

OLDER PEOPLE'S SUPPORTED ACCOMMODATION REVIEW



MARCH 2008

Albanian

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Executive Summary

Aims of the Review

The older population of the country is growing and becoming a much more diverse group. Better health care means that older people are living much longer and modern lifestyles mean that their needs and aspirations are changing.

In this context the London Borough of Richmond upon Thames has carried out a review of accommodation services for older people. The main aim of the review was to look at existing means of maintaining independent living for older people and in the light of analysis of local data, trends and best practice to develop options and recommendations regarding:

- The services that are necessary to help older people to maintain independence in their own accommodation.
- The changing nature of sheltered housing and how it can be adapted to help maintain independence without the need for residential care.
- The options available for re-aligning supported accommodation and services to better promote independent living.

The context of the Review

The Review examined recent government guidelines on accommodation for older people together with local and regional strategies. The common themes emerging from this wide range of documents were:

- Older people should be enabled, wherever possible, to remain in their existing homes with appropriate support. This could take the form of assistance with maintaining the physical fabric of the home, assistance with staying warm or help with everyday living.
- The type, size and quality of existing sheltered housing needs to be reviewed to ensure that it continues to be a relevant and appropriate form of housing in the 21st century.
- There is a need for the development of some form of extra care housing, for older people with higher support needs, which could partly replace residential care.
- There is a need for an integrated strategy for older people which brings together all of the inter-related issues which will help to improve the quality of life for older people in the borough.

Older people in Richmond

Currently there are around 22,600 people over 65 in Richmond which is about 12% of the total population. There are about 3,600 people over 85. Current forecasts estimate that although the older population will grow over the next 10-15 years, it will not grow at as fast a rate as in the rest of the country and that most of the growth will

be in the 65-74 age group. As these figures are forecasts, they should be treated with some caution.

Various surveys have shown that, in the main, older Richmond residents are happy with their existing homes and would prefer to stay there with appropriate support. Most of those wishing to move would prefer a move to ordinary housing, although a significant minority would prefer a move to some form of sheltered or supported housing.

Helping people stay in their own home

There are a variety of schemes which help and support people to stay in their existing homes. These range from schemes which help people to maintain, improve and adapt the fabric of their home such as the Home Improvement Agency and the Handyperson scheme through to support with everyday living and assistance with care needs. The high level of owner occupation in the borough and the existence of an “asset rich, cash poor” population mean that, subject to resources, there is scope for expansion for home repair and improvement schemes. The borough council is also in the forefront of moves towards the introduction of Individual Budgets and Self Directed Support (SDS) for older people which will increase their independence by giving them more control over the way they purchase care and support services.

The Review recommends that:

- Schemes such as the Home Improvement Agency and the Handyperson scheme should be reviewed with a view to increasing their capacity.
- The existing telecare strategy should be further developed to reap the benefits of new technology in helping people remain in their own homes.

Sheltered housing

There is adequate provision of affordable sheltered housing for rent in the borough. Some of this, however, does not meet the standards expected by older people in the 21st century with a large number of studio flats with shared facilities. Although some of these flats are difficult to let, the problem is being addressed through a remodelling programme. Sheltered housing remains a popular choice for people, but in order for this situation to continue it needs to become a more flexible option to better meet future needs.

In particular, there is potential for the development of extra care housing which enables people who would otherwise have gone into residential care, to maintain their independence.

In view of this, decommissioning or finding alternative uses for sheltered housing should only be considered where re-provision will yield a net housing gain. There is also no need to consider any further development of affordable rented sheltered housing as needs can be met by making best use of existing accommodation. Bearing in mind the high level of owner occupation in the borough, there is scope for the encouragement of some additional sheltered housing for sale.

The Review recommends that:

- The remodelling of sheltered housing schemes should continue so that they meet modern standards.
- The need for extra care housing should be addressed, not only through a proposed purpose built scheme, but also by exploring the possibilities of adapting existing schemes. A pilot scheme should be progressed during 2008/09. This should cater for a range of care needs. Further schemes should be rolled out over a three year period.
- The needs of older people with dementia and older people with learning disabilities should also be addressed by looking at the potential of existing schemes.
- Management arrangements for existing schemes should be reviewed to determine the most effective way of meeting the needs of existing and future residents. Such reviews should be co-ordinated to ensure a consistency of approach.
- RSLs and private developers should be encouraged to develop sheltered housing for sale on a limited basis, possibly to include extra care housing as part of a broad mix on schemes, where cross subsidy can maximise affordable housing provision.

Residential care

There is adequate provision of standard residential care in the borough, particularly in view of a move away from this as an option towards supporting people in their existing homes. There is however a need to increase the number of residential care beds for the elderly mentally ill and the number of nursing care beds. The latter are in particularly short supply.

The Review recommends that:

- Negotiations should be undertaken with residential care providers with the aim of increasing the number of nursing care beds and residential care beds for the elderly mentally ill within the borough.

Information and advice

There is a lot of good information available about aspects of older people's housing, but it is disparate and not well co-ordinated.

The Review recommends that:

- An information strategy should be developed with a view to ensuring that older people are fully aware of all of the housing options open to them and are able to make informed choices.

A comprehensive strategy for older people

Older people's accommodation issues do not stand alone and are inter-related with issues to do with social inclusion, health and well being, social care, leisure,

transport, safety and security, income, opportunities for learning and involvement in the community.

The Review recommends that:

- The outcomes of the Review should form one of the building blocks of a comprehensive Older People's Strategy for the borough.

Action Plan

The Review concludes with an Action Plan designed to achieve a coherent housing strategy for older people.

The Action Plan is ambitious but also realistic and sets out the tasks, timescales and agencies responsible for ensuring that the recommendations are implemented.

1 Introduction

Why have a review?

The needs and aspirations of older people throughout the country are changing. Older people are not only living longer, they are healthier, more active and more conscious of their rights as consumers. However, although in early old age, many people are still fit active and independent, as they get older, the likelihood is that their care needs will increase. The number of people over 85 is forecast to increase by 17% nationally between 2008 and 2015 and by almost a third by 2020, although as this review will demonstrate, Richmond may differ from national trends in this respect.

The provision of accommodation for older people, therefore presents something of a challenge for local authorities and their partners. The issues which need to be taken into account in planning for the future can be summarised as follows:

- Whereas, once, older people were viewed as a single homogenous group, the effects of increased longevity mean that they are now a very diverse group. The needs of a fit 70 year old are very different from those of a frail 90 year old.
- Planning of services in the past has been concentrated on the 15% of older people who make intensive use of health and social care services. More recently efforts have been made to address the needs of the other 85% as part of a Well Being and Independence agenda, but resource constraints make this a difficult bridge to cross.
- Older people expect to be more independent and if they do require support and care now or in the future would prefer this to be delivered in their existing homes.
- Sheltered housing has been viewed as a valuable resource, both by those who live in it and by professionals of all of the different agencies who provide support and care. However, because it is a single model, principally developed during the 1960s and 70s, it is now becoming increasingly inflexible in meeting the needs of a growing and diverse group of people.
- Since the model of sheltered housing was first developed, there has been a huge growth in owner occupation, and, as a result, older people have different requirements of what they expect in specialised housing.
- Space requirements are now very different than they were for previous generations. Whilst many older people may be occupying homes which are too large for them to manage, they still want sufficient room for relatives to be able to stay and also require room for things, which have come to be considered to be essential to modern life, such as washing machines, dishwashers, wide screen televisions and computers.
- The emphasis on independence and choice is increasingly leading to residential care being viewed as an unsatisfactory option, even for those with very high care needs. Recent trends have been towards the provision of housing where older people can retain their independence and have intensive support services in their own home.

With these factors in mind, then, it is an opportune time for Richmond to analyse the current and future needs of older people in the borough, how the current provision of specialised housing, residential and nursing care and services which support people to remain in their existing homes measure up to these needs and how they need to be adapted in the future.

Aim of the Review

The main aim of the Review is, therefore to look at existing means of maintaining independent living for older people and in the light of analysis of local data, trends and best practice to develop options and recommendations regarding:

- The options and services that are necessary to help older people to maintain independence in their own accommodation.
- The changing nature of sheltered housing including addressing redevelopment issues and examining how bringing support and care into sheltered schemes can maintain independence without the need for residential care.
- The options available for re-aligning supported accommodation and services to better promote independent living.

It is vital, however, that this review is seen as part of an overall social inclusion and well being agenda for older people in the borough. Housing is only one, albeit vitally important, aspect of this. Good transport facilities, access to shopping, leisure, learning and social facilities, good health and fitness, a feeling of safety and security, access to appropriate social care when it is needed, opportunities to contribute and participate are also crucial and it is essential that all of these issues are viewed together as part of an overall strategy for older people.

It is also important that older people are not viewed as a specialist minority group with different needs from the rest of society. Essentially they have similar needs and aspirations as everyone else but the impact of ageing does bring out some specific needs in addition to these. Care and support needs, whilst important, are only part of the housing interests of the majority of older people and only a small part of their lives.

Format of the Review

The Review first of all examines the strategic context in which it has been carried out. This includes recent government guidance, all of which supports the need to move towards independent living and the promotion of choice and a well being agenda. It also includes the local and regional contexts and how these align with national policy.

The Review then goes on to look at local demographic trends and how these will impact upon the need for services in the future. It particularly notes that, although there is a projected increase in the older population in future years in the borough, particularly in the 65-74 age group, this is not as great an increase as that forecast nationally. It examines the need for housing and support in the future expressed through surveys and local service planning statistics.

Existing provision of services which support people in their own homes, supported housing, residential and nursing care is then examined and options as to how these could change to meet future needs are analysed.

The financial background and the likely future availability of resources is analysed to look at the extent to which future aspirations can be realised.

The Review concludes with a summary of future options and recommendations as to how these can be progressed. These are enshrined in an Action Plan which is robust but realistic and sets out tasks, timescales and responsibilities designed to achieve the objectives of the Review over a five year period.

Review process

The Review was carried out in the period between August and November 2007. In addition to an examination of local, regional and national data, it included a series of structured interviews with key stakeholders including relevant officers of the borough council, housing association partners and Age Concern. Other voluntary agencies, the Executive Committee of the Forum for Older People and Older Person Focus Groups also had an input into the Review through face to face meetings, telephone conversations and e-mail correspondence. The quotes at the beginning of some of the chapters come from older people consulted as part of the Review. The process was overseen by a Steering Group comprising representatives of the borough council, local housing providers and Age Concern.

A list of agencies that had an input is set out in Appendix 3 and a list of Steering Group members is set out in Appendix 4.

2 The Strategic Context

Introduction

The purpose of this chapter is to provide a brief analysis of the context in which Richmond has carried out this review. It covers the national context including the latest government guidelines on the subject as well as the local and regional contexts provided by the borough council's own strategies and priorities and those of the Greater London Authority and the Richmond and Twickenham Primary Care Trust.

The national context

Several government departments have published a plethora of different documents over the past five years on the subject of planning services for older people. These have been supplemented by an even larger number of documents from national pressure groups, working groups set up by the government and quasi governmental organisations such as the Audit Commission and the Housing Corporation. These documents are so numerous and in many cases very detailed so it is only possible to give a flavour of them in this chapter and draw out some of the issues which the Review has taken into account. The main points of the key documents, which are considered in chronological order, are set out in the following paragraphs.

The National Service Framework for Older People (NSF) was published by the Department of Health in 2001 as part of a series of National Service Frameworks. Its main aims were to improve standards and reduce unacceptable variations in the provision of health and social care services for older people. It is therefore aimed mainly at Primary Care Trusts and Social Services authorities who have developed implementation plans to ensure that they are carrying out its aims.

The NSF focuses on:

- Rooting out age discrimination in health and social services
- Providing person-centred care
- Promoting older people's health and independence
- Fitting services around people's needs.

The NSF recommends that the NHS and local partners should re-focus on helping and supporting older people to continue to lead healthy and fulfilling lives. This should include wider multi agency initiatives to promote health, independence and well being in old age including exercise services, healthy eating and keeping warm.

Quality and Choice in Housing for Older People was published jointly by the Office of the Deputy Prime Minister (ODPM) and the Department of Health in 2001. It looks to authorities to pursue strategies which enable older people to remain in their own homes but at the same time being able to access services which make that continuing occupation viable. These range from assistance in addressing problems with the fabric of the house, through adaptations to enable people to live there longer, to the provision of home care services which help them to remain

independent. It also recognises that in future the majority of older people will be home owners and that this will have an impact on the assistance they require and the way in which services are delivered to them.

In 2003, the Office of the Deputy Prime Minister published **Preparing Older People's Strategies** in consultation with the Department of Health and the Housing Corporation. This was mainly a look at ensuring that linkages were made between housing, health and social care strategies.

In 2004, the Audit Commission published **Better Government for Older People**. Following consultation with older people, this outlined what were considered to be the seven dimensions of independence. These are:

- Housing and home
- Neighbourhood
- Social activities, social networks, keeping busy
- Getting out and about
- Income
- Information
- Health and healthy living

These form the essential and easily understandable building blocks which will enable older people to maintain their independence and continue to lead full and active lives and contribute to society. Although, housing and home is singled out, all seven dimensions are of relevance to this review as they all contribute to helping people remain in their own homes.

One of the most significant of recent documents is **Opportunity Age** published by the Department of Work and Pensions in 2005. This is an attempt by the government to develop a framework of policies that address the issues raised by an ageing population. It identifies three priorities:

- To achieve higher employment rates and greater flexibility for over 50s in continuing careers.
- To enable older people to play a full and active role in society with an adequate income and decent housing.
- To allow us all to keep independence and control over our lives as we grow older even if we are constrained by the health problems that can attend old age.

Through consultation with older people and organisations which represent them, the DWP has identified the following areas that need attention. These closely mirror the Audit Commission's seven dimensions of independence.

- Tackling age discrimination
- Influencing local decisions – ensuring the involvement of older people in decisions which affect them
- Safety at home and on the streets
- Ensuring housing is of a decent standard

- Ensuring that older people's needs are at the centre of local public transport strategies
- Ensuring older people have fair access to learning opportunities
- Ensuring older people are encouraged and supported to engage in leisure activities
- Maximising opportunities for older people to become involved in volunteering activities
- Promoting healthy living to prevent ill health that inhibits potential.

In September 2005, the results of a major consultation exercise were published under the title **20/20: A Vision for Housing and Care**. This document which was produced by a consortium of organisations, including the Centre for Sheltered Housing Studies, the National Housing Federation and the Chartered Institute of Housing, had a number of key findings. These included:

- There are insufficient housing and care choices available to older people, whatever their affluence level. Existing models need to change to meet the demands of new generations of older people and to acknowledge that older people will go through several transitional stages from 60-90 plus. Appropriate housing and support will be needed to match those transition periods.
- Extra care housing is valued by residents and professionals alike but will be difficult to fund in future, given the large increase in very old people.
- Current residents of retirement housing are content with their homes and the services they receive. They would not welcome the disruption caused by large scale changes to service provision and the balance of their communities.
- Telecare is promoted as a way forward but there is no overriding national telecare strategy and funding streams are ad hoc.
- Stereotyping of people as they become old is accompanied by the perception of powerlessness and being patronised. This has led to services being developed for a "client group".

In March 2006, the Department of Health published a White Paper entitled **Our Health, Our Care, Our Say: A New Direction for Community Services**. Like the NSF, this is largely directed at NHS agencies and Social Services authorities. It states that greater use of extra care housing, community equipment, intensive support at home and support for carers has enabled more people to continue to live in their own homes or to be cared for closer to home.

One of the White Paper's proposals, which is now being piloted in some parts of the country is the introduction of individual budgets. This will extend the concept of Direct Payments by bringing together separate funds from a variety of agencies including Social Services, Community Equipment, Access to Work, Independent Living Fund, Disabled Facilities Grants and Supporting People. Individuals who are eligible for these funds would have a single sum allocated to them to be held on their behalf. They could choose to receive the money as a cash payment to purchase services themselves, or in the form of services, or a mixture of both. This could be implemented as early as 2009/10 and could have a profound implication for the way services are organised and delivered.

