

**Written submissions received for the London Assembly's
Housing Committee investigation into Sheltered Housing**

Ref	Organisation	Position/Title
Sub-001	Central and Cecil Housing Trust	<i>Caroline Tiller – Chief Executive</i>
Sub-002	Chislehurst & Sidcup Housing Association	<i>Kym Regan- Business Support Manager</i>
Sub-003	Brockley Tenants' Co-operative Ltd.	<i>Jeremy Hopkin - Manager</i>
Sub-004	LB Greenwich	<i>Gill Ackrill - Head of Strategy & Partnerships Housing</i>
Sub-005	Housing Learning and Improvement Network	<i>Jeremy Porteus - Director</i>
Sub-006	LB Sutton	<i>Simon Latham – Executive Head of Community Living</i>
Sub-007	Catalyst Housing Ltd	<i>Caroline Mitcham - Business Development Manager</i>
Sub-008	Chartered Institute of Housing	<i>Sarah Davis - CIH, Senior Policy and Practice Officer</i>
Sub-009	Abbeyfield	<i>Susan O'Brien-Coker, Development Manager</i>
Sub-010	Wandsworth LB	<i>Chris Jones - Head of Housing Strategy and Development</i>
Sub-011	International Longevity Centre UK	<i>Matt Hawkins - Policy and Public Affairs Assistant</i>
Sub-012	CDS Co-operatives	<i>Jon Stevens</i>
Sub-013	Age UK	<i>Gordon Deuchars – Policy and Campaigns Manager</i>
Sub-014	National Housing Federation	<i>Michelle Smith - London Lead Manager</i>

Central and Cecil Housing Trust

Email received 4 June 2013

Dear Paul,

Further to your e mail below.

I hope that the following information will assist you with your work.

C&C stock total is 2293

Of this 1403 is classed as housing for older people; 382 are bed spaces in our care homes and 267 are supported housing - (the remaining 241 are classed as general needs but were originally in receipt of SP funding which has been withdrawn so whilst classed as GN has some quite vulnerable residents). 1398 older people units are self contained, 5 are not.

The average age profile of most of our stock is between the 60's and 80's and so some of it is quite outdated.

Minimum Decent Homes standards have been applied.

Much of our accommodation is bedsit/studio accommodation and is located in very prime areas of London e.g. St Johns Wood, Primrose Hill etc and as such it appears that location takes precedence over size of accommodation in a lot of cases. However we do have some very long term voids and in some areas eg Camden we do have difficulty letting bedsits due to the fact that Camden have quite a reasonable stock of one bed properties and these tend to be chosen over bedsits.

C&C have committed in its new Business Plan ,to provide accommodation and services for people over 55 and in the London area.

We are therefore looking to provide more accommodation for older people and plan to do so by disposing of some stock that no longer meets our business criteria (having completed an Asset Review)to allow us to fund both new build and refurbishments. New build is likely to be on land that we already have property on but which no longer is fit for purpose. It is definite that we will need to service new loans to pay for some of the work that we undertake.

Likewise we are in the process of reviewing how we deliver services and are doing this through our "Chosen by Us" work with residents. This is at a very early stage but is about ensuring that residents of our schemes have a more tailored approach to their scheme service rather than one size fits all.

In our discussions with residents it is clear that many do not like the "badge" of "sheltered or supported housing" and are not that keen on "housing for older people" as they believe that this potentially highlights vulnerability. This is an area we are going to explore more in due course.

Our Business Plan 2013/16 sets out very clearly how we intend to manage stock and deliver services and is available for anyone to review.

We have a reasonable relationship with London LAs. The two key LAs where we have most stock are keen to work with us and we meet regularly with them both regarding development and service provision. As is always the case though the process can be time consuming.

The key challenge for the future will be funding both for works to properties and new build and for delivering new and improved services that meet the needs of a very different older population who have much higher expectations and where quite a few want to get involved in the decision making. On the one hand this is an excellent opportunity to make changes and get things right but also offers up difficulties due to resourcing .

The Mayor could enable more funding to refurbish existing properties and lobby Government to reduce VAT on such works.

Many older people want to maintain their independence as long as possible and so they do need more support going into their home. The move to SP funding and the division of HB/SP did create more than just a division whereby RP staff were having to separate out the functions and account for them .This created a wealth of confusion for residents and indeed staff and added to this the fact that now individual schemes have a variety of carers providing a service for individual residents , the situation is even more confusing.

In some of the C&C schemes there can be up to 20 different carers from different companies coming and going within the scheme.

C&C residents have asked us to explore the possibility of C&C establishing some form of service that could undertake this work.

In view of this it is possible that the Mayor could review how this is undertaken within London as it is so important to residents and impacts considerably.

Should you have any questions regarding this response please do contact me.
Yours faithfully,

Caroline

Caroline Tiller
Chief Executive
Central & Cecil
Central Office

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Should you have any questions regarding this response please do contact me.
Yours faithfully,

Caroline

Please see response below to your email, sent on behalf of Angela Williams-Brown, Chief Executive of Chislehurst & Sidcup Housing Association.

1. Regarding current demand and future needs - No; we seem to be focussing on extra care but forgetting the role that Sheltered Housing plays in meeting the needs of those aged 55 and over. Cost benefit analysis constantly demonstrates savings in terms of health and social care whilst in Sheltered Housing, with the appropriate support of a Sheltered Housing Manager. In addition the aspect of security and safety by living in such a scheme.

2. Challenges involved - The challenges involve the reduced grant funding to build this specific housing stock and the lack of local authority support.

3. Although funding has been made available, the timescales for accessing it were very short. In addition local authorities no longer support traditional Sheltered Housing and are moving to support extra care.

In terms of the Mayor - his focus seems to understand the need for the specific provision but smaller associations that are not developers are not able to access funding.

4. We have 166 units. They all meet Decent Homes standard and we also have a healthy direct waiting list for those who want to be housed by ourselves. In particular we appear to be attracting older people housed in private schemes, because we have Sheltered Housing Managers at each site and our rents offer better value for money.

5. Yes there are plans to increase this type of stock in the future. In fact we recently purchased a scheme in Lewisham which was funded without the aid of any grant.

6. We aim to provide the same model of housing service in the future. We took the opportunity to survey our tenants when Supporting People funding was removed in the boroughs that we operate. This resulted in an unanimous decision to continue our current model - with a Sheltered Housing Manager being responsible for each site Mon-Fri 0900-1800.

7. We do not have any relationships in our operating boroughs for planning and providing specific housing. We are a small organisation and it is the preference of local authorities to work with providers who are in receipt of grant.

8. In order for the Mayor to enable better provision there is a need to relax the requirement to be an approved developer and allow smaller organisations, who have developed the expertise in this area, to bid for grant. We are a small organisation and next year will celebrate being in operation for 50 years. Sheltered Housing is our USP and we were one of the organisations that had an A rating across all areas in the Quality Assessment Framework, which many of the developing providers do not have. Despite this expertise and external validation, because of our size we are not able to bid for grant, yet we are financially sound.

I have attached an extract from our Business Plan.

Regards

Kym Regan

**Business Support Manager
Chislehurst & Sidcup Housing Association**

Chislehurst & Sidcup Housing Association (CSHA) is a Registered Provider (RP) registered under the Industrial and Provident Societies Act 1965 and is regulated by the Homes and Communities Agency (HCA) Our main activity and unique selling proposition (USP) is the provision of accommodation and support services to older people, although we also provide accommodation and services to those with physical and mental disabilities. The Association also has four general needs properties.

The Association owns 166 properties of which four are general needs homes, four are allocated as Sheltered Housing Manager Accommodation, four are purpose built bungalows and the rest of the properties are purpose built blocks for older people.

The Association is run by a voluntary Board consisting of 10 members with two vacancies. There are two sub committees, the Development Committee and Audit and Risk Committee.

Our tenants continue to enjoy the benefits of on site Sheltered Housing Managers with the exception of Blackmore House where the Manager does not live on site.

We continue to ensure that our tenants are at the heart of all decision making within the Association and this has recently resulted in two tenants from Blackmore House joining the panel. We continue to have two tenant representatives on the Board.

Dear Paul,

Brockley Tenants' Co-operative is a par value fully mutual housing co-operative which owns 90 units of general needs government grant-funded accommodation and manages a further 72 units on behalf of Hexagon Housing Association.

Although our tenant group average age is increasing, we do not cater for accommodation specifically designed for older people.

We do refer cases where older people have support needs to the Council (Lewisham) and so far this has worked, but places seem to be getting scarcer.

I hope this helps.

Jeremy Hopkin

Manager, Brockley Tenants' Co-operative Ltd.

Royal Greenwich Older Peoples Housing Strategy

Gill Ackrill

Head of Strategy & Partnerships, Housing

June 2013

Background

- Thanks to improved health care, most people are living longer
- Most people want to stay independent in their own home for as long as possible
- Older people want to avoid hospital or residential care, many prefer mainstream housing rather than sheltered housing
- Some people need Extra Care housing as an alternative to residential care
- Range of provision in Royal Greenwich – Council owned, housing associations and almshouses – about 1900 in total
- In 2007 the Council published its **Housing Strategy for Older People**
- Since then review carried out of existing Council schemes to identify if they meet the needs of current and future residents

What are we doing?

- Developing Extra Care homes:
 - Remodelled Richard Neve House (Plumstead) - 43 homes
 - Lakeview with Gallions in Thamesmead – 58 homes
 - Royal Military Academy (Shooters Hill) – 60 homes
- Decommissioning 7 schemes because they are not suitable for longer term sheltered housing
- Bringing 16 Sheltered schemes up to modern standards
- Developing new senior living homes over next 5 years

Extra Care homes

- Greenwich had no Extra Care housing prior to 2009
- All schemes developed meet high level specification with space to bring in services and support as needed
- One care provider across all 3 schemes – consistent approach
- Provide low, medium and high levels of care dependent on each residents needs
- People can move in with relatively low levels of support needs but more support can be provided if and when they need it.

Richard Neve House



Lakeview



Royal Military Academy



Decommissioning 7 RBG schemes

Why review?

- Changing expectations of people wanting sheltered housing
- All 7 schemes have more than 50% bedsits
- Most have shared bathing facilities
- Conversion to self-contained homes unfeasible & expensive
- Higher level of refusal rate by applicants because of the above
- Therefore high level of voids throughout the year – some over 20%
- Location and other factors make them less popular

How did we review the schemes?

- Meetings with current residents and their relatives
- focus group of people on sheltered register
- Meeting with Pensioners Forum
- Meetings with tenant representatives – focus group, Diversity Review Board and Panels.
- Discussions with health and care workers
- Meetings with scheme managers and other staff
- Other agencies e.g. Age Concern
- Greenwich Time & E-Panel consultation

Resulted in a Report to Cabinet in March 2011 – which agreed decommissioning & rehousing programme.

7 schemes – rehousing programme

- Defiance Walk April 2011 – March 2012
- Sarah Turnbull House Sept 2011 - Sept 2012
- Cooper Court April 2012 – March 2013
- Fred Styles House Sept 2012 - Sept 2013
- Haven Lodge & Green Lawn April 2013 – October 2014
- Swingate Lane April 2014 – March 2015

Progress on the 7 schemes

- Dedicated Rehousing Team in place – Adult Services & Housing
- Advocacy for Older People providing independent support
- Rehousing programme progressing well:
 - Defiance Walk, Sarah Turnbull & Cooper Court now empty with property guardians in place
 - 5 households left at Fred Styles House
 - Assessments underway for remaining schemes
- Key is that residents are supported to move to where they want and need to go
- Work being done to identify future uses for the schemes – whether for different client groups or redevelop sites as more housing

Future uses of the 7 schemes

Council agreed to develop proposals & consult on following uses:

- Defiance Walk & Sarah Turnbull – housing for young people in training/employment
- Cooper Court - adapted for use for people with mental health problems
- Swingate Lane & Fred Styles – develop as new homes – mix of housing for families & older people
- Green Lawn & Haven Lodge -develop site as new primary school

Bringing 16 Sheltered schemes up to modern standards

- Programme of works being developed for remaining Council schemes to bring them up to a better standard
- Fire safety works done as a priority
- Consultation will take place with residents in individual schemes on timescales and types of works – lot of Decent Homes type works already being done.
- Carrying out works to schemes where feasible to create 1 beds from bedsits with shared bathing.
- Consultation took place with residents about scheme managers – as a result we have improved the service :
 - all schemes have day time manager cover but not resident warden
 - Floating support at weekends
- Increasing & improving provision in schemes by converting scheme manager flats into additional sheltered accommodation

Developing new senior living schemes

- Lot of Council general needs homes have older people who want to move somewhere smaller, more manageable but are of a high quality
- When consulted some older people said they wanted dedicated over 55s housing but not traditional sheltered
- People liked the idea of some communal facilities and local services which would be available to wider group of older people
- opportunities to get together and provide mutual support
- Also said would like to see more opportunities for shared ownership and/or discounted sale for people wanting to down-size

New schemes being developed

- Council built new 7 x 2bed bungalows in Eltham – completed May 2013
- Eltham Baths scheme – London & Quadrant built 30 rented homes for people over 55 – completed May February 2013
- Kidbrooke senior living – Viridian building 150 rented, and 20 shared ownership units – letting now.
- Royal Arsenal – Viridian and Berkeley Homes building 67 rented, 48 shared ownership & 50 discounted sale – will complete by 2015

Identified further sites:

- LANB on garage sites – 26 x 2 bed bungalows
- Conversion of ex care home to 37 1 & 2 bed flats
- Identifying further sites to be developed through LANB/RP partnership

Priority given to down-sizing older under occupiers thereby freeing up RBG family homes

Hambleddown Road



Eltham Baths



Kidbrooke Senior living



More information:

Gill Ackrill

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London Assembly's Housing Committee

Submission by Housing Learning and Improvement Network on review into specialist housing provision for older people in London

1. Introduction

The Housing Learning and Improvement Network (LIN) actively seeks to influence policy through involvement in forums such as the Prime Ministers Dementia Challenge and the Housing and Ageing Alliance. We are pleased to have been invited to submit our views to the Assembly's Housing Committee.

The Housing LIN was first established by the Department of Health to promote good practice, learning and innovation in housing for older people and people with disabilities. The Housing LIN managed the Department's Extra Care Housing capital programme between 2004 and 2010, assessing bids, providing support to successful bidders and disseminating learning from the programme.

Since October 2011, when the Housing LIN ceased to be part of the Department of Health, it has operated as an independent network and knowledge hub for organisations, businesses and individuals involved in planning, commissioning, designing, funding and building housing with care for older people. The Housing LIN will support information and knowledge exchange for the new Department of Health Care and Support Housing Fund.

With 46,000 members from across public, commercial and community and voluntary services working in housing (developers, architects, investors, providers, managers, planners), health and social care our network is extensive. The Housing LIN has regional networks that organise over 30 events every year for local members to share knowledge and keep up to date on developments.

Our web-based resources provide access to reports based on our own research and partnerships with other organisations as well as signposting to key national policy and research. Our core focus is on specialist housing for older people and we have recently developed SHOP@ that allows local authorities to estimate the levels of demand for specialist housing for older people in their areas.

The Housing LIN is a trusted and respected brand and we are able to offer access to our web-based materials and events free of charge through sponsorship from a wide range of organisations. Our Strategic Housing for Older People (SHOP) resources guide commissioners who are seeking to plan and develop housing that older people want. The recent SHOP@ tool builds on the Elderly Accommodation Counsel database, which was also used for the first survey of extra care housing provision for the Greater London Association of Directors of Social Services in 2006.

2. Assessment of supply and demand – specialist housing for older people

Local authorities are expected to take a role in influencing the market for housing as part of their strategic responsibility for the health and wellbeing of their populations. The central role of housing in enabling people to remain independent and integrated in their communities is reflected in the inclusion of housing in Market Position Statements being developed by local authorities.

Historically local authorities aimed to influence social housing (and more recently ‘affordable’ housing) over which they might have direct control and/or nomination rights. It is now accepted that local authorities need to understand and influence the total housing market, the majority of which is either owner occupied or privately rented.

The Housing LIN has recently developed SHOP@ a tool that can be used to estimate the shortfall in specialist housing for older people. It draws on Census data and the database of specialist housing for older people held by the Elderly Accommodation Counsel. This data includes sheltered housing as well as extra care housing.

3. Assessing Supply in London

One of the questions asked by the Housing Committee is whether the supply and type of specialised housing for older people in London is meeting current demand and future needs. The Housing LIN has started using the SHOP@ tool to drill down into the London data. All the evidence points to a significant shortfall.

An important point needs to be made about sheltered housing data. If sheltered housing alone is looked at, the supply in some parts of London seems to be closer to anticipated demand and in nine boroughs there seems to be an oversupply. However background research undertaken for the London Housing Supplementary Planning Guidance indicated that as much as 50% of all sheltered housing was not ‘available’ for older people with support needs as it was either:

- Occupied by people who were in housing need but did not have support needs; a scenario caused by the shortage of smaller social housing units.
- Unsuitable for older people with support needs as it lacked features such as level access at the threshold, lift access to upper floors or sufficient private space.

4. Assessing future demand in current market

We know that among the population in general, including older people, awareness of housing options such as extra care housing is still very low. This means that expressed demand does not reflect the latent demand that exists. We can anticipate that as people become more aware the expressed demand will rise.

There are new factors that could encourage people to look for these options as alternatives to residential care:

- The publicity surrounding abuse and neglect in institutional care settings
- The costs of residential care being made more explicit through the introduction of the capped contribution as part of changes to funding social care.

5. The impact of life expectancy on future demand

In theory as life expectancy increases the age at which people might choose specialised housing will increase too. However, this assumes that:

- The additional years of life are not accompanied by earlier onset of illness and disability. Data suggests that longevity has not been accompanied by an increase in the number of healthy years.
- The current low awareness of alternative models of care and reluctance to move from ones own home in advance of disability developing may change in future leading to greater demand for specialised housing at a younger age.

6. Data and reflections on supply and demand in London based on SHOP@

As Appendices to this submission we have included:

- Appendix A – a briefing paper prepared for London Councils on extra care demand and supply that compares supply to the target (from More Choice Greater Voice) of 25 extra care housing units of accommodation per 1000 over 75.
- Appendix B – a summary of alternative scenarios in London comparing current supply of extra care housing units of accommodation and potential demand
- Appendix C – a table illustrating supply shortfall in London based on the scenarios set out in Appendix B

The type of housing likely to be in most demand is for sale or part ownership. There are factors in many parts of London that are conducive to developing specialist housing for sale. The comparatively high value of housing; almost 65% owner occupation and high-density urban locations offering access to shops and other services on the doorstep.

Based on available data many areas of London appear to have shortfall of residential care homes. This provides an incentive for developing extra care housing schemes that can help people to remain independent; investing in models of support that people prefer because they are part of the community and non institutional.

7. Challenges in ensuring supply to meet future need

7.1 Capital Funding - Under the previous Department of Health Extra Care Housing Fund eight schemes were funded in London. The oversubscription of the London portion of the Care and Support Specialised Housing fund is an indication of the important role that public funding has played in stimulating supply. Through our contact with developers and providers we know that it is challenge to obtain capital investment for extra care housing schemes. A combination of low awareness of the product and competition with other investment options has contributed to a scarcity of funding. We have recently produced an updated Technical Briefing on funding extra care housing setting out issues and funding options:

www.housinglin.org.uk/FundingExtraCareHousing

7.2 Land Competition - Much of London is intensively developed, land values are high and locations with access to facilities such as shops, cafes, public transport are subject to competition with other types of housing as well as commercial developments.

7.3 Space requirement and unit costs – Extra care housing schemes will necessarily have more communal space than general needs housing and this increases the land required and therefore costs that have to be spread across the development.

7.4 Affordability – the communal space and facilities offered in extra care housing are reflected in initial purchase price (where applicable) or rent and regular service charges. As noted in Appendix A, there are many areas of comparative deprivation in London. In affluent areas the development of extra care housing for sale is likely to be more viable than in areas with low property values and lower proportions of home ownership.

8. What the Mayor and boroughs should be doing to enable better provision

8.1 More integrated approaches to planning – the Supplementary Planning Guidance on Housing was helpful in encouraging a more flexible approach by planners to issues like the Infrastructure Levy. We would advocate a proactive approach with social care and health care commissioners working with planners to invite proposals for schemes in their areas. Some social care commissioners have expressed anxiety about new schemes increasing demand on their services but there is no evidence that such concerns are well founded. Older people who move to extra care housing do so within a very limited geographical area so that schemes are not ‘importing’ demand.

The evidence is mounting about the way in which extra care housing prevents deterioration in health and promotes independence. Health care commissioners need to be encouraged to get engaged in planning for specialised housing as it will ultimately reduce demand on their services.

8.2 Engagement with key organisations – Networks such as the Housing LIN provide a route into engagement with key players in the specialist housing field across housing, health and adult social care and we are attracting new members from the investment and valuation sector. We would welcome opportunities to work with the GLA on encouraging new approaches and partnerships in London to stimulate the market for this form of housing.

Submission prepared by Margaret Edwards – Lead for the London Housing LIN

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Appendix A

SHOP@ REGIONAL REVIEW – EXTRA CARE HOUSING DEVELOPMENT IN LONDON

It has been very pleasing how well SHOP@ has been received across the country. The debate and challenge has been very worthwhile and has allowed the project team to refine and develop the thinking still further. The SHOP@ website is excellent for individual analysis of an area and testing scenario within the authority's boundaries. However, the background tables can also offer significant information across a region to review trends and confirm areas of demand or service capacity shortages.

Over the coming weeks the project team intend to look at the different regions of England to allow colleagues and partners to work together to plan and coordinate service delivery. London offers the greatest challenges for specialist housing development for older people and has seen a wide variety of strategies and approaches across the capital. It is often thought of as a prosperous part of the country but four times as many output areas (30%) are in the 10% most deprived areas of England compared with the most prosperous (7.2%).

Current extra care housing capacity in London is one third of the proposed requirement using the SHOP@ prevalence rates. This places London 1% point above the national average and fifth out of the nine regions of England. Two boroughs have achieved the proposed target of 25 places per 1000 people over 75 and a further four have reached 50%. On one of the projections the current shortfall of 7,700 places will rise to over 12,000 units by 2030.

Completing the same analysis for sheltered housing confirms a capacity much closer to the anticipated demand. It also confirms nine boroughs with an oversupply and all boroughs having at least 50% of the anticipated number of units.

If there is a declared commissioning strategy that supports extra care development then sheltered housing reviews offer potential solutions. The reviews would consider refurbishing higher quality schemes to extra care housing standards or demolishing schemes with high maintenance costs or voids to provide land for future development.

The drastic shortage of residential care beds in London also allows extra care housing to be developed with limited competition from the residential care sector. Nursing bed provision is much higher and will provide the additional support a small number of extra care housing tenants may need.

This snapshot can be developed further within boroughs for more detailed analysis. Contact shop@eac.org.uk or add a comment to the SHOP@ forum at: www.housinglin.org.uk/Discuss/forum/?forumID=83

Appendix B

SHOP@ LONDON STATISTICS

Current capacity

For each scenario the capacity data is taken from the Elderly Accommodation Counsel database. It would be worthwhile reviewing the data with GLA to confirm any differences between the two sources. EAC current capacity: 3711 units.

Scenario 1 - 'More Choice, Greater Voice' Assumptions All People Over 75

'More Choice, Greater Voice' assumes 25 units of extra care housing per 1000 people over 75.

Scenario 2 - 'More Choice, Greater Voice' Assumptions Increased Life Expectancy

This option assumes that the number of older people requiring extra care housing is reduced due to increased life expectancy. For example, if life expectancy increases by 3 years then people will enter extra care housing 3 years later. An average across the country is taken. It reduces the number of older people included in the analysis by 18% by 2030.

Scenario 3 - Reduced Need Assumption

It could be argued that the ability to fund and operate extra care housing has been reduced since 'More Choice, Greater Voice' was published (2008) Scenario 3 assumes 20 units of extra care housing per 1000 people over 75.

Scenario 4 - Reduced Need Assumption Increased Life Expectancy

This scenario also proposes 20 units per 1000 people over 75 and includes the reduced future need due to increased life expectancy.

Scenario	Capacity 2013	Need 2013	Need 2030
1	3711	11433	15740
2	3711	11433	13222
3	3711	9146	12592
4	3711	9146	10074

Our recommendation would be to take scenario 2 but we could do further work to use scenario 1 for some of the more deprived boroughs.

Appendix C

LONDON SHOP@STATS

	Sheltered total	Enhanced Sheltered total	Extra Care total	Residential beds	Nursing beds
London Capacity 2013	52,424	1,835	3,711	11,554	19,410
Scenario 1 Shortfall 2013	4,814	7,323	7,737	18,210	1,196
% Shortfall 2013	8.41%	79.96%	67.58%	61.18%	13.05%
Scenario 1 Shortfall 2030. No new investment	26,401	10,777	12,054	29,435	8,967
% Shortfall based on 2030 figures	33.49%	85.45%	76.46%	71.81%	31.60%
% Shortfall based on 2013 figures	46.10%	117.70%	105.30%	98.90%	43.50%

London SHOP@ stats as requested. Figures based on MCGV prevalence rates and total increase in population for over 75s. I have not used the increased life expectancy reduction.

It would also be worth noting the concerns on some of the London population data from the initial census results. It would appear that there is a significant difference from the 2010 estimates. Discussion with ONS has confirmed that the new census data should not be extended to 2030.

London Borough of Sutton response to London Assembly Housing Committee's questions on specialist housing options for older Londoners

1. What is the role of specialist housing for older people in London? What are the challenges that need to be faced in the future?

To meet need and demand from older people for housing which offers essential additional support services that cannot be provided via general needs housing. This includes addressing the needs of older people with particular conditions such as dementia as well as those who are particularly frail. It also plays a key role in helping to reduce the need for costly residential and nursing care and social care domiciliary services.

The ultimate challenge is developing an appropriate range of specialist provision (in all its variety of forms) to meet future patterns of need and demand in the most efficient and effective way. In addition, London boroughs will be facing a variety of challenges arising from the provisions of the Care Bill which will bring with it a range of additional responsibilities at a time of continuing retraction in Local Authority budgets. Many London boroughs are already very well advanced in developing alternatives to institutional settings for older people, and over reliance on residential care. Instead, a model of supported living, either through maintaining independence in people's own homes or through the provision of housing options for older people to move elsewhere, whilst retaining autonomy and independence, is already the strategic direction of travel.

2. What are the barriers to providing more of this kind of housing?

In relation to increasing private provision, the inherent additional cost of specialist provision in a competitive market. For the social sector the barriers are essentially the lack of capital grant and funding, the revenue costs of support services coupled with the restrictions on housing benefit payable and the availability of suitable land. Sites becoming available are either developer led S106 sites or smaller sites. On S106 sites, viability is a further argument put forward and often won to reduce to a minimum the levels of affordable housing.

The issue of planning use classification can also prove to be a barrier, as schemes which supply self-contained flats with communal facilities have been viewed by planners as being a C2 residential care use. This can impact on capital funding sources for specialist housing both from the GLA and on the RP's ability to borrow on the market. In the past this has resulted in a number of schemes in Sutton being classified as "sui generis" as a compromise.

3. What kind of innovative approaches are there in developing new supply of such housing and providing more attractive housing options?

Boroughs can support the provision of specialist housing through new supply delivered on existing low density and outdated sheltered housing or other borough land holdings.

Sutton Council is currently delivering 2 such schemes one cross subsidised by outright sale delivering 86 rented and 30 shared ownership units. It will provide 40 extra care units pepper potted throughout the scheme and specific flats for younger disabled adults and for adults with learning disabilities.

Another Sutton scheme is delivering 40 flats for older people with dementia and 9 for people with learning disabilities on a former demolished care home site which will assist the reducing residential care agenda and ultimately save on care budgets.

On both schemes the quantity of communal space such as hairdresser and lunch clubs has been reduced to keep service charge down but also to move away from an institutional environment and encourage tenants to become more integrated into the local community for activities and social contact.

Boroughs can also work with Registered Providers to remodel or provide new supply on RP- owned outdated sheltered housing schemes. We have 2 examples where we are trying to achieve this.

As discussed above specialist housing is not the only way of providing accommodation for older people it is the range of housing choices that is important. We are also working with a Registered Provider to deliver housing for older people in a small development without any of the community facilities usually associated with older persons housing. When this scheme is built the 14 tenants will benefit from a close community of tenants of similar age and the benefit of a Housing Association specialising in housing for older people.

4. What should the Mayor and London boroughs be doing to enable better provision of specialist housing for older people in London?

The Mayor may need to consider directing a greater proportion of London's capital allocation to specialist housing for older people.

Collectively we may benefit from taking a more flexible view of future provision, breaking away from traditional sheltered and extra care sheltered models to embrace a more multi-faceted type of 'housing with care' provision, extending the concept of lifetime homes within the older age range. This could allow for a greater range of clients to be housed within any one scheme with opportunities for increasing care services as individuals' needs develop.

Some further observations on the London Assembly Housing Committee, Specialist housing options for older people in London paper

The paper suggests there is a significant under supply of retirement homes for sale. Local information does not support this. I would estimate that our borough is over supplied by owner occupied specialist homes for older people. 5/6% of empty properties in London Borough of Sutton as at April 2013 are private retirement flats and a higher proportion have been empty for 2 years plus. This is often due to restrictions on sale. Owners or executors have the added complication that they have to continue to

pay extensive service charges on empty flats and are often facing restrictions on renting whilst waiting for the property to be sold.

