

Living and Working Select Committee



Supported Housing for Older People Scrutiny

Lead Member Foreword



I am pleased that the Select Committee is able to provide a voice for older people in Barking and Dagenham as I sometimes feel it is often the case that they are overlooked or disregarded. But times are changing and this group is growing in influence and becoming increasingly difficult to ignore. It seems that after concentrating on affordable housing for younger people, the time has come to redress the balance and tackle the issue of older people's accommodation.

Across the Borough many older people are living in homes that are unsuitable. A good home is crucial to the independence, health and well-being of older people. A poor home can significantly contribute to social exclusion and chronic illness which will dramatically reduce a person's quality of life. The circumstances and requirements of a 90 year old are often very different from a 60 year old. It is, therefore, our responsibility to ensure that every older person in the Borough lives in a home and community that facilitates their independence and encourages them to be physically and socially active.

There are examples all over the Borough that show we are providing many excellent homes for older people. However, we need to make these excellent homes the minimum benchmark for all older people's accommodation and begin a journey towards discarding sub-standard homes from our stock. The foundations for delivering good housing solutions for older people are being laid, the Council is in the process of preparing a new Older People's Strategy, and it is hoped that the outcome of this review will contribute to this piece of work. I hope that this scrutiny review helps Barking and Dagenham to prepare for the challenges of providing housing for an ageing population.

On behalf of the Living and Working Select Committee, I would like to thank all of those who contributed to this review.

Councillor Gerald Vincent

Lead Member of the Living and Working Select Committee

1 Introduction

Older people play an important part in the life of Barking & Dagenham: as active participants in the workforce, as carers, as taxpayers and as producers and consumers of local goods and services. Growing older is a continual process and the housing and support requirements of older people are determined by a range of factors much wider than their housing background. These factors include family, financial and health circumstances, for example.

The challenge for local authorities is to deliver holistic accommodation and services for a broad range of older people that complements and maintains their lifestyles. The type of housing a person lives in usually dictates or constrains the care that person receives; over time this situation will need to change so that accommodation is a *context* for care and people have genuine options and choices. Ultimately housing will become a fundamental aspect of a person's care package.

It is imperative that the London Borough of Barking and Dagenham (LBBD) has a clear strategy in place to make sure that there is enough appropriate housing for older people in the future. The aim of this report is to assess whether the Borough has a portfolio of older people's accommodation that is capable of managing the upsurge of older people living in the Borough. Moreover, this report aims to ensure that the housing stock is diverse, of excellent quality, and reflects the needs of an ageing population with higher expectations than their forebears.

1.1 Membership

The Living and Working Select Committee (LWSC) consisted of eight Councillors in the 2009-2010 municipal year:

- Councillor G Vincent (Lead Member)
- Councillor S Kallar (Deputy Lead Member)
- Councillor R Bailey
- Councillor J Denyer
- Councillor N Gill
- Councillor E Obasohan
- Councillor L Reason
- Councillor J White

Glen Oldfield, Overview and Scrutiny Officer, supported the Select Committee.

1.2 Choosing an Area for Review

The LWSC began its inaugural in-depth review on 15 July 2009 and chose supported housing for older people.

This topic was chosen as an area for intense scrutiny for the following reasons:

1. It was identified by Members as a key area of interest, and it was felt that investigating this issue would be worthwhile and add value;
2. Barking and Dagenham is currently below the national average with regard to National Indicator 138 - satisfaction of people over 65 with both home and neighbourhood.¹
3. To contribute towards realising the Council and Partnership's community priorities three and four; a fair and respectful, and healthy Borough. The outcomes of this report were intended to promote independent living and a higher quality of life through regenerating communities for older people living in Barking and Dagenham;
4. The Leader of the Council, in setting out his priorities at the beginning of his term, highlighted the need to ensure that older people were provided with 'the excellent services they deserve'.
5. The review was intended to complement the development of the Council's draft Older People's Strategy.

1.3 Methodology

Terms of Reference (see Appendix 1) were agreed at the 15 July 2009 meeting and evidence-gathering was completed in January 2010.

Stephen Clarke, Divisional Director of Housing Services, was appointed as Lead Services Officer to provide expertise and guidance.

Anne Bristow, Corporate Director of Adult and Community Services, nominated as the LWSC Scrutiny Champion, supported the Select Committee throughout the review and helped oversee the delivery of the project in collaboration with the Lead Member and Scrutiny Officer.

The Select Committee met on a six weekly basis and, over the course of four formal meetings, the LWSC heard evidence from senior officers and professional experts. In addition to formal evidence-gathering sessions, the Select Committee researched older peoples' housing by undertaking visits to strategic locations, engaging in secondary reading and consulting with local people. In its fifth meeting the LWSC brought together its findings and started to prepare the final report. The in-depth review concluded on 10 March 2010 when this report and its recommendations were agreed by the LWSC.

1.4 What Happens Next?

The report will be presented to the Executive on 16 March 2010 for comment and then for consideration by the Assembly on 24 March 2010.

¹ Adult and Community Services National Indicator Performance at Quarter 1 - LBBB (2009/10)

If agreed, an action plan outlining how the recommendations will be implemented will be produced and the recommendations will be monitored until each has become reality. The first monitoring update will be heard by the LWSC in 6 months' time.

When finalised and agreed, the findings of this report are to be publicised in the following ways;

- A downloadable copy will be made available from www.lbbd.gov.uk/scrutiny
- A brief summary of the report will be published in 'The News' and sent to other local newspapers.
- A comprehensive summary of the report's findings will be sent to interested parties and relevant voluntary organisations.
- A downloadable copy will be made available from the 'Centre for Public Scrutiny' website.

1.5 Background Papers

(See Appendix 4)

2 Context

2.1 National Policy

2.1.1 National Service Framework for Older People

Published in 2001 by the Department of Health, the 'National Service framework for Older People' outlined eight standards for all providers. The framework addresses significant conditions that are associated with old age such as strokes, falls, dementia, and mental health problems. Importantly, it stresses the importance of rooting out discrimination and promotes person centred services.

2.1.2 Our Health, Our Care, Our Say: A New Direction for Community Services

This 2006 Department of Health White Paper confirms the vision set out in the Green Paper, 'Independence, Well-being and Choice'. It states the need to fit services around peoples' lives and promises to give a stronger voice to older people, allowing them to be the major drivers of service improvement. The White Paper raises the issues of whole system provision, community services, and single holistic assessments. It also advocates new care models such as mixed model extra care housing/telecare and champions Individual Budgets.

2.1.3 Homes for the Future: More Affordable, More Sustainable

Published in July 2007, the housing Green Paper presents a clear argument for more affordable homes to rent or buy. More importantly, it stresses that new homes must be built to better standards and be more sustainable. 'Homes for the Future'

champions lifetime homes standards and recognises that older people cannot continue to live in housing that does not meet thermal and safety standards.

2.1.4 Putting People First

Published in December 2007, 'Putting People First' is a ministerial concordat that continues the themes addressed in 'Our Health, Our Care Our Say'. The document further outlines the Government's commitment to independent living and highlights shared aims and values intended to transform adult social care. Key elements of 'Putting People First' include the desire for a personalised system, partnership working, and a new approach to collaboration between central and local government in order to modernize adult social care.

2.1.5 Lifetime Homes, Lifetime Neighbourhoods

Published in February 2008 by Communities and Local Government, 'Lifetime Homes' is the most comprehensive national policy to emerge regarding older people's accommodation. The strategy puts a strong emphasis upon creating neighbourhoods which are good to grow old in and also sets targets for lifetime homes standard compliance. 'Lifetime Homes' reiterates the importance of good quality information and advice services for older people to help them stay in their homes. The strategy develops the government's vision for personalisation and individual budgets and furthers the case for joined up working between health, housing, and social care.

2.1.6 Valuing People Now

'Valuing People Now' is a new three-year strategy for people with learning disabilities published in January 2009. The strategy aims to offer all people with learning disabilities and their families the opportunity to make an informed choice about where, and with whom, they live. The paper notes that many people living in residential care have not chosen this type of housing and that it often restricts their lifestyle choices.

2.1.7 National Dementia Strategy

Published on 3 February 2009, the 'National Dementia Strategy' aims to increase awareness of dementia, ensure early diagnosis and intervention and radically improve the quality of care that people with the condition receive. Key objectives include delaying reliance on more intensive services, considering the potential for housing support and improving the quality of care for people with dementia in care homes.

2.1.8 Building a Society for All Ages

In response to the challenge of an ageing society, 'Building a Society for All Ages' was published in the summer of 2009 by the Department of Work and Pensions as a follow up to 2005's 'Opportunity Age' strategy. The strategy opposes mis-held beliefs that old age is a period of passive decline and recognises the potential of older people not only in terms of their financial contribution to the state but also as a valuable component of communities.

