JOINT ACCOMMODATION AND CARE STRATEGY FOR OLDER PEOPLE IN SOUTH GLOUCESTERSHIRE
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SECTION ONE

EXECUTIVE SUMMARY

PURPOSE OF THE STRATEGY

This strategy has been developed in response to the need to review current accommodation and care services offered to older people in the light of changing local demographics and needs. It recognises that the accommodation and care needs of older people are complex and diverse and that they are best addressed and delivered by the council working in partnership with others. Therefore this strategy was developed by a joint project team made up of representatives from health, social care and housing.

In line with Government policy, and the desires of older people, South Gloucestershire wishes to support older people to continue to live independently in their own home and offer choice in the type of services that they receive. We also wish to ensure that individuals older years are enjoyable times and our vision underpinning this strategy promotes the goals of active ageing, quality of life and well being.

South Gloucestershire presently has a population of approximately 246,800 of which 36,900 residents are over the age of 65 years. Since 2001, South Gloucestershire has seen a 2% increase in their older persons population. This is 1% higher than the national average growth of 0.9%. This will mean that the over 65 population between 2003 and 2016, is projected to rise from 36,900 to 48,397, an increase of 31%.

This strategy addresses the specific need to review the effectiveness and appropriateness of current forms of accommodation and care services, to continue to support more people to remain at home and to ensure the development of suitable accommodation for older people, including those with specialist needs. South Gloucestershire wishes to move towards models of housing, Community Care and Health services which address the ‘whole needs’ of each individual and enable all older people exercise choice, and to experience wellbeing and quality of life in their later years.

The outcomes that this strategy wishes to achieve are:

- Reduced number of people entering residential care
- Reduced hospital admissions
- Increased number of older people remaining at home, and in ‘home for life’ properties
- Increased health intervention and prevention in the community
- Increased rehabilitation of older people
- Greater focus on quality of life and quality of service
- Fair access to services and use of equity to fund service provision.
- Accommodation for older people which provides a ‘context’ for care rather than being dictated or constrained by care or support needs.
• Provision of appropriate services to all older people in need
• Provision of a range of accommodation to suit aspirations and needs
• Information and advice available for older people to make their own choices about services
• Joined up development and management approach for the provision of services to older people
• Needs of Older People integrated into Local Plan Framework

KEY ISSUES AND NEXT STEPS

Listed below are the issues identified on conclusion of the strategy paper and the next steps that the authority will take to ensure that the delivery of accommodation and care services, modernise and move forward to address such issues and to achieve the outcomes of this strategy

KEY ISSUE ONE

There is an unmet need for appropriate housing for older people

80% of older people in South Gloucestershire own their own home and 30% (6,885) of homeowners will be looking to move home past the age of 65 years. There is a need for a range of housing solutions available to rent or buy which are built to ‘lifetime home’ standard, are wheelchair and hoist accessible and are flexible and adaptable enough to respond to changing needs and circumstances. Based on projections in order to meet the needs of older people a minimum of 16 Extra Care schemes are required by 2016.

Way Forward

• To work with RSL partners and private providers to facilitate the development of 16 Extra Care schemes in South Gloucestershire by 2016
• To ensure a range of tenure options and advice on choices is available to all older people
• To encourage the development of lifetime home properties in all developments.
• To explore funding options – including Department of Health bid
• Amend the local plan to ensure older people’s housing is a priority

KEY ISSUE TWO

There is a need to reduce admissions into residential care

Care homes provide an increasingly outdated model of care in an outdated environment in which the decision to enter is often the result of a crisis rather than choice. There is a need to switch from residential accommodation as the
final step and instead develop accommodation and services which allow people to remain in their own home for as long as possible.

**Way Forward**

- Consider the future for residential care
- Increase prevention, rehabilitation and use of intermediate care to avert or delay admission
- Increase support to carers
- Support more people to remain in their own homes.
- Encourage moves to more appropriate accommodation e.g. Accessible or supported accommodation
- Change the culture of residential care among professionals and families

**KEY ISSUE THREE**

**There is a need to reduce admissions into hospital**

There is a need to sustain and increase the focus on programmes aimed at reducing admissions to hospital. There needs to be greater use of intermediate care for people leaving hospital or progressing on from their home which offers the care and support to people to rehabilitate and regain their full independence.

**Way Forward**

- Undertake early intervention and prevention work in the community
- Build on existing preventative work being done throughout the Council and the PCT
- Change culture across agencies of engaging in preventative rather than reactive services
- Extend the use of intermediate, respite and rehabilitation care
- Improve the community management of people with long term conditions

**KEY ISSUE FOUR**

**There is a need to develop extra care accommodation**

Extra care for older people is in the first instance a home, but one which has care and support services available when needed. Extra care offers the possibility of supporting higher levels of dependency but also providing an environment for lively and active old age. Local research shows that up to 50% of entries into residential care could have been averted or delayed if the provision of Extra Care had been available in the authority.

**Way Forward**
- Develop or facilitate 16 Extra Care Housing schemes by 2016
- Promote Extra Care as an alternative form of provision to Residential Care

**KEY ISSUE FIVE**

**There is a need to help more people stay at home**

80% of older people in South Gloucestershire wish to remain independent and at home for as long as possible. There is a need to address the current issues with Community Care services as identified by ongoing reviews. There is a need to ensure that services are flexible and adaptable enough to cope with changing needs and circumstances and that greater attention is given to how assistive technology can support the ways in which older people maintain or regain their independence.

**Way Forward**

- Support the development of Community Services through the Community Care strategy, the Home Care review and the Local Health Plan
- Provide sufficient and appropriate care and support services to allow older people to sustain themselves at home and remain independent
- Develop and use innovative solutions and technology to help older people remain at home and in supported accommodation
- Ensure all new housing is built to ‘life time home’ standard, and as far as possible that older people live in homes that are capable of being homes for life.
- Ensure there is an integrated approach across agencies to delivering Community Services

**KEY ISSUE SIX**

**There is a need for provision that is suitable for older people with Mental Health needs**

There is a need for further accommodation that is suitable for older people with Mental Health needs. With the increased emphasis on helping people to remain at home there is also a need to look at how we can support older people with mental health needs and their carers to live in the community. For people with dementia Extra care provides an alternative to being cared for at home or going straight into residential or nursing care. It provides a new housing based model often involving the use of new technology to manage risk and enable a good quality of life to be achieved.

**Way Forward**

- To increase specialist provision for those with complex needs
• To look at how older people with dementia can be successfully supported within extra care housing
• To support older people with dementia in the community
• Increase peoples understanding of mental health conditions in older people.

KEY ISSUE SEVEN

There is a need to focus on preventing moves into residential care, and hospital particularly through early identification of need, rehabilitation after illness and increased use of intermediate care.

There needs to be an integrated preventative strategy for older people in South Gloucestershire, focusing on maintaining and promoting good health and well being, maintaining people within their communities and reducing admissions into hospital and long term care.

Way Forward

• To sustain work on NSF standards for older people
• To develop effective prevention strategies for older people
• To assess the link between improved quality of life and reduced entry into long term care by ‘at risk’ groups, and to develop services to address the current gap in provision.
• Link with the Community Safety Partnership to address the fear of crime and vulnerability of older people
• To facilitate provision of services across the authority which promote health, well being and engagement and improve older peoples quality of life

KEY ISSUE EIGHT

Council Stock is in need of substantial investment and does not offer a home for life.

Residents in Council Care homes are currently housed in buildings that are showing the limitations of their design. The current standards of homes are especially disappointing to older people coming from their own home and who find that the standard of accommodation is not comparable to what they have been used to.

Sheltered stock does not meet decent homes standards, nor Lifetime home standards. Schemes lack the space, standards and facilities that are now accepted as normal. For example, a number of schemes are lacking basic mobility features such as lifts, and few are wheelchair and hoist accessible. Such factors impact greatly on the current high levels of voids in sheltered accommodation.

Way Forward
• Undertake a detailed options appraisal of all sheltered schemes in South Gloucestershire, prioritising those which are hard to let or don’t meet current decency or disability standards. Dependent on outcomes replace, remodel or sell inappropriate sheltered housing with alternative housing/care solutions or recommend that such action is taken.
• Undertake a detailed assessment of residential stock to assess whether it adequately meets older peoples needs. Dependent on outcomes look at potential to convert, remodel or replace inappropriate stock with alternative housing/care solutions.

KEY ISSUE NINE

There are a number of tenants with needs not best met by current sheltered accommodation.

There is no financial or care or support assessment carried out on tenants of sheltered housing prior to allocation. This results in inequity in provision of services due to an inability to assess whether they are able to meet their own housing and support needs privately.

The balance of needs within council sheltered housing is currently not evenly distributed. There are a number of residents who have few to none support needs, and at the other end of the spectrum are a percentage of older people who have higher level needs which are not able to be supported appropriately due to sheltered accommodation being neither designed nor flexible enough to meet their increased care needs.

Way Forward

• Change the allocations policy for sheltered housing
• Involve all RSL’s providing sheltered housing in South Gloucestershire in process
• Decide on balances of need wanted within sheltered accommodation

KEY ISSUE TEN

Sheltered housing currently does not always meet the needs of older people

Research shows that 36% of people entering residential care cited loneliness as the precipitating factor, and that half of these residents came from sheltered accommodation, and one quarter were receiving medium to high level of statutory care. This suggests that people do not view statutory carers or sheltered accommodation as necessarily providing relief from loneliness. Addressing the failure to provide companionship and effective prevention from isolation to residents could result in a large reduction in entries into residential care per year.
Local Research also showed that over 40% of older people entering residential care had previously been tenants of sheltered accommodation. This suggests that schemes as they are currently configured to not offer homes for life for older people.

**Way Forward**

- Remodel the service to better meet the needs of tenants in the most appropriate and cost effective manner.
- Ensure that all schemes develop an external focus and are utilised as a community resource where appropriate

**KEY ISSUE ELEVEN**

*There is a need to ensure that the social needs of older people are met and taken into consideration when planning new housing developments*

There is a need to ensure that all new developments include appropriate housing for older people and an effective community infrastructure which is capable of supporting those older people with care and support needs in the area in their own homes.

**Way Forward**

- Ensure the development of a Supplementary Planning Document which focus on meeting the needs of an ageing population in South Gloucestershire.
- Prevent loneliness and isolation in older people by ensuring that there are adequate activities and resources in the community for them to engage with.
- Ensure that there is a community infrastructure offering care and support in locations across South Gloucestershire.
- Support ongoing projects being undertaken which focus on the quality of life issues and engagement of older people

**KEY ISSUES TWELVE**

*There is a need to improve support for carers*

Within the authority there are approximately 2,500 people over the age of 65 years providing 1-19hrs of care per week and around 2,000 people over the age of 65 years providing 20-50 hours per week. It is estimated that there are also approximately 12,000 people in South Gloucestershire under the age of 65 years who are looking after an elderly relative of friend. The target groups to which to offer support are: a) where the carer and the cared for person are both 75 years plus, b) where both suffer ill health, and c) where the carer is caring for someone with dementia for a high number of hours per week.

**Way Forward**
• Increase support to carers and identify what services are required in order for them to continue with their caring role.
• Provide information and advice for carers on services available
• Involve carers in the planning of services
• Ensure that there is appropriate short break provision

CONCLUSION

Older people are a very diverse group, and their requirements are not homogenous. A person’s age does not determine completely their needs, experience, lifestyle and aspirations. With the older population, changing needs is a reality which has to be addressed and anticipated at a local level. Housing and services for older people need to reflect this diversity and continual change, and older people need to have greater choice as their aspirations and circumstances alter.

Care and support has to be matched with the type of accommodation older people are living in. For those older people living in general housing, support needs to become more comprehensive and flexible and offer information, advice, and practical support in managing the home and maintaining independent life within it. For those who want to make a move into alternative accommodation there is a need to introduce a wider range of choices for those who want to own all or part of their accommodation and ensure that there is a variety of tenure options to suit their circumstances. This is turn will imply a reduction in the number of properties offered for rent. There is also a requirement to offer a form of Extra Care provision which is able to support more frail tenants and offer an alternative to residential care, as well as provide a home for those with few support or care needs.

In full, there is a need to provide or reconfigure services to meet the existing and future demand for accommodation for older people. Services need to enhance the quality of life and independence for older people across all tenures and to provide more flexible services and technological solutions to help people remain in their own homes. The conclusions of the strategy as outlined above centre on meeting a large element of this need through making a number of changes to the way in which we provide our services, this includes developing ‘Extra Care’ Housing and increasing and improving community and preventative services for older people.

Taken together, the conclusions and the issues lead us to a vision of the future, the provision of a range of care and support services and a range of accommodation settings that will give older people choice, quality of life, and promote independence rather than encourage dependency. Addressing the issues raised in this strategy will enable the development of accommodation and care services which address the whole needs of an older person. Providing appropriate housing and services which are centred on ensuring that older people can enjoy good health, wellbeing and good quality of life will bring about a real change to how local authorities and its partners meet the needs of older people in today and in the future in South Gloucestershire.
IMPLEMENTATION OF THE STRATEGY

The implementation of the strategy is detailed in the ‘improvement plan’ which will run from July 2005 to 2016. It has prioritised the objectives to be achieved and allows for flexibility to adapt to changing needs, trends and legislation. It is proposed to monitor and evaluate progress made annually and make available any achievements, progress and findings.
SECTION TWO – The Strategy

1. FOREWORD TO THE STRATEGY

An older person living in South Gloucestershire today can look forward to, perhaps, over thirty more years. Many are relatively affluent with an occupational pension or capital from a house sale, likely to be car owners and therefore fairly mobile, others are living in rented accommodation and rely solely on public services. Whatever their lifestyle older people want to exercise choice in how they are housed and the services that they receive. As frailty increases older people want to be able to maintain this independence and housing and support services to be flexible enough to allow them to do this. This method of providing care and support is in marked contrast to the majority of housing and care services that are available to them, with most models based on the paternalistic approach taken in the late 1960’s-1980’s. Such services increasingly do not meet the demands or aspirations of older people now and will do so less so in the future. This strategy is the starting place for looking at the delivery of accommodation and care services, and assessing what change is required both, culturally, organisationally and operationally in order to meet the needs and aspirations of older people in South Gloucestershire.

This strategy has been developed in response to the need to review current accommodation and care services offered to older people in the light of changing demographics. It recognises that the accommodation and care needs of older people are complex and diverse and that they are best addressed and delivered by the council working in partnership with others. Therefore this strategy was developed by a joint project team made up of representatives from health, social care and housing. It will further be shaped and developed by all identified stakeholders.

Services and policies for older people should focus around the concept of ‘successful aging and ‘living well in later years’. Such approaches will ensure services which are centred on the demands and needs of older people, and which secure greater health and wellbeing.

There can be seen to be three fundamentals which ensure all round wellbeing for an older person, 1) Appropriate housing 2) Good health 3) Good quality of life. All three working together will ensure that an older person can spend their pensionable years in relative comfort, enjoying life. If one dynamic is not operating properly it can have a huge impact on an older person’s life. This strategy will look at how South Gloucestershire through its provision of care and support currently contributes to ensuring all three fundamentals of wellbeing are fulfilled, and where improvements, in terms of service provision and approach need to be made.

The strategy sets out the policy context in which we are operating and provides a brief analysis of demographics and existing services. It identifies
any key issues and will then set out key building blocks for the future and actions needed to achieve such change. This strategy is part of a dynamic process; it will evolve as a result of regular review, local and national circumstances and policy changes.

2. SOUTH GLOUCESTERSHIRE VISION FOR OLDER PEOPLE

Our vision underpinning this strategy promotes the goals of active ageing, quality of life and well being and moves towards models of housing, Community Care and Health services which address the ‘whole needs’ of each individual and enables all older people to realise their potential against their goals

The vision of this strategy is to ensure that older people’s services in South Gloucestershire offer;

1) **Appropriate Support** – Providing appropriate levels of housing support and care to improve health, safety and well being of older people and choice in type of access offered and flexibility in provision that is provided

2) **Independent Housing** – Providing independent housing with support that allows people to remain at home and independent for as long as they wish.

3) **Preventative Services** – Ensuring that housing support and care services have a preventative focus, and contribute to a range of solutions to prevent common illnesses, unnecessary hospital admissions, and assist in reducing delayed transfers of care from hospital.

4) **Equalities** – Ensuring that older people receive housing and support services that are sensitive to their needs, culture, race and impairments.

5) **Community Safety** – Ensuring that all older people feel safe and secure in their own homes and do not suffer from isolation or neglect.

6) **Partnerships** – Developing effective local partnerships between the Council, NHS, care providers, Registered Social Landlords (RSL’s), the private sector and other interested partners to work together for the future of older people.

7) **Sustainability** – Developing sustainable housing options and care and support services.

8) **Information** – Ensuring that adequate and timely information is available to people to make an informed choice about their future housing, support and care options. Ensuring that all older people are involved in the development of future housing options.

These are in line with the aims and objectives in adjoining strategies such as the Supporting People Strategy, the Community Care Strategy, the Housing Strategy, the Local Development Plan, and the Councils Corporate Service Plan
3. KEY OUTCOMES OF THE STRATEGY

The key outcomes of this strategy are:

- Reduced number of people entering residential care
- Reduced hospital admissions
- Increased number of older people remaining at home, and in ‘home for life’ properties
- Increased health intervention and prevention in the community
- Increased rehabilitation of older people
- Greater focus on quality of life and quality of service
- Fair access to services and use of equity to fund service provision.
- Accommodation for older people which provides a ‘context’ for care rather than being dictated or constrained by care or support needs.
- Provision of appropriate services and available to all older people in need
- Provision of a range of accommodation to suit aspirations and needs
- Information and advice available for older people to make their own choices about services
- Joined up development and management approach for the provision of services to older people
- Needs of Older People integrated into the Local Plan Framework
- Meet the strategic aims of the Supporting People strategy, Community Care Strategy and Corporate Service Plan.

The reasons why these outcomes are important in order to achieve South Gloucestershire’s vision for older people are set out in the subsequent chapters of this strategy.

4. HOW WAS WORK CONDUCTED?

The aim of this strategy is to understand the present demographics and needs of older people in South Gloucestershire and the resources currently available, and identify areas for development and improvement.

In order to achieve this, the review has included:

- Detailed analysis of the current demographics and needs of older people in South Gloucestershire; Including those with specific needs e.g. Learning Difficulties and Mental Health
- Detailed analysis of demand and supply for Council and independent provision;
- Consideration of national research;
- Investigating the mismatch in older people’s aspirations and needs and current accommodation and care provision;
• Surveys carried out with Residential Scheme Managers (RSM) and Sheltered tenants on current needs and resources;
• Commissioned work undertaken on reasons for entry into Council funded residential care.

The full baseline assessment and the evidence and results of all surveys and consultation exercises are available on request.

5. NATIONAL POLICY

The need for an accommodation and care strategy for older people has been driven at the national level by a number of key policy developments. Key Government aims include providing ‘a decent home for every individual in the country (HM Treasury 2005:5) and promoting choice, independence and ensuring wellbeing in older age (DH, Independence, choice and wellbeing, 2004). These agendas reflect a real shift in the provision of social care, housing and health and put greater emphasis on partnership working to ensure the delivery of good quality of life for older people.

5.1. Summary of policy in relation to Older Persons’ Accommodation

The initial policy direction that older people should be cared for in their own homes rather than in any institutional setting was set out in the NHS and Community Care Act 1990. Since this Act there have been a number of key policy documents which have set out a directional framework for local authorities in the delivery of accommodation and care services for older people in the future.

