

# Older People's Accommodation and Wider Service Needs Assessment 2010



A Joint Eden District Council and  
South Lakeland District Council Project

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## Forward by the Leaders of Eden District Council and South Lakeland District Council

*“In many areas, older people are already driving the housing market, and they will do so increasingly in the future. It is not just that the housing market needs to reflect their needs, it needs to match their aspirations.”*

Lifetime Homes, Lifetime Neighbourhoods, CLG

*“We've put more effort into helping people reach old age than into helping them enjoy it.”*

Frank A Clark

*“Within the districts of Eden and South Lakeland we face great changes in our population, housing and economic profile over the next twenty years. It is vital that we adequately evidence the amount and type of provision we are likely to need for our ageing communities. This piece of collaborative research helps to draw together a number of strands of evidence from which clear conclusions may be drawn.*

*The Report has been produced by a group of elected members from both Eden and South Lakeland District Councils, with huge support from District Officers, information from a number of agencies and with funding from the North West Innovation Fund; this assistance is acknowledged with gratitude.*

*It is hoped that this collaborative project, between the two Districts and the Members and Officers who took part, will encourage other Cumbrian Members to become involved in research in areas which are of importance to them.*

*The project also underlines the importance for our District Councils of working closely with our communities and those colleagues from Cumbria County Council, health services and voluntary agencies involved in supporting our older population. We look forward to working together to co-ordinate our services and enable our older people to live in comfort and security.”*

Richard Turner  
Housing and Planning Policy Portfolio Holder  
Eden District Council



## Introduction

This document reports on the evidence gathered as part of a joint initiative between Eden District and South Lakeland District Councils to look accommodation and wider service needs of older people in a joint initiative. The two Districts are neighbouring authorities with demographic and geographical similarities, which work closely in many areas including strategic housing. The project was a response to the increasing elderly population projections for these two districts and aimed to identify the key issues, possible solutions and policy responses, particularly where accessibility is a major issue due to the rural nature of these areas.

The project aims to carry out a robust assessment of the likely future requirements for housing and services for the elderly in Eden and South Lakeland District Council areas such as extra care schemes. While the Project falls within the District's Housing remit and focused specifically on housing issues (namely bricks and mortar provision) it was necessary to also consider the wider service provision that will be required to maintain people in their existing home.

The research project has been led by the Districts' Housing Portfolio Holders with 6 key Members, supported by Housing Officers (making up the 'Project Group') and drew on other partners and delivery agencies across Cumbria.



The Project Group identified four main aims and objectives:

1. To identify the types of accommodation required. This should cover size (bed spaces), type (bungalow, house, flat etc) and tenure (shared ownership, rented etc); Location (area); setting (retirement village, units within general housing etc); and the model of housing (extra care, warden controlled etc).
2. To identify the support services/adaptations required. This has implications for new build but certain assistance may also enable people to remain in their existing homes for longer.
3. Establish good practice - what works.
4. Increase the shared knowledge base both in terms of findings and methodology.

In addition to the above project aims, the Group had regard to the aims of the North West Employers Member Development Gateway, which funded the project, namely to help develop members learning and encourage innovative practices.

## **The project outcomes required were:**

1. What we need to build from a planning perspective.
2. Identify where councils need to link up policies.
3. The effects on existing stock - this could include demand for certain sizes, the effect on the private sector, conversion of existing stock, asset management.

## **Our approach**

To achieve its aims, the Project Group utilised both primary and secondary data. To enable Members to look at provision from a ground level fieldwork was undertaken involving visits to different schemes in both districts. As this is currently limited to sheltered and extra care schemes, details on different types of provision were sought on the internet and also the results from the Housing our Aging Population Panel for Innovation (HAPPI) project (see Appendix 10 for further information).

To gain an understanding stakeholder activities and concerns members hosted a day long workshop. This provided an opportunity for agencies to network and establish links with current and future partners. The day involved guest speakers, presentations and breakout discussion sessions (please see Appendix 1 and 2 for details).

To look at current provision, the changes in age profile, projections for the future and how this will impact on the need for accommodation and support services, the Project Group commissioned a report from the Northern Housing Consortium. This aimed to identify gaps in current accommodation and service provision through an analysis of secondary source data and the impact of changing aspirations and expectations on the suitability of these services in the future.

In order to understand the project context the Housing Officers gathered relevant local and national documents/research reports and fed these back to Members. There is an extensive array of literature around the issue of accommodation and service requirements for older people (see Appendix 9) and in compiling this report a wide range of key documents/studies have been examined. However certain reports were felt to be particularly applicable/useful for the study group purposes, namely:

- Assessing future housing need for older people, Shaping our Lives 2009. This report was funded by Cumbria County Council and the Primary Care Trust. It was based on an interview with 73 older people, including nine residents of sheltered and extra care housing. This forms a useful piece of primary research.
- Housing Issues for Older People in Rural Areas, Beven and Croucher, 2008.
- More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people. CLG, Care Services Improvement partnership, February 2008
- Projected need for long-term residential care services for older people in Cumbria. OCSI and Care Equation, January 2010.

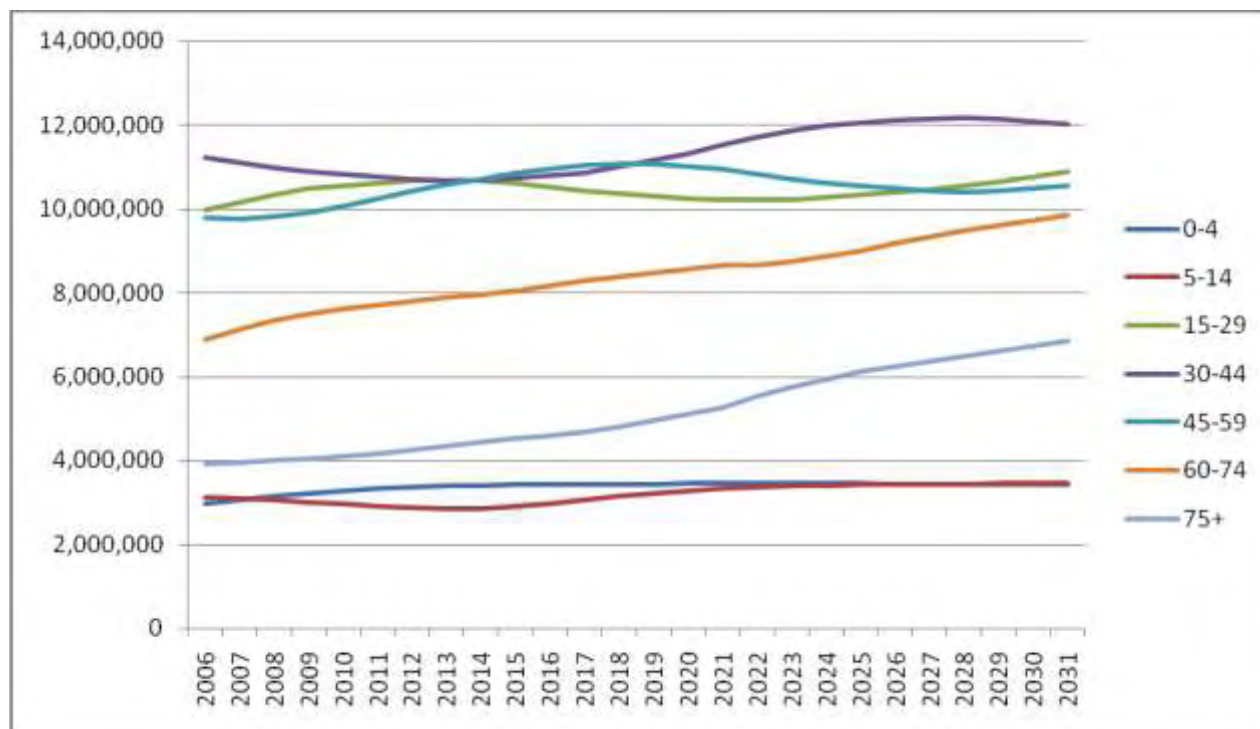
In addition EDC carried out a scrutiny Committee Review, 'Living Well Beyond Retirement' in April 2008, and SLDC updated their Older Person's Housing Strategy for 2007-11. The Project provided an opportunity to build on and refresh these pieces of work.

## Section One: Indicators of Potential Need for Services

### Establishing population size and trends<sup>1</sup>

Nationally, Office of National Statistics' (ONS) 2006-based population projections data shows that between 2006 and 2031, the population of England is set to increase by 19%. Within this, largest increases are projected to occur in the older age groups. Between 2006 and 2031 the growth in the 60-74 year old group will grow by 43.2%. However, it is the very old age groups that see the largest growth with those aged over 75 projected to see their numbers grow by 75.3%. Figure 1 shows how the rate of growth of the different age groups in England.

Figure 1: Age Projections in England



(Source: ONS, 2008)

### Current demographics/trends

POPGROUP data highlights that in the Eden District in 2010, 15,742 (30.1%) are aged over 60 (Figure 2a). The data shows that, district-wide, of those aged over 60, 5,934 (37.7%) are aged 74-90. This equates to 11.3% of the total population. See Appendix 5, Cumbria Intelligence Observatory for age forecasts.

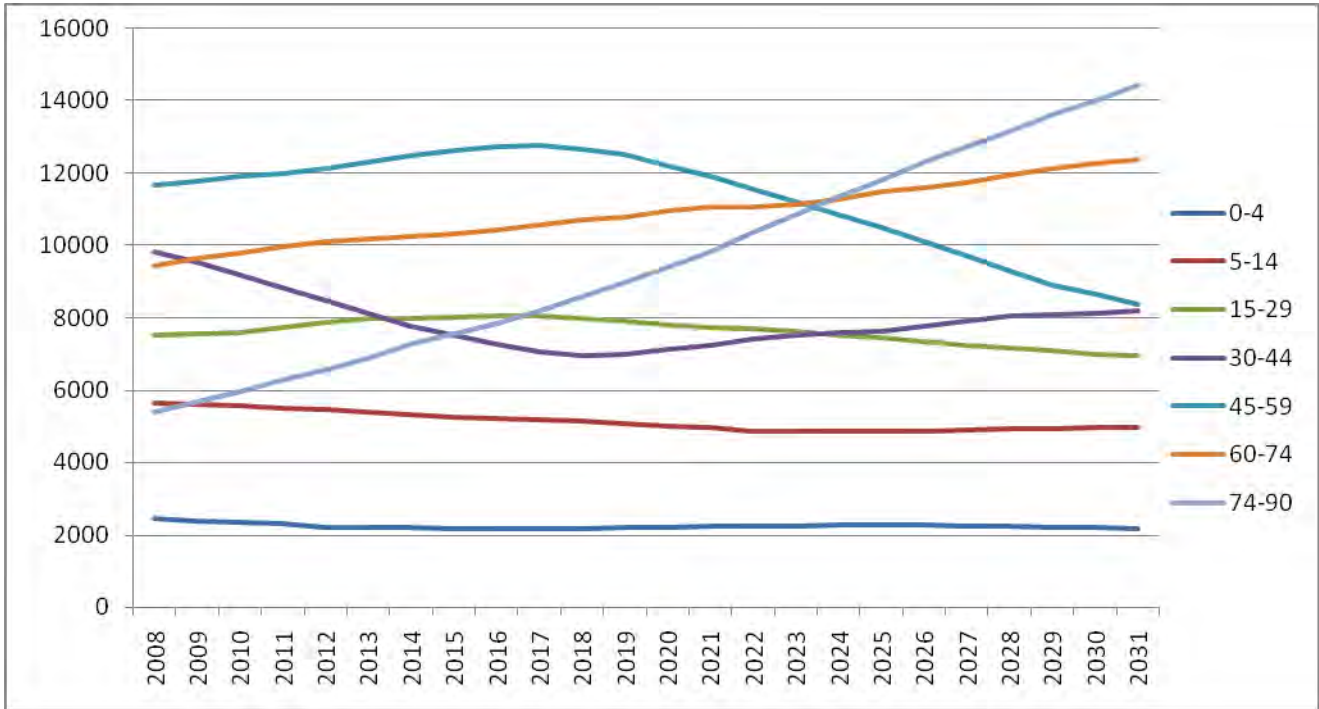
The elderly population is projected to increase in both numbers and as a proportion of the total population. By 2031, the proportion of those aged over 60 years old living in Eden is set to increase by 16.6% to 46.7% of the total population (26,842). Meanwhile, the very old (aged over 74) will see their numbers grow to 14,435 (25.1% of the total population) an increase of 143% (this increase was shown to be 202% between 2006 and 2031 in the District's SHMA documents).

There is a similar picture developing in South Lakeland. Here, in 2010 34,608 (32.7%) are aged over 60 (Figure 2b). The data shows that, district-wide, of those aged over 60, 13,048 (37.7%) are aged 74-90. This equates to 12.3% of total population.

<sup>1</sup> based on the Northern Housing Consortium Report, and data supplied by Cumbria Intelligence Observatory.

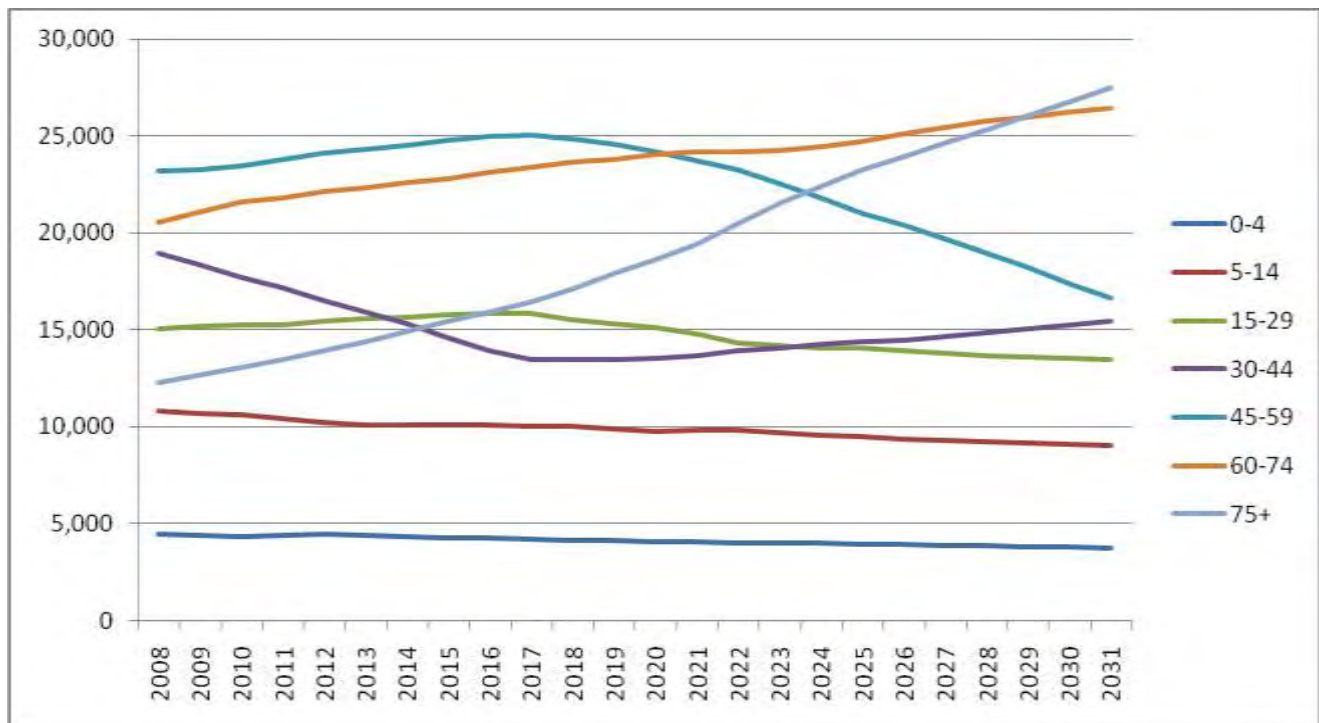
Again in South Lakeland, as in Eden, the elderly population is projected to increase in both numbers and as a proportion of the total population. By 2031, the proportion of those aged over 60 years old living in South Lakeland is set to increase by 15.4% to 48.1% of the total population (53,923). Meanwhile, the very old (aged over 74) will see their numbers grow to 27,469 (24.5% of the total population) an increase of 12.2%.

**Figure 2a: Age Projections in Eden**



(Source: POPGROUP supplied by Cumbria County Council, 2009)

**Figure 2b: Age Projections in South Lakeland**



(Source: POPGROUP supplied by Cumbria County Council, 2009)

## Data reflecting housing circumstances<sup>2</sup>

### Tenure

The table below shows tenure by the age of the household reference person (HRP)<sup>3</sup>. Home ownership is the main tenure for those above pension age in both Districts; this cohort also has the highest number in home ownership compared to other age groups (3,274 Eden and 7,382 South Lakeland).

10% of pensioner headed households live in social rented tenure compared to 17% and 20% for Eden and South Lakeland for those aged under 24. However the highest *count* of households in social rent are over pension age (411 and 943 respectively).

Households by age of HRP and Tenure (2001 Census)	Eden		South Lakeland	
<b>All Households</b>	<b>18,521</b>	<b>%</b>	<b>37,726</b>	<b>%</b>
<b>All households aged under 24</b>	<b>416</b>	<b>2.2</b>	<b>758</b>	<b>2.0</b>
24 or under - Owned	112	26.9	198	26.1
24 or under - social rented	70	16.8	149	19.7
24 or under - Private rented	234	56.3	411	54.2
<b>All households 25 - 34</b>	<b>2,632</b>	<b>14.2</b>	<b>5,099</b>	<b>13.5</b>
25 - 34 - Owned	1,617	61.4	3,082	60.4
25 - 34 - social rented	325	12.3	689	13.5
25 - 34 - Private rented	690	26.2	1,328	26.0
<b>All households 35 - 44</b>	<b>3,976</b>	<b>21.5</b>	<b>7,788</b>	<b>20.6</b>
35 - 44 - Owned	2,967	74.6	5,770	74.1
35 - 44 - social rented	294	7.4	722	9.3
35 - 44 - Private rented	715	18.0	1,296	16.6
<b>All households 45 - 54</b>	<b>4,242</b>	<b>22.9</b>	<b>8,536</b>	<b>22.6</b>
45 - 54 - Owned	3,380	79.7	6,905	80.9
45 - 54 - social rented	264	6.2	639	7.5
45 - 54 - Private rented	598	14.1	992	11.6
<b>All households 55 - pensionable age</b>	<b>3,108</b>	<b>16.8</b>	<b>6,517</b>	<b>17.3</b>
55 - 60/65 Owned	2,517	81.0	5,437	83.4
55 - 60/65 - social rented	208	6.7	448	6.9
55 - 60/65 - Private rented	383	12.3	632	9.7
<b>All households pensionable age - 74</b>	<b>4,147</b>	<b>22.4</b>	<b>9,028</b>	<b>23.9</b>
60/65 - 74 - Owned	3,274	78.9	7,382	81.8
60/65 - 74 - social rented	411	9.9	943	10.4
60/65 - 74 - Private rented	462	11.1	703	7.8

Source: ONS Census data 2001.

Note data on households, age and tenure was only available up to the age of 74.

<sup>2</sup> Please note where data is from Census 2001 this may differ from POPGROUP findings. Its should therefore be treated with caution, but is shown here as indicative.

<sup>3</sup> This is the member of the household in whose name the accommodation is owned or rented, or is otherwise responsible for the accommodation. In households with a *sole* householder that person is the household reference person. In households with *joint* householders the person with the *highest income* is taken as the household reference person. If both householders have exactly the same income, the *older* is taken as the household reference person. Data on HRP, age and tenure was only available up to the ages of 74.



The table below shows the number of *people* living in different tenures (this therefore includes children and also shows those over 74). Out of 23,708 people aged over 60 in EDC, 9,300 live in owner occupation. This shows that of all people in owner occupation 25% (Eden) and 29% (South Lakeland) are aged over 60.

There are a greater number of people from younger age groups living in owner occupation but together with data on households, this shows that younger age groups share their owned houses and older people have fewer household members.

30% (Eden) and 27% (South Lakeland) of people living in social rent are aged over 60. The age profile of social rented housing is skewed towards young families and older people, notably those aged 65-84, a situation likely to increase due to increased life expectancy.

The proportion of people aged over 60 in private rent is lower than other cohorts. However the number of those aged 65-84 in social rented for both Districts is close or exceeds other cohorts living in this tenure.

<b>People by tenure</b>	<b>Eden District</b>	<b>%</b>	<b>South Lakeland District</b>	<b>%</b>
<b>All People</b>	<b>49,000</b>		<b>98,925</b>	
0-15	8,971	18.3	17,028	17.2
16-34	9,921	20.2	18,963	19.2
35-49	10,855	22.2	21,033	21.3
50-59	7,399	15.1	15,151	15.3
60-64	2,970	6.1	6,326	6.4
65-84	8,015	16.4	18,212	18.4
85 +	869	1.8	2,212	2.2
<b>Owned All people</b>	<b>37,340</b>		<b>76,707</b>	
0-15	6,499	17.4	12,513	16.3
16-34	6,918	18.5	13,004	17.0
35-49	8,537	22.9	16,619	21.7
50-59	6,086	16.3	12,779	16.7
60-64	2,454	6.6	5,412	7.1
65-84	6,285	16.8	14,778	19.3
85 +	561	1.5	1,602	2.1
<b>Social Rented All people</b>	<b>4,092</b>		<b>9,716</b>	
0-15	968	23.7	2,307	23.7
16-34	878	21.5	2,063	21.2
35-49	624	15.2	1,674	17.2
50-59	400	9.8	962	9.9
60-64	200	4.9	429	4.4
65-84	860	21.0	1,966	20.2
85 +	162	4.0	315	3.2

<b>Private Rented all people</b>	<b>7,568</b>		<b>12,502</b>	
0-15	1,504	19.9	2,208	17.7
16-34	2,125	28.1	3,896	31.2
35-49	1,694	22.4	2,740	21.9
50-59	913	12.1	1,410	11.3
60-64	316	4.2	485	3.9
65-84	870	11.5	1,468	11.7
85 +	146	1.9	295	2.4

Source: ONS Census data 2001

### Size of property

The Cumbria Observatory<sup>4</sup> have provided evidence on the propensity of age groups to occupy house sizes by combining POPGROUP data on population trends with Census data on house sizes (see Appendix 5). This shows the likelihood of older people to occupy properties of a certain number of rooms. Number of rooms records the number of rooms in a household space. Bathrooms, toilets, halls or landings, or rooms that can only be used for storage are not counted. All other rooms, for example, kitchens, living rooms, bedrooms, utility rooms and studies are counted. Rooms shared with other households are not counted.

This data shows that the propensity of those aged over 60 is to occupy 4-6 rooms, with the majority occupying 5 rooms (28% for both Eden and South Lakeland). Making the assumption that rooms include at least a kitchen and living room this indicates that older people tend to occupy 2-4 bedroom houses with the majority in 3 bedrooms. The evidence also looks at the older people in each house size as a percentage of the whole population. In 2001 55% (Eden) and 57% (South Lakeland) of all residents in 3 room houses are predicted to be over 60. From 4 room properties and larger, the proportion of older people starts to decline (for example only 29% of 5 room houses are expected to be occupied by older people in 2011).

### House conditions for older people

*“Better living conditions have a significant impact on health. Increased temperatures are linked to better health and fewer winter deaths. Less mould reduces respiratory problems. Psycho-social pathways to health are even more significant. The main route to health gain is via the alleviation of fuel poverty. Warm Front recipients were less stressed because it was easier to pay fuel bills. Less stress was strongly associated with better mental and physical health. We conclude that Warm Front has a significant impact on the health of recipient households.”<sup>5</sup>*

Fuel poverty findings<sup>6</sup>

<sup>4</sup> Produced by Rebecca Raw, the Cumbria Observatory, Cumbria County Council.

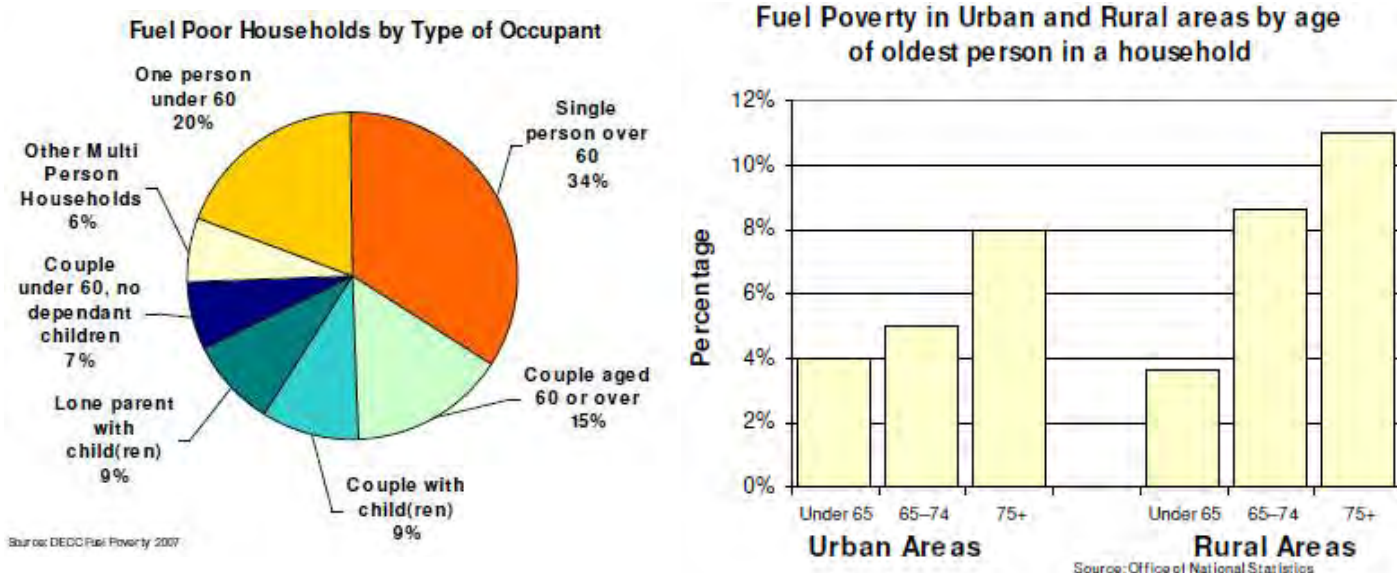
<sup>5</sup> Warm Front Health Impact Assessment 2006

<sup>6</sup> Data on Fuel Poverty is based on the Regional Public Health Group (South East) Fact Sheet Health and Winter Warmth: Reducing Health Inequalities, DoH, 2009. Findings are largely based on research by the Department of Energy and Climate Change. [www.decc.gov.uk](http://www.decc.gov.uk) 2007.

