

London Borough of Tower Hamlets

FINAL REPORT

**Strategic Housing Needs
Assessment for Older People's
Housing**

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EXECUTIVE SUMMARY

The report explores the housing needs of older people in Tower Hamlets and attempts to link them with needs related to housing support, social care, health and well being.

Government policy in recent years has sought to promote independence and choice in care and support services and to enable people to remain in self contained housing. Good quality housing is therefore of key significance. Demographic and social trends have supported this, resulting in more people receiving care and support in ordinary housing and in the development of specialist housing models such as Extra Care Housing.

A range of data on housing, support and social care needs and related services in Tower Hamlets was reviewed, including projections for the future, based on demographic trends. A wide range of professional stakeholders were interviewed and linkages with other strategies were considered wherever possible. Providers were asked to verify supply data and to contribute to a grading process of their sheltered housing stock. Consultation was carried out through a stakeholder listening event, attendance at a THINK event, four focus groups, interviews carried out with housebound older people and a questionnaire, which was circulated through providers, and voluntary agencies and the Tower Hamlets website.

The population of the borough increased by nearly 30% between 1991 and 2007 and is set to continue to increase. Overall the population profile is young; projections for the future suggest that over the next ten years the percentage increase in the population over the age of 85 will be much greater than in the 65-84 age group. The increase in the oldest section of the population will be accompanied by an increase in the number of people with dementia.

Tenure patterns amongst older people in the borough are significantly different from the England as a whole, with over 60% of older people renting from social landlords, compared with around 70% of older people owning their home in England as a whole.

A simple grading matrix was used to make a broad assessment of the quality of the sheltered housing stock and on this basis around 20% of the stock was deemed not to be fully fit for purpose. A further 14% was assessed as marginal – just meeting minimum standards for older people.

To allow for population growth in addition to the replacement of obsolete units, it is estimated that the stock of designated supported accommodation for older people needs to increase by around 20%. This should not all be traditional sheltered housing: a range of different models of accessible housing for older people is required. This is in addition to the general demand for good quality accessible accommodation for people over the age of fifty.

A range of scenarios were suggested in a recent review of Extra Care Housing and these were compared with population based predictions from a model produced by Communities and Local Government and the Department of Health. These projections indicate a need for a minimum of 225 additional units of extra care housing by 2025. Allowing for cultural changes in attitudes to extra care housing increases this figure by around 130 units.

The research identified a number of key themes which need to be addressed in the forthcoming strategy:

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General challenges:

- Older people suffer as a result of multiple deprivation: poverty and poor housing conditions experienced by many in the borough are part of this picture
- The density and shortage of housing for all ages impacts upon older people
- Certain sections of the older population are marginalised - the older white population suffer from a 'left behind' syndrome, whilst Bangladeshi elders often face overcrowding and many feel that their problems are not heard.
- Older people in the borough feel very strong ties to their local area, but at the same time feel that the sense of community is being eroded.

Housing Market:

- There is a shortage of good quality accommodation that is appropriate to older people's needs; as a result there is little choice
- There are very low levels of owner occupation; but few choices for the minority that do own their homes
- Many leaseholders who bought through 'Right to Buy' policies face financial difficulties with maintenance and service costs.

Making best use of existing housing:

- There are problems of overcrowding faced by older people living as part of extended families; at the same time many older people 'under occupy' their accommodation
- There is a lack of good alternatives and a need for more assistance with moving, to persuade older people to consider a move
- Many older people are isolated on upper floors because of inaccessible communal areas or lifts that don't work
- More attention needs to be given to accessibility issues in maintenance and improvement programmes e.g. Decent Homes programmes
- Security and safety issues are high on older people's agendas
- Effective housing support, benefits advice and practical help needs to be made more available to enable older people to stay in their own homes – for example through the creation of more community hubs
- Although levels of adapted stock are reasonably high there are still less than 1% of units that are adapted for wheelchairs and there is a shortage of ground floor and accessible accommodation.

Home Improvement Agency and related services:

- Aids and adaptations and related services are a little disjointed
- There are different criteria, different providers, and future funding challenges
- There appears to be a lack of knowledge of the service suggesting there is room for better marketing

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Information, Advice and Advocacy:

- LinkAge Plus has been successful but needs expanding and still needs a higher profile
- Greater marketing of services and housing options is required, to overcome preconceptions
- Many older people are not keen on the Choice Based Lettings system

Sheltered and Extra Care Housing:

- Sheltered housing remains popular amongst tenants but the demand for vacancies is variable, with quality being the key factor
- At present the level of Supporting People spending on older people is low
- More clarity is need about the role of Extra Care housing and greater flexibility in the range of care levels catered for.
- There is concern regarding the loss of scheme based managers in sheltered housing, but also a need for a floating support service for older people, indicating that the creation of hub and spoke services may be a solution.

Personalisation:

- The advent of personalisation means that consideration needs to be given to new models, including high quality accommodation with flexible support services.
- At present there is no dedicated floating support which older people could purchase; neither is there a cross tenure support service for older people

Health and Social Care:

- Housing provision must recognise the importance for older people of getting out, and the detrimental effects of isolation at home
- Dementia and Mental Health needs are set to increase, with a corresponding need for more specialist housing which meets these needs
- “Advocacy” both in the specific meaning of the term and in the broad sense of advice and information the word was recurring theme in the research
- Partnerships in the borough are well developed but there is a need for more information about and understanding of housing at all levels and still scope for greater integration of housing with health and social care services for older people
- It is not clear where housing fits into assessment and review processes
- The use of telecare is under-developed
- There is a need for some form of “transition to 3rd age” service to assist older people in making decisions and accessing the support and advice that is already available.

Recommendations:

- (a) Set a target to increase the provision of accessible housing in regeneration schemes
- (b) Set a target to increase the supply of older persons’ housing by 2025, as detailed in the report.

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- (c) Set a target to increase the supply of Extra Care Housing to cater for the needs of frail older people as detailed in the report.
- (d) Review the delivery of sheltered housing support services to enable floating support to be provided, based around the development of existing schemes as community hubs, and using other service hubs (e.g. Day Centres already used as hubs for LinkAge Plus, The Bromley by Bow centre etc.)
- (e) Clarify the role of Extra Care Housing based on a flexible, balanced community model with specialist extra care provision for people with dementia needs to be built into the programme. Resolve the current anomaly in charging policy.
- (f) Consider designing/developing new sheltered and extra care housing on the basis of linked-hub facilities, to allow for future proofing.
- (g) Consider with providers how to re-brand and market extra care housing and sheltered housing.
- (h) Facilitate the development of affordable housing to meet the needs of older leaseholders.
- (i) Develop supported housing provision to meet the needs of older adults with a history of alcohol and drug abuse and with functional mental health needs.
- (j) Ensure that review processes for health and social care services routinely incorporate a full review of housing needs, with formal links to the housing teams.
- (k) Create a simplified or assisted process for older people to bid for properties through the Choice Based Lettings scheme.
- (l) Develop a one-stop 'transition to third age' and 'moving support' service.
- (m) Bring Home Improvement Agency services together within one service, or at the very least, create a one stop shop and unified branding.
- (n) Work with housing and support providers to enhance the flow of information, advice and advocacy.
- (o) Consider the creation of a forum focused on older people's needs, to improve networking across housing, health and social care professionals (including the voluntary and community sector).
- (p) Consider with housing providers the potential to incorporate improvements in accessibility, lighting and security in 'Decent Homes Plus' programmes.
- (q) Pursue the discussions with RSL's regarding adoption of the East London protocol, under which RSL's agree to carry out aids and adaptations work up to £1,000.