1) “Quality and Choice for Older People’s Housing”: a Strategic Framework: This strategy was developed by the DETR and Department of Health in 2001, and defined the Governments housing vision. Two policy objectives for older peoples housing were set out in line with the policies in the Housing Green Paper 2001. They were;

1) To ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances.

2) To support older people to make active and informed choices about their accommodation by providing access to appropriate services and accommodation by providing access to and advice on suitable services and options.

It also outlines five priority areas when considering strategies and long term planning for older peoples housing. These are set out below:

• Diversity and Choice: ensuring services promote independence and are responsive to older people's needs and preferences
• Information and Advice: ensuring that information and advice are accessible both to professionals and older people themselves on the variety of housing and support options/solutions available
• **Flexible Service Provision**: assisting local authorities and service providers to review Housing and service models in order to improve flexibility to meet changing needs, taking into account the views of older people

• **Quality**: emphasising the importance of quality housing and support services, both in terms of ensuring homes are warm, safe and secure and in monitoring services provided

• **Joint Working**: improving the integration of services delivered at the local level by housing, social services and health authorities and nationally through Government departments.

2) **Planning for mixed communities (ODPM 2005)**: This document sets out proposals to create sustainable communities through a mix of tenure, household sizes, ages and incomes

3) **The Sustainable Communities Plan (ODPM 2005a)**: This plan describes eight factors needed to create sustainable communities for everyone.

4) **Opportunity Age (HM Government, 2005)**

5) **Excluded Older People (ODPM 2005b)**: This strategy outlines the importance of early intervention, joined up services and accessible environments to older people’s quality of life.

6) **Independence, well-being and choice (DH, 2005)** This green paper sets out the government’s vision in the delivery of services to support older people to remain independent at home with care, support or specialist accommodation as needed, and for agencies to be working together to ensure choice in services offered and to play a central role in ensuring wellbeing for all.

7) **Choosing Health (DH, 2004)**: This plan outlines the importance of promoting health and active life amongst older people and shifting the focus from providing reactive to preventative services.

8) **National Service Frameworks**: The National Service Framework for Older People was published in March 2001 and set out the following 8 standards for health and social care services for older people:

   • Rooting Out Age Discrimination.
   • Person-centred care.
   • Development of Intermediate care.
   • General hospital care.
   • Stroke.
   • Falls.
   • Mental Health in Older People.
   • Promoting an active healthy life in older age.
The NSF’s for older people are a key part of the Government agenda to improve standards and delivery of services and reduce variation in quality. All standards have implications for housing, health and social care and can only be addressed effectively if all dimensions work in partnership.

9) Supporting People: A radical change to the system of funding housing related care and support which was introduced in April 2003. Locally managed, it finances the cost of related support services. It targets people in supported accommodation, or in receipt of flexible support, and it helps people leaving institutions to set up home.

5:2. Legal Requirements

The Housing Corporation released in 2004, definitions on supported housing and housing for older people which relate to all independent and privately run schemes and all new builds in any housing sector. The aim of the new definitions is to help people to have a clearer understanding of what schemes consist of in terms of design and facilities and how accessible and suitable they are for ageing in place. They are also there to act as a benchmark and set the standard for all who build or provide older persons' accommodation.

There are two classifications;

1) Housing for Older People (With all or some special design features)
Remodelled or purpose built grouped housing that has all the basic facilities and either all or some of the special design features intended to enable people to live there for their lifetimes. The distinctive design features should be over and above lifetime homes adaptations to general needs properties. The age of tenants is not a defining feature.

Tenants should have access to support services as need arises to enable them to live in the property for the rest of their lifetimes. Access to support means that as a minimum, a process is in place to assist in accessing and/or signposting tenants to support services that they need. The delivery of support or the level of support is not a defining feature.

Basic Facilities:
- The scheme or main building must have basic facilities of a laundry and/or washing machines in living units or provision for washing machines to be installed. The scheme must also have a communal lounge.

Special Design Features:
- The whole scheme including entrances and the buildings that comprise it must be designed to wheelchair user standards.
- Living units must have walk in showers or bathrooms adapted for people with mobility problems or wheelchair users.
- Bathrooms in living units that are wheelchair standard must meet the criteria for adapted bathrooms.
• Living units must have kitchens that are designed to wheelchair standards
• The scheme must have a bathroom with provision for assisted bathing.
• If there is more than one storey their must be a lift.

2) Designated supported housing for older people

These are buildings which have none of the special design facilities and features listed above but which provide accommodation designated for older people requiring support, with support services provided by the landlord or another organisation. The delivery of support and the need for support is a defining feature in this type of accommodation.

6. LOCAL POLICY

The Council’s Corporate Service Plan (2004/07) identified the need to understand and meet the aspirations of older people as one of the improvement priorities for the council. One of the key elements was to review the accommodation needs of older people and to ensure that a range of accommodation are available to meet varying levels of support and care, and that are capable of providing a ‘home for life’ in most instances.

One of the themes of the new Corporate Assessment element of CPA 2005 is older people. The proposed key lines of enquiry on this theme provides a very clear steer that the Audit Commission will be looking for outcomes for older people which are much wider than just health & social care. The commission expects our strategic approach to encompass all aspirations and needs of older people. This strategy will contribute by demonstrating South Gloucestershire’s approach to ensuring choice and a provision of accommodation and care services which focus on maintaining independence and wellbeing.

Finally, the Council and its partners are now working within the framework of a Local Area Agreement, a process managed by the local strategic partnership. Within the LAA themes, a block relates to older people. This has direct relevance, both to this strategy and its improvement plan, both of which are referenced within the LAA as a priority area.
7. PROFILE OF PEOPLE AND CURRENT RESOURCES IN SOUTH GLOUCESTERSHIRE

7.1. Population

South Gloucestershire presently has a population of approximately 246,800 of which 36,900 residents are over the age of 65 years. As the graph below shows, older people represent around 15% of South Gloucestershire’s overall population, which is just slightly less than the national average of 16%.

Compared to our neighbouring authorities, as the next graph indicates South Gloucestershire has the second lowest percentage of older people as part of their overall population. Bristol presently has the lowest.

Since 2001, South Gloucestershire and all neighbouring authorities, with exception of Bristol, have had a rise in the number of people over the age of 65 years as a percentage of their population. North Somerset’s has been the largest with over a 9% increase. South Gloucestershire has had a growth of around 2% which although minimal in comparison to North Somerset is still

1. ONS 2003 Mid year estimates
2. ONS 2003 Mid year estimates
1% higher than the national average growth of 0.9%. As the table below shows this will mean a projected increase of the over 65 population between 2003 and 2016, rising from 36,900 to 48,397 over 65’s, an increase of 31%. This means that there will be close to 50,000 older people living in South Gloucestershire by 2016.3

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<td>9100</td>
<td>10107</td>
<td>11495</td>
<td>12859</td>
</tr>
<tr>
<td>Total</td>
<td>36900</td>
<td>38779</td>
<td>43387</td>
<td>48397</td>
</tr>
</tbody>
</table>

The highest growth in population is expected to be in the 65-69, and the 80 plus age ranges. This is in part due to the post-war baby boom in the 1950’s and as death rates for certain illnesses such as strokes continue to fall, and life expectancies increase.

Of our current population, 4.79% are classed as migrants. 4.38% have migrated from other areas in the UK and 0.41% from international countries. The South West in the year before the 2001 census had the largest net inflow of people than anywhere else in the country. Over 25,000 people moved from areas in the UK to live in the South West. The patterns of migration of the older population are complex. However we know that some older people do move to be near their families early in retirement, and others move later when they are becoming vulnerable and require more family support.

South Gloucestershire has a small black and other minority ethnic population. The census figures indicate that there are between 800 and 900 older people in South Gloucestershire from black and other minority ethnic communities, representing about 0.58% of the older peoples population. The black and other minority ethnic population is growing – but this is mainly in the age bands of 0-19 years. Therefore we can assume that there will not be massive increase in older people age bands in the next ten years.4

Although we have an increasing older population, the growth in demand for services should be in line with this increase. This is based on the assumption that although there will be an increase of people in the upper age bands due to increased life expectancy, their care and support needs should be offset by advances in medicine and technology. Therefore increases in provision of services should only be required as a result of increased overall populations, What we do know is that as people get older the risk of frailty increases and with the older age bands increasing due to increased life expectancy, services need to be flexible enough to provide for this frailty when it presents.

3 JSPTU Population projections 2003
4 ONS 2001 Census – South Gloucestershire
Where people live in South Gloucestershire

The highest population of older people in South Gloucestershire live around the fringe of Bristol namely the Kingswood, Downend, and Filton areas. There are also significant proportions of over 65’s living in Thornbury and in the more rural areas of South Gloucestershire. The map below shows the density of over 65’s living in wards across South Gloucestershire. What is clear is that the older population is quite evenly spread across the authority, with a number of hubs rather than just one central one.

7.2 Housing

Older people are not a homogenous group in terms of their housing circumstances. Like all individuals the type of housing they currently live in and favour varies considerably, and they cannot be categorised as needing

5 ONS 2001 Census – South Gloucestershire
one type of accommodation. Nationally, the population is ageing and people are living longer. Social changes, in particular the fragmentation of the family unit, mean the support which older people traditionally received from their families in their homes is increasingly not available. Older people’s quality of life aspirations are at the same time rising, and this is matched on the side of providers by an aspiration to improve older people’s standards of living and choice. Local and national research shows that older people consistently express the desire to stay in their own homes for as long as possible and want integrated flexible service approaches to help them maintain this independence.

7.2.1 What is appropriate housing for older people?

In general terms an appropriate home for an older person is not just the bricks and mortar but also the environment surrounding that home. The important element is having care and support services available when required and your home being able to adapt to the provision of such services and to be accessible enough to cope with changes in mobility and need.

Living in a safe, adapted and manageable home not only increases older people’s level of independence, but also improves their health and reduces the need for support services. Studies have demonstrated the links between poor and inappropriate housing and ill health. As far back as 1980, the Black Report (Department of Health and Social Security) drew attention to some of the health inequalities that arose for those living in poor housing conditions. The more recent Acheson Inquiry into health inequalities (1998) raised similar concerns, which gave evidence to suggest that housing improvements lead to improved physical and mental health as reported by individuals, as well as reductions in symptoms and the use of health services. Further research on the housing decisions of people over the age of 60 years found that ‘the design, quality and standard of housing is a critical factor in the way that older people live. Older people specifically want housing that:

- Is designed to help manage reduced mobility and disability
- Provides safety security comfort and pleasure, and
- Has sufficient flexibility and space to allow them to sustain their individual lives

When housing problems occur, lack of independent advice can hinder older people’s ability to make informed choices about where and how they will live. Too many housing moves are made hurriedly following a health or family crisis. This often results in an inappropriate long term housing solution, and in many instances one not made through choice.

7.2.2 Housing in South Gloucestershire

6 Thomson et al, 2001
7 Estrigge Social Research 2003. Homing in on Housing: a study of housing decisions of people aged over 60 years.
The table below outlines the type of accommodation older people occupy in South Gloucestershire.

Table 2. Tenure breakdowns of older people in South Gloucestershire

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Owns Outright</th>
<th>Owns with Mortgage</th>
<th>Shared Ownership</th>
<th>Rented from Council</th>
<th>Rented from Social Landlord</th>
<th>Privately Rented</th>
<th>Rent Free</th>
<th>ALL HOUSEHOLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>19,536</td>
<td>3,314</td>
<td>60</td>
<td>3,703</td>
<td>649</td>
<td>585</td>
<td>812</td>
<td>28,658</td>
</tr>
<tr>
<td>%</td>
<td>68%</td>
<td>12%</td>
<td>0.2%</td>
<td>13%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

As shown, 68% of people over the age of 65 years in South Gloucestershire own their property outright and a further 12% own their property with a mortgage. These figures are higher than the national averages where in 2001 61% of over 65’s owned their properties outright. The table does not include those older people living in residential or nursing accommodation. Having a large percentage of owner occupiers requires a new type of housing provision that has not previously been required. This is evident by the fact that as the table below shows since 1971 there has been a steady increase nationally of people over the age of 65 years who are owner occupiers.

<table>
<thead>
<tr>
<th>Year</th>
<th>% of over 65’s who were owner occupiers (Nationally)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>38%</td>
</tr>
<tr>
<td>1981</td>
<td>51%</td>
</tr>
<tr>
<td>1991</td>
<td>61%</td>
</tr>
<tr>
<td>2001</td>
<td>68%</td>
</tr>
</tbody>
</table>

The Council therefore needs to plan a service for a different type of citizen than existed 20 years ago. In South Gloucestershire the percentage of owner occupiers who are presently between the ages of 50-65 years is 87%. In 15 years time there will therefore be 87%, or more, of over 65’s who will own their own property. This is a projected increase of around 7%. All this supports the need to facilitate or provide provision of accommodation and care for this client group.

A recent study forecast that by 2011 30% of older homeowners will be living in post 1945 terraced or semi detached houses and 20% in detached houses. This trend has a high level of significance for property values and therefore the available equity that older homeowners may have to invest in a retirement

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8 ONS 2001 Census Information, South Gloucestershire
9 Census 2001, ONS for tenure and central heating data.
The notion of people ‘sheltering’ their capital by investing it seems more attractive that renting a similar property or paying for care.

However there still remains a significant proportion of older people who rent or who are equity rich but cash poor. The proportion of people living in rented accommodation increases with age. In South Gloucestershire among people aged 30-49 years 11% are renters, and of those between 50 -65 years 8% are renters. This compares with 20% of people aged 65 plus. There are also people over the age of 60 occupying general needs council housing. 13% of 2 bed accommodation is occupied by people over the age of 60 years as is 9% of 3 plus bedroom accommodation. Consideration needs to be given to whether these older people should be encouraged to downsize and free up larger housing for families. For many people who own their own homes although they are equity rich they are cash poor and would remain so if investing in alternative accommodation, and there is a need to consider finance options which would suit their needs.

All this information indicates that there is a need provide accommodation for older people which offers a range of tenures and finance options if we are to meet the present and projected accommodation needs of older people.

There are slight variations with tenure across wards, with the majority of people in rural areas owning their properties, and a higher level of rented accommodation in areas such as Kingswood and Staple Hill. Across South Gloucestershire there is a lower proportion of houses considered to be in a poor state of repair e.g. without central heating and sole use of a bath, and less than 1% of older people live in overcrowded accommodation. With peoples houses being of a high standard and spacious this sets a precedence for the standards these people will be looking for in their accommodation when they choose to move on. The majority of people although they may have to accept a reduction in size, will not wish to take a reduction in the standard of accommodation that they occupy.

Around 40% of older people will move once or more past the age or 65 years, this may either be into another home, residential or nursing home accommodation or a relative’s home for example. (This percentage does not include admissions into hospital). Older people’s reasons for moving are varied with decisions being made about housing at different stages in their lives;

- Some move early in retirement, largely for housing and lifestyle reasons. The majority of these people are used to having adequate space and good living conditions.
- More move later in retirement, usually triggered by a circumstance such as health reasons, death of a partner, or safety concerns. Sheltered housing is more popular with these later movers.

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11 Forest, Heather and Pantazis, 1997 Anchor Trust
12 2001 Census, ONS tenure and central heating data
• Many older people who move are those who enter residential care precipitated by a crisis or a spell into hospital, and feel they are no longer able to live independently.  

• Those who are ageing and are becoming less active and therefore wish to downsize their property. Within this group are those who wish to do this in order to also release capital from their existing home and many of these see council owned sheltered housing as a solution due to the fact that no other tenure options are available in the area.

National research shows that based on 1998/9 admission rates, one man in six and one woman in three can expect to enter a residential or nursing home for older people on a long term basis at some time in their life. These probabilities increase with older age. The majority of these people were admitted direct from hospital or due to physical or mental health. In most instances the move was not the result of direct choice by the older person. Ensuring that appropriate housing options were available and known to all older people would have the result of either deferring or avoiding entry into residential accommodation or hospital for many individuals. People once settled into their old age will tend not to choose to move. Studies have shown that those people who move below the age of 65 years tend to be healthy, but those who move above the age of 65 years predominantly are suffering from a life long illness and many will move to a care home or to families and friends. Information on available housing options and advice concerning long term housing need to be targeted at people before they reach the age of 65 and to those who are still in a position to make an informed choice about their future. This will ensure that older people can decide on the most appropriate solution for them prior to the decision being made for them at a time of crisis, for example.

7.3. Residential and Supported Accommodation

The table below shows the number of older people in residential or supported accommodation as a percentage of the overall older population in South Gloucestershire.

<table>
<thead>
<tr>
<th>Type of Accommodation</th>
<th>No. of older people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>36,900</td>
</tr>
<tr>
<td>Residential Care</td>
<td>970 (3%)</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>531 (1%)</td>
</tr>
<tr>
<td>Sheltered Accommodation</td>
<td>1819 (5%)</td>
</tr>
<tr>
<td>Community Alarm</td>
<td>1023 (3%)</td>
</tr>
</tbody>
</table>

NB. These numbers assume total occupancy of residential, nursing and sheltered accommodation.

13 Care Homes for Older People; Volume TWO Admissions, needs and outcomes, Bebbington, DARTON AND Netten 1995.
14 Care Homes for Older People; Volume TWO Admissions, needs and outcomes, Bebbington, DARTON AND Netten 1995.
15 IPC Residential study
16 Healthy Life Expectancy in England and Wales – 1996, Bebbington, Darton
7.3.1. Residential Accommodation

There are 61 residential care homes offering 970 places within South Gloucestershire registered to provide personal care to older people. Social Services in 2004 purchased about 180 placements of which 130 were within South Gloucestershire. The Social Services Department has two block contracts (10 places) for dementia care to secure capacity.

The remainder of places within South Gloucestershire are purchased by people funding their own care, or by other local authorities. Of the 50 placements made by Social Services outside South Gloucestershire, over 50% are in Bristol, most of the remainder are in North Somerset.

There are also 13 homes within South Gloucestershire registered to provide 531 nursing care places to Older People (including EMI). Social Services purchase about 200 places with these homes (17 under “block” contracts to secure capacity) and about 100 outside of the authority. Most other places within South Gloucestershire are purchased by people funding their own care, or by other local authorities. Some places are also purchased by the PCT to provide continuing or intermediate care.

Of the nursing care placements made by Social Services outside South Gloucestershire; about 80% are made in Bristol, with most of the remainder in Gloucestershire. Most of the placements in Bristol are in homes within 2 miles of the council boundary. Most of the placements made in Gloucestershire are for people with dementia, as there are several EMI nursing homes within 5 miles of the council boundary offering this service.

Assuming total occupancy this would mean that approximately 2.8% of the older population are in residential care.

7.3.2. Sheltered Accommodation

There are currently 1819 rented sheltered households in South Gloucestershire. 1380 of those are council-owned and run and 439 are owned and managed by a Registered Social Landlord (RSL).17

There are also currently 10 retirement/sheltered schemes in South Gloucestershire which offer the opportunity for older people to invest in properties. These total 306 properties and as of February 2005 there were no vacancies. All schemes have been built in the late 1980’s or early 1990’s, and only four of the schemes offer properties that have been built to mobility standards. All schemes have a community alarm system and 7 have a resident scheme manager responsible for building and tenancy issues. None of the schemes offer onsite personal or practical care or support.