2.1.9 Shaping the Future of Care Together

Published on 14 July 2009, the adult social care Green Paper sets the government's vision for a new care and support system and proposes a National Care Service. The Green Paper acknowledges the current system of social care and provision in England to be unfair, inequitable, complex and ultimately unsustainable. Under the new system, services that feed into social care assessment and provision will be personalised to work for the individual in a more integrated service. This requires more interaction between health, transport, leisure and housing in the assessment and delivery of social care.

2.2 Regional/sub-regional policy

2.2.1 London Housing Strategy

The draft 'London Housing Strategy' (2009) for public consultation was published on 21 May 2009. It outlines the Mayor of London's vision for housing in London but only briefly addresses the issue of older people's accommodation. The Strategy recognises that there are many older people in London who are living in unsuitable homes that prevent them from living independent lives and that improvements to housing will reduce health inequalities across the capital. The strategy calls for more homes to be provided to meet the access, space and adaptability needs of disabled and older people.

2.3 Local Policy

2.3.1 LBBB Sheltered Housing Stock Option Appraisal

The most significant piece of work to emerge locally is the 'LBBB Sheltered Housing Stock Option Appraisal', published in 2005. LBBB commissioned Hanover Housing Association to undertake a stock options appraisal of the Borough's sheltered housing stock. The resulting report recommended a number of options for the stock including retention, de-designation and disposal against a background of physical improvements (some quite minor) and Decent Homes standards required across the whole stock. Since 2005 a number of schemes have been de-designated and some physical improvement has been undertaken across the stock.

It should be noted that in many respects the report now constitutes a historic document, with many of its projections and issues subsequently updated or addressed. Nevertheless its conclusions that sheltered housing stock needs large scale investment and that the Council needs to make decisions about the future of non-fit for purpose sheltered housing stock remain valid in 2010. The 'LBBB Sheltered Housing Stock Option Appraisal' was influential in shaping the recommendations of this scrutiny review.

2.3.2 LBBB Supporting People Strategy 2005 – 2010

The 'Supporting People Strategy' stated that there was an overprovision of sheltered housing and that a reduction and reconfiguration was required to meet the needs of frail older people and those with complex needs including mental health conditions.

The Strategy set out plans to move away from the sheltered housing model by helping to sustain people in their own homes for as long as possible by increasing the lower intensity floating support services. The strategy also put emphasis on providing more flexible support within sheltered housing, better access to services and improved assessment processes. Furthermore, the strategy outlined its priorities to build up higher intensity assisted living services for frail older people and those with complex needs.

2.3.3 Healthier Communities and Older People Needs Analysis

The report looks specifically at the issues of health and social care provision that affect the health and wellbeing of older people in the Borough and is essentially a description of the health profile and disease burden of the population aged 65 and over living in Barking and Dagenham. The report outlines the local demographics and some of the social and risk factors affecting older people.

The purpose of the analysis is to inform future goals for services and interventions by local health and social care services targeting this group of the population.

2.3.4 LBBB Housing Strategy 2007 – 2010

The 'LBBB Housing Strategy 2007-2010' directly addresses the issue of older people's accommodation. It recognises the changes in the demographic and socio-economic make up of older people and embraces the extra care model as an effective alternative to residential care. The report also identifies the need for culturally sensitive services for the emerging group of Black and Minority Ethnic (BME) older people and notes the need for specialist dementia care accommodation. The Housing Strategy 2007-2010 covers important issues without outlining solutions in detail.

2.3.5 LBBB Older People's Strategy

LBBB is currently preparing a new Older People's Strategy so that older people will no longer be squeezed into strategies that in part relate to them, but not wholly. By having their own strategy it is hoped that the needs of older people will be represented better. The Strategy will state a number of objectives across all tenures including:

- Safer and Warmer Homes (including comprehensive advice and information, loans and grants)
- Remaining independent (adaptations, support, personalisation)
- Housing Options and Advice (housing pathways, affordable housing options, accommodation review and strategy)

- Active Neighbourhoods (peer projects, employment, housing, physical regeneration and community development)

2.4 Overview of National and Local Older Peoples' Housing Policy

Put simply, national, regional, and local policies now converge on a group of key themes and objectives that are summarised below:

- Housing is now recognised as a vital ingredient in social care and health
- Emphasis on “preventative housing” for older people – this includes; advice, information and adaptations.
- Sustainable design and lifetime homes
- Personal budgets and personalised plans and services
- Supporting people to stay in their own homes
- To support older people to make active and informed choices about their housing
- Emphasis is on well-being and physical neighbourhoods which are good to grow old in.

3 Findings and Recommendations

In compiling the findings, the evidence gathered by the Panel has been grouped into key themes, and recommendations are presented with the relevant themes to provide context. For ease of reference the recommendations can also be viewed as a list in Appendix 2.

3.1 Predicted Trends

One in five children born today can expect to live to 100 years old. Over the next 20 years the Borough's population will continue to grow and, as life expectancy increases, so will the demand for accommodation.

During the course of this review the Select Committee learned that in Barking and Dagenham it is predicted that there will be:

- Increasing numbers of older people (aged 65-74 years) between 2009 to 2031
- Stability in the 75 – 84 years age cohort from 2009 to 2031
- Stability in the 85+ cohort overall, but that numbers of men will increase by approximately 45%
- An increase in all elderly BME populations, with the largest increase in the Black African Population
- Increasing numbers of homeowners
- Increasing requirement for carer support
- Increase in dementia prevalence and incidence

(Graphs and tables of this data can be found in Appendix 3)

Missing from these data sets is the projected impact that the Barking Riverside development will have on the numbers of older people. With an extra 26,000 people living in the Borough, of which a portion will be older, it is important to ensure that the design of homes and community spaces in Barking Riverside meets the needs of this group and provides them with the facilities to live active, independent lives, integrated into the wider community.

The rise in the number of older people creates more than the challenge of providing housing and care services for more people. As the population grows so does the need for services that can cater to the special needs of people.

The needs and demographic analysis of older people in Barking & Dagenham is imperfect. At present data is derived from a number of sources; some of these sources are quite old (i.e. LBBB Housing Needs Survey) and, as a result, projections and analyses may be inaccurate or in some circumstances can contradict one another.

It is important that housing, health, and social care services have an accurate set of data that can be used by all agencies as a basis for long-term planning and the commissioning of services. The simple solution is for a single LBBB data-source used by all agencies involved in the planning of older peoples' services.

Recommendation 1:

The LWSC recommends that a detailed demographic and needs analysis for older people be undertaken so that a single set of data is produced. This data source should be freely available for use by any services and agencies in the Borough involved in older people's provision.

3.2 Sheltered Housing

After general needs housing, sheltered accommodation is the next level of housing support that can be offered to older people. Sheltered housing is specially designed for older people aged over 55 years (or who are younger, registered disabled and receiving Disability Living Allowance at the higher rate and require a support service) and consists of self contained units in a block or a group of flats or bungalows. Residents have their own front door, kitchen bathroom, lounge and separate bedroom.

While different schemes vary, most will provide:

- a laundry service;
- a communal lounge;
- optional social activities;
- communal gardens;
- a guest room for overnight visitors;
- security and safety features;
- a Warden or Scheme Manager;
- 24-hour emergency assistance through an alarm scheme.

The clear advantage sheltered housing has over general needs housing is that there are often communal areas and social activities that take place on-site. This reduces social isolation and loneliness whilst preserving the privacy and independence of the resident.

It is hoped that in the majority of cases an older person will be able to stay in sheltered housing for the remainder of their life, as this outcome indicates that the person had good quality of life and did not need to move into a nursing home for around-the-clock care.

3.2.1 Sheltered Housing in Barking and Dagenham

The Council owns a number of flats and bungalows designated for older people. Several new sheltered schemes have been completed in recent years meaning that the Borough has a more than sufficient level of sheltered housing stock.

The table below shows the amount of sheltered housing in August 2009 in Barking and Dagenham, as provided by the local authority and housing associations.

Provider	Bedsits	Bungalows	1 bed	Total
LBBB	2	71	558	631
London & Quadrant	0	26	102	128
Springboard	0	46	18	64
English Churches Housing Group	10	2	16	28
Total	12	145	694	851

Some of the sheltered housing in the Borough is of poor quality and not suitable for older people to live in. A small proportion of the stock has aged badly; it does not meet decent homes standards and lacks the facilities that older people really need. The Select Committee visited a sample of the sheltered housing available in Barking and Dagenham and was surprised by the difference in quality between the best and worst schemes.

Barking and Dagenham has some excellent sheltered housing schemes. Barnmead Court, a joint venture between London & Quadrant Housing Association and LBBB, stood out as such an example. The residents we spoke to on our visit described Barnmead Court as a 'hotel' and felt privileged to be living there. Similarly, two LBBB schemes (Catherine Godfrey House and Kidd House) are well-maintained with a homely feel and plentiful opportunities for social activities.

