

# Older Persons' Housing & Support Strategy 2015 - 2018



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# **Older Persons' Accommodation and Support Strategy**

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## **1.0 Introduction**

### **1.1 Derby City Council's vision for older people's accommodation and support is:**

'To empower the older citizens of Derby to make informed decisions and choices about their housing and support needs, while working together to ensure that those choices are available.'

### **1.2 Based on this vision, the priorities for the Older Persons' Housing and Support Strategy 2012-2015 are to:**

- Improve the range, accessibility and specialism of information, advice and support services for older people, to help people stay independent in their own homes for longer and to help move to more appropriate housing, for example through equity release.
- Promote a range of good quality affordable housing options for older people, enabling them to live independently in safe, secure and warm housing.
- Review the policy on older people under occupying social housing homes, to link in new dedicated provision as part of new development of housing suitable for older people, to enable older to move out of undesirable housing and improve the Council's stock of family homes.
- Continue to deliver quality Extra Care schemes in the city, strategically located to respond to the needs of older people in areas of most need.
- Ensure that older people can easily access services that provide aids and adaptations, enabling them to live independently, and ensure that Housing's role in delivering this is fully integrated into Adults Social Care's Enablement Service.
- Develop and implement a wider market strategy aimed at improving the supply of homes for older people, to include homes for outright purchase and shared ownership.
- Embrace new technologies particularly in relation to Telecare and Telehealth.

## **Drivers for Change**

1.3 There are a number of key national drivers and changing aspirations which will fundamentally change the way we think about how housing for older people, that is those people who are over 55, is designed and funded. There is now a huge emphasis on choice and individuals having funding, either through their own resources or from a personal health and social care budget, and a need to seek housing and care solutions that are much more positive and attractive than those that have been seen as appropriate in the past.

1.4 In the future, developments should be seen as housing suitable for older people rather than the more traditional 'older people's housing', and should be housing that older people welcome. The drivers for change through which this might be achieved, are summarised in the table below.

Table 1.1 National Aspirations and Drivers

National Aspirations and Drivers	Implications for Commissioners and Providers
Provide greater choice given the significant levels of owner occupation amongst the older population	Housing development suitable for older people need to offer a choice of tenure, with more options for outright purchase or shared ownership. This should match the tenure make-up of the market. This may require providing financial incentives to developers to develop innovative housing solutions.
Encourage a planning, fiscal and regulatory environment that stimulates the development of new types of housing for older people.	Planners should be aware of areas of high density of older people and plan to make those neighbourhoods better, through improved street architecture and facilities, transport and service availability. Planners need to work with commissioners and providers of Extra Care schemes to achieve clarity on what they are trying to achieve.
Maintain or reduce expenditure on residential care and/or hospital admissions and facilitate hospital discharge through increasing care and support in the community.	All new developments should be capable of having the range of health and care services being delivered into them to ensure that they can remain lifetime homes. Well-designed housing options will reduce the future level of admissions into residential care, and will promote health, such reducing falls and fractures, which will lessen the demand for care services. Housing suitable for older people should focus on design that facilitates health and well-being, e.g. Have wiring and trunking designed into buildings to assist telehealth and telecare if needed later in life.
Encourage greater planning for old age, and in particular planning a move to more suitable housing.	Evidence from other countries suggests that more people will consider a move if there are other housing options available. Considering different types of housing developments could be a useful role for councils to take on in partnership with developers.
Respond to the needs of many older people who, on current projections, will develop dementia.	The main focus for specialist housing for older people has been on those with physical rather than mental frailty. Commissioners and providers need to address the design and delivery issues to maximise the opportunities for people with dementia to remain in housing in the community.
Deliver social housing within a constrained and decentralised funding environment.	Proposals of change to the housing benefit system for supported housing, alongside changes to housing related support funding, will mean that providers and commissioners will need to work together to ensure services are affordable for older people, as well as financially viable. There is no longer a dedicated funding stream to support the development of extra care housing and so work needs to be done to find alternative approaches which maximise the benefit of any public grants still available. This is likely to include exploring the potential to include rented property within developments primarily for sale.

## **National Context**

### **Lifetime Homes, Lifetime Neighbourhoods (2011)**

1.5 Central Government has recognised the challenge of an ageing society and sets out its strategy for the next 25 years. The strategy recognises the interdependence of housing, health and social care and the increasing role that interdependence will have. It makes the following commitments:

- Lifetime neighbourhoods – ensuring neighbourhoods are inclusive and have accessible facilities for older people
- Develop a national housing information and advice service (First Stop) for older people and strengthen this at a local level
- Ensure older people's housing and housing related needs are considered together with their health and care needs through a joined up assessment of their holistic needs
- Improve access to Home Improvement Agencies
- Improve access to Disabled Facilities Grants
- Develop a rapid and responsive repairs service, an increase in the provision of the Handypersons service
- Increase funding to the Warm Front Scheme to improve insulation and heating in older people's homes. In January 2013 the 'Green Deal' was introduced by Central Government. This initiative provides finance for people to carry out home energy efficiency programmes which are then paid back through the energy bill.
- Improve the quality and quantity of specialised older people's housing.

## **Helping Older People Live at Home for Longer**

1.6 A vast range of solutions are currently being implemented on a national scale, many of which are being delivered locally, such as home adaptations and community support programmes. Work towards this includes:

- Housing our Ageing Population Panel for Innovation (HAPPI); panel reported on its findings in 2009.
- Healthy Housing Hub - this agency helps home owners and private sector tenants, advising on improvements and adaptations that their clients may need in their homes, helping to apply for grants and loans and help identify local reputable contractors to do the work.
- Handypersons Service - handypersons do odd jobs, home and fire safety, energy checks, fall prevention checks, fit handrails and other minor adaptations and signpost clients to other services.
- FirstStop – this is a free, independent national information and advice service for older people, their family and carers, funded by the government. It provides joined up advice across a range of housing, care and finance issues.

## **Key facts- Demand**

- 1.7 Key population trend data for older people in England shows a population that is living longer and that has a greater affluence than its predecessors, but for some, reveals increasing problems of poverty and poor health. Anticipating housing demand can therefore be very difficult, due to a complexity of factors, but the starting point is a number of key national facts which demonstrate extremely high levels of demand.
- 1.8 Demography - by 2030, the population aged 65 and over is projected to rise to 13 million, a rise from 8.5 million in 2010. Life expectancy will increase for both men and women significantly, and there is likely to be a doubling of older disabled people and an increase in the number of older people with learning disabilities.
- 1.9 Distribution - by 2030, the population aged 75 and over is projected to rise by 47% in urban areas and by 90% in rural areas. The average difference in disability free life expectancy is 17 years.
- 1.10 Wealth - in 2008/09, pensioner couples in the highest income quintile received median net incomes of £755 per week, compared with £197 per week for those in the lowest income quintile. People in the poorest neighbourhoods will on average die seven years earlier than people living in the wealthiest neighbourhoods.
- 1.11 Housing - 76.1% of people aged 65-74 are living in property that they own, yet as many as one third of older people live in housing that is unsuitable for somebody who is older and has a disability. The impact of this can be seen in older people who fall - one in four falls involve stairs, and the majority take place in the home.
- 1.12 Health - in the UK, the period of ill health people are suffering prior to death is driving up the demand for care and health services. Falls and fractures for people aged over 65 accounts for four million bed days in England alone.
- 1.13 The costs of an ageing population - older people accounted for nearly 43% of the £21.2billion gross current social care spend of Local Authorities in 2011/12, this represents a cut of 8.5% in the total budget.

## **Challenge for Councils**

- 1.14 The financial challenge to councils of an ageing population, as public spending reduces, is immense. The ageing population will affect not just those with social care responsibilities, but all council partners in housing, health and policing.
- 1.15 The biggest single financial impact of the change in future demographics will be on social care spending, yet investments in housing and related services can reduce or delay costs and improve well-being.



- 1.16 Improving health and well-being reduces the demand on services. Councils need to tackle the main causes of social care need, which are poor housing and environment, health and mobility problems and social isolation. Medium – long term planning must use demographics and information about the impact of preventative work, as early intervention can save money
- 1.17 Councils need to take a long term strategic approach, but also deliver quick wins. Joint strategic needs assessments provide opportunities to collaborative and preventative working

## **Local Context**

- 1.18 It is acknowledged that the UK population is ageing and consequently there are associated issues that need addressing by public services to respond to the needs of an increased number of older people who are living longer. The changes in the composition and numbers of older people, in relation to the local population, require a shift in the focus, resources and processes of local agencies. Linked to this will be the need for public services to respond to the needs of older people from Black and Minority Ethnic (BME) communities and ensure that services are culturally appropriate.
- 1.19 The majority of older people will live until the end of their lives in general housing and they may need adaptations and other forms of help and advice to cope with their homes. An increasing proportion of older people are homeowners (around 78% in Derby) and they may be reluctant to transfer into rented accommodation in old age and see the values of the equity in their own homes eroded.
- 1.20 The majority of specialised accommodation in Derby is sheltered housing, some of which is now quite old and does not meet current space or design standards. The average age of those living in this type of accommodation has increased, resulting in a greater need for support, which is sometimes constricted by the design of the scheme.
- 1.21 New models of enhanced and extra care housing have emerged, offering not only the possibility of supporting higher levels of dependency, but also an environment for a lively and active old age. By contrast, local authority residential care provision is generally more expensive than non-residential care provision but also supports higher levels of need.
- 1.22 Dementia is one of the biggest health and social care challenges we face today. In Derby there are 3,243 people predicted to have dementia. By 2020 the number of older people in Derby is expected to rise by 19%, when we can expect to see over 4,000 people with dementia. The Council and NHS Derby have jointly developed a strategy which sets out plans for improving services for people with dementia.
- 1.23 Local Authority Adult Social Care services are currently personalising how social care is delivered, which increases the choice and control people have

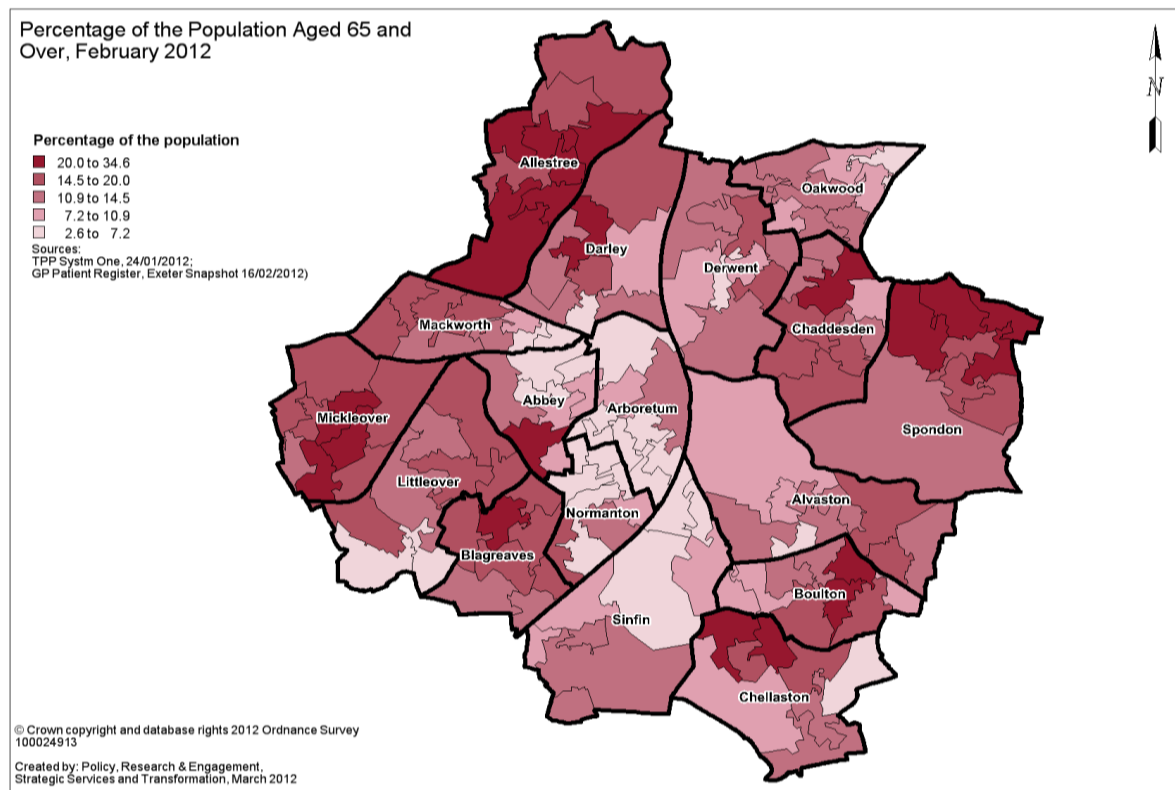
over their care and support. It will give people greater freedom to use care budgets in innovative ways.