17 South Gloucestershire Supporting People Data 2004
The council currently owns and runs 52 sheltered schemes that are situated in various locations across South Gloucestershire. Council-run sheltered housing tenants are supported in two ways. All schemes either have a full-time or part-time Resident Scheme Manager (RSM’s) living on site and all units are attached to the Piper Lifeline service. There is also a mobile scheme which covers for RSM’s when absent. All tenants in Council owned sheltered accommodation are over 60 years of age, or under 60 years but registered disabled, with the largest age group being older people between the ages of 70 and 80 years. With the advent of Supporting People, from April 2003 all new tenants in Council accommodation have been charged the actual cost of providing support as part of their rent. South Gloucestershire Council pays the net cost of support for people on benefits or who have had an assessment by “Fairer Charging” means test, from its Supporting People budget. Tenants prior to 1/4/03 are transitonally protected and are not charged. The Supporting People budget pays for those on Housing Benefit and the Housing Revenue Account pays for those who are not. For Tenants resident at RSL schemes (whether they are ‘new’ or resident prior to April 2003) they are all charged for their support by the RSL. Those who qualify either through being eligible for housing benefit or through undergoing the Fairer Charging Assessment, are paid subsidies from Supporting People funding.

Within the next six months all sheltered housing schemes within South Gloucestershire will undergo a Supporting People Quality Review and Assessment. (QAF). Services will be measured against four categories and in order to pass the assessment will be expected to achieve a C or above grade in each category. At present if changes don’t take place, or if there are not priorities in place to make such changes, it is unlikely that South Gloucestershire will achieve the desired grade in all categories. Schemes that don’t pass the assessment run the risk of having supporting people grant funding cut.

7.3.3 Housing Support Services

i) Piper Lifeline

The Piper Lifeline system is currently installed in all 51 Council sheltered housing schemes. Warden Housing Association also have Piper Lifeline installed in about 60 elderly and disabled properties in their stock in Bradley Stoke. South Gloucestershire also manages 1,023 Piper Lifeline systems in people’s own homes the majority of whom are elderly. Supporting People funding covers the cost of the alarm for sheltered tenants but not for private tenants. Piper Lifeline has a variety of usages, from enabling a response to a physical crisis or to assist in more maintenance issues such as being locked out of your home. Between April 03-04 there were approximately 16000 calls made, over half were false alarms, and in total calls resulted in 2130 call outs to older people by the Emergency Duty Team. Between Oct 2003 and March 2004 there were on average approximately 1300 calls to the Piper Life line console per month from sheltered tenants. Of these calls approximately 20-30 per month led to a call out to visit the tenant, of which 34% were recorded
as false alarms, and 26% recorded as being due to a tenant experiencing a fall. 18

Handovers of RSM's at Council sheltered schemes accounts for a large number of the calls to the Emergency Duty Team, accounting for the majority of calls to the team at certain times of the day.

ii) Care and Repair

The Care and Repair scheme provides advice and support with repairs and adaptations for older and disabled homeowners. It provides information on and assistance with finding funding, appropriate contractors, signposting to services and supervision of any work undertaken. The service helps to maintain people in their own home and assist with speedy up admissions from hospital and adverting or delaying entry into residential care. In 2003/04 the service carried out 115 jobs locally. This scheme provides an effective preventative service to many people and has built up contacts with local relevant agencies and has the capacity to broaden its work if resources were increased.

7.4. Supply and demand of current housing

South Gloucestershire recently commissioned a report on the housing needs of older people, based on the data produced as part of the District wide Housing Needs Survey. The purpose of the study was to further inform this strategy on the housing and care needs of older people across all tenures and client groups. The aim was to improve the level of information about the current needs and demands of older people and to help identify older people’s future needs and aspirations. The conclusions of the report evidenced further the current and future need for appropriate housing for older people in South Gloucestershire. (This full report is available on request) Its main findings were as follows:

Unsuitable Homes

- 19% of households containing at least 1 person aged 65 or over are living in unsuitable homes – a disproportionate number of these are living in Council rented properties

- 19.7% of these older households experience difficulties with their location of their present home which may be said to affect their, ‘quality of life’ – specifically, distance from friends or relatives.

- 18.1% have properties which are too large for their needs. Too large is defined as two bedrooms above the bedroom standard i.e. 3 bed house with 1 person. - 10% of older people living in Council rented general housing (239 tenancies) are in 3 bedded plus accommodation.

18 EDT Monthly Monitoring Data – Nov 2003- June 2004
Care and Support Needs

- 64.8% of households with care and support needs are found in the urban areas and 35% in the rural areas.

- 61.1% of these households have not had their homes specially modified to allow for these special needs.

Scale of current housing demand.

- The total potential demand for older peoples housing is estimated to be 8,965
  - 2,107 existing households want to move home – 15.8% of these aspiring movers are looking for supported accommodation and 15% for flats.
  - 1,347 households need (due to their health or a range of other housing/household circumstances) to move home – (20.5% need supported accommodation and 22.5% need flats.

- One third of those needing to move home expect to remain in the town/village that they now live in.

- 5,241 households among the whole population had an elderly relative who might move into the district in the next 5 years.

Need for Affordable Housing

- 44.6% of households in the 64 age range in unsuitable homes and needing to move are unable to afford to buy or rent, a total of 594 households. These households are in housing need on the grounds of both unsuitability and affordability

- The majority of older people now living in Council accommodation will always need Council accommodation and will not have the choice of purchasing a home.

In conclusion the information presented in this study points to the current need for a mix of suitable affordable supported accommodation, bungalows and flats.

The study also raises some issues for the longer term, both in terms of housing required and policy changes needed in order to address the needs of the demographically ageing population. The study further evidences the conclusions of this strategy and states that there will be an increased need for suitable accommodation for older people in South Gloucestershire, which is currently not provided for. It recognises that there will be a large proportion of households who will wish to buy or own outright and many will be encouraged to move into owner occupation through the availability of shared ownership. Being that there are currently only 306 purpose built sheltered properties available to buy in South Gloucestershire, and as of February 2005 none were
available for sale, supply is currently not meeting demand. A recent survey for MORI showed that 66% of older home owners wished to stay on in their existing homes while 30% preferred moving on solutions mainly a move to smaller accommodation\(^{19}\), therefore the actual demand could be greater than suggested by the Herrington Study. The research shows that there currently is, and will still be in the future, a need for a supply of suitable affordable accommodation for older people. This is especially true for residents in Council or rented properties of which there are presently 4937 older people. The study also showed that aging beyond 46 years does not have a significant impact on the requirement for affordable housing, and therefore we should be looking at this age range in order to give an indication of older person's affordable accommodation required in the future. Finally 55% of those households living in unsuitable homes were found to be able to buy or rent in the current market – while these households can afford to move, they will not move at all if the current lack of available housing and care options across all tenures is maintained in the future.

Further to this existing demand for properties to buy and rent, both nationally and locally, traditional accommodation services for older people are being seen as increasingly ineffective and inappropriate as the sole forms of provision for older people. Residential care is seen as offering an outdated model of care provided in an outdated environment, and one which often results in increased dependency of an older person rather than increased independence and better quality of life. Conventional sheltered housing is finding more often that supply is outstripping demand, due to limitations in facilities and design and the inability of schemes to meet the increasing and varying needs of tenants through the limitations of the traditional warden service.

There is a need to provide or reconfigure services to meet the existing and future demand for accommodation for older people. Services need to enhance the quality of life and independence for older people across all tenures and to provide more flexible services and technological solutions to help people remain in their own homes. The conclusions of the strategy centre on meeting a large element of this need through developing ‘Extra Care’ Housing, reconfiguring existing forms of accommodation and increasing and improving community services for older people.

Tables 2 and 3 have been drawn up to show the levels of Extra Care housing required to meet current and future need resulting from the increases in the elderly population, and national and local drivers to reconfigure and modernise existing accommodation services. The tables project forward 10 years and takes into account population increases expected within the authority.

Table 2.

\(^{19}\) MORI – The aspirations of older people, 2004
Table 3

Projected Changes in Supply of Older Peoples Care and Accommodation

<table>
<thead>
<tr>
<th></th>
<th>% of over 65 Population in receipt of services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>Residential Care</td>
<td>3</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>5</td>
</tr>
<tr>
<td>Community Care</td>
<td>15</td>
</tr>
<tr>
<td>Extra Care</td>
<td>0.1</td>
</tr>
</tbody>
</table>

The above figures have been based on 2003 ONS population projections for South Gloucestershire.

The need for Extra Care has been based on demand arising from:

1) **Increasing older population** – The local older population is projected to rise from 36,900 to 48,397 over 65’s by 2016, an increase of 31%.

2) **A 30% reduction in entry of older people into residential care** - Residential care is increasingly being seen both nationally and locally as offering an outdated model of care provided in an outdated environment, and one which often results in increased dependency of an older person rather than increased independence and better quality of life.

The baseline position of 3% is based on the approximate current number of older people in South Gloucestershire who are living in either council managed or independently run residential care.
Changes in admissions have been calculated on the council’s admissions to residential care which in 2005 stood at 98 people per 10,000 over 65 years. The decrease as an overall percentage of the population can be explained by a reduction of 30% of admissions through the availability of extra care provision. (The figure of 30% is based on research which showed that 30% of admissions could have been averted or delayed through the effective provision of extra care housing.) By 2016 this would result in 2.4% of the total older population being cared for in council managed and independently run residential accommodation. In terms of council admissions a 30% reduction in admissions would equal a council placement rate of 49 per 10,000 over 65 populations in 2016. The total number of older people entering residential care could also be reduced by averting or delaying admissions through the use of assistive technology or telecare in the community to help older people maintain their independence in their own home.

However although we wish to reduce the percentage of older people entering residential care, the table shows we will still need to maintain the current number of bed places currently provided if we are to meet the needs resulting from an increased population. There has been an assumption when calculating the above that independent admissions will remain constant. However if the growth of the private extra care market increases in South Gloucestershire then a further reduction in admission rates would be expected. A recent common trait across the UK, as a response to changes in demand is increasing numbers of independent residential providers remodelling accommodation to become extra care.

3) A Reduction of Council Sheltered stock by 17% -A baseline position of 5% is based on the number of council and independent sheltered units currently available in South Gloucestershire to rent. As with residential care there has been an assumption that the level of independent provision will remain constant, and the shown decrease in provision comes from a reduction of council sheltered accommodation of which there is presently 1380 units. Based on recent research into the needs of sheltered tenants, 11% of tenants have both no care or support needs, and a further 7% have a need only for the safety and security that sheltered accommodation offers. Being that the distinguishing feature of sheltered is accommodation for people with a certain level of support needs if has been concluded that these people are presently inappropriately placed and that their need can be met in a more effective way elsewhere.

Removing 17% of current sheltered stock would result in a reduction of 234 units (approximately nine schemes) by 2011. This decrease is illustrated in table 2. There would be no more reduction in the number of units between 2011 and 2016, with the number of council unit’s available standing at 1146. However if schemes were to show high voids then the future use of them will have to be considered.

The ability to reduce current stock by 17% is based on the following assumptions. 90 units will be re-provided by the 6 new extra care schemes
that will be available by 2011 (320 units) and will account for the 1/3\textsuperscript{rd} of provision for people with medium to low care and support needs. The older people who would have been occupying the remaining 144 units would be supported in the community using assistive technology and Telecare solutions such as Piper Life Line.

4) **The \% of older people in South Gloucestershire with low care and support needs** who are looking to move to more appropriate accommodation and plan for their future care and support needs. (30\% of over 65’s look to move every year)

**The need for increased Community care has resulted from:**

1) **A \% of individuals remaining in the community rather than entering sheltered housing** - The baseline position of 15\% is based on the number of people aged 65 years currently receiving Community Care or Health Services in South Gloucestershire. The percentage increases shown in Table 2 are a result of more people who only had a need for safety and security who previously would have gone into sheltered accommodation being cared for in the community through the use of an emergency alarm system e.g. Piper LifeLine. Those people in sheltered accommodation with no needs are considered able to support themselves in the community without any statutory input.

**How much Extra Care Housing does South Gloucestershire need?**

The baseline position of 0.1\% is based on the number of older people in South Gloucestershire currently living in Extra Care Accommodation. Extra Care schemes in South Gloucestershire will be approximately 45 units and be made up of three levels of need, high medium and low (usually split into 3rds) The increased number of units required has been based on the;

- Replacing of 30\% of admissions who would have previously been in Residential Accommodation
- Number of people currently inappropriately placed in sheltered accommodation (Extra Care could re-provide for people occupying 90 units of sheltered stock)
- Number of older people in South Gloucestershire with low care and support needs who are looking to move to more appropriate accommodation. (30\% of over 65’s look to move every year)

As a result it is calculated that South Gloucestershire will require 16 extra care housing schemes by 2016 to enable this shift of provision. It is envisaged that this provision will be a mixture of full and shared ownership and rented properties. It is possible that at least 4 of these schemes can be provided by undertaking a remodelling of existing council stock. A number of these schemes could also be provided by the private sector; however these would have to include a proportion of homes at affordable prices.
7.5. What is Extra Care and how will it meet older peoples needs?

Extra Care housing in South Gloucestershire is not viewed as a type of provision that sits somewhere between conventional sheltered and residential care. It is seen as offering an alternative and more appropriate form of provision for those who would be entering residential care and those whose needs cannot and should not be met by conventional sheltered accommodation. It offers a new model for life in old age which is characterised by encouraging the maintenance of independence, facilitating lifelong learning, providing security, offering empowerment and encouraging participation. Successful Extra Care depends on the ability to create a balanced community, and whilst it will include people who would have previously been admitted to residential care, its preventative role needs to be acknowledged, and a proportion of residents will have low level support needs.

As well as the characteristics of the physical infrastructure and the support/care provided, Extra Care comprises a philosophy in which the central aspiration is an improved quality of life for older people. It is accommodation which provides a context for care and support rather than being dictated or constrained by the care and support needs of older people.

A good summary of the multi-faceted nature of ECH is provided in the following diagram.

![Diagram showing the principles and design of Extra Care Housing](image)

Source: Riseborough and Fletcher (2003)

In South Gloucestershire based on research of provision, the defining characteristics of extra care are:

- Self-contained accommodation (own front door)
- Geographical cluster of dwellings
• Design features and/or technology to facilitate independence
• 24 hour domiciliary care staff
• Meals available
• Communal facilities

It is envisaged that schemes will have an external as well as an internal focus with provision of care and support to residents but also operating as a hub for the provision of services to the surrounding community. Extra care for older people is in the first instance a home, but one which has care and support services available when needed to allow them to age in place. The resources offered by the schemes can also allow older people in homes in the surrounding community to do the same by providing support and care in their own surroundings.

Extra care aims to build balanced communities. Older people whether home owners or renters want something that is attractive and meets their lifetimes needs. There is a need for a range of types of housing and models of support that meets the needs of older people at all levels, which provide services and support so that no one will have to move as they are capable meeting lifetime needs. Extra Care offers a real alternative to those older people who would in other circumstances be admitted to residential care, but also for those older people who would not be normally considered for services.

For people with dementia Extra care provides an alternative to being cared for at home or going straight into residential or nursing care. It provides a new housing based model, often involving the use of new technology, to manage risk and enable a good quality of life to be achieved.

Extra Care Housing requires different and more flexible support and funding frameworks than more conventional models. Joint collaboration between housing, primary care, community health services and social services, is needed to provide effective support.

A full explanation of South Gloucestershire’s proposed specifications is attached as appendices one, and a paper on ‘Extra Care in South Gloucestershire’ is available on request.

7.6 Health

Good health is a critical factor in being able to stay independent and participate fully in a community. Improving the health of older people as been seen as a national priority over the last ten years and big reductions in death rates from heart disease, cancer and strokes has been seen. The effect of a healthier longer life is that for the majority of older people, ill health and physical dependency will be concentrated in a relatively short period in the last years of life. It is not constant from the age of 65 years onwards. The broad national picture is that the years after retirement are largely health and can be made even healthier through preventative and proactive measures. For those that do suffer from ill health appropriate and effective community services should be available which through their provision should enable
independence and rehabilitation as much as possible. There is a need to ensure that although services need to ensure the provision of services to those currently in need that there is a sustained shift towards prevention and proactive measures to stop or slow down the advancements of ill health.

7.6.1 General health of pensioners

In South Gloucestershire people are generally healthier and have a greater life expectancy than the national average\textsuperscript{20}. With a higher than average affluence level, South Gloucestershire also has lower levels of illnesses that are associated with poverty, such as lung cancer. However there are still differences in health between ethnic groups, men and women and the rich and poor.

Over 75’s in South Gloucestershire on average see their GP eight times a year and, as the table below shows 79% of older people consider themselves to be in good health or fairly good health\textsuperscript{21}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
Health of people over 65 years (census 2001) & \\
\hline
13,288, 38% & Good Health \\
7582, 21% & Fairly Good Health \\
14456, 41% & Not in Good Health \\
\hline
\end{tabular}
\caption{Health status of people over 65 years in South Gloucestershire (census 2001)}
\end{table}

Single pensioner households are often more vulnerable because of their lower income levels and need for support. At present there are 11,000 lone pensioner households in South Gloucestershire. Of these households 21% also suffer from a limiting long term illness. This group are more vulnerable and at risk of entry into residential care due to their isolation and their increased need for support. The map below indicates areas of residence in South Gloucestershire for this group of people.

\textsuperscript{20} Our Area, Our Health, South Gloucestershire PCT 2003
\textsuperscript{21} ONS 2001 Census – South Gloucestershire
The map shows that the areas of need are very diversified across South Gloucestershire, with no one area with the central pool of needs. This results in a need for a service which has the correct set up to deal with this diversification – e.g. by forming appropriate partnership arrangements and that are flexible and adaptable enough to change with conditions.

7.6.2. Specific Health conditions more prevalent in people over the age of 65 years

i) Strokes

Stroke are the third most common cause of death in the UK, and are the most common reason for discharge to long-term care. In South Gloucestershire it is estimated that there are 600 new strokes, 150 recurrent strokes and 1050 Transient Ischaemic Attacks (TIA) often referred to as “mini-strokes” each year.\(^{22}\) Incidence of stroke increases with age and the mortality of patients is falling suggesting an increased need for support services in the future.

The current NSF on strokes sets out a range of interventions aimed at reducing incidence and the death and disability caused by strokes. They

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\(^{22}\) Figures are based on national incidence rates for stroke. In-patient data shows that 562 South Gloucestershire patients in hospital with a main diagnosis of cerebrovascular disease in 2003/04.
range from better prevention to more intensive immediate care and rehabilitation, and ongoing long term support.

ii) Falls

Approximately 15,000 people nationally die from falls every year. 3,000 older people are injured so severely that they require hospital treatment. The impact that these falls have on older people’s quality of life, their carers and their utilization of services is huge. The table below outlines data on the impact of falls on older people. There is strong evidence that even when a fall does not result in injury it may contribute to a loss in confidence, social isolation and greater demands on health and community care services. This includes increasing the risk of admission to long term care. Research by IPC identified that 39% of admissions to council funded care homes had been caused by a crisis involving a fall.