In stark contrast to these schemes there is a collection of sites that no longer meet the expectations or desires of older people. Of the six schemes the Select Committee visited, three (Limbourne Avenue, Rectory Road, and Church Elm Lane) were noted as unsuitable. The Select Committee judged these to be un-fit because they exhibited one or more of the following inadequacies;

- No lift to upper floor(s)
- Open stairwells and corridors
- No communal spaces
- Old fashioned, un-adapted bathroom suite
- Very little space
- Limited security
- Dull décor, institutional feel

It should also be noted that in the two smaller schemes (Limbourne Avenue and Rectory Road) the Scheme Manager is shared meaning only limited support is available to the residents between Monday and Friday.

The Select Committee strongly believes that the standard of sheltered housing needs to be raised and the poorer examples must be removed from the sheltered portfolio as they are unsuitable for older people to live in. After visiting six of the sheltered housing schemes in the Borough, the Select Committee studied the Hanover report of 2005. The report confirmed that three of the schemes visited were among the lowest ranking in terms of future potential, location and amenity, and physical condition. They would need considerable investment to meet the Government's Decent Homes Standard.

The Select Committee is concerned that in the past the upkeep of sheltered housing has been of low priority and this is how we have arrived at our current circumstances. It is important that LBBB assets are looked after and updated as appropriate, so that they last longer. The Select Committee would like to ensure that sheltered housing stock does not degenerate in the future and urges officers to find ways to invest in the maintenance of our sheltered schemes. Given the financial situation of the Council it is difficult to ring-fence funds for this purpose, but through undertaking a new stock options appraisal, housing services should be able to find out what the maintenance priorities are and then reconcile and prioritise the necessary maintenance work within the portfolio through cross-subsidy or other funding streams.

Recommendation 2:

The LWSC recommends that the maintenance priorities for sheltered and extra care schemes are addressed, following a detailed stock options appraisal of the portfolio.

If the older people's housing agenda is to move forward and the new Older People's Strategy is to be successful, it is imperative that the future of the poorer schemes is decided so that action can be taken to improve the overall quality of sheltered housing.

Recommendation 3:

The LWSC recommends that plans are drawn up (including consultation, reports, Executive agreement) to deal with the following six schemes as follows:

1. Church Elm Lane (re-designation)
2. Fews Lodge (re-development for extra care sheltered housing)
3. Limbourne Avenue (re-designation)
4. Lovelace Gardens (re-designation)
5. Maud Gardens (re-designation)
6. Rectory Road (re-designation)

Each site would be subject to a detailed analysis outlining the preferred re-development options in line with (predicted) future need and demand requirements. Where re-designation is not the best option the Committee recommends disposal of that site. However, should any site need to be disposed of, it is recommended that any receipts generated are ring-fenced for the re-provision of sheltered, extra-care and/or affordable housing.

The remainder of the sheltered stock will then be subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. The review will undertake a holistic assessment including the options for significant modernisation and re-modelling into mixed use core and cluster models against predicted future needs. The review will consider how LBBD can continue to support the growing population of older people through new models of supported housing (mixed core and cluster developments, telecare, floating support etc).

3.2.2 Hidden Demand for Sheltered Housing

Expectation levels are different from 20 years ago; more people own large homes and are reluctant to down-size, especially into a bedsit or small flat. Older people are keen to stay in their homes and communities for as long as possible and national policy reflects their desire to remain in their family home. That said, when people are given a choice between staying in their home or moving to a high quality sheltered scheme, the latter option is more popular depending on the priorities of the individual.²

If the quality of LBBD sheltered housing stock were to rise, it is expected that demand would increase accordingly as more people would be willing to transfer from a 2 or 3 bedroom house into a 1 or 2 bedroom flat. Equally, demand might rise if local people had a better understanding of the eligibility criteria for sheltered housing and more awareness of their housing options.

Year	No. of offers	Acceptances	Average	No. on list
2005/06	347	154	2.25	265
2006/07	352	128	2.75	249
2007/08	289	96	3.01	245
2008/09	313	92	3.40	354

The waiting list data for 2005 – 2009 (see table above) shows that there has been a decrease in the number of acceptances for sheltered housing placements, meaning more older people are refusing offers from the Council. This is indicative of the higher standards and expectations of older people. It is therefore a challenge for the Council to meet the growing expectations of its residents and in the process unlock the hidden demand for sheltered housing that undoubtedly exists.

3.2.3 Choice-based Lettings for Sheltered Housing

The More Choice in Lettings (MCIL) allocations policy was introduced in April 2005 for the Council's general needs housing stock. The new system replaced a complex points system that had a blanket approach to assessment. Since its introduction, MCIL has been amended several times in response to issues raised in light of operational experience.

In February 2008 the Council's Housing Advice Service was inspected by the Audit Commission to assess the performance with regards to homelessness, allocations, and lettings. The inspection concluded that the Council was using an out of date points-based system to allocate sheltered accommodation and by doing so excluding older people from the choice agenda.³

A report was agreed by the Executive in October 2008 to use the same reasonable preference criteria for sheltered housing as used for general needs, thus removing the points system. It was also agreed to move the assessment process to the Supporting People Assessment Team to provide service users with a single point of contact. The transfer of this service took place on 1 December 2009, following training for all staff on Housing Legislation and the Housing Service new I.T. system, which was implemented in November 2009.

Earlier consultation with service users clearly demonstrated their wish not to move sheltered housing to a choice bidding system. There is ongoing consultation with service users as part of achieving the national policy objectives for older people to be given more choice and control over where they live. LBBD will need to empower older people as well as younger generations with choice. Choice-based lettings for sheltered accommodation could also help towards bottoming out the demand for older peoples' housing, as there would be more information to analyse about the overall level of demand for sheltered housing and the relative demand for individual schemes.⁴

Recommendation 4:

The LWSC recommends that the Council completes the implementation of a choice-based lettings system for sheltered accommodation applicants.

³ More Choice in Lettings, LBBD Executive - item 69 (14 October 2008)

⁴ Sheltered Housing Strategic Review - London Borough of Lambeth Cabinet, item 7 (13 October 2008)

3.3 Extra Care

Extra care, or 'very sheltered' housing, has no definition, it is best thought of as a set of common characteristics with scope for variation outside of its core features. The physical make-up of extra care housing is not too different from larger sheltered schemes. The difference between the two types of housing lies in the approach to care. Extra care is aimed at frail older people not entirely capable of living alone and, as such, it is a mid point between a retirement home and residential care. Residents are encouraged to do as much as possible for themselves but when they need help, care is at hand. For example it can be arranged for someone to have a visit from a carer in the morning for help getting out of bed, getting washed and dressed or getting into bed in the evening. The care packages are provided by local authorities and can be provided to such a high level that extra care housing can act as a direct alternative to residential care.

Features of extra care housing:

- Self-contained flats or bungalows incorporating design features to facilitate ease of use or safety features and assistive technologies
- Provision of appropriate care packages to a high level if required
- Catering facilities with one or more meals available every day
- 24 hour staff and support
- Communal facilities such as restaurant, lounge, activity rooms, library, health suite
- Staff offices and facilities

There are generally four types of extra care housing:

1. Rented: This is where all of the residents rent their flat from the housing provider. There will be a weekly or monthly rent and service charge.
2. Leasehold for sale: Residents in these flats generally buy the property from the housing provider and the purchaser pays a monthly service charge.
3. Mixed tenure: Within a scheme some residents have bought the lease, and some are renting from the housing provider. Both leaseholders and tenants are entitled to the same personal care and support services.
4. Mixed model: Where there is a mixture of able bodied and frail older people in the same scheme. This encourages independence and interdependence. Couples often choose to live together in schemes like this, where one may be relatively frail, but the other is still independent.

3.3.1 Best Practice – Extra Care in Brighton and Hove

On 24 November 2009 Members of the LWSC visited Brighton to see best practice examples of extra care housing. The Select Committee visited Brighton's New Larchwood extra care home and met with the estate manager and representatives from Hanover Housing Association. New Larchwood opened in July 2006 and was developed in partnership with Brighton and Hove City Council, the Department of Health, and Hanover Housing Association. It won the Welhops European Award for innovative housing design in 2007.

New Larchwood consists of 32 self-contained one bed flats and 6 two bed flats that are suitable for tenants who might need accommodation for family or carers. Every home is wheelchair accessible, designed, equipped and fully adaptable for the needs of elderly and disabled people. Each flat can be fitted with telecare systems linked to an on-site 24-hour day care team. Other features include;

- Walk-in showers
- Fully furnished kitchens fitted with variable height worktops.
- Easily accessible electrical sockets and light switches
- Sinks with lever taps.