Existing extra care housing built through the Department of Health funding routes was encouraged to have large quantities of communal space that experience suggests is lying unused and could be turned into new supply. Purpose built retirement villages and extra care schemes need to be mindful that such schemes are fully integrated into the community and do not create a dependency-culture with all facilities on hand. The rents and service charges on some recently constructed schemes are also extremely high.

We think it is important that the Mayor and the GLA support and underpin the strategic direction that many London boroughs are taking, as described above.

From Sutton's perspective, the research that was published on "The role of the planning system in delivering housing choices for older Londoners" which included within it estimates of the demand for care home placements up to 2021 was, in our view, not helpful. Although the main study provided an estimate across each London borough of the need for specialist older people's housing across different tenures, the methodology for making assumptions about the need for additional care home provision is in our view questionable. We thought it was unfortunate that the estimates for the demand for care home placements were then incorporated as an annexe to the Mayor's Housing Supplementary Planning Guidance (November 2012). In Sutton's case the estimate was there would be a shortfall in provision of 50 bed spaces. However, the total number of sites with planning permission for care homes currently exceeds that estimate shortfall by five-fold.

Our position locally is very clear. We have more than adequate care home provision in this borough to meet our local needs, with 40 care homes for older people in the Borough (19 of which provide nursing care) and over 100 homes within a 5-mile radius of Sutton Civic Offices. For this reason, the Council's position is that there is no justification for the development of additional new care homes up to 2021, and that potential sites can more justifiably be utilised to meet housing need including housing with care for Sutton's older people. By way of background information, we are attaching to this response a copy of Sutton Adult Social Services Commissioning Strategy 2013 which was agreed by the Council in February of this year.

Simon Latham, 1st July 2013



Sutton Adult Social Services Commissioning Strategy 2013-16

Adult Social Services Housing and Health (ASSHH) Directorate

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1. Executive Summary.

- 1.1. We want all our citizens to live a full and active life, to live independently and to play an active part in our local communities. This is a central ambition of the Coalition Government public service reform agenda. For social care reform, the principles of personalisation first outlined in 'Putting People First in 1997'¹ remain at the core of the recent White Paper 'Caring for our future: reforming care and support'² and the forthcoming Care and Support Bill.
- 1.2. The two core principles are that we should do everything we can as individuals and as communities to prevent, postpone and minimise people's need for formal care and support with a social services system built around the simple notion of promoting people's independence and wellbeing. Secondly and equally important, people should be in control of their own care and support. Personal budgets and direct payments backed by clear and comparable information and advice are the tools which will empower individuals and their carers to make the choices that are right for them.
- 1.3. From November 2007 to May 2011 the 'Transforming Lives' Programme was the vehicle used in Sutton to deliver personalisation. This work is now fully integrated into the day to day business of Adult Social Services with significant progress made to transform our business to deliver personalisation and shift to a position where as many people as possible are enabled to stay healthy and remain independent in community not institutional settings. The Adult Social Services Commissioning Strategy 2013 -16 sets out these achievements, describes where we are now, where we want to be and how we are going to get there over the next three year period.
- 1.4. The key messages contained in the strategy are that the Council (i) promotes personalisation, choice and control through personal budgets and self directed support for citizens eligible under Fair Access to Care Services, (ii) supports adults to be as independent as they can be in community rather than institutional settings and (iii) works with individuals and communities to focus upon people's assets in order to build or develop further social networks and support systems to enable communities to be healthy, strong, safe and resilient.
- 1.5. The Adult Social Services Commissioning Strategy is a statement of Council Policy that links the information in the Sutton Joint Strategic Needs Assessment (JSNA)³ to the Market Position Statement⁴, ASSHH Commissioning and Finance Plan 2013/14 and ASSHH Directorate Commissioning intentions for 2013/14 to 2015/16.

¹ Putting People First (DOH 1997)

² Caring for our Future : July 2012

³ <http://www.suttonjsna.org.uk/>

⁴ <https://www.sutton.gov.uk/index.aspx?articleid=12421>

- 1.6. This table describes the content of the JSNA, Adult Social Services Commissioning Strategy and Adult Social Care Market Position Statement and how they link together.

<u>The Sutton Joint Strategic Needs Assessment (JSNA)</u>	<u>LB Sutton Adult Social Services Commissioning Strategy</u>	<u>LB Sutton Adult Social Care Market Position Statement</u>
-Defines demand across health, housing and social care. -A broad based statement of current and future trends. -Identifies and targets key populations, using predictive risk modelling. -Looks at long term patterns of need and demand.	Based around groups of service users, commissioning strategies should: • Build on the view of demand presented by the JSNA. • Identify current practice and future use of public resources. • Look at the resources the local authority has available and how these may be allocated or re-allocated in the future.	-An analytical, 'market facing' document that brings together material from the JSNA and commissioning strategies into a document that presents the data the market needs to know if they are to plan their future role and function. -Identifies the needs and preferences of different service user groups in the market, e.g. older people, learning disability, etc. and covers local authority and privately funded users of care -Indicates the necessary changes, characteristics and innovation to service design and delivery the local authority would like to see in the market to meet the needs and preferences of the whole population, and how the local authority will support and intervene in local markets.

- 1.7. The Adult Social Services Commissioning Strategy links to national priorities for adult social services :

- Implementing the White Paper 'Caring for our Future': reforming care and support (2012);
- The National Dementia Strategy;
- Implementing personal budgets and reducing the use of residential care;
- Securing Best Value for tax payers from reduced financial resources.

- 1.4 The Strategy links to local priorities for adult social services:

- Investment in preventative services to reduce number of service users who are Fair Access to Care Services (FACS) eligible and eligible for financial support from the council for personal budgets;

- Investment in more care for adults who use care and support services in their own home and less care in registered care homes.

- 1.5 The strategy cross references to other commissioning strategies for social care and health and well being which can be found on the Council's website www.sutton.gov.uk. These include:

20-20 Vision- the strategy for services for adults with learning disabilities

<http://sutton.moderngov.co.uk/ieDecisionDetails.aspx?ID=702>

Joint Mental Health Commissioning Strategy

<https://www.sutton.gov.uk/CHttpHandler.ashx?id=7872&p=0>

Sutton Joint Health & Wellbeing Strategy:

http://www.suttonccg.nhs.uk/website/SUTPBC/files/SCCGBd_04_07_12_Pt1-Att_07-Joint_Health_Wellbeing_Strategy-2012-13.pdf

Sutton Carers Strategy & Action Plan;

<https://www.sutton.gov.uk/CHttpHandler.ashx?id=12470&p=0>

- 1.6 The Strategy links to other Council strategies:

Sutton Housing Strategy

<https://www.sutton.gov.uk/index.aspx?articleid=1885>

Sutton Corporate Plan

<https://www.sutton.gov.uk/index.aspx?articleid=432>

- 1.7 The document is designed to fit into the framework of the guidance of the DH and ADASS programme Developing Care Markets for Quality and Choice (DCMQC)

<http://ipc.brookes.ac.uk/dcmqc.html>

- 1.8 This is a high level strategy which links to the ASSH Directorate Commissioning and Finance Plan which includes directorate level commissioning intentions. These inform ASSHH operational commissioning activity which is delivered through service unit business plans. A specific delivery plan for the Adult Social Services Commissioning Strategy is not required.

2.Introduction and Policy Context

National Context

- 2.1 Commissioning in Adult Social Services is governed by statutory legislation and set in the context of a range of national strategies and plans which aim to reform the Health and Social Care system and drive personalisation of public services in health, social care and beyond.

- 2.2 The Government introduced proposals for the transformation of adult social care services 'Putting People First' in November 2007. This outlined a new vision for adult social care to provide services that are personalised, and give the individual choice and control over their support. This was followed in November 2010 by "A Vision for Adult Social Care" and in January 2011 by Think Local, Act Personal which continued to reinforce commitment to personalisation and community based support.
- 2.3 The Care and Support White Paper published in July 2012 continues to focus on the importance of promoting people's independence. The two core principles of the White Paper are; that we should do everything to prevent, postpone or minimise people's need for formal care and support that people should be in control of their own care and support.
- 2.4 'Big Society' and the range of national policy initiatives that support this approach (Liberating the NHS, Localism Bill, etc) set out the strategic imperative for robust, universal and prevention services. This shifts the balance of responsibility between the citizen and the state and encourages people, through empowerment, to take more responsibility to manage their own lives, with the support of the community, to achieve better social and health outcomes, leading to less dependency on statutory services.
- 2.5 Personalisation and community are the key building blocks of the reform agenda, shaped around an individual's own expertise and resources, with as many people as possible enabled to stay healthy and actively involved in their community for longer and delaying or avoiding the need for statutory services.
- 2.6 The Adult Social Services Commissioning Strategy is set within and responds to this reform agenda. Our commissioning intentions and approach are consistent with the principles set out in 'A Vision for Adult Social Care' [Prevention', 'Personalisation, Partnership, Plurality, Protection, Productivity, and People]. Promoting independence; investment in community based support not institutional care; developing prevention and wellbeing services; ensuring that the most vulnerable citizens are safe and receive the support they need, delivering transformation through new service models in a reducing resources base and investing in a capable and well trained workforce within ASSHH and the wider social care sector.

Local Context

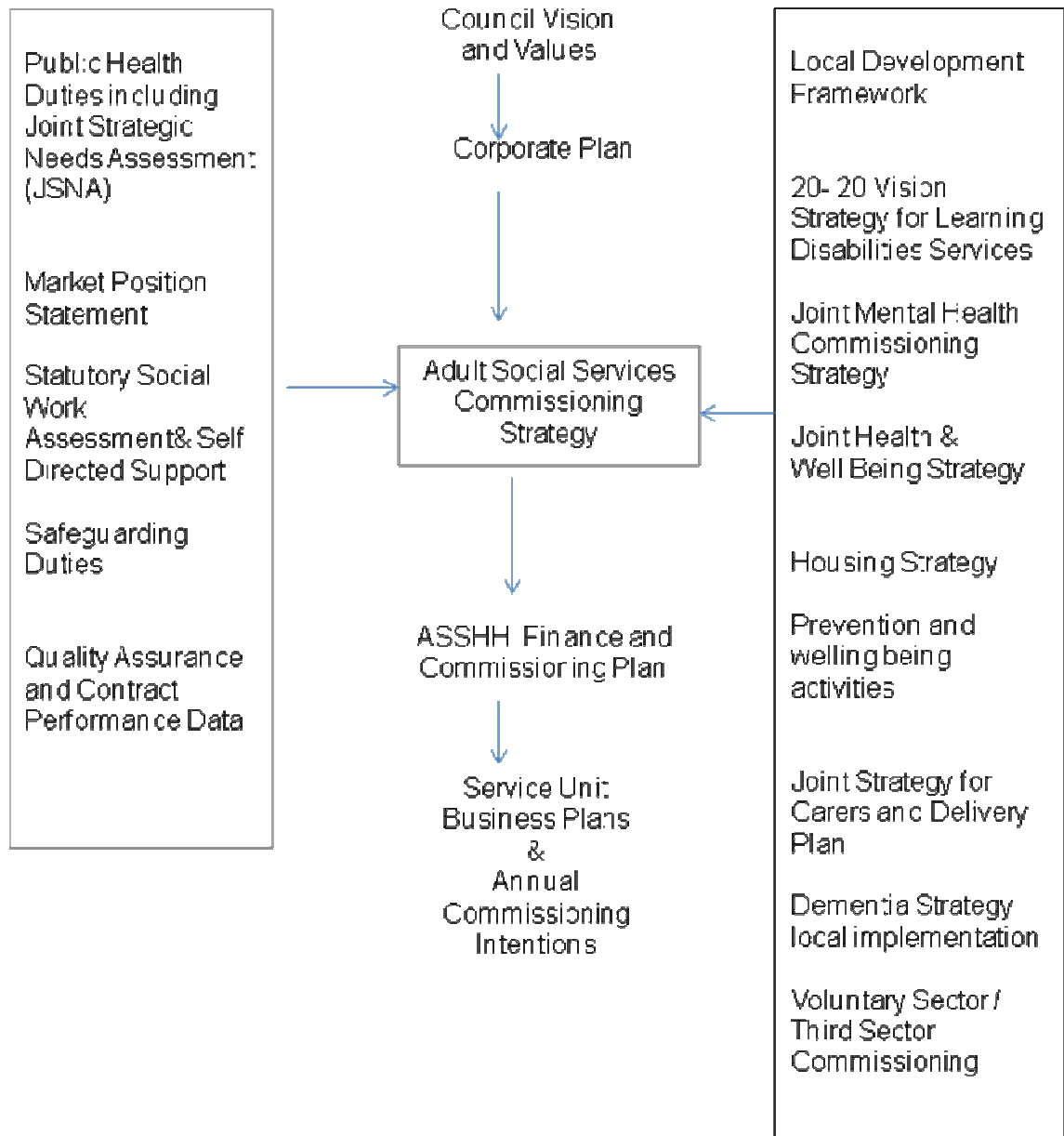
- 2.7 Adult Social Services, Housing and Health (ASSHH) is the Commissioning Directorate within the Council responsible for assessing and commissioning services to meet the social care needs of the adult population, assessing and planning to meet housing need, overseeing the management of the local authority housing service, leading on health partnerships and supporting the delivery of the Public Health functions that transfer to the local authority on 1/4/13.
- 2.8 Adult social services focuses on the safeguarding of adults at risk from harm or abuse, promoting and maintaining independence and enabling citizens to

have choice and control over their care and support services through personal budgets and direct payments; and reducing the use of institutional care.

- 2.9 The Adult Social Services Commissioning Strategy is a statement of Council Policy for commissioning within the Adult Social Services, Housing and Health Commissioning Directorate. The strategy has been developed alongside, and is set in the context of, a range of strategies and strategic objectives at local level. These include the Sutton's Corporate Plan 2011/12 to 2014/15. This describes the Council's vision to 'build a community in which we can all take part and take pride' through the achievement ten outcomes grouped around the themes of 'safer', 'fairer', 'greener', 'smarter'. These frame our commissioning priorities and provide the 'golden thread' to operational commissioning activity in ASSHH.
- 2.10 The Adult Social Services Commissioning Strategy also supports delivery of the priority themes, outcomes and cross cutting principles contained in the Joint Health and Well Being Strategy. This is a key partnership document which sets out the agreed priorities for the Sutton Health and Well being Board to deliver its vision to 'Improve the health and well being of people in Sutton by working with communities and residents to increase the opportunities for all to enjoy healthy, safe and fulfilling lives and reduce health inequalities between communities'.
- 2.11 The JHWB strategy is grouped around four priority themes, 'Improving and protecting health and well being', 'Improving the health and well being of those who have illness and disabilities', 'Improving mental health and wellbeing' and 'Empowering communities and individuals to lead health lives' each with a number of agreed, measurable outcomes. These outcomes are supported by the adult social services commissioning approach; enabling communities and individuals to look after their own needs whether health, care or support; promoting independence personalisation, choice and control; support for prevention and early intervention to reduce or delay the requirements for social care or health services, and reducing the risks of people reaching a crisis point requiring statutory.
- 2.12 The diagram on the next page shows how the Adult Social Services Commissioning Strategy is informed by and links with other key strategies and plans:

Informed by

Linked to



- 2.13 We are mindful that we are working in an austerity environment and the Council has to deliver significant ongoing savings. ASSHH has, through considerable efforts, achieved the targets set by the Smarter Services Sutton (SSS) programme, year on year, totalling £11m to 2013/14.

- 2.14 The majority of previous ASSH provider services were decommissioned through the SSS programme and funding redirected through personal budgets as part of the Transforming Lives Programme (see 3.1).
- 2.15 Market development (including addressing market failure) and quality assurance across social care, housing, and health care are our core business. Our ability to meet the assessed and planned social care, health and housing needs of Sutton citizens is enabled by our commissioning capabilities. In particular we are continuing a journey of increasing the volume of services commissioned through outcome based contracts.
- 2.16 ASSHH is developing its plans in relation to prevention and early intervention (as outlined in the Joint Health & Wellbeing Strategy). As part of this ASSHH will be linking to the Neighbourhoods, Localities and Public Realm initiatives to ensure we maximise opportunities to engage with citizens in localities and share learning and expertise from our Community Social Work initiative.
- 2.17 Sutton Council has agreed a council wide approach to commissioning supported by a Commissioning Framework⁵ which aims to deliver the best possible outcomes for Sutton citizens. The three strategic commissioning principles underpinning the framework are adopted in the Adult Social Services Commissioning Strategy
 - 1. To deliver user focused services that meet the needs of individuals and the locality at a price that all can afford.
 - 2. To commission services that have the potential to provide benefits to localities beyond the individual service provided.
 - 3. To recognise there is value in commissioning services from a variety of suppliers of different types.

3. Where we are now, what we are doing, and why

- 3.1 The Local Account describes the current activity and performance of Adult Social Services in Sutton: Information about this can be found on the Council's web site at

<http://www.sutton.gov.uk/CHttpHandler.ashx?id=17504&p=0>
- 3.2 Transforming Lives was the Sutton implementation of the national Transforming Social Care programme. The programme implemented personalisation and the focus on care for adults with care and support needs in their own home with choice and control. The commissioning strategy adheres to the principles of Transforming Lives. Block contracts for care have been ended and replaced with framework agreements (zero hour commitments to care providers) and increased use of direct payments.

Information on the Transforming Lives Programme can be found at

<https://www.sutton.gov.uk/index.aspx?articleid=12677>

⁵ <https://www.sutton.gov.uk/index.aspx?articleid=14831>

3.3 As a result of implementing Transforming Lives

- Commissioning in Adult Social Services is evidence based with a focus on outcomes for vulnerable adults and their carers;
- Block contracts for FACS eligible citizens have ended and skilled social work assessment now enables citizens with social services needs to organise their support in the way they choose;
- Local service providers have been supported to extend and improve the range of personalised options for Sutton citizens including those who do not receive council funding towards their services;
- New prevention and health & well being services have been commissioned;
- Joint commissioning with the Sutton Clinical Commissioning Group is being developed together with opportunities for shared services and integrated working with other partners to improve care pathways for users of health & social care;
- A quality assurance framework, service audit tool, effective contract monitoring and analysis of care provider performance are in place and delivering improvements in the quality of care and support service available to Sutton Citizens;
- Improvements in commissioning practice have ensured a rigorous focus on safeguarding the most vulnerable citizens with regular commissioning reports to Sutton Safeguarding Adults Board;
- Investment in piloting new approaches to working with the most vulnerable citizens in our community backed by formal evaluation research;
- Working in the new partnership arrangements accountable to the Sutton Health & Well Being Board; and
- Working in partnership with community and voluntary organisations in accordance with the Sutton Compact and with local care and support providers through provider forums to ensure the best outcomes for Sutton citizens;⁶

3.1. The Commissioning Strategy for Adult Social Services responds to the principle and practice of personalisation and self directed support. This is delivered through 'individual' or 'micro commissioning' following an individual NHS & Community Care Act section 47.1 community care assessment, FACS eligibility and financial assessment to agree statement of support needs and allocation of a personal budget to meet eligible needs. The personal budget is taken as a direct payment or if this is not possible council arranged personal care services.

3.2. All council procured services are from CQC registered personal care providers who have been awarded contracts following formal tendering. Contracts for personal care services are zero based and the council makes no commitment to the number of hours purchased, so service users and carers have choice from a range of quality assured care providers.

⁶ <https://www.sutton.gov.uk/index.aspx?articleid=14644>

- 3.3. A smaller volume of procurement follows from carrying out carers assessments with personal budgets now used for carers to purchase support. At the same time we are alert to the fact that pressures on carers, particularly older carers, are increasing and that carers themselves can also be FACS eligible in their own right. Respite services are commissioned for FACS eligible service users through their personal budgets taking account of the caring role of carers. Following assessment carers can access short breaks through their carers personal budget. In response to discussions with carers about the importance of per bookable respite we blocked purchased a respite service to meet this requirement.
- 3.4. Alongside personal budgets, a new initiative is underway using community social work to support individual adults who would be eligible for care and support services to access neighbourhood and community support.
- 3.5. ASSHH also commissions prevention and well being support services mainly from local community organisations. The effectiveness of these services is monitored against the following outcomes
- People live their own lives to the full, maintain and improve their health and wellbeing by accessing and receiving high quality information and advice;
 - Carers can balance their caring roles and maintain their desired quality of life, which may include employment;
 - People maintain and improve their level of independence through accessibility of help with practical tasks;
 - People are able to develop/maintain a family and social life and contribute to community life, avoiding loneliness or isolation.
 - Supporting people with dementia to enable them to remain living in their own home.

3.6. Key commissioning Issues for Adult Social Services

Older People:

Sutton has a growing population of over 65s, but more people are living longer in good health, leading independent lives and living in their own home longer, or in sheltered housing. Fewer older people are choosing to move into care homes. More people are living in their own home with care and support provided by health and personal care professionals and with family and neighbour support and the support of local community organisations. As a consequence there are large numbers of vacancies in care homes in Sutton and surrounding areas:

http://www.carehome.co.uk/care_search_results.cfm/searchunitary/Sutton/searchctype/bed-vacancies

The local authority funds care and support for older people who are FACS eligible and who are not self funders. Currently Sutton arranges less than one residential care placement per week, mainly in nursing homes, including out of borough in accordance with the user choice of accommodation directive.

There is a development programme underway of 92 extra care supported living flats for older people in two schemes for people eligible for social housing (Elizabeth House and Franklin house). These developments will further reduce demand for residential and nursing care homes for social care funded and self funders.

4 sites currently have planning permission for care homes in total 254 beds:

Felnex in Hackbridge

Former BIBRA site in Carshalton Beeches

Bawtree near Sutton town centre

Westmead House near Sutton town centre

The Mayor of London/Greater London Authority has recently published data on delivering housing choices for older people in London ("The role of the planning system in delivering housing choices for older Londoners" December 2012). This provides an estimate of both the need for specialist older persons' housing by borough across different tenures, and the assumption is that these forms of housing (as opposed to care home provision) will meet the estimated level of need. In addition the same study (conducted by Cambridge Centre for Housing and Planning Research et al) provides estimates of the demand for care home placements up to 2021 for each London borough which have been incorporated as an annex to the Mayor of London's Housing Supplementary Planning Guidance (November 2012). Even at the high scenario the shortfall in provision up to 2021 in Sutton is estimated as 50 bedspaces in care homes. Thus, the total number of sites with planning provision for care homes exceeds by fivefold the estimated shortfall.

The shortfall identified the GLA is based on population assumptions about the number of people who will require care home places. The success of our commissioning approach to promote independence in community not in institutional settings has led to a significant reduction in placements in care homes and this trend will continue. As the number older people in care homes diminishes over time we expect the vacancy rate in Sutton care homes (currently estimated to be 25%) to increase. Existing homes meet CQC registration standards for accommodation. There is a great deal of choice available with 40 care homes for older people in Sutton (19 with nursing, 21 without) and over 100 homes within a 5 mile radius of Sutton civic centre.

Thus both supply and potential demand can be adequately addressed through both existing and planned resources. For these reasons, the Adult Social Services, Housing and Health Directorate's view is that there is no justification for the development of additional new care homes up to 2021, and that potential sites can more justifiably be utilised to meet housing need including the housing needs of Sutton's older people.

Older People with Dementia

There are increasing numbers of Older People with dementia in Sutton either living with their carer or living alone. Caring for more people with dementia -self funders and local authority funded through personal budgets- is a key commissioning challenge for the Adult Social Services, Housing & Health Directorate.

This will be achieved by local implementation of the National Dementia Strategy in partnership with the clinical commissioning group, health & social care providers and local community organisations:

<http://www.dh.gov.uk/health/2011/07/dementia-strategy/>

To increase care at home for people with dementia a range of personal care providers who are registered with CQC have been procured through a tendering process to be on a framework from which self funders, social workers, service users, carers and relatives can procure personal care in their own home.

The majority of vulnerable adults over 65 in Sutton are self funders. A clear aim of the commissioning intentions flowing from this strategy is that self funders are able to purchase good quality personal care services from a choice of care providers who are competitive in price and of good quality and compliant with CQC standards.

Adults who need care and support services under 65:

Large numbers of adults under 65 who need care and support services live in care homes in Sutton as a consequence of the legacy of the closure of learning disability hospitals and the last NHS Learning Disability Hospital, Orchard Hill, from 1995 to 2009:

<https://www.sutton.gov.uk/index.aspx?articleid=13409>

The number of places is reducing gradually and do not need replacing as the local population of young people with **learning disabilities** in transition- approximately 20 per annum- who are FACS [Fair Access to Care Services] eligible for personal budgets choose supported living- ie personal care in their own accommodation- as tenants. We expect care homes to close over the next 10 years.

The Winterbourne View enquiry identified the abuse of patients in an assessment and treatment unit. There is no need for an assessment and treatment unit in Sutton and any application for planning approval for one would not be supported by Adult Social Services, Housing and Health Directorate.

The learning disability commissioning strategy 20-20 vision identifies the work underway to minimise use of residential care.

Local use of residential care home places for adults with **mental health needs** under 65 has reduced by half in the last 2 years and community care assessments identify the need for supported living as part of rehabilitation to long term support in their own home. Key local joint commissioning activity is the investment in community based health and social care mental health services so that in patient admissions can be reduced by half and length of stay reduced to top quartile national performance.

Adults under 65 with physical and or sensory disabilities rarely live in residential care and live in their own home with a personal budget to meet their carer and support needs. Improved access to community health and social care support means that

adults with long term conditions including epilepsy, autism, and degenerative diseases can be supported to live in their own home with a personal budget.

Carers

As partners in care, carers are recognised in the White Paper – Caring for our future as making a vital contribution to promoting the health and well being of people they care for. Information from the 2001 census identified 16,000 carers in Sutton approximately 9% of the population. In the 2011 Census 18,298 people identified themselves as carers and identified increases in the number of hours spent on caring responsibilities these increases are broadly in line with other outer London boroughs. Further analysis will be available as these figures feed into the JSNA (Joint Strategic Needs Assessment).

The completion of the Transforming Lives programme has resulted in a more personalised approach to funding carers' support. Eligible Carers now have access to personalised support through a carers' personal budget, giving greater choice and diversity of support outcome. In addition, with the agreement of the cared for person are able to access planned and emergency respite through the personal budget of the cared for person. The prevention of breakdown in the caring relationship and avoidance of any subsequent requirement for statutory intervention is a high priority for Sutton. The Outcome Prospectus for Prevention included a specific outcome for carers funding for preventative services that support carers to balance their caring roles and maintain their desired quality of life, which may include employment.

Sutton is committed to ensuring carers needs remain a priority and carers are recognised and supported to maintain their own health and wellbeing. The National Carers Strategy, 'Recognised, valued and supported', includes a requirement from April 2013 that the NHS Commissioning Board and CCG's (Clinical Commissioning Groups) will be responsible for working with local partners to identify and support carers. This is work that will be taken forward locally

Other expected changes that will influence commissioning of support for carers are the legislative changes proposed in the Draft Care and Support Bill which include new duties on assessment of needs for care and support including carers assessments, and new duties and powers to meet a carers need for support. Also monitoring the impact of proposed welfare reform on carers, particularly for those on low incomes and not in paid employment;

Community Wellbeing – Prevention

We want to enable everyone to have options in their life and the opportunity to look after their own health and wellbeing in order to stay healthy, happy and actively involved in their communities in a way that suits them and that reduces their need for support from statutory services. This means people and their communities playing a bigger role in supporting themselves and others, building on personal strengths and in particular, making better use of informal networks (families and friends) to increase their independence, choice and control.

Community Wellbeing is focussed on empowering communities by linking people with their communities and supporting the development of community groups and networks to become strong support systems for local people. It is also about making

universal services accessible and affordable, providing opportunities for people to meet, develop and share common interests and to make new friendships and social connections. This approach can be promoted by maximising the resources and staff in the public and voluntary sector to help local people to realise the potential within their own communities, to link groups together and build strong networks which help people to achieve greater independence, happiness and better health and wellbeing.

Through targeted investment, our community wellbeing support will close the gap in health and social inequalities in the borough. Focussed on supporting the most vulnerable we will work with local third sector partners to develop social capital/local networks of support to contribute at neighbourhood level to the development of resilient communities and resolve issues of loneliness and social isolation. Commissioning plans including a Time Bank and other community networks developed by engagement with local residents aimed at helping to improve the social connectedness of local communities.

Our future commissioning model for Community Wellbeing will shift from the traditional client group focussed approach to commissioning for communities and neighbourhoods. To achieve this will require new ways of working with a greater collaborative and creative partnership across all council commissioning directorates, between the council and third sector partners and between third sector organisations where consortia and other formal and informal collaborative arrangements will be actively sought.