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1.0 INTRODUCTION AND METHODOLOGY

- 1.1 This report explores the housing needs of older people in Tower Hamlets, including the issues concerning the linkages between housing and support, social care and health care.
- 1.2 It reviews national trends and the nature of the older persons' housing market, and briefly reviews evidence for the impact of specialist housing models for older people on health and well being. Local strategies and other literature were reviewed to assemble relevant data from existing sources. Data on the supply of designated accommodation for older people is presented and was verified by providers. Providers were also involved in a process of grading the existing stock in relation to key facilities and standards that are important in accommodation for older people, in order to present an assessment of the quality of the stock. Existing demand was analysed for general needs, sheltered and extra care housing. Future demand is considered in the light of policy, demographic and social trends and feedback regarding the perceptions and preferences of older people in Tower Hamlets.
- 1.3 The approach to the research and analysis, may be summarised as follows:
1. Project initiation
 - a. Project initiation: Steering group, Project Group, Project Manager
 - b. Information request and identification of key stakeholders
 2. Desktop Review
 - a. Review of strategic documents
 - b. Strategic overview of key issues and drivers
 - c. Review of existing data
 3. Production of preliminary report to Steering Group
 4. Collection and analysis of supply and demand data
 - a. Supply data
 - b. Supply quality data
 - c. Lettings data
 5. Interviews with professional stakeholders
 6. Production of interim report to steering group
 7. Listening event - stakeholder consultation workshop
 8. Consultation with older people and carers
 - a. Questionnaire
 - b. THINK event
 - c. Focus Groups at resource centres, a sheltered housing scheme
 - d. BME focus group for SP review
 9. Supply and Demand and Gap Analysis
 10. Analysis and review of 'system' issues
 11. Reporting

2.0 GOVERNMENT POLICY AND NATIONAL TRENDS

2.1 Government Policy

2.1.1 A host of government reports, initiatives and directives over the past few years have highlighted the need for services that promote independence and choice and enable older people to remain in their own homes, whether that means their original home or a self-contained unit in some form of supported housing. For example:

- Quality and Choice in Older People's Housing, DETR (2001)
- National Service Framework for Older People DH (2001)
- Our health, Our Care, Our Say; A new direction for community services - White Paper, DH (2006)
- Commissioning Framework for Health and Well Being, DH (2007)
- Putting People First, DH (2007).
- Lifetime Homes Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society, CLG/DH/DWP (2008)

2.1.2 Sheltered housing was supported by government policy from the late 1950s but always provided a relatively low level of support, from a resident 'warden' or 'manager'. In the late 1970s and early 1980s public and voluntary sector providers started to experiment with the provision of 'very-sheltered' housing, where additional support was available. At the same time one or two providers of residential and nursing care were exploring the potential to provide residential and nursing care in more self-contained settings.

2.1.3 During the 1990s it began to be realised that in most parts of the country there was a sufficient supply of conventional sheltered housing, but that opportunities existed to add to the stock of extra care housing. This was substantiated in a study for the Department of the Environment (McCafferty, 1994) which concluded that there was "a significant unmet need for 'very sheltered housing' and a potential over-provision of ordinary sheltered housing". Sixteen years on this is still true, but the problem is exacerbated by further ageing of both the sheltered housing stock and the population.

2.1.4 In 2001 'The National Service Framework for Older People' set out standards of care for older people and made a commitment to ending discrimination in health and social care on the grounds of age. It also set objectives of promoting an active, healthy life in old age and developing 'person-centred care', themes which became more prominent during the decade. It announced a reform programme that would develop more effective links between health and social services and other services such as housing, and partners in the voluntary and private sectors. New housing models such as extra care housing fitted perfectly with these objectives.

2.1.5 Guidance produced in 2002 by the Office of the Deputy Prime Minister (as it was then) and the Department of Health on "Preparing Older People's Strategies" encouraged local authorities to give consideration to extra care housing as one of the key elements of their local strategies for housing provision for older people. Similarly, in 2006 the CLG report "Quality and choice for older people's housing: a strategic framework" encouraged local council strategies to address older people's immediate

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requirements and, at the same time, plan to meet future requirements. In particular it promoted preventative approaches which could contribute to older people being better able to retain their health and mobility.

- 2.1.6 The 2007 White Paper, “Our health, our care, our say: a new direction for community services”, although dominated by health issues, gave implicit support for housing models which enshrined the concepts of ‘independence’, ‘choice’ and ‘care close to home’ in the provision of social care.
- 2.1.7 “Putting People First” (2007) set out the Government’s commitment to independent living for all adults. It did not discuss specific models of housing provision, but promoted ‘personalised’ care, an agenda which is now being driven forward in social care commissioning.
- 2.1.8 In 2008, the government published “Lifetime Homes, Lifetime neighbourhoods – A national strategy for an ageing society”. This document recognised the fact that the majority of people not only *want* to stay in their existing home as they grow older, but actually do so. It therefore placed emphasis on the Lifetime Homes concept of accessible design of *all* housing and on support for adaptation of existing accommodation by means of disabled facilities grants and home improvement agencies. Nevertheless, the role of ‘specialist’ housing provision (e.g. ‘sheltered’ or ‘extra care’) was also recognised.

2.2 Demographic and social trends

- 2.2.1 Nationally, the number of people over 75 years is projected to increase by 35 per cent from 4.7 million in 2006 to 6.3 million in 2021 and the number of people over 85 is set to rise by 57 per cent from 1.2m to 1.95m over the same period. The projections for LB Tower Hamlets are presented later in the report.
- 2.2.2 Social and cultural trends, reflected in changes in attitudes and preferences amongst older people, will possibly be of even greater significance than the demographic trends. The older people of tomorrow will be much more demanding consumers of services and will have higher expectations in terms of standards of living. Choice of service and choice *within* service provision will be more widely expected. The new cohorts of older people have lived most of their lives in the post war, consumer generation and therefore the lifestyles they expect in old age are likely to be very different from previous generations of older people.
- 2.2.3 Nationally there has been a dramatic increase in home ownership amongst older people and the trend is set to continue:
- Sixty eight per cent of householders aged 65 and over owned their own home in 2001 and this is projected to rise to 75 per cent by 2026
 - Households of people over the age of 60 owned £932 billion of equity in their homes in 2004.

This has significant implications for the growth of the market in private retirement accommodation and private extra care schemes although this is an area where Tower Hamlets may not follow the national trends as discussed later in the report.