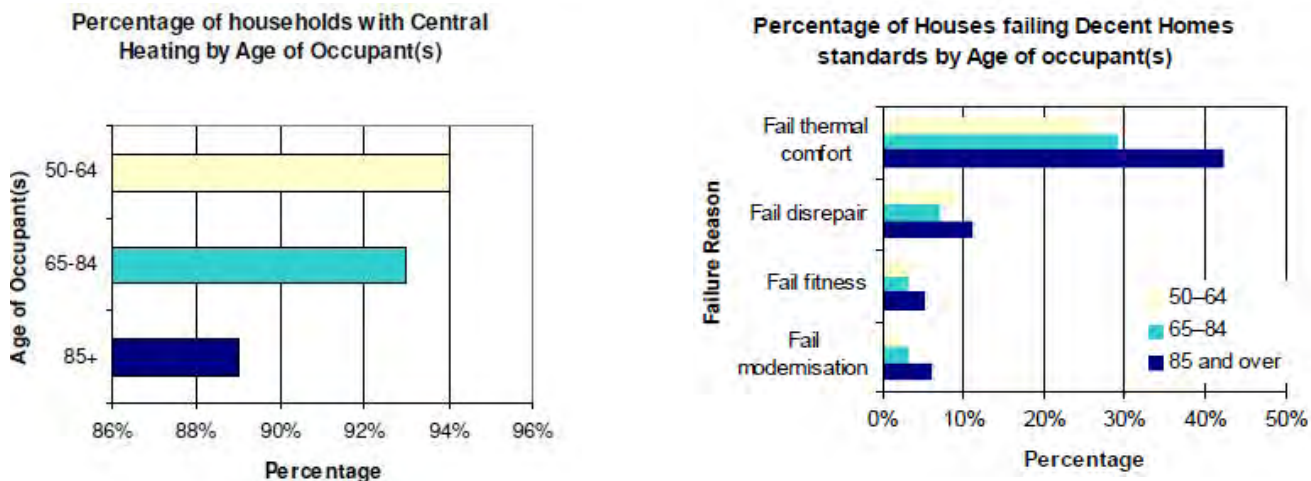
A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime (usually 21 degrees for the main living area, and 18 degrees for other occupied rooms).

For the purpose of fuel poverty measurement and targets a ‘vulnerable’ household is one containing elderly or disabled people, children or the long-term sick. It is these groups who are likely to be more vulnerable to cold-related ill health.

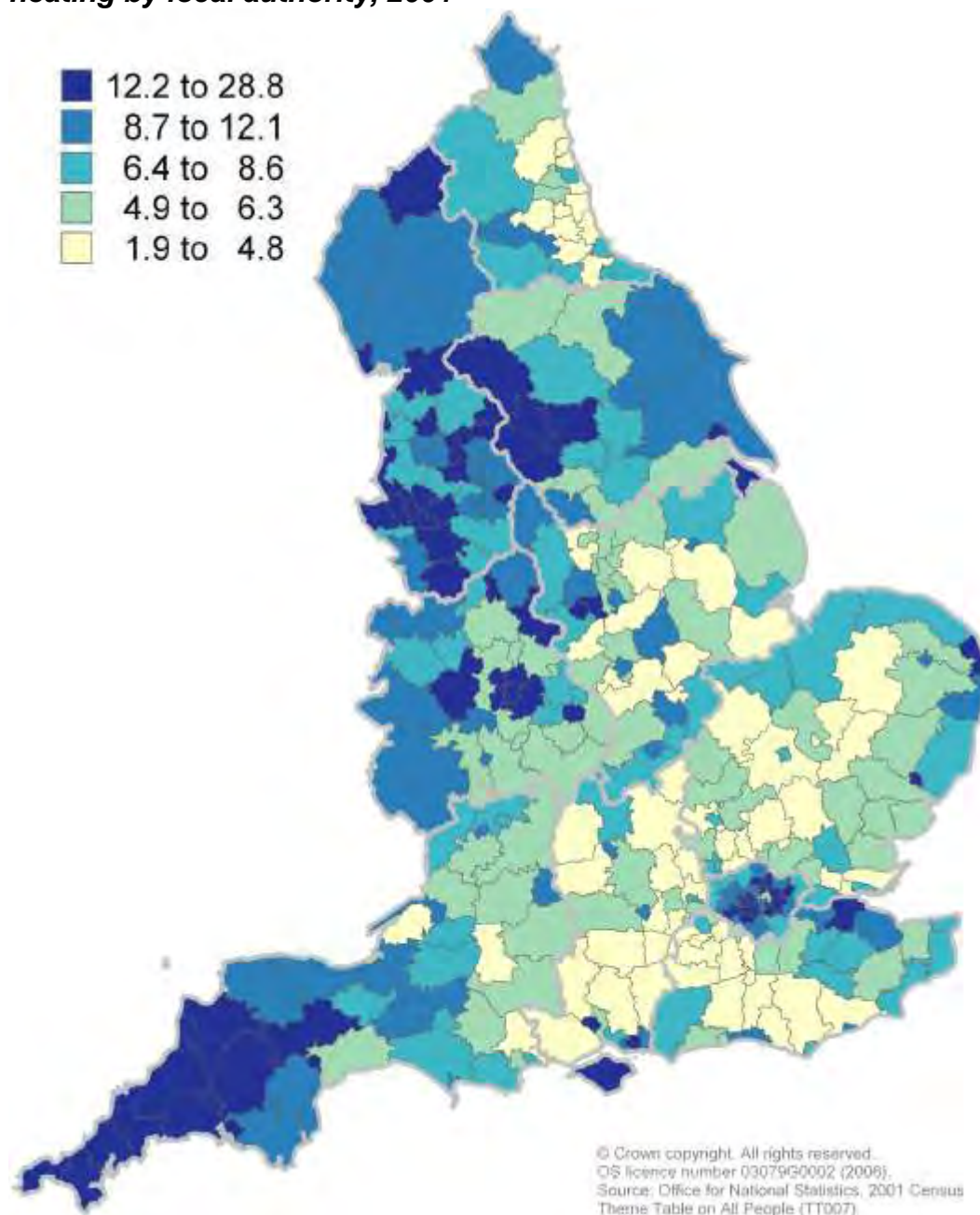
- Over 50% of people living in fuel poverty in the UK are over 60 years old, the majority of whom live on their own.
- Over two thirds of households in fuel poverty either live in private rented accommodation or own their home.
- Fuel Poverty is more likely in rural areas, mostly due to being off the gas network (see charts below).
- Damp and cold houses are also a risk for fuel poverty.



Central heating, especially gas central heating, is the most efficient form of space and water heating for households. Modern, fully controllable systems, are the cheapest method, and allow for much more control over achieving appropriate and affordable warmth. The percentage of households in England without central heating is 3.8%; this increases to 12.1% of people in Fuel Poverty. The graphs below show that the older the occupant, the less likely they are to have central heating. Additionally, as the age of the occupant increases, the more likely the home will not meet current standards with regard to insulation levels. Typically 1 in 5 homes nationally would currently fail the decent homes thermal comfort criteria. This increases to over 4 in 10 for people over 85.



**Percentage of persons aged 65 and over living in accommodation with no central heating by local authority, 2001**



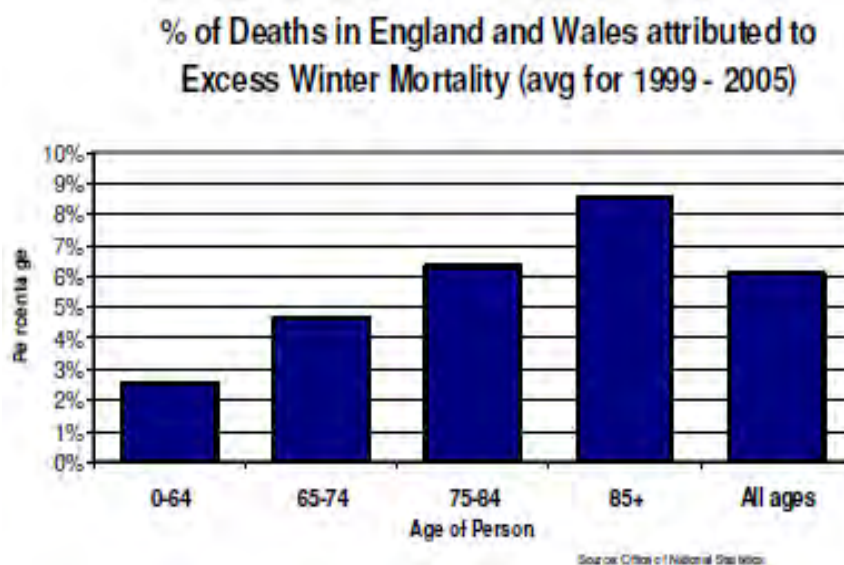
**Under occupation** is a significant factor in causing fuel poverty. This is where a person or people are living in a home that is too large for their needs, and too large for them to be able to afford to heat adequately. This situation is commonly found where a couple or a single elderly person is still living in the old family home, and the size of the property means it will not be affordable to heat in their circumstances, even if all the available insulation and efficient heating measures were installed. The most recent figures (2007) showed the percentage of under-occupancy fuel poor households was 20.1%, while it was 9.9% for non under-occupancy.<sup>7</sup>

In addition many of the most vulnerable members of society spend longer in the home than most, and therefore require the heating on all day. The most vulnerable people often live in the least energy efficient households, and have to make a choice between adequate warmth

<sup>7</sup> Department of Energy and Climate Change. [www.decc.gov.uk](http://www.decc.gov.uk) First published October 2009. URN 09D/P33

and other essentials, often leading to the home being left too cold and damp through the winter months.

Excess winter mortality becomes a more significant factor as a cause of death as you get older, due to the nature of the seasonal causes of death. There is a 1.4% increase in mortality for each 10 C fall from 180 C. On average between 1999 and 2005 excess winter mortality accounted for 8.6% of all deaths for the over 85s in those years. In the colder winters of 1999/2000 and 2000/1, this was 12%. (Office of National Statistics). In addition fuel poverty effects mental health: residents with bedroom temperatures at 21°C are 50% less likely to suffer depression and anxiety than those with temperatures of 15°C.



The costs of heating a property form a greater proportion of total income for those on low incomes. Figures from the Department for Work and Pensions for 2006-7 show that an estimated £6b to £10b of income goes unclaimed among the five main income-related benefits. This includes an estimated 40% of elderly people, eligible for Pension Credit, who do not claim it. The proportion of benefits that are unclaimed has increased over the last few years. There are many individual reasons why people are not claiming income they are entitled to, but they include a lack of knowledge, pride, and the complexity of the application process. The average increase in income identified in successful Benefit Maximisation Checks provided as part of the Warm Front Scheme is £1,615 (2008-9), which is more than enough to pay for the average annual fuel bill.

### **Accidents to older people<sup>8</sup>**

The RSPA state that people aged over 75 are most at risk of accidents in the home, the majority being females rather than males. The majority of fatal and non-fatal accidents involving older people are falls. One in every five falls among women aged 55 and over results in a fracture/s requiring hospital treatment. Being unable to get up also increases the risk of hypothermia and pressure sores.

Falls account for 71% of all fatal accidents to those aged 65+ and 54% of all injuries.

The most serious accidents involving older people usually happen on the stairs or in the kitchen. The bedroom and living room are the most common locations for accidents in general. The largest proportion of accidents are falls from stairs or steps with over 60% of

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<sup>8</sup> Royal Society for the Prevention of Accidents.

deaths resulting from accidents on stairs. 15% of falls are off a chair or out of bed (on two levels) and a similar number are caused by a slip or trip on the same level, eg falling over a rug.

Prevention: Grab rails are usually mentioned, but other measures are: ensure floors are even; non-slip floor coverings which also reduces the impact to the hip should someone fall; avoidance of repetitive carpet patterns which give false perception, adequate lighting with two way light switches; ensure places to sit in the bathroom and kitchen.

Other causes of accidents to older people are fire related, poisoning (including from chimneys) burns and scolds, and hypothermia.

## **Anecdotal and Aspirational Evidence**

### **Findings from the Shaping our Lives Project - Assessing future housing need for older people**

The Shaping Our Lives project carried out semi structured interviews with 79 participants from general, sheltered and extra care housing. Aspirations and observations in terms of bricks and mortar housing provision and support needs were considered, although both were viewed as interlinked by participants. The physical provision here is seen as enabling support, independence and participation rather than as unrelated considerations. The solutions for suitable housing and support to maintain independence may differ between residential and non-residential schemes - for example communal areas within a scheme compared to access to social facilities for non-residential schemes; however the principles behind provision are often the same - to prevent social isolation.

#### **Older Peoples Aspirations**

Most People taking part in the Shaping our Lives project, whilst recognising there may be circumstances when a nursing home became the only option, wished to remain in their own homes. When their existing home no longer meets their needs their first choice is to move to more suitable general housing eg a bungalow near amenities. It was only after these options had been explored that participants thought they would look at specifically older persons housing, in which case extra care housing was most positively viewed. Independence, security and social interaction, were all highly valued and housing design and its location can enable these principles.

**Residential homes** were viewed negatively by participants in the SOL project, with only one prepared to move into a home if only because that would prevent his body going unnoticed if he died. Concerns reported were: smell, lack of training to deal with dementia, dementia sufferers "drugged-up to the eyeballs" left alone most of the day; Improvements suggested were: to be with like people; smaller lounges to allow people to congregate (ie feel less exposed than would be in a large area); choices of rooms with different purposes eg reading, music, television, radio; "...more like a big ordinary home but small with lots of people who'd all have their own rooms and en suite and then there'd be communal areas but more like a hotel than a hospital." (SOL p45)

**Nursing homes** were seen as a necessity if people required a high level of support and nursing care. The lack of communication with the family regarding how the resident was doing was seen as a concern. Participants questioned the need for nursing homes when told about extra care housing.

**Sheltered Housing** Positive responses related to homely qualities; friendliness/like a second family; access/location; clean; soundproof; safety and company. Concerns raised were: some sheltered housing with 24 hour wardens have been replaced by day time wardens, telecare or not replaces at all. This meant that safety was compromised. Increases in amenity charges (nearly doubling in one case) hit hard for those on a fixed income.

**Extra Care housing** This was seen as a positive alternative to residential care. Again concerns were raised over carers, specifically continuity of staff to allow relationships to form. Other concerns related to the design and size of apartment in general.

**Older Peoples communities/villages:** There were two opposing views regarding 'gated' style communities specifically for older people. On the one hand they were viewed as secure and safe, with no threat from crime. Younger people were seen as potentially threatening and disturbing the peace. On the other hand such villages were seen as preventing a mix of ages

that breaks down barriers and encourages understanding on mutual needs as well as supplying support.

### **Barriers to remaining in own home**

Given their preference for remaining in their own home, how do older people view the barriers and solutions to this?

*Community* - the perception of participants in the Shaping our Lives project was that the sense of community was disappearing as a result of increasing commuting patterns, relatives living further away, second homes and neighbours no longer knowing each other. Participants also pointed to people moving in from outside the area and others moving out for education etc. which erodes the 'traditional' support systems. This leads to:

*Fear and isolation* - Fear of crime might exceed actual incidence, but fear can have a disabling impact on older people's lives.

*Carers* - Domiciliary care is vital to enable older people to remain in the home. However older people have concerns regarding the amount of time allocated for visits and also regarding the time of visits, (2-3 daily visits lasting 10-30 minutes, and necessitating bedtimes of 5 or 6 o'clock were cited by Shaping Our Lives participants).

There is also a perception that carers are poorly paid and have too little time. Where different people come to visit at different times this undermines trust and familiarity with the person's needs, to the point where this is felt to be intrusive.

*Transport* - transport has knock on effect on their housing options by enabling people to remain in their home and support themselves (shopping etc). However it needs to be co-ordinated with home care (which may mean people have to be home at a certain time) and also events including evenings.

*Telecare/Carelines* - some participants in the SOL project reported concerns over cost and effectiveness, with one saying it didn't work when tested.

### **Barriers: Specifically housing**

#### ***Adaptations and home maintenance***

*Design* - The design of existing generalist housing has tended to focus on the able bodied. There has also been a tendency to install or relocate bathrooms/toilets upstairs.

While one barrier to adequate housing might be an inability to cope with a large property and garden, the perception that older people require only one bedroom is a barrier in itself. Space is often required for adaptations, mobility equipment, manoeuvring and to allow carers to carry out personal assistance eg adequate bathroom size. Bed space for visiting relatives necessary to prevent isolation, is also required.

*Geographical Location* - distance from facilities causes isolation and the need to move when unable to use a car.

*Adaptations* - There is a concern that alterations/adaptations are costly, time consuming and will devalue their home.

*Maintenance* - Often the tasks required are minor such as changing light bulbs, fixing taps, mowing the lawn, hanging curtain rails, but often the jobs are too small to warrant calling out a contractor. Many fear looking up contractors themselves as they don't trust workmen they don't know, may have to wait for days and are concerned about costs.



## **The link between well being and housing**

Some participants in the Shaping Our Lives Project felt that physical and spiritual well-being were interlinked and you are 'as old as you feel'. Others pointed out that physical conditions could prevail eg in the case of Alzheimers, or severe mobility impairment.

Older people need to feel they are a valued member of the wider community in which they live and, therefore, live within and be a part of that wider community This is seen as increasingly difficult due to factors such as longer commuting patterns, relatives often living some distance away, less direct contact between the generations.

Friendship and social interaction can and is promoted in housing schemes, without residents being forced to participate. This needs to be reflected in the design with a variety of accessible communal areas such as meeting rooms, warm, comfortable, suitably sized lounge areas (not too big) and outside seating, patios etc. Whilst this most obviously applies to specifically designed schemes (sheltered, residential, extra care) the same principles apply to all community meeting points.

## **Solutions**

Much of the following may have been suggested in relation to particular types of accommodation, eg extra care schemes, but the principles can often be applied to those remaining in their own home, such as the need for care staff to form a relationship with their recipients.

## **Housing**

*Involvement/consultation* of older people, designers, local planners, service providers and other interested parties at an early stage of development is required to integrate housing schemes with the local community.

*Size:* Many participants strongly disagreed with the assumption that less space was needed. On the contrary space is needed for wheelchairs, greater space for manoeuvring, bigger bathrooms, help with personal care, alternative uses for second bedroom, visiting family who no longer live close by, hobby room, and storage space for equipment.

*Designs* should include a balcony which can replace the outside space that many lose when they move from their house. This allows an easy door to the outside, a place to put pots etc. without having to negotiate stairs or corridors.

*Friendship and social interaction* can and is promoted in housing schemes, without residents being forced to participate. This needs to be reflected in the design with a variety of accessible communal areas such as meeting rooms, warm, comfortable, suitably sized lounge areas (not too big) and outside seating, patios etc. Whilst this most obviously applies to specifically designed schemes (sheltered, residential, extra care) the same principles apply to all community meeting points.

*Location:* accessible to amenities eg shops, doctors, hospital, hairdressers on transport links or transport linked to them. Within an existing community (unless there is a demand for older person 'village' style schemes), near community facilities such as halls, libraries etc.

## **Housing related support**

Support schemes to promote inclusion in the neighbourhood were viewed positively. Projects mentioned were school initiatives, informal meetings between young and old; mutual visits,

Age Concern's 'Building Bridges'<sup>9</sup>, local groups that encourage social interaction, lunch groups, hobby groups and bingo. Different operating requirements will apply to different accommodation settings, and will also have transport requirements.

Quality of care and support also encompasses interaction between staff and residents/recipients. There is a fear that staff or carers (especially agencies) are impersonal and will dehumanise the elderly person. Having consistency amongst care visitors to the home was mentioned with regard to domiciliary care to allow trust and familiarity to develop.

Care provision needs to take a person-centred approach. This also applies to all service (and housing) provision generally: providers need to start with the persons needs and tailor provision rather than the person fitting in with what's provided. Staff need to have a caring approach and managers need to ensure that this is instilled.

Initiatives such as Homeshare match an older person with low levels of support needs with a younger person who has a housing need. This is currently being piloted in the Eden district<sup>10</sup>.

Direct payments<sup>11</sup> were viewed positively if this allows the recipients the ability to choose services and at suitable times.

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<sup>9</sup> This aims to promote mutual understanding and trust between generations and address the fear of crime, through a programme of on-going and one-off projects. This involves older volunteers (55-90 yrs) and young people (5-19 yrs) and work is done in partnership with education services and non-statutory agencies involved with young people. This is currently limited to Barrow.

<sup>10</sup> A scheme that aims to match an older person with low level needs for some help and support with a young person who needs accommodation. Its overseen by the Housing Association Charitable Trusts' Age2Age project in partnership with Age Concern Eden, Eden Rural Foyer, Eden Young Carers and Eden District Council.

<sup>11</sup> Direct payments are local council payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local council. See Joseph Rowntree Foundation for report 'Making Direct Payments work for older people', 2004, for an early report on the scheme ([www.jrf.org.uk/publications/making-direct-payments-work-older-people](http://www.jrf.org.uk/publications/making-direct-payments-work-older-people)).

## Findings from Eden's Scrutiny Committee report April 2008 'Living Well Beyond Retirement'

This report was led by council Members and collated a wide range of information (including consultation with older people and a questionnaire) on provision and issues that followed the Audit Commission's Report 'Older People - Independence and Wellbeing 2004': The Challenge for Public Services which identified seven areas that contribute to a sense of independence and well being for older people:

- **House and Home:** Older people in the District tend to be homeowners in older properties; small jobs such as changing light bulbs become major concerns and can lead to premature admission to care homes. 'Lend a Hand' is part of the Northern Fells Group and provides handyman help, domestic help and benefits advice, but there are resource issues with extending this. EDC have recently introduced a 'handy man scheme' (see '2.Mapping Current Provision') Other issues raised were adaptations; doorstep crime and training for older peoples in awareness from Eden Area Neighbourhood Watch. The type of properties in Cumbria - large stone, detached dwellings cause further problems for in terms of insulation and maintenance. There may be links to the ability to down size if there is a concern that the property won't fetch its potential value in times of recession.
- **Neighbourhood:** Post offices and mobile shops are particularly important but many are not surviving. Innovative social enterprise models are being explored by Age Concern<sup>12</sup>. Town rather than rural dwellers are concerned about safety and crime. Local Development Frameworks need to take account of the needs of older people in their plans for sustainable communities.
- **Social Networks and activities:** Day care is a major part of older peoples lives but many centers are over subscribed. Age Concern and church activities were particularly praised for day care services and lunch clubs. Access to further education and the leisure center needs reviewing. Voluntary groups need supporting through small grants that can be match funded.
- **Transport:** the County lacks an integrated transport policy. Eden has access to a Voluntary Social Car Scheme, a Brokerage Minibus sharing Scheme, Rural Wheels, Penrith and District Voluntary Transport, the Fellrunner and Plusbus (volunteer run) bus services and rail. However information provision, inefficiency, lack of integration and high costs prevent older people from using them.
- **Income:** council tax, hidden rural poverty, fuel poverty due to a reliance on oil, fuel duty on oil, complexity of benefit applications, and privacy issues were highlighted as having a disproportionate effect on older people.
- **Information:** a cross cutting issue with no agency having overall lead. A consistent theme is the need for sharing of information. There are no formal mechanisms for sharing information or common data base in Eden although this is being addressed through the Older Peoples Project based on the Circle of Need report 2008. This aims to join up access to services and information sharing. In terms of provision there should not be a reliance on websites. Sources must be those that older people trust and view as independent.

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<sup>12</sup> Promoting Independence Partnership Project (PIPP). See 'Mapping Current Provision' of this report

- Health and healthy living: focus must be on prevention and partnership working. The report highlights accessibility of health services, ambulance coverage and mental health services, especially dementia care. Falls in the home are a significant cause of death for older people - 71% of all fatal accidents to those aged 65+ and 54% of all injuries and the most serious injuries usually happen on the stairs<sup>13</sup>. There is an increase in lifestyle related dementia linked to poor diet and exercise in early life.<sup>14</sup> Rural isolation compounds the isolation caused by dementia. The Alzheimers Society is reliant on charitable donations and recently lost lottery funding for a care worker due to the Olympic programme.

The Report also highlighted the central role played by carers and the requirement for a carers strategy. Recognition of unpaid carers (eg family members or neighbours) is low and it often takes a crisis point before help is sought. Often people have retired to Cumbria, leaving behind their social and family networks and are therefore more likely to become dependent on purchasing care or requiring local authority services. Traditionally many agencies are involved in care needs, causing confusion regarding rights and responsibilities. A Common Assessment Framework is now being developed by the County Council that should avoid this and which also links social and medical needs, taking a 'Whole Person Approach'.

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<sup>13</sup> ONS Mortality statistics 2002 and General Register for Scotland and Ireland 2002 taken from the Royal Society for the Prevention of Accidents - Accidents to Older People.