Richmond is one of the authorities piloting Self Directed Support, which is looking at the infrastructure for the delivery of individual budgets.

Like other recent government documents, the White Paper emphasises the need for greater integration between statutory providers and with voluntary service providers, greater alignment between the budgetary and planning cycles of the NHS and local authorities and a greater emphasis on the role of Local Area Agreements and Local Strategic Partnerships.

In 2006 HOPDEV (the Housing and Older People's Development Group) published **Older People's Housing Strategies: Key Policy Drivers**. This emphasised the active ageing agenda in the development of strategies for older people's housing. This would include looking at aspects of the lives of older people which go beyond care and support needs and beyond the immediate housing elements that would meet these needs. This could include issues of housing design to do with aesthetic and environmental concerns, not simply with adaptations. The document was very critical of many planning and housing strategies which it felt concentrated on care and support needs to the detriment of the needs of the majority of older people who make up 30% of the nation's households.

In 2007, the government published **A Sure Start for Later Life: Ending Inequalities for Older People**. The focus of this document is on preventing exclusion and promoting well being in later life by addressing poor health, poverty and social exclusion, with effective joined up services at key times. It concentrates on increasing the quality of life for all older people by creating a life cycle of well being through participation, leisure, education, improved health and ensuring older people are valued in families, the workplace and communities.

Finally, in February 2008, The Department for Communities and Local Government in conjunction with the Department of Health and the Department of Work and Pensions published **Lifetime Homes, Lifetime Neighbourhoods: A Strategy for Housing in an Ageing Society**. This was published too late to be fully considered as part of the Review which was undertaken during the latter half of 2007. However, the main conclusions and recommendations of the Review are consistent with the main proposals of the Strategy. These include:

- All new social housing to be built to Lifetime home standards from 2011 onwards
- New age friendly design standards to be incorporated from 2013 onwards
- A new drive to create lifetime neighbourhoods through better design of new developments, neighbourhoods, towns and cities
- Establishing a new National Housing Advice and Information Service for older people
- Increasing funding for Disabled Facilities Grants by 30% over 3 years
- Developing a National Repairs and Adaptations Service
- Promote innovation in the development of extra care housing and making best use of existing sheltered housing.

All of these documents, and many more besides, have different audiences and different emphases. However, they all contain a number of common themes which this review needs to take into account. These themes can perhaps be summarised as follows:

- The need to enable older people to retain their independence for as long as possible and the need for a flexible range of options which enable them to do this.
- The need to preserve the quality of life to enhance people's independence and ensure that they have access to decent health, social care, housing, leisure, learning and transport facilities and can live safely without fear of crime.
- The need for statutory and voluntary agencies to integrate their plans and services.

The regional context

In recent years, there has been increasing recognition from the government that housing markets are not restricted to a national market and those contained within local authority areas but that there are also regional and sub regional dimensions. In this respect three documents are of major importance.

- **The London Housing Strategy 2005-2016** aims to support and include vulnerable people and black and ethnic minority groups within sustainable communities. It promotes the redevelopment of unpopular or hard to let sheltered housing to provide supported housing that more closely meets current needs.
- **The South West London Housing Strategy 2003** was developed by the South West London Housing Partnership which comprises seven London boroughs in the south west of London. Its main aim is articulate the level of housing need across the sub region and to put the case for increased investment. To achieve this it promotes cross borough working at both strategic and operational levels. It looks to increase the supply of affordable housing, but also to ensure that existing housing is used most effectively to meet the needs of existing residents, including those with support needs. It seeks to exploit cross borough working to improve mobility and extend residents' choice over where they live.
- **The Older People's Strategy for London** published by the Greater London Authority in 2006 included an aim to ensure that strategic policy in London fully incorporates the needs of older Londoners. It particularly concentrated on housing conditions and the difficulties faced by owner occupiers in maintaining their homes; the shortage of occupational therapists leading to delays in carrying out adaptations; the level of under-occupation and the incentives which could be offered to release family sized accommodation; the variable quality of existing sheltered housing and the need to remodel it to meet modern standards and the potential for extra care housing.

The Local Context:

Locally a number of recent documents have informed the development of this review.

- **The LBRuT Community Plan, 2007-2017** has as one of its seven priorities the development of a healthy and caring Richmond. It includes within its aims for 2007/08 the development of an extra care scheme for older people and increase in the number of “telecare” users and in the number of Disabled Facilities Grants approved and a decrease in the number of older people admitted to residential care on a permanent basis. It also reflected that consultation with older people locally has identified their wish for support to stay in their own homes and for such services to be more responsive to their needs and those of their carers.
- **The LBRuT Housing Strategy 2004-2007**, which is due to be updated in early 2008, has supporting independent living as one of its five key objectives. As part of this it sees one of its main challenges as addressing the needs of five priority client groups, one of which is older people. Amongst its key priorities are increasing the number of extra care housing units within the borough. Other priorities relate to initiatives which help people remain in their own homes and which have since been implemented for example the establishment of a Home Improvement Agency.
- **The LBRuT Supporting People Strategy 2005-2010** is the key local strategy in terms of the provision of housing for older people. The vision adopted by the strategy is “to deliver, in partnership with providers, users and commissioners, high quality, flexible and accessible services which promote independent living and meet the needs of all our communities”. Its principal aim is to ensure that vulnerable people in the borough have the opportunity to access good quality, safe, appropriate and stable housing and support and that where necessary, this will be achieved by reshaping services to meet identified need and offer flexibility.

The Supporting People Programme arranges for the delivery of funding totalling £2.7m to provide housing related support for around 1,350 people in the borough. Older people make up over 68% of the users of Supporting People services in Richmond (924 people in total), although they only account for 22% of the funding as the cost of support per household is relatively low. Specific priorities for older people include increasing access to extra care housing, increasing the quality, popularity and use of sheltered housing stock and reviewing the impact of the Home Improvement Agency. These priorities will be further reviewed later in this document.

- **The Best Value Review for Older People’s Services** which was carried out in 2004 mainly concentrated on social care services provided, commissioned and funded for those older people assessed as needing them. The Action Plan which accompanied the Review was largely based on the way in which these services were carried out, rather than the overall strategic framework into which they fitted. Whilst housing issues were largely peripheral to the

- **The Strategic Framework for Older People 2004-2009** agreed by the Joint Commissioning Board for Older People in June 2004 sets out a number of issues emerging from an analysis of the population profile, an understanding of existing services, what older people and their representatives think and the national policy context. Amongst the priorities identified from this analysis are the need to improve the quality of accommodation for older people in both the private and housing association sectors, including improving access to affordable warmth and developing plans to ensure a sufficient supply of appropriate sheltered and extra care housing.
- **Older People Commissioning Needs Analysis** is a consultation document produced in October 2007 which is intended to underpin the council's commissioning intentions for older people from 2008 onwards. In relation to this review it identifies two key issues. The first is the development of a comprehensive Older People's Strategy, ensuring that all council services are geared up to recognising and meeting the needs of older people in the community and working with partners to improve health and well being for all and support for those most in need. The results of this review will be vital in informing this strategy. The second action is a project to work with providers to rebalance care provision to more closely align with the current and anticipated demand profile. This work would need to take account of initiatives that are likely to impact on the overall demand for care home provision including the development of an extra care scheme and again will be informed by the results of this review.

The common themes of all of these local plans and strategies appear to be the need to ensure that:

- Older people are enabled, wherever possible, to remain in their existing homes with appropriate support. This could take the form of assistance with maintaining the physical fabric of the home, assistance with staying warm or help with everyday living.
- The type, size and quality of existing sheltered housing is reviewed to ensure that it continues to be a relevant and appropriate form of housing in the 21st century.
- Some form of extra care housing, for older people with higher support needs, is developed, which could be seen as partly replacing residential care.
- An integrated strategy for older people is developed which brings together all of the inter-related issues which will help to improve the quality of life for older people in the borough.

This review takes all of these issues into account and its overall focus is on housing related issues to do with older people generally, not just those with care and support needs.

3 Older People in Richmond

What do we mean by older people?

Older people are a diverse group who have wide ranging needs and aspirations. They can include people who have recently retired from paid employment, either at the official retirement age, or perhaps younger, who are active and independent and will remain so into late old age. At the other end of the spectrum, they can also include people, in late old age who are vulnerable as a result of health problems, such as stroke, dementia or mobility problems. In between are a large group of people who will continue to use both mainstream services and services specifically directed towards older people and who will want to remain independent and active for as long as possible.

The old saying “you are as old as you feel” is relevant here as many fit and active people in their 80s and 90s no longer consider themselves as old and certainly many people in their late 60s and early 70s will still think of themselves as middle aged. Research has shown that people’s cognitive age is 10-15 years younger than their actual age. Many people may therefore feel that a review of older people’s accommodation has no relevance to them.

It would also seem that the aspirations of older people have changed during the latter part of the last century and the early part of this century. No longer content to be passive receivers of services, older people are now, rightly, demanding a voice, and in the context of a more consumerist society want more choice in the facilities and services available to them.

In the light of this, the debate about what do we mean by an older person could be endless. We have therefore, for the purposes of this review, adopted 65 as the defining age. We recognise that this potentially covers an age range of some 40 years and we also recognise that for some services, for example free bus passes and access to some sheltered housing, 60 or even 55 is regarded as the qualifying age. We also recognise that the Department of Health and Age Concern consider older people as those over 60. However, with the retirement age for both men and women increasing over the next decade, 65 seems a reasonable compromise. The Review also, however, has to take into account the future needs of the current population aged 55-64.

The older population

According to the 2001 Census, Richmond has a total of 23,676 people over the age of 65, representing 13.7% of the total population of the borough. This is in line with the average for Outer London (13.8%) but higher than that for Greater London as a whole (12.4%). It has the seventh highest proportion of people over 75 in London and the fourth highest proportion of people over 85.

The age and gender breakdown is set out in the following table:

Age range	Males	Females	Total	% of total population	Greater London	England
65-74	5200	6104	11289	6.55	6.53	8.35
75-84	3306	5491	8797	5.10	4.33	5.6
85-89	770	1639	2409	1.40	1.06	1.3
90+	287	894	1181	0.69	0.52	0.64
Total 65+	9563	14128	23691	13.74	12.43	15.88

Source: ONS Neighbourhood statistics (2001 Census)

Nationwide, it is estimated that there will be a significant growth in the number of older people over the next decade. By 2015, there is projected to be a rise of 16.72% in the total population over 65, with a similar rise in the over 85 population. By 2025, the over 65s will increase by 37% and the over 85s by 56%. Projections indicate that this national trend will not be fully replicated in Richmond, although different sources of information contain different projections.

The evidence, on which the Supporting People Strategy was based, derived from GLA projections, indicated that there would be a net increase in the 65-69 age band between 2001 and 2016 of 14.9%. Conversely however there were likely to be falls in the older age groups with a drop of 11% in the 70-74 age band and drops of 31% in the 75-84 cohort, 32% in the 85-89 group and 12% in those of 90 and over. Overall it was anticipated there would be a total drop of 18.92% in the over 65s in this period. As the total population of the borough is expected to rise during this period, this represents a significant drop in older people as a proportion of the total population.

However the most up to date projections available from the POPPI (Projecting Older People Population Information System), based on Office for National Statistics (ONS) mid year estimates and projected forward, do not indicate such dramatic falls. They indicate that there has been a slight fall in the older population since the 2001 Census to 22,600, but forecast a modest increase in future years, although this is still a much lower increase than national trends. They forecast that the total population over 65 will increase by 15.04% between now and 2015, but that this increase is largely in the 65-74 age group, and that the older age groups will remain virtually static. Beyond 2015 an increase of 33% in the over 65s is anticipated by 2025 and an increase of 13.9% in the over 85s over the same period.

These projections are set out in the following tables:

Age range	2008	2010	2015	2020	2025
65-74	11200	12000	14700	15500	15200
75-84	7800	7500	7800	8800	10800
85+	3600	3600	3500	3700	4100
Total 65+	22600	23100	26000	28000	30100

Population aged 65 and over projected to 2025 (Source: POPPI)

	2008	2010	2015	2020	2025
Total population	184000	187200	195000	202400	208700
65+	22600	23100	26000	28000	30100
85+	3600	3600	3500	3700	4100
65+ as % of total population	12.28	12.34	13.33	13.83	14.42
85+ as % of total population	1.96	1.92	1.79	1.83	1.96

Population aged 65 and over and 85 and over as a percentage of the total population (Source: POPPI)

Forecasts made earlier in 2007 by the Greater London Authority estimate much lower increases than the POPPI forecasts. They estimate an increase in the over 65 population of 20% by 2026, although as their forecast of the total population increase is also much lower, older people would still comprise a similar proportion of the total.

These figures raise a number of issues. The first issue is how there can be such a dramatic difference in three sets of projections over such a relatively short period of time. Bearing this in mind the second issue is whether, as these are only forecasts, can they be relied upon? The third issue is that whichever forecast is the most accurate, what is happening to the current cohort of 65-69 years old as they get older? Finally what are the implications for likely future demands on the services offered by the borough?

For the purposes of this review, the POPPI statistics are being adopted as the most up to date, the most credible and therefore the most reliable, as they are based on ONS estimates in September 2007. They do however indicate that the rise in the older population will not be as great in Richmond as elsewhere. Whilst the total number of people over 85 remains virtually the same, the percentage of people over 85 in the total population will actually fall by 2015. However, it cannot be emphasised too strongly, that these figures should be treated with some caution, bearing in mind the unreliability of previous forecasts.

As Richmond has a much lower proportion of people with a long term limiting illness than the national average, people generally report their health to be good and life expectancy is in top quartile of all local authorities, then out-migration has been identified as a possible reason for the departure from national trends. As property values in Richmond are the third highest out of all of the London boroughs, many older people find themselves in the position of being "asset rich, cash poor". There may therefore be some selective out-migration as retiring owner occupiers release some equity by moving to cheaper areas in the south east or perhaps abroad. This is borne out by the Local Housing Assessment carried out in 2006.

However, in terms of affecting the future demand for services, this is likely to have little impact. Those who do move out are likely to be more affluent and are less likely to want to move to sheltered housing. They are also more likely to enjoy good health and thus would probably have a lower need for services funded by the borough. Conversely, those who do not move out of the borough are likely to be less affluent, not own their own homes and have fewer options available to them. The net impact

on the borough may therefore be similar to those authorities who will experience a significantly higher rise in the older population.

The older population is relatively evenly distributed throughout the borough, although the ward with the highest number of people over 65, Ham, Petersham and Richmond Riverside has significantly more older people (1,810) than in the second highest, Heathfield (1,475) and the third highest Hampton (1,470). The over 85 population is distributed differently however. Twickenham Riverside has the highest number (269), Kew has the second highest (226) and Ham, Petersham and Richmond Riverside the third highest (224). St Margaret's and North Twickenham has the lowest number of over 65s and Heathfield and Fulwell and Hampton have the lowest number of over 85s (163).

8.2% of the people of pensionable age in the borough who have a long term limiting illness live in Ham, Petersham and Richmond Riverside, whereas 6.6% live in Heathfield and 6.2% live in Whitton.

Although Richmond is an area of relative affluence, there are some pockets of relative deprivation. Five areas have been identified by the borough. Within these areas the population over 65 is relatively high compared with the rest of the borough. It ranges from 31.15% in Ham to 16.73% in Mortlake, compared with 12.28% in the borough as a whole. One indicator of deprivation is the number of people living without central heating and this is relatively high in Richmond. 12.2% of people over 65 have no central heating compared with 9.55% in Kinston upon Thames, a borough with a similar demographic.

Older people with dementia

Dementia is a progressive disorder which describes a collection of symptoms including a decline in memory, reasoning and communication skills and a gradual loss of skills needed to carry out daily activities. Alzheimers disease accounts for around 62% of total dementia sufferers. Nationally, the likely growth in dementia will put additional strain on both health and social care agencies and on unpaid carers.

Using the population forecast figures together with figures relating to the incidence of dementia in the older population it is estimated that the number of people with dementia may actually slightly fall between now and 2011. This is due to the fact that dementia is more prevalent in older age groups. The total number is expected to fall from an estimated 1,939 to 1,902. Based on Alzheimer's Society figures, 694 people with dementia will require residential and nursing care by 2011 (compared with 708) now, whilst 1,208 will require community care (compared with 1,231 now).

