

CHAPTER 2 - NATIONAL AND LOCAL CONTEXT, AND EXTERNAL STRATEGIC VIABILITY

1. Introduction

Section 2 of this chapter of the report sets out the national context - growing older in a changing society; the changing policy debate; the implications for sheltered housing; older people's views on housing and sheltered housing; and housing markets.

It then goes on in section 3 to examine the local context - the older population, including older people, income and poverty; and ethnicity; supply; health and social care strategy; and housing strategy.

Section 4 sets out the findings, and conclusions on external strategic viability, based on the Starfish findings.

Section 5 summarises the implications and recommendations from the earlier sections.

2. National context

The future planning, commissioning and delivery of sheltered housing and services for older people needs to be set within the broader national context about planning for an ageing society.

2.1 Growing Older in an ageing society

Although 25 years was added to life expectancy in the 20th century (biological ageing) the ageing of the population, particularly in the 1980s and 1990s, has often been portrayed in terms of public debate, as a "demography of despair"ⁱ. Old age has been presented all too often as an illness. This is not surprising given that ageism and social exclusion are built in to the fabric our society. Discrimination has existed in a number of areas, for example in having an official retirement age from work, and in the attitude of insurance companies to insuring older people beyond a certain age. In the housing field we have seen it in design and space standards for some sheltered housing, and in lettings policies which restricted the choice of older people about the type of housing and tenure choice that was available to them.

However, over the last decade, there has also been a growing movement to challenge the stereotypes around this homogeneous view of older age and the older population, and to promote a very different social model of ageing. This has partly been led by older people themselves, as demonstrated for example by the positive impact of older people engaged in the BGOP (Better Government for Older People) programme. A growing body of research^{ii iii iv}, consultation (for example, the Inter Ministerial Group Listening Events with

Older People) and engagement with older people's forums has highlighted the diversity and heterogeneous nature of the older population. It has also increased our understanding of the poverty, ageism, social exclusion and discrimination which our citizens have to face when growing older, and what older people themselves see as important to well-being in older age.

2.2 The changing policy debate

Shifting the balance

As a result of this growing understanding, the policy debate is beginning to broaden from the traditional focus on ill health and frail older people. It is beginning to encompass an agenda which is about promoting quality of life and well-being, addressing ageism, recognising older people as equal citizens in society, and valuing the contribution older people make in their communities in all sorts of ways. It also includes addressing the issues which mitigate against older people being able to enjoy quality of life and independence in older age, whether these are legal barriers, attitudinal barriers, adequate income, suitable housing and environment, or a range of, often small but critical things, which can make the difference between feeling 'in control' or not.

As the recent Audit Commission/BGOP reports on Older People, independence and well-being say "as yet there is no consensus about what the implications of our ageing society are, but we have an opportunity to shape things for the better.....We need approaches that help older people to lead independent lives - keeping people healthy, active and able to participate for as long as possible. For older people whose health has begun to fail, we need to find ways to ensure that they too, can live their lives as fully as possible"^v.

Underpinning the debate has been the importance of adopting a broad 'citizen' based approach in order to address the issues of inequalities, diversity and social inclusion. Arguments for such an approach have brought thinking around prevention back onto the agenda, after a period when it seemed to all but disappear off the canvas in many parts of the country. The Nuffield Institute for Health has argued for a two-fold definition of prevention:

- Preventing or delaying the need for care in higher cost, more intensive settings and
- Promoting the quality of life of older people and their engagement with the community

In its most recent paper on prevention The Nuffield Institute for Health has argued that "comprehensive, person-centred policies for older people should focus around the concept of 'successful ageing' and 'living well in later years', and that greater priority should be given to the second of the two definitions of prevention in order to "produce a more rounded approach to successful ageing".^{vi}

The Association of Directors of Social Services (ADSS) and Local Government Association (LGA) have picked up this theme around prevention in a recent discussion paper^{vii} and argued for a shifting of the balance away from a focus only on acute care and the most frail older people (See Fig. 1). "Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of well-being is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies, see Fig. 2.

Fig. 1 - Support for People Today

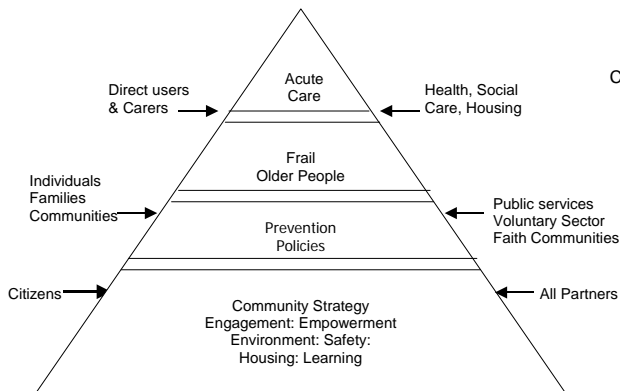
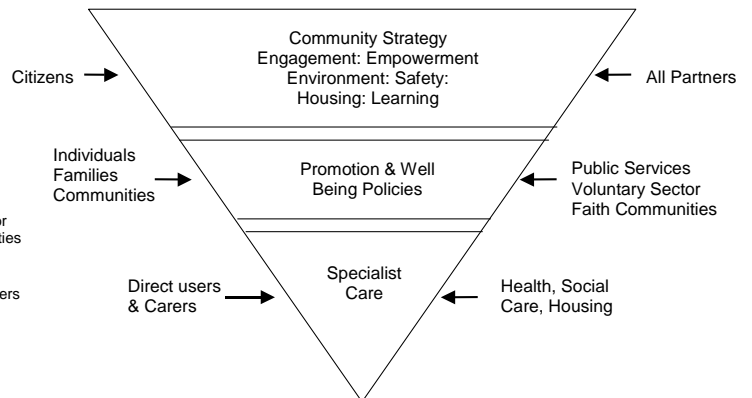


Fig. 2 - Support for People Tomorrow



Changing the face of public services

A number of organisations - ADSS, LGA, Audit Commission, BGOP, and the Nuffield Institute for Health - are coming together to promote this broader approach under the theme of Living Well in Older Age: Shifting the Agenda from Prevention to the Promotion of Successful Ageing (2003). In their current work to update the document^{viii} they are focusing on the changes needed if public services are going to meet the needs of tomorrow's older citizens - "A radical change of perspective is needed if public services are to meet the challenges of our ageing society. This approach may not cost more; it involves a better use of resources and more effective ways of public services working together in the interests of citizens.

In the same paper these organisations identify the critical dimensions for policy and practice as:

- "Promoting a holistic approach which is:
 - Comprehensive - promotional strategies need to be comprehensive and not just focused on health and social care. They need to embrace the concept of citizenship and recognise the broad set of partners that need to be engaged to promote social inclusion for older people.
 - Coherent – older peoples' priorities need to be reflected in the structures and forums that are key in deciding resource allocation and community planning;

- Community focused – focusing on older people as members of their local communities, recognising the important role of social networks promotions in healthy ageing;
- Moving from an approach which promotes **choice** and **independence** for older people to one which promotes **control** and **interdependence**. Such an approach would recognise and promote ways in which older people could exercise more control over their lives. It would also support the maintenance of relationships and development of new ones which are based not on dependency but on a mutuality of exchange, giving as well as receiving. "
- Work by the Newcastle Elders Council highlights the principles and issues which impact on older people's lives, and which public policy and services need to address.