<table>
<thead>
<tr>
<th>Falls in people 65 and over in South Gloucestershire</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population aged 65 and over</td>
<td>35,32623</td>
</tr>
<tr>
<td>Number who fall p.a.</td>
<td>c. 10,59824</td>
</tr>
<tr>
<td>Number who fall on multiple occasions p.a.</td>
<td>c. 6,299</td>
</tr>
<tr>
<td>Number of admissions to hospital because of falls p.a.</td>
<td>c. 720</td>
</tr>
<tr>
<td>Deaths</td>
<td>c. 14825</td>
</tr>
<tr>
<td>Hip Fractures p.a.</td>
<td>33626</td>
</tr>
<tr>
<td>Other Fractures p.a.</td>
<td>c. 388</td>
</tr>
<tr>
<td>Number of South Gloucestershire Social Services supported admissions to care homes precipitated by a crisis involving a fall.</td>
<td>c.7827</td>
</tr>
</tbody>
</table>

Of the 336 older people with hip fracture, after 90 days: Research indicates that 54 will have died (18%). Of those alive at 90 days: 59 will be at home and self managing (24%); 86 will need extra care help (42%); 51 will need residential or hospital inpatient care (21%); 86 will need community or social services at home (35%).28

NSF interventions are focused around preventative work at the primary level and the rehabilitation and long term support for those who have suffered falls.

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23 ONS Census 2001
24 How can we help older people not fall again? Implementing the NSF Falls Standard: Support for commissioning good services; DoH July 2003
26 South Gloucestershire in-patients aged 65 years and over with a main diagnosis of fractured neck of femur 2003/04
27 The Institute of Public Care Very Sheltered Housing in South Gloucestershire Draft Report May 2003. showed 39% of admissions to local authority care homes had been precipitated by a crisis involving a fall. Estimate has been calculated as 39% of the 201 South Gloucestershire Social Services supported admissions to care homes without nursing, local authority and independent sector, in 2003/4. If a similar effect is assumed for care homes with nursing a further 63 admissions to care homes with nursing may be attributable to falls.
28 Bandolier, 1995
There is a strong and growing evidence base that prevention programmes can lead to a significant reduction in falls in older people of between 15% to 30%, and that this reduction would enable a similar reduction in the need for health and social care services for older people. Such prevention programmes need continued time and investment to ensure that they can have a significant impact on the needs and health of older people.

iii) Mental Health

Under-detection of mental illness in older people is widespread, due to the nature of the symptoms and the fact that many older people live alone. Depression in people aged 65 and over is especially under-diagnosed and this is particularly true for residents in care homes. There is considerable variation in the services that are available across the country and there are particular problems, locally and nationally, in ensuring that there are enough specialist services for everyone who needs them. This includes both services to support people in their own homes and adequate numbers of places in care homes for those who need more intensive support.

The NSF for mental health focuses on improving prevention, care and treatment of mental health in old age. Mental health services should be community orientated and provide seamless packages of care for older people and their carers.

The best estimates of cognitive impairment, including dementia can be estimated using prevalence data derived from research. Melzer and Bryne (2002) quote the following prevalence of cognitive impairment among older people. This formula can also be used to assess future need if you base calculations on future population projections.

<table>
<thead>
<tr>
<th>Age</th>
<th>Local Population (2001 census)</th>
<th>National prevalence of cognitive impairment</th>
<th>Local prevalence applying national rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-75 years</td>
<td>19,795</td>
<td>2.3%</td>
<td>455</td>
</tr>
<tr>
<td>75-84 years</td>
<td>11,684</td>
<td>7.2%</td>
<td>841</td>
</tr>
<tr>
<td>85 plus</td>
<td>3,847</td>
<td>21.9%</td>
<td>842</td>
</tr>
</tbody>
</table>

At any one time, around 10-15% of the population aged 65 and over will experienced depression. In South Gloucestershire this equates to between 3500 and 5250 older people, of who between 1050 and 1750 will experience more severe depression.

In 2002/03 the older people’s mental health team received 649 referrals and completed 475 assessments. Of those older people in receipt of a mental

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health care plan as of April 2004; 52% were supported in the community, 28% in long term residential care and 19% in long term nursing care.

Increased demand and a desire to help more people remain at home shows that there is a real need to invest in primary care mental health services to optimize detection and treatment of depression among older people and to identify and support those with increasing cognitive impairment.

7.6.3. Provision of Community Care and health services

The provision of community services is very complex, with responsibilities divided between health and social care. Community health services are commissioned and provided through the PCT, with Council-based services using a combination of managed and contracted out provision.

Community Health Services play a large role in maintaining people’s health. Effective provision of services such as domiciliary podiatry and district nursing therefore reduces many unnecessary hospital and residential care admissions.

The table below shows the number of older people receiving community services as a percentage of the overall older population. It shows that the majority of services focus on the most vulnerable at the time of crisis (the 15%) rather than adopting an approach which enables the wider older population to remain independent for as long as possible.

<table>
<thead>
<tr>
<th>Health and provision of care to older people in South Gloucestershire</th>
<th>No of older people in receipt of services as of April 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>36,900</td>
</tr>
<tr>
<td>Community Care Services</td>
<td>2859 (7% of older population)</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>2950 (8% of older population)</td>
</tr>
</tbody>
</table>

Clients receiving community care services through social services have all undergone an initial assessment and have been deemed to have a critical or substantial need under the Fair Access to Care Services criteria. Clients receiving NHS community health services are prioritised according to clinical need. The eligibility criteria for such services is quite high and therefore those with lower level care and support needs would not be considered for this service.

The biggest client group receiving Council and NHS community services are older people with a physical disability or frailty, and/or temporary illness. Older people with dementia form the second largest group. The clients in receipt of the largest packages of home care per person are the elderly mentally infirm (EMI) who on average receive 9.4 hrs of home care per week, closely followed by older people with learning difficulties who receive on average 6 hours a week.

i) Community Care services
a) Home Care

Home Care (as of March 04) is provided to 1359 older people living at home.30 Home care provision has increased from 7500 hours per week in Mar 03 to 8600 hours per week in October 2004.31 At present we have a large number of people receiving small packages of home care, with fewer receiving larger packages. Around 5% of those people receiving services presently receive an intensive home care package (equates to 10 hours plus per week). Currently independent providers supply 70% of home care services, with in-house providers supplying the remaining 30%.

b) Equipment and Adaptations/ Assistive Technology

The Social Services and PCT Joint Occupational Therapy service now receives an average of over 4,500 requests for advice or assessment per year. Approximately 26% of referrals are actioned in one day and 63% plus of all requests are responded to in two months. 75% of referrals relate to the needs of older people. Many requests are for minor adaptations to people’s homes or for non-complex equipment that immediately improves their safety and independence, prior to their loss of confidence or reduced mobility. The service user is therefore enabled to remain as independent as possible in their own home, an environment with which they are familiar.

The Occupational Therapy service works in partnership with the housing department and the local Care and Repair agency. Together the services can minimize repetition of activity and improve response times, whilst also maximising resources by making good use of specialist Housing and Disabled Facilities Grants. A housing specialist Occupational Therapist has been working in the Housing Department for the last two years and agreed joint specifications for providing housing adaptations for Older People who need further assistance to stay at home. Protocols are also in place to enable a seamless transition from hospital to home. Multi-agency training, which includes hospital Occupational Therapists, ensures well-informed joint planning between all agencies, enabling a consistent approach to sharing information with service users, their families and carers. The service continues to work on improved systems, including an ‘adapted’ housing’ database to improve knowledge of suitable properties.

In 2003, 2,600 adaptations were completed across all tenures of property of these approximately 666 were major adaptations and the rest minor adaptations. The Occupational Therapy technicians work across all tenures of property to provide an equitable service. Minor adaptations are funded through Social Service’s care budget whilst major adaptations such as stair lifts or extensions are normally processed through the Disabled Facilities Grant.

30 PMST Performance Indicator Data March 2004
31 PMST Weekly Homecare Reports – Wk47, 15-21 Nov 2004
ii) Community Health Services

The Intermediate Care Service is provided for people at home to prevent their admission to hospital and to residential care. It also helps them to come home from hospital earlier, saving hospital bed-days. It is an integrated service and it treated 315 patients between April and June 2004. The Intermediate Care Service also has access to accommodation in two sheltered housing schemes, adapted for people with mobility problems. Since March 2004, two people have used this facility both of whom were waiting for major housing adaptations to their own homes. In addition, four “rapid response” beds are commissioned in a rehabilitation unit in the private sector. Domiciliary podiatry and physiotherapy services are provided for older people who are too unwell to attend outpatient clinics. Between April and June 04 there were 518 referrals alone to domiciliary physiotherapy. Referrals to podiatry are done according to clinical need. District Nursing is provided for people who are too unwell to attend a GP practice for treatment. District Nurses assess and treat people in their own home, in residential care and in sheltered housing. The majority of their workload is with older people, and between April and June 2004, they saw 15,557 people with a range of conditions. Of these 5,114 visits were to older people in residential care homes.

7.6.4. Current Health and Needs of older people in Residential Homes

All residents who have been assessed by Social Services have been deemed as having critical or substantial needs which require the provision of residential accommodation.

Of the 1036 estimated residents in residential and nursing care, 271 have a current mental health care plan, although the prevalence of cognitive impairments in older people in residential care is felt to be much higher. The remaining 765 residents have varying needs common to frail older people. In council-owned residential homes there has been an increase in the age and needs of older people being allocated a place. There has especially been an increase in the number of older people with mild and moderate mental health difficulties such as dementia.

The age and need of residents entering council managed residential care homes is seen as relatively high in comparison to other care homes in the authority. This is often due to the reluctance of many independent homes to take older people with very complex needs.

7.6.5. Current Health and Needs of older people in Sheltered Housing

The overall aims of council sheltered housing are to provide accommodation which offers companionship, peace of mind and safety and security and tenancy support. It does not provide practical or personal care and support to tenants.
The needs of tenants in council owned sheltered housing vary considerably. Tenants are assessed at entry on their housing need rather than on their care needs. However in order to gain further understanding of the level of current needs of tenants two surveys were undertaken in August 2004. Resident Scheme Manager (RSM’s) were questioned on how much care and support was provided to tenants on a weekly basis, and tenants were questioned on whether they had the need for:

- Companionship
- Peace of Mind
- Personal Safety and Security
- Tenancy Support and help in gaining access to other services
- Personal Care
- Practical Care
- Supervision of personal health and well being
- Emotional Support and Advice

Tenants were also asked whether their present needs were currently being met, and if so by whom.

In all categories at least 17% of tenants did not have that particular need and this was as high as 45% in the care related categories. This indicates that the level of support needs is generally quite low, and those requiring support have social needs which can be met through the present service.

Although on average support needs are low, the survey did show a number of older people to have high level support needs not always suitable for sheltered accommodation. Just under 50% felt that they had a regular need for personal and practical support. In the majority of cases this need was being met by family rather than by statutory services, however in a number of cases tenants said it was being met by RSM’s support. This was also backed...
up by a survey to RSM’s which showed that they were providing practical and personal support. Such tenants are not suitable for sheltered housing which is either not designed nor flexible enough to meet their care needs, without the input of statutory community services such as home care.

Further analysis was given to identifying how many needs each tenant had. As the graph below shows 13.8% of respondents had no needs. Current sheltered housing is structured for tenants who need the support of a daily visit and an on site warden, and is not therefore suitable for older people who have no support needs. Such tenants would be more suitably housed in an environment which operates from a basis for having a distribution of levels of need amongst clients, from no needs to high level care needs. The absence of needs in tenants was also evident in the RSM survey which showed that 7% of tenants had signed disclaimers to not receive the daily visit. The actual number of such disclaimers operating is felt to be higher.

Further questions were asked looking at care needs. In each of the five relevant categories over 45% of tenants felt that they did not have care needs. Of the 80 tenants who said that they had a need for practical and personal care, 20 were receiving such care from statutory services. The majority of tenants with such care needs felt they were presently being met through support from family and friends and local community health and GP services.

The main need which the majority of tenants expressed was to feel safe and secure in their own homes, closely followed by the need for companionship.
### 7.6.5 Levels of Carers support

The 2001 Census identifies the level of voluntary care provided by those over the age of 65 years. It shows that within the authority there are approximately 2,500 people over the age of 65 years providing 1-19hrs of care per week and around 2,000 providing 20-50 hours per week. It is estimated that there are also approximately 12,000 people in South Gloucestershire under the age of 65 years who are looking after an elderly relative of friend. These 16,500 are a key target group to which to focus services and support. It is estimated that 25% of those entering residential care were living with their families. Based on 203/04 council entry data this equates to approximately 89 older people. Providing support to carers to enable them to continue with their caring role could potentially avoid or delay 89 admissions into residential accommodation at an average cost of £22,256 per person per annum. This would be a total saving of just under 2 million pounds.\(^\text{32}\)

Surveys of carers for the National Carers Strategy showed that in order to continue with their caring role, carers want:

- Time off from caring
- Relief of isolation and practical and emotional support
- Receipt of reliable and satisfactory services
- Information

There is a need to further build on this work and identify what services and support are needed in order for people to continue with their caring role. The continued provision of such care and support is invaluable to the authority and prevents the use of costly services and higher levels of expenditure. If the provision of such support and services is less than the potential money saved through reduction in residential admissions then it should be seen as the preferred option.

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\(^{32}\) Calculations based on entry data from IPC survey and on 03/04 PI data on entry into residential care and average cost of residential or nursing accommodation for those over the age of 65 years.
Progress in offering support and services to carers in looking after elderly relatives and friends has been made in recent years, principally through the use of the carers grant and through service agreements with the Princess Royal Trust Carers centre. The key concerns remain service availability and flexibility including crisis response and access to information, equipment and support to promote and sustain physical and emotional well being. South Gloucestershire is presently working on developing a new multi agency carer’s strategy. The issues identified within this strategy in relation to carers have been linked in with the development and implementation of the carer’s strategy that was launched in June 2005.

Learning Difficulties

People with Learning Difficulties are now living late into their old age. Housing related and care solutions need to include assessing suitability and capacity of enhanced care and support to facilitate older people with Learning Difficulties living independently in the community.

There is an issue of older carers being no longer able to support people with learning difficulties, whether it is their spouses or children. Such carers need to be supported to ensure that they are able to continue in their caring role, or provided with alternative solutions acceptable to them if not.

7.7 QUALITY OF LIFE

Both nationally and locally the agenda is beginning to broaden from the traditional focus on ill health and frail older people. Most recently this has been seen through the focus on the preventative agenda set out in the recent Green Paper. The new agenda is about promoting quality of life and well-being, addressing ageism, recognising older people as equal citizens in society, and valuing the contribution older people make in their communities in all sorts of ways. Policy initiatives are focusing on what issues prevent older people being able to enjoy quality of life and independence in older age, and how services need to change in order to ensure that all older people have access to and feel engaged in their community.

The Association of Directors of Social Services and Local Government Association have recently picked up the theme around prevention in a recent discussion paper 33 and argued for a shifting of the balance away from a focus only on acute care and the most frail older people (see Figure 2):

33 (ADSS & LGA, 2003)
Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of well-being is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies. (see figure three)

There is a need for greater focus on developing thinking around the meaning of prevention and the changes needed if public services are going to meet the needs of tomorrow's older citizens.

### 7.7.1. Affluence

There is a need to recognise old age as a time of growth and development, as an opportunity to enjoy life and take up new pastimes and activities. An older person's quality of life is greatly affected by their affluence. Lack of money
often results in inadequate accommodation, and food which can lead to ill health or an inability to undertake social activities which can lead to isolation. Worries about money and housing for older people can also be a great burden on their daily living.

Compared to other areas in England, there is little deprivation in South Gloucestershire, and there are no wards in the most 10% most deprived nationally. However there are pockets of deprivation in certain areas. Staple Hill is South Gloucestershire’s most deprived area in terms of income deprivation affecting older people. 28% of older people in this area are income-deprived. However over 40% of areas in South Gloucestershire are ranked within the 20% least deprived areas in the country. 34

The map below sets out the number of older people in each deprivation band in South Gloucestershire and where the large areas of deprivation are based.

34 South Gloucestershire Deprivation Strategy - 2004
Of 28,000 plus households 20,000 own one or more cars and around and therefore have access to amenities and resources. However there are 8,719 who do not have access to their own transport, and will instead be reliant on relatives or on public transport. For those without their own cars and especially those living in remote areas, public transport is their link to local amenities and facilities and ensures an active and social life. There is a need to ensure that public transport is affordable and available for those over the age of 65 years and to recognise the part it plays in ensuring the health and quality of life of many older people.

Although there is a high level of home ownership in South Gloucestershire, many of these older people will be living on low incomes. Even if the equity in their own home is not low, it may well be below the required level to enable older people to purchase a bungalow or a private sector retirement flat.

### 7.7.2. Promoting Active, Healthy Life in Older Age and Preventative services

Growing older has traditionally been seen to inevitably involve becoming increasingly more dependent as physical and mental health decline. However, there is a growing body of evidence to suggest that interventions which reduce risk factors for disease in later life can have health benefits, including:

- longer life
- increased levels of physical and mental functioning
- prevention of disease
- an improved sense of well-being.

Integrated strategies for older people aimed at promoting good health and quality of life, and to prevent or delay frailty and disability can have significant benefits for the individual and society in general, they can also reduce demand for health, social care and housing services by prolonging the period when older people can live independently without support. At present there is little integrated and sustained work around developing a preventative agenda in South Gloucestershire. Projects are piecemeal, and although there are undertakings in both the NSF and the Fundamental Service Review (FSR), a shift is required in how services are provided both operationally to culturally from being reactive to becoming preventative.

The need for a change in focus from providing reactive to providing preventative services has been recognised in South Gloucestershire. However in order to make the shift culturally, work needs to be done to change the perspective of how services are provided and to whom in order to prevent early admission to hospital or long term care.

Attention also needs to be given to ensuring that as options for housing support and care continue to develop that there is adequate information available to older people to enable them to make their own choices. Links also
need to be made to already established local groups for older people to ensure that information can be fed through such channels when needed, and enable them to feedback about the services and options that are being provided.

8. WHAT ARE THE CURRENT ISSUES WITH SERVICE PROVISION

8.1. HOUSING

1) There is a lack of tenure and accommodation options offered for older people in South Gloucestershire

Presently in South Gloucestershire there is a lack of appropriate accommodation choices for older people

30% of owner occupiers will choose to move past the age of 65 years and this equates to nearly 7,000 people in South Gloucestershire. There are also currently approximately 3,000 older people living in rented accommodation that may not be suitable in the future and with no equity to invest in their own accommodation. There is a need for a range of appropriate housing solutions for older people to rent or buy, each built to 'lifetime home;' standard and flexible and adaptable enough to cope with changing needs. For older people who choose to remain in their own homes there is a need to ensure that community services are flexible enough to respond to their needs.

There are a number of sheltered units to rent, but many are not appropriate forms of accommodation due to the standards and accessibility issues. There are only 306 Private Sector sheltered units with currently none for sale. There are currently no private or RSL/Council extra care schemes providing accommodation in the area. Based on DOH projections, in South Gloucestershire there is a need for 369 Extra Care homes for rent and 369 Extra Care homes for part ownership or sale.

There has been an absence of active encouragement for older people to choose to move into supported accommodation, this is partly due to the present lack of options available to offer. However with the large number of owner occupiers and large number of people in Council-owned sheltered schemes, it is expected that the development of extra care housing would be very popular to many. Part of this assumption can be based upon the recent enthusiasm for extra care schemes that have been built in Bath and Bristol and the rapid filling of such accommodation, and because such accommodation would be much better suited to the needs of some existing tenants in council sheltered accommodation and residential care.