This would seem to indicate that the demand for services will remain relatively static. However it is dangerous to put too much reliance on such population forecasts, which, as indicated above, have been wrong in the recent past. Later chapters in this document also indicate that the needs of people with dementia are not being fully met at present.

Older people with learning disabilities

Richmond currently has a relatively high number of people with learning disabilities in residential care and is looking at the reshaping of services to enable more people to live independently in the community. In particular, there are 39 people over 65, currently in residential care who may need to move following the decommissioning of some services. Extra care housing may be a suitable option for some. In addition, there are 41 people aged between 55 and 65 in residential care for some of whom mainstream sheltered housing may be more appropriate.

There are also a number of people with learning disabilities, some in late middle age or approaching old age, who currently live with older carers. Some proactive planning will be necessary should their carers die or become too frail to look after them. Again, mainstream or extra care housing may be a suitable option.

Ethnicity of the older population

According to the 2001 Census, the Black and Minority Ethnic population of the borough across all age groups was 9% and it is estimated that this has now increased to 10.1%. In 2005, it was estimated that the total BME population who are over 65 was 1,000, which is 4.35% of the total over 65 population. The total BME population over 85 was 56 or 1.6% of the total. The largest BME groups in the older population are people of Indian origin. The older BME population is likely to rise over the next ten years, particularly as there are 1,182 people in the 55-64 age group which is 6.2% of the total. However the numbers at present would not seem to support the development of a specific accommodation based scheme for ethnic elders.

However, the needs of the older BME population need to be kept under review, particularly the need to ensure that future provision is culturally sensitive and it is recommended that a project is undertaken to establish more closely the potential future needs. There may be some scope in pursuing partnership arrangements with neighbouring boroughs.

Housing Tenure of the older population

Richmond has a high proportion of owner occupiers compared with other boroughs. Around 70% of homes are owner occupied, 12% are rented from housing associations (RSLs) and 17% are privately rented.

According to the 2001 Census, 72% of households with at least one person of pensionable age were owner occupied. This compares with 58% in London as a whole and 68% in England. 18% of homes occupied by a person of pensionable age were rented from RSLs and 10% were privately rented.

The Local Housing Assessment (LHA) carried out by Fordham Associates in 2006 has similar figures for older owner occupiers (73%) with 20.3% renting from RSLs and 6.5% renting from the private sector.

The high proportion of owner occupiers is likely to have an impact on future demand for services within the borough. Older owner occupiers are less likely to want to move into sheltered housing rented from a RSL and are more likely to be interested in private sector sheltered housing, equity release schemes and schemes to enable them to maintain their existing home.

The LHA also contains some useful information about the size of accommodation currently occupied by older people. The table below shows the size of dwellings occupied by older person only households.

Dwelling type	% of older person households	% of non older person households
Detached house/bungalow	11.3	8.6
Semi detached house/bungalow	24.9	24.7
Terraced house/bungalow	23.5	29.0
Purpose built flat/maisonette	31.3	23.6
Other flat/maisonette	8.9	14
Total	100.0	100.0

**Type of accommodation occupied by older person households
(Source: Local Housing Assessment 2006)**

Number of bedrooms	% of older person households	% of non older person households
1 bedroom	25.6	16.3
2 bedrooms	27.0	30.1
3 bedrooms	31.7	28.3
4+ bedrooms	15.8	25.2
Total	100.0	100.0

**Size of dwellings occupied by older person households
(Source: Local Housing Assessment 2006)**

These tables indicate a substantial level of under-occupation in the borough, with 47.5% of older person only households occupying homes with three bedrooms or more. Whilst the majority of these households are in the owner occupied sector, some 500 are in the social rented sector. With suitable incentives, this may present opportunities to both rehouse older people in properties more suited to their needs, whilst at the same time freeing up much needed affordable family sized accommodation.

However, it should be borne in mind that most older people are under-occupying by choice. They still occupy the home in which their families grew up, where grandchildren come to visit and in which they have a strong emotional investment. Affordability is not necessarily an issue, except when issues of repair and maintenance costs and the costs of keeping warm become apparent. Many older people will, therefore, only wish to move when their home or garden starts to become unmanageable or when mobility problems cause difficulties in accessing all parts of

the home. Even then, many would prefer an appropriate package of measures to help them stay put.

Housing needs of the older population

The Basic Needs Assessment Model developed as part of the Local Housing Assessment indicated that about 3.6% of older person only households (569 in total) live in unsuitable housing compared with a figure of 6.4% for all households. Following this methodology the LHA report suggested that there is an annual need to provide accommodation for 157 older person households. Set against data which suggested there was an annual supply of 61 per units per annum, the report concluded that there was a small shortfall of affordable housing of 96 dwellings per annum for older person households. This is an insignificant figure compared with the overall estimated shortfall of 2723 affordable homes per annum.

Up to date statistics on the number of older applicants who may require sheltered housing are not currently available due to the way in which information is recorded on the Housing Register. The system records the age of applicants, but not whether those over 60 are actively seeking sheltered housing. However there are a total of 792 applications where at least one of the applicants is over 60. 288 of these applicants are private tenants, 224 are housing association tenants and 77 are owner occupiers. 485 are one person households and 189 are over 80. A total of 180 applicants over 60 registered during 2006/07. In addition, Richmond Housing Partnership reports that it has over 100 applicants for sheltered housing on its direct waiting list, although of course there may be considerable overlap between applicants. Richmond has nomination arrangements to 75% of most housing association vacancies.

Of the total number of homelessness acceptances, only 5.5% were found to be vulnerable due to old age in 2005/06 and only 4.6% in 2006/07. However this does not give a true picture of the prevalence of homelessness amongst older people, as due to the number of vacancies in sheltered accommodation, many older people presenting themselves as homeless were able to be rehoused in sheltered housing prior to a formal homelessness application being made.

Housing aspirations of the older population

Of course issues to do with housing need are only part of the picture as far as older people are concerned as they concentrate on the unsuitability of current accommodation. For many older people, their current accommodation may be suitable in most respects but may be too large or difficult to manage. The LHA therefore contains a wealth of information, not just about housing needs but also about housing aspirations. Around 20.4% (3,225) of older person households expressed a need or expectation to move within the following five years. The tables below show the type of housing those older people who expressed a desire to move aspire to, broken down by what they would like and what they expect.

Property type	Like	Expect
Detached	32.6%	18.1%
Semi detached	9.2%	12.9%
Terraced	11.7%	12.7%
Flat/maisonette	46.5%	56.3%
Total	100.0%	100.0%

**Dwelling type aspirations and expectations for older person households
(Source: Local Housing Assessment 2006)**

Accommodation type	Like	Expect
Residential care/Nursing home	8.6%	8.7%
Extra care housing	4.4%	5.3%
Sheltered housing	20.3%	18.4%
Supported housing (support on site)	6.2%	10.0%
Supported housing (support in own home)	5.8%	4.5%
Bungalow	16.9%	12.2%
Ordinary residential accommodation	37.8%	40.9%
Total	100.0%	100.0%

**Accommodation type aspirations and expectations for older person households
(Source: Local Housing Assessment 2006)**

These tables highlight some interesting issues. The first indicates that the majority of older people would prefer their next move to be to a house rather than a flat, although in this context a house could include a bungalow. This belies the image of older people who wish to move, wanting something more manageable. The second table supports this finding whereby the largest proportion of people wishing to move (37.8%) would prefer ordinary residential accommodation. Only 16.9% would prefer a move to a bungalow, which could also be classed as ordinary residential accommodation, again contradicting the popular image of older people requiring a move to level accommodation without stairs. Interestingly, only 4.4% would like to move to extra care housing, although that may be a reflection of a lack of understanding of the principles of this type of housing. In contrast, 20.3% would like to move to sheltered housing, a well understood concept.

Similar questions were asked of older people as part of the Best Value Review in 2004 about future housing options. In this case, people were able to indicate what future options they would consider and were therefore able to tick more than on box.

The results are set out in the following table:

Future accommodation option	Yes	No	I already live like this	Total
Flat with alarm system but no warden	20.1%	54.0%	25.8%	100%
Sheltered flat with warden	36.6%	40.6%	22.9%	100%
Sheltered flat with warden and extra support services	46.4%	35.8%	17.9%	100%
Stay in my own home with adaptations and support as needed	77.2%	2.7%	20.1%	100%
Move into a residential home	39.6%	56.0%	4.5%	100%
Live with my relatives	13.2%	64.0%	22.8%	100%

**Preferred future housing options
(Source: Best Value Review 2004)**

This supports the findings of the Local Housing Assessment that the vast majority of older people would prefer to stay in their existing homes as long as they had the appropriate support to enable them to do so. A relatively high proportion are interested in sheltered housing, an option which becomes more attractive with the more services offered in that accommodation. An interesting contrast with the LHA finding is that 46.4% would be interested in a sheltered flat with extra support services, which could be taken as a description of extra care housing. Surprisingly, as high as 39.6% would consider residential care, but this may be a reflection of the multiple choice nature of the questions and a feeling amongst older people that this is an option they may have to consider in the future.

It should be emphasised however that this survey was carried out amongst older people who were already in receipt of some form of service from Social Services, so this will have a bearing on the outcome.

Conclusions:

The conclusions which can be reached from this brief analysis can be summarised as follows:

- Although there are contradictory forecasts concerning the future numbers of older people in the borough, it is anticipated that there will only be a small growth in absolute numbers and only a small increase in the percentage of older people compared with the rest of the population of the borough. In contrast to national trends, the over 85 population is not expected to increase between now and 2015.
- It is not anticipated that this will have a significant impact on future demand for services to older people as one reason is the likely out-migration of older owner occupiers seeking to release some equity. It is likely therefore that the older population of Richmond may therefore in the future be less affluent and more in need of local authority services.

- The incidence of dementia in the older population is not expected to increase, but this projection should be treated with caution as it is based on a forecast of no growth in the over 75 and over 85 age groups.
- Older persons do not contribute significantly to the overall need for additional affordable housing, but issues of under-occupation may well have a significant impact on the future of social housing.
- The majority of older people would prefer to stay in their existing homes with appropriate support.
- Of those older people who wish to move in the next five years a small majority would prefer a move to ordinary residential accommodation.
- Of those older people who wish to move within the next five years, a significant minority would prefer a move to some form of sheltered or supported housing.

These conclusions tend to support the overall policy thrust outlined in the previous chapter towards a strategy which aims to support people remaining in their own homes where they wish to do so and where this is practical and developing alternative and more flexible models of sheltered and supported housing, including extra care housing where appropriate.

Recommendations:

- **That the borough council changes its method of recording information from applicants on the Housing Register to enable the number of older people requiring sheltered housing to be monitored.**
- **That the borough council reviews the future needs of the older BME population to ensure that future provision is culturally sensitive.**

Supporting people in their own home

“The very pleasant man from the Handyperson Service did the job very efficiently and asked me if I had any other jobs that needed doing”

“The Home Improvement Agency was very efficient and gave me peace of mind”

“It’s lonely living on your own”

Overview

The results from the Local Housing Assessment in 2006 and the survey of service users carried out as part of the Best Value Review in 2004 revealed that a large majority of older people would prefer to remain in their existing homes (see tables in Chapter 3). This accords with both government policy objectives and Richmond borough council objectives which seek to encourage the maintenance of independence for older people through the provision of services, advice and support to enable them to stay put.

Most older people are satisfied with their current housing, both because it suits their needs and because they have a lot of emotional investment in it. For many it is a place where they have happy memories, where they have brought up their children, where they have friends and social contacts and where they are familiar with the local leisure and shopping facilities. However, as they get older, the home may become more difficult to manage, perhaps due to maintenance problems, heating costs, difficulties with managing stairs or the bathroom, or difficulty in managing personal tasks. Sometimes a major event, such as the death of a partner or family moving away can trigger a re-appraisal of future options.

One option is, of course, a move to smaller, more manageable accommodation, but there are a variety of ways in which older people can be helped to remain in their existing homes. Assistance can range from simple safety checks and minor repairs through to costly adaptations and improvements and from low level to intensive care and support. Older people need to have access to advice on and be fully aware of the options open to them so that they can make an informed choice about whether they wish to move or stay put.

This chapter briefly describes these options and makes recommendations for future development.

Home Improvement Agency

The Home Improvement Agency was set up in Richmond in 2004 in partnership with the London Borough of Wandsworth. It provides advice and support to older and vulnerable residents of the borough to help them to maintain and continue to live in

their current home. It is currently staffed by a Manager, three surveyors and a caseworker.

The HIA fulfils a number of functions. First of all it assists people in identifying problems with their home and how they might be tackled. The options discussed may include repairs, adaptations and improvements and how these can be funded, and the options and services available from other departments of the council and other agencies.

Secondly, if a repair or improvement option is chosen, the HIA helps clients to apply for council grants to help with the cost of the work and also helps to identify alternative sources of finance such as reviewing entitlement to benefits or raising loans against the equity of the property through the Houseproud partnership.

Finally, the Agency assists with the preparation of estimates and specifications for the work, engages an approved builder and supervises the completion of the work.

The initial enquiry and advice are free to the client, but a fee is charged if building work is carried out. This is included within the grant, or within the overall estimate for the work if the client is not eligible for a grant. Whilst the majority of the funding for the work of the HIA comes from this source, it does receive assistance from the Supporting People Programme which funds the Caseworker post.

In 2006/07, the Agency received 440 enquiries where clients were assisted directly or were given advice about the most appropriate services. 80 home visits were made and 134 people had work completed via the Agency. In addition 67 residents were enabled to continue to live independently through the provision of other services such as Coldbusters grants.

Disabled Facilities Grants:

The main avenue through which people were helped was through Disabled Facilities Grants (DFGs), which are mandatory, means tested grants and which are subject to an assessment by an Occupational Therapist. 105 DFGs were completed during 2006/07, of which 75% went to people over 60, 62% to people over 70 and 37% to people over 80. 49% of the grants went to owner occupiers and 42% to tenants of housing associations. Only 5% of clients made a contribution towards the grant, indicating that the majority are on a very low income. The majority of grant applicants have used the HIA to assist them in applying for grants and supervising the work. The most common adaptations involve the installation of a level access shower or a stair lift.

Unfortunately, there is a waiting list for DFGs. In the past, this has been due to the shortage of Occupational Therapists available to carry out assessments. However, now it is more likely to be due to the lack of staffing resources within the HIA, a situation which it is hoped to address in the future through the appointment of an additional part time caseworker and an additional surveyor. Clients are advised of the possible delays on their initial application, but most choose to remain with the agency due to the comfort and peace of mind that this brings.

The government has recently announced its intention to increase funding for DFGs by 30% over a three year period up until 2010/11. It also intends to raise the maximum grant limit, to improve the means test and to include access to the garden as part of the remit of the grant.

Home Repair Assistance Grants:

The HIA also assists people in applying for Home Repair Assistance Grants, which are also means tested, but non mandatory. These are available up to a maximum of £5,000 to cover essential repair works and/or security measures. In 2006/07, there were 49 grant enquiries and 25 completions.

Coldbusters:

In 2004, there was a successful bid through the South West London Housing Partnership for funding for a regional partnership for a Coldbusters scheme to provide grants for the installation of central heating, insulation and draft proofing. This was extended in 2006 to cover work on windows or electrical systems where these are needed in conjunction with energy efficiency improvements. Low income older residents are the main target group for these grants as good and effective affordable heating can improve health and help reduce winter deaths amongst the older population.

Grant funding is regional, but administered through the HIA. Since 2005, 229 Richmond residents have had grants approved.

Houseproud:

Houseproud is a national scheme operated by a non profit organisation, the Home Improvement Trust in partnership with the Dudley Building Society. The scheme offers owner occupiers over 60 or with a disability the ability to access specialist equity release loans to help pay for repairs, adaptations or improvements. Loans can be on a capital release basis (with a no repossession guarantee) or on the basis of regular interest only or interest and capital repayments.