- 1.24 BME communities are growing in Derby and are also becoming more diversified, requiring a need for the Council to identify appropriate residential and supported living options.
- 1.25 Increasing proportions of older people have the financial resources to fund their access to accommodation and support, but do require quality and independent information, advice and assistance in making sound decisions and accessing services.

## 2.0 Understanding Local Need

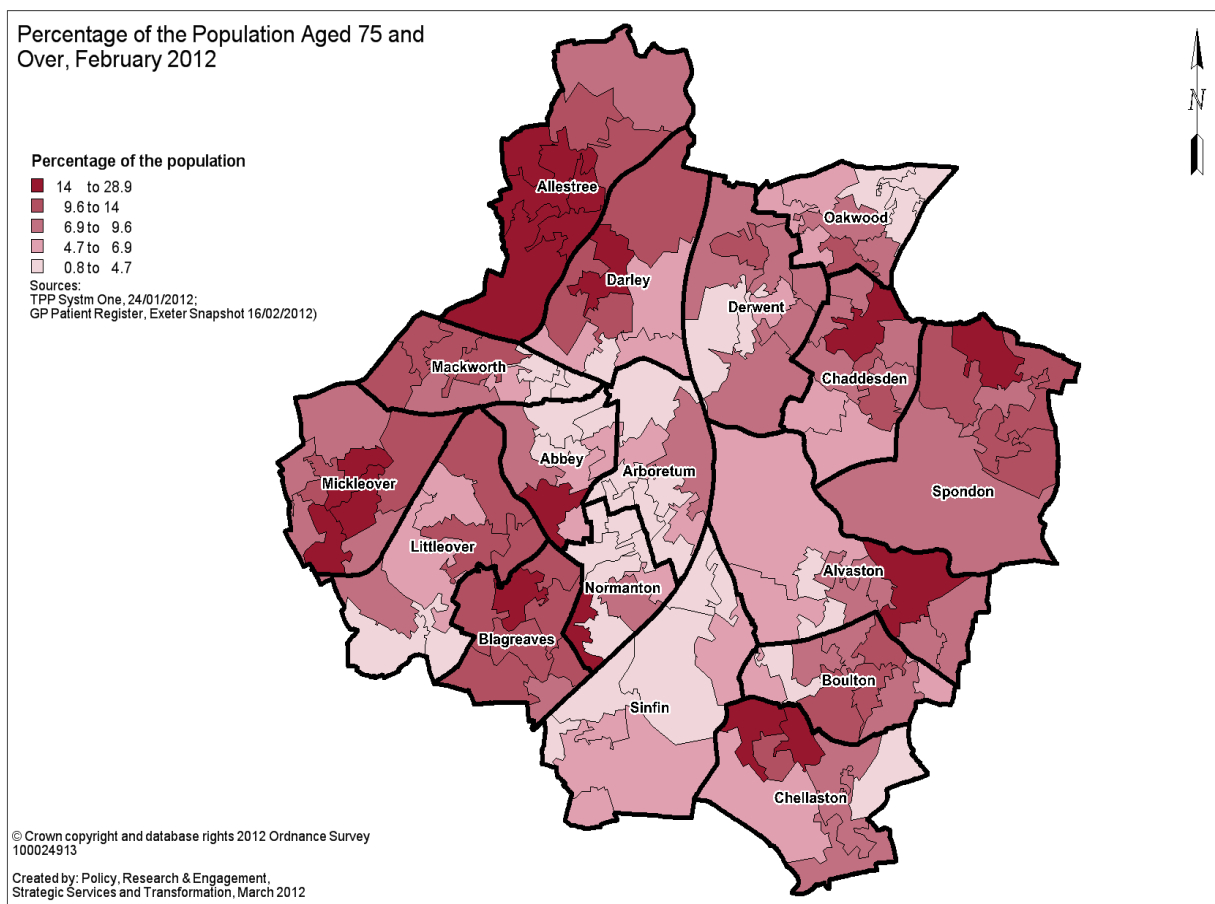
### Demographics in Derby

Map 1.1 Percentage of the Population Aged 65 and over in Derby, (February 2012)



- 2.1 The map illustrates the most heavily populated areas in the City by people aged 65 and over, with Allestree, Spondon and Mickleover carrying the greatest densities (between 20 and 34.6%) of the area population.
- 2.2 This will have implications for future demands on care and health support services, as these communities will, over time, have high density levels of people aged 75 and over households.
- 2.3 Areas with relatively high density levels of older people located on the peripheral boundary of the city, present implications and opportunities for cross boundary development.

Map 1.2 Percentage of the Population aged 75 and over in Derby, (February 2012).



- 2.4 A significant proportion of the north west of the city, namely Allestree, Darley and Mickleover and Alvaston to the east of the city, has high densities of older people who are 75 and over.
- 2.5 Assuming life expectancy levels continue to increase; these areas will be increasingly occupied by ageing elderly households, which has particular implications for housing demand, care and support in those areas.
- 2.6 Some areas may reveal higher levels of ageing populations due to distortions associated with high numbers of residential nursing/care homes, (e.g. Burton Rd trunk road), and this factor should be taken into consideration when considering needs for that area.

## Projected Local Growth Populations

- 2.7 Derby's older population aged 65 and over, is projected to increase by more than 15,000 people by 2030, as shown in Table 1.2. During the same period, the 85 plus population is projected to increase by more than 80% to 10,300 people and the 75 plus population is projected to increase by approximately 42.5% to 27,500 people. This growth in the city's older population is likely to place a significantly increased demand on local services.

2.8 The demand for services to older people will increase as the shape of the local and national population changes as a result of advances in medical science, meaning more people are living longer. It is likely that this significant rise in demand will not be matched by central government funding, meaning a new approach is needed to how social care and support is delivered.

Table 1.2 Projected growth in population aged 65 and over within Derby, 2010-2030

	2010 <sup>1</sup>	2015 <sup>2</sup>	2020 <sup>2</sup>	2025 <sup>2</sup>	2030 <sup>2</sup>
<b>Total population</b>	246,900	257,700	268,000	278,000	287,600
<b>Population aged 65 and over</b>	38,600	42,000	44,500	48,400	53,900
<b>Population aged 75 and over</b>	19,300	20,200	22,100	25,300	27,500
<b>Population aged 85 and over</b>	5,600	6,500	7,300	8,600	10,300
<b>Population aged 65 and over as a proportion of the total population (%)</b>	15.6	16.3	16.6	17.4	18.7
<b>Population aged 75 and over as a proportion of the total population (%)</b>	7.8	7.7	8.0	8.8	9.2
<b>Population aged 85 and over as a proportion of the total population (%)</b>	2.3	2.5	2.7	3.1	3.6

Sources:

<sup>1</sup> Office for National Statistics, Mid-year Estimate of Population (MYE), 2010

<sup>2</sup> Office for National Statistics, Sub-national Population Projections (SNPP), 2008-2033

## Housing, Health and Social Care Needs

2.9 The table below shows predications for the increase in the population of people aged 65+, relative to key factors that may influence changes in demand for health and social care support.

2.10 As the number of older people living longer rises, there will also be a consequential increase in the period of time in which an older person lives longer, but with limiting health conditions.

Table 1.3 Increase in demand for services from people aged 65+, with limiting health

	2011	2012	2013	2014	2015
People living with dementia	2,923	2,968	2,996	3,078	3,142
People with a limiting life-term illness	19,678	20,159	20,553	20,804	21,155
People unable to manage at least one Personal care task on their own	13,489	14,349	15,427	17,104	19,134
People unable to manage at least one domestic care task on their own	16,452	16,686	16,844	17,212	17,476

Source: POPPI, Crown Copyright 2010

2.11 A growing older population will also increase the number of people with acquired sensory impairments, a greater number of frail older people and whose mobility is impaired by physical disability. This has implications for services and the way they are delivered; often people need to access universal services and locations, but will find barriers including physical access and a lack of accessible information.

## Older People and Mobility Issues

2.12 Mobility issues amongst older people are set to rise rapidly. The Disabled People's Housing Needs Study 2012, project the proportionate growth of the over 65s who are unable to manage at least one mobility related activity, in the short, medium and long terms. These activities include being able to walk upstairs and downstairs, being able to walk around the house on the level, getting to the toilet and shower and getting out of doors and walking around. Currently there are 7,281 people with these difficulties in Derby. This is forecast to increase to 7,957 by 2015 and 10,790 by 2030 – a 40% increase on 2010 figures.

2.13 In Derby, in 2013, there is estimated to be 3,240 households with wheelchair requirements, of which 10% will not have their needs met. By 2033 these figures will have increased to 3,930. (Estimations using the Habinteg and London South Bank University methodology).

2.14 In addition, it is estimated that in 2015 there will be a 10% increase in the number of residents aged 75 and over with registerable visual impairments (that is, full or near blind), bringing the total to 1,312 in Derby.

## Older People and Health and Cardio-vascular Disease

Standardised Hospital Admission Ratios for Strokes and Cardio-Vascular Disease, 2008/9 - 2010/11

**SAR for Strokes, 2008/9 – 2010/11**

Ward	SAR
Abbey	119.3
Allestree	82.8
Alvaston	104.9
Arboretum	165.2
Blagreaves	97.6
Boulton	93.7
Chaddesden	87.2
Chellaston	98.0
Darley	113.2
Derwent	88.8
Littleover	119.0
Mackworth	104.0
Mickleover	95.3
Normanton	129.9
Oakwood	81.9
Sinfin	127.6
Spondon	98.6
<b>Derby average</b>	<b>104.3</b>

Source: Hospital Episode Statistics

**SAR for Cardio-Vascular Disease, 2008/9 – 2010/11**

Ward	SAR
Abbey	116.5
Allestree	84.7
Alvaston	129.6
Arboretum	162.0
Blagreaves	103.5
Boulton	113.5
Chaddesden	106.6
Chellaston	97.9
Darley	106.2
Derwent	108.7
Littleover	103.9
Mackworth	122.2
Mickleover	92.5
Normanton	138.4
Oakwood	87.1
Sinfin	141.8
Spondon	105.7
<b>Derby average</b>	<b>111.2</b>

Source: Hospital Episode Statistics

- 2.15 There is a range of projections for residents with other medical and related conditions that may impact on housing mobility issues. Heart conditions may make walking upstairs difficult and necessitate stair lifts. Likewise, strokes can severely impair improvement, and stroke survivors may require ground floor accommodation or wheelchair appropriate accommodation.
- 2.16 The JSNA (2011) reports that the emergency admission rate for coronary heart disease in 2009/10 for persons who live in the most deprived areas of Derby was 307.6. This is more than two (2.2) times greater than the emergency admission rates for persons who live in the least deprived areas of the city (149.3).
- 2.17 The emergency admission rate for stroke in 2009/10 for persons who live in the most deprived areas of Derby was 150.2. This is 1.7 times greater than the emergency admission rates for stroke for persons who live in the least deprived areas of Derby (86.6).

### **Older People and Dementia**

- 2.18 Most types of dementia in older people progress very slowly, with many people living with the condition for 10 years or more, requiring increasing levels of support as they become less independent.
- 2.19 In Derby there are 3,243 people predicted to have dementia. By 2020 the number of older people in Derby is expected to rise by 19%. As there is a positive relationship between the number of older people and the number of people with dementia, Derby can expect to see approximately 4,122 people with dementia by 2015.
- 2.20 Derby has significant Asian and African Caribbean populations, who heavily populate the areas of Arboretum and Normanton. People of Southern Asian descent are more likely to suffer from diabetes and cardiovascular disease, which can lead to vascular dementia. As such, the Derby City Dementia Strategy 2011-12 notes that special attention should be paid to the specific needs of Asian and African Caribbean people who live in the wards of Normanton and Arboretum.
- 2.21 The Dementia Strategy outlines the need to develop services in the community which are able to provide better care for the physical health needs of people with dementia to stop them from going into hospital. In addition, there is a need for improved personal care services for people living with dementia in their own homes. More recently, a home respite service has been commissioned to support carers and give people with dementia an opportunity for some social activity.
- 2.22 Offering people with dementia telecare equipment can help maintain independence, reduce carer anxiety, increase dignity and control and avoid crisis. Derby City Council currently provides a fast track assessment and installation of telecare equipment for people with dementia and their carers.