2) There is a need to reduce placements to residential accommodation

Residential care offers in many instances an outdated model of care provided in an outdated environment. The decision to enter care homes is often made as a result of crisis rather than choice, and is not a comparable environment
to an older persons own home. Care homes often result in increased dependency of an older person rather than increased independence and better quality of life. In terms of policy, there has been a shift from residential care towards providing a broader range of housing models, including Extra Care, with such models being viewed as a preferable alternative. This has been supported by the funding made available by the Department of Health over the last 2 years and for the next 3 years. In 2003/04 South Gloucestershire placed 362 older people in residential care, which is slightly higher than the national average. Entries have fallen over the years but there is a need to ensure that this trend is continued. The only way to achieve this is to provide alternative forms of accommodation and services to help people remain in their own home, and change the culture of seeing care homes as the natural next step for many older people.

In South Gloucestershire 78% of older people moving into council funded residential care did so as the result of a crisis and in 39% of these cases the crisis involved a fall. This shows that Residential care is rarely an option that people choose for themselves, with many older people feeling that there is no real alternative and being persuaded by health professionals and families often at a point of crisis e.g.: following a fall or hospital admission etc. Once older people enter residential care their chances of rehabilitation and regaining of independence diminish due to the type of care offered. There needs to be a real alternative form of accommodation for older people either leaving hospital or progressing on from their own home which offers the care and support needed to cope with their level of need. Intermediate care is presently offered in some council sheltered accommodation, but such a form of care would be better provided in an Extra Care scheme where there would be the availability of 24 hour care and support in purpose built accommodation.

3) There is a need for provision that is suitable for older people with Mental Health needs

The Nuffield Report, commissioned to look at mental health services across Avon, highlighted that although there is adequate residential accommodation in the authority there is a need for provision that is suitable for older people with Mental Health needs. It noted that ‘there had been a culture of high levels of use of residential facilities in the past and which has led to an overall demand which is higher than in other council areas’. The report identified the future projected demand for EMI placements as;
There is a need to work to ensure that more of the existing residential provision is suitable for those with mental health problems. Of council owned residential homes only one exists to specifically provide for the Elderly Mentally Infirm (EMI), although it is possible to convert other council residential homes to meet increased demand for EMI provision. The independent sector has been encouraged to provide provision for people with complex needs but has failed to do so with the majority of residential care only providing for older people with less complex needs. Therefore in the majority of cases it has often been left to the council to provide for older people with the most complex needs, and the level of need in all council owned homes has been seen to be increasing in recent years.

With the increased emphasis on helping people to remain at home there is also a need to look at how we can support older people with mental health needs and their carers to live in the community. Specific attention needs to be given to how we can use recent advances in assistive technology to enable this to happen.

4) There is a need to reduce admissions into hospital

Both Health and Social Services are focused on reducing the number of admissions to hospital and reducing delayed discharges of care. Reasons for entry into hospital are primarily focused around the number of falls, emergency admissions of older people by GP’s and lack of on-site care at surgeries and community health centres. Falls prevention work is already being undertaken as part of the NSF for Older People and such work needs to be sustained. Issues regarding admissions by GP’s and availability of care are being addressed in the PCT Health plan, however there is a need to ensure that the culture surrounding admissions is changed and that GP’s are aware of how to help maintain more older people in their own homes.

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37 Falls prevention programme
38 South Gloucestershire Health Plan. 2004
Availability of intermediate care also can have a large impact on reducing admissions to hospital, by providing accommodation and care so that an older person can come home from hospital earlier before going back to their own homes, or preventing the need for entry for hospital initially. It can also prevent a move straight from hospital into residential care by offering an opportunity to rehabilitate before going back to the community. There is a need to ensure that there is adequate provision of intermediate care and that the service is promoted as an alternative to hospital or a care home. Extra care schemes provide an ideal environment in which to provide intermediate care due to the non institutional purpose built accommodation, and the availability of 24 hour care and support. Extra Care accommodation provides a safe place for an older person to come to regain their health, confidence and independence. Issues surrounding the provision of intermediate care in South Gloucestershire are being addressed through the development of the intermediate care strategy.39

5) There is a need to support more people at home

Currently Council policy is to reduce the number of admissions to long term care, and instead move to support older people in their own homes. This has resulted in an increase in the provision to older people of 7,500 home care hours per week in March 2003, to 9,000 hours per week in 2005.

There are currently some issues around the provision of home care, firstly in comparison to national averages and comparator authorities we help a lower than average number of older people to remain at home, and provide lower levels of intensive home care packages. Secondly, the council are providing a large volume of low intensity packages mainly through the in house service which has one of the highest unit costs in our comparator authorities. Thirdly, home care does not always offer enough flexibility for older people and their carers. Some care needs are fixed e.g. cleaning and cooking, others, such as personal care needs are not and need for services are likely to change depending on circumstances.

The value of home care and other community services to older people and carers should not be underestimated as they often prevent admission to both hospital and long term care. It is questionable whether we are providing them in the most effective and cost efficient manner. There is also a need to ensure that services are flexible and adaptable enough to cope with changing needs and circumstances These issues have been identified elsewhere are will be addressed through the ongoing Community Care Strategy and Home Care Review.40

6) There is a need to use assistive technology to help older people remain at home.

39 South Gloucestershire PCT, Intermediate Care Strategy
Assistive technology can play a vital role in supporting the ways in which older people can maintain or regain their independence. It also has the potential to modernise the way in which health and social care services are currently delivered to the benefit of users, carers and service providers.

In South Gloucestershire there needs to be greater use of assistive technology as a method of enabling independence. One of these new technologies is Telecare, a service using sensors or monitors to trigger a warning to a linked centre at a time of need. It can play an important role in maintaining independence for users and can also provide effective support for carers alongside traditional healthcare, social care and housing initiatives. It can enable people to remain in their own homes with increased safety, confidence and independence, and so reduce the need for hospitalisation and residential care.

Assistive technology is already provided in South Gloucestershire through the Integrated Community Equipment Service. The challenge is to see how new technology such as Telecare can be used to help people remain at home. There is also a need to look at how we can use Telecare in terms of prevention and monitoring of the general health and well being of older people.

There are many issues and concerns around new assistive technology, but it is clear that this will become a major form of service provision in the future. An ICIS action plan for forwarding the assistive technology agenda has been drawn up in South Gloucestershire and this needs to be linked with the outcomes of this strategy to ensure that assistive technology as a housing solution is further developed.

7) The provision of Extra Care housing could have diverted or delayed entry into residential care.

A study undertaken by the Institute of Public Care (IPC) in 2003 looked at the reasons for entry into Council funded residential care in South Gloucestershire. The full report is available on request.

86% of the sample from the IPC report had already moved from the family home, some several times, prior to admission into council funded residential care. Many of the housing solutions they had adopted had turned out to be unsuitable. This suggests that either people are being badly advised, they have unrealistic expectations of their move, or the housing and support offered is not flexible enough. The table below outlines previous circumstances of people interviewed in the survey.

<table>
<thead>
<tr>
<th>Living with Spouse</th>
<th>Living with Son/daughter</th>
<th>Living alone</th>
<th>All</th>
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<tbody>
<tr>
<td>Sheltered Housing</td>
<td>2</td>
<td>0</td>
<td>13</td>
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41 Institute of Public Care Report on entry into Residential Care, July 2004
11 service users were identified who were thought to have been more suitable for placement in Sheltered Housing/ Extra Care housing. Over half of the remaining 25 clients had already made at least one move from the family home into accommodation thought at the time to be more suitable, e.g. mobile home, ordinary sheltered housing, or a rented flat. It is possible to conclude that most of these, at least nine, would not have needed residential care had their previous move been to Extra Care Housing. The report concluded therefore that (albeit on a small sample), over 50% of those currently in council funded residential care may have had their admission either delayed or avoided given the availability of an appropriate Extra Care scheme in the authority.

8) Council, and RSL Stock is in need of substantial investment and does not always offer a home for life.

Residents in Council managed care homes are currently housed in buildings that are showing the limitations of their design even when the fabric is in good condition. Whilst dedicated staffs add enormous value to the lives of those who live there the pattern of life is inherently institutional.

All residential homes adhere to legislative standards and whilst current council stock meets registration standards, it is in need of substantial investment and refurbishment. If stock was to be sold to a private owner it would require a great deal of capital to bring it up to the current care standard requirements and therefore would not be a popular investment. It is thought that many independent residential homes are faced with the same situation. The current standards of homes are especially disappointing to older people coming from their own home who find that the standard of accommodation is not comparable to what they have been used to

The limitations of design concepts within sheltered stock are also becoming apparent. Council and RSL stock does not in all cases meet decent homes standards nor home for life principles. A number of Schemes lack the space standards and facilities that are now accepted as normal. For example, a number of schemes are lacking basic mobility features such as lifts. Such factors impact greatly on the current high levels of voids in sheltered accommodation. According to a recent voids report, 11 of the schemes had types of property that were deemed as having low or non-existent demand. From January to September 2004, 41 sheltered flats available to let had 97

<table>
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<th>Client's Family Home</th>
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<td>2</td>
</tr>
<tr>
<td>Flat/ Bung no Warden</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Son/daughter's home</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>All</td>
<td>6</td>
<td>9</td>
<td>21</td>
<td>36</td>
</tr>
</tbody>
</table>
refusals. This figure could have potentially been much higher without the process of bypassing applicants due to knowledge of what properties they will accept. Sheltered Housing not providing a home for life is also evidenced by local research which shows that over 40% of older people entering residential care had previously been residents of sheltered accommodation, and were unable to remain in their own homes due to issues with accessibility and flexibility of units.

The present Council, RSL and private sheltered stock consists mainly of one bedroom flats and bungalows with a high number of bed sits. There are a few two bedroomed apartments, and overall the space available in all accommodation is quite limited and small in comparison to modern standards and expectations.

A stock condition survey undertaken in August 2002 found that all Council schemes needed to be modernised and upgraded substantially in order to meet decent homes standards. Current stock is not suitable for the needs of current residents, many are becoming redundant due to their lack of basic mobility facilities e.g. lifts, and the present standards do not meet the expectations of older people. Rooms no longer offer adequate amounts of space and many tenants now require two bedded schemes. RSL’s are being encouraged to undertake a stock condition survey on their schemes and share findings and their proposed way forwards with the authority.

The majority of tenants have lived in sheltered housing between one and ten years, with the average length of tenancy being four to five years. This suggests that in the majority of cases sheltered accommodation is not seen as a long-term solution to older people’s accommodation needs. Apart from death the main reasons for tenancies ending are due to tenants moving to other forms of supported accommodation or to residential/ nursing care homes.

Therefore although South Gloucestershire currently provides a large amount of affordable sheltered housing, due to its conditions and accessibility it is not suitable for many older people on the waiting list or as a home for life for current tenants. The Housing needs survey shows there to be no demand for existing stock because of its unsuitability rather than because there is no demand for sheltered housing as a whole. Many tenants on the waiting list are bypassed as they require a home with a lift, wheelchair or mobility scooter access or capable of supporting assistive technology solutions.

9) There is a need to engage with private providers to ensure that they are developing services that are in line with Council policy and the national agenda.

In the private sector the provision of traditional residential care is in relatively small units and presently financially precarious where many providers are

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42 Housing Voids Report – August 2004
43 Length of Tenure – Academy April 2004.
44 Reason for Departure – Academy April 2004
continuing to leave the market. In Lang Buissons 2003/04 report on residential care it identified the South West has having the largest number of closures in residential care in the last year. This trend is expected to continue and there is a need to engage with the private sector to assess how they are adapting to the changes in the market and to ensure that they are fully informed of the council’s vision for the future.

There is also a need to engage with companies privately providing sheltered/ supported accommodation to ensure that the type of accommodation that they offers is built to lifetime home standard and to engage with them in the model of support and care that they will be providing.

10) There has been increased need and demand for community services to support people in their own homes, and this trend is expected to continue.

Community services such as Home care and podiatry are essential in old age and a long wait for services could have an negative effect on health and independence and ultimately result in a increased dependency. For example if a older person has to wait thirteen weeks for a podiatry service it is likely that their mobility will have decreased or made much more painful and difficult. The unavailability of this simple service may affect an older person’s quality of life, affecting their ability to get out and leading to increasing isolation. Difficulty in getting such a simple service might lead an older person to think that they would be better off in residential care. There is a pattern to how older people get lonely and isolated and there is a need to ensure that community services don’t contribute to this pattern but instead enable independence.

The demand for all community health services is likely to increase exponentially with the increasing rise in the older population in South Gloucestershire. Overall, community services try to meet waiting time targets/good practice guidelines by matching capacity to demand (i.e. deploying staff to areas of highest demand). Referrals are prioritised according to clinical need so that those people with the highest clinical need and clinical risk are seen urgently. This can mean that people with a lower clinical need have to wait longer. The impact on people not being able to receive community health services is that they will not be providing a preventative service to those older people whose need is still low. Lack of service provision could result in need worsening and increasing the risk of hospital or residential admission. Absolute demand is difficult to measure accurately due to the level of unmet need in the system but it is estimated as being a 10 to 20% increase year on year.

There are considerable demand pressures on Occupational Therapy assessment for adaptations and equipment. The service aims to meet demands but currently has a waiting list of approximately six months for non-urgent work. District Nursing and Intermediate Care do not generally have a waiting list as they operate to capacity. If demand exceeds capacity, Intermediate Care closes to referrals and people have to be admitted to hospital. Intermediate Care capacity is a caseload of about 50 according to
the complexity of the case mix. The demand for intermediate care is likely to grow as more people are treated in primary care and the community instead of hospital.

11) There is a need for more integrated working between agencies in the community

Increasingly the care for older people is becoming a dual responsibility of both the Local Authority (SSD) and NHS Primary Care services. If the desire to enable people to remain at home is to be achieved, then the relationship between these two agencies need to be coordinated to ensure that services complement each others strategic planning and development objectives.

There is a need to ensure that integrated working around intermediate care is continued and that all housing with support options consider the use of intermediate care, which would help timely transfers of care. We need to build on recent initiatives undertaken to use sheltered housing units for the purpose of intermediate care. Whilst work has started to integrate Occupational Therapy services and intermediate care, there are a number of integration issues around the single assessment process, shared information systems and the retention of staff that need to be addressed in the near future.

Increased integrated working will make services provided more patient centred and result in visible improvements to an older person. It will reduce the number of different professionals an older person has contact with, enabling them to become familiar and trusting of one key individual, and consequently reduce the worry older people have when they need to explain their situation to a number of different professionals.

12) Current schemes under Housing Corporation guidelines are classed as designated supported housing for older people, with the defining feature being that tenants have a need for the support offered.

The Housing Corporation have just released new definitions for supported housing and housing for older people. These definitions were outlined in chapter one or full details are available on request. Without the presence of lifts in many schemes and the current provision of shower/baths it is unlikely that many of the council owned schemes in South Gloucestershire would meet either of the Housing for Older People definitions. Most schemes would meet the designated supported housing for older people. The distinguishing feature between these two definitions aside from accessibility and design features is the provision of care and support. In housing for older people the delivery of support is not a defining feature and tenants should have access to support services as need arises. At a minimum this could mean a process being in place to assist in accessing and/or signposting to support services. In contrast designated supported housing has none of the design features but is classified as providing accommodation for older people requiring support.

In terms of Council accommodation this means that under housing corporation guidelines, current sheltered housing would have to be occupied by tenants
who require a support service. Those who have no support needs should be occupying schemes that are classified as housing for older people e.g. Very Sheltered Housing or Extra Care schemes.

8.2 THE HEALTH AND NEEDS OF OLDER PEOPLE

1) We need to focus on preventing moves into residential care, by early identification of need, rehabilitation after illness and increased use of intermediate care.

There needs to be an integrated strategy on prevention for older people in South Gloucestershire, which focuses on maintaining good health and well being and reducing admissions into hospital and long term care.

Information shows that the total number of South Gloucestershire Delayed Transfers of Care have fallen significantly over the past year from a total of 32 at the start of August 2003 to 6 at the same date in 2004.45 A joint Council and NHS Trust working group has been set up to ensure the active management of reported Delayed Transfers of Care.

The system is addressing the issues of delayed transfers of care and emergency readmissions through developing or providing services which are designed to sustain older people in the community or enable them to return to a community setting after short term stays in hospital or residential homes. Progress is being made but we need to invest in more Advanced Primary Nurse (APN) time to provide concentrated clinical input into the care of the most vulnerable, and make sure that there is sufficient social care capacity to ensure timely intervention even on a short term basis to reduce hospital admissions with a significant “social” component.

Overall there is a need for more investment in intermediate care and appropriate community care to identify issues and intervene at an early point before they escalate and result in the older person requiring hospitalisation or entry into a care home.

2) There are a number of tenants without the needs that sheltered housing exists to support, and no assessment of their financial capability to provide their own accommodation

No financial or care or support assessment is carried out on sheltered housing tenants prior to allocation.

Supported housing should be characterised by a balance of needs within its community. However at present this balance is not evident in council sheltered housing with a very large percentage of tenants having few to none needs. Those older people who do have higher level needs are not able to be supported appropriately due to sheltered accommodation being neither

45 South Gloucestershire PCT Performance Indicator Data, August 2004
designed nor flexible enough to meet their care needs, without the input of statutory community services such as home care.

Sheltered housing exists to provide, companionship, peace of mind, safety and security and tenancy support. At least 17% of all respondents did not have a need for one of these core support services and 50% did not feel that they required tenancy support – the core service provided by the RSM

As the graph below shows 14% of respondents stated they had no needs. Current sheltered housing is structured for tenants who need the support of a daily visit and an on site warden, and is not therefore suitable for older people who have no support needs. Such tenants would be more suitably housed in a continuing care, or extra care environment which operates from a basis for having a distribution of levels of need amongst clients, from no needs to high level care needs. The absence of needs in tenants was also evident in the RSM survey which showed that 7% of tenants had signed disclaimers to not receive the daily visit. The actual number of disclaimers operating is felt to be higher.

This imbalance of needs results in fragmented communities, with some tenants very independent and detached from schemes or with too high a need to join in with activities. This then diminishes the impact such schemes can have on providing companionship and reducing the prevalence of isolation.

There are a number of contributing factors to why there is not an appropriate balance of need. The first is because tenants are assessed on their housing rather than support needs on entry, and secondly those with specific needs are bypassed on the list due to lack of appropriate design features such as accessibility in the schemes.

Lack of a financial assessment on entry into sheltered housing, results in inequity in provision of services. This is due to assessments on whether people are able to meet their own housing and support needs privately not being undertaken. There have been a number of incidences over that last few
years of people moving into council accommodation and choosing not to use the equity from the sale of their home to fund their housing.

3) There are a number of tenants with needs too high to be met by sheltered housing.

Although on average the need for support is low, the survey did show a number of older people who have high level support needs not always suitable for sheltered accommodation. Fewer than 50% felt that they had a regular need for personal and practical support. In the majority of cases this need was being met by family rather than by statutory services, however in a number of cases tenants said it was being met by RSM’s support. This was also backed up by a survey to RSM’s which showed that they were providing practical and personal support. Such tenants are not suitable for sheltered housing which is neither not designed for nor flexible enough to meet care needs. Sheltered housing if built to lifetime home standard and supported with the correct configuration of services should be able to maintain an older person in their own home for as long as they wish. Currently many schemes are unable to do this due to problems with accessibility and the lack of flexibility and space to bring in assistive technology or adaptations if required. Local research has shown that of older people entering residential care, over 40% had previously been tenants of sheltered housing. This figure is especially high considering that sheltered housing is a form of supportive accommodation and further evidences that it currently does not provide a home for life for older people.