Surprisingly in an area with a high number of older occupiers living in high value properties, take up of this scheme has been relatively low, with 154 residents referred to the HIA for advice about its service and local builders. However, it has been noted that whenever Houseproud undertake a major advertising campaign, there is a resulting increase in self referrals to the HIA, particularly in relation to advice about reliable and competent builders. As a result, the HIA has been able to point many people in the right direction and assisted them in finding the solution most appropriate to them.

Overall, since it was established, the HIA has been able to provide an extremely valuable service in helping older people carry out the necessary, repairs, adaptations and improvements to enable them to remain in their existing homes. However, there is scope for it to do much more within the borough which is partly limited by the financial and staffing resources available. The small increase in staffing which is proposed will only really enable it to cope with existing pressures rather than expand

its area of operation. Perhaps the biggest potential area for expansion is amongst the better off owner occupiers or the “asset rich, cash poor” population who could benefit from the equity release schemes, and advice and guidance through the minefield of engaging builders and supervising works. It is these people who are often targeted by the minority of unscrupulous traders who prey on the old and vulnerable.

The government has recently announced as part of its Housing Strategy for an Ageing Society that it intends to commission a Future HIA project to look at the current arrangements for service delivery, including what works and what doesn't. The results of this will be published towards the end of 2008.

Aids and adaptations

In addition to the provisions of DFGs for major adaptation work, the borough council also makes provision for minor aids and adaptations to the home, such as grab rails. Demand for such adaptations increased significantly by 45.8% between 2005/06 and 2006/07, partly due to the need for equipment following hospital discharge, and provision in Richmond is higher than the national average.

Handyperson scheme

Age Concern operates a Handyperson Service (HPS) with the aim of improving the quality of life for older people in the borough and helping them to retain the choice of remaining in their own homes for longer.

The service, which operates with a part time manager and one full time and one part time handypersons, carries out minor repair jobs with a 2 hour time limit. If a job is estimated to take longer than 2 hours it is felt to be outside of the scope of the scheme, although several smaller jobs can be done within the limit. The sort of work covered includes minor electrical and plumbing work, fixing items to walls (and taking things down), repairs to doors and windows including the installation of security measures. These are all the sort of jobs which can be a source of major problems to older people, leaving them confused about who to contact to carry them out and leaving them vulnerable not only to unscrupulous traders but also to responsible tradespeople who have high callout charges for small jobs.

In 2006/07, a total of 1,570 jobs were completed in 1,051 visits, an increase of 14% over the previous year.

The service is free to recipients and is funded from a variety of sources including the borough council and charitable donations.

It provides an extremely valuable service, which not only helps people remain in their own homes through direct repairs, but also provides assistance for people on their return from hospital, and provides advice for people whose repair requirements are outside of the scope of the scheme. A safety and security audit is also carried out (although this is usually on the second visit to the property) and advice given on the measures necessary to improve them.

Understandably, the scheme is extremely popular and subject to high demand so no active promotion has been carried out. With more promotion, demand is likely to exceed the current capacity of the scheme. It would therefore seem to be an opportune time to review the scheme and its potential for development and expansion. This could be funded by the introduction of a nominal charge for each job for people not on full benefits.

Older tenants in the private sector

The work of both the Home Improvement Agency and the Handyperson scheme are largely targeted at owner occupiers, whereas, some of the worst conditions of disrepair exist in the private rented sector. Private landlords do, of course, have responsibility for the repair, improvement and safety of their property, but older tenants are most at risk, particularly from inadequate heating and accidents in the home through poorly lit stairs and ill fitting carpets etc. The introduction of the Housing Health and Safety Rating System has provided a new tool to deal with health and safety risks at home, through enforcement action if necessary and some of these standards have particular relevance to older tenants.

Private sector tenants can contact the HIA if they are concerned about repairs or health and safety issues and are given the necessary advice to help them to improve their homes. The council has also made grants available to landlords to encourage them to become accredited and improve their property.

About 4% of jobs completed by the Handyperson service have been for private sector tenants, although generally they are encouraged to contact their landlord or the service contacts the landlord on their behalf. Sometimes, due to past experience, they are reluctant to do so.

Rogue tradesman

The issue of rogue tradesmen has been covered briefly in the preceding paragraphs. It is a particular problem in areas like Richmond with a relatively high level of more affluent, older owner occupiers. The work of the HIA, the HPS and Trading Standards in conjunction with plumbing, electrical and trade associations is helping to combat the problem and an information leaflet on the issue is planned by Age Concern. There is obviously scope for improvement in this area to ensure that older people have access to tradesmen who are competent, reliable and provide value for money.

Safety and security and the prevention of accidents and falls

Safety and security in the home are two of the major causes of concern for older people, particularly those living alone. As mentioned above, a safety and security audit is carried out by HPS staff, but this is limited to properties who have already requested a repair service and is usually carried out on the second visit as new clients are understandably reluctant to allow a person unknown to them full access to all of the rooms in their home. Safety and security checks are areas therefore which could be developed either through part of an expanded HPS or through a new scheme. One aspect of home safety which has been explored was an electric

blanket testing day, a partnership between Age Concern and Trading Standards. As faulty electric blankets can be a major source of fires, it is recommended that such events should continue to be held as they can be combined with a general open day on safety issues.

Of course, the main danger arising from a lack of safety measures in the home is the increased likelihood of falls which can result in broken limbs and a stay in hospital. For older people, the implications of a minor fall can be much more serious and traumatic than for younger people. It is therefore vitally important that every effort is made to prevent falls.

To this end, Richmond and Twickenham PCT operate a Falls Prevention service in partnership with the borough council. This has a number of aims which include improving the health, mobility and independence of older people and identifying people in the community who have a history of falls or who are at most risk of falling. The service hosts falls prevention clinics, provides training for health care professionals and encourages exercise classes and home exercise to improve fitness and balance. The Service is currently in the process of developing a multi agency Falls Strategy.

Home care

Relatively few of the older population of Richmond are referred to the council for a social care assessment. In 2006/07, 1.6% of the total population aged 65-74 were referred, rising incrementally to 14.9% of the 90+ population. However of the four Fair Assessment of Care priorities, Richmond is still able to provide assistance to people assessed as being in moderate need as well as those in substantial and critical need.

As the next section describes, recent trends have been towards the provision of community based services to meet people's assessed needs rather than residential care.

In relation to home care, the service has changed over the last few years from an in-house service to one entirely provided by the independent sector. The move away from residential care has meant that the service delivery profile has been weighted towards more intensive provision to enable people who require higher levels of support to remain in their own homes. This has meant an increase in the volume of home care but with fewer service users. The total number of recipients of home care reduced by 6.4% (to 762) between 2005/06 and is now lower than the national average. On the other hand the number of people receiving intensive home care (defined as more than 10 hours per week) has increased to 293 (from 241 in 2003/04), 75% of whom are over 75. This is now slightly above the median of local authorities nationally.

The vast majority of recipients of home care are in ordinary housing in the community. Although there is no central data on the subject, it is estimated that only around 10 – 15% of residents of sheltered housing receive home care. The potential for sheltered housing to be developed as extra care housing with home care provided on site is discussed further in the following chapter.

Day care and meals

Day care services have been recently reconfigured. A total of 110 people receive intensive day care support on four council run sites across the borough. This has reduced significantly by 37% between 2005/06 and 2006/07 and at 12 per 1,000 people over 65 is now below the national average. However a further six day care centres, part funded by the borough and managed by the voluntary sector provide more “social” support to less dependent people. Similarly, the number of people who receive meals (468) has reduced by 16.6% in the same period, but at 40 per 1,000 people over 65 is way above the national average (2.22%).

The overall combination of the provision of home care, day care, meals and other services, means that Richmond is above the median for local authorities in helping people to live at home.

Respite care

An important factor in helping people to remain in their own homes is the provision of respite care. This not only helps the individual concerned, but also provides some help and support to their carers, who may also be old and vulnerable. Short term residential respite care is currently below the national average. Homelink provides a specialist day care respite service which supports a total of 110 people and their carers by offering specialist care and support for people with long term illnesses, disabilities or mental health problems.

Direct Payments, Individual Budgets and Self Directed Support

The borough council has been in the vanguard of promoting Direct Payments to older people to enable them to purchase their own home based support. Since 2005/06, the number of older people receiving Direct Payments (148) has increased by 43% to 6.5 per 1,000 people over 65 which is significantly higher than the national average of 1.7. A third of the 65-74 age group who receive care at home are in receipt of Direct Payments, although this reduces to 9.3% of the over 85s. Due to the initial difficulties experienced by people in managing their own care, considerable support has been forthcoming from the Rowan Organisation who help people to access Direct Payments, and help them to organise the allocation of funds. They also assist the relatives of people with dementia to manage Direct Payments on their behalf.

This significant achievement in helping people to remain independent has led to the borough being one of the 10 authorities piloting self directed support. 12 local authorities are piloting Individual Budgets with some overlap between the two. The principal objective of Self Directed Support is to transfer power and control from funders and service providers to individuals. Individual budgets will bring together money from a number of different funding streams (including social care and Supporting People funding amongst others) into a single payment which is then controlled by the individual or someone acting on their behalf to be used in a way that best suits their requirements. The Self Directed Support pilots are concentrating on the means of developing the infrastructure to most effectively deliver Individual

Budgets. The borough aims to have 50% of its older service users on some form of Self Directed Support by 2009.

Whilst Self Directed Support and Individual Budgets will have an enormous benefit in helping people maintain a greater degree of control of their lives, it is likely to have significant implications for the local housing market. If people demonstrate a wish for ordinary housing solutions it could lead to a reduction in demand for sheltered housing schemes as older people are supported to live at home for longer and may choose to opt for some form of floating support rather than an accommodation based resident manager service. It could also lead to an increased demand for community alarm services and the development of new more sophisticated technologies which enable people to remain in their own homes. There is also the possibility, perhaps remote, that existing residents of sheltered housing might choose to purchase accommodation based support from a provider other than their landlord, which, if replicated, could seriously affect the viability of some schemes.

Telecare services

It is likely that telecare services will develop significantly in the near future as a means of helping people to remain independent. At present, almost all of the sheltered housing flats in the borough are connected up to some form of alarm system which provides an emergency response, either 24 hours a day or when the Scheme Manager is off duty. These services are carried out by a variety of providers depending on the individual housing association's arrangements. In addition, the borough's Careline service provides a service not only to 400 sheltered flats, but also provides dispersed alarms to 1,700 people in the community, most of whom are older people. For a small monthly cost, vulnerable residents are able to summon help by pressing a button on their alarm, which is worn either as a wrist strap, a brooch or a necklace.

The borough council received £230,000 in 2006/07 and 2007/08 from the Department of Health's Prevention Technology Grant which has been used in a variety of ways. These have included upgrading alarm systems in sheltered housing schemes, providing a telecare flat with examples of the current technology available, supporting carers of older people with dementia and supporting people with long term conditions to better manage their health.

The use of the grant will be evaluated in 2008 to identify how to best use telecare equipment in the future to help people feel more safe and secure and to increase efficiencies in home care. There is, as yet, little in the way of national evaluation of the effectiveness of various types of telecare.

There is great potential in this field as increasingly sophisticated technologies are developed which include movement sensors to monitor people if they have a fall and become unconscious and are unable to summon help. This latter application could be particularly helpful in assisting someone who has recently returned from hospital. Obviously such technologies need to be applied carefully and with the agreement of the resident as otherwise it can be seen as an intrusive "Big Brother" approach which negates the values of independence and dignity which are being promoted.

It is also vital that any telecare strategy considers the ways in which responses are made under the various systems and ensuring that relatives, key holders and emergency services are all able to respond in the most appropriate way.

Under-occupation and incentives to move

The previous section noted that there was a high level of under-occupation in the borough. This presents something of a conundrum. On the one hand current government and council policy is aimed at helping to support older people to remain in their own homes for as long as they wish. On the other hand in the affordable housing sector, one or two older people are under-occupying larger houses, which could provide desperately needed homes for younger families. Choice, however, remains at the heart of public policy and supporting people to remain in their existing homes whilst at the same time facilitating a move to smaller accommodation if that is their wish need not be incompatible.

As is noted elsewhere, older people have a great deal of emotional investment in their home. For many, however the size, repair and heating costs, cleaning chores, eventually does get too much, particularly following a life changing event. In such cases, a range of options needs to be available which are covered in the following chapter.

Within the housing association sector, the borough council operates a sponsored move scheme to help older people move to smaller accommodation. This entails a payment of £2,500 per bedroom given up, up to a maximum of £7,500 and help with the whole process of moving from arranging removals, carpet fitting and disposal of unwanted furniture through to decoration of the new property. It is recognised, however that financial and practical considerations such as these are only part of the thought processes of anyone wishing to undertake such a move.

Lifetime homes

Future generations of older people may, of course, find it easier to remain in their own homes, if all new homes were built to Lifetime Standards. The government has announced that it wishes to see new standards for age friendly design to be adopted from 2013 onwards. These will include the 16 key features which make up the Lifetime Homes standard such as wider doors, improved design of bathrooms and staircases big enough to accommodate stair lifts.

Currently all new affordable housing with Housing Corporation grant is developed to Lifetime Homes standards and the government wishes to see all new build social housing built to these standards by 2011.

The council's Local Development Framework, which is currently in preparation and is due to be adopted from 2009 onwards contains proposals to require all new homes to be built to Lifetime Standards.

Summary of issues

- Richmond currently has a good range of options available which help to support people in their existing homes.
- These options include well regarded schemes such as the Home Improvement Agency and the Handyperson scheme which between them help people to maintain, improve and adapt the fabric of their home.
- The demographic profile of the borough means that there is scope for the expansion of both schemes but there are limitations on their resources.
- The numbers of people helped to live at home through the provision of home care is now below the national average, but the council is still able to help people whose needs are moderate as well as substantial and critical.
- A large number of people are assisted through Careline schemes within the private sector, but there is scope for further development of telecare services as increasingly sophisticated technologies become available.
- The commitment towards implementing Self Directed Support will increase the independence of older people and the control they have over their lives but will have implications for the housing market.
- Whilst helping people to remain in their existing homes is an aim which wholly accords with the current philosophy and values of both the government and the council, for some people there will come a time when they wish to move to somewhere smaller and a range of options needs to be available to facilitate this.

Recommendations:

- **That, following the publication by the government of the Future HIA project report at the end of 2008 the staffing and financial resources of the Home Improvement Agency be reviewed, both to ensure that it has capacity to cope with current pressures and to assess the feasibility of a modest expansion in providing advice and support to more clients in the owner occupied sector.**
- **That the feasibility of developing and expanding the Handyperson service be explored to enable it to provide a service to a wider range of people, possibly funded through a nominal charge for its services.**
- **That the existing telecare strategy be reviewed and developed to help people remain in their own homes following an evaluation of the application of the Prevention Technology Grant.**
- **That housing associations in partnership with the borough council review the way in which they provide sheltered housing in the light of the development of Self Directed Support.**
- **That those incentives for people to move to smaller accommodation are kept under review to ensure that they continue to be attractive in**

facilitating moves.

- **That all proposals for new houses seeking planning permission from 2009 onwards incorporate Lifetime Homes standards.**

4 Sheltered housing

“Sheltered housing is all about location, location, location”

“My friends had difficulty managing their old home. They even had squirrels in the roof. They are very happy in sheltered housing”

“I was very worried when I had a fall, because there was no-one on site to help me”

Overview

There have been many definitions of sheltered housing over the years, but generally, it is accepted that it is housing specially designed for older people which enables them to maintain their independence whilst offering a degree of support. Generous government subsidy arrangements encouraged a huge growth in the development of sheltered housing during the 1960s and 70s. At that time it was provided in three categories. Category 2 was housing designated for older people and generally had additional facilities, such as a resident scheme manager, communal facilities including a common lounge, kitchen and assisted bathing facilities and an alarm system. Category 1 was designed for the more independent older person and generally had the benefit of an alarm system and sometimes a visiting sheltered housing officer. In later years very sheltered housing (sometimes known as Category 2.5) was also developed. This offered varying degrees of additional support, including 24 hour waking cover and sometimes on-site domiciliary care.