- 3.8 Information on care and support services available in Sutton can be found on the Council's web site at:

Link to Our Sutton (information directory) & Link to Sutton care at home care directory:

<https://www.sutton.gov.uk/index.aspx?articleid=9791>

3.9 Use of Adult Social Services resources.

The current allocation of financial resources is detailed in the category management chart at:

<https://www.sutton.gov.uk/index.aspx?articleid=6637>

Key messages are:

- The number of FACS eligible citizens with personal budgets has grown significantly. Through our commissioning approach, working with families, carers and communities to focus upon people's abilities and social networks, we are developing support plans with people that build on personal and community assets not deficits. This approach values the capacity, skills, knowledge, connections and potential in individuals, families and the communities in which they live. Over time this will reduce dependency and reliance on traditional social services;
- Support for adults with care and support needs in their own home has increased with almost all personal care procurement now through framework

contracts (zero hour commitment) from private and voluntary organisations and increasing take up of direct payments;

- Investment in outcome based preventative services provided by local voluntary organisations has been maintained to avoid or delay the need for statutory social services;
- Safeguarding work is carried out in accordance with the Sutton vulnerable adults safeguarding procedures in partnership with other public bodies and local community organisations and care and support providers;
- There has been a significant reduction in spend on in-house services as a consequence of the Transforming Lives programme resulting in the decommissioning of in house services which effectively operated as block contracts;
- There has been a significant reduction in spend on residential care - to less than 1 new placement per week during 2012/13. LB Sutton now purchases less than 25% of available registered care beds in Sutton and this is declining further (with a 2.5 % reduction from January to June 2012). Other placements are purchased by self funders or other local authorities and there are estimated to be 25% vacancies. This vacancy level is expected to grow;
- There are places available at the usual cost of care in Sutton, due to the number of vacancies in care homes. Homes with a majority of self funders are at lower risk of closure than homes relying on referrals of local authority funded residents;
- The activity of Community Care and Carers Act assessments, reassessments and reviews support adults who need care and support to manage their personal budget. These operational processes are written in the Sutton Adult Social Services community care procedures;
- There has been a reduction of £11M per annum in Adult Social Services spend from 2011/12 to 2013/14. Further reductions in available resources for commissioning are anticipated in 2014/15 to 2016/17 as a consequence of local implementation of the national Government's reduction in the resources made available to local authorities; and
- There are approx. 350 ASSHH contracts on the Sutton contracts register. About 250 of these are spot purchased care home placements so the number of contracts is expected to decrease. The personal care framework limits the number of care providers to 35. Service users can choose any of these for council arranged personal care or any registered CQC provider and/or personal assistants using direct payments.

Contract monitoring use the Sutton quality assurance framework audit tool:

<http://www.sutton.gov.uk/CHttpHandler.ashx?id=18171>

4. **Commissioning Objectives; Where we want to be**

The objectives of the Adults Social Services Commissioning Strategy are to ensure that all adults who need care and support services and their carers living in Sutton;

- Are in control of commissioning their care and support through personal budgets and self directed support planning and have opportunities to be involved in the procurement and quality assurance of services;
- Are able to access care and support services delivered by a well trained and competent social care workforce;
- See a focus on prevention and early intervention services that promotes health, wellbeing and a good quality of life;
- See that for people who receive council managed support, we commission personal care services for local people from a range of local care providers;
- See that we commission efficiently and ensure that services for local people are value for money and that quality is everyone's business;
- Are assured that safeguarding is at the core of our approach to commissioning;
- See a commissioning approach that focuses on using individual's strengths, family support and their local community assets; and
- See that young people in transition to adult social services have an early assessment of need and indications of personal budget they will be eligible for and recognise the transition for young carers to an adult caring role.

5. **Commissioning Intentions**

- 5.1 High level commissioning intentions for ASSHH 2013-14 are set out in the ASSHH Commissioning and Finance Plan. This document can be found on the Council web site using the following link

[web link to be added when the plan is agreed and published]

(ASSHH) Adult Social Services, Housing and Health commissioning intentions for 2013 -14 are:

1. All eligible adults in need of social services receive a personalised service;
2. The independence of borough residents is extended and their lives fulfilled as far as possible through appropriate prevention, early intervention and reablement services;
3. Measures are in place and maintained to ensure that good quality services are provided and that vulnerable adults are safeguarded and their wishes are respected;

4. Sufficient affordable housing is provided to meet the borough's needs as far as possible;
5. The Council's housing stock is improved, regenerated where appropriate and brought up to meet the decent homes standard;
6. The effects of welfare benefit reform, particularly on the borough's vulnerable households, are mitigated as far as possible;
7. Performance across services including in relation to equalities is maintained and improved wherever possible;
8. Sutton's Joint Strategic Needs Assessment is developed and embedded to provide evidence for commissioners on the needs and assets of the population;
9. New health governance structures and responsibilities are established within the Council;
10. The Joint Health and Wellbeing Strategy is developed for 2013 – 16;
11. Existing Public Health contracts transferring to the Council are reviewed to ensure that services are commissioned that meet the needs of the borough;
12. Statutorily required support for clinical commissioners is provided by Public Health officers;
13. Health and Social services integration proposals are developed; and
14. The Council's emergency plans are reviewed to ensure that responsibilities for health protection are robust.

5.2 Making it happen.

5.2.1 The high level commissioning intentions inform ASSHH operational commissioning activity, which is delivered through service unit business plans. There is with no requirement for a specific delivery plan for the Adult Social Services Commissioning Strategy.

5.2.2 In Adult Social Services our commissioning intentions will be delivered by;

- Self directed and costed support plans for all clients with direct payments promoted and in place wherever possible;
- Ending of remaining block contracts for FACS eligible care and support services with resources reapplied through self directed support;
- Continued market development work with providers to support a pluralistic market with improved consumer information and feedback opportunities;
- Increased opportunities for customer involvement in the procurement and quality assurance of commissioned services;
- Measuring the success of projects funded through Year 1 of the Prevention Prospectus and embedding learning in future commissioning;

- Reducing the number of people in residential care and maximising support in community settings;
- Delivering new housing schemes at the Elizabeth House and Franklin House sites.
- Effective commissioning of assistive technology, community equipment and adaptations;
- Ensuring potential social services clients can access information and advice to help them plan ahead;
- Providing comprehensive assessment and support services to carers in line with requirements of the new White Paper;
- Rolling out the community social work pilot;
- Supporting the development of social networks;
- Strengthening our quality assurance measures for adult social services;
- Working in partnership with the PVI sector to deliver the White Paper workforce themes and promote culture change and skills development
- Working through the new health partnership arrangements - Health and Well Being Board, the Clinical Commissioning Group (CCG); Healthwatch, and with local and community organisations, to ensure the health and related needs of the borough's population are met;
- Realising the benefits of the transfer of Public Health responsibilities to the local authority by effective commissioning of services that meet the needs of the borough.

6. How we will measure success

- 6.1 The [local account](#) will be used to report progress on implementing the strategy.
- 6.2. Customer and stakeholder feedback through our quality assurance work.

7. Glossary of terms

Assistive technology	Equipment provided within the home to assist older, disabled and other vulnerable individuals with day to day living and to monitor health conditions.
Block contracts	A contract between a purchaser and provider for a particular service at a fixed cost, irrespective of demand.
Clinical Commissioning Group (CCG)	A consortia of GP practices that from April 2013 take over the responsibilities of the local Primary Care Trust
CQC	Care Quality Commission. The statutory body responsible for the regulation, inspection and review all adult social care and health services in the public, private and voluntary sectors in England.
Commissioning	The process of specifying, securing and monitoring services to meet people's needs at a strategic level
Corporate Plan	The Council's high level plan setting out its objectives for delivering services to borough residents
Direct payments	Amounts of money paid to clients in need of social services services who are then able to buy those services directly themselves
Fairer contributions policy	A Council policy that deals with the assessment of service user contributions following the introduction of personal budgets
FACS eligible services	Fairer Access to Care Services (FACS) is a national eligibility criteria for all adult social care services
Joint Health and Wellbeing Strategy	A strategy produced jointly by local authorities and the local health service aimed at assessing and providing for the health needs of the local population
Joint Strategic Needs Assessment (JSNA)	An assessment of the health needs of the local population
Local Account	A published account of the delivery and performance of a local authority's adult social services
One Sutton Board (OSB)	New joint commissioning board established to support the Shadow Health & Wellbeing Board
Personal Budget	A sum of money for an individual to meet their eligible needs identified through their supported self assessment. They can use their personal budget to design and purchase services to meet their social care needs.
Personalised services	Adult social services where the client is in control of the service he/she received
Pluralistic market	A market (for social services) which contains a wide range of providers
Primary Care Trust	The local NHS body responsible for the overseeing the delivery of primary care services (e.g. those provided directly by GPs)

	and commissioning services from secondary organisations such as NHS hospital trusts to meet the needs of the local population
Public Health Grant	Money provided by central Government (Dept of Health) to local authorities to fund their public health services locally, for which they become responsible from April 2013
PVI	Private, voluntary and independent [sector]
Safeguarding	Ensuring the safety and wellbeing of vulnerable adults and children
Smarter Council	A programme to deliver savings in Sutton Council over the coming years through identifying better ways of working and taking a holistic view of the organisation
Smarter Services Sutton (SSS)	A forerunner to the above, now coming to an end, where the focus was on specific service area savings
Sutton Health and Wellbeing Board	The statutory body responsible for overseeing the delivery of social care and health services locally
Sutton Adults Safeguarding Board	A multi-agency forum chaired by the Strategic Director of Adult Social Services, Housing and Health, the overarching purpose of which is to ensure adults at risk in Sutton are safe.
Transforming Social Care / Transforming Lives	A programme for moving towards delivering adult social services to clients where they themselves direct and control the support they receive, each provided with a personal budget

For more information, please visit the commissioning website at the following address: <https://www.sutton.gov.uk/index.aspx?articleid=12072>

Alternatively, if you would like to make a comment on this strategy please contact the ASSHH commissioning team on 020 8770 5000 or via email commissioningteam@sutton.gov.uk

Links to other key documents:

[Sutton Joint Strategic Needs Assessment](#)

Sutton Market Position Statement

<https://www.sutton.gov.uk/index.aspx?articleid=12421>

Toolkit for Market Position Statement

<http://ipc.brookes.ac.uk/publications/index.php?absid=658>

Developing Care Markets for Quality and Choice

<http://ipc.brookes.ac.uk/dcmqc.html>

Adult Social Services Website

<https://www.sutton.gov.uk/index.aspx?articleid=9979>

8. Appendix A: The Equality Impact Assessment (EIA)

Section 1: Aims and demographics

a. Is this a new policy or a review of an existing policy or service?
Update of previous Commissioning Strategies
b. What are the aims and purpose of this proposal?
To inform Stakeholders of the key commissioning strategic priorities for Adult Social Services in Sutton and provide the background, context and rationale for commissioning activity in Adult Social Services.
c. Which of the geographic areas does this proposal affect? (insert any specific wards or state all borough)
All borough

Section 2: Equality and diversity

a. Which stakeholder group or groups does this proposal affect? (e.g. Staff at LBS, residents, third and voluntary sector)
Sutton citizens; LBS staff; Private, Voluntary and Independent Sector organisations and workforce;
b. Whose needs is the proposal designed to meet? (e.g. include any specific impact on protected group members e.g. older people, disabled people, BME),
Vulnerable adults in Sutton including self funders and their carers
c. What evidence has been collected to inform this proposal? Evidence is contained in the JSNA : Joint Strategic Needs Assessment
d. What equality-related information, for example through consultation with stakeholders, has been gathered on this proposal? (indicate the type of information gathered and ensure you address ethnicity, disability, gender, age, religion and sexual orientation. You can also include people with caring responsibilities. Attach a summary or refer to where the evidence is held.)

Information is contained in the JSNA : Joint Strategic Needs Assessment
e. In what ways might the proposal impact positively or negatively on some groups of people? (Please ensure you address ethnicity, disability, gender, age, religion and sexual orientation. You can also include people with caring responsibilities.)
The Adult Social Services Commissioning Strategy is a high level document. Its purpose is to provide the background, context and rationale for commissioning in Adult Social Services. The range of content covers all groups and it is informed throughout by the JSNA. No negative impacts have been identified to date
f. What will be done to promote equality of opportunity as part of this proposal?
We will monitor the impact of the strategy across all groups through the local account

Section 3: Health and well being

Please note: Data from the Joint Strategic Needs Assessment can be used to fill in this section of the form, which can be accessed here: <http://www.suttonjsna.org.uk/>

a. In what way could this proposal positively or negatively impact on the physical and/or mental wellbeing of residents? (e.g.....) If there is a negative impact what action will be taken to mitigate this? What evidence has been or will be collected?
The Adult Social Services Commissioning Strategy will impact positively on the mental and well being of residents through the delivery of our stated commissioning intentions which are evidenced based and focussed on outcomes for vulnerable adults and their Carers. The impact of local government budget reductions and the introduction of welfare reforms on household incomes particularly those of vulnerable citizens and carers is one area of concern which will require monitoring. Factors which may mitigate this are the investment in prevention work, skilled social work assessment and further development of the community social work approach to increase community assets and resilience.
b. In what way could this proposal have a positive or negative impact on an individual's opportunity to improve their own health and wellbeing? (e.g) If there is a negative impact what action will be taken to mitigate this? What evidence has or will be collected?
The commissioning objectives and approach described in the strategy together with the stated commissioning intentions will have a positive impact on an individual's opportunity to improve their health and well being. Personal budgets and self directed support for FACS eligible citizens gives people more independence, choice and control over the support they need. The flexibilities of personal budgets provide opportunities for people to meet their needs in new ways, improve their quality of life , learn new skills and live independently for as long as possible. There is both a national and local evidence base that demonstrates the positive benefits of this approach on individual health and

wellbeing The approach outlined in the strategy to invest in preventative health and wellbeing service through outcome focussed commissioning and contracts is intended to have positive benefits on health and wellbeing.
c. In what way could this proposal positively or negatively impact disproportionately on the health and wellbeing of one or more different communities? (e.g. improve the lives and health of a vulnerable group such as people with learning disabilities). If there is a negative impact what action will be taken to mitigate this?
The commissioning approach set out in the strategy will have positive impacts for Sutton citizens across all groups.

Section 4: Local Economy

Is this section relevant to your proposal?	Yes	X	No	
a. Will this proposal affect the local job market, local business or local inward investment to the borough?				
Developing a local social care workforce that is skilled and competent to deliver care and support is a stated objective of the strategy.				
b. Does this proposal impact upon employment opportunities for residents in Sutton?				
Yes - As above				
c. Does this proposal provide opportunities for the third sector organisations and or local businesses in Sutton?				
In Adult Social Services we have made a significant shift from a direct provider of services to commissioner. The majority of services commissioned in Adult Social Services are from independent and third sector organisations. Council procurement processes ensure a level playing field, creating opportunities for local organisations and businesses. In addition. citizens using personal budgets, that can also be taken as direct payments, can choose to spend these in different ways, creating further opportunities for local business to respond to opportunities to provide services that people want				

Section 5: Sustainability

Is this section relevant to your proposal?	Yes		No	X
a. Is this proposal sustainable medium or long term for improving services in Sutton?				

b. Is this proposal sustainable medium or long term for improving services in Sutton?
c. Is this proposal a cost – effective use of resources?
d. If applicable; does this proposal have any impact on the environment and One Planet Living Principles in Sutton? (e.g. does it impact upon reducing waste, encourage the use of carbon neutral modes of transport conserve the environment or encourage the efficient use of water? Please see guidance for further details if this is relevant to your policy or review).

Section 6: Actions and Publications

a. Please rate the overall impact identified through this assessment with the level of action that needs to be taken (delete as appropriate): 1. No major change required - The assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.
b. What actions are going to be taken as a result of this IIA to address negative impacts or previously met unidentified needs?
c. What data monitoring or evaluation activity has been put into place to monitor the impact of this proposal?
The impact of the strategy will be monitored through the “local account”, through individual citizen’s social services reviews and assessments, other customer feedback and through our contract monitoring and quality assurance work.
d. Sign- off (Your completed IIA must be signed off by a Head of Service)

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London Assembly
Housing Committee
- Specialist housing
options for older
Londoners

Response from
Catalyst Housing Ltd

July 2013



Introduction

Catalyst Housing welcomes the opportunity to respond to the London Assembly's Housing Committee review into specialist housing provision for older people. As a long established provider of sheltered accommodation and a developer of extra care housing, we believe that a review is both timely and is a welcome initiative to help provide a framework for moving forward.

Registered providers are in a prime position to utilise their assets and encourage investment to develop a more flexible retirement housing sector, which meets the needs of an ageing population, providing better quality housing both for sale and for rent, with good standards of management and greater choice for individuals.

What is your organisation's current stock of specialist housing for older people in terms of numbers, type, and condition? How does this compare with demand for this type of housing?

- **Sheltered:** Catalyst is a Registered Provider with approximately 560 bed spaces of specialist housing for older people in 16 schemes. Although most of this stock was built in the 1980s and consists of 1 bed flats, these homes are very popular, with low void levels.
- **Extra Care:** More recently, Catalyst has developed three extra care schemes in Barnet, Reading and Wokingham. The scheme developed in Wokingham comprises 64 x 1 and 2 bed apartments, including 14 for sale on a shared equity basis. Our experience in Wokingham is that these homes have been extremely popular and sold quickly, highlighting the lack of availability of extra care housing for sale. We worked closely with the local authority to market homes, assist buyers, and their families through the whole process.
- **Over 55s:** In 2012 Catalyst completed Dickens's Yard, a scheme specifically for the over 55s, in partnership with Ealing Council, as part of a new development built by St George. The scheme, which comprises 70 x 1 and 2 bed flats, was part of a S106 requirement to encourage council and housing association tenants to downsize to smaller, well designed accommodation.

Catalyst also has experience of developing registered care homes, which includes the Acton Care Centre, Ealing, providing nursing care for patients of all ages with complex health needs, terminal illness and dementia. The centre has achieved Beacon status as part of the Gold Standards Framework (GSF) Award for End of Life Care.

Are there plans to increase this kind of stock in the future, and how will it be funded?

The provision of housing for over 55s at Dickens Yard, Ealing has proved very popular and we will be including a similar development in our Havelock regeneration scheme in Ealing, where we will provide 30 x 1 bed flats for tenants who are being rehoused.

Through our initial analysis of tenants in new retirement housing, we have found that the propensity to move is a function of local choice, personal lifestyle and level of need. We believe there is significant unmet demand for this type of accommodation, and providing it is of high quality and with appropriate amenities, it can prove to be very attractive to tenants who are under occupying family homes. Our scheme at Dickens Yard was let at target rents and compensation was paid for each bedroom given up,

and this proved to be particularly attractive to those downsizing. We worked very closely with LB Ealing, especially their Housing Supply team, to identify under-occupation cases, where large family homes could be released for re-letting to families in greater housing need. Details of the scheme can be found at the following link. <http://www.chg.org.uk/find-a-home/rent-a-home/ealing-homes/>.

We will be carrying out more detailed research into the choices made by these new tenants and leaseholders, which will include focus groups and individual interviews. This information will be shared with the council and other partners and we would be happy to make this available to the Housing Committee.

Our experience of developing extra care housing in Wokingham leads us to believe that there is significant unmet demand for both intermediate housing and outright sale. With the reduction in grant funding, mixed tenure schemes, providing a significant element of cross subsidy will be an important funding route.

What relationship do you have with London's local authorities in planning and providing specialist housing for older people?

Catalyst Housing has had a positive experience in working with local planning authorities, when developing retirement housing. At Dickens Yard, Ealing, we worked particularly well with the Council's planners and the developer St George, as part of the original planning permission for the development.

How does your organisation plan to deliver housing services for older people, now and in the future?

Our experience is that residents in our sheltered schemes value a 'seamless' joined up service, co-ordinated locally by a scheme manager who is onsite on a regular basis. As an organisation, we have moved away from the using Supporting People funding to support the delivery of services and we now cross subsidise this from our core business and service charges.

Catalyst's 2013/16 Strategic Plan identifies the development of an offer of products and services for older people as one of the key areas for the Group to increase its capacity. Our strategy is to develop a range of retirement housing for rent, intermediate and outright sale. Catalyst intends to carry out further analysis of the viability of delivering a range of products to meet the growth in demand in the retirement housing sector.

What are the challenges involved in ensuring the supply of specialist housing for older people will meet future needs and offer an attractive housing option?

We believe the greatest challenge in delivering specialist housing for older people is the lack of both capital and revenue funding to deliver high quality affordable accommodation for rent and for sale.

- **Land values:** In London, developing retirement housing is particularly difficult, due to high land values, particularly in inner London. With the reduction in grant rates and greater reliance on the cross subsidy from housing for sale, the development of retirement housing has become even more challenging.

- **Remodelling sheltered housing:** Sheltered housing provided by local authorities and housing associations has historically, been popular; however, many older and poorer quality schemes are or will become difficult to let, as they do not meet contemporary aspirations for space. Full-scale remodelling or decommissioning and rebuilding, is usually unviable, given the costs of decanting, rehousing and lack of capital/grant funding.
- **Revenue funding:** The move from block contracts to personalisation has created greater uncertainty when developing schemes and local authorities appear reluctant to make long-term commitments, thereby making the committed capital investment more risky for providers.
- **Design:** The additional land requirements required and the cost of communal facilities can also be prohibitive, unless supported by funding from the local authority
- **Planning:** The treatment of extra care housing as C3 instead of C2, can attract the associated S106/CIL contributions, making a marginal scheme unviable

What should the Mayor be doing to enable better provision of specialist housing for older people in London?

- The Mayor's report '*The Role of the planning system in delivering housing choices for older Londoners*' December 2012, is an excellent piece of research and makes a timely contribution to this important debate. We feel that this report should be given a higher profile to raise awareness amongst London's councils and RPs.
- Encourage councils and RPs to review their existing sheltered portfolio, to identify opportunities to influence the remodelling of stock, however, this will continue to require a targeted funding stream.
- The provision of new specialist retirement housing, which frees up family housing for rent, can work well, where schemes are well designed and built to a high standard. However, these schemes may not be attractive to potential downsizers if rents are not comparable with target rents and there is inadequate compensation.
- Additional funding and greater flexibility/less restrictions in phase 2 of the Mayor's Care & Support Specialised housing fund to allow the conversion of existing social rented property, but also encourage the introduction of mixed tenure provision.
- Planning guidance: Encourage Planners to be more flexible when considering mixed tenure retirement housing.
- Work with RPs to utilise their assets creatively, within their charitable objectives and encourage models that enable existing homeowners to access good quality retirement housing for sale that is affordable. This must include shared equity/shared ownership and private rent options for the 'squeezed middle'.
- Encourage more innovative joined (local authorities and health) up models to fund care.
- Access to land at below market rates is needed to make shared ownership extra care housing schemes viable in areas where land values are high.
- The London Development Panel has recently been launched and the Mayor should seek to use this framework to promote the provision of extra care housing/ retirement housing on pipeline development sites.



Housing LIN

Connecting people, ideas and resources



Creating housing choices for life

The role of retirement housing in developing a better offer for older people

June 2013

Introduction

This paper provides an introduction to a programme of work by CIH and the Housing Learning and Improvement Network (LIN) to look at how we can develop better housing options for older people. In particular it focuses on what a retirement housing offer (or offers) for the future might provide to support older people to:

- Live safely
- Remain active, independent and well into older age
- Remain connected to their social networks and continue their contribution to society
- Manage the costs of living into older age (which may include releasing housing wealth, where it exists, to fund utility costs and other living expenses, lifestyle choices and potentially contribute to future care costs).ⁱ

Until we provide a range of really attractive housing options for older people that fit these ambitions, the growing expectations and arguments about ‘downsizing’ and making best use of stock (across tenures) is unrealistic. But with the changing demographics, and the financial and other pressures we are facing, we have an opportunity to develop options that will allow for greater choice for older people, better outcomes, and more strategic and effective approaches to planning for housing and services at the local level. At the same time, it is an opportunity to develop/remodel housing that will be fit for purpose as we age and require more help in terms of accessible design and supportive services.

The challenge:

Being older can last a long time – from 50 to over 100 – so capacity, resources, needs and aspirations over that time are hugely variable and will change. It is a complex picture that demands creative, flexible and easily adaptable responses, affecting design, accessibility, tenure and services.

The arrival of the ‘baby boomer’ generation at retirement is having a significant impact on expectation and demand for quality and standards of services, and on possible funding. We need to respond to this wide pool of consumers, rather than only/primarily to local authority commissioners. So retirement housing models could look even more varied than currently. Our information, messages and marketing therefore need to be much more effective than it has been – many people still consider retirement housing as institutional and stigmatising.

The current significant housing equity of older people, and the drive for them to be in control, is increasing demand for more options that retain assets and ownership, which also matches government’s focus on shared responsibility and use of households’ own assets to fund interventions. But we must not forget the large minority of older people who have no housing equity or very low amounts. In the future, housing wealth is likely to be significantly less for many. So we need to build homes and services that can be sustained in the face of changing wealth as well as funding sources and patterns. Affordability to enter and to sustain retirement housing is critical for older people now and in the future.

Currently only about 5 per cent of older people live in specialist housing. There is a large

under-supply, but we are also unlikely to be able to keep pace with the growth of an ageing population in terms of numbers of units. And it is important that retirement housing is seen as part of a range of housing options and solutions for our ageing society. So how can we maximise the resources and services that benefit residents of retirement housing, and extend it to meet the needs of older people more widely? And what about the needs of other groups in the community? How can this be done for mutual benefit and equitably in terms of funding and access to services? We have some good models – how might these be adapted and extended? What needs to be influenced and changed to make this happen?

Aim

This paper scopes out the case for developing attractive retirement housing offers, it looks at what indicators there are already about what such offers should look like, and it poses questions that, as a housing industry, we need to address in order to deliver creative models for the future. In doing so, it draws on the debates at a CIH/Housing LIN roundtable and discussions held with specialist and non-specialist housing providers, commissioners and planners.

It will be followed towards the end of the year with a second paper that explores in more detail what these models might look like, how these may differ to address local and regional pressures, and what might need to change in our current policy framework to help us to achieve this.

Although design is a key element of what good retirement housing offers should look like, much of that ground has been expertly covered in the [HAPPI](#) reports, and we welcome how those examples are beginning to influence some new developments. This work will focus more on what the services should be to go alongside well designed housing, and the part that this plays in delivering the retirement housing of the future – both new build and remodelling of current housing. Where design issues are raised these will be in relation to making the services work.

Definition

Throughout this paper, we refer to retirement housing and by this we mean housing designed for older people to support independent living, across social and private housing sectors. It does not encompass extra care or assisted living models that often require a level of care needs for eligibility.

Housing wealth and housing choices

People over 65 are predominantly home owners, and are estimated to hold £250 billion of housing equity.ⁱⁱ Increasingly there is an expectation that some of this wealth should be unlocked to contribute to any care costs that may occur, in line with Professor Dilnot's recommendation of shared responsibility (between state and individual) for long term care funding.ⁱⁱⁱ

At the same time, England is experiencing a housing crisis, with many younger households having difficulty in owning a home and building up housing equity – with important implications for any policy development looking to shape housing and care funding in the long term. As a result of these dominant factors in the public debate, there is an increasing focus on making ‘best use’ of housing stock by encouraging older people to downsize and move from the family home, once the family have left. More levers exist in the social sector to achieve this, currently by giving help arranging practicalities of the move and incentivising with limited amounts of cash. In the future levers may include fixed term tenancies and regular reviews.

But similar levers to incentivise older home owners to downsize and find alternative properties do not exist and, to date, there is not enough really attractive alternative homes in the right place to ‘pull’ them to seek new homes that may be more fit for their purposes, and release more family homes for younger households with children. This is in spite of the National Planning Policy Framework requiring local planning authorities to:

‘...plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community (such as but not limited to, families with children, older people, people with disabilities, service families and people wishing to build their own homes)’

However, much of the government’s focus on supporting new development has been to help householders access mortgage finance, and therefore centred on first time buyers and recently, next stage family housing.

This is a missed opportunity to look more strategically at the delivery of housing that is attractive for older people at a stage when they are still active and well but may appreciate moving into more convenient homes, particularly in view of the repeated increases in energy costs. (Age UK estimate that 4.5 million older people live in fuel poverty.)^{iv}

And don’t forget – the case of people with little equity, and future older people without housing wealth

However, the housing wealth held by many older people is dwarfed by greater underlying inequality in housing wealth; one-quarter of all housing wealth is held by people under 65 but in the top 20 per cent. A recent paper by the Pensions Policy Institute reported that 1.8 million, or 16 per cent, live in households with incomes below the poverty line (60 per cent of median income after housing costs).^v By 2030, it is estimated that about half of all pensioners will have little or no housing wealth.^{vi} And the distribution of that wealth is uneven; Savills research identified only one tenth of UK locations where downsizing from three to two bed properties would release more than £100,000, and the highest levels are in London and the SE.^{vii}

One-quarter of older home owners have less than £125,000 in housing equity. Many more people are entering older age with debts. A recent report by the International Longevity Centre found that one-quarter of older people used unsecured credit and three in ten (1.1 million) were struggling to repay and were in ‘problem debt’.^{viii} In the longer term as fewer

people access home ownership, and more enter older age with mortgage and other debts, the availability of housing wealth to support health and care costs will be far less secure.

Whilst many older people are home owners and want to retain some assets, not all do. About one quarter of Hanover's tenants were previously home owners. Developing more retirement housing will need to address affordability across all tenure options, and perhaps increase the availability of more flexible approaches to 'switch' tenures to release further tranches of housing wealth, as needs change.

What do we know that people want?

People are now entering retirement housing much later than they previously did, in their late 70s/early 80s rather than early 60s. However, there is still a desire for community, and an eagerness not to be seen as old, losing status or being marginalised, which can be a perception of housing for older people. And it needs to be a housing choice not a care choice – a positive move to provide security and support their lifestyle.