The current agenda is a broad one:

Fig. 3 Principles and issues that are important to older people ^{ix}

Principles	Issues
<ul style="list-style-type: none"> • Being valued for their lives and experiences • Being able to put forward their views and contribute • Interdependence – older people as a resource working in partnership • Addressing discrimination • Having the choices and control to feel independent • Having information and services that are accessible and joined up 	<ul style="list-style-type: none"> • Lifelong learning • Arts and culture • Health and social care • Housing • Transport • Finance and income • Crime and community safety • Environment • Regeneration and building communities • Equality and diversity

2.3 Government policy initiatives

The government has introduced a whole raft of health and social policy initiatives in relation to older people, including:

- Modernising social services through promoting independence, prevention, and improving social services for older people
- A National Service Framework for Older People (NSF) covering health and social care, focussed on rooting out ageism and promoting well-being
- An information Strategy for Older people to support the implementation of the NSF

- Promoting a more integrated approach to delivering health and social care with an emphasis on whole systems working in areas such as hospital admissions and discharges, and community based services; hip fractures; stroke; rehabilitation; intermediate care; mental health; equipment; and adaptations
- Recognising the importance of housing in terms of service modernisation and rebalancing the system away from hospital and long-term care through the DH extra care grant programme and promoting the role of Home Improvement Agencies in such areas as reducing delayed transfers of care
- The development of performance and financial levers (sticks and carrots) to promote improvement and change

The government and Audit Commission are now looking to pull these strands together through developing a new Comprehensive Performance Assessment (CPA) to be introduced in 2005, which focuses on a joined up approach to promoting quality of life and well-being for older people

2.4 The implications for sheltered housing

Nationally, the challenges to sheltered housing services are significant. It is now 5 years since the Audit Commission issued its challenge in "Home Alone" to providers to address the limitations of the service and utilise the resources more effectively within a broad context of services to older people.

A number of key policy documents have followed from the National Service Framework, which relate to housing for older people. *Quality and Choice for Older People's Housing* (2001), *Preparing Older People's Strategies* (2003), and the Housing Corporation's Strategy for Older People (2003), all promote choice and diversity, and building services around what older people want. They also stress that most older people live in ordinary rather than specialist housing, and that most older people are home owners. Older people's housing strategies that just focus on sheltered housing for the rented sector will not be seen by government as adequate or comprehensive.

Ideas on citizenship and social inclusion have challenged providers to involve older people in service planning and active assessment of services delivered.

New forms of provision have moved away from the low-key support role of the traditional warden service to provide onsite care and support with clear ideas on what that support service is and how it relates to care and health services. In many models the roles of support and care are not only complementary but also interchangeable to a significant degree. Care workers are expected to work in an enabling way that is highly supportive. Support staff will work to support individuals with tasks crucial to their independence but which, if provided *for* someone, would be seen as care. Housing support is moving much closer to its links with care than its relationship to housing or estate management. Indeed, support workers increasingly operate at a critical crossroads, offering support, signposting, contributing to service coordination

for an individual and facilitating their access to a wide range of services and professional help.

Design of schemes has changed from locating schemes in “quiet, attractive” but inaccessible locations to focusing on proximity to transport, shopping and being part of the continuing life of local communities. Accessibility to the schemes and within the schemes has become a paramount concern, space standards have improved dramatically and two-bedroom provision is increasingly common.

Supporting People Grant has become the means of financing support services and this has not simply been a transfer of accounting processes. SP requires service providers to achieve clearly defined and prescriptive quality standards, to demonstrate value for money, to provide services that meet individual needs and to work with clients to ensure each has a regularly reviewed personal support plan that has been agreed with them.

In addition, the ability, through Supporting People, to define support around people not properties, allows commissioners and providers to rethink the provision of support for the people who need it across tenure and property type. A number of social housing providers (e.g. Testway in Hampshire and Broadacres in Hambleton), have moved in this direction and provide support to vulnerable older residents across their stock, through non resident mobile wardens linked to community alarm centres. Other providers, as part of THB initiatives leading up to the introduction of SP, assessed the support needs of tenants on a geographical basis, and have developed generic floating support services, including older people.

The Government has set targets for all social housing to meet minimum quality ‘decent homes’ standards. For sheltered housing, this is a particular issue with at least 25% of the stock nationally unlikely to meet such physical standards without major investment or redevelopment.

For those service providers yet to address how their service will develop and offer support in the future, the pressure will be significant.

The Housing Corporation is has brought in new definitions of housing for older people and supported housing in April 2004 (Housing Corporation Regulatory Circular No: 03/04) for RSLs . The purpose is to enable housing associations to categorise their housing for rent as either general needs housing, or supported housing or housing for older people within the Housing Corporation’s regulatory, data collection and investment systems. The circular is reproduced in Appendix 1. There are three types of housing for older people:

- Housing for older people (all special design features)
- Housing for older people (some special design features)
- Designated supported housing for older people

Providers will need to categorise their sheltered housing and other stock designated for older people under one of the three definitions. This means that they will have to be much clearer than now as to whether their schemes have special design features suitable for older people or not.

As part of the work for this report the 8 sheltered housing providers were asked to assess their sheltered schemes against the earlier draft Housing Corporation definitions that were piloted. The definitions used were similar to the final ones used. The results are set out in chapter 4, and these earlier draft definitions are also set out at the end of Appendix 1.

Supporting People reinforces the direction of the Housing Corporation in separating support from property definitions.

The work carried out for the Housing Corporation also emphasises the importance of not relying on narrow definitions but developing clear descriptions of sheltered housing, which enable older people to see what different schemes have to offer and to make informed choices. Some areas, such as the Access Liverpool service, have developed descriptions which address issues of importance to older people such as – ‘can I take a pet’; ‘is it near the shops and bus stop’ etc. This is an important learning point for Cambridgeshire.

2.5 Older people’s views on housing and sheltered housing

Perhaps the major challenge to providers will be from the changing views and opinions of older people themselves. There is growing evidence that people seeking retirement housing, across all tenures, are becoming more discerning and demanding in terms of what they are offered. At the same time, changing demographics and health circumstances mean there is a much broader range of age groups to consider within the definition of older people. In effect we are talking about several age groups, let alone economic and health considerations. A single retirement housing scheme is increasingly unlikely to attract new residents from across all these age groups. This market fragmentation will intensify in coming years and providers will need to be clear about whom their offer is targeted at. Housing authorities will need to ensure there is a range of options available across these age groups as well as likely dependency levels.

For sheltered schemes in more rural areas, where older people may not have more than one scheme in an area to choose from, the challenge will be to develop that flexibility within the scheme itself. We have seen imaginative examples of rural schemes provide the housing and support hub for the local area through:

- Offering more than one tenure in the same building. We understand that this is beginning to happen in the county, and that South Cambridgeshire are selling leases on some sheltered properties
- Upgrading schemes to improve standards and accessibility

- Basing local home care staff in the building, to provide a flexible extra care support
- Opening up the communal facilities for community use
- Converting one of the flats for use of a local shop or Post Office, as a way of retaining much needed local facilities in a small town or village

Consumer research with older people shows a much more sophisticated market than we commonly understand:

- Older people make decisions about housing choices at different stages in their lives
 - Some choose to move early in retirement, largely for housing and lifestyle reasons. Increasingly few of these people want to move to traditional sheltered housing, given the poor space standards and the communal living aspects. Bungalows, if good space standards, are a more positive choice
 - More choose to move later in retirement, usually because of a trigger (e.g. around health reasons, or death of a partner, or community safety). Sheltered housing is more popular for these later movers, but not for property reasons only
 - With the growth in home ownership in the older population and pension limitations/income limitations for many older home owners, flexibility and choice of tenure is growing in importance. Some sheltered for rent providers have noted a significant increase in demand from owner occupiers wishing to change tenure and rent. Sometimes this is due to lack of leasehold sheltered. For others it is a positive choice to change tenure and release equity
- When choosing sheltered housing most older people will consider location first, quality of housing second (particularly access issues both into and in a scheme), and services third. Affordability, value for money and impact on lifestyle will also be important overall considerations
- Some sheltered housing is becoming less popular because of location, access and standards reasons and older people are voting with their feet not to go these schemes
- There is a particular set of issues around rural housing for older people – e.g. availability of post office, shops and transport – which impacts on the market for older people and their housing decisions
- Most older people still have very little understanding about sheltered housing because of poor marketing and lack of clarity about both the physical standards of the building and what services are actually provided – the ‘service promise’. Few areas provide good descriptive information to enable older people to genuinely choose between different rented schemes or between tenures. This applies across the board to all types of sheltered housing, including extra care