From Piper Lifeline data it is also clear that there are a number of tenants with high levels of need. A small number of schemes are the source of a large percentage of calls, in some cases from the same resident. A large percentage of these call outs relate to a fall by a resident and there is clearly an issue of some resident having frequent falls. This suggests that firstly the accommodation and support may not be appropriate for their level of need and that the design features are not effective in helping to prevent falls. The end result of these residents experiencing falls is likely to be at least reduced activity in the short term, or even hospitalisation. Both of these could easily result in a loss of independence for an older person, increased isolation and an increased chance of entry into residential care

4) There are a number of tenants who have needs who feel that they are not being met.
As the graph above shows there is a small percentage of tenants who feel that their current needs are not being met effectively. 6% of tenants felt that their need for companionship was not being met. This is supported by the IPC survey, which showed that 36% of people entering residential care cited loneliness as the precipitating factor, and that half of these residents came from sheltered accommodation. If sheltered housing was providing companionship to tenant’s then isolation would not be identified as a key precipitation factor for moving to residential care from sheltered accommodation. This leads to the conclusion that Sheltered Accommodation is not meeting one of its key objectives i.e. to provide companionship. Addressing the failure to provide companionship and effective prevention of isolation for tenants could result in a large reduction of entries into residential care per year.

The need for tenancy support and advice on accessing other services was also not being met for 20% of tenants. This support is vital in helping to manage and advise older people on issues relating to housing and support services and ensuring that they are able to access the services that they require. Such support removes a burden for older people and if it is currently not effective for all tenants consideration needs to be given as to what improvements can be made.

It is unclear whether the figures for unmet need would be higher if there were not such a large level of informal support. As the table below shows for the first four category needs, although the needs should be being met largely through sheltered housing and the RSM’s support in 40% of cases the needs were being satisfied through other avenues such as social services, families and local GP’s.
8.3 QUALITY OF LIFE

1) A move into residential care encourages dependency and very few residents return to the community after entry. Care homes do not usually encourage independence or interdependence of older people.

Research has shown that after six months in residential accommodation comparatively few people improve and the greater trend is towards greater dependency. This is evident locally with only 11 entrants into residential care last year returning to the community. Care homes do not encourage older people to live an independent lifestyle as far as possible, due to the way in which care and support is provided. This reduction in independence for many is also a reduction in their quality of life. An alternative form of accommodation such as Extra Care is required which enables older people to receive care and support but at the same time remain in their own home. A form of service provision is required which enables independent lifestyles and promotes health and wellbeing.

2) The main need of sheltered tenants is to feel safe and secure in their own home.

The chart below shows the specific needs of those tenants who stated they only had one need. The need most common is the desire for safety and security in their own home. This may not be an appropriate reason on its own for tenants to be in supported accommodation and there may be more cost effective ways of providing this safety and security to older people. Over the past 12 months there have been a number of burglaries at sheltered schemes.

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46 46 Care Homes for Older People; Volume TWO Admissions, needs and outcomes, Bebbington, DARTON AND Netten 1995.
across South Gloucestershire which has contributed to the growing fear of crime. Sheltered schemes due to their nature of providing accommodation for older people are vulnerable targets for crime and links need to be made to the appropriate crime prevention strategies to ensure such issues are addressed.

Recent surveys show the over estimated fear of crime that older people living in South Gloucestershire have. This fear of crime often results in people being reluctant to leave their own homes and therefore contributing to increased isolation for many. There is a need to address this fear of crime and ensure that older people are not prevented from active daily living due to fear for their own safety and security.

![Diagram showing Tenants with One Need - Type of Need]

3) There has been a change in make up of tenants, which has altered the social makeup of sheltered housing.

The average age of tenants locally is lower than the national average and there has been an increase in the number of younger tenants entering schemes over the last 5 years. Between November 2003 and April 2004 there were 97 new entries into sheltered accommodation. The table below shows the previous tenure of incoming tenants.

<table>
<thead>
<tr>
<th></th>
<th>Existing Council tenants</th>
<th>Private Accommodation tenants and Owners</th>
<th>Housing Association tenants</th>
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</thead>
<tbody>
<tr>
<td>Into SGC</td>
<td>25</td>
<td>43</td>
<td>2</td>
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<tr>
<td>Into HA</td>
<td>1</td>
<td>7</td>
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This shows over 50% of new tenants have come from private tenure backgrounds. Although it is not possible to break these down between private

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47 Academy 2004, and RSM data 2004
48 Academy April 2004
tenants and owner occupiers the latter group are more likely to have a higher level of affluence. There has also been decreased involvement in scheme events with younger tenants choosing not to participate and some at the other end of the age spectrum becoming too frail to participate.49

4) Sheltered schemes are not utilised as a community resource.

All council sheltered schemes have use of a community room, but in the majority of cases this space is not utilised as a community resource. Such rooms could be used for a wide range of activities, such as health surgeries, preventative work, hobbies and activities, all which would contribute to enhancing the health and well being of not just the resident tenants but also older people in the surrounding community.

5) Not all community services meet the social needs of older people

Prior to admission to residential care, 60% of older people were receiving medium or high volume of informal care, whilst only one quarter were receiving medium to high level of statutory care. This suggests that the input from statutory services can help people remain at home alongside family and informal support. Whilst families can sometimes achieve this objective with limited help from statutory services, the provision of statutory services alone is not enough. Statutory Community Care services can meet most of the care needs caused by physical frailty but cannot meet the needs for broader wellbeing and companionship. This has to form part of the Councils Corporate responsibility for older people.

In the IPC study all those receiving high levels of statutory care were lonely (100%), whilst 5 of 18 receiving high volumes of informal care (28%) were lonely. Overall when sampled 36% of older people said that loneliness was the key factor for their move to residential care. This suggests that people do not view statutory carers as necessarily providing relief from loneliness, which could be exacerbated by the time and resource pressures that statutory carers are under and therefore are not able to always spend time with clients once core tasks are completed.

Finally there is a need to ensure that older people’s social needs are considered and addressed. Although they are having their physical needs meet it is questionable in some cases whether people’s emotional needs are being met. Most older people are alone at night and often for the majority of the day and may lose their confidence especially if they suffer falls.

6) There is a need to ensure that the social needs of older people are met and taken into consideration when planning new housing developments

Not all older people have the services to support them in their own homes in their surrounding community. There is a need to ensure that all new developments develop an effective community infrastructure which is capable

49 Entry data – Academy April 2004. RSM consultation 2004
of supporting those older people with care and support needs in the area in their own home.

9. WHAT DOES THIS MEAN FOR FUTURE SERVICE PROVISION?

Older people are a very diverse group, and their needs are not homogenous. As well as this a person’s age does not determine completely their needs, experience, lifestyle and aspirations. Older people have very different needs and aspirations for support, which will alter at certain times in their life. With the older population, changing needs are a reality which needs to addressed and anticipated at a local level. Housing and services for older people need to reflect this diversity and continual change, and older people need to have greater choice as their aspirations and circumstances change.

Taken together, the conclusions reached and the issues identified lead us to a vision of the future, the provision of a range of care and support services and accommodation settings that will give older people choice and quality of life, and promote independence rather than encourage dependency.

Care and support needs to be matched with the type of accommodation older people are living in. For those older people living in general housing services need to become more comprehensive and flexible and offer service information, advice, and practical support in managing the home and maintaining independent life within it. For those who want to make a move into alternative accommodation there is a need to introduce a wider range of choices for those who want to own all or part of their accommodation. There is a need to offer all tenure options for general housing, sheltered housing and extra care provision. This is turn will imply a reduction in the number of properties offered for rent. There is also a need to offer a form of extra care provision which is able to support more frail tenants and offer an alternative to residential care, as well as those with no support or care needs.

Summarised below are the key issues identified as a result of this strategy. Each key issue is outlined and then the outcomes it meets and the proposed next steps to be taken identified. Key issues are listed in no order or importance.

SUMMARY OF KEY ISSUES

Key Issue - ONE

There is unmet need for appropriate housing for Older People

- Based on projections in order to meet the needs of older people a minimum of 15 Extra Care schemes are required by 2015.
- There is an unmet need for appropriate housing solutions for older
people to rent or buy in South Gloucestershire
- There is a lack of tenure options offered to older people who want to live in general needs housing or supported accommodation.

**Way Forward**

- To develop Extra Care Housing
- To facilitate provision of sheltered leasehold schemes in the authority
- To ensure a range of tenure options and advice on choices is available to all older people
- To encourage the development of lifetime home properties
- To explore funding options – including Department of Health bid
- To amend Local Plan to ensure older peoples housing is a priority

**Outcomes Met**

- Accommodation for older people which provides a context for care rather than being dictated or constrained by care or support needs
- A range of accommodation provision to suit needs
- Fair access to services and use of equity to fund service provision

**Key Issue – TWO**

*There is a need to reduce admissions into residential care*

- Placements into residential care higher than national average
- Residential care offers an institutional form of accommodation
- Residential care doesn’t encourage independence
- 86% of residents had made several moves prior to admission
- Residential care is seen as the next step after crisis

**Way Forward**

- Consider the future for residential care
- Increase prevention, rehabilitation and use of intermediate care to advert or delay admission
- Increase support to carers
- Encourage moves to more appropriate accommodation
- Change culture of professionals seeing residential care as the next step following a crisis.

**Outcomes Met**

- Reduced number of older people entering residential care
- Increased health intervention and prevention in the community
- Increased rehabilitation of older people to increase the potential of older people regaining independence
• Information and advice available to all older people to make their own choices about service.

Links with ongoing projects

• Carers Strategy
• NSF Projects
• Intermediate Care Strategy

KEY ISSUE – THREE

There is a need to develop extra care accommodation

• Extra care for older people is in the first instance a home, but one which has care and support services available when needed.
• Extra care offers the possibility of supporting higher levels of dependency but also providing for a lively and active old age.
• Research shows that 50% of entries into residential care could have been averted or delayed if the provision of extra care had been available.

Way Forward

• Develop Extra Care Housing
• Promote Extra Care as an alternative form of provision to Residential Care

Outcomes Met

• Reduced number of older people entering residential care
• Increased rehabilitation of older people to increase the potential of older people regaining independence

Key Issue - FOUR

There is a need to reduce admissions into Hospital

• Large number of older people admitted to hospital every year
• Hospital is not a good atmosphere for any old person; increases risk of contracting infections and a loss of confidence and an increase in dependency.
• Considerable number of admissions could be prevented

Way Forward
• Undertake early intervention and prevention work in the community
• Change culture across agencies of engaging in preventative rather than reactive services
• Build on existing preventative work being done throughout the Council and the PCT
• Extend the use of intermediate, respite and rehabilitation care
• Improve the community management of people with long term conditions.

Outcomes Met

• Increased proportion of older people remaining at home and in ‘home for life’ properties
• Reduced hospital admissions of older people
• Joined up development and management approach for the provision of services to older people

Links with ongoing projects

• NSF Projects
• Evercare Project
• Intermediate Care Strategy
• Falls prevention programme

Key Issue - FIVE

There is a need to help more people remain at home

• Community services need to be responsive and adaptable to needs.
• Provision of all services need to encourage independence
• Lack of integrated working between agencies to providing services at home

Way Forward

• Support the development of Community Services through the Community Care Strategy, the Home Care Review and the Local Health Plan.
• Provide sufficient and appropriate care and support services to allow older people to sustain themselves at home and remain independent
• Develop and use innovative solutions and technology to help older people remain at home and in supported accommodation
• Ensure all new housing is built to home for life standard, and as far as possible that older people live in homes that are capable of being homes for life.
• Ensure there is an integrated approach across agencies to delivering Community Services

Outcomes Met
• Increased proportion of older people remaining at home and in ‘home for life’ properties
• Reduced number of older people entering residential care
• Reduced hospital admissions of older people
• Joined up development and management approach for the provision of services to older people

Links with ongoing projects
• Integrated Community Equipment Service
• Home Care Review

Key Issue - SIX

There is a need for provision that is suitable for older people with Mental Health needs

• Lack of suitable specialist accommodation
• Small number of older people supported in the community
• Wide under detection of mental illness in older people

Way Forward

• To increase specialist provision for those with complex needs
• To support more older people with dementia in the community
• To look at how older people with dementia can be successfully supported within extra care housing
• To assess and develop services to support older people with mental health needs and their carers to remain at home.
• Increase peoples understanding of mental health conditions in older people.

Outcomes Met

• Increased proportion of older people remaining at home and in ‘home for life’ properties
• Provision of appropriate services available to all older people when required
• Provision of a range of accommodation to suit aspirations and needs.

Links with ongoing projects
• Nuffield Action Plan
• South Gloucestershire Mental Health Strategy

Key issue - SEVEN

There is a need to focus on preventing moves into residential care. Particularly on early identification of need, rehabilitation after illness
and increased use of intermediate care.

- There is a need for an integrated strategy on prevention for older people in South Gloucestershire
- There is a need to maintain good health and well being and reduce admissions into hospital and long term care.

**Way Forward**

- To sustain work on NSF standards for older people
- To develop effective prevention strategies for older people
- To assess the link between improved quality of life and reduces entry into long term care and hospital by ‘at risk’ groups, and to develop services to address the current gap in provision.
- Link in with the Community Safety Partnership to address the fear of crime and vulnerability of older people
- To facilitate provision of services across the authority which promote health, wellbeing and engagement and improve older peoples quality of life.

**Outcomes Met**

- Increased health intervention and prevention in the community
- Increased rehabilitation of older people to increase the potential of older people regaining independence
- Greater focus on quality of life and quality of service
- Reduced number of older people entering residential care
- Reduced hospital admissions of older people

**Links with ongoing projects**

- Community Safety Partnership
- NSF for Older People
- FSR for Older Peoples Services

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**Key Issue – EIGHT**

**Council accommodation stock is inappropriate and in need of substantial investment**

- Design features of residential care make it an institutional form of accommodation
- Residential stock in need of substantial investment to bring it up to current standards
- Council sheltered schemes do not provide a home for life due to lack of standards, facilitates and lack of mobility features. (42% of entries into residential care are from sheltered accommodation).
- Schemes are small and do not meet current expectations and aspirations of older people
- There is currently a high level of voids in Council sheltered schemes
- Council schemes do not meet home for life or decent homes standards
- RSL and private sheltered stock in South Gloucestershire is experiencing similar problems

**Way Forward**

- Undertake a detailed options appraisal of all sheltered schemes in South Gloucestershire, prioritising those which are hard to let or don’t meet current decency or disability standards. Dependent on outcomes replace, remodel or sell inappropriate sheltered housing with alternative housing/care solutions or recommend that such action is taken.
- Undertake a detailed assessment of residential care stock to assess whether it meets older peoples needs. Dependent on outcomes look at potential to convert, remodel or replace inappropriate stock with alternative housing/care solutions

**Outcomes Met**

- Increased number of people remaining at home and in ‘home for life’ properties
- Greater focus on quality of life and quality of service
- A range of accommodation to suit aspirations and needs.

**Links with ongoing projects**

- Housing Voids project

**Key Issue - NINE**

There are a number of tenants with an incorrect level of need for sheltered accommodation

- No assessment of care and support needs upon allocation
- No financial assessment on assessment
- Imbalance of need in sheltered accommodation
- Inadequate allocation criteria has resulted in an imbalance of need and fragmented communities

**Way Forward**
• Change the allocations policy for sheltered housing
• Involve all RSL’s providing sheltered housing in South Gloucestershire in process
• Decide on balances on need wanted within sheltered accommodation

Outcomes Met

• Fair access to services and use of equity to fund service provision
• Meet the strategic aims of the Supporting People strategy, Community Care Strategy and Corporate Service Plan.

Links with ongoing projects

• Review of Allocations procedures – Housing
• QUAF Assessment

Key Issue - TEN

**Sheltered housing does not always meet the needs of older people**

• Service does not meet social needs of all tenants (-36% of entries residential care cited loneliness as precipitating factor and over half were from sheltered accommodation).
• Many tenants don’t require the service offered by RSM’s (~50% did not require tenancy support and estimate more than 10% have signed disclaimers).
• 40% of tenants needs being met through social services, health centres or families rather than through the RSM service.
• Number of tenants with needs too high to be meet by current sheltered housing
• Number of tenants with needs that are not being met e.g. companionship and tenancy support
• Schemes not utilised as a community resource

Way Forward

• Remodel the service to better met the needs of tenants in the most appropriate and cost effective manner.
• Ensure that all schemes develop an external focus and are utilised as a community resource
• Improve well being of tenants by assessing what services are required to increase engagement and decrease loneliness of older people.

Outcomes Met

• Greater focus on quality of life and quality of service
• Reduced number of older people entering residential care
• Provision of appropriate services and available to all older people
• Meet the strategic aims of the Supporting People strategy, Community Care Strategy and Corporate Service Plan.

Links with ongoing projects
• FSR Quality of life projects

Key Issue - ELEVEN

There is a need to ensure that the social needs of older people are met and taken into consideration when planning new housing developments

• 60% of entrants into residential care cited loneliness as one of the precipitating factors
• Community services do not always meet the social needs of older people (– 60% of entries who cited loneliness as precipitating factor had been receiving community services prior to entry).
• There is a need to ensure that all new developments develop an effective community infrastructure.

Way Forward

• Ensure that the needs of an ageing population are reflected in the Local Plan through the development of a Supplementary Planning Document for older people.
• Prevent loneliness and isolation in older people by ensuring that there are adequate activities and resources in the community for them to engage with.
• Ensure that there is a community infrastructure offering care and support in locations across South Gloucestershire.
• Ensure all new housing developments include accommodation appropriate for older people.
• Support ongoing projects being undertaken which focus on the quality of life issues and engagement of older people

Outcomes Met

• Greater focus on quality of life and quality of service
• Provision of appropriate services available to all older people in need.
• Increased health intervention and prevention in the community

Links with ongoing projects
• FSR for older peoples services

Key Issue - TWELVE

**There is a need to improve support for carers**

- 4,500 hours of care provided each week by people over the age of 65 years
- 12,000 carers in South Gloucestershire looking after an elderly relative
- 25% of entrants into residential care had been living with a carer beforehand.

Way Forward

- Improve support for carers
- Identify what services and support is needed for people to continue with their caring role.
- Provide information and advice for carers on services available
- Involve carers in the planning of services
- Ensure that there is appropriate short break provision

Outcomes Met

- Greater focus on quality of life and quality of service
- Provision of appropriate services available to all older people in need.
- Increased health intervention and prevention in the community

Links with ongoing projects

- South Gloucestershire’s Joint Carers Strategy

9. NEXT STEPS

The prevalence of illness and disability increases with age, and when coupled with an ageing population and their changing needs this has significant implications for the type of services and accommodation to be provided in the future. South Gloucestershire needs to recognise the effects that the changing population is going to have on the amount and type of services offered. If South Gloucestershire is going to meet demand and expectations then plans need to be put into place now, to ensure that we are planning for the future as well as today. As part of this strategy all partners will sign up to the vision as set out in Chapter two which states that services will provide: appropriate support and independent housing, whilst also undertaking preventative
Services will be developed in partnership and strive to be equal and sustainable, and ensure that older people feel safe and engaged in their communities. This vision will acts as a driver to addressing the key issues and progress will be measured as to how far they are meeting the outcome objectives set out in the beginning of this strategy.