Increasing the attractiveness of retirement housing for older people will mean being adaptable and able to address their expectations for their home. Historically there is a low level of understanding of what specialist housing for older people is, a problem increased by the range of models and names used. How can new models of retirement housing meet the aspirations as well as needs of older people now and in the future? Some common issues come up when older people are asked what they want from their housing^{ix}:

- Location, location, location - well placed, well connected, age-friendly environment
- Good and attractive design – the HAPPI criteria
- Accessible – an enabling environment
- Affordable – rental, purchase and 'running costs'
- Good space standards – decent homes
- Safe and secure – preventing anxiety, isolation and loneliness
- Flexibility – services and tenure
- Enabling control and choice – respecting dignity
- Close to friends and family networks – to give and receive support
- Opportunities for peer support – community and social activity.

Well-connected has often been interpreted as linked to transport, shops and health facilities, but increasingly it also means the importance of leisure and cultural amenities that can sustain the lifestyles developed throughout lives – which do not stop at 65 or when moving into different housing.

As members of the SW Seniors Network explained; we 'will downsize and release equity if you give us something we can move into'.

What can retirement housing offer in meeting these expectations that a bungalow, or a smaller house or flat can't? Tackling social isolation

Recently it has been reported that the impact of social isolation as a risk factor for mortality is recognised as:

- Equal to smoking 15 cigarettes a day
- Equal to problem drinking
- More harmful than not exercising
- Twice as harmful as obesity.

A largescale longitudinal study looked at both social isolation and loneliness and concluded that social isolation in particular was significant in increased mortality risk and that addressing this would make an impact on mortality. Social isolation was identified by contact with friends and family and participation in civic organisations.^x

Facilities that provide safe and easy access to engage with social activities, such as the classic communal and hobby rooms in retirement housing are a ready-to-hand resource for building social connections and reducing isolation. Opening up these facilities to the wider local community will have additional benefits for isolated people in the locality and support better quality of life outcomes, reducing mental and physical health impacts and demands on primary and other health services.

What about the warden?

Pressures on funding for social sector housing in particular have led to service remodelling and a reduction in the levels of on-site presence of scheme managers/wardens. This has had less impact in the private sector due to the different (self) funding arrangements. It has been an area of dissatisfaction for residents, as highlighted most recently by the Age UK report, *Making it work for us: a residents' inquiry into sheltered and retirement housing*.^{xi} CIH's own work in sheltered scheme reviews regularly come across the issue of the warden and how services have retrenched.

Key issues for consideration in developing services include:

- Affordability of service charges and rents, and impacts on (financial) accessibility
- Influence and consultation – for this to be meaningful and enable real impact by residents
- Home for life – security, the benefit of a warden, maintaining a level of care and support and enabling increased and flexible services

In current schemes, design, services and the warden are all significant in satisfaction levels but the residents themselves are a critical factor, and the experience to date is that where retirement housing 'works best' is on schemes where there is a range across older ages and levels of needs. It reflects the importance of people who can be 'hands on' in developing activities, and in supporting neighbours, which also enhances their own wellbeing (giving and contributing to others and society). How can that balance be achieved and maintained? What intervention if any might be appropriate to support this?

What we have and what might be possible?

The current housing wealth of older people, and the impact of the ‘baby boomers’ themselves mean that there will be increased expectations of retirement housing – design, standards, services – that it should be aspiration, flexible and adapt to the requirements of the residents, not the provider or the commissioner in a local authority. We need to be consumer minded and driven in developing services.

We need to continue to develop services creatively, using retirement housing appropriately to help many more people to live well and actively, to be a base for more community and statutory services. Fit for purpose housing and services that support care in/closer to home. That also means developing effective but realistic relationships with health and care partners.^{xii}

Hub and spoke

Retirement housing most often has some level of community facilities to support social activities on site, and increasingly in the social sector, those facilities are being opened up to the wider community, to engage with and participate in the social life of the scheme, to make use of health and other community services running in the scheme. It is also often a base for outreach of services into the surrounding community (e.g. domiciliary care or floating support).

Many housing providers are looking how at how they can actively utilise communal facilities in retirement housing and in estates, to provide a resource for developing additional health and wellbeing services. Riverside’s Live Time works with its older resident population and, utilising its sheltered and community assets as local hubs, gathers people together around four targeted service areas:

- Getting the basics right (repairs and maintenance, aids and adaptations)
- Physical wellbeing (signposting services, diet, exercise)
- Social wellbeing (talking isolation)
- Connecting communities (intergenerational work).

Family Mosaic is piloting health and wellbeing interventions for tenants over 50 in Hackney. By establishing three groups of tenants, who will be receiving different levels of interventions whilst their health and wellbeing is tracked over time, the association is hoping to develop the services it offers to older residents, and demonstrate the value of its interventions and the savings it can deliver to health partners.^{xiii}

These outreach/hub and spoke models are less frequently encountered in private sector provision, where the development costs can reduce capacity to include extensive communal facilities. Arguably, if some of the planning requirements on private development that impact on viability were addressed more flexibly, it could be with an expectation that facilities were used with greater involvement of the wider community in mind.

Service clusters

Could a hub and spoke approach be extended to utilising clusters of retirement schemes in a wider locality, with all adding to the facilities and opportunities there are in total for residents in the schemes and in the local communities?

What population and scheme density levels would be needed to make this work? What about ease of access across and transport between schemes? Would this be an option for more urban areas? How could a wide range of services be delivered in more rural areas?

Incorporating community resources

Many extra care housing schemes are developed with GP surgeries or other health facilities incorporated into the scheme. Marina Court in Tewkesbury, a Hanover extracare scheme, has a health and wellbeing centre with activities that attract in many younger people, as well.^{xiv} Barton Mews in Staffordshire is a private extracare development incorporating a cottage hospital and GP surgery.^{xv}

How appropriate would it be for new build retirement schemes to encompass additional resources such as health centres or local libraries, which could encourage people of all ages to use and become familiar with the scheme and interact as neighbours with residents? The nature of the resource may influence how negatively or positively the scheme was viewed; as a means for vibrant interaction or as a place for 'old people'. Could this also be a source of additional capital/revenue funding that might support more social interaction in schemes?

Loss of the funding system 'Supporting People' – can we replace it and capitalise on the opportunity to provide more social and community based rather than individualised services?

The rural challenge

How can retirement housing be delivered in rural areas, where the numbers needing or wanting specialist housing in each village may be low? The Debenham project^{xvi} is a community initiated project which connects volunteers to statutory services in a shared aim to support carers for people with dementia. It does not have any residential base, but might retirement housing in a rural area provide facilities and a focus for similar co-produced services to support older people be possible?

Intergenerational services

Some retirement schemes are utilised for 'older young' people, those below but nearer to pensionable age, or who are disabled or with learning disabilities. In general housing, the current housing crisis and inability of younger households to access independent housing means potentially more extended families/intergenerational living. The success or otherwise of such generational mixes can depend on the extent to which people involved have choice and control over decision to do this. To what extent can and should the services for residents be extended to people across the age range in communities? Can this make services for

residents more viable? How can we balance the issue of scale and viability of services, with equity of access and the appropriate use of rents and service charges for wider services?

A home for life or a lifestyle?

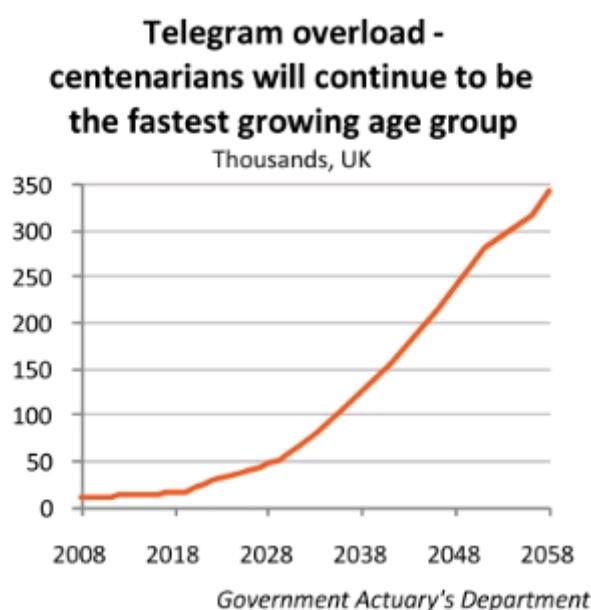
Is retirement housing a home for life or for a lifestyle? As we all live longer, do we need to be more flexible ourselves about moving as our needs increase? Models exist that allow for moves within a larger scheme as people get increasingly frail – can this be part of the retirement housing offer or does that make it something different, albeit still part of a continuum of choice for us as we age? Are there lessons we can learn from private retirement housing choices about how we market ‘easy living’ housing for older people meets a lifestyle choice?

What’s next?

This paper has captured the views from our experts round the table, and from subsequent discussion about the questions to consider if we are to develop attractive retirement housing offers for older people now and in the future. Some good models exist; how can we build on these and go further in the future, as well as future proofing the models for the changing circumstances of older people to come? What are the difficulties and constraints? Our second paper will look at these issues in more detail and explore what new retirement housing might look like. It will also identify what we need in the policy, planning and funding framework to make delivery of a new housing offer possible.

Appendix A: demographic and health impacts – influencing demand

We are getting older



Currently there are 10 million people over 65, or 1 in 6 in the population; by 2050 there will be 19 million or 1 in 4. Whilst 3 million people are now over 80, by 2050, that will increase to 8 million. And the ratio of working people to those of pensionable age will reduce from 3.2:1 (2008) to 2.8:1 (2033).^{xvii} The growth in households anticipated between 2008 and 2033 include 60 per cent headed by someone over 65, with significant growth in single person households.^{xviii}

Most of us live well into older age, and predominantly in ordinary housing (90 per cent). The drive to increase home ownership and the original right to buy scheme has resulted in a high level of owner-occupation amongst older people, currently 76 per cent. 18 per cent live in social housing and 6 per cent in private rented housing. Specialist housing for older people accounts for less than 5 per cent of the market (729,818 homes), and it does not reflect current tenure and room/space patterns amongst housing that older people occupy, suggesting to date a mismatch between what people want and what is available, for example; whilst three-quarters of older householders own, only one-quarter of specialist housing provision is for sale.^{xix}

The Select Committee on Public Services and Demographic Change, in its report, *Ready for Ageing*, concluded that 'Government and society are woefully unprepared' for our demographic change but identified the value of homes as 'a hub of care and support'.^{xx} It called for government, housing associations and house builders to plan urgently to address the housing needs of older people across tenures, and to give it as much priority as housing for younger households.

In spite of health improvements, living longer means more demand for health and care services

1.5 million people report having a medical condition or disability requiring specially adapted homes. Over 40 per cent of people living in social housing are over 65 or have a disability. Living longer will significantly increase the incidence of dementia and other long term conditions. Currently those over 65 with dementia are using up to one-quarter of hospital beds at one time. Over 65s account for 37 per cent of primary care spend, 46 per cent of acute care and 12 per cent of the budget for community care. Developing housing solutions that help individuals and support more community based health services will make a significant contribution towards health costs. Lots of evidence exists to indicate the savings that adapted and accessible homes and support services can deliver for care and health in particular (see the evidence source in CIH/Housing LIN: developing your local housing offer: targeting outcomes). Yet the Elderly Accommodation Council has estimated that there is a shortfall of 240,000 specialist homes with care to address demand, including for people with dementia.^{xxi}

Good housing can support better outcomes for people that meet preferences for remaining at home as long as possible, and can provide a more effective and lower cost solution for health and care. Fit for purpose housing (retirement housing, alongside adapted homes and extra care) can:

- Enable reduced dependency on high cost care (intensity and time) and enable informal/family care
- Provide intermediate/re-ablement care in flats within schemes
- Support end of life care and help to avoid emergency hospital admission
- Support independence and social connections through use of technology and equipment – from internet use to telecare and telehealth
- Be a lifestyle choice – enabling people to maintain their independence and social activities
- Develop social capital enabling greater community engagement, volunteering, contributing positively to local people within and without the scheme.

Appendix B: Policy round table

With thanks to the delegates of CIH/ Housing LIN roundtable May 2013

- Paul Watson, Guinness Care and Support
- Tracey Montgomery, Leicestershire County Council
- Charlotte Carpenter, Home Group
- John Galvin, EAC
- Julia Thrift, TPCA
- David Springthorpe, Anchor
- Darren Summers, Family Mosaic
- Ed Barnes and Gillian Connor, Hanover housing Association
- Greg Lewis, Age UK

About CIH

The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant.

CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds activities we carry out to support the housing sector. We have a diverse and growing membership of over 22,000 people who work in both the public and private sectors, in 20 countries on five continents across the world. www.cih.org

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions. www.housinglin.org.uk

Sarah Davis

CIH, Senior Policy and Practice Officer

ⁱ See CIH's ongoing programme of work looking at the [True Cost of Housing](#).

ⁱⁱ The Smith Institute(2012) [Making the most of equity release](#)

ⁱⁱⁱ [Government update on care costs](#)

^{iv} See Age UK, [The cost of cold homes](#).

^v Pension Policy Institute (2011) [The implications of government policy on future levels of pensioner poverty](#)

^{vi} Presentation at Age UK event: Housing Inequalities and older people June 2013, to be published.

^{vii} Savills (2013) [Making use of housing wealth](#)

^{viii} [ILC summary](#)

^{ix} E.g. SW Seniors Network (2013), [Meeting the challenge: choice and range of housing for older people](#)

^x Steptoe et al (2012) [Social isolation, loneliness and all-cause mortality in older men and women](#)

^{xi} Age UK, (2012) [Making it work for us: a residents' inquiry into sheltered and retirement housing](#).

^{xii} Not the main focus of this paper but see [CIH](#) / [Housing LIN](#) websites for more information

^{xiii} Family Mosaic (2012) [A picture of health: how housing and health can work together](#).

^{xiv} See [Housing LIN case study](#)

^{xv} See [Housing LIN case study](#)

^{xvi} See Housing LIN, [At a Glance: Debenham Project](#)

^{xvii} [Parliament site: the ageing population](#)

^{xviii} [HAA policy paper, Economic implications of housing in an ageing society](#), 2013.

^{xix} JRF (2012) [Older people's housing: choice, quality of life and under-occupation](#)

^{xx} House of Lords, (2013) [Ready for Ageing](#)

^{xxi} See [EAC website](#)

- (NB: London wide cannot compare per borough)**

2012

- What are the challenges involved in ensuring the supply of specialist housing for older people will meet future needs and offer an attractive housing option? **SOC: Understanding the changing needs of the client base and addressing all at there points of need. Access to research data?**
- How have the Mayor and boroughs performed in helping to plan, fund and deliver appropriate housing options? **Overall and across the London boroughs planning**

departments have become increasingly flexible and accessible. The key issues with development within the sector is with funding as housing grants are at low subsidy levels per unit which means that affordable schemes are becoming difficult to develop and not-for-profit developers such as Abbeyfield, are often self reliant for 100% scheme funding, market subsidies or lower levels of affordability. Abbeyfield are also actively looking re-utilise RCGF (Recycled Grant Funding) from other developments for a development in the London Borough of Lewisham.

In relation to your specific sector's role I would like to ask if you would provide any written views on the above and the following questions:

- What is your organisation's current stock of specialist housing for older people in terms of numbers, type and condition? How does this compare with demand for this type of housing? **Abbeyfield currently has 18no London properties with a bed count of 254no which accounts for approx 10% of the London's current requirement for elderly care. Our properties are either care homes, houses, or specialist dementia facilities (see attached sheet). The property types vary from converted Victorian residential houses to modern purpose built facilities.**
- Are there plans to increase this kind of stock in the future, and how will it be funded? **Abbeyfield is looking to expand it's current portfolio of housing stock in the short to medium term especially in it's care and extra care provision. Funding will be predominantly self funding however, as mentioned above, Abbeyfield are in discussions with London authorities regarding the use of re-injected RCGF.**
- **Donations from corporate and public fund-raising, application for grants from LA's trusts, legacies, and allocating a proportion of income from current development projects for future development projects.**
- How does your organisation plan to deliver housing services for older people now and in the future? **Abbeyfield employs high calibre specialist staff within its organisation with wide-ranging private and public sector expertise and also engages a diverse (age-range) of employees within the voluntary sector.**
- What relationship do you have with London's local authorities in planning and providing specialist housing for older people? **Abbeyfield's relationship with most London planning authorities is a good collaborative working relationship.**
- What are the challenges involved in ensuring the supply of specialist housing for older people will meet future needs and offer an attractive housing option? **Available (appropriate) sites, project timelines, planning/public consultation, broader economic factors (interest rates and access to bank funding). Recognising and keeping up with**

our responses to innovation and change within the sector and with emerging client needs.

- What should the Mayor be doing to enable better provision of specialist housing for older people in London? **Facilitate consistent housing frameworks for older people across the London boroughs; enabling access to public funding for smaller refurbishment schemes; enabling access to public funding for larger projects with fewer 'strings attached'; facilitating better access to key housing/planning personnel pre-consultation; having a database of information relating to localised geriatric make-up and trends.**

SUBMISSION BY WANDSWORTH BOROUGH COUNCIL IN RESPECT TO A REQUEST FOR INFORMATION BY THE LONDON ASSEMBLY RELATING TO OLDER PEOPLE'S SPECIALIST HOUSING

Is the supply and type of specialist housing for older people in London meeting current demand and future needs?

1. From Wandsworth Council's perspective there is a need to make provision for extra care housing for frail elderly as an alternative to residential care and in some respects to replace residential care provision which has or is likely to close. Councils are in an ideal strategic and enabling position to plan to meet such demand through its planning and housing policies.
2. In this respect Wandsworth Council has clearly identified additional supply is required and have worked to develop a pipeline of potential new affordable extra care housing units over the next 5-10 years. Whilst a requirement of around 100 affordable units has been estimated the pipeline of development will meet that demand if those sites come forward for development.
3. The provision of market housing is effectively market led. Wandsworth Council has identified a potential demand for older people's market housing. However, with one exception (a private extra care housing scheme of over 100 units) it has been difficult to encourage development in all likelihood given the competitive land sales being achieved in the Borough at the present time.

What are the challenges involved in ensuring the supply of specialist housing for older people will meet future needs and offer an attractive housing option?

4. Local councils are in an ideal position to take a strategic lead in securing specialist forms of housing for older local residents. It is the alignment of planning and investment policies, backed up by up to date evidence, that have put Wandsworth Council in a strong position to deliver the extra care housing required to meet forecast demand. As with any affordable housing development, particularly where affordable housing is being delivered as part of a Section 106 agreement, the particular challenges are those that relate to development taking place in what has been a difficult market environment.
5. Additionally, looking at market housing offers for older people whilst there has been a concerted effort, on the part of Wandsworth Council, to attract developers to meet potential local demand high land costs have deterred such development on any scale.

How have the Mayor and boroughs performed in helping to plan, fund and deliver appropriate housing options?

6. The Mayor has helpfully identified in his funding guidance and recent covenant on supported housing that resources will be made available to support development of specialist forms of housing which is most welcome. It is also notable that the Mayor intends to offer financial support to market specialist schemes which is potentially necessary in some boroughs, where as identified above, it has been difficult to encourage such development.
7. The key will be to sustaining such financial assistance beyond current spending rounds in order that support is available to deliver schemes in future years. In relation to Wandsworth Council's response, as above, planning and housing policies have identified older people's specialist provision as a priority and there is a pipeline of schemes to meet demand.

What is your authority's current stock of specialist housing for older people in terms of numbers, type and condition? How does this compare with demand for this type of housing?

8. In Wandsworth both the Council and Registered Providers provide social rented sheltered housing for older people. Wandsworth Council has 1078 self contained sheltered housing units which all meet the Decent Homes standard as a minimum, with modern facilities and 24 hour

9. There are 107 Extra Care Housing (ECH) units in the Borough. Chestnut House, a purpose built ECH scheme, has 34 one bed and 6 two bed properties. Two other schemes provide 66 one bed and 1 two bed properties. All schemes have modern facilities and are in a good condition.
10. There are currently 45 leasehold properties across two older people's sheltered housing schemes in the Borough for those older people (55 and above) looking for specialist home ownership. In addition to this, one Registered Provider of sheltered housing is currently reconfiguring one of its sheltered housing schemes so that 25% of void properties are put on the open market; although the impact of this in terms of additional properties is very low.
11. In Wandsworth there is consistent demand for all types of specialist housing for older people. Wandsworth Council maintains a separate queue (the Older Person's Housing Queue) for older people who apply for, and are assessed as being eligible for, sheltered or extra care housing. There were 494 older people registered for specialist housing in the Borough, as of end of May 2013, and following analysis completed for the Council's Strategic Housing Market Assessment (SHMA), completed in January 2013, this demand is estimated to increase over the next ten years by 253 per year.
12. Although the modelling for the SHMA showed a shortfall of sheltered housing over the next ten years the overall supply of just over 2,000 units is significant. Many of those seeking social rented sheltered housing are doing so out of choice, e.g. to downsize, and current accommodation is likely to be meeting their housing needs adequately. There are no restrictions on registering for sheltered housing, other than age, and people often register years in advance of accepting an offer of sheltered accommodation as they want to move to a specific scheme or to get their name on the list 'just in case'. Therefore, on further analysis it was identified and concluded that there was sufficient social rent sheltered stock to meet demand taking account of the nature of that demand and the supply side position which anticipates no significant reduction in stock.
13. There are currently 16 applicants for ECH in Wandsworth. The future demand for ECH is difficult to accurately predict given the reliance on a number of factors such as continued access to suitable residential care accommodation and those residents who elect to take home care packages. Also, because those waiting for ECH have a limited waiting time, the list is low in numbers but with a high turnover. However, the SHMA did provide some assessment of possible future demand and calculated that about 50 properties per year would be required to meet future demand, taking into account the move towards ECH away from residential care. The key issue in terms of future supply of ECH is to match supply to forecast demand. The Council believes that currently this balance is being achieved with a 45 ECH new build scheme in the pipeline, the potential for another 45 unit scheme to come forward in the next 5-10 years and the option of providing further units of ECH as part of an RSL estate regeneration in the next 5-10 years.
14. Demand for other tenures of specialist housing for older people is even more difficult to assess and there is currently no intermediate housing designated for older people in the Borough. Although demand is difficult to calculate there is likely to be some demand given that population projections indicate an increasing number of older people with 44,791 people aged 55 and above projected to be living in the Borough by 2016. The SHMA therefore identifies this and the general lack of older people designated accommodation as an area where supply does not meet potential demand.

Are there plans to increase this type of stock in the future and how will it be funded?

15. There are no plans to increase the current supply of social rented sheltered housing in the Borough, at this time, but there are also no plans to reduce it. The current social rented sheltered housing stock of over 2,000 continues to meet demand with those on the list having a reasonable expectation that they will be rehoused, although it may take some time if they wish to move to a particular scheme.
16. There are plans to increase the supply of ECH in the future and there are a number of development plans already in place. 45 social rent units, 40 one bed (5 with the capacity to become two bed) and 5 two beds, are to be built in the south of the Borough with planning consent already agreed. 2013/14 is the scheduled onsite date with a completion date of March 2015. This is being funded in a number of ways and includes GLA grant, Council Section 106 payment and Housing Association recycled capital grant funding.
17. Another ECH scheme has also received planning consent for 46 units to be built in the south of the Borough. These will be 40 one bed and 6 two bed units for social rent. The funding streams for this development have not been finalised at this stage.
18. Further proposals for 87 'designated older people's accommodation' for people aged over 50 have been secured in a planning permission for the Clapham Junction area of the Borough. These will consist of 16 one bed and 71 two bed properties. Funding streams for this development will be finalised in due course. The scheme will be mixed tenure and consist of affordable rent and market home ownership properties. The scheme is part of a major regeneration of a housing association estate in three phases over seven years with the older person's accommodation being delivered in the third phase. This older persons scheme is not expected on site until 2017/18 and therefore the final type of properties has not been decided although an option is available to consider a portion of these units for a ECH use. This will depend on the housing needs of older people and what the demand is at this time. This allows for an element of flexibility when meeting the housing needs of older people in the future.
19. LifeCare Residences Ltd and VINCI Construction UK have formed a joint venture to develop retirement villages in London. They are building a 112 unit scheme for open market sale in the north of the Borough, which is expected to be completed in 2014, with properties priced between £450,000 to £2.6 million. This is being privately funded with revenue generated from the sale of the properties. We would expect this to meet some local demand for such accommodation, care and support although the catchment of prospective residents is likely to be wider than Borough boundaries and therefore 'add to' London's stock of market accommodation for older people.

How does the authority plan to deliver housing services for older people now and in the future?

20. The Council's policy is that older people should be able to live in accommodation which meets the Decent Homes standard, is appropriate for their needs and the needs of their household and enables them to live independently, in dignity and in their own home for as long as possible. It is recognised that sheltered housing, support services and Telecare technology can prevent use of more acute services and provide living arrangements that better meet resident expectations. With Public Health now being integrated into local council control it is reasonable to expect that joint working and commissioning will improve.
21. The Council will continue to deliver a first class sheltered housing service for its residents and work with registered providers to improve access to the sector and the delivery of ECH for the most vulnerable older people.
22. Wandsworth Council provides all its sheltered schemes with sheltered officers and a comprehensive 24 hour emergency telephone service, with emergency wardens, called WATCH Lifeline. This is also provided to older people living outside of sheltered schemes, in council

23. Wandsworth Council also promotes Telecare, a home alarm system which works through sensors in the older person's home. Telecare will alert someone if an older person gets into difficulty and has various functions to promote well being from automatic gas shut off and carbon monoxide detectors to bed occupancy systems and epilepsy sensors. It can also help people with dementia live more independently and remain in their homes. The numbers of those receiving Telecare services has been relatively low although over the last year the numbers have started to increase rapidly from 41 at the end of March 2011, to 68 by March 2012 and further increasing to 131 by March 2013.
24. The Council continues to use its sheltered housing common and meeting rooms to host community based activities including falls prevention clinics and fitness classes. Reducing falls for older people is crucial to promoting independent living and well being. The prevention of falls not only improves the lives of older people but can relieve pressure on health and emergency services. The Housing Department has trained the majority of its sheltered wardens to provide Otago based fitness classes and is working to encourage more non sheltered older residents, living close to schemes, to attend clinics, fitness classes and indeed other social events.
25. The Council will continue to work with voluntary organisations such as Age UK to deliver housing services to older people in their home. Falls prevention is again central to this work as are schemes such as the handyperson service, which the Council supports, that helps older people complete small works in their home to make them more accessible, less hazardous and safer to help prolong independence.
26. The planning for future delivery of housing services also involves delivering housing which meets the needs of older people now and into the future. As such Wandsworth's Local Development Framework, Core Strategy, confirms that all new builds must be to life time homes standard. This will help future older people remain in their homes with the property being more accessible and easily adaptable should this be required.
27. The Home Improvement Agency will continue to offer advice to older people about adaptations and provide a 'hand holding' service if required. The promotion of Disability Facilities Grant will continue which can help older people install the relevant adaptations required to make their home accessible. The Council will also continue to carry out adaptations to its own properties and will make funds available to ensure that adaptations are undertaken to Council properties to enable older people to remain in their homes for as long as possible. However, the Council believes that residents should also be encouraged to consider alternative forms of self contained accommodation if that accommodation can better meet their needs. Therefore, as a social landlord the Council has an active programme of incentivising those, often older under occupying residents to move to smaller accommodation (often sheltered) and for prioritising those transferring for new build units. Additionally, our active programme of ECH development provides not only a higher quality but often lower cost alternative to residential care.
28. The Council has promoted Coldbuster grants, particularly to older people and also promoted the Mayor's RE:NEW scheme to help improve the energy efficiency of residents homes. More targeted work was carried out with older people through the Warmer Homes Healthy People (WHHP) project which saw partnership working with Age UK and the distribution of cold weather packs to older people households. However, funding for WHHP is unlikely to continue and as such may not be available next winter. The Council continues to work across departments and with Health providers on the Excess Winter Deaths Working Party to find initiatives that will help older people to reduce the danger experienced by colder weather and by doing so help them remain in their homes for as long as possible.

What are the challenges involved in ensuring the supply of specialist housing for older people will meet future needs and offer an attractive housing option?

29. The ability of housing providers to secure sites and develop such specialist forms of housing in a high value borough such as Wandsworth means housing providers need to work closely with the Council to identify development opportunities. For instance, the provision of 45 units of ECH identified above will be developed on ex Council owned land and be supported by a number of funding streams which, if not available, would make the scheme financially unviable in its current form. It is notable that one of these funding streams is an offsite commuted sum taken from another development which demonstrates how councils can utilise opportunities to effectively use assets and resources to support targeted affordable housing development.
30. Whilst forecasts identify a growing older and frail older population, also in Wandsworth, a particular challenge is to ensure that the timing of new provision aligns with that increased demand. By having the option, as identified above, to “convert” new build stock to ECH the Council does have some welcome flexibility to meet actual demand when it arises. There also continues to be an inherent risk that the supply of good quality residential care, a key component of meeting demand, will continue to be available to the level required to meet demand. The market has gone through a relatively turbulent time of late and stabilising and securing that supply should be a priority for all interested parties.
31. For Wandsworth making low cost or intermediate specialist housing for older people is particularly difficult given the high levels of rent and property prices, some of the highest in the country. Again combination funding, including the provision of GLA grant, and a future ability to provide a more diverse tenure offer in ECH schemes is something that the Council is likely to consider.
32. Land availability and cost of development in Wandsworth is a challenge for all forms of housing but in particular for housing aimed at one particular service user group. The financial viability of schemes, which are for specialist older people’s housing, can be more difficult to balance against those developments for general market sale where returns on investment can be realised much sooner. Close partnership working and demand led modelling, as done for the Council’s SHMA 2012, needs to demonstrate the need for specialist housing to continue to ensure that the housing needs of older people are met and that attractive housing options are provided. Effectively a strong evidence base is essential for the development of aligned housing and planning policies which Wandsworth Council believes it has achieved.