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2.2.4 The surplus of traditional sheltered housing noted above reflects the change in expectations. But, interestingly, before the recession the private retirement market was strong, indicating that the model itself is not obsolete. The security offered by a community of older people and on-site support still has relevance, perhaps increasingly as families and communities are more fragmented. Rather, it is the quality and image of sheltered housing that is the problem. Yet it is also true that older people are delaying the point at which they consider moving into sheltered/retirement housing and are therefore older and frailer when they do so. Studies have shown that people consistently under-estimate the care that they will need and over-estimate what sheltered/retirement housing can provide. This could be interpreted as an expression of demand for a different model - extra care housing - but most do not have the knowledge of services and terminology to articulate that demand. As extra care housing becomes more widely known, the expressed demand is likely to increase.

2.3 Models of housing for older people

2.3.1 A range of models of accommodation and care for older people have appeared in the UK in the last couple of decades, originating from a variety of sources and under different names. The impetus for change has come from the rising expectations of older people and the desire to find models of housing, care and support that foster independence and choice and which, for frailer residents, offer alternatives to care homes. This has led to the development of various forms of 'sheltered' and 'supported' housing in the social housing sector, 'retirement housing' in the private sector, and the creation of various hybrids of housing and care home provision. They have appeared under a variety of names, including:

- 'assisted living'
- 'retirement housing'
- 'very sheltered housing'
- 'close care'
- 'category two and a half'
- 'care village'
- 'retirement village'
- care campus
- 'extra-care housing'.

2.3.2 In some cases the above terms denote different models of housing, care and support, in other cases they are terms that are associated with provision in a particular sector: private, public or voluntary. Terminology can therefore be confusing and, as in all spheres, it is important to understand the terminology if one is to understand the market. Such is the stigma attached to certain forms of provision, that terminology can have a strong influence on the perception of a scheme, and therefore on demand.

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3.0 OLDER PERSONS' HOUSING MARKETS: SIZE AND POTENTIAL GROWTH

3.1 Sheltered Housing (for rent)

- 3.1.1 Currently there are around 500,000 units of sheltered and retirement housing in England, around four fifths of which are rented accommodation. This contrasts sharply with the fact that 68% of older people are home owners and the proportion is rising.
- 3.1.2 Most authorities report an oversupply of traditional sheltered and retirement housing and an undersupply of extra care and other forms of enhanced sheltered housing. Apart from a few exceptions, the oversupply of sheltered housing is not caused by an absolute lack of demand for supported accommodation for older people, but lack of demand for the particular 'product'. Most sheltered housing was developed in the 1960s and 1970s, therefore the vast majority of the sheltered housing stock is around 30 years old, and some is 40 or even 50 years old. Standards have changed in response to changing aspirations much more than in family accommodation over the same period.
- 3.1.3 The demography of social housing tenants does not follow the same pattern as the whole population. Government projections for 2011 and 2021 predict that the older population in social housing is going to decline. This is because the 'right-to-buy' policies of the 1980's and 1990's resulted in many of the 'baby boom' generation moving out of the sector (although in many cases they stayed on the same estates, living in the same accommodation). This does not apply to the over 85 group however; the number of social housing tenants in that age group is projected to increase in a similar way to the general population over the same period (Clark and Markkanen, 2008). The effect of these trends will be to further decrease demand for social sector sheltered housing for those with lower care and support needs, putting more pressure on local authorities and housing associations to re-provide it and to develop extra care housing to cater for the increase in 'frail' elderly.

3.2 Extra Care Housing

- 3.2.1 The exact size of the extra care market is difficult to determine because of the lack of a single accepted definition. Therefore data sources variously include accommodation that is not self contained and schemes that do not provide a full care service. The number of extra care units is estimated at between 20,000 and 40,000 units and growing rapidly.
- 3.2.2 There is a growing interest in the private sector in models such as 'assisted living' and 'care villages' to cater for the growing over-85 population, especially from the larger care providers who are responding to changes in the care home market - but at present the total numbers are small. Developers such as McCarthy and Stone have been slow to embrace models that provide care, since the profits are to be made primarily from selling the housing product. However their 'assisted living' model is an acknowledgement that many purchasers want a higher level of service.

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3.3 Private Retirement Housing

- 3.3.1 As noted above, there are approximately 100,000 private retirement units of all types in England.
- 3.3.2 The private retirement market tends to follow the general housing market and is dependent upon it. The housing boom of the 1980s was reflected in an expansion of the private retirement market but the subsequent recession hit it hard; not because people were unwilling to buy retirement properties but because they could not sell their existing homes. A similar pattern is emerging in the current recession.
- 3.3.3 Traditionally, developers have found that retirement housing can be profitable despite the investment in communal facilities, because a premium can be charged and it is suited to small sites, owing to the higher densities achievable. However there are risks associated with heavy investment in finished stock and the overall time span required to develop retirement housing (it can rarely be developed in phases, unlike most private speculative development).

3.4 Care Homes

- 3.4.1 There was significant expansion in the residential care market in the 1980s, fuelled by the demand-led DHSS 'Board and Lodging' payment system. When this was replaced in 1993 under the Community Care Act 1990, funding for care was transferred to local authorities and became cash-limited. This led to a rationalisation of the market and many care homes closed. The Care Standards Act in 2000 led to a further wave of closures where operators felt it was either impossible or uneconomic to respond to the new physical standards required. Many older local authority homes also closed in response to the new regulations. As a result there is very little spare capacity in the care home market to absorb demand as the over 85 population expands. At lower levels of care this should translate directly into demand for housing models such as extra care housing.

3.5 How much of each type of housing and care is needed?

- 3.5.1 The question of how many units of each model of provision are needed is explored in a 'toolkit' to assist local authorities in developing local housing strategies, which was launched to coincide with the publication of the National Strategy for Housing in an Ageing Society (CLG 2008). The toolkit advocates a spectrum of specialist provision, including good quality sheltered housing (for rent and sale), extra care housing (for rent and sale) and care homes catering for dementia and nursing care needs. To facilitate comparison between areas, supply requirements are expressed in a standard format of 'units per 1000 people over the age of 75 years'.
- 3.5.2 The levels of provision that are recommended in the Toolkit are set out in Table 1. (*next page*)

Table 1: Current and recommended levels of provision of specialist housing for older people

Type of housing	Number of units per thousand population over 75 yrs
Current: Provision of traditional and enhanced sheltered housing (rental and leasehold)	136
Proposed: all forms of specialised accommodation for older people, excl residential care	180
<i>Breakdown of proposed provision:</i>	
Conventional sheltered housing for rent	50
Conventional sheltered housing leasehold	75
Enhanced sheltered housing (divided equally between rent and sale)	20
Extra care sheltered housing (divided equally between rent and sale)	25
Housing based provision for dementia	10

(Source: "More Choice, Greater Voice", DH/CLG, 2008)

- 3.5.3 The toolkit suggests an overall increase in specialist provision to take account of increases in population, and to allow for achievable rates of de-commissioning of traditional rented sheltered housing. It assumes that residential and nursing care provision will decline slightly (from 75 to 65 units per 1000 people over 75yrs of age) and be focussed more on higher level needs.
- 3.5.4 The most significant themes are:
- (a) a proposed reduction in rented sheltered housing – it is suggested over half of it should go and be replaced by leasehold retirement housing; and
 - (b) an increase in enhanced sheltered housing models, (including extra care housing very sheltered housing and housing-based dementia care schemes) to around seven or eight times the current level of provision.
- 3.5.5 This is the first specific recommendation of this nature regarding volumes of specialist housing required and may stimulate authorities to re-assess the levels of provision in their area. It is of course a prediction based on a modelling of requirements, rather than a prediction of actual demand (especially since demand implies ability to fund/pay for a product or service.) Nevertheless it is helpful in indicating the market potential. The implications of this model for LB Tower Hamlets are explored later in the report.