2.6 Housing Markets and commissioner and provider responses

There is a growing interest from commissioners and providers in gaining a better understanding of the housing market as it relates to older people. This is resulting in:

- Commissioners inviting private leaseholders into areas to meet new market needs
- Providers developing a greater choice of housing (and support) options - 2 bedroom flats, 1 and increasingly 2 bedroom bungalows, extra care schemes, more accessible features as in Lifetime Homes; close care bungalows in the grounds of residential care and nursing homes
- More mixed and flexible tenure schemes

3. Local context

3.1 Introduction

The local context is complex, particularly in a two tier local government structure such as in Cambridgeshire, and with the added dimensions of one of the PCTs covering two district council areas, and the emergence of regional and sub regional housing strategies.

This section of the report provides a summary based on analysis of documents provided to us by the county and district councils as well as discussions with Steering Group members, 2001 Census data and some primary research.

3.2 The older population, income and ethnicity

The information set out below is based on census information provided by the County Council as well as data taken directly from the National Office of Statistics.

Table 1 sets out the population aged 60+ by district, and the percentage of these who live in households (97%) or communal establishments (3%). As can be seen there is considerable variation in how the older population is spread across the districts, ranging from 25.8% in Huntingdonshire to 14.6% in East Cambridgeshire. The proportion of the population resident in communal establishments varies between the districts, with the highest proportion in Fenland (16.2% for 85-89 year olds - county average 12.6%)

Table 1: Population Aged 60 + Resident in Households & Communal Establishments, Cambridgeshire Districts

District	Population Aged 60 and over	Living in Households	Living in Communal Establishments	% in Comm Estabs	% of County Population aged 60 and over
Cambridge City	18,332	17,638	694	3.8%	17.0%
East Cambs	15,720	15,243	477	3.0%	14.6%
Fenland	20,484	19,714	770	3.8%	19.0%
Huntingdonshire	27,789	27,046	743	2.7%	25.8%
South Cambs	25,439	24,772	667	2.6%	23.6%
Cambridgeshire	107,783	104,412	3,371	3.1%	100%
% of all	100%	96.9%	3.1%		

Source: 2001 Census Table S01

Table 2 provides information on the proportion of older households with Limiting Long-term illness (LLTI) and with Not Good Health.

Table 2: Household and Communal Establishment Long-term Residents Aged 60+ with Limiting Long Term Illness (LLTI) and Not Good Health, by Age Group, Cambridgeshire

Age Group	% Household Pop with LLTI	% Communal Establishment Pop with LLTI	% Household Pop with Not Good Health	% Communal Establishment Population with Not Good Health
60-64	25.8%	64.6%	12.3%	30.6%
65-74	34.2%	83.3%	14.1%	50.4%
75-84	52.0%	94.7%	21.8%	34.9%
85 and over	70.6%	95.3%	31.3%	32.1%
All 60 and over	39.8%	92.1%	17.1%	35.1%

Source: 2001 Census Tables S017, T09

Table 3 shows the household population aged 60+ by tenure.

Table 3: Household Population aged 60+ by Tenure, Cambridgeshire

Age Group	% Owner	% Social Rent	% Private Rent	Total
60-64	81.4%	12.5%	6.1%	25,835
65-74	77.5%	17.1%	5.4%	42,615
75-84	68.0%	24.1%	7.9%	27,397
85 and over	59.7%	28.1%	12.2%	8,565
Total	77,809	19,542	7,061	104,412

Source: 2001 Census; Table S017

The table shows that older age groups are more likely to rent from a social landlord or privately than the 'younger elderly'. Over 28% of people aged 85 and over rent from the Council/RSL and over 12% rent privately.

An analysis at a District level shows some variations to this county overview. Social renting is much higher, for all age groups, in Cambridge City, where it accounts for around 23% of people aged 60-64, over 26% of the 65-74s and over 33% of people aged 85 and over. Social renting is relatively low amongst the 'younger elderly' in both Fenland and Huntingdonshire (just under 10% of 60-64s and around 13%-15% of the 65-74s).

Private renting is very high for the over 85s in Fenland, accounting for almost 15% of all household residents of this age. It is very low in Huntingdonshire, providing for just 8.5% of people aged 85 and over.

The percentage of older people with LLTI and Not Good Health, across different tenures is provided in Table 4. The proportions for private and social renters are much higher than for home owners, apart from the 85+ group. The incidence of LLTI is higher across all tenures in Fenland, significantly more than any other district in the county.

Table 4: Limiting Long Term Illness, (LLTI) and 'Not Good Health' by Tenure, Household Population Aged 60+, Cambridgeshire

Age Group	% LLTI owners	% LLTI social renters	% LLTI private renters	% Not Good Health owners	% Not Good Health social renters	% Not Good Health private renters
60-64	22.9	42.3	31.4	10.2	24.0	14.9
65-74	31.7	44.4	38.3	12.1	22.1	17.1
75-84	48.9	59.0	57.0	19.4	27.3	25.3
85 and over	69.4	73.0	71.5	29.6	34.9	31.3

Source: 2001 Census Table S017

In terms of population projections, table 5 shows the forecasts from 2001-2016 for people aged 60+, by district, together with changes to LLTI and Not Good Health. The numbers of older people with Limiting Long term illness are projected to increase by 15,700, of whom 2,000 will be aged 85+. The population growth figures vary significantly from district to district. Overall an increase of 42,000 people aged 60+ is projected, with the biggest increases forecast for Huntingdonshire and South Cambridgeshire.

Table 5: Population Aged 60+ Forecasts 2001-2016 and Possible Implications for Housing & Care Support, Cambridgeshire Districts

District	Population Change 2001/2016 60+	Change LLTI 60+	Change Not Good Health 60+	Change Comm Estab pop 60+
Cambridge City	1,380	50	30	-40
East Cambs	5,820	2,230	960	170
Fenland	5,440	2,310	1,080	220
Huntingdonshire	15,200	5,670	2,390	290
South Cambs	14,560	5,270	2,110	310
Cambridgeshire	42,400	15,690	6,720	980

Source: 2001 Census, Tables S01, S017; Research Group Cambs County Council

Table 6 divides these increases down by age group. This shows the biggest increase to be forecast in the 65-69 age group (66.7%), with 2,790 more older people projected for the 85+ group (29.1%), the group which is most at risk of institutional care

Table 6: Forecasts of Elderly Population Aged 60+, Cambridgeshire, by Age Group

Age Group	Population change 2001/2016	% change on 2001 population
60-64	9,630	37.6
65-69	14,840	66.7
70-74	8,590	42.5
75-79	3,820	22.8
80-84	2,740	23.6
85 and over	2,790	29.1
Total 60 and over	42,400	40.0

Source: Research Group, Cambridgeshire County Council – Structure Plan Forecasts 2002

Older People, income and poverty

Help the Aged has recently produced the “Older People Count”¹ report. The research was conducted by the University of Oxford and the work published in May 2003. It has created an Income Index by calculating the rate of older people living on income related benefits for each ward in England and Wales. The table below shows the district rate of older people living on income related benefits, showing the ranking of authorities in Cambridgeshire (where 1 is the most disadvantaged - out of a total of 376 districts).