Residents also have access to;

- Lounge and several quiet spaces
- Dining room / restaurant
- Laundry room
- Guest suite
- Mobility vehicle store room with battery charging

The attention to detail in the design of New Larchwood is apparent and it is the culmination of these 'small things' that make it so successful. Subtle features such as low window sills, plenty of natural light, and the width of corridors make a significant impact on the 'livability' of these homes.

More important than the design of the accommodation is how New Larchwood fits into the community. The communal space and facilities are available for local people to use and enjoy, making it a genuine hub for the community. These include;

- Health treatment room for GP sessions, nurse and other PCT uses
- Hairdressing / chiropody room
- Hobbies and craft room
- Landscaped gardens
- Cinema
- Community Café

This is really important because New Larchwood is situated in Coldean, a suburban estate of predominately ex-council housing in the outskirts of Brighton, and as a result there are few local facilities and residents are to some extent geographically isolated.

It is clear from New Larchwood that the wider potential role of extra care housing schemes as community hubs needs to be taken into account at the design stage and in consultation with local people. The on-site GP surgery and space for the PCT to use is a good idea and something the Select Committee feels Barking and Dagenham should try to emulate. Because of the possible jeopardy to the security and privacy of residents it may not be possible to designate space for the PCT to work from in existing sheltered/extra care homes in Barking and Dagenham. Equally there may be no need, depending on the location of other GP practices and Health Centres. However, when new sites are being designed, or old ones re-developed, there may be scope to do so and the Council should take the opportunity to create more than just older people's accommodation.

Recommendation 5:

The LWSC recommends that future older people's accommodation is designed with the wider community in mind and communal space is used creatively and, where appropriate, allocates space for the Primary Care Trust and third sector.

3.3.2 Extra Care in Barking and Dagenham

Extra care housing in Barking and Dagenham is provided through the Council, and in partnership with Anchor and Hanover Housing Associations. It provides self contained flats and bungalows of one and two bedrooms, and residents have access to a range of shared facilities and 24 hour care from an on-site care and support team.

The Care Quality Commission commended the increase in capacity of extra care places in Barking and Dagenham.⁵ The table below shows the total provision of extra care housing across the eight schemes in the Borough.

Provider	1 bed	2 bed	Bungalow	Total
LBBB	124	0	3	127
Hanover	92	11	16	119
Anchor	31	0	0	31
Total	247	11	19	277

Extra Care housing in LBBB sees a case load of approximately 70-80 cases per year. The waiting list was 27 cases at March 2010. Both these figures have remained static over the last ten years, so it can be inferred from this data that the Borough has an adequate supply of extra care housing, in terms of unit numbers, at this point in time.

⁵ Adult Social Care Services, Annual Performance Assessment Report - CQC (2008/2009)

Issues have arisen around the quality and focus of extra care housing. While it may be true that LBBB has an adequate supply of extra care housing, it is important to ensure that the schemes we do have are of the highest quality and capable of providing accommodation for years to come to meet the demands of an increasing older population.

Recommendation 6:

The LWSC recommends that extra care housing is subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. As with sheltered housing, the review will undertake a holistic assessment including the options for significant modernization and re-modeling against predicted future needs.

3.3.3 Extra Care and Dementia

Older persons with dementia			
	2010	2015	2020
65-69	73	97	107
70-74	130	145	162
75-79	250	236	232
80-84	429	370	325
85 & over	696	731	729
Total	1,578	1,578	1,556

In Barking and Dagenham there are an estimated 1700 people with dementia and each year 650 new cases are diagnosed. Based on national average costings, it is estimated that dementia care in the Borough amounts to £6.5 million for social care and a further £3.5 million for the NHS.⁶ By 2017 it is predicted that there will be as many as 1740 dementia sufferers and 659 new cases per year. The increase in dementia prevalence will put further strain on the purse of the Local Authority and health service and, therefore, it is important to drive down costs of care and improve efficacy wherever possible.

Extra care could make a positive impact on supported housing for dementia sufferers. At the moment some 70-80% of clients entering residential accommodation in 2008/9 were placed as a result of dementia issues. Residential care placements are costly and not necessarily suited to people affected by the early stages of dementia. Key care requirements revolve around the monitoring and prevention of wandering, which can be met effectively through the extra care model. Some extra care housing schemes have been adapted or especially built for people who have dementia. The

⁶ Health Equity Audit of Barking and Dagenham Dementia Services - NHS Barking and Dagenham (October 2007)

tenants are able to organise the same type of personal care as in standard extra care housing schemes, but these particular schemes are designed so that they are easier and safer for people with dementia to live in. They are built to ease the problems of orientation and confusion which can, at times, affect people with dementia.

Examples of special features which are typical in extra care housing for people with dementia include:

- The use of familiar objects and furniture to aid orientation
- The use of colour to aid orientation, for example, painting the front door to the flat a different colour to the surrounding walls and other doors in the corridor
- A homely style of décor and layout
- Unobtrusive attention to safety, for example, heat alarms
- Safe outside space so that residents can enjoy the fresh air without getting lost or wandering too far.

Recommendation 7:

The LWSC recommends that the Council provides a specific extra care dementia scheme. A feasibility study should be undertaken in 2010 to establish detailed options.

3.4 Residential Care and Nursing Homes

Nursing and residential care places are at the more intensive end of the older people's housing spectrum. These placements are necessary when a person's care needs have reached a point where they can no longer be cared for at home or in a sheltered/extra care environment. Because of the level of care that is required, these types of home are registered and regularly inspected by the Care Quality Commission to ensure that the residents are being looked after properly and standards are good.

Residential homes have trained care staff on-site and residents have access to visiting District Nurses. Nursing homes are similar but provide even more care by having Registered General Nurses on duty 24 hours a day in order support needs that are too complex to be met within residential homes. Both types of accommodation provide meals and it is also possible for a GP to visit on request.

Most care homes are run by the private sector, although some are owned by charitable or voluntary organisations. Local authorities tend not to own and run their own care homes but they do purchase the majority of beds in those that are privately owned.

Applicants for places in nursing/residential homes are financially assessed to determine whether they pay some, or all, of the cost of their placement from their savings or property. The NHS will pay the cost where they determine a person has a continuing care need for fully funded NHS care. In some cases the local authority will

fund a care home place, provided the applicant has very high needs and meets eligibility criteria.

3.4.1 Nursing and Residential Provision

At 31 October 2009 there were 767 people placed in residential or nursing homes. A breakdown by client group of these placements is shown below:

Older People's Housing Provision					
	2004/05	2005/06	2006/07	2007/08	2008/09
	Total				
Nursing	497	497	429	331	275
Residential Care	671	689	605	518	492
Extra Care	60	65	74	76	78
Nursing Dementia	19	54	62	65	69

Barking and Dagenham has an adequate supply of residential and nursing places for current and foreseeable future needs. Current strategy is in fact to minimise the use of residential/nursing and to focus upon the provision of general housing with personalised support.

3.4.2 Residential Homes and Learning Disabilities

Currently 401 people from Barking and Dagenham are in receipt of an learning disability related service, of which 109 live in residential homes. This equates to 28% which is just below the national average of 30%.

The table below shows that the number of people over 65 with learning difficulties in Barking and Dagenham is set to increase. It is important to note that not all people with learning disabilities receive a service from Social Services. The proportion of people with learning disabilities who live to an older age is increasing in line with medical knowledge and better healthcare.

Learning Difficulties Projections - Baseline estimates			
	2010	2015	2020
65-74	197	212	221
75-84	141	126	117
85 & over	60	61	62
Total	398	399	399

Learning Difficulties Projections – Moderate or severe			
	2010	2015	2020
65-74	38	45	51
75-84	16	15	14
85 & over	6	6	6
Total	60	66	71

National policy is seeking to empower people with learning disabilities by giving them the opportunity to make an informed choice about the type of housing tenure, where, and with whom, they live. 'Valuing People Now' notes that many people living in residential care have not chosen this type of housing and that it often restricts their lifestyle. The Select Committee endorses this initiative and would like to ensure that vulnerable older people, especially those with learning difficulties, are not placed in residential care homes when there is an opportunity to provide care and support in a general needs housing context.

Public Service Agreement 16 (to increase the proportion of socially excluded adults in settled accommodation and employment, education or training) has been earmarked as a delivery priority for the Government and local authorities.⁷ To deliver on this agreement the Council will need to reduce the number of older people with learning difficulties that live in residential care. LBBB has gained funding from the Department of Health to develop care pathways for all of the care groups which will improve access to ordinary housing.