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4.0 INFLUENCES ON THE MARKET

4.1 Influences

4.1.1 The extent to which the levels of provision recommended by the CLG/DH toolkit translate into demand, and the extent to which the market will respond with increased supply, will depend upon a number of drivers and constraints.

4.1.2 Some of the key drivers are discussed elsewhere in the report, for example demographic trends, social and cultural trends, government policy regarding care provision and the nature of the housing stock. The following factors will also influence demand and supply for new provision.

4.2 Land

4.2.1 Land is one of the chief restrictions on the supply side, particularly in London and the South East. Before the recession, McCarthy and Stone cited land as the only significant obstacle that they faced in realising their expanded development programme. Extra care housing requires more land than conventional sheltered or retirement housing, because the communal areas are more extensive and more units are required to facilitate viable care operations. Most providers agree that the minimum viable size is 40-50 units, although this depends on the particular model.

4.3 Decommissioning Existing Sheltered Housing

4.3.1 In the social rented sector the practical difficulties and political sensitivities of decommissioning existing sheltered housing restricts the release of sites, and capital.

4.4 Care and Support Funding

4.4.1 Reductions in Supporting People funding have put pressure on existing provision of sheltered housing, but uncertainty over future funding for support services has also eroded confidence in the development of new specialist housing schemes.

4.4.2 Since extra care housing requires a critical mass of care in order to be viable, and since most residents of social rented extra care housing depend on funding for their care from Social Services, an extra care housing scheme represents a significant funding requirement for the Social Services department. In most areas of the country this has led to limitations on publicly funded extra care housing, whereby eligibility is restricted to people with the highest levels of need – defined as “substantial” or “critical” under the Fairer Access to Care (FACS) regulations. This has therefore restricted the number of schemes produced.

4.4.3 Therefore a distinction needs to be made between potential demand and ‘funded demand’. Assuming that central government funding will not increase substantially and is more likely to decrease, the availability of care funding will be a significant constraint on *funded demand* for extra care housing, except where funds can be diverted from residential care or domiciliary care.

4.5 Personalisation

4.5.1 ‘Personalisation’ is short-hand for the proposals set out in “Putting People First” in 2007 for transforming social care, whereby those eligible for care have a right to a

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personal budget to spend as they choose. Local authorities must ensure that this change is well underway by 2011.

4.5.2 'Personal Budgets' and 'Individual Budgets' are practical expressions of the government's aspiration for 'personalisation' of social care. Recipients of social care funding now have the right to a personal budget for their care – which may be a 'virtual' budget that they control or, through the established 'Direct Payments' system, they can receive the funding in cash to purchase their own care. 'Individual budgets' go one stage further, by pooling social care, Supporting People and other budgets at individual service user level.

4.5.3 One of the key challenges in implementing 'personalisation' is how to resolve the tension between individual choice and group benefit, for example a service which is only viable if provided to a group, such as a scheme manager in sheltered housing, or night cover in an extra care scheme.

4.6 Capital funding and the impact of the property market

4.6.1 Capital funding will continue to constrain the specialist housing market. Housing Corporation / Homes and Communities Agency capital funding for supported/specialist housing has declined in recent years as a result of uncertainty over Supporting People revenue funding to go with it and this has eroded also confidence amongst some providers.

4.6.2 The most substantial capital resource that could drive demand for new housing provision for older people is the wealth invested in home ownership: sixty eight per cent of those over 65 are home owners and the majority of retired owner occupiers own their homes outright. Levels of home ownership will continue to rise as the impact of home ownership and right to buy policies in the second half of the twentieth century is seen in successive cohorts reaching old age.

4.6.3 Clearly, the availability of this capital is linked to the general residential property market, which means that the private 'for sale' market is not immune to the recession. Many of the features of the 1989-1993 recession are already being seen, for example:

- Private volume developers ceasing building retirement homes
- Stalling of sales, leading to various strategies by developers of both mixed funded developments and private developments, including:
 - Converting schemes/units to rent; conversion to temporary rent; and rent-to-buy schemes
 - Alternative uses – e.g. offering schemes to adult services commissioners for learning disability or other client groups
 - Reduced prices, 'service charge holiday' offers etc.
- Pressure on housing association business models (although few are as heavily exposed in relation to older persons' housing as in the last recession).

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5.0 IMPACT OF SPECIALIST HOUSING ON HEALTH AND WELL BEING

5.1 There is an extensive body of research and policy guidance on the linkages between housing and health, a full review of which is beyond the scope of this needs analysis. Some of the key connections are helpfully summarised by Appleton and Molyneux (2007) and include:

- The impact of poor quality housing on health, including factors included in the Housing, Health and Safety Rating System, such as: cold and damp and their effects upon respiratory illness and risk from cardiovascular disease; the impact of housing design/maintenance on falls risks, etc.
- The impact of neighbourhoods on health and well being
- The importance of accessible housing and Lifetime Homes design principles Housing as a setting for rehabilitation and skill development
- Social and cultural environment and its impact on self worth, well being and mental health
- Housing as a base from which to receive care
- Housing as a gateway to financial inclusion – with its impacts upon health
- The benefits of specialist housing models in relation to care delivery efficiencies, monitoring of mental health, preventing loneliness, promoting well being, engaging with treatment programmes for addiction etc.

5.2 For older people good health is strongly associated with eating and sleeping well, taking exercise, involvement in activity and being ‘connected’ with other people – both in intimate relationships and through community links. There is also strong evidence for connections between physical and mental health amongst older people. Housing has an important influence on all these factors, for example:

- Accessibility and safety within the dwelling influencing capacity for independence, the incidence of falls etc.
- External accessibility (e.g. lift access) affecting the ability of people to get out and about
- The impact of neighbourhood quality on mental health, e.g. open spaces, fear of crime, potential for community involvement
- Housing related support services which provide community links, signpost other services, etc.
- Connections between housing and care through extra care housing

5.3 The importance of housing to health has been recognised through a range of Department of Health initiatives; the contribution of specialist housing models in particular to health efficiencies is outlined in “Support related housing: Incorporating support related housing into your efficiency programme”. (CSED, 2007)

5.4 However it must be acknowledged that further research is needed to understand the ways in which specialist housing for older people benefits their health and well being. There is much anecdotal evidence in favour of the benefits to be derived from creating ‘balanced communities’ in sheltered and extra care housing schemes,

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whereby frailer residents can benefit from the peer support, volunteering activities and greater vibrancy that are possible where there are younger, fitter residents also living in the scheme. There is a developing research literature to support this. For example several studies have reported improved health status and perception of health in retirement village residents, compared with their community counterparts. (See for example Bernard et al (2004); and Biggs et al (2000) & Kingston et al (2001), cited in Croucher et al (2006)).