<sup>14</sup> VAC/Age Concern Eden Report December 2007

# Findings from the Eden District Council and South Lakeland District Council

## Project workshop, December 2009

In order to exchange ideas and explore the key messages for housing policy and providers the project group hosted a work shop. The day consisted of guest speakers in the morning and break-out discussion sessions in the afternoon with the opportunity to network during breaks. Guest speakers were:

- *Robert Cornwall*, Project Officer for the Local Area Agreement, who has a wide knowledge of elderly people's needs and the issues facing providers. Roberts presentation looked at '*People and Places*'.
- *Anna Milner and Satty Rai* from the Northern Housing Consortium (appointed by the Project Group to carry out a needs analysis), giving an overview of their initial findings.
- *Peter Woodhouse* (Adult Social Care, Cumbria County Council) giving an overview of the policy situation in Cumbria: '*Accommodation and Care - a strategic overview*'.
- *Moyra Riseborough*, Riseborough Research and Consultancy Associates, co-author of 'The housing and support needs of older people in rural areas' (*Commission for Rural Communities*). Moyra's presentation was on 'Housing the older population in rural areas: recipes, challenges and opportunities'.

The event was well attended by 38 representatives from 8 main housing providers including a private Bupa scheme, the district councils, Adult social Care, Age Concern, Supporting People, the Primary Care Trust, Ancor Staying Put (the Home Improvement Agency), local church groups, Cumbria Rural Housing Trust, Community Alarms, the Housing Association Charitable Trust, and the NW Innovation and Learning Fund.

Please see Appendix 2 for the full workshop presentations.

## Main findings and discussions

### Key points in presentation 1: *People and Place - It's really quite simple*, Robert Cornwall, LAA Stretch Target Project Manager

- Growing numbers of older people
- Health and Social Care moving 'Closer to Home'
- GPs will have more say over how Health Services are provided
- The resources available now and in the coming years are under pressure
- Less people of working age will stretch services capacity to deliver
- Demand levels have reached unsustainable levels for services like housing adaptations in most Districts

But:

- It's not all gloom and doom - CQC says yesterday we are performing well.  
Key messages:
- Encouraging people to prepare for old age
- Building understanding between young and old
- Encouraging young people to stay or return to Cumbria
- Helping people to help themselves
- Building holistic services - targeted at those in most need

## **Key points in presentation 2 'Elderly Persons' future accommodation and wider service requirements- an overview of the project and initial findings', Anna Milner and Satty Rai (NHC)**

Initial findings:

- Many services provided through family and friends Problems with transport links and accessibility
- Dissatisfaction with out of hours with GP service for older people
- Affordability of properties leading to maintenance problems
- Migration patterns leading to lack of mixed communities
- Shortage of suitable older person accommodation
- High demand for telecare equipment
- Large properties not suitable for older people
- Need for more intergenerational working

Key points in presentation 3 'Accommodation and Care - a strategic overview', Peter Woodhouse, Adult Social Care, CCC.

- The revised **draft** Commissioning Strategy proposes dis-investment equivalent to 740 long term residential placements by 2019 - thus enabling re-investment in alternatives such as extra care housing (460 units) and home care alongside a range of community support services that can support people to live independently in their own home.

Direction of future older peoples services:

- Develop Extra Care Housing
- Develop Generic Domiciliary Care
- Develop Health and Social Care Campus where possible
- Ensure residential/nursing is still available for those who need it

Guiding Principles:

- Living at home, not in a home
- Having one's own front door
- 24/7 on-site domiciliary care team
- Flexible care - can go up or down
- Independent living skills maintained
- Accessible buildings + Telecare
- A real community, mixed tenures and mixed abilities + links to the community

## **Key points in presentation 4, 'Housing the older population in rural areas: recipes, challenges and opportunities', Moyra Riseborough**

Issues affecting rural areas:

- Generally a larger older population but local economic policy tends to ignore this
- Geography - distances, lack of affordable transport and costs
- Poor mix of housing types - more older housing in less good repair than in urban areas
- HIAs and other services costly to provide
- Fewer housing options
- Fewer specialist accommodation types - tendency to have more poorer quality residential care
- Lack of land for new build - expensive and costs for development are higher - issues re need/demand compared to urban areas
- Tendency not to understand and use the market

## Challenges

- Government policy has responded to views of older people and lessons re specialist accommodation but the recession has had a big impact on building programmes
- Likely to be harsh public spending cuts.
- Incomes and savings/pensions - there are concerns regarding the assumption in policy forecasts about rising incomes of older people. This needs to be examined carefully.
- Aspirations and markets have to be understood through market assessments and village and town appraisals. People are living longer, have diverse housing histories and incomes.
- Need to exploit housing models and new technology.
- New opportunities for responsive services for all including self-payers.

Accommodation for older people should aim to:

- Achieve a good mix of accommodation types and tenures and services. Beware of oversupply of one type of provision. Concentrate on accommodation that can suit all.
- Promote choice and independent living.
- Achieve a good balance of assisted living and ordinary homes to lifetime home standards.
- Be located near services and facilities in travel-to areas - “natural” centres used by populations.
- Keep adjusting and adapting to the population as it changes and grows.
- Learn from others (European examples).

The last two sections summarise the discussions and opinions raised by people who attended the seminar.

## Discussions on presentations

- Inward migration of older people is beneficial as there is a huge majority of elderly people volunteering and contribute to the areas assets.
- However older people often feel threatened in urbanised areas and may therefore choose closed, gated communities.
- Could these perceptions be changed? Workshop sessions with young and old people could enable skills sharing. Some Cumbrian agencies have been working on this with Housing Associations.
- The Home Share scheme is also one way of matching older people with low levels of need with a young person in housing need who could provide some help around the house and company. This needs to be built on.
- Robert spoke about the benefits of families living with grandparents. This helps with childcare.
- Communities have to be linked, but the level of income in the local area is not sufficient for young people to be able to purchase property. Young people moving to urban areas to train or attend university and are then unable to move back. Wages are also insufficient to attract degree students.
- Concerns were expressed regarding the lack of understanding on deprivation. Equalities and health problems must be addressed. Fixed costs for health care requires research.
- How should the process of visiting elderly people be addressed, do we wait for recommendation from doctors and occupational therapists? There are currently not enough resources to be pro active and visit; it may be more efficient to focus on prevention of crises.

- There are insufficient services for elderly people resulting in isolation. Could we focus on interaction and social activity, taking elderly people out of their homes to boost morale?
- More research is needed to show if older people stay in their homes or move to be closer to their families. Age concern surveys indicate that widowers in particular move to be closer to services. Their Bereavement Group is one route to provide housing support.
- Majority of homes are already built and adaptations to these properties will be expensive. Individuals need plan for their futures to stay independent and encouraged to make adaptations where they can.
- There are many 1 bed bungalows in Cumbria; there is insufficient funding to convert these to 2 bed bungalows.

## **Breakout session notes**

### **Gaps in mainstream provision**

- Care is good but accommodation inadequate. It no longer meets regulation standards: rooms are too small, there's insufficient width space for wheel chair access and not enough bedrooms. Sheltered housing with bedsit flats are no longer not suitable, no one wants to live in these.
- There is a high turnover of staff and the perception of inadequate training provision. Are the right people in these jobs because they want to be in them or because they have no choice? The salary of these jobs is of concern, as they do not pay very highly.
- What does 'old' mean? Older people cannot be seen as a homogenous group, different age groups are at different stages in their life, want different things and different aspirations and this needs to be recognised. The culture of 'the elderly' needs to change.
- Location: the rurality issue needs to be addressed, the distance is much greater, the infrastructure is very poor which affects all generations, transport, social activities and wider services are very limited, which leads to isolation. This has a huge impact on the mental wellbeing.
- There needs to be a shift in provision to encompass alternative ways of bringing services to local people. Funding needs diverting into day centres.
- People have no choice, not only for the right accommodation, but also is it in the right location and in service provision, even the food on available in schemes. It's not what people want. There is a general need for flexible choice in all aspects.
- Service provision is inconsistent across Cumbria; everyone should be given the same standard of service.
- Lack of 2 bed bungalows that are affordable.
- Planning an obstacle. It needs to be more locally focussed, reflective of local need, more local consultation needs to take place with local partners around the table to take a holistic approach to development of homes and services, rather than everyone working in their own silos.
- Currently design not considered in the planning and building process, this requires the right people around the table, from planners, architects, builders etc.
- Education and awareness of the effects of changing demographics needs to be raised both amongst providers and service users in terms of options available to suit individual needs. Providers need to have a dialogue with people.



## **Mechanisms to address these issues**

- Planning policy must be holistic reflective of local needs. Planning policy is currently perceived as failing to take account of local needs and people feel unable to feed into the process. The processes are seen to be bureaucratic and unclear. A clear map of the process including consultation routes is required.
- Joint working, sharing intelligence and pooling resources: there is a lot of duplication, a lack of knowledge of current provision and of programmes/research already underway. This needs to be shared across the area, with a dialogue between agencies eg housing and health professionals.
- Customer profiling: it is important to know your customers, their needs and requirements to ensure services can be developed and tailored to meet the needs. All agencies have different pieces of information about the local people: this needs to be shared.
- We need to examine how the recession is effecting people's future pension pots, how is this changing the needs of local people.
- Education and awareness - recognising different services and what they offer, and how they can be accessed, and the needs of people from different cohorts.
- Looking at recruitment of the right people, training those who wish to work in the field through choice. Care workers need a higher profile than they have at present. There needs to be an awareness of what a care worker does possibly through information open days as part of recruitment.
- Person first approach - there is no one solution, but different solutions for different groups.

## **Summary of section**

- Expectations, the ability to remain in the home if provided with low level support, the outdated design of some sheltered schemes together with the increase costs forecast to meet needs mean housing policy must move in a different direction.
- By 2031 the proportion of those aged 60+ is projected to be 47% in Eden and 48% in South Lakeland.
- Home ownership is the main form of tenure but the largest age cohort within the social rented sector is also people aged over 60.
- The evidence points to a tendency of older people to occupy 5 room (possibly 3 bedroom) houses. Older people do not tend to occupy large properties.
- Under occupancy *is* an issue in relation to fuel poverty. Over 50% of people living in fuel poverty are aged over 60 and the majority live on their own. This is exacerbated by rural conditions and lack of benefit awareness.
- Council tax, hidden rural poverty, fuel poverty due to a reliance on oil, fuel duty on oil, complexity of benefit applications, and privacy issues were highlighted as having a disproportionate effect on older people.
- Physical provision is seen as enabling support, independence and participation rather being an unrelated consideration. Housing and care needs should be considered together.
- There should be clear accessible routes for involvement in design. Planning policy is perceived as failing to allow this.

- Guiding principles for housing provision are: promote independence, security and social interaction; property and neighbourhoods must meet lifetime homes standards including links with transport. Housing and wider services must take a person centred approach.
- Measures to tackle fuel poverty and accident prevention (particularly falls) are required.
- Where possible, people want to stay at home. When this no longer meets their needs their first choice is to more suitable *general* needs housing. Beyond this Extra Care housing is viewed positively. Policy makers are also steering in this direction with a focus on domiciliary care, along with extra care housing that maintains independence for as long as possible.
- However others also warn against oversupply of one type of provision - a mix of assisted living and normal houses built to lifetime homes standards are required.
- More options, such as 2 bed bungalows or flats with care are needed. Nursing homes are required in some circumstances. Space is required for care assistance and relatives.
- People want good quality homecare from trusted sources that is geared towards individual needs. Domiciliary care is currently inflexible. People also want reliable help with gardening and home maintenance.
- Assistive technology causes concern over costs.
- Clearer information and advice are needed. Currently most people are unclear about Direct Payments.
- Projects that allow interaction between the generations and community involvement are required to counteract the effects of migrations patterns and changing family structures which causes loneliness and isolation.

## Section Two: The National, Regional and Local Policy Context

The following section aims to summarise the main strategies informing policies on accommodation and services for older people. Due to the nature of the strategic direction set by central government, which aims to deliver a number of services in an integrated way, the number of agencies and therefore strategies involved is extensive. This review aims to cover only those frequently referred to.

### National Policy

#### **Opportunity Age: meeting the Challenges of Aging in the 21<sup>st</sup> Century - Opportunity and security throughout life (2005)**

Opportunity Age is the Government's ten year strategy for an ageing society, led by the Department for Works and Pensions. It aims to end the perception of older people as dependent; ensure that longer life is healthy and fulfilling, and that older people are full participants in society.

The three key groups of services that help older people remain independent, comfortable and warm at home are:

- **support at home:** providing support, care and alternative housing options in ways that ensure older people themselves have control over the package of support;
- **income:** the delivery of pensions and benefits, such as Pension Credit, Housing Benefit, Council Tax Benefit and disability and carers' benefits; and
- **health:** building effective partnerships between the NHS, local communities and older people themselves to keep them healthy.

This includes 'giving older people the support they need to remain in their own home for as long as possible, in warmth and comfort', targets for tackling fuel poverty, home security and disabled facilities grants; it promotes Extra Care housing as an alternative to current residential provision. It also sets out what steps Government, at national and local level, must do in order to deliver the strategy. This includes rooting out age discrimination, tackling poor housing and fear of crime, ensuring older peoples can be actively engaged locally in influencing decisions that effect their lives (eg through Planning) transport, access to opportunities, and promotion of healthy living.

**Our health, our care, our say: a new direction for community services' White Paper (2006)** This paper looked at how NHS and social care services work together and how the delivery of these services could adapt to provide individuals with the health and social care services they need closer to their homes. The proposals in this White Paper aimed to:

- change the way these services are provided in communities and make them as flexible as possible
- provide a more personal service that is tailored to the specific health or social care needs of individuals
- give patients and service users more control over the treatment they receive
- work with health and social care professionals and services to get the most appropriate treatment or care for their needs.

To achieve these aims family doctors, primary care trusts and local authorities were to have more say in how best to plan and buy services for local communities. Public, private, voluntary and charitable organisations were tasked with working in partnership to deliver an integrated service closer to home. The resulting framework - Delivering Care Closer to Home: Meeting the Challenge (2008) aims to support local organisations by sharing good practice and

methods of shifting care. The challenges are involving people as partners in designing services and delivering their care, and which reaches all of the population to address inequalities; ensuring that services closer to home are part of an integrated care pathway, linked to health, social care and other services; and developing community premises and estates that are fit for the future as well as the present.

### **Building a Society for all Ages 2009**

In July 2008, the Government announced it would be refreshing its strategy for an ageing society and following a series of regional public discussion events published "Building a Society for all Ages" in July 2009.

This brings forward a series of proposals to help instill a major cultural shift and help Britain prepare for demographic change. Key elements of the strategy involve providing support to plan earlier for longer lives, and making sure that services are suitable. The strategy outlines a number of new measures including:

- **Interactive one stop shop for helping people planning ahead**, to help people in mid-life to make decisions on financial, health, careers and other issues.
- **A Good Place to Grow Old** programme with a National Agreement to promote ageing issues at a local level, and an innovative service delivery fund to test new approaches to delivering services for older people.
- **A UK Advisory Forum on Ageing** for advising ministers on further steps the Government and partners need to take at national level to improve well-being and independence in later life.

The Government has introduced regional coordinators to strengthen the network of local authority forums and to champion older people. In the North West this is '5050 Vision' (see Regional Policy below). In addition Government Offices will have an enhanced role to extend and strengthen engagement with older people at a local and regional level, and help embed issues affecting older people in regional planning and strategy development. The Regional Minister will also have a key leadership role, especially in providing links to national government.

### **'Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society' (2008)**

The Government's ageing strategy has shifted the focus away from targeting services and resources primarily on the most vulnerable older people in residential settings to an enabling approach, where older people must be assisted to live independently in the community. Housing and support services are viewed as having a key role to play in achieving this.

*"Our approach is based around a few simple principles: that everyone should be able to make a choice that mirrors their lifestyle and circumstances; above all, to remain safely in their own home, near friends and family, as long as they would wish to; that good housing is essential for good health and well-being, and should be valued and planned as such; and that, as years go by there will be a choice of housing with support and care to match changing capabilities...*

*....better information, more help with repairs and adaptations, the modernisation and reform of the Disabled facilities Grant, building Lifetime Homes and Neighbourhoods that will provide for lifetime changes and needs, and closer articulation with health and care support - all within a more intelligent and responsive planning system."*<sup>15</sup>

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<sup>15</sup> (Lifetime Homes, Lifetime Neighbourhoods," p9-10).

The strategy impacts not only on specialist housing and related service provision but also services and adaptations for people within their existing (often general needs) housing.

Firstly, the strategy looks at what can be done now to address the current needs of older people, This includes the provision of repairs and adaptations to existing stock, advice and information, home improvement agency services and preventative technology.

Secondly it looks at future requirements for an ageing society encompassing planning and new supply, lifetime homes, lifetime neighbourhoods, specialist housing that provides variety, choice and inclusive design, both within and outside the home. It outlines the need for a joined up response across housing, health and care provision.

To improve housing and services for older people today the main proposals are:

- 1) **Housing advice and information:** Provision of a national single, simple route to obtain independent, impartial housing advice and information, built on existing provision. This could be via the telephone, online or a one stop shop.
- 2) **Using Equity Release to pay for home improvements**
- 3) **'That Bit of Help':** handyperson services for rapid repairs and minor adaptations, originally envisaged that home improvement agencies such as Care & Repair or Staying Put, and Age Concern would run these under their expanding role. The local authority make sure services are joined up. Linked services include fall and accident prevention, home security, energy efficiency, adaptations and targeted health improvement. This will compliment the DFG programme (see below).
- 4) **Decent Homes<sup>16</sup> and keeping warm:** by 2010 all social housing meets the minimum standard and 70% of vulnerable households in the private sector, where conditions are the worst, have decent homes. Funding has been made available through Regional Agencies to spend on new housing and improvement in social and private housing.

The Government's main programme for tackling fuel poverty in the private sector is the Warm Front Scheme, which provides a range of heating and insulation measures to vulnerable households in receipt of certain benefits, eg loft insulation, gas heating.

- 5) **Larger adaptations - Disabled Facilities Grants:** for older and disabled people of all ages and in public and private housing who need larger adaptations to their homes to maintain independence.

**Lifetime Homes Standards:** to 'future proof' new housing meaning they are built to design standards that make them better to live in for older and disabled people, as well as families with young children. Sixteen key features make up the standard including wider doors, improved design of bathrooms and staircases big enough to take stair lifts. Every social rented home should be built to these standards by 2011. The government will review how far private house builders have applied the standards in 2010, with a view to bringing forward regulation in 2013 if take-up has been low.

Fresh ideas are needed for better specialised housing, creating places where older people will want to live. An innovation panel, Housing our Aging Population Panel for Innovation', have put forward ideas on making the best use of existing specialised housing and for new building.

**Lifetime neighbourhoods:** The government wants planners, developers, designers and councils to work together to make sure that new neighbourhoods, towns and cities are better

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<sup>16</sup> For a detailed definition please see [www.communities.gov.uk/documents/housingpdf/138355](http://www.communities.gov.uk/documents/housingpdf/138355)

designed for older people. New guidelines show how developers and councils should plan features such as better paving and kerb design, convenient access to public toilets, good street lighting, well located bus stops, disabled parking bays and accessible public transport.

## **Health and Social Care**

The Government's Green Paper on the Reform of the Care and Support System: '*Shaping the Future of Care Together*' (14 July 2009), sets out a vision to build a National Care Service for all adults in England and services that are fair, affordable, underpinned by national rights and personalised to individual needs.

There are six key elements to the National Care Service are focused upon: prevention and re-enablement after leaving hospital; a standard care needs assessment; joined up services that respond to a single assessment; Information and advice; personalised care and support with a choice about how and where you receive support, and the possibility of controlling your own budget wherever appropriate; lastly help with meeting the cost of care and support. The paper explores methods of funding the care service including insurance and different levels of contributions from the state. Consultation on the Green Paper closed in November 2009 and the Government is considering the findings.

**Carers at the heart of 21st century families and communities (June 2008)** is a ten-year cross-Government carers strategy. The aim is that by 2018 carers will have an increased choice and control, and a life outside caring. Initiatives focus on training, and a one-stop-shop for information and advice on rights.

## **Regional Policy**

### **Everybody's Future - North West Regional Framework for Ageing**

Acting on behalf of Northwest Development Agency (NWDA), the lead organisation for the region, 5050vision (the North West Forum on Ageing), commissioned the development of a Regional Framework for Ageing for the North West in 2009. The Framework has been developed with Government Office for the North West (GONW), 4NorthWest (4NW), National Health Service North West (NHS NW), Care Services Improvement Partnership (CSIP), and Age Concern (AC). The document points to a concern that a failure to plan adequately for the changes ahead could have disastrous consequences for the region's economy and communities, resulting in labour and skills shortages, falling productivity, and startling disparities in health and wealth among the population.

The Framework is designed to help organisations in the public, private and voluntary sectors to age-proof their strategic approach. The proposals aim to influence the North West's overarching Regional Strategy for 2010-2030, currently under development, as well as to influence organisations from local authorities to businesses, commissioners of health, and housing developers.

**Section 1** of the document sets the scene, by examining the demographic changes ahead and the implications for the region.

**Section 2** contains the Framework itself. This comprises a series of priorities, which are grouped into four interdependent themes or 'pillars.' They are:

- **The economy:** As the 50+ population increases, existing barriers to employment and retention in work must be removed, to safeguard the region's economic prosperity. Priorities identified by the Framework include: the abolition of the compulsory state retirement age, the creation of an 80% target employment rate for 50 -65 year olds and the need for immediate analysis and modelling of the effects of demographic change on the working population.

- **Housing:** Although the majority of people in the UK are currently adequately housed, many new build properties fail to meet their practical needs, or promote sustainable, inter-generational communities. Priorities identified by the Framework include: a comprehensive review of the housing needs of the 50+ population; creating opportunities to adapt existing housing stock to support independent living in peoples existing homes; a new set of procurement standards for private sector developers; increased availability of extra care housing; a renewed focus on sustainable communities and the elimination of fuel poverty.
- **Transport:** Regional strategies for transport will have to respond to demographic changes, by ensuring modes of transport, infrastructure, costs and accessibility take account of the needs of older people. Priorities identified by the Framework include the age-proofing of transport procurement and contracting arrangements, and a cost analysis of the anticipated increases in subsidised and concessionary public transport.
- **Health and wellbeing:** People over 50 are set to become the largest consumers of health and social care services in the Region. Longevity will place significant demands on healthcare providers, and require changes to the way services are delivered. Priorities identified in the Framework include an emphasis on preventative services and early intervention - to promote physical and mental wellbeing and tackle health problems before they arise - and greater choice and flexibility of provision, in response to changing lifestyles.

**Section 3** of the document sets the proposed leadership model for the implementation of the Framework and provides a check-list, allowing organisations to test their current state of readiness for the opportunities and challenges that lie ahead.

**Section 4** provides an ‘at a glance’ overview of the priorities that have been identified for action within the Framework.

The following excerpt outlines the recommendations of the Framework document:

‘Ageing policy’ is a dynamic and evolving area, crossing all government departments’ priorities and targets. It is critical that the Framework seeks to build on existing areas of good practice as well as encouraging creative approaches to the ageing demographic in the longer term. This is why strong leadership and a strong governance structure in the Region is needed in order to contribute and expand the priorities identified in this Framework and others that may emerge.

The wealth of policy and evidence is synthesised within this Framework to bring a clear focus to the action needed. The Framework describes the four pillars that together need to be addressed by leaders of strategic development and investment across the North West so that the outcomes that are described are achieved. Specifically five partner organisations (Northwest Regional Development Agency, NHS North West, 4 North West, Government Office North West, DH North West) should:

1. Anticipate and address the central challenges arising from demographic change and increasing longevity in the North West
2. Commit to the incorporation of the Framework in new Regional Strategy
3. Recognise the combined effect and interdependent relationships of housing, economy, transport, health and wellbeing, and how these they impact on the ‘ageing’ population of the North West
4. Endorse the Framework and its potential applications to sub regional and sector specific assessments e.g. comprehensive area assessments (CAA)

5. Endorse the interim arrangements proposed to allow for a leadership, governance and implementation process to be secured in order to support the delivery of the outcomes set out in the Framework and deliver stakeholder engagement
6. Invite the North West community of employers and employees to abolish the fixed 'retirement age' and become a 'pathfinder' in challenging 'ageism'
7. Take a lead role in England and maximise the existing potential to proactively stimulate and influence EU policy and strategy
8. Regularly review population predictions, with the Regional Intelligence Unit scanning the research and providing updates on new surveys and their potential impact on the Framework.

### **Summary of section**

- The Government's agenda shifts the focus from targeting resources to older people in residential settings to achieving independence at home, based on a tailor made, person centred approach. Older people need to plan for the future but agencies need to provide the means for them to do so by providing options and information.
- Coupled with this health care is to be brought 'closer to home'.
- The Government promotes Extra Care as a suitable option to care at home.
- Services, including housing, and policies, must be integrated to allow for these changes.
- Housing professionals will need to work with health, social care, planning and development partners, to deliver specialist schemes such as Extra Care.
- The direct contribution of housing is building to lifetime homes standards; improving existing stock by assisting with warmth, adaptations and home maintenance; and ensuring information is networked.
- From the regional perspective a failure to plan for population changes could have disastrous economic consequences.
- Local authorities need to take a lead from regional co-ordinators to provide direction for age-proofing strategies. Priorities are grouped into four 'pillars': the economy, housing, transport and health, all of which echo the Governments direction above. We need to be part of this process to ensure we learn from their evidence and feed in local knowledge and priorities.



## **The Local Policy Context**

### **Cumbrian Joint Strategic Needs Assessment (JSNA)**

In 2009 Cumbria published a JSNA designed to underpin decisions on the commissioning of services and investment for Cumbria. This highlighted 4 key challenges for local authorities, the NHS and our communities:

- The ageing population and the declining number of young people
- Mental Health and Alcohol misuse
- The Health of Children
- Health Inequalities

These priorities are based on a mapping of needs evidence which if not addressed will compound the difficulties and problems that will come from reductions in public spending in the next few years.

The JSNA highlighted some recommendations specifically around housing.

- Housing and care needs should be considered together.
- The need for affordable homes to help retain young people in the county.
- To help provide support to keep older people in their own homes for as long as possible.
- To increase the provision of Extra Care Housing and homes built to lifetime home standard.
- Address the problems of fuel poverty.
- Ensure that there are age appropriate services for children and young people affected by homelessness.