The strategy has completed a lengthy consultation period and feedback received has been fed into the final version of this strategy. An improvement plan has been developed which sets out in detail plans for taking the key issues forward and implementing improvements. All issues are closely interdependent and progress and decisions made within each area will be done not in isolation but in close collaboration with others.

**Implementation of the Strategy**

The implementation of the strategy is detailed in the ‘improvement plan’ which will run from July 2005 to 2016. It has prioritised the objectives to be achieved and allows for flexibility to adapt to changing needs, trends and legislation. It is proposed to monitor and evaluate progress made annually and make available any achievements, progress and findings.

**Further Details**

This draft strategy has been produced by South Gloucestershire Community Care and Housing Department in collaboration with the South Gloucestershire PCT.

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Email: extracare@southglos.gov.uk

Date: 30th October 2005.  
( amended 31st July 2007)
10. APPENDICES

ACCOMMODATION AND CARE STRATEGY FOR OLDER PEOPLE

APPENDICES

1) Institute of Public Care, ‘What makes older people choose residential care, and are there alternatives?'
2) South Gloucestershire Design Brief for Extra Care Housing
Appendix One

What makes older people choose residential care, and are there alternatives?

Pippa Stilwell and Andrew Kerslake - IPC

Abstract

This article summarises some results of an interview survey of older people recently admitted to residential care, which aimed to estimate how many might have been able to take advantage of Extra Care provision as an alternative. Information was collected via interview and semi-structured questionnaire relating to 36 older people, their circumstances prior to admission, and the factors which were decisive in directing them towards residential care.

In over three quarters of cases, the decision to enter residential care followed a critical event such as a fall and / or hospital admission. In the absence of community-based 24 hour care, residential care was seen by relatives and professional teams as the option of least risk, and clients acquiesced in the decision in order not to become a burden. It was estimated that two thirds of the older people included in the survey could actively have benefited from Extra Care provision, either currently or at the time of an earlier move.

Introduction

In January 2003, the Institute of Public Care (IPC) was asked to report on some issues relevant to the development of Extra Care in a Unitary Authority (UA). Managers wanted help in quantifying likely numbers of people for whom Extra Care might be an appropriate solution in the future. One element of this work would be a survey of people recently admitted to residential care, their families and care managers, in order to establish the events and care pathways that had led to that particular outcome. This would help towards an understanding of how many people currently entering residential care could have taken advantage of Extra Care provision had it been available. The work was funded by the Department of Health: Housing Learning and Improvement Network (Housing Lin).

Extra Care is increasingly being seen as having a key role to play in offering choice to more frail older people who value independence and autonomy. Extra Care provision emulates as far as possible the conditions of remaining at home, including having one’s own front door and security of tenure, access to social networks, and opportunities for leisure and recreation and lifelong activities.
learning, with the advantage of flexible care and support to make that independence a reality (Housing Learning and Improvement Network: 2003). Crucially, informal carers can continue to care, and spouses can remain together.

The sample.

The survey sample consisted of 36 cases, all of whom had recently entered residential care. Data was collected through examining case notes and interviewing residents where possible, as well as through interviewing relatives and care managers. Table 1 below shows the sources of information for the 36 cases.

Table 1: Sources of information

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case notes or care manager only</td>
<td>14</td>
</tr>
<tr>
<td>Case notes /care manager plus client</td>
<td>5</td>
</tr>
<tr>
<td>Case notes /care manager plus relative</td>
<td>7</td>
</tr>
<tr>
<td>Case notes /care manager plus client and relative</td>
<td>8</td>
</tr>
<tr>
<td>Client only</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

The sample was smaller than expected due to difficulties found by social work teams in accurately identifying which individuals met the criteria for inclusion. This suggests that more systematic recording is needed of outcomes of social work interventions, and the reasons for decision making.

The distribution of age and gender in the sample is shown in Figure 1 below. The average age at admission was 86 years 5 months: average age of men was 79 years, and of women 88 years. The youngest person in the sample was aged 71, and the oldest, 103. Of the 36 people in the sample, only 6 were men.

Figure 1
Out of 6 married people, one couple shared accommodation in residential care, and three had a spouse still living at home. The husband of one client had been in EMI provision for seven years. All the rest were widowed.

**Previous moves**

Of the 36 older people studied, only 5 were still living in the family home at the time of admission to residential care. Thirty-one had already moved to a smaller or more accessible building, or nearer to family. However, we found that in a number of cases the move was a compromise, with increased support (for example in a son or daughter’s home) or smaller size (for example a mobile home) resulting in decreased accessibility. Table 2 below shows where people were living at the time of admission to residential care.

**Table 2: Previous accommodation**

<table>
<thead>
<tr>
<th></th>
<th>Living with spouse*</th>
<th>Living with son or daughter</th>
<th>Living alone</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Sheltered Housing</td>
<td>2</td>
<td>0</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Client's Family Home</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mobile Home</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Flat or bungalow, no warden</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Son's or daughter's home</td>
<td></td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>All</td>
<td>6</td>
<td>9</td>
<td>21</td>
<td>36</td>
</tr>
</tbody>
</table>

**Formal and Informal Care**
Volumes of care were divided into high, medium, and low. High volume formal care was defined as meals on wheels and two home care visits a day; high volume informal care as greater than 20 hours a week or living with the carer. At the time of admission to residential care, one client in the survey was receiving no help at all, either from the family or from statutory services, whilst three were receiving a high volume both of informal and formal care. Six were receiving a high volume of care from the family and none from home care, whereas none were receiving a high volume of formal care without input from the family. Overall, two-thirds of cases were receiving a medium or high volume of informal care whilst only one quarter were receiving a medium or high volume of formal care.

These findings suggest that, whilst input from statutory services can help frail older people to remain at home with family help, and whilst families can sometimes achieve this objective without help from the statutory services, the provision of statutory services alone is not enough. Dalle y (2003) notes that an intensive care package (which) provides no more than care for the needs created by frailty but little to meet the need for companionship and other interaction. Although the numbers were too small to be other than indicative, we found that all three of those receiving high volumes of statutory care (100%) were lonely, whilst 5 of the 18 receiving high volumes of informal care (28%) were lonely. This in turn confirms the findings of numerous studies, that informal carers should be valued for their contribution and given support, either through appropriate services to the cared-for person, or to themselves, to maintain it (Pickard 2003).

Reasons for entering Residential Care

For 28 of the 36 cases (78%), admission to residential care was precipitated by a critical event, usually a hospital admission. The nature of these events is shown in Table 5 below.

<table>
<thead>
<tr>
<th>Table 5: Critical events precipitating admission to residential care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden illness, no hospital admission</td>
</tr>
<tr>
<td>Admitted for respite and did not want to go home</td>
</tr>
<tr>
<td>Fall but no hospital admission</td>
</tr>
<tr>
<td>Fall resulting in hospital admission</td>
</tr>
<tr>
<td>Hospital admission for another reason</td>
</tr>
<tr>
<td>Carer fallen ill or died</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Who suggested residential care as a solution?

Of the 15 clients interviewed, only one reported that the suggestion to enter residential care originated with him or herself, whereas, for these same 15 clients, the care manager or case notes attributed the decision to the client and carer in every case.
It seems likely that in many cases the suggestion is made to the client or relative by another professional, who then raises it with the care manager, who in turn attributes it to the family or client. The discrepancy in reporting is very marked. It seems likely that the client no longer felt able to resist the genuine concerns of carers and professionals, and did not wish to become a burden to their family, so acquiesced in a decision which was by no means an active choice. However, it is possible that a wide range of unstated. Some quite sensitive, factors underpinned the decision. They included:

- The requirement to find a placement quickly for people in hospital and no longer in need of medical care
- The increasing responsibility placed on carers as frailty of the cared-for person increases, coupled with the absence of 24 hour care in the community
- The limitations of intensive home care, and its failure to address the psychological and social needs of clients
- The propensity of medical professionals and housing wardens to see residential care as a natural ‘next step’ in service provision
- The absence of alternatives.

Would the choice of placement be different if these questions were made explicit, and addressed? Clearly the absence of alternatives at the time of the study was a key factor, and impacted on the quality of the discharge arrangements. Support for carers as a way of delaying institutionalisation is more likely to be successful if the hidden relevant factors are acknowledged and addressed. However, a study by the Audit Commission (2003) found that only 36 per cent of carers said that they had received any extra help at the time of the hospital discharge of the cared for person, whilst only 43% of carers who needed help out of hours actually received it.

**Extra Care as an alternative to residential care**

Researchers examined the information collected for each case, and made a judgement as to which residents would have been able to take advantage of Extra Care provision had it been available, based on the following checklist:-

- The advantages of residential care
- The disadvantages of residential care
- The advantages of Extra Care
- The disadvantages of Extra Care
- Would this client have been able to take full or moderate advantage of the facilities of Extra Care?

Evidence was sought that the client would have been able to use and benefit from the opportunities for independence, and the additional space, offered by Extra Care – not just to cope with the different surroundings. Table 3 shows the results of this exercise

**Table 3: Residents who might have taken advantage of Extra Care as an alternative to residential care.**
<table>
<thead>
<tr>
<th>Possible Extra Care Options</th>
<th>Num.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could have entered Extra Care at time of admission to residential care</td>
<td>11</td>
<td>30.5</td>
</tr>
<tr>
<td>Could have entered Extra Care at time of earlier move</td>
<td>13</td>
<td>36</td>
</tr>
<tr>
<td>Preferred residential care</td>
<td>2</td>
<td>5.5</td>
</tr>
<tr>
<td>Would not have benefited from Extra Care</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Insufficient data to judge</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### Discussion and conclusions.

The results of the questionnaire survey pointed to a set of linked objectives relevant to care pathways and the place of Extra Care within them.

- The idea that older people are a passive audience who fail to make decisions about their future accommodation needs is not supported by this or other studies. Dalley (2002) notes that *A considerable number of people move in retirement – with peak times for moving just after retirement and then again at around the age of 80.* In the IPC study 31 cases, or 86% of the sample, had already moved from the family home. However, not every move was successful or provided a permanent solution. If extra care is to be successful it needs to become an option of choice for people when a move is being contemplated. Some people will have worked very hard to purchase their own properties and will be reluctant to surrender that perceived independence, whilst others will see extra care is just an option in the local authority / RSL sector. If these groups are not targeted for extra care the likelihood is that they will stay in their own homes past the point where extra care would be an option.

- There was marked discrepancy in reporting between clients and professionals on the question of who first suggested residential care as a housing solution. This may be attributable to a whole range of sensitive issues around maintaining the balance between risk and intervention, and the moment when professionals and relatives find the risks too much, whilst clients capitulate in order not to burden others with that responsibility. Better information for professionals (particularly GP's, consultants and care managers), carers and clients, coupled with a wider choice of provision, would help to address these problems, which need to be made explicit.

- Generally, the assumption is that low volumes of care are largely informal, and high volumes of care are formal. In this study it was found that large volumes of care were being delivered by relatives, and no clients were being maintained in the community solely through high
volumes of formal care. Although the sample was small, the impression gained from the interviews was that, whilst the statutory services can increase home care or OT interventions, without the social and psychological support that comes from family or social networks people may not feel motivated to continue at home.

- Whilst the need for Social and Health Care being swiftly available after discharge is increasingly recognised there needs to be flexibility in determining when people are emotionally ready to 'go it alone'. Evidence from this study is that if people do decide they want to go home then these services need to give people confidence that they are making the right decision. Rigid application of a six week limit for Intermediate Care, for example, may be counter productive as it is not always long enough to give people the confidence they need.

- Extra Care can provide both independence and interdependence for its residents by creating balanced communities within schemes, enabling less frail residents to engage with the very frail in organising leisure activities and lifelong learning, and in contributing to decisions about service delivery. However, in order to create such communities, the role of Extra Care as a preventative service has to be acknowledged, and a proportion of residents will need to have few or no care or support needs. This in turn implies the provision of sufficient units to accommodate older people at all levels of frailty, and their spouses. It will require service commissioners to take a broad view in ensuring that a plentiful and wide range of accommodation options are available in their area. Failure to do so is only likely to increase demand for residential care.

- Finally, this study, albeit limited in sample size, does indicate that it is possible for Local Authorities to establish criteria and estimate from the numbers of people who are currently going into residential care, those for whom Extra Care might be an alternative. However, if Extra Care then simply becomes a replication of residential care, with a slightly more community focus and less on site services, then the other gains required to make it successful are unlikely to occur. Such provision is also less likely to be attractive to people who wish to plan and purchase their own accommodation needs in old age. Consequently, as the population of older old people increases, a limited or narrow interpretation of extra care may do little to diminish demand for residential care in the long term.

Acknowledgements

We are grateful to the residents of South Gloucestershire, both older people and their carers, who answered our questions, as well as to the staff of South Gloucestershire Social Services, and to the DoH Housing Learning and Improvement Network who funded the project.
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APPENDIX TWO

EXTRA CARE HOUSING

IN

SOUTH GLOUCESTERSHIRE

DESIGN BRIEF
EXTRA CARE HOUSING SCHEMES
CONTENTS

1. Introduction
2. Extra Care – The Concept
3. Creating a balanced community
4. Developing Extra –Care Housing
5. Funding
6. Intermediate Care Provision
7. Sustainability
8. Service Provision
9. Conclusion
1. INTRODUCTION

In March 2004 South Gloucestershire Council’s Corporate Service Plan was published which set out our future strategic priorities for improving local services. One of these priorities is ‘Understanding and meeting the aspirations of our older people’. In order to achieve this priority the Council have embarked upon a Comprehensive Review of our services for older people, as we recognise the need to modernise our service provision over the medium and long term.

A project steering group, consisting of representatives from all the Council’s departments, Members, and the PCT, is presently focusing on reviewing present and future accommodation for older people. The group has been consulting with stakeholders as it progresses with the project. It is building on and furthering work done previously within the council which recognised that older people in South Gloucestershire want to maintain their independence for as long as possible, which includes remaining in their own home. Current alternative options of accommodation are not popular. Hence, all services will need to anticipate the growth in the older population and plan for the future in a way that can maximise peoples’ ability to keep their independence and still meet their needs.

The project steering group has just completed a mapping exercise which looked at the present demographics and needs of older people and the resources presently available to them. The findings have been used to form the basis of a strategy for the accommodation and care needs of older people which sets out the main conclusions and areas identified as priorities for further work, and options required to meet the needs of our older people in the short, medium, and longer term. This strategy is presently being consulted on with staff, members and independent providers. Initial conclusions show that extra care housing would be an effective and efficient way to meet the accommodation and care needs of a number of older residents living in South Gloucestershire. The council have also recently recruited two RSL partners, Housing 21 and Hanover Housing Associations, who will be sitting on the project team and will have an active involvement in the development and implementation of the strategy.

2. THE CONCEPT

Extra Care housing

It is envisaged, that an Extra Care scheme should provide a home for life which aims to prevent older people having to move to residential or nursing homes, should their level of support and care needs increase. It gives people the independence of living in their own self-contained flat within an environment that enables them to live lives that are as full and independent as they wish, whilst being able to readily access high quality support and care.
services on site. Extra Care housing schemes also incorporate a wide range of communal facilities including restaurant on site, laundry, health suite, hairdressing salon, IT suite etc., all of which can potentially be used as a resource for the local community. It is South Gloucestershire Council’s aim to create balanced communities of older people within the Extra Care housing schemes, making sure that each scheme remains flexible enough to serve older people with a range of personal, social, and care needs whilst maintaining inclusion within the wider community.

3. CREATING A BALANCED COMMUNITY

The care and support service will provide flexible, person centred care and support with a focus on rehabilitation, independence and dignity. It will include care and support for people with a range of dependency and care needs. The dependency ratio of high/medium/low care needs has been carefully considered to ensure a continuum of a vibrant and balanced community wherever possible.

4. DEVELOPING EXTRA CARE HOUSING

Identification of Need and Sites

South Gloucestershire Council (SGC) is currently developing its Accommodation and Care for Older People Strategy. In order to determine the accommodation required, SGC has reviewing its existing schemes for older people to check for any potential to be able to remodel suitable schemes to create Extra Care housing. SGC is also searching for sites to develop new Extra Care schemes, to meet the residual need and to provide a choice of accommodation for the future population.

Following consultation with older people, researching current levels of need and availability and standards of current resources, SGC has begun to identify initial areas of higher need and this will focus the search for suitable development sites.

The Council will continue to capitalise on the effective local partnerships in place with both external agencies, and between departments internally, in order to implement a development programme. Part of this effectiveness has been the ongoing consultation with all relevant stakeholders. Any organisations joining with the Council to enable the Extra Care housing schemes to be developed must take an active role in the consultation process, which would include assisting in the consultation of local communities once sites have been confirmed.

5. FUNDING
SGC is not able to provide capital finance to fund the Extra Care housing, and will work with its partners to obtain capital funding to enable the programme to be implemented.

The Council anticipates that the revenue costs of accommodation and housing services for any Extra Care scheme would be met through rents and service charges. Care costs will be met in the main by the resident but the local authority may provide help in funding this where the resident is eligible.