5.5 Evans and Vallely (2007) found that the most important factors affecting social well-being amongst tenants of the extra-care schemes they examined were:

- adequately funded activities that cater for a range of interests and abilities
- opportunities to develop and maintain a social life
- the involvement of interested parties at an early stage, to integrate housing schemes with the local community
- restaurants and shops as venues for social interaction
- care and support services outside core hours of work.

They found that it was the more intimate and confiding relationships that were the most important ones in terms of maintaining health, a sense of well-being and self-identity in later life. Therefore one may conclude that it is important that housing schemes enable people to maintain links with the community and with existing friends and family, and enable couples to stay together – as well as creating a sense of community within the scheme. Nevertheless, opportunities to develop and maintain a social life and take part in activities are generally more available in sheltered and extra care housing than in general needs housing, particularly for frailer residents, who find it difficult to get out. However Evans and Vallely found that residents of extra care schemes who did not have regular contact with family or friends and those with impaired mobility and/or reduced cognitive function were at a higher risk of social exclusion than other residents. So whilst mixed communities in specialist housing can be beneficial, the benefits are not automatic: the role of staff in facilitating the engagement of residents in activities *and* the development of wider community links, is critical.

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6.0 REVIEW OF LOCAL STRATEGIES AND OTHER RELEVANT LITERATURE

6.1 As part of our data gathering, and to set the needs analysis in context, we examined a wide range of literature and other information provided by London Borough of Tower Hamlets (LBTH), taken from the website or provided by partner organisations. This information provides the context and background for further research. The policies and strategies examined included:

- The Council's Community Strategy
- The Strategic Housing Market Assessment
- The Housing Strategy
- The Housing Needs Survey
- The Supporting People Strategy
- The Homelessness Strategy
- The Local Development Framework
- The Joint Strategic Needs Assessment (Older People)
- Improving Health and Well-being in Tower Hamlets - A Strategy for Primary and Community Care Services 2006 to 2016
- The Best Value Review of Older People and subsequent actions
- The Best Value Review of Sheltered Housing
- The Ridgeway Report on Home Improvement Agencies

6.2 The extracts below are not intended to summarise these documents but rather to highlight key areas relevant to the development of a housing strategy for older people.

6.3 Community strategy

6.3.1 There is little mention of older people except in the section on safe and secure communities, reflecting feedback from consultation that a key concern for older people is safety and security. There is also a case study of Sonali Gardens, a culturally sensitive care scheme aimed mainly at Bengali elders. The Community Strategy also highlights the recent opening of the new health and well-being centre, and the aspiration to open a further thirteen centres offering integrated health and social care. These may represent opportunities to develop points of access into integrated services for older people. The strategy also highlights key development/redevelopment areas: a key issue for older people is the lack of appropriate and attractive housing and these redevelopments may offer opportunities to meet some of that need, although currently the emphasis is on the provision of family-friendly housing.

6.4 Strategic housing market assessment (SHMA)

6.4.1 The SHMA was completed in 2009 by DCA. The main conclusions are summarised below:

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- There is a high level of self-containment in household moves, over 70% within borough. Largest in-migration is from Camden and Westminster, Hackney and City of London; out-migration to the north and east, particularly Hackney and Newham;
- Almost 60% of employed people living in the borough also work within borough
- LBTH has seen growth in certain employment sectors, including finance, IT and other business sectors. Unemployment is higher than the national average at 11%; employment is low at 61% (compared to 75% nationally)
- Average wages are higher than benchmark areas, however lower quartile earnings are in line with Greater London and only marginally higher than East London; 41.9% of households have an annual income of less than £10,000 and 5.4% have an annual income in excess of £100,000.
- Population in the borough is expected to increase by 41% to 2026, the largest rise (over 100%) is expected in 45 – 64 age group with a 27% increase in over 65's, (4,914 people) and 81% increase in over 85's, (1,553 people)
- House prices in Tower Hamlets are significantly above national averages, and slightly above East London averages. The picture is mixed in relation to Greater London averages, with overall prices and house prices lower than Greater London averages and flat prices higher than Greater London averages
- The borough's housing stock is just over 100,000 units, a significant increase since 1991. The borough has very high levels of social housing stock – over 50% of the stock, compared to national average of 19% and East London average of 31%. Owner-occupation is low at 27% compared to 68% nationally and 53% in East London.
- The proportion of flats/maisonettes is extremely high at 83.5%, detached properties extremely low at 1%. The majority of stock, regardless of tenure, has one or two bedrooms
- Over 20,000 households in the borough include someone with a disability. 10% of the stock has been adapted to be more accessible
- 44% of households are from BME communities. There does not appear to have been any separate analysis of the needs of older BME people, as this is a recommendation in the SHMA
- TH currently requires 35% of new homes to be affordable, the recommendation is to increase this to 40% average with 50% on some sites where feasible. Of this, 70% should be for renting and 30% LCHO

All of this information is relevant to developing a housing strategy for older people and there is specific data on potential demand for housing for older people which is reviewed below in section 3.3. The imbalance in stock types, with the weighting to flats, is also important when considering needs and aspirations of older people.

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6.5 Local Development Framework

6.5.1 The Council is about to begin the final round of consultation on the Local Development Framework core strategy, the key plan to guide the development of the Borough over the next 15 years. There is a strong emphasis on rejuvenation and on the provision of more affordable housing. Strong borough-wide policies are underpinned by a vision for each of the areas (“hamlets”) that make up the borough. The Framework identifies key sites for new health facilities, improved transportation hubs and large housing developments.

6.5.2 New housing will primarily be focused in the eastern part of the borough: Millwall, Canary Wharf, Cubitt Town, Poplar Riverside and Poplar, Leamouth, Blackwall, Bromley by Bow, and Fish Island. Public investment in housing, to facilitate new social housing provision, is largely focused on: Poplar Riverside, Bromley by Bow, Blackwall, Poplar, Stepney, Globe Town, Mile End, Bethnal Green, Shoreditch. These new housing developments are significant for the strategy for older people’s housing as the new developments will comply with accessibility standards, including Lifetime Homes, and have the potential to meet much of the need for accessible housing, as well as providing a greater range of housing options for older people. The strategy recognises specialist housing needs, including older people, but there is little detail in the core strategy about how this will be done. This will come through the detailed policies which underpin the Local Development Framework but which are not yet available. The Equalities Impact Assessments which will be carried out for each of the regeneration areas will also be key in ensuring that new developments meet the recognised needs of older people.

6.6 Housing Strategy 2009 – 2012

6.6.1 The Housing Strategy has four themes:

- Decent Homes and Management – there is no specific reference to older people, although references to Decent Homes in the private sector include vulnerable people. The section on Disabled Facilities Grants says that under the East London protocol RSL’s will carry out aids and adaptations work up to £1,000. Works to Tower Hamlets Homes (ALMO) (THH) properties are funded through major repairs capital budgets.
- Place-making and Sustainable Communities – includes a commitment to ensure healthy living programmes and health infrastructure requirements are an integral part of social housing providers’ activities. Also a commitment to integrate the Supporting People (SP) Strategy with housing and homelessness strategies.
- Managing Demand and Reducing Overcrowding – lists a number of initiatives already in place to reduce overcrowding, a major issue for the borough. Note that there is no specific reference in the strategy to increasing access for disabled people (although the scrutiny commission in 2008 looked at this issue and made some recommendations, it is not clear if these were adopted) or to the London Accessible Housing Register (although this is referred to in the section below but only in relation to new housing).
- New housing supply – reiterates targets in SHMA. In addition, states that 45% of new housing should be 3 bed or larger. Also refers to need to increase proportion of fully wheelchair accessible housing (10% of all new developments) and accessible housing generally. Also for design requirements to meet needs of

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BME households. There is reference to innovative approaches to develop intermediate market housing but no specific reference to housing for older people.