LBBB has taken significant steps towards reducing residential care placements for people with disabilities through a variety of mechanisms. LBBB has negotiated with Outlook Care to de-register an existing residential provision and re-provide this as supported living using Individual Service Funds to purchase the care. The remainder of the contracts will be re-tendered in 2010 as supported living services rather than residential services. The majority of this provision is for people in their late 40's and upwards. Gascoigne Road is an internal LBBB residential provision with 12 beds for people with learning disabilities and complex needs – there are currently no plans to remodel this service...

A number of initiatives are taking place to increase the range of options and to offer choice outside the existing nursing/residential provision in the Borough through commissioning supported living, extra care and access to ordinary housing.

Recommendation 8:

The LWSC recommends that vulnerable people and those with learning difficulties are placed in the most appropriate type of accommodation. People with learning difficulties should be given the chance to live independently with support in the home

⁷

Remodelling and Tendering of Contracts for Residential Care Services for People for Learning Disabilities - LBBB Executive, item 7 (29 September 2009)

and residential placements should only be considered as a last resort. The Select Committee commends the work done so far to de-commission residential placements for people with learning difficulties. Gascoigne Road should come under review in order to see whether a more personalised approach can be used to provide the same level of support at this site.

3.5 Assistive Technology

The term ‘assistive technology’ is used to define “any device or system that allows an individual to perform a task they would otherwise be unable to do, or increases the ease and safety with which the task can be performed”.⁸

Telecare is a subset of assistive technology and refers to “the remote or enhanced delivery of health and social care services to people in their own home by means of telecommunications and computer-based systems”⁹. Telecare gives independence, freedom, and peace of mind to the user, their friends, family and carers. It helps users to perform everyday tasks, stay in their own homes, communities, and social networks for longer.

Telecare equipment has been used to help the following groups of people:

- Older people living with specific long terms conditions, notably dementia and chronic obstructive pulmonary disease (COPD).
- Older people faced with moving from home to nursing home care
- People at risk of falling at home, or at risk from other household dangers such as fire or flood
- People requiring rehabilitation and/or intermediate care services to enable them to return home successfully
- People who are frequently visiting hospital A&E departments
- People with sensory or physical impairments

Telecare solutions are simple and there is a broad range of devices that can be placed in the home to help older people. These include:

- | | |
|------------------------|---------------------------------|
| ▪ Smoke Detector | ▪ Property Exit Sensor |
| ▪ Epilepsy Sensor | ▪ Pull Cord |
| ▪ Natural Gas Detector | ▪ Video Door Entry |
| ▪ Enuresis Sensor | ▪ User/Carer Pager Alert |
| ▪ Pillow Alert | ▪ Medication Reminder/Dispenser |
| ▪ Pressure Mat | ▪ Carbon Monoxide Detector |

⁸ A Glossary Of Terms For Community Health Care And Services For Older Persons - World Health Organisation (2004)

⁹ Assistive Technology, Telecare and Telehealth - LWSC, item 4 (04 November 2009)

- Bed/Chair Occupancy Sensor
- Amie+ /Gem+ Triggers
- Temperature Extremes Sensor
- Movement Detector (PIR)
- Flood Detector
- Environmental Control Solutions
- Bogus Caller Button
- Fall Detector

When used properly telecare can prevent admissions into expensive care homes. For this reason telecare contributes towards the goals of the most recent national policy.

3.5.1 Best Practice

Telecare is widespread and many authorities have mainstream services. Below are two examples of best practice in the UK.

Essex

As a pre-emptive measure against the predicted spend required to meet demand in 10 years, Essex County Council is ambitiously expanding its service to offer telecare free to all those aged 85+ at an investment cost of £4 million.¹⁰

Nottinghamshire

Nottinghamshire County Council won the e-government award at the National Award for Local Government 2006 for its outstanding telecare services. Nottingham's telecare solution provides greater protection and security at home for 5000 people and more efficient charging and management by recording electronically the activity of care staff. This has helped Nottinghamshire County Council implement outcome-based commissioning, fairer charging and more effective management of independent homecare providers.¹¹

3.5.2 Telecare in Barking and Dagenham

The London Borough of Barking and Dagenham launched its telecare service in 2006 using the Preventative Technology Grant to fund a 2 year pilot. In 2008 it was adopted as a mainstream service and is part of the Community Disability Service. LBBD works in partnership with Tunstall as suppliers of our equipment, Wealden and Eastbourne Lifeline for monitoring the service and Care UK for responding to emergencies and situations where people are not able to provide a friend, relative or neighbour as a contact. The monitoring service is available 24 hours a day, 7 days a week. When an alarm is triggered the monitoring service will contact the nominated person or the emergency services to respond.

LBBD has provided over 500 pieces of equipment to 262 people. The devices have been installed to help manage a range of social care and health related needs such as:

¹⁰ <http://www.essexcc.gov.uk>

¹¹ <http://www.idea.gov.uk>

- Angina
- Arthritis
- COPD
- Depression
- Epilepsy
- High blood pressure
- Reduced Mobility
- Anxiety
- Asthma
- Dementia
- Diabetes
- Falls
- Heart condition
- Respiratory Condition

The most common conditions are reduced mobility, falls and dementia.

Since the start of the telecare project in Barking and Dagenham there have been more than 2500 calls to the Eastbourne response centre. Data from Wealden and Eastbourne about the nature of responses from people in the project shows that from June 2008 to September 2009, 96 calls made led to a direct response from an ambulance, 179 were responses from a fall detector and 149 were prompts to remind people to take medication.

To date there have approximately 150 occasions in which Care UK have responded to an urgent request from project recipients. These are calls from frail and vulnerable people without friends or family to respond, and who would otherwise only have emergency services to call on to assist. It is important to remember that the majority of people have family or friends who can assist; therefore the total number of responses is much higher than this in reality.

The Care Quality Commission, in its 2009 annual assessment of adult social care services, identified the expansion and uptake of telecare as an area for improvement¹². As budgets become tighter over the next few years it will become more difficult for the Council to expand its telecare service as it has done before the economic downturn. Telecare resources need to be used prudently and it would be irresponsible to commit to a significant expansion programme given the financial climate and already stretched purse. Instead the Council should look to improve the service it is already running and target the service to the people that can most benefit from telecare, so that when the opportunity for growth comes the product is better.

3.5.3 Impact of Telecare

Owing to the recent development of assistive technology, empirical data relating to its impact is not widely available. That said, there is an emerging, and convincing, body of evidence, both qualitative and quantitative, that suggests telecare makes a valuable contribution to independent living for older people.

Studies have shown that telecare is a cost effective service for local authorities.

¹²

- In Essex, an evaluation based on 240 telecare users showed significant cost savings with a conclusion that for every £1 spent on telecare, £3.58 was saved in traditional care. Remarkably, for users where telecare was a direct replacement for traditional care, for every £1 spent on telecare, £12.60 was saved in traditional care.¹³
- In Gloucestershire, analysis of their 2 year project revealed actual net savings of £405,088 across 55 users.¹⁴ Based on 2000 users this would translate as savings of up to £11.6 million per annum.

There is potential for the PCT and NHS Barking & Dagenham to benefit from the telecare service because it alleviates some of the burden on the emergency services and hospital admissions as well as reducing the length of stay at hospital and the number of visits to GPs. Because the telecare response is quick it means that people are less likely to develop secondary problems and recover more quickly. The use of radio pendants alone in Barnsley resulted in a 25% reduction in hospital admissions and a 38% reduction in the average length of stay.¹⁵ Naturally this results in financial savings for the NHS and PCT.

While these cost savings are encouraging it must be remembered that they come from Tunstall - a commercial organisation that manufactures and sells such equipment and is a contractor of LBBB. The savings calculated above are based on estimations and predictions; as a result the figures that emerge from such studies are notional and seldom conservative. LBBB has yet to identify any significant savings as a result of installing telecare equipment to our local residents and some analysis of actual impact of the type of equipment offered and installed together with an analysis of type of recipient and consequent benefit is required to inform future developments. Telecare is potentially cost effective for health and social care but there are question marks around just how much money can be saved, especially for the local authority.

It would be narrow-minded to consider telecare's value only in a financial context. Telecare has the potential to save money for the local authority and NHS but more importantly telecare makes a positive impact on the quality of life of its users, and can, if targeted appropriately enable people to live more independent lives at home for longer. Anecdotal evidence from surveys across the UK illustrate that users of telecare assert that their quality of life has improved.

A Health Psychology Report commissioned by Gloucestershire County Council notes that;

- 86% of service users found that telecare improved their confidence
- 94% of service users said that telecare had maintained or improved their independence

¹³ British Telehealthcare Case Studies - Tunstall (2008)

¹⁴ Rapid Response, David Brindle - The Guardian (24/06/2009)

¹⁵ Assistive Technologies in Falls Management - Naidex (2005)

- 73% of staff said that they had seen an increase in the quality of life of service users.