### **Cumbrian Closer to Home Strategy - the transformation of Health Services in Cumbria**

Cumbria NHS is implementing a Closer to Home Strategy to provide more care in the community and in people's homes, and services that may have previously only been available from hospitals. Housing design needs to adapt to allow care in the home. There is a key link between the quality of housing and people's health and the quality of existing housing will have a bearing on the outcomes of the strategy. Closer to Home is important to Cumbria in order that health services can be sustainable given the rising numbers of older people on whom 70% of all social and health resources are spent. If investment is not made in existing stock, targeted at those who are most vulnerable, there will be increases in costs for health and social care, caused for example unscheduled hospital admissions and delayed discharges, undermining Closer to Home.

### **Cumbria Housing Strategy 2006- 2011**

The CHS provides the overarching direction for the county with the aim of balancing Cumbria housing markets. The strategy recognises that older people can experience disadvantage and discrimination in a number of ways:

- Services provided by key agencies such as housing, health and social services can be fragmented which results in older people being passed from each agency in order to assess individual needs.

- Older people can often be disadvantaged, particularly if they are unaware of where to go for help, they may find themselves having to explain their circumstances several times before accessing the advice or support they require.

Five issues/themes have informed the strategy: shortage of affordable housing; creating decent homes and environments; housing the homeless; regeneration; and homes with support or additional facilities.

While each of the themes will have implications for older people, the 'homes with support' section contains specific approaches. There is a need to improve the range and quality of housing, support options, and to ensure that housing and services are designed and delivered in a way that supports the continued independence of people as they grow older.

Priorities are:

- Develop further Extra Care Housing Schemes (this is dealt with in detail in Cumbria's Extra Care Housing Strategy 2005-10 currently under review and consultation)
- Improve the quality of Sheltered Housing stock.
- Ensure that new homes are built to meet accessibility standards and offer a 'home for life' in terms of their design.
- Improve the availability of affordable housing for those seeking to 'downsize' from the family home.
- Implement and develop Telecare (an enhanced community alarm service) to help manage risks in the home for people with care needs.
- Increase the provision of Nursing Home beds to meet the predicted increase in demand.
- Provide information and advice on equity release schemes.

### **Cumbria's Sustainable Community Strategy**

Cumbria is currently working on a single Sustainable Community Strategy, building on those already in existence at county and district level. This will put in place a strategic set of shared long term goals for Cumbria covering all partners. This model will place improved health and well-being as an overarching aim, under which housing will stand as one of the pillars of the strategy. Partners will need to ensure the strategy reflects the needs of older people and progress on its development should be monitored.

### **Local Policy Context: Eden District Council**

Eden District Council does not have a specific 'Older Persons Strategy'. Rather policies and strategies tend to include the principles that objectives must be inclusive 'regardless of disability, age, gender or ethnicity'. Strategies are also subject to an Equality Impact Assessments.

**The Corporate plan** outlines the strategic aims, objectives and priorities of the Council and details how the Council will work to achieve those aims. The Plan is designed to have a close relationship with the Sustainable Community Strategy. There are four corporate priorities:

1. Affordable housing - ensuring people have access to housing throughout the District.
2. A quality environment - ensuring the sustainability, enhancement and protection of the unique natural and built environment.
3. Economic vitality - ensuring the growth of the economy to benefit the whole of Eden District.
4. A Quality council - ensuring services delivered throughout the District are accessible, meet customer's needs and are continuously seeking improvement.

Strategic Actions to focus on the corporate priorities and which have relevance to older people and their accommodation needs, include: increasing housing affordability and availability; meet current and future housing needs; meet standards for decent homes; ensure a well balanced spatial planning framework; focus on the quality and range of jobs; support rural communities; focus on customers and communication. Within these affordable housing, decent homes and economic development are the top three corporate priorities.

**Sustainable Community Strategy (SCS)** Eden Local Strategic Partnership (LSP) is responsible for delivery of the SCS and supporting a number of the Local Area Agreement (LAA) targets (see below). This may be replaced by a Cumbrian SCS.

One of the three main priorities of the current Eden Sustainable Community Strategy is to 'ensure equitable access to services (including affordable housing).' The overall aim is "to support the development and maintenance of decent, affordable housing and related services which meet the needs of local people and support economic and community development." The needs of older people are seen as included within this.

The LSP has been keen to encourage local communities to sustain services that are available locally. Within rural areas, communities have been affected by the closure of post offices/shop facilities and this can have a concentrated effect on older people as they are likely to have limited access to private transport. To overcome this, the LSP and Council have supported the setting up of '**Community Exchanges**' whereby a range of locally sourced products are available to buy and trade in a local venue such as a village hall. Local agencies also attend to provide advice and information.

At the time of writing the Eden LSP is coming to the end of the three year action plan and is reviewing its priorities, aims and action plan. Recommendations from this report will inform this process.

**Equality Impact Assessments:** As part of the Council's commitment to delivering quality services, all new and developing policies and strategies are subject to an equality impact assessment including the effects on different age groups. For example the assessment of the LDF Core Strategy recognised that there will be different requirements of transport, housing and employment amongst others depending on age.

### **Local Development Framework - Core Strategy and Housing Development Plan Documents:**

The Eden Local Development Framework will be a portfolio of documents that together will form the spatial plan for Eden district outside of the Lake District National Park. The Core Strategy is the central document and sets out the vision, aims and strategy up to 2021 and beyond, setting the framework for more detailed generic and site specific policies. The core strategy is one of the key ways in which the priorities of the Community Strategy and Corporate Plan can be achieved - it gives a spatial dimension to a range of activities to be carried out. The Core Strategy Vision supports these documents by aiming (in connection to older people, housing and services) for:

- A diverse and sustainable population, particularly in terms of age. The provision of housing, jobs, facilities and transport will be based on evidenced need both to meet the needs of older people and to encourage younger people to stay here. Residents throughout the District will enjoy a prosperous and high quality of life based upon safeguarded and enhanced natural and built environment assets, a dynamic economy, healthy and safe surroundings and a distinctive culture and society (3.2).
- Sustainable and inclusive communities throughout the District. This will have involved development of well designed, good quality, affordable housing, meeting people's needs and aspirations within sustainable locations and attractive environments. Eden's

population will have easy access to a good range of services, facilities and affordable housing (3.5).

- A range of community facilities, access to services and work will be within easy travel distance and by sustainable means.
- The health of the population will be continually improving by having good access to high quality health facilities, including more specialist services and promoting well-being through the provision of opportunities for sports, recreation and exercise (3.7).

From this vision 15 objectives have been derived which also express the Community Strategy. For example, those that will have a bearing on older people and their accommodation needs are:

- Objective 4: To support the development and maintenance of a variety of affordable housing which meets the needs of local people and supports economic and community development.
- Objective 5: To improve the health and well being by our communities by reducing health inequalities, promoting healthy living and supporting locally accessible, high quality health care.
- Objective 6: To protect and enhance community facilities and services and maximise accessibility to them.
- Objective 7: To assist in the development and provision of an accessible and sustainable transport system.
- Objective 8: to encourage high quality sustainable and safe design for places and spaces.
- Objective 12: economic development and skills development.

To achieve these objectives the Core Strategy then lays principles for development. Sitting under the overarching Strategy other development plan documents will later provide detailed policy framework including the forthcoming Housing DPD now under way.

### **Strategic Housing Market Assessments**

SHMA's provide the evidence base to develop an understanding of how housing markets operate and the level of housing need. Government Guidance suggests that as well as general levels of need the assessments cover the requirements of specific household groups including older people. EDC's SHMA's acknowledged the growing older population as likely to have significant impacts but pointed to the need gather further evidence.

Other internal policies that are relevant are:

Eden Housing Strategy 2005-10, Affordable Housing Policy, Homelessness Strategy, and the Housing Renewal Policy.

Local Policy Context: South Lakeland District Council

Circle of Need Challenge report

The Local Strategic Partnership for South Lakeland has a number of specific priorities to which this project directly relates. These include:

- Improving the opportunities for accessing services including alternatives to travelling by car, to benefit the environment and to contribute to improving peoples health
- Developing equitable, high quality and accessible health and social care services, especially for the growing number of older people
- Promotion of healthier, more active lifestyles
- Working more closely with our communities and groups
- LSP

### **Targets and monitoring**

A review of the National Indicators, collected by Districts or other agencies, shows a number that might be directly relevant to older people's issues:

- NI 2 Percentage of people who feel that they belong to their neighbourhood
- NI 7 Environment for a thriving third sector
- NI 8 Adult participation in sport and active recreation
- NI14 Avoidable contact: the proportion of customer contact that is of low or no value to the customer (in relation to information)
- NI 21 Dealing with local concerns about anti-social behaviour
- NI 49 Number of primary fires and related fatalities and non-fatal casualties
- NI 124 People with a long-term condition supported to be independent and in control of their condition
- NI 129 End of life care - access to appropriate care enabling people to be able to choose to die at home
- NI 132 Timeliness of social care assessment
- NI 137 Healthy life expectancy at age 65
- NI 138 Satisfaction of people over 65 with both home and neighbourhood
- NI 139 The extent to which older people receive the support they need to live independently at home
- NI 187 Tackling fuel poverty - % of people receiving income based benefits living in homes with a low efficiency rating

The Cumbria wide Local Area Agreement includes the following:

- NI 154 Net additional homes provided
- NI 155 Number of affordable homes delivered

The LAA also has a number of local area indicators including:

- SI 4 Reduce average length of waiting time for major adaptations supplied via disabled facilities grant from assessment by occupational therapist to work beginning, as defined by CSCI self assessment survey guidance adult social care 2006 – 2007 to 29 weeks (stretched)
- LI 7 Reduce health inequalities in all age all cause mortality (EDC, SLDC and ABC)

- LI 13 Increase the numbers of people successfully claiming pensions credit and gateway to other entitlements to 2108 in 2010/11
- LI 11 Increase number of people benefiting from Promoting Independence in Partnership with older people scheme to 1697 in 2010/11
- LI 14 Number of passengers making return journeys on community buses to access healthy pursuits

4NW are in the process of developing an indicator to monitor the net requirement for older peoples services.

### **Summary of section**

- The central role of providing care closer to home is reflected in Cumbria wide strategies, with housing seen as playing a central role. Key priorities are the provision of Extra Care, lifetime homes, options for downsizing, telecare, information on equity release and improving sheltered housing.
- Barriers are fragmented services and information provision.
- Districts need to feed into the development of a Cumbria Sustainable Community Strategy.
- However Eden District does not have a specific older people's strategy, unlike South Lakeland, although affordable housing, decent homes, economic development, and equitable access to services are all priorities. Current strategies are subject to an Equality Impact Assessment to assess the impacts for older people.
- The current provision of targets goes some way to monitoring the effects of strategies on older people. However these are fragmented and may not be easily accessible for housing teams.

## Section Three: Mapping Current Local Provision

### a. Older persons accommodation

There is a range of older person accommodation available across the two districts, with housing associations providing the main source. This includes sheltered accommodation, rented bungalows and older person's flats.

Sheltered accommodation in the area varies from very sheltered units, care and nursing homes, extra care schemes and sheltered accommodation with scheme managers. The average number of units per scheme is approximately 20 and the majority of sheltered units have emergency cover and intercom alarm systems. The maps overleaf plot the locations of current sheltered accommodation in each district. They show greater concentrations within larger settlements but little provision in more rural areas, particularly in Eden.

Number of units by type of provision and provider in Eden:

		Provider						Total
		Private: Bupa Care Homes	Private: other	Cumbria Care	RSL: Anchor	RSL: Eden HA	RSL: other	
Type of provision	Care Home	84	41	72				197
	Care home with nursing	41	128					169
	Extra Care Housing*						57	57
	Housing with care					19	29	48
	Housing with support**			26	65	107	53	251
	Total	125	169	98	65	126	139	722

Number of units by type of provision and provider in South Lakeland:

		Provider							Total
		Cumbria Care	Private: Peverel	Private: other	RSL: Abbeyfield	RSL: Impact	RSL: other	ALMO: South Lakes	
Type of provision	Care Home	244		403	24		27		742
	Care home with nursing			314					314
	Extra Care Housing*					55		44	99
	Housing with care								0
	Housing with support**		251	269	64		146	427	1,157
Total		224	251	986	88	55	173	471	2,268

(Source: housingcare.org)

The location of accommodation for older people is not distributed evenly across the districts. While larger settlements such as Penrith and Kendal are well-served, there are large gaps in more rural areas in the south and west of Eden and west of South Lakeland.

**Home Share Scheme:** matches an older person with low level needs for some help and support with a young person who needs accommodation. A pilot in Eden District is being overseen by the Housing Association Charitable Trusts' Age2Age project in partnership with Age Concern Eden, Eden Rural Foyer, Eden Young Carers and Eden District Council.

## **b. Supporting people in their own homes**

### **Supporting People**

Supporting People (Cumbria County Council) provide housing related support ranges within hostels, sheltered housing and independent tenancies. This can also include tenancies in shared accommodation and purpose built schemes. Support is provided 'on-site' in a housing scheme or at home through floating support, for a short period or for life. Housing related support services include:

- Assistance managing money and bills
- Assessments on personal safety and security in and around the home
- Help to complete forms and read letters
- Liaison with other professionals or agencies
- Help to move to more independent housing

Supporting people split services into Accommodation Based (ABS) which include on-site support in sheltered, very sheltered and extra care housing; And Non-Accommodation Based (NABS) which covers floating support, Home Improvement Agency Services, commissioning of Community Alarms (excluding private sector) and visiting support services.

Supporting People is currently under taking a strategic review of its methods of delivery in order to streamline services and address the increasing need for NABS and preventative services. The view is that access and eligibility to services should be separated out from the housing someone lives in, for example sheltered schemes.

At the time of writing Supporting People recommended that Accommodation Based Services (ABS) be provided by a community based housing support service across all tenures through a visiting support service with a sheltered housing scheme, for example, acting as a 'hub' for those in the scheme and also in the nearby community; this would move away from the current model that ties support services to a particular scheme and requires separate floating support provision.

In terms of NABS, Supporting People funds a number of community alarms and call centers operating both within social schemes and housing (but not available to those living in private tenures). The preferred option here is to commission a single call centre, combining those within and outside housing schemes, and with the opportunity of providing a service to those in the private sector.

The requirements within ABS and NABS have been quantified by the HBO Consultancy Ltd report, 'Related Support Needs Estimates'. This report is seen as 'iterative' and the findings from this report and any other evidence will feed into this work.

### **Aids/adaptations/grants:**

**Larger adaptations** - Disabled Facilities Grants (DFG's) are the main source of government help for older and disabled people in all tenures of housing who need adaptations in order to remain independent. In Eden District these are carried out by the Home Improvement agency (currently Anchor Staying Put), while SLDC carry these out in house. Works include adapting bathing facilities, adapting kitchen facilities, improvements to lighting or heating controls, improving access to and from the property and living spaces within the home; supply and



fitting of stair lifts or providing a downstairs bathroom, the grant may also help to provide an extension to the home to meet the disabled person's needs. Owner occupiers must pay back the grant if it is over £5,000 on sale of the property. There has been an increase in the national budget for DFGs, increasing by 20% to £146m in 2008/09, to £156m in 2009/10 and £166m in 2010/11. From 2008 the limit for adaptations was raised to £30,000 and now includes access to garden area.

**Minor adaptations** - (the Home Improvement agency carry these out for both EDC and SLDC) is a quick response facility for minor works up to £1,000. Works include fitting of grab rails, drop down rails, floor to ceiling rails, shower seats, toilet frames and banister rails; Adaptations to prevent falls, safety adaptations to steps and staircases; safety lighting, hearing loops and lever taps. The grant is repayable on sale of the property.

**Handypersons scheme** which aims to provide services to ensure safe and independent living. It is limited to jobs of a non-specialist nature and to two hours per job at a cost of £10 per hour plus any materials needed. The scheme covers the Carlisle and Eden District areas, and is available to those over 60 or disabled or on means tested benefits.

### **Age Concern**

Age Concern Eden & Carlisle, and Age Concern South Lakeland are independent local charities providing information, advice and support for people age over 55 (or who care for someone who is) with the aim of supporting people to maintain their independence. It is dependent on 250 volunteers in Eden and 200 in South Lakeland who provide 1000 hours of service each week per district. Feedback from local managers is that there is both the demand and potential for expansion but they are restricted by funding. The range of services is extensive:

*Information and advice* for older people, their families and carers at rural surgeries, home visits or accessible fact sheet from trained staff, including housing options, moving into care, welfare benefits, family issues, employment problems, help at home, consumer and energy supplier problems. In 2008/09 £685,000 was successfully claimed on behalf of older people in Eden District which is usually spent locally. Age Concern have begun developing an information hub with the aim of housing county wide information on support available and other community information under one site ([Cumbriacommunityinformation.co.uk](http://Cumbriacommunityinformation.co.uk)).

*Advocacy* offered to people living in their own homes, residential or nursing care or sheltered housing.

*Social Day Care* for the physically and mentally frail funded by Adult Social Care and held at various centers around each district. This includes *Midweek Breaks* for carers and the cared for. Transport is provided to each center. Services include a hot 2 course lunch, activities, performances, exercise and nutrition; and training for day service staff on health, safety, first aid and falls prevention. In addition volunteer hosts hold *Home Day Care* in their own homes for 3-4 older people. Funding for this valuable service is uncertain with the introduction of individual budgets.

*Promoting Independence Partnership Project (PIPP)* is a countywide service funded by Cumbria County Council. It is designed to put people over 50 in contact with a wide range of support services to maintain independence at home and find new opportunities in their communities. The service takes an holistic, person centered approach taking into account the physical, mental and social well being of the individual. This provides a tailored programme, covering:

- Information and advice on housing issues, aids and adaptations, problems with goods and services, etc.
- Help with filling in forms, such as Attendance Allowance and other welfare benefit claims.
- Advice and Information on healthy living, clubs, social groups and leisure activities.
- Support to access suitable services and activities.
- Help to solve general problems.
- Home safety advice and practical help to reduce the risk of accidents.
- Hire of mobility scooters and other equipment.

*Hospital Aftercare Service:* extra home visits to supplement other help offered on discharge

*Aid Call alarms:* alarm pendants linked to a call center staff in Devon who will call friends or relatives or emergency services. This is a national service that can be maintained if the person moves.

*MOSS (Moving on Support Scheme)* a new partnership scheme in Eden District between Eden Mind, Eden Community Alarms, Eden Carers and Age Concern Eden. This offers support to people who have become vulnerable and isolated by providing structures befriending to older people, carers or people experiencing mental health problems.

*Shopmobility* provides powered scooters and manual wheelchairs to access shops and tourist attractions (a charge is made for this). Age Concern also have an accessible minibus (available to other groups) with volunteer drivers.

Other projects and groups include: The Bereavement Group, Older Persons Focus Group, Macmillan Community Support Programme, Digital Outreach Project, volunteers days, and the development of a Cumbria wide data base of information.

## **Transport**

Cumbria County Council provides a demand responsive transport service 'Rural Wheels' utilising Smartcard technology, launched in April 2007 and operated where conventional transport doesn't exist. This provides planned transport using existing transport providers (eg taxis) who are provided with smartcard equipment, and take people to the nearest services or conventional transport.

The Northern Fells Mini Bus scheme has voluntary drivers and offers flexible door to door service for people of any age without their own transport and takes people on group outings.

## **Assistive technology**

Telecare provides communications outside the home, which can be integrated with aids, adaptations and environmental controls. This can reduce hospital stays by supporting earlier discharge, virtual visiting, reminders and social alarm systems. Adult Social Care have contracts with different telecare companies within each district for private sector householders. There is potential to expand the client group to include those with learning disabilities and other needs. Housing associations have care alarm contracts for their own tenants; for example Eden Housing Association provide equipment to all tenants, connected to Care Line housed by Riverside HA, Carlisle. EHA carry out an assessment prior to installation, visit to monitor, check equipment and aim to identify problems such as difficulty getting in and out of the bath. This would be referred by ASC who then do their own assessment and refer for DFGs if required.

**Telehealth** in theory allows clinical monitoring to be conducted remotely. Data is automatically sent to a control centre for monitoring. Telehealth has yet to be developed across the County; however Alston Cybormoor Services Ltd. (a Social enterprise) with funding from the

Department of Health, has been working with Cumbria PCT to develop a pilot Telehealth scheme in order to prevent hospital admissions. This comprises of a box plugged into a home phone connected to scales, blood oxygen monitoring equipment etc. Readings taken once a day go through to a care line in Carlisle and a nurse will call, visit or change prescriptions. The project is due to finish in April 2010 and report to PCT who will make a decision on long term funding for the scheme.

### **Other projects**

**50+ Forums in Cumbria:** 'Signposts' (a registered charity) has been working with Cumbria County to run 50+ Forums providing a discussion and consultation venue.

**Appleby Riverside House** has brought together primary and community health and health related voluntary organisations under one roof.

**Alston Cybormoor** run projects for rural areas to increase access to information, for example the Digi 50+ to explore ideas for using internet in remote rural areas.

### **Summary of section**

- There is diverse range of assistance to maintain independence from telecare to home visits, adaptations, and handy persons schemes.
- However the various services need to be mapped and disseminated to agencies who may not have previously recognised the relevance to housing.
- Age Concern have an array of information on services and are developing a community information hub. This review found that Age Concern provide an extensive and multi disciplined service that crosses agency boundaries. However it is constrained by resources.
- Limited services are telehealth, which has yet to be developed beyond Alston and community transport.

## Section Four: Evidence for New Provision

### Projected need from Cumbria Planning4Care project

Cumbria County Council, Adult Social Care, has recently submitted a proposal to update the Commissioning Strategy for Older People and their Carers 2009-2019<sup>17</sup> to reflect updated developments in national policy, public expectations and the introduction of personalised budgets. This sets out Cumbria County Councils vision of the services required, highlights the need to commission less residential care provision in order to invest in services which support people more effectively at home, while expressing the intention to provide an increased opportunity to access Extra Care housing for either rent or purchase. The Strategy has drawn on findings from an independent report 'Planning4Care: Projected need for Long term residential care services for older people' (2009) which provided analysis of future requirements for residential care and extra care housing and the demand for services enabling people to be supported from home.

Planning4Care utilises a predictive needs model linked to projected demographic trends and risk factors (eg measures of income and deprivation levels). This has been used to estimate the level of social care need<sup>18</sup> in Cumbria and project how this may change according to changes in older groups. As the tool is based on trends evidence it is likely to change as it captures updated data on population increases/decreases.

It is important to note that the evidence on need for County Council funded residential places is based on the situation now, which has shown a decline over recent years, and that strategy interventions to stimulate demand could alter figures. Also the levels of need can be influenced considerably by preventative measures, and the report presents differing scenarios, although it is only the 'base' evidence that is presented here.

### Overview

The Planning4Care analysis identifies a consistent fall in take-up of publicly funded residential care places. It then makes an assumption (with a health warning) that this reduction will apply to all residential care places including the self-funded. However there is still a predicted rise in the need for care and this will leave a shortfall that will need to be met by alternatives. The three possible options identified are:

- Significant increase in funding for residential care to meet the increasing need for care (presumably this is at odds with the falls in demand); and/or
- Tightened assessment criteria in order to reduce the number of people eligible for County Council funded services; and/or
- Significant investment into alternative types of provision other than long-term residential care, for example re-enablement intermediate care, extra care housing and other services to support independent living (see p29).

The Planning4Care report focuses on long term residential care rather than specialised of other kinds. However in order to quantify the amount of extra care and housing for those with dementia that could go some way to meeting the need for alternatives required the report utilises an adjusted model from More Choice Greater Voice. This does also give an estimate of total specialised accommodation required by the Districts as part of this exercise.

The first part of this section outlines the estimated provision for Cumbria. Summaries for Eden and South Lakeland are then given in the table below.

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<sup>17</sup> Originally 2009 - 2016

<sup>18</sup> Wanless Social Care review set out the classification for older people's levels of social care need. Please see Appendix 8.

## Cumbrian summary:

- In 2009 there was a total of 100,100 people in Cumbria aged over 65 rising to 129,740 by 2019 based on ONS sub regional projections
- 36,700 people aged 65+ were estimated to have a social care need at 2009 (36%), rising to 46,500 by 2019 (36%)
- 10,300 have low levels of social care need at 2009, rising to 13,130 by 2019
- 26,400 have moderate or above levels of social care need 2009 rising to 33,400 by 2019
- 9560 have very high needs at 2009, rising to 12,090 by 2019

The table below shows the breakdown for Districts of care needs predicted by 2019 (see Appendix 3 and 4 for full figures provided by Planning4care). This shows that while all districts have relatively similar proportions of people with low care needs, they have wide variances on those with moderate or above needs. Barrow has 41% compared to Eden at 18%. Looking at counts, South Lakeland has the highest number of people with low needs due to having the highest number of older people (3,270 by 2019). However their moderate + needs are less than those of Barrow (5830 compared to 6950).

Care needs as a % of all people aged 65+ 2019	Low care needs (%)	Moderate + care needs (%)	All care needs (%)
Allerdale	10	27	37
Barrow	9	41	50
Carlisle	11	25	36
Copeland	10	29	39
Eden	11	18	29
SouthLakeland	10	19	29
Cumbria	10	26	36

- Planning4care estimates a current need for 5,700 residential care places for people aged 65+. The projected need for some type of provision due to the increase in people with very high levels of social care needs, is 7,250.
- Of the current 5,700 residential care places 2,400 are supported by the County.
- If the demand for County supported residential places continues to reduce at the current rate, then it will be expected to fall from 2,400 (2009) to 1,650 (2019), a reduction of 740 units.
- If the same rate of reduction were to apply to the total population demand for residential care places, then this would reduce the expected take-up of residential care from an estimated 5,730 places in 2009 to 3,960 in 2019. With a projected increase in need for some type of provision expected to be 7,250 by 2019 this would leave a shortfall of 3,290 places that would need to be met by alternatives other than current long-term residential care models. Further more this is only one source of need as in total 36,700 have some level of social care need, although this might be met at home, day centers etc.