6. DESIGN

I) the Concept
SGC wishes to create lively and balanced communities of older people with various degrees of care needed in buildings that residents and staff can be proud of. High quality innovative design is seen as vital but design flare needs be matched by practicality and economy in construction and maintenance.

ii) Minimum Accommodation Requirement
- Optimum of 40-50 self-contained flats together with staff accommodation and a variety of community facilities;
- A mixture of one bed (2 person) flats (min 51m²) and two bed (3 person) flats (min 65m²);
- Common parts must consist of at least the following facilities appropriately sized to the normal occupation of the building;

Communal Facilities
- entrance foyer
- main restaurant lounge
- restaurant
- communal toilets (x2) with lobby
- commercial catering kitchen facility
- assisted bathroom
- laundry
- treatment room
- hair salon
- shop
- 2 x lifts
- estate managers office
- care staff office and rest room
- care staff sleepover accommodation with en-suite
- electric buggy/wheelchair store
- residents sub-lounge(s)
- refuse room
- cleaner’s store

Suitable space should also be provided for plant and equipment as follows:
• central boiler room;
• electrical intake/meter room;
• lift motor room;
• warden call equipment cupboard;
• TV aerial amplifier cupboard.
• IT server storage facilities.
• Category five cabling storage facilities

Flats

• kitchen
• bathroom (en-suite to bedroom)
• bedroom
• hall (with storage facilities)
• lounge/dining room

iii) Design Principles and Aspirations

SGC wishes to build an innovative and high quality housing scheme for frail older persons. In preparing proposals the designer is directed to the following criteria which the design must reflect, although this list should not be viewed as exhaustive:

• the building should be aesthetically pleasing and provide residents with high quality flats, the client would welcome design features such as bay windows or balconies to flats;
• the design must focus on providing residents with a secure and safe environment;
• the design must enable and promote independent living for frail elderly persons;
• the design must focus on providing a homely residential environment and avoid institutional design features;
• the design should have a well defined main entrance and make a feature of the entrance foyer area which should lead into the main communal parts of the building;
• the main communal facilities (excepting sub-lounges) should form the core of the building and be centrally located to minimise walking distances;
• communal facilities should create good visual contact between spaces and good natural lighting particularly on circulation areas and the use of innovative features like atria should be considered to enhance communal areas;
• It is not usual for the all residents to use the restaurant at one time (meals would generally be served over a 2 hour period in multiple sittings). Similarly the common room would generally not be occupied by all the residents at once, although provision needs to be made for occasional events like parties and meetings; same day service users may be accommodated in the restaurant;
• Communal rooms need to be flexible in use but need to avoid becoming capacious and impersonal spaces. They need to create ‘cosy’ inviting areas for smaller groups of residents. To this end designers should give consideration to breaking up larger rooms into informal but distinct areas that would be attractive to small groups of people. The rooms should also be designed for use by the wider community.
• adopt the principles of progressive privacy ensuring clear separation between public, visitors, staff, and residents;
• corridors should have passing bays for wheelchairs and features to promote interesting vistas and to help with orientation, recognition and familiarity;
• residents should be able to personalise their flat entrance area and consideration should be given to recessed doorways;
• flats should be to full wheelchair standards but avoid an institutional feel by assimilating typical residential property design features;
• each resident’s bathroom shall have a level access shower with space for future conversion to accommodate a bath instead;
• where site conditions allow flats should face East/West rather than North/South;
• flat layouts should make provision for the definition and partial separation of the kitchen, dining and lounge areas, whilst allowing for ease of access and good ergonomic design avoiding unnecessary physical barriers;
• consideration should be given to service users and residents with early stage dementia and the design should be “dementia friendly”;
• the design should be developed with particular regard to economy in construction and build ability;
• the design should provide maximum flexibility in terms of future use and ease of future remodelling;
• pedestrian access should be separated from vehicular traffic with car parking (18 spaces including 3 disabled bays or local planning requirements) ideally located away from the garden and communal areas;
• suitable turning space and setting down point for ambulances, minibuses and taxis should be incorporated in the main entrance;
• Landscaped areas need to incorporate terraces for residents and staff, raised planters, drying area, water feature, and pathways and sitting areas.
• Schemes should be as far as possible be situated in an area which is close to local facilities for use by residents, or transport to such facilities and not in an area which would increase social exclusion.
• Schemes should act as a resource for the local older community.
• Schemes must be inclusive of all needs and sensitive to cultural diversity.

iv. Design Standards
• must comply with the “essential” items in the Housing Corporation’s Scheme Development Standards for frail elderly housing;
• should wherever possible comply with the “recommended” items in the Housing Corporation’s Scheme Development Standards for frail elderly housing;
• must fully comply with the Wheelchair Design Guide;
• must achieve a minimum Eco Homes rating of “Very Good” or above;
• all common parts must comply with the requirements of the Disability Discrimination Act;
• The building must obtain Secure by Design accreditation;
• Pay due regard to CDM Regulation 13 and ensure that access for cleaning/maintenance is carefully considered.

For the avoidance of doubt the model scheme should not be designed to meet the National Minimum Standards for Care Homes for Older People.

The Council will consider variations to the design principles provided it can be fully justified.

The design principles and standards are to be regarded as a ‘minimum’ to be achieved. It is envisaged and hoped that enhancements to individual schemes will be identified and implemented (subject to sufficient funding). The Council aspires to the highest standard of specification possible for these schemes.

V. Designing for Cultural Diversity

Schemes should be designed to incorporate aspects of home life for those older people from minority ethnic groups. The main issues that relate to Extra Care housing are:

• Ritual washing: an ablution space with low level mixer taps for washing feet near to rooms used for prayer
• Kitchens: the ability to have separate preparation and cooking spaces for meat/vegetables etc. within all kitchen areas
• Bathing/WCs: a conventional WC pan is now almost universally preferred, but design should also allow for the provision of a low level tap, a handset with a mixer, or a bidet as some groups need to wash with water after using the toilet. This provision may be useful for ritual washing.
• Communal: the space for smaller gatherings of older people to be able to cook and eat together.
• Bedrooms: allow for residents to be able to position beds so they do not face doors, or to be oriented on certain more favourable alignments, and for there to be able to have either a double or two single beds in the main bedroom
• Prayer: group rooms for prayer may be required. These could be a smaller lounge or a communal room which may also be used for other activities.
SGC will continue consultation with BME groups in order to check for any other specific needs.

vi. Designing for Visual Impairment
Many older people suffer from a visual impairment and so scheme design must take this into account. The following will assist in movement around the scheme and in reducing the effects of visual impairments, whilst still ensuring the scheme is welcoming to all:

• structural features should be easily distinguishable from each other
• removal of obstructions, and thought regarding door swings and location of necessary objects such as fire extinguishers
• careful use of colour and tone throughout
• careful use of tactile materials, and the avoidance of finishing or building materials that may cause glare or excessive reflectivity
• guide rails to assist with way finding on circulation routes
• careful lighting design to ensure a balance between uniform light and variable lighting whether within home space, movement areas, or communal spaces, and maximising natural light where possible

vii Designing for Hearing Impairment
Most people will suffer from a hearing impairment as they grow older. The following may assist in scheme design:
- the installation of hearing aid devices such as induction loops in communal lounges
- sound separation is important between flats where eg. TV/speech volume levels may be higher than normal
- consider the sensitive location of noisy rooms such as plant, lift motor, and laundry rooms away from living and particularly sleeping areas.
- careful use of building and finishing materials to reduce sound transfer

viii Accommodating People with Learning Disabilities
It is intended that 3 or 4 units within an Extra Care housing scheme will be allocated to those older people with learning difficulties. These should be incorporated naturally within the scheme, especially as it should be noted that with age the needs associated with learning difficulties reduce. However the units should be located nearby for mutual support reasons.

ix Designing for Dementia
Older people with dementia will typically suffer from confusion and do not react well to change. Scheme design should ensure that features are incorporated to aid with recognition and familiarity, carefully designing the circulation spaces through the scheme to avoid repetitive corridors, and adding focal items to identify location, floor level, and to define public and private spaces. Thought must be given to the layout of the scheme, and exits should be clearly signposted. The front doors of the flats should be on one
side of the corridor only. Further guidance can be found in the design guide for dementia from www.suffolkcc.gov.uk/social-care/adults/housing.

Technology is available to be able to remotely monitor residents suffering from dementia, eg. their movement patterns and appliances, without affecting other residents. Allocation may be made to those who are already suffering from dementia, but older people may develop dementia whilst resident in the scheme. Hence, the Extra Care housing schemes should also Category 5 cabling in each flat and in the scheme so that monitoring equipment can be added or adaptations are easily done at a later date if necessary. Not only will this minimise any potential disruption for the resident(s), this should also assist in acceptance by other residents as there can be a perceived safety risk of residents with dementia.

It is not envisaged at this time to create a separate ‘wing’ of the scheme for those suffering from dementia, but manage location through allocation, thus maintaining choice.

7. INTERMEDIATE CARE PROVISION

Intermediate care can be delivered in order to provide a resource to enable residents or other elderly clients to rehabilitate after a stay in hospital, or conversely, help prevent unnecessary admission (thus assisting with local ‘bed blocking’). The development of Extra Care housing in South Gloucestershire presents an opportunity to incorporate intermediate care into the schemes. It is intended to utilise a minimum of 1 flat in each scheme for specific intermediate care use, although high levels of care will be incorporated into the care services available to the scheme. As all flats are to be designed to universal design it is not envisaged at this stage for a particular flat to be identified.

8. SUSTAINABILITY

South Gloucestershire Council is committed to integrating the principles of sustainable development into its policies, programmes and decision making processes, so that services can be delivered in the most sustainable way. It aims to promote the highest sustainable quality of life and environment, without compromising the ability of future generations to meet their needs. Sustainability implications are an integral part of our development process, and development partners will have to work together with SGC to minimise environmental impact and appraise the sustainability of any scheme proposed. For example: the design of the new buildings need to be sustainable in terms of energy efficiency, security and suitability for disabled people; if sites are used where there are existing unsuitable buildings to be demolished, any proposals will also need to look to reusing building materials from the demolished building where feasible; each resident will have a support package individual to their needs, this will help ensure that vulnerable tenants
have access benefits, eat properly, and develop life skills and hygiene, thus reducing factors contributing to ill health.

We can provide examples of environmental sustainability used elsewhere if needed.

9. SERVICE PROVISION

Extra Care housing schemes will be collaborations between a housing provider and a care provider. The Best Value Review has already a typical model scheme on how this will work, but final responsibilities will be confirmed on a scheme by scheme basis:

Housing Provider Responsibilities:
• To build the complex, furnish the communal areas and lay out the grounds.
• Provide a scheme manager* (35 hours a week) who manages the scheme on a day to day basis, deals with building maintenance, responds to emergencies in working hours, liaises on behalf of tenants, encourages independence of tenants, encourages links with the wider community, enables and encourages tenants to have a full social life, day to day monitoring of site services and well being of tenants.
• Provide a 24 hour alarm system linked to individual flats for calling assistance (on care and building issues). Provision of out of hours response to building related emergencies.
• Cleaning of tenants’ flats and communal areas, window cleaning, heating of communal areas, maintenance of grounds and communal gardens.
• Provision of a midday meal in communal dining room.
• Provide and enable tenants to take part in social activities.
• Provide office, staff room and sleeping in accommodation for care provider staff.

Care Provider responsibilities:
• Provide a care service, maintaining a presence in the scheme 24/7, ensuring individual tenants’ assessed needs are provided for as described in the Care Plan.
• Co-ordinate rotas of staff to provided services. The level of service will vary throughout the day. An on site supervisor will be required.
• Deliver assessed care, monitor service users and seek re assessment/review should needs change.
• Assist service users during the midday meal service.
• Range of care duties to include: personal care, laundry, shopping, meal preparation, minor household chores, independent living tasks, supervision, guidance and emotional support.

*note: The Scheme Manager could also be the manager of care services depending on the choice of providers of care and housing. Experience elsewhere had indicated that the fewer the number of providers involved with the operation of a scheme is preferable. A joint manager would avoid many of the potentially difficult interface issues.
Any queries should be referred to South Gloucestershire Council, Community Care & Housing Department, Enabling Team: St Lukes Close, Emersons Way Emersons Green, South Gloucestershire. Extracare Programme Officer, on 01454 868179 or e-mail extracare@southglos.gov.uk.
Two project teams have been established to take forward the issues identified as part of the strategy, Housing Procurement (HP) and Health and Social Care (HSC). The issues that each will be addressing are set out below. Each team will be represented by Council and PCT officers, RSL and voluntary sector representatives.

<table>
<thead>
<tr>
<th>ISSUE: There is a current and future need for appropriate housing for older people</th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Required</td>
<td>HP</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>1 Ensure that Older Peoples Needs are reflected in the local plan</td>
<td>HP</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>2 Develop mechanisms to manage and shape the housing market for older people</td>
<td>HP</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>3 Develop mechanisms to provide older people with advice on housing options</td>
<td>HP</td>
<td></td>
<td>Medium</td>
</tr>
<tr>
<td>4 Develop mechanisms to ensure that all new housing developments are sustainable and built to lifetime Home Standard</td>
<td>HP</td>
<td></td>
<td>Medium</td>
</tr>
<tr>
<td>Progress to date</td>
<td></td>
<td></td>
<td>tba</td>
</tr>
<tr>
<td>1 Corporate agreement to develop a Supplementary Planning Document entitled – Planning for an ageing population in South Gloucestershire.</td>
<td></td>
<td></td>
<td>tba</td>
</tr>
<tr>
<td></td>
<td>Commissioned and produced an Older Peoples Housing Study by John Herrington, based on the district-wide housing needs survey. Collaborating with DH Change Agent Team and Royal Town Planning institute to develop best practice guidance for working with planning departments. Funding for two Housing Officers for older people was sought from the Partnership for Older Peoples Projects fund. One of their key roles would have been to shape and manage the Extra Care/ supported housing market to ensure that South Gloucestershire has adequate and appropriate provision.</td>
<td>Completed</td>
<td>10%</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>3</td>
<td>An insert has been drafted for the proposed booklet on services available for older people.</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>An Extra Care design brief for South Gloucestershire has been developed and agreed. Further work needs to be done to ensure that this brief is applied to all schemes submitting for planning permission, and to ensure that in the development of new communities the needs of older people are considered and planned for.</td>
<td>Completed</td>
<td>Applied at Cambrian Drive</td>
</tr>
<tr>
<td>Details</td>
<td>Responsibility</td>
<td>Progress and Timescales</td>
<td>Priority</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
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<td>-------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Identify land for new developments and facilitate development of Extra Care Accommodation</td>
<td>HP</td>
<td>10%</td>
<td>High</td>
</tr>
<tr>
<td>Ensure Council and partners support all viable schemes</td>
<td>HP</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Work with Private developers to provide private schemes in South Gloucestershire</td>
<td>HP</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Ensure all new housing developments in South Gloucestershire provide supported housing for older people</td>
<td>HP</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Upgrade or remodel existing sheltered developments to Extra Care</td>
<td>HP</td>
<td>Review of existing schemes required as result of Supporting People Review</td>
<td>Medium</td>
</tr>
<tr>
<td>Develop an allocations policy for South Gloucestershire</td>
<td>HP</td>
<td>Drafted</td>
<td>High</td>
</tr>
<tr>
<td>Increase specialist supported accommodation/extra care provision for those older people for complex needs.</td>
<td>HP</td>
<td></td>
<td>Medium</td>
</tr>
<tr>
<td>Progress to date</td>
<td></td>
<td></td>
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<td>------------------</td>
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</tr>
</tbody>
</table>
| 1 In initial stages of development at Cambrian Drive, Yate.  
Have ensured that all RSL partners are land searching in South Gloucestershire  
The project team is continuing to explore possible funding options. | 10% | 10% |
| 2 Method of consultation and engagement established to apply to all new schemes proposed. Current consultation is being undertaken with local members, and residents for the proposals at Cambrian Drive. | Ongoing |  |
| 3 Partnerships are currently being developed with local private sector developers. This work needs to continue. | Ongoing |  |
| 4 Section 106 requirements put forward for 2 strategic development sites. | November 2005 |  |
| 5 Initial work has been done to identify those schemes (council and independent) that may be suitable for upgrade to Extra Care standard | Completed |  |
| 6 An allocations policy has been drafted | 70% |  |
Early proposals for Cambrian Drive include plans for specialist provision. Further consideration needs to happen within the project team as to how to increase this specialist provision.

<table>
<thead>
<tr>
<th>ISSUE: There is a need to assess the future role of sheltered housing</th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Consideration needs to be given as to what balance of needs is appropriate within sheltered housing and what service then best meets these needs.</td>
<td>HP</td>
<td>Summer 2006</td>
</tr>
<tr>
<td>2</td>
<td>Current allocations policy needs to be reviewed to ensure that it includes assessment of care and support needs and finances (links with Access to Housing Project)</td>
<td>HP</td>
<td>Summer 2006</td>
</tr>
<tr>
<td>3</td>
<td>Ensure schemes are utilised where possible as community resources</td>
<td>HP</td>
<td>Summer 2006</td>
</tr>
<tr>
<td>Progress to Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Plans are in place to review the allocations policy for council housing in 2006</td>
<td>Summer 2006</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Plans are in place to assess what schemes could be utilised as a community resource and how best to make this happen</td>
<td>Summer 2006</td>
<td></td>
</tr>
</tbody>
</table>
### ISSUE: There is a need to reduce admissions into residential care

<table>
<thead>
<tr>
<th>Actions</th>
<th>Responsibility</th>
<th>Progress and timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 There is a need to define the future of residential care</td>
<td>HP</td>
<td>tba</td>
<td>High</td>
</tr>
</tbody>
</table>

#### Progress to Date

| 1 Brief developed for study of residential accommodation in South Gloucestershire to assess reasons for entry, assess current provision and demand and define and develop the future service model. |                     | 5%                      |          |

### ISSUE: Council Stock is inappropriate and in need of substantial investment

<table>
<thead>
<tr>
<th>Actions</th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Full assessment of the standard of Council residential homes needs to be undertaken</td>
<td>HP</td>
<td>tba</td>
<td>High</td>
</tr>
<tr>
<td>2 Full assessment of the standard of Council and RSL sheltered stock needs to be undertaken</td>
<td>HP</td>
<td>tba</td>
<td>High</td>
</tr>
</tbody>
</table>
## Progress to Date

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brief developed</td>
<td>5%</td>
</tr>
<tr>
<td>2</td>
<td>Strategic relevance section of Supporting People review completed. Action plan to be agreed with providers (Council and RSLs)</td>
<td>10%</td>
</tr>
</tbody>
</table>

## ISSUE: There is a need to help older people remain independent and at home

<table>
<thead>
<tr>
<th>Actions</th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Ensure provision of sufficient and appropriate care and support services</td>
<td>HSC</td>
<td>Ongoing</td>
<td>Medium</td>
</tr>
<tr>
<td>2 Develop and use innovative solutions and technology to help more people remain at home</td>
<td>HSC</td>
<td>Ongoing</td>
<td>High</td>
</tr>
<tr>
<td>3 Need to look at appropriate model for providing community care services in the future</td>
<td>HSC</td>
<td>Ongoing</td>
<td>Medium</td>
</tr>
<tr>
<td>4 Where appropriate further integrate community based support services for older people</td>
<td>HSC</td>
<td>Ongoing</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Issues identified in strategy have been fed into relevant ongoing Council and PCT reviews</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A telecare strategy is currently being developed in preparation for the DH preventative technology grant available in 2006.</td>
<td>September 2006</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Conclusions of the strategy have resulted in the identification of a service model based around localised ‘hubs’ as most appropriate for South Gloucestershire. Further work needs to be done to develop this model. Early thoughts are that Extra Care schemes will act as hubs in some areas with the ability to provide services to the surrounding community as well as to its internal residents</td>
<td>Summer 2006</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Work needs to be undertaken to look at where further integration is possible.</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

**ISSUE: There is a need to support more people with complex needs in the community**

<table>
<thead>
<tr>
<th></th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Assess ways to support more people with complex needs in the community</td>
<td>HSC</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Progress to date**
<table>
<thead>
<tr>
<th>2</th>
<th>Issues identified have been fed into ongoing Council and PCT reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continual assessment of technology and new initiatives to help support older people with complex needs in the community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISSUE: There is a need to increase provision of preventative services</th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Develop a preventative agenda for older people</td>
<td>HSC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2</td>
<td>Ensure provision of services that focus on ensuring quality of life and wellbeing for older people</td>
<td>HSC</td>
<td>Oct 2005</td>
</tr>
</tbody>
</table>

<p>| <strong>Progress to date</strong> | | | |
| 1 | Plans need to be put in place to develop an authority wide preventative agenda for older people. The focus will be on changing from providing reactive to preventative services, and increasing and encouraging further rehabilitation for older people. | Ongoing |
| 2 | Submitted proposal as part of Partnership for Older Peoples Project for funding for 4 Quality of Life Coordinators. Issues around wellbeing and quality of life have been fed into the ongoing Fundamental Service Review for Older People. | Oct 2005 | Completed |</p>
<table>
<thead>
<tr>
<th>Actions</th>
<th>Responsibility</th>
<th>Progress and Timescales</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase support for carers, especially elderly carers</td>
<td>HSC</td>
<td>Completed</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>Progress to date</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issues identified have been fed into the Carers Strategy</td>
<td></td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Carers have had input into the development of the strategy</td>
<td></td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Have ensured that the Extra Care design brief reflects the needs of carers.</td>
<td></td>
<td>Completed</td>
<td></td>
</tr>
</tbody>
</table>