## Percentage Housing Tenure within 65 plus and 75 plus population

Tenure	Population Age			
	% 65+	of which are BME	% 75+	of which are BME
<b>Owned (<i>includes owned outright and owned with a mortgage or loan</i>)</b>	75.1	5.8	74.5	6.1
<b>Rented from Council</b>	12.8	5.8	12.6	0.6
<b>Other social rented</b>	6.9	0.6	7.6	0.7
<b>Private rented or living rent free</b>	5.2	0.6	5.3	0.6

Source: ONS, Census 2011, Tenure DC4201EW

- 2.23 The majority (75%) of older people in Derby are owner occupiers, with only 5% renting privately. It is notable that older people aged 75 and over, increasingly rent, either social rented or private, possibly due to the fact that their own homes are no longer suitable.
- 2.24 The vast majority of BME households over the age of 65 either own their own home or rent from the council. Very few are in private rented accommodation.
- 2.25 Notably, the overriding majority of BME households over the age of 75, own their own home. This may be due to people of BME heritage historically having difficulty accessing social housing and as a result buying their own homes. Some people in this category may have difficulties with having sufficient revenue to maintain their own homes to a decent standard.

## Tenure of 65 plus population by long-term health problem or disability



Area	Count of 65 plus population with long-term health problem or disability	65 plus population with long term illness or disability as % of total 65 plus population	Tenure of usual resident population aged over 65 with long-term health problems or disabilities		
			% owned or shared ownership	% social rented	% private rented or living rent free - Total
Abbey	1013	60.4	64.8	27.8	7.4
Allestree	2988	80.9	94.4	2.4	3.2
Alvaston	1405	64.6	62.2	28.8	9.1
Arboretum	876	54.5	54.6	35.2	10.2
Blagreaves	1880	72.3	81.4	15.4	3.3
Boulton	1653	69.6	69.6	26.0	4.4
Chaddesden	1711	71.1	78.8	17.5	3.7
Chellaston	1638	68.4	72.6	22.9	4.5
Darley	1356	67.1	55.6	38.0	6.4
Derwent	1252	64.8	62.6	32.3	5.1
Littleover	1451	74.9	82.7	13.9	3.5
Mackworth	1269	63.5	63.0	30.6	6.4
Mickleover	2422	76.8	88.2	8.4	3.4
Normanton	1,045	57.1	70.5	20.9	8.6
Oakwood	1,176	72.9	85.9	10.6	3.5
Sinfin	976	64.9	59.2	33.6	7.2
Spondon	2,039	74.2	80.8	14.9	4.3
Derby	26,150	69.4	73.4	21.3	5.4
NB. The denominator used for the production of percentage tenure is the total number of 65 plus population within each ward that identify that they have a long-term health problem or disability					

Source: ONS, Census 2011, LC3408EW Tenure, age and Long term health problem or disability

2.26 The above table reveals that there are significant levels of older people in each ward who have a longer term health, disability or mobility condition. This varies from 60.4% being the lowest level in the Abbey ward, to 76.8% in the Mickleover ward. The highest numbers of older people with a health, disability or mobility condition, are in the Allestree ward (2988 households).

2.27 Tenure trends in this table reflect the national picture, citing high levels of owner occupation with notably high levels occupying social housing and relatively low levels renting privately. It is notable that in the Arboretum ward, there is an increasing reliance of older people in social housing and private rented accommodation.

## Recognising Diversity

2.28 Derby has a growing and diverse Black and Minority Ethnic population. The 2011 Census reveals that the minority ethnic population has grown to 23.7% of the usual resident population. We have experienced a growing change to our community profile, which now includes very diverse communities representing

over 180 nationalities. This has implications for BME communities, and also for ageing BME communities.

Table 1.3 Elderly Population of Derby in 2011 by Ethnic Group.

<b>Ethnic Group</b>	<b>People aged 65-74</b>	<b>People aged 75-84</b>	<b>People aged 85+</b>
White (includes British, Irish and Other White)	19,601	12,518	5,026
Mixed Ethnicity (includes White & Black Caribbean, African, Asian and other Mixed)	74	46	21
Asian or Asian British (includes Indian, Pakistani, Bangladeshi and Other Asian)	1,034	658	142
Black or Black British (includes Black Caribbean, Black African and Other Black)	331	255	37
Chinese or Other Ethnic Group	125	63	23
<b>All People</b>	<b>21,165</b> <b>BME 7.3%</b>	<b>13,540</b> <b>BME 7.5%</b>	<b>5,249</b> <b>BME 4.4%</b>

Source: ONS – 2011 Census Data

2.29 Table 1.4 illustrates significant older BME population levels in Arboretum, Normanton, Abbey and Sinfen, which may require a specific response to meeting cultural and housing with care needs.

2.30 Almost half of the older 65 plus population for Arboretum and Normanton wards are BME, with half of these being over 75 years old.

**Table 1.4 % BME ward population by 65 plus and 75 plus age groups**

2011 census merged ward	% 65 Plus BME	2011 census merged ward	% 75 Plus BME
Arboretum	49.7	Arboretum	25.4
Normanton	42.8	Normanton	21.6
Abbey	21.3	Abbey	10.6
Sinfin	21.1	Sinfin	8.8
Blagreaves	15.8	Blagreaves	7.3
Littleover	15.5	Littleover	5.1
Darley	7.6	Darley	4.1
Alvaston	7.2	Alvaston	3.1
Boulton	6.7	Mackworth	3.1
Chellaston	5.6	Boulton	2.8
Derwent	5.5	Derwent	2.6
Oakwood	5.5	Chellaston	2.6
Mackworth	5.2	Oakwood	2.4
Mickleover	4.9	Mickleover	2.2
Chaddesden	4.1	Chaddesden	2.1
Allestree	3.8	Spondon	1.9
Spondon	3.1	Allestree	1.5
Derby	11.5	Derby	5.4

Source: ONS, Census 2011, DC2101EW

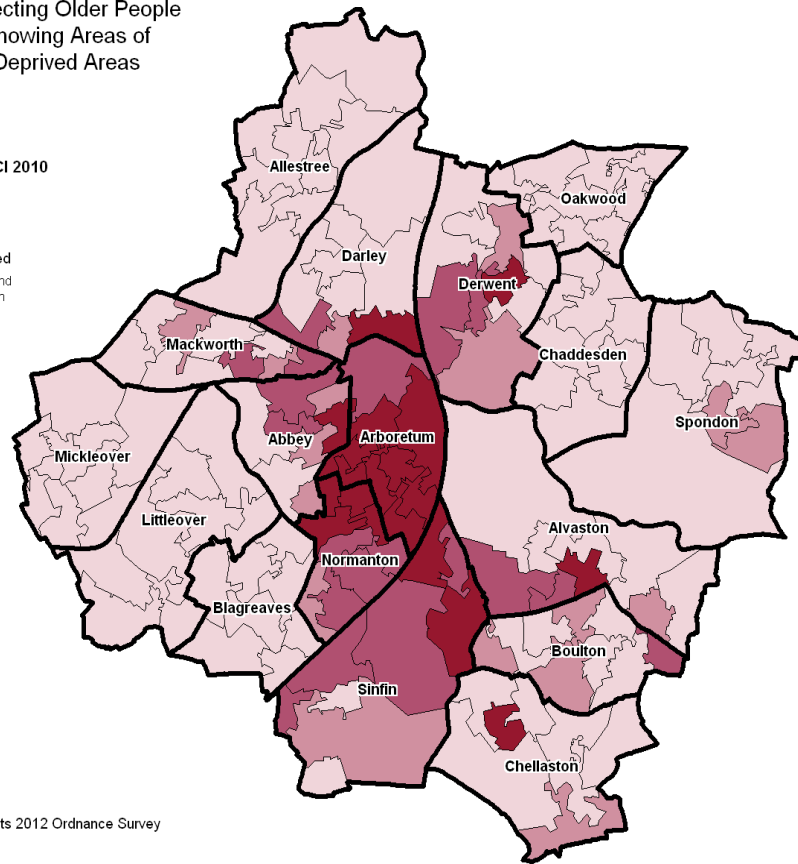
## Income Deprivation Affecting Older People

**Income Deprivation Affecting Older People Index (IDAOP1) 2010, Showing Areas of Derby Within the Most Deprived Areas Nationally**

**Most deprived areas on IDACI 2010**

- Top 10% most deprived
- 10% to 20% most deprived
- 20% to 30% most deprived
- Outside top 30% most deprived

(Source: Department for Communities and Local Government, Indices of Deprivation 2010)



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100024913

Created by: Policy, Research & Engagement, June 2011

Map 1.3 Income deprivation affecting older people Index (IDAOP1) 2010.

2.31 The above map shows income deprivation affecting older people living in Derby, expressed as the proportion of adults aged 60 or over. Notably, 23% of older people are living in income deprivation (living on Income Support/ JSA or Pension Credit).

2.32 The map identifies areas of Derby within the most deprived areas nationally. There is further evidence that there is more concentrated clustering of higher levels of deprivation in the central wards, with the most extensive coverage in Arboretum and the city centre. Much of the remainder of central Derby falls within the 10% to 20% most deprived areas nationally, including Derwent, Abbey, Mackworth and Darley.

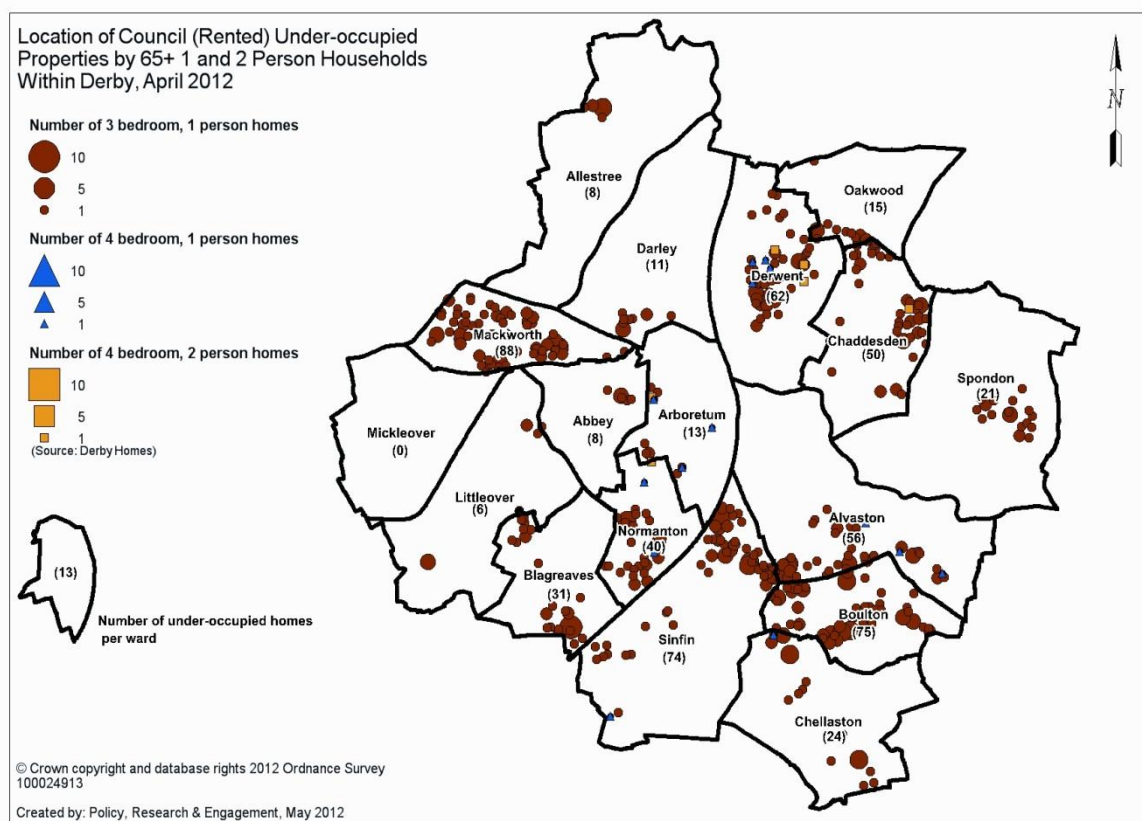
## **Tackling Under-Occupation - Releasing Family Homes**

2.31 There are a significant number of under-occupied homes in the social rented sector, and this national position is closely mirrored at a local level in Derby. There are more than 3000 council properties under-occupied, mostly by a single or couple older household. More significantly, a large proportion of these are large family homes, (over 1000 in total), many of which are in locations of high demand and therefore, given the relatively low numbers of affordable housing

units due to be developed in the next 3 years, (compared with recent years), it is clear that we should seek to make the most efficient use of our existing resources and housing stock. Added to this, the Welfare Benefit changes to be introduced in 2013 will apply pressure on all households, except for older person households, to move from properties they under-occupy by restricting the Housing Benefit payment they receive – (colloquially known as the “Bedroom Tax”).