Table 7: Ranking of Cambridgeshire authorities on the Older People Count

Cambs City	F	EC	H	SC
257	137	189	274	322

Table 8, taken from the same study, shows the proportion of the district older population who are living on benefits.

Table 8

Cambridge City	Fenland	East Cambridgeshire	Huntingdonshire	South Cambridgeshire
24.1	29.9	26.8	23.5	20.5

These tables show that Fenland has the highest level of disadvantage in terms of low income amongst the older population of all the districts in the county.

Ethnicity in Cambridgeshire

Of a total population of 552,658 in the 2001 Census, some 49,000 people are outside the pre-dominant white British ethnic group. This is marginally in excess of 9%, but this percentage ranges from 3% in Fenland to 21% in Cambridge.

BME communities in the three other LA areas are between 6 and 7%. We have no figures available for the ethnic groups by age. It would be unwise to extrapolate from the overall figures for age to assess the number of older

¹ Older People Count: The Help the Aged Income Index for Older People in England and Wales 2003
Imogen Parry
Paragon Strategies
Peter Fletcher Associates

people from BME populations. However, it would be reasonable to carry out an exercise to assess the numbers of older people in some of the larger ethnic communities.

Table 9 below shows the division between the white British population and all other ethnic groups in the County.

Table 9

	Total Population	White British	All other groups	All other groups %
Cambridge	108863	85472	23391	21.49%
East Cambridgeshire	73214	68545	4669	6.38%
Fenland	83519	80911	2608	3.12%
Huntingdonshire	156954	146570	10384	6.62%
South Cambridgeshire	130108	121378	8730	6.71%
	552658	502876	49782	9.01%

Range of Ethnicity

The largest census category, outside of white British, is “Other, White”, including White, Irish. It is notoriously difficult to generalise about non-British white communities, as these will consist of many different nationalities. Outside the White population, the two largest ethnic groups are Asian and Chinese, although in Huntingdon the two groups are Asian and Black

Tables 10 and 11 below show the main Census categories for ethnicity.

Table 10

	Total Population	White	White British	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
Cambridge	108863	97365	85472	2141	4085	1461	3811
East Cambridgeshire	73214	71674	68545	500	334	234	472
Fenland	83519	82346	80911	471	317	176	209
Huntingdonshire	156954	152487	146570	1475	1453	788	751
South Cambridgeshire	130108	126292	121378	1134	1134	568	980
	552658	530164	502876	5721	7323	3227	6223

Table 11

	Total Population	White	White British	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
Cambridge	108863	89.44%	78.51%	1.97%	3.75%	1.34%	3.50%
East Cambridgeshire	73214	97.90%	93.62%	0.68%	0.46%	0.32%	0.64%
Fenland	83519	98.60%	96.88%	0.56%	0.38%	0.21%	0.25%
Huntingdonshire	156954	97.15%	93.38%	0.94%	0.93%	0.50%	0.48%
South Cambridgeshire	130108	97.07%	93.29%	0.87%	0.87%	0.44%	0.75%
	552658	95.93%	90.99%	1.04%	1.33%	0.58%	1.13%

It is unlikely that these numbers would require some specific form of housing provision. Generally across the country, there is a greater emphasis on

ensuring provision reflects the community in which it is located, and has the mix of skills and staffing resources to meet the needs of the various ethnic groups within any specific community. Ensuring a local service can provide a culturally sensitive service, with appropriate and adequate language resources, must be the priority.

The needs of Asian and Chinese communities, particularly in Cambridge, might require such an approach in service provision. To what extent service users from the minority communities require tailored services requires an assessment of the age profile of each ethnic group. There is no doubt that the needs of older people from minority communities will increasingly need to be addressed, particularly in terms of care and support services, whether within the social housing sector or the private housing sector.

3.3 Supply

Residential Care and Nursing Care

Residential Care and Nursing Care markets are subject to much discussion. Generally, there is no evidence that care services can operate without an adequate level of good quality provision of such forms of care. Nursing Care, particularly for dementia sufferers, remains at an inadequate level country wide. Although improved home care, extra care housing and integrated health and social care services will reduce the need for residential provision it remains both necessary and an important element in the provision of a comprehensive range of services and accommodation options for older people.

Table 12 shows the provision of residential care and nursing care available in each of the local authority areas, taken from the Elderly Accommodation Council database, as total bedspaces and the number of bedspaces per 1000 of the population aged over 60.

Table 12

LA*	Population over 60	RC Beds	Nursing Beds	Total	Beds per 1000
Cambridge	18,332	730	244	974	53
East Cambs	15,720	135	181	316	20
Fenland	20,484	270	448	718	35
Huntingdon	27,789	367	226	593	21
South Cambs	25,439	361	158	519	20
	107,783	1863	1257	3120	29

As can be seen, Cambridge has by far the highest proportion of high care beds, 53 per 1000 compared to East Cambridgeshire, Huntingdon and South Cambridgeshire with 20, 21 and 20 respectively. However, this provision is skewed towards residential care. Fenland, with the second highest proportion of care provision has the largest number of nursing care homes and beds.

*Sheltered and Extra Care Housing*Supply Side Figures

The supply of specialist housing for older people in Cambridgeshire is a significant proportion of the social housing provision in the County. There is a variation between the LAs in terms of the level of sheltered housing they own, with Cambridge City and South Cambridgeshire having the largest numbers proportionally, Fenland and Huntingdon the lowest. The figures in the tables below are based on the Supporting People information following the platinum cut.

Table 13

	Age Over 60 Total Pop	Extra Care	Sheltered Housing
Cambridge CC	18336	57	1144
East Cambridgeshire	15717	94	868
Fenland	20488	74	807
Huntingdonshire	27795	18	1016
South Cambridgeshire	25447	30	1592
Totals	107783	273	5427

All the authorities have extra care housing provision, with the greatest number in East Cambridgeshire. Nevertheless, the figures remain low overall, and there is an accepted need for further development of extra care schemes and services across the County as a whole.

Clearly, there are greater numbers of older people recorded as head of household living in council owned or RSL stock than there are sheltered units. In all areas owner occupied figures exceed both sheltered and general social housing figures. If the figures for households are compared to total population figures, there is a ratio of around 1:1.8, indicating a high number of households with 2 or more occupants. This is highly likely to be a greater figure amongst younger age groups but still indicates a high proportion of couples as potential residents for sheltered housing. This may impact on demand for smaller units to a greater extent than one would assume if looking solely at the population totals.

Combining some of these figures within a single table highlights the relationship between these statistics, as shown in table 14 below.

Table 14

	Total Pop	Specialist Housing	Over 60 Population	OAP Households	OAP O/O	OAP Council	OAP RSL	OAP Private
Cambridge City	108863	1201	18336	10836	6628	2617	777	814
East Cambs	73214	962	15717	8527	5801		1971	752
Fenland	83519	845	20488	11293	8279	1669	339	1006
Huntingdon	156954	1034	27795	14674	10578		3126	970
South Cambs	130108	1592	25447	13634	9625	2644	376	989
	552658	5634	107783	58964	40911	7911	5611	4531

Sheltered and extra care housing are an important and significant proportion within the overall range of social housing available to local older people. It would have been helpful to have had a population figure for the specialist housing to assess occupancy figures for the 2 person and larger flats and to allow additional comparisons, rather than units with numbers of people. However, it is generally data that is held by providers and we suggest that they carry out such an assessment and determine to what extent supply is determining household size or reflecting local need / demand in terms of the balance between couples and single people.

Sheltered Units in proportion to the local population

The table below excludes extra care housing and looks at the number of units of sheltered housing per 1000 of the population aged over 60. Both Cambridge and South Cambridge have comparatively high figures, particularly compared to Huntingdon and Fenland.

