

# **A Strategic Approach to Older Persons' Accommodation for Nottinghamshire and Erewash**

**Final Report  
by  
Peter Fletcher Associates Ltd**

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**Peter Fletcher Associates Ltd**  
*Research and Consultancy*

# A Strategic Approach to Older Persons' Accommodation for Nottinghamshire and Erewash

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## Glossary

**Adaptations:** Changes to the physical fabric of the home to make it suitable for the occupier. The most common adaptations are stair-lifts, grab rails, level access showers and ramps.

**BME:** Black and Minority Ethnic Communities.

**Black and Minority Ethnic (BME):** Generic term for people or communities who are not White British.

**CLG (or DCLG):** Department of Communities and Local Government. Previously the Office of the Deputy Prime Minister (ODPM), and Department of Environment, Transport and the Regions (DETR).

**Direct Payments:** Allows a person to have their care funding paid direct to themselves so they can choose and pay for their own care provider.

**Disabled Facilities Grant (DFG):** A grant available to disabled people to help with adaptations to the home.

**Decent Homes:** The standard set by the government relating to the condition of people's homes. The government's target was that all local authority and housing association homes should meet the Decent Homes standard by 2010.

**DoH:** Department of Health.

**Extra Care Housing:** Independent flats with access to 24 hour care from the scheme. This provides flexibility for people to access care when they need it whilst retaining independence.

**Fair Access to Care (FAC):** Eligibility criteria for access to Adult Social Services.

**Home Improvement Agency (HIA):** Locally based not-for-profit organisations that assist older, disabled and vulnerable people to remain living in their homes independently by helping them to repair, improve, maintain or adapt their home.

**Individual Budgets:** A way of bringing together funding from various sources for an individual to enable services to be provided for and paid for in a more integrated way.

**Lifetime Homes:** Homes built to the national Lifetime Homes standard have certain design features that make them flexible enough to meet the changing needs, over time, of the households that occupy them.

**Local Area Agreement (LAA):** An LAA sets out the priorities for a local area as agreed between central government and that local area through the local authority, Local Strategic Partnership and other key local partners.

**Primary Care Trust (PCT):** Local bodies responsible for health care budgets, planning and delivery of primary care services.

**Registered Provider of Social Housing (RP):** Also known as Registered Social Landlord (RSL). Generally used to mean the same as housing association.

**Retirement Village:** These are usually large scale developments of 250 units and above. Often there is little to distinguish between these and large Extra Care schemes. They offer on-site support and care, but in addition include a much wider range of facilities and choice of types of accommodation. Some developments also include residential and nursing care.

**Supporting People:** The administrative programme for distributing public spending on housing related support services including monitoring quality and costs. The commissioning bodies are made up of representation from housing, social services, PCTs, the Probation Service and voluntary agencies.

**Telecare (also called assistive technology):** A range of established and new equipment that can be fitted in people's homes to allow constant monitoring and access to help. The term includes community alarms, which allows a person to access help in an emergency through a personal pendant or pull cord in their home. More recent developments include movement sensors, which can track a person's movements, and can be especially useful for providing support for someone suffering from dementia.

## 1. Introduction

### 1.1 The Commission

Nottinghamshire Housing Market areas (HMAs), which include Erewash in Derbyshire, commissioned Peter Fletcher Associates (PFA) to carry out a comprehensive survey of the housing needs of older people that was to be based on the key principles established in the national strategy *Lifetime Homes; Lifetime Neighbourhoods – a National Strategy for Housing in an Ageing Society* (CLG/DH/DWP, 2008).

The work needed to:

- Understand future need and demand for housing and services for older people, through undertaking quantitative surveys, supported by qualitative face to face work with older people
- Inform related studies of specialist accommodation including sheltered housing and the role of extra care/residential care
- Reconnect housing, health and care, including specialist housing, for example sheltered and extra care housing

This study is also intended to produce information about the housing and support needs of older people that can be used for housing, planning, regeneration and support planning purposes by the two HMAs and by individual local authorities. This information is also intended to support investment decisions. The change in government has resulted in proposals that will have significant implications for the commissioning of housing, the delivery of health and social care and changes to planning structures. This is the subject of legislation that is going through parliament at the time this report was produced.

### 1.2 Structure of this report

This report covers all of the main issues emerging from the research for the whole of the study area. However, to deal with the more detailed market information separate reports have been produced as a series of annexes. These are reports for:

- Ashfield
- Bassetlaw
- Broxtowe
- Erewash
- Gedling
- Mansfield
- Newark and Sherwood

- Nottingham City
- Rushcliffe

In order to make this document more accessible a significant amount of supporting information has been placed in appendices.

- In Chapter 2 of the report we cover the national and local policy and demographic context.
- Chapter 3 sets out the findings from the extensive consultation work that has taken place with older people across the study area. This chapter also includes the results of the household survey and in bringing together these activities within this chapter we have concentrated the views of older people into the core of this study.
- Chapter 4 looks at both the general needs and specialist housing systems and supply, and relates current supply to future needs and demand via a gap analysis.
- Chapter 5 focuses on the types of services available for older people across the study area and how this will affect the approach to housing in the future.
- Chapter 6 provides a set of recommendations based on the current understanding of the changes being implemented within the study area.

## 1.3 Methodology

### ***Approach to this work***

The work involved in developing this report included:

- Understanding the local housing context, the current housing strategy and planning policies of the local authority, and existing evidence of housing supply and demand from older people
- Understanding the local supply of non-housing services to older people and how they impact on the needs and wants of older people where such evidence is available
- Making use of information already available, including reports, documents, research and strategies already in the public domain (see appendix 1)
- Undertaking primary research to inform the project as follows:
  - Consultation with older people - (see appendix 2)
  - Household survey - (see appendix 3)
  - Interview and workshops with a range of stakeholders - (see appendix 4)

The methodology for each of these elements is described in detail within the respective appendices.

## ***Triangulation***

A key element of this work was analysing the different elements and cross-referencing them to test the accuracy of the information. This has helped to understand the changing circumstances in which older people live and build a consensus on how to respond to their changing needs and aspirations.

## **1.4 Defining Older People**

For the purposes of this work, and in line with national government policy, older people are defined as being people aged 50 or over. This is probably not what most people think of as being old and we would agree. Age by itself tells us very little about what a person needs or what they want. We take a different approach, which considers the different transitions or phases that people go through as they get older. These include:

- Moving from full-time employment – sometimes through part-time or casual employment – to becoming retired
- Active retirement – being involved in different activities and groups
- Moving from independence to becoming increasingly frail and reliant on other people

Different people go through these transitions at different times and paces. Some people do not go through some of them at all – there are, for example, plenty of very active older people who will never need to rely on other people (although the numbers of such people do decrease with age). Each person will experience the process of ageing differently which is one reason why services need to adapt and become much more flexible.

Fifty is the lower age at which people increasingly either start to think about, plan for and/or experience these changes. That is why, in common with many Government documents and other similar strategies in other places, we have chosen it as the starting point for this document. It most definitely does not mean that anyone who reaches 50 should be thought of as old. Neither does it mean that the things we look at in this strategy do not affect people under 50 – they often do. Improving things for people aged 50 and over will often mean improving things for everyone.

## 2. The Context and Demography of Nottinghamshire

This section of the report is divided up into the following three parts:

- **National review** – a brief summary of prevailing national policy with respect to housing provision for older people
- **Local strategic review** – a brief summary of relevant local strategies that relate to housing provision for older people
- **Local demographics** – a brief synopsis of the key demographics of the local authority areas that relate specifically to older people

### 2.1 Evolving National Policy

Although there has recently been a change in government the new administration appears to be retaining at least some continuity of approach. The new government recognises the impact of an ageing population and is clear that a coherent and integrated approach is required. It is building its policy around four key themes that echo the previous government's approach:

1. The need to engage older people as partners and put decision-making directly in the hands of older people, for example through personalisation.
2. Ensuring that preventative interventions are available that relate to all aspects of older people's lives. This involves developing a strategic approach to older people that goes beyond health and social care.
3. Recognition of the contribution that older people can make to society, and the need for a focus on quality of life and well-being.
4. Ensuring that all older people are able to contribute to and be part of society by addressing issues of social exclusion amongst older people.

The key government drivers include:

- The Government's **Comprehensive Spending Review (CSR)** in October 2010 has set out significant changes to the way services will be planned and delivered:
  - Funding for Local Government was to be reduced with year on year reductions estimated to total approximately 26% by the end of the 4 year period. Most of the Local Government funding will no longer have a ring fenced element creating greater flexibility to make spending decisions
  - Confirmed in the CSR were previous announcements that a significant amount of regulation of the public sector was to be removed. This included planning targets, performance indicators and the role of the Audit Commission. Again this will create greater flexibility with local authorities able to make decisions that best suit local circumstances. The CSR also identified an additional £2 billion via CLG and DoH to support an integrated approach to the planning and delivery of

preventative services with specific mention of re-enablement services and assistive technology

- The Supporting People budget was set at over £6 billion, which represents a stand still position. In real terms this will see a reduction estimated to be approximately 11%, due to the impact of inflation. It was confirmed that Supporting People grant will now form part of the Area Based Grant and would not be ring fenced.

#### • **The Localism Bill 2010/11**

- There will be a significant shift in decision making to the local area with local authorities taking greater control of planning and housing development. Local communities will also have a greater right to challenge decisions and will have the right to bid for control of local amenities and services.
- There will be significant changes to the way new housing is developed in the future. The Government will seek to increase housing supply by reforming the planning system so it is more efficient, effective and supportive of economic development. In addition, it will introduce a New Homes Bonus that will directly reward and incentivise local authorities and local communities to be supportive of housing growth, equivalent to matching the additional council tax from every new home for each of the following six years.
- It will also reduce the total regulatory burden on the house building industry over the Spending Review period.
- New intermediate rental contracts will be introduced for social housing that are more flexible, at rent levels between current market and social rents (80% of market rents). They will be known as "Affordable Rents". The increased rental income is intended to stimulate investment from housing providers who will be expected to commit more of their own resources to development. This is likely to be the main vehicle for future development of rented accommodation.
- There will be a community right to build, giving communities the right to build homes and amenities without planning permission in some circumstances.
- It will also see Local Authorities being able to adjust their waiting list criteria to make best use of the stock.

#### • **Health and Social Care Bill 2011**

- Health and Social Care Bill 2011: sets out the government's vision for the national health services
- A new structure for delivering health through groups of General Practitioner practices while transferring strategic planning responsibility for public health to Local Authorities
- As a consequence, the abolition of Primary Care Trusts (PCTs)
- The further development of personalisation
- Greater integrated planning and service delivery between Adult Social Services and Health
- An emphasis on prevention is seen as a key theme

- The *Putting People First* compact, which ended on 31 March 2011, had a cross government goal of delivering choice and a personalised approach to promoting independence, enabling and supporting for both active and vulnerable older people in the community. This was the main driver of personalisation. The new government explicitly support this approach and in November 2010 the DOH published further details in: *Vision for Adult Social Care – Capable Communities and Active Citizens*. In January 2011 21 organisations including the Department of Health, the Association of Directors of Adult Social Services and the National Federation of Housing signed up to a new sector agreement called *Think local, Act Personal*<sup>1</sup> that is intended to move the delivery of personalisation forward.
- The *Living well with Dementia: National Dementia Strategy* (DH February 2009), which set out an approach to one of the consequences of an ageing population and considers a range of options. Subsequently two implementation plans have been published. The more recent one, *Quality Outcomes for People with Dementia*, builds on the work of the National Dementia Strategy and was published by the Department of Health in September 2010. This second plan is set in the context of the plans that formed the Health and Social Care Bill.

### **Regional policy**

One of the first actions of the new Government was to confirm significant changes to the planning systems and in particular the removal of Regional Spatial Targets and the need for a Regional Spatial Strategy. Subsequently, further changes have been proposed which are likely to see other regional structures removed along with the plans and strategies that support them. We have therefore included the previous regional report and plans in Appendix 1 for reference.

## **2.2 Evolving Sub-regional and Local Policy**

This section considers, in summary form only, the elements of the main strategies that have a bearing on this study area. For a fuller version please see Appendix 1:

### **Nottinghamshire County Council 'Nottinghamshire Opportunity Age, 2009-2012: Countywide Strategy for an Ageing Population'**

Several new themes are offered in this strategy document, to continue on from the previous 'Opportunity Age' strategy for the County, including:

- **Creating an age friendly society:** This theme recognises the desire to improve people's involvement in their community and to overcome some of the negative images that people of different generations have of each other
- **Preparing more effectively for later life:** Older people need to be able to feel safe in their own home and neighbourhood. This theme recognises that many do not feel safe and will work with partners to improve their perceptions. Housing needs change

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<sup>1</sup> <http://www.thinklocalactpersonal.org.uk/>

over time, for example where people live particularly in relation to their closest family and how to cope with extra costs and needs. This theme recognises those changing needs and will consider choices open to people over 50 and how they can access those choices. There will be two groups to cover this large theme.

- **Making later life a time for opportunity:** A difficult transition is the changing nature of family finances culminating in the need for an adequate income at retirement; there may be pressures at work due to changing economic times, ill health or caring responsibilities. This theme recognises that:
  - Mature workers need assistance to remain in the work that they want to do and to adjust to changing work experiences through retraining;
  - There is a need to involve people of all ages in strategic planning for services and opportunities that are available to them;
  - There is a wide variety of choices available to people including the opportunity to work alongside service providers and the need to make such opportunities available to everyone.
- **Providing the right support at the right time:** This theme recognises that physical and social activities are an excellent means of continuing good health and will work to improve services, develop potential new services and provide readily accessible information. This theme also recognises that in many cases the best outcomes can be achieved by providing a little extra help at the right time.
- **Strengthening delivery – improving services:** This theme covers working in partnership, the need to continuously check and assess activities, and the need to provide information and advice in a timely, readily understandable way.

## **Derbyshire Services for Older People Joint Commissioning Strategy 2009 – 2014**

Key priorities for 2009/10 were:

1. **To increase the range of specialist housing and related support for people with dementia and complex needs.** Two Residential and Community Care Centres are already being built in the county, in Staveley and Swadlincote using money from Derbyshire County Council capital finances. The first RCCC in Staveley was opened in Spring 2010. There was hope to receive PFI monies to build additional centres across the county. There was an intention to work with providers to develop more extra care sheltered housing to offer further alternatives to residential care.
2. **To develop specialist services for older people with dementia and complex needs.** This will ensure services are provided in accordance with evidenced growing need.
3. **To develop a co-ordinated programme of information, advice and advocacy services** across the county, available to all, to maximise the choice and control which older people have in terms of their health, wellbeing and lifestyle.
4. The needs of **Carers** will be addressed through the Carers' Joint Commissioning Strategy.

5. **To review Intermediate Care services across the county and commission according to need.** As part of this pathway, Adult Care will establish re-ablement teams to provide a short programme of intensive Social Care intervention for all new service users. This will focus on enabling individuals to learn how to better care for themselves and therefore reduce reliance on statutory service provision.
6. **To develop high quality, consistent falls prevention services** across Derbyshire, including an increase in the number of older people able to remain at home through the use of Telecare.
7. **To commission high quality, integrated Stroke Services in Derbyshire**, to include the commissioning of a Stroke Support Service which will support individuals throughout the care pathway.
8. **Work with partners to reduce health inequalities** and improve life expectancy in specified districts.
9. **To maximise choice and control** in terms of Adult Care provision, by setting up systems and services to ensure that all new service users accessing Social Care services will receive a Personal Budget by April 2011.

### ***Housing Strategy***

Each one of the nine Housing Authorities included in the study produced a housing strategy. These are therefore dealt with in Appendix 1 and within each individual Council Annex. We have not referenced Regional Housing strategies and plans in view of the changes that are being introduced by the Government to the various planning and administration arrangements.

## **2.3 Population Changes**

This section brings together information and data for the County of Nottinghamshire as a whole, alongside information and data for the following eight local authority areas:

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sherwood
- Nottingham City
- Rushcliffe

Information and data from Derbyshire County are also included in this report, with particular emphasis on the Erewash district area.

This section pulls the information for each separate authority together to compare and contrast and to summarise the main geographical differences in the demography of the older population. At the end of this section we use summary information to draw conclusions about the findings.

Alongside this, there are an additional nine demographic and contextual reports, one for each of the Nottinghamshire Local Authorities listed above and one for Erewash in Derbyshire. These additional documents offer more detail and depth about the individual areas according to the specific data that has been gathered for each.

### **Data Sources**

All of the data that has been used to produce this demographic and contextual report is the most up-to-date and best available at time of writing. PFA only uses data from recognised and reliable online sources, including the Department of Health (POPPI data used for a wide variety of population projections data), the Office for National Statistics (ONS data covering a wide variety of topics based on the 2001 Census), the Department for Work and Pensions (benefits data), and the Land Registry (BBC house price data). Data has also been taken from local authority documents for the purpose of producing this report, including Supporting People strategies/plans and Joint Strategic Needs Assessments (JSNAs), which have been signed off by local authorities as containing correct and reliable information.

Although all of the data is from recognised and reliable sources, many of the datasets have been constructed with the use of prevalence rates and estimates. This is particularly true for the data that has been extracted from POPPI, which uses these methods to project numbers of older people into the future. Prevalence rates are calculated using trends that have been witnessed in the past, and so therefore do not take into consideration any future factors, such as changes in policy and strategic direction. As such, this type of data, although being the best available and the most up-to-date, can only be used as an estimate or guideline to future numbers of older people, who, for example, may require specialist dementia services.

### **Population Projections**

Fig. 2.1 below offers an insight into the projected population increases for the 65+ population between 2009 and 2030. All of the districts within Nottinghamshire are projected to witness a very large increase in the population aged 85 and over, with all of the areas projected to see this population at least doubling in the next 20 years. The rate of increase in the 85+ population is considerably lower for Nottingham City at 40.8%, a common finding within central urban areas.

Figure 2.1: Population Projections, 2009-2030

Area	Age Group	Year of Projection					% Change 09-30
		2009	2015	2020	2025	2030	
Nottinghamshire	Total 65+	138,000	163,000	178,900	196,700	219,700	59.2
	Total 75+	64,400	73,000	85,400	103,500	114,400	77.6
	Total 85+	17,600	20,900	24,800	30,500	38,100	116.5
Ashfield	Total 65+	19,900	23,600	25,900	28,600	32,200	61.8
	Total 75+	8,800	10,000	12,100	14,700	16,100	83.0
	Total 85+	2,400	2,700	3,100	4,000	5,100	112.5
Bassetlaw	Total 65+	20,500	25,100	27,800	31,200	35,200	71.7
	Total 75+	9,200	10,900	13,000	16,200	18,300	98.9
	Total 85+	2,500	3,100	3,700	4,700	6,100	144.0
Broxtowe	Total 65+	19,300	22,500	24,100	25,900	28,300	46.6
	Total 75+	9,200	10,200	11,600	14,000	15,100	64.1
	Total 85+	2,400	2,800	3,300	4,000	4,900	104.2
Gedling	Total 65+	20,800	23,800	25,600	27,200	29,600	42.3
	Total 75+	10,000	11,100	12,500	14,700	15,900	59.0
	Total 85+	2,700	3,200	3,800	4,500	5,400	100.0
Mansfield	Total 65+	17,300	19,900	21,700	24,100	26,900	55.5
	Total 75+	8,100	9,000	10,300	12,300	13,600	67.9
	Total 85+	2,200	2,600	3,000	3,700	4,600	109.1
Newark and Sherwood	Total 65+	21,400	26,000	28,900	32,400	36,600	71.0
	Total 75+	9,900	11,500	13,700	17,000	19,000	91.9
	Total 85+	2,900	3,400	4,100	5,100	6,500	124.1
Nottingham City	Total 65+	34,500	35,300	36,400	39,200	43,800	27.0
	Total 75+	17,600	17,300	17,600	19,400	20,900	18.8
	Total 85+	4,900	5,200	5,600	6,200	6,900	40.8
Rushcliffe	Total 65+	19,100	22,600	24,700	27,500	30,700	60.7
	Total 75+	9,400	10,500	12,000	14,800	16,300	73.4
	Total 85+	2,600	3,200	3,700	4,500	5,500	111.5
Derbyshire	Total 65+	141,500	165,300	182,100	201,400	225,100	59.1
	Total 75+	65,300	73,100	86,700	107,300	119,600	83.2
	Total 85+	18,900	21,900	25,900	32,300	41,500	119.6
Erewash	Total 65+	19,300	22,700	24,500	26,700	29,600	53.4
	Total 75+	9,100	10,300	11,900	14,400	15,800	73.6
	Total 85+	2,600	3,000	3,500	4,300	5,500	111.5

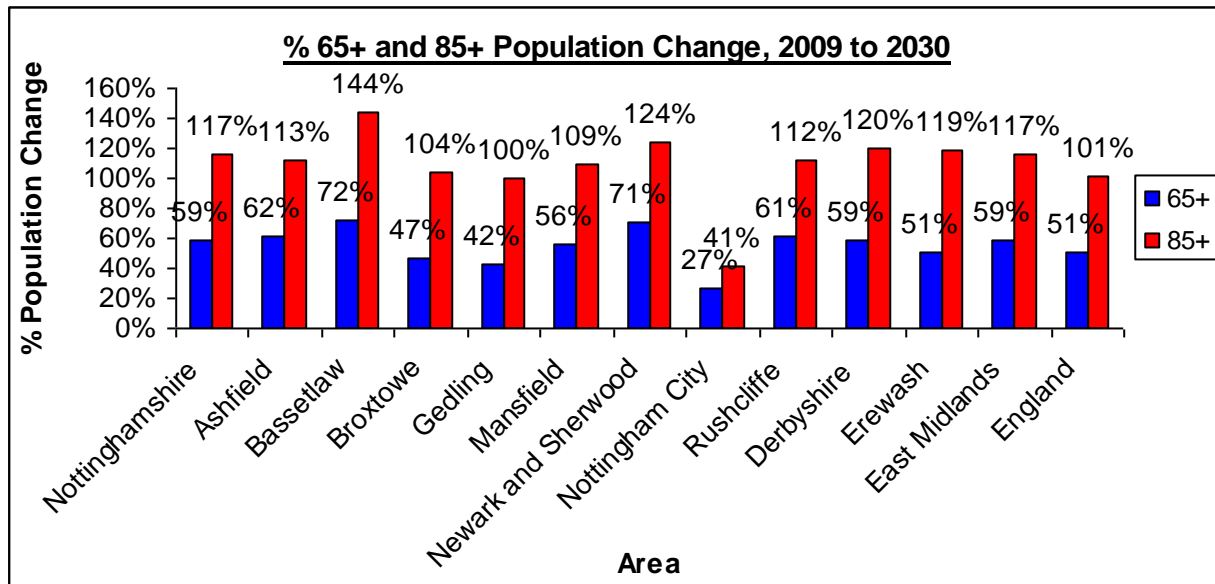
(POPPI)

Bassetlaw and Newark and Sherwood have by far the highest projected increase in the population aged 85 and over (144% and 124.1% respectively) between 2009 and 2030. This could have a severe impact on the levels of demand for services for frail older people and older people with dementia in these two districts in particular. In line with the Nottinghamshire data, the older population of Derbyshire and Erewash is also projected to increase substantially over the next 20 years. Derbyshire and Erewash are projected to witness an increase of 119.6% and 111.5% in their population aged 85+ by the year 2030.

This population projection is again represented in Figure 2.2 comparing the projected increase over the period for people aged 65+ and 85+ throughout the County and District areas as well as regionally and nationally. Nottingham City, Broxtowe and Gedling are the

only 3 areas to have a lower rate of increase projected for the 65+ population than the national average.

Figure 2.2: % 65+ and 85+ Population Change 2009-2030



(POPPI)

Fig. 2.3 looks at the population data as a proportion of the total population for the years 2009 and 2030, in order to look not only at the increase in actual numbers of older people but to also look at the rising proportions of older people amongst the total population of each area. As the data below shows, all of the areas are projected to witness an increase in the proportion of the total population that is aged 65 and over. Again, Bassetlaw and Newark and Sherwood are not only projected to experience the highest levels of older population growth, they are also expected to experience the greatest increase in the proportion of older people within their total population. By 2030, an additional 13.1% of the Newark and Sherwood population and an additional 12.9% of the Bassetlaw population will be aged 65 and over. The older population within Nottingham City is projected to change very slightly, remaining almost static over the coming 20 years.

Figure 2.3: 65+ Population as % Total Population, 2009 and 2030

Area	Age Group	Year		Additional % over period
		2009	2030	
Nottinghamshire	65+	17.5	27.9	10.4
	75+	8.2	14.5	6.4
	85+	2.2	4.8	2.6
Ashfield	65+	16.7	27.1	10.3
	75+	7.4	13.5	6.1
	85+	2.0	4.3	2.3
Bassetlaw	65+	18.0	30.9	12.9
	75+	8.1	16.1	8.0
	85+	2.2	5.4	3.2

Area	Age Group	Year		Additional % over period
		2009	2030	
Broxtowe	65+	17.0	24.9	7.9
	75+	8.1	13.3	5.2
	85+	2.1	4.3	2.2
Gedling	65+	18.5	26.3	7.8
	75+	8.9	14.1	5.2
	85+	2.4	4.8	2.4
Mansfield	65+	17.0	26.5	9.5
	75+	8.0	13.4	5.4
	85+	2.2	4.5	2.4
Newark and Sherwood	65+	18.5	31.6	13.1
	75+	8.6	16.4	7.9
	85+	2.5	5.6	3.1
Nottingham City	65+	11.7	12.0	0.3
	75+	6.0	5.9	-0.1
	85+	1.7	2.1	0.4
Rushcliffe	65+	17.3	27.8	10.5
	75+	8.5	14.8	6.3
	85+	2.4	5.0	2.6
Derbyshire	65+	17.9	25.0	7.1
	75+	8.3	13.1	4.8
	85+	2.4	4.4	2.1
Erewash	65+	17.3	23.7	6.4
	75+	8.2	12.7	4.5
	85+	2.3	4.4	2.1
East Midlands	65+	16.7	27.4	10.7
	75+	7.9	14.3	6.5
	85+	2.2	4.8	2.6
England	65+	16.2	24.8	8.6
	75+	7.8	13.0	5.2
	85+	2.2	4.5	2.2

*(POPPI 65+ population projections alongside ONS Sub-National Population Projections (mid-2006) for projections for all ages)*

## Ethnicity

As the data in the Figure 2.4 reveals, only a very small proportion of the 65+ population in each of the study areas falls into a non-White ethnic group, with the stark exception of Nottingham City. Ashfield, Newark and Sherwood, Bassetlaw and Erewash have particularly low levels of non-White population, whilst Nottingham City has the highest level of non-White older people at 7.6%. Compared to regionally and nationally, Nottingham City is the only study area that has a higher level of non-White older people

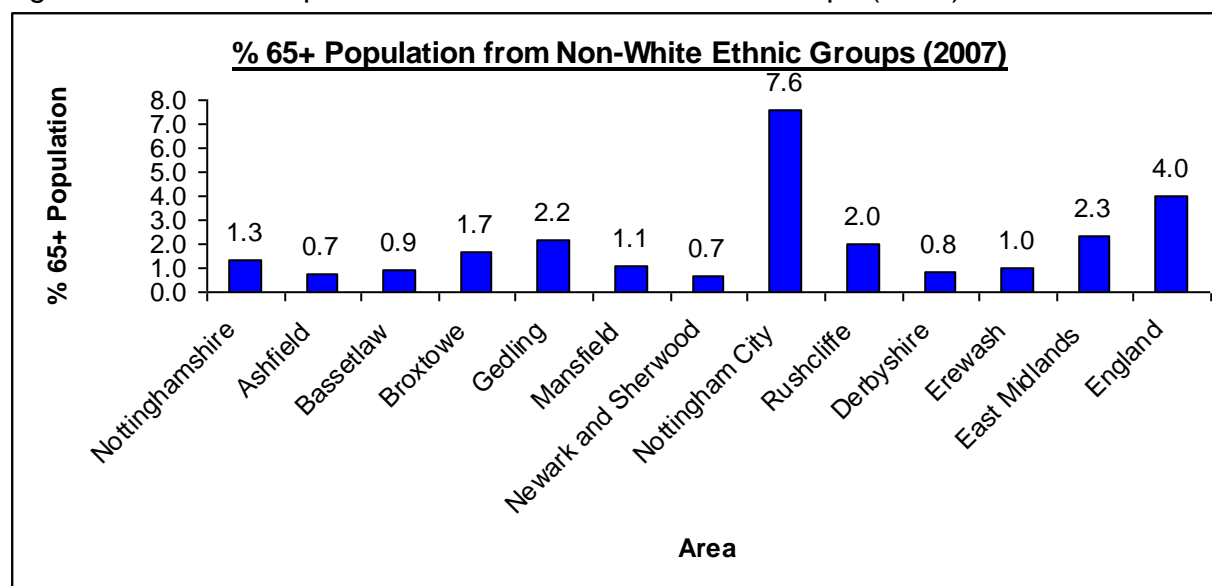
Figure 2.4: Ethnic Profile of the 65+ Population (%) in Nottinghamshire and Derbyshire (2007)

Area	Ethnic Group				
	White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
Nottinghamshire	98.7	0.1	0.6	0.4	0.2
Ashfield	99.3	0.1	0.3	0.2	0.1
Bassetlaw	99.1	0.2	0.4	0.2	0.1
Broxtowe	98.3	0.1	0.9	0.4	0.3
Gedling	97.8	0.1	0.9	1.0	0.2
Mansfield	98.9	0.1	0.5	0.3	0.1
Newark and Sherwood	99.3	0.1	0.3	0.2	0.1
Nottingham City	92.4	0.4	2.9	4.0	0.4
Rushcliffe	98.0	0.2	1.2	0.4	0.2
Derbyshire	99.2	0.1	0.4	0.2	0.1
Erewash	99.0	0.1	0.5	0.4	0.1
East Midlands	97.7	0.1	1.5	0.5	0.1
England	96.0	0.3	2.1	1.3	0.4

(POPPI using ONS 2007-based population estimates)

This data is reproduced in Figure 2.5 below, to illustrate the findings in the figure above more clearly.

Figure 2.5: % 65+ Population from Non-White Ethnic Groups (2007)



(POPPI using ONS 2007-based population estimates)

## Migration

With regards to the internal migration within the United Kingdom of people aged 65+, the Nottinghamshire district areas of Ashfield, Bassetlaw, Gedling and Rushcliffe all experienced an overall balance of +100 people aged 65+. Nottingham City is the only area to have experienced a negative balance of population, losing 400 people aged 65+ over the year.

Figure 2.6: Internal Migration of Population aged 65+, Mid-2007 to Mid-2008

Area	Inflow	Outflow	Balance
Ashfield	300	200	100
Bassetlaw	300	200	100
Broxtowe	300	300	0
Gedling	400	300	100
Mansfield	200	200	0
Newark and Sherwood	300	300	0
Nottingham City	300	700	-400
Rushcliffe	400	300	100
Erewash	300	300	0

(Source: Intelligence East Midlands, taken from ONS. N.B. County-level data is not available here, so only district-level data has been used)

## Supporting People

During the spring of 2011 a number of very significant changes were proposed by Supporting People commissioners in Nottinghamshire and Nottingham city that will potentially radically change the pattern support services beginning in April 2011. These changes are being driven by significant reductions in public sector funding (see national context) but also by a redistribution of Supporting People funding across Local Authorities.

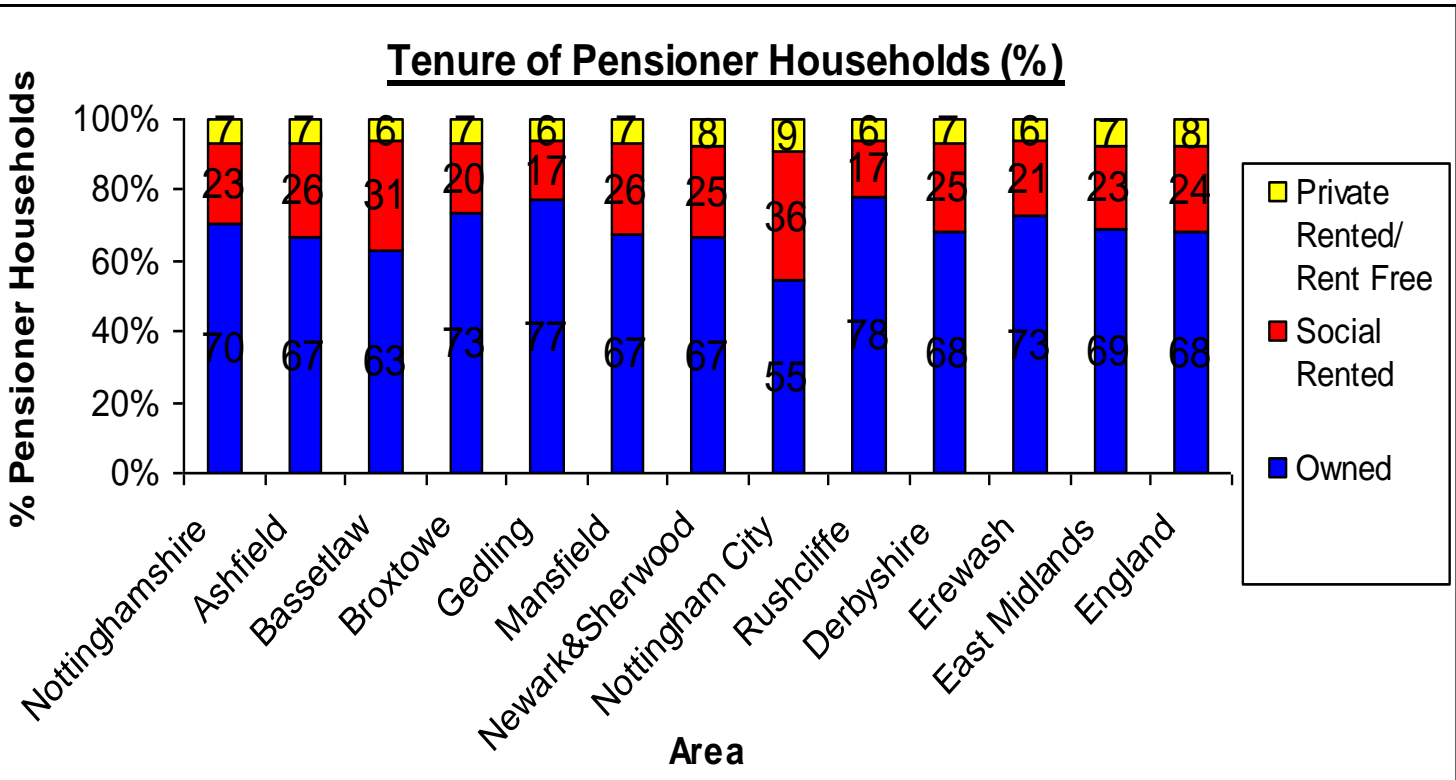
These changes are dealt with in more detail in chapter 4

## Housing

### Tenure

The tenure of pensioner households, according to 2001 Census data, is analysed in the following figure. Although the 2001 Census data is now outdated, the relative proportions of older people in each tenure will not have changed to a great extent, and the following data allows us an idea of the current pensioner tenure situation in each of the geographical areas being analysed here. As Figure 2.7 below shows, there is a mix in the levels of different tenures within the County, with Rushcliffe having a very high level of owner-occupation while Nottingham City has a very low level. The pensioner household tenure in Derbyshire is very similar to the national average. In Erewash however, there is a higher level of pensioner owner-occupation and a lower level of social renting.

Figure 2.7: Tenure of Pensioner Households in 2001 (%)



(ONS 2001 Census)

### Living Alone

Living alone can have a negative impact on older people, particularly in terms of their vulnerability to social isolation and their dependency on support services to remain independent in their own homes. Figure 2.8 offers a projection of the number of people aged 65+ who are living alone by district area and by age group. The data here shows that the likelihood of living alone increases substantially with age, a finding that is evident in each of the individual areas. The data also shows that each of the areas is projected to witness an increase in the number of older people who live alone, particularly in Bassetlaw (+76.2%) and Newark and Sherwood (+76.1%), related to the higher numbers of older people in these two district areas. The number of older people living alone in Nottingham City is projected to increase by a comparatively small 22.2% over the 20 year period. This is due to the small projected increase in the number of older people generally in this area.

Figure 2.8: Projected Number of People aged 65+ Living Alone by Age Group, 2009-2030

Area	Age Group	Year of Projection					% Change
		2009	2015	2020	2025	2030	
Nottinghamshire	65-74	18,530	22,640	23,490	23,450	26,490	43.0
	75+	32,264	36,255	41,874	50,634	55,906	73.3
	<b>Total 65+</b>	<b>50,794</b>	<b>58,895</b>	<b>65,364</b>	<b>74,084</b>	<b>82,396</b>	<b>62.2</b>
Ashfield	65-74	2,760	3,390	3,440	3,490	4,050	46.7
	75+	4,423	4,993	5,916	7,178	7,931	79.3
	<b>Total 65+</b>	<b>7,183</b>	<b>8,383</b>	<b>9,356</b>	<b>10,668</b>	<b>11,981</b>	<b>66.8</b>
Bassetlaw	65-74	2,840	3,570	3,720	3,770	4,220	48.6
	75+	4,586	5,319	6,432	7,884	8,868	93.4
	<b>Total 65+</b>	<b>7,426</b>	<b>8,889</b>	<b>10,152</b>	<b>11,654</b>	<b>13,088</b>	<b>76.2</b>
Broxtowe	65-74	2,540	3,090	3,140	2,990	3,310	30.3
	75+	4,552	5,095	5,733	6,812	7,314	60.7
	<b>Total 65+</b>	<b>7,092</b>	<b>8,185</b>	<b>8,873</b>	<b>9,802</b>	<b>10,624</b>	<b>49.8</b>
Gedling	65-74	2,730	3,200	3,280	3,210	3,460	26.7
	75+	4,993	5,502	6,140	7,212	7,809	56.4
	<b>Total 65+</b>	<b>7,723</b>	<b>8,702</b>	<b>9,420</b>	<b>10,422</b>	<b>11,269</b>	<b>45.9</b>
Mansfield	65-74	2,320	2,770	2,840	2,960	3,340	44.0
	75+	4,138	4,491	5,095	6,045	6,737	62.8
	<b>Total 65+</b>	<b>6,458</b>	<b>7,261</b>	<b>7,935</b>	<b>9,005</b>	<b>10,077</b>	<b>56.0</b>
Newark and Sherwood	65-74	2,870	3,650	3,800	3,860	4,440	54.7
	75+	4,959	5,658	6,737	8,284	9,349	88.5
	<b>Total 65+</b>	<b>7,829</b>	<b>9,308</b>	<b>10,537</b>	<b>12,144</b>	<b>13,789</b>	<b>76.1</b>
Nottingham City	65-74	4,280	4,500	4,710	4,950	5,770	34.8
	75+	8,873	8,690	8,643	9,539	10,299	16.1
	<b>Total 65+</b>	<b>13,153</b>	<b>13,190</b>	<b>13,353</b>	<b>14,489</b>	<b>16,069</b>	<b>22.2</b>
Rushcliffe	65-74	2,420	3,040	3,210	3,190	3,620	49.6
	75+	4,647	5,129	5,984	7,192	7,891	69.8
	<b>Total 65+</b>	<b>7,067</b>	<b>8,169</b>	<b>9,194</b>	<b>10,382</b>	<b>11,511</b>	<b>62.9</b>
Derbyshire	65-74	19,140	23,170	24,010	23,630	26,540	38.7
	75+	32,671	36,187	42,695	52,493	58,362	78.6
	<b>Total 65+</b>	<b>51,811</b>	<b>59,357</b>	<b>66,705</b>	<b>76,123</b>	<b>84,902</b>	<b>63.9</b>
Erewash	65-74	2,570	3,130	3,180	3,110	3,490	35.8
	75+	4,484	5,122	5,855	7,022	7,714	72.0
	<b>Total 65+</b>	<b>7,054</b>	<b>8,252</b>	<b>9,035</b>	<b>10,132</b>	<b>11,204</b>	<b>58.8</b>

(POPPI)

14% of households in Nottinghamshire are single pensioner households, of whom 69% have no car, as compared to other pensioner households where only 22% have no car.<sup>2</sup> The combination of living alone and having no access to a car increases the vulnerability of an older person to social exclusion and isolation, which in turn could lead to a greater need for support services and/or residential care.