- 6.6.2 There is a separate evidence base which has information about Decent Homes (as at 2007) and also funding available to meet Decent Homes requirements and other demands. This evidence base also includes information about accessible housing (wheelchair accessible housing is less than 1% of total stock, most of it owned by housing associations). However, the paper shows that there is no information about wheelchair accessible housing in other tenures.
- 6.6.3 There is also information about the housing register and allocations; approx 800 tenancies are under-occupied by people actively wanting to downsize. Approx 100 people per year have transferred to smaller properties, although only relatively small numbers have taken up the cash incentive scheme.
- 6.6.4 There are currently 109 people awaiting rehousing into accessible accommodation. Around half of these are currently in council accommodation and a further quarter are homeless applicants. The remainder are in RSL accommodation. There is a fairly even spread between those requiring 2, 3 and 4bed accommodation, with a slightly smaller number needing 1bed accommodation. A small number require 5 bed or larger accommodation.
- 6.6.5 A separate report covers feedback from four workshops held in July 2009. This has some useful information on different activities available and organisations involved. For older people, the main issue raised was feelings of isolation, particularly from those living in high rise accommodation.
- 6.6.6 The Equalities Impact Assessment ('EIA') for the housing strategy identifies a greater proportion of older people living in council accommodation – 9% 60 – 69 and 11% over 70. Approx 70% of older people in the borough live in social rented housing. 14% of those on the accessible housing register are over 70. The EIA identifies those requiring fully accessible wheelchair accommodation but the numbers are low: 41, with a further 18 requiring partially accessible accommodation. Very few older people live in overcrowded accommodation, but those over 60 make up over half of all those under-occupying tenancies. The borough is the 7th highest nationally for pensioner poverty.
- 6.6.7 The EIA highlights a lack of knowledge about non-decent RSL accommodation – who is living in the accommodation and which elements most properties fail on. Also about council/RSL leaseholders who will be required to contribute towards the costs of decent homes works. Two actions proposed in the EIA were to establish health and well-being profiles of different equalities groups, and to establish equalities profiles in areas where regeneration is taking place.
- 6.6.8 There is some information about private rented housing in an appendix to the EIA. This states that 33% of homes in the private rented sector are non-decent, with a high proportion of these being occupied by vulnerable people (there is no age breakdown for vulnerability).
- 6.6.9 A further EIA to the overcrowding strategy recognises that a barrier to reducing under-occupation is the lack of housing which is suitable for and appeals to older people.

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6.7 Supporting People Strategy 2010 – 2015

6.7.1 There is a draft new Supporting People commissioning strategy 2010 – 2015 at consultation stage at the time of writing this report. The Strategy is based on four key delivery areas as follows:

- Supporting the transformation of adult social care
- Rebalancing of services towards prevention and early intervention
- Supporting individuals to live as independently as possible
- Driving up efficiency and effectiveness in the use of resources

With the removal of the SP ring fence and the inclusion of SP within Area Based Grant supported and sheltered housing will need more than ever to demonstrate its contribution to local priorities.

6.7.2 Out of £15.13m SP funding in 2009-10, £910,722 went on older people's services and a further £198,888 on services to frail elderly (7.49% of SP budget in total). This is low compared to many authorities and the lowest amongst the London comparators which ranged 12% to 47%. The low level of spend may reflect the population profile in the borough, as well as historic provision. The strategy acknowledges that the proportion of spend on older people is relatively low compared to other boroughs but suggests that the high number of sheltered housing places and the low unit cost is supporting older people to maintain independence. There were 46 services providing support for older people and 4 services for frail elderly. Of the services for older people, 893 units were classified as Supported Housing and 1250 as Floating Support. There were also 260 units of Alarm Service

6.7.3 The previous Strategy noted that sheltered housing providers had been slow to respond to the requirements of Supporting People: support plans were only just being put into place 2 years after the introduction of Supporting People, and most services operated on the model of the traditional residential warden, despite the sheltered housing review having concluded that there was merit in moving to other service delivery models which would enable a better match of support to need. There is little reference to sheltered housing or the strategy to meet the needs of older people in the draft SP strategy as this will be set by the older persons housing strategy.

6.7.4 There is, however, an aim to improve the current home improvement agency service and to reposition this as the single point of contact and co-ordination for services to older and disabled people, supported by an integrated housing related support service. This would be linked to an in-depth review of tele-care and tele-health services which are seen as being underdeveloped in the borough.

6.8 Homelessness strategy 2008 – 2013

6.8.1 The homelessness strategy makes no specific reference to older people, reflecting the fact that very few older people present as homeless. Other boroughs have found, however, that older people can be over-represented in some hostels, often as long-term residents. The Places of Change agenda is beginning to tackle this problem.

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6.8.2 The strategy highlights pressure on social housing and recommends consideration of different pathways for single people, this could potentially impact on older people wanting more appropriate accommodation but not wishing to move into sheltered housing.

6.9 Best Value Review of Older People May 2006 (BVR)

6.9.1 At the time it was written, Tower Hamlets was the top performing London borough for 2 key social care indicators: 'people helped to live at home' and 'provision of intensive home care'. In November 2005 Tower Hamlets were assessed by CSCI as serving all adults well with excellent prospects for improvement, the highest possible ranking. Unit costs for services such as homecare, residential and nursing care were in the top performance band but cost per head of population was high. It was suggested that this may be due to high levels of provision and the policy of not charging for services.

6.9.2 Tower Hamlets was recognised for good practice in a number of areas, including Social Exclusion Unit work with older people, and being chosen as a pilot for Link-Age Plus. The BVR report highlights the contribution of DFGs and housing allocations to helping people remain independent.