National figures, using the age of 65 and over, are some 46 units per 1000 of the population. This figure would be lower if using those aged 60 and over. The figures for South Cambridgeshire and Cambridge City are therefore well above the national figure. They are higher than other areas we have surveyed, including East Sussex (which has a high level of provision and a high percentage of older people in its population), Surrey and a range of large and small authorities across England.

Table 15

	Age Over 60 Total Pop	Sheltered Housing	Units per 1000 over 60
Camb CC	18336	1144	62.4
East Cambs	15717	868	55.2
Fenland	20488	807	39.4
Hunts	27795	1016	36.6
Sth Cambs	25447	1592	62.6
County	107783	5427	50.4

These figures are important in assessing the reasons behind performance issues. Over provision, coupled with poor quality, is a major factor in low demand and high void rates in sheltered schemes. These problems tend to accelerate once new programmes of extra care are started - which both add to supply and create a greater degree of choice than previously existed.

South Cambridgeshire, would see higher levels of voids in schemes based in areas with new extra care provision, where that provision was new build. This is a programme and supply issue that requires a careful assessment as to the nature of extra care housing in any area and whether extra care should be developed primarily through a building programme or a service development programme

3.4 Health and social care strategy

Very sheltered housing: "You have your own front door" (July 1999) illustrates that the county was one of the early leaders around the development of extra care housing. This is reflected in the development of a number of VSH schemes in the county. However, their exact role in relation to the long-term care system appears to be undeveloped.

Template for locality commissioning partnerships for services for older people in Cambridgeshire: this specification document (Latest version dated April 2003) came from the JIP for older people. It is primarily health and social care focused but does refer to preventative services including housing to help older people aged 65+ remain at home. It could provide a useful framework at a district council level within which to develop a more explicit housing for older people dimension, including the role of sheltered and extra care housing.

Prevention Strategy 1999-2002: this document will need updating but does refer explicitly to the role of sheltered housing (including use of communal facilities in sheltered housing) in relation to prevention as well as HIAs (e.g. take-up of benefits, prevention of ill health, prevention of accidents, hospital discharge, and affordable warmth), and community alarm services (including the use of mobile warden services). This strategy provides a number of helpful pegs to link sheltered and other housing services into a wider prevention framework for older people.

Social services service plan 2003-4: the section on adults specifically refers to the development of intermediate care, extra care sheltered housing and nursing home provision with partners. The section on resources management refers to preparing to pooled budgets for older people, though there is no explicit housing dimension to this. It also highlights the limited scope to shift funds out of intensive and into preventative services but does not articulate the potential of housing services to help achieve such a shift, apart from referring to best value reviews of sheltered housing and Home HIAs (Home Improvement Agencies).

Health and social care integration and redesign plans for older people: the PCTs and county council have been developing their integration plans for the older population. They are aiming to develop arrangements on a PCT by PCT basis, using section 31 agreements, shared performance indicators, and a joint action plan to provide the direction, performance targets and funding arrangements to stitch these arrangements together. Although housing was not part of these initial discussions, it has now been recognised that the housing dimension needs to be built into the integration plans.

At present the social services and health re-design plans refer to a growth in the number of extra care housing places from 307 (0.4%) to 1500 (1.9%) through a combination of new build and refurbished schemes and through schemes for sale (both full leasehold and shared ownership) as well as rent. We are not aware of where these proposed figures have come from, and there will be a need to re-assess these projections in the light of a whole systems view of the potential of both sheltered and extra care housing to play a role as an alternative to residential and nursing home care.

The redesign plans also refer to a planned increase in HTLAH (Help to Live at Home Service) from 5,400 (6.5%) to 9,969 (12%). However, there is no explicit role identified for sheltered housing as part of this service shift. 'Extra care' needs to evolve towards a concept that can be delivered in a range of housing settings and not just designated extra care schemes.

There are also a number of other potential housing elements which can be built into the health and social services re-design plans which we pick up in chapter 7.

In addition work has already been done, as part of this project to build housing into the vision for older people developed as part of the social and services integration plans. This is also set out in chapter 7.

Social services PAF figures in relation to older people: based on the figures for 2002/3 and Appendix 6 of the social services plan for 2003-4, the county is setting demanding targets for increasing the number of 'elderly people helped to live at home' (C32), and households receiving intensive home care (C28). At the same time the county council is looking to prevent any increases in admissions to residential and nursing home care, despite the population projections set out earlier in this section. A key issue for the review, therefore is how sheltered and extra care housing can help the county council deliver improved performance figures in relation to supporting more older people at home, a historical area of weakness (2001-2 figures).

Supporting People shadow strategy (July 2003): The SP strategy sets out a clear vision around promoting independence for vulnerable people, and to prevent people becoming dependent in the first place. There are also aims around addressing the needs of hard to reach groups and moving from property based support to floating support services to people in ordinary as well as specialist housing. The aim is to adopt a whole systems approach.

The strategy highlights the tradition of cross organisation and sector working and planning, and cites initiatives such as the Cambs SHIP as an example. It refers to the Best value Review of sheltered housing. The strategy refers to:

- 470 frail elderly units
- 6 units for older people with mental health problems/dementia. We understand that this refers to a Supporting People pipeline bid that was not successful. However, the project will still be provided using Primary care Trust resources
- 5699 units for older people with support needs
- 601 people supported through community alarm services

The gap analysis for revenue only services for older people and EMI older people covers:

- CHS extra sheltered housing scheme at Moorlands
- Hereward Jubilee Bungalows
- Neighbourhood warden, home help, HIA handyperson and other preventative services
- Shared database of at risk and vulnerable older people - this may not be eligible for SP funding under the published grant conditions
- Identify support needs of EMI people linked to developing inter agency commissioning strategy

The gap analysis for supported schemes for older people including capital, covers:

- Modernise, and consider alternative uses for sheltered housing stock (including as part of the intermediate care agenda)
- Hereward extra sheltered housing scheme at Linton
- Examine further need for extra sheltered housing

In relation to the review programme the strategy makes clear that for sheltered housing there is already a national policy principle that changes to sheltered housing's supporting people funding can only be made consequent on a Best Value Review.

Appendix 1.1 of the Shadow Strategy sets out the Cambridgeshire Planning Model for adult services.

Appendix 3 sets out the SP decision making structure. It will be important to relate the recommendations of this sheltered housing Best Value Review to other plans at different tiers of the planning process.

Appendix 4 sets out strategic principles for Supporting People in Cambridgeshire:

- "It is recognised that a variety of service models will be required to meet the differing needs of urban and rural communities across the county, and the requirements of specific groups"
- For 'sheltered housing and prevention' it states:

"It is acknowledged that mixed levels of dependency within non-specialist sheltered housing, and the balanced communities that result, are valuable contributions to the promoting independence/prevention agenda and assist in the efficient and effective use of the social housing stock".

County level overview

There are a number of policy pegs across the social care as well as Supporting People strategy agenda to which the sheltered housing review can be related. Key dimensions to consider are the future role that sheltered housing can play in relation to:

- Shifting to preventative approach
- Supporting more older people at home
- Sheltered housing role in relation to intermediate care
- Future role and volume of very sheltered housing in relation to residential and nursing home care
- Sheltered housing role in relation to specialist needs such as dementia and learning disability
- Links of sheltered housing to other housing services such as community alarm and mobile warden services
- The role of sheltered housing in supporting older people in the wider community
- Role of sheltered housing in relation to general needs housing - future need and demand in relation to future market and aspirations of older population, including tenure choice
- Use and balance of Supporting People funding for scheme based as opposed to floating support services

At the present time, although there is now a joined up vision, the housing dimension is not fully developed in relation to the health and social services re-design plans for older people's services. We address this further in chapter 7.