<sup>2</sup> Nottinghamshire County Joint Strategic Needs Assessment, 2008  
<http://www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm>

## Deprivation

### *Income Deprivation*

This section looks into the income deprivation of older people, focusing on unemployment, the Income Deprivation Affecting Older People Indicator (IDAOPI) from the 2007 IMD and the uptake of Pension Credits as an income supplement to low-income pensioners. Levels of unemployment amongst people aged 50 and over (not in receipt of state pension) in Nottinghamshire are given in Figure 2.9 for all areas, with the exception of Mansfield (figures not included in this Nottinghamshire JSNA table). Numbers of unemployed (as opposed to retired) people aged 60+ are very low. According to this data, only 100 males aged 60+ in Nottinghamshire were unemployed in July 2007. With regards to females, there were 420 aged 50-59 who were unemployed in Nottinghamshire, totaling 9.2% of the total 50-54 year old females and 9.4% of the 55-59 year old females. So unemployment in later life appears to be more of an issue for women than for men in Nottinghamshire.

Figure 2.9: Nottinghamshire Unemployment – people aged 50+ (July 2007)

Area	Gender	Aged 50-54		Aged 55-59		Aged 60+	
		No.	%	No.	%	No.	%
United Kingdom	Male	45,890	7.5	43,610	7.1	7,435	1.2
	Female	20,680	8.8	19,580	8.3	80	0
East Midlands	Male	3,025	7.3	3,005	7.3	640	1.6
	Female	1,485	9	1,575	9.6	5	0
Ashfield	Male	80	6.8	75	6.6	20	1.9
	Female	30	7.5	30	7	0	0
Bassetlaw	Male	60	7	60	7.3	15	1.8
	Female	20	6.2	40	11	0	0
Broxtowe	Male	65	7.9	60	7.8	15	1.9
	Female	35	11	35	10.4	0	0
Gedling	Male	65	7.2	80	9.3	15	1.8
	Female	30	9.1	35	11.6	0	0
Newark and Sherwood	Male	65	8.3	50	6.4	10	1.2
	Female	25	8.8	30	9.4	0	0
Nottingham City	Male	320	5.6	280	4.9	25	0.4
	Female	135	7.4	95	5.3	5	0.2
Rushcliffe	Male	45	9.8	35	7.1	10	2.3
	Female	30	14.8	15	7.9	0	0
Nottinghamshire	Male	430	7.2	410	6.9	100	1.7
	Female	210	9.2	210	9.4	0	0

(Nottinghamshire County Joint Strategic Needs Assessment, 2008)

In Nottinghamshire 9.5% of Lower Super Output Areas (LSOAs) were in the most deprived quintile in England, compared to 16.8% for the East Midlands and 20.0% for England. Rushcliffe had the lowest proportion of LSOAs in this group, at 0%, whilst Mansfield had the highest, at 42.4%.<sup>3</sup>

<sup>3</sup> *The East Midlands in 2009*, East Midlands Development Agency  
<http://www.emda.org.uk/research/evidence-base.asp?nav=04&snv=0403>

With regards to Income Deprivation Affecting Older People Indicator (IDAOPI), there are 4,070 older people with income deprivation in Erewash (IMD 2007, Erewash Borough Council website), equating to 16.8% of older people. According again to the 2007 IDAOPI, Derbyshire has a total of 29,069 older people with income deprivation, some 16.8% of the total older population. (IMD 2007, Derbyshire County Council website).

The full East Midlands breakdown of the IDAOPI is given in Figure 2.10 on the following page. Ashfield and Mansfield have by far the highest number of LSOAs in Nottinghamshire which fall within the 20% most deprived nationally. The deprivation in these two district areas is also evidenced in other sections of this report.

Information from the most recent 2007 figures rank Nottingham City 13<sup>th</sup> most deprived out of the 354 local authority districts in England. The high level of deprivation affects an extensive part of the city, with 56 of the 176 Super Output Areas being within the 10% most deprived in the country, and 106 in the worst 20%. Sixty percent of residents live in the 20% most deprived areas of the country.



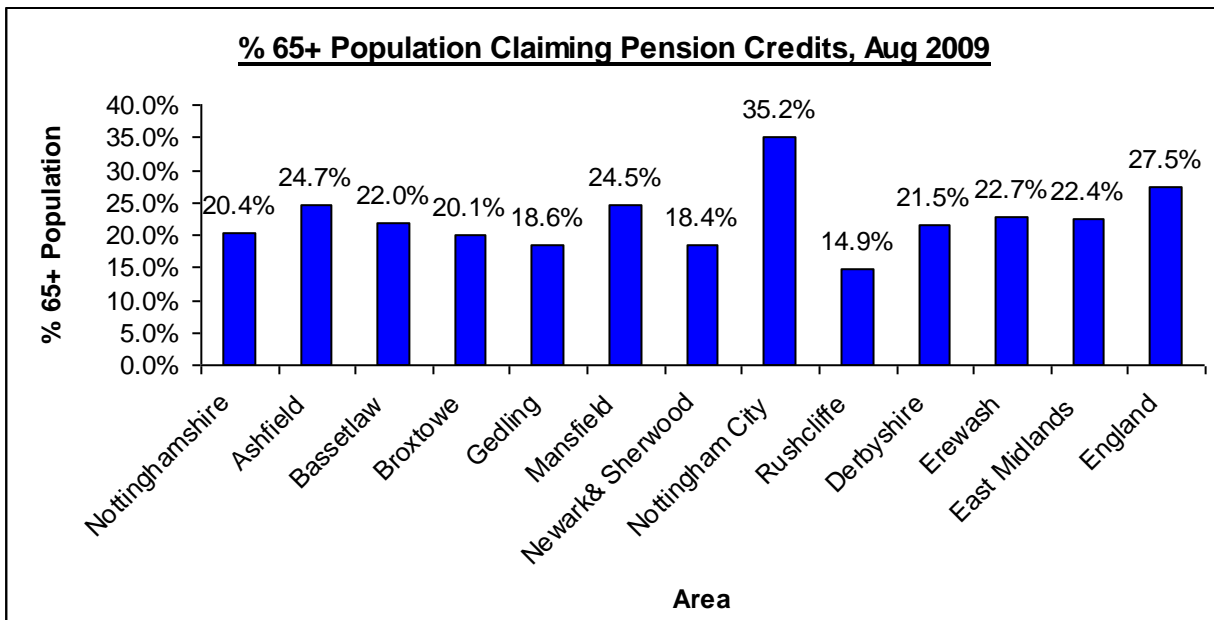
## Pension Credits

Pension Credits act as an income top-up for older people who have a limited income. The 85+ age group have the highest uptake of Pension Credits for all areas, both in terms of actual numbers and in proportion to the total age group. The full breakdown of the number of Pension Credit claimants by district area can be found in Appendix 1.

Ashfield and Mansfield have two of the highest proportions of people aged 65+ claiming Pension Credits to top-up their low income (at 24.7% and 24.5% respectively). By far the highest rate of Pension Credit uptake is in Nottingham City, where 35.2% of the 65+ population claim the benefit. This indicates an extreme level of income deprivation amongst the older population in this area. All of the other study areas have a lower level of pension credit claims than the national average of 27.5%.

The considerable proportion of Pension Credit claimants in Nottingham City can be seen very clearly in Figure 2.11 below.

Figure 2.11: % 65+ Population Claiming Pension Credits, August 2009



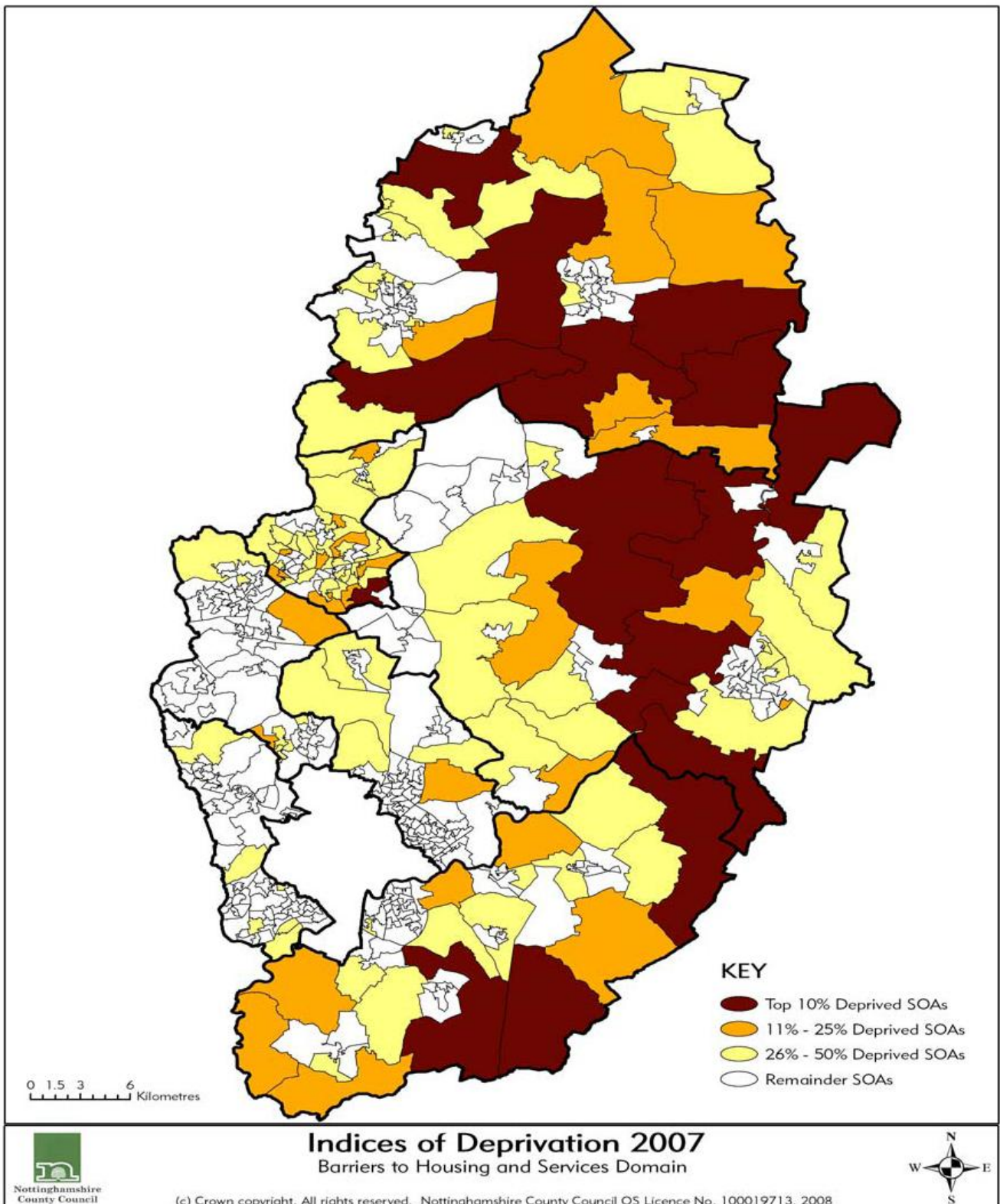
(Department of Work and Pensions Tabulation Tool, August 2009 data)

## Barriers to Housing and Services

The figure below shows the Barriers to Housing and Services Domain of the 2007 Indices of Deprivation for Nottinghamshire. Amongst other things, this domain measures road distances to post offices, supermarkets, GP surgeries and primary schools. The domain therefore gives a proxy for rurality and shows the eastern and southern wards in the county to have significant problems. Both Bassetlaw and Newark and Sherwood contain 6 SOAs that fall within the most deprived 10% nationally, whilst Rushcliffe contains 3 such SOAs. Given that older people have lower levels of car ownership and are more dependent on public transport, older people living in these areas are more likely to experience difficulties in accessing essential services. These factors, combined with ill health and living alone can have a serious negative impact on older people with regards to further health problems, social exclusion and isolation.

Only 7 SOAs in Nottingham City rank in the worst 20% of the country in terms of Barriers to Housing and Services. The pattern remains very different to most of the other domains because geographical access to services is less restricted in urban areas<sup>4</sup>.

Figure 2.12: Barriers to Housing and Services Domain, 2007 IMD



<sup>4</sup> Nottingham City Council Joint Strategic Needs Assessment, 2009  
<http://www.nottinghaminsight.org.uk/insight/jsna/jsna-home.aspx>

(Nottinghamshire County Joint Strategic Needs Assessment, 2008)

## Health

Figure 2.13 offers an overview of the prevalence of health problems amongst the older population in Nottinghamshire, Nottingham City, and Derbyshire. For Nottinghamshire, just under half of this population will have a limiting long-term illness and up to 20% will have some level of depression. The level of limiting long-term illness in Nottingham City is higher than that of Nottinghamshire, as are health conditions caused by stroke, A&E attendance due to a fall, hospital admission due to a fall, and visual impairment. For Derbyshire, over half of this population will have a limiting long-term illness and, like Nottinghamshire, up to 15% will have some level of depression.

Figure 2.13: Prevalence of Health Problems in Population aged 65+

Health Problem	Nottinghamshire		Nottingham City		Derbyshire	
	No.	%	No.	%	No.	%
<b>Limiting Long-term Illness</b>	66,860	49.7%	18,220	52.2%	69,090	51.6%
<b>Depression</b>	13,460 – 20,190	10-15%	3,490 – 5,235	10-15%	13,390 – 20,085	10-15%
<b>Severe Depression</b>	4,040 – 6,730	3-5%	1,050 – 1,745	3-5%	4,020 – 6,695	3-5%
<b>Longstanding health condition caused by heart attack</b>	9,420	7%	2,450	7.0%	9,380	7.0%
<b>Longstanding health condition caused by stroke</b>	3,460	2.6%	930	2.7%	3,450	2.6%
<b>Longstanding health condition caused by bronchitis/ emphysema</b>	2,960	2.2%	760	2.2%	2,950	2.2%
<b>Predicted to attend A&amp;E due to a fall</b>	8,310	6.2%	2,250	6.4%	8,275	6.2%
<b>Predicted to be admitted to hospital due to a fall</b>	2,840	2.1%	780	2.2%	2,830	2.1%
<b>Predicted to have moderate or severe visual impairment</b>	11,860	8.8%	3,170	9.1%	11,810	8.8%
<b>Total Population 65+</b>	134,600	100%	34,900	100%	133,900	100%

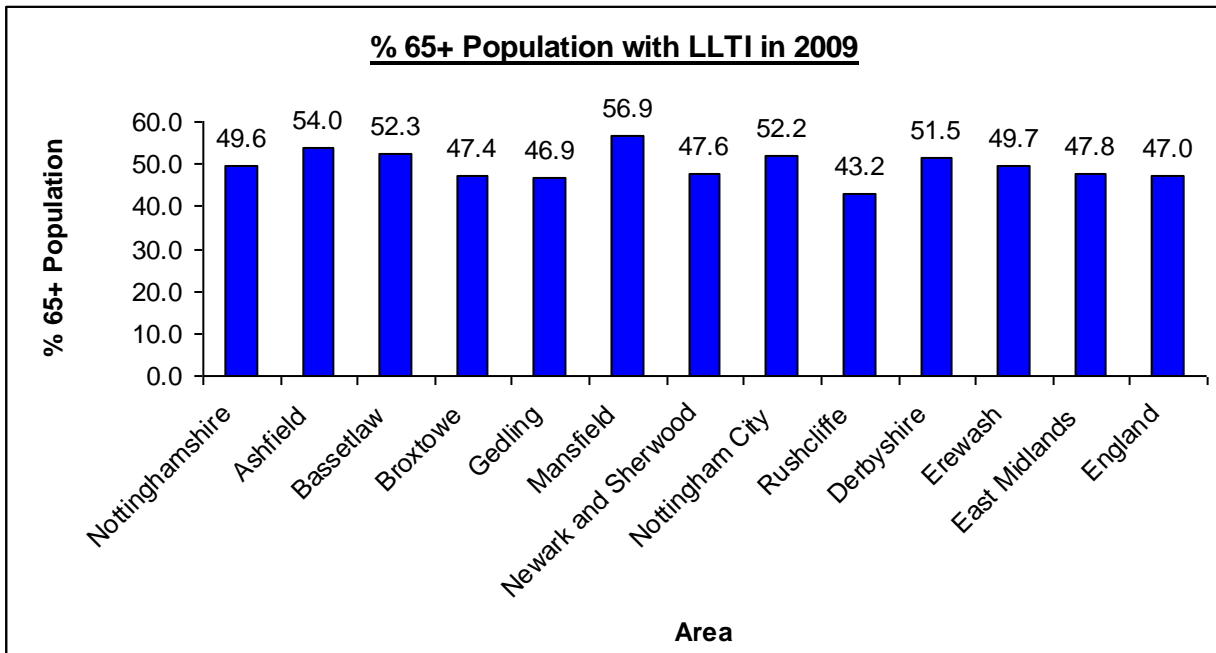
(East Midlands Public Health Observatory 'Nottinghamshire Dementia Profile, 2009', 'Nottingham City Dementia Profile, 2009' and 'Derbyshire Dementia Profile, 2009')

### Limiting Long-Term Illness (LLTI)

Looking specifically at limiting long-term illness (LLTI), stark differences within Nottinghamshire can be identified. Mansfield and Ashfield, along with showing deprivation with regards to income, are showing deprivation with regards to health in the following graph, with both areas having by far the highest levels of LLTI in the County and beyond (56.9% and 54% respectively). Rushcliffe has by far the lowest level of LLTI at 43.2% and, alongside the high levels of owner occupation, the low levels of income deprivation and the higher-than-average property prices in this area can be identified as the least financially and health deprived area in Nottinghamshire. Both Erewash and Derbyshire have relatively high levels of limiting long-term illness, both higher than the regional and national average.

Figure 2.14 offers a full breakdown of the levels of LLTI throughout the study area, compared both regionally and nationally.

Figure 2.14: % 65+ Population with LLTI in 2009



(POPPI)

### **Dementia**

Along with a projected growth in the number of older people, particularly with regards to those in the 85+ age group, the numbers of older people with dementia is also projected to grow over the next 20 years. Figure 2.15 looks at the projected number of older people with dementia between 2009 and 2030, by age group and by study area, with the % change over the period and the additional numbers of people with dementia over the period. All of the study areas, with the exception of Nottingham City, are expected to witness a huge percentage increase in older people with dementia. This is particularly true in Bassetlaw and Newark and Sherwood (103.1% and 96.8% respectively), as these are the two district areas with the highest numbers of older people and the highest projected increase in numbers of older people over the 20 year period. The small increase in the 65+ population with dementia in Nottingham City is very much related to the small projected growth in this population overall.

Figure 2.15: Dementia Projections for 65+ Population, 2009 to 2030

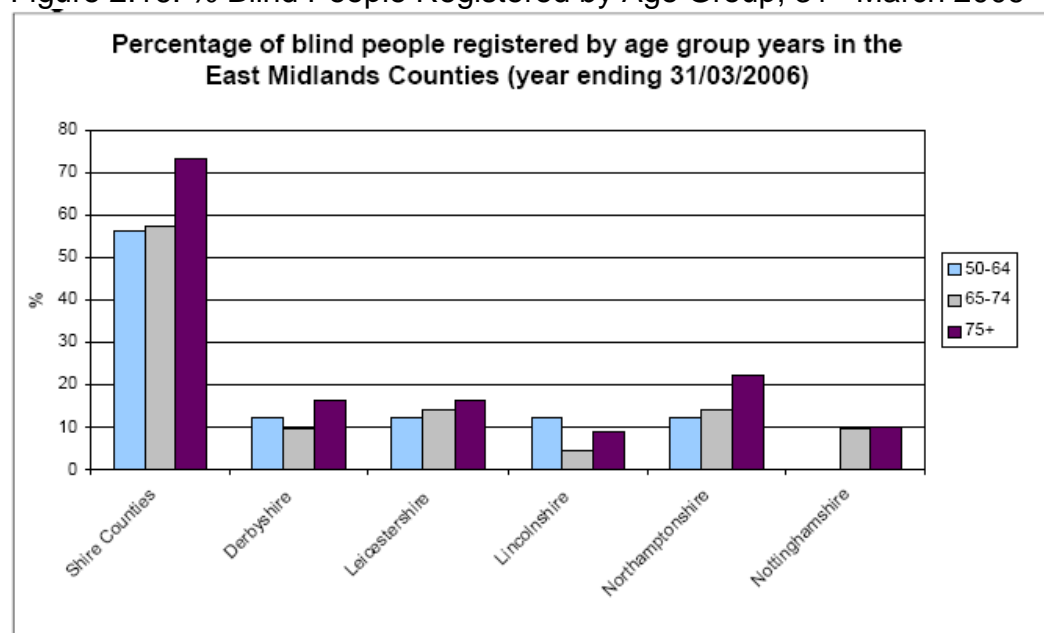
Area	Year of Projection					% Change 2009-2030	Additional Nos. Over Period
	2009	2015	2020	2025	2030		
Nottinghamshire	9,506	10,972	12,629	14,875	17,416	83.2	7,910
Ashfield	1,317	1,495	1,735	2,080	2,460	86.8	1,143
Bassetlaw	1,365	1,615	1,935	2,320	2,772	103.1	1,407
Broxtowe	1,328	1,531	1,733	1,970	2,265	70.6	937
Gedling	1,466	1,669	1,875	2,132	2,425	65.4	959
Mansfield	1,206	1,357	1,530	1,785	2,102	74.3	896
Newark and Sherwood	1,487	1,735	2,037	2,450	2,926	96.8	1,439
Nottingham City	2,562	2,594	2,675	2,903	3,240	26.5	678
Rushcliffe	1,361	1,566	1,838	2,126	2,473	81.7	1,112
Derbyshire	9,783	11,137	12,974	15,474	18,348	87.5	8,565
Erewash	1,319	1,550	1,757	2,058	2,405	82.3	1,086

(POPPI)

### Sensory Impairment

Figure 2.16 below shows the percentage of blind people registered by age group in the East Midlands 'Shire Counties' for year 2005-2006, and shows Nottinghamshire to have lower levels of registered blindness (approx 10%) in both 65-74, and 75+ groups compared to its neighbours<sup>5</sup>.

Figure 2.16: % Blind People Registered by Age Group, 31<sup>st</sup> March 2006



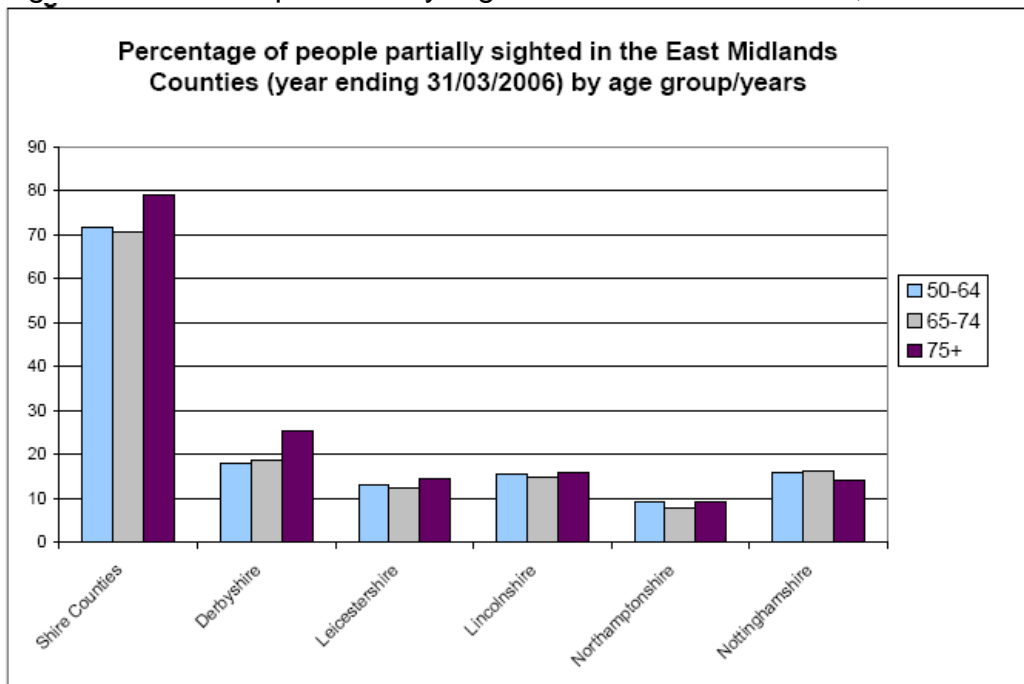
(Nottinghamshire County Joint Strategic Needs Assessment, 2008)

A recent large multi-centre general practice study by the Medical Research Council found that 12.4% of those aged 75 years or over were visually impaired. Figure 2.17 shows the percentage of people partially sighted in the East Midlands 'Shire Counties' by age group, and aside from Northamptonshire, all counties fall in or around the MRC results. Nottinghamshire can be seen to vary between 14% and 16% across the three age groups,

<sup>5</sup> Nottinghamshire County Joint Strategic Needs Assessment, 2008  
<http://www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm>

with the highest percentage evident in the 65-75 year old group, whilst Derbyshire shows the highest levels of partial sightedness amongst its East Midlands neighbours<sup>6</sup>.

Figure 2.17: % People Partially Sighted in the East Midlands, 31<sup>st</sup> March 2006



(Nottinghamshire County Joint Strategic Needs Assessment, 2008)

### **Hearing Impairment**

Nottinghamshire has relatively low levels of registered deaf people compared to other Shire counties in the East Midlands, accounting for just over 15% of 16-64 year olds and just over 10% 65-74 year olds. In Nottinghamshire in March 2008 there were 140 dually sensory impaired people (both visual and hearing impairments) over the age of 18. The majority of these people are over 65.<sup>7</sup>

### **Unpaid Care, Domestic Tasks, Self-Care and Mobility**

The numbers of older people who are providing unpaid care to a partner, family member or other person is currently substantial and is projected to increase considerably alongside the growth in older people over the next 20 years. Bassetlaw and Newark and Sherwood have the highest projected percentage change in the number of people aged 65+ who provide unpaid care, due to the higher projected older population increases in these two areas. Conversely, Nottingham City has by far the lowest projected increase.

With regards to the additional three sub-sets of information (older people unable to carry out domestic tasks and self-care and with poor mobility), the increase in numbers of people over the period is substantial. This means that the services that are provided to assist with each of these types of tasks are set to witness increasing pressures over the coming years, with considerably elevated numbers of older people requiring these services to remain independent. This will be particularly true in the districts with the largest older populations, namely Bassetlaw and Newark and Sherwood. As well as thinking about the

<sup>6</sup> Nottinghamshire JSNA

<sup>7</sup> Nottinghamshire JSNA

areas with the largest older populations, it is also important here to consider older people who are located in the more rural districts of Nottinghamshire, who may be more geographically and socially isolated and create more of a challenge when it comes to service provision.

The full breakdown of the projected numbers of people aged 65+ providing unpaid care, unable to carry out domestic tasks and self-care, and with poor mobility, are given in Appendix 1.

Figure 2.18: Additional Numbers of People aged 65+ carrying out Unpaid Care, unable to carry out Domestic Tasks and Self-Care, and with Mobility Problems between 2010 and 2030

Area	Type of Task			
	Unpaid Care	Domestic Tasks	Self-Care	Mobility
Nottinghamshire	8,333	38,163	31,201	18,052
Ashfield	1,276	5,696	4,656	2,669
Bassetlaw	1,457	6,835	5,566	3,213
Broxtowe	850	4,336	3,545	2,072
Gedling	841	4,366	3,579	2,114
Mansfield	1,009	4,363	3,594	2,074
Newark and Sherwood	1,598	7,106	5,805	3,344
Nottingham City	1,003	3,527	2,965	1,669
Rushcliffe	1,224	5,407	4,409	2,546
Derbyshire	8,544	40,387	32,952	19,226
Erewash	1,057	5,091	4,144	2426

(POPPI)

## Summary

- Population:** All of the districts within Nottinghamshire, and Erewash in Derbyshire, are projected to witness a very high increase in the population aged 85 and over, with all of the areas projected to see this population at least doubling in the next 20 years. Nottingham City is an exception to this rule and is projected to witness only a small increase in its older population. By 2030, at least a quarter of the population in all Nottinghamshire areas will be aged 65+, and at least 4.3% will be aged 85+, with the exception of Nottingham City at 12% and 2.1% respectively.
- Tenure:** There is a mix of pensioner household tenures across the County, with Rushcliffe, Gedling and Broxtowe having very high levels of owner-occupation and Bassetlaw having a high level of social-renting. All of the areas have at least 54.9% of their pensioner households living in owner-occupied accommodation.
- Living Alone:** There are large numbers of people aged 65+ living alone throughout the County, which are predicted to increase by a maximum of 76.2% in Bassetlaw between 2009 and 2030.
- Deprivation:** Nottingham City, Ashfield, Mansfield and Bassetlaw have the highest uptake of Pension Credits in the County and by far the highest levels of limiting long-term illness, two strong indicators of deprivation. Some of the districts contain a concentration of SOAs that are ranked within the most deprived 10% nationally in

terms of barriers to housing and services (IMD 2007). The concentration is particularly high in Bassetlaw and Newark and Sherwood.

- **Dementia:** Associated with the high level of projected growth in the 85+ population, the number of people with dementia is also projected to rise substantially – by 83.2% between 2009 and 2030 in Nottinghamshire County.
- **Low-Level Support Needs:** All of the districts within Nottinghamshire, as well as Erewash and Derbyshire as a whole, are projected to experience a considerable growth in the number of older people who are unable to manage domestic tasks and self-care activities, and who have poor or limited mobility, in the next 20 years.

Area	Key Findings
<b>Nottinghamshire</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 59.2%, 85+ population projected to increase by 116.5%</li> <li>• By 2030, 27.9% of the population will be aged 65+ and 4.8% will be aged 85+</li> <li>• 82,396 people aged 65+ are projected to be living alone by 2030, an increase of 62.2% between 2009 and 2030</li> <li>• 20.4% of the 65+ population are claiming Pension Credits, a benefit which offers a top-up to state pensions for older people with a low income and used here as an indicator of income deprivation amongst the older population</li> <li>• In 2009, it is estimated that 49.6% of people aged 65+ in Nottinghamshire have a limiting long-term illness</li> <li>• 52% of the gross ASC expenditure for 08-09 was on older people (people aged 65+) – lower than the comparator group (59%) and the national average (57%)</li> <li>• Nottinghamshire falls below the comparator group and the national average for social care clients receiving self-directed support</li> <li>• 96% of services provided to older people were provided within 4 weeks of assessment – highest in the comparator group and higher than the national average</li> </ul>
<b>Ashfield</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 61.8%, 85+ population projected to increase by 112.5%</li> <li>• By 2030, 27.1% of the population will be aged 65+; 4.3% will be 85+</li> <li>• 11,981 people aged 65+ are projected to be living alone by 2030, an increase of 66.8% between 2009 and 2030</li> <li>• 24.7% of the 65+ population are claiming Pension Credits, one of the highest proportions in the County and higher than the regional average</li> <li>• In 2009, it is estimated that 54% of people aged 65+ in Ashfield have a limiting long-term illness, second only to Mansfield and far higher than the regional and national average</li> <li>• The number of people aged 65+ with dementia is projected to increase by 86.8% between 2009 and 2030</li> </ul>

Area	Key Findings
<b>Bassetlaw</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 71.7%, 85+ population projected to increase by 144.0%</li> <li>• By 2030, 30.9% of the population will be aged 65+ and 5.4% will be aged 85+</li> <li>• One of the lowest levels of pensioner owner-occupation in Nottinghamshire at 62.9% and one of the highest levels of pensioner households who are living in social rented accommodation in Nottinghamshire (30.9%), according to 2001 data</li> <li>• 13,088 people aged 65+ are projected to be living alone by 2030, an increase of 76.2% between 2009 and 2030 – the highest % increase in the County</li> <li>• 22% of the 65+ population are claiming Pension Credits, indicating a higher level of income deprivation amongst older people. Also on the theme of deprivation, Bassetlaw is home to 6 SOAs that are ranked within the 10% most deprived areas in terms of Barriers to Housing and Services (IMD 2007)</li> <li>• In 2009, it is estimated that 52.3% of people aged 65+ in Bassetlaw have a limiting long-term illness, higher than the County, Regional and National averages</li> <li>• The number of people aged 65+ with dementia is projected to increase by 103.1% between 2009 and 2030, the highest rate in the County and equivalent to an additional 1,407 people with dementia by 2030</li> </ul>
<b>Broxtowe</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 46.6%, 85+ population projected to increase by 104.2%</li> <li>• By 2030, 24.9% of the population will be 65+ and 4.3% will be 85+</li> <li>• High level of pensioner owner-occupation at 73.4% (2001 data)</li> <li>• 10,624 people aged 65+ are projected to be living alone by 2030, an increase of 49.8% between 2009 and 2030 – a considerably lower % increase than many of the other districts</li> <li>• 20.1% of the 65+ population are claiming Pension Credits, very similar to the County average</li> <li>• In 2009, it is estimated that 47.4% of people aged 65+ in Broxtowe have a limiting long-term illness, a relatively low level amongst its County counterparts</li> <li>• The number of people aged 65+ with dementia is projected to increase by 70.6% between 2009 and 2030</li> </ul>
<b>Gedling</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 42.3%, 85+ population projected to increase by 100.0%</li> <li>• By 2030, 26.3% of the population will be 65+ and 4.8% will be 85+</li> <li>• Very high level of pensioner owner-occupation at 77% (2001 data)</li> <li>• 11,269 people aged 65+ are projected to be living alone by 2030, an increase of 45.9% between 2009 and 2030 – a considerably lower %</li> </ul>

Area	Key Findings
	<p>increase than many of the other districts</p> <ul style="list-style-type: none"> <li>• 18.6% of the 65+ population are claiming Pension Credits, a rate that is considerably lower than the regional and national averages and which shows a relatively low-level of income deprivation amongst the older population</li> <li>• In 2009, it is estimated that 46.9% of people aged 65+ in Gedling have a limiting long-term illness, lower than the county, regional and national averages</li> <li>• The number of people aged 65+ with dementia is projected to increase by 65.4% between 2009 and 2030, by far the lowest level in the County but still a considerable increase</li> </ul>
<b>Mansfield</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 55.5%, 85+ population projected to increase by 109.1%</li> <li>• By 2030, 26.5% of the population will be 65+ and 4.5% will be 85+</li> <li>• 10,077 people aged 65+ are projected to be living alone by 2030, an increase of 56% between 2009 and 2030</li> <li>• 24.5% of the 65+ population are claiming Pension Credits, a high rate second only to Ashfield, showing that nearly a quarter of the 65+ population are income deprived</li> <li>• In 2009, it is estimated that 56.9% of people aged 65+ in Mansfield have a limiting long-term illness, by far the highest level in the county and far higher than the regional and national averages</li> <li>• The number of people aged 65+ with dementia is projected to increase by 74.3% between 2009 and 2030</li> </ul>
<b>Newark and Sherwood</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 71.0%, 85+ population projected to increase by 124.1%</li> <li>• By 2030, 31.6% of the population will be 65+ and 5.6% will be 85+</li> <li>• 13,789 people aged 65+ are projected to be living alone by 2030, an increase of 76.1% between 2009 and 2030 – one of the highest % increases in the County</li> <li>• 18.4% of the 65+ population are claiming Pension Credits, one of the lowest rates in the County and far lower than the Regional and National averages</li> <li>• Although witnessing little income deprivation amongst its older population, Newark and Sherwood holds 6 SOAs which are ranked amongst the most deprived 10% nationally with regards to Barriers to Housing and Services (IMD 2007). Although not specifically for older people, this indicator reflects the difficulty that the whole population experience in accessing housing and services within the Authority, which is something that will be intensified as a person becomes older and less financially, socially and physically mobile</li> <li>• In 2009 it is estimated that 47.6% of people aged 65+ in Newark and Sherwood have a limiting long-term illness, very similar to the regional</li> </ul>

Area	Key Findings
	<p>and national averages</p> <ul style="list-style-type: none"> <li>• The number of people aged 65+ with dementia is projected to increase by 96.8% between 2009 and 2030, equivalent to an additional 1,439 older people with dementia by 2030</li> </ul>
<b>Nottingham City</b>	<ul style="list-style-type: none"> <li>• Nottingham City is very different from the Nottinghamshire district areas and Erewash in the way that the growth in its older population is projected to occur at a much lower rate – 65+ to increase by 27% and 85+ to increase by 40.8% by 2030</li> <li>• The proportion of older people amongst the total population is set to remain almost static over the next 20 years</li> <li>• There is a considerable older BME population (7.6% of those aged 65+)</li> <li>• Nottingham is losing its older population due to internal migration (between 2007 and 2008 300 people aged 65+ left the city)</li> <li>• Pensioner owner-occupation is very low (54.9%) and social renting is very high (36.2%)</li> <li>• Nottingham has the lowest overall average property price in the comparator group (£112,105), an annual change of -3.6%</li> <li>• 56 of the 176 SOAs within Nottingham fall within the 10% most deprived in the country</li> <li>• 28.5% of older people are affected by income deprivation</li> <li>• 35.2% of the 65+ population claim Pension Credits – higher than all comparator areas, the region and nationally</li> <li>• 52.2% of the 65+ population have a limiting long-term illness</li> </ul>
<b>Rushcliffe</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 60.7%, 85+ population projected to increase by 111.5%</li> <li>• By 2030, 27.8% of the population will be 65+ and 5.0% will be 85+</li> <li>• The highest level of pensioner owner-occupation in Nottinghamshire at 77.8% (2001 data) – far higher than the regional (69.3%) and the national (68.2%) average</li> <li>• 11,511 people aged 65+ are projected to be living alone by 2030, an increase of 62.9% between 2009 and 2030</li> <li>• 14.9% of the 65+ population are claiming Pension Credits, by far the lowest level in the County, and lower than the regional and England averages, indicating a very low level of income deprivation amongst the older population</li> <li>• In 2009, it is estimated that 43.2% of people aged 65+ in Rushcliffe have a limiting long-term illness, far lower than the County, regional and national averages</li> <li>• Although Rushcliffe has a very low level of income deprivation and limiting long-term illness amongst its older population, it does hold 3 SOAs that are ranked within the most deprived 10% nationally with regards to Barriers to Housing and Services (IMD 2007), because it is a very rural area. Although not specifically for older people, this indicator</li> </ul>

Area	Key Findings
	<p>reflects the difficulty that the whole population experience in accessing housing and services within the authority, which is something that will be intensified as a person becomes older and less financially, socially and physically mobile</p> <ul style="list-style-type: none"> <li>• The number of people aged 65+ with dementia is projected to increase by 81.7% between 2009 and 2030</li> </ul>
<b>Derbyshire</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 59.1%, 85+ population projected to increase by 119.6%</li> <li>• By 2030, 25% of the population will be 65+ and 4.4% will be 85+</li> <li>• 68.1% of the pensioner households in Derbyshire are owner-occupiers (2001 data) – slightly lower than the regional average (69.3%)</li> <li>• 84,902 people aged 65+ are projected to be living alone by 2030, an increase of 63.9% between 2009 and 2030</li> <li>• 21.5% of the 65+ population are claiming Pension Credits</li> <li>• In 2009, it is estimated that 51.5% of people aged 65+ in Derbyshire have a limiting long-term illness, higher than the Nottinghamshire average</li> <li>• The number of people aged 65+ with dementia is projected to increase by 87.5% between 2009 and 2030, an additional 8,565 people</li> </ul>
<b>Erewash</b>	<ul style="list-style-type: none"> <li>• Between 2009 and 2030, 65+ population projected to increase by 53.4%, 85+ population projected to increase by 111.5%, lower than the Derbyshire average for both age groups</li> <li>• By 2030, 23.7% of the population will be 65+ and 4.4% will be 85+</li> <li>• 72.8% of the pensioner households in Erewash are owner-occupiers (2001 data) – higher than the county and regional averages (68.1% and 69.3% respectively)</li> <li>• 11,204 people aged 65+ are projected to be living alone by 2030, an increase of 58.8% between 2009 and 2030</li> <li>• 22.7% of the 65+ population are claiming Pension Credits, higher than the county average</li> <li>• In 2009, it is estimated that 49.7% of people aged 65+ in Erewash have a limiting long-term illness, slightly lower than the Derbyshire average</li> <li>• The number of people aged 65+ with dementia is projected to increase by 82.3% between 2009 and 2030, an additional 1,086 people</li> </ul>

*(Various sources, all cited in full in later figures)*

## Conclusions

- **Population:** The large increases in the older population (both in terms of numbers and in terms of the overall proportion of the total population) over the next 20 years will mean high increases in demand for services, particularly for those aged 85+, who will more than likely be frail and need more intensive services. This growth in the 85+ population will have a considerable impact on the demand for dementia services, as prevalence rates suggest that 1 in every 6 people aged 85 and over will have some form of dementia. Nottingham City is very different to all of the other study areas, with a smaller proportion of older people amongst its total population which is projected to increase at a very low rate over the next 20 years.
- **Tenure:** The mix of tenures occupied by pensioner households across the study area mean that services to help older people to remain independent in their own homes need to be available to all tenures. Some of the districts (Rushcliffe and Gedling) have high owner-occupation and high property prices, meaning that many pensioner households may have considerable equity tied up in their homes which could be released and put towards accommodation/ services that may be more appropriate for their needs.
- **Living Alone:** Throughout the study area there are high numbers of older people (65+) projected to be living alone. In previous qualitative work that has been carried out by PFA one of the most common findings has been that people who are living alone tend to be more socially isolated and more dependent on services to help them to retain their independence, particularly in terms of home maintenance and domestic tasks. As all of the areas are projected to witness an increase in both older people and older people who are living alone this is an issue that is set to increase in the future.
- **Limiting long-term illness:** The level of limiting long-term illness varies considerably throughout the County and identifies a need for service provision alignment according to the ill-health hotspots, namely Nottingham City, Mansfield, Ashfield and Bassetlaw.
- **Deprivation:** Some of the districts within the study area contain a concentration of SOAs that are ranked within the most deprived 10% nationally in terms of barriers to housing and services (IMD 2007). Although this indicator is representative of the population as a whole rather than just older people, it does identify an issue that intensifies with age and the associated decrease in terms of financial, social and physical mobility. Housing and service providers may need to increase their provision in the districts with the highest concentration of such SOAs (Bassetlaw and Newark and Sherwood), which are both rural in nature, to reduce the level of deprivation.
- **Low-Level Support Needs:** All of the district areas are expected to witness a considerable increase in the number of older people who are unable to manage domestic tasks and self-care and who have limited mobility. This finding suggests an elevated need for low-level support services such as domestic help, shopping and home maintenance services to help older people to remain independent within their own homes in the future. Previous PFA research has found that low-level support services such as these can make a huge positive difference to the lives of older people and can help considerably with regards to allowing older people to stay at home for longer.