2.32 There are currently 941, three and four bed council homes, under-occupied by a single and two person older (65 plus) household. The map below identifies their existing locations within the city, with some notable levels in the Mackworth, Boulton, Derwent and Alvaston wards, hosting almost 50% of the cities entire under-occupied larger family homes in these four wards alone. In addition, there are also 6 four bed homes under-occupied in Normanton and Arboretum; areas of high demand for very large family housing.

2.33 There are significantly higher numbers of elderly households who are 61 or over, who under-occupy in the social rented sector.



Number_of_3b1p_homes_per_ward (short)	
Legend	Number of 3b1p homes
Abbey	8
Allestree	8
Alvaston	53
Arboretum	9
Blagreaves	31
Boulton	75
Chaddesden	49
Chellaston	23
Darley	11
Derwent	54
Littleover	6
Mackworth	87
Normanton	37
Oakwood	15
Sinfin	73
Spondon	21

Number_of_4b1p_homes_per_ward (short)	
Legend	Number of 4b1p homes
Alvaston	3
Arboretum	3
Chellaston	1
Derwent	4
Mackworth	1
Normanton	2
Sinfin	1

Number_of_4b2p_homes_per_ward (short)	
Legend	Number of 4b2p homes
Arboretum	1
Chaddesden	1
Derwent	4
Normanton	1

2.34 All research and consultation with older people indicates a preference to remain close to family, friends and existing links with the local community. Where people need to move but do not have any options available locally, it is far more likely that they will not move voluntarily until a crisis or their health dictates that they must. Currently, assisted move and financial incentives to encourage downsizing have had limited success in the social rented sector. With bungalows repeatedly identified as the most popular downsizing choice, there is a stark mismatch in the housing supply available in the social rented sector, to encourage and enable such households to move to more appropriate housing.

2.35 The decision to move is always complex and subjective, but it is true for all tenure sectors, that there remains a significant shortage of both desirable and well-designed homes for older people, and this is equally relevant for older homeowners. Derby currently has few intermediate products to meet the needs of this market; a number of authorities are now engaged with delivering, in partnership with private developers, large programmes of subsidised properties for sale, which allow households to downsize with full and independent control. A number of authorities have radically reviewed their assisted move schemes, (mostly funded by developers in relation to new build properties), and are increasingly active in the property management and resale market. In the social rented sector, financial incentives have been dramatically increased, in recognition of the need to release family homes in high demand, in the background of constrained development.

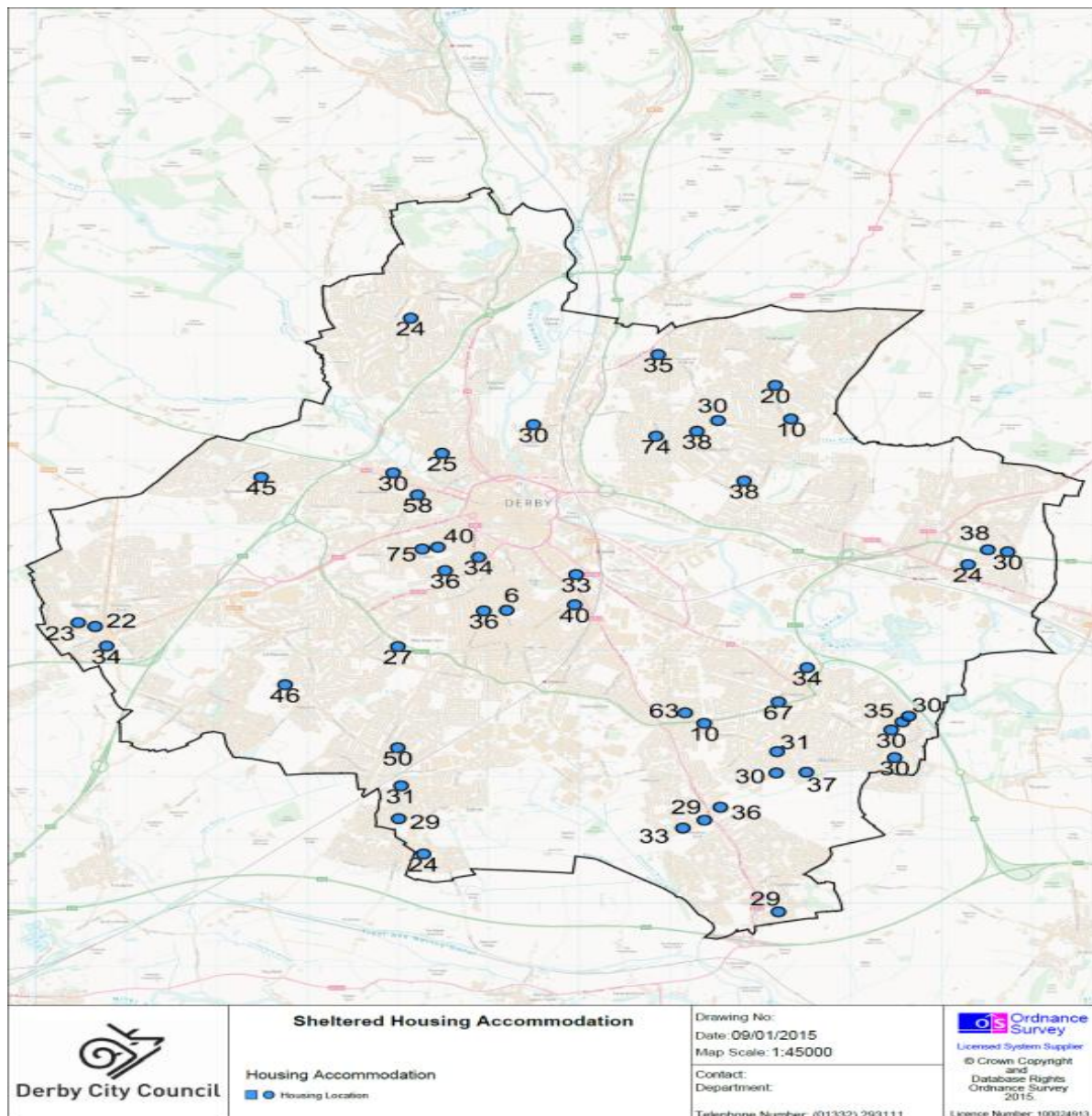
### Sheltered Housing Schemes

2.36 Derby City Council has 44 sheltered housing schemes in the city, providing 1662 homes for older people. Since the reductions of the housing related support grant, these homes no longer provide a dedicated warden or floating



support service, but residents are supported through the Council's Carelink service, providing further access to technology assisted services.

- 2.37 The sheltered housing stock remains popular amongst older people; however it is recognised that provision within some areas of the city is limited compared with a comparative over supply in others.
- 2.38 The map below identifies the locations of the sheltered housing schemes in the city and is part of an overall picture of wider provision to include extra care for older people.



## Consultation and Local Research

### Oakvale House Re-Commissioning Report 2011 and Rose Homes development

- 2.36 This qualitative research project, commissioned by Derby Homes in December 2011, was focussed on establishing the current level of demand and need for sheltered housing and other forms of housing suitable for BME elders, within our local communities. It explored current attitudes, knowledge and awareness to sheltered housing, and attempts to understand what would make sheltered housing schemes more attractive to ethnic minorities.
- 2.37 Following completion of this report, Derby Homes supported by the Council decided that it would re-commission Oakvale House and re-focus it as 25 one-bedroomed flats designed for retirement living. It has a central location within the Normanton area and is in close proximity to both local community centres and a variety of places of worship. The scheme is now fully occupied.

### **3 Wishes**

- 2.39 The 3 Wishes consultation exercise was part of a major general public consultation campaign in the city of Derby, aimed at refreshing the vision for the city as part of a major review of the Sustainable Community Strategy in 2010. The purpose of the consultation was to explore the needs and aspirations of residents, as part of expressing 3 wishes, one for themselves, one for their neighbourhood and one for the city.
- 2.40 Over 2, 500 wishes were submitted; of these over 70 were relevant to older persons' housing, neighbourhood and care and support issues. A large proportion of these comments centred on the need/wish based on a number of key themes:
- The need to provide a good level of support for older communities to enable them to live in their own homes independently
  - The need to reduce social isolation for older people
  - The desire to live in multi-generational housing schemes with good access to amenities and opportunities to participate in a wide range of activities
  - Assurance of good health and social care
  - More choice of retirement homes, which promote independent living.

*Quote 'As an independent 80 year old, I don't wish for much. Just a hope that when I do require help, prayers will not be necessary'.*

### **Reviewing New Housing Schemes for Older People**

- 2.41 There are various new and innovative housing schemes currently being piloted by local authorities, as a response to meeting current and future housing needs of older people.

### **Free Space Pilot Scheme**

- 2.42 This is an innovative scheme by Redbridge Borough Council, aimed at encouraging older homeowners to move to smaller more suitable properties, but does not require them to sell their homes in the process. The local authority



takes over the responsibility for maintaining and renting the vacated properties at affordable rates, transferring any profit from the rental income back to the older person or their estate. This scheme meets central government support, which believes that the proposal would provide support for older people to move without having to sell their homes at a time when there is a shortage of affordable housing for young families.

## **Leasehold Retirement Schemes**

- 2.43 Leasehold Schemes for the Elderly (LSE) are currently run by a small number of housing associations and involve the purchase of a proportion of the equity in the property, the remaining portion being owned by the RSL. When the owner sells, they receive the same percentage ownership of the market value of the property. Schemes currently on offer are either subsidised by government grant to reduce the purchase price of the property, enabling shared equity purchase, or are privately funded, where there is no subsidy and the flats are sold at full market value.
- 2.44 Leasehold Retirement Schemes are provided so that owner occupiers can sell their homes and invest all or part of the money in a home more suited to their future needs and lifestyle.
- 2.45 The Leaseholders of a sheltered retirement scheme are able to live independently in their own homes with the knowledge that help is at hand if and when required. The scheme should not be confused with residential care homes where specialist support is available 24 hours a day.

## **National Research – What Older People Want**

- 2.46 The Wanless Review, ‘Securing Good Care for Older People’, offers an analysis of people’s preferences for housing and care, as illustrated by the table below. Whilst there is a clear preference for older people to remain in their family home, many older people contemplate a move to alternative accommodation, although few people wish that to be residential care.
- 2.47 Such preferences are clearly not absolute but may be influenced by the choices that are on offer or the perceptions people have as to what is available or is suitable. In the Netherlands, for example, where there is a wider choice of specialist accommodation for older people, the numbers wishing to move are greater than in the UK.

Table: Wanless Survey Findings

<b>People’s Preferences Should they Need Care</b>	<b>%</b>
Stay in my own home with care and support from my family and friends	62
Stay in my own home but with care and support from trained care workers	56

Move to a smaller home of my own	35
Move to sheltered housing with a warden	27
Move to sheltered housing with a warden and other social care services such as hairdressing and organised social outings	25
Move in with my son and daughter	14
Move to a private residential care home	11
Move to a local council residential care home	7
Move to a residential care home provided by a charitable organisation	3
None	1
Don't know	2

*Source: Wanless D (2006). Securing Good Care for Older People: Taking a Long term View. Kings Fund.*

### **3.0 Housing Supply and Priorities for Change**

#### **Supply of Specialist Housing – Extra Care**

3.1 A strategic approach to housing with care will help older people to live well at home for longer, providing many with a home for life. Well planned and

designed extra care housing, offers a lifestyle choice to older people who require some level of care and support. Research has shown such housing can improve health and well-being – reducing hospital admissions and other demands on the NHS and adult social care budgets.

- 3.2 The Department of Health's Extra Care Toolkit suggests, subject to local circumstances, that there should be sufficient extra care accommodation for between 4 and 5% of the over 65 population, which according to projected growth data for this age group, will be 2,178 units for provision in 2025.

Table 3.1 Derby City; Current and Proposed Extra Care Schemes

Schemes	Strategic importance
Handyside Court, Alvaston -38 rental units	First purpose built extra Care Housing facility funded via DoH bid
Cedar House, Broadway – 38 rental units	Re-developed sheltered housing scheme – numbers of people accessing Extra Care are being built up gradually once voids become available.
Greenwich Gardens at Mackworth, former Lois Ellis site -98 units delivered in 2012/13.	This scheme has replaced the care home provision formerly on the site, as well as providing further housing, care and support services for the surrounding community.
Sunnyfield, Normanton, Grange Avenue, Austin Estate – 70 units to be submitted for planning. Is now on-site and due to be completed this financial year.	Half of this scheme is for shared ownership (35 units) offering more opportunities for existing home-owners.
Parkland View, the former Bath Street Mills – on site to provide 82 extra care units comprising of 2 bed apartments. Due to be completed 2014/15.	This is one of the first developments demonstrating that development is still viable in conjunction with the Our City Our River (OCOR) scheme and will incorporate a flood defence within the structure. This will be the first extra care development owned by DCC and will enable older people to live in an extra care scheme within a central location.