- The estimate for all 'specialised' accommodation required for example sheltered accommodation<sup>19</sup> for Cumbria is 9,540 rising to 12,090 by 2019.
- This could be partly met by extra care housing. The estimated need for extra care housing is 1,465 in 2009 rising to 1,850 units by 2019. This could go some way to meet the anticipated shortfall of need for residential care spaces as extra care can assist with nursing care as well as low level support. This is seen to be usually for 1 or 2 bed flats.
- Extra Care housing - tenure: The Planning4care report recommends a ratio of 50:50 sale and rented provision based on the MCGV toolkit. However Cumbria Adult Social Care have suggested that in an area of high property values such as Eden and South Lakeland older people at the lower end of the private market may have insufficient equity to buy new build Extra Care property. An alternative ratio of a third each market sale, Shared Ownership for the Elderly, and social rented property may be more appropriate.
- Some provision is also included for dementia, seen as partly provided by extra care places and partly by enhanced sheltered housing. The estimated requirement for this is 700 units in 2009 rising to 900 of units required by 2019. This gives a total of 2,165 extra care units in 2009 and 2,750 by 2019 towards the requirements for specialised accommodation.

The table below summarises the projected accommodation needs for Eden and South Lakeland.

### **Eden**

- In 2009 there was a total of 11,100 people in Eden aged over 65 rising to 14,660 by 2019 based on ONS sub regional projections.
- 3,190 people aged 65+ were estimated to have a social care need at 2009 (29%), rising to 4,270 by 2019 (29%).
- Comparing Eden to the other districts, the proportion of people with low care needs is similar to others at 11% but moderate+ needs are the lowest in Cumbria (18%). Eden has a comparatively lower population aged 65+ (but one of the sharpest increases). Nevertheless for the majority of older people with needs these are moderate or above.
- The total need for support currently met by residential care is 430 (2009) rising to 580 by 2019. However take up of publicly funded places is simultaneously falling.
- When these reductions are applied to all current residential care accommodation this leaves a shortfall of 260 'places' required by 2019 as alternatives to current residential care places.
- Planning4Care has suggested a "norm" of 260 units of all specialized accommodation per 1,000 people aged 75+. Using this norm would result in a need of 1,118 units of specialised accommodation by 2019.

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<sup>19</sup> Based on an adjusted 'norm' from 'More Choice, Greater Voice' (CLG, 2008) see p27 Planning4Care report.

- Within specialised housing the estimate for:
  - extra care housing is 110 rising to 150 by 2019
  - housing for people with dementia is 80 rising to 100 by 2019

### **South Lakeland**

- In 2009 there was a total of 24,800 people in South Lakeland aged over 65 rising to 31,310 by 2019 based on ONS sub regional projections.
- 7,100 people aged 65+ were estimated to have a social care need at 2009 (29%), rising to 9,100 by 2019 (29%).
- While South Lakeland do not have the highest number or proportion of people with low levels of need, the overall high number of older people means this is still the highest in the County. The proportion of moderate+ needs appears low but still gives a count of 5,830.
- The total need for support currently met by residential care is 980, 2009, rising to 1,250 by 2019. However take up of publicly funded places is simultaneously falling.
- When these reductions are applied to all current residential care accommodation this leaves a shortfall of 570 'places' required by 2019 as alternatives to current residential care places.
- Planning4Care has suggested a "norm" of 260 units of specialised accommodation per 1,000 people aged 75+. Using this norm would result in a need of 2,366 units of specialized accommodation by 2019.
- Within specialised housing the estimate for:
  - extra care housing is 255 rising to 320 by 2019
  - housing for people with dementia is 180 rising to 230 by 2019

Summary of Planning4Care report on accommodation needs		Eden	South Lakeland
All social care needs 65+	2009	3,200	7,100
	2019	4,300	9,100
Low level needs 65+	2009	1,190	2,540
	2019	1,570	3,270
Moderate needs 65+	2009	770	1,740
	2019	1,030	2,210
High needs 65+	2010	530	1,200
	2019	710	1,540
Very high needs	2010	740	1,640
	2019	960	2,080
Current need for residential care places (publicly and self-funded)	2009	430	980
Of which funded by CCC	2009	180	410
Future take up of CCC funded places by 2019 (ie expected reduction)	2019	130 (-50)	280 (-130)
Reduction in take up applied to all residential places (public and self-funded)	2009 - 2019	430 down to 320 (-110)	980 down to 680 (300)
Need for care accommodation provision (public and self funded)	2009	430	980
	2019	580	1,250
Need for alternative provision (arising from changes in take up of current long term residential care models)	2019	260 (580 - 320)	570 (1,250 - 680)
The figures below are estimates based on a suggested norm for "specialised housing"			
All other specialised housing (excluding registered care homes): estimate of need based on MCGV*	2009	830	1,850
	2019	1118	2,366
Of which the estimate for Extra Care places (based on those with moderate or above social care needs)+	2009	110	255
	2019	150	320
Of which the estimate for dementia places	2009	80	180
	2019	100	230

#### Notes

\* based on a norm of 260 units per 1000 aged 65+ with a any degree of social care support need. This figure includes additional provision that may be needed due to non-take up of residential care places.

+ based on a norm of 55 units per 1000 aged 65+ with moderate care support need

Source: Planning4care, 2009. It was only possible to break high to very high care needs down by obtaining a 2010 reports which did not include a breakdown for 2009, hence the slight discrepancy between these and 'All social care needs'.



## Support needs

The More Choice Greater Voice (MCGV) government publication points out that in the absence of local surveys accurate local data concerning the potential need of older people for services is often difficult to establish. However it is possible to take prevalence levels established by national surveys and apply them to local populations. This may not reflect local variations in health inequalities but they provide a bench mark figure and can be used to capture unexpressed demand. The MCGV toolkit contains proformas for estimating support needs and uses the General Household Survey 2001 which asked people about their difficulty with a range of tasks around personal care, mobility and domestic tasks, and also around sensory problems. The percentage of incidence by age cohort is then applied to the local profile. We can then apply population projections to identify trends in future needs for services (this data is not yet available from South Lakeland).

### *Comparisons to Planning4care estimates*

To some extent it is possible to compare this evidence to the Planning4Care estimates of needs. The classification of low needs uses definitions laid out in the Wanless Social Care review (see Appendix 8) and include difficulty in bathing, showering or washing all over, along with certain domestic tasks such as shopping or using a vacuum cleaner. The tables in Appendix 7 show that within Eden 935 people were expected to have problems washing. At least this number would fall into the Planning4Care classification of low need, 1,190 in 2009 and therefore relatively close to the MCGV estimates. However by 2019 within Eden 1,640 people were expected to have problems washing and 3,187 with shopping. At least 3,187 would fall into the Planning4care classification of low need, which by 2019 is estimated to be 1,570 - much lower than the MCGV toolkit estimates. There are also wide differences between estimates for moderate and high care needs. Comparisons between the two data should be treated with caution. The utility of the MCGV toolkit, however, lies in the breakdown of the types of support needs and therefore how this may be assisted by housing related solutions.

A number of the indicators may suggest requirements for high levels of care that will be difficult to provide within general housing and may be more appropriately provided for in Extra Care housing, residential care or nursing homes. However it can be assumed that housing providers could go some way in resolving lower level needs by design or adaptations.

The MCGV report identifies difficulties with bathing, showering and washing as of particular relevance to housing. Based on 2009 estimates for Eden, personal care tasks present the Districts most common problem with 4,007 experiencing difficulties. Within this bathing is the second largest difficulty at 935.

2,267 experience mobility problems, mainly getting out of doors and walking down the road, but also 56% of this group have difficulties with stairs (1,270). Getting to the toilet is also an issue.

2,006 people have difficulties performing domestic tasks, mainly practical activities, window cleaning, or jobs involving climbing.

Housing design, adaptations and external planning therefore play a major role in maintaining independence.

This profile is set to change with domestic tasks becoming the main difficulty due the increase in the population aged 85+. Nonetheless the role of housing solutions will increase - difficulties with personal care (and washing) are set to rise by 60% and mobility problems by 68% by 2019.

The incidence of cognitive impairment (dementia) is estimated to almost double rising from 822 (2009) to 1,524 (2019). This is significantly higher than the Planning4care estimate of

very high needs (which also includes physical impairment). The level of dementia care (80 rising to 100 by 2019) provided in the report appears low but are within the recommendations of the MCGV toolkit, which sets this as ten places per 1,000 of people aged over 75). Presumably care at home is expected to support the large majority of dementia sufferers.

In terms of sensory impairment 5,278 people aged 65+ are expected to have problems with sight and 5,775 with hearing by 2019. This might not indicate particular housing solutions but design needs consideration, particularly in larger residential sites. For example colour coded corridors for example in blocks of housing, adequate door entry systems that can be heard and seen clearly.

### **Type and tenure of accommodation required**

Evidence from local providers and participants in the research pieces identified in this report has indicated the following

- People wish to remain in their own home for as long as possible.
- Residential schemes and some sheltered schemes are unpopular. This is partly due to lack of knowledge about schemes but also because they offer only bedsits or one bed properties.
- The preference is for 2 bedrooms.
- Owner occupation has increased generally and will influence the aspirations of older people. However the ability to afford to maintain owner occupied housing is uncertain as is the potential of equity release schemes in enabling older people to remain in their homes. Further evidence is required here. Rental is sometimes seen as preferable, and a move can alleviate isolation.
- While sheltered schemes are only available in key or local service settlements, there will be cost implications in building these in more remote areas. Schemes must be large enough to be cost effective and able to attract a wider catchment area.
- General needs housing incorporating flexible design and the potential for suitable adaptations are required to in more rural areas.
- Further evidence is required on the capacity of private sector providers to meet future needs. Closer partnership working is required to co-ordinate new developments and share good practice.

The 2005 report excerpt from Eden Housing Association below and subsequent evidence from EHA's Sheltered Housing Scheme Officer supports the above, and states a preference for bungalows and flats.

The Report indicates that remodeling of existing schemes was required from bedsits to two bedroom flats. Work has since taken place in several schemes but floor space and existing design limited remodeling from bedsits into one bed flats only. This has boosted demand but as a preference to the remaining bedsits. However the EHA officer felt that never-the-less schemes had been greatly improved as a result.

## **Sheltered Housing Demand Study, Eden Housing Association 2005: Conclusions:**

By looking at applications for housing from older people and from the surveys carried out in Kirkby Stephen, Alston and Shap<sup>20</sup>, we know that people want homes with a minimum of one bedroom and *the overwhelming demand was for two bedrooms*. Many of those who took part in the survey were living in three bed roomed properties; for these people, downsizing means moving to a two bed roomed property. *The majority of people taking part in the survey (52%) said that their preferred property type would be a bungalow with a further 36% indicating a desire for flats.*

The majority of people who took part in the surveys indicated that they would prefer to remain in their own homes with access to care and support services. However, 39% of respondents said that they could see themselves living in sheltered housing in the future and only 18% said they definitely would not want sheltered housing. Of the tenants currently living in EHA schemes in Kirkby Stephen, Shap and Alston, 33% had specifically requested sheltered housing, many giving the reason for their request as a desire for security and company. *This indicates a need to retain some sheltered housing in its current form but with bigger units within the schemes.*

*Location is a major factor* as can be seen by the popularity of EHA's "The Crescent" and Two Castle's "Briar Cote". There will always be some schemes that are more popular simply because of their location and design.

There is anecdotal evidence that some of our elderly tenants find large gardens difficult to maintain but most still want access to their own "green space". EHA may find it useful to consider a reduction in the size of existing gardens where tenants desire this. Design standards for new homes should have regard for the physical limitations of older people and try to *make gardens more manageable*.

The surveys within the local communities revealed that there was uncertainty about what sheltered schemes offer. *EHA should take every opportunity to promote sheltered schemes to the community.*

Recommendation: It is recommended that the sheltered housing schemes at Grisedale Croft, Wasdale and Mill Gardens be remodeled to offer more spacious two bedroomed accommodation with bathrooms having flush to floor showers as well as baths.

It is further recommended that Eden Housing Association look to finding suitable sites in Penrith and its immediate villages with good access links within which to build two bed roomed bungalows and/or flats with lifts. Such properties should be designed with older people in mind - have flush to floor showers and baths, and have communal gardens maintained by the Association.

### **Summary of section**

- Eden needs to house 1,850 places as 'alternatives to residential' and specialised housing by 2019 in addition to the current provision of residential care housing.
- 2 bedroom bungalows or flats in general housing are the preference of older people. Sheltered accommodation requires remodeling from bedsits into two bed accommodation, although this is likely to be limited by current design. Demand is boosted by remodeling into one beds, but this may be due to a lack of alternatives.

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<sup>20</sup> The study explored lettings activity of EHA's sheltered schemes and carried out face-to-face interviews with 45 residents to collate views on sheltered housing schemes.

- 29% of people aged 65+ will have a social care need by 2019.
- The moderate needs in Eden are lower than other districts, but proportions of low needs are similar. There is a need to plan for the sharp increase (despite counts being lower than elsewhere) by focusing on preventative measures.
- Eden will need to focus on measures to assist with personal care (eg bathing) and stairs which incorporates aspects of fall prevention.
- South Lakeland needs to house 2,366 places as 'alternatives to residential' and specialised housing by 2019 in addition to the current provision of residential care housing.
- 29% of people aged 65+ will have a social care need by 2019.

## Conclusion and Recommendations

Rural areas have a proportionately larger older population and the issues facing older people here are intensified by their location, leading to increased fuel poverty, isolation, poor mix of housing and less public transport and facilities. Faced with one of the largest increases in our older population in the country Eden and South Lakeland also face the biggest challenges.

In general one person households have increased and this is proportionately more common amongst older households particularly for women. Life expectancy has risen and there will be an increasing number of older people with health conditions, such as dementia, often living alone. This has implications for informal care. Under occupancy by older households in rural areas has been identified in the SHMAs which increases the likelihood of fuel poverty and isolation. At the same time there is a lack of family sized accommodation, causing an out migration of young families from rural areas, further reducing community support.

There are mixed messages concerning people's preferences for remaining in their homes or moving to specialist housing. There are no definitive studies on whether older people are opting for move closer to support or if they would prefer to stay if services were available near their existing home. Based on current provision the move into intensively supported housing will require moving some distance resulting in losing links to their communities. For some this maybe accepted as necessary and even desirable once home maintenance becomes problematic, and alleviate isolation. Over the last 25 years there has been an increase in owner occupation and this will also effect aspirations. However some owner occupied properties may not be valuable enough to trade down and these homeowners may wish to change tenure.

The evidence presented in this report is that people move for a variety of reasons and this is not always viewed negatively, but that the majority of people wish to remain in their own homes for as long as possible. Facilitating housing options is therefore necessarily tied to adequate transport, health and service provision within the home.

In terms of current provision there is a lack of sheltered housing in the Eden District outside of key and local service settlements. However, while building schemes in rural settlements may benefit local people there may be cost difficulties in justifying large schemes without a large catchment area, and also in justifying schemes that are too small to be cost effective. Although very rural areas lack sheltered schemes an alternative is provided to some extent by general social rented provision. Furthermore the desire to remain in home and the emphasis on supporting people in their own homes points to general needs housing.

There is a need to avoid oversupply of one type of provision and to ensure a mix of specialised and general needs housing. The Planning4care report has highlighted the falling demand for residential care homes and points to extra care and general housing/care in the home as alternatives. Remodelling of current schemes where demand has fallen is also required, and local providers support this pointing to the increase in demand following remodelling. New development to match demand needs to be staged and co-ordinated between Cumbria County Council, the Districts and the Housing Associations to prevent the current problems of oversupply in some schemes re-occurring elsewhere. The private sector needs to be incorporated into this partnership approach; there is insufficient evidence on the capacity of this sector to meet needs in the future or on plans for new developments.

The trend towards smaller household size does not necessarily equate to aspirations for smaller living space, as evidenced by the low demand for bedsits and one bed sheltered housing. Remodelling of schemes from bedsits into one bed flats certainly boosts demand but local housing providers and research participants indicate that the overwhelming preference is for two bedrooms; Often remodelling is constrained by floor space and design, so that one

bedroom is the only option and preferable to bedsits. However a spare room in either sheltered or general housing, though, can assist with independent living by providing space for family and friends for social needs, important to well being, and to facilitate care needs and accommodated adaptations. People's needs change over time and this requires a flexible allocation policy to allow for under-occupancy at some points.

Beyond the bricks and mortar provision there is the need to support people in maintaining their independence in the home. This can be achieved through location, the initial design, and further adaptations. This means linking with health, service and transport agencies to achieve the most appropriate provision. Beyond this it means ongoing work to ensure people have access to the right type of services to maintain their occupation.

There are very limited opportunities for new build properties in general, but any new build housing will need to comply with lifetime homes standards. This should also be extended to refurbishment of existing stock. A flexible approach by planners to allow conversions and extensions needs consideration.

Eden and South Lakeland have a proportionately smaller level of moderate+ care support needs but a similar proportion of low care needs compared to other Districts. This may be viewed as fortunate by comparison to, for example, Barrow, where moderate+ needs are disproportionately high. This is not to ignore the fact that more other people have moderate+ needs than low needs in Eden and South Lakeland but it would indicate our district profile means there is a different split in potential allocation of resources towards prevention measures compared to other Districts. It would also indicate that with a lower needs profile compared to other areas there is greater potential to make an impact with limited resources on maintaining independence in the home by possibly simple aids or adaptations. Other districts with very high needs face more radical solutions that require a move to more specialised accommodation.

Given the precarious situation of the District's rural facilities there is a need to plan flexibility into any sheltered or general housing in the Districts. For example schemes should have the potential for mobile services to be delivered to their residents. Supporting People are considering the option of schemes acting as the support hub to the wider local community and similarly they could become the base for service delivery to people in general housing as well.

There is a limit to what housing teams can achieve through housing design, aids and adaptations alone. The theme running through all research findings is the need to take a holistic approach - there is little point of providing shower adaptations if an older person also is not also provided with help cooking if needed, resulting in a move to residential care. Working closely with other agencies is required to understand and provide the necessary pieces to this jigsaw.

A prerequisite of this is that the various agencies - housing, health, repair and the voluntary - should know what other agencies provide. Information is important for providers to develop services, for referral and to enable older people to explore options. Despite of the number of options that are available there appears to remain a lack of joined up services, one-stop shop advice and an information 'bank'. Given suitable training a single visit to assess fuel poverty could result in advice or referral regarding a multitude of needs. The view here is that Age Concern could play an enhanced role through greater partnership working and through their PIPP project.

In practice the costs of housing supply, adaptations and related support provision are likely to be considerable and it is beyond the scope of this project to pinpoint costs or identify funding. However the cost of service provision alone is likely to be higher in our rural areas due to problems of access and identifying funding sources should be a priority. This reinforces the

need to increase community projects, intergenerational work and work closely with the voluntary sector, especially Age Concern, and seek alternative resources.

The linkages between housing and other service will need to be embedded in a wider strategic context coupled with performance indicators that also measure preventative services and transport as well as housing provision. This might also reinforce greater partnership working.

In summary the key areas that require attention in relation to older people are:

**Diversity and choice** to achieve an increased choice in appropriate housing and care solutions, recognising diverse needs and aspirations.

**Information, advice and access** to achieve: better advice and information on housing options for older people and their carers in an appropriate formats; greater sharing of ideas and initiatives to encourage new service models and provision.

**Flexible service provision** that takes a whole systems approach, recognises holistic needs and is user-led.

**Joint working** taking a multi-agency approach and removing barriers that prevent holistic provision for older people. Services need to be commissioned in an integrated way - we may need to be proactive about approaching other agencies!

**The following are key areas of work for further exploration.**

*Aim: Increased choice in accommodation, housing and support options*

Further tasks that may be undertaken in Eden or South Lakeland include

- Clarify future funding for specialised housing, care and support services
- Influence the market to ensure private and social housing developments across all tenures meet the needs and aspirations of older people; promote the development of lifetime homes in the private sector (all new private sector developments to meet the standard by 2013).
- Influence transport policies and develop 'rural wheels'.
- Work with partners and older people on the development of extra care housing schemes for rent and sale, ensuring their suitability for specific needs such as dementia. Consider the appropriate models for these schemes given the rural nature of the area, and the tenure split based on an understanding of the financial means in the area.
- Work with partners and older people and carers to remodel sheltered housing schemes and service delivery where current schemes are no longer meeting needs.
- Consider extension and development of Homeshare and houseswap schemes.
- Consider the future shape of support services funded by Supporting People, including the split between of accommodation based services and floating support.
- Work with Planning to promote permitted conversions (currently certain size extensions are permitted without planning permission).
- Recognition of the value of schemes that assist older people to achieve affordable warmth in their homes and further consideration of measures that will address fuel poverty.
- Ensure that homes meet decent homes standards and ensure all new social housing developments adhere to Housing Corporation guidelines for sustainability, design and future proofing.
- Services need to be shaped to recognise that older people across all tenures need support to enable them to stay in their own homes as long as possible.

*Aim: Assist people to stay in their own homes through addressing health and safety in the home and access to essential services.*

Further tasks that may be undertaken in Eden or South Lakeland include

- Increase range of and access to low level support services and activities such as handy person, gardening and repairs services, mobile shops, one stop services. Explore provision of advice at community market days.
- Work with Age Concern to develop intergenerational programme (eg explore developing the 'Building Bridges' project in the Districts).
- Seek to ensure all developments for older people are accessible to transport links, health, leisure and other amenities.
- Explore options for carrying out falls prevention work (eg liaise with the Eden Valley Public Health Partnership).
- Influence transport planning by working with partners and planning bodies.
- Investigate how to best provide appropriate home security and safety measures.

*Aim: Economic well being in relation to housing costs*

Further tasks that may be undertaken in Eden or South Lakeland include:

- Consider sources of advice for maximising income of older people and carers Support people to evaluate costs of housing and support options.
- Further investigations of equity release as a method to help older people maintain their homes and achieve an acceptable standard of living.

*Aim: Efficient and appropriate information available to all older people about their housing and support options.*

Further tasks that may be undertaken in Eden or South Lakeland include

- Expand and improve range of information and advice on range of formal housing and support options, availability of grants and equity release schemes for all tenures.
- Improve support, information and advice for older people living in the private sector eg owner occupiers and private renters.
- Work with older people and agencies to improve information and advice sources available to older people and their families. Work with Age Concern to develop their database of information.

*Aim: A fuller understanding of the customer profile of older people in the two Districts, recognising*

Further tasks that may be undertaken in Eden or South Lakeland include

- Customer profiling to recognise the importance of equality and diversity issues and ensuring that the needs of minority groups are included in service planning.
- Map and disseminate information and service provision (see Circle of Need for SLDC) in Eden District. This will also help avoid duplicating services provided by other agencies.
- Ensure that decisions made affecting older people are based on robust information including community consultation and customer profiling. Monitor changes. This will require mapping local (parish) needs of older people (work with CRHT to obtain data).
- Enable older people to actively influence service provision ensuring routes into the decision making process.



*The following task specifically relates to Eden District Council:*

Strategic fit:

- Consider creating a Specific Older Peoples Strategy, or aligning more closely with an existing one, eg Supporting People, Adult Social Care or the PCT's strategy. See 'Preparing Older Peoples Strategies' DoH.
- Consider developing a joint 'Housing for Health' strategy including evidence and reducing NHS costs)
- Review current and potential indicators (see SLDC's local indicators) for relevance to old people.
- Local Investment plan (part of the Single Conversation): ensure this includes needs and targets for older people.
- Local Strategic Partnership: to include targets emerging from the recommendations in this report.

Please see Appendix 10 for a list of good practice examples.

## **Appendix 1 Workshop Aims**

**Eden District Council and South Lakeland District Council**

**Older Persons Accommodation and Wider Services Assessment: Workshop**

**Monday 7<sup>th</sup> December 2009 Workshop**

**10am - 4pm**

**Eden Foyer, Penrith, Old London Road, /\*Penrith CA11 8ET**

Eden and South Lakeland Districts face a massive projected increase in their elderly population. This means that under their strategic role the Councils need to decide how they are best placed to provide accommodation and related services in the future. Council Members are conducting a project to look at the accommodation and wider service needs of older people, with the aim of exploring the needs both in the home and other residential settings, and to raise awareness of the situation. This is largely housing focused but the issues are much wider than 'bricks and mortar' provision, and housing strategy needs to take account of the diverse and cross cutting nature of this subject.

We would like to invite you to a workshop with the aim of exchanging ideas and exploring the key messages for housing policy and housing providers. The day will consist of guest speakers followed by break-out sessions, with presentations given by:

*Moyra Riseborough*, co-author of 'The housing and support needs of older people in rural areas' (*Commission for Rural Communities*).

*Robert Cornwall*, Project Officer for the Local Area Agreement, who has a wide knowledge of elderly people's needs and the issues facing providers.

*Anna Milner and Satty Rai* from the Northern Housing Consortium (appointed by the Project Group to carry out a needs analysis), giving an overview of their initial findings.

*Peter Woodhouse* (Adult Social Care, Cumbria County Council) giving an overview of the policy situation in Cumbria.

A buffet lunch will be provided (approximately 12-1pm). For further information and to confirm your attendance please reply to Lee Walker (EDC) [Lee.walker@eden.gov.uk](mailto:Lee.walker@eden.gov.uk) or telephone on 01768 212 489.

We look forward to seeing you there!

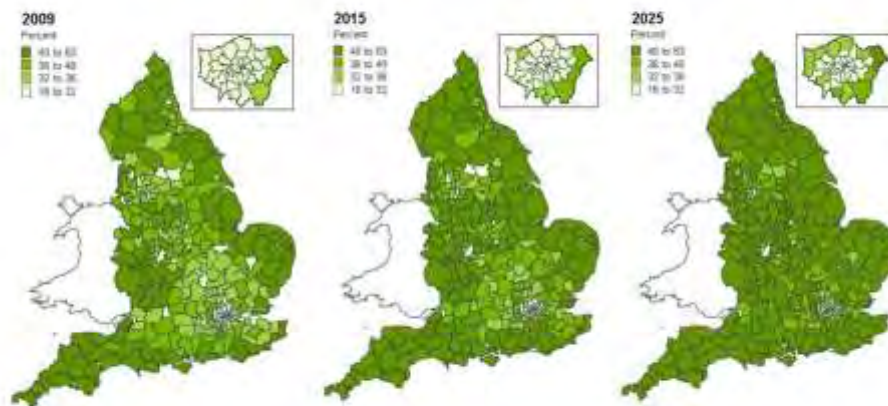
## Appendix 2 Workshop presentations

# People and Places - It's really quite simple

Robert Cornwall



## Over 50 population – England - the need to plan and prepare now



An ageing population mainly affecting rural and coastal areas.