Area	Key Conclusions
<b>Nottinghamshire</b>	<ul style="list-style-type: none"> <li>• Nottinghamshire is a county of variety with regards to the demographic and market profiles of its respective district areas</li> <li>• One factor that all of the district areas share is the projected increase in the older population, particularly for those aged 85+</li> <li>• There are pockets of financial and health deprivation in districts such as Ashfield and Mansfield, alongside pockets of relative wealth and good health in Rushcliffe</li> <li>• All of the district areas have witnessed a growth in property prices to differing extents over the past year, meaning that the level of equity that is tied up in the homes of older owner-occupiers is increasing and improving their ability to purchase retirement accommodation if they so desire</li> <li>• The profile of pensioner household tenure across the county also varies considerably, emphasising the need for support services to be available to older people across all tenures</li> <li>• Alongside the increase in size of the older populations of all district areas comes the projected increase in the number of older people with health conditions such as dementia and the associated growth in need for specialist services to help people with this condition</li> <li>• As well as the growing need for specialist support services for dementia, there is also going to be a growth in the need for low-level support services, such as domestic help and personal care support</li> </ul>
<b>Ashfield</b>	<ul style="list-style-type: none"> <li>• Ashfield is a deprived area, with a high proportion of older people claiming pension credits</li> <li>• The deprivation in Ashfield can also be identified by the high rate of older people with a limiting long-term illness. This high level of illness means a great demand on health services for older people in this District, which will increase in the future with the growth of the older population</li> <li>• It also has the lowest average house prices in the County (£114,861 overall average house price according to January-March 2010 data), meaning that the older people who do own their homes may not have very much equity tied up in their properties so may not be able to afford to purchase private retirement accommodation if necessary. Ashfield, however, has the highest rate of property price increase over the past year (+10.4%), so this equity problem may improve over time</li> </ul>
<b>Bassetlaw</b>	<ul style="list-style-type: none"> <li>• Bassetlaw is projected to witness the highest increase in the 85+ population between 2009 and 2030 amongst all of the Nottinghamshire districts at 144%. This means that this</li> </ul>

Area	Key Conclusions
	<p>older population is expected to grow by up to 2.5 times its current size, putting an enormous amount of pressure on services designed to help frail older people and people with dementia (1 in 6 people aged 85+ are estimated to develop dementia according to the Alzheimer's Society's dementia prevalence rates)</p> <ul style="list-style-type: none"> <li>The number of older people with dementia in Bassetlaw is projected to increase by 103.1% between 2009 and 2030, meaning an additional 1,407 people with dementia by the end of the period. This is a huge increase and signals a need for dementia services to be provided in this district</li> </ul>
<b>Broxtowe</b>	<ul style="list-style-type: none"> <li>The high level of pensioner owner-occupation in Broxtowe means that services to help older people to remain independent in their own homes need to be available to people in all tenures, with a particular focus on the higher than average proportion of owner-occupiers in the area. This includes services provided by Home Improvement Agencies</li> </ul>
<b>Gedling</b>	<ul style="list-style-type: none"> <li>The very high level of pensioner owner-occupation in Gedling means that services to help older people to remain independent in their own homes need to be available to people in all tenures, with a particular focus on the higher than average proportion of owner-occupiers in the area.</li> <li>Average property prices in Gedling were £156,330 in the period January-March 2010. This relatively high average property price, partnered with the higher level of owner-occupation could imply that older owner-occupiers may have a good level of equity to release from their homes in order to purchase retirement accommodation if necessary.</li> </ul>
<b>Mansfield</b>	<ul style="list-style-type: none"> <li>Mansfield has the highest level of limiting long-term illness in the County, meaning a higher demand on health care services for the older population compared with the other Districts. Mansfield also has a large proportion of its older population claiming pension credits, another indicator of deprivation in this area</li> </ul>
<b>Newark and Sherwood</b>	<ul style="list-style-type: none"> <li>Newark and Sherwood is projected to witness a very high increase in its 85+ population, which is estimated to increase by 124.1% over the next 20 years. Like Bassetlaw, this means an enormous amount of pressure on services for frail older people and older people with dementia</li> <li>The number of older people estimated to have dementia in Newark and Sherwood is projected to increase by 96.8% between 2009 and 2030, meaning an additional 1,439 people with dementia by the end of the period. This is a huge increase and signals a need for dementia services to be provided in this district</li> </ul>

Area	Key Conclusions
<b>Nottingham City</b>	<ul style="list-style-type: none"> <li>• Nottingham City has the lowest proportion of older people across the HMAs and is not projected to witness a large growth in this population during the next 20 years. Migration statistics suggest it is losing older people via internal migration</li> <li>• It is however, an area of extreme income deprivation which is estimated to affect just under a third of its older population, meaning that financial resources available to the older population to pay for housing-related support will be minimal</li> <li>• Nottingham has the lowest overall average house prices, which have decreased by 3.6% over the past year. This means that the older population that own their homes are likely to have very little equity tied up in their property and may be restricted in terms of future housing options</li> <li>• Nottingham has an extremely high proportion of non-White older people at 7.6%. This does not necessarily go to say that there is a need for BME-specific support services, but that there is a particular need for culturally-aware services in this area</li> </ul>
<b>Rushcliffe</b>	<ul style="list-style-type: none"> <li>• The very high level of pensioner owner-occupation in Rushcliffe means that services to help older people to remain independent in their own homes need to be available to people in all tenures, with a particular focus on the higher than average proportion of owner-occupiers in the area. The high property prices in Rushcliffe (£216,324 overall average price according to January-March 2010 data), which are the highest in the County, also mean that many of the owner-occupying pensioner households may have considerable equity tied up in their homes</li> <li>• There are very low levels of deprivation and long-term limiting illness in Rushcliffe, resulting in a relatively affluent and healthy older population. Due to this, there may well be a lower demand for long-term health care services in this authority, compared to the other district areas</li> </ul>
<b>Derbyshire</b>	<ul style="list-style-type: none"> <li>• Derbyshire is projected to witness a very high increase in its population aged 85+, which is estimated to increase by 119.6% over the next 20 years. This means a large amount of pressure being placed on the provision of housing and housing-related support services for older people and older people with dementia</li> <li>• There is also a considerable level of limiting long-term illness in the County, with more than half (51.5%) of the 65+ population falling into this category. This factor, together with the large projected increase in the 85+ population, means a greater element of pressure on specialist support services for those with dementia as well as low-level</li> </ul>

Area	Key Conclusions
	<p>support services such as domestic help, personal care and home adaptations</p> <ul style="list-style-type: none"> <li>• The tenure mix of pensioner households within this county suggests that support services for older people should be available irrespective of tenure</li> </ul>
<b>Erewash</b>	<ul style="list-style-type: none"> <li>• The projected doubling (111.5%) of the 85+ population in this district area suggests a considerable increase in the demands for both specialist and low-level support services for older people</li> <li>• The considerable level of pensioner owner-occupation in Erewash means that services to help older people to remain independent in their own homes need to be available to people in all tenures, with a particular focus on the higher than average proportion of owner-occupiers in the area</li> <li>• Despite the high level of owner-occupation in Erewash, house prices are quite low (£124,197 overall average house price in the period January-March 2010), meaning that older home owners may not have a great deal of equity tied up in their homes to pay for retirement housing if necessary</li> </ul>

## 3. Views of Older People

### 3.1 Introduction

In this chapter we present the results of two exercises to gather the views of older people across the study area:

- Face to face consultation with groups of older people (See Appendix 2 for full results);
- The results of a household survey carried out by post and online (See Appendix 3 for full results).

### 3.2 The Changing Aspirations of Older People

A wide range of consumer research with older people shows that their aspirations in relation to housing and care in older age are growing<sup>8</sup>. This is driven by higher levels of home ownership (and so equity and capital wealth), higher aspirations around lifestyle, and a wish to sustain independence even if older people have health and care needs. This is translating into a growing view that being frail does not necessarily mean giving up and going into a care home. Aspirations have been and are continuing to change at a rapid pace and will continue to do so via the baby boomer generation – more space, more bedrooms, more social life etc

Older people tend to move for different reasons at different stages of their lives. Some choose to move at an earlier age due to 'pull' factors. These people are making a positive choice to move (e.g. a better location, or smaller, easier to manage home). These people have tended to move to other general needs housing, for example a house, flat or bungalow.

Other older people choose to stay where they are for as long as possible, even if their current home may not be easy to manage, and then move at a later stage due to 'push' factors (e.g. reasons such as illness, disabilities which makes it harder to get around the house, loneliness, or death of a partner).

In making their choices if they want to move home in older age, whether for 'push' or 'pull' factors, a number of factors are becoming increasingly important:

- *Space*: older people are looking to good space standards in accommodation. This is reflected in the fact that a growing amount of early sheltered housing, built to poor space standards, and often without a separate bedroom, is now becoming hard to let or sell;
- *Two bedrooms*: the wish for two bedrooms is becoming the norm;
- *Location*: location has always been, and is still a critical factor, in older people making a housing choice that suits them. For 'pull' factor moves for people in early retirement, rural areas are becoming increasingly attractive. For people in later retirement, ('push' factor moves) most people wish to move to a location - usually city, town or large village – where services and facilities are close to hand;

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<sup>8</sup> Most recently, *Breaking the Mould*, National Housing Federation, 2011. See also [www.dhcarenetworks.org.uk/housing](http://www.dhcarenetworks.org.uk/housing)

- *Accessibility to services:* a growing number of older people are looking to move to somewhere where both the building and services will be able to support them if they become frailer without them having to make a further move;
- *Service approach:* older people are increasingly looking for a service model (alongside the housing) that is flexible and allows them to pay a small fixed service charge and then to have a service model with different options that allows them to purchase services as they need them;
- *Couples remaining together:* older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home.

In relation to both public and independent sector services, older people and other groups of the population are looking for:

- Improvements in quality year on year;
- Fairness and equity in how they pay for services;
- Transparency on what they are getting for what cost, and flexibility in being able to purchase services as and when they need.

### 3.3 Consultation Outcomes

#### *Introduction*

Nine consultation events took place, one in each local authority area, involving 160 older people. The consultations took place in a range of settings, including urban and rural areas. People from BME communities were included and there was a mix of people who lived in specialist accommodation, people who were owner occupiers, social renters and some who were private renters.

The consultations took place with formal groups, for example, consultation groups set up by councils and informal groups based around social activities. In view of the nature of the consultation groups, they tended to contain very few people under 65.

The same question schedule was used for all of the consultation events, ensuring standardisation and comparability in the information that was collected. A copy of this question schedule can be found in Appendix 2, which is broadly based upon the **Care Services Efficiency Delivery (CSED) toolkit**<sup>9</sup>. These specific questions have been used to invoke from the attendees a visualisation of their current and future housing and support needs under different health conditions. The questions also gauge participants' awareness of the different housing and support services that are available to them as they get older.

Set out below is a summary of the results of the consultation. Detailed descriptions of the consultations can be found in Appendix 2:

- Overall, the majority did want to stay in their own homes but, paradoxically, a surprising proportion were on waiting lists etc (probably just over half in some consultations) and had been thinking about their options for a while. There is some contrast here with the survey (below). The survey had a much greater proportion of

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<sup>9</sup> <http://www.housingcare.org/downloads/kbase/2990.pdf>

people who would not consider moving and this may be explained by the survey age profile, where many more people aged between 50 and 65 participated.

- Most people recognised that in order to stay in their own home they may at some time need help and this included the provision of aids and adaptations, help with domestic tasks such as gardening and also care services.
- A lack of two bed bungalows just about everywhere, but especially where there is very little traditional sheltered housing, came out as a consistent theme across consultations. Two bed bungalows may be very hard to access because of the limited supply and their popularity.
- Most would consider or actually favour renting bungalows, rather than owning. They do not want the responsibilities of property and garden maintenance, for example. However a significant number of owner occupiers would favour purchasing supported accommodation rather than renting.
- A general lack of choice of older people's accommodation and support. Most were interested in extra care and retirement villages. Even if they do not want it themselves they thought it would be a great option to have. There was a general awareness of sheltered housing but unsurprisingly the only people who knew about extra care were those who lived near where it had been developed.
- The attraction of sheltered housing was often described in terms of providing security and support but the main drawback was outdated design.
- Everyone seemed to be aware of residential care and nursing care and, whilst most people associated it with a loss of independence and as a last resort, it was also noted that there was good quality provision available.
- Not so surprising was the part that feeling vulnerable played in moving or not. Grief, isolation, depression, ill health, fear of anti-social behaviour etc all played a bigger part than the physical accommodation itself. If they felt safe and liked where they lived and had good support, they could put up with stairs for much longer, for example.
- There is still a lack of awareness about what is available for older people and what they are entitled to. For example, there were people at the consultations that could have a Community Alarm but did not know they could have one as they own their home. There is very little awareness of Assistive Technology and Home Improvement Agency services. To balance this, some had a large amount of information about what was available but these tended to be the people engaged in formal consultation processes.
- People from BME communities in particular seemed to know very little about specialist accommodation. The Asian elders said they needed more information available in Punjabi or Hindi. But also there was a need to recognise that many Asian elders can speak some English and if not speak it can still understand it but many cannot read it.
- Some people from African Caribbean communities said they were the only black person in sheltered schemes and they felt isolated. They would prefer a more mixed community.
- It was noticeable that a lot of older people do not really want their sons and daughters caring for them. In other words they do not want to burden their children and would rather have care from professional sources.
- Rural areas do have less information and awareness and often a lot less choice of accommodation and support. However, many do not want to move to where there is

more choice. There is a strong sense of belonging to local communities and this has an impact on people's willingness to consider moving.

- More general issues that emerged included the impact that a lack of public transport can have on the quality of life and the ways it can influence the decision to move. The lack of public transport can be a major influence on the decision to move but it can also influence where people will consider moving to. Concerns about security also feature as an issue even in areas where people identify a good community spirit as a reason for staying put.

Many of the findings from the consultation reflect the results from the household survey.

### **3.4 Household Survey Results**

The results of the household survey are divided into the following sections:

- Demography
- About your home and neighbourhood
- Help and support
- Finances
- Future housing requirements
- Key point summary

A full description of how the survey was conducted and a full range of results are contained in Appendix 3. This includes a full range of tables comparing results by Local Authority.

These results are further broken down for each individual authority within the district reports.

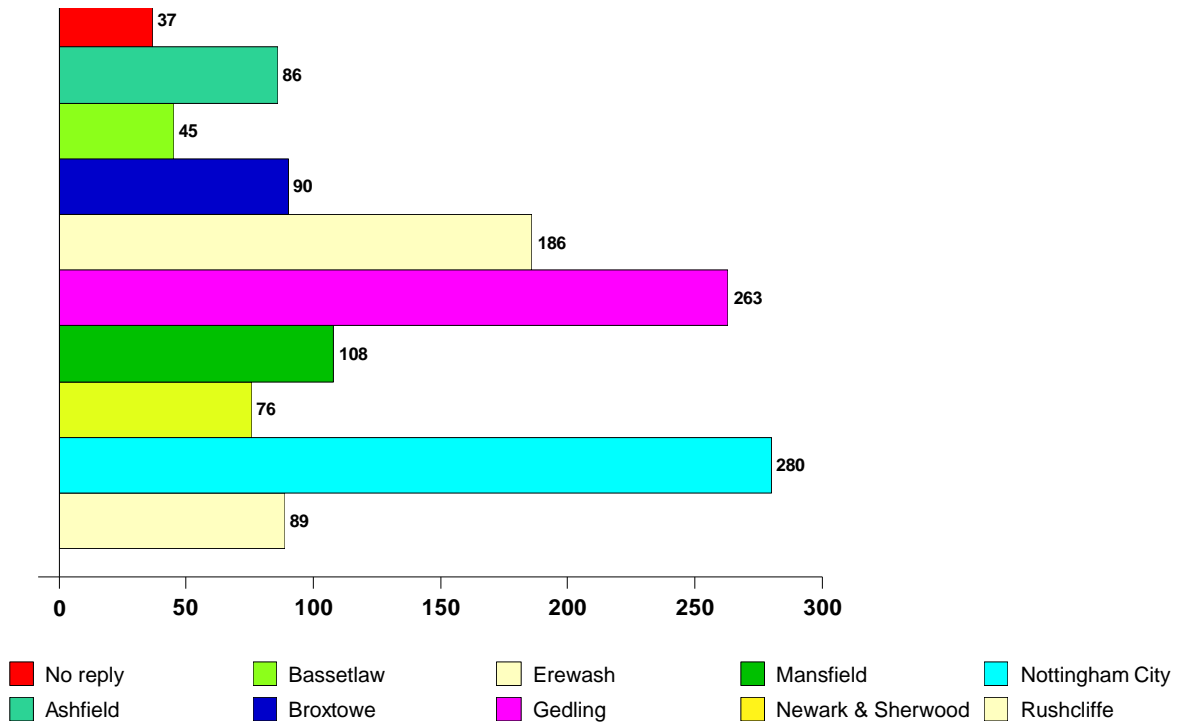
#### **Demographic**

This survey was distributed through a range of organisations working with older people across the study area. It was also made available online by each of the participating local authorities. The survey was not intended to be a "statistically relevant" survey but rather a pointer to the views and needs of older people.

A total of 1260 responses were received. Figure 3.1 offers a full breakdown of the geographical location of the respondents. 37 respondents did not state the council area in their survey return, so these respondents are not included in the geographical analysis below. The largest number of respondents were from Nottingham City (280 people, 22.2% of the total survey respondents), closely followed by Gedling (263 people, 20.9% of the total survey respondents). The lowest response was from Bassetlaw where 45 responses were received, 3.6% of the total.

A number of attempts were successfully made to improve the return in some areas where there had been a low response but, particularly in Bassetlaw, this proved challenging.

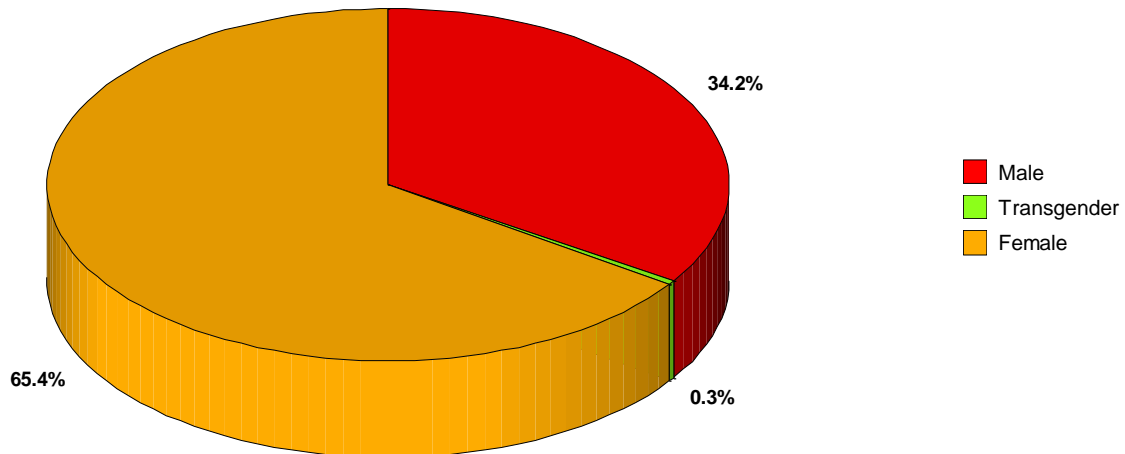
Figure 3.1: Location of respondents – who is your current council



**Gender**

Looking at the profile of the respondents, almost twice as many women as men responded to the survey (751 women compared with 396 men), 4 respondents classed themselves as transgender, and 109 respondents did not answer the gender question.

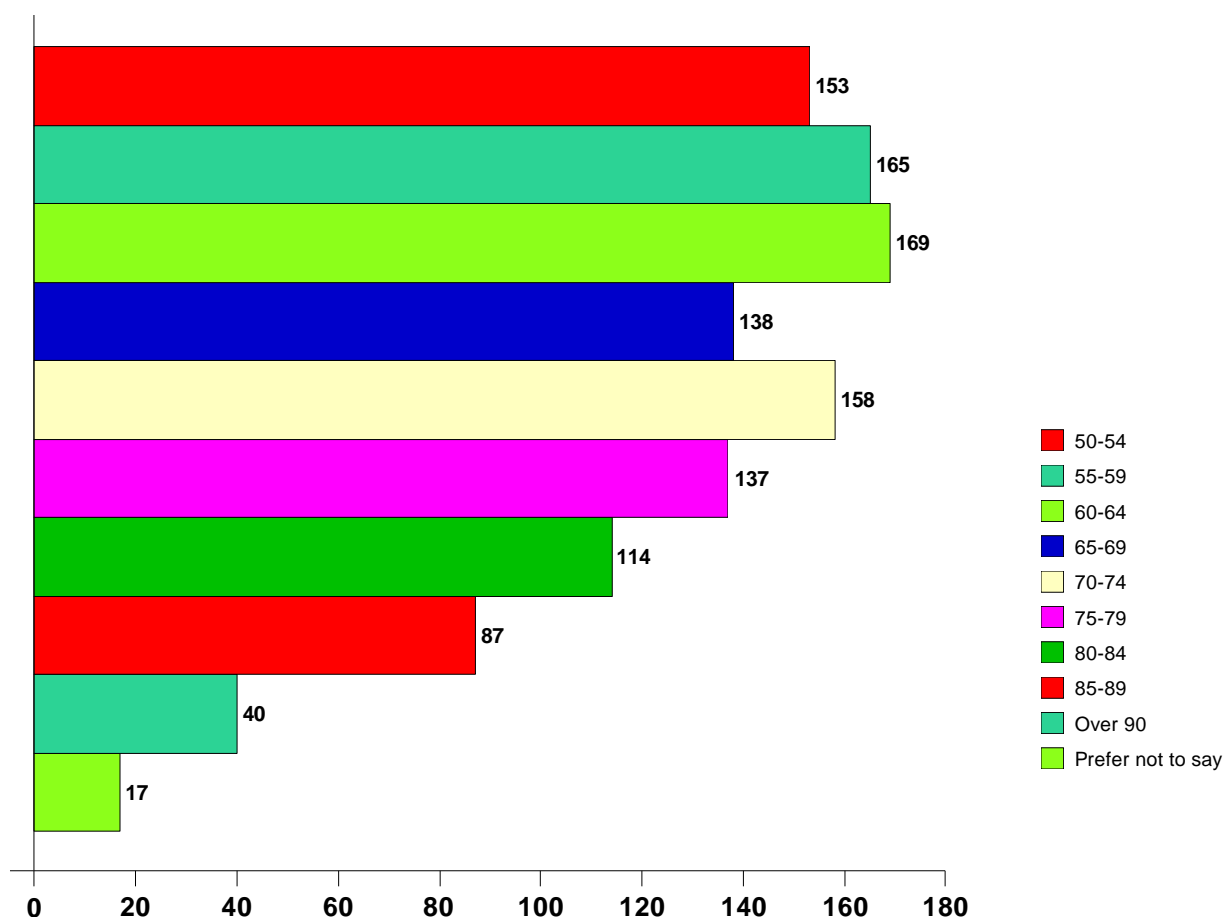
Figure 3.2: Gender of respondents



**Age**

Figure 3.3 offers a breakdown of the age of respondents. The most common response was 60-64 years (169 respondents, 14.3% of the total), while 33.5% of the total respondents were over 75.

Figure 3.3: Age of respondents



The full age breakdown by district is available in the district-level household survey reports that accompany this document. Figure 3.4 offers a district-level summary using broad age bands, to give an idea of the age groups that have responded to the survey geographically.

Figure 3.4: District-level Summary of Respondents' Age % (Table)

Area	Age Group (%)			
	50-64	65-74	75-84	85+
Ashfield	56.8	17.3	16.1	8.6
Bassetlaw	56.8	31.9	4.6	4.5
Broxtowe	63.9	16.3	12	5.3
Erewash	38.4	23.8	19.7	14.1
Gedling	31.3	22.9	30	11.1
Mansfield	26.3	34.9	25.3	13.6
Newark & Sherwood	65.3	16.7	15.3	1.4
Nottingham City	36.3	30.1	23.1	8.3
Rushcliffe	51.6	25.8	12.4	9

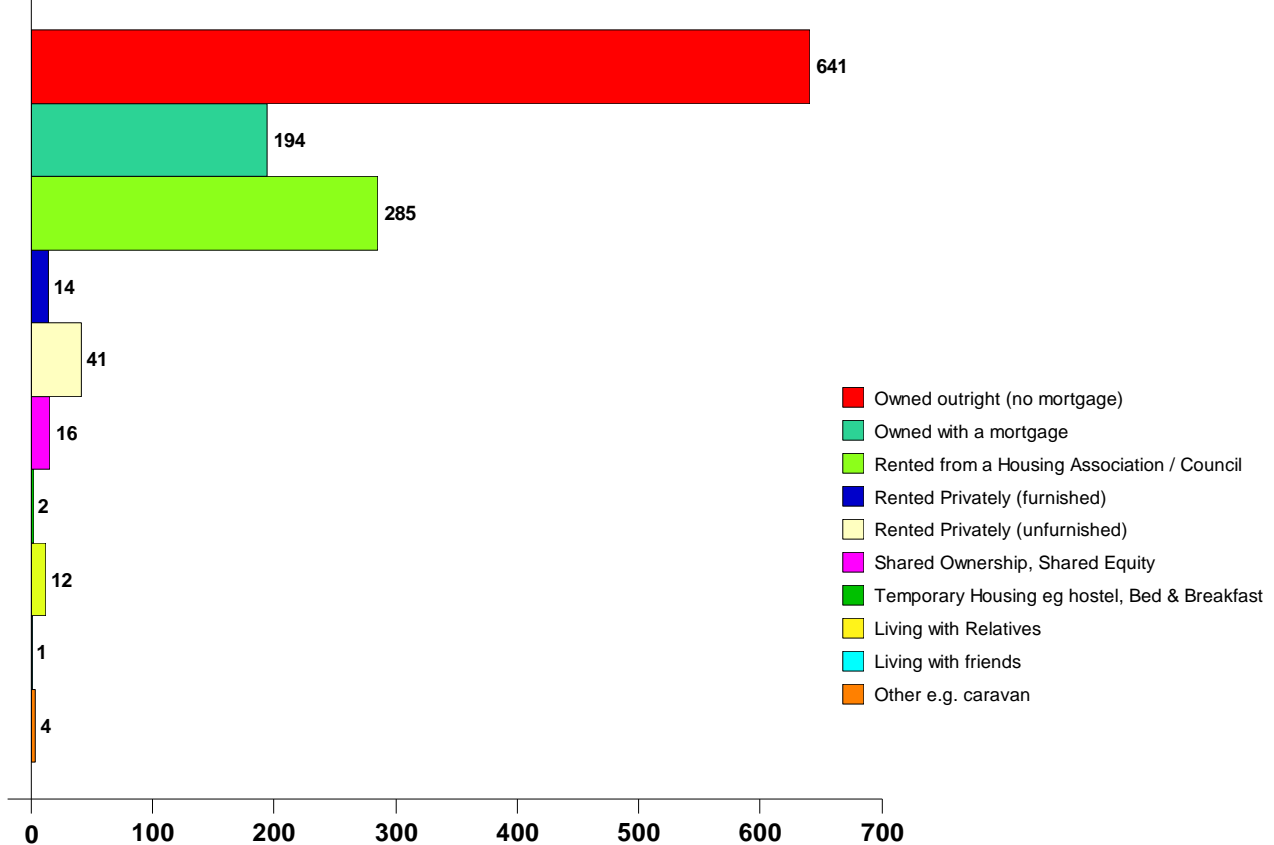
Erewash provided the greatest percentage of people over 85 who made a return within a specific local authority area while Newark and Sherwood provided the greatest number age 50 to 65.

## Current Housing

Looking at the current housing situation of the survey respondents, this section covers tenure, housing type, number of bedrooms, type of heating, and the state of repair of the home.

### Current Tenure

Figure 3.5: Current Respondent Tenure

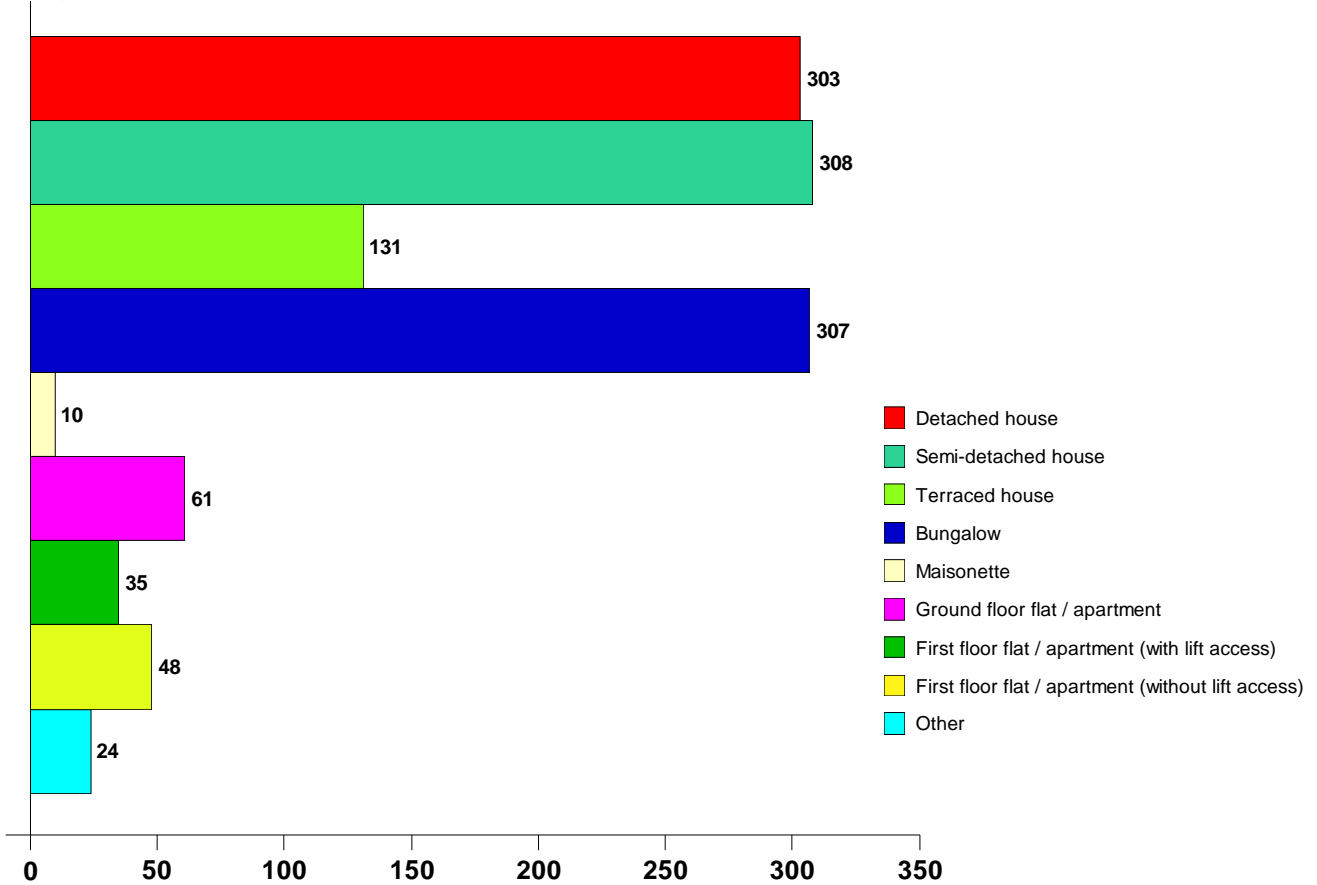


The fact that such a high proportion of the respondents (69%) are home owners means that the responses given in the remainder of the survey will be weighted towards the views of people living in this type of tenure. Both Nottinghamshire (70.4%) and Derbyshire (68.1%) have owner-occupation levels similar to this response (See chapter 2 Figure 2.7)

### Type of Housing

Just over half the respondents currently live in houses (742 respondents, 60.5%), followed by bungalows (307 respondents, 25%). 154 respondents (12.6%) currently live in a maisonette or flat. Further detail is offered in Figure 3.6 below.