Over the years, the distinctions between these categories have become blurred, as local authorities and housing associations have reviewed their accommodation for older people and are consequently now grouped together under the generic title of sheltered or retirement housing.

To a degree, sheltered housing has now also become unfashionable. Whilst it has been viewed as a valuable resource for a considerable period of time both by the people who live in it and the professionals who support them, it is now sometimes seen as a single inflexible model in meeting the needs of a growing and diverse group of people. The needs of a fit 70 year old are very different from those of a frail 90 year old but they are often lumped together into a single client group. On the one hand, there is a requirement for additional services and support to be provided in people's existing homes, whilst on the other hand, there is a need for high care schemes which enable very frail older people to maintain a degree of independence.

Additionally, whatever their care needs, the aspirations of older people have changed over the last 20 years, and will continue to change over the next 20. Older people are not only living longer, they are healthier, more active and more conscious of their rights as consumers. They are no longer content to be shoe-horned into studio or small one bedroom flats but require larger accommodation with room for all of the

new technology which facilitates life in the 21st century. Many also want room for grandchildren and other relatives to stay. The large proportion of owner occupiers in Richmond is also likely to decrease the attractiveness of rented sheltered housing as an option. All of this has led to an increasing problem of voids in many parts of the country and to a lesser extent in Richmond, with many local authorities and housing associations changing the use of existing sheltered housing.

Due to the concentration of priorities in recent years on the development of family sized housing, very little new housing for older people has been built, which means sheltered housing has been unable to keep pace with these changes. This begs the question as to whether sheltered housing has outlived its usefulness or whether it continues to be a valuable resource which can be adapted to more flexibly meet future needs. In Richmond, on balance, the answer is probably the latter. Surveys of existing residents have shown that they appreciate the safety, security and re-assurance that sheltered housing offers. In addition, they appreciate the opportunity for social activities, even if they do not wish to participate. This aspect may, of course, change in future years as new generations of older people may not want or need these facilities.

Provision of sheltered housing in Richmond

Richmond currently has a total of 1242 units of accommodation for older people, of which 1021 are for rent and 221 are for sale on an outright or shared ownership basis. In terms of size, the rented sector is shown in the following table:

Type	Number
Studio	256 (includes 86 with shared bathrooms)
1 Bed flat	562
2 Bed flat	26
1 Bed bungalow	9
Rooms (Abbeyfield)	19
Almshouses (various types)	149
Total	1021

In the leasehold and for sale sector sizes vary with a roughly 50:50 split between one and two bed flats and a small amount of three bed accommodation.

Initially, the number of sheltered housing units seems large for a borough the size of Richmond. However, taking into account the age profile of the population, it is actually below the national average as the following table demonstrates.

No. of sheltered units	Richmond	National average
Per 1,000 people over 65	55.0	65.8
Per 1,000 people over 85	345.2	490.7

However, it should be borne in mind that this is a national average and should not be taken to mean that Richmond has an under-provision of sheltered housing, as in the

past, in many areas provision grew without much reference to need. The fact that Richmond has a relatively low number of voids compared with other local authority areas would, in fact seem to indicate that the level of provision better meets local needs than elsewhere.

The size and type of quality of the sheltered housing stock does, however give some cause for concern. Some 25% of the total are in the form of studio flats and a third of these still have shared bathrooms. This is not the standard of accommodation which older people expect in the 21st century, particularly if moving from larger accommodation, and it in these flats where any void problems do exist.

Richmond Housing Partnership own the majority of these studio flats, and all of those with shared facilities, and have recently had a programme to convert two studios into one large self contained flat, or where this is not possible to convert studios with shared facilities into self contained "super studios." This obviously has benefits in that it produces large and desirable flats. However it also has its drawbacks in that it is expensive (around £36,000 per unit), it reduces the total number of units available to let, it reduces the housing associations rental income and it is disruptive in terms of decanting. However, there is no doubt, that, in terms of producing better quality accommodation for older people, this is a desirable programme and should continue.

Overall, most housing associations in the borough report that sheltered housing remains popular and that as far as one bedroom self contained flats are concerned, there are no great problems with voids. To illustrate the problem outlined above, however, at the end of October 2007, Richmond Housing Partnership had a total of 15 sheltered flats which were vacant and available for letting. Of these 14 were studio flats, 8 of which had shared facilities. 10 had been vacant for six months or more, whilst two had been vacant for more than 2 years. This compares with RHP's average relet time of 3 weeks for general needs properties.

Location of sheltered schemes

Sheltered housing schemes are reasonably well distributed throughout the borough, although there are particular concentrations in Teddington, Hampton Wick and central Richmond. Conversely Ham, Petersham and Richmond Riverside, which has the highest population of older people, only has two schemes totalling 49 units. Heathfield, which has the second highest older population has no schemes and neither does East Sheen. Kew only has one scheme, Abbeyfield, with 9 rooms.

Management of sheltered schemes

Between them, Richmond Housing Partnership and Richmond upon Thames Churches Housing Trust own or manage the majority of rented sheltered accommodation in the borough. A complete breakdown of the schemes is set out in Appendix 1, but a summary is set out below.

Association	Number of units	% of total
RHP	421	41.2
RuTCHT	210	20.6
L&QHT	82	8.0
Guinness Trust	29	2.8
Sons of Divine Providence	27	2.6
Housing 21	25	2.4
Anchor	22	2.2
Central and Cecil	19	1.9
Abbeyfield	19	1.9
Hanover	18	1.8
Various almshouses	149	14.6
Total	1021	100.0

The amount of sheltered accommodation for sale on an outright or shared ownership basis is surprisingly low for a borough with as high a level of owner occupation as Richmond. It would seem that there would be a ready market for high quality private sector schemes, although it is possible that land prices and the subsequently high selling price may put off potential developers and that they may concentrate their efforts in cheaper London boroughs and in the Surrey hinterland. For residents, it should also be borne in mind that the initial capital cost of buying a property can be high as can the monthly service charge. Of the 221 units of accommodation currently in existence in the borough, most is managed by Richmond upon Thames Churches Housing Trust as the following table demonstrates.

Managing agent	Number of units	% of total
RuTCHT	155	70.1
Retirement Security	38	17.2
Guardian Management	15	6.8
Beechcroft Trust	13	5.9
Total	221	100.0

The majority of sheltered housing in the borough is still managed by a resident warden, who generally works office hours, after which the scheme is switched over to Careline or a similar Community Alarm system. Some schemes have a sheltered housing officer who visits between one and three times a week. Other schemes have no visiting staff but are covered by Careline only. The number of units covered by each type of management in both rented and for sale sectors is as follows.

Management type	Number of units	% of total
Resident warden	755	60.7
Visiting warden	158	12.7
Community alarm system only	153	12.4
Unknown	176	14.2
Total	1242	100.0

Again, this is surprising, in that many organisations, having reviewed their management arrangements, have moved away from the concept of resident scheme

managers. Many have now taken the view that the needs of existing and future residents and the increasing sophistication of assistive technology allowing remote monitoring of a range of risks mean that on site, but no longer resident, staff are the most appropriate. Some have moved completely away from on site staff and only have visiting or “floating” support. This also means that it is easier to attract staff as the concept of a home tied to the job and the feeling of being on call 24 hours a day; 7 days a week is no longer an attractive one.

The role of scheme managers in providing housing related support rather than care is also often misunderstood by residents and their relatives, a situation which is often exacerbated by the residential nature of the post and by some managers performing tasks above and beyond the call of duty.

Moving away from resident scheme management can also be more cost effective for housing providers and this may well be an important issue in the near future as restrictions within the Supporting People programme begin to bite, a situation which may be exacerbated when ring fencing is removed from this programme in 2009. The move towards Individual Budgets and Self Directed Support may also have some implications, where residents might choose not to have the services of a resident scheme manager, but to access housing related support in a different way.

In February 2008 EROSH (Emerging Role of Sheltered Housing) considered the way in which sheltered schemes were managed and issued a position statement which recognised that changes may need to be made. It did not consider the role of resident managers specifically, but did recognise that a “one size fits all” approach whereby every resident receives a daily visit regardless of their needs may no longer be appropriate. EROSH promotes the development of a needs led support service in which the needs assessment and support planning process is used to determine the frequency, duration and type of contact by support staff. It also supports the “hub and spoke model” of sheltered housing, whereby such provision can become a resource for the wider community of older people.

The advantages of a sheltered scheme with full time staff, perhaps operating on a hub and spoke model were also supported by a recent Best Value Review of its sheltered housing service carried out by Richmond Housing Partnership. These advantages can be summarised as follows:

- Scheme managers provide a sense of security, promote social inclusion and counter the social isolation of some tenants and facilitate community engagement.
- Scheme managers can play a role in providing community support and act as a hub for health promotion, lifelong learning and intergenerational activity.
- Communal facilities at sheltered schemes can provide opportunities for voluntary and statutory agencies to deliver services targets in respect of flu jabs, malnutrition screening, exercise classes and chiropody.
- Schemes could be used as a base for dedicated home care services delivering services to the wider community.
- Schemes could be used as a base for delivering floating support to older people in the community.

The disadvantages of a “one size fits all” approach can be:

- There is a potentially inefficient use of staff time.
- Residents who do not need certain services could be disempowered and made less independent by receiving them.
- The financial viability of schemes may be endangered in future Supporting People reviews, particularly if financial savings need to be made.

Certainly, changing the nature of service for residents may not be an easy task. Whilst the concept of sheltered housing and the low level needs of many of its residents mean that resident management is not necessary, existing residents find an on-site presence re-assuring. Recent consultations by Richmond upon Thames Churches Housing Trust on service levels seem to confirm this. Future residents may, however, require greater levels of independence and may find the presence of a resident manager and a daily visit unduly intrusive.

What is certain is that this debate will continue and housing associations will need to continue to keep their sheltered housing services under review to ensure that they are meeting the needs of current and future residents and the needs of residents in the wider community in the most effective way. Due to the number of housing associations operating within the borough, some of them national organisations, it is possible that they will all review their services at different times and come to different conclusions. For this reason it is recommended that a small group of associations is convened together with LBRuT Commissioning Care Services staff to co-ordinate future reviews and to ensure a consistency of approach.

Choice Based Lettings

The government has set a target that all local housing authorities should introduce Choice Based Lettings by 2010. This type of lettings scheme requires authorities to advertise vacancies to waiting list applicants who then make a bid for a property in which they are eligible and in which they are interested. This would replace the current scheme where a vacancy is offered to the next eligible person on the list. Such a scheme can prove problematic for older people and other vulnerable groups and the borough council will therefore have to take their needs into account when it is developing a scheme.

Alternative uses for sheltered housing

A large number of local authorities and housing associations have undertaken reviews of their sheltered housing stock in recent years and have come up with a variety of solutions. These have included the complete decommissioning of some schemes, demolition and rebuilding for general needs housing. Other solutions have included converting schemes for use by different client groups, including single homeless people and other groups requiring some form of supported housing. Such moves are fraught with difficulty, often because the future intended use is incompatible with current use by older people. Flats are left empty for long periods until the whole scheme is vacant and the remaining older tenants often feel vulnerable, especially when there are only a handful left in a block.

Radical solutions such as these are not currently recommended in Richmond. Although there are issues with the quality of the stock, void levels are not as high as in many areas, which is evidence of the enduring popularity of sheltered housing. Continuing to invest in improvements to the stock and ensuring its flexibility in meeting the future needs of older people should help that popularity to continue.

However, there is one group of people who could be housed in sheltered housing and whose presence may not be incompatible with existing residents. Chapter 3 noted the needs of older people with learning disabilities and those in late middle age who are currently in residential accommodation. In 2007, the council published a Housing and Support Plan for People with Learning Disabilities. One of its recommendations was that the feasibility of rehousing people from residential care into mainstream or extra care sheltered housing should be investigated. Provision for this is being made in a bid for funding to the Department of Health which is currently in preparation. It could also be done as part of any remodelling proposals, perhaps by the development of specialist clusters within schemes. However, it would also be possible to accommodate a number of people in an existing scheme if a number of flats (say 3-5) became vacant at a similar time in close proximity to one another. Residents would benefit from both the services of a scheme manager who would be available in an emergency and from off site floating support. Integration into an existing scheme may initially be difficult, but experience elsewhere has shown that the presence of some younger people (although probably still 55+) can revitalise a scheme.

Extra care housing

Whilst less intensive management may be suitable for those who need support but whose care needs are low or non-existent, it is not suitable for those with higher levels of need. In order to provide for those older people who do have medium or high level care needs, the concept of extra care housing is being developed as a direct alternative to residential care.

Extra care housing allows people to remain as independent as possible by enabling them to have their own flat with their own front door and an assured tenancy, but enabling them to benefit from on site care, if necessary, on a 24 hour a day basis. There are advantages to both the resident and the care provider to this arrangement. The resident maintains his or her independence, whilst still benefiting from the communal facilities and social interaction that a sheltered housing scheme brings and the provider is able to concentrate activities in a single base without the costly and the consuming travel between visits to individual homes.

This is an extension of the Category 2.5 concept, where additional facilities and support, but not necessarily domiciliary care, were made available on site. There is some existing provision in Richmond of this type, provided in the rented sector by RHP at Sandown Court in Twickenham where all referrals are made by Social Services and in the private sector by Retirement Security at Fullerton Court in Teddington, where some domestic assistance is provided.

However, there are now proposals to take this one step further through the provision of a purpose built extra care housing scheme, planned for completion in 2010. This

scheme will provide a total of 41 units (31x1 bed and 10x2 bed) of which seven will be for sale. The capital funding for the scheme is largely being provided by the Department of Health, with a contribution from Richmond Housing Partnership, who will own and manage it. Revenue funding for the housing related support will come from the Supporting People budget, whilst revenue funding for the on site domiciliary care will come from the social care budget, as all of the residents will be those who qualify for such care under Richmond's eligibility criteria. A protocol for this scheme, involving all of the partners, will need to be established to ensure that it is meeting the needs of older people in Richmond in the most effective way possible.

Such schemes are now being considered as a complete alternative to residential care, rather than a step towards it, in the drive towards helping people retain their independence. However it is possible that no further capital funding will be available for the development of any additional purpose built schemes, although a bid for funding for one more scheme is currently being prepared for submission to the Department of Health. If this sector is to expand, the council and its partners may need to look towards making better use of existing schemes. An opportunity exists in this regard in the continuing remodelling programme for schemes with studio flats and shared facilities. Current schemes can be converted into extra care with very little physical work as the key issue is the facility for on site care. Many existing schemes already have common rooms, facilities for cooking and serving meals, assisted bathing facilities and the potential for an office base for care staff, all of which would be essential requirements for extra care. It is also possible to establish a scheme gradually without disrupting residents and aiming for an eventual mix of people with high, medium and low or no care needs.

The advantages of such a scheme are that it can cater for a variety of needs, without it becoming a residential care home by default. Existing tenants with low level needs could easily be catered for within the scheme without them having to move, if their needs became greater at a later date. However the perceptions of existing residents that the scheme was being turned into residential care would need to be carefully handled in any consultation processes. It would need to be demonstrated that extra care, whilst providing an alternative to residential care, nevertheless offered a distinctly different environment.

An example of an opportunity which currently exists is the RHP scheme at James Darby House, which is currently in their remodelling programme. This is in close proximity to Sandown Court, which already has some features relating to extra care housing. The following process could be adopted for a pilot scheme to establish whether this a model worthy of pursuing in the future:

- Assess the physical suitability of the building for extra care housing.
- Agree what works will be necessary and how these can be funded.
- Determine the level of needs to be catered for by the scheme, for example one third high level, one third medium level, one third low level.
- Agree a protocol for how the optimum balance will be achieved through current and future vacancies and the nominations process.
- Agree the level of home care support necessary and how that will be provided within the scheme.

- Consult with existing residents about the proposed changes to the nature of the scheme and the potential benefits it may have for them in the future.

The next chapter covers the desire to reduce ordinary residential care placements more fully. It also considers the need for increasing the level of residential care for the Elderly Mentally Ill. It is possible that extra care housing can also provide for people with dementia, although it is likely that this would require more in the way of capital expenditure to make it suitable. Again, it may be possible to develop specialist clusters within an existing scheme as part of a remodelling proposal. It also raises the need to carry out an assessment of the needs of people being placed in residential care to ascertain whether these can be met by extra care housing. This should enable the need for extra care housing to be quantified and a programme developed to meet that need.