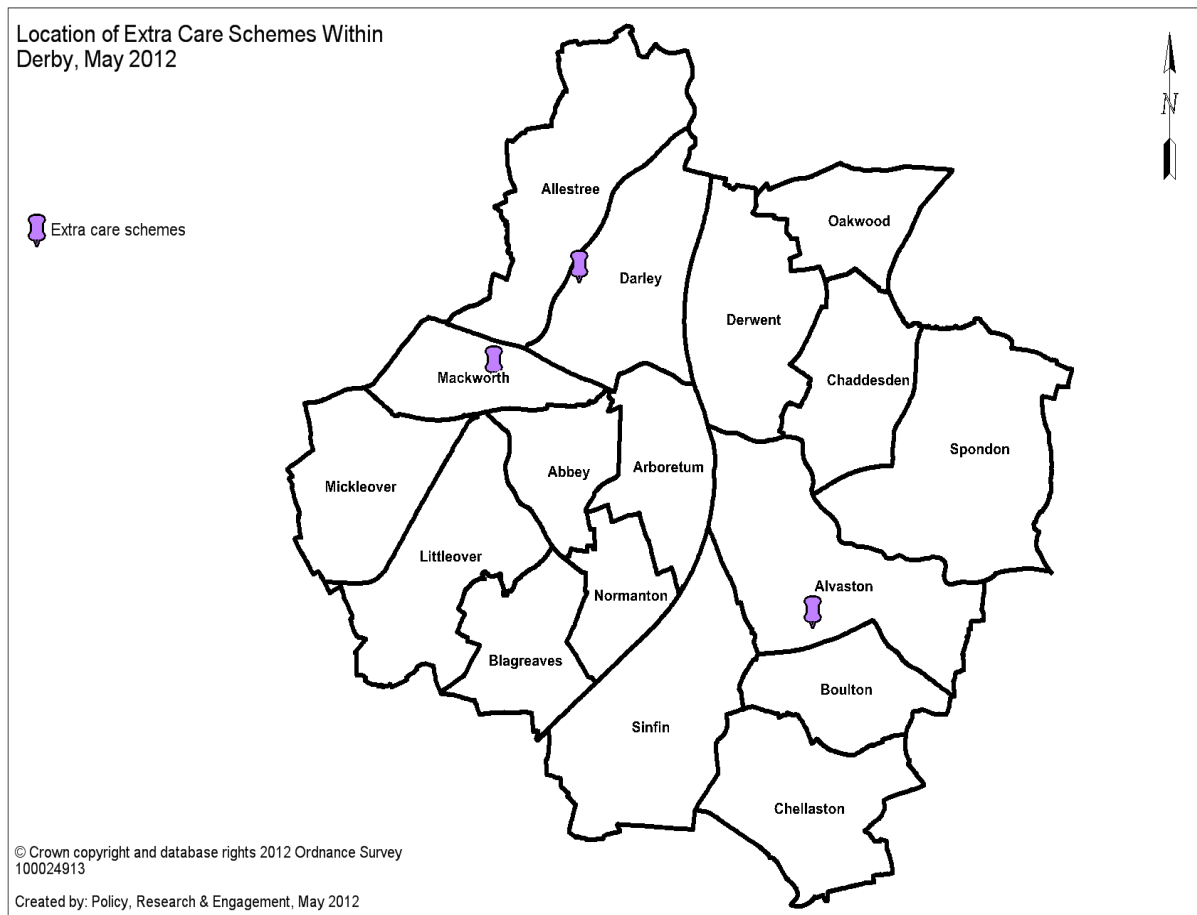
- 3.3 Subject to further consultation, extra care housing could well provide further replacements for Council run care homes, with the advantage of being able to support larger numbers of older people with a greater choice of more locally delivered services. Despite a drastic reduction in HCA grant funding, traditionally used to support the affordable rent element of such schemes, the Council is still committed to work with its development partners to look at alternative funding sources.
- 3.4 The suggested current target for delivery of extra care is 925 units by 2015. Furthermore, with an oversupply of traditional sheltered housing stock, there are opportunities to redevelop existing sheltered provision into Extra Care Housing. A survey in Derby, conducted in 2007 by Supporting People, of residents within sheltered housing schemes, identified that 74% would prefer to move into extra care housing over traditional residential care if their needs increased. This

survey builds upon the national picture of changing expectations and the increasing move away from institutional forms of care.

### Implications for the Future Development of Extra Care

- 3.5 Derby has made good progress in delivering and planning for future Extra Care housing. The Council has been proactive in seeking out further opportunities to deliver new schemes as the local demand for extra care schemes continues to rise. More recently both the 2009 Adult Social Services survey and community consultation events revealed that Extra Care Housing was the preferred supported accommodation choice for residents within every age group, and the wide geographical community support for more Extra Care schemes in their localities.

Map 3.0 Location of Extra Care in the City of Derby



- 3.6 The current and short-medium term economic market has implications for local authorities as commissioners of schemes. There may well be an increasing role to stimulate the market to develop such accommodation, as we recognise that funding will pose significant challenges. The strategic planning process will therefore increasingly need to include a common vision of what commissioners are hoping to achieve and providers expecting to provide.

- 3.7 Despite the current challenges, there is a suggested return on any investment from the public purse. Extra Care housing schemes can generate a return across health and social care as well as contributing to the development of successful communities, the regeneration of housing stock, improving housing mobility, as well as improving individual well-being.

### New Development Opportunities – Key Strategic Sites

- 3.8 In an ideal housing market, under-occupying households would downsize from family homes and older person households wishing to move to more suitable accommodation would have a variety of options and choices of desirable accommodation. However, due to that lack of accommodation and choice in the current market, older person households are choosing to live in their existing homes for as long as possible. Consequently, local authorities will need to work to ensure that decent family and older person homes are provided on new developments, to enable healthy, balanced and mixed communities across the housing market area.
- 3.9 The table below identifies the key major strategic sites (100 units plus) in the city of Derby, due to be developed over the decade. The requirement for an appropriate housing mix which recognises both the issue of under-occupation and the wider growing need for suitable homes for older people, and demand for family homes is embedded within the existing evidence base.
- 3.10 The Council needs to work with developers and stakeholders to consider bespoke developments on the larger strategic sites to meet the needs of under-occupying households in the social rented sector and make wider recommendations with regards to market and affordable housing on the smaller strategic sites.

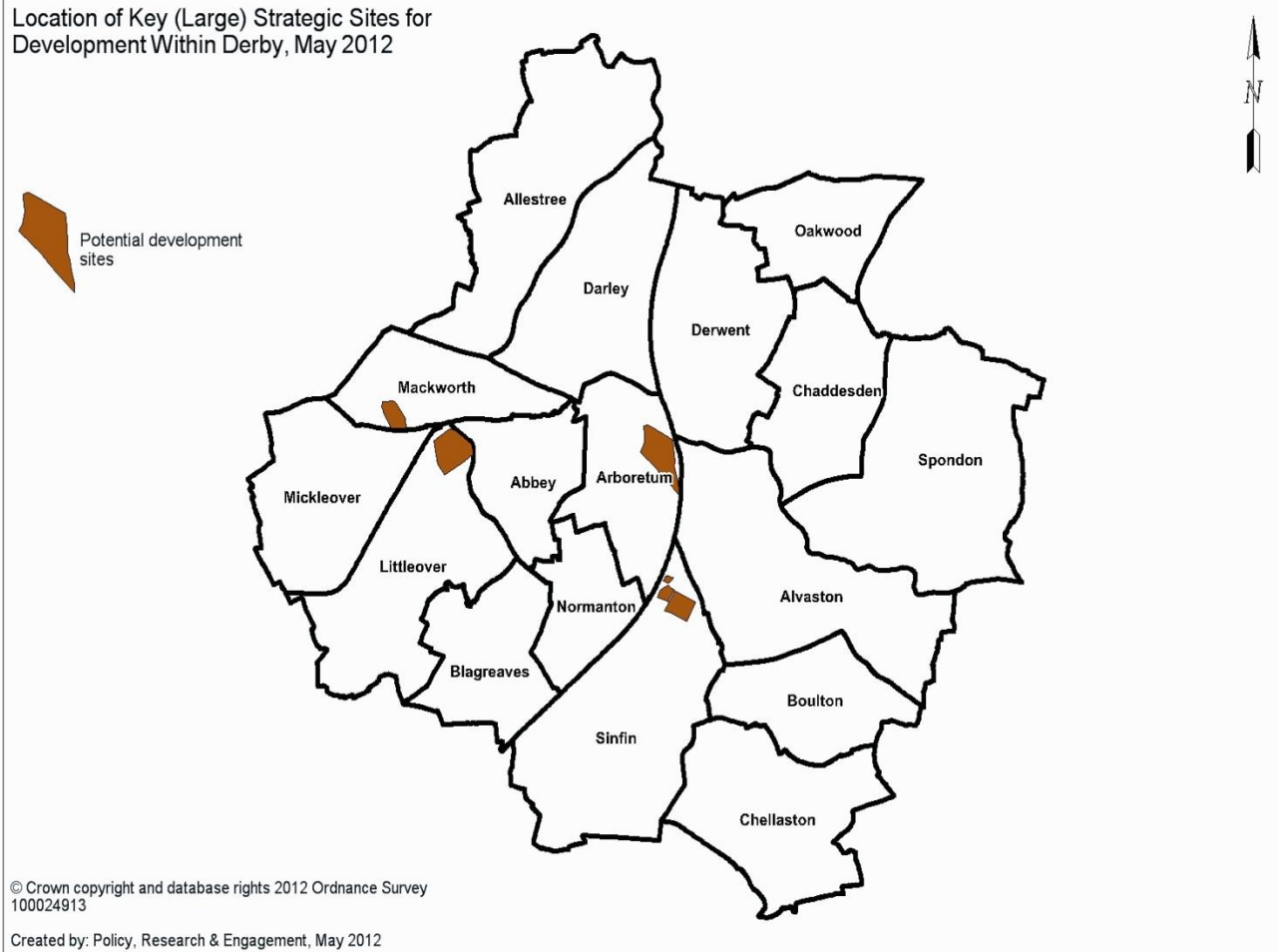
Site	Status	Units number/ tenure/ spec	House types	Description
Former Mackworth College, off Prince Charles Avenue and Collingham Gardens	On-site	Total: 216 Market: 178 <b>Affordable: 38</b> LTH: 22 WCU: 3	2b apartment: 9 2b house: 21 3b house: 93 4b house: 93	This is a large development on the western outskirts of the city. It borders a well-established local authority housing estate, a significant proportion of which is now in private ownership.
Castleward Phase 1	On-site	Total: 153 Market: 115 <b>Affordable: 38</b>	2 and 1b apartment: 36 1, 2, 3, 4b houses: 117	This is the first phase of a key (mostly) residential site within the Derby City Centre Masterplan. This will create a residential and retail link between the station and the Intu shopping centre.
Castleward Phase 2/3/4/5	Outline application approved	Total: approx. 600 to 700 units	Mix of house types	Further phases of the Castleward scheme will complete over a 15 to 20

Site	Status	Units number/ tenure/ spec	House types	Description
				year time period, subject to market conditions.
Land at former Manor and Kingsway hospitals	Outline application approved. Phase one on-site	Total: 700 Market: 500 <b>Affordable: 200</b>	Mix of house types.	A mixed commercial and residential site to provide 700 units of housing. This is predominantly family housing.
Osmaston masterplan	Keepmoat appointed as JV partner	Total: est. 500+	Mix of house types	A key project within the 'Osmaston triangle' that aims to bring forward derelict sites within the area, predominantly former Rolls Royce land assets, and provide a regeneration focus for the area.

3.11 In identifying housing sites, the Council has had regard to both Government advice in PPG3 (Housing) and the broad strategy of the Structure Plan. Unlike some major cities, Derby does not have large areas of vacant or underused brownfield land suitable for housing re-development. Assuming the Council will negotiate some inclusion of housing suitable for the elderly on the key major sites, there still remains, insufficient opportunities, to accommodate sufficient plans for new housing development, to include elderly provision.