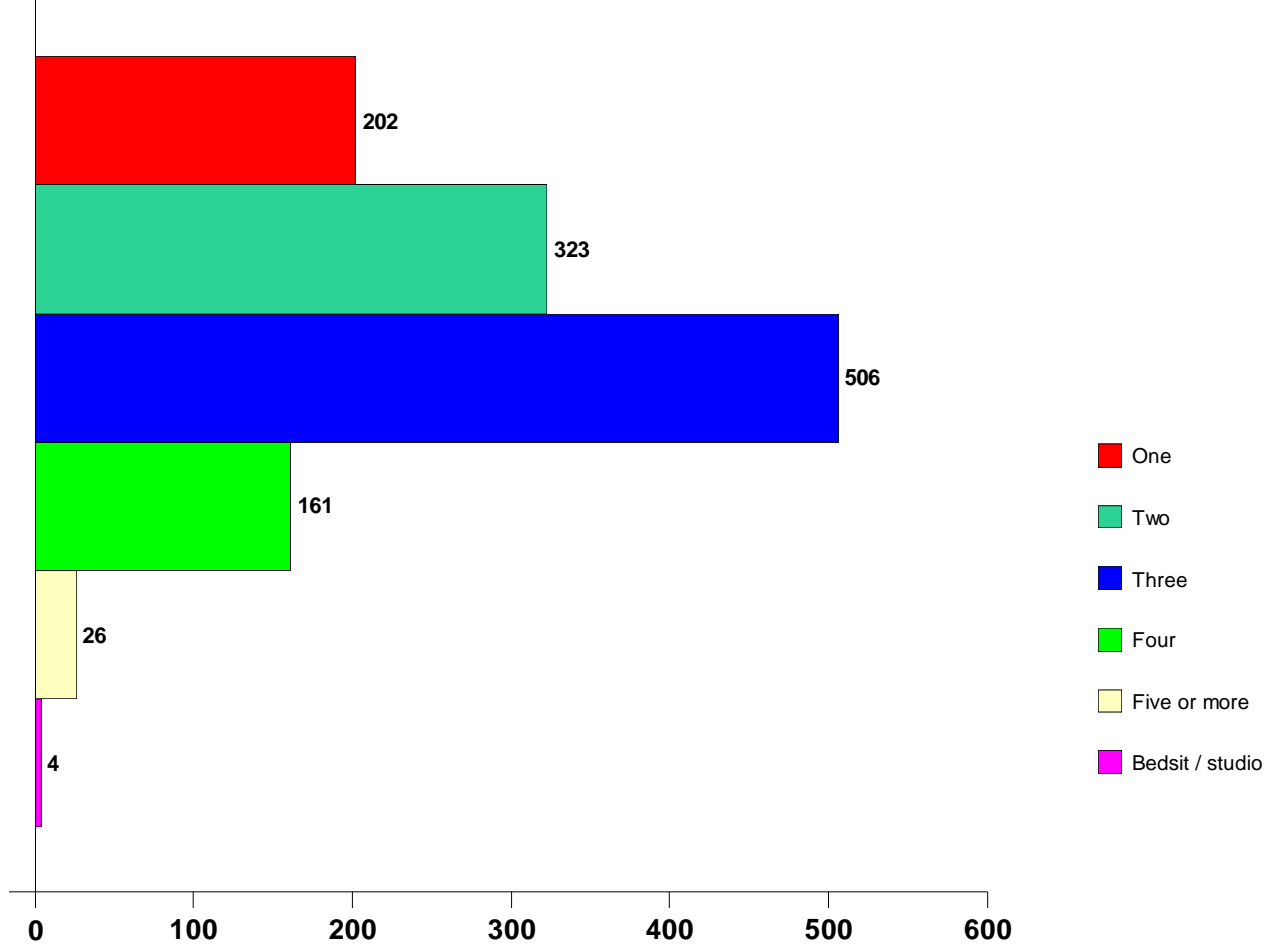
Figure 3.6: Type of Housing



**Number of Bedrooms**

3 is the most common number of bedrooms in the respondents' current homes, with 506 selecting this answer (41.4% of the total respondents). In total 667 (54.3%) occupy 3 or 4 bed properties. 26 respondents are currently living in homes with 5 or more bedrooms and only 4 live in a bedsit. The figure below offers a full breakdown of the responses to this question.

Figure 3.7: Number of Bedrooms



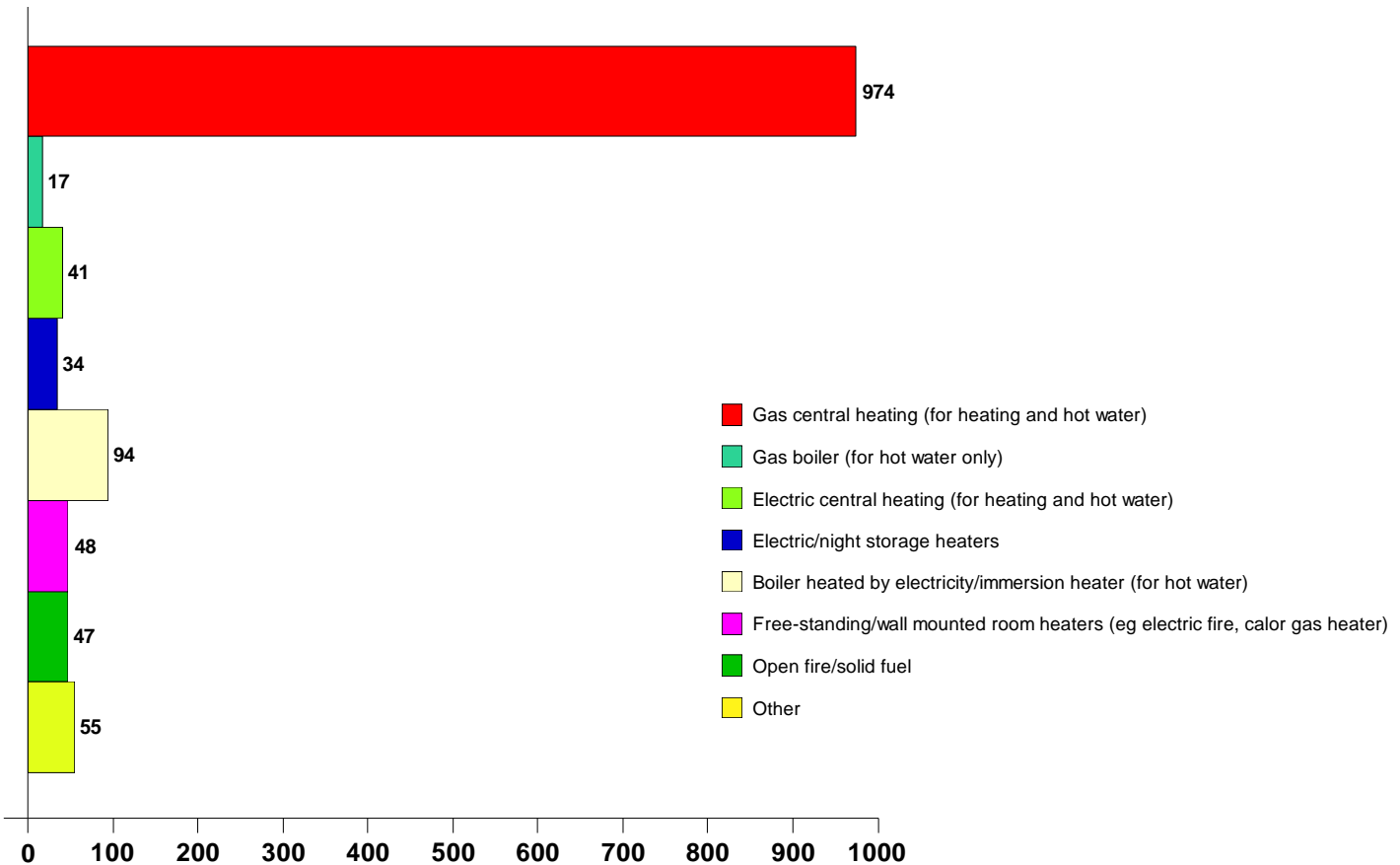
The bedsit/studio properties listed in Figure 3.7 above are located in Gedling, and the largest properties (5+ bedrooms) are located in Bassetlaw, Gedling, Newark and Sherwood, and Rushcliffe.

A cross-tabulation between the number of bedrooms and house type identifies the majority of the detached and semi-detached homes as having 3 or more bedrooms. Just under half of the bungalows have 2 bedrooms, and around three quarters of the ground floor flats and first floor flats (with lift access) have only 1 bedroom.

### ***Type of Heating and Hot Water System***

Gas central heating is by far the most common type of heating used by the respondents, with 974 people (77.3%) offering this response:

Figure 3.8: Type of Heating and Hot Water System

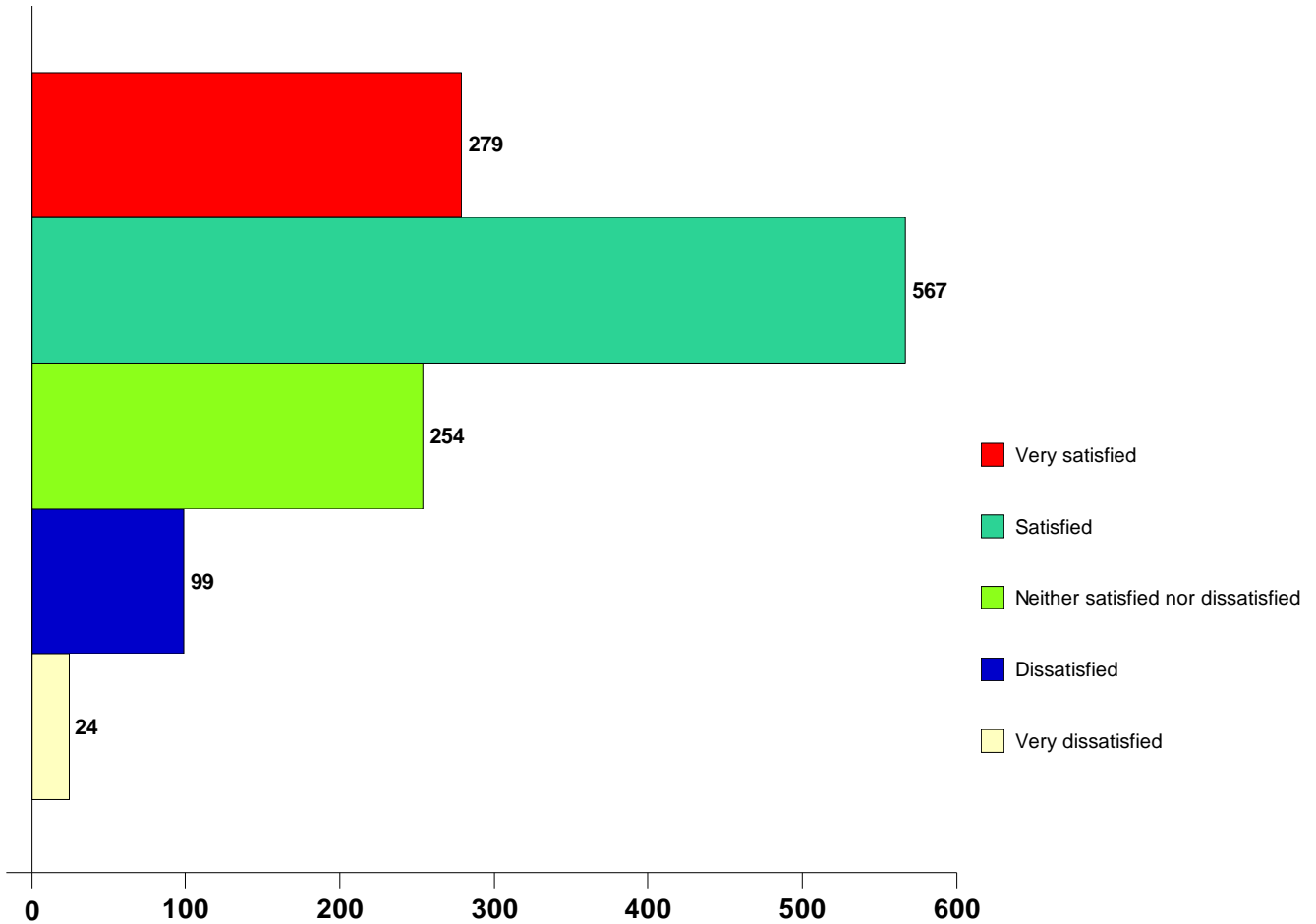


The picture illustrated above is replicated throughout all of the authority areas. 54% of those responding thought that that their heating was about right but 15% (190) thought it was too expensive. A key issue in terms of the heavy reliance on gas is its increasing cost and this can be seen later in the survey with the concern about paying bills. Programmes of home insulation, use of alternative energy sources and information on the effective management of the home use of energy would seem to be appropriate responses to escalating costs.

### **State of Repair**

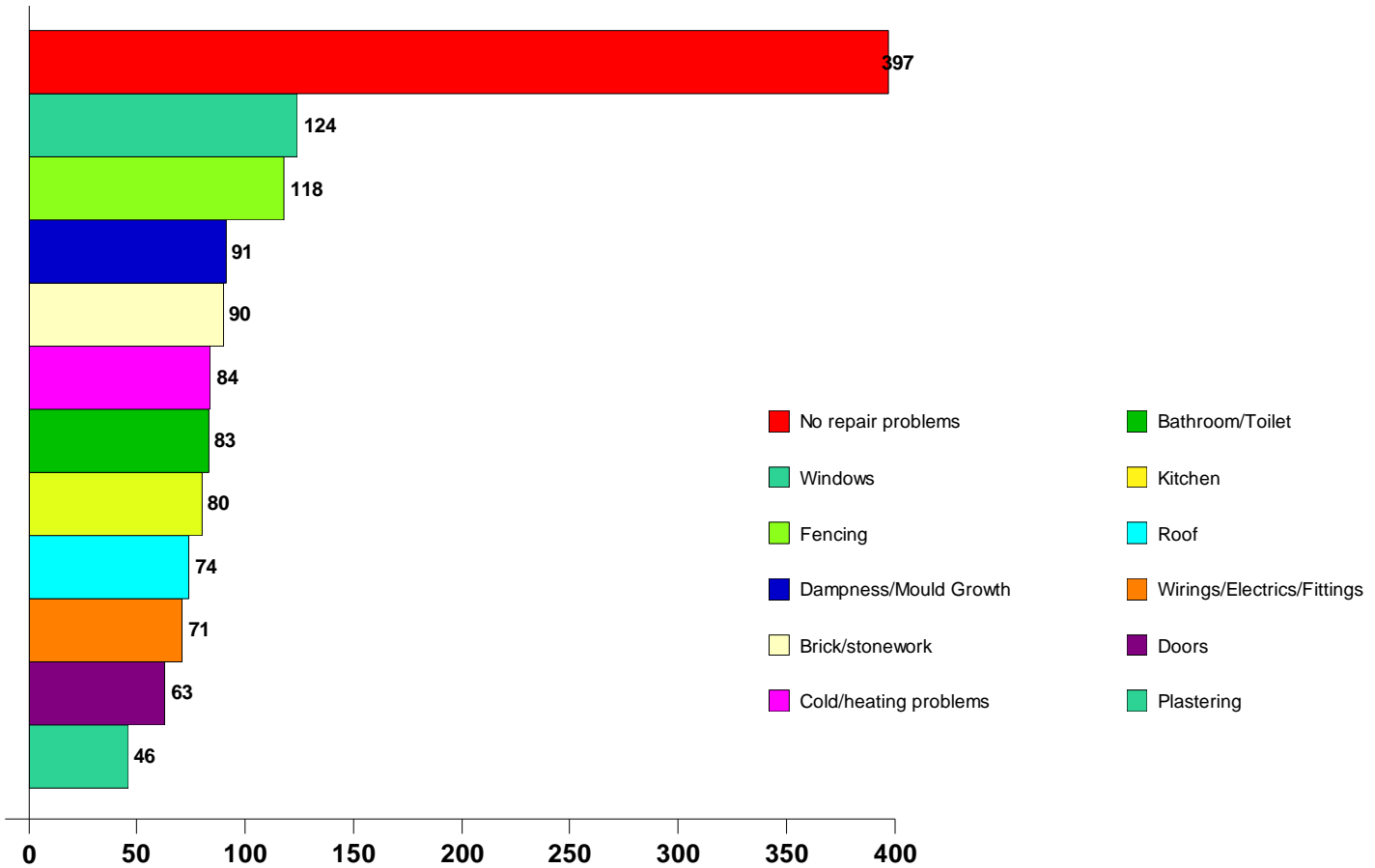
A substantial majority of respondents (846 people, 69.2%) are either satisfied or very satisfied with the state of repair of their home. 74 respondents (8.7%) are dissatisfied or very dissatisfied with their current home's state of repair:

Figure 3.9: Satisfaction with State of Repair



Following on from the previous question on the state of repair of the current home, Figure 3.10 looks at the particular aspects of the home that need to be repaired. There was a wide spread of responses for this question, detailed in full below:

Figure 3.10: Main Problems that need Attention



Respondents were able to make more than one choice but over a quarter identified no repair problems. The district/unitary authority level data for this question follows very much the same pattern. However, when considered in combination with the question on satisfaction with the state of repairs, this suggests that while people may be generally happy with the state of repair in their current home a significant number have identified some level of repairs as an issue.

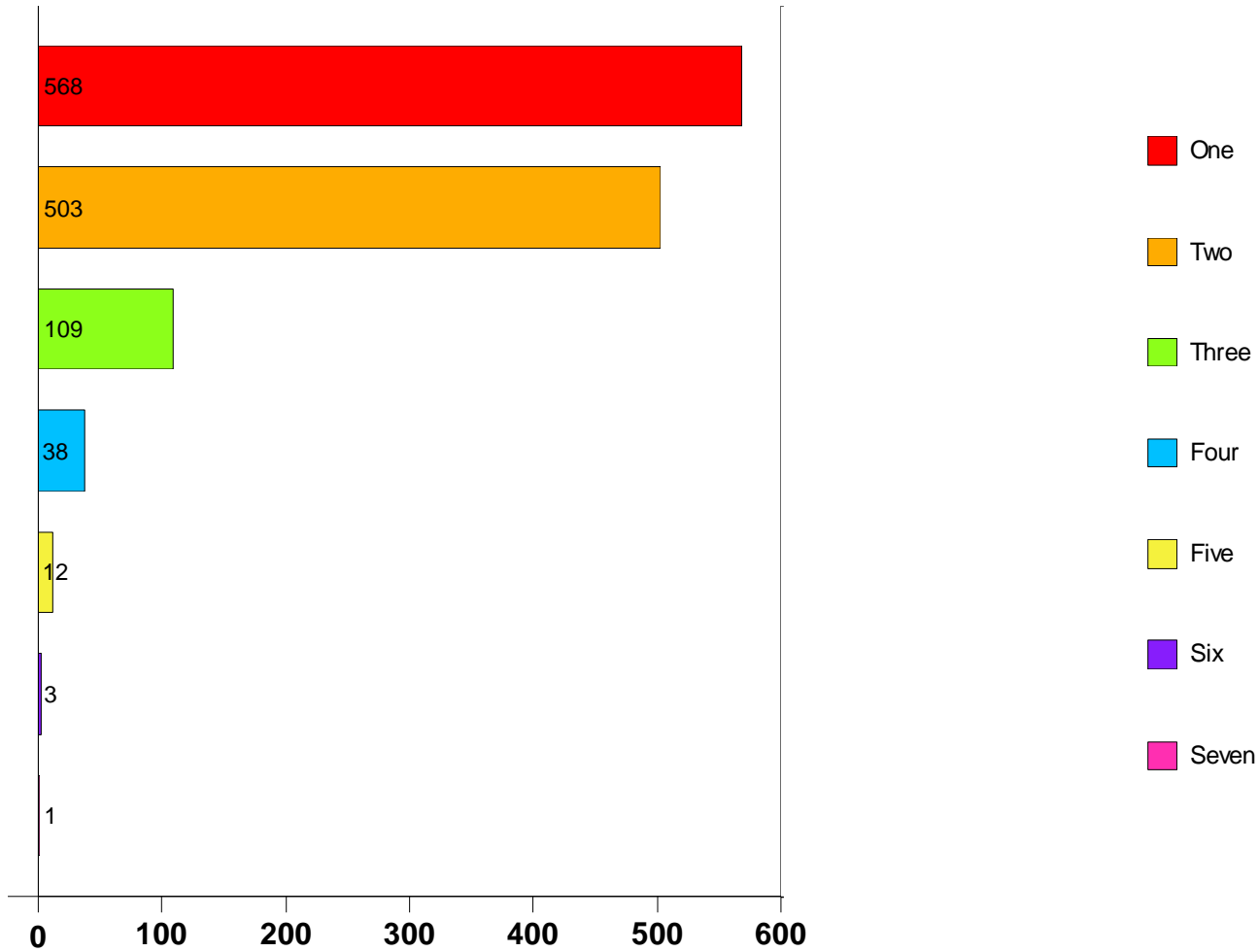
## Household

This section and the following section looks at the household, firstly focusing on the size and type of the household, and secondly on the specific needs of the respondent.

### ***Number of People in Household***

Just under half (46%) of the respondents are currently living alone whilst 40.8% of households contain 2 people. Very few households contain 4 or more people. The full analysis is given in the Figure 3.11.

Figure 3.11: Number of People in Household

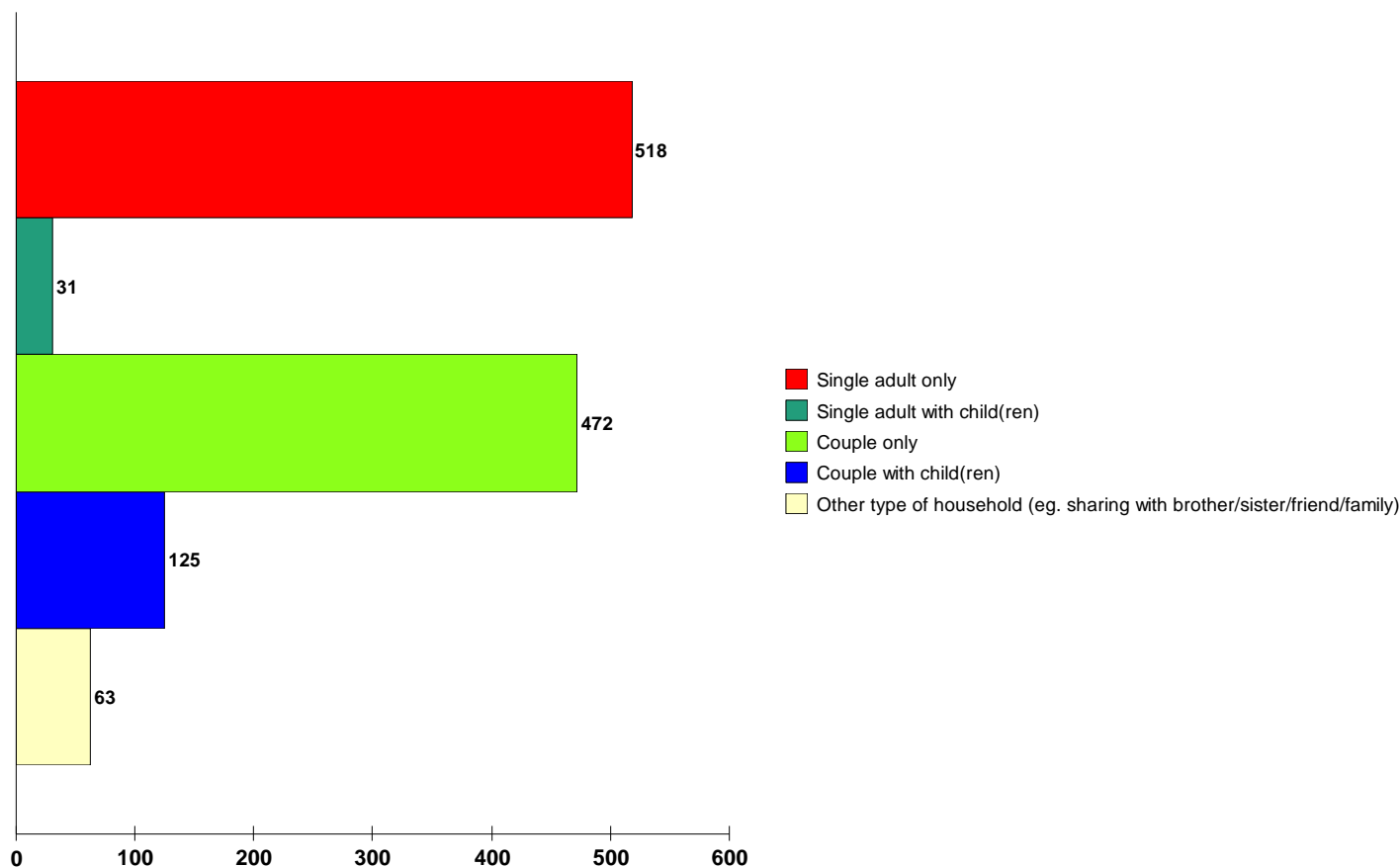


Overall 86.8% of the respondents are one or two person families while we noted earlier that 54.3% of respondents occupy 3 or 4 bed properties. This does suggest a substantial level of under-occupation.

**Household Type**

Single people (42.8%) and two person households (39%) make up the majority of those responding.

Figure 3.12: Household Type



When the district/unitary authority areas are analysed individually, geographical differences can be seen. The data in Figure 3.13 below correlates very closely with the data in the 'Number of People in Household' analysis above. Erewash has the largest proportion of single adult households at 54.9% followed by Mansfield at 50%. The highest proportion of 'couples' households can be found in Bassetlaw (56.5%) and Newark and Sherwood (48%).

Figure 3.13: District/Unitary Summary of Household Type

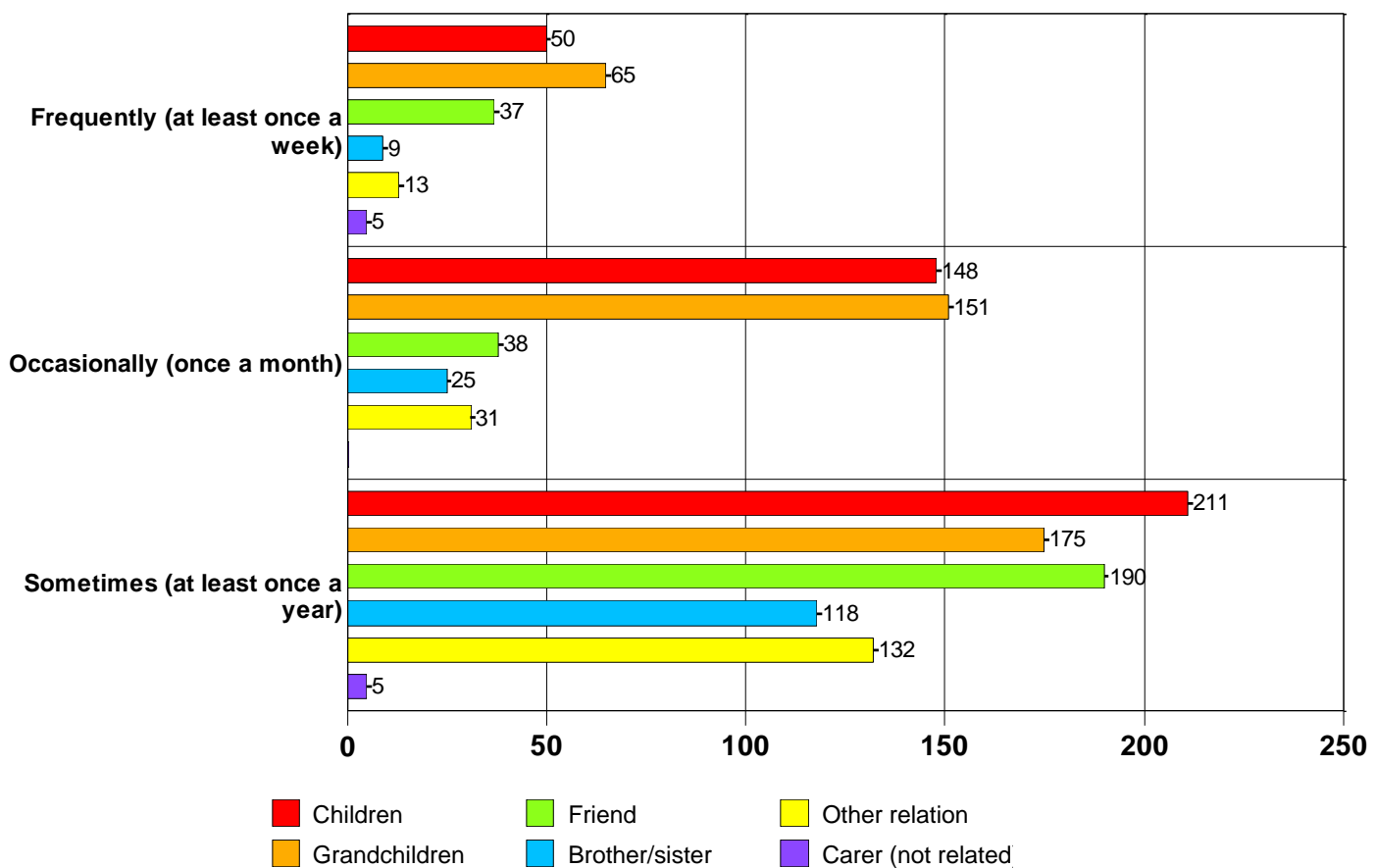
Area	Household types				
	Single Adult	Single Adult with Children	Couple only	Couple with children	Other type of household
<b>Ashfield</b>	28 33.7%	1 1.2%	38 45.8%	8 9.6%	8 9.6%
<b>Bassetlaw</b>	12 27.3%	0	25 56.8%	6 13.6%	1 2.3%
<b>Broxtowe</b>	23 25.8%	3 3.4%	40 40.9%	19 21.3%	4 4.5%
<b>Erewash</b>	96 54.9%	3 1.7%	53 30.3%	17 9.7%	6 3.4%
<b>Gedling</b>	123 49.6%	8 3.2%	82 33.1%	23 9.3%	12 4.8%
<b>Mansfield</b>	52 50%	1 1.0%	39 37.5%	8 7.7%	4 3.8%
<b>Newark and Sherwood</b>	23 30.7%	2 2.7%	36 48%	10 13.3%	4 5.3%

Area	Household types				
	Single Adult	Single Adult with Children	Couple only	Couple with children	Other type of household
Nottingham City	121 46.6%	8 3%	110 40.6%	14 5.2%	18 6.6%
Rushcliffe	26 29.5%	5 5.7%	34 38.6%	19 21.6%	4 4.5%

(N.B. Percentages have been calculated using only the number of respondents that answered this question, with those who did not answer being omitted from the analysis)

A key issue for many older people is the ability to have friends and relatives stay over with them. 80.3% of those responding to this question have relatives who come to stay and 40.7% stay at least once a month.

Figure 3.14: People staying over – do others come and stay with you?



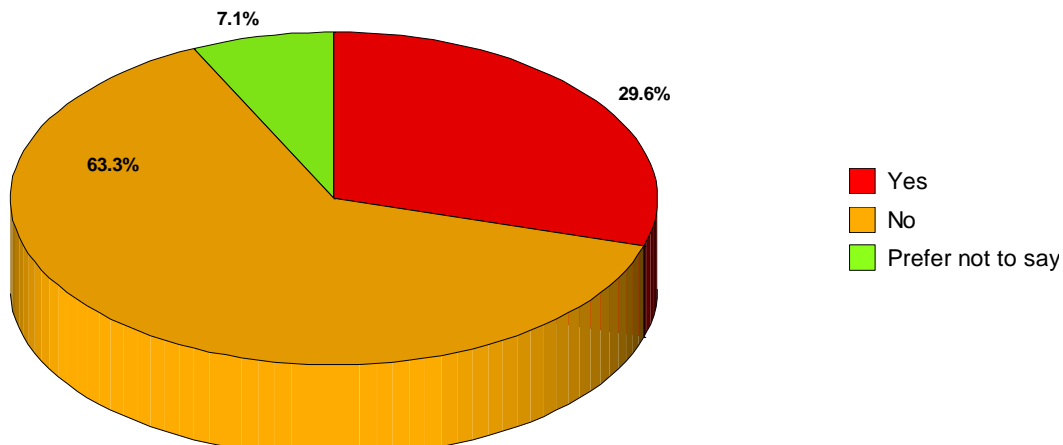
The numbers of people who stay over are an indication of one of the reasons why two bedroom properties are identified consistently in surveys as the most popular size of property for older people who are considering moving.

## Household Needs

### ***Disability***

When the respondents were asked if they considered themselves to have a disability more than half (63.3%) said that they did not. Almost a third (29.6%) said that they do consider themselves to have a disability.

Figure 3.15: Disability – do you consider yourself disabled?

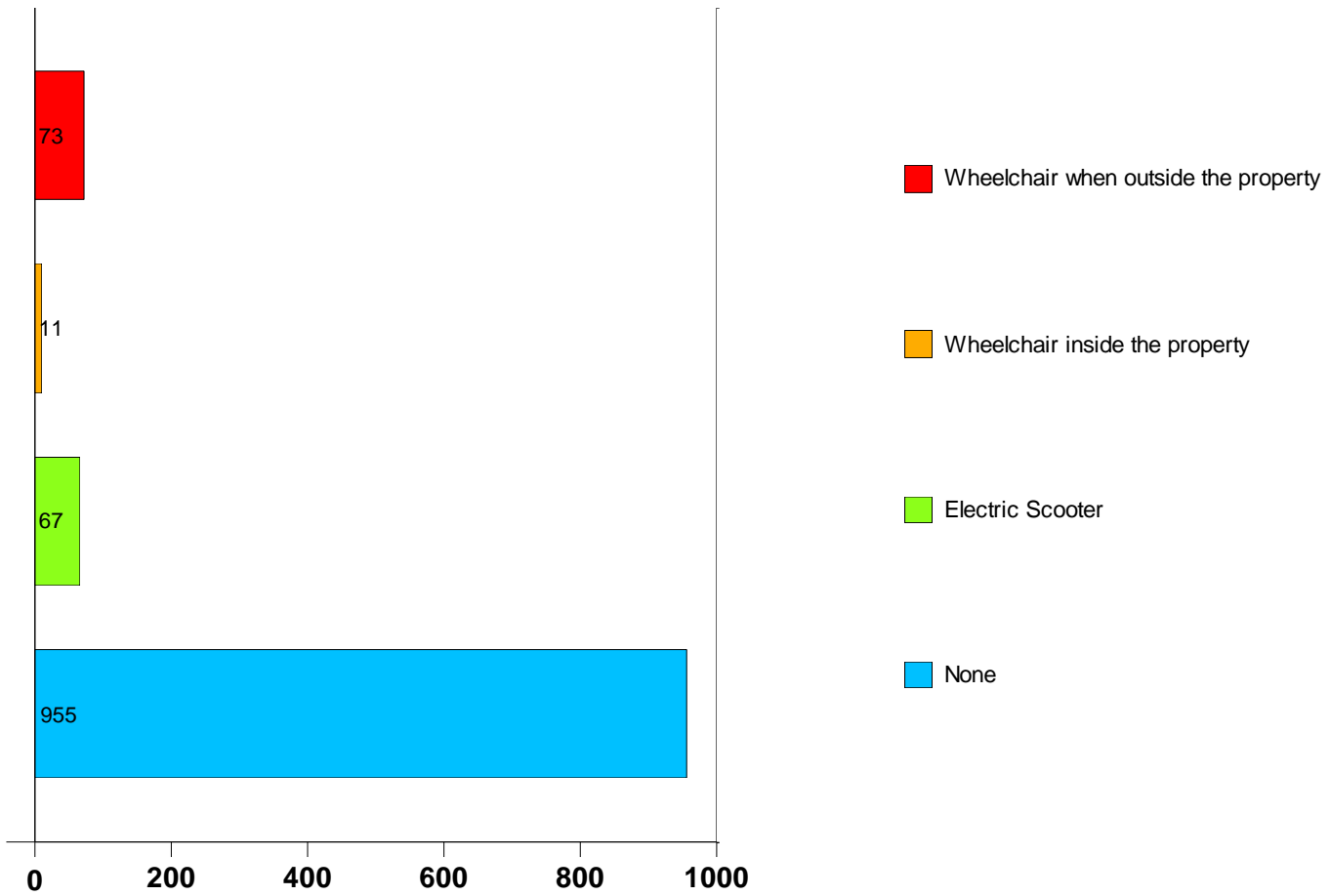


### ***Use of Wheelchairs, Scooters and Walking Aids***

Of the 1106 survey respondents, 955 (86.3%) do not use a wheelchair or an electric scooter. Of the remaining respondents, 6.6% use a wheelchair outdoors, 0.9% use a wheelchair indoors, and 6% use an electric scooter.

Figure 3.16 offers this data as a chart, to show the percentage differences more clearly.

Figure 3.16: Use of Wheelchairs and Scooters



***Managing Around the Home***

Figure 3.17 offers a picture of how survey respondents manage around their own homes, with regards to their use of particular bathing facilities and movement around, and use of rooms, within the home. This was a multiple choice question:

Figure 3.17: Managing around the Home – do any of the following apply to you?

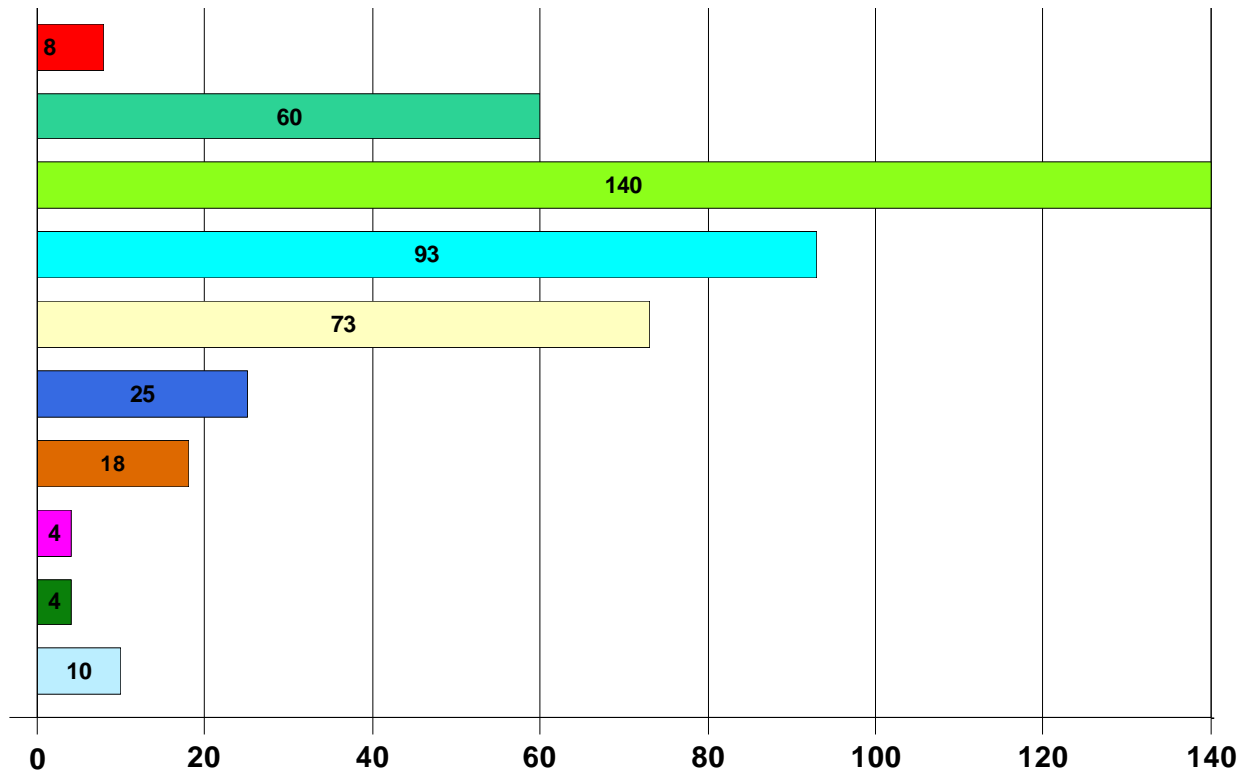
The home you live in now	Number
<i>I manage stairs with difficulty</i>	110
<i>I have moved my bed downstairs</i>	5
<i>I use a commode as I cannot use or get to a toilet</i>	7
<i>I manage stairs with help</i>	22
<i>I sleep on a chair/couch</i>	6
<i>I cannot get to some rooms in my home</i>	6
<i>I use a bath with equipment</i>	51
<i>I use a step-in shower cubicle</i>	198
<i>I use a standard bath (Without any equipment)</i>	246
<i>I use a shower over the bath</i>	327
<i>I use a level access shower</i>	116

Many more people make use of some form of shower than use a bath and this suggests the increasing importance of being able to offer a shower facility and not just a bath.