London Assembly Housing Committee – Specialist Housing for Older Londoners

Request for Research: Response from International Longevity Centre UK

The below is a briefing summary of the International Longevity Centre UK's (ILC-UK) publication "[Downsizing in later life and appropriate housing size across our lifetime](#)" (2013).

Executive summary:

- Construction of retirement housing since the 1980s has been sluggish.
- There are 7 London boroughs with no retirement housing available at all.
- Retirement housing 'works' – it is associated with fewer falls and a better quality of life.
- Local authorities have seen retirement housing as being for those with existing care needs, exacerbating the sector's image problem. London in particular suffers from this problem.
- We need to build more homes if we are going to encourage downsizing – otherwise you get young and old both chasing for the same housing stock.

1. Should we be asking older people to downsize?

- In 2009/10 greater numbers of households headed by a person aged 55-64 were under occupied (1.9 million) followed by those headed by a 65-75 year old householder (1.6 million) then followed by a 45-54 year old householder (1.5 million). Many are using this space as insurance in case their children need to return home or an older relative requires care.

2. Where could older people move to?

- Construction of retirement housing has been sluggish.
- 30,000 units were built in the 1980s but the rate of construction has declined since then – down to roughly 8,000 units per year.
- Bligh and Kerslake describe 7 London boroughs that have no retirement housing at all.
- ILC-UK focus group found that older people living in London had a strong perception that retirement housing cannot be found locally.
- Current figures for purpose-built retirement housing indicate that there are 56 units per 1,000 older people in England, 45 in Scotland, 44 in Wales, and 31 in Northern Ireland. Observers estimate that ideally 280 units of retirement housing is needed per 1,000 older people.
- Retirement housing 'works': it is associated with fewer falls, lower levels of hospitalisation, better rehabilitative outcomes, and better wellbeing and quality of life. They also promote social activities and so can reduce loneliness.
- Postponed movement to retirement housing raises the risk that the move is crisis driven.
- In the 1950s-70s retirement housing was seen as a stop-gap before institutional care. Now it is seen as a normalised 'home for life'. It seems nobody told local authorities about this change in the role of retirement housing. The supply of retirement housing remains so low that it can only generally be used for those with existing care needs.
- Focus group of older people in London found that a secure and quiet neighbourhood was what people desired most from older people housing. Many expressed a concern that they could not "see" themselves in a retirement home – there is a need for homes to recognise that older people can be fit and active.

3. How do policy-makers get older people to move at the right time?

- Average age of moving to a retirement home lies in the late 70s. Pannell and colleagues found that very often the move to a retirement home is associated with an unwanted change in circumstances – the move was motivated by crisis. This is certainly true for the London Housing Strategy 2010: “The Mayor is committed to providing more accessible housing to meet the needs of those disabled, deaf and older people living in unsuitable homes that prevent them from living independent lives”. This means there is little focus on providing pre-emptive housing for older people irrespective of their support needs.
- Policy has failed to equate retirement housing as one’s “own home”.

4. Actions

- Rewrite policies to reflect that ‘ageing in place’ and ‘staying in own home’ includes retirement housing.
- Incorporate the prevention agenda into policies involving housing, health and social care.
- Provide benchmarks for local authorities on what a reasonable supply of retirement housing looks like.
- Foster trust in the retirement housing sector.
- Incorporate housing into financial planning guidance.
- Design retirement homes so they are aspirational for younger cohorts
- Learn from relevant sectors – such as the student housing market.
- Take action on the concerns that potential retirement home residents are expressing.

The Case for Co-operative and Mutual Housing for Older People



Submission to the All Party Parliamentary Group
on Housing and Care for Older People
Inquiry into the Future of Retirement Housing
by The Co-operative Development Society Ltd

August 2012

The Co-operative Development Society Ltd known as CDS Co-operatives has for some time argued that co-operative and mutual housing is particularly suited to meeting the needs and aspirations of many older people. In March 2009, CDS published a report by Glyn Thomas, Vice Chair of CDS, called *'Keeping Control of Our Lives – Mutual Retirement Housing for Older People'*, which set out the case for the development of such housing.

CDS, therefore, welcomed the recommendations of the Housing our Ageing Population Panel for Innovation (HAPPI) report in September 2009 that co-operative and mutual housing developments for older people should be promoted and supported. This submission to the inquiry that is reviewing the progress made since the HAPPI report was published begins by suggesting, in Section One, that this is one area in which progress has been disappointing. And this is, at a time, when there is a widespread interest in the potential of mutual models of housing and care for older people.

Older people's expectations are changing. They want more control and choice over their housing; as noted in the HAPPI report. Section Two examines how this might affect the form and types of housing (and related services) that are provided to meet their current and future needs. The section draws on a number of recent reports and studies, which have considered models of provision that are driven by older people themselves.

The experience of CDS Co-operatives, and of other organisations operating in the same field, is set out in Section Three. It demonstrates how and why co-operative and mutual housing is attractive to many older people; including the growing number of co-housing and other self-organised groups. Such housing; enables older people to retain their independence and to stay active; supports friendly and resilient communities; engenders mutual care and support; and it is an efficient and cost effective way of providing and managing housing. Importantly, at a time when state funding is being cut back and resources are limited, it adds significant social and economic value.

The arguments for promoting and developing co-operative and mutual housing for older people are convincing and there a number of existing models and new approaches that can be applied. But there are several barriers to making progress; including current land/property law and significant institutional and cultural resistance. All of this is examined in Section Four.

The final section of the submission looks at some of the measures, which could be taken to grasp the undoubted opportunities and to overcome the barriers to progress. It contains recommendations on; **funding to support innovation and new models of provision, the potential of the localism agenda, mutuality as a driver of better design, the scope for new partnerships, research into the added value created by co-ops and mutual housing organisations and further opportunities for international learning exchanges.**

Basis of the Submission

This submission to the All Party Parliamentary Group on Housing and Care's inquiry into the future of retirement housing is from CDS Co-operatives: the largest developer and supporter of housing co-operatives in England. The submission has benefited greatly from the comments and suggestions of a number of people and organisations; Joe Oldman, Housing Policy Advisor, Age UK; Phil Brown, General Council Member, Confederation of Co-operative Housing; John Goodman, Head of Policy and the Regions, Co-operatives UK; Bruce Moore, Chief Executive, Hanover Housing Association; and Jo Gooding, Co-ordinator, UK Cohousing Network. However, responsibility for the contents and for recommendations rests with CDS Co-operatives alone.

1. About Co-operative and Mutual Housing for Older People

The inquiry by the All Party Parliamentary Group on Housing and Care for Older People into the future of retirement housing, focusing on the progress made since the publication of the report by the Housing our Ageing Population Panel for Innovation (HAPPI) at the end of 2009, is timely. Concern about how the diverse needs of Britain's ageing population should be met is growing; there is a continuing search for solutions that are appropriate and cost effective and the provision of suitable forms of housing for older people is very much part of this debate.

The HAPPI report asked 'what kind of housing will meet our needs as we grow older' and highlighted the principles of 'choice, care and reassurance'. The report examined new approaches and models - drawing on a range of developments across Britain and Europe - to identify important lessons in terms of the form, design and management of older people's housing. In particular, the report contained details of 24 case studies of schemes that the panel visited in Europe and the UK.

Of the 15 schemes HAPPI visited in Germany, Switzerland, Sweden and Denmark, it was noteworthy that four out of the eleven schemes - that offered independent living to older people - were developed and/or managed by housing co-operatives or co-housing groups.

The HAPPI report went on to comment that;

In terms of commissioning and managing new housing, the panel has been impressed by models of mutual and co-housing seen in Europe. In these developments, future residents have got together to decide what they want, organised its delivery, and handled the subsequent management of the scheme and its collective activities.

The report further noted that;

Similar schemes are gaining ground in the UK.

The HAPPI report contained several recommendations regarding co-operative and mutual housing for older people.

For the Homes and Communities Agency, the report recommended that:

It promotes self-help and mutual housing projects for older people, drawing on successful co-housing models from continental Europe.

For housing associations, it recommended that:

They consider sponsoring co-housing projects that explore, for example, the use of Commonhold tenure, self help initiatives by groups of older people, participatory design and management processes.

And for housebuilders and housing developers (whilst not referring directly to mutual housing), it recommended that they should be:

Developing new types of housing for older people – housing products that respond to the aspirations of this burgeoning market, with due regard to a range of factors including design, social formation, tenure and lifestyle.

At the same time as the HAPPI report came out, the Commission on Co-operative and Mutual Housing (CCMH) published 'Bringing Democracy Home'.¹ In the section called 'What do people out there want' the report examined the arguments for co-operative and mutual housing for older people and for inter-generational housing. The report drew on the work of CDS (see next section) and of Maria Brenton and the UK Co-Housing Network and cited examples from Huyton Community for the Elderly and of West Whitlawburn Housing Co-op. Both of these examples stressed the added value, which co-ops offer, by supporting active citizenship and community self-help.

The CCMH report recommended that the Government should support the development of:

Co-housing, mutual retirement housing (and other forms of housing) for older people; to enable them...to maintain independent living...in communities that facilitate mutual aid and support.

Since the publication of the HAPPI report, the HCA has worked with the panel and with other parties to promote many of the recommendations of the report; but this does not appear to have included the recommendations on mutual housing options.

Nevertheless, there is one housing association, Hanover HA, that is pursuing a number of resident led housing schemes for older people and that is supporting several co-housing projects. And several other housing associations are exploring participatory design and management in their older person housing developments.

¹ See 'Bringing Democracy Home', the report from the Commission on Co-operative and Mutual Housing, at www.ccmh.coop

Private developers - apart from those that already offer a form of mutual housing, such as Retirement Security Ltd. - do not appear to have come up with new models that offer significant levels of resident control. Although, a number of retirement village type developments have arrangements for involvement that give residents a measure of control.

Overall, given that over one third of the case studies of the European independent living schemes for older people in the HAPPI report were based on mutual/self help principles (and notwithstanding the restricted levels of development activity across the whole sector), this is a disappointing response.

All of this comes, at a time, when the evidence for the effectiveness of mutual models of housing and wider provision for older people has been growing and, at a time, when the limits of state provision and support are becoming starkly apparent.

It also comes, at a time, when there is a significant movement towards resident control and management within the largest part of the existing older person's housing market; the leasehold retirement sector. Here, more and more groups of owners are taking over the management of their housing by setting up Right to Manage Companies.

2. The Changing Housing Needs and Aspirations of Older People

Many commentators have noted the changing aspirations and requirements of older people and have speculated how this might impact on the housing choices that older people make. The HAPPI report emphasised the importance of choice, control and self-determination and in the Housing Learning and Improvement Network (LIN) Viewpoint 17 on 'Downsizing', published in December 2010, the authors put it this way:

The 'Baby Boomer' generation is reaching retirement...there will be 150,000 more pensioners in 2012 than in 2011 and they will have different expectations than earlier generations - (they will be) looking for more independence (with) higher expectations of service...they will want a wider range of flexible housing offers.

In evidence to the Commission on Co-operative and Mutual Housing in September 2009, the Chartered Institute of Housing commented:

Demographic changes and the 'ageing society', in particular, could trigger demand for new and alternative ways of living, which the co-operative model might provide...Whilst such models are...not very widespread, increasingly tight welfare budgets and further individualisation of society, means that such forms of housing could become more than just a niche form of provision.

Research by the National Housing Federation into the housing aspirations of older people for their report 'Breaking the Mould', published in February 2011, found that 'a home where you make the decisions' was a key consideration and they went on to suggest that older people would be "increasingly important agents in shaping the homes

and services they want". They, too, noted that "co-operative models have been very successful in engaging residents in the management of their schemes" and that "co-housing has potential for (older people) to take an active role in designing their own housing".

All of this is part of a wider debate about the best way of providing housing and social care for older people and several projects and research programmes have looked at the significance of 'mutualisation'. The Joseph Rowntree Foundation, through its programme on '*Independent Living; Choice and Control*' has been examining 'tools for choice and control' and takes the view that 'user-led organisations are crucial' in changing perceptions and in delivery of effective services.

An example of this approach is the pilot care co-operatives sponsored by Co-operative UK. '*Self Managed Care – A Co-operative Approach*', published in February 2011, described the project. The report concluded that such co-ops can and do deliver high quality personalised services. But they also noted that there are institutional and regulatory barriers that stand in the way of their growth and development.

Even in the care homes sector, which provides for the most vulnerable old people, the report '*Tailor Made*' produced by Demos for the Sue Ryder Foundation in October 2011, suggested that:

Providers must move beyond residential consultation and discussion of 'small things' and actually give residents the chance to fundamentally design aspects of their home and their care...The ethos in care homes should be one of ownership, where a powerful residents' association is tasked with sharing running of the home.

Finally, in evidence to the second hearing of the inquiry on 11th July 2012, Age UK reported on the preliminary findings from their review of sheltered and retirement housing, which is being conducted by a representative panel of residents. One of the main messages coming out of the review is that:

Residents of older people's housing want more control...they want to manage their own affairs...and they are attracted to co-operative and mutual models.

3. Key Features of Co-operative and Mutual Housing for Older People

The appeal of co-operative housing to older people did not come as a surprise to CDS Co-operatives, the largest developer of co-operative and mutual housing schemes in England. With other co-op developers, CDS has pioneered several schemes over the last 20 years that are managed and controlled by older people. And it has also been apparent that older people are particularly well catered for in many of the 'general needs' co-ops that CDS serves.

Glyn Thomas, Vice Chair of CDS Co-ops and a strong advocate of mutual retirement housing for older people, drew on this experience in the report '*Keeping Control of Our Lives*² published in March 2009. In the report, he suggested that co-operative and mutual housing would have some clear benefits for older people. It would;

Remove these worries (of unsuitable housing, of loneliness and isolation) and would provide residents with a better quality of life. It would ensure that everyone would have an equal say in how the place is run. Experience in existing co-ops has shown that residents look out for each other and provide companionship for those who feel they need it.

The report emphasised that co-operative and mutual housing should appeal to a wide demographic; to people who wish to own their homes, as well as those who wish to rent. The report noted that this generation of older people (70% of whom are owner occupiers) has significant equity to invest in housing solutions that will meet their continuing needs. The report proposed two models; a mutual version of leasehold retirement housing, for home owners, using the Commonhold form of tenure. And an intermediate form of housing (based on CDS's Mutual Home Ownership model) for those people, who have more limited equity to invest or who wish to use their equity in a variety of ways.

Since the publication of that report, CDS Co-ops has undertaken further work on the case for mutual retirement housing and on how such forms of housing for older people could be developed. In doing this work, CDS Co-ops has worked with several providers of housing for older people with similar interests and has liaised with a number of groups of older people, who wish to develop new schemes. CDS Co-ops has also been working with a number of groups of residents of leasehold retirement schemes, who are pursuing the Right to Manage and who are attracted to the idea of a secondary co-operative, which would provide services to such schemes.

² See '*Keeping Control of Our Lives: Mutual Retirement Housing for Older People*' available at www.cds.coop

The Features of Co-operative and Mutual Housing for Older People (CMHOP)

Based on their experience and on especially commissioned research, which included interviews with residents of three existing co-operative schemes that provide for older people across the country³, CDS Co-ops has identified the following key features of CMHOP.

Being in control, retaining independence and feeling secure

The defining feature of co-operative and mutual housing of all kinds is that it offers collective control to residents/owners over their homes; in some schemes this involves being involved in the design and development of the housing, in others it is about managing the housing; this typically covers controlling the overall budget, the appointment of staff, agents and suppliers, running common services/facilities and making long term investment decisions.

Beyond this, individual residents retain their independence; they have full control over their own homes and in most developments (except where people agree otherwise, as in some co-housing schemes) the extent to which they participate in wider activities is up to them.

An important feature of co-operative and mutual housing developments that are owned by their residents is that they cannot be taken over or sold on 'behind their backs'. This has happened in recent years to a number of leasehold retirement schemes and care homes; in some cases, with distressing results to their residents and with substantial costs to Local Authorities and the public purse. Collective ownership under resident control gives older people the reassurance and security that is so important to them.

Active and self sufficient communities

CMHOP supports active living in a variety of ways. Being directly involved in decision-making is important for some residents. Others enjoy becoming involved in organising shared or common activities. For everyone, such housing engenders friendly association and good neighbourliness and it can combat the loneliness and isolation that many older people experience.

CMHOP can be flexible in how it develops and evolves. Within established parameters, the residents can determine the 'rules' of each development as they see fit.

³ The research involved interviewing leading older residents of three established housing co-ops; Perryview Co-op, an over 55's co-op developed by CDS, Huyton Community for the Elderly, a co-operative sheltered housing scheme and Starley Co-op, a general needs co-op with a long tradition of providing support to their older members. The findings were presented to the Confederation of Co-operative Housing Conference in July 2011; the presentation can be found in the conference papers on their website www.cch.coop

In these ways, communities are created with a high degree of self-sufficiency and resilience; not characteristics generally associated with older person's housing.

Mutual care and support

Good neighbourliness in CMHOP often extends into various forms of mutual care and support for those residents who require it. This is an important consideration for older people as they look ahead. Many of them will be active and independent well into their 80's and beyond. But living in mutual retirement housing offers an initial 'safety net', which enables people to retain their independence and which can have significant health benefits.

As the 'personalisation' of care and support proceeds, CMHOP will give people a good basis for the collective procurement of care services. It may also help residents to take full advantage of the new forms of assistive technology that are designed around individual needs and requirements.

Flexible and cost effective management arrangements

Residents of CMHOP have options and choices over how they manage their housing. In some cases they may decide to be 'hands on' and do much of it themselves; in other cases they may rely on agents and contractors that they appoint. The important thing is that they decide what is best for them at any one time. Right to Manage in the leasehold retirement sector has shown just how effective resident control can be in achieving quality services at a competitive price.

Enhanced quality of life and reduced dependence

At a time of growing demand and shrinking budgets CMHOP also offers long term benefits to the Government and other bodies that currently sponsor and fund housing and care services. As noted above, there is evidence that provision that is organised and shaped by older people themselves sustains independent living and improves their health; thereby reducing the call on publicly funded services. More work is needed to measure this 'added value' but many residents of CMHOP attest to the fact that the form and nature of their housing enhances their quality of life and reduces dependency.

4. Opportunities and Barriers

As the HAPPI report indicated, and as other research and projects have shown since, there is a convincing case for the development of a range of co-operative and mutual housing developments for older people. This case is based on three main arguments

- ❖ Co-operative and mutual housing for older people responds to the changing expectations/needs/demands of older people and their clearly articulated desire to be in control of their lives and to retain their independence; whilst adapting and changing their living conditions and lifestyle, as they get older.
- ❖ CMHOP, which is shaped and controlled by older people themselves, is uniquely placed to overcome current perceptions of 'old people's housing'. Such housing is often seen as being institutional in character, disempowering in how it is developed/designed/managed and, sadly in some cases, exploitative.
- ❖ CMHOP is a cost effective form of housing - particularly in terms of management and maintenance costs. Importantly, it adds significant social and economic value - in terms of active living, community building and mutual aid and support.

In promoting/developing co-operative and mutual housing for older people we can build on firm foundations.

- ❖ Firstly, we can draw on the experience of existing schemes and developments in the UK, which - although they are small in number - cover a range of models including older people's rented co-ops and resident-managed sheltered housing and leasehold retirement schemes. Together with, a number of developments initiated by older people and by local communities, including co-housing projects.
- ❖ Secondly, we can look to continental Europe (as instanced by the HAPPI report) and to the USA (where senior co-ops and co-housing schemes are firmly established) for further examples of successful housing projects run by and for older people.
- ❖ Thirdly, work is in progress by CDS Co-operatives and others (including some existing general co-ops) and by groups of older people, which will - with the right kind of support and investment - lead to a new generation of housing solutions.

But there are significant barriers to developing co-operative and mutual housing for older people in the UK.

- ❖ Some of these barriers are common to other forms of housing for older people ie. the state of the housing market; the absence of a strategic framework for older person's housing, nationally and locally; specific planning limitations; and so on.

❖ Other barriers are more specific, they include:

- The limitations of current land and property law in relation to mutual ownership/tenure. Commonhold tenure was supposed to overcome some aspects of this; it has had a limited impact but still has potential for new developments. But further legislation to create a co-operative form of tenure is long overdue.
- Institutional resistance from housing promoters/developers to the principle and practice of the resident control of housing, which is still prevalent in both the social rented sector and the private sector.
- Cultural resistance amongst many older people to the idea of collective forms of housing. This is, in part, explained by the lack of co-operative and mutual models that older people can relate to. But it also appears to be a feature of the individualisation of our society.
- In continental Europe and elsewhere, the legal, institutional and cultural barriers are fewer and less limiting.

We are faced by a contradictory situation. On the one hand, there seems to be a whole range of co-operative and mutual housing solutions for older people: solutions, which should have significant appeal - based on the experience of those older people who have chosen to live in this way (in the UK and Europe) and on a number of research projects into older people's needs and aspirations. On the other hand, since the HAPPI report recognised the potential of such models, progress has been very limited.

The question is how can co-operative and mutual housing for older people be developed on a significant scale in future, as part of a wider push to develop specialist housing that meets the needs of an expanding older population?

5. Measures to Support Co-operative and Mutual Housing for Older People

The inquiry by the All Party Parliamentary Group on Housing and Care for Older People into the future of retirement housing is considering how the recommendations of the Housing our Ageing Population Panel for Innovation report can be turned into a Housing for an Ageing Population Plan for Implementation. The measures below are about how co-operative and mutual housing for older people can be promoted and developed as part of this overall plan.

The measures are not comprehensive nor do they cover more general measures that would support the development of co-operative housing; notably legal changes, including the introduction of a co-operative form of tenure, which CDS Co-operatives has been actively promoting for some time. Rather they look at measures relating specific to CMHOP which, if taken together, could greatly accelerate the progress that is being made currently by organisations like CDS Co-operatives, the Confederation of Co-operative Housing, the UK CoHousing Network, Hanover HA, Retirement Security Ltd and many groups of older people, who are committed to mutual models and solutions.

1) Funding to Support Innovation and New Models of Provision

There is a general agreement in the field of older person's housing that there is a need to 'break the development log jam' and to develop new products and services. Other submissions to the inquiry will cover the best ways of stimulating wider development; but, when it comes to new approaches and new models of provision, it is important that the Government and the Homes and Communities Agency and other public bodies, especially Local Authorities, take a positive role.

A number of measures have been taken in recent years to support community based and mutual housing models but none of these have focused on housing for older people, which is an area of significant need and of pent up demand. And development funding for innovative housing projects of any kind is very hard to come by; with many of the current projects having to put together piecemeal funding packages, which frequently rely on input from charitable trusts and other grant making bodies.

In this context, the £200m capital allocation over 5 years to fund up to 6,000 new units of specialised housing for older and disabled people contained in the Social Care White Paper 'Caring for Our Future: Reforming Care and Support' is very welcome. But there is no doubt that the fund will be oversubscribed.

Recommendation One. It is important, therefore, that a proportion of this allocation is earmarked to support innovative approaches and projects and this should include co-operative and mutual housing projects of various types and tenures. The nature and level of support could be adjusted to take into account other sources of funding available and some of it might take the form of development loans.

There is an instructive lesson here from the Government's recent Empty Properties Programme, in which a proportion of the total funding (£30m) was set aside for projects from community and self help groups. This has elicited a significant number of 'grass roots' schemes and projects, which will run alongside the mainstream submissions.

2) Responding to the Localism Agenda

Co-operative and mutual housing for older people, by its very nature, often springs from specific local needs and demands. The Government has introduced a range of strategies and measures for supporting community based and local initiatives, as part of its localism agenda. This includes a series of community rights included in the Localism Act 2011. They include; Neighbourhood Planning and the Community Right to Build, which support the idea of communities developing their own building projects and developments and the Community Right to Challenge and Right to Bid, which support the idea of communities taking over the running of a local Council service and/or acquiring local assets.

These Community Rights are untried and untested and it will be some time before their impact can be assessed but they could provide a vehicle for a series of locally based housing and care projects, designed to meet the needs of older people in particular localities. Such projects are highly likely to be set up on a mutual or co-operative basis, involving older people and wider community interests. At the second hearing of the inquiry, reference was made as to how a current Neighbourhood Planning pilot had prioritised local housing projects for older people.

Recommendation Two. The Department for Communities and Local Government, and the agencies that are working with them to promote the Community Rights in the Localism Act, should work with organisations with an interest in promoting older people's rights, such as Age UK and the Housing Learning and Improvement Network, to consider how community led housing and care projects might be promoted/facilitated across the country.

3) Mutuality as a Driver of Better Design of Older Person's Housing

The HAPPI panel were particularly interested in the quality of design of older people's housing. Their starting point was that the design of much of the specialist housing for older people in the UK is unimaginative, institutional and dull. The ten HAPPI components of good design for older person's housing sought to remedy this and they have already had a positive impact via the HAPPI Design Awards and related activities.

Some of the HAPPI components are of particular relevance to CMHOP. Component 5 could be described as 'design for mutuality' - with its emphasis on shared spaces and circulation areas that encourage interaction, support independence and avoid an 'institutional feel'. Component 6 on meeting spaces that are multi-purpose, activity

orientated and connected to the wider neighbourhood is also about how good design can promote association and community.

Co-operative and mutual housing is by its very nature participatory and there is long track record of participatory design and development by housing co-operatives and others. Schemes for older people can benefit significantly when they engage future residents in making design decisions and much can be learnt from previous developments. An important feature of CMHOP is the continuing engagement in design by its residents; as buildings have to be adapted, modified and reconfigured over time. This is one of the strengths of housing co-operatives, as they can address the changing needs of their residents in a responsive way.

Recommendation Three. Alongside the ten HAPPI components of good design, it would be useful to produce further guidance on the various ways in which older people can be involved in the design of their housing (including refurbishment and remodelling programmes) and on how good design can support wider participation and engagement. This guidance should draw on the experience of the co-operative and mutual housing sector.

4) The Scope for New Partnerships and Alignments

Since the HAPPI report, a number of organisations have been actively exploring co-operative and mutual housing for older people. CDS Co-ops is one of these and it has forged a number of links and connections in undertaking this work. Cross-sectoral working of this kind needs to be extended, so that the opportunities, which CMHOP presents (as evidenced in continental Europe and the USA), can be realised and the barriers cited above can be overcome.

Recommendation Four. There is scope for a HAPPI-linked initiative that would bring together a wide cross section of interests to explore how co-operative and mutual models for older people could be promoted/developed. It could involve; organisations that represent the interests of older people - such as Age UK and their retirement housing panel; groups of older people developing co-housing and similar schemes; co-operative/mutual housing developers - such as CDS Co-ops and Retirement Security Ltd; mainstream housing developers with an expressed interest - such as Hanover HA; other interested parties - such as the Mutual Housing Group, Co-operatives UK and so on. CDS would be interested in being an active partner in such an initiative.

5) Research into the Added Value that Co-operative and Mutual Housing for Older People Creates

There is strong evidence that provision, which is organised and shaped by older people themselves, sustains independent living and reduces the call on state funded services. Currently much of this evidence is anecdotal and, where formal research has been undertaken, it is often partial. Further work is needed to identify and

measure the 'added value' that residents of CMHOP and providers such as CDS, attest to. Some established housing co-operatives and community-based housing associations have expressed an interest in participating in and supporting such research.

Recommendation Five. Research organisations with an interest in older person's housing and care (such as the Joseph Rowntree Foundation) could be brought together with co-operative and mutual housing organisations, under the auspices of HAPPI, to look at how over-arching research might be undertaken, which builds on previous work and which actively involves older people with relevant experience/interest.

6) Further Opportunities for International Learning

The HAPPI project drew heavily on the 24 case studies it undertook, which included 15 examples from continental Europe. In promoting CMHOP there is much that we can still learn from various European countries and from the USA. The co-operative movement is an international movement with institutions and networks that support and facilitate learning. Within the International Co-operative Alliance (ICA) is the Co-operative Housing Sector Organisation (ICA Housing), with representatives of housing co-ops from across the world. They hold regular gatherings and symposia and they seek to promote housing co-operatives world-wide.

Recommendation Six. David Rodgers, outgoing CEO of CDS Co-operatives, is President of ICA Housing for the next 16 months. He has agreed to seek support for an action research project that would gather information on successful models of co-operative and mutual housing for older people. Such a project would benefit from a specific commitment from UK partners

This report has been drafted for CDS Co-operatives by Jon Stevens. If you want to discuss the report and its recommendations, then you can contact him; on 0121 471 20122; or at jon.stevens777@gmail.com.

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Keeping control of our lives

Mutual Retirement Housing for older people

Written by Glyn Thomas

November 2009

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1 Executive summary

Britain is an ageing society. Due to improved health services and better diet, we are all living longer. The number of pensioners now exceeds the number of young people under 18 yrs. At the same time, the birth rate has fallen. This means that over time the proportion of older people is likely to grow. Some of us may need to move into residential care for health reasons. But most of us will continue to live in our own homes all our lives. However many will choose to sell their existing houses and buy something more manageable. Private sector companies like McCarthy & Stone and Pegasus Retirement Homes offer well designed retirement housing. This paper argues that we should provide mutual alternatives to the private sector provision.