3.5 Housing strategy

Regional level

The Regional Housing Strategy does take account of older people as a population group and identifies many of the key issues, particularly in relation to older home owners.

It includes a strategic aim (2) of 'contributing effectively to social inclusion within sustainable communities'. This includes 'age and disability', though there are no actions identified.

Strategic aim 3 is 'to enable housing to contribute fully to ensure good health and promote equality'. Here housing and care needs of older people are specifically identified as an area for further work, including 'the impact on investment decision making', and 'the implications of an ageing population, particularly for housing design and location'.

The strategy also refers to Supporting People investment. It aims to enable older people to stay at home as long as possible, and to provide choice and support via DFGs, aids and adaptations resources, increasing the number of HIAs, and widening the range of support options.

The importance of private sector renewal strategies for older home owners is also identified, particularly older people who are 'cash poor and asset rich'. Home Improvement Agencies exist in all areas in the county.

Other areas mentioned are accessible designs for new homes and the needs of BME older people.

However, the Cambridge sub regional section in the regional housing strategy has almost no reference to older people.

The context material does refer to the ageing of the population, and identifies older people as one of the vulnerable groups, in terms of poverty and disability, care needs, preventative services, and need for DFGs. It also refers to the provision of safe, warm and healthy homes (chapter 3) and includes reference to older people under community safety. There are no other references to older people.

In March 2004 the ODPM announced additional growth areas to cover the London-Stansted-Cambridge-Peterborough corridor. This may offer opportunities to influence both the mix of housing planned, and the housing standards, in order to ensure that they reflect the needs of older people as well as younger single people and families.

Overall, therefore, the Regional Housing Strategy is weak in terms of the Cambridge sub regional section and addressing issues around sheltered and other specialist housing for older people.

These are significant gaps, therefore, in relation to providing a strategic and investment context for the Cambridgeshire Sheltered Housing Review.

District level strategy and needs information

Set out below is a brief key point summary of housing needs and strategy information.

East Cambridgeshire

Information for older people

There is a basic Information Leaflet from the Council's Housing Advice Service about sheltered housing for sale, with contact details of the 3 landlords and basic scheme information. There is no evidence of information guide on sheltered housing for rent across landlords, although Hereward Housing Association has leaflets on each of its sheltered housing schemes.

Housing Strategy and Housing Needs Assessment

The Council has a Housing Strategy for 2003-2006, and also commissioned a Housing Needs Study for the period 2002-2007. This includes a section on older people:

- Older people represent 32% of all special needs households
- Frail older people represent 3.4% of all households in the district
- 5.5% of households have both older and non older persons
- 24.8% of households are older people only, of which 65.5% are owner occupiers (5,013 older People); 26.6% in RSL accommodation; 48.1% of all owner-occupied (no mortgage) households contain only older people. These figures indicate demand potential for additional sheltered and extra care housing for sale
- 45.3% of the RSL households contain older people only
- Older people only households are disproportionately constituted of only one person, which has implications for caring patterns
- Geographical spread of older people only households across the 6 sub areas varies substantially, from 26.2% to 4%
- In terms of the housing market, 29.2% of older people only households would like to live in a bungalow (12.3% single pensioner and 16.9% 2 or more pensioners)
- 52% of special needs households are older people and a further 10.8% have both older and non older people
- The main priorities in terms of improvements for special needs households to their current accommodation are: showers; extra handrails; and lever taps
- However, the main reasons for unsuitable housing is the need to give or receive care and support rather than housing improvements.

We were advised that this was quite likely to be as a result of older people being located away from their family. This raises issues of support services into general needs housing as well as demand for moves to sheltered housing

The Housing Strategy recognises the situation of older people with a section focusing on Care and Repair services and on financial products related to these services, and is looking to fund the Home Improvement Trust. Affordable warmth, working with Age Concern and Care and Repair is also covered, as is community safety, falls prevention and partnership working with health and social services.

However, the strategy does not appear to cover issues around older people in the housing market in terms of housing choices, tenure, and the future need for sheltered and very sheltered housing for rent, sale or shared ownership.

Fenland

Information for older people

Fenland Council has a list of its own sheltered housing schemes for rent, including information on the type of units in each scheme. We are not aware as to whether or not this information is directly available to older people or whether there is a directory of all sheltered housing for rent and sale across all landlords

Strategy and needs information

We have seen the Economic Development Service Plan for 2003-4. There are no references to the older population in this. We have also looked at the Economic Development Strategy for 2002-2005. This includes references to a bid for European funding to address issues of access, aspirations and communications for key groups, including "older (ages 55+) people. The programme aims to secure the handing down of skills and experience from older adults." The access issues do not appear to include access to key facilities such as primary care, for older people in rural communities, and linked to that the sustainability of the older population in rural communities. We would see this as a development issues for housing and social services and the PCT. There are no quality of life indicators related to the older population or a recognition of their place in the employment market (both paid and unpaid).

The Fenlands Strategic Partnership Plan for 2002-5 does incorporate the older population. Key information includes:

- Fenland has the lowest life expectancy of all districts in the county
- The recognition of age related issues in relation to community safety, for example a trend of people over 75 being particularly vulnerable to distraction burglary, and older people concerned about the security of their home

- Reviewing intermediate care (IC) and looking for new models of IC and rehabilitation which meet the needs of the local population (there are no specific references to housing based models of IC)
- Take-up of grant schemes for promoting independence within people's homes e.g. Healthy Homes Project
- Helping to overcome barriers to learning through New Deal for over 50s
- Risk of stroke and accidents in older age (the accident trend for older people is not declining)
- Highest proportion of home owners (77%) in the county, but lowest average house prices
- The high number of pensioners who live alone (30% and 47% over 75) and who do not have central heating (19% and 24% over 75)
- Gaps for over 55s in rural areas and in care or in residential homes in access to learning, and in IT networks

Housing Strategy 2004-7

The housing strategy includes a section on housing need and on vulnerable people, though not a section on older people specifically. Key issues highlighted not already identified in other documents above include:

- The main housing priorities are achieving decent homes standards and addressing the housing market in terms both of new housing and existing stock, particularly in the private sector
- The implications of the high population growth, including older people
- The need for small dwellings for all age groups, including older people
- The large number of older people in council stock - over 50% of the stock is lived in by older people only, as compared with 70% of RSL stock with no older people
- The high level of special needs - 16.5% as opposed to a norm of between 11-14%; 17% of these are older people, with 70% people with a physical disability
- The adaptations pilot through Nene Housing Society
- The need to support the development of the Care and Repair Service, which is currently in a transitional phase
- The high demand for DFGs
- The Healthy Homes Project, a good example of Partnership with the PCT, County Council and Age Concern to target older people at risk of falls
- The development of a frail elderly scheme in march by Hereward Housing Association

The corporate objectives for the housing strategy for 2004-7 include a number that relate specifically to older people, including:

- Working across organisations to support more older people at home to live independently
- A commitment to develop an older people's housing strategy, building on the sheltered housing Best Value review
- The development of an Older People's Panel
- The exploration with the PCT of housing based intermediate care services for older people

Overall there is a strong focus on older people, and a recognition of the importance of housing, care and support services to enable older people to remain living independently in the community. Issues for older people in both general needs and sheltered housing are being addressed, though there is a need to further develop an understanding of the place of the older people in the housing market, particularly with the Sustainable Communities Plan Growth areas including Fenland.

Huntingdonshire

Information for older people

Huntingdonshire has a Housing Options for Older People booklet produced by the District Council. This is a helpful question and answer format, and has details of all sheltered housing schemes by provider and tenure. We see this as providing a useful example for other districts in the county.