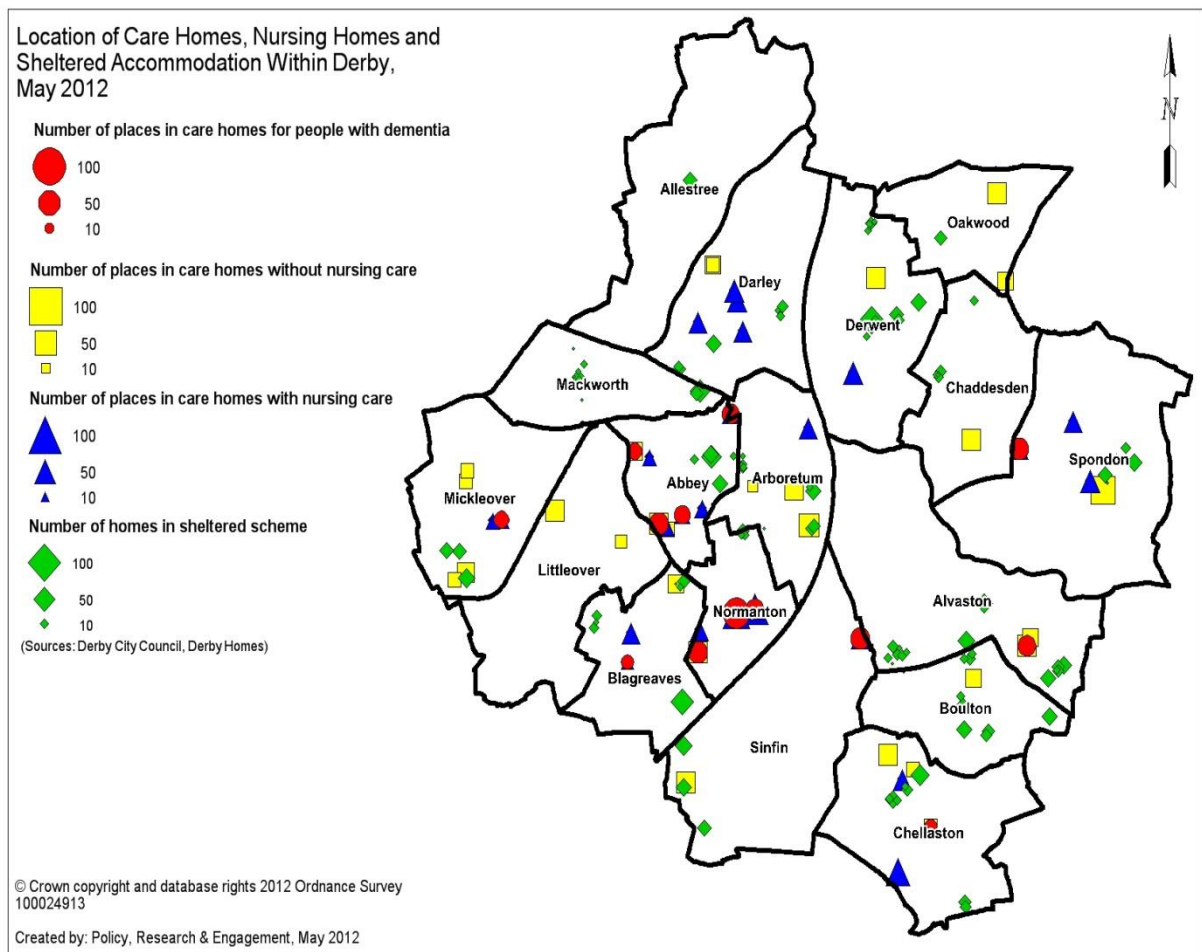
3.12 Despite the potential use of mixed use opportunities on existing identified suitable land, it remains inevitable that the Council will need to identify some new Greenbelt land, in order to meet housing need. In addition, given the significant levels of high density populations of elderly households in areas bordering the periphery of the City, there will be a need to address housing demand across boundaries.

Location of Key (Large) Strategic Sites for Development Within Derby, May 2012



3.13 The Map below identifies the supply of existing sheltered housing stock, residential care and nursing care homes across the city. A comparison of this with the existing resident population levels in the city reveals some notable gaps, in both suitable housing and social care services.

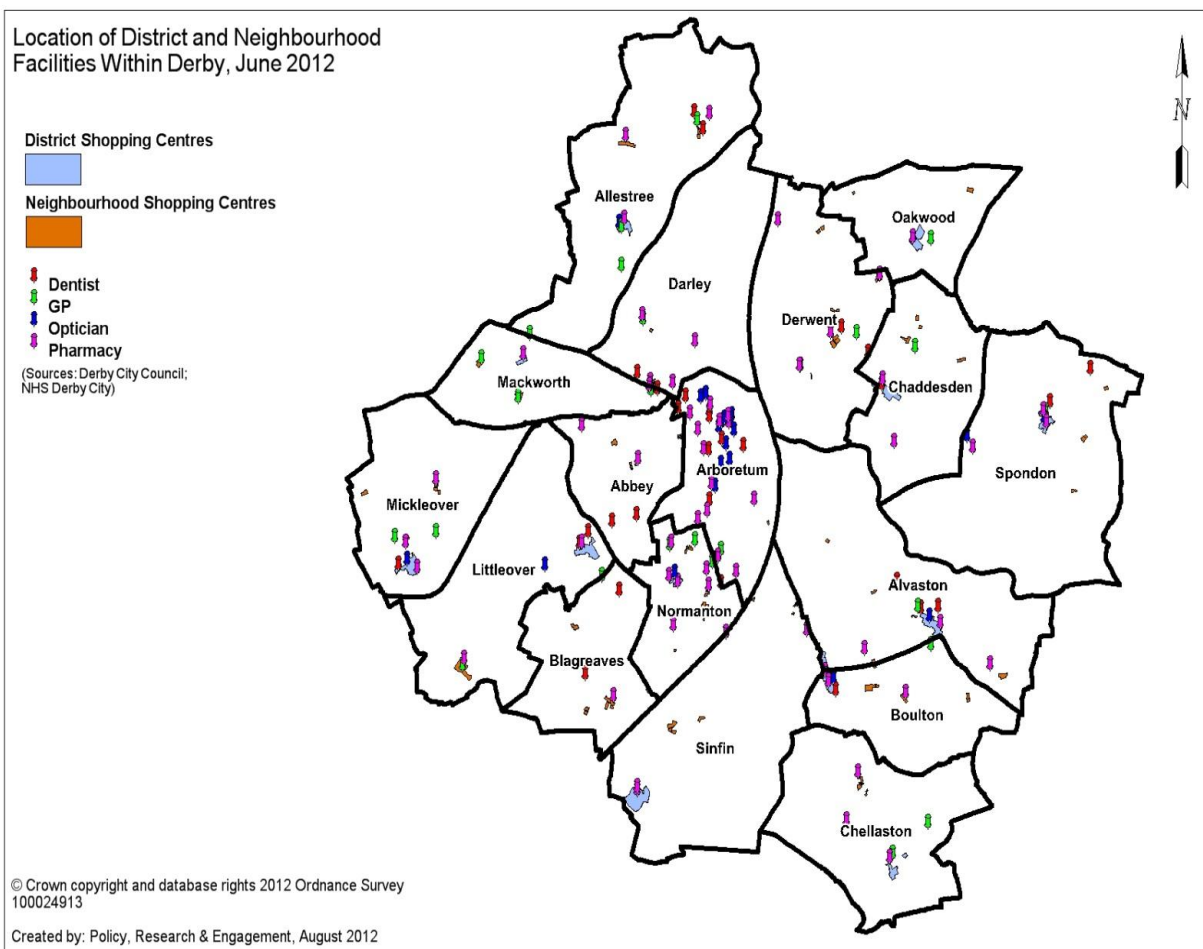
3.14 A number of wards have a stark mismatch of demand and supply issues, with growing implications for health and care services. The Mackworth ward, for example, has high levels of older people, and a notable high level of older people aged over 85. It also holds the highest number of larger family homes (88), which are under-occupied by a single or couple older person household. By contrast, there are, with the exception of the Extra Care scheme currently in development, no residential or nursing care homes in the ward, and a significant lack of alternative housing and care schemes which could meet the needs of its ageing resident population. Comparable situations exist within other wards and these should be considered as a priority for new development activity.



3.15 The map below identifies the location of District and Neighbourhood facilities within Derby, namely GP Surgeries, Pharmacists, Optometrists, Dentists, District and Neighbourhood Shopping Centres. Again, it is notable that certain areas of high elderly resident populations, suffer from a shortage of such facilities. This has implications for authorities in terms of supporting those neighbourhoods with the necessary infrastructure of medical facilities which elderly populations require access to, local shopping and transport services, if we are to encourage and develop housing schemes for older people in neighbourhoods which are sustainable.

3.16 Good neighbourhood design for older people can mean a variety of things, such as accessible transport systems, good access to medical and shopping facilities and a structured plan for the installation of dropped curbs, amongst others. Yet development of neighbourhoods that 'work' for older people involves far more than just housing, health and care. Planning, leisure services, libraries and a plethora of voluntary agencies all have a part to play in creating and supporting communities that older people might wish to remain in.





## Funding and Partnership Work

3.17 Services for older people are evolving in response to changing demand.

Research has shown that the new generation of people reaching pensionable age are assertive, financially empowered, technologically capable and hold greater expectations in relation to what they want during retirement. Meeting these needs will involve a range of health and support services, including public authorities, private consortia, communities and private developers. Following the introduction of the Localism Act in 2011, Local Authorities now need to take on a central role in gathering a local input and co-ordinating a strategic response to it.

3.18 It is clear that now, more than ever, the provision of improved, flexible and attractive options for older people will only happen with a range of partners, all willing to commit resources. The wider challenge will inevitably be to deliver housing and related support services for older people which are economically viable.

3.19 The requirement to improve the supply of housing for older people has been highlighted and recognised within the Local Investment Plan for Derby. In addition, the use of our planning system will be a key component in ensuring the quality and supply of an effective older persons' housing market, and Extra

Care housing in particular. More recently, a number of policy documents have specifically required that local authorities ensure planning policy takes into account the impact of an ageing population. The government's emphasis on decentralised and local decision-making will make it particularly important that our local commissioners develop an on-going working relationship with planners and local citizens.

## **Delivering Desirable Homes – International Case Studies**

- 3.20 The high profile *Housing our Ageing population: Panel for Innovation*<sup>1</sup> was established in June 2009 to address what further reform is needed to ensure that new build specialised housing meets the needs and aspirations of the older people of the future. The panel focused on challenging the perceptions of mainstream and specialised housing for older people, for existing and future generations, raising the aspirations of older people to demand higher quality, more sustainable homes, and spreading awareness of the possibilities offered through innovative design of housing and neighbourhoods.
- 3.21 The report identified that housing for older people should become an exemplar for mainstream housing, and meet design standards for space and quality. It further identified that it would be necessary for Local Planning Authorities to play a key role to ensure delivery of desirable housing in great places, tuned to local need and demand.
- 3.23 Over the last 20 years, the range of specialised or supported housing options has expanded from 'sheltered housing' to now include 'very sheltered', assisted living, retirement villages and Extra Care. Residential and nursing care homes also now include specialist facilities for dementia, palliative care and the shorter term functionality of respite and intermediate care. However, recent reductions in the number of on-site wardens in sheltered housing have left many residents without the personal touch they feel was part of the original offer. Extra Care schemes, expected to cater for many who would previously have been accommodated in care homes, are now moving towards the higher end of need. At the same time, the sector is struggling to cope with the dramatic rise in dementia and to respond to calls for more personalised, less institutionalised, delivery of care.
- 3.24 Whilst much work is needed to rationalise the range of other specialised housing provision, there is very little done or being done, to address the accommodation needs that will appeal to the 'younger old'. This group, comprising the most of the over-65's, is very poorly provided for in England, in terms of quality, quantity and choice, and whilst there are a few good examples (Darwin Court, Southwark), the more exciting examples of this have been developed across Europe. Such developments have focussed on attractive, spacious and manageable housing for people approaching retirement, where high quality, innovative design has been seen as crucial to improving perceptions and delivery, and which suits the diversity of society.

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<sup>1</sup> <https://www.gov.uk/government/publications/housing-our-ageing-population-panel-for-innovation>

## **De Rokade, Groningen, Netherlands**

- 3.25 This is an iconic apartment tower, aimed at 'younger seniors', and is a beacon for the extensive continuing care facility which has a neighbourhood hub at its heart. The design pushes all the boundaries of the public image of older people's housing. Although the entire complex has several types of accommodation, including over 200 day care and nursing beds and a kindergarten, the Rokade Tower – a private for sale residential development – is the key attraction, with its indoor 'town square'. Each of the 74 apartments offers 115sqm of floor space with additional parking facilities, offering between 2 and 4 bedrooms.
- 3.26 The scheme, with the entire development built around a social town square, with a café culture, joins up spatial and social themes.