What is Mutuality? Mutual organisations are not-for profit bodies owned and run by their members. In the UK, the mutual sector has been in existence since the 18th century. The sector includes very large organisations like the retail co-operative societies, building societies, mutual insurers and friendly societies but also small organisations like allotment societies, credit unions and working men's clubs. About 23 million people in the UK belong to Mutuels and the total assets exceed £476 billion.

Mutual organisations are not-for profit bodies owned and run by their members.

Mutuals are about self-help, democracy, social responsibility and caring for one another. These values are as relevant today as they ever were. They are particularly relevant to the needs of older people today. That's what Mutual Retirement Housing is about. It would provide suitable housing for older people which is owned and managed by the residents themselves.

In the UK today, most older people are owner-occupiers: 73% in urban areas rising to 81% in the countryside. As we get older our housing needs change but at present the availability of housing that meets these needs is very limited. The physical design of our homes is often no longer fit for purpose i.e. too many stairs, expensive to heat etc. They may be up a steep hill or far from amenities. Reduced mobility may be a problem bringing with it issues related to isolation and lack of socialization. For people living on their own, loneliness can also be a big problem; they may go for days without speaking to anybody. The problem

may be exacerbated if they are frail or have mental health problems. Transport issues can also become more pressing if they do not drive. In many seaside and rural areas, the social services are already severely over-stretched. Dealing with builders, plumbers and the utility companies can become an intolerable burden

Mutual Retirement Housing removes these worries and provides residents with a better quality of life. It ensures that everyone would have an equal say in how the place is managed. But equally everyone would have their own front door key and be able to enjoy their own company when they want to. Experience in existing co-operative housing schemes with elderly residents has shown that residents tend to look out for each and provide companionship for those who feel in need of it.

Experience in existing co-operative housing schemes with elderly residents has shown that residents tend to look out for each and provide companionship for those who feel in need of it.

The process of being involved with the management of the scheme often bolsters self confidence and reduces dependency. There should also be financial advantages too. Resident management should also ensure that running costs and service charges are kept to a minimum

How will Mutual Retirement Housing work?

The two models of retirement housing proposed in this paper involve;

- ❖ A modified form of commonhold
- ❖ A modified form of mutual home ownership

With commonhold, everyone owns their own flat but jointly own the common parts and the land on which the building stands. They form a commonhold association which is a mutual organisation which manages the property. Commonhold would be suitable for those retirees who are able to purchase their interest in full from the outset.

With mutual home ownership, the retirement housing is built on land owned by a community land trust. All tenants would be members of the mutual home ownership society which will be a form of co-operative society.

Most people regard owner-occupiers as relatively affluent and not in need of support. However there are still many older owner-occupiers on low incomes currently living in non-decent housing. It has been estimated that about 60% of these have £120k or more equity in their homes. They are truly 'asset rich and income poor'. The mutual home ownership model of retirement housing would be particularly suitable for retirees who have substantial assets but not enough for outright purchase. It would also be suitable for wealthier retirees who wish to use some of their capital as equity release.

To many older people inheritance is an issue. Will they be able to leave their assets to their children? Both models enable people to protect the full value of their assets.

Both models enable people to protect the full value of their assets.

Each type of scheme relies on a combination of two sources of finance. These are the capital provided by the residents from the sale of their existing homes and loan capital obtained from commercial lenders. Thus the prerequisites of setting up MRH schemes are a buoyant housing market and the availability of loan capital. As a consequence of the international financial crisis neither of these conditions obtains in the UK at the moment. In the meantime, other sources of finance might be

available through institutions such as pension funds etc which are looking for long term returns.

No-one knows the outcome of the present crisis yet. Eventually there will be an economic recovery. For that reason, we should plan ahead so that we can take advantage of the upturn when it happens. The government should setup a unit within the Department of Communities and Local Government to promote Mutual Retirement Housing which would provide information on how to set up a scheme, provide information on the alternative legal forms, publish model rules and provide pump-priming funds to help these organisations get off the ground. Small scale pilot schemes should also be encouraged.

Recommendations

- ❖ That the government set up a unit to promote Mutual Retirement Housing which would provide information on alternative legal forms, model rules and pump-priming funds to help these organisations to get off the ground. Small scale pilot schemes should be encouraged.
- ❖ Amend the Commonhold and Leasehold Reform Act 2002 to remove the unanimity requirements.
- ❖ Amend the Commonhold and Leasehold Reform Act 2002 to allow commonhold associations to lease land.
- ❖ Amend the Leasehold Reform Act of 1967 to exclude all homes built on land owned by community land trusts from the leasehold enfranchisement provisions of that Act.
- ❖ That the government make available surplus land to be used for Mutual Retirement Housing. In the case of new build commonhold schemes, the land should be made available at open market prices. In the case of mutual home ownership schemes, the land should be provided at a sub-market price.

2 Our Ageing Society

2.1 Britain is growing older

We are all growing older. Britain is growing older. Like most advanced countries, Britain has an ageing population as we are all living much longer. Better health facilities, housing and diet have all contributed to this increased longevity. The number of pensioners now exceeds the number of young people under 18 yrs. The number of people over 65 is likely to increase by 76% over the next thirty years. Amongst the old-old, i.e. those over 75yrs, the growth is likely to be even more marked; more than double. Older households where the main householder is over 65 will make up about half the household growth by 2026.

Another factor is the life expectations of the so-called 'baby boomers' i.e. people born between 1948 and 1960. The first 'baby boomers' have already passed retirement age and those born in 1960 will reach retirement around 2020. This means that, over time, the proportion of older people living in this country is likely to grow even more. (See Appendix 1– Demographic Trends).

2.2 Ownership and Assets

Most older people are owner-occupiers. At the moment, about 73% of older people in urban areas own their own home. In rural areas, it is even higher at 81+%. If present trends continue both numbers are likely to rise substantially. As we get older, our housing needs change but at present the provision of housing available to meet these needs is very limited and tends to be in the social care sector. Amongst policy makers, there has been a tendency to regard owner-occupiers as relatively affluent and not in need of support. That is generally true and the income gap between the wealthiest retirees and those on low incomes appears to be growing. However a large number of older owner-occupiers still live in non-decent housing. Making the necessary improvements has been very difficult as the funds available to owner-occupiers remain very limited. The English House Condition Survey 2001 shows that about 40% of private sector vulnerable households are owner-occupiers living in non-decent homes. About 60% of these have £120k or more equity in their homes. They are truly 'asset rich and income poor'. (See Appendix 1 – Equity Distribution)

2.3 Staying put

Most of us do not have much contact with the statutory social services throughout our lives including when we get very old. This is partly for cultural reasons in that many of us retain a very strong wish to remain independent and that many of us may also see the social services as a threat to our settled way of life. Above all, a very high proportion of older people, whatever tenure they hold, wish to remain in their own homes unless it becomes impossible for them to do so for medical reasons. However staying in their own homes does not necessarily mean staying in their existing home. Many people move to what they regard as more suitable homes when they retire i.e. bungalows, seaside or country homes etc. These can bring problems too. What is suitable for a 'young old' couple in their fifties may not be suitable in later life.

2.4 Diversity issues

The older population is becoming increasingly diverse, with more older men, older people from black and minority ethnic groups and older lesbians and gays, each with their own special needs and social mores. As far as older single men are concerned, it is probably true to say that they are the least well provided for. In the case of BAME communities, some housing organisations do provide housing aimed directly at ethnic minorities such as Asian elders. Others cater for the Afro-Caribbean communities. These all raise ethical and human rights issues about integration and social exclusion. These are beyond the scope of this short paper. Dealing with disability is likely to be a major issue too as the numbers of older disabled people in England will rise from 2.3 million in 2002 to 4.6 million by 2041 i.e. double. To some extent these issues will be mitigated by the need to design Mutual Retirement Housing to cater for the elderly many of whom are not officially regarded as disabled but share many of the problems with those who are.

3 The householder as a consumer

The attitudes of people who are now approaching retirement are in many ways significantly different from their parents and grandparents. They are not prepared to accept the paternalistic attitudes of policy makers in the way that their forebears were. Too often in the past, older people often felt that they should be grateful for their lot. They should know their place, not complain or be too demanding. Fortunately these deferential attitudes no longer prevail nor should the patronizing attitudes that generated them.

Most people retiring today have spent most of their adult lives in a period of unprecedented national prosperity, peace and stability. The quality of life that they have enjoyed was only something that previous generations could dream of. Long periods of low unemployment and increased legal protection in the workplace have given most people a much greater feeling of self-confidence than was the case hitherto.

In former times, the idea that ordinary people had rights was given short shrift. This is no longer acceptable today. The attitudes of most people who are 60+yrs reflect this.

Their approach to life tends to be more consumerist. They know their rights and they expect those in authority to respect them; or else!! All this is to be welcomed but it does mean that policy-makers must tread more carefully. They must avoid making assumptions and consult potential clients at all times. They must respect the wishes of their clients and if solutions are to be sustainable people must have a real say. Ideally older people should be involved in the design and planning of any new development from its inception.

4 Mutual Alternatives to Owner-occupation

4.1 What is Mutuality?

Mutual organisations are not-for profit bodies owned and run by their members. In the UK, the mutual sector has been in existence since the 18th century. The sector includes very large organisations like the retail co-operative societies, building societies, mutual insurers and friendly societies but also small organisations like allotment societies, credit unions and working men's clubs. About 23 million people in the UK belong to Mutuals and the total assets exceed £476 billion. Mutuals are about self-help, democracy, social responsibility and caring for one another. These values are as relevant today as they ever were. They are particularly relevant to the needs of older people today. That's what Mutual Retirement Housing is about. It would provide suitable housing which is owned and managed by older people themselves

4.2 Owner-occupation and its problems for the elderly

In the housing field, the popular view is that the best way to ensure one's independence and decide one's own lifestyle is to be an owner occupier. That's true provided one can afford it and that one can cope with all the unexpected burdens that owner-occupation can bring. Being independent and being self reliant is very important. But as we get older our housing needs change. The physical design of our homes is often no longer fit for purpose i.e. too many stairs, expensive to heat etc. They may be up a steep hill or far from amenities. Reduced mobility may also bring problems related to isolation and lack of socialization. For people living on their own, loneliness can also be a big problem; they may go for days without speaking to anybody. The problem may be exacerbated if they are frail or have mental health problems. Transport issues can also become more pressing if they do not drive. In many seaside and rural areas, the social services are already severely over-stretched. Dealing with builders, plumbers and the utility companies can become an intolerable burden.

The idea of Mutual Retirement Housing is to remove these worries and provide residents with a better quality of life. As the schemes will be co-operatively managed, everyone will have an equal say in the decision-making process. But equally everyone will have their own front door key and be able to enjoy their own company when they want to. Experience in existing co-operative housing schemes with elderly residents has shown that residents tend to look out for each other and provide companionship for those who feel in need of it. Participating in the

process of self management often bolsters self confidence and reduces dependency. There should be financial advantages too. Resident management should also ensure that running costs and service charges are kept to a minimum. That is why many people today are now prepared to look at new ways to share living space in co-housing, co-operative or mutual housing schemes. This approach is endorsed in the government policy paper '*Lifetime Homes, Lifetime Neighbourhoods*' which forms the basis of a National Strategy of Housing in an Ageing Society

4.3 Living in a community

Sharing a living space with others means the acceptance of living in a community but it does not mean losing one's independence or privacy. At each end of the age spectrum, people seem to be more prepared to accept living as part of a group than they are when they reach their middle years. When we are young, we have no choice. We have to go to school and conform to the rules laid down by those in charge. We may not like it but most people conform to a greater or lesser degree. When we leave school, most people want to be independent and choose their own lifestyles. But even then, it is quite common for students and other young people to share flats or housing. It is when we reach our mid twenties or early thirties that the need to have a place of one's own seems to be felt more strongly. As we approach old age, most of us realise that we can't be quite as independent as we would like to be and are prepared to accept help from younger relatives, informal carers and neighbours. However, we all need to have our own front door key and be able to enjoy our own company when we want too.

4.4 Keeping control of our lives

Keeping control of our lives is very important. It's more than just having a say. It is knowing that we (with others) can have a direct influence on our life styles. In many residential care facilities, nursing homes and private sector retirement housing schemes, tenants and leaseholders are often invited to participate in consultation exercises, focus groups and the like. Whilst in most cases these exercises are genuine and well meant, that's usually as far as it goes. The tenants and leaseholders have no power to enforce their wishes. They propose but it's their landlord who disposes. That is where mutual organisations are different. They are owned by their members and are democratically controlled by them. What many older people would like is accommodation which is easier to manage and situated in an area where they want to live. They also want to retain a degree of control over their living environment.

5 How Mutual Retirement Housing schemes would work

5.1 Commonhold & Mutual Home Ownership models

This paper proposes two different kinds of mutual solutions both of which are variants of the co-operative housing model:

- ❖ A modified form of Commonhold
- ❖ A modified form of mutual home ownership

With Commonhold, everyone owns their own flat but jointly own the common parts and the land on which the building stands. They form a commonhold association which is a mutual organisation which manages the property. Commonhold would be suitable for those retirees who are able to purchase their interest in full from the outset.

With mutual home ownership, the retirement housing is built on land owned by a community land trust. All tenants would be members of the mutual home ownership society which will be a form of co-operative society. There is no external landlord. The mutual home ownership model of retirement housing would be particularly suitable for retirees who have substantial assets but not enough for outright purchase. mutual home ownership would also be suitable for wealthier retirees who wish to use some of their capital as equity release. To many older people inheritance is an issue. Will they be able to leave their assets to their children? Both models enable people to protect the full value of their assets.

5.2 Changes in legislation

The legislative framework for both the Commonhold and mutual home ownership models will need to be adapted if they are to be used for providing Mutual Retirement Housing. The existing Commonhold legislation is very rigid and inflexible so is only likely to be used for new-build schemes; hence the low take up of the model since its introduction in 2002. Also until the existing legislation is liberalised, it is unlikely that many existing leasehold schemes will convert to the new tenure. The most pressing change to the Commonhold and Leasehold Reform Act 2002 which is needed is the removal of the unanimity rules for conversion i.e. there has to be 100% agreement amongst leaseholders before conversion can take place. At the moment, Commonhold associations may only hold land freehold but it would be useful if Commonhold associations were permitted to own land on a leasehold basis.

With mutual home ownership, the retirement housing is built on land owned by a community land trust. This land will have been acquired by the trust for the benefit of the community either free or for a low charge from the state or a private landowner. The biggest hurdle with community land trusts arises from the fact that existing legislation gives the individual residents of the housing built on them individual rights of leasehold enfranchisement. The law gives leaseholders with leases over 21 years in duration the right to acquire the freehold of their property. Thus it may be difficult to persuade local authorities and others to donate valuable land to a community land trust if they fear that the land could be sold on the open market at a later date for a substantial capital gain to a third party. The solution is for the law to be changed to exclude all homes built on land owned by community land trusts from the leasehold enfranchisement provision of the Leasehold Reform Act 1967. In the meantime, only short leases can be offered to residents which is administratively very cumbersome.

5.3 Individual Leases

There would have to be special provisions in the resident's leases in both cases if the schemes are to provide retirement housing in perpetuity. There would need to be a provision in the leases to endure that any new occupant is also an older person thereby keeping the age range unchanged otherwise the properties could end up as conventional general housing. This is common practice amongst the larger housing associations which build retirement housing for sale. With some private sector suppliers leases are sometimes not available to people with health problems. This seems unduly restrictive. The guiding principle should be that the potential purchaser should be regarded by the same criteria as an owner-occupier purchasing a property in the open market. The corollary of this is that the purchaser should understand that Mutual Retirement Housing is not sheltered housing; still less a nursing home.

If mutual schemes are to be sustainable in perpetuity it is important that there should be no external shareholders. The co-partnership housing schemes piloted by the Garden City movement in places such as Letchworth, Hampstead Garden Suburb etc in the early part of the twentieth century are a warning from history. Over time, the external shareholders were bought out by property development companies who in turn bought out individual leaseholders. Few of the schemes survived.

6 Location and design of buildings

6.1 Suitable Locations

Mutual Retirement Housing should only be built where older people want to live and should take account of their special requirements. Surveys suggest that older people want to live in safe, quiet neighbourhoods. Small dedicated estates mixed in with general housing are preferable to large retirement villages. It is important that retirement housing should be part of the wider community and does not become a geriatric ghetto cut off from everything else. The housing should be near to public transport and local shopping facilities and other amenities such as parks and open spaces. Our aim as co-operators should also be to promote positive inter-generational relationships. Both the very young and the very old often find that they have much in common. Thus links with local schools and community centres are crucial from the outset. We should aim to create Lifetime Homes in Lifetime Communities.

6.2 Good Design

The housing should be designed with people growing older in mind and should meet the needs of the various ages of the residents by providing secure and good quality accommodation. At a minimum, the properties should have two bedrooms so that children and grandchildren can come to stay. The living rooms should be big enough to accommodate existing furniture and treasured possessions acquired over a lifetime. Ample storage space should also be available. Showers and walk-in baths could be provided on request. In the case of houses, a downstairs toilet should be provided. Small gardens should be provided where possible.

The design of the properties should aim to be future proof and include the capacity to add aids and adaptations at a later date. Step-free access is essential and there should be a generous provision of lifts. The flats should achieve high thermal efficiency by using modern building materials. The use of double glazing and high performance insulating materials should ensure that the flats are warm, comfortable and cheap to heat. If possible, some common facilities should be provided. These could include a communal launderette, a common room and a common kitchen. The latter can be used to create a sense of community. The co-housing schemes which are popular in Germany and Scandinavia are an example of good practice in this area. The buildings should be energy efficient and have a very low carbon footprint. Combined heat and power arrangements could also be considered for larger sites.

7 Setting up Mutual Retirement Housing Schemes

7.1 Actions by individuals

Mutual Retirement Housing societies would be membership based organisations. So the first step would be to create an action group of potential members by advertising in the local press or by using existing organisations like local housing co-ops, retail co-ops, housing associations or community groups to bring likeminded people together. The next step would be for these people to form a resident's society with its own elected Shadow Board of founder members. This would deal with the statutory authorities, building contractors, land owners and lenders. Once the building was complete, the Shadow Board would select the residents. Then the Shadow Board would organize elections to the Board of Management. The Shadow Board would then be dissolved and the Board of Management would run the society from then on. The preferred legal form would be an industrial and provident society i.e. a co-op.

7.2 Actions by Government

In order to facilitate this, the government should set up a unit to actively promote Mutual Retirement Housing which would provide information on alternative legal forms, model rules and pump-priming funds to help these organisations to get off the ground. As far as the provision of surplus government land to mutual retirement schemes is concerned, these could be drawn from the existing disposal arrangements. In the case of new-build commonhold schemes the land could be made available at open market prices. In the case of mutual home ownership schemes, the land could be provided at a sub-market price.

7.3 Creating a market for Retirement Housing

In Sweden, variants of mutual home ownership and commonhold already exist and have done so for many years. In Malmo, for example, one can see advertisements in estate agents windows for the sale of leases in mutually owned properties which are traded on the open market. This would certainly be applicable to Mutual Retirement Housing societies which use the commonhold form of tenure. As far as mutual home ownership schemes are concerned, local estate agents could assist in the marketing of vacant flats.

8 Finance

Both models rely on a combination of two sources of finance. These are the capital provided by the residents from the sale of their existing homes and loan capital obtained from commercial lenders. Thus the prerequisites of setting up Mutual Retirement Housing schemes are a buoyant housing market and the availability of loan capital.

As a consequence of the international financial crisis, neither of these conditions obtains in the UK at the moment. House prices are falling and sales of both existing homes and new build properties have come to a virtual standstill. Anecdotal evidence suggests that some estate agents are only selling one house a month. Obtaining loan finance for any project however sound is very difficult. At the time of writing, banks and other institutions have more or less stopped lending. Clearly this is not a viable situation for the general economy either at home or internationally even in the short term. It is to be hoped that the stimulus packages being advanced both here and in the United States will boost business confidence and that stability will return.

But it is certain that in the future there will be a much stricter regulatory control of mortgages and lending in general. This will be particularly true in the housing sector where the problems of the sub-prime market in the US are seen as the trigger to current financial crisis. However, housing remains a tangible asset and provided that a realistic value is set on it there is no reason why it should not be used as a security for future borrowing. In the meantime, other sources of finance might be provided by institutions like pension funds etc which are looking for long term returns. No-one knows what the outcome of the present crisis will be. Eventually there will be an economic recovery. For that reason, we should plan ahead so that we can take advantage of the upturn when it happens. In the meantime, small scale pilot schemes should be encouraged.

9 Benefit to the general public

The paper gives a brief overview of the case for the establishment of Mutual Retirement Housing schemes. It has concentrated on the needs of retirees and the benefits that Mutual Retirement Housing would bring to them and their families. However there are considerable benefits for the public at large in this too. Mutual Retirement Housing schemes would increase the nation's housing stock without the need for public expenditure; it would be funded partly by the retirees themselves out of the capital raised by the sale of their homes and partly from loans from private institutions. From a housing point of view, it could release much needed family sized homes onto the market as 'empty nesters' sell up and downsize their accommodation to more suitable sites. By addressing the issues of loneliness and lack of socialization amongst the elderly, it could help to reduce the incidence of avoidable illnesses like depression and the onset of mild dementia. This could help to keep people healthier longer and to be able to enjoy the benefits of independent living. Dependency on the social services and the National Health Service would be reduced. But equally importantly, it should increase their feelings of general well being and happiness.

10 Overseas examples of Mutual Retirement Housing

In most cases in the UK, co-operative housing takes the form of social housing. But that is not the case overseas where co-operative forms of housing exist to provide for people who are not in need of support by the state or charitable organisations.

10.1 United States

In the United States there are condominiums in places like Florida where many people spend their retirement. Many condominiums are organized as mutual companies. In these cases, people individually own their own properties but jointly own or lease the land and common parts. Every householder has one share in the managing company which will have an elected board of management. This board may decide to manage the properties themselves or it may decide to subcontract the work to a private specialist contractor. Thus they are able to control the maintenance costs and the service charges. Either way the residents have the last word.

10.2 Scandinavia, the Netherlands and Germany

In Scandinavia, the Netherlands and Germany the co-housing model is often employed. These schemes are similar to the condominium model except that they also have a community-building element built in. This can be in the form of a 'common house' where residents regularly join together to have a meal which they prepare themselves. There is often a programme of social and education activities as well. These are intended to create a strong community feeling amongst the residents many of whom will be single either through choice or circumstance. This is a niche market and may only have limited application in the United Kingdom.

11 Retirement housing for sale; - Some existing UK providers

Not for profit organisations:-

Guardian Retirement Housing (part of Anchor Trust)

Hanover Housing Association

Housing 21 Housing Association

Joseph Rowntree Housing Trust

Retirement Lease Housing Association

Other housing associations and charities

Private sector providers:-

Retirement Security Ltd

McCarthy and Stone Ltd

Pegasus Retirement Homes Ltd

Sunrise Senior Living Ltd

Bovis Ltd

David Wilson Homes Ltd (Barratts)

Numerous small local builders and developers

12 Sources and suggested further reading

Combined Heat and Power Association

Common Ground – for Mutual Home Ownership

New Economics Foundation and CDS Co-operatives

Community Land Trusts- A Practitioners Guide

Dayson, Bendle and Paterson

Delivering housing for an ageing population etc

Housing and Older People Development Group (HopDev)

English Housing Condition Surveys

Housing Associations; Rising to the challenge of an ageing society

National Housing Federation

Lifetime Homes, Lifetime Neighbourhoods

(DCLG, Dept of health, Dept for Work and Pensions)

Mutuals Yearbook 2008

Mutuo

Office of National Statistics

New Foundations –Unlocking the potential for affordable homes.

Co-operative Party – David Rodgers

Redefining the Commons

Building and Social Housing Foundation

Villages of Vision

Gillian Darley

Appendix 1 Demographic overview

Population Trends

Britain, like most advanced countries, has an ageing population as people are living much longer. Better health facilities, housing and diet have all contributed to this increased longevity. This is particularly marked in the life expectation of the so-called 'baby boomers' i.e. people born between 1948 and 1960. The first 'baby boomers' have already passed retirement age and those born in 1960 will reach retirement around 2020. Due to post-war prosperity and the effects of the introduction of the NHS, they will generally reach retirement in better health than previous generations did. That's why they're living longer.

ONS 2006-based UK population projections (65+ years)							
Ages	2006	2011	2016	2021	2026	2031	2036
65+	9,688	10,494	11,854	12,900	14,220	15,778	17,033
75+	4,659	4,975	5,480	6,309	7,477	8,223	9,087
85+	1,243	1,436	1,653	1,947	2,342	2,876	3,525
(thousands)							
Percentage increase over 2006 base							
65+	.	8	22	33	47	63	76
75+	.	7	18	35	61	76	95
85+	.	16	33	57	88	131	184

Lifetime Homes, Lifetime Neighbourhoods

As can be seen from the projection of the Office of National Statistics, the number of pensioners over 65 is likely to increase by 76% over the next thirty years. Amongst the old-old, i.e. those over 75yrs, the growth is likely to be even more marked; more than double. It has been predicted that older households where the main householder is over 65, will make up about half the household growth by 2026. By that time, there will be 2.4 million more older households in England than there are today.

A further factor is that the number of households will increase at an even faster rate; even more than the growth of the population. This is in part due to a change in lifestyle patterns and social mores. Like the general population, many more older people live alone sometimes by choice and sometimes through circumstances.

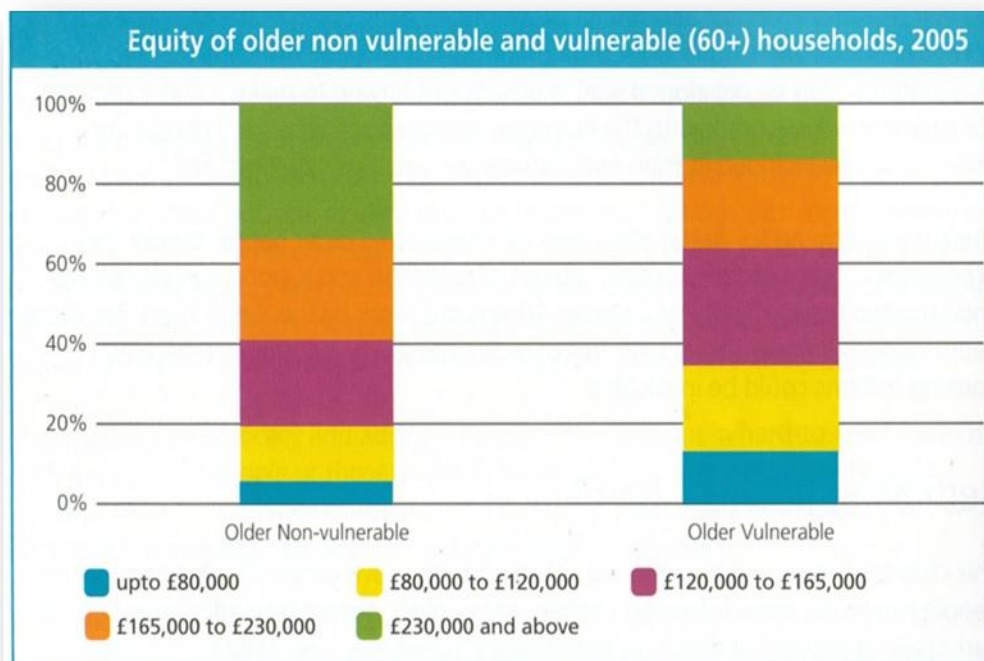
The overwhelming proportion of retirees will be owner-occupiers. As the present statistics from Housing and Older People Development Group (HOPDEV) show, the level of owner-occupation of those over 60 years is already substantially higher than the general population. Whilst there are regional variations, the average figure for the UK as a whole is about 73% for urban areas and up to 81% in rural areas.

England - housing tenure of older people (2001 Census)							
Tenure	Rural/Urban	55-59(%)	60-64(%)	65-74(%)	75-84(%)	85+(%)	All 55+(%)
Owner occupied	Rural	85.6	84.4	81.3	74.1	68.6	80.8
	Urban	78.8	77.2	73.9	65.2	58.1	72.9
	All	81.7	80.3	77.1	69.0	62.6	76.3
Social rented	Rural	6.7	8.4	11.9	16.6	18.6	11.3
	Urban	15.5	17.4	21.0	27.4	30.8	21.0
	All	11.7	13.5	17.1	22.7	25.5	16.8
Private rented	Rural	7.7	7.2	6.8	9.3	12.8	7.9
	Urban	5.8	5.4	5.1	7.4	11.1	6.1
	All	6.6	6.1	5.8	8.2	11.8	6.9
Total %	Rural/Urban/All	100	100	100	100	100	100
Total (number)		2,769,675	2,378,132	4,059,956	2,632,067	763,935	12,603,765

Housing and Older People Development Group

Equity Distribution; older owner occupiers in non-decent homes

The English House Condition Survey 2001 shows that about 40% of private sector vulnerable households are owner-occupiers living in non-decent homes. About 60% of these have £120k or more equity in their homes. They are truly 'asset rich and income poor'. (See bar charts below)



Lifetime Homes, Lifetime Neighbourhoods

In London and the South East, new purpose-built retirement housing currently costs about £180K for a one bedroomed flat and between £250K and £330K for a two bedroomed flat. In both areas property prices are higher than in the rest of the UK so suitable scaling factors would need to be applied for other parts of the country. But the resale price of non-decent housing will also be lower too. It can be seen from the above charts that a substantial number of older owner-occupiers in non-decent homes would not be able to buy. For them, the mutual home ownership form of Mutual Retirement Housing would be very attractive.