Strategy and needs Information

We have been provided with:

- The Community Plan
- The Local Performance Plan 2003
- The Housing Strategy 2004-2007
- The Housing Needs Survey 2002; and
- The Housing Needs and Resources Best Value Review Report December 2002

Housing for older people is covered in the community plan - home improvements, alarm services, care and repair service, and planning supported housing, as well as broader issues for older people such as leisure, and involvement of carers.

The local performance plan also directly addresses the issues of:

- Support for older people who want to lead independent lives - support; grant funding and adaptations to improve the home; and

influencing RSLs to provide appropriate supported (sheltered) housing

- Low cost housing and investment in care for the growing number of older people
- Benefit take up including pensions
- Other areas such as transport and socially inclusive communities do not directly address older people specific issues

The Housing Strategy and Housing Needs Assessment:

- Identifies progress through a multi agency approach, a new very sheltered housing scheme in St Neots, which includes an intermediate care component; and the development of the special needs register
- Sets out the role of the HIA in relation to DFGs and home repairs assistance, and accident prevention and energy conservation
- Identifies use of the prevention grant and work with the police to promote the community alarm service
- Promotes affordable warmth and falls and accident prevention
- Addresses changes in the housing market and the increase in the level of owner occupation, and links this with the demand for grant assistance
- Promotes partnership working with social services and health to support vulnerable people in the community, including the use of the special needs register

The Housing Strategy has a specific Appendix on older people which has a strong focus on supporting older people at home or in supported housing, through older people continuing to live their lives to the full, with a focus on prevention and support.

There is also a recognition of the place of new housing models such as very sheltered housing and intermediate care in housing settings. There is also a section on the need to re-examine the role and appropriateness of sheltered housing, and the need to remodel or re-provide where the stock is no longer appropriate.

There is also a reference to the rural dimension in small towns and villages for smaller properties and bungalows.

Overall, therefore there is a good focus on older people in relation to housing, and the importance of addressing new models and needs, though further work is needed on the place of older people in the housing market.

South Cambridgeshire

Information for older people

We have been provided with a list of sheltered housing schemes, but are not aware if this is available to older people.

We have also been provided with information about grants to mobile village warden schemes. This covers voluntary and community services to support older people in general as well as sheltered housing.

Strategy and needs information

We have been provided with:

- Housing Strategy (there is no separate strategy for older people)
- Housing Needs Survey
- Draft priorities for the Community Plan (the plan is not yet fully drafted)

The Local Strategic Priorities and action plan includes a number of priorities and action directly related to older people, including:

- Support for 'hard to reach' groups including older people
- Development of a Community Action Plan resource Agency which would cover support for older people
- Providing new affordable homes for vulnerable people
- Enabling more older people to live at home (joint PI with social services) through: joint action to improve adaptations; improving pensioner benefit take-up; improvement of older people in service planning through listening and involving mechanisms through Age Concern; using an older people's service planning toolkit to improve inclusion and consultation; improving access to services and transport for older people
- Ensuring housing meets social and environmental standards e.g. disability access standards

The Housing Needs survey identifies:

- Single pensioners had incomes significantly below the district average
- People with special needs, including older people are more likely to be living in unsuitable housing
- Some moves could have been avoided by repairs or adaptations
- 33% of special needs households are older people
- Special needs households are more likely to contain older people are disproportionately constituted of single older people which has implications for caring patterns

- The need for adaptations is likely to increase
- Just under 25% of households contain older people only, with a further 7.5% containing both older and non older people.
- Although many older person households are in the private sector, a high proportion is in the council sector (45.2%)

Cambridge City Council

Information for older people

We have lists of sheltered housing but are not aware of information on specialist housing prepared for older people themselves.

Strategy and Needs information

We have been sent:

- The Housing Strategy 2003-2008
- The Housing Revenue Account Business Plan
- The 2002 Housing Needs Survey

The Housing revenue Account Business Plan focuses on the need to review sheltered housing and potential lettings problems for bedsit schemes. It refers to an option appraisal exercise but makes it clear that the city council does not have access to the capital required to upgrade the stock as needed, leading to examination of alternative options. The business plan also refers to the Care Call (community alarms) service and disabled adaptations.

The Housing Strategy highlights:

- The development of a handyperson scheme
- A medium term objective of ensuring residents have safe and decent homes, whether in general needs or supported housing
- Under occupation of stock by older people, and the overwhelming preference when considering sheltered housing for bungalows or ground floor flats. Attractive rehousing offers rather than financial incentives are the key to under occupancy moves. Focusing a quota of lettings to address under occupancy. The council wishes to encourage people, including older people, in unfit properties, to move
- The objective of producing an older persons strategy
- That capital receipts from sale of sites cannot be used to generate funds for new sheltered housing
- The provision of council loans to support vulnerable home owners to do essential works through deferred repayment loans, including energy efficiency work.

- The potential of using the care call service to react to bogus callers at older people's doors

The housing needs survey identifies:

- 49.1% of social needs households as older people
- The likely increasing requirements for adaptations as the number of older persons households increases
- 25.8% of households contain older people, with a further 6.8% containing older and non older persons
- 70.2% of special needs households contain older people
- The high level of single person older person households and the consequent implications for care demands and adaptations
- The spread of older people across tenure and stock type - 33.9% of council households and 28.2% of RSL households contain older persons only
- The low incomes of pensioner households
- 489 pensioner households in unsuitable housing

Conclusions

There is variation in both population and needs across the districts, but a number of common threads around poverty, tenure choice, and the need for adaptations, support and practical services (e.g. HIAs), and other housing options such as extra care and sheltered housing for sale, to enable older people to have more choice and to meet future aspirations.

There are also good examples of information for older people, and new housing based models such as extra care and housing models of intermediate care, which can provide learning opportunities between the districts in the future.

4. External strategic viability

4.1 Introduction

The primary data source for this aspect of the project is Starfish, together with information from strategy documents provided by the county council and district councils.

4.2 Part 1 Are the schemes externally strategically viable?

4.2.1 Methodology

Managers were asked to summarise the external strategic viability under three headings: is the scheme within local authority strategic priorities? Does the scheme have a good reputation and adequate working relationship with the local authority? Is the scheme well placed to compete in the market place? They are then asked to assess whether the scheme overall is externally strategically viable.

4.2.2 Results

Tables 16 (sheltered housing) and 17 (extra care housing) below show the results for each of the 3 questions and overall. The responses are consistent across the 3 questions, apart from a slightly smaller number of schemes seen as being well placed to compete in the market place.

Table 16

County Sheltered Schemes - External strategic viability

	A		B		C		D	
	No.	%	No.	%	No.	%	No.	%
Is the scheme within LA strategic priorities	59	45.4%	61	46.9%	8	6.2%	2	1.5%
Does the scheme have a good reputation and adequate working relationship with the LA	57	43.8%	65	50.0%	7	5.4%	1	0.8%
Is the scheme well placed to compete in the marketplace	58	44.6%	60	46.2%	9	6.9%	3	2.3%
Is the scheme externally strategically viable	54	41.5%	70	53.8%	4	3.1%	2	1.5%

Table 17

County Extra Care Schemes - External strategic viability

	A		B		C		D	
	No.	%	No.	%	No.	%	No.	%
Is the scheme within LA strategic priorities	2	33.3%	4	66.7%	0	0.0%	0	0.0%
Does the scheme have a good reputation and adequate working relationship with the LA	2	33.3%	4	66.7%	0	0.0%	0	0.0%
Is the scheme well placed to compete in the marketplace	0	0.0%	5	83.3%	1	16.7%	0	0.0%
Is the scheme externally strategically viable	1	16.7%	5	83.3%	0	0.0%	0	0.0%

Table 18, below, shows the results broken down across the 8 providers to the overall external strategic viability question. Only 2 schemes were graded D (no, definitely not), and a further 4 schemes were graded C (not really). 75 schemes scored B (yes, only just), and 55 schemes scored A (yes definitely). This means that only 40% of sheltered and extra care schemes are definitely externally strategically viable, with most of the remaining schemes (55%) only just, and with some questions about their long-term external strategic viability.