Don't stop me now – Audit Commission (2008)

# Creation of Over 65 Households



## Housing and communities

Older people already make up almost a third of our communities.

45% of all new households will be over 65s by 2026 (2.4m more older households than today).

People living longer and with higher levels of disability  
Care costs will rise by 325% by 2041 if we do nothing.

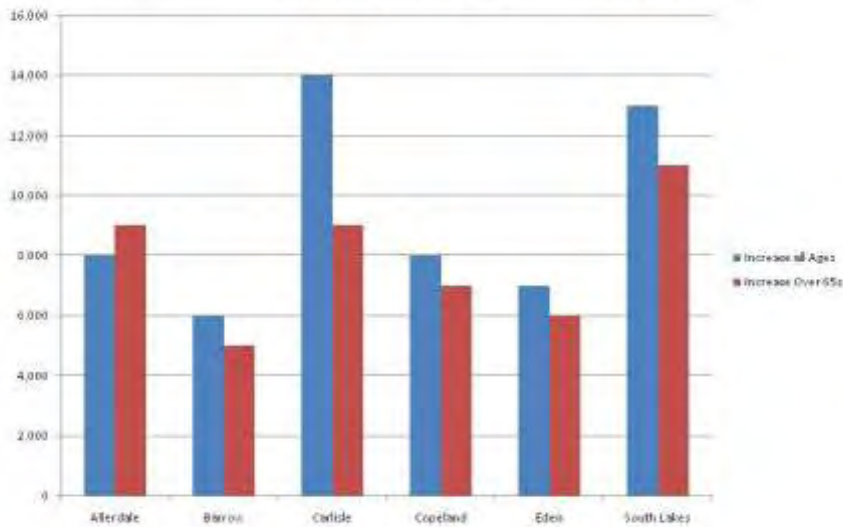
Poor housing results in poor health and care home admissions.

Older people make substantial economic and social contribution to their communities. Older homeowners have over **£332 b equity**.

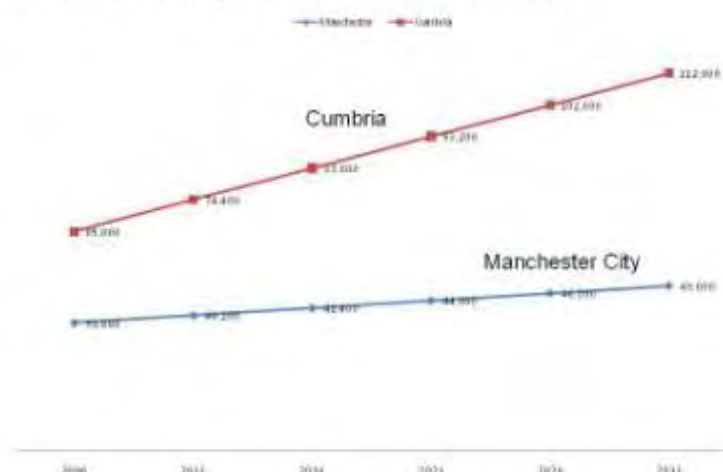
**Prevention and early intervention key to improving situation for older people, and beneficial to wider society/economy**



Increase in number of Households 2006 -2031  
Comparison Total Increase for all ages – Increase for Over 65s

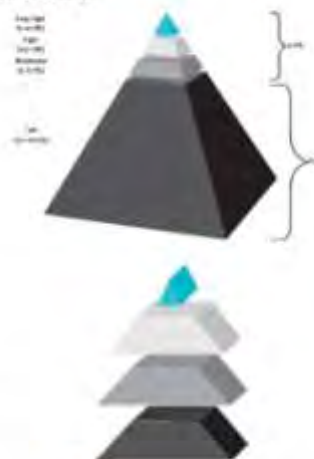


## Growth in Over 65 Households – Cumbria and Manchester Similar size of populations – about 500,000



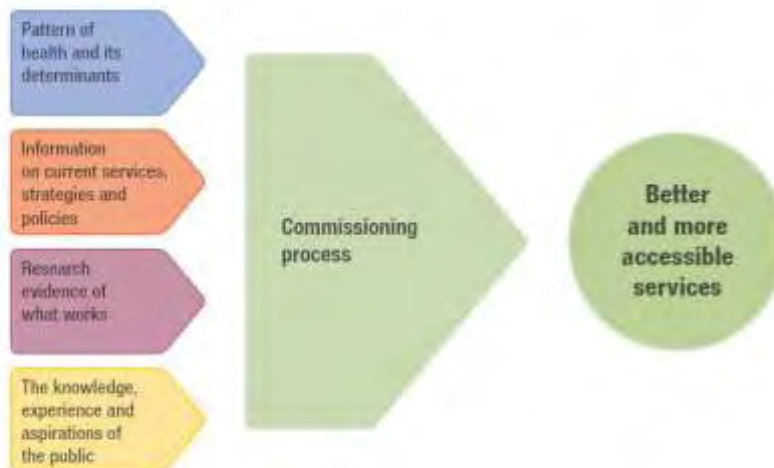
## Resourcing issues

- Between 58% and 70% of all Health and Social Care resources spent on over 65s
- Risk Pyramid – those at risk of unplanned hospital admission
- Bottom pyramid adjusted to reflect costs to Health
- The top 20% use most of the resources
- Those at very high risk the top 0.5% use twenty times more resources than the average in the risk population
- Increasing age is an important risk factor
- Over 85s – 25% will have dementia plus other limiting conditions.





## JSNA Methodology



# Cumbria JSNA - Key Challenges

## Challenge 1

*The ageing population and the declining number of young people*

Services and housing will need to be planned to take into account the growing number of older people in Cumbria. Services will need to be expanded for the increasing numbers of older people with long term chronic health conditions, dementia, mental illness and learning disabilities. Prevention and early intervention strategies will be essential if health and social care services are going to cope with this increased demand.

Opportunities will also need to be created to retain and attract younger people to Cumbria.

## Challenge 2

*Mental health and alcohol misuse*

There are some trends in Cumbria, related to alcohol misuse and mental health, which are of concern.

Each year between 50 and 60 people commit suicide, a level that is higher than the national average and closely associated with unemployment. The current economic downturn may exacerbate these trends.

# Cumbria JSNA - Key Challenges

## Challenge 3

*The health of children*

Recent data shows that in Cumbria one in five 10 year olds are obese. This is an increasing trend and higher than the national rate. The frequency with which children in the county are breast fed is also low and there are high numbers of women who continue to smoke during pregnancy.

These factors all have consequences for the health of children, particularly those in the most disadvantaged areas. They will need to be addressed if children in Cumbria are going to have the best start in life.

## Challenge 4

*Health inequalities*

The place in which we live, and the community of which we are a part, has a significant impact on our health and wellbeing. Our neighbourhood and the attitudes of those around us can shape the choices we make and affect our life chances.

Tackling these inequalities in Cumbria will require action to improve support for parents and children, narrow the gap in educational attainment, improve housing conditions and break the link between poor health and unemployment.

# Recommendations for Housing

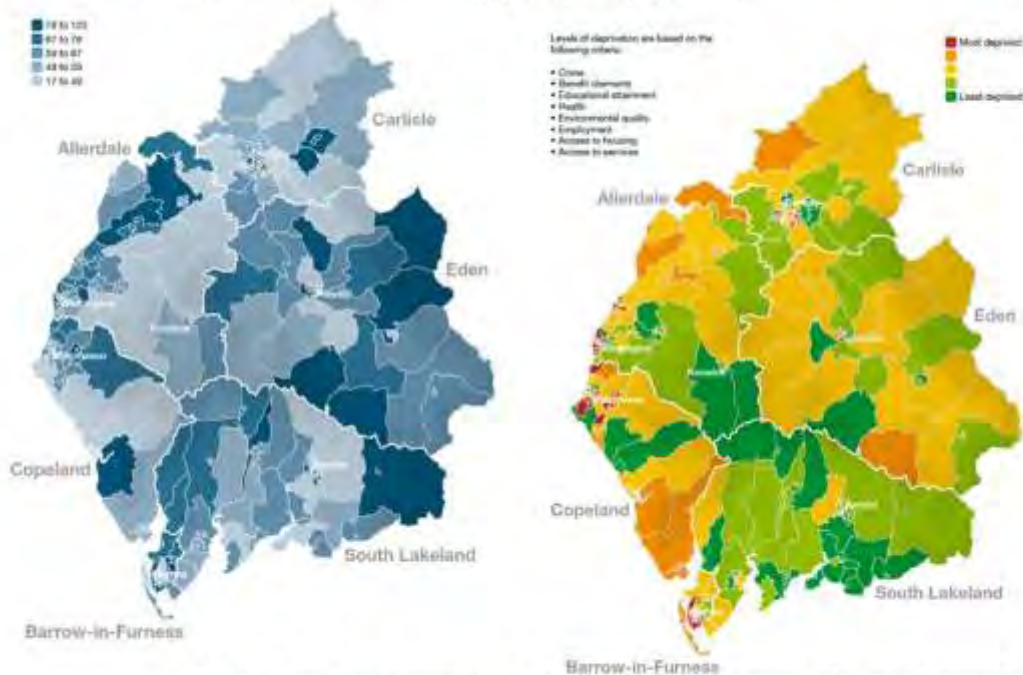
- Enable older people to be as independent as possible for as long as possible.
- Provide a targeted adaptations service so people can stay in their own homes as long as possible.
- Encourage older people and those retiring into Cumbria to prepare for old age by adapting their homes to lifetime standards before the need arises through disability.
- Ensure that children and young people affected by homelessness have access to age-appropriate services.
- Develop approaches to tackling fuel poverty which also give the opportunity for job creation through greater harnessing of renewable energy for heating homes.
- Help young people make the transition from home to independence by providing affordable homes for rent and to buy.
- Increase the number of extra care housing units and lifetime homes that adapt to the individual's changing needs.

## What people said they want

- Support to be able to live in one's own home for as long as possible
- Access to timely information and low level support to help maintain independence Older People
- The same housing choices as the rest of the population People with Learning Disabilities
- Increasing the number of people helped to live at home and dying in the place of their choice



**Map showing the rate of people aged 65 and over supported by adult social care services in the community per 1,000 population**



**Map showing Cumbria divided into five areas of equal population based on the level of deprivation**

## Wider Recommendations

- Planning of services should take into account the future needs of an ageing population, supporting the integration of services, adequate transport and housing support.
- Decisions in planning and place shaping should take account of their impact on people and existing services.
- Increase support so that the housing stock meets the 'Decent Homes' standard.
- Ensure that a comprehensive and consistent private sector housing conditions survey is carried out on a regular basis and linked to strategic planning.
- Understand the link between poor or unsuitable housing and deteriorating mental health outcomes.

Underlying theme – the reduction of Health Inequalities and the improvement in people's physical and mental well being.

## What's happening in Cumbria

- Growing numbers of older people
  - Health and Social Care moving 'Closer to Home'
  - GPs will have more say over how Health Services are provided
  - The resources available now and in the coming years are under pressure
  - Less people of working age will stretch services capacity to deliver
  - Demand levels have reached unsustainable levels for services like housing adaptations in most Districts
- BUT:**
- It's not all gloom and doom – CQC says yesterday we are performing well.



## Policy Debate - Nationally

- Who should meet the cost of care and adaptations?
  - the recipient
  - an insurance scheme
  - the state
- Prevention is better than cure
- The move to providing care at home to the end of life
- Fuel Poverty
- Excess Seasonal Deaths
- Reducing Health Inequalities
- Regeneration versus Renovation



## Key Issues - Questions

How can we meet people's expectations?

Resources – will the current models work?

Do we need to expect more of families and communities?

Locally – what will work for us?

•Key messages:

- Encouraging people to prepare for old age
- Building understanding between young and old
- Encouraging Young People to stay or return to Cumbria
- Helping people to help themselves
- Building holistic services – targeted at those in most need

Cumbria 



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Cumbria  
County Council

Eden  
District Council



# **Elderly Persons' Future Accommodation and wider service requirements**

Anna Milner, Research and Intelligence Manager  
Satty Rai, Policy Services Manager

**Northern Housing Consortium**



## **Objectives of the Research**

- Analysis the changing demographics of the area
- Assess the level of suitable specialist accommodation and support services throughout the two districts
- Identify gaps in accommodation and service
- Investigate accessibility of accommodation and services
- Debate the sustainability and future of current services

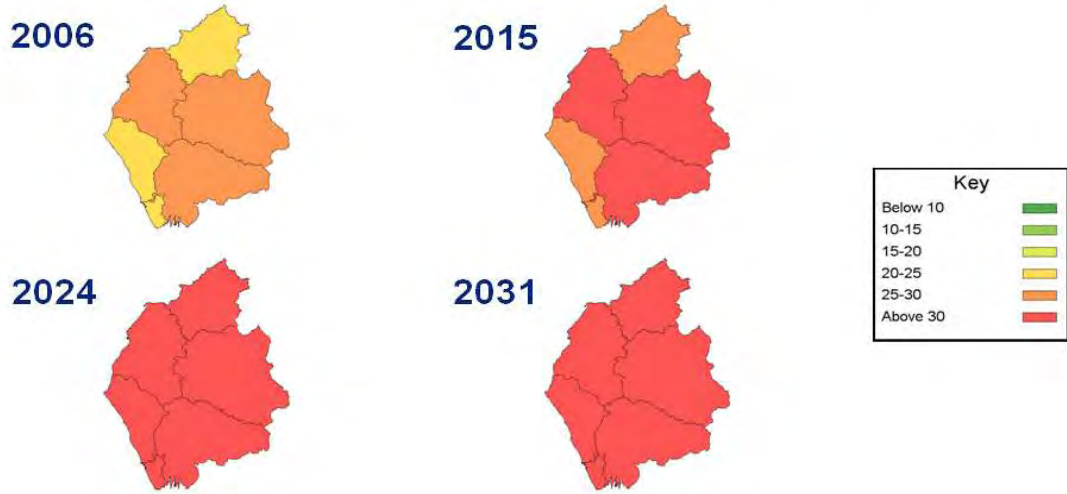
## Methodologies of the project

- Gather information on current accommodation and service provision
- Mapping of current services and accommodation
- Analysis of age and demographic data
- Analysis of secondary housing needs data
- Consultation with stakeholders

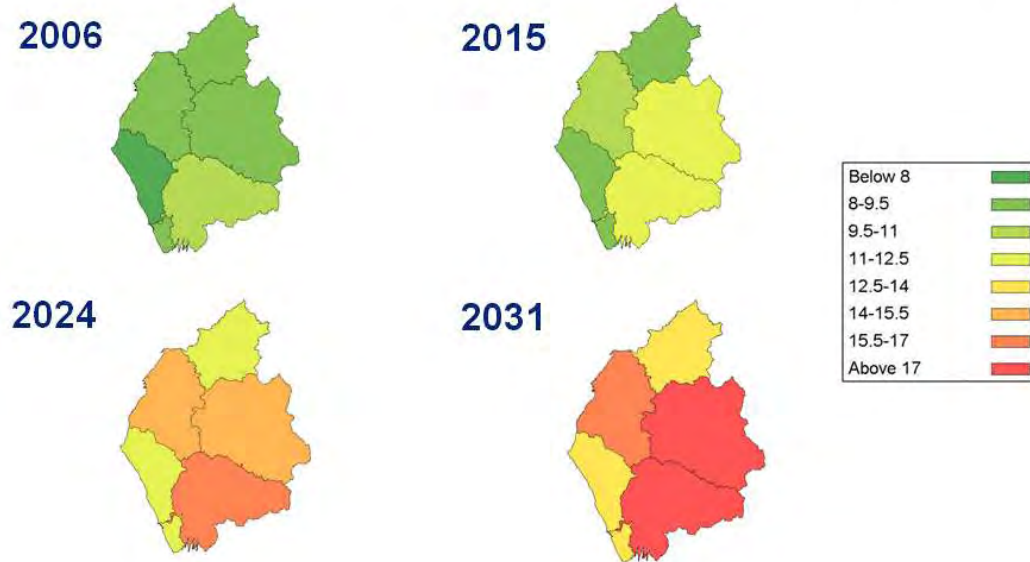
## The magnitude of the problem

- Age profile is changing dramatically at a significant rate
- Two fold from aging population and migration patterns
- Sustainability is questionable if not mixed communities
- Public spending needs to be reduced considerably
- Rural nature of districts results in accessibility issues

## District Variations - % over 60 years



## District Variations - % over 74 years



## Initial Findings

- Problems with transport links and accessibility
- Dissatisfaction with out of hours with GP service for older people
- Affordability of properties leading to maintenance problems
- Migration patterns leading to lack of mixed communities
- Shortage of suitable older person accommodation
- High demand for telecare equipment
- Large properties not suitable for older people
- Need for more intergenerational working
- Many services provided through family and friends

## Next Steps

- Continuing consultation and data/information collection
- Learning from other service providers
- Compare findings with northern picture
- Engaging with stakeholders and service providers
- Gather Good Practice on older people services
- Incorporate results from the Northern Age Friendly project

# Accommodation and Care

## Strategic Overview

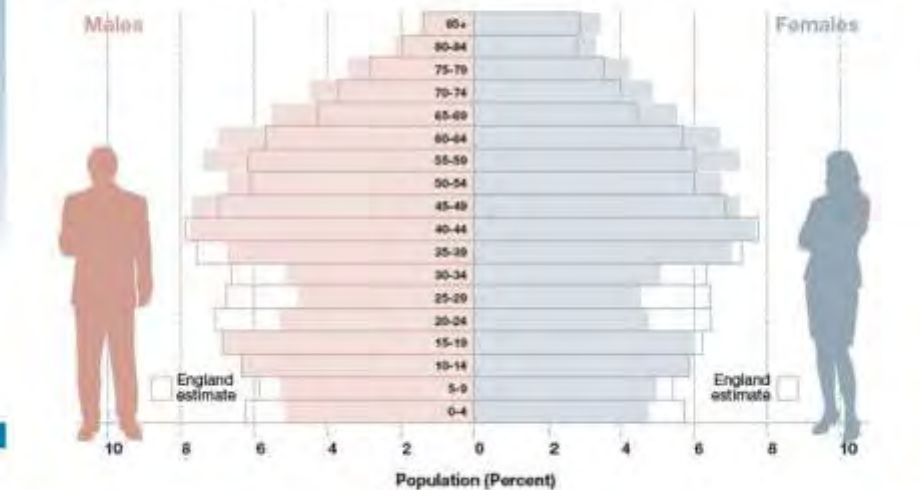
Building pride in Cumbria



# The Changing Population

Figure 2  
CUMBRIA AND ENGLAND MID-2007 POPULATION ESTIMATES

source: ONS



Building pride in Cumbria





## Operating Context:

- Constrained public sector finances
- Personal budgets driving choice and transparency
- Increased levels of dependency
- Increased expectations from empowered consumers.

Building pride in Cumbria



## P4C Residential Care Needs

- LA £ residential places 2009 – 2,390
- Trend analysis – year-on-year fall
- LA £ residential places 2019 – 1,650
- This is 740 fewer places

Building pride in Cumbria



## P4C Community Support Needs

- The report estimates that the need for alternative provision such as home care extra care housing and re-enablement / intermediate care will increase - and will need to be able to support an additional 1,370 people by 2019 – as an alternative to residential care

Building pride in Cumbria



## P4C Extra Care Housing Needs

- The estimate of need for extra care housing - 1,850 units (usually 1 or 2-bed flats) required by 2019 – of which 925 units of social housing and 925 units required in the private sector.
- Additional 900 places for people with dementia by 2019 – of which 450 rented

Building pride in Cumbria



## Eden - LA funded

- 150 extra care housing units by 2019 - of which 75 rented, 75 for sale – plus an additional 100 places for people with dementia (by 2019)
- LA funded residential beds projected to fall from 180 to 130 by 2019
- Need to support an additional 110 people at home by 2019 (LA funded) as an alternative to residential care

Building pride in Cumbria



## Eden – Whole Population

- 150 extra care housing units by 2019 - of which 75 rented, 75 for sale + 100 dementia
- Residential beds (private and LA funded) projected to fall from 430 (now) to 320 by 2019
- Need to support an additional 260 people at home by 2019 (private and LA funded) as an alternative to residential care
- Total need, specialist housing 1,118 by 2019

Building pride in Cumbria



## Commissioning Strategy

- The revised draft strategy proposes dis-investment equivalent to 740 long term residential placements by 2019 – thus enabling re-investment in alternatives such as extra care housing (460 units) and home care alongside a range of community support services that can support people to live independently in their own home.

Building pride in Cumbria



## DWG Direction For Future Of Older Peoples Service

- Develop Extra Care Housing
- Develop Generic Domiciliary Care
- Develop Health and Social Care Campus where possible
- Ensure residential / nursing is still available for those who need it

Building pride in Cumbria



## Lifestyle



Building pride in Cumbria



## Guiding Principles

- Living at home, not in a home
- Having one's own front door
- 24/7 on-site domiciliary care team
- Flexible care – can go up or down
- Independent living skills maintained
- Accessible buildings + Telecare
- A real community, mixed tenures and mixed abilities + links to the community

Building pride in Cumbria



## Shift in Thinking

- Should not look or feel like an institution
- Achieving delivery of flexible care and support
- New skills for staff providing care and support – ethos – promote independence
- Assessment and allocation is a joint function – balanced community – positive attitude to mental health

Building pride in Cumbria

A vertical decorative bar on the left side of the slide, featuring a colorful, abstract pattern of green, blue, and purple with a white triangle pointing right at the top.

## Housing the older population in rural areas

## Recipes, challenges and opportunities

Moyra Riseborough 7.12.2009



## Session draws on

- Older people's views, wants for housing, support and other services
- Accommodation recipes, types, tenures – practice messages
- Issues affecting rural areas
- Current and future policy and economic context



## What older people say they want

- Housing for life, user friendly, safe, downstairs w.c. & shower, affordable to heat
- Space - storage & for visitors
- To live close to green, private space, safe neighbourhoods with access to good transport and amenities
- Independent advice & information on housing options
- Reliable repairs and adaptation services
- TO BE LISTENED TO AND INVOLVED IN ANYTHING THAT AFFECTS THEM



## Key Housing Policies

- Sustainable Communities – Homes for All 2001  
Quality and Choice for Older People 2002
- Sustainable Communities: Homes for All 2005
- Homes for the future – Green Paper 2007
- Lifetime Homes Lifetime Neighbourhoods.  
National Strategy for Housing in an Ageing  
Society February 2008

Building Britain's Future 2009 - responding to an  
ageing society: Housing Pledge



## Lifetime Homes Lifetime Neighbourhoods Action Plan

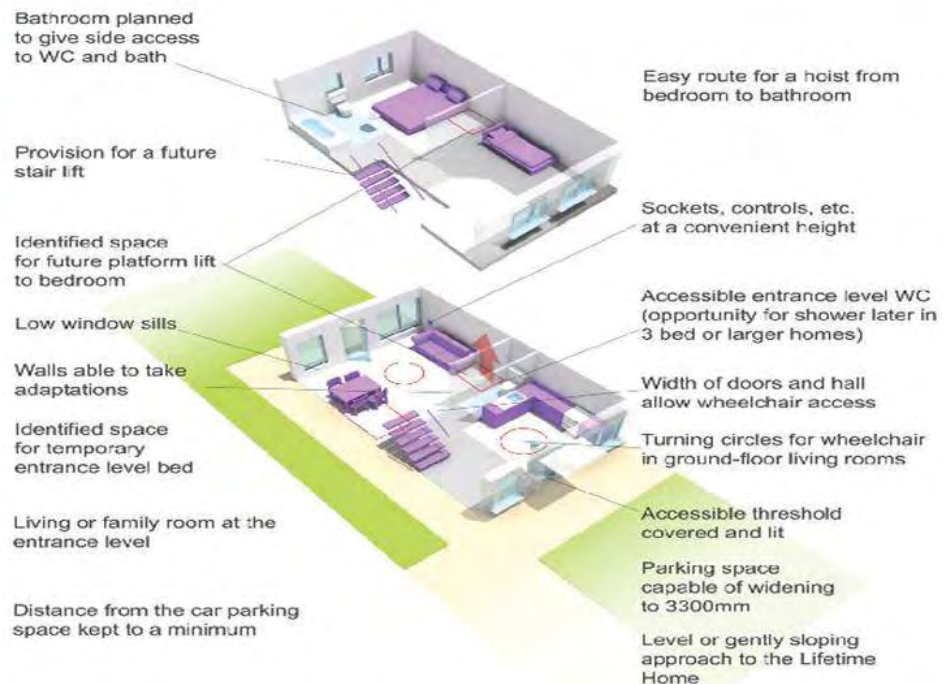
- Knits together housing and other policies  
e.g spatial planning, transport, incomes  
and employment, equalities and pensions
- Has plan with targets & dates to be  
achieved
- Theory is plan will benefit all older  
people and therefore future generations
- Gives map showing how local, regional  
and national plans and strategies should  
work



# The Main Targets

- More housing
- New homes to be built to lifetime home standards – all new homes by 2011 and new communities to be lifetime neighbourhoods
- More housing options for older people across all tenure types to be used by local authorities and planners - PPS 3
- Improving housing stock and increasing number and type of adaptations/funds for D.F.G's
- Better advice and information
- Changes in spatial planning to benefit housing aimed at older groups

## Lifetime Homes Diagram



Produced by PRP © Crown copyright 2006  
Diagram: Indistinct only



## Overall recent *Government* policy

- Links housing policies and impacts for older people
- Continues with trend to link policies
- Shows penny dropped - ageing society has to be planned for
- Increasing attention to older people
- Their *contributions* as well as needs/wants
- Rise of policies to redress ageism