Other local authority approaches to extra care

Many other local authorities have in recent years been reviewing the need for extra care schemes. Coventry City Council have adopted quite a radical approach which means that they will have 815 units of rented extra care housing on stream by early 2008. This is made up of a number of purpose built schemes, the closure and conversion of local authority residential care homes through a PFI contract and the conversion of 12 existing sheltered schemes. The approach they have taken is that all of these schemes are a direct replacement for residential care. Therefore, although existing tenants have a “home for life” in the conversion schemes, all new tenants will be people who would otherwise have been assessed as needing residential care. All tenants of the purpose built and PFI schemes come into the latter category and one of the schemes specifically caters for people with dementia. This obviously has an impact on the staffing levels required and also requires night waking cover. They encountered some opposition on the way, particularly as they were actually rehousing people from residential care into extra care housing, but are confident that older people are now having their needs met in a way which enables them to lead a more fulfilling life.

Bristol City Council also has an ambitious programme of creating 600 purpose built extra care units over a five year period, augmented by the conversion of some existing schemes. Bristol are adopting a different approach to letting and they aiming for more balanced communities with around 50% of the residents being those who would otherwise have been assessed as needing residential care.

Hampshire County Council has been working with the district council authorities within its boundaries to enable the provision of extra care housing. Like Bristol, this involves a mixture of new build and conversion and aims at balanced communities. They have assisted the conversion of some schemes through the provision of capital funding for any necessary building works.

The lessons learned from experiences in these authorities can be summarised as follows:

- Getting care levels right and ensuring there is flexibility as people’s care needs change.

- Ensuring the PCT is on board.
- Being clear about the objectives and whether the aim is to achieve a balanced community or a complete replacement for residential care.
- Making sure staff are trained to enable people to live independently.

Summary of issues

- The amount of sheltered housing in Richmond is lower than the national average but that does not necessarily mean there is under provision.
- The sheltered housing building boom in the 1960s, 70s and 80s with little built since, has led to a service model which is now outmoded and may not meet the needs and aspirations of older people now and in the future. Scheme management arrangements, therefore, need to be reviewed.
- The size and quality of sheltered housing units does not always accord with the lifestyles of older people in the 21st century with a large number of studio flats with shared facilities. This is, however, being addressed in a modernisation programme.
- Sheltered housing does, however, remain a popular option and in comparison with many areas there is not a huge problem of void properties in the borough. The exception to this is in relation to studios with shared facilities, where there are some properties which have been empty for more than two years.
- Decommissioning or finding alternative uses for sheltered housing should only be considered where re-provision will yield a net housing gain. However, there is potential for the rehousing of people with learning disabilities (55+) who are currently, and perhaps inappropriately, in residential care.
- There is a surprisingly small amount of private sector sheltered housing for sale in the borough.
- The move away from residential care placements towards supporting people to remain independent in their own homes will lead to a greater demand for extra care housing for people with higher levels of care needs.

Recommendations

- **The remodelling programme to convert studio flats into 1 bedroom flats and to make them self contained should continue in partnership with the borough council.**
- **A protocol for the implementation of the planned purpose built extra care housing scheme should be developed to ensure that it is meeting the needs of older people in the most effective way. This will also support the implementation of a second purpose built scheme for which a funding bid is in preparation.**
- **The feasibility of converting some sheltered schemes into extra care schemes as part of the remodelling process should be investigated in detail. In the short term one scheme should be developed as a pilot, catering for a range of care needs, with a view to developing a**

programme over the next three years.

- **Provision for older people with dementia should be considered as part of future extra care schemes.**
- **The use of some flats to rehouse people with learning disabilities from residential care should be considered.**
- **The borough council should take into account the needs of older people when developing a scheme to introduce Choice Based Lettings in 2010.**
- **Discussions should be held with RSLs and private developers to consider the provision of sheltered housing for sale (where the site is in a suitable location) as part of a broad mix, where cross subsidy can maximise affordable housing provision. This could include the provision of extra care housing for sale to provide an alternative option for “self funders” in residential care homes.**
- **Housing associations should examine the management arrangements within existing ordinary sheltered housing to ensure that it continues to meet the needs of existing and future residents. A small group of associations should be convened together with LBRuT Commissioning Care Services (Housing Related Support) staff to co-ordinate such reviews and ensure consistency of approach.**

5 Residential and nursing care

“I am worried about what happens if I am paying for my own care in a residential home and then the money runs out”

Overview

The general thrust of government policy in recent years has been a move away from placing people in residential care and helping to support them, through a variety of methods, in their own home. Richmond, like most local authorities, has enthusiastically embraced this policy and now carefully considers, in consultation with service users, the options available which will help them to meet their needs, whilst retaining their independence. As a result, the numbers of people being placed in ordinary residential care, as opposed to residential care for the elderly mentally ill (EMI) is reducing, with a 13% fall in bed usage overall between 2003/04 and 2006/07. The following table shows the number of placements in varying types of residential care during 2005/06 and 2006/07. The figure in brackets refers to placements made outside of the borough.

	Residential	Residential EMI	Nursing	Nursing EMI	Total
2005/06	66(11)	29(12)	54(22)	23(21)	172(66)
2006/07	59(10)	46(15)	57(36)	25(21)	187(82)

In the light of the continuing drive towards, and preference for, community based services, it is likely that over the next five years this trend will continue. However there is a corresponding increase in the numbers of people presenting with higher levels of need. This had led to a shift in the balance from purchasing standard residential care towards residential EMI and nursing care.

Current provision in Richmond

There are currently 18 care homes within the borough, providing a total of 538 beds. Of these homes, one is a nursing home only, five are dual registered and 12 are residential only. These homes are detailed in Appendix 2, but in summary the type of care they provide is as follows.

Type of care	No of beds – Standard	No of beds – EMI	Beds used by Richmond
Residential	331	168	181
Nursing	207	19	55
Total beds	538	187	236

Both the number of residential beds and the number of nursing beds are lower than the national average. In the case of residential beds, this is not significant and does

not necessarily indicate an under provision. However, in the case of nursing beds, it is very significant, as three homes accounting for a total of 169 beds are rarely, if ever, used by the borough due, in two homes, to their eligibility criteria and in a third home due to cost criteria. This effectively reduces the number of nursing beds within the borough to 55.

Comparisons with national averages are set out in the following table.

No. of residential care beds (inc EMI)	Richmond	National average
Per 1000 people over 65	21.7	36.8
Per 1000 people over 75	41.5	76.1
Per 1000 people over 85	142.5	274.3

No. of nursing care beds (inc EMI)	Richmond	National average
Per 1000 people over 65	9.8 (2.47)	20.1
Per 1000 people over 75	18.8 (4.75)	41.5
Per 1000 people over 85	64.5 (16.28)	149.6

NOTE: Figure in brackets refers to beds effectively available to Richmond

This demonstrates a very significant shortage of nursing beds within the borough and 63% of all new nursing care placements in 2006/07 had to be in homes outside of the borough. Most people were able to be placed in neighbouring authorities within a few miles of the borough boundary and many were placed in nursing homes close to relatives. However, for some people, this undoubtedly causes problems in terms of the physical and emotional wrench of having to leave an area in which they have spent most of their lives and in terms of travelling time for friends, relatives and advocates.

Although the table indicates that the number of residential care beds is lower than the national average, in reality, the supply seems to be good, with only 17% of all standard residential care placements placed outside of the borough. Most of these were placed there to be near their family. However, there does appear to be a shortage of residential EMI beds with 33% of placements having to be made out of borough, the vast majority of these due to lack of provision inside the borough. Although Chapter 3 indicated that an increase in the number of people with dementia is not currently forecast, it also suggests that this forecast is treated with caution.

The council currently has a block contract with one provider, Care UK, who have three homes and 184 beds (57 nursing and 127 residential). This is a PFI contract over a 25 year period from 2001, but there are flexibilities within the contract to negotiate a change of usage of beds. This can be relatively easily accommodated within the design of the buildings, although of course, more specialised care requires more highly skilled and trained staff. Placements in all of the other homes are purchased on spot contracts with weekly fees negotiated on an annual basis.

Of the available beds within Richmond, the borough council purchases 41%. Self funders purchase 44% and other local authorities purchase 7%. The remaining 6%

are purchased by the PCT, by charities or are vacant. The reliance of local care homes on self funders could in the long term prove problematic, particularly in cases where funds run out and the council needs to assess whether it takes over funding of the placement and at what cost. Many self funders may also be placing themselves without a local authority assessment, because they know that they will not qualify for any financial assistance. They may therefore not be fully aware of all of the options open to them. In particular, self funders could benefit from the provision of extra care housing for sale, whereby they could retain their independence, retain a stake in the equity of the property and buy in the care they need.

A move towards providing more community based services should enable the current provision of standard residential care to remain sufficient. This does raise the question, however, of whether such initiatives can ever completely replace residential care for people who have higher care needs, but who do not require EMI provision. Does there come a point where people are having their care needs catered for by visits two or three times a day and Day centre visits, but are otherwise socially isolated? Allowing people an element of choice should enable them to choose residential care to allow them a greater measure of social integration. This is an area, where perhaps the potential for additional extra care schemes could be tapped, by enabling people easy access to care and social integration, whilst at the same time preserving their dignity and independence.

If extra care housing was seen to be a complete replacement for standard residential care, this would imply a need for an additional 59 vacancies per year to be created in this sector. It would obviously not be possible to achieve such a shift in the short term, although the planned provision of a purpose built scheme would go a long way towards this in the 2010/11 financial year. However, a closer analysis of the needs of individuals being placed in residential care and the proportion of those people whose needs could be equally as well met with extra care housing should be carried out in the short term, probably during 2008/09. This should enable the consideration of a draft programme with targets for the creation of additional extra care schemes, mostly through conversion.

The issue with regard to EMI and dementia is however different. It is estimated that, nationally, only a third of people with dementia currently live in residential care, of which less than two thirds benefit from a registered dementia place. Again, this could partially be addressed by investigating the feasibility of designating some extra care housing specifically for residents with dementia, and designing it accordingly. However in the short to medium term, it also points to the need to look at converting more standard residential care beds to provide for residents with dementia.

Obviously a move away from residential care will have an impact in the residential care market, particularly on those providers with whom the borough council has spot contracts. This will be an incentive to consider the development of EMI and nursing care beds or even to consider conversion to extra care housing.

Summary of issues

- Although the provision of residential care in the borough is lower than the national average, this does not necessarily indicate an under provision of standard residential care.
- There is however a shortage of EMI residential care beds, as evidenced by the number of people having to be placed out of borough.
- There is a severe shortage of nursing care beds which are both within the borough and available to it.

Recommendations

- **Negotiations should continue with Care UK as part of the PFI contract to ensure that there is a mix of beds available which best meets the needs of the borough.**
- **Relationships with all care home providers should be developed to ensure that future provision meets the demand profile.**
- **In particular, other providers should be encouraged to registered more beds for EMI use to ensure that future needs in this area can be met.**
- **The care needs of residents currently being placed in residential care should be examined to establish the proportion whose needs could be met equally well by extra care housing.**
- **The potential for further extra care schemes should be examined in order to provide a direct alternative to residential care, by providing home care in a setting which maintains independence and avoids social isolation. A programme should be established to cater for the needs identified in the above exercise following the establishment of a pilot scheme.**
- **The feasibility of adapting part of an extra care housing scheme to provide for people with dementia should be explored.**

6 Information and Advice

“We need information in advance about our options so that we can plan ahead”

Good communication and a good flow of information between the borough council, its partners in the statutory and voluntary sectors and older people in the borough is essential on a number of fronts. First of all, it enables older people to know what is going on, what their future options are and how to access the services appropriate to them in the best way. Secondly it enables the council and its partners to properly engage with older people and produce policies which respond more directly to their needs. Thirdly it enables older people to have a voice and to believe that they are part of the local community and not a burden on it as this has been the perception in the past.

The consultation process for this review revealed that the provision of information for older people could benefit from some improvement. There is a lot of information in the public domain about services and options, but it is fragmented, not well co-ordinated and not easy to access. There is also a lot of out of date information in circulation and even professionals working in the field were not fully aware of developments in the work of other agencies. Information about financial options such as equity release is perceived to be a particular problem, which perhaps explains the relatively low take-up in Richmond.

The means of communication of information to older people needs careful consideration to ensure that it is fully inclusive. Leaflets and other printed material can be useful but it can rapidly become out of date. Web based material can be easily kept up to date, but many older people do not have easy access to a computer or the skills to use one, although this is likely to change with the passing of time.

Generally people need information and advice which will help them to decide on options such as whether to move or to stay put, whether to adapt or improve, whether to release equity and what reputable financial products are available and whether a care home, extra care housing or sheltered housing is the best option for a move.

Current provision

A primary source of information at present is a booklet entitled “Housing for Older People” produced by the borough council with assistance from Age Concern. This is an excellent and accessible source of information about the range of housing options available to older people. Unfortunately, the very nature of such comprehensive documents means that they rapidly become out of date and that is the case with this publication. It needs to be brought up to date and regularly reviewed and this process is already underway.

To supplement this document, individual services also produce leaflets which are freely available in public access points. Examples include leaflets and information booklets about Careline, sponsored moves, the work of the Home Improvement Agency and the services offered by local housing associations. Again these leaflets provide clear and concise information in an easily accessible format. However, there are so many of them, that the information seeker has to know what they are looking for or can come across them purely by accident.

The Richmond Community Support Service Consortium have recently (January 2008) published a directory which gives information about the activities, services and facilities available to the older residents of Richmond. This is a valuable signposting document which concentrates on helping older people to get out and about, socialise and have fun. However, by its very nature it is not able to give a lot of detailed information about housing and accommodation options.

Finally, Age Concern Richmond and Age Concern Kingston have recently launched a joint project called First Contact. This provides for a telephone advice line, available Monday to Friday mornings. An advisor will be available to answer queries, provide information and advice and signpost to other agencies. Advice and information will cover a wide range of subjects of particular concern to older people including benefits, arranging and paying for care and housing options. To be effective, this service obviously needs to have access to the most up to date and accurate information available.

As part of its Housing Strategy for an Ageing Society, the government has announced its intention to set up a National Housing and Advice Service to ensure that older people can make informed decisions about their housing, care and finance options. However, this will need to be supplemented by a comprehensive advice and information service at a local level.

The overall conclusion then is that organisations and individuals are making their best efforts to ensure that there is comprehensive information in the public domain, but that somehow this is perceived as not being quite enough. It is an issue to which there are no easy answers and perceptions may change as older people become increasingly computer literate with access to web based information.

Recommendations

- **That, in the short term, the Housing for Older People booklet is brought up to date and used as a comprehensive source document for information about housing options.**
- **That, also in the short term, all agencies involved in the provision of housing or housing related services review their information leaflets to ensure that they are up to date, accessible and easily available.**
- **That in the longer term, a small working group which includes representatives of the Forum for Older People, be established to review the information needs of older people for all services and how these**

might best be met using all of the available media including printed matter, web based information, telephone help lines etc. This could form part of an overall strategy for Older People in Richmond.

7 Financial Issues

Current sources of funding

The provision of accommodation for older people and supporting them to live in their existing homes is currently funded from a variety of sources. Sheltered housing is funded through a combination of rental income, service charges and Supporting People funding. Social care services such as residential care, home care and day care are funded from the borough council's Adult Social Services budget combined with charges to service users. Other services are funded from the borough council's capital programme, the Supporting People programme, and contributions from the charitable and voluntary sectors.

Funding for sheltered housing

The capital costs of developing sheltered housing in the past have been largely funded either from the borough council's own capital programme or the Housing Corporation's development programme, sometimes supplemented by capital contributions from housing associations themselves.

The proposed extra care scheme is being funded using a special grant from the Department of Health who had set aside a funding programme for this specific purpose. The total cost is being supplemented by a capital contribution from Richmond Housing Partnership.