The Scottish Executive, in a similar study¹⁶ found that;

- 93.3% of respondents felt safer as a result of having telecare in their home
- 87.2% of respondents thought that their families now worried less about them

A survey¹⁷ undertaken by North Yorkshire County Council revealed that;

- 86% of respondents thought that telecare had helped them carry on living at home.

Recommendation 9:

The LWSC recommends that Barking and Dagenham conducts a survey to assess the impact of telecare both in terms of cost savings and to the ability of service users to remain living independently in their own home. The research should also aim to find out the opinion users have of telecare and their satisfaction levels with the service. It is hoped the results of this study will help to build an evidence base to support the development of the service in the future.

¹⁶ British Telehealthcare Case Studies - Tunstall (2009)

¹⁷ British Telehealthcare Case Studies - Tunstall (2009)

4 Conclusion

This review has scratched at the surface of what is undoubtedly one of the most important challenges this, and indeed every other, local authority must face head on without procrastination. The numbers of older people are going to rise; there will be more people from different ethnic backgrounds, more people with dementia, learning disabilities, and long term conditions. All of these people need, and deserve, a good home that is well designed and conducive to maintaining an independent lifestyle with wrap around services that are sensitive to their needs.

It is clear that housing is no longer a 'bricks and mortar' service; a person's home is an integral aspect of a care package. Gone are the days when we considered housing, health, and social care in isolation; we must think holistically and work in partnership to deliver a whole system solution.

Together we can improve circumstances for older people and help them to become proud of their home and neighbourhood. We can give them more choice and control in their housing and care options and we can give them a better quality of life.

Barking and Dagenham is an innovative Council with talented officers and Members are convinced that there are plans and strategies in place, or on their way, that will prepare Barking and Dagenham for an ageing population. The Select Committee welcomes a strategy for older people that covers all aspects of their lives and outlines in detail what the Council provides for older people and what developments and improvements residents can expect to see under the new strategy.

Older people have much to offer this Borough and it would be a shame to restrict their contribution because they are living in unsuitable homes without the support they need to live independently. Older people are as much the future of this Borough as any other generation and we should address their needs accordingly.

Terms of Reference

The LWSC will scrutinise specialist supported housing for older people in Barking and Dagenham with the following objectives.

- To review the services in the Borough with the aim of improving overall delivery, and addressing gaps in services and areas where services are underperforming and/or do not offer value for money.
- To investigate the standard of the Council's existing stock and to consider the design and quality standard for future builds.
- To assess the current demand for specialist supported housing for older people against the provision the Council and Registered Social Landlords has available.
- To research the projected need and consider the options to satisfy this, addressing any gaps between need and supply.
- To complement and inform the work being conducted by housing services to revise the Older People's Housing Strategy.
- To involve the community in the scrutiny process, especially service users and individuals that have had exposure to specialist supported housing services for older people, and to provide them with opportunities to give evidence and inform the review.
- To collaborate with partner organisations to identify opportunities where partnership working could be improved.
- To review best practice nationally and in other local authorities, including LBBD's statistical neighbours or beacon authorities.
- To consider any related equalities and diversity implications, and to encourage members of the public from all cultural backgrounds to engage with this important issue.
- To produce a final report with findings and recommendations for future policy and/or practice.

In all of the above ensure that the needs and preferences of older people are understood and reflected.

List of Recommendations

The following recommendations are set out here as a list, for ease of reference.

Recommendation 1:

The LWSC recommends that a detailed demographic and needs analysis for older people be undertaken so that a single set of data is produced. This data source should be freely available for use by any services and agencies in the Borough involved in older people's provision.

Recommendation 2:

The LWSC recommends that the maintenance priorities for sheltered and extra care schemes are addressed, following a detailed stock options appraisal of the portfolio.

Recommendation 3:

The LWSC recommends that plans are drawn up (including consultation, reports, Executive agreement) to deal with the following six schemes as follows:

1. Church Elm Lane (re-designation)
2. Fews Lodge (re-development for extra care sheltered housing)
3. Limbourne Avenue (re-designation)
4. Lovelace Gardens (re-designation)
5. Maud Gardens (re-designation)
6. Rectory Road (re-designation)

Each site would be subject to a detailed analysis outlining the preferred re-development options in line with (predicted) future need and demand requirements. Where re-designation is not the best option the Committee recommends disposal of that site. However, should any site need to be disposed of, it is recommended that any receipts generated are ring-fenced for the re-provision of sheltered, extra-care and/or affordable housing.

The remainder of the sheltered stock will then be subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. The review will undertake a holistic assessment including the options for significant modernisation and re-modelling into mixed use core and cluster models against predicted future needs. The review will consider how LBBD can continue to support the growing population of older people through new models of supported housing (mixed core and cluster developments, telecare, floating support etc).

Recommendation 4:

The LWSC recommends that the Council completes the implementation of a choice-based lettings system for sheltered accommodation applicants.

Recommendation 5:

The LWSC recommends that future older people's accommodation is designed with the wider community in mind and communal space is used creatively and, where appropriate, allocates space for the Primary Care Trust and third sector.

Recommendation 6:

The LWSC recommends that extra care housing is subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. As with sheltered housing, the review will undertake a holistic assessment including the options for significant modernization and re-modeling against predicted future needs.

Recommendation 7:

The LWSC recommends that the Council provides a specific extra care dementia scheme. A feasibility study should be undertaken in 2010 to establish detailed options.

Recommendation 8:

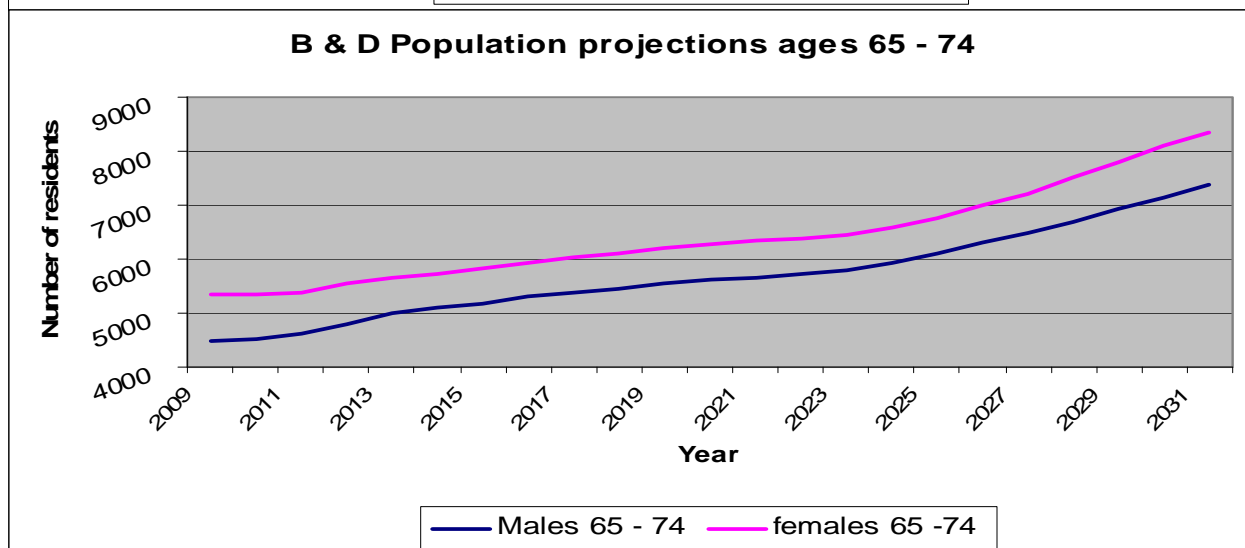
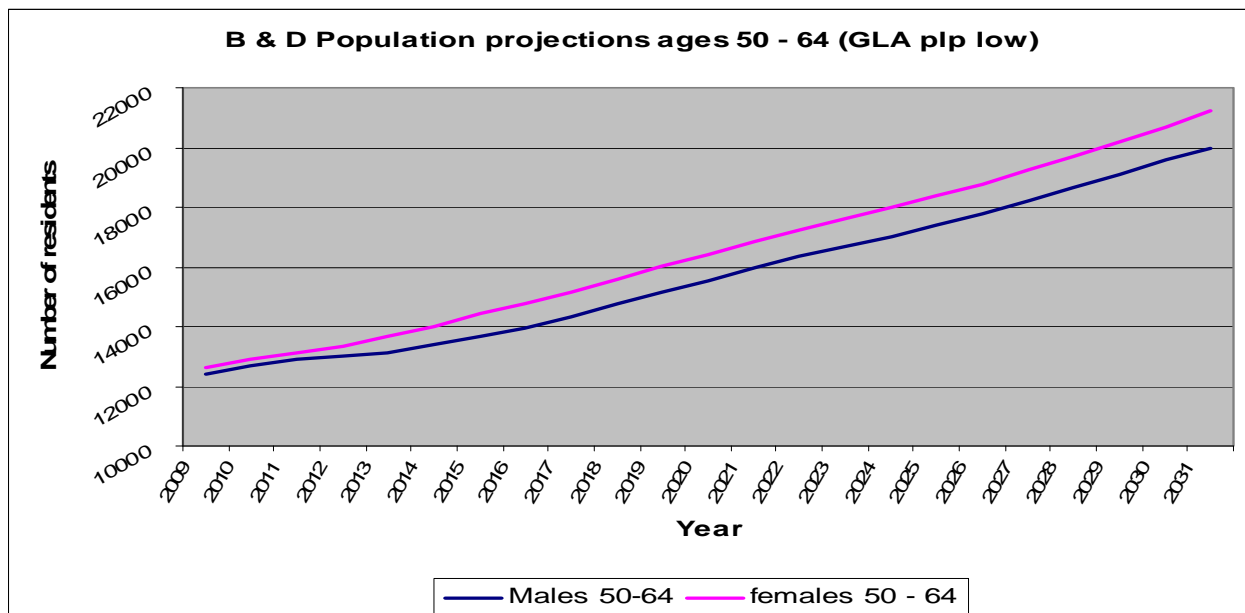
The LWSC recommends that vulnerable people and those with learning difficulties are placed in the most appropriate type of accommodation. People with learning difficulties should be given the chance to live independently with support in the home and residential placements should only be considered as a last resort. The Select Committee commends the work done so far to de-commission residential placements for people with learning difficulties. Gascoigne Road should come under review in order to see whether a more personalised approach can be used to provide the same level of support at this site.