6.9.3 Areas for improvement identified in the review include:

- Living safely – advice and practical measures to prevent older people becoming victims of crime, dealing with high number of house fires (but no information on whether this impacts particularly on older people), transport (very low take-up of freedom transport passes), pedestrian road safety and street security and lighting
- Continuing demand for culturally specific care and support services e.g. for Bangladeshi older people,
- Improving life expectancy and health for older people (below national average currently) and more collaborative health promotion work
- Consistency in access to aids and adaptations, launch of accessible housing register
- Review Choice Based Lettings scheme, and in particular the impact of age restrictions on some properties
- Joint working with Department of Work and Pensions to maximise incomes for older people, increase the number of older people who choose to remain in work, maximise numbers volunteering and harness this to improve services
- Review the range of advice and information services to try to promote more joint working, seamless and cohesive services

6.9.4 A progress report from 2007 suggests that around one-third of actions had slipped (shown as amber on the plan). Another document (report to CMT March 2008) highlights areas where there has been slippage and asks CMT to consider if these are still required. These include:

- Age-related equalities impact assessment of CBL scheme
- Reviewing SP floating support services
- Improving access to DFGs

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- Alternative modes of assessment for community equipment services
 - Attracting private sheltered housing into borough
 - Improving co-ordination between advice services
- 6.9.5 A report to the Older People's Partnership, also dated March 08, highlights considerable progress against the action plan, with specific reference to 98% of aids and adaptations being delivered within 7 days, and the success of the LinkAge Plus pilot.
- 6.9.6 The LinkAge Plus pilots are run from five voluntary sector organisations based in different parts of the borough. Each organisation co-ordinates a network of statutory and voluntary organisations. According to the report, there is a centre within walking distance of all households in the borough, each offering a single accessible gateway to all relevant services.
- 6.10 Best Value Review of Sheltered Housing June 2006.**
- 6.10.1 The review refers to 4 extra-care schemes, providing 161 units, managed by social services. This was considered to be a slight over-supply, with some hesitation about whether demand would increase in the future. There were around 100 units of culturally specific sheltered housing provision. Most sheltered accommodation is 1 bed, though there are a few 2 beds. Most people are satisfied with sheltered accommodation, the main complaint was distance from the shops. Security was also a concern for many. There were also issues raised about the lack of social and leisure activities, policies on pets, and disputes with other tenants.
- 6.11 Report on Home Improvement Agencies (Ridgeway Associates) March 2010**
- 6.11.1 This was an independent review of HIA services, conducted by Ridgeway associates. The Home Improvement Agency service is delivered in-house through the team which deals with Disabled Facilities Grants (DFGs). Payments to RSLs take up 80% of the DFG budget. This excludes the ALMO which funds and carries out its own adaptations. SP do not provide funding for HIA services.
- 6.11.2 There is also a private sector handyperson service which is outsourced to Age Concern who contract back with the Council for its delivery. Age Concern is also funded to deliver a handyperson service to unpaid carers, and a handyperson service to support discharge from hospital. In addition, they provide other services not funded by the Council, including the gardening service which is heavily oversubscribed. We understand that the funding for these services from CLG is time limited to one or two years, so provision will need to be made to provide ongoing funding.
- 6.11.3 LBTH provide home repair grants up to £6,000 to eligible owner occupiers, private and social tenants, for minor repairs, energy efficiency and security measures, minor adaptations and work to secure speedier hospital discharge. This grant can also pay for specialist report into larger pieces of work. There is also a relocation grant available to those for whom the property cannot be adapted to meet their needs. There is also a Supporting People funded decorating service for older people in social housing, with contributions from landlords. (Supporting People funds the administration or the service)

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6.11.4 The Ridgeway report recommends significant change to existing services, into an integrated holistic service which sits within one council department, with a first point of access which can signpost to relevant services and a single assessment process in place. The consultation highlighted a lack of knowledge about services, including from staff at the LinkAge Plus centres, and a view that services were only available to those on benefits. Consultation with over 50s in general needs housing includes looking at services which they may require for the future.

6.12 Overview of strategic information

6.12.1 Having completed significant reviews in relation to older people and sheltered housing, Tower Hamlets already has a wealth of knowledge about its older population. 70% of older people are living in social rented accommodation, half have a limiting long term illness, many are on low incomes. Many older people in social rented accommodation live in high-rise blocks and experience feelings of isolation.

6.12.2 Those not living in social rented accommodation will either be owner-occupiers or renting privately. Both tenures experience significant levels of disrepair, and previous reviews have highlighted difficulties for these groups in accessing aids and adaptations and other services to promote independent living. The introduction of the Link Age Plus centres should have gone some way to resolving the difficulties in getting information about services, but the recent Ridgeway report suggests that may not be the case.

6.12.3 The current tenure mix and stock profile suggests that a significant proportion of future housing for older people will be in the social rented sector but this does not mean that other tenures should be ignored. The literature review also highlights significant opportunities to use proposed activities to deliver older persons' housing and related services. There are significant redevelopments taking place in many parts of the borough, but at the moment new housing in these developments is largely focused on the needs of families. These schemes could be used to deliver appropriate housing for older people, encouraging under-occupiers to move out of family housing and also potentially introducing different tenures for older people's housing.

6.12.4 The new integrated health and well-being centres also offer opportunities to deliver services to older people in a very different way. There is an emphasis on prevention and making links to other services. The Ridgeway report recommended significant changes to the Home Improvement Agency services to deliver a holistic service with one first point of access. If this recommendation is to be taken forward it would be important to see this in the wider context and to make links between this service and other services in the Borough.

6.12.5 Further commentary on the strategic position and the 'system' issues (i.e the extent to which housing, health, social care and other services are joined up at a strategic level) is provided in later sections of the report.

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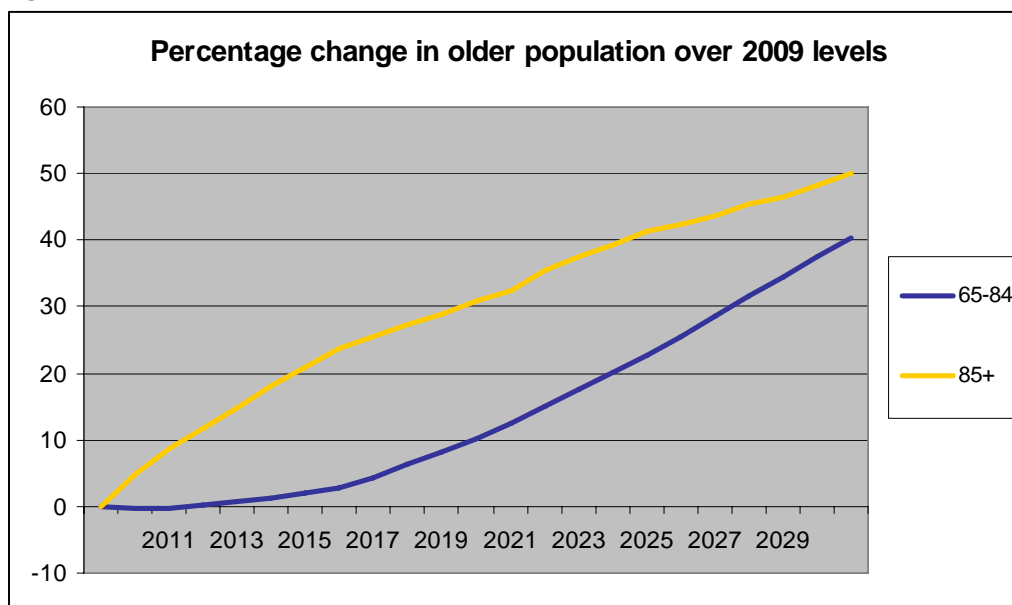
7.0 REVIEW OF DATA

7.1 Demography

7.1.1 The population of Tower Hamlets has grown very rapidly in recent years. According to ONS mid-year population estimates the population grew by 29.5% (49,000 people) between 1991 and 2007, which will inevitably have put a strain on the local infrastructure. The population overall shows a much younger profile than the wider population of East London, Greater London or England as whole. The 65-84 age group decreased in number by 3900 in the same period and as a proportion of the total population it decreased by 20%. The 85+ population stayed exactly the same over the period. Mayhew Harper Associates Ltd. (Counting the population of Tower Hamlets) estimates are comparable with the GLA low estimate, but are slightly less than the GLA high estimate by 4,683 people. Their estimates, for each five year age band, are reproduced in Appendix 4.