Due to the urgent needs identified within the borough for more family sized housing, future priorities for capital funding are geared towards such provision and it is therefore highly unlikely that there will be any additional funding available for new provision for older people in the affordable rented sector.

Private sector developers could, however, be influenced to provide sheltered housing for sale, provided they were satisfied that there was a market for it. This provision would, of course, be funded from the proceeds of the sale of the properties.

The revenue costs of the provision of rented sheltered housing are covered by rents, by service charges and Supporting People funding, which covers the housing related support. Any refurbishment or remodelling work to improve the size and quality of sheltered housing is funded by the housing association concerned as part of its asset management programme.

In 2007/08, the Supporting People Budget totals £2.771m and assists 1,352 people. Older people represent the largest single client group within the Programme with 924 people (or 68% of the total) assisted. However, in terms of actual funding, this proportion drops to 21.74% of the total budget or £602,471. This is due to the fact that most older people supported to live in the community have less complex needs than other groups. For example, the average cost of housing related support for an older person is £12.53 per week, compared with £150 per week for a person with learning disabilities. Of course, this does not take into account people's social care

needs, and the balance may, in any case, change in future years, if more people with higher care needs are supported in the community as their housing related support needs may also be higher.

Over the next few years, there are likely to be funding issues surrounding the Supporting People Programme. The Budget is likely to suffer from an overall cut in funding of 10% over a three year period. The government has, as part of an overall review of its Supporting People Strategy, has also announced its intention to end the “ring fencing” of the budget from 2009 onwards, which could lead to it being absorbed to help deal with other local authority pressures.

All of these issues, together with regular reviews of services, could leave individual schemes vulnerable in the medium to long term.

Adult Social Care Budget

The total gross budget for older persons’ social care in 2007/08 is £32.6m. This includes the cost of care management and total expenditure on the provision of services which for either residential care or to support people living in their own homes is set out below.

Type of service	2005/06 £m	2006/07 £m	2007/08 £m
Residential Care	7.809	7.794	
Nursing Care	5.262	4.991	
Total Care Homes	13.071	12.785	
Direct Payments	0.606	1.048	
Home Care	6.314	6.364	
Total Care at Home	6.920	7.412	
Day Care	2.198	2.305	
Equipment/Minor Adaptations	0.808	1.165	
Meals	0.603	0.565	
Other Services	2.144	1.498	
Total Other Community Services	5.753	5.533	
TOTAL OLDER PEOPLE	25.744	25.730	

(NOTE: This table shows gross expenditure only and does not take account of income from charges to service users)

This table clearly demonstrates that whilst the overall budget has remained relatively static, there have been significant shifts within it, with a reduction on expenditure on residential care and a corresponding increase on care at home, including a very significant increase in Direct Payments.

Overall, some of the growth in budgets has been disguised by efficiency savings, for example those achieved by the out-sourcing of home care services.

The borough council's Medium Term Financial Strategy requires savings of £2m a year over the next three years. Whilst it does assume some growth in social care budgets to meet demand, there is also an assumption of further efficiencies to maintain this position. These will be increasingly difficult to achieve. The forecast for budgets in future years are expected to maintain a reduction in the provision for residential accommodation with an expected increase in Direct Payments with the expansion of self directed support services. Expenditure on day services is expected to remain stable.

Shifting the balance of care from residential towards supporting people with quite high level needs in their own homes or in extra care housing, could result in quite significant savings as well as achieving better outcomes for people. For example, the current average cost of a residential care placement is £534 per week, whereas the average weekly cost of home care is £129. If it was possible to reduce by half the current number of residential placements through the provision of extra care housing, then assuming a higher cost of £200 for home care due to higher care needs, in theory, there should be a total gross annual saving of around £300,000 per year, although this takes no account of service user contributions. The weekly rent would either be met through the tenants own income or by Housing Benefit and the housing related support would be funded through the SP programme.

At the moment, however, these are only hypothetical figures and in order to estimate the potential savings more precisely some more sophisticated financial modelling needs to be carried out. This should be based on the cost of intensive home care, the cost of any day care required, client contributions and an assessment of the number of people who could be diverted from residential care.

PCT funding

As part of joint commissioning and joint working arrangements the PCT also funds a number of services which help support people in their own homes, in addition to primary care health services. These services include community therapy services, podiatry, speech and language services and specialist practitioner services such as MS, Parkinson's disease, continence, falls, diabetes, respiratory failure, ulcer treatment etc.

Other funding to support people in the community

The Home Improvement Agency is partly funded by a contribution from the Supporting People Programme (to fund the employment of a caseworker) and partly through fee income for its services. Some of the grants available (DFGs and Home Repair Assistance Grants) are funded through the council's capital programme. Others like the Coldbuster grants are funded through a regional funding programme. Schemes like Age Concern's Handyperson service are funded partly through voluntary sector grants and partly through charitable contributions. Other schemes in the voluntary sector which provide services, advocacy and advice are also partly funded through grants and charitable donations.

Funding by individuals

Individual older people in the community also contribute to their own support in many ways through rents, service charges, charges for home care and other social care services or through funding for repair and improvement costs for their own homes. The huge, and financially unquantifiable, contribution made by carers also needs to be acknowledged. Every day, people who provide support and care for partners, relatives and friends are avoiding the need for expenditure by the statutory services. It is estimated that a total of 2666 people over 65 or just under 12% of the total over 65 population are providing unpaid care for partners or relatives.

Summary of future funding prospects

- Whilst the planned scheme for extra care housing is being funded partly by the Department of Health, there is unlikely to be funding for any other new sheltered housing provision.
- Any remodelling or conversion of existing sheltered housing schemes will be reliant on funding from the asset management programmes of housing associations, with possible capital contributions from the borough council.
- Future cutbacks in the Supporting People programme and the removal of “ring fencing” from the budget may threaten the viability of some sheltered housing schemes in the medium term future.
- The borough council faces considerable financial challenges in the short to medium term. Savings will be required over the next three years and any potential growth will need to be funded by efficiency savings.
- The health sector also faces a tight financial regime and the PCT are also looking for cost savings.
- Remodelling of some services, for example moving from residential care to extra care housing could lead to some cost savings, and also to better outcomes for individuals.

8 Connections

Partnership working

In any field within housing and social care the importance of effective joint working cannot be over-emphasised. Effective partnerships between Housing, Adult Social Services and other local authority services alongside statutory health agencies, voluntary sector and independent sector provider and advocacy groups and most importantly service users and carers are all vital to ensure the provision of a seamless service which makes the maximum use of the resources available.

Joint working relies on both appropriate structures being put into place and the commitment of both organisations and individuals within those organisations to making them work despite the administrative and cultural barriers which still exist. Inevitably, however, reality does not necessarily match up to this ideal. Whilst signing up to the same set of values, different agencies can still have differing priorities, different ways of working and different funding pressures.

Current working arrangements

There are a number of current working arrangements which exist to facilitate partnership working. These include regular liaison meetings between housing services and local housing associations and a Joint Commissioning Board for Older People. The latter includes representatives from the borough council, the Primary Care Trust, Age Concern (who represent the wider voluntary sector providing support for older people), Richmond Council for Voluntary Service and people who represent service users and carers. A Forum for Older People is also in existence and a plethora of ad hoc groups have been formed to take forward specific issues. Finally there is a great deal of partnership working on the ground, with professionals working together to ensure the best outcomes for individuals.

In the context of accommodation for older people these working arrangements need to be built upon to ensure that people's living arrangements are seen as central to their health and well being and are taken account of in future planning of services. In particular the involvement of the Forum for Older People in taking forward the results of this review should be encouraged.

Connections between housing and other services

Of course, whilst suitable housing is essential to the health and well being of older people it cannot be considered in isolation. The nature of accommodation may be entirely suited to an individual's housing needs, but if the resident is unable to access adequate transport, is isolated from social, leisure and cultural amenities and has inadequate access to primary and secondary health care facilities, then the overall desire of a "person centred" approach will not be fulfilled. These issues are all part of ensuring that what the government has recently termed "lifetime neighbourhoods" are achieved. It is vital therefore that housing is seen in the context of what the Audit

Commission has described as the seven dimensions of independence. These are, as described in section 2:

- Housing and home
- Neighbourhood
- Social activities, social networks, keeping busy
- Getting out and about
- Income
- Information
- Health and healthy living

It is considered essential, therefore, that this review forms part of a wider strategy for Older People in Richmond which takes all of these issues into account.

Recommendations

- **That partnership working arrangements be reviewed to ensure that the role of suitable accommodation is seen as an essential contribution to health and well being of older people in Richmond.**
- **That representatives of older people, through the Forum for Older People, should be involved in taking forward the recommendations of this review.**
- **That this review should form one of the building blocks for the development of a comprehensive Strategy for Older People in Richmond.**

9 Conclusions

The conclusions of this review can be summarised as follows:

National and local policy

- The overall thrust of government policy is towards helping older people retain their independence by supporting them in their existing homes rather than in residential accommodation. This is reflected in local strategies and policies.
- There is also a national drive to adopt a “person centred” approach which entails a well being agenda and not an approach which merely looks at the health and social care needs of older people. Accommodation issues have a vital role to play in this.

Population trends

- Whilst Richmond currently has a relatively high older population, this is not expected to grow as fast as in the rest of the country. Whilst the over 75 group will remain relatively static over the next five years, there will be growth in the 65-74 age group. It should be emphasised that these are merely projections and have changed significantly in the last two or three years.
- The number of people with dementia is not expected to rise, although in the light of the above comment, this forecast needs to be treated with caution.
- The older population of Richmond is relatively affluent, although there are small pockets of deprivation, and in relatively good health.

Older People’s Housing Needs

- A large percentage of the older population of Richmond are owner occupiers which has an influence on their future housing needs and aspirations.
- There is a high degree of under-occupation in Richmond with a large number of one and two person older households occupying three and four bed houses, which may be difficult to heat and repair.
- Recent surveys have shown that the need for additional housing provision for older people is not a priority compared with housing for younger families.
- The majority of older people would prefer to stay in their existing homes with appropriate support.

Services to support people in their own homes

- Richmond has some excellent services, such as the Home Improvement Agency and the Handyperson scheme which together help older people to repair, adapt and heat their homes. Due to the population profile of the borough there is potential for these schemes to be expanded but this is currently limited by the availability of resources.

- The number of people who receive Home Care is below the national average, but the borough council is still able to support those people who have moderate as well as high and substantial needs.
- The borough council supports a very high number of older people through Direct Payments and intends to take this a step further through its development of Self Directed Support schemes.
- There is great potential for the development of telecare services.

Sheltered housing

- Although the provision of sheltered housing in the borough is lower than the national average, there is not thought to be an under provision of sheltered housing for rent. The problem of difficult to let sheltered housing is not as acute as in some areas.
- There is however a problem with the size and quality of some sheltered accommodation with too many studio flats, some with shared facilities and these are difficult to let as they do not meet the aspirations of older people in the 21st century.
- Housing associations are embarking on remodelling schemes to address these issues. This should continue.
- There is a surprisingly small amount of sheltered housing for sale in the borough considering the level of owner occupation. Negotiations with housing associations and private developers should be undertaken to consider the development of this type of housing through the planning process, in particular locations which are seen to be appropriate.
- There are currently no rented schemes which meet the criteria for extra care housing although one scheme is planned.
- In addition to the proposed extra care scheme, a funding bid is in preparation for a further purpose built scheme. There is also potential for the provision of additional extra care housing as part of remodelling proposals and this should be explored further to assist a move away from residential care. One scheme should be developed as a pilot, catering for a range of care needs, followed by a programme over a 3 year period, the size of which will need to be determined by a further needs analysis.
- Remodelling proposals for existing sheltered schemes could also include specialist clusters for people with learning disabilities and people with dementia.
- Extra care housing for sale could be a viable alternative for people who currently fund themselves in residential care.
- Most schemes still have full time resident managers, which many other providers have been moving away from. Whilst many existing residents like the re-assurance of a resident manager, this may no longer be necessary in a non extra care scheme and may need to be reviewed in the light of Supporting People programme reviews and possible budget cutbacks. There are however clear advantages in adapting existing management arrangements and housing associations should continue to keep these under review, but in a co-ordinated way to ensure a consistency of approach.

Residential and nursing care

- Although the number of residential care beds is lower than the national average, there is not thought to be an under provision of ordinary residential care as evidenced by the lack of difficulty in placing people in the borough.
- Due to the overall trend for a move away from residential care, there is a need to consider the development of additional extra care housing to provide for people with higher care needs. Ordinary residential care may, however continue to need to be an option for people whose physical needs mean that they cannot cope independently. The needs of all people being placed in residential care should be assessed to ascertain whether extra care housing could equally well meet their needs.
- There is a shortage of residential EMI care beds and the borough council needs to work together with private sector providers both on a spot purchase basis and through its PFI contract to secure the provision of a greater number of beds.
- There is an acute shortage of nursing care beds and the majority of people have to be placed outside of the borough. This needs to be addressed through negotiations with private sector providers and through the PFI contract.

Information and advice

- There is a great deal of information about the housing and support services available to older people. Most of the leaflets and booklets produced by individual agencies are informative and easily accessible.
- This information is however disparate and un-coordinated and often out of date and the perception of many older people is that it does not exist.
- Existing information should therefore be reviewed and brought up to date and an overall information strategy should be developed in the medium term to ensure that older people are aware of the full range of choices and options open to them.

Financial resources

- The borough council's Medium Term Financial Strategy requires cuts of £2m a year over a three year period. Any growth in services is likely to have to be funded through efficiency savings elsewhere. The PCT is in a similar financial position.
- The Supporting People Budget is facing cutbacks of 10% over the next three years and loses its "ring fenced" status in 2009.
- There is unlikely to be any new capital funding for new housing for older people in the foreseeable future and efforts will need to be concentrated on making best use of existing provision.
- A shift from residential care to extra care housing could result in substantial savings as well as better outcomes for individuals.

Developing a comprehensive multi agency approach

- The role that suitable housing can play in contributing towards the health and well being of older people should be recognised as part of current and future partnership working arrangements.
- It should also be recognised that the recommendations of this review do not stand in isolation and they should form one of the building blocks in the development of a comprehensive Older People's strategy for Richmond.

The overall conclusion is that Richmond needs to develop a coherent accommodation strategy, as part of a wider well being strategy, which aims to ensure the provision of a range of housing options which meet the needs of the older population of Richmond. This strategy needs to recognise a number of things. First of all it needs to recognise that the majority of older people wish to remain in their existing homes and require the necessary support to help them to do so. Secondly, it needs to take into account that there will be people who prefer to move into smaller and more manageable accommodation and that there need to be a range of options available both in the rented and private sectors to enable them to do so. Thirdly, there needs to be additional extra care housing to cater for people with higher care needs, who might otherwise have had to be placed in residential care. Fourthly, the provision of residential EMI care and nursing care needs to be increased for those with the greatest needs. Finally, older people need better information about their options to enable them to make informed choices about their future.

The recommendations at the end of Chapters 4,5,6,7 and 9, which are set out in the following pages as part of an Action Plan are designed to be the building blocks of such a strategy.