There was also significant variation between providers, ranging from Granta with 100% As to Cambridge City Council and HHP with two thirds of schemes as Bs and Fenland District Council, Hereward Housing and Housing 21 with 100% of schemes as Bs.

Table 18

Is the scheme externally strategically viable?

	A		B		C		D	
	No.	%	No.	%	No.	%	No.	%
Cambridge City Council	5	31.3%	10	62.5%	1	6.3%	0	0.0%
Cambridge Housing Society	4	80.0%	1	20.0%	0	0.0%	0	0.0%
Fenland District Council	0	0.0%	14	100.0%	0	0.0%	0	0.0%
Granta Housing Society	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Hereward Housing	0	0.0%	30	100.0%	0	0.0%	0	0.0%
Housing 21	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Huntingdon Housing Ptnship	4	21.1%	12	63.2%	2	10.5%	1	5.3%
South Cambridgeshire DC	41	91.1%	2	4.4%	1	2.2%	1	2.2%

4.3 Conclusions

The conclusions on external strategic viability need to be related to the wider national and local context set out in this chapter. Until sheltered housing is clearly positioned by service planners, commissioners and providers within a whole system context, there is a danger that any assessment of external strategic viability is related neither to the whole of the specialist housing system at one end, nor the housing market at the other.

This is particularly important since we have identified the major service shifts which social services and the PCTs are looking to make away from residential care and towards housing based solutions. This will have a major effect on the future role and demand for both sheltered and extra care housing, if they are fit for purpose in terms of both buildings and service models.

The inclusion of the London-Stansted-Cambridge-Peterborough growth area in the Sustainable Communities Plan will also have an impact on the housing market, and the place of older people within that market. The role of the planners in determining the requirements for accessible housing standards for new housing stock will potentially help not just older people but other vulnerable groups covered in the Supporting People strategy.

5. Implications and recommendations

Below we set out the implications and recommendations from each section of this chapter.

National context (section 2)

Commissioners and providers in Cambridgeshire need to take account of the changing national context in planning for change, based on the recommendations of this report. In particular they need to:

1. Understand the changing policy debate set out in section 2.2 which aims to shift the focus from acute care for vulnerable older people to a broader approach which focuses on well-being and universal services for the older population as a whole (see figures 1 and 2). This shift brings housing centre stage alongside health and social care services.
2. Understand the implications and challenges for sheltered housing – both services and buildings – as set out in sections 2.4-2.6. In particular this applies to:
 - New thinking around service models, using the flexibility of Supporting People funding to shift the emphasis of support from specialist sheltered schemes to flexible support models for older people who need support services, whether they are in specialist or general needs housing.
 - Rising expectations of older people in terms of good information about housing and sheltered housing options across providers, suitable location, tenure choice and flexibility, and building and service standards. In making a choice as to whether to stay or move older people are making a lifestyle choice and will look at how a sheltered scheme can enhance or sustain control and quality of life. This means they will be looking for the little things which ‘add value’ as well as good value for money
 - Recognising the importance of sheltered housing, particularly in rural settings to play a support role to older people in the wider community
 - Meeting Decent Homes Standards

Local context (section 3)

1. The size of the older population varies considerably across the districts and population projections also show similar variations. There is a mismatch between the areas of highest population (section 3.2) with the supply of both residential care and sheltered housing (section 3.3). For example, the highest percentages of the older population are in Huntingdon, Fenland and South Cambridgeshire. However, other areas such as Cambridge City and East Cambridgeshire have an over supply of sheltered housing compared with the national average, as has South Cambridgeshire. Future planning for new investment in sheltered and extra care housing should take account of the current imbalance in provision across the county compared with the older population and seek to address the current issues of oversupply of sheltered housing in some parts of the county

2. The social services and PCT integration and re-design plans for older people's services (section 3.4) are highly significant for the sheltered housing sector. They are in line with the policy shifts set out in section 2 of this chapter. They set a clear direction away from residential care to supporting more older people in both specialist (extra care) and general needs housing. However, the place of sheltered housing in this system of service re-design is, as yet undeveloped. This Best Value Review provides a good opportunity to build housing more closely into the re-design plans, and to clarify the place of sheltered housing as well as extra care housing, and the future use of Supporting People funding to support the changes proposed.
3. There is a need for joint Performance Indicators across housing, social services and health to reinforce the shared agenda being developed (section 3.4)
4. There is a need for clear planning structures to bring housing together with social services and health (section 3.4). This is probably best done at a PCT level, since this is the level at which health and social services integration planning for older people is taking place
5. There is a recognition of the need for a stronger focus on older people in the second round of the regional and sub regional housing strategies (section 3.5)
6. The district information (section 3.5) shows a good focus on the older population, related to the particular issues for each district. There are a number of elements of good practice in areas such as information and shared PIs, which we reflect in the recommendations in chapter 7. However, the district information highlights the importance of setting planning for sheltered housing within the wider housing and service system for older people. Some of the districts have identified the need for an explicit older people's housing strategy and we recommend that all the districts develop such a strategy, linked both to the social services and health plans for older people, and the wider agenda for older people set out in some of the Community Plans

External strategic viability (section 4)

We have been asked to provide high level direction, based on both demographic and supply side information as to the future external strategic viability for sheltered housing in the county. Most schemes do appear to be within the local authorities' strategic priorities and to have a good reputation and working relationship with their local authority, though for half of these the answer was 'only just' (a 'B' score in the starfish survey). As is also clear from chapter 3 the providers are also, by and large working hard to develop good quality services.

The key issue therefore in terms of external strategic viability is mainly around the ability of schemes to compete in the market place, and thereby to ensure it has a place within the local authority's strategic priorities. As we have identified the market place is changing rapidly. In chapter 7 we do make recommendations about the future need for extra care housing. However, we do not have the detailed information from Starfish and other analysis to do the same for sheltered housing on a district by district basis. What we have identified is the considerable variation in the level of residential and nursing home places, and the over supply of sheltered housing units in some parts of the county, based on national norms and confirmed by the Starfish data in Table 16 on ability to compete in the local market place. We have also identified the likely increase in demand from two person households, and for leasehold sheltered housing.

We recommend that providers and district councils, on a district by district basis, use the information provided to undertake further analysis on future supply levels for sheltered housing for rent and sale required to meet future need, and re-assess their external strategic viability scores in the light of this.

ⁱ Dean M, *Growing Older in the 21st Century*, ESRC Growing Older (GO) Programme, 2004

ⁱⁱ *ibid*

ⁱⁱⁱ Research from the Joseph Rowntree Foundation's Older People's Programme

^{iv} Hayden C and Boaz A, *Making a difference, BGOP programme Evaluation Report*, Warwick 2000

^v Carrier J et al, *Older people - a changing approach. Independence and well-being 1*, Audit Commission/BGOP, 2004

^{vi} Wistow G, Waddington E, Godfrey M, *Living Well into Later Life: from Prevention to Promotion*, Nuffield Institute for Health, 2003

^{vii} Association of Directors of Social Services and Local Government Association, *All Our Tomorrows: Inverting the Triangle of Care*, ADSS and LGA, 2003

^{viii} ADSS, LGA, BGOP, Audit Commission, Nuffield Institute for Health, *Public Services for Tomorrows Older Citizens: Changing Attitudes to Ageing*, unpublished

^{ix} Newcastle Elders Council, *The Way Ahead*, Newcastle, 2003.