### **Home Adaptations**

435 (34.5%) of the total survey respondents have had adaptations to their home. The most common adaptation is internal handrails or grab rails, with 140 respondents (32.1% of the respondents who have had adaptations). External handrails and grab rails are also quite common (93 respondents, 21.3% of those with adaptations).

Figure 3.18: Adaptations to the Home



- Adaptations to Kitchen eg. lower work surfaces
- Adaptations to Bathroom eg. level access shower
- Internal handrails/grab rails
- External handrails/grab rails
- Downstairs WC
- Stairlift/vertical lift
- Improvements to access outside of the home eg. ramp to the front door
- Improvements to access inside the home eg. door widening
- Low level door handles
- Downstairs bedroom

27.8% of respondents had access to a community alarm.

The survey also asked if people needed any help. Although in all cases the majority said they did not need help, significant proportions of respondents identified domestic tasks such as cleaning windows, gardening and decorating as areas of need. These are also the areas where most help is currently being provided:

Figure 3.19: Do you currently need help to do any of the following:

Type of help	Currently get help	Need help	No
Getting up/going to bed	54 6.4%	19 2.2%	775 91.4%
Dressing/undressing	71 8.3%	22 2.6%	759 89.1%
Going up/ down stairs	41 5.1%	28 3.5%	734 91.4%
Getting washed	49 6.0%	11 1.3%	758 92.7%
Getting in/out of the bath/shower	82 9.6%	62 7.2%	712 83.2%

Type of help	Currently get help	Need help	No
Using a toilet/commode	21 2.6%	4 0.5%	772 96.9%
Preparing a meal	83 9.7%	49 5.7%	728 84.7%
Managing medication	60 7.1%	33 3.9%	747 88.9%
Doing laundry/ironing	108 12.3%	74 8.4%	699 79.3%
Shopping (heavy)	238 24.5%	163 16.8%	569 58.7%
Shopping (light)	122 14.4%	51 6.0%	675 79.6%
Cleaning the home	209 22.0%	119 12.5%	624 65.5%
Cleaning windows	282 28.4%	188 18.9%	523 52.7%
Gardening	267 27.1%	191 19.4%	527 53.5%
Decorating	262 26.1%	297 29.6%	446 44.4%

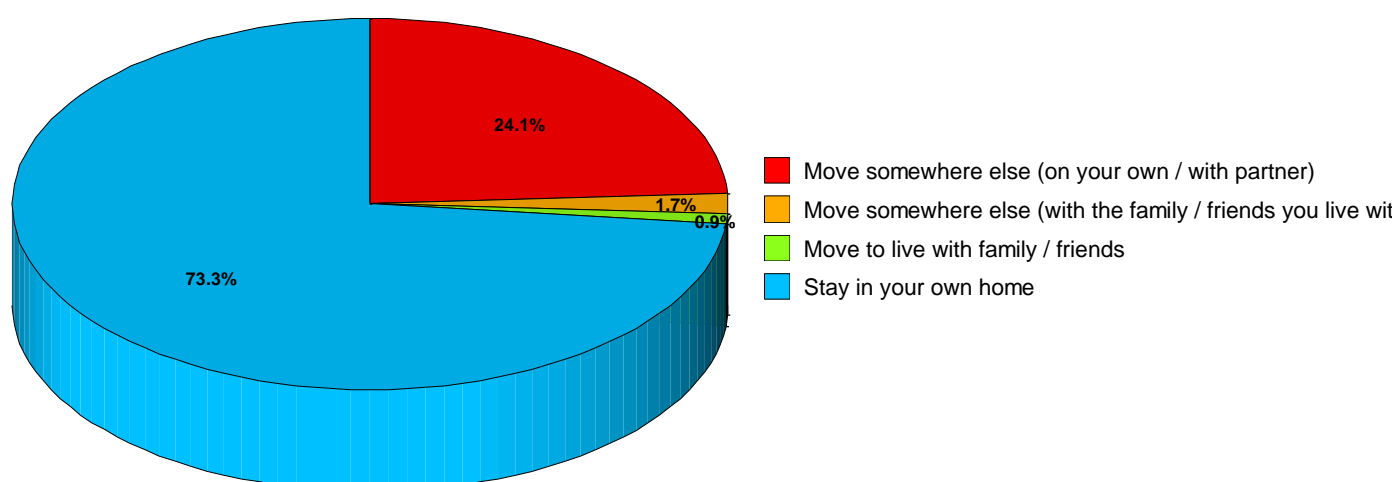
## Future Housing

In this section of the household survey, respondents were asked about their future housing plans and desires. The purpose of this section was to identify whether or not respondents wanted to stay in their current home or move, their reasons for moving if they so desired, and the type and size of home they would like to occupy in the future.

### Future Housing Plans

73.3% of the total survey respondents believed they would still be living in their current home in the next 5 years, whilst 24.1% (247 respondents) think that they will have moved somewhere else.

Figure 3.20: Future Housing Plans – in the next five years, are you most likely to?

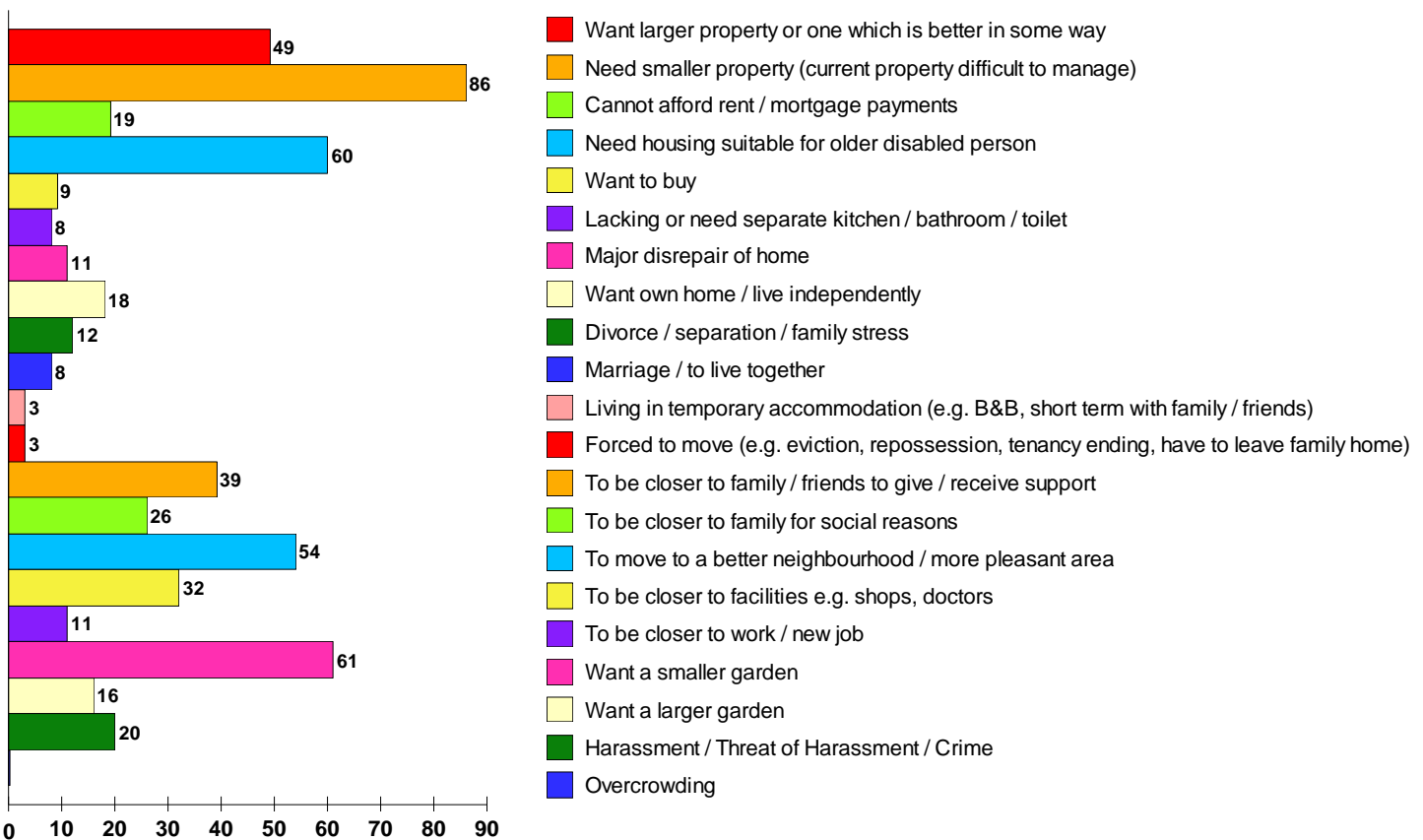


### Reasons for Moving

The reasons that respondents gave for wanting to move are listed in full in Figure 3.21 below. This was a multiple options question. The top 4 reasons for wanting to move are:

- Needing a smaller property
- Wanting a smaller garden
- Needing housing suitable for an older disabled person
- Move to a better neighbourhood

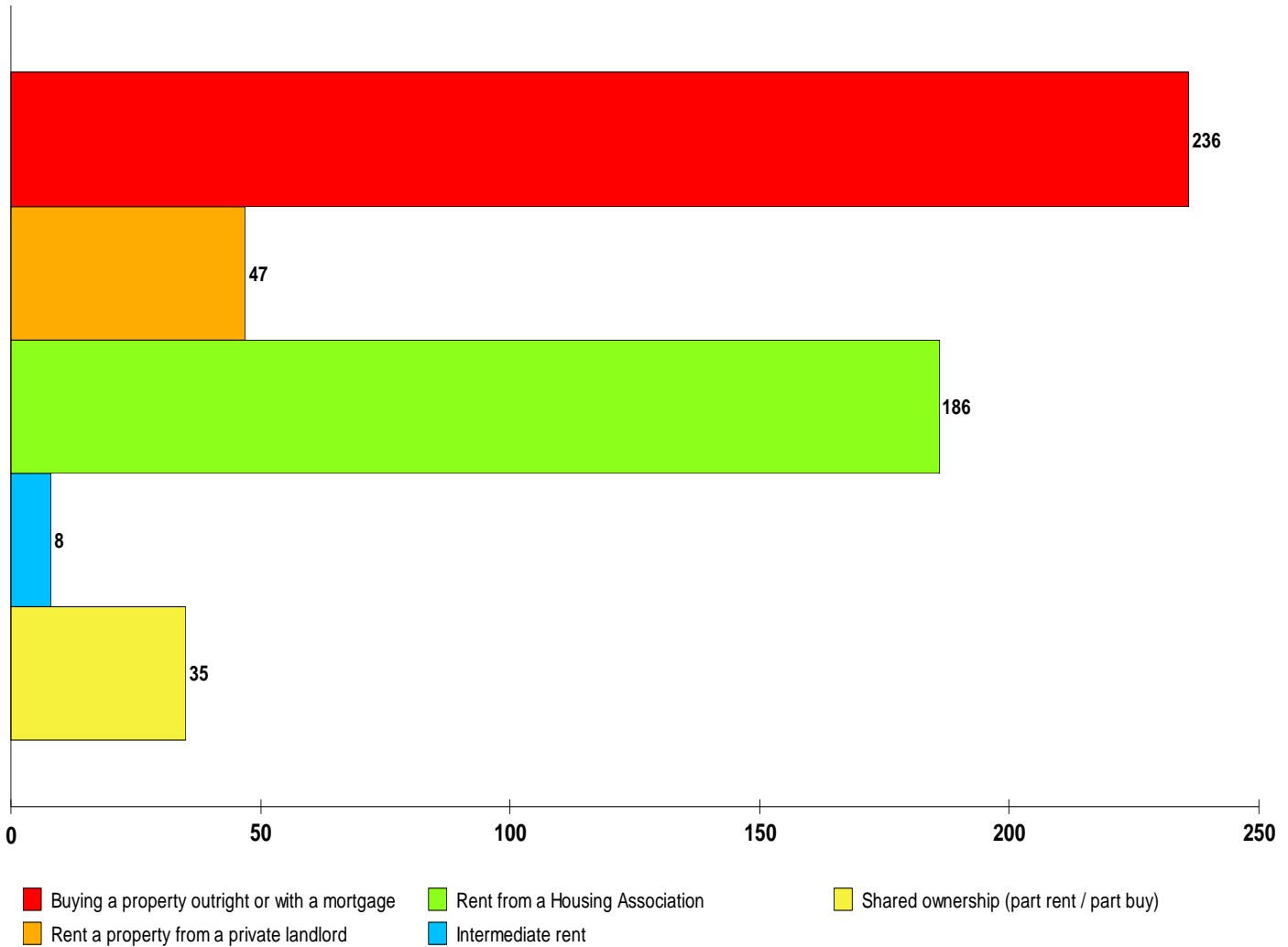
Figure 3.21: Main Reasons for Moving – what are the main reasons why you intend to move?



### Future Tenure Options

512 people answered the question about future tenure options. Buying a property outright or with a mortgage (236 respondents, 46% of those answering the question) was seen as the main choice of future tenure. A further 6.8% would choose shared ownership. Renting from a housing association was the second most common response with 186 respondents, (36.3%). The full set of responses to this question is given in the figure below.

Figure 3.22: Future Tenure Options considered

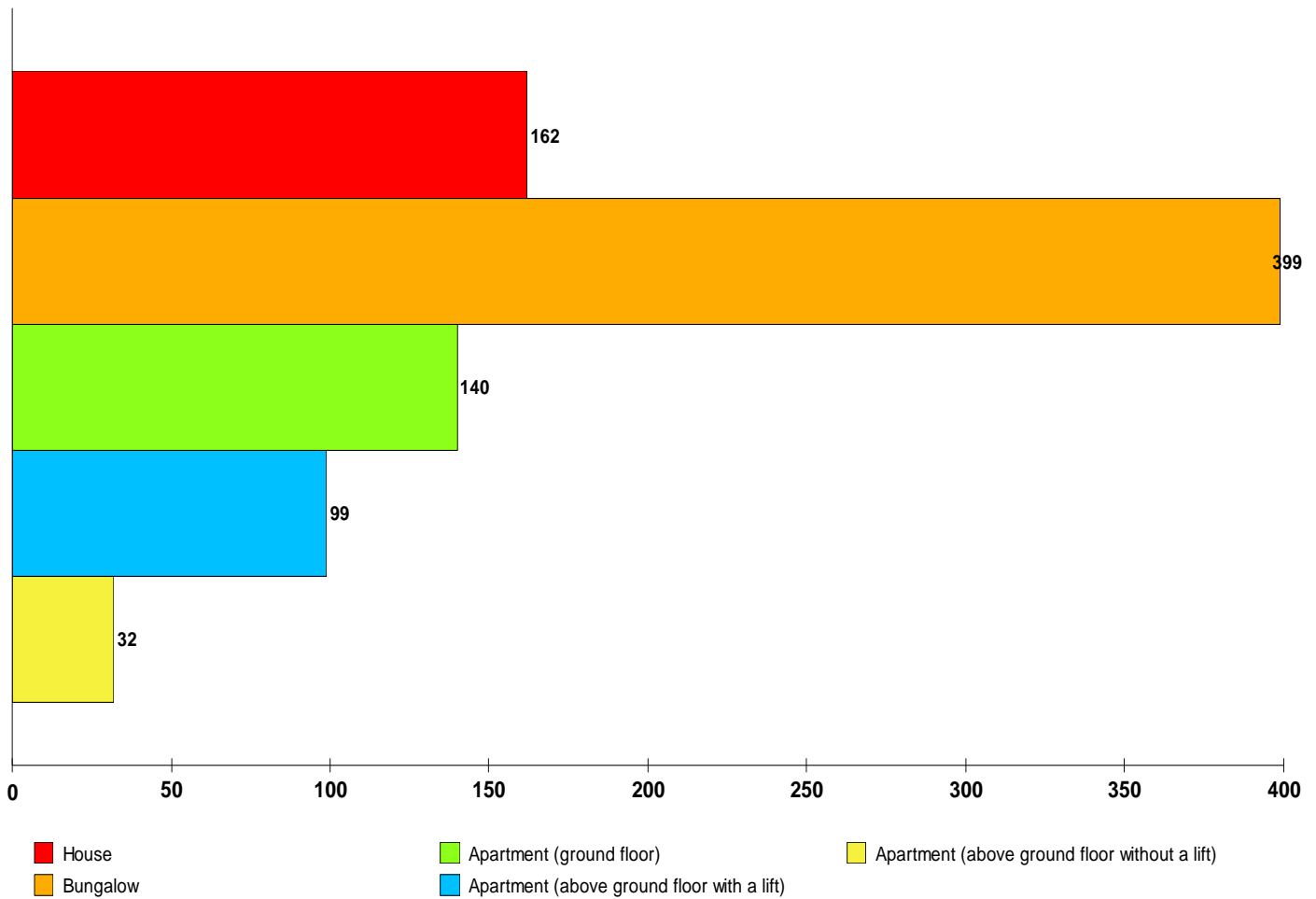


Just over half of those who would consider a move would prefer some form of home ownership arrangement including shared ownership. This suggests some tenure diversification will be needed in the provision of future housing for older people.

**Future Type of Home**

832 responded when asked about the type of home they would like to occupy in the future. Bungalow was by far the single most common choice, with 399 respondents (47.9% of respondents who answered this question) selecting this type of home. 239 (28.7%) were interested in a ground floor or a lift accessed apartment.

Figure 3.23: Type of Home Desired in Future

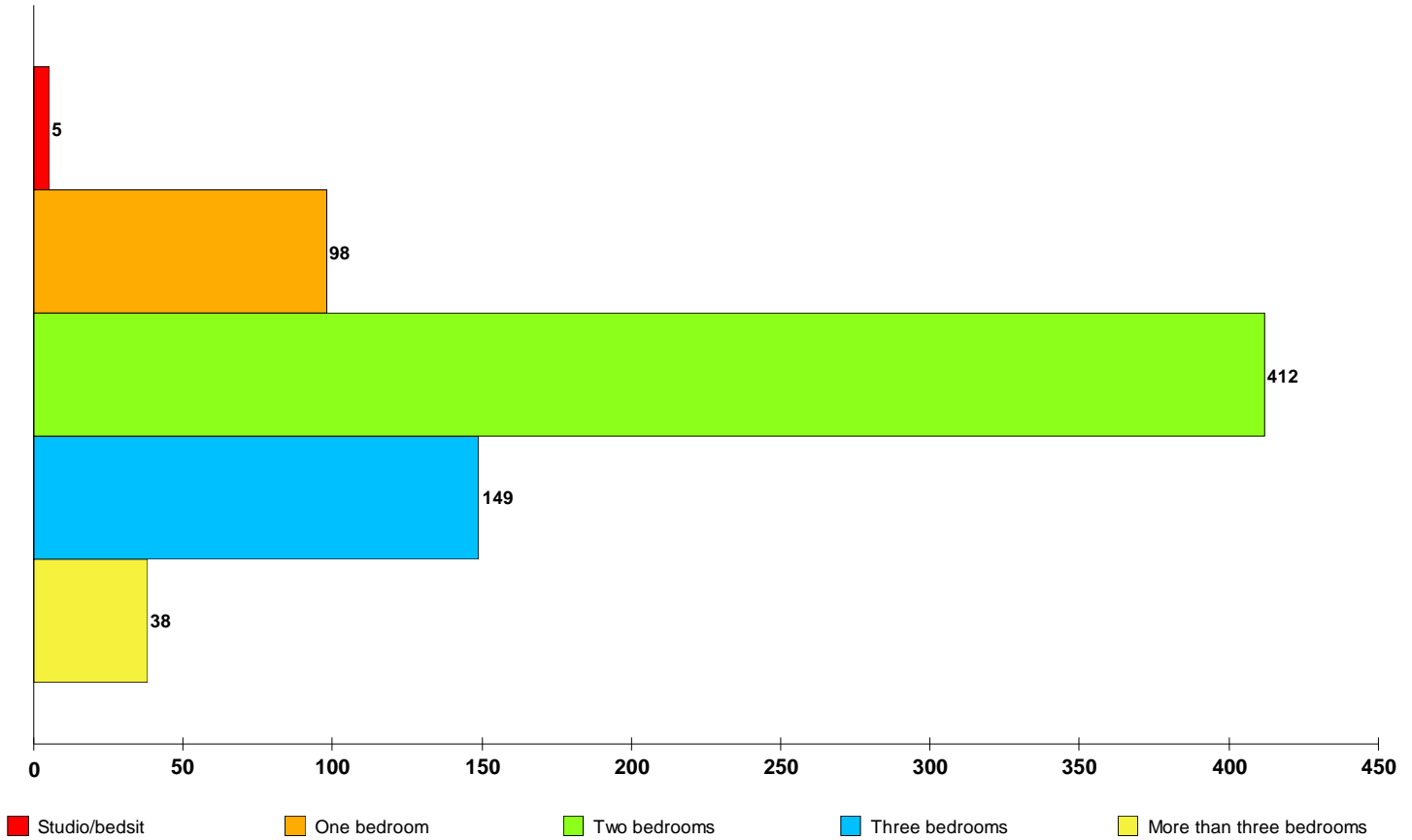


For a substantial majority of people a property with ground floor access is most popular. The result suggests that future mobility is an important consideration with only 10.6% willing to consider an apartment without lift access. This is confirmed in the difficulties that many housing providers have in letting properties on the first floor and above that have been designated as older people's accommodation but have no lift access.

**Future Size of Home**

604 responded to this question and 2 bedroom accommodation is by far the most common choice, with 412 respondents (68.2% of those answering the question) selecting this option. 24.6% wanted three bedrooms. The full breakdown of the desired size of property/ number of bedrooms is given in Figure 2.24 below.

Figure 3.24: Number of Bedrooms Desired in Future

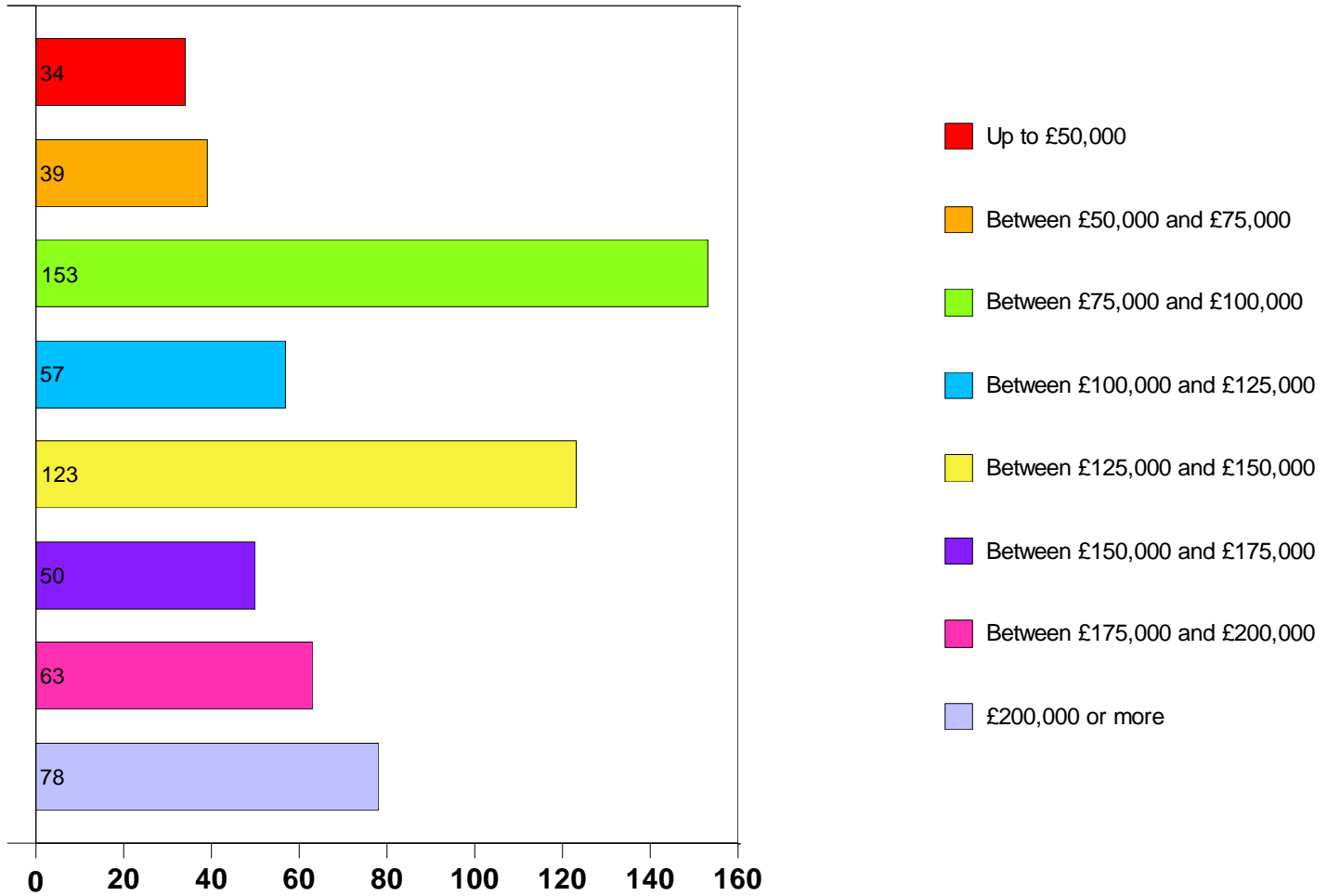


The extent to which two bedrooms are the main choice for future accommodation, and in particular two bedroom bungalows, is consistent with the consultation exercise carried out for this work and other similar types of research.

**Options for purchasing**

597 responded to the question about what they might be able to pay for alternative accommodation. 12.2% said they could afford up to £75,000; 55.7% between £75,000 and £150,000; and 31.9% at least £150,000.

Figure 3.25: Price of future property

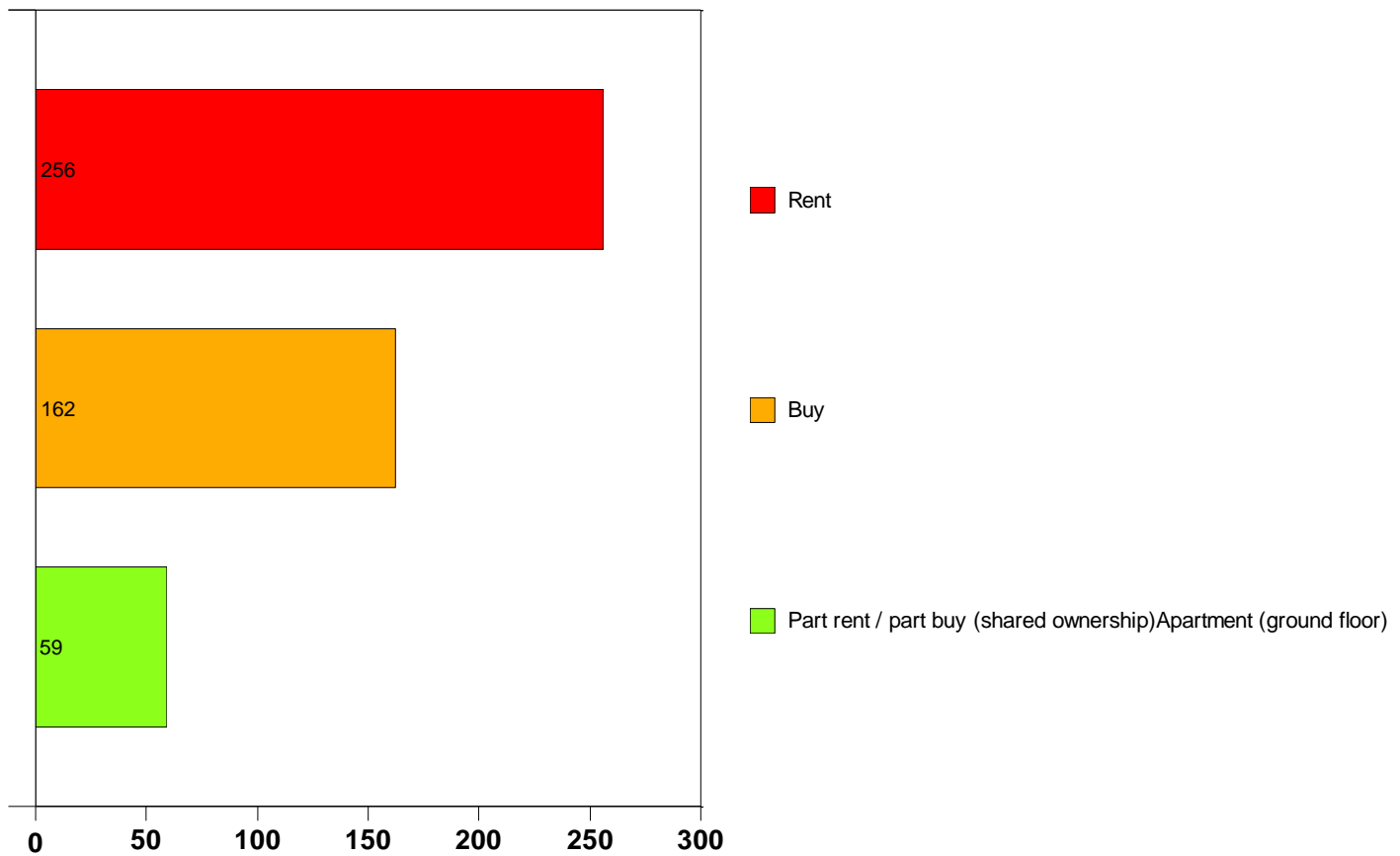


It is noteworthy that over half (52.5%) said that they could pay more than £125,000. This should be within the range that would be attractive to private developers and those offering shared ownership.

**Specialist Accommodation**

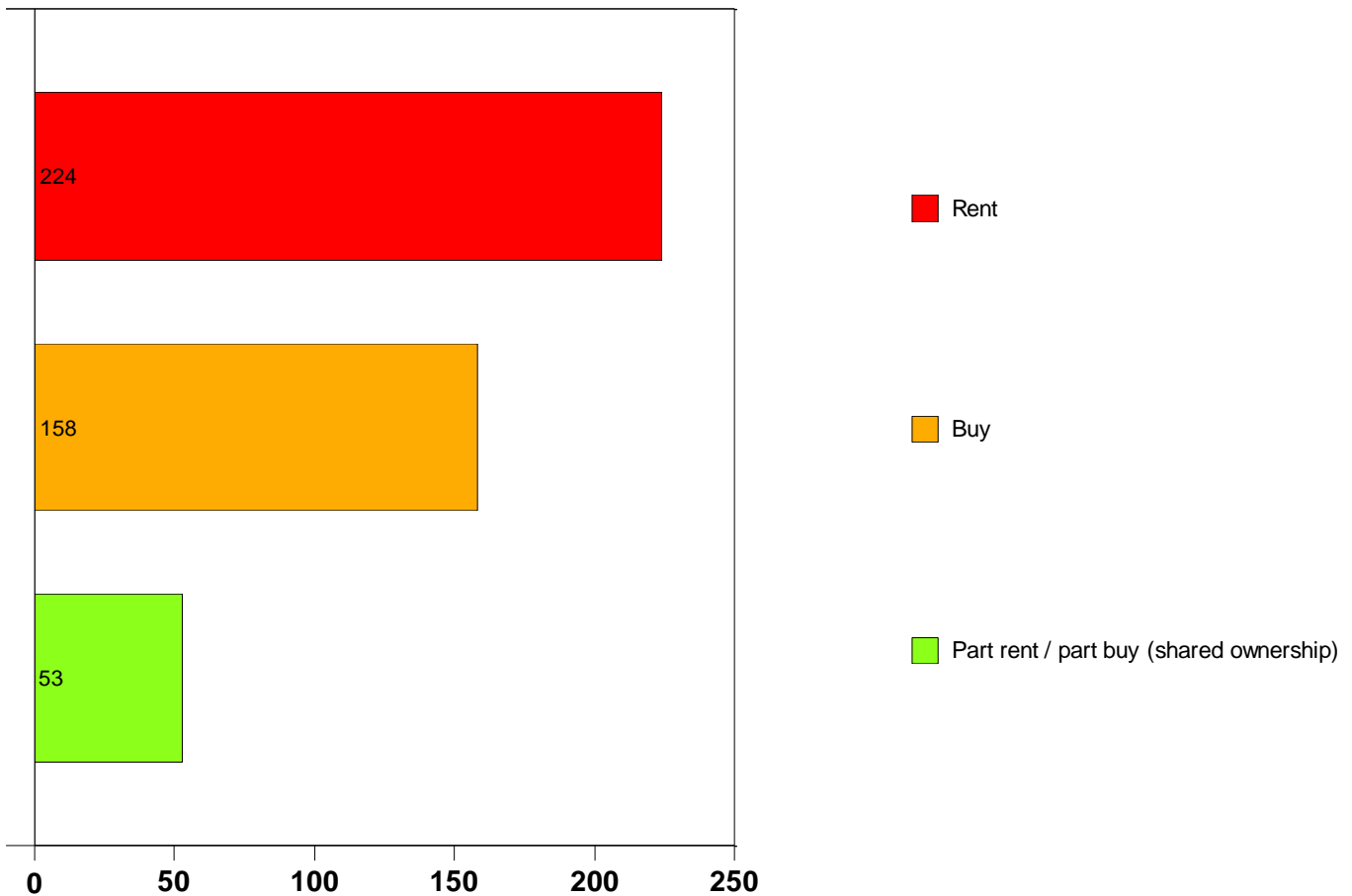
The survey asked about an interest in sheltered housing and 477 responded. Of these 256 (53.6%) said they would prefer to rent.

Figure 3.26: Sheltered Housing Tenure you would consider



435 respondents said they would be interested in extra care and 51.4% said they would prefer to rent.

Figure 3.27: Extra care housing tenure you would consider

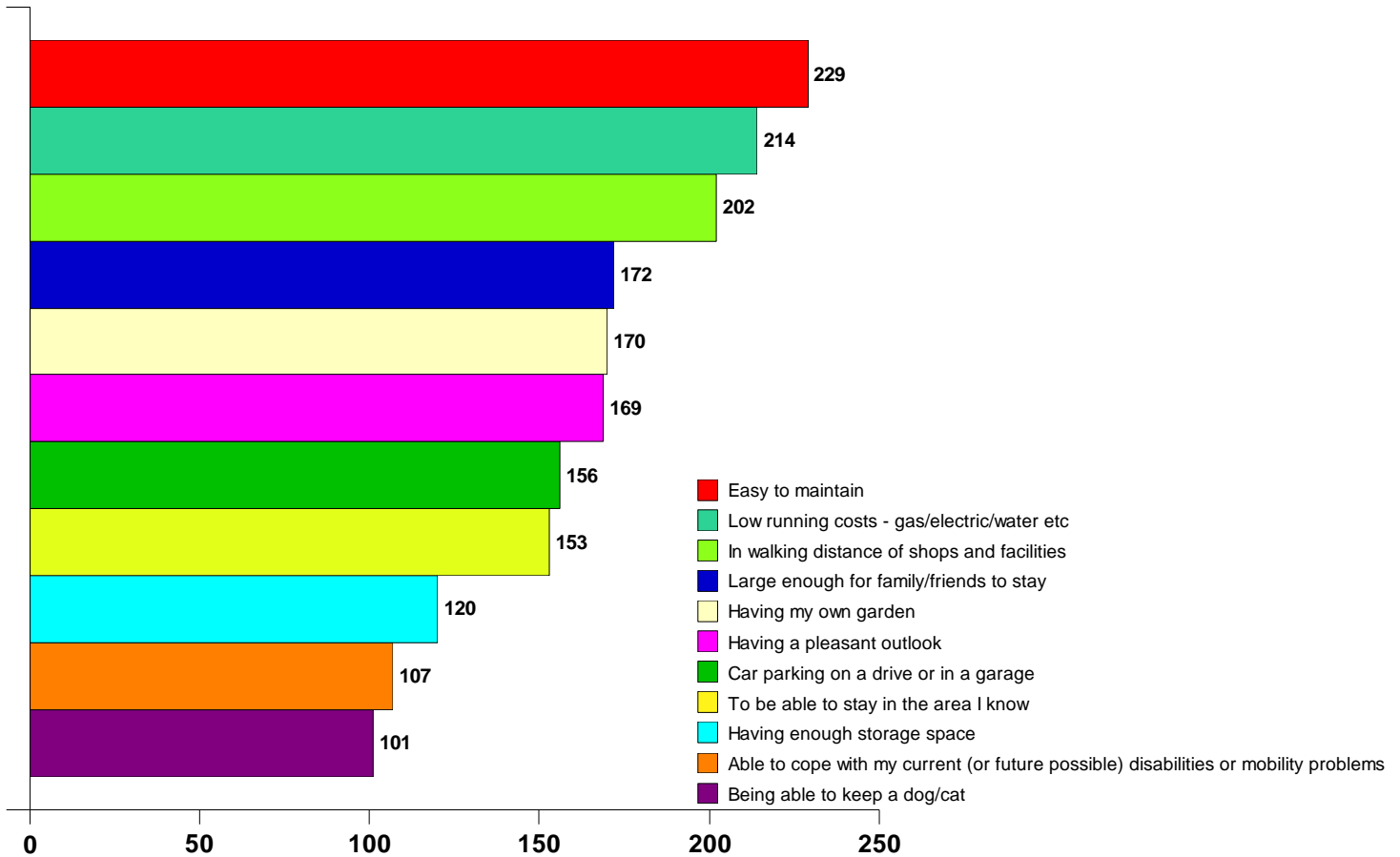


The respondents were able to pick both sheltered housing and extra care and therefore it is likely that many of the same people will have chosen both. Although renting is the main choice, buying also features very strongly in both options. The survey also asked about residential care and only 17% (83 respondents) out of 487 said they would consider residential care.

***Considerations for Future Housing***

Easy maintenance, in walking distance of amenities, and low running costs were the most common considerations for the survey respondents in choosing a future home. A wide variety of other important considerations were also given, detailed in full in Figure 3.28.