Appendix 2 Glossary of terms

BAME Communities

Members of the black, Asian and minority ethnic communities.

Combined heat and power systems

Combined Heat and Power (CHP) is the simultaneous generation of useable heat and power (usually electricity) in a single process. CHP is a highly efficient way to use both fossil and renewable fuels and can therefore make a significant contribution to the UK's sustainable energy goals, bringing environmental, economic, and social and energy security benefits.

CHPA- 2009

Co-housing

With co-housing schemes, the residents may be owner-occupiers, shared owners or tenants of the co-housing society. The common parts of the estate will be owned and managed by the co-housing society which will also own some of the properties i.e. those available for rent. In most cases there will also be a 'common house' which will provide community, recreational facilities and a common dining facility which also enables residents to prepare common meals. The primary purpose of the society is community building. Whilst popular in continental Europe and North America the model has not been widely adopted in the UK.

Commonhold

Commonhold is a new kind of tenure for the UK. Residents individually own their own properties. The common parts of the estate including the land are jointly owned and managed by the residents through a commonhold association. All leaseholders are members of the commonhold association. There are no external share-holders. (See Commonhold and Leasehold Reform Act 2002).

Community land trust

Community Land Trusts are organizations which are set up by local communities to acquire and hold land in perpetuity for the benefit of their community. They remove land permanently from the open market thereby eliminating speculation. Democratically controlled they operate on a not-for profit basis to provide land for affordable housing, community facilities, open spaces and the creation of local employment.

Condominium

Condominium is a North American form of housing where residents own their own apartment but jointly own the common parts. They form a condominium association which manages the site or subcontracts it to a managing agent. The concept is similar in some respects to the commonhold form of tenure in the UK.

Co-ownership

In co-ownership schemes, residents are members of a co-housing society which owns and manages the property. Co-ownership schemes are full equity sharing co-ops; every tenant has one vote. When people leave they are usually entitled to a share in the rise in the value of their accommodation that has occurred during their stay. There are usually qualifying conditions like length of tenure.

Co-partnership

This is an obsolescent form of mutual housing which was popular in the early part of the twentieth century particularly within the Garden City movement in places like Hampstead Garden Suburb, Letchworth etc. The model proved to lack sustainability and few if any co-partnership schemes have survived. The fatal flaw was that the model allowed for external shareholders. In time the external shares were bought up by property developers who then bought out the owner-occupiers. The co-partnership societies were then wound up and the properties became part of the general housing market.

Industrial and provident society

There are two types of industrial and provident society; the bona fide co-operative society and the society for the benefit of the community. The co-operative form is the normal legal vehicle for co-operative enterprises i.e. consumer, housing, agricultural, credit unions and working men's clubs

The society for the benefit of the community is often used by the voluntary and community sector eg housing associations, community transport groups, football supporters' trusts, sports clubs and allotment societies (See Co-ops UK www.cooperatives-uk.coop)

Leasehold enfranchisement

Leasehold enfranchisement enables residential lessees individually or collectively to acquire the freehold of their property. This is a complex legal area. The principle relevant legislation is;

- ❖ Leasehold Reform Act 1967
- ❖ Leasehold Reform, Housing and Urban Development Act 1993
- ❖ Commonhold and Leasehold Reform Act 2002

Appendix 3 Biographical details

Glyn Thomas I.Eng. MIET JP



Glyn Thomas is a retired senior broadcast engineering manager. Prior to that, he worked for a large television news facility in Millbank, Westminster which specialised in parliamentary news coverage. There he was responsible for managing the company's contract to provide technical operational facilities for the BBC Parliament Channel. Previously he had worked for the Reuters News Agency and the news departments of several ITV companies.

Currently, he is the vice chair of CDS Co-operatives which is the largest secondary housing co-operative in London and the South East and a director of the Co-operative Housing Finance Society. He is a former resident of a co-ownership housing scheme in south Hampstead. For many years, he has also been involved as an active member in the retail co-operative, friendly society and social enterprise sectors. He was formerly a Labour councillor on the London Borough of Camden and is currently a member of the Executive Committee of the Labour Housing Group which is a think tank affiliated to the Labour Party. He is also a magistrate on the Middlesex Bench.

GROWING OLDER TOGETHER THE DEVELOPMENT OF CO-OPERATIVE AND MUTUAL HOUSING FOR OLDER PEOPLE

Findings from a Round-Table Discussion

held on Monday 18th March 2013 between older people's organisations, developers of housing for older people, co-operative and mutual providers and housing policy and funding bodies.



Headline Findings

The chair of the discussion, Jeremy Porteus, demonstrated how older people's housing needs and aspirations are changing and he suggested that there is a strong case for developing new forms of 'co-produced' housing.

Representatives from the 'mutual housing' sector highlighted existing models of co-operative and mutual housing that offer different forms of ownership/tenure - including older people's housing co-operatives, senior cohousing schemes and resident managed leasehold developments - and showed how these models could be an attractive alternative for many older people that can add significant value.

Participants in the discussion acknowledged the need to develop a wider range of housing options and alternatives and they expressed interest in the idea of housing that was influenced, shaped and controlled by its residents. Questions were raised about the viability and sustainability of such approaches but it was pointed out that evidence from Europe and the USA showed that they could have widespread appeal and that the UK examples, although on a smaller scale, had more than stood the test of time.

However, if the supply of such housing is going to be significantly increased, then various measures need to be adopted. Policy makers and commissioners (particularly local authorities) need to be much more imaginative and supportive; but an important challenge is for existing housing providers to work effectively with groups of older people, with local communities and with the mutual housing sector to deliver a substantial range of co-produced schemes. Participants made a number of positive suggestions as to how these matters might be advanced through effective partnership working.

Ideas, suggestions and proposals from the discussion have been embodied in a plan for action, covering:

- Steps to raise awareness and understanding of co-operative and mutual models of housing for older people
- Specific research to build the evidence base and to demonstrate the value of mutual care and support
- Forms of partnership working to provide effective and sustainable development and funding arrangements for co-operative and mutual housing schemes for older people
- Ways of taking advantage of the new opportunities for developing community-based housing for older people.

Introduction and Objectives

The round-table discussion on 'Growing Older Together: The Development of Co-operative and Mutual Housing for Older People' was organised by Co-operatives UK, the Co-operative Development Society (CDS Co-operatives) and the UK Cohousing Network. (See Appendix One). The meeting was chaired by Jeremy Porteus, Director of the Housing Learning and Improvement Network and it was attended by twenty-nine invited representatives from older people's organisations, from developers of housing for older people, from co-operative and mutual housing providers and from housing policy and commissioning bodies. (See Appendix Two).

This report on the discussion has been drafted by Jon Stevens, on behalf of the organisers, and it is being published and circulated by CDS Co-operatives, again on behalf of the organisers.

Jeremy Porteus set the scene for the event. He discussed the work of the Housing our Ageing Population Panel for Innovation (HAPPI) and the findings of their two reports: HAPPI 1, published in 2009, and HAPPI 2, published at the end of last year. The first HAPPI report had highlighted the changing housing priorities and expectations of older people and it had examined innovative forms of provision in the UK and Europe - in terms of design, commissioning and management. The report highlighted the growing interest in housing developments that are influenced, shaped and controlled by older people.

The second HAPPI report (Housing our Ageing Population Plan for Implementation) had been produced for the All Party Parliamentary Group on Older People's Housing and Care and it had focused on the practical steps that are needed to increase the supply of older people's housing. The report recommended that:

Housebuilders and housing associations should use their entrepreneurial and marketing skills to accelerate the trend towards retirement housing as a lifestyle choice; bringing forward more projects that...meet the breadth of retirement needs including shared ownership and co-housing.

The round-table discussion was organised to explore how various forms of co-operative and mutual housing for older people could be developed on a more significant scale, in line with this recommendation. The organisers hoped that the discussion would:

Shed light on the 'latent demand' for forms of housing for older people that are resident-led

Demonstrate the case for various forms of co-operative and mutual housing for older people; with a particular emphasis on the 'added value' that such housing offers both residents and commissioners in greater wellbeing through mutual care and support

Enable the mutual housing sector to better understand the perceptions of mainstream housing developers and to explore the potential for more productive and sustainable partnership working in future

Highlight the need for more positive and imaginative Government thinking and support; centrally and - equally importantly - at the local level.

Outline of the Case for Co-operative and Mutual Housing for Older People

AS A PRELUDE TO THE DISCUSSION, SIX SPEAKERS EXPLORED ‘THE CASE FOR CO-OPERATIVE AND MUTUAL HOUSING FOR OLDER PEOPLE’ FROM A VARIETY OF PERSPECTIVES. THE TOPICS COVERED WERE:

What Older People Want For Their Housing: Key Findings of the Age UK Inquiry

Joe Oldman, Housing Policy Advisor Age UK

Mutuality and Co-operation in Older People's Housing: An Overview

John Goodman, Head of Policy and the Regions, Co-operatives UK

Older Person's Co-operatives and Mutual Retirement Housing

Jon Stevens, Consultant CDS Co-operatives

Senior Cohousing – An Emerging Market

Maria Brenton, Board Member, UK Cohousing Network

Resident Controlled Retirement Housing

Bob Bessel, Chair, Retirement Security Ltd.

The Importance of Mutuality and Reciprocity for Older People

Claire Turner, Head of Team (Ageing Society) Joseph Rowntree Foundation.

ADDRESSING THE GROWING HOUSING NEEDS OF OLDER PEOPLE

In his introduction, Jeremy Porteus had reminded participants of the dramatic growth in the UK's older population and of the need to develop more co-produced forms of housing for older people, which can meet their changing needs and aspirations.

John Goodman from Co-operatives UK, in his presentation, drew attention to the stark figures; with the Office for National Statistics predicting a 50% growth in the numbers of people aged over 65 in the next 20 years and a 100% growth in the numbers of people aged over 85. Maria Brenton from the UK Cohousing Network talked about some of the implications of this, with more and more older people living alone (60% of older women and 34% of older men) and with 60% of older people living in homes that they are under-occupying, often by choice but sometimes because of a lack of suitable 'move on' options.

The need for an urgent response to this had been highlighted in a report produced just before the event by the House of Lords Select Committee on Public Service and Demographic change called 'Ready for Ageing'. This concluded that Britain is 'woefully underprepared' to cope with this population explosion.

In terms of housing provision, the report went on to stress that 'central and local government, housing associations and house builders need to urgently plan how to ensure the housing needs of the older population are better addressed' as well as drawing attention to the frightening demands that an ageing population will place on health and social care provision.

MORE CHOICE AND GREATER SELF-DETERMINATION

Joe Oldman from Age UK suggested that, if we are to develop more housing to meet the expanding needs of older people, then we have to understand and respond to older people's changing expectations and priorities. Age UK's recent inquiry into the sheltered and retirement housing had shown that such housing (both rented and leasehold) has a poor image. Some of this can be attributed to the design of such housing but it can also be a reflection of the lack of control that many residents have over how their services are delivered in this type of housing. The inquiry concluded that older people want much more information about the options available to them and that this should include greater opportunities for resident management in both the private and social housing sectors.

Claire Turner from the Joseph Rowntree Foundation returned to the theme of forms of provision for older people that give them more influence and control. JRF's recent report 'Widening Choices for Older People with High Support Needs' had looked at schemes based on 'mutuality' (people supporting each other) and 'reciprocity' (people contributing to individual and group schemes). The work included interviews with 50 older people involved in time banks, mutually-supportive communities, senior cohousing schemes and other self help networks. The research shows that such models have a positive impact: apart from practical help they offer, they also provide companionship and they reduce loneliness and isolation.

The research also demonstrated that these approaches and models are not well-known and that there is a pressing need to raise awareness amongst older people and professionals and to look at how they can be effectively linked in to more formal kinds of provision.

CO-OPERATIVE AND MUTUAL HOUSING MODELS AND APPROACHES

John Goodman made participants aware of the size of the co-operative economy in Britain and the fact that it is one sector that is growing in the current climate. Co-operatives are of different types (eg. retail, financial, consumer) but all subscribe to an international set of values and principles. He noted that co-operative housing is a mainstream form of provision in Europe (it comprises 10% of all housing as an average), whereas in the UK it is a small but vibrant sector that is diversifying in several directions - with a particular and growing appeal for older people from the 'baby boomer' generation.

There are a number of existing models of co-operative and mutual housing for older people, offering different forms of ownership/tenure. He cited older people's housing co-operatives (mainly social rented), senior cohousing schemes and resident-managed retirement leasehold schemes.

Jon Stevens described the experience of CDS Co-operatives (and others) in developing and managing housing co-operatives over 30 years. Most of these co-operatives are for social renting, with the majority collectively owned and managed by their members. There is a small number of co-operatives developed specifically for older people and these are notably successful. Beyond this, as time goes by, most general needs co-operatives are providing for higher numbers of older people. Many of them are responding to this by adapting their housing, by adding new facilities (such as meeting rooms) and by organising specific activities and offering support services. Drawing on all of this, CDS is actively exploring new forms of co-operative housing for older people, based on a report advocating 'mutual retirement housing' that they published in 2009.

Maria Brenton, who has been researching cohousing for many years, outlined the main characteristics of this form of housing. She explained that cohousing schemes are 'intentional communities', with members enjoying access to shared space and joining in common meals and activities. Maria said that cohousing particularly appeals to older people and that senior cohousing schemes are beginning to take off in the UK, with several groups actively developing schemes. But in Northern Europe and the USA, senior cohousing is well established and in Europe it is strongly supported by central and local government.

Bob Bessell from Retirement Security Ltd explained how he developed a model of resident-controlled leasehold retirement housing 30 years ago, when he was a director of social services. RSL developed its first scheme in 1985 and they now have 31 developments or 'courts' across the country. RSL developments offer what is called 'very sheltered housing',

with the management of each court controlled by a management company of owners/shareholders. This ensures that the services provided by RSL are shaped to meet the needs of owners and that owners can make key decisions on staffing, letting contracts and achieving value for money.

(Note: Although the RSL model is distinctive, it has provided a blueprint for the Right to Manage Companies that have taken over the management of many conventional retirement leasehold schemes in the last 7 years)

THE BENEFITS THAT CAN FLOW FROM SUCH PROVISION

All of the speakers involved in co-operative and mutual housing provision argued that such housing offers both direct housing benefits and wider social benefits. John Goodman summarised these as;

Being in control, retaining independence and feeling secure
Belonging to active and 'neighbourly' communities
Benefiting from mutual care and support

This frequently leads to;

Enhanced 'wellbeing' with better mental and physical health and reduced dependence
Value for money for both residents and for commissioners and the public purse.

Jon Stevens cited direct evidence from recent research carried out by CDS in which older residents talked about living in their co-operatives. This research showed how many older co-operative residents feel part of a community; how they offer each other care and support, in different ways; and how they experience a sense of safety and security, as they look ahead. Maria Brenton talked about the social capital that successful cohousing schemes generate and the measurable impact this has in reducing the demand on social care and health services. At the same time, she stressed the need for effective support structures and for proactive older person's housing strategies.

Bob Bessell added that a clear constitutional framework, with built-in safeguards, is important to ensure that schemes function well for all their members. With this in place, he strongly

believes that residents of RSL schemes (of which he is now one) are able to enjoy what he called 'continuous personal development': something that all people deserve in the latter stages of their lives.

SPREADING THE MESSAGE

Given the demonstrable benefits of co-operative and mutual housing for older people, all of the speakers felt that there is a need to raise awareness of such models and to encourage policy makers, commissioners and providers to look at how they can be made much more widely available. In her concluding presentation, Claire Turner said that her work with JRF had suggested that there needed to be much more work around initiatives of this kind; this included better information for older people on the options and choices that could be available to them and a dissemination programme that shared the findings, messages and lessons with a diverse range of stakeholders.

Important Considerations Raised in the Discussion

THE DISCUSSION ON THE POTENTIAL OF CO-OPERATIVE AND MUTUAL HOUSING FOR OLDER PEOPLE WAS WIDE-RANGING AND CONSTRUCTIVE; WITH ALL PARTICIPANTS MAKING ONE OR MORE CONTRIBUTIONS. THE SUMMARY OF THE DISCUSSION IS NOT VERBATIM; RATHER IT SEEKS TO CAPTURE THE MAIN POINTS MADE. IT ALSO INCLUDES FURTHER COMMENTS MADE ON THE FEEDBACK FORMS.

UNDERSTANDING OLDER PEOPLE'S CHANGING NEEDS AND EXPECTATIONS

The discussion began by noting the considerable resistance amongst many older people to the idea of 'downsizing' and the prevailing view that many of the existing forms of provision lead to a loss of independence. Sarah Hillcoat-Nalletamby, from the Centre for Innovative Ageing at Swansea University, said there is a need for options and alternatives based on older people's 'unmet needs'. Carol Barac from the Elderflowers Project stressed the importance of collaborating with older people in developing forms of housing that will suit their differing needs and requirements.

There was general agreement that many of what might be called the 'active elderly' are looking for different kinds of housing solutions to enable them to live fulfilled lives in future and that the idea of 'moving on' would be more attractive if there were more choices/alternatives. Some participants wondered if co-operative or cohousing options might be difficult to promote as many people are not familiar with the concept. Would they need to be shown 'worked examples'?

THE LIMITATIONS OF CURRENT HOUSING OPTIONS

This led on to a discussion of the conservatism of much of our current thinking. Orla Gallagher from CDS Co-operatives argued that there is a need to be much more innovative and to overcome the various barriers that had been identified. Stephen Hill from C²0 futureplanners

agreed; housing developers of all types exhibit a lack of imagination. The RIBA Future Homes Commission had found that 75% of people wouldn't choose to move into a new home of any kind!

Amy Swan from the National Housing Federation said that a number of developers were responding to the changing requirements of the market and there are some very good examples of retirement housing. From a developer's perspective, Paul Trofimov, Managing Director of Aspen Retirement Limited, said that much of the current provision was inevitably investment driven. He could see the case for not-for-profit or even co-operative models but owners would need to be persuaded that such models were sustainable. Richard Wheeldon from Housing 21 acknowledged that some retirement leasehold schemes are designed to deliver benefits to the freeholder rather than the leaseholders and that the co-operative management model could overcome some of these difficulties and make financial sense. At the same time, Paul, Richard and Debbie Waldron from Wilmott Dixon emphasised how difficult is to get schemes of any kind to stack up in the current climate.

Phil Brown from the Confederation of Co-operative Housing expressed frustration at the resistance to new thinking from central and local government, as well as from developers and funders. In the CCH's experience, the Homes and Communities Agency's grant funding regime is generally unhelpful for co-operatives and for small specialist housing providers.

WHAT MUTUALITY OFFERS

Orla Gallagher reminded participants of the hard evidence from existing co-operatives of the benefits for their residents; most co-operatives are well-governed, have lower maintenance costs and older residents undoubtedly benefit from the co-operative ethos that supports independent living and reduces the need for formal care and support. Jon Fitzmaurice from CDS Co-operatives explained how moving into a Retirement Security Ltd scheme and becoming chair of the management company had made a significant difference to the quality of life of his elderly mother.

Several participants recognised that co-operative and mutual housing is not just about 'bricks and mortar'. Maria Brenton said that it is also about community resilience and building social capital and that small amounts of investment in enabling and capacity building could yield long term benefits for all.

LONG-TERM PLANNING AND EFFECTIVE LOCAL STRATEGIES

Echoing the report from the House of Lords, several participants argued that Britain is indeed 'woefully underprepared' to respond to the needs of an ageing population and that housing provision for older people is no exception. Barrie Thompson from Age UK's inquiry panel said that 'getting politicians to think more than five years into the future' is very difficult. Maria Brenton contrasted the British experience with the approach of several European countries, where there does seem to be more long-term planning.

Barrie continued by suggesting that the government's and many local authorities' support for large-scale housing developments often ignores the need for specialised housing for older people. He further argued that provision for older people should be on a small scale where it can be connected to existing communities and neighbourhoods. He said that some older people would be happy to downsize as long as they were able to stay close to their friends and relatives.

This led onto a discussion of the importance of comprehensive local strategies for older people. Orla Gallagher felt that local authority and health service commissioners need to take a much more positive approach to the development of new forms of housing and care for older people. It was suggested that the new health and wellbeing boards being set up by local authorities could stimulate a more coherent response to older people's housing, health and care needs. Reference was also made to the potential impact of the Social Value Act which will give local authorities greater flexibility in commissioning community based forms of provision for older people.

Local authorities (and other public bodies) are an important source of land for small-scale housing developments for older people that offer an added community benefit. Stephen Hill argued that all local authorities should develop a local asset strategy that sets out how buildings and land owned by the Council could be used for community benefit. Simon Mitchell from Camden Council said that Councils need assurances when it comes to land disposals. They would need to know that the community benefit is protected long-term (Note: Via an asset lock for example).

Developers of housing for older people said that the social value of such housing is not properly recognised by local authorities. Publicly owned land for such housing is frequently sold to the highest bidder. Stephen Hill said that local authorities are not obliged to dispose of land for housing purposes in this way. Local authorities and other public bodies can and should use their assets as part of their wellbeing powers to encourage and promote sustainable development and this could undoubtedly include disposing of land at a discounted price to support certain forms of housing and care for older people. (Note: Detailed guidance on this can be found on the CDS Co-operatives website. See Affordable Housing Advice Notes 1.1, 1.2 and 1.3)

Moving Ahead

THE DISCUSSION MOVED ONTO THE QUESTION OF HOW CO-OPERATIVE AND MUTUAL HOUSING FOR OLDER PEOPLE COULD BE DEVELOPED ON A MORE SIGNIFICANT SCALE. MANY USEFUL IDEAS AND SUGGESTIONS WERE BROUGHT FORWARD AND VARIOUS ACTION POINTS WERE IDENTIFIED.

BUILDING UNDERSTANDING AND RAISING AWARENESS

Building understanding of the potential for co-operative and mutual housing for older people was a recurrent theme of the discussion; not least amongst older people themselves. Carol Barac and Claire Turner referred to a survey by Karen Croucher of York University that explored attitudes and options for older people. Carol felt this work needs to be built upon and she discussed some of the work they had been doing in Milton Keynes that is designed to make older people aware of the range of possibilities and choices they could make. Jeremy Porteus referred to the Housing Options for Older People toolkit designed by Frances Heywood and which is available on the Elderly Accommodation Counsel (EAC) website.

Maria Brenton said that when people can see that there are real alternatives then moving on becomes much more attractive. However, Anna Kear from Aster Homes felt that at present there is a 'chicken and egg' situation, with little expressed demand for innovative housing because people cannot see actual examples of such housing.

It was important to recognise that 'older people' is a very broad category. At one end of the ageing continuum are active older people (from mid 50's +), many of whom are looking for a style of housing that enables them to continue to live independently but which incorporates some 'age proofing'. And this often includes the idea of being part of a self-governing scheme. At the other end of the continuum, are older people, who may need housing with care and support but who wish to retain control of their lives. (As evidenced by recent reports from JRF; see Appendix Three). And also, as Tina Walther from Stonewall Housing and Meera Bedi from Housing for Women pointed out, there are some groups of older people who because of their gender or sexual orientation are looking for housing that specifically meets their needs and aspirations. Claire Turner added that that JRF's research had confirmed this.

It was generally agreed that older people's organisations such as EAC and Age UK and networks such as Housing LIN had a very important role to play in the whole process of awareness raising.

THE APPEAL AND VIABILITY OF CO-OPERATIVE AND MUTUAL OPTIONS

Participants recognised the potential appeal of co-operative and mutual housing but some questioned the extent of this appeal? Jon Fitzmaurice argued that European experience has shown that co-ops and mutual models are not just a niche solution. The different types of housing described by the speakers showed how resident controlled housing in the UK is already attractive to a wide spectrum of older people; including owners, leaseholders and social renters. And such housing works both for active older people (as in many co-operatives and cohousing schemes) and for older people who require a degree of care (as in RSL's very sheltered housing).

Paul Trofimov had earlier questioned the sustainability of such models. He and other developers present argued that co-operatives and other mutual housing schemes would have to demonstrate that they can deliver. He recognised the appeal of the 'not for profit' principle but he wondered if co-operatives would be difficult to promote? Richard Wheeldon saw a division between the development/funding of schemes and the management. He felt that the co-operative model would work well for the management of new schemes. Debbie Waldron supported this and pointed out how this could help overcome development risk.

There was also a question of scale. Most co-operative and cohousing schemes for older people are relatively small and many would see this as part of their appeal. Given the complexities of the planning system and the length of time it takes to get new developments off the ground, this inevitably favours large-scale developments. Richard Wheelden recognised that small community based schemes find it hard to cover their 'start up' costs but he suggested that they could perhaps 'shelter' under a larger development umbrella?

John Goodman and Maria Brenton reminded participants that co-operative and cohousing schemes are part of mainstream provision across Europe. And Bob Bessell and Orla Gallagher said that all of their schemes had proved to be sustainable over the last 25 to 30 years. Jo Gooding from UK Cohousing Network added that although cohousing schemes in this country have been developed more recently, the cohousing model makes full provision for cyclical and long term repairs etc. Furthermore, they have had no difficulty in attracting new residents/purchasers when units became available, quite the reverse in fact. This is not the case for many private retirement housing schemes.

THE ENABLING ROLE OF MAINSTREAM DEVELOPERS

Amy Swan made it clear that the National Housing Federation supports new models and options - including co-operative and mutual models. They have been working with their members to encourage new thinking and innovation. Anna Kear stressed that not all developers are wedded to large-scale development models. Her association (Aster Homes) is working with the UK Cohousing Network on a guide to using housing associations as development agents. She could foresee many forms of collaboration in future - including joint venture arrangements with commercial builders that could incorporate specialist types of housing for older people.

Richard Wheeldon agreed, he is interested in exploring what he called 'framework agreements' between large associations like his (Housing 21) and co-operatives and mutuals. He added that in his role as a member of the Association of Residential Housing Managers, he would be raising these ideas with other members.

Jo Gooding stated that the organisers recognised the importance of viable and replicable business models for cohousing schemes and for other mutual developments. One way of achieving this will be to build more effective and long-term partnership arrangements with a range of housing developers and providers who are supportive of co-operative and mutual housing for older people.

LOCALISM AND THE USE OF COMMUNITY ASSETS

The discussion turned to the context for encouraging new forms for older people. Several participants drew attention to the provisions of the Localism Act. Peter Hill from the Legacy East Almshouse Partnership referred to his involvement with the Colchester Neighbourhood Plan team and how they were looking at community-led approaches to providing new homes for older people. Stephen Hill discussed the Neighbourhood Plan being developed in Islington, which was looking at the whole question of 'move on' housing for older people. There are many older people in Islington, who are occupying houses that are too big for them or that are unsuitable in other ways. They are interested in the development of new older people's housing that will strengthen and consolidate their community and many of them have significant equity to invest in such housing.

Earlier in the discussion the importance of being able to exploit publicly owned land and assets had been touched on. It was suggested that it was not just public land that could be used in this way. Michael Siggs said that in his view 'asset based community development' is the future and he drew attention to the recent Housing LIN Viewpoint on 'Community-Led Housing

for Older People and the Community Right to Build' that had helped to inform his thinking. Michael is heavily involved in the almshouse movement, which consists of 1,700 charities across the country; he suggested that many of them are sitting on land and assets that could be developed for community benefit.

To this end, he and Peter Hill had set up the Legacy East Almshouse Partnership as a Charitable Incorporated Organisation to explore development opportunities for community led housing in East Anglia and within this they see scope for co-operative and mutual developments for older people. Phil Brown added that many existing housing co-operatives have a strong asset base and many of them are interested in developing new ('move on') housing for their older members but they need new development and funding vehicles, which is what CCH and other members of the Mutual Housing Group are currently exploring.

Michael Siggs and Barrie Thompson went on to raise questions about the wider co-operative movement. They argued that the considerable land and assets owned by the Co-operative Group and other co-operative societies could and should be put to better use - including mutual/co-operative forms of older people's housing and care.

LOBBYING FOR CHANGE

The discussion moved onto the question of more effective lobbying for new forms of housing provision. Lorraine Jackson from the Department of Health said that she was interested in the mutual care and support dimension of the various models that had been discussed. She saw 'terrific potential' but she wanted to see more evidence of the benefits. This chimed with the views of other participants. Jon Stevens said that there was considerable anecdotal evidence of the added value that co-operatives bring but he agreed with Maria Brenton, Carol Barac and others that some quantitative research would be useful to influence policy makers. Lorraine added that all housing providers should pay attention to the forthcoming Care and Support Bill which would emphasise the importance of achieving wellbeing through inclusive and effective communities, with less reliance on service based solutions.

IT WAS AGREED THAT THERE IS A NEED FOR EFFECTIVE LOBBYING OF A RANGE OF KEY STAKEHOLDERS AND THIS CAN TAKE TIME AND EFFORT. ANNA KEAR AND OTHERS SAID THAT THIS IS NEEDED BOTH NATIONALLY AND LOCALLY. JO GOODING SAID THAT THE ORGANISERS OF THE EVENT RECOGNISED THE IMPORTANCE OF EFFECTIVE LOBBYING AND THIS WAS ONE OF THE ROLES OF THE MUTUAL HOUSING GROUP. JEREMY PORTEUS SAID THAT THERE IS UNLIKELY TO BE A HAPPI 3 IN THE NEAR FUTURE, BUT THE HOUSING LIN WOULD CONTINUE TO PROMOTE AND ENCOURAGE THIS DEBATE AND, IN THIS WAY, OTHERS CAN BE DRAWN IN.