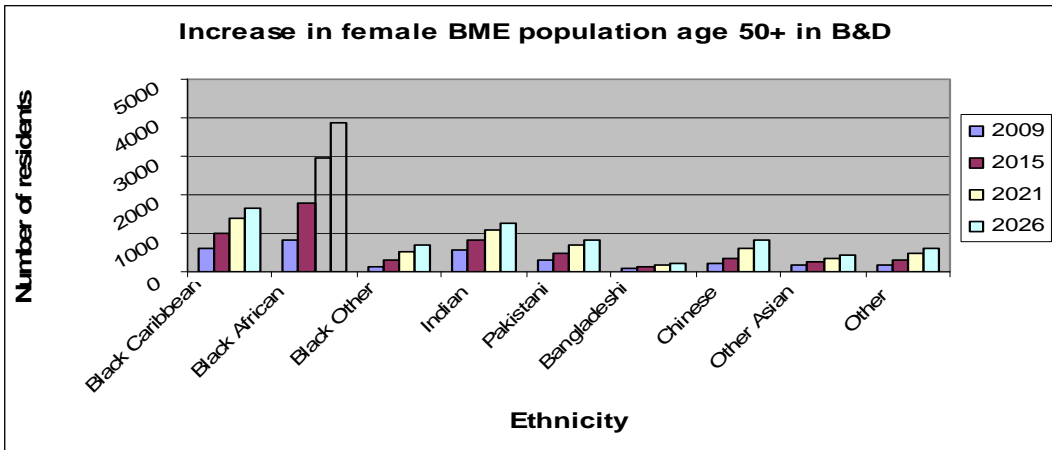
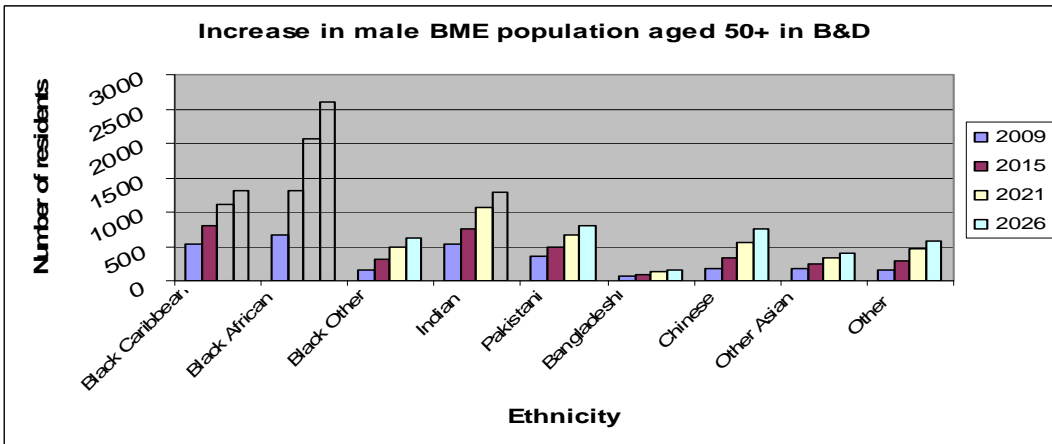
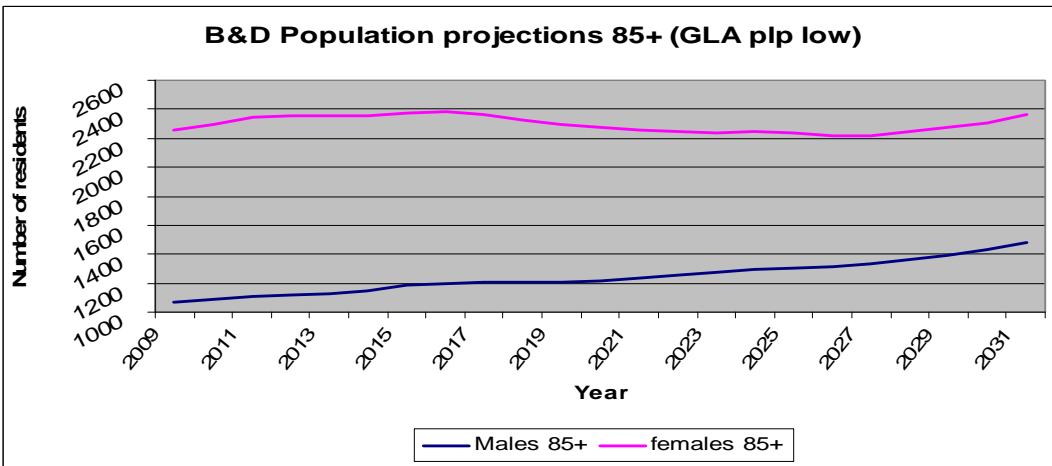
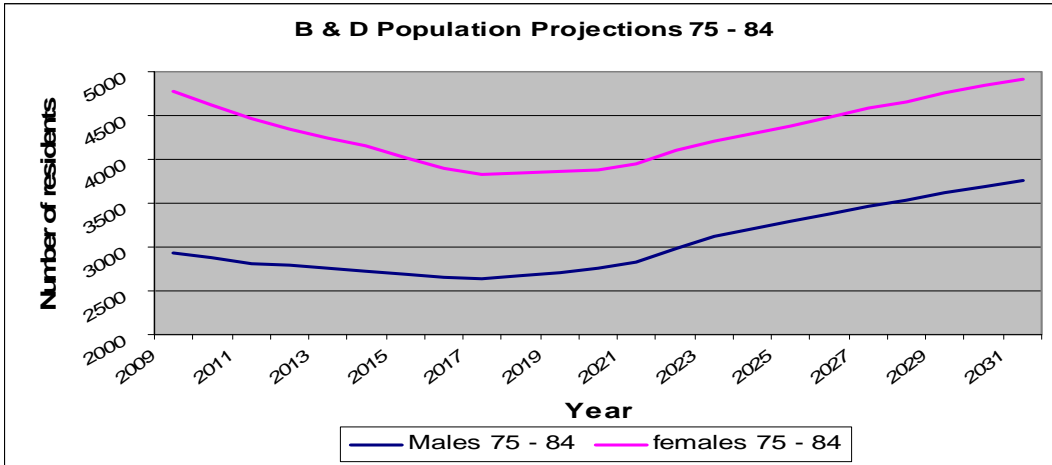
Recommendation 9:

The LWSC recommends that Barking and Dagenham conducts a survey to assess the impact of telecare both in terms of cost savings and to the ability of service users to remain living independently in their own home. The research should also aim to find out the opinion users have of telecare and their satisfaction levels with the service. It is hoped the results of this study will help to build an evidence base to support the development of the service in the future.