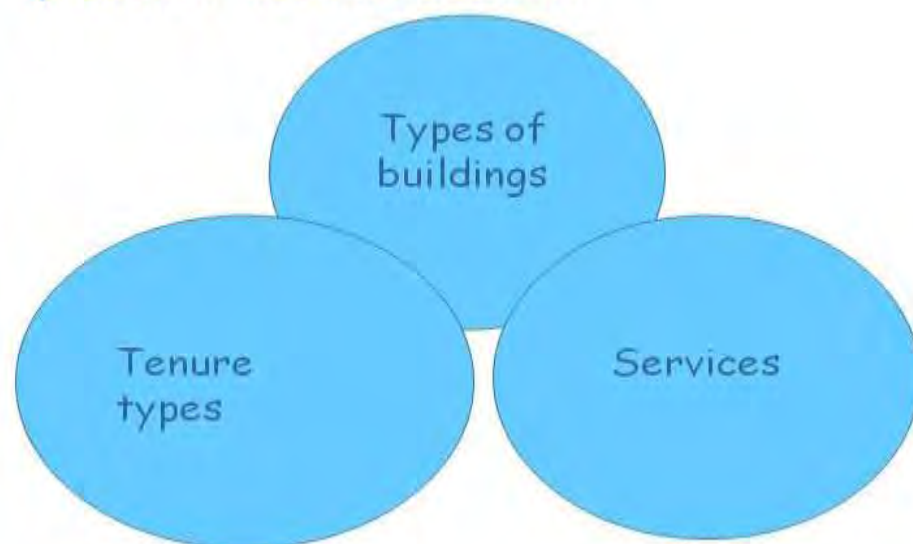
## So it isn't all about

- Specialist housing or residential or nursing care
- Focus is largely on ordinary housing across all tenures
- Improving older stock and ensuring high standards for new
- But we have learned many lessons on how to design good specialist accommodation including extra care, assisted living, group homes, residential care – what works and doesn't

## Recipes- the winner

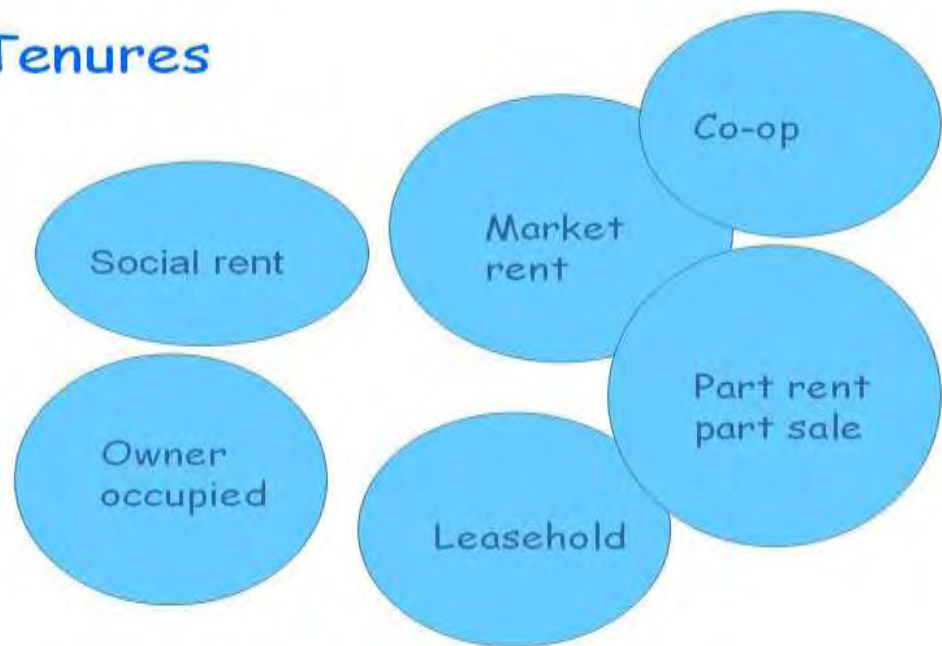
- Good mix of accommodation types and tenures and services
- Promote choice and independent living
- Balance of assisted living and ordinary homes built to lifetime home standards
- Services and facilities in travel to – “natural” centres used by populations
- Numbers/types adjust to population needs

## Recipes - 3 key elements for specialist accommodation





## Tenures



## Services

- **Hotel type services**  
Cleaning, laundry, meals
- **Personal assistance**  
Assistance to shop, visit people, conduct financial or personal affairs  
Intimate care e.g. bathing, help with toilet use
- **Services to maintain home and garden**
- **Services to maintain well being, leisure and social life**
- **Specialist dementia care, end of life**



## Building types

Apartments

Cottages

Bungalows

Terraced homes

Hub and spoke

Extra care

Supported housing

Sheltered

Retirement homes

Leisure homes



## Issues affecting rural areas

- **Larger older populations but local economic policy tends to ignore this**
- **Geography – distances, lack of affordable transport and costs**
- **Poor mix of housing types – more older housing in less good repair than in urban areas**
- **HIAs and other services costly to provide**



## Issues affecting rural areas

- Fewer specialist accommodation types – tendency to have more poorer quality res care
- Lack of land for new build – expensive
- Costs for development higher – issues re need/demand compared to urban areas
- National Parks – AOB – local community issues
- Tendency not to understand and *use the market*



## Policies

- Moving in the right direction
- Recession has had a big impact
- On building programmes
- Incomes
- Funds for improvements/capitalisation
- Impacts still being felt
- Concerns - assumptions re rising incomes of older people in light of falling incomes
- Likely public spending cuts



## Some conclusions - challenges and opportunities

- Policy responded to views of older people and lessons re specialist accommodation
- **BUT** Recession big impact
- On building programmes
- *Incomes and savings/pensions*
- Funds for improvements/capitalisation
- Impacts still being felt
- Concerns - assumptions in policy forecasts re rising incomes of older people in light of falling incomes
- Harsh public spending cuts

## Social change - as seen in 2007

- **Demography** - age shift, declining birth rate, more over 85s, rise in BME Elders
- **Household** - smaller, more owner occupiers, second & third home owners, ownership abroad
- **Societal/family** – 'beanpole', sandwich generation, more childless couples, people living alone
- **Mobility** – increasing, travel, holidays and work/family
- **Lifestyles** – diverse, rising expectations, links to consumer, life transitions, migration
- **Life transitions** – new concept replaces retirement, from full work, down shifting, new career, life change
- **Social divisions** – between better educated, better off, healthy and less well educated etc
- **Consumer** – expectations rising with first baby boomer wave, SKIN generation, more not less space, lifestyle, leisure, fun *and* work/transitions. Demand for green/ethical products rising. Implications for segmented markets
- **Work** – more older workers, unemployment *and* recruitment problems. Brain drain *and* more migrant workers.



## Context of housing and accommodation for older people

---

- People living longer, have diverse housing histories and incomes
- Needs or aspirations? Both have to be considered
- Aspirations and markets have to be understood in market assessments
- New housing models and technology
- Physical and mental health
- Extra care, dementia care, respite care and end of life care
- New government strategies for housing and older age, care, dementia, health

## And language and approach has changed

- Personalisation
- Person centred services that people want rather than what they are given
- Choice, control
- The assisted living and lifetime homes approach mean that we have developed an understanding of design that promotes self care, dignity and easier care by carers
- New opportunities for trustworthy and responsive services for all including self payers
- Instead of providing restricted services only for some





## So context has changed

- So opportunities to learn from others
- Even more sense to use the market
- Village and town appraisals
- Consider mixed use approaches
- Understand your older population, age cohorts and market segments
- Consider dangers of over supply of one kind of provision – test of time!
- Need to concentrate on accommodation that can suit all



## Recipe your older populations - incomers

### *What is the market providing now?*

- Market towns – popular with older consumers as car usage becomes a problem e.g. in late 70s 80s even if accommodation isn't what they want
- People choose from limited options but older consumers very **important** in rural areas
- Leisure and walking pursuits popular with younger older people
- Leisure complexes – golf and heritage type complexes



## Understanding your different market segments and age cohorts

Have to understand the different groups

We are shaped by our cohort – music and culture of our generation as well as education, faith, race and wider culture

Need to grasp the geography of what exists compared to where groups of people live

A map using coloured drawing pins for each sheltered scheme, res care, health centre, shopping centre and other services tells you a lot

## Different local areas have approached the issues you are grappling with

Lots of good examples of buildings, rural developments and so on e.g. Suffolk where extra care e.g. been developed alongside new GP and health surgeries - See Housing LIN

See shared ownership bungalows in my home village built to lifetime home standards - AOB required Secretary of State approval. Land was acquired from local landlord for the benefit of the local community



The End

**Moyra Riseborough  
Riseborough Research & Consultancy  
Associates**

**Tel 01434 673486  
Moyra@rrca.co.uk**

## **Appendix 3 Planning4Care - Eden District and South Lakeland District Summaries**

### **Eden District Summary**

3,200 people aged 65+ are estimated to have a social care need (at 2009) rising to 4,300 by 2019.

1,190 have low level social care needs at 2009 rising to 1,570 by 2019.

2,000 have moderate or above levels of social care need 2009 rising to 2,700 by 2019.

740 have very high needs 2010 (only available from updated 2010 figures) rising to 960 by 2019.

Planning4care estimates a current need for a total of 430 residential care places for people aged 65+. The projected need for some type of provision due to the increase in people with very high levels of social care needs, is 580.

Of the current 430 residential care places 180 are currently supported by the County.

If the demand for County supported places continues to reduce at the current rate then it will be expected to fall from 180 (2009) to 130 (2019), a reduction of 50 units.

If the same rate of reduction were applied to the total population demand for residential care places, then this would reduce the expected take up of residential care from 430 down to 320 by 2019 (by 110). With a projected increase in need for some type of provision expected to be 580 by 2019 this would leave a shortfall of 260 places by 2019 that would need to be met by alternatives other than current long-term residential care models. Further more this is only one source of need as in total 3,200 have some level of social care need, although this might be met at home, day centers etc.

The estimate for all specialised accommodation required, for example sheltered accommodation but excluding residential care, for Eden is 830.

This could be partly met by extra care housing. The estimated need for extra care housing is 110 in 2009 rising to 150 units by 2019. This could go some way to meet the anticipated shortfall of need for residential care spaces as extra care can assist with nursing care as well as low level support. This is seen to be usually for 1 or 2 bed flats.

Some provision is also included for dementia, seen as partly provided by extra care places and partly by enhanced sheltered housing. The estimated requirement for this is 80 units in 2009 rising to 100 of units required by 2019. This gives a total of 190 extra care units in 2009 and 250 by 2019 towards the requirements for specialised accommodation.

### **South Lakeland District Summary**

7,100 people aged 65+ are estimated to have a social care need (at 2009) rising to 9,100 by 2019.

2,540 have low level social care needs in 2009 rising to 3,130 by 2019.

4,570 have moderate or above levels of social care need 2009 rising to 5,800 by 2019.

1,640 have very high needs 2010 (only available from updated 2010 figures) rising to 2,080 by 2019.

Planning4care estimates a current need for a total of 980 residential care places for people aged 65+. The projected need for some type of provision due to the increase in people with very high levels of social care needs, is 1,250.

Of the current 980 residential care places 410 are currently supported by the County.

If the demand for County supported places continues to reduce at the current rate then it will be expected to fall from 410 (2009) to 280 (2019), a reduction of 130 units.

If the same rate of reduction were applied to the total population demand for residential care places, then this would reduce the expected take up of residential care from 980 down to 680 by 2019 (330 places). With a projected increase in need for some type of provision expected to rise to 1,250 this would leave a shortfall of 570 places by 2019 that would need to be met by alternatives other than current long-term residential care models. Further more this is only one source of need as in total 7,100 have some level of social care need, although this might be met at home, day centers etc.

The estimate for all specialised accommodation required excluding residential care, for example sheltered accommodation but excluding residential care, for South Lakeland is 1,850.

This could be partly met by extra care housing. The estimated need for extra care housing is 255 in 2009 rising to 320 units by 2019. This could go some way to meet the anticipated shortfall of need for residential care spaces as extra care can assist with nursing care as well as low level support.

Some provision is also included for dementia, seen as partly provided by extra care places and partly by enhanced sheltered housing. The estimated requirement for this is 180 units in 2009 rising to 230 of units required by 2019. This gives a total of 435 extra care units in 2009 and 550 by 2019 towards the requirements for specialised accommodation.

## Appendix 4 Planning4care data showing how many people over 65 have care needs and at what level

Area name	Year	No needs	Low needs (rate)	Moderate needs (rate)	High needs (rate)	Very high needs, physical (rate)	Very high needs, cognitive/functional (rate)	All people over 65 with care needs (rate)
Allerdale	2010	63%	10%	10%	7%	7%	3%	37%
Allerdale	2019	63%	10%	10%	7%	7%	3%	37%
Allerdale	2031	60%	10%	11%	8%	8%	3%	40%
Barrow-in-Furness	2010	50%	9%	15%	11%	12%	3%	50%
Barrow-in-Furness	2019	50%	9%	15%	11%	12%	3%	50%
Barrow-in-Furness	2031	49%	9%	15%	12%	13%	3%	51%
Carlisle	2010	65%	11%	9%	7%	6%	3%	35%
Carlisle	2019	65%	11%	9%	7%	6%	3%	35%
Carlisle	2031	63%	11%	10%	7%	6%	3%	37%
Copeland	2010	61%	10%	11%	8%	8%	3%	39%
Copeland	2019	61%	10%	11%	8%	8%	3%	39%
Copeland	2031	60%	10%	11%	8%	8%	3%	40%
Eden	2010	71%	11%	7%	5%	4%	3%	29%
Eden	2019	71%	11%	7%	5%	4%	3%	29%
Eden	2031	69%	11%	8%	5%	4%	3%	31%
South Lakeland	2010	71%	10%	7%	5%	3%	3%	29%
South Lakeland	2019	71%	10%	7%	5%	3%	3%	29%
South Lakeland	2031	69%	11%	8%	5%	4%	3%	31%
Cumbria	2010	64%	10%	10%	7%	6%	3%	36%
Cumbria	2019	64%	10%	9%	7%	6%	3%	36%
Cumbria	2031	62%	10%	10%	7%	7%	3%	38%
North West	2010	60%	10%	11%	8%	8%	3%	40%
North West	2019	60%	10%	11%	8%	8%	3%	40%
North West	2031	59%	10%	11%	8%	8%	3%	41%
England	2010	67%	11%	8%	6%	5%	3%	33%
England	2019	67%	11%	8%	6%	5%	3%	33%
England	2031	65%	11%	9%	6%	5%	3%	35%

Source: Planning4Care 2010

Description: Estimated total numbers of people aged 65+ falling into each of the needs groups

Notes: Information on needs groups prevalence is taken from the 2001 General Household Survey (GHS). The size of the local population in each needs group is calculated using the ONS subnational population projections by sex and quinary age groups for local areas. These estimates are adjusted by local risk factors (Census 2001; DWP 2002)."

Area name	Year	No needs	Low needs	Moderate needs	High needs	Very high needs, physical	Very high needs, cognitive/functional	All people over 65 with care needs	All people over 65
Allerdale	2010	12,450	1,960	2,020	1,480	1,430	570	7,450	19,900
Allerdale	2019	15,560	2,460	2,520	1,850	1,780	710	9,310	24,870
Allerdale	2031	18,890	3,200	3,370	2,480	2,390	950	12,380	31,270
Barrow-in-Furness	2010	7,140	1,210	2,090	1,590	1,740	400	7,030	14,170
Barrow-in-Furness	2019	8,590	1,480	2,490	1,900	2,080	480	8,440	17,030
Barrow-in-Furness	2031	9,940	1,800	3,120	2,380	2,610	600	10,510	20,450
Carlisle	2010	12,940	2,160	1,820	1,300	1,170	590	7,040	19,980
Carlisle	2019	16,010	2,670	2,260	1,630	1,450	740	8,740	24,760
Carlisle	2031	20,050	3,500	3,010	2,170	1,940	980	11,590	31,640
Copeland	2010	8,240	1,320	1,410	1,040	1,050	350	5,170	13,410
Copeland	2019	10,490	1,680	1,810	1,340	1,350	450	6,630	17,120
Copeland	2031	13,430	2,270	2,510	1,850	1,880	620	9,130	22,560
Eden	2010	8,110	1,220	790	550	410	330	3,300	11,400
Eden	2019	10,400	1,570	1,030	710	530	430	4,270	14,660
Eden	2031	13,260	2,150	1,470	1,030	760	630	6,040	19,300
South Lakeland	2010	17,440	2,570	1,740	1,220	850	790	7,170	24,610
South Lakeland	2019	22,210	3,270	2,210	1,540	1,080	1,000	9,100	31,310
South Lakeland	2031	27,470	4,310	3,040	2,130	1,490	1,380	12,350	39,830
Cumbria	2010	66,320	10,450	9,850	7,180	6,690	2,990	37,160	103,480
Cumbria	2019	83,250	13,130	12,320	8,970	8,360	3,730	46,500	129,740
Cumbria	2031	103,030	17,230	16,520	12,040	11,220	5,010	62,000	165,040
North West	2010	709,590	117,660	129,230	95,510	94,870	33,800	471,070	1,180,650
North West	2019	847,600	140,950	153,800	113,610	112,840	40,210	561,410	1,409,010
North West	2031	1,022,310	178,400	196,000	144,730	143,750	51,220	714,100	1,736,410
England	2010	5,725,300	935,600	728,790	518,650	437,900	260,810	2,881,740	8,607,040
England	2019	6,936,200	1,132,650	878,000	624,440	527,230	314,010	3,476,330	10,412,530
England	2031	8,553,100	1,468,230	1,149,910	817,860	690,540	411,270	4,537,810	13,090,900

Source: Planning4Care 2010

How many people over 65 have social care needs and at what level?

Description: Estimated total numbers of people aged 65+ falling into each of the needs groups

Notes: Information on needs groups prevalence is taken from the 2001 General Household Survey (GHS). The size of the local population in each needs group is calculated using the ONS subnational population projections by sex and quinary age groups for local areas. These estimates are adjusted by local risk factors (Census 2001; DWP 2002)."



## **Appendix 5 Report from Cumbria Intelligence Observatory**

### **Projected Population and Dwelling Requirements: Older Residents in Eden and South Lakeland**

The figures contained within this document have been provided by the Cumbria Intelligence Observatory at the request of Lee Walker, Housing Officer, Eden District Council. The purpose of the figures is to offer some further insight into the future projected proportions of older age groups within specific sized dwellings in Eden and South Lakeland.

Population projections relate to the 'five year migration' scenario that was used as a baseline population forecast in Cumbria's 2009 Strategic Housing Market Assessment (SHMA). Therefore, the figures contained within this document should be seen as an additional piece of work which follows on from Section Four of the 2009 SHMA.

The five year migration scenario was generated using the POPGROUP Software; a forecasting tool supplied by the University of Manchester. The scenario is based on the migration that has occurred in the county over the last five years. Furthermore, the scenario is a weighted scenario - giving more relevance to migration in the latter years. Essentially this scenario tells us what the population will be if migration in the future follows this weighted 5 year pattern, all the while taking into account the other information that has been fed into the model in relation to actual births, deaths and population estimates in previous years. Age specific population forecasts have been taken directly from POPGROUP Outputs.

As with the population forecasts included within the 2009 SHMA, the results of POPGROUP are simply a representation of what might happen in the future if various trends are played out as we expect. As a result, they cannot be relied upon as fact, and actual results may end up being significantly different to what the scenarios suggest will happen. This should be kept in mind at all times when using the outputs, and caution should be used when incorporating the outputs into any decision making process.

## Eden

Table one displays the projected population for Eden by age group for the years 2006 to 2031; based on the 2009 SHMA POPGROUP Five Year Migration Forecast.

<b>Table 1:</b>						
<b>Eden: Age Specific Forecast</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>
Population (all ages)	51,701	52,612	53,742	54,948	56,214	57,438
0 - 4	2,407	2,292	2,167	2,228	2,253	2,174
5 - 14	5,873	5,507	5,200	4,939	4,863	4,959
15 - 29	7,264	7,725	8,050	7,740	7,335	6,937
30 - 44	10,543	8,832	7,271	7,223	7,757	8,174
45 - 59	11,831	12,010	12,754	11,924	10,098	8,369
60 - 74	9,007	9,994	10,453	11,077	11,606	12,389
75+	4,776	6,252	7,847	9,817	12,302	14,435
Source: Cumbria Intelligence Observatory						

Unfortunately, while the POPGROUP Software has the facility to estimate the numbers of dwellings needed to support populations of varying sizes, it does not have a facility to give an indication of the size of dwellings required or the number of dwellings needed to support specific age groups.

However, using local data derived from the 2001 Census it is possible to calculate the propensity of different age groups to live in different sized houses and to combine these rates with the POPGROUP age-specific five year migration forecast to calculate the projected numbers of residents in each age group by size of house. Using this method, table two shows the projected numbers of residents age 60+ in Eden by house size.

Please note that the Office for National Statistics 2001 Census definition for the number of rooms in a property states that: "Number of rooms records the number of rooms in a household space. Bathrooms, toilets, halls or landings, or rooms that can only be used for storage are not counted. All other rooms, for example, kitchens, living rooms, bedrooms, utility rooms and studies are counted. If two rooms have been converted into one, they are counted as one room. Rooms shared between a number of households, for example a shared bathroom or kitchen, are not counted.

<b>Table 2:</b>						
<b>Eden: Forecast for population age 60+ by house size</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>
1-2 rooms	235	286	333	392	463	528
3 rooms	840	1,020	1,188	1,398	1,650	1,882
4 rooms	2,921	3,494	4,003	4,642	5,400	6,111
5 rooms	3,908	4,585	5,138	5,837	6,643	7,431
6 rooms	3,106	3,641	4,075	4,625	5,258	5,878
7 rooms	1,300	1,512	1,678	1,888	2,126	2,366
8 rooms	734	851	939	1,052	1,179	1,308
9 rooms	361	418	460	515	576	638
10+ rooms	379	440	487	546	614	681
Total	13,783	16,246	18,300	20,895	23,908	26,824

Using the figures in table two in conjunction with the projected figures for the entire population in Eden by house size, it is also possible to calculate the projected percentage of residents in each house size who will be aged over 60.

For example, it is forecast that in 2031 there will be 528 residents in Eden age 60+ living in 1-2 roomed houses. In the same year, the forecast for the entire population in Eden suggests that there will be a total of 796 residents living in 1-2 roomed houses. Therefore, as a percentage, it can be assumed that 66% of the residents living in 1-2 roomed houses in Eden in 2031 will be aged over 60. Table three shows, for each house size, the projected % of residents who will be aged over 60 years in Eden.

<b>Table 3:</b>						
<b>Eden: Forecast for % of residents age 60+ by house size</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>
1-2 rooms	42%	47%	52%	57%	62%	66%
3 rooms	49%	55%	59%	64%	69%	73%
4 rooms	38%	43%	47%	52%	57%	61%
5 rooms	25%	29%	32%	36%	40%	44%
6 rooms	25%	29%	32%	36%	40%	44%
7 rooms	21%	25%	27%	30%	34%	38%
8 rooms	20%	23%	25%	28%	32%	36%
9 rooms	19%	22%	24%	26%	30%	33%
10+ rooms	18%	21%	24%	26%	30%	34%
All houses	27%	31%	34%	38%	43%	47%

On viewing table three it is clear that there is a tendency for older people to live in smaller house sizes. However, caution should be exercised when interpreting the seemingly large rise in the proportion of older residents living in smaller houses as this trend is purely a slightly exaggerated reflection of the general increase in older residents across house sizes. For example, although there seems to have been a large increase from 2006 to 2031 in the proportion of older residents living in 1-2 roomed houses, rising by 24 percentage points from 42% in 2006 to 66% in 2031, the proportion of older residents across all house sizes has risen by 20 percentage points in the same timeframes.

### South Lakeland

Following the same approach discussed above, table four displays the projected population for South Lakeland by age group for the years 2006 to 2031; based on the 2009 SHMA POPGROUP Five Year Migration Forecast.

<b>Table 4:</b>						
<b>South Lakeland: Age Specific Forecast</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>
Population (all ages)	104,772	106,326	108,026	109,614	111,108	112,204
0 - 4	4,525	4,401	4,227	4,045	3,911	3,743
5 - 14	11,434	10,397	10,044	9,769	9,373	9,016
15 - 29	14,615	15,266	15,816	14,751	13,917	13,451
30 - 44	20,080	17,178	13,949	13,677	14,418	15,452
45 - 59	23,472	23,796	24,977	23,734	20,415	16,620
60 - 74	19,244	21,804	23,116	24,208	25,146	26,454
75+	11,402	13,483	15,895	19,430	23,929	27,469

Source: Cumbria Intelligence Observatory

By combining this forecast with 2001 Census data, tables five and six approximate the projected numbers of residents, in South Lakeland by house size for residents age 60+.

<b>Table 5:</b>						
<b>South Lakeland: Forecast for population age 60+ by house size</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>
1-2 rooms	533	619	698	803	932	1,040
3 rooms	1,906	2,212	2,493	2,867	3,324	3,709
4 rooms	6,559	7,582	8,464	9,605	10,975	12,157
5 rooms	8,663	9,963	10,981	12,227	13,680	14,992
6 rooms	6,880	7,910	8,714	9,694	10,834	11,867
7 rooms	2,865	3,287	3,603	3,977	4,407	4,805
8 rooms	1,614	1,850	2,022	2,223	2,451	2,666
9 rooms	793	908	992	1,089	1,198	1,302
10+ rooms	834	956	1,046	1,153	1,274	1,387
Total	30,646	35,287	39,012	43,638	49,074	53,923

Using the figures in table five in conjunction the projected figures for the entire population in South Lakeland by house size, table six shows the projected percentage of residents in each house size who will be aged over 60.