7.1.2 The GLA 2009 Round population projections suggest a small decrease in the 65-84 population over the next couple of years, followed by a very gradual increase and then steady growth from around 2017. The over 85 population shows a different trend, with steady growth in the early years which slows from around 2016, but with much higher percentage growth overall over the period to 2031 (see Figure 1)

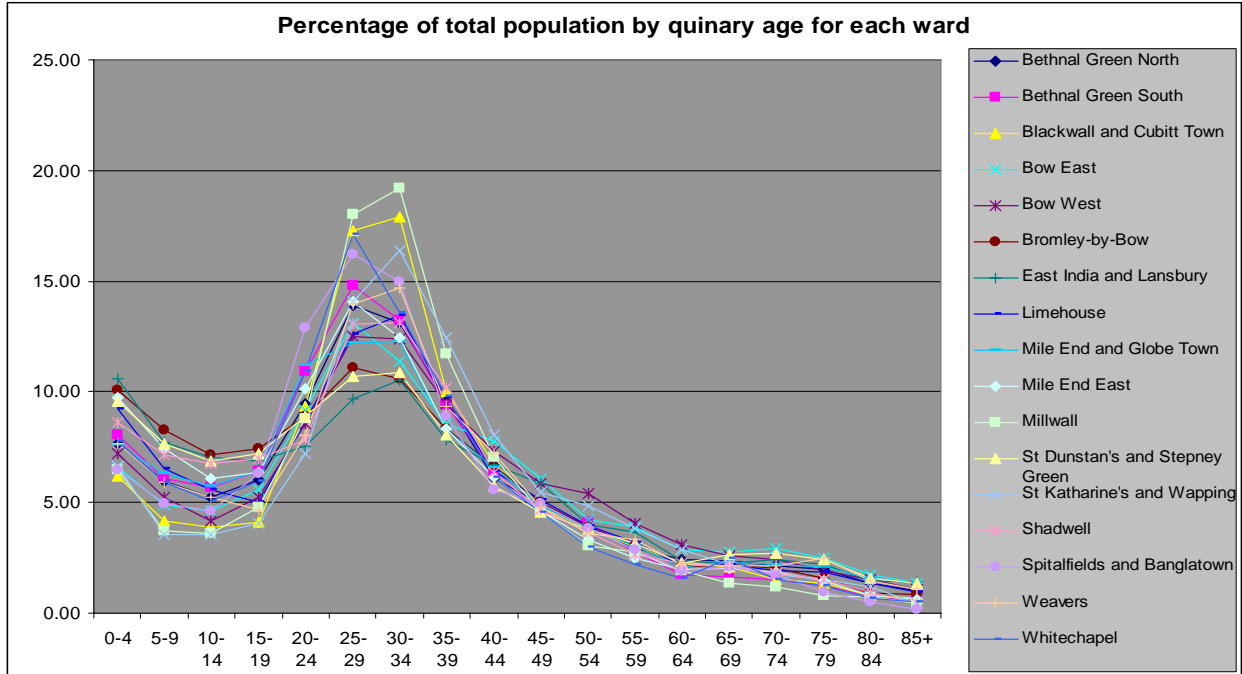
Figure 1



Source: GLA 2009 Round population projections

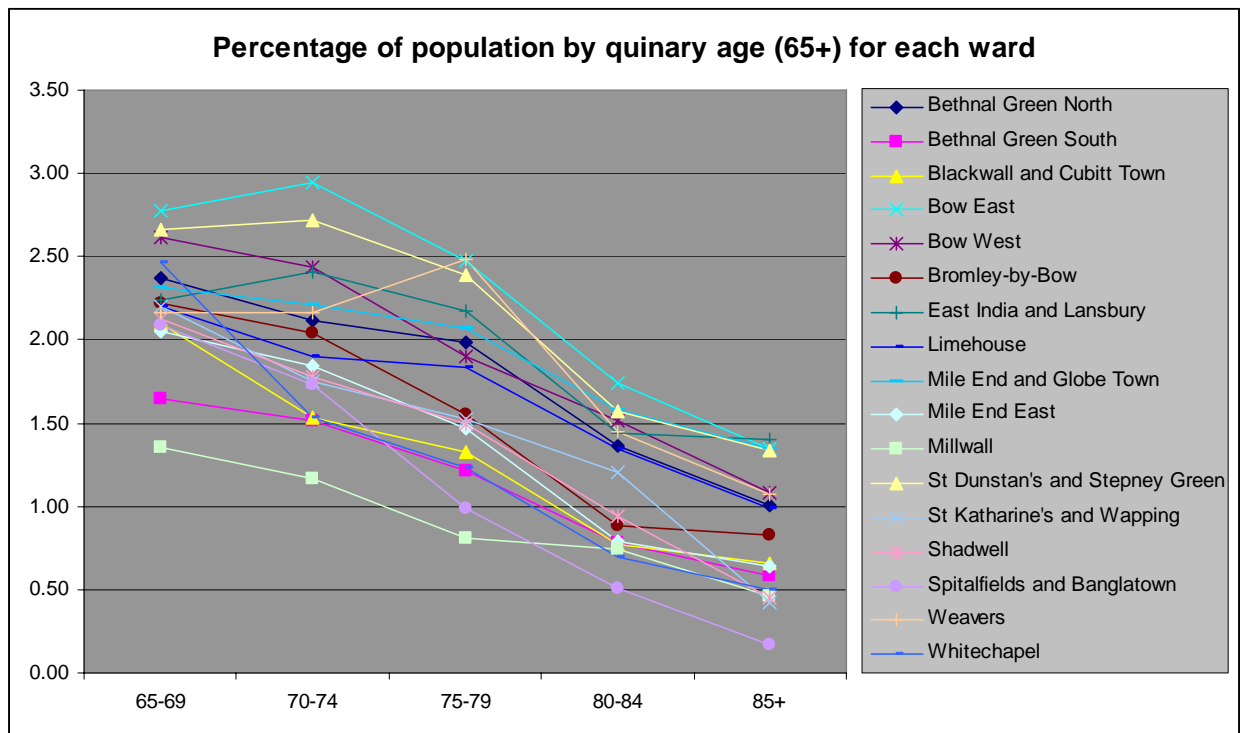
7.1.3 Analysing the population structure at ward level (Figure 2) shows that the age structure is 'young' in all parts of the borough, with all wards showing a peak in the 25-39 age group although in some wards it is much more marked than in others. The variation in the percentage of the population represented by the older age groups appears less significant, since the numbers are smaller but focussing on the older age groups reveals some variation between wards in both percentage and numerical terms (see Figures 3 and 4 respectively). For example there was a significantly higher percentage of older people in Bow East and St Dunstons' & Stepney Green than in Millwall and Spitalfields & Banglatown.

Figure 2