## **Neptuna, Malmo, Sweden**

- 3.27 This is an affordable housing development for the over 55's of 95 two-bed apartments, developed as a public/private partnership, which is very much part of a thriving public culture. Both the common room and the top spa facility have excellent visual connections to the outside. All the flats have balconies and the scheme sits comfortably within the new, high quality neighbourhood. Shops and cafes on the ground floor of the scheme extend into a waterfront square and local pedestrians and cyclists are prioritised over cars and other high energy transports. This scheme leads in the sustainable direction, giving practical expression to the concept of Lifetime Neighbourhoods.



## **Ten Components for the Design of Housing for Older people (recommended by the HAPPI Panel)**

3.28 New retirement homes should have generous internal space standards, with the potential for three habitable rooms and designed to accommodate flexible layouts.

- Care is taken in the design of homes and shared spaces, to ensure natural daylight.
- Building layouts avoid internal corridors, and have balconies, patios or terraces with space for table/chairs and plants.
- Homes should be designed to be 'care ready' so that new and emerging technologies can be installed quickly.
- Building layouts promote shared spaces and encourage interaction with the wider context yet provide defensible space.
- Multi-purpose space is available for residents to meet, possibly serving the wider neighbourhood and can act as a community hub.
- Homes should engage positively with the street, with a nurturing of the natural environment (plants/trees/wildlife) as part of the scheme.
- Homes should be energy efficient and well insulated, but also well ventilated, using solar designs and effective planting.
- Adequate storage is available both inside and outside of the home, in a way that meets the needs of the occupier.
- Shared external surfaces should give priority to pedestrians rather than cars; these are proving very successful in other countries.

## 4.0 Supporting Sustainable Neighbourhoods

### Background

- 4.1 Helping our older communities to enjoy a better home environment and enhanced quality of life is a key strategic aim, as most older people live and want to remain living in their own homes for as long as possible. Services that aim to help households stay warm, safe and secure in their own home are critical in improving health and general well-being, and more specifically result in fewer accidents and general better health. This invest-to-save approach delivers measurable benefits for the NHS, local authority and their partner agencies and will be part of our long term approach to delivering vital housing services to our older communities.
- 4.2 In response to this strategic objective, Derby City Council aims to integrate housing with health, social care and support services, ensuring that older people receive the right support at the right time in the right environment.
- 4.3 The key strands of this work are set out below. Overall:
- Early intervention and prevention support needs to be developed and consolidated in response to housing-related risks about which there is clear evidence
  - Aids, adaptations and home improvements need to be fully accessible to older people who would otherwise be at risk of injury or loss of independence
  - Assistive Technology (Telecare) needs to be available to help older people stay safe without needing intrusive checks, and to get help quickly in case anything goes wrong
  - Some focused face-to-face support will need to be geared towards accommodation supporting older people with higher needs, for instance Extra Care Housing
  - Floating support will need to be available for some older people who do not live in Extra Care Housing settings. Those with substantial and critical risks to their independence will be eligible for a Personal Budget (subject to a means test) which they can use to purchase this help.
- 4.4 The focus on prevention highlighted above creates the need to have a clear definition of the term, linked both to outcomes for the older person and value for money for the Council.
- A preventative outcome is most often geared around both keeping the older person safely independent and addressing a clear risk of deterioration that might lead to a higher level of care and hence cost.
  - This leads to the principle of targeting people with higher risks to receive appropriately subsidised support while those with lower risks are encouraged to self-fund.

- 4.5 In summary, the Council's role is to develop the activity areas set out in 4.3 and are explained in more detail below against an appropriate definition of prevention for that area so that resources are used proportionately to their likely impact.

### **Delivering Early Intervention and Prevention**

- 4.6 There is a strong evidence base that failure to engage with the following housing and environmental factors leads to poorer outcomes both for older people and the health and social care system.
- Trips and falls in the home, as well as other accidents
  - Winter illnesses and deaths, linking with cold, damp homes and fuel poverty
  - Other health hazards within the home
  - Social isolation
- 4.7 Early intervention in these areas will help older people to remain living independently at home for longer, and lessen the burden on hospital and residential care in particular. The key outcomes that need to be achieved are:
- increased awareness and take up of health, housing, affordable warmth, welfare benefits, Home Improvement Agency and related services for vulnerable people
  - better trained staff across a wide range of housing, health and social care services, ensuring that those people carrying out home visits as part of their normal work routines are able to make appropriate referrals for assistance with housing-related support
  - stronger links between housing related support and primary healthcare, notably GP practices, so that housing related support is immediately accessible for patients whose health is adversely impacted by their housing conditions.
- 4.8 In January 2012, with support from the Regional Improvement and Efficiency Partnership, Derby City Council created its Healthy Housing Hub in the belief that people are able to enjoy a better home environment, improved health and wellbeing when they feel comfortable, confident, safe and secure at home; within a safe, comfortable environment they are at significantly reduced risk of accident and housing-related poor health, whether that be physical, mental or general wellbeing. The Healthy Housing Hub targets those most vulnerable to poor health outcomes as a consequence of poor housing conditions and, through housing interventions that reduce their risk of poor health or accident. This contributes to the Derby City Council vision to close the 12 year life expectancy gap.
- 4.9 The Healthy Housing Hub and partners successfully bid for funding from the Department of Health's Warm Homes Healthy People Fund to deliver a Stay Warm & Healthy programme of support to vulnerable residents in Derby. It is something that requires a long-term strategic approach if it is to genuinely impact on excess winter morbidity and mortality and on winter pressures in the NHS and social care. The Stay Warm & Healthy programme has confirmed that

there remains huge demand for the service and that even with this provision in place it is difficult to assess what the extent of real need is. Some of the work completed includes:

- promotional flyers in all of Derby's GP surgeries and public libraries
- a large scale delivery of 50,000 Age UK booklets containing useful thermometers
- recruitment of over 200 volunteers to provide support and advice
- Home Energy Advice Service which gives free, independent and confidential advice and information on heating & insulation offers and schemes
- provision of temporary heating to the most vulnerable
- a Benefits Take-up campaign at Derby Hospital resulting in additional benefit entitlements of £90,000.

4.10 National funding has now ceased but the delivery of this programme highlighted significant demand in the city for good quality advice on energy efficiency measures and fuel tariffs. This combined with the evidence that cold homes significantly increase risk of heart attacks, strokes, and hypothermia, raises the issue of fuel poverty up the agenda. The government's Green Deal initiative was launched in January 2013. It had increased both the need for advice and an "honest broker" role to help older and vulnerable people access the best deal for them. The Council has explored ways in which we can increase local capacity to deliver this advice.

### **Providing Aids, Adaptations and Home Improvements that support Independent Living**

4.11 Home adaptations and improvements can often be key in ensuring older people are safely able to pursue an independent life at home. At present this support is provided in a range of ways within Derby. Demand, as shown below, is often high. Some sources of support have the potential to duplicate one another, and work is underway to look at further increasing access for older people while ensuring value for money to the Council by focusing on prevention for those who need it most.

4.12 Disabled Facilities Grants (DFGs) are mandatory means tested grants available for adaptations to property to meet the needs of disabled occupants. A large proportion of these are provided to older households. The Council provides DFG's to eligible households to help with major works which allow them to be more independent in their homes.

- The maximum amount of mandatory grant is £30,000. Works recommended with a value in excess of this are subject to a discretionary award up to the full additional cost. Minor adaptations or equipment provided with a value below £1,000 are funded separately.
- The financial year of 2013-2014, saw 243 adaptations completed. The work was undertaken both within people's homes and their gardens and included work in bathrooms, kitchens and bedrooms. The variety of adaptations can vary from something as small as a grab-rail to something as large as an extension.

4.13 Healthy Housing Hub (HHH) offers information, advice and practical housing assistance to older and vulnerable residents where their housing conditions are impacting upon, or have the potential to impact on, their health and well-being. The Hub aims to help achieve better health and well-being, through a better home. By delivering these generally low cost preventative housing solutions there is a reduction in longer-term demand on health and social care.

- The HHH targets those most vulnerable to housing-related poor health outcomes by harnessing a wide 'virtual team' of staff including health, housing and social care professions, as well as community groups.
- The HHH can cover a wide range of repairs and improvements such as; repair boilers, gas fires, install central heating, remove trip hazards, fit grab rails, help with maintenance, help with hoarding.
- The HHH also provides a Handyperson service. This service carries out small jobs around the home for older people, who are both over 75, or 60 and over and getting income related benefits. The service provides small maintenance jobs that people cannot do themselves, but may still be expensive to be undertaken by a private contractor. For the last financial year, 1211 handyperson jobs were completed. Of these, 20% were social care referrals and a growing number of jobs are coming directly from hospitals.
- The HHH is the lead service in delivery of the Council's 'Stay Warm & Healthy in Winter' programme of help for residents vulnerable to the health and well-being impacts of cold homes.

Via the HHH, Handyperson and Disabled Facilities services (and utilising alternative providers as necessary), the Council helps to deliver a range of minor, and often short notice, repairs, improvements and adaptations that help older and vulnerable residents to live more independently in their own home (or help support them to return home from hospital) in greater safety and with improved wellbeing.

4.14 Derby Integrated Community Equipment Services (DICES) are also critical to ensuring that older people are able to stay at home supported by appropriate equipment (for instance seating, bedding or kitchen items) that are adapted for needs arising from disability or frailty.

- The service deals with a large volume of daily referrals supporting community arrangements and hospital discharges.
- There are likely to be opportunities to explore how the buying power that arises from economies of scale within this contract can provide better value for money in purchasing equipment for other purposes, for instance minor adaptations or for the benefit of care homes.

## **Providing Technology that Supports Older People to Stay Safe and Independent**



- 4.15 This support, most often referred to as Assistive Technology or Telecare, allows older people to be supported remotely in response to risks that affect their safety and independence. There is considerable evidence to show that having 'peace of mind' that help is available when it is needed, enables older people to remain living independently in their own homes for longer. This has potential cost savings for both Social and Health Care services. The core service comprises:
- installation of a pendant alarm linked to a standard telephone line to allow an older person to call for help by pressing an emergency button
  - emergency response from a 24/7 call centre if the pendant alarm is activated
  - a range of potential responses depending on the situation, from involving informal carers to direct home visiting to referral for medical assessment.
- 4.16 A wide range of Telecare equipment can be added to the basic system and will automatically alert the call centre, or a nominated informal carer, to potential problems. Examples of Telecare include sensors which will automatically detect are:
- a fall
  - a resident not moving about as much as normal
  - someone wandering out of the house at an inappropriate time of the night
  - black-outs or seizures
  - environmental problems such as fire, flood, gas cooker left on unlit, carbon monoxide.
- 4.17 The above support is currently being provided by the Council's own Carelink service, reaching 2077 households with the core service and providing 798 households with 1 or more additional Telecare sensors. Carelink is also supporting 2925 households on behalf of Supported Living Schemes who have commissioned services directly.
- 4.18 Derby offers a diverse range of Assistive Technology and Telecare which enables older and disabled people to remain living independently in their own homes. It can support those who:
- live alone
  - are at risk of falling
  - are forgetful or confused
  - are at risk from 'wandering'
  - are at risk of bogus callers
  - have a sensory impairment

### **Providing Support for Older People in Specialist Housing Settings**

- 4.19 The Council's rationale and approach for developing Extra Care Housing (ECH) has already been set out in this strategy. ECH tenants are intended to be older

and disabled people who would otherwise be at risk of admission to residential care, or at the very least increased domiciliary care hours.

4.20 ECH tenants, like other older people with significant risks to their independence, need support that covers the areas already set out in this chapter, from early intervention through aids and adaptations to Assistive Technology.

4.21 However, because of their level of need, ECH schemes require further input that will ensure tenants get support in key areas, for example...

- managing tenancy responsibilities
- maximising income, including applicable disability benefits
- developing necessary domestic skills.

### **Other Forms of Support for Older People**

4.22 Support is an extremely broad term which overlaps significantly with other Council responsibilities, for example the duty to assess care needs, the power to support informal carers and the general onus on grant funding a range of information, advice and social support from the voluntary and community sector.

4.23 Grant funding arrangements that the Council has with the voluntary sector, spanning information, advice, advocacy, befriending, social opportunities and community approaches to prevention, have not tended to be seen as housing related support but nevertheless contribute to key outcomes reducing social isolation and providing early intervention before needs become more serious.

