing society. Building homes and neighbourhoods that are suitable for older people needs to be the objective of all new developments. It is critical that awareness of the ageing population and its housing needs is established among professionals, from planners to providers. Older people themselves need to be informed about their housing and support options in old age. National, regional and local organisations all have a part to play.

Conclusions

There is a need to start planning now to respond to the likely increase of nearly one million people over the age of 65 by 2028 in the South West region. Some local authorities are already beginning to feel that pressure on services. This will only grow over the next ten years and without considerable change now in how services are configured it is likely that some local authorities and PCTs will be unable to meet demand. Therefore, it is likely that local authorities within the region will need to choose one or more of the options below:

- Increasingly rationing their service provision by targeting those in greatest need.
- Maximising economies of scale through higher volume services, eg, large care homes.
- Much more focussed and improved investment in proven prevention.
- Reconfiguring their service provision, for example, through remodelling sheltered housing stock.
- Merging staff roles across health, housing and social care.
- Seeking alternative forms of investment, eg, through increased charges or public-private provision.

Local Area Agreements and Local Strategic Partnerships provide a framework within which commissioners and providers can shape the housing market in the South West to better meet the needs of older people.

However, to meet the demographic and transformation challenges will require:

- Wider flexibility and choice of housing (across tenures) which is suitable for older people, but is not badged as older people's housing. A large part of this growth needs to be from within the private sector or public/private partnerships.
- Local authorities need to work in partnership in a number of ways to accomplish diversity in suitable housing supply: through grants to make new build property accessible, work in partnership on new developments, purchase of accommodation in private or voluntary sector developments and, finally, public-private initiatives to refurbish and/or sell some of the existing sheltered housing stock.
- By meeting the housing needs of older people, in particular those who wish to downsize, it may be possible to relieve some of the pressure on family housing in the South West as older people move out of large properties which are expensive to run and maintain, and difficult to move about in.
- The development of a range of housing types that is designed to enable care and health services to be delivered into those premises, including extra care. Some of this may be achieved through remodelling or rebuilding sheltered housing. Sheltered housing that is unviable should be released to fund other developments.

- In terms of housing quality, additional resources are needed to: bring the existing stock of homes of older people up to Lifetime Homes standards across tenures. Home Improvement Agencies and Disabled Facilities Grants provide the principle mechanism for this in the private sector.
- Greater availability of a range of low level support services across tenures including: Home Improvement Agencies (HIAs), handyman, and information and advice services about a wide range of services, for example, accreditation of local trades-people. Some of these objectives may be achieved through incentives to housing associations/registered social landlords (RSLs) to diversify their roles towards older people, particularly with regard to assistive technology, care and repair services and a closer look at where supporting people and home care functions cross over.
- Increased and improved specialist community based services for people with dementia and other mental health needs, with a particular focus on improved support for carers.
- Greater interchangeability of roles between housing support, care services and community health, with floating support available across tenures.
- Better targeting – outcome-based rather than age-based services. Some older people are receiving services that they neither want, nor need. Given limited budgets, better targeting is vital to release additional resources. Alongside this their needs to be improved information systems which allow commissioners to know if their purchasing activities deliver the outcomes older people desire.
- Communities that are supportive, where older people feel safe and secure and that meets requirements in terms of suitable transport, shops and health facilities that are local and accessible.
- Improved local health services that ensure conditions that particularly affect older people, eg, falls, continence, strokes have variable volumes of rehabilitative input that can effectively deliver full recovery outcomes, thus ensuring people no longer need service provision. Ageist policies and practices that deliver a 'good enough' recovery but which still leave older people incapacitated or in the case of continence untreated, need to be challenged by health professionals.
- Working with planners to identify sites for developing housing suitable for older people from retirement villages to extra care; ensuring Lifetime Homes is a minimum standard; and enabling the provision and adaptation of housing for older people and extra care housing through the planning system.
- Greater use of new technology, particularly, telecare and assistive technology which can assist through prevention, monitoring and enabling older people to live independently and safely, including those with mild dementia. However, where there is extensive use of such technology to support people with high level needs in the community consideration needs to be given to the shape and configuration of backup services to ensure that when called out they can meet the needs of older people rather than acting as another signposting service.

Key Actions for the South West

From this project a number of strategic and operational actions emerge for key stakeholders to undertake:

- Regional and local housing authorities working with health and social care to support an expansion in the range of housing options available to older people at the regional and local level, for example, through the Regional Improvement and Efficiency Partnerships and local Joint Improvement Partnerships
- Regional housing and planning boards to engage with local planning authorities to produce authority wide approaches to the future planning and design standards of housing for older people.
- Local housing and social care authorities to establish the level of need for extra care housing in each area and the appropriate balance between accommodation for rent and for sale.
- Local housing authorities and RSLs to review the condition, accessibility, location and value of the current stock of sheltered housing with regard to its fitness for future needs; and establish priorities for adaptation, refurbishment and replacement.
- Local housing authorities and RSLs to improve the quality of information to the public concerning sheltered and extra care housing particularly in order to better inform choice based lettings.
- Local housing authorities and RSLs to work with the new Homes and Communities Agency (the successor to the Housing Corporation) to seek to maximise capital investment opportunities (through public and private sector funding) to meet the demand for new housing for older people and specialist accommodation with care where this is a local priority.
- Supporting People commissioners to plan for the expansion of low level preventive support, such as practical and financial information and advice to older people, home improvement services, and assistive technology.
- Local authorities to identify the practical and financial assistance that could be provided to older homeowners who want to downsize.
- RSLs and local authorities to work with the new Tenant Services Authority to engage with their tenants to establish the level of demand for downsizing, and to identify the practical and financial assistance that could be provided to help those who want to do so.
- Health and social care commissioners to develop models of care and support that reduce duplication of effort or resources, for example, through multi-tasking by staff and effective information sharing.
- Regional housing and planning boards to raise awareness among commissioners, providers and the wider population of the implications of, and the available options for, housing of an ageing population, in particular, to meet PSA 17 requirements.

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