Older Persons Population Data Including Projections Up Until 2030

Older Person Population - 5 year projections			
	2010	2015	2020
65-69	5,917	7,326	8,631
70-74	4,765	5,310	5,925
75-79	4,195	3,988	3,956
80-84	3,523	3,065	2,706
85 & over	3,090	3,162	3,174
Total	23,500	24,866	26,412





People unable to manage at least one self-care activity* on their own			
*Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails.			
	2010	2015	2020
65-74	2,350	2,780	3,202
75 & over	4,888	4,709	4,679
Total	7,238	7,489	7,882

People unable to manage at least one mobility activity* on their own			
*Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in/out of bed.			
	2010	2015	2020
65-74	855	1,011	1,164
75 & over	2,690	2,608	2,616
Total	3,545	3,618	3,781

People aged 65 and over unable to manage at least one domestic task* on their own			
*Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs.			
	2010	2015	2020
65-74	2,564	3,033	3,493
75 & over	5,332	5,137	5,105
Total	7,896	8,170	8,598

People aged 65 and over with a body mass index (BMI) above 30			
	2010	2015	2020
65-79	3,719	4,110	4,570
80 & over	1,544	1,467	1,365
Total	5,263	5,577	5,935

Visual impairment

People aged 65-74, and 75 and over predicted to have a moderate or severe visual impairment, and people aged 75 and over predicted to have registrable eye conditions, projected to 2020.

	2010	2015	2020
65-74	2,350	2,780	3,202
Over 75	4,888	4,709	4,679
Over 75 (with registrable eye condition)	7,238	7,489	7,882

Background Papers

Author:	Title:	Date:
Age Concern	Older People in the United Kingdom	(2009)
Age Concern	Policy Position Papers	(2008)
B&D P'ship	Community Plan	(2009)
B&D PCT	Healthier Communities and OP Needs Analysis	(2006)
B&D PCT	Joint Strategic Needs Assessment	(2009)
B&D PCT	Health Equity Audit for Older People in Barking and Dagenham	(2006)
BGS	Can adaptations and Assistive Technology pay their way?	(2004)
CQC	Annual Performance Assessment Report	(2008/9)
CLG	Homes for the Future: More Affordable, More Sustainable	(2007)
CLG	Lifetime Homes, Lifetime Neighbourhoods	(2008)
Counsel & Care	Extra Care Housing	(2009)
DH	Independence, Well-being and Choice	(2006)
DH	National Dementia Strategy	(2009)
DH	Our Health, Our Care, Our Say: a new direction for community services	(2006)
DH	Putting People First	(2007)
DH	Shaping the Future of Care Together	(2009)
DH	Valuing People Now	(2009)
DWP	Opportunity Age: Meeting the Challenges of Ageing in the 21st Century	(2005)
ELHP	East London Sub-Region Housing Strategy 2005 – 2008	(2005)
Fordham Research	Housing Needs Survey	(2005)
GLA	London Housing Strategy. Draft	(2009)
Hanover	20 Years of Extra Care: A Review	(2009)
HM Government	Building a Society for All Ages	(2009)
HOPDEV	Delivering Housing for an Ageing Population	(2006)
HOPDEV	Planning for an Ageing Population	(2006)
JRF	Comparative Evaluation of Models of Housing With Care	(2007)
LWSC	Agenda papers and minutes	(2009/10)

LBBB	Adult and Community Services National Indicator Performance at Quarter 1	(2009/10)
LBBB	Housing Strategy 2007-2010	(2007)
LBBB	More Choice in Lettings	
	▪ Executive 14/10/2008 - item 69	
LBBB	Option Appraisal: Sheltered Housing Stock	(2005)
LBBB	Remodelling and Tendering of Contracts for Residential Care Services for People for Learning Disabilities	
	▪ Executive 29/09/2009 - item 7	
LBBB	Supporting People Strategy 2005 – 2010	(2005)
LSE	A Framework for Housing in the London Thames Gateway	(2004)
Tunstall	British Telehealthcare Case Studies	(2008)

Glossary of Terms, Abbreviations and Organisations

Assistive technology	Any device or system that allows an individual to perform a task they would otherwise be unable to do, or increases the ease and safety with which the task can be performed.
Audit Commission	Independent watchdog, driving economy, efficiency and effectiveness in local public services.
Barking Riverside	Significant regeneration project in Barking and Dagenham.
BME	Black and minority ethnic.
Capita	New LBBD housing management system.
Care UK	Respond to emergency calls from telecare users in Barking and Dagenham.
Care Quality Commission	Independent regulator of health and social care in England.
Choice-based lettings	System of allocating social housing that gives tenants more choice and control over where they live by allowing to applicants to apply for widely advertised vacant properties. The LBBD version of this system is called 'More Choice in Lettings'.
Communities and Local Government	Sets policy on local government, housing, urban regeneration, planning and fire and rescue.
Decent homes standard	To meet the standard, property must have reasonably modern facilities, be warm and weatherproof.
Department of Health	Government department dedicated to health and all matters relating to it.
Extra care	Type of sheltered housing that can offer care and support. It can be ideal for people who are less able to manage on their own.
Floating support	Flexible support services to help people live independently.
Green Paper	Consultation document on central government policy. The government may publish a green paper outlining policy on a matter and asking for feedback, before presenting it to Parliament as a bill.
Housing Association	Independent not-for-profit bodies that provide low-cost social housing for people in housing need. Housing Associations mentioned in this report: <ul style="list-style-type: none"> ▪ Anchor ▪ English Churches Housing Group ▪ Hanover

	<ul style="list-style-type: none"> ▪ London & Quadrant ▪ Springboard
Individual budgets and Individual service funds	See Personalisation.
Lifetime homes standard	Set of 16 design criteria that provide a model for building accessible and adaptable homes.
Mixed-model	Mixture of able bodied and frail older people in the same housing scheme.
Mixed-tenure	Scheme where some residents have bought the lease and some are renting from the housing provider. Both leaseholders and tenants are entitled to the same personal care and support services.
National indicator	Set of 198 indicators on which central government manage the performance of local government.
Nursing home	Provide more care than residential homes by having qualified nursing staff on duty 24 hours a day, to support people's complex needs.
Outlook Care	Not for profit organisation that provides care and support to people with a learning disability, those with mental health needs and older people.
Personalisation	Reform of public services so that they are geared around the individual. A key element of Personalisation is the allocation of a personal budget, which allows the customer to take control of their own care as agreed in their support plan.
Primary Care Trust (PCT)	Primary Care Trusts manage the provision of primary care services in a specific area. These include services provided by doctors' surgeries, dental practices, opticians and pharmacies. NHS walk-in centres and the NHS Direct phone service are also managed by the local PCT.
Public service agreement	Set of aims and objectives of UK government departments for a three-year period.
Scheme Manager	Otherwise known as a Warden, the Scheme Manager ensures the smooth running of the site, supports tenants to live independently, and responds to emergencies. The Scheme Manager does not provide personal care or administer medicines.
Scrutiny Management Board	Overarching overview and scrutiny committee of LBBD dissolved in spring 2009.
Sheltered housing	Specially designed accommodation with facilities for older people with warden or similar on site to respond in emergencies.

Residential home	Provide support to people who can not be supported in their own homes even with a comprehensive package of care. They provide trained care staff and residents have access to visiting District Nurses.
Telecare	Remote or enhanced delivery of health and social care services to people in their own home by means of telecommunications and computer-based systems.
Telehealth	Remote monitoring of a patient's vital signs, health and well-being through monitoring equipment located in the patient's home.
Third sector	Blanket term for non-governmental organisations including voluntary and community organisations, charities, social enterprises, housing associations, cooperatives and mutuals.
Tunstall	Provider of LBBD telecare equipment.
Wealden and Eastbourne	Provide telephone response for telecare users in Barking and Dagenham.
White Paper	Document that sets out details of future policy on a particular subject. White papers often form the basis of a bill before the government presents it to Parliament. It gives the government an opportunity to gather feedback on the ideas in the white paper.

List of Contributors and Site Visits

Contributors:

- Anne Bristow Corporate Director, Adult and Community Services
- Stephen Clarke Divisional Director, Housing Services
- James Goddard Group Manager, Housing Strategy
- Karen Ahmed Head of Adult Commissioning
- Thomas Oyetunde Group Manager, Housing Support
- Anne Baldock Group Manager, Housing Advice Services
- Tudur Williams Group Manager, Assessment and Care Management
- Shannon Katiyo Public Health Analyst and Project Officer
- Ben Campbell Commissioning Support Manager
- Bill Brittain Group Manager, Assessment and Care Management
- Annette Ashley Policy and Partnership Officer
- Gareth Watkins Tunstall Telehealth Representative

Site Visits:

The following site visits were undertaken by Members during the course of the review:

- Smart Flat Romford – 23 October 2009
- Rectory Road Dagenham – 23 October 2009
- Church Elm Lane Dagenham – 23 October 2009
- Limbourne Avenue Dagenham – 23 October 2009
- Kidd House Dagenham – 23 October 2009
- Catherine Godfrey House Dagenham – 23 October 2009
- Barnmead Court Dagenham – 23 October 2009
- New Larchwood Brighton – 24 November 2009
- Patching Lodge Brighton – 24 November 2009