4.24 In addition, the transformation of adult social care means that there is emphasis upon a broader range of outcomes and more flexibility in delivery via Personal Budgets. This means that older people will no longer be diverted into a narrow and prescribed range of "care" services.

4.25 The Personal Budget transformation is consistent with the direction of travel for support set out in the rest of this chapter. Older people will have access to a flexible range of Council funded support proportionate to the level of risk they are facing.

### **Bridging the Gap for Older Persons Specialist Advice Services**

4.26 There is growing evidence of a developing polarisation of older households: those with significant economic assets, for whom there are a number of housing options, and those who are living in poverty or with very limited incomes. Services at the Housing Options Centre have seen a growing demand for specialist housing advice from older households, and there are increasing numbers of income/expenditure assessments currently being made to ensure that the options for lower income housing applicants are maximised. The intensive nature of this work is resulting in a demand for an increase to specialist staff.

- 4.27 The current economic climate and growing demographic profiles are creating huge demands for specialist advice services, both to maximise income and advise on debt issues. These should precede any consideration of suitable housing options. The Housing Options Centre could integrate an expansion of such services within their existing portfolios, and develop those areas of specialist advice for older people which will complement the existing advice framework.

## **5.0 Strategic Priorities**

### **Priorities for Investment**

- 5.1 The time has come for a new national and local effort to build the homes and create the environments that will meet the needs of our ageing society. Within this local authorities will need to play the strategic role in co-ordinating new efforts by housing providers, adult care services, primary care and health trusts and private and third sector organisations to meet the housing needs of older people.
- 5.2 In the context of affordable housing development, this will mean that housing associations will need to maximise the potential of design and innovation in reinventing housing opportunities for the next generation of older people. Equally, local authorities will need to encourage house builders to use their entrepreneurial skills to identify, capture and work with us strategically to meet the needs of the burgeoning market.
- 5.3 This strategy includes a robust needs and supply analysis both across the city and by district ward level, providing measurable opportunities for engaging, negotiating and agreeing upon given outcomes in those areas with the relevant stakeholders. In addition, it also discusses key thematic issues which present real opportunities to add value to older people's lives and homes; improving design, releasing family homes and recognising the economic power that older people have as part of a wider market response which needs to be stimulated and harnessed. The priorities for investment, for both the short to medium term, are therefore easily identifiable and should include...

### **Releasing Under-Occupied Homes**

- 5.4 There is a strong business case for recognising the benefits of releasing under-occupied family homes for rent. Derby reflects the national position of holding a social housing portfolio which includes over 3000 council owned family homes which are under-occupied; of these almost 600 are large family homes occupied by a single or couple elderly (65+) household. Releasing these would generate a significant supply of much needed accommodation for families on our housing waiting list, but previous schemes designed to assist and financially encourage such households to move to more appropriate accommodation have been inadequate.

- 5.5 National research (The Wanless Report) strongly indicates that such households wish to remain in areas with which they have an established connection. The geographical clustering of such under-occupied properties does represent significant opportunities to begin to capture the response of new housing development for these households. Two major sites identified within the Mackworth and Kingsway areas, will provide a significant response to meeting such need, both for affordable and market housing. On each of these developments around 25% of properties will be affordable, including bungalows on the Mackworth site.
- 5.6 A wider reflection needs to take place on the smaller development sites that could lend themselves as suitable for development for the elderly. Development and planning staff alike will need to be proactive in identifying and negotiating with land holders and considering what support could be offered, financially and otherwise, which will help release locked land sites. A considered proportion of the capital funding held in reserve should be allocated to help achieve such an outcome, attached to measurable outputs which evidence the efficiency of such a measure.
- 5.7 In order to ensure such measures are effective, there will need to be a marketing campaign for those households affected, to be targeted on a priority basis at those households in defined areas where there is a realistic short to medium term prospect of responding to their housing requirements. Robust engagement will need to take place to ensure that sensitivities and uncertainties are addressed, both for the household and the developer. Assisted move schemes will need to be reviewed for such households.

### **Key actions:**

- Liaise directly with those households under-occupying large homes in cluster areas, and begin negotiating with developers for suitable housing to address need. Mackworth and Kingsway sites should be targeted more immediately for a suitable housing offer for older people.
- Derby Homes should develop an effective marketing campaign which seeks to encourage those households under-occupying larger homes to move to more suitable housing. At present they have in place the Home Release Scheme which offers incentive payments and services to help customers move into smaller properties.

### **Delivering Extra Care**

- 5.8 Along with other forms of specialist housing for older people, Extra Care housing is generally seen to deliver a number of beneficial outcomes for older people. There is emerging evidence to suggest that it can make a considerable difference, in terms of improvements in the health and well-being of residents as well as achieving care efficiencies. Extra Care housing can also serve as a wider community resource, and support place-shaping and 'age friendly' neighbourhoods. Furthermore, and fundamental to our identified need to release under-occupied properties in the City, is the benefit of Extra Care for the

wider housing market and regeneration activity, in the context of freeing up family housing at a lower housing unit cost than new build.

- 5.9 Equally important is the question whether Extra Care can provide a home for life as an alternative to residential care. The design of the building and the design of health, care and support provision have been carefully considered in each of the existing and new schemes in the city, but that the demand of such schemes has meant that they are occupied with high levels of residents with higher care and support needs. As a result, a clear strategic response should be in the planning of further schemes and in their respective allocation policies, if Extra Care Schemes are to be perceived as desirable lifetime homes for all older people, not just those with care and support needs.
- 5.10 As a local authority, our role is to commission such schemes but also to seek to stimulate the market in developing such accommodations. The Council could strengthen its marketing approach with private developers and other potentially interested parties and this should be integrated into our wider market approach to stimulate housing for older people in the city. Whilst the development of such schemes is often opportunity led, more joint working between Adult Social Care and Housing Development will consolidate the principles of need and 'best fit' and work with planners and developers to achieve those.
- 5.11 A key issue to continuing developing Extra Care schemes in the city is funding. The issue of funding sources, against the level of return that can be expected on capital and revenue investment, are under more intense scrutiny. The current economic conditions means financing such developments is challenging, and may require the Council to contribute land or funding to the development of Extra Care, whether this is in actual financing or in kind. Given the limitations of the Homes and Communities Agency's funding programmes, we must be realistic in recognising the need to use more mixed tenure to support the development of rented housing and to widen access to services within schemes to the local community, including self-funders.
- 5.12 Finally, marketing the concept of Extra Care, (as it remains a relatively new concept), should be embraced as a strategic priority. It is important that providers and commissioners develop a strategic approach to its marketing at an early stage, particularly with the required shift towards increasing mixed tenure schemes, effective marketing is even more critical to ensure accommodation is sold more quickly. The intelligence data relating to need, particularly those on incomes, within this strategy will help inform such decisions on a community basis and should guide both the building design and size and viability issues.

### **Key Actions:**

- Continue to develop Extra Care in areas of high density of older populations, and in particular in areas of ageing older populations (85+).

- Develop a stronger marketing approach with private developers to stimulate the development of more mixed tenure Extra Care schemes.

## **Developing Specialist and Affordable Housing**

- 5.13 In a period of austerity, decisions become more difficult and resources tighter, requiring local authorities to identify efficiencies and think innovatively. The building of new homes for our ageing population needs to be prioritised as a key component of our housing, health and care policies, and housing strategy and development teams should play the key strategic role in coordinating new efforts by housing providers, private and third sector organisations to meet the housing needs of our local older residents.
- 5.14 Complementary to this, Housing Associations and Derby Homes should also maximise the potential of design and innovation in reinventing housing opportunities for the current and next generation of older people. In doing this, they need to consider the demographics and needs data carefully, acknowledging the emergence of two groups of older household types: those who are younger and more mobile, with limited health issues and who are wanting and able to, live alone with limited support. The strategy discusses their relative requirements and aspirations for new accommodation: high standard, two bedrooms with good local facilities. The other group is the older elderly, likely to be over 85, with increasing frailty and in ill-health, but who are also expected to live a longer period of their lives in this phase. This group are more likely to be requiring specialist accommodation that addresses their social and health care needs, for example Extra Care.
- 5.15 The city has identified a number of key strategic sites which sit within the city boundaries and are currently undergoing development. It is essential for negotiations to include some provision of affordable, suitable housing for older people, and in particular to consider more specifically, responding to those needs of older households identified as under-occupying much needed council homes, as a priority. In addition, a focus should be developed on actively seeking out negotiations with owners/developers of the smaller sites as identified in the Derby Plan, and identify a list of such sites with relevant inhibiting factors which are keeping those sites locked. Wherever possible, work should begin to unlock such sites by whatever means possible and which remain within the gift of the local authority. Beyond the specifics associated with each site, there may well be opportunities to release such sites for development with some capital funding from the city, where there is a commitment to deliver the accommodation needed. In this sense, we need to become better entrepreneurs to invent and procure housing opportunities for our next generation of older people.
- 5.16 Opportunities presented within the wider sub-regional housing market area should be explored. There are several key strategic sites that fall under the Southern Derbyshire boundaries, yet retain strong housing market area activity and demand for Derby's residents. Housing need which is expressed from areas on the peripheral boundary of the city may well require their needs

addressed from those sites sitting across those very artificial boundaries; such concepts should be explored with those relevant neighbouring authorities, planners and policy makers.

5.17 The strategy identifies examples of excellence from both Holland and Sweden, as stellar housing schemes for older people. Fundamentally, they reverse the concept that holds true for England; by providing exciting, well designed, desirable and sustainable housing, older people *choose* to move before deterioration in health, or crisis, precipitates this. Central to this is the requirement to satisfy a number of criteria; location and neighbourhood, building layout and shared spaces, individual homes and private outdoor space and environmental sustainability and the natural environment. It is critical therefore, that such standards are adopted on all new schemes, delivering a sustainable and inclusive model for all future housing.

### **Key Actions:**

- Place the need for high quality, affordable, mixed tenure housing for older people firmly on the map for both existing and pending development schemes. Negotiate an agreed proportion of affordable housing for older people on the key strategic sites.
- Influence the design and innovation of housing for older people, drawing on the key design attributes recommended by the HAPPI report as a blueprint for all future housing.
- Identify opportunities within smaller sites and work to release the large number of blocked sites. Identify those measures needed to assist developers to unblock sites for suitable development.

### **Developing a Balanced Market Strategy for Older People- Open Market Housing**

5.18 In looking to the future, it is essential to adopt a balanced market strategy, to include significant provision of open market housing for older people. This will incorporate the need for an approach which seeks to raise awareness, amongst private developers and planners alike, of the possibilities offered through innovative approaches to the design of housing and neighbourhoods. It will also contain an important role in making such recommendations both on a broader level and on area by area basis. Developers should also be encouraged to bring on stream a spectrum of provision, including bungalows, innovative one and two bedroomed apartments, all of which can be purchased either outright, or on a shared ownership basis.

5.19 As part of this, the use of the planning systems will be a key component in ensuring the quality and supply of an effective older person's housing market. More recently, a number of policy documents have specifically required that authorities ensure planning policy takes into account the impact of an ageing population. This strategy identifies and reports robust and up to date evidence reflecting older people's needs, to support planning applications.

- 5.20 Relevant to this, is the need for strategic commissioners to ensure that the planning arrangements in our local authority support the delivery of the agreed local vision for housing, which is suitable for older people. In this context, the Strategy Team are liaising with Planning to ensure older people's needs and preferences are reflected within the new Local Plan for Derby. We will also need to support the development of other forms of housing for older people as part of local regeneration mixed use developments, such as Castleward. A clear approach to Section 106 applications in support of older people's housing will also be necessary.
- 5.21 The purpose of clear and robustly evidenced priorities being jointly reflected in both housing and planning policy is to ensure, of course, that potential developers have a clear understanding of expectations both prior and during application stage. They will need to recognise the future demographic make up of the communities they plan to develop in, and work with the housing and planning department to create a wider choice of housing suitable for older people, and assist in the development of urban environments that work for older people, making those communities sustainable and desirable in the long term.
- 5.22 The Market Position Statement, (Derby Adult Social Care and Support), developed in February 2012, represents a calling card for an introduction for deeper discussions within the public sector, across housing, planning and health and social care, with providers and potential developers of accommodation within Derby, and will be a useful tool, alongside this strategy, in securing good quality, suitable and desirable accommodation for our ageing residents.

### **Key Actions:**

- Develop a balanced market strategy by focussing on the delivery of greater provision of open market housing for older people. Talk to developers at key forums on the city's dynamics and housing profiles and engage with private developers to raise awareness.
- Consult effectively with planners on the need for suitable housing for older people and ensure that such needs are reflected with our planning policies of the future.
- Ensure there is a clear approach to Section 106 arrangements which reflect and support the development of older people's housing.