Figure 3.28: The three most important considerations for future housing are



The issues of maintenance and costs that emerge in other parts of the survey as concerns are reflected in these results. Car parking is increasingly an issue.

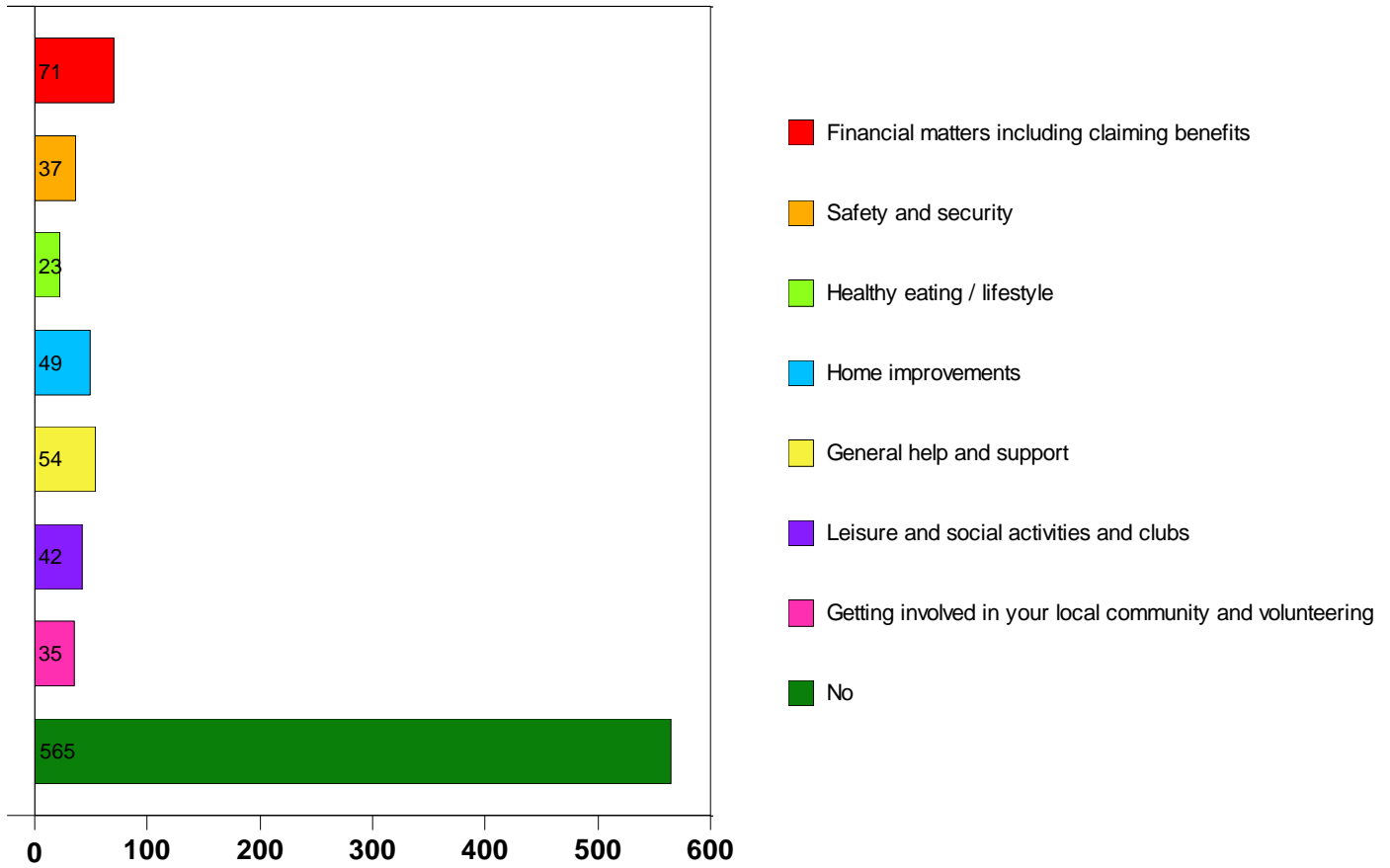
### Housing-Related Information

This section of the survey focused on the information and advice needs of the respondents with regards to housing and related support services, as well as their awareness of housing and housing-related support services available to them as they grow older.

#### Information Needs

Of the 876 who replied to this question the majority (565 respondents, 64.4% of those who answered the question) did not feel that they, or anyone else in their household, needed any information or advice on the issues that were listed. For those who did need information and advice, the most common issues were financial matters, general help and support and home improvements.

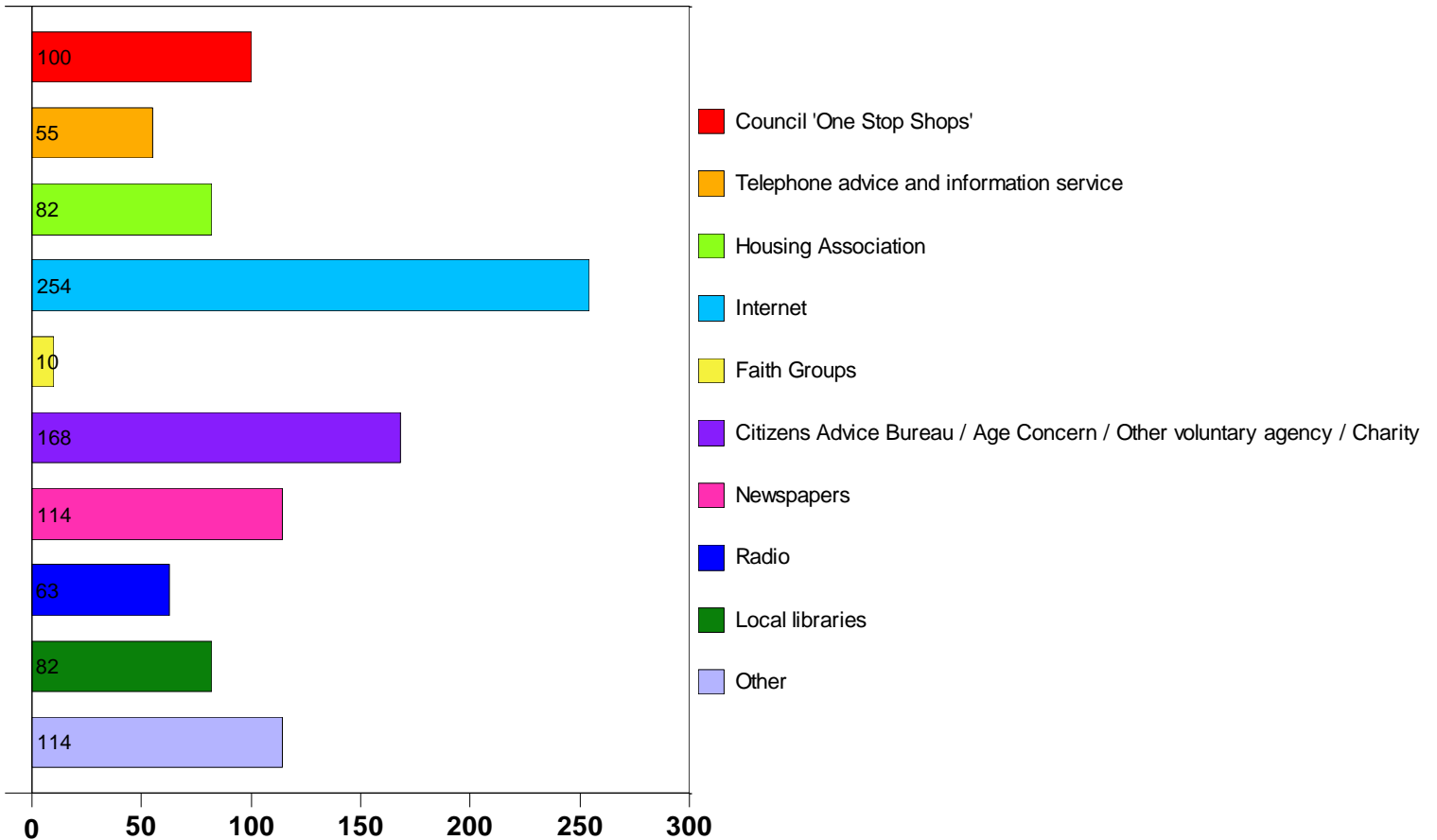
Figure 3.29: Information Needs



**Sources of Information**

The internet emerged as the main source of information with 254 (24.3%) of the total of 1042 respondents identifying that option. Citizen's Advice and other advice agencies followed as the next most popular option. This question was multiple-choice, allowing respondents to select as many options as appropriate.

Figure 3.30: Usual Source of Housing-Related Information and Advice



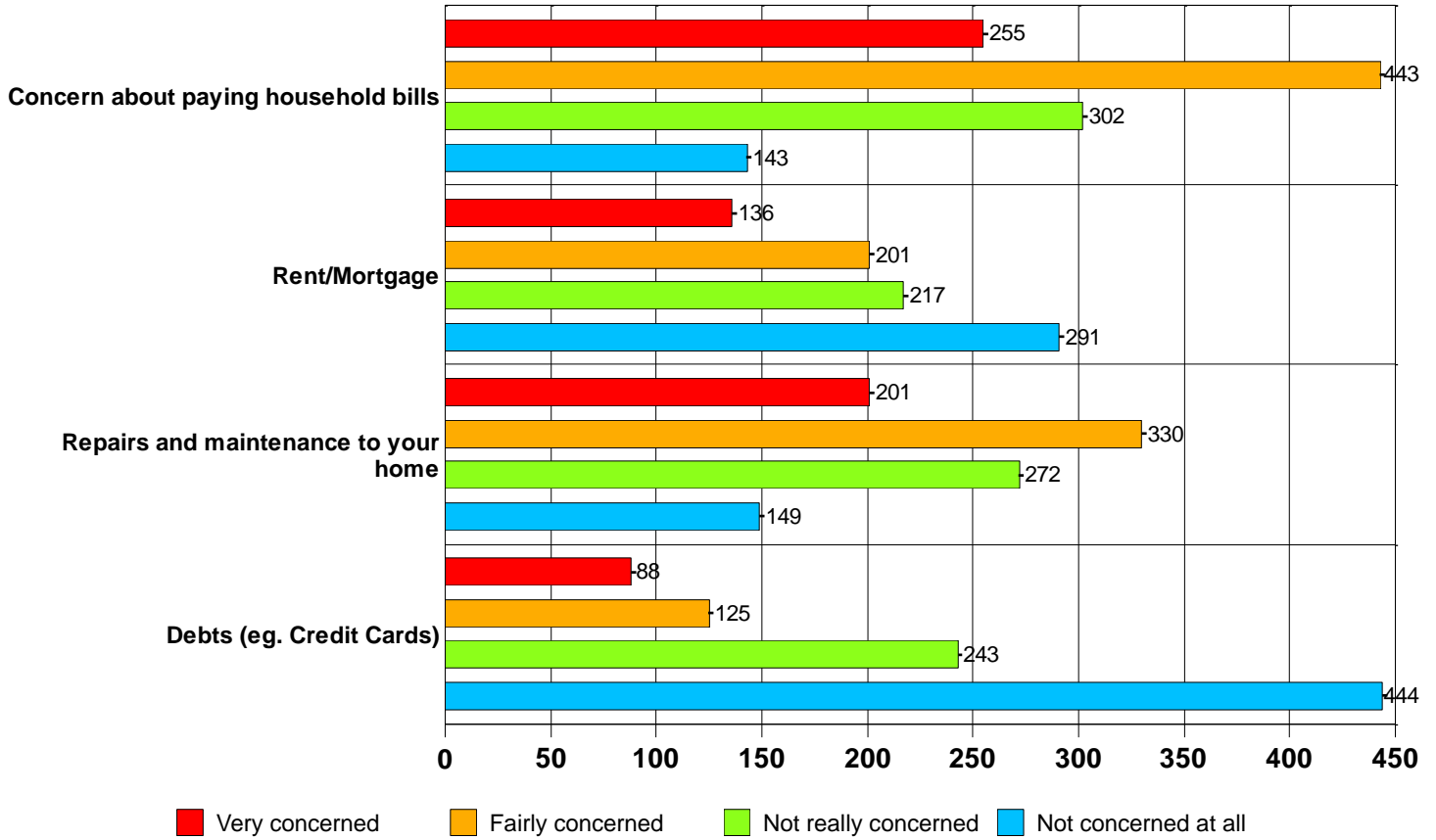
### ***Financial matters***

This section asked about financial concerns and covered both the current situation and influences on future decision making.

### ***Paying the bills***

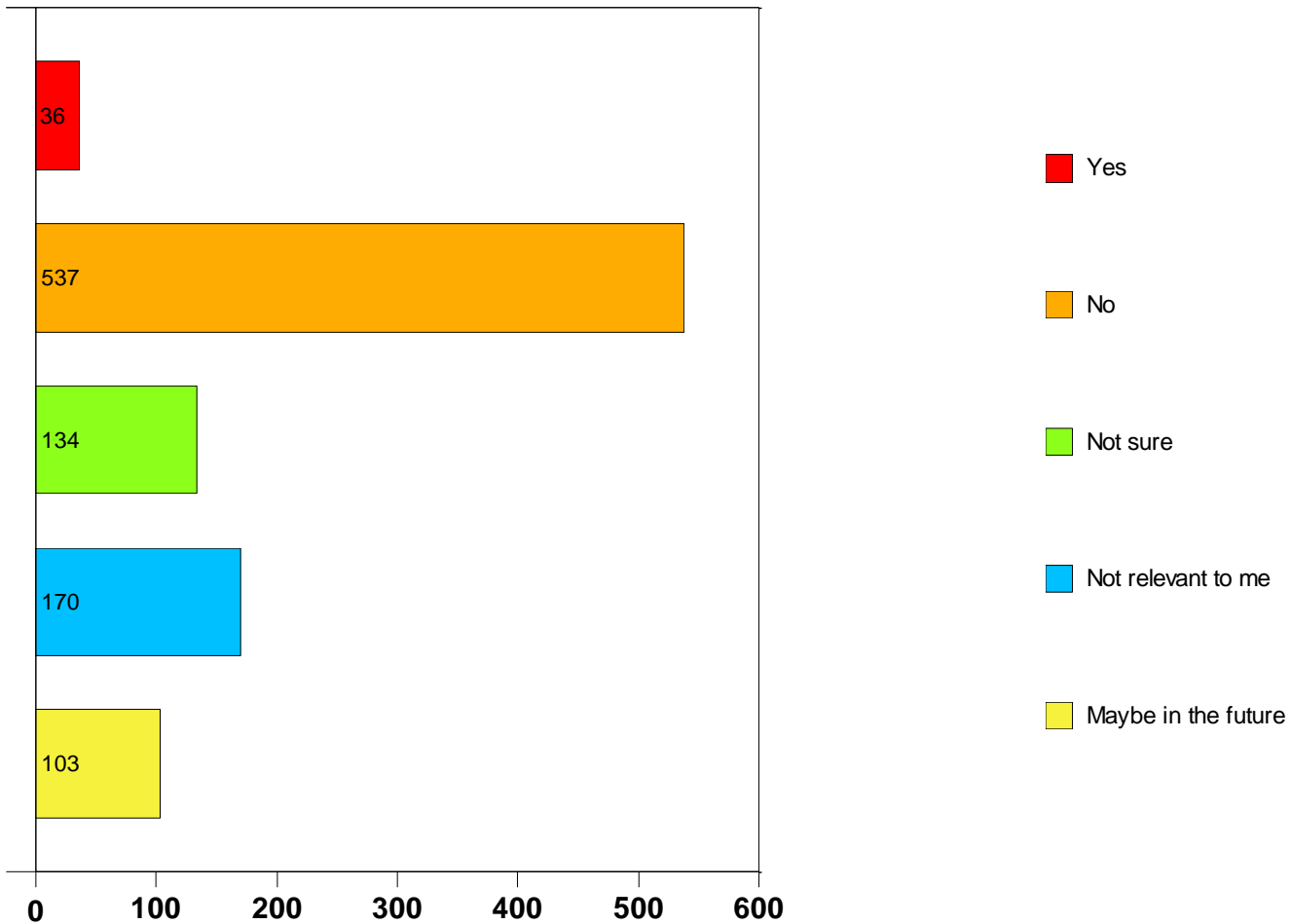
This was a multiple choice question. It is clear that across the four choices available the greatest level of concern is linked to paying household bills, followed by repairs and maintenance to the home. This cross references with peoples' choice of low maintenance future housing. 61% said they were concerned or very concerned about paying the bills while 55.7% were concerned about paying for repairs and maintenance and 39.8% were concerned about paying the mortgage.

Figure 3.31: Concern about paying the bills



A question was also asked about interest in equity release. Only 36 (3.6%) of the 980 respondents said they would positively consider this choice while 103 (10.5%) said they may consider this in the future:

Figure 3.32: Equity release



Equity release is one option for those who want to stay put and pay for home maintenance and or care /support. However, this is a product that few seem currently willing to explore.

### Awareness of Housing and Housing-Related Services

With regards to the levels of awareness that survey respondents had of housing and housing-related services, there were mixed responses. Community alarms, equipment and adaptations, and sheltered housing received the highest level of awareness, whilst extra care and Telecare received the lowest. The full breakdown of responses is given in Figure 3.33 below.

Figure 3.33: Awareness of Housing and Housing-Related Services

Service Type	Aware	Not aware	Used service /housing type
Telecare (Electronic equipment that helps you stay safe and independent in your own home)	353 37.1%	575 60.5%	23 2.4%
Community Alarms (usually a pull cord to a central alarm service)	774 77.2%	171 17.0%	58 5.8%
Equipment and Adaptations (equipment to help you get in and around your home e.g. grab handles, level shower)	758 80.0%	130 13.7%	60 6.3%
Home Improvement Agency (local organisation providing information about adapting your home)	414 46.4%	465 52.1%	14 1.6%
Handy Person Service (provides small repairs and services around the homes of older / disabled people)	497 50.4%	454 46.0%	35 3.5%
Gardening Service (assistance with gardening, mowing grass)	451 46.9%	494 51.4%	17 1.8%
Sheltered Housing	622 81.6%	118 15.5%	22 2.9%
Extra Care Housing	417 59.4%	279 39.7%	6 0.9%

Generally these results confirm the results of the consultation exercise, although Home Improvement Agency services are much better known by those who were involved in the consultation.

## Summary of the key points of the household survey

This summary includes a number of results that can be found in Appendix 3 which sets out the full results:

### *Survey sample*

- Survey to 4000 households. 1280 completed questionnaires received - a 32% response rate

### *About your home*

- Tenure: 69% owner occupiers (53% outright; 16% with mortgage); 23.6% social renting; 3.4% private renting; 1% other. This is consistent with Derbyshire and Nottinghamshire
- Bedrooms: Most respondents live in properties with three bedrooms (41.4%); two (26.4%); one (16.5%); four or more (16.6%)
- Housing type: 10.6% lived in terraced houses; 25.1% semi detached and 24.6% detached; 12.6% live in flats and 25% bungalows
- Size of rooms: most people said size of rooms were 'about right'

- Heating and hot water: 77.3% of households have gas central heating
- State of repair: 69.2% are either satisfied or very satisfied. 74 respondents (8.7%) are dissatisfied or very dissatisfied
- Over a quarter of those responding to the question said their dwelling had repair problems that needed attention

#### *Who lives in your household?*

- Household size: 46% are one person; 40.8% two person; 9.1% three people; 4.5% four or more people
- Household Type: Single people (42.8%) and two person households (39%) are the main household types
- Mobility aids: 7.6% use a wheelchair and that breaks down to 6.7% using them only outdoors and 0.9% using them indoors. 6% use an electric scooter
- People who stay regularly: 80.3% of those responding to this question have relatives who come to stay and 40.7% stay at least once a month
- Under-occupation: The number of people who live in properties with 3 or more bedrooms confirms wide spread under-occupation

#### *Help and support*

- Adaptations: Most common adaptations were internal handrails (32.1%) and external handrails (21.3%)
- Community alarm: 27.8% had access to a community alarm
- Help required: Help was most required with decorating (29.6%); gardening (19.4%) and cleaning windows (18.9%)
- Information and advice: Most needed on financial matters (8.1%); and general help and support (6.1%)
- Most likely sources of information: were internet with (24.3%) and CAB (16.2%)

#### *Future housing requirements*

- Moving intentions: 73.3% wish to stay put over the next 5 years; 24.1% intended to move and 2.8% intended to move somewhere else with family or move in with family
- Reasons for moving: Main reasons were smaller property; housing suitable for disability and a smaller garden
- Tenure preferences on moving: 36.3% wanted social rented housing; 46% wished to buy a home and 6.8% wanted shared ownership
- Property type for movers: Most wanted a bungalow (47.9%), followed by ground floor and lift accessed apartments (28.7%)
- Property size for movers: Most wanted two bedroom housing (68.2%), followed 24.6% who wanted three bedrooms

- Specialist housing for movers: There was interest in both sheltered housing and extra care across all tenures; low interest in care homes

#### *Income and affordability*

- Ability to pay bills and repairs: 61% of the households were fairly or very concerned about their ability to pay household bills and repairs; with 39.8% concerned about paying rent/mortgage and 55.7% concerned about repairs and maintenance
- Equity release: Only 3.6% of owner occupiers said they were interested and 10.5% said they may consider this in the future
- Affordability of open market purchase: If planning to buy a property, 12.2% said they could afford up to £75,000; 55.7% between £75,000 and £150,000; and 31.9% at least £150,000. There is a potential market for a variety of home ownership products.

### **3.5 Conclusions on the views of Older People**

In this chapter we have brought together the views of a wide cross section of older people through the consultation process and the household survey. There are a number of consistent messages that emerge:

- The majority of older people like where they live and want to be supported to remain there. This is consistent with similar research in other areas;
- However, for those thinking of moving, smaller accommodation is one of the main motivations and underpinning any consideration of moving are long term health and mobility issues alongside the ability to maintain the upkeep of the home;
- There is a clear interest in services that will help people to remain in their own home mainly focused on domestic tasks and house maintenance;
- During the consultation, awareness of some services was identified as being very limited as well as how to access them. The responses from the survey suggested better awareness and it was noticeable that use of the internet as a source of information featured more prominently in the survey;
- There is also a concern from the consultation process that once you are in the "system" navigation between services can be difficult;
- Financial matters are a cause of concern both in terms of maintaining a home and having to pay for services or care in the future;
- Access to information is important so that people can make informed decisions and for some, particularly disabled people, the way information is provided is also important. There is a need for different responses between the generations, for example, very few people over 75 would use the internet, but high proportions of those 50 to 64 would;
- When asked where they would prefer to move to, few people would choose sheltered housing or residential care but of those who think they might move in the next 5 years significantly more would consider sheltered housing or extra

care. More could be done to promote a positive image of sheltered housing;

- A two bedroom bungalow is by far the most popular choice for people who want to move. This reflects the views of older people nationally as well as in Nottinghamshire and Erewash. However there are only limited numbers of this type of property available and due to the current financial climate it is unlikely that there will be the opportunity to significantly improve this position. Ground floor flats and flats accessed by lift are also popular;
- The number of people who regularly have people come to stay is evidence of one of the reasons why older people want 2 bedrooms;
- Location was identified as an important issue and access to amenities such as transport and shops should be a key consideration in future developments;
- A significant number of people who may consider moving have the ability to purchase properties above £125,000. This should be attractive to developers;
- There is a need for a range of housing options that include outright purchase and shared ownership. Ideally this choice should be available across all areas .

## 4. Housing Supply

### 4.1 Introduction

This section of the report:

- Provides information on the general needs housing stock
- Provides information on house prices
- Provides information on specialist accommodation for older people
- Assesses future housing demand

### 4.2 The Housing Market

In this section of the report we examine other data sources to find out more about the position of older people living in general needs housing.

#### *The Planning Framework*

The new Government have made clear that Regional Spatial Strategies will be abolished and that a new set of planning structures will be introduced focused on the local authorities and local communities. It is clear that certain needs have to be addressed as part of the planning process:

- Housing that is more flexible and deals with lifestyle changes;
- More variation in the housing offer to reflect the changing nature of household size and need; and
- More specialist provision such as extra care homes.
- A shift towards more provision for those who want to buy rather than rent

#### *General Needs Housing supply*

Although there is no longer a requirement to set regional planning targets for housing, the housing needs research conducted by the two Housing Market Areas suggested that there would be a need for more housing across the whole study area.

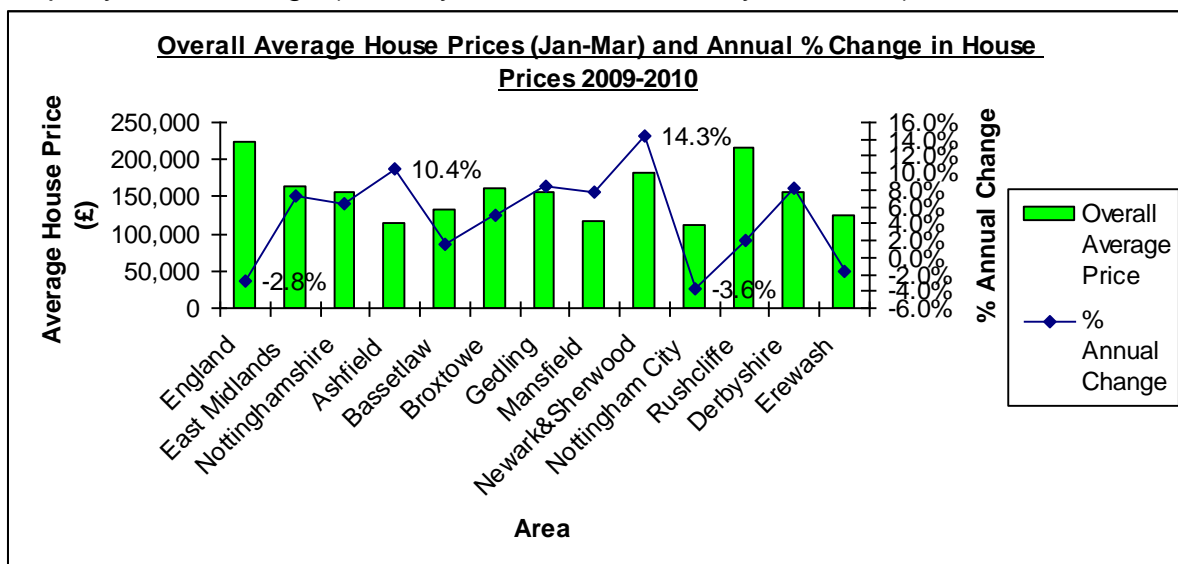
The Nottingham Core Strategic Housing Market Assessment 2007 suggested a total of 57,000 houses needed to be built in the HMA between 2006 and 2026 (2,850 per year) while Notts Outer SHMA suggested a need for 29,300 houses during the same period (1,465 new properties per year). These growth targets are unlikely to be met due to the financial recession and the consequent drop in house building. There has also been a noticeable reduction in social rented development. As a consequence, turnover in the housing market is likely to reduce creating a range of pressures from reduced social mobility to increased over-crowding and homelessness.

## House Prices

The high levels of pensioner household owner-occupation, along with high average house prices, could mean that many pensioner households will have considerable equity tied up in their homes, which could be freed to buy services and/or accommodation that is more suitable for their needs. Rushcliffe is one district with high owner-occupation and high average property prices. Ashfield, Mansfield and Nottingham City have far lower property prices, suggesting a lower level of equity and, alongside other data in this report, a higher level of deprivation in these areas. Nottingham City is the only area within Nottinghamshire to have experienced a negative annual change in house prices, at -3.6%, and also has the lowest overall average house prices within the county. Further detail on house prices is available below.

Figure 4.1 details the average property price in each area alongside the % overall annual change in property prices. Each area, with the exception of Nottingham City and Erewash, has experienced an increase in overall house prices in 2009/10. House prices in Newark and Sherwood, had increased by a very substantial 14.3% between 2009 and 2010, and in Ashfield by 10.4%. However, 2010/11 was predicted to see house prices stagnate or fall<sup>10</sup>

Figure 4.1: Overall Average Property Prices (January-March 2010) and % Annual Average Property Price Change (January-March 09 to January-March 10)



(BBC House Prices website using Land Registry Data for the period January-March 2010)

## Tenure - Older People

The majority of the older population in the study area live in owner-occupation as we noted in Chapter 2. However, there are some noticeable differences (see Figure 2.7), particularly in Nottingham City where only 55% are owner occupiers. We have also noted that many older people under-occupy family homes. Strategically, therefore, it will be important to give older people more choice of alternative accommodation in order to free up much needed family housing. There are two Department of Health-sponsored Housing Learning and Improvement Network factsheets: one dealing with “downsizing<sup>11</sup>” and the other “vacancy chains<sup>12</sup>”. Both of these deal with the strategic role that specialist

<sup>10</sup> Royal Institute of Chartered Surveyors, Housing Market Survey, July 2010

<sup>11</sup> *Viewpoint No. 19: Downsizing for Older People into Specialist Accommodation*, Janet Sutherland, Housing Learning & Improvement Network, 2011

<sup>12</sup> Due to be published in May 2011.

accommodation can play in creating movement within the housing market. The vacancy chains work is intended to demonstrate the financial gains that the development of specialist accommodation can offer by freeing up family housing while the downsizing paper considers the issues that help and hinder the decision to move.

Both papers intend to add an extra dimension to strategic housing planning with investment in specialist accommodation (both rented and owner-occupation) seen as part of a wider housing market strategy to make the best use of existing stock through the creation of a higher turnover.

### ***Demand***

Overall it should be expected that considerable pressure would be placed on the housing markets as the population grows (see Chapter 2). There are exceptions: demand for some housing also varies depending on the location and price (Chapter 3).

Overall, therefore, there should be a greater demand for all types of accommodation, particularly owner occupation, than there is a current supply. Changes in the way that money is being lent have created difficulties in obtaining mortgages as the levels of deposits required have significantly increased. This has affected first time buyers and has had a knock on effect across the market and resulted in reduced demand. This may see more people staying with their parents or choosing to rent while they save for a deposit. Also, there is some evidence<sup>13</sup> that house prices will continue to fall, at least in the short term, and this will inevitably influence decisions on when people will consider selling. It is therefore likely that supply will fall as sellers, mortgage lenders and house builders remain cautious in the current market

There will also be significant changes to the future of public sector housing. In Chapter 2 the changes in housing policy were noted and, alongside changes to the way public sector housing will be developed, there is also an intention to create a more flexible tenancy for social housing that will encourage people to move as their income improves. The intention is to facilitate more social mobility.

There are long term implications for older owner occupiers who may not be able to sell their homes or realise the full value that they expected. For older social renters the position is less clear, but it is possible that housing providers will see an opportunity to free up family housing in order to charge a new "affordable" rent by offering incentives to move. In the longer term, the introduction of a flexible tenancy is likely to see fewer people occupying the same accommodation into old age.

One of the reasons why people remain in their current home is a lack of awareness of the housing options that are available to them, a point that is highlighted in Housing LIN Viewpoint 19<sup>14</sup>. The offer of alternative accommodation for older households therefore needs to be as attractive as possible, to offer an incentive for these well-established households to move out of what is often a family residence that has been their home for a considerable length of time. Households also need to have a detailed understanding of this alternative accommodation to enable them to make an informed decision about the potential of this accommodation to meet their needs.

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<sup>13</sup> Housing Market Forecast December 2010, Royal Institute of Chartered Surveyors

<sup>14</sup> *Viewpoint No. 19: Downsizing for Older People into Specialist Accommodation*, Janet Sutherland, Housing Learning & Improvement Network, 2011

### 4.3 Specialist Accommodation

At present, specialist accommodation for older people is planned as two, or even three, largely separate systems, as illustrated in Figure 4.2 below. The evolution of extra care housing has begun to bridge this gap:

Figure 4.2: Specialist accommodation for older people

Secondary health care	Care Home/Social Care	Housing						
<ul style="list-style-type: none"> <li>• Acute care</li> <li>• Non acute rehabilitation</li> </ul>	<table border="0"> <tr> <td><u>Short stay</u></td> <td><u>Long stay</u></td> </tr> <tr> <td>• Intermediate care</td> <td>Nursing &amp; Residential Homes</td> </tr> <tr> <td>• Respite</td> <td></td> </tr> </table>	<u>Short stay</u>	<u>Long stay</u>	• Intermediate care	Nursing & Residential Homes	• Respite		<ul style="list-style-type: none"> <li>• Sheltered Housing</li> <li>• Extra Care</li> </ul>
<u>Short stay</u>	<u>Long stay</u>							
• Intermediate care	Nursing & Residential Homes							
• Respite								

#### **Residential and Nursing Care**

There is a good supply of residential and nursing care across the study area. Nottingham City is exceptional by having by far the largest provision for a single authority. This reflects the size of the population in the city:

Figure 4.3: Residential and Nursing Care provision

Name / address of development	Care	With Nursing Care	Total
<b>Ashfield</b>	599	503	<b>1102</b>
<b>Bassetlaw</b>	561	598	<b>1159</b>
<b>Broxtowe</b>	359	454	<b>813</b>
<b>Erewash</b>	393	413	<b>806</b>
<b>Gedling</b>	356	548	<b>904</b>
<b>Mansfield</b>	393	534	<b>927</b>
<b>Newark and Sherwood</b>	482	509	<b>991</b>
<b>Nottingham</b>	966	838	<b>1804</b>
<b>Rushcliffe</b>	366	608	<b>974</b>

*Figures from CQC, Authority Directories of services and housingcare.org*

Figures 4.3, 4.4 and 4.5 give further information on the Nottinghamshire, Nottingham City and Derbyshire care homes registered to provide care for people with dementia. According to the data below, there are 109 establishments in Nottinghamshire and 54 in Derbyshire registered to care for people with dementia. In Nottinghamshire this equates to 4,376 bed spaces and provision at a rate of 470 bed spaces per 1,000 people with dementia. In Derbyshire this equates to 2,210 bed spaces and provision at a rate of 235 bed spaces per 1,000 people with dementia.

Figure 4.4: Care Homes Registered to Provide Care for People with Dementia in Nottinghamshire, 2009

	Number of establishments	Number (%) of Beds
<b>Total</b>	109	4,376
<b>Establishment Type</b>		
With Nursing Care	37	1,685 (39%)
Without Nursing Care	72	2,691 (61%)
<b>Owner</b>		
Private	93	3,669 (84%)
Local Authority	15	682 (15%)
Voluntary/Charity	1	25 (1%)
<b>CQC Star Rating</b>		
3 Excellent	9	348 (8%)
2 Good	59	2,411 (55%)
1 Adequate	26	1,045 (24%)
0 Poor	5	195 (4%)
Not yet rated	10	377 (9%)

(Nottinghamshire Dementia Profile, 2009)

For Nottingham City, just under half of the beds (46%) are in homes with nursing care and the majority are privately owned. Seven of the establishments have been rated as providing excellent care, and a further ten are rated as good. Two homes have been assessed as providing poor care. (Nottingham City Dementia Profile, 2009)

Figure 4.5: Care Homes Registered to Provide Care for People with Dementia in Nottingham City, 2009

	Number of establishments	Number (%) of Beds
<b>Total</b>	34	1,253
<b>Establishment Type</b>		
With nursing Care	13	573 (46%)
Without Nursing Care	21	680 (54%)
<b>Owner</b>		
Private	29	1,102 (88%)
Local Authority	4	111 (9%)
Voluntary/Charity	1	40 (3%)
<b>CQC Star Rating</b>		
3 Excellent	7	192 (15%)
2 Good	10	469 (37%)
1 Adequate	13	433 (35%)
0 Poor	2	97 (8%)
Not yet rated	2	62 (5%)

(Nottingham City Dementia Profile, 2009)

In Derbyshire 61% of the beds are in homes with nursing care and the majority are privately owned. This profile is similar to that found across the East Midlands. Four of the 54 establishments have been rated as providing excellent care and a further 32 are rated as good. Two homes have been rated as providing poor quality care. (Derbyshire Dementia Profile, 2009)

Figure 4.6: Care Homes Registered to Provide Care for People with Dementia in Derbyshire, 2009

	Number of establishments	Number (%) of Beds
<b>Total</b>	54	2,210
<b>Establishment Type</b>		
With Nursing Care	29	1,341 (61%)
Without Nursing Care	25	868 (39%)
<b>Owner</b>		
Private	49	2,043 (92%)
Local Authority	1	23 (1%)
Voluntary/Charity	2	65 (3%)
Other	2	79 (4%)
<b>CQC Star Rating</b>		
3 Excellent	4	183 (8%)
2 Good	32	1,268 (57%)
1 Adequate	14	607 (27%)
0 Poor	2	79 (4%)
Not yet rated	2	73 (3%)

(Derbyshire Dementia Profile, 2009)

The supply of dementia provision will continue to be an important element as the numbers of older people with dementia continue to grow. However, successive governments have encouraged the diversion of people away from residential and nursing care through the development of extra care and improvements to community based care and support. These initiatives are more likely to impact on residential care. Over the long term therefore the growth in residential care is expected to decline despite a growing older population.

### ***Specialist Housing for rent***

In 1969, Ministry of Housing and Local Government circular 82/69 provided mandatory definitions for specialist housing:

- Category 1 – communal facilities and warden are optional, may be flats and/or bungalows and usually no lift
- Category 2 – flats under one roof with communal facilities, resident warden and a lift

After 1980 these mandatory definitions were dropped, although the terminology is still in regular use and offers one of the few shortcuts to describing particular forms of specialist housing for older people. In reality, the definitions never properly addressed the range of development that was on offer. Since then, and particularly after the introduction of Supporting People, the way specialist accommodation is defined has become much more open to interpretation. Buildings have increasingly become defined by the services provided. As support services have changed, some buildings that were previously identified as sheltered housing because of a dedicated warden service have been redefined as simply accommodation for older people as a result of the support service either being totally withdrawn or replaced by a floating support service. Also many developments that could have previously been described as Category 1 have been re-designated where demand has fallen, either by changing the lettings criteria or by changing the client group.

As a consequence of these changes, it has become increasingly difficult to be certain about the levels of differing types of accommodation that are available. Figure 4.7 shows the current estimates for all specialist rented provision in each area:

Figure 4.7: Units of specialist rented accommodation for older people

Area	Total specialist units for older people
Ashfield	1887
Bassetlaw	3214
Broxtowe	2645
Erewash	2308
Gedling	1153
Mansfield	2723
Newark & Sherwood	2652
Nottingham City	2692
Rushcliffe	1167

Much of the current specialist stock was built in the 1960s and 1970s and particularly those developments that were designated as sheltered housing were designed on an understanding that people were prepared to compromise personal space for public space within the building in order to socialise. As a consequence, space standards in sheltered housing are often less generous than general needs flats and modernisation is therefore often compromised by limited space. Although most properties will have benefited from modernisation and Decent Homes work, the original design of the buildings can lead to them being unattractive by modern standards. Interviews with providers suggest that there has been some closure of poor quality buildings where there was little or no demand and that more closures are being considered.