ACTION PLAN

Task	Level of Priority	By When	Senior Officer Responsible	Officer Responsible for Delivery	Stakeholders Responsible	Resource Implications
1. Make changes to the Housing Waiting List system to enable the number of older people (including suitable residents over 55) requiring sheltered housing to be monitored	High	During 2008/09	Ken Emerson	Jane Robinson / Pauline Gregory		Staff time
2. Undertake a review of the future accommodation needs of older BME residents	Medium	2010/11	Carol MacBean	Dan Butler	EMAG	Staff time
3. Review staffing and funding of Home Improvement Agency with a view to expansion of service	High	2010/11	Ken Emerson	Eleanor Dowling	London Borough of Wandsworth	Revenue costs for scheme, but these could be offset by increased fee income. Capital implications if DFGs and other grants increase
4. Review Handyperson scheme with a view to expansion to target more households	High	2010/11	Ken Emerson	Eleanor Dowling	Age Concern, Richmond Parish Lands and other voluntary sector partners	Additional cost could be offset by introducing small charge for services (possibly means tested)

5. Review and develop the existing telecare strategy to ensure that the potential for assistive technology is realised	High	Strategy to be developed during 2008/09 for implementation during 2009/10	Grahame Freeland-Bright			There may be some capital and revenue costs. However, some of these could be offset by corresponding savings in Home Care budget
6. Review Sponsored Moves scheme to ensure its continued attractiveness in relation to RSLs' individual and sub regional schemes	High	2009/10	Ken Emerson	Jane Robinson / Pauline Gregory		Any increase in incentives will have minor revenue implications
7. Ensure that all new housing is built to Lifetime Homes standards	Medium	Once LDF is adopted from 2009/10 onwards	Helen Cornforth	Sarah Fauchon		Housing associations receiving Housing Corporation grant already build to Lifetime Homes standards. There will be cost implications for developers including housing associations for non grant developments of adopting standards, although these may become mandatory
8. Continue with remodelling programme of existing sheltered housing ensuring that it meets the strategic needs of the borough	High	2008 ongoing	Carol Macbean, Grahame Freeland Bright (SP and extra care issues)	Principal Development Officer (development issues)	RHP, RCHT, Other local RSLs	Funding will need to come from HAs Asset Management Programmes
9. Develop a protocol for the letting and management of the planned purpose built extra care scheme	High	2009/10	Grahame Freeland-Bright, Ken Emerson	Sean McMenamin (SP), Housing Provision (Lettings and Panel)	RHP, Social Care Providers	Staff time

10. Examine the needs of older people placed in standard residential care to assess the number whose needs could be equally well met through extra care housing to enable a target number of units to be established	High	2009/10	Grahame Freeland Bright	Jane Clarke, Janet McGregor		Staff time
11. Investigate the potential of converting existing schemes into extra care housing as part of remodelling programme in addition to the funding bid for a second purpose built scheme	High	Report to be carried out by early 2009/10. Pilot scheme to be started later in 2009/10 and other schemes to be rolled out over a three year period from 2010/11	Grahame Freeland Bright	With housing development input from Principal Development Officer	RHP, RCHT, Other Local RSLs	Revenue costs can be met from Social Care budget. Additional capital costs (over and above existing proposals) may be minimal
12. Investigate the potential of providing extra care housing for people with dementia as part of remodelling programme	High	Feasibility to be assessed during 2009/10 as part of above process	Grahame Freeland-Bright	With housing development input from Principal Development Officer	RHP, RCHT	There may be some additional capital costs to make existing schemes suitable
13. Consider the use of a small number (3-5) sheltered flats to rehouse people with learning disabilities as part of the PLD Housing and Support Plan	High	This could be considered as part of any remodelling proposals from 2009/10 and is also being included in a funding bid for a second purpose built scheme	Grahame Freeland-Bright	Di Manning and Older People's Commissioning Manager. With housing development input from Fiona Kilminster	RHP, RCHT, Other Local RSLs	None

14. Ensure the needs of older people are taken into account in the development of a Choice Based Lettings system	Medium	During 2009/10	Ken Emerson	Jane Robinson		No additional financial implications over and above those which will be incurred by the introduction of CBL
15. Discuss with RSLs and private developers the provision of sheltered housing for sale on suitable sites as part of a broad mix on schemes, where cross subsidy can maximise affordable housing	High	Ongoing from 2008 onwards	Helen Cornforth & Carol Macbean	Sarah Fauchon & Fiona Kilminster		None
16. Review the management arrangements in ordinary sheltered schemes to ensure that they meet people's needs in the most effective way. A small group of HA and LBRuT staff should be convened to ensure a consistency of approach	Medium	Ongoing from 2008 onwards	Grahame Freeland-Bright (SP)	Commissioning Care Services Manager (Housing Related Support)	RHP, RCHT, Local HAs	May result in some cost savings
17. Continue negotiations on block contract to ensure an appropriate mix of residential, residential EMI and nursing beds is available to the borough	High	2009/10 and 2010/11	Jim Rogan	Grahame Freeland-Bright	Care UK	Any costs can be accommodated within Social Care budget
18. Develop dialogue with spot contract providers to ensure that the range of residential beds, particularly residential EMI, meets the future needs of the borough	High	Ongoing	Jim Rogan	Grahame Freeland Bright	Care Providers	Any costs can be accommodated within Social Care budget
19. Update the Housing for Older People booklet	High	By April 2008	Ken Emerson	Jane Robinson / Pauline Gregory		Staff time and revenue costs for printing

20. Review information leaflets in housing and social care to ensure they are up to date and accessible for older people	High	By March 2009		Harmeet Bhundia		Staff time and revenue costs for printing
21. Establish a small working group to develop a coherent information strategy to ensure older people are aware of all choices and options	Medium	2009/10	Carol Macbean	Policy & Research Manager (Social Care & Well being)	Representatives of agencies who provide services to older people including Forum for Older People	Staff time
22. Develop a comprehensive Older People's Strategy	High	Strategy Steering Group to be established October 2008 with a view to developing a draft strategy by Autumn 2009	Carol Macbean	Policy & Research Manager (Social Care & Well being)	Age Concern, Forum for Older People, RHP, RCHT	Staff time
23. Involve the Forum for Older People in monitoring the implementation of the recommendations of this Review and the development of ongoing actions	Medium	Ongoing from 2008 onwards	Carol Macbean	Dan Butler		None

Appendix 1

Sheltered Housing Schemes in Richmond

RENTED SCHEMES

Provider	Scheme	No of units	Management arrangements	Comments
RHP	Gresham House, Teddington	30 (26xstudio, 4x1BF)	Resident Manager	
RHP	Garrett House, Teddington	30 (26xstudio with shared facilities, 4x1BF)	Resident Manager	In programme for remodelling. Will reduce to 2xstudio, 16x1BF
RHP	Brookwood Lodge, Barnes	19 (3xstudio, 16x1BF)	Resident Manager	Recently remodelled. Reduced from 31 units
RHP	Calvert Court, Richmond	37 (14xstudio, 23x1BF)	Resident Manager	Recently remodelled. Reduced from 52 units
RHP	Somerville House, Whitton	30 (24xstudio with shared facilities, 6x1BF)	Resident Manager	In programme for remodelling. Will reduce to 17x1BF
RHP	Sandown Court, Twickenham	25 (all 1BF)	Resident Manager	For people with higher degree of care needs. Full time carers on site. Wired up for assistive technology
RHP	Elmsleigh House, Twickenham	16 (all 1BF)	Mobile Sheltered Housing Officer	
RHP	Firmston House, Mortlake	11 (all 1BF)	Mobile Sheltered Housing Officer	

RHP	Deniel Lodge, Twickenham	12 (all 1BF)	Mobile Sheltered Housing Officer	
RHP	Baynes House, Barnes	10 (all studios with shared facilities)	Mobile Sheltered Housing Officer	
RHP	Argyle House, Teddington	7 (all 1BF)	Mobile Sheltered Housing Officer	
RHP	Redknapp House, Ham	24 (18xstudio, 6x1BF)	Resident Manager	Recently remodelled. Reduced from 40 units
RHP	Howe Lodge, Twickenham	24 (all 1BF)	Resident Manager	
RHP	Nation Court, Hampton	30 (all studios)	Resident Manager	
RHP	James Darby House, Twickenham	30 (26xstudio with shared facilities, 4x1BF)	Resident Manager	In remodelling programme. Will reduce to 20 units (6xstudio, 14x1BF)
RHP	19 Kingston Lane, Teddington	29 (4xstudio, 25x1BF)	Resident Manager	Remodelling almost complete. Reduced from 46 units
RHP	Bennett Close, Hampton Wick	17 (all 1BF)	Resident Warden	Remodelling almost complete. Reduced from 30 units
RHP	Hemming Close, Hampton	39 (all 1BF)	Mobile Sheltered Housing Officer	
RuTCHT	Alberta Court, Richmond	21 (3xstudio, 15x1BF, 3x2BF)	Careline only	
RuTCHT	Bishop Court, Kew	34 (15xstudio, 19x1BF)	Resident Manager	
RuTCHT	Canford Place, Teddington	25 (16x1BF, 9xbungalows)	Careline only	

RuTCHT	Diana House, Barnes	30 (25xstudio, 5x1BF)	Resident Managers	Scheme currently has provision for 2 full time RMs, but one post is vacant and tenants are being consulted on future service
RuTCHT	Trinity Church Road, Barnes	12 (all 1BF)	Careline only	
RuTCHT	Wensleydale Road, Hampton	20	Visits by Sheltered Housing Officer	
RuTCHT	Wilcox Road, Teddington	4 (2x1BF, 2x2BF)	Careline only	
RuTCHT	Oval Court, Teddington	10 (6x1BF, 4x2BF)	Resident Manager	This is the rented part of a larger mixed tenure scheme. See next table for details of leasehold element
RuTCHT	Dyers Lane, Barnes	20 (6x1BF, 14x2BF)	Careline only	
RuTCHT	Kingsbury House, Richmond	17 (5xstudio, 11x1BF, 1x2BF)	Careline only	
RuTCHT	Clonmel Road, Teddington	4 (all 1BF)	Careline only	Owned by Quintus Housing Trust. Managed by RuTCHT
RuTCHT	Vineyard Path, Sheen	6 (all 2BF)	Careline only	Owned by Quintus Housing Trust. Managed by RuTCHT
RuTCHT	Julian Court, Barnes	7 (6xstudio, 1x2BF)	Careline only	Owned by Quintus Housing Trust. Managed by RuTCHT

Anchor Housing Trust	Robert Black House	22 (14xstudio, 8x1BF)	Resident Manager	
Central and Cecil Housing Trust	Colville Court, Teddington	19 (all 1BF)	Non Resident Manager visits on weekdays	
Housing 21	Howson Terrace, Richmond	25 (all 1BF)	Resident Manager	
L&Q HT	Bayleaf Close, Hampton Hill	24 (all1BF)	Visiting Sheltered Housing Officer	
L&Q HT	Isabella Court, Richmond	36 (all 1BF)	Resident Manager	
L&Q HT	Fitzherbert House, Richmond	22 (all 1BF)	Resident Manager	
Guinness Trust	Lady Elizabeth House, Richmond	29 (all 1BF)	Resident Manager	
Hanover	Maddison Close, Teddington	18 (17x1BF, 1x2BF)	Careline only	
Abbeyfield	Oxford House, East Sheen	10 (rooms, some with shared facilities)	Resident Manager	Very sheltered accommodation with some meals provided
Abbeyfield	Palmer House, Kew	9 (rooms, some with shared facilities)	Resident Manager	Very sheltered accommodation with some meals provided
Sons of Divine Providence	Lower Teddington Road, Hampton Wick	27	TBA	
Harrison Homes	Walsingham Lodge, Barnes	16	TBA	
Harrison Homes	Berkeley Road	16	TBA	
Richmond Charities Almshouses	Various locations	95	Visiting support	

Twickenham United Charities	Amy and Park Road	10 (1 bed bungalows with shared facilities)	TBA	
RuTCHT	Tollemache Almshouses, Ham	12 (6xbungalows, 5x1BF, 1x2BF)	TBA	

LEASEHOLD AND OUTRIGHT SALE SCHEMES

RuCHT	Walpole Road, Teddington	18	Resident Manager	Part of mixed tenure scheme with Oval Court
RuCHT	Chichester Close, Hampton	38 (18x1BF, 20x2BF)	Resident Manager	
RuCHT	Clearwater House, Richmond	24 (6x1BF, 1x1B bungalow, 13x2BF, 4x2B bungalow)	Resident Manager	
RuCHT	Hales Court, Teddington	17 (9x1BF, 8x2BF)	Resident Manager	
RuCHT	Northumbria Court, Richmond	31 (9x1BF, 22x2BF)	Resident Manager	
RuCHT	Perryn Court, Richmond	21 (7x1BF, 14x2BF)	Resident Manager	
RuCHT	Coniston Close, Barnes	6	Careline only	
Retirement Security	Fullerton Court, Teddington	38 (1BF and 2BF)	Resident Manager	Very sheltered scheme with some on site domestic help
Beechcroft Trust	Thames Side Place, Hampton Wick	13 (1, 2 and 3 bed)	Community Alarm only	Scheme aimed at over 55s which may not be considered sheltered
Guardian Management Services	Sheridan Place, Barnes	15 (1x1 bed, 14x2 bed)	Resident Manager	

Appendix 2

Residential Care and Nursing Homes in Richmond

Provider	Scheme	Number of Beds	Comments
Care UK	Laurel Dene, Hampton	87 (51 Residential, 16 Residential EMI, 20 Nursing)	Part of 25 year PFI contract. Flexibility to change mix of beds within contract
Care UK	Whitefarm Lodge, Whitton	55 (36 Residential, 19 Nursing EMI)	Part of 25 year PFI contract. Flexibility to change mix of beds within contract
Care UK	Greville House	42 (24 Residential, 18 Nursing)	Part of 25 year PFI contract. Flexibility to change mix of beds within contract
RuTCHT	Viera Gray House, Barnes	38 (16 Residential, 22 Residential EMI)	Spot purchase
RuTCHT	Marling Court, Hampton	37 (12 Residential, 25 Residential EMI)	Spot purchase
Central and Cecil Housing Trust	Cecil Court, Kew	45 (Residential only)	Spot purchase
Central and Cecil Housing Trust	Homemead, Teddington	30 (3 Residential, 27 Residential EMI)	Spot purchase
Abbeyfield	Victoria House	30 (Residential only)	Spot purchase

Sons of Divine Providence	Orione	34 (27 Residential, 7 Residential EMI)	Spot purchase
Private	Alexander House, East Sheen	16 (8 Residential, 8 Residential EMI)	Spot purchase
Private	Brinsworth, Twickenham	36 (17 Residential, 19 Nursing)	Very rarely used due to eligibility criteria (Equity card holders)
Private	Dalemead, Twickenham	49 (Residential EMI)	Spot purchase
Private	Deer Lodge, Teddington	14 (9 Residential, 5 Residential EMI)	Spot purchase
Private	Lynde House, Twickenham	72 (All Nursing)	Not used due to cost criteria
Private	Nightingale House, Twickenham	20 (11 Residential, 9 Residential EMI)	Spot purchase
Private	Redcotts, Hampton	18 (all Residential)	Spot purchase
Private	Royal Star and Garter, Richmond	72 (all Nursing)	Rarely used due to eligibility criteria. Undergoing refurbishment
Private	St Mary's House, Hampton	24 (all Residential)	Spot purchase

Appendix 3

Organisations and Agencies Invited to Input into the Review

Age Concern
Voluntary Organisations represented at Age Concern Network Committee (list available from Age Concern)
Forum for Older People Executive Committee
Older Persons' Focus Group (Age Concern)
Rowan Organisation
Homelink
Ethnic Minority Advocacy Group
Richmond Housing Partnership
Richmond upon Thames Churches Housing Trust
Anchor Housing Trust
Central and Cecil Housing Trust
Housing 21
London and Quadrant Housing Trust
Guinness Trust
Hanover Housing Society
Sons of Divine Providence
Abbeyfield
Retirement Security
Guardian Management Services
McCarthy and Stone
Peveril Management Services
Care UK
Richmond and Twickenham Primary Care Trust
LBRuT Housing Services
LBRuT Adult Social Services
LBRuT Environmental and Operational Services (Careline)

Appendix 4

Older People's Supported Accommodation Review Steering Group Members

Dan Butler	Principal Research and Information Officer, LBRuT Housing Services
Eleanor Dowling	Residential Services Manager, LBRut Housing Services
Natasha McDonald	Supporting People Manager, LBRuT Housing Services
Jo Harper	Team Leader, Housing Provision, LBRuT Housing Services
Fiona Kilminster	Housing Development Manager, LBRuT Housing Services
Graham Freeland-Bright	Head of Strategy and Commissioning, LBRuT Adult Social Services
Jane Clark	Principal Manager, Community Services, LBRuT Adult Social Services
Fiona Crispin-Jennings	Extra Care Project Manager, Richmond Housing Partnership
Colin Watson	Housing Services Manager, Richmond upon Thames Churches Housing Trust
Margaret Reynolds	Deputy Director, Age Concern Richmond upon Thames