<b>Table 6:</b>						
<b>South Lakeland: Forecast for % of residents age 60+ by house size</b>	<b>2006</b>	<b>2011</b>	<b>2016</b>	<b>2021</b>	<b>2026</b>	<b>2031</b>
1-2 rooms	45%	50%	53%	58%	63%	67%
3 rooms	52%	57%	60%	65%	70%	73%
4 rooms	41%	46%	49%	53%	58%	62%
5 rooms	28%	32%	34%	38%	42%	46%
6 rooms	28%	31%	34%	38%	42%	46%
7 rooms	23%	27%	29%	32%	36%	39%
8 rooms	22%	25%	27%	30%	34%	37%
9 rooms	20%	23%	25%	28%	32%	35%
10+ rooms	20%	23%	25%	28%	32%	35%
All houses	29%	33%	36%	40%	44%	48%

## Appendix 6 Indicators of potential need at 2016

The following is based on POPGROUP projection data supplied by CCC in 2006 and is used to complete the More Choice Greater Voice forecasts in Appendix 7

Eden District	2009	2016	%increase
60-64	4,060	3,655	-10
65-69	3,033	3,924	29
70-74	2,548	2,874	13
75-79	2,023	2,095	4
80-84	1,686	1,759	4
85+	1,950	3,993	105
Total District Population	52,150	53,742	3

Eden District	2009	2031	%increase
60-64	4,060	4,460	10
65-69	3,033	4,368	44
70-74	2,548	3,560	40
75-79	2,023	2,675	32
80-84	1,686	2,719	61
85+	1,950	9,040	364
Total District Population	52,150	57,438	10

## Appendix 7 Forecasts for support needs

The following is based on the 'Indicators of Potential Need' spreadsheet supplied via More Voice Greater Choice, CLG, 2008 available on the Department of Health website:

<http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=2545>

### Eden District Need 2009

Incidence of cognitive impairment	Population within catchment area	Prevalence %	Number within catchment area
65-74	5,581	2.30%	128
75-84	3,709	7.20%	267
85 +	1,950	21.90%	427
Total	11,240		822

Difficulty with personal care tasks	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Bathing, showering and washing all over	3	91	5	127	6	121	11	185	21	410	935
Dressing and undressing	2	61	2	51	2	40	4	67	8	156	376
Washing face and hands	0	0	0	0	0	0	1	17	2	39	56
Feeding	0	0	0	0	0	0	0	0	3	59	59
Cutting toenails	18	546	24	612	34	688	43	725	64	1248	3,818
Taking medicines	2	61	3	76	3	61	5	84	10	195	477
At least one of above	19	576	25	637	36	728	45	759	67	1307	4,007
Base number		3,033		2,548		2,023		1,686		1,950	

Mobility problems	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Going out of doors and walking down road	6	182	10	255	14	283	20	337	41	800	1,857
Getting up and down stairs and steps	5	152	7	178	10	202	16	270	24	468	1,270
Getting around house (on the level)	1	30	0	0	2	40	2	34	2	39	144
Getting to the toilet	1	30	1	25	1	20	1	17	31	605	697
Getting in and out bed	2	61	1	25	1	20	3	51	5	98	254
At least one of the above	9	273	13	331	18	364	25	422	45	878	2,267
Base number		3,033		2,548		2,023		1,686		1,950	

Difficulty with domestic tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Shopping	5	27.297	9	55.04	14	96.29	21	152.2	41	511.7	842.6
Washing and drying dishes	1	5.4594	2	12.23	3	20.63	3	21.75	9	112.3	172.4
Clean windows inside	9	49.1346	13	79.5	20	137.6	29	210.2	48	599	1075
Jobs involving climbing	15	81.891	23	140.6	36	247.6	45	326.2	67	836.2	1,633
Use vacuum cleaner	5	27.297	8	48.92	10	68.78	17	123.2	38	474.2	742.5
Open screw tops	8	43.6752	9	55.04	11	75.66	16	116	28	349.4	639.8
Deal with personal affairs	3	16.3782	4	24.46	7	48.15	10	72.5	25	312	473.5
Do practical activities	13	70.9722	22	134.5	34	233.9	41	297.2	62	773.8	1,510
At least one of above	23	125.566	31	189.6	46	316.4	57	413.2	77	961	2,006
Base number		3,033		2,548		2,023		1,686		1,950	



Sensory impairment	65-69		70-74		75-79			80-84		85 +	Total
	%	No	%	No	%	No	%	No	No		
Difficulty with sight	20	607	24	612	31	627	36	607	49	956	3,408
Difficulty with hearing (with hearing aid)	6	182	10	255	14	283	21	354	27	527	1,601
Without hearing aid	17	516	11	280	23	465	21	354	27	527	2,142
Base number		3,033		2,548		2,023		1,686		1,950	

### Forecast for 2016

Incidence of cognitive impairment	Population within catchment area 2016	Prevalence %	Number within catchment area
65 - 74	6,798	2.30%	156
75 - 84	3,854	7.20%	277
85 +	3,993	21.90%	874
Total	14,645		1,308

Difficulties with personal care tasks	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Bathing, showering and washing all over	3	118	5	144	6	126	11	193	21	839	1,419
Dressing and undressing	2	78	2	57	2	42	4	70	8	319	568
Washing face and hands	0	0	0	0	0	0	1	18	2	80	97
Feeding	0	0	0	0	0	0	0	0	3	120	120
Cutting toenails	18	706	24	690	34	712	43	756	64	2,556	5,420
Taking medicines	2	78	3	86	3	63	5	88	10	399	715
At least one of above	19	746	25	719	36	754	45	792	67	2,675	5,685
Base number		3,924		2,874		2,095		1,759		3,993	

Mobility problems	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Going out of doors and walking down road	6	235	10	287	14	293	20	352	41	1,637	2,805
Getting up and down stairs and steps	5	196	7	201	10	210	16	281	24	958	1,847
Getting around house (on the level)	1	39	0	0	2	42	2	35	2	80	196
Getting to the toilet	1	39	1	29	1	21	1	18	31	1,238	1,344
Getting in and out bed	2	78	1	29	1	21	3	53	5	200	381
At least one of the above	9	353	13	374	18	377	25	440	45	1,797	3,340
Base number		3,924		2,874		2,095		1,759		3,993	

Difficulties with domestic tasks	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Shopping	5	196	9	259	14	293	21	369	41	1,637	2,755
Washing and drying dishes	1	39	2	57	3	63	3	53	9	359	572
Clean windows inside	9	353	13	374	20	419	29	510	48	1917	3,573
Jobs involving climbing	15	589	23	661	36	754	45	792	67	2675	5,471
Use vacuum cleaner	5	196	8	230	10	210	17	299	38	1517	2,452
Open screw tops	8	314	9	259	11	230	16	281	28	1118	2,203
Deal with personal affairs	3	118	4	115	7	147	10	176	25	998	1,553
Do practical activities	13	510	22	632	34	712	41	721	62	2,476	5,052
At least one of above	23	903	31	891	46	964	57	1,003	77	3,075	6,834
Base number		3,924		2,874		2,095		1,759		3,993	

Sensory impairment	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Difficulty with sight	20	785	24	690	31	649	36	633	49	1,957	4,714
Difficulty with hearing (with hearing aid)	6	235	10	287	14	293	21	369	27	1,078	2,264
Without hearing aid	17	667	11	316	23	482	21	369	27	1,078	2,913
Base number		3,924		2,874		2,095		1,759		3,993	

### Forecasts for 2019

Incidence of cognitive impairment	Population within catchment area 2016	Prevalence %	Number within catchment area
65 - 74	6,960	2.30%	160
75 - 84	4,083	7.20%	294
85 +	4,884	21.90%	1,070
Total	15,927		1,524

Difficulty with personal care tasks	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Bathing, showering and washing all over	3	109	5	167	6	133	11	206	21	1,026	1,640
Dressing and undressing	2	73	2	67	2	44	4	75	8	391	649
Washing face and hands	0	0	0	0	0	0	1	19	2	98	116
Feeding	0	0	0	0	0	0	0	0	3	147	147
Cutting toenails	18	653	24	800	34	751	43	806	64	3,126	6,136
Taking medicines	2	73	3	100	3	66	5	94	10	488	821
At least one of above	19	689	25	834	36	795	45	843	67	3,272	6,433
Base number		3,625		3,335		2,209		1,874		4,884	

Mobility problems	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Going out of doors and walking down road	6	217.5	10	333.5	14	309.3	20	374.8	41	2,002	3,238
Getting up and down stairs and steps	5	181.25	7	233.5	10	220.9	16	299.8	24	1,172	2,108
Getting around house (on the level)	1	36.25	0	0	2	44.18	2	37.48	2	97.68	215.6
Getting to the toilet	1	36.25	1	33.35	1	22.09	1	18.74	31	1,514	1,624
Getting in and out bed	2	72.5	1	33.35	1	22.09	3	56.22	5	244.2	428.4
At least one of the above	9	326.25	13	433.6	18	397.6	25	468.5	45	2,198	3,824
Base number		3625		3,335		2,209		1,874		4,884	

Difficulties with domestic tasks	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Shopping	5	181.25	9	300.2	14	309.3	21	393.5	41	2,002	3,187
Washing and drying dishes	1	36.25	2	66.7	3	66.27	3	56.22	9	439.6	665
Clean windows inside	9	326.25	13	433.6	20	441.8	29	543.5	48	2,344	4,089
Jobs involving climbing	15	543.75	23	767.1	36	795.2	45	843.3	67	3,272	6,222
Use vacuum cleaner	5	181.25	8	266.8	10	220.9	17	318.6	38	1,856	2,843
Open screw tops	8	290	9	300.2	11	243	16	299.8	28	1,368	2,501
Deal with personal affairs	3	108.75	4	133.4	7	154.6	10	187.4	25	1,221	1,805
Do practical activities	13	471.25	22	733.7	34	751.1	41	768.3	62	3,028	5,752
At least one of above	23	833.75	31	1,034	46	1,016	57	1,068	77	3,761	7,713
Base number		3,625		3,335		2,209		1,874		4,884	

Sensory impairment	65-69		70-74		75-79		80-84		85+		Total
	%	No	%	No	%	No	%	No	%	No	
Difficulty with sight	20	725	24	800	31	685	36	675	49	2,393	5,278
Difficulty with hearing (with hearing aid)	6	218	10	334	14	309	21	394	27	1,319	2,572
Without hearing aid	17	616	11	367	23	508	21	394	27	1,319	3,203
base number		3,625		3,335		2,209		1,874		4,884	

## South Lakeland District Need 2009

### Incidence of cognitive impairment

Age Range	Population within catchment area	Prevalence %	Number within catchment area
65 - 74	12,236	2.30%	281
75 - 84	8,088	7.20%	582
85 +	4,564	21.90%	1,000
Total	24,888		1,863

Difficulties with personal care tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Bathing, showering and washing all over	3	202	5	275	6	268	11	398	21	958	2,102
Dressing and undressing	2	135	2	110	2	89	4	145	8	365	844
Washing face and hands	0	0	0	0	0	0	1	36	2	91	127
Feeding	0	0	0	0	0	0	0	0	3	137	137
Cutting toenails	18	1,212	24	1,321	34	1,520	43	1,555	64	2,921	8,529
Taking medicines	2	135	3	165	3	134	5	181	10	456	1,071
At least one of above	19	1,279	25	1,376	36	1,610	45	1,628	67	3,058	8,950
Base number		6,733		5,503		4,471		3,617		4,564	

Mobility problems	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Going out of doors and walking down road	6	404	10	550	14	626	20	723	41	1,871	4,175
Getting up and down stairs and steps	5	337	7	385	10	447	16	579	24	1,095	2,843
Getting around house (on the level)	1	67	0	0	2	89	2	72	2	91	320
Getting to the toilet	1	67	1	55	1	45	1	36	31	1,415	1,618
Getting in and out bed	2	135	1	55	1	45	3	109	5	228	571
At least one of the above	9	606	13	715	18	805	25	904	45	2,054	5,084
Base number		6,733		5,503		4,471		3,617		4,564	

Difficulties with domestic tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Shopping	5	337	9	495	14	626	21	760	41	1,871	4,089
Washing and drying dishes	1	67	2	110	3	134	3	109	9	411	831
Clean windows inside	9	606	13	715	20	894	29	1,049	48	2,191	5,455
Jobs involving climbing	15	1,010	23	1,266	36	1,610	45	1,628	67	3,058	8,571
Use vacuum cleaner	5	337	8	440	10	447	17	615	38	1,734	3,573
Open screw tops	8	539	9	495	11	492	16	579	28	1,278	3,382
Deal with personal affairs	3	202	4	220	7	313	10	362	25	1,141	2,238
Do practical activities	13	875	22	1,211	34	1,520	41	1,483	62	2,830	7,919
At least one of above	23	1,549	31	1,706	46	2,057	57	2,062	77	3,514	10,887
Base number		6,733		5,503		4,471		3,617		4,564	

## Forecast 2016

### Incidence of cognitive impairment

Age Range	Population within catchment area	Prevalence %	Number within catchment area
65 - 74	15,333	2.30%	353
75 - 84	8,245	7.20%	594
85 +	7,650	21.90%	1,675
Total	31,228		2,622

Difficulties with personal care tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Bathing, showering and washing all over	3	260	5	334	6	281	11	393	21	1,607	2,875
Dressing and undressing	2	173	2	133.66	2	93.52	4	142.76	8	612	1,155
Washing face and hands	0	0	0	0	0	0	1	36	2	153	189
Feeding	0	0	0	0	0	0	0	0	3	230	230
Cutting toenails	18	1,557	24	1,604	34	1,590	43	1,535	64	4,896	11,182
Taking medicines	2	173	3	200	3	140	5	1,78	10	765	1,456
At least one of above	19	1,644	25	1,671	36	1,683	45	1,606	67	5,126	11,730
Base number		8,650		6,683		4,676		3,569		7,650	

Mobility Problems	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Going out of doors and walking down road	6	519	10	668	14	655	20	714	41	3,137	5,692
Getting up and down stairs and steps	5	433	7	468	10	468	16	571	24	1,836	3,775
Getting around house (on the level)	1	87	0	0	2	94	2	71	2	153	404
Getting to the toilet	1	87	1	67	1	47	1	36	31	2,372	2,607
Getting in and out bed	2	173	1	67	1	47	3	107	5	383	776
At least one of the above	9	779	13	869	18	842	25	892	45	3,443	6,824
Base number		8,650		6,683		4,676		3,569		7,650	

Difficulties with domestic tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Shopping	5	433	9	601	14	655	21	749	41	3,137	5,575
Washing and drying dishes	1	87	2	134	3	140	3	107	9	689	1,156
Clean windows inside	9	779	13	869	20	935	29	1,035	48	3,672	7,290
Jobs involving climbing	15	1,298	23	1,537	36	1,683	45	1,606	67	5,126	11,250
Use vacuum cleaner	5	433	8	535	10	468	17	607	38	2,907	4,948
Open screw tops	8	692	9	601	11	514	16	571	28	2,142	4,521
Deal with personal affairs	3	260	4	267	7	327	10	357	25	1,913	3,124
Do practical activities	13	1,125	22	1,470	34	1,590	41	1,463	62	4,743	10,391
At least one of above	23	1,990	31	2,072	46	2,151	57	2,034	77	5,891	14,137
Base number		8,650		6,683		4,676		3,569		7,650	



## Forecast 2019

### Incidence of cognitive impairment

Age Range	Population within catchment area	Prevalence %	Number within catchment area
65 - 74	15,591	2.30%	359
75 - 84	8,991	7.20%	647
85 +	8,875	21.90%	1,944
Total	33,457		2,950

Difficulties with personal care tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Bathing, showering and washing all over	3	232	5	392	6	310	11	421	21	1,864	3,219
Dressing and undressing	2	155	2	157	2	103	4	153	8	710	1,278
Washing face and hands	0	0	0	0	0	0	1	38	2	178	216
Feeding	0	0	0	0	0	0	0	0	3	266	266
Cutting toenails	18	1,394	24	1,883	34	1,757	43	1,644	64	5,680	12,358
Taking medicines	2	155	3	235	3	155	5	191	10	888	1,624
At least one of above	19	1,472	25	1,961	36	1,860	45	1,720	67	5,946	12,960
Base number		7,747		7,844		5,168		3,823		8,875	

Mobility problems	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Going out of doors and walking down road	6	465	10	784	14	724	20	765	41	3,639	6,376
Getting up and down stairs and steps	5	387	7	549	10	517	16	612	24	2,130	4,195
Getting around house (on the level)	1	77	0	0	2	103	2	76	2	178	435
Getting to the toilet	1	77	1	78	1	52	1	38	31	2,751	2,997
Getting in and out bed	2	155	1	78	1	52	3	115	5	444	844
At least one of the above	9	697	13	1020	18	930	25	956	45	3,994	7,597
Base number		7,747		7,844		5,168		3,823		8,875	

Difficulties with domestic tasks	65-69		70-74		75-79		80-84		85 +		Total
	%	No	%	No	%	No	%	No	%	No	
Shopping	5	387	9	706	14	724	21	803	41	3,639	6,258
Washing and drying dishes	1	77	2	157	3	155	3	115	9	799	1,303
Clean windows inside	9	697	13	1,020	20	1,034	29	1,109	48	4,260	8,119
Jobs involving climbing	15	1,162	23	1,804	36	1,860	45	1,720	67	5,946	12,493
Use vacuum cleaner	5	387	8	628	10	517	17	650	38	3,373	5,554
Open screw tops	8	620	9	706	11	568	16	612	28	2,485	4,991
Deal with personal affairs	3	232	4	314	7	362	10	382	25	2,219	3,509
Do practical activities	13	1,007	22	1,726	34	1,757	41	1,567	62	5,503	11,560
At least one of above	23	1,782	31	2,432	46	2,377	57	2,179	77	6,834	15,604
Base number		7,747		7,844		5,168		3,823		8,875	

## Appendix 8 Needs Group Definitions

Planning4care uses the classification for older people's levels of social care need set out in the Wanless Social Care review (2006 'Securing Good Care for Older People Taking a Long Term View, Kings Fund), based on Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL):

- No care needs People able to perform ADL (personal care) tasks and IADL (domestic care) tasks without difficulty or need for help
- Low need People who have difficulty in performing IADL tasks and/or have difficulty with bathing, showering or washing all over but not with other ADL tasks
- Moderate need People who have difficulty with one or more other ADL tasks
- High need People who are unable to perform one ADL task without help
- Very high need People who are unable to perform two or more ADL tasks without help.
- A: people for whom need for support is due primarily to physical impairment
- B: people for whom need for support is due primarily (or equally) to cognitive impairment

### Activities of Daily Living and Instrumental Activities of Daily Living

The Activities of Daily Living used in the needs classification are:

- Transfer: get in and out of bed (or chair)
- Use toilet
- Get dressed and undressed
- Feed self

Bath, shower or wash all over. Note: 'Bath, shower or wash all over' is treated as a special case in that difficulty with this task is grouped with IADL tasks (group 1), while inability is treated as any other ADL.

The Instrumental Activities of Daily Living (IADL) used in the needs classification are:

- Shopping
- Laundry
- Vacuuming
- Cooking a main meal
- Managing personal affairs

The "Very high needs (B), Severe cognitive impairment and functional disability" group includes people who show symptoms consistent with diagnosis of dementia. ICD-10 Diagnostic Guidelines for Dementia states that each of the following symptoms should be present for a diagnosis of dementia:

- A decline in memory to an extent that interferes with everyday activities, or makes independent living either difficult or impossible
- A decline in thinking, planning and organising day-to-day things, again to the above extent.
- Initially, preserved awareness of the environment, including orientation in space and time.
- "A decline in emotional control or motivation, or a change in social behaviour, as shown in one or more of the following: emotional lability, irritability, apathy or coarsening of social behaviour, as in eating, dressing and interacting with others."

## Appendix 9 Further information and references

### Tool kits, consultation guides, strategy development toolkits:

- More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people; CLG/ CSIP, Feb 2008
- Anticipating Future Needs Toolkit; Sept 2007, Care services efficiency delivery, dhcarenetworks
- Anticipating Future Accommodation Needs: Developing a consultation methodology; CSIP 2007
- Promoting Independence Self-Assessment Toolkit; CSIP
- Preparing Older People's Strategies; ODPM/DH, 2003
- The Extra Care Housing Toolkit; CSIP Housing LIN, 2008
- (and) RTI Good Practice Note 8 Extra Care Housing, Development planning, control and management (RTPI)
- Don't stop me now - preparing for aging population; July 2008, Audit Commission
- Guidance on Joint strategic Needs Assessment; DH

### Strategies

- Opportunity age: Meeting the challenge of the 21st century, 2006 DWP
- National Strategy: Lifetime homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Aging Society; CLG (DH&DWP), Feb 2008
- Towards Lifetime Neighbourhoods: designing sustainable communities for all, a discussion paper; CLG 2007 (sets context for the then forthcoming National Strategy)
- Delivering Lifetime Homes, Lifetime Neighbourhoods; CLG, Dec 2008
- LA Circular Transforming Social Care Jan 2008
- Putting People First: A shared vision and commitment to the transformation of Adult Social Care; HM Gov.2007
- Creating Strong, Safe and prosperous Communities, Statutory Guidance, HM Gov. July 2008
- White Paper, 'Our Health, Our Care, Our Say' 2006. The Our Health, Our Care, Our Say White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live. NHS services are halfway through a 10 year plan to become more responsive to patient needs and prevent ill health by the promotion of healthy lifestyles. Social care services are also changing to give service users more independence, choice and control.
- Care Closer to Home Demonstration Group - various (One of the key themes of Our Health Our Care Our Say was making care more responsive to patient needs by considering how services can be delivered differently to enhance convenience).

## **Cumbria wide:**

- Joint Strategic Needs Assessment
- Cumbria Extra care Housing Strategy 2005-2010
- Cumbria Supporting People Strategic Review of Older Persons Services, CCC (SP) June 2007
- Supporting People 5-Year Strategy for Cumbria 2005-2010
- Cumbria Supporting People Housing Related Support Needs Analysis; SP 2008
- Projected need for long-term residential care services for older people in Cumbria, Planning4care, November 2009
- Proposals for the replacement of six residential care homes in Cumbria - Consultation; Adult Social Care, Jan 2008 - April 2008
- Proposals for the replacement of six residential care homes in Cumbria: A service User Consultation; CCC/Shaping our lives, May 2008

## **District**

- Sheltered Housing Demand Study 2005, Eden Housing Association
- EDC Scrutiny Committee April 2008 'Living well beyond retirement'
- SLDC Older Persons' Housing Strategy 2007-2011
- SLDC Need Led Authorities: Older People Circle of Need Challenge Report
- SLDC Design Guide - Housing for Older People

## **Research findings**

- Housing with care for later life, A literature review; Karen Croucher etc, JRF, 2006
- Housing Choices and Aspirations of Older people, Research from the New Horizons Programme, Feb 2008
- Shaping our lives consultation for CCC/primary Care Trust: Assessing future housing need for older people, April 2009
- Housing Issues for Older people in Rural Areas; Scottish Gov, Jan 2008. (reflections on policy actions arising from evidence base)
- Housing and Older People Development Group (HOPDEV) final review and recommendations; CLG - DH, Aug 2006
- The Housing and Support Needs of Older People in Rural Areas; Commission for Rural Communities/H Corp, April 2006
- Future Demand for Long-term Care, 2002-2041: Projections of demand for long term care for older people in England; PSSRU, March 2006
- Housing Our Aging Population Panel for Innovation (HAPPI) Homes and Communities project researching good practice, innovations etc

This panel was commissioned by the Communities and Local Government (CLG) in partnership with the Department of Health to gather good practice from across Europe. This included a number of scheme visits. See the Homes and Communities web-site for details:

[www.homesandcommunities.co.uk/Housing-Ageing-Population-Panel-Innovation](http://www.homesandcommunities.co.uk/Housing-Ageing-Population-Panel-Innovation)

For videos of scheme visits please see:

[www.youtube.com/user/hcauk#p/c/2FF757394E50041A](http://www.youtube.com/user/hcauk#p/c/2FF757394E50041A)

### **Planning, design**

- Sustainable planning for housing in an aging population: a guide for regional level strategies; CLG/CSIP, 2008
- Homes for our Old age: Independent living by design; CABE/housing lin, 2009-09-09
- Planning for an aging population, note. Jan 2009

### **Demographics**

- Changing household and family structures and complex living arrangements (Economic & Social Research Council, 2006)
- Cambridge Sub-Regional SHMA - Housing and Older people

### **Monitoring and Performance**

- PSA Delivery Agreement 17:Tackel poverty and promote greater independence and well being in later life, Oct 2007

## Appendix 10 Sources of Good Practice

- Housing Our Aging Population Panel for Innovation (HAPPI) Homes and Communities project researching good practice and innovations; commissioned by the Communities and Local Government (CLG) in partnership with the Department of Health to gather good practice from across Europe. This included a number of scheme visits. See the Homes and Communities web-site for details:

[www.homesandcommunities.co.uk/Housing-Ageing-Population-Panel-Innovation](http://www.homesandcommunities.co.uk/Housing-Ageing-Population-Panel-Innovation)

- For videos of scheme visits please see:  
[www.youtube.com/user/hcauk#p/c/2FF757394E50041A](http://www.youtube.com/user/hcauk#p/c/2FF757394E50041A)
- Housing providers engaging with and empowering older people:  
[http://www.hanover.org.uk/about-us/media-centre-contents/inpractice\\_WEB.pdf](http://www.hanover.org.uk/about-us/media-centre-contents/inpractice_WEB.pdf)
- The NHS fund a project entitled 'Community exchange' to reduce rural isolation and bring a range of people together. It also raises awareness of the services that are available to older people.
- Community Led Plans are being developed to empower communities to take control over their neighbourhood and make changes which would benefit the community.
- Cumbria Rural Housing Trust (CRHT) is supporting a initiative called 'Village Ageing' to raise older people's awareness of the services that are available, how they can be supported and what they are entitled to.
- Age Concern provides a wide range of services, and have engaged with residents over several campaigns, for example the digital switchover, Heat and Eat, lunch clubs etc.