### ***Sheltered Housing for Sale***

Figure 4.8 shows the estimates of specialist provision for sale. There is particularly an issue with entirely private sector developments, as they may only be recorded as specialist provision during the planning stage. Once developments are fully sold, identifying these developments is often dependent on how the managing agent chooses to advertise when properties come up for sale. As a consequence there is a tendency to underestimate the scale of "for sale" provision.

Figure 4.8: Units of specialist for sale accommodation for older people

Local Authority	Developer	Number of units	Type	Guide price
Ashfield	Unknown	Unknown	Flats	As below
Bassetlaw	At least 2 developers 3 developments	At least 57	Bungalow Park homes	£78,000 shared ownership £97,900 park home
Broxtowe	4 developments 3 developers	148	Flats or bungalows	£87,000 upwards
Erewash	4 developments 3 developers	127	67 flats 60 bungalows	Flats average £97,000 Bungalow average £135,000
Gedling	5 developments	At least	Roughly	2 bed average price

Local Authority	Developer	Number of units	Type	Guide price
	At least 4 developers	111	equivalent number of bungalows and flats, mainly 2 bedrooms	£83,700 1 bed average £92,000
<b>Mansfield</b>	2	24 leasehold	Flats/bungalows	2 bed detached bungalow from £40,000 - £49,500
<b>Newark and Sherwood</b>	1 Developer  1 Developer	40  38 Leasehold	Flats	unknown
<b>Nottingham</b>	12 developments At least 7 developers 1 extra care scheme	Average 596	Average 343 flats Average 253 bungalows	Some shared ownership, average price £50,000 (70%) 1 bed average price £104,000 2 bed average price £110,000
<b>Rushcliffe</b>	14 developments At least 8 developers 1 extra care scheme	At least 348	At least 171 bungalows At least 158 flats Small number of houses (est. 19) A lot of park homes	Average price 2 bed bungalow £136,400 Average price 2 bed flat £168,500 Average price 1 bed £120,000 Average price park home £88,000

### **Extra Care**

Extra Care has increasingly become the main focus of housing development for older people. Included in Extra Care development are large scale retirement villages such as the 300+ unit scheme in Nottingham. There are plans for more Extra Care schemes but, as we have noted above, the current state of the housing market, along with the changes to the funding of social housing (see chapter 2) make opportunities to develop much more difficult. There are also issues concerning the funding of support and the impact of personalisation that are addressed in chapter 5. There are, however, noticeable gaps in provision across the study area.

Figure 4.9: Units of extra care for older people

Area	Units of Extra Care
<b>Ashfield</b>	0
<b>Bassetlaw</b>	70
<b>Broxtowe</b>	0
<b>Erewash</b>	0
<b>Gedling</b>	66

<b>Mansfield</b>	0
<b>Newark &amp; Sherwood</b>	55
<b>Nottingham City</b>	327
<b>Rushcliffe</b>	62

## 4.4 Demand for sheltered housing

Demand for sheltered housing seems to depend firstly on the type of accommodation on offer, and secondly on location and services.

### 4.4.1 Factors influencing demand

The government's national housing strategy for older people (*Lifetime Homes, Lifetime Neighbourhoods*) highlighted the growing importance of older people as a population group in the housing market. This applies in the study area as well as other areas. Below, we set out a number of factors that influence older people's demand for housing.

#### **Demography**

Whilst demography is considered at length in Chapter 2, it is worth reiterating the essential features that will impact on housing demand:

With other factors remaining equal, the ageing population in the study area will increasingly require:

- Housing that is accessible
- The capacity to make adaptations to their existing homes
- Housing where care and support can be made available
- Housing where specialist design can allow independent living for wheelchair users
- Housing where specialist design and specialist services can allow supported living for older people with dementia or a learning disability

#### **Affordability**

Affordability of housing for potential purchasers is often assessed by reference to house price to income ratio. However, this is less relevant for older people who are much less likely to be seeking mortgages for the purposes of house purchase. For older people looking to purchase, the key affordability issues are house prices and the level of equity that can be obtained from sale of existing properties. House prices are set out in Figure 4.2 above.

The household survey (see chapter 3 of the report) showed that of older people planning to buy a property, almost a third could afford over £150,000, and half between £75,000 and £150,000. This means that many older homeowners should be in a position to purchase private retirement housing if they wished to, depending on the area, with a significant number able to purchase on a shared ownership basis.

In addition, given that the household survey showed that many older homeowners are significantly under-occupying larger housing, these prices indicate that a significant

number of home owners would be in a position to trade down to good quality two bedroom properties if they did not want to move into retirement housing.

In terms of affordability of housing to rent, the prevailing rent influencing and Housing Benefit regimes are designed to ensure that social rented housing remains affordable to all, though the household survey did indicate concerns about ability to pay rent/mortgage by nearly one third of respondents. This is likely to apply to private rented housing as well. However, the Government are planning changes to the welfare benefits system and there is also a plan to introduce a new form of renting, Affordable Rent, which will be a rent set at 80% of market rents. Both of these are likely to have some consequences in terms of affordability.

- The Affordable Rent is designed to be higher than current social rents in order to generate a surplus that can be used to build funds for other developments. This is likely to reduce housing choice for those on the lower incomes who may not be able to afford the new rents.
- There is also a continuing issue about the desire of older people for two bedroom accommodation and the implications of Housing Benefit rules. The government have recognised the need to fund two bedroom properties via Housing Benefit in limited circumstances, where there is an assessed health or care need for a second bedroom. However, some Housing Benefit authorities interpret a couple occupying a two bed property as under-occupation and may not cover the full rent via Housing Benefit.

### ***Housing intentions of older people***

There is a substantial body of national research into the needs and aspirations of older people in relation to housing as summarised in Chapter 2. This national research is supplemented by locally based research as part of this project, set out fully in chapter 3, some key messages relating to demand are set out below:

- Staying put – the vast majority of older people who were consulted during this process were home owners and would prefer to remain so, and the majority would also prefer to stay in their own homes as they grow older;
- Extra Care – there is a familiarity with sheltered housing and traditional residential/nursing care models, however the response to Extra Care has been very positive and is something that should be developed and promoted;
- Retirement accommodation:
  - Location: the location of new retirement housing developments is key, and is of vital importance if older people are to want to move into such schemes
  - Tenure: as most participants would prefer to remain homeowners, retirement property that is available to buy would be most attractive. A choice in purchasing options is preferred, including shared equity products for those with limited equity available to purchase.

### ***Physical access to housing***

*Private sector housing* – neither planning permissions nor building regulations have required private general purpose housing to be built to mobility or wheelchair standards, or

low rise flatted blocks to have lifts to upper floors. Accordingly, it can be anticipated that most private stock will not have been built to these standards, so much of this supply will not be suitable for older people with existing mobility problems without some form of adaptation.

*Social housing* – more social housing will have been built to mobility standards and some to wheelchair user standards by virtue of compliance with regulatory requirements of the Housing Corporation and its successor, the Homes and Communities Agency.

In terms of sheltered housing for rent, due to the age of many schemes there is a legacy of outdated design. For example, wheelchair user provision tends to be low and there are still accessibility and standards issues in a number of the sheltered schemes that can only be addressed through significant remodelling. Examples include the widths of corridors that make the use of wheelchairs more difficult and communal heating systems that do not allow individual control for each property.

Changes in lifestyle are also an increasing problem. The increasing use of motorised buggies is presenting a problem of storage and more people now own a car, presenting car parking problems.

It is possible that the new Government will also adopt the “Building for Life”<sup>15</sup> criteria that shares principles with *Lifetime Homes*, *Lifetime Neighbourhoods*. It may be possible to build on this by enhancing these principles for those developments where the front door is above ground-floor level, for example, ensuring that the stairwell is designed so that it is possible to fit a stairlift at a later date. The Building for Life standards address issues of mobility and flexibility but there is still a need to consider the expressed desire for two bedroom properties (Chapter 3) and planners may wish to consider adopting new standards concerning the mix of accommodation at least in any new specialist developments.

### **Access to adaptations**

As most older people will want to stay in their homes as long as possible, it is important to consider the future demand for adaptations. The results of the household survey show a high level of older people needing mobility aids. This is likely to translate into a growing demand for adaptations. One of the key priority areas that the new Government has identified is the provision of aids and adaptations<sup>16</sup> as part of its prevention and reablement strategy.<sup>17</sup>

Councils will also need to consider whether their planning policies are adequate to ensure that new housing will be accessible to all, and how they will ensure that some accommodation built to wheelchair standards will be provided. The changes that are taking place to the planning system will see local authorities and communities taking greater control of planning decisions and this will create an opportunity to further develop planning policy to meet local needs.

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<sup>15</sup> [www.buildingforlife.org](http://www.buildingforlife.org)

<sup>16</sup> Comprehensive Spending Review, October 2010, [www.hm-treasury.gov.uk/spend\\_index.htm](http://www.hm-treasury.gov.uk/spend_index.htm)

<sup>17</sup> Health and Social Care Bill 2011, <http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

### **Quality of housing**

Housing demand is also influenced by the actual or perceived quality of the housing that is or can be provided.

Lack of suitable quality of housing for older people – both general needs and sheltered housing - will not enable the housing market to operate effectively, for example, it will not encourage older people to downsize into more suitably sized accommodation in either the social rent or the private sectors. A long term solution would be to try to ensure new homes were built to the Code for Sustainable Homes standards and also promote the use of the Lifetime Homes standard

### **Choice of housing**

There is a limited range of suitable accommodation available to older people:

- A limited amount of good quality accessible two bedroom housing to address under occupation
- Limited sheltered or Extra Care housing for sale or shared ownership

The consequences of this lack of choice are:

- Older people will not move and free up larger houses if their preferred choice of accommodation is not available
- Some older people will end up in unsuitable accommodation. For example, the difficulty in accessing the small amount of retirement housing or extra care for sale is likely to lead to some older people ending up in residential care when this may not have been the most suitable form of accommodation for them

### **Benchmarking the specialist supply side**

Below we benchmark the current supply of specialist accommodation for older people against the recommended levels in the Housing LIN toolkit.<sup>18</sup> The model used here is an abridged version focused on housing.

The model only considers the needs of people over 75. This is the group that is most likely to be interested in or needing specialist accommodation. The evidence from both the household survey and the consultation exercise confirms this. It should be noted that the model used to project future supply takes no account of affordability of the projections.

The total population aged over 75 at 2015 for the study area is projected to be 107,200 (see Chapter 2). By 2025 the population is projected to be 152,700. The projections in the Figure 4.10 are based on these figures.

Figure 4.10: Projecting future supply against the *More Choice, Greater Voice* Model

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<sup>18</sup> *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*, Housing Learning & Improvement Network, February 2008. Fig 23, p. 45.

Type of provision	Current supply (2010)	Suggested provision per 1000 of population 75+	Suggested supply 2015	Increase/ (decrease) needed 2010 – 2015	Suggested supply by 2025	Increase/ (decrease) needed 2010 – 2025
Housing based provision for dementia	0	10	1072	1072	1527	1527
Extra Care for rent	580	12.5	1340	760	1908	1328
*Extra Care for sale		12.5	1340	1340	1908	1908
**Enhanced sheltered for rent (Affordable Rent)	0	10	1072	1072	1527	1527
Enhanced sheltered for sale	0	10	1072	1072	1527	1527
Sheltered for rent	20,441	50	5360	(15,081)	7635	(12,806)
Sheltered for sale	1489	75	8040	6551	11452	9963

\* Enhanced sheltered housing would normally include access to assisted bathing, a meals service, assistive technology, recreation and leisure as a minimum.

\*\* Although some Extra Care is for sale, details of the split in existing schemes was not readily available.

The results for each individual area can be found in the Local Authority reports. The key change that emerges is a very significant reduction of about 13,000 units of sheltered housing by 2025. This result suggests unusually high levels of this type of development but a reduction on this scale is simply unrealistic. It does confirm what practitioners suggested in the practitioners' workshops (Appendix 4), that there is an oversupply, and it would seem that there is an oversupply in most areas. However, this is partly balanced by the growth in what is termed "enhanced" sheltered housing. This model may well apply to some existing sheltered housing. There is also predicted to be a need for a further 3000+ units of extra care.

A key issue that also emerges is the lack of housing based provision for people with dementia. This will be a critical issue in terms of future planning.

The overall fall suggested in socially rented provision is further balanced by a suggested growth in provision for owner occupation/shared ownership of 13,398 units.

The *More Choice, Greater Voice* toolkit makes clear that the norms it proposes need to be moderated to take account of local circumstances and evolving policy. However, account needs to be taken of the following:

- The aim of shifting the balance of provision away from long-term care, and to supporting more older people at home
- The current financial climate which will make it difficult to secure capital finance for new developments

- Reductions in the subsidies available for social housing and the introduction of Affordable Rent
- The need to address the projected growth in the number of people with dementia and the number of people with disabilities and long-term conditions living into older age
- The general shift to flexible housing support rather than support linked to specialist accommodation
- The general pattern of reducing levels of care homes to take account of more people being supported at home or in housing settings
- The housing market remaining at about its current rate of turnover for some time to come

## 4.5 Key issues in moving forward

### ***General needs housing***

The key priorities identified from this strategy in relation to supply are:

- The development of 'all age' accessible two bedroom general needs housing, both rent and shared ownership to address the ageing population in the housing market. There was a strong preference for bungalows in the consultation. However, this must be balanced by what can be delivered realistically in terms of housing needs across all sectors and all age groups. We are not therefore proposing a target, for example, for two bedroom bungalows, because it is unlikely that there are the resources available to meet overall demand. It may be necessary, therefore, to consider ways to promote alternative options.
- Look at other alternatives to address unmet demand. For example, one option for addressing the needs of people registered on the housing waiting list as under-occupying houses might be to provide a better quality sheltered/retirement housing offer.
- Investigate the supply/demand imbalance in more detail within each local authority area.
- Improve the overall standard and accessibility of housing.
- Increase the number of wheelchair/adapted properties.
- Ensure that all new buildings that have accommodation where the front door access is on an upper storey either have lift access. or are designed so that assisted access can be provided in the stairwells if required at a future date.
- Consider the infrastructure that is needed to develop lifetime communities when delivering large scale regeneration, for example, local amenities, transport links and dropped kerbs.

### ***Specialist housing***

- There is an adequate supply of general residential care nursing home places for older people across the study area, given the planned shift away from long-term care and the likely reductions in plans to develop extra care as an alternative.

- There are few examples of housing based options for people with dementia. There are good examples of people with dementia being supported in Extra Care housing. There may be a need for smaller housing-based schemes, sometimes grouped together to give economies of scale in order to meet specialist needs, in particular those of younger people with dementia and people from BME communities. Proposals for the large scale development of Extra Care may be scaled down but there should be opportunities to still develop some Extra Care.
- There is an oversupply of lower quality sheltered housing for rent with an undersupply of sheltered housing for sale.
- There is a current shortfall of Extra Care housing for rent and sale, and a likely shortfall in the planned provision of Extra Care housing across all tenures to meet projected need after 2015 and beyond.

There is a need for:

- Better use to be made of existing provision, particularly sheltered accommodation, to support higher levels of frailty and to meet the needs of older people with learning disabilities and older people at risk of homelessness;
- Additional Extra Care for rent and sale;
- A higher level of quality of sheltered housing for rent to meet the growing aspirations of older people;
- More two bedroom housing, both in sheltered housing flats and bungalows;
- A growth in the level of sheltered housing for sale and shared ownership;

Overall, there needs to be a change over time in the balance of tenure from rent to sale and shared ownership, a broadening of choice in housing type and service models, and an increase in the quality of housing to meet the growing aspirations of older people. This will need to be phased in over a 10 year period to allow for decanting. However, this will require a fully funded capital programme which could be challenging to deliver in the current financial climate. Issues to be considered within the capital programme will be the closure, remodelling or replacing of a number of the existing sheltered schemes, which are either in the wrong location, or below acceptable standards, and the re-designating of other schemes from fully sheltered to designated older people's housing with a lower level of support.

In decommissioning specialist accommodation, providers will need to consider the implications of the Localism Bill and the "right to manage" power that will be given to local communities.

Some specialist housing for rent is of a good standard and there is some evidence nationally that some providers are beginning to offer a proportion of re-lets for sale. This is intended to create an income flow that will support future development while also addressing the needs of older owner occupiers.

### ***Procurement***

- The options for procuring new housing are changing in terms of the way the planning system and funding will operate. Commissioners will therefore need to explore new mechanisms for procuring new housing. Some RSLs are already

considering how they will fund new development from within their own resources. To encourage this type of interest, local authorities will have to consider what incentives they can offer, for example, a financial contribution, land etc. To reach this stage there will need to be clear plans about what will be required.

- It is clear that local authorities and providers will have to work closely with communities to develop plans. The Localism Bill will provide a new dimension to the planning process and also the community's "right to build" may become a factor in the development of specialist accommodation.
- Local authorities may work in collaboration to develop strategic partnerships with builders and housing providers. There are a range of options here and a number of well developed approaches such as "strategic partnering arrangements" with selected housing providers that create a formal working arrangement including use of assets, financial arrangements and delivery plans.
- Providers may begin to offer very high quality specialist accommodation for sale in order to create capital to develop specialist social rented accommodation. Strategic partnering could facilitate this type of approach.
- Extra Care contains many communal and community facilities. The changed funding options are likely to make the justification of at least some of these facilities more difficult. Therefore health and social care commissioners will have to consider the provision of capital funding for some facilities.
- The government is also planning to make more government-owned land available for housing and other development.

## 5. Moving Forward – Independence and Community

### 5.1 Introduction: Building a Joined-Up System for Older People

In this chapter we consider:

- The impact of the health and social care policy agenda
- The role of access and information systems
- The future role of specialist accommodation
- The use of community alarms and assistive technology and housing related support
- HIA and other related services
- The general housing market
- Conclusions

### 5.2 Shared Outcomes

A key element that is emerging from the changed policy agenda is the need for shared outcomes. There is a need to:

- Address the needs and growing aspirations of the older population as a whole across all income and tenure groups;
- Identify shared outcomes across health, social care, housing support and regeneration, and look at how they could be delivered;
- Address the key national drivers;
- Link up universal and specialist services.

#### ***Shared outcomes for each authority***

The shared outcomes across health, social care, housing support and regeneration that can be identified are:

- Maintaining independence and improving quality of life and well-being through active living and access to universal services;
- Reducing health inequalities and addressing the barriers to improving health through housing related initiatives;
- Building sustainable 'all age' communities including accessible housing that can help people stay put;
- Connecting up approaches and services across health, adult social care, support, housing, planning, regeneration and neighbourhoods.

There was a real commitment from staff we talked to across different agencies to use shared outcomes to build a more joined up system that enabled older people to make their

own decisions on how best to sustain their independence, and improve their quality of life (Appendix 4).

The main national driver is to address the growth in the older population in ways that do not impact significantly in financial terms on central and local government and the NHS. There will be an additional £1 billion a year for social care through the NHS, as part of an overall £2 billion a year of additional funding to support social care by 2014-15. This £1 billion includes up to £300m per annum for re-ablement, including intensive support for people returning home from hospital so that they can regain their independence, while the remainder will be used to support other social care services. The figure of £2 billion includes £1 billion a year for Personal Social Services grant, which is rolled into local government Area Based Grant.

The government have indicated that they want to see more individuals take control of their support and care and therefore are going to continue the policy of personalisation that the previous government introduced. The *Putting People First* protocol<sup>19</sup> set out four domains that under pinned these approaches:

- Universal Services
- Early Intervention and Prevention
- Social Capital
- Choice and Control

Figure 5.1: Putting People First Framework



Each domain comes together to form actions that will lead to either improving or sustaining quality of life for the individual by recognising that there are a wide range of choices needed to achieve this aim.

Personalisation therefore means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy

<sup>19</sup> *Putting People First*, Department of Health, 2007

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118)

to make good decisions about the support they need. It means ensuring that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment regardless of age or disability.

The implications resulting from the introduction of personalisation could be considerable for housing, as well as for support and care providers. Many older people already fund their own support and care and many more who mainly fall into the “substantial and critical” category in Adult Social Services needs assessments will have significant budgets with which to choose their best combination of services. They will have the power to purchase housing services as well as domestic services. At one level, this presents a challenge for service providers, but it also creates an opportunity to offer a menu of customer focused services.

Housing providers have a strong track record in finding individual solutions that fit around people, but personalisation means further shifting the balance of control in decision making. This includes decisions over budgets, assessment and support or care packages. It challenges existing services and the size and shape of many existing organisations. Personalisation will accelerate developments already underway in the housing sector to give people more control and choice over their living environment and requires different relationships between people who use services, housing providers and commissioners.

A number of housing providers have tested how personalisation fits with models of specialist housing. It is possible to develop a core service offer and then a menu of options which are available for purchase, using public or private funding, either in house or from another source. People may also want to buy services jointly.

The implications for housing providers have been identified as follows:<sup>20</sup>

- Personalisation for housing providers means tailoring support to people's individual needs to enable them to live full, independent lives;
- Housing and the local environment can make a critical difference to someone's ability to live independently;
- Housing providers need to be able to offer people a choice in how and where they could live and to ensure that homes are well designed, flexible and accessible – the Lifetime Homes design standards can help with this;
- Developing ways to respond to personalisation through specialist housing – it is possible to develop a core service offer and a menu of options available for purchase either as individuals or jointly;
- Local authorities can include Supporting People money in the personal budget of people using services if applicable;
- Ensuring that people have access to information and advice to make good decisions about their care and support;
- Finding new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services;
- Developing systems and processes to enable staff to work in creative, person-centred ways.

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<sup>20</sup> *At a Glance 8: Personalisation briefing: Implications for housing providers*, Social Care Institute for Excellence

There are also plans to introduce personalisation into health care as well, although these are at early stages in comparison to Adult Social Care and support.

The main change, therefore, will see the power to commission services shift over time to individual budget holders and this will see a significant change in the culture of service delivery. We are moving to a place where people are not seen as “service users” – but equal partners in the best way to use the money available to them to get a better life.

### **5.3 Access and Navigation**

We found from the interviews and survey (see Chapter 3), that providing information and signposting to services was considered to be important. We also found that:

- Many people did not feel that they needed any additional information;
- There was a range of information sources and access routes into services which could be confusing for older people;
- Older people had limited knowledge of some service options;
- There are a range of authorities who have their own systems of information.

The changing patterns of services and the restructuring that is going to take place in health emphasise the importance of developing a clear and integrated approach to information and access to services for the older population as a whole, not just people looking at accessing specialist accommodation or health and social care services.

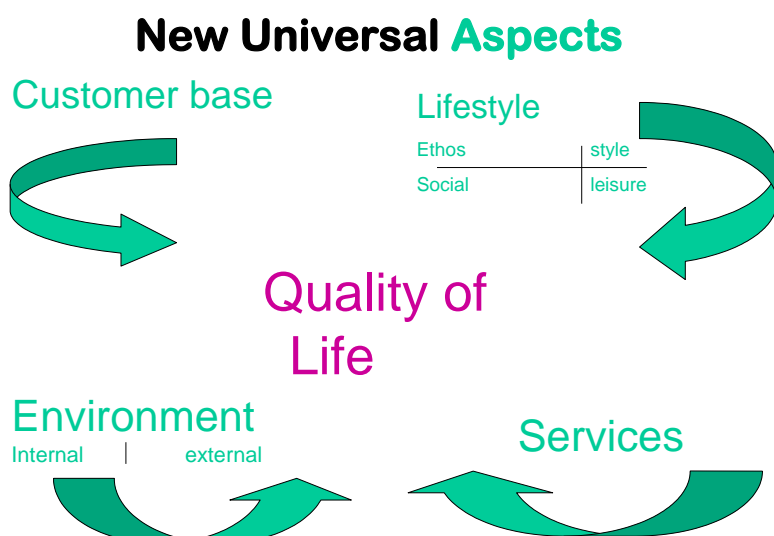
### **5.4 Specialist Accommodation**

Overall, the changes in policy and older people's aspirations have led to the market changing and evolving in the following ways:

- Demography is driving new and additional demand for housing for older people;
- Budget pressures in health and social care are driving change in housing and care services;
- There is a move away from a standard ‘take it or leave it’ or ‘one size fits all’ approach;
- Both government and providers are looking to move thinking from “quality of service” to “quality of experience”.

The focus on lifestyle can be illustrated by the way the Extra Care housing market is presenting its offer to the public. Work by PFA and Riseborough Research and Consultancy Associates for the Housing Corporation and Department of Health identified a set of universal aspects of Extra Care housing that span public and private sector provision and fit with this new mindset. This is illustrated in Figure 5.2 below:

Figure 5.2: New Universal Aspects of Extra Care Housing



This illustration demonstrates the complex nature of not just Extra Care but other forms of specialist accommodation with a balance of social and leisure activities, quality of property and its environment together with the range of services that meet people's needs.

Most providers are now marketing Extra Care as a lifestyle choice, with the provision and delivery of care services reflected in the background of the marketing literature. The aim is to be seen as offering a positive housing and lifestyle choice. A number of providers working in the study area reflect this approach in their marketing literature.

This is resulting in the following broad changes to the overall pattern of housing and related services for older people:

- Growth in nursing home market to cater for very frail people;
- Development of specialist housing and care models to support people with dementia and their partners;
- Reduction by adult social care in the number of traditional care homes;
- Reduction of traditional 'lower quality' sheltered housing for rent as more people opt to stay at home or want higher physical standards;
- Growth in retirement housing for sale to address the tenure mismatch between general needs housing (more owning than renting) and the sheltered housing market (more renting than owning);
- Development of new models linking housing and care, such as Extra Care housing and retirement villages;
- Better information for older people to help them keep control of their lives and understand the choices that are available;
- More flexible models of service linked to new technology developments such as telecare.

## ***The Development of Extra Care Services***

Extra Care housing is a relatively new model of housing with care which is being seen as a more appropriate and cost effective way of supporting older people. The government has supported the development of Extra Care through the Department of Health's Extra Care programme. Most local authorities are either in the process of developing Extra Care services or have already developed them.

### *Extra Care: terminology*

There is no one accepted definition of an Extra Care service. Terms such as 'very sheltered housing', 'enhanced sheltered housing', 'integrated care', 'extra care', 'close care', 'flexi-care', 'retirement village', 'retirement community' and 'continuing care retirement community' are used to refer to grouped housing schemes for older people which provide accommodation and support/care.<sup>21</sup>

The term in most common use to describe grouped housing with support and care is "Extra Care" housing. The report noted that despite the various terms used the range of services provided is broadly similar.

Currently, most Extra Care schemes are building based, however new models of Extra Care are being developed. "Hub and Spoke" models (see below) that link into existing sheltered housing and other specialist accommodation are being developed. Virtual Extra Care (see below) is being developed, particularly in rural areas which link floating support, home care and assistive technology services to deliver an Extra Care service with the same group of staff to a network of older people living in their own homes.

In some authorities, planning, housing strategy and adult social care staff have agreed a 'definition' of Extra Care. Staffordshire County Council, for example, requires extra care schemes to have, as a minimum:

- Self contained flats with kitchen and bathroom facilities that support and enable independence and the delivery of care services
- Staff facilities - office and sleep over room
- Barrier free spaces that are accessible and aid residents mobility
- Communal facilities lounges, dining and day rooms
- Guest facilities and
- Staff on site to maintain the building and manage the delivery of care and support services.

Many private developers are approaching authorities with proposals for various forms of Extra Care, and this type of definition makes it clear what is expected. Local authority commissioners should therefore consider developing their own set of standards for Extra Care and may wish to use the information set out above as a starting point.

Given the difficulties housing providers and authorities may have in raising the capital to develop new schemes, identifying key characteristics can be very useful to private developers who may have the resources to develop new schemes particularly in areas where large numbers of older people own their own homes.

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<sup>21</sup> *Housing with care in later life – a literature review*, Joseph Rowntree Foundation.

### *Strategic stance*

Extra Care was developed as an alternative to residential care. Many authorities have developed a more strategic approach to the development of Extra Care that includes its role in the wider specialist accommodation market. The household survey indicated that older people are reluctant to go into residential or nursing home care. In the majority of residential and nursing homes older people only have a bedroom as private space and have to spend most of the day in a communal lounge and usually eat communally. Some older people find the lack of privacy and personal space difficult to accept.

Extra Care schemes offer older people a self-contained flat or bungalow in which they have 'their own front door'. Residents are tenants and owners and they have security of tenure unlike older people in residential care, who normally occupy their room on a license rather than a tenancy. There will also be communal facilities on site often including a restaurant and rooms for different activities.

There are different models of Extra Care but in most there is a range of need. Often a third of residents will need the type of support provided in residential care, a third will have moderate support and care needs and the final third will be people who need little support and no care services (see Figure 5.6 below for examples). In residential care, everyone will be dependent. The mixture of tenants in Extra Care and the level of activity create a different atmosphere and Extra Care scheme staff will have what is described as an "enabling approach", which seeks to keep people active and engaged, as opposed to residential care, which can foster dependency.

Some authorities want to provide Extra Care as an alternative to residential care but some are beginning to see it as a first choice, rather than an alternative. Extra Care can be entirely rented, entirely for sale or a mix of both (which was the Government's preferred model) and that also includes shared ownership.

### *The implications for other services*

The development of Extra Care has an impact on other services. If a third of Extra Care places are an alternative to residential care, it follows that the demand for places in residential care homes will be reduced (all other things being equal) and this will impact on the growth of the residential care sector.

Many Extra Care schemes are new build or upgrades of existing sheltered schemes and tend to be of a very high standard. Two thirds of the units (assuming the thirds model is adopted) will be available to older people not in need of residential care and they will attract people who may have considered entering existing sheltered services. Extra Care programmes challenge current sheltered housing providers by competing in local markets based on the quality of the accommodation and the range of services provided. This will almost inevitably impact on the demand for existing sheltered schemes that are within the same local housing market.

The majority of older people want to remain in their own homes and local authorities are focusing on the development of services which help people to remain at home for as long as possible. As services that enable people to remain at home develop, older people will only choose to move when their needs are such that they require the equivalent of residential care. This may further reduce the demand for existing sheltered services that cannot provide that level of care and increase the demand for Extra Care or residential care.

The development of Extra Care can also impact on the nursing home sector. Increasingly, Extra Care services are developing an approach to dementia care (see below) and may be able to offer an alternative to nursing home care for those with dementia.

There is a need to integrate strategic planning for domiciliary support, sheltered housing, Extra Care, residential and nursing home care and for them to be "managed" as an integrated system. Some authorities are beginning to use demographic and financial modelling as a tool for strategic planning. They are used to test a number of scenarios and the implications for the various sectors including the implications of shifting funding from residential care into community services to prevent people needing higher level services. For example, Nottinghamshire County Council used these types of approaches in developing their Extra Care strategy.

#### *The financial viability of Extra Care schemes*

The recent change in Government has made the position concerning the public capital funding of Extra Care uncertain, and comment is made in Chapter 4 on the likely implications.

The reduction in social housing subsidy, along with the introduction of Affordable Rent, will see changes to the revenue and capital models. There will be very little Government subsidy available in the future to develop Extra Care. In Chapter 4 it was noted that the emphasis will be placed on a mix of housing providers drawing on their own resources and borrowing capacity together with local authority contributions of land and other subsidies that will probably be the starting point for new development. Alongside these, an element of outright purchase and shared ownership are likely to be needed to ensure financial viability.

The majority of Extra Care schemes are revenue funded via rents/leasehold receipts, service charges, support and care funding. These revenue funding streams are now under pressure as a result of the financial situation. The revenue costs are likely to become an increasing issue for housing and support providers.

The support funding usually came from the Supporting People and the care funding from social care budgets. As both funds now form part of the single Area Based Grant the potential for commissioning support and care as a single service is likely to increase.

Together, the pressures on capital and revenue funding may see the type of Extra Care facilities and services change. Extra Care usually includes a number of elements that are seen by older people and commissioners as attractive, such as exercise facilities, shops, treatment rooms and hobbies and other activity rooms. These facilities are usually supported by a mix of charges, revenue funding from service charges, support funds and volunteering. These facilities and services are likely to be questioned in the new financial climate. Commissioners will need to have a clear vision of the role that is required from extra care to ensure that where these additional features are required a clear investment case can be made.

The introduction of personalisation may well have an impact on what revenue funding is available with implications for the shape of service provision. Before the change of government these issues were being explored with individual local authorities taking different approaches. The reality, based on experience, is that most tenants will choose the main provider who has the care contract and that the few other people who choose

another care provider usually change to the main care provider in the scheme when they see the flexibility of service offered.

Most areas are therefore moving to using a cost and volume contract approach. This enables a core contract with the main care provider, but the flexibility for individual tenants to choose another care provider if they wish to. In addition a cost and volume contract also allows for the level of care to be flexed according to the overall level of care needs at an Extra Care scheme at any one time. This overcomes any difficulties in accepting someone with high care needs as an alternative to a residential care placement, if such a placement would breach the core contract care hours ceiling for a particular Extra Care scheme.

Some authorities have seen Extra Care as a potentially cost efficient model. For example, if a number of people currently receiving high levels of domiciliary support in the community choose to move into Extra Care, this can 'create' a saving because their care can be provided more economically. If people move into Extra Care as an alternative to residential care the local authority 'saves' the cost of a residential placement, which can be seen to contribute to the cost of the Extra Care scheme.

It is also argued that the enabling approach in Extra Care keeps people fitter for longer and helps them to maintain and regain their self-care skills. Some authorities expect that support/care needs will reduce on admission to Extra Care thus adding to the savings.

There is no single approach to how local authorities have defined their lettings and needs mix. However, some illustrations are provided in Figure 5.3 that demonstrate different approaches.

Figure 5.3: Lettings mix for extra care in sample of local authorities

Local authority	Lettings mix (high/ med /low needs)	High needs (hours per week)	Medium needs (hours per week)	Low needs (hours per week)
Bristol	40/40/20	10+	5 – 10	1 – 4
Cheshire	33/33/33	10+	2.5 – 10	0 – 2.5
Cumbria	33/33/33	10+	5 – 10	0 – 5
Stockton	40/30/30	20 – 25	5 – 20	0 – 5

Wolverhampton, which has one of the longest running Extra Care programmes, has a model that allows for an average support package of 10 – 12 care hours per week and has an allocations team that monitors the balance to ensure that no scheme has a disproportionately high number of older people with greater support needs.

Benchmarking work with other local authorities, carried out in relation to Supporting People funding, shows an average of £20 - £25 a week funding for support costs in Extra Care schemes. In relation to Adult Social Care funding, figures provided by Wolverhampton<sup>22</sup> indicate that the average cost to the Adult Social Care budget of a funded placement in an Extra Care scheme for a person with less than £16,000 capital is £125 per week for care and support. People with more than £16,000 capital are required to pay a flat weekly rate of £105 themselves. For all other people this fee is paid from the adult social care budget. Service users who receive Attendance Allowance make a payment directly to the scheme provider of at least 85% of the allowance.

<sup>22</sup> *Use of Resources in Adult Social Care*, Department of Health, 2009, pp. 32 – 33.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107596](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107596)

The thirds model has been used to calculate the support/care input needed and to identify the potential for making savings. Authorities have estimated the support/care time needed based on a third of the residents having low level support/care needs of under 2.5 hrs per week, a third requiring medium level support/care of up to 10 hrs per week and finally a third with high level needs of more than 10 hrs per week. Financial models are then used to identify the costs and the potential savings.

Some authorities have not made the savings they anticipated and there is a need to monitor the financial viability of individual schemes and the overall programme on a regular basis. There is a need to ensure that the admissions process selects the right mix of tenants to ensure Extra Care provision does not cost more than the equivalent residential and domiciliary care provision.

Extra Care schemes developed from existing sheltered housing in which the tenants transfer into the Extra Care schemes will have a period when the staffing costs may be higher than can be justified in terms of the tenants' needs. The cost implications of such redevelopments need to be carefully modelled.

Some authorities have sought to use the thirds approach in respect of tenure. A third of residents will purchase the units, a third will rent and the remainder will enter into a shared ownership arrangement. This approach also creates a potential capital subsidy for the development.

This was an approach encouraged by the government through the Department of Health's Extra Care Capital Funding programme. In most local authority areas the majority of older people are owner-occupiers and allowing them to purchase or enter into a shared ownership arrangement increases the number of people who may consider Extra Care. It also enables owner-occupiers to protect the equity they have in their homes.

However, the downturn in the housing market has made it more difficult for owner-occupiers to sell their homes and authorities may need to be flexible about the tenure or they may have empty units. There are examples of private sector schemes that only provide a service to owner-occupiers which now have a significant number of vacancies because of current market conditions. There are also examples of newly completed Extra Care schemes where a number of properties intended for owner-occupation or shared ownership have had to be changed to rent.

#### *Specialism within Extra Care*

One of the more recent features around the development of Extra Care is the development of a more explicit health dimension. This has been mainly prompted by the requirement to include a health dimension set out in more recent bidding rounds of the Extra Care Capital Funding programme. More recent developments of Extra Care are being designed to address specialist needs such as learning disabilities and dementia. In Chapter 2 the growth in the numbers in both these categories was noted. We are still learning about how far Extra Care can support people with dementia. However, there is growing evidence that Extra Care and other housing based models have an important role to play in the spectrum of provision. Supporting people with dementia therefore needs to be seen as a core part of the role of Extra Care.

### *Virtual Extra Care*

In some areas new build has not been viable, particularly in rural areas where there are not sufficient numbers of people in need to justify this type of development or the land is not available.

Adult Social Care and Supporting People in various areas have worked with housing providers to develop 'virtual' models of Extra Care. These can use existing Extra Care or sheltered housing schemes, but this is not the only option. They have the design potential to act as the hub for a virtual Extra Care service, and to develop virtual Extra Care for older people living in general needs housing.

'Virtual' Extra Care means a package of services delivered to people in their own homes, equivalent to the package that they would receive in Extra Care housing.

- A tiered service controlled by the customer and carer
- Primary health care (i.e. GP services)
- The information and community alarms:
  - Monitoring only
  - Emergency response
  - Support worker or care manager – personalisation assessment and brokerage
- Flexible add-ons:
  - Telecare/Telemedicine
  - Practical support – gardening, cleaning, shopping
  - Building support – handyman, Home Improvement Agency
  - Key worker support – housing support as part of integrated team
  - Social/community support

Some areas are now considering the potential of this model for urban areas as an alternative to new build. Virtual Extra Care has similarities with locality approaches and hub and spoke models explained later in this chapter.

### *Summary*

Any authority considering strategically developing Extra Care services needs to:

- Understand the impact of Extra Care on residential care and sheltered housing within the wider housing and care markets
- Be clear about the number of units to be developed
- Develop a clear specification for the service, which clarifies the role of each Extra Care scheme
- Look at other models of Extra Care such as hub and spoke and virtual Extra Care
- Undertake financial modelling to ensure each scheme provides value for money
- Manage the nomination process to ensure balance and value for money
- Have an agreed but flexible tenure split
- Determine the demand for Extra Care from owner-occupiers and factor this into any consideration about the actual level of Extra Care provision required

- Bring other potential providers into the market. In some areas residential care homes with additional land have chosen to remodel themselves into extra care schemes providing a residential care and extra care accommodation and there is a need to share this option with residential providers.
- Ensure that specialist needs are being met.