A Plan of Action

DURING THE COURSE OF THE DISCUSSIONS A NUMBER OF SUGGESTIONS FOR ACTION BY THE ORGANISERS OF THE EVENT OR BY OTHERS EMERGED. THE ORGANISERS OF THE EVENT - CO-OPERATIVES UK, CDS CO-OPERATIVES AND UK COHOUSING NETWORK - PLAN TO WORK WITH THE MUTUAL HOUSING GROUP AND WITH OTHER INTERESTED PARTIES TO PURSUE THE FOLLOWING ACTION POINTS.

STRENGTHENING THE CASE FOR CO-OPERATIVE AND MUTUAL HOUSING FOR OLDER PEOPLE

Raising awareness and understanding of co-operative and mutual models of housing for older people.

The organisers will continue to work with organisations, which represent older people and which address older people's housing issues - including Housing LIN, Age UK and the Joseph Rowntree Foundation – in order to promote co-operative and mutual models of housing and care. In particular, they will produce a viewpoint for Housing LIN that will contain a typology of such models together with case studies and exemplars.

The ambition must be to provide older people with better information on a wider range of housing options and choices - including resident-led models - and to make policy makers and commissioners (particularly at the local level, given the new responsibilities and powers of local authorities) aware of the specific attractions and benefits of co-operative and mutual models of housing and care.

Building the evidence base for co-operative and mutual housing for older people.

The discussion drew attention to a number of recent publications (see Appendix Three) that have highlighted the particular characteristics and benefits of co-operative and mutual housing for older people. The presentations to the discussion provided further evidence of these benefits.

At the same time, the organisers recognise the importance of building a strong evidence base and, in particular, they will seek to promote specific research into the 'added value' of mutual care and support to both beneficiaries and housing and care commissioners/providers.

ENABLING THE DEVELOPMENT OF CO-OPERATIVE AND MUTUAL HOUSING FOR OLDER PEOPLE

Establishing effective development and funding arrangements for a range of co-operative and mutual housing schemes for older people.

The organisers will continue to work with housing commissioners and with interested mainstream housing providers (including those present at the discussion) to develop effective and replicable development and funding arrangements for co-operative and mutual models of housing and care.

In doing this, they are interested in building sustainable forms of partnership working that draw on the respective strengths of mainstream and specialist/ community providers. In particular, they wish to develop the suggestions/ideas put forward in the discussion for umbrella/framework agreements, for new development/management packages that harness the respective strengths of mainstream and of co-operative and mutual providers and for other forms of joint working and productive collaboration. To follow this up, they will organise a series of targeted discussions in future.

New opportunities for developing community-based housing for older people.

The event highlighted the opportunities for new approaches to housing for older people that derive from the provisions of the Localism Act; including Neighbourhood Planning and associated 'community rights'. The organisers will seek to further highlight these opportunities, working with partners in the Mutual Housing Group, including Locality who

have leading role in this area, and with other interested organisations. They also intend to engage more directly with local authorities and other local commissioning bodies in future.

The organisers note the case made in the discussion for 'asset based community development' to provide older people's housing. They are keen will work with like-minded organisations - including C²O futureplanners, Legacy East Almshouse Partnership and the Community Land Trust Network - to promote and encourage such approaches. They will also approach the mainstream co-operative movement, via Co-operatives UK, to look at how established co-operatives (such as the retail societies) could use their assets to support community-based housing developments for older people.

APPENDIX ONE: ABOUT THE ORGANISERS

CO-OPERATIVES UK

Co-operatives UK is the national trade body that campaigns for co-operation and works to promote, develop and unite co-operative enterprises. It promotes the co-operative alternative across many sectors of the economy: from high street consumer-owned retail co-operatives to co-operative pubs and football clubs, from agricultural and healthcare co-ops to co-operative schools and from credit unions to community owned shops. Co-operatives UK takes an active interest in co-operative and mutual housing and care for older people.

CO-OPERATIVE DEVELOPMENT SOCIETY LTD (CDS CO-OPERATIVES)

CDS Co-operatives is the largest co-operative housing service agency in England dedicated to promoting developing, developing and servicing housing co-operatives that are controlled by the people who live in them. CDS Co-operatives has for some time argued that co-operative and mutual housing is particularly suited to meeting the needs and aspirations of many older people.

UK COHOUSING NETWORK

UK Cohousing Network is the UK's umbrella membership organisation for built and forming cohousing communities. There are 14 built cohousing communities in the UK and over 40 groups in the development stages. UKCN provides support, resources and training to those involved in cohousing.

HOUSING LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing care and support services for older people.

APPENDIX TWO: LIST OF PARTICIPANTS

Name	Title	Organisation
Jeremy Porteus	Director	Housing Learning and Improvement Network
Joe Oldman	Policy Advisor (Housing)	Age UK
Michael Siggs	Clerk Trustee	Almshouse Charities, Hackney Essex and Cambridgeshire
Anna Kear	Regional Development Director (Hampshire & Wiltshire)	Aster Homes
Stephen Hill	Director	C2O futureplanners
Simon Mitchell	Affordable Housing Development Co-ordinator – Housing & Adult Social Care	Camden Council
Jon Fitzmaurice	Board of Management	CDS Co-operatives
Orla Gallagher	Interim Chief Executive	CDS Co-operatives
Maria McCarron	Housing Services Manager	CDS Co-operatives
Jon Stevens	Consultant	CDS Co-operatives
Jane Cameron	EA & Marketing Officer	CDS Co-operatives
Dr Sarah Hillcoat-Nallétamby	Researcher Social Policy	Centre for Innovative Ageing, Swansea University
Phil Brown	General Council Member	Confederation of Co-operative Housing
John Goodman	Head of Policy and Regions	Co-operatives UK
Lorraine Jackson	Senior Policy Advisor	Department of Health
Carol Barac	Executive Director	Elderflowers Projects Co. Ltd

Anthony Brand	Strategy Officer	Homes & Communities Agency
Richard Wheeldon	Leasehold Manager	Housing 21 [ARHM]
Meera Bedi	Director of Development and New Initiatives	Housing for Women
Claire Turner	Head of Ageing Society	Joseph Rowntree Foundation
Peter Hill	Chair	Legacy East Almshouse Partnership
Amy Swan	Policy Officer - Care and Support	National Housing Federation
Chris Geddes	Associate Planner	Planning Issues Ltd Churchill Retirement Living
Paul Trofimov	Managing Director	Aspen Retirement Limited
Bob Bessell	Chair	Retirement Security Ltd
Tina Wathern	LGBT Older Persons Co-ordinator	Stonewall Housing
Maria Brenton	Board Member	UK Cohousing Network
Jo Gooding	Coordinator	UK Cohousing Network
Debbie Waldron	Care Sector Manager	Willmott Dixon

APPENDIX THREE: FURTHER READING

REPORTS ON THE CHANGING HOUSING NEEDS AND ASPIRATIONS OF OLDER PEOPLE

Helen Bowers et al, *Not a One Way Street: Research into Older People's Experience of Support Based on Mutuality and Reciprocity* (2011), Joseph Rowntree Foundation Programme Paper. Available from www.jrf.org.uk/publications

Lawrence Miller, *A Strength Based Approach to Ageing Well* (2012). Housing LIN Viewpoint 30. Available from www.housinglin.org.uk

Making It Work for Us – Report of the Residents Inquiry Into Sheltered and Retirement Housing (2012), Age UK. Available from www.ageuk.org.uk

Helen Bower et al, *Widening Choices for Older People with High Support Needs* (2013), Joseph Rowntree Foundation Report. Available from www.jrf.org.uk/publications

REPORTS ON CO-OPERATIVE, MUTUAL AND COMMUNITY-LED HOUSING MODELS FOR OLDER PEOPLE

Glyn Thomas, *Keeping Control of Our Lives - Mutual Retirement Housing for Older People* (2009), CDS Co-operatives. Available from www.cds.coop

The Case for Co-operative and Mutual Housing for Older People – Submission to the All Party Parliamentary Group on Housing and Care for Older People Inquiry into the Future of Retirement Housing (2012), CDS Co-operatives. Available from www.cds.coop

Maria Brenton, *Senior Cohousing Communities – An Alternative Approach for the UK?* (2013), Joseph Rowntree Foundation Programme Paper. Available from www.jrf.org.uk/publications

Jon Stevens, *Community-Led Housing for Older People and the Community Right to Build* (2013). Housing LIN Viewpoint 40. Available from www.housinglin.org.uk



Consultation Response

London Assembly Investigation into specialist housing options for older Londoners

Date: 5 July 2013

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This is an initial response to the London Assembly Housing Committee's investigation into specialist housing options for older people. We may submit further evidence before the end of the enquiry.

1. Introduction

Age UK London raises the voice and addresses the needs of older Londoners. We promote and represent the views of older Londoners; we campaign on real issues that make a difference to older people; we work with older people's organisations across London to enhance services; we offer a range of products and services tailor-made for the over 50s (via Age UK London Trading).

We welcome the Committee's investigation into specialist housing options for older people. Some of the issues raised in the Committee's background papers definitely chime with the feedback we have received from older people and local organisations (see below). The estimate of a need for an additional 80,000 specialist housing places for older people by 2041 should be a real wake-up call: on current trends it is difficult to see this target being met. Debates about housing in London often refer to the need for more family-sized homes, and we believe that improved options for those older people who wish to "downsize" would contribute to this aim. In our view "family-sized homes" would logically include space for older family members to live with their families if so desired, which could have a range of benefits.

Nationally, Age UK has referenced the Mayor's approach of promoting Lifetime Homes and Lifetime Neighbourhoods through the London Housing Strategy and London Plan as a positive example for other authorities to follow¹. We believe that full implementation of these policies is vital both because it will improve quality of life for people of all ages, and also because availability of Lifetime Homes and Neighbourhoods should reduce (though not eliminate) the need for specialist options and make other savings to the public purse by enabling more older people to live independently. Age UK London has also welcomed the Mayor's Care and Support Specialised Housing Fund, while we believe that considerably more resources will be needed to meet the scale of needs.

In meeting the growing needs for specialist housing for older Londoners, we believe that "it must be a basic principle that listening and responding to the views of residents should be fundamental in shaping what sheltered and retirement housing offers."² What must be avoided is a one size fits all approach to the wishes and needs of London's very diverse older population.

While we have tried to stick as closely as possible to the remit of this investigation, it is difficult to address specialist housing options for older people without considering wider issues of how housing providers treat and interact with diverse older people. One increasingly important issue is how older people (and others) who are digitally excluded can be supported to use Web-based systems for applying for social housing.

We have received a number of contributions from local older people's organisations and older people and have included them in annexe.

¹ Agenda for Later Life, Age UK, 2012

² "Making it work for us – a residents' inquiry into sheltered and retirement housing", Age UK, 2013

2. Key Challenges

A range of options

Age UK's recent inquiry referred to above called for a "comprehensive policy review of future models and funding of sheltered and retirement housing".

We have previously welcomed the development of extra care housing and similar models combining independent living with the availability of qualified care support on-site for those who need it. When well implemented these models can offer a good opportunity to develop a range of services and activities on site. A key feature of successful specialist housing for older people is that it includes reliable support for those who need it and opportunities for social inclusion for all, promoting personal independence.

On the other hand many sheltered housing tenants have been very concerned about the removal of site managers/"wardens" in existing sheltered housing schemes. There have been a number of well-supported local campaigns against these changes. Many tenants have said they do not have confidence in the floating support offered in place of the "wardens", especially as this support may be limited to housing needs only while the "wardens" previously offered support on a broader range of concerns. This model offered consistent human contact for residents who might otherwise be at risk of social isolation, and for residents who are suspicious of relying only on telecare to meet any care needs.

Age UK Enfield indicated to us that there is a lack of suitable specialist accommodation for people with early stage dementia but who do not wish to go into residential care. This may well be the case in a number of boroughs.

Good quality residential care may well remain the best option for some older people with high support needs and should not be excluded from the mix of services made available in any area.

We also have some accounts of older people being referred to specialist/supported housing automatically on the basis of their age, although they could have continued living in mainstream housing. While uncertain how widespread this is, we could provide a case study of someone whom it has happened to. Some older people may find some specialist housing settings restrictive. Linking specialist housing provision to activities promoting social inclusion is very important - one person told us that

"There are marked differences between older people who have a supportive family or friends and people who are isolated. Sheltered accommodation can be a prison for some people".

To sum up, older people's wishes and needs are very diverse and housing provision for older people in all London boroughs needs to cater for the full spectrum of requirements. This should range from accessible general needs housing meeting the Lifetime Homes Standards to good quality residential care provision for those who need it, taking in good quality extra care or similar specialist supported housing.

Options in the local area

Several responses received from older people or support groups indicated the importance of the right options for specialist housing or residential care being available in the local area, and that they did not think this was the case where they live. If older people need to move a long way to access the type of accommodation they need, they are liable to lose contact with the communities and networks they have spent their lives in and are at risk of becoming isolated. Even a move to a different part of the same borough might have this effect.

Older Homeowners

Feedback we have received supports the view that there is a serious lack of affordable market housing in London for older owner-occupiers to buy, perhaps especially in Central and Inner London boroughs. For many older homeowners in London, it may well be that the only way of affording specialist retirement housing, if they needed it, is to move out of London. The alternative in many cases is to stay in a home which is too big and which the householder is unable to maintain properly.

Information, Advice and Advocacy

It is vital that older people, across all tenures, should be able to access accurate, independent information about the housing choices which are open to them. Advice and advocacy services are very important particularly for people with higher support needs who experience problems related to their housing. Specialist housing provision for older people needs to be linked to support for this type of service. It is not acceptable for information only to be provided on the Web without support for digitally excluded people.

Diversity

London's older people, like Londoners as a whole, are very diverse and this diversity is increasing. Ageing among BAMER communities in London means that the proportion of older people from these communities will continue to grow. We sometimes receive feedback about a lack of options which are culturally suitable for people from particular communities – particularly those like the Chinese community who are numerous but geographically spread so that there may not be a “critical mass” of demand in any borough. Many LGBT older people experience homophobia in residential care and specialist housing settings, and some unfortunately feel they have to “go back into the closet” in such circumstances. We urge all providers to have in place full and effective equalities policies and to actively work to make their schemes safe and welcoming places for LGBT people. Some organisations are exploring the possibility of setting up specialist schemes for older LGBT people.

Alternative housing options

As the Committee has noted, some older people are interested in developing alternative forms such as co-housing or co-operative housing to enable a group of people to get together to meet their needs in a way which they own and control. There has been some indication of older people encountering obstacles in setting up such schemes. We would urge planning authorities to be aware of and open to the possibility of older people working together to meet their own housing needs. This may be an avenue either for some older homeowners, or for some groups who feel their needs are badly served in mainstream provision.

Learning disability and mental health issues

We think it would be very desirable to investigate the experience of younger adults in London with learning disability or mental health issues, who pass their 65th birthday while in supported housing settings.

Annexe: Evidence provided by local older people's groups for this submission

Since the investigation was announced we have received the following inputs from local organisations:

Age UK Kensington and Chelsea:

From supplied response to a borough-level consultation:

Response indicates broad agreement with an emphasis on Extra Care Housing while needing to reassure older people that traditional "care homes" will still be available for those who need them, and continues,

"More broadly, it seems to us that key to implementation is a recognition that housing with care must be part of a strategy to achieve integrated age-friendly (and dementia-friendly) neighbourhoods. This maximises the support available to older residents and promotes feelings of belonging – having a place - that goes some way to addressing isolation. Investment in the training and development of care workers will be vital, so that they also feel integrated into a broader approach, and the involvement of local voluntary and community organisations is vital to success."

Other issues raised in the submission include the importance of older people's housing settings working with and within the community and cooperating with voluntary organisations to provide a range of activities. It is also important for local authorities to use their planning powers imaginatively to promote housing for older people, especially where land values are high.

Age UK Enfield:

"As older people are living longer it is inevitable that there will be an increase in dementia and also more people likely to be living alone. From my experience there is limited specialist housing for people with dementia who do not wish to enter residential care but who have early dementia and need to be in a supported housing environment with the facilities for Day Care support in the same building. This should also offer respite care beds to support carers in the community who attend the day centre so that continuity of a familiar face and building is available for the cared for person to prevent the situation of them becoming confused and disorientated by being admitted to a residential home for respite with staff who do not know them or their likes and dislikes. I would like to see the government investing in this type of accommodation which will in real terms enable more people with dementia to be maintained in the community rather than expensive residential care."

Age Concern Westminster:

Response includes the fact that older people are spending very long periods on the waiting list for social housing, and raises a number of concerns about how housing providers in the borough have treated older people.

(Member of) Westminster Senior Citizens' Forum:

"There is one point about housing that I bring up time and again at my local Council forum. That is the lack of retirement housing for owner occupiers in Westminster. I have searched extensively and it seems that there is a single small block in St John's Wood; other than that, nothing! The media is full of news about the aging population and I hear all the time about schemes for sheltered and extra care housing. We who own our own homes are also ageing and often live in houses/flats that are too big for us and expensive to run and maintain. I

often hear it said that land is too expensive in Westminster and there are of course loads of sheltered schemes on the outskirts of London. It seems a crime that we who have lived most of our lives in Westminster should have to move when we most need the neighbourhoods we are accustomed to.

I have been told that when new luxury blocks are built the developers are obliged to give a proportion for social housing. Could not a proportion be developed as retirement flats as well as for social housing.”

(Member of) Barnet 55+ Forum:

“I think the concept of localism tends to be ignored. Local Authorities think that anywhere within their area is 'local'. But in fact even half a mile can be isolating people from their local area if it means taking two buses.

It is older people who stop to chat in the street or over the garden fence, while the youngsters rush past on their mobiles.

Older people need to be rehoused near their existing neighbours as they tend to look out for each other.”

Older people taking part in a discussion at Lambeth Resolve made points including:

- There needs to be diversity of provision, some mixed-age, some not. Not a one-size-fits-all approach.
- Need to have space to accommodate family when they want to stay. SH room sizes are too small.
- HomeShare can work, and can solve many housing problems. Needs to have Council as trusted third party to vet people, to help matching, to establish and enforce rules. What happens if homeowner dies? If ‘carer’ on holiday? There could be excessive expectations of the ‘carer’.
- Can people get assistance from council in downsizing? Only within same tenure?
- Mixed developments (eg SH and care home and ordinary housing together) are positive, enabling people to transfer with less difficulty. Bungalow schemes (even stacked bungalows) are popular, and can include guest accommodation (for families overnight). Good if they have reasonable room sizes, disabled access, lifts, and are not geographically isolated (out of town).
- Housing developments [market] should be required to provide for a quota of older people
- People need to make informed choices, and need to plan. Housing policy needs to be pro-active and enable residents to plan and make choices, not merely be crisis-responsive
- A number of other points relating to how older tenants are treated by housing providers.

Hammersmith and Fulham Older Persons Project:

“In my view the supply of housing is not meeting current needs.

There seems to be a lack of suitable sheltered accommodation - private and Council or HA provision. One size does not fit all. In Hammersmith & Fulham people living in Trust Sheltered Provision (the old Alms House type of provision) seem to be far more satisfied than those living in Council accommodation. It seems to be more stable, more socially orientated whereas working with residents living in Council provision, the criteria, the role of the support office, etc. is constantly changing. For example the Support Officers are now going to be focussed very much on dealing with Housing issues only. The plan is to call in other specialist workers, agencies to deal with other matters, such as claiming Benefits, etc. There are concerns that the changes in the way that Benefits are going to be paid direct to claimants may cause issues for some Residents who may not have the capacity to handle rent payments or likely to spend the money on addiction issues.

I think it is important to have a range of options and for more signposting so that people, especially people who may need to pay for their own supported accommodation have sufficient information to make informed decisions.

Also how people can be adequately supported in their own homes needs much more debate and how "protection" can be built in for the more vulnerable. Also need for more Extra Support Care.

There are marked differences between older people who have a supportive family or friends and people who are isolated. Sheltered accommodation can be a prison for some people."

The Rev. Patricia Vowles, St George, Waddon (Croydon):

"As you know many families and individuals have been hit by the 'bedroom' tax. Now, in the case of the elderly, this doesn't affect them if they are over 70 years. But we have many other under that age, and also disabled residents all in social housing. They have been extremely upset by this situation, and in some cases have been urged to think about moving. However, there is very little disabled and elderly housing spaces in and around Waddon. The upshot is that they would be offered places away from their 'homes, friends and families' which even if you are very able is stressful moving home and leaving behind all you ever knew.

This situation for these individuals will affect their health and general wellbeing. Some would be in danger of increasing their chances of sickness and psychological problems. If the Local Authority want to encourage down sizing then they should really think about allowing people to stay in their 'home' area by building or providing accommodation suitable to their needs on 'home ground'.

I was born in Camberwell, it was a very local community until the houses were demolished to build Tower blocks. many were moved into new areas (and I know some were very upset about moving away from a place where they were born). This social movement was the beginning of the destruction of the neighbourhood system, little markets and local shops in the community of Camberwell. I know that some of the housing was in an awful condition, but families knew each other, shared their lives and hardships. Now, people hardly know their neighbours, and are frightened of what is happening around them.

This will still happen even today. So provision should be made for people to live in the area they know, and only if they want to move away be offered homes in other areas."

London Assembly Housing Committee inquiry into specialist housing options for older people in London

Response from the National Housing Federation

The National Housing Federation welcomes the London Assembly Housing Committee's inquiry into housing options for older people in London. We feel this is a timely inquiry given commitments under the Housing Covenant from the Mayor, and the new spending committed to this type of housing from the Department of Health. Our response covers three main points:

- The need for viable, considered planning applications and decisions for older people's housing, as location is key to the success of a development.
- A call to the Mayor to intervene to ensure that bids for the Care and Support Specialised Housing Fund are not accepted only where planning permission already exists.
- Support for the Mayor's discussions around the devolution of NHS and other central government land located in London to the Mayor. The Mayor should make common cause with the NHS over the need for more specialised older people's housing to achieve NHS ambitions on older people's health and wellbeing, as well as the Mayor's ambitions for housing in London.

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Q1: Is the supply and type of specialist housing for older people in London meeting current demand and future needs?

Although there is considerable supply of certain types of housing for older people in London there are many housing developments which are not fit for purpose. Much of the existing supply, such as sheltered accommodation is unpopular among older people and has not been adapted in response to innovations in design and support, or in line with changing demographics because of the costs associated with retrofitting outdated accommodation. In some instances it is actually more cost effective to knock down and start again.. Accommodation may not be compatible with modern standards for older people's housing, such as those established by the Housing our Aging Population: Panel for Innovation (HAPPI), or simply not in a location that supports older people's independence.

There are also demand-side changes to consider; people are living longer and anecdotal evidence from housing associations and other providers suggests that fewer people are seeking to enter "older people's housing" in their early retirement. This means that many people may only be accessing sheltered accommodation once they already have more advanced support needs.

The Mayor and the boroughs need to have an open discussion about the future of existing developments which are not meeting local needs. Local authorities should take decisions about whether these unsuitable homes should be sold off and the proceeds used to provide something better elsewhere, or whether there is an opportunity for investment and redevelopment to improve these schemes.

It is also vital to look at the planning processes behind these types of development. Too often developments have been granted planning permission in unsuitable locations. It is critical for older people's ability to live independently that supported housing developments should be located close to amenities, mixed in with other types of housing and that developments should be designed as "community hubs"

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which will attract local people of all age groups. Focus should be on making sure that the right kinds of housing are being developed in the right places, as well as numbers and types of homes.

Without these considerations we risk building homes that do not serve the purpose for which they were intended. Developments such as these are a missed opportunity to deliver the best outcomes for older people, and to get good value for money out of older people's housing developments. For this reason the Mayor should enter into a dialogue with the boroughs to ascertain how older people's housing is being developed across London, and if current plans reflect best practice.

Q2: What are the challenges involved in ensuring the supply of specialist housing for older people will meet future needs and offer an attractive housing option?

As outlined in the previous question the neighbourhood is just as important as the interior of the home in helping older residents maintain a high quality of life. Therefore the major challenge for meeting older people's housing needs in the capital will be ensuring that development takes place in the right locations.

This is an issue that is becoming more and more widely recognised. The World Health Organisation has championed the argument that cities should be 'age-friendly'¹ and many reports highlight the problems that poor neighbourhood design can cause the older population. Poor outside lighting, street clutter and the lack of suitable seating or facilities make it harder for older or disabled people to get out and about.² Research in London has shown that a lack of public toilets and the fear of crime are significant barriers to older people's mobility.³

In London particularly it will be important to use Section 106 planning gain to develop older people's housing within mixed developments close to amenities. The benefits of this type of development have been successfully demonstrated in various parts of London. Good examples include the Peabody development Darwin Court in Southwark, an older people's social housing scheme which also functions as a community hub for people of all ages, with hair salons, social meeting places and even a swimming pool.

Another future-facing example is Apsley House, a Catalyst and St George development in Ealing, which contains general needs housing for older people built via Section 106 within a mixed development. This means that the older people's housing is mixed in with homes for people of all ages (something which research suggests most older people prefer⁴), and the development is in the centre of Ealing,

¹ 'What makes a city age-friendly? London's contribution to the World Health Organisation's age-friendly cities pilot'. Help the Aged and World Health Organisation, 2007.

² Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society. CLG, 2008.

³ 'What makes a city age-friendly? London's contribution to the World Health Organisation's age-friendly cities pilot'. Help the Aged and World Health Organisation, 2007.

⁴ Building Our Futures: meeting the housing needs of an ageing population, revised 2008 edition, Margaret Edwards and Harding, Ed. 2008.

close to transport, shops and other crucial amenities. It has also been used specifically to encourage downsizing so that older residents have a genuinely attractive reason to relocate from a larger home – something which also complements current government policy priorities for social housing.

Too often Section 106 is not used creatively enough, and local authorities accept commuted sums, or off-site development, or don't think of using planning gain to develop older people's housing at all. One of the main challenges of future delivery will be to deliver developments like the two examples mentioned above, which are designed to be a part of the community for the long term, rather than ghettoising older people in accommodation which will soon be out of date. The Mayor has a role in encouraging boroughs to use their developer contributions to maximum effect, and in particular to locate older people's housing in vibrant, accessible developments in the heart of communities. The Mayor's office could also take the initiative in educating planners on the benefits of specialist housing by developing guidelines for Local Authority planning departments. There continues to be a degree of misunderstanding about what this type of housing means for local communities. Planners are often concerned that specialist housing will be a burden on local GPs and other health services, as opposed to something that can in fact lessen the pressure on the local NHS, and potentially include GP facilities, as well as other services and spaces that can be used by the whole community. Well organised older people's developments can also be vital in integrating health, housing and social care – something planners and commissioners should give consideration to. A good example of this kind of integration would be the Trees extra care scheme in Highgate, One Housing Group and PRP development, which won a clutch of prestigious awards, including the Housing Design Award in the HAPPI category in 2011. Trees was commended by judges as one of the best schemes of its kind in Europe, and a benchmark for all older people's housing in England. The Local Authority planning department were involved from the outset to ensure maximum benefit to the community from this much-needed development

Q3: How have the Mayor and Boroughs performed in helping to plan, fund and deliver appropriate housing options?

A number of positive steps have been taken recently to increase the supply of specialist and supported housing for older people in London, not least the announcement that London will receive a £60m share of the Government's £300m Care and Support Specialised Housing Fund. The Mayor launched the bidding process for this funding as part of his Housing Covenant in October 2012.

We welcome this funding as an important step in the development of new older people's housing for London. However there are concerns about its implementation. The first is that the fund cannot be used for redevelopment, ruling out the possibility of refurbishing some of London's most out-of-date stock via this means. The National Housing Federation has also already received reports that bids for this funding are being accepted only where planning permission already exists. This will perpetuate the problems outlined above as new developments may be located where it is convenient for developers and planners, rather than where it is appropriate for older people to live. This is something the Mayor must act on, or else this much-needed funding will simply deliver more accommodation that does not truly meet the needs of London's aging population. It is important that this fund is not simply used to pay lip service to the idea of older people's housing provision,

which is an important part of the Mayor's vision for London. In addition the taxpayer will not derive the best possible value from the fund if it does not deliver sustainable developments which can serve communities for many years to come.

Powers over housing and the HCA's London assets were devolved to the Mayor in 2012, giving the Mayor much greater influence over housing delivery in London. The Mayor has subsequently also made a bid to be given control over central Government and NHS land in London. The National Housing Federation supports this ambition and foresees the potential for a beneficial impact on the delivery of older people's housing.

Mayoral control over NHS land could mean a more joined up approach to delivering housing for this demographic. The NHS has a strong interest in improving older people's health and wellbeing, and preventing unnecessary hospital admissions, which are both costly to the health service and detrimental to a patient's wellbeing and ability to live independently. It is becoming a well-established view that appropriate housing and housing-related support are key to achieving these goals. These aims also have the dual benefit of offering potentially substantial cost savings for the NHS whilst dramatically improving older people's quality of life – falls alone cost the NHS around £4.6m every day, and around half of people over 80 suffer a fall each year. The NHS currently spends £600 million each year treating people due to severe hazards in poor housing, mainly from falls-related injuries.⁵ The Mayor should work closely with the NHS to investigate opportunities to use surplus NHS land in the capital to deliver both London's housing objectives, and NHS objectives on older people's health.

⁵ *Integration: a report from the NHS Future Forum, 2012*