### ***Sheltered Housing for rent***

In Chapter 4 the current supply of sheltered housing was considered and it was noted that some schemes were becoming dated. In 2008 PFA conducted a survey of dependency levels in specialist accommodation (Review of Sheltered Housing for Nottinghamshire Supporting People) and found that “significant numbers of people have either no needs or low needs”. The results from the survey were compared with results from other areas and were found to be similar.

These results provided an overview but more detailed analysis showed that there were significant differences in needs between schemes. Some schemes have concentrations of people with high levels of needs while others have mainly people who have no needs. Some schemes in the survey were found to have three or more people with behavioural problems including dementia and some others had concentrations of people who needed high levels of care. These levels of needs can impact on the management and the quality of life of the scheme. This illustrates the need for services in sheltered housing to reflect the circumstances within the scheme.

These differing levels of needs may create opportunities to consider the way services are delivered and creates the possibility of supporting more people with higher needs in sheltered housing, for example the Enhanced Sheltered Housing model discussed in Chapter 4, while in some schemes services can be reduced.

## **Challenges for Sheltered Housing Providers**

A detailed discussion of the changes of the structures of support provision is included in the next section.

### ***Demand***

It is recognised that some schemes are low demand and that there is a tension between the choice/control and independence agenda for older people and the pressures on providers who are carrying voids and incurring rent loss resulting from lack of interest in schemes because older people are choosing to remain at home longer.

For sheltered housing providers to tackle falling demand, account should be taken of needs *and* aspirations of older people so that the accommodation on offer is more likely to appeal to a wide range of people. This means considering the attractiveness of the scheme as well as its functionality. It has been noted in chapter 4 that the design of some schemes make upgrading very difficult and costly. However, much can be done to improve the appeal of a scheme including part modernisation and improving facilities to better support increasing frailty.

## **Quality and services**

During interviews, there was an understanding from providers that quality accommodation went beyond the 'bricks and mortar' element and that quality encompasses a whole range of associated issues such as:

- Accessibility to people with additional support needs and challenging behaviours to enable independent living;
- Location;
- Bringing in other services and activities within the buildings to reduce isolation and to help create real communities.

There is support for the use of schemes as 'community hubs', delivering support into a wider community of older people. These issues will be discussed further in the section below on housing support. It should be noted, however, that building design is a factor here. Many older schemes were designed in such a way that access by the outside community could be intrusive and facilities limited.

## **Tenure**

### *Specialist provision: Sale/Shared ownership/Leasehold*

There is very little choice for those who wish to purchase or part-purchase specialist accommodation and also want a support or care service. Whilst a number of specialist schemes for owner-occupation or shared ownership exist (see chapter 4), support is only provided in mixed tenure developments such as Extra Care and retirement village developments. In other areas there are entirely for sale Extra Care and for sale sheltered housing that offer "Assisted Living", which includes access to domestic, support and care services.

The demographic analysis in chapter 2 and the results of the household survey in chapter 3 suggest that there may be opportunities for this type of private sector development.

### *Flexibility of tenure*

With the emergence of the Localism Bill and the introduction of proposals for changes to tenancy arrangements, suggestions have been made that future housing could also have flexibility of tenure that allowed people to move in and out of shared ownership/leasehold options to free up funding as people make choices about lifestyles or become frailer etc. This could be linked to equity release schemes and would release funds to purchase support and care.

However, most people in the household survey indicated that they would not be interested in such schemes. A small number of people do take advantage of these schemes and they may become more widely available as more people choose to remain in their own home and want to fund repairs and maintenance as well as care and support.

## 5.5 Community Alarms, Assistive Technology and Housing Support

These services cross over between specialist accommodation and supporting people who live independently, and have been used by the government as good practice examples of prevention.

The analysis of the current pattern of community alarm, telecare and housing support services for older people should be set within the context of the government's personalisation agenda as set out at the beginning of this chapter. However, as research for this report was being completed, a number of very significant decisions were being taken by local authorities in the study area concerning the future funding of support services. The plans that are emerging will have a fundamental impact on the shape of support services for older people. The plans are different across the two counties and Nottingham City and therefore the following discussion has had to accommodate these differences.

### Housing-Related Support

#### *Current position*

The current pattern of support illustrates the shift away from traditional scheme-dedicated services to a much more flexible approach:

Figure 5.4: Number of Supporting People Units Available to Support Older People to Live Independently, March 2009

<b>OLDER PEOPLE</b>	Accomm. Based	Floating Support
<b>District</b>	No. of units	No. of units
Ashfield	143	2365
Bassetlaw	2926	127
Broxtowe	1697	75
Erewash	277	1938
Gedling	1271	0
Mansfield	106	2165
Newark & Sherwood	2652	0
Nottingham	3090	1,485
Rushcliffe	1037	0
<b>Total Units</b>	<b>13,199</b>	<b>8,155</b>

*(Nottinghamshire Supporting People 2010-2013: A Strategy for Housing-Related Support in Nottinghamshire & Nottingham SP Annual plan 2009/10, Derbyshire SP)*

Most of the services provided above also include a community alarm service as part of the package of support.

#### *Changes to the funding of support*

We have already noted that the Supporting People grant is no longer a ring fenced grant and has now been merged into the Area Based Grant and also that local authorities are expected to substantially reduce their overall budgets year on year. The result of the budget reductions is that many local authorities feel that they have to reduce the funding of support services.

In February 2011 Nottinghamshire County Council announced that they intended to substantially change the funding made available to support older people. Nottinghamshire County Council intend to:

*“Replace current alarm and warden services for older people with a new short term support service targeted at people for whom such short term support could prevent increase in dependency or the need for hospital care. With 43% of the current budget retained for older people services, nearly £400k of this is likely to be used to continue to fund practical services (provided through local Home Improvement Agencies) and contributions to extra-care services. This would leave around £1.7 million for the support service, enabling around 1150 people to receive a service at any time<sup>23</sup>.”*

These changes are intended to be fully introduced by 2013

Nottingham City Council are intending to remove all funding for dedicated scheme support services and reduce support to Extra Care, while increasing floating support. They also intend to consider funding community alarm services through rents. This would see a significant reduction in services.

We are not aware of reductions being planned for support services in Erewash.

### **Specialist Accommodation**

The changes to support services may have a significant impact on some sheltered schemes. It has been noted that a shift from dedicated support to floating support has already been delivered successfully in many areas, but withdrawal of support including community alarms presents a different challenge. We have noted that in general sheltered housing has been viewed as a package with support being an important element of what is on offer. For some schemes, where the location may be poor and/or the building design is dated, the withdrawal of some sort of support service may fundamentally impact on demand. This may particularly impact on schemes that are in a slow and managed decline as they may become obsolete much more quickly.

This does not mean that people who live in sheltered housing will no longer receive a support service. The service will be different, focused on anyone who needs support to avoid losing their independence or help regaining it. The service will also be time limited. The service will be provided by organisations that can deliver it across the whole county (for Nottinghamshire) so that in many cases support will come from an organisation other than the current housing provider. Individuals can decide to purchase a longer term support service through the expansion of personal budgets.

Providers do have an option to continue to offer a support service. They could choose to offer a free support service via a cross subsidy or they could offer a service to those who are prepared to pay for it. This may include those who have an individual budget:

- The first option will almost certainly be considered, but it forms part of decisions that housing providers will have to make about how they use their resources in the

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<sup>23</sup> Nottinghamshire Supporting People Partnership Consultation Document, February 2011  
[http://www.nottssupportingpeople.org.uk/documents/list/consultation-\(savings\)](http://www.nottssupportingpeople.org.uk/documents/list/consultation-(savings))

future. The changes to housing development funding (see Chapter 4) and the pressure to fund other items such as the last 10% of any remaining Decent Homes programmes are only a few of the areas that providers are now expected to fund from their own resources.

- The second option would represent a shift to a much more commercial way of operating and may be something that some providers will view as an opportunity. They may consider offering services:
  - Only to their tenants
  - To the wider market and/or in collaboration with other providers

They may also consider offering a broader range of services to those not living in their properties, including handyperson/maintenance services.

Some providers are considering the opportunities of offering support and care as a package. A number of housing providers already have experience of delivering both services either on their own or in partnership with a care provider and some have experience of delivering combined services.

Some providers are already considering the implications of the changes to health, and in particular the impact of GP commissioning and the possibility that this will be a means to reintroduce at least some preventative support services when they become active in 2013. A number of national providers expect discussions with GP commissioning groups to include ways to make better use of existing sheltered housing.

Some providers will consider introducing a concierge service that would form part of the housing management function and therefore be covered by housing benefit. This has the advantage of providing one of the key things that many tenants say attracted them to sheltered housing – a presence on site for at least part of the time.

However, this still does not solve the challenges for schemes where there are concentrations of people with support and care needs.

As we identified earlier there is a need to make best use of existing sheltered housing to support increasing frailty, and this requires recognition that supporting groups of people with higher needs within a building is different to supporting individuals in the community due to the close living arrangements and shared communal areas. The people who live in the building have to be confident that appropriate measures are being taken to ensure the quality of life for all of those living in the building can be sustained. There may be an opportunity over the coming period for commissioners to consider the active promotion of some sheltered housing to support higher needs, while ensuring appropriate arrangements are in place for the small number of schemes that already support higher needs.

### ***Hub and Spoke Models of Specialist Accommodation***

The limitations of current sheltered services have been acknowledged. However there are more flexible sheltered “hub and spoke” models in the study area that offer both outreach and enhanced housing support services. Service providers may choose this type of model as a viable commercial option for the future. These services would fit within the model of a menu of services. This is not an option for every scheme, and the choice of scheme would need to reflect the scale of needs in the local area. They have the potential to build up to a “critical mass” that can sustain diversification of support as well as spreading overhead

costs. They also have the advantage of concentrating support services and therefore reducing travelling costs.

These types of models may be increasingly attractive as more people within local areas hold individual budgets. They may also link geographically with GP commissioning offering a flexible service model.

### ***Conclusions on specialist accommodation***

- Specialist accommodation can be a complicated choice for older people, with differing types of housing design, facilities and services on offer. It is sometimes not clear what the benefits are of the differing models. By changing the way support is funded, the potential has been created for support services to be focused on the needs of the individual. This breaks the link fully between the type of accommodation on offer and the services provided. In itself, this will present a challenge to housing providers of specialist accommodation to explain what they now offer.
- Extra Care, to a point, is an exception to this rule, where there are attempts to ensure that there are services available to support higher levels of frailty. Commissioners want to continue to develop this product and therefore within the changed funding systems for both capital and revenue they will need to ensure that they are obtaining the model of Extra Care that is required.
- The change in support services into rented accommodation opens the way for providers who are able to offer a range of services for those who have the capacity to pay either through self financing or through personal budgets. They may choose to subsidise these services or provide them in partnership. They may offer a wider range of domestic and care services.
- There are currently no private sector providers offering support or care as part of a specialist housing package.
- As the development of personalisation continues, and with the possibility of personalisation in community health services, there is likely to be the emergence of a new market in support, some of which is very likely to be linked to specialist housing.
- For commissioners, their role will change from commissioning services to managing the market to ensure there are a range of choices.

### ***Delivering services into communities***

We have noted that the pattern of services will change and, looking ahead to 2013 and the introduction of GP Commissioning Groups, the pattern is likely to change further. There are clear differences in needs across the study area and differences in the scale, demographics and nature of the communities. There are also differences within each local authority area.

A further key issue in these areas is the way that various services deliver support, care and health together. A description has already been provided about the ways in which services operate and reflect on the need for greater coordination to avoid people falling between the gaps in services and therefore being forced to move. It has also been noted that through the coordination of services more people in higher levels of need can be supported.

This is an issue that many local authorities and their partners have been considering. The result has been the development of a range of service based initiatives that are linked to areas and although similar, have different starting points. Some are called Locality or Neighbourhood approaches and they often have a starting point in better delivery of coordinated services, while Virtual Extra Care (see above) has a starting point of being an alternative to extra care and was originally a solution in rural areas. Both models can include the use of specialist accommodation to act as the “hub” from which services are delivered. “Hub and spoke” was mentioned earlier with reference to the changing role of housing support in sheltered housing to allow support to more people in the community, and this fits with area based approaches. Some services have been developed within the study area that have some of the characteristic of these approaches, and therefore the ideas behind them are not new.

### *Locality Approach*

A high level of coordination can be difficult to achieve when managed at a local authority level, particularly when the authority already have a set of complex issues to deal with. It may be more effective to develop a “locality” approach that is based on distinct local areas. The government have made additional funding available for an integrated approach to delivery of health and social care to help prevention-related activities, including re-enablement. These may best be delivered on a locality basis.

By bringing together local services into a single “team” at a local level it would be possible to provide a coordinated set of services to those who need them.

Developing services based on areas provides opportunities to address a wide range of needs:

- Developing an ‘integrated team’ approach across social care, community health and housing, including health promotion and preventative work that creates a “core team”. Ideally, commissioners would want to ensure that services are based on the same geographical areas to encourage cooperation. This may require some changes in some contracts. There will also be an opportunity to link in an integrated approach for the HIA related services to deal with property adaptation and maintenance issues.
- Linking specialist housing for older people – sheltered and extra care housing for rent and sale; housing for people with dementia; intermediate care; residential and nursing home care.
- Using sheltered housing lounges and community centres for wider community information and support roles.
- Linking to homecare: service model to promote independence, including for people with dementia and mental health problems
- More focused role for voluntary and community sector in providing practical, befriending and social support for isolated/depressed older people
- Access to mainstream services – e.g. libraries, transport, leisure to support “quality of life”

### ***Addressing social isolation***

A development area that emerged in the research was accessing socially isolated older people who needed support to sustain independent living, particularly in rural areas. The household survey identified information on leisure and social activities as an important need. Many older people fall through the gap between active older people, and older people already receiving support (e. g. living in sheltered housing). The issue is how to identify them. Alongside this, there are issues around models of support. Social housing providers have been looking at whether older tenants could support other more isolated older tenants by offering a befriending service. This would fit with the government's Big Society approach.

A community development approach focused on older people may help to develop the capacity of locally driven initiatives

### ***Linking in with personalisation – new type of worker***

Set out in 5.2 are the implications of the increasing impact of personalisation. This will have a clear impact on the role of support workers:

- They will need to be able to work more flexibly to meet individual requirements;
- They may be employed by the support provider, a user led organisation or directly by the individual budget holder;
- They may work for more than one organisation and/or be self-employed;
- They may deliver domestic and/or care services as well as support.

## **Community Alarms**

### ***Current position***

Although large numbers of homes are linked to community alarms, it is often very difficult for consumers to understand what the community alarm service consists of and what they should expect. This is for a number of reasons that have been noted across the country:

- Consumers have been poorly informed. In the case of sheltered housing residents the community alarm has become confused with support services and out of hours cover when staff are off duty.
- Sheltered housing providers have different arrangements but the decision to have a community alarm service is made by the provider and consumers have an indirect relationship with it.
- Sheltered housing consumers are often told to use the alarm to contact the support staff when on duty – calls go direct in these cases to a member of on site staff. Consumers are also told to use the alarm in emergencies when there are no staff around.
- Consumers are unsure what an emergency is. They rarely use the alarm to full potential e. g. calling to ask for information and help. This means that many consumers are not getting as good a service as they could.
- Community alarms are also confused with personal response services. This is also referred to as the mobile warden service or floating support service. Not all community alarm services provide a personal response service. People's needs for such services are not usually determined when contracts are established. Some people who really need to have a personal response service cannot get access to them.

Overall, this has masked the potential of the development of community alarms as a key element in delivering support. The term community alarm does not reflect the ability of current technology to support people to live independently. The development of tele-care and tele-medicine are but a part of the potential for these services, with the improved digital technology and capacity now seeing development in the information-giving aspects of these services. We are beginning to see shifts towards a "call centre" concept. Providers are beginning to look at the technology and how best to use it, suggesting that it is important to take a strategic view of these services to avoid a fragmented approach.

### ***Community Alarms in the future***

The issues concerning funding of support also apply to community alarms. Nottinghamshire County Council intend to withdraw funding, while Nottingham City Council is proposing to "seek to fund alarm provision through rent account and in medium term incorporate CA into new community alarms tender". In Nottinghamshire County, the withdrawal of community alarm funding creates a challenge for housing providers but although comparatively few people make use of the services for emergencies, it becomes more important if there is no support service either.

In many areas, community alarms and support are now treated as separate services. This has been driven by the recognition that not everyone who lives in specialist accommodation needs (or wants) support and therefore packages of support are individualised to reflect needs. Some tenants of sheltered housing have chosen to opt out

of receiving a community alarm service. However, in many consultations conducted by PFA concerning community alarms, the phrase "peace of mind" is used when tenants are asked what value community alarms provide. As Supporting People commissioners across the country conducted strategic reviews of support services for older people, many concluded that community alarms should be the entry level for support, but some also decided that a "peace of mind" level of service should only be funded at a competitive rate and tendered the services. The result of this in areas such as Suffolk was to see the price of a basic community alarm service drop to under £1 per week. Providers who do not have their own community alarm service therefore may consider offering tenants the opportunity to purchase a community alarm service, and tenants are more likely to take up this option if the price is similar to Suffolk. Providers may also group together to obtain better value.

For those local providers who deliver a community alarm service, the situation is more complex, as the withdrawal of funding will challenge the viability of community alarm services that are often set up with mobile warden and/or floating support services. There are options about the way that a community alarms service can be funded in the future and these include cross-subsidy from local councils or housing providers. However, it should be noted that many smaller community alarm services are already likely to be cross-subsidised. The main actions local community alarm providers need to take are:

- Clearly understand current running costs and future investment requirements, including any current cross subsidy. This will include separating support and community alarm costs.
- Understand the market for community alarms and the price at which customers would be willing to purchase.
- Develop an options appraisal.

The following options are like to be included:

- Offer the service as it currently is at current prices.
- Offer the current service with a cross subsidy to reduce the price.
- Redesign the service to reduce costs and therefore offer at a reduced price. This may include an element of cross subsidy.
- Tender the service to obtain the best price and transfer the risk to another community alarm provider.
- Merge local community alarm providers to provide a larger, more commercially viable entity.
- Withdraw from the provision of community alarms and allow individuals to make their own decisions.

None of these options are straightforward, but they do demonstrate that the decision to withdraw funding transfers decision-making about future service provision away from commissioners, to providers and individuals.

### ***Assistive Technology***

Telecare consists of equipment and services that support someone's safety and independence in their own home. The equipment can sense risks such as smoke, floods and gas, can remind the person to take pills and even call for help if someone falls. A

community alarm or call centre can be contacted automatically if any of these problems occur in the person's home. If needed, the call centre can arrange for someone to come to the person's home or can contact the family, doctor or emergency services. The system can also warn the person of problems by sounding an alarm, flashing lights or vibrating a box which can be kept in their pocket or under their pillow.

One case study of the use of assistive technology in North Yorkshire found that an average telecare package pays for itself in just under six months compared with the alternatives. If the county's previous model of care provision had remained unchanged, then costs would have increased by half by 2020. North Yorkshire is saving £1 million a year by using telecare in place of traditional care packages. This represents a saving of £6,800 per service user.<sup>24</sup>

The future decisions on community alarms may have little impact on technology, since this technology can be linked to any community alarm service provided that there is an available telephone line.

### ***Moving forward***

We have noted that, for a range of reasons, service levels vary across the providers and across the specialist stock.

From a commissioning perspective, there is a need to develop a market for housing-related support so that it can be available as a service to older people who need it, whatever their housing environment or their financial situation. The household survey noted that significant numbers of people were concerned about paying the bills. This suggests that the cost of services will be an issue, and it will also be an issue for those who have no financial worries but want value for money. The funding decisions that have been made, alongside the increase in personal budgets and the growing numbers of older people who have to pay for services, clearly suggest that a market will emerge for support. Commissioners have a responsibility to ensure that a range of choices are on offer.

There are a number of factors to take into account:

- The importance of consulting and engaging older people themselves, particularly current sheltered housing residents, on options for the future
- It is now clear that there will be significant reductions in support funding, and this will introduce the opportunity to reshape services to fit better with what is wanted and needed, but it will also create a significant amount of uncertainty
- Some sheltered schemes rely on the support service as a way of attracting new tenants, and the withdrawal of support may introduce a critical loss in demand
- Visiting housing support linked to community alarm provision and other technology, such as Telecare, is providing new ways of delivering housing support services to some of those that need it across specialist or ordinary housing. These patterns of service are already evident and Nottingham City are proposing to move to a similar model.
- Some sheltered housing can offer more to support the growing numbers of frail older people

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<sup>24</sup> *SCIE Report 35: Sustainable Systems of Social Care*, Social Care Institute for Excellence, October 2010  
<http://www.scie.org.uk/publications/reports/report35.asp>

- The local community alarms market will have to change to deal with the changes in funding and expectation.

There is currently no consistent approach to the provision of support in sheltered housing. Although providers have been moving away from a dedicated support role, there is a mix of dedicated and floating support services, while other older people receive a minimal service from staff that do not live on site. Some older people outside of the specialist accommodation receive support. It is also clear that different providers are working to different philosophies and models of service. The changes in funding will see these differences increase making a planned approach much more difficult.

In order to continue to increase the numbers of older people in ordinary housing and outside of the social rented sector who can remain in their own home within the increasingly difficult financial climate, a more targeted approach is required. Commissioners will have to increasingly work with individual providers and in turn providers will have to shape the services for the local market.

### ***Home Improvement Agencies***

Home Improvement Agencies (HIAs) were developed in the late 1970s to assist older owner-occupiers living in poor or unsuitable housing. In those early days, HIAs had a very clear client focus. Some services also developed to facilitate the administration and targeting of housing repair grants, with property-based targets driving service delivery in addition to the needs of the client. Whilst this helped the sector to expand, it gave rise to other problems. A number of agencies are exposed to over-reliance on 'fee income' at a time when grant availability for repairs is reducing. Since the introduction of the Supporting People programme in 2003, there has been an increasing focus on the needs of vulnerable people, but future development of the sector will depend upon a successful balance of providing information, advice and support for clients and delivering expertise in adapting and maintaining the physical fabric of domestic properties.

*Lifetime Homes, Lifetime Neighbourhoods* calls for the development of "a service which will offer more and better housing options as well as more predictable and sustainable services for all potential clients".

Many local HIAs have developed a wide portfolio of services, whilst others have not. As well as carrying out repairs and adaptations, traditionally regarded as 'core HIA services', there is an increasing tendency for HIAs to deliver other, so-called 'ancillary' services, such as:

- Handyperson services – a general grouping of services taken to include a range of small works such as 'odd jobs', DIY repairs, minor adaptations, home safety and security measures, fire safety and accident prevention
- Other support services such as gardening, decorating, befriending, shopping, community alarms, and telehealth and telecare systems, among others that are on offer

### **What do commissioners and clients want from HIAs?**

Looking ahead, commissioners will expect HIAs to support clients in a less prescriptive way, providing personalised support that takes account of the individual's circumstances and a range of available options.

The Government published *The Future Home Improvement Agency: Supporting choice and maintaining independence* in 2008 to set out what clients and commissioners can expect of HIA services in the future, and indicate how HIAs should respond to the changing environment. As well as the core functions of the HIA, the work focused on these key areas:

- Funding for repairs and adaptations
- Support for choice
- Connecting with health and care
- Handyperson services
- Major adaptations

Future commissioning of HIA services will see a greater joining up of housing, health and social care programmes, and HIA services must be capable of meeting this broad range of demand by offering services with cross-cutting objectives. Each district will have differing priorities and this is likely to further increase diversity within the sector.

Even before starting the Future HIA project it was apparent that:

- The HIA sector is very diverse in size, structure, management arrangements and services offered, therefore it would not be possible to draw together a plan for the sector's development based on a 'one size fits all' model, and
- HIAs of the future will increasingly have to respond to local needs and markets. This creates the potential for further diversification and segmentation within the HIA sector. The sector is almost as well defined by its differences as by its similarities. Despite these differences, it also became apparent that all HIAs in the future should share two key facets:
  1. Client-centred support provided in a person's own home
  2. Expertise in making changes to the physical fabric of the home

Used together, these key strengths provide HIAs with a unique selling point as a provider of services to vulnerable people. These strengths are well suited to drive forward the development of new business, as attributes that differentiate and set apart the sector from other providers in an increasingly segmented and competitive market of support services. Client-centred support is very powerful because face-to-face contact, at a person's home, is the preferred method of receiving support for many vulnerable people, especially older people. It gives HIAs the ability to fully understand how a client can maximise independent living, and provides vital clues when assessing the client's housing needs and finding the right range of choices.

As a business development tool, client-centred support places agencies very close to their customers and encourages dialogue at all stages of the process, providing feedback to improve existing services, and uncovering the need for additional services. Much of the development of the most successful HIAs in the country has arisen from acting on

feedback from clients. An expertise in matters to do with repairing, improving or adapting the physical fabric of the client's home is equally as critical to the sector's unique market position. There is a risk that the development of a range of less-specialised ancillary services will turn this expertise into a 'nice to have' rather than 'core' service. Without this an agency loses its distinctiveness as an HIA rather than any other kind of housing-related support agency for older / vulnerable clients.

If client-centred support and expertise in changing the physical fabric of the home have been shared key strengths, 'support for choice' should become the grounding principle behind their application.<sup>25</sup>

### ***Current Position***

Virtually all the local authority areas had some form of HIA service at the beginning of the study. However, the financial situation facing local government has seen decisions made to close some services. At the same time, one national provider that was operating in the area has transferred its HIA provision to a private sector provider.

Linked to this, funding for handyperson services are being reviewed by one authority.

Consequently, not all areas will have a HIA service at a time where more people will stay in unsuitable accommodation because they are unable to sell their homes. A number of areas faced with similar situations have started to consider what options there are available to link HIA activity with aids and adaptations and other related services that may see a reduction in administrative costs, while continuing to deliver the main objectives of helping people remain in their own home and independent.

### ***Moving Forward***

One option for commissioners is to consider a single HIA that can cover the whole of Nottinghamshire. This would link in with plans to commission a short term support service that will re-enable people. There may be an opportunity to also work with Nottingham City Council on a larger Nottinghamshire-based service.

## **5.6 Vision for the Future – Conclusions**

Since 2003 and the introduction of Supporting People, there have been changes in the services being provided to older people. We can also see that there is a lot to do to meet current challenges. The analysis has identified a number of key issues for provision of housing and support for older people. Listed below are the identified gaps:

- The current supply of support is still balanced towards those that rent. Far more older people are owner-occupiers in most areas.
- There have been limited moves to develop other provision for older people, particularly Extra Care. However, in the context of growing needs for this type of service further development should be prioritised.
- The way support is delivered is going to change as more people will purchase the support they require. This will change the role that commissioners have

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<sup>25</sup> Extracts taken from *The Future Home Improvement Agency*, CLG, 2008

<http://www.communities.gov.uk/publications/housing/futurehia>

previously played in planning services and it will also have a fundamental impact on the way providers offer services. They will both have to work with individual customers' needs and requirements within the context of an emerging support market.

- There needs to be an evaluation of the role that sheltered housing can play in supporting higher levels of need, and consideration needs to be made of the impact of withdrawing support funding from those schemes where higher levels of need currently exist.
- One option in meeting the growing numbers of frail older people would be the adoption of a "hub and spoke" model based on sheltered housing or extra care. This would require some changes to the way support services are delivered.
- The way that community alarms are delivered is also likely to change. The market for community alarms has been consolidating nationally and funding changes are likely to see this happen locally. Again, a much more market-orientated approach is likely to emerge.
- The use of assistive technology will continue to grow, both as part of reablement packages and as a more efficient way of delivering some forms of care and support.
- The specialist needs of older people with dementia, learning disability and other needs in housing settings needs to be addressed.
- Some areas will not have an HIA-type service in the future. There may be a way of dealing with some of the financial concerns through the development of a Nottinghamshire county-wide HIA. The development of a coordinated approach to the network of services linked to the HIA would be a major step in helping people who live in ordinary housing to remain in their own home.

Given the number of older people and other people who could potentially require housing related support services, it will require a long-term and significant response to address these needs. The extent of the need is very dependent on the complex relationship in assessing care, health and housing needs and this will be a constant challenge. This is further complicated by the current financial situation.

The housing and support markets for older people are becoming increasingly complex, as older people have more resources to be able to exercise choice. However, the markets are currently segmented by different generations of older people, using different factors on which to base and make housing choices. The markets can be influenced by the lack of good information and advice available to enable older people to make the right choice for them at the right point in their lives, and the lack of appropriate choices available to them. Some older owner-occupiers feel that the 'welfare system' is not interested in or understanding of their needs. This is a pattern that PFA regularly see in areas in which we work. Information will therefore continue to play an important role as the changes that are now being set in place start to influence the pattern of services.

## **6. Recommendations**

### **6.1 Introduction**

The purpose of this chapter of the report is to put forward a set of recommendations that that can form part of a joint strategic approach:

- For housing, to deliver a practical set of public and private sector solutions for the growing needs of older people
- For Supporting People and Adult Social Care & Health, to develop appropriate care, support and health strategies for older people
- For providers, to consider their own housing strategies and housing provision for older people
- For practical service delivery links to be made across disciplines that result in services that older people want

These recommendations are consistent with and drawn from the key issues emerging from our findings as set out in chapters 2 – 5 of this report. The evidence and rationale for these recommendations is set out in these earlier chapters and is drawn from a synthesis of consultations with providers, surveys and consultation with older people, data and document research, and consultations with officers in the councils and PCTs, as well as consultation with a broader group of stakeholders.

More specific recommendations are provided in each separate local authority report.

### **6.2 Dementia supply recommendation (see chapter 4)**

- Develop new housing based models for people with dementia – 1072 units by 2015. This may be achieved by more use of existing specialist accommodation and increased support by introducing assistive technology into people's homes.

### **6.3 Sheltered Housing supply recommendations (see chapter 4)**

- A smaller better funded sheltered for rent sector – decommission sub-standard schemes. The model in chapter 4 suggests a huge decrease based on the level of current provision that goes beyond those schemes that could be classified as sub-standard. This is unrealistic, but clearly indicates a substantial reduction is needed. The decommissioning of some schemes may be brought forward by the removal of support services. Some schemes can be re-designated to enhanced sheltered housing, supporting a higher range of needs, while in some cases a proportion of units may be offered for sale as they become vacant.
- Decommissioning to be done in partnership between the councils and providers to protect service users.

- Define minimum accommodation standards for sheltered schemes. This could be led by individual councils or through the Housing Market Areas.
- Some strategic development of new sheltered housing for rent to aid the functioning of the wider housing markets and to release much needed family housing. Although there is an overall need to reduce total numbers of sheltered housing, the introduction of a small amount of good quality accommodation can help to release under occupied properties.
- Develop additional leasehold/outright purchase retirement housing (8040 units by 2015, and in total 9963 units by 2025). These are ambitious targets in the light of the current housing market and therefore should be treated as an indication of the need to develop more specialist accommodation for sale as market conditions improve.
- Develop more sheltered housing for sale that supports higher levels of need. The model in chapter 4 suggests 1500 additional units by 2025.

## **6.4 Information and access recommendation (see chapter 5)**

The findings in this report need to sit within a whole system approach for older people. The whole system is about the range of services and opportunities that should be available to older people to promote quality of life. The stakeholders are older people themselves and all the organisations from the public, voluntary and private sectors that can provide the services and opportunities for older people. It needs to be recognised that if the strategy covers people from the age of 50, this will mean three generations of older people.

The overall aim is to follow the citizenship approach by putting in place the practical tools that can enable older people to sustain health, well-being and quality of life in older age, and enable older people to remain out of the care system. The approach is built around information and access to give older people control and support the views of older people expressed in chapter 3.

There is a need for a clear and integrated approach for information and access for the wider older population, including BME and hard to reach groups:

### **Recommendation:**

- Bring together a project group to look specifically at information needs and how access and navigation to the right services operates. This should link to the Putting People First agenda.

## **6.5 Building a sustainable lifetime neighbourhoods approach recommendations (see chapter 5)**

### **Recommendation: develop initiatives to build a lifetime neighbourhoods approach**

#### **Stage 1:**

- Pilot a locality support approach in one part of the study area to create an integrated approach. The household survey may help identify a locality, and

consideration of concentrations of people from BME communities will also need to be included.

- Specialist housing for older people – explore the hub and spoke potential of sheltered (including BME specialist) and extra care schemes.
- Develop a support contract that is based in sheltered housing to be framed on a hub and spoke approach to support other older people in the locality.

**Stage 2:** Build a wider locality network approach.

### **Locality Network and Virtual Extra Care**

- Development of a local health, support and care team approach
  - Starting with all current housing support services
  - Link to the HIA services
  - Building in home care and other community services
- Development of 'integrated team' approach across social care, community health and housing support, including health promotion and preventative work
- Befriending/support for isolated/depressed older people
- Access to mainstream services
- Linking with new GP commissioning arrangements

## **6.6 Community alarms and housing support recommendations (See chapter 5)**

Changes to funding will have an influence on the future role of housing support and community alarms:

- Support providers will need to evaluate their future options in the context of needs and expectations of their tenants and residents in the next year. Some providers will view the changes in support funding and the increase in personal budgets as an opportunity to offer a new range of services based on their knowledge and experience
- In evaluating future options, providers should take the opportunity to clearly separate community alarms from housing related support so that actual costs are clear
- Where support can not be provided, consideration should be given to the provision of a concierge service
- Commissioners have a responsibility to ensure that there is a range of choices of services for older people
- Local providers of community alarms will need to carry out options appraisals to evaluate the sustainability of the services

- Price will be a key issue should most older people have to pay for the service themselves, and therefore a more commercial approach will be need to be adopted
- Individuals, rather than commissioners, will decide what services are required. This will go beyond the current personalisation plans and will require a range of providers to plan for these changes
- Look at potential to link housing support to health prevention targets (e.g. falls etc) to open up joint funding approach now with the PCTs, but in future with GP commissioning groups
- With the changing support funding arrangements a case needs to be made for the use of sheltered housing to support higher levels of need. An evaluation of needs should take place into the need for enhanced support services for those schemes supporting higher level need
- Evaluate the cost of care provision against the cost of community based services. The illustration of North Yorkshire (chapter 5) suggests significant savings can be made while providing a better service

## **6.7 Extra Care recommendations (chapters 4 and 5)**

- Address the future shortfall in the provision of Extra Care housing set out in chapter 4 – an additional 2,100 units for rent and sale by 2015; and in total 3236 unit by 2025. In the light of the reductions in public funding and the current housing market, these are challenging targets. In the short term, some providers may be willing to work with no or little public subsidy. As a starting point, commissioners will be able to identify sites and develop plans to attract providers.
- Proactively seek partners to develop Extra Care for sale, and ensure that the Local Development Framework supports the development of specialist accommodation for older people in suitable locations to deliver the targets set out in this strategy
- Set specific targets for the care management service for diversion of older people from residential care to Extra Care
- Develop the capacity and skills of staff of Extra Care housing to support people with dementia, people with disabilities living into older age (for example, people with learning disabilities), BME people living into older age, and partners/relatives providing a carer role.

## **6.8 HIA recommendations (see chapter 3 and 5)**

With an increasing emphasis on older people being supported at home and choosing to stay at home, the demand and desire for preventative services will grow. Preventative services are important due to:

- Their role in supporting older owner occupiers;
- Their cost effectiveness;

- The ability to link a number of preventative services together to provide a comprehensive support package for an older person e.g. dispersed alarms, adaptations in their homes, handyperson service;
- Their flexibility in being able to mix and match together depending on the older person's needs.

A number of authorities will have no HIA type service and therefore some consideration will need to be made of the ways a service can be offered in those areas. This would include considering a single HIA for Nottinghamshire.

The proposals for the further development of an integrated HIA are a critical component in delivering this:

- Identify and bring together all the HIA related organisations to agree a collective approach;
- Develop and improve information about services;
- Develop shared training/liaison for all staff. This would include all agency approaches to common cases/ scenarios;
- Develop clear referral mechanisms between organisations;
- Need to link with broader network of agencies in order to better support older/ vulnerable people.

## **6.9 Older people in the housing market and the future planning framework recommendations (see chapters 4 and 5)**

### **Need to consider the future balance of housing options for older people:**

The national housing strategy for an ageing population puts older people as a key component in the housing market. The concept of 'lifetime homes in lifetime (or all age) communities' means that there needs to be a stronger explicit focus on the older population in relation to housing strategy, regeneration and planning.

There is still a need to link up the housing strategy, regeneration and planning functions more closely together if the needs and aspirations of older people in the housing market are to be fully addressed.

First of all, this means a need for explicit planning policies in relation to both general needs and specialist housing. The Localism Bill provides a good opportunity to build older people into the next phase of planning guidance:

- A need to recognise within future Planning and Housing Strategy that up to a third of the general needs market is made up of older people. This should be recognised in future general housing needs research as well as discussion with developers.
- A need to diversify open market provision through outright purchase or leasehold.
- Non-specialist two bedroom flats and bungalows across all areas meeting lifetime homes standards are needed, for rent and sale. The changes to the planning

system will see a much more local approach that may support this type of development.

- Make the link to solving severe under-occupation (3 beds and more).
- Housing strategy to set targets and encourage mixed developments.
- Consider implications for lettings policies.

***Planning implications:***

- Encourage private sector development that is attractive to older people across price ranges.
- Set local planning targets for older person market provision (links to Lifetime Community objectives).
- It may be possible to enhance these standards by, for example, ensuring that all new flatted blocks should have, as a minimum, stairwells that are capable of being adapted to take a stair lift. There is also an issue about the demand for two bedroom properties and as a minimum in the design standards for specialist accommodation the mix of property sizes should be considered.
- Security is an important issue - build into design standards.
- A need to ensure that new flats in particular are "future proofed" to take account of the changing population. Consider wider Lifetime Communities infrastructure that goes beyond transport/layout.

## **6.10 Older people's accommodation recommendations**

- The current provision of specialist accommodation is mainly focused on the urban areas and towns and specialist for sale provision follows a similar pattern. Demographic analysis suggests that although growth in the numbers of older people will be greatest in the urban areas the lack of provision in the rural areas is a balancing factor.
- Far more older people are owner-occupiers and therefore the balance of development of older people's housing should be owner-occupation. Local planning targets could be set to reflect this.
- Even in the urban areas, more people are owner-occupiers. The exception is Nottingham City where almost half rent. In the urban areas, some new rented provision will be required but the majority of provision should be for sale in order to diversify the market.
- It should be recognised that commercial developers will market to a wider older population that will cross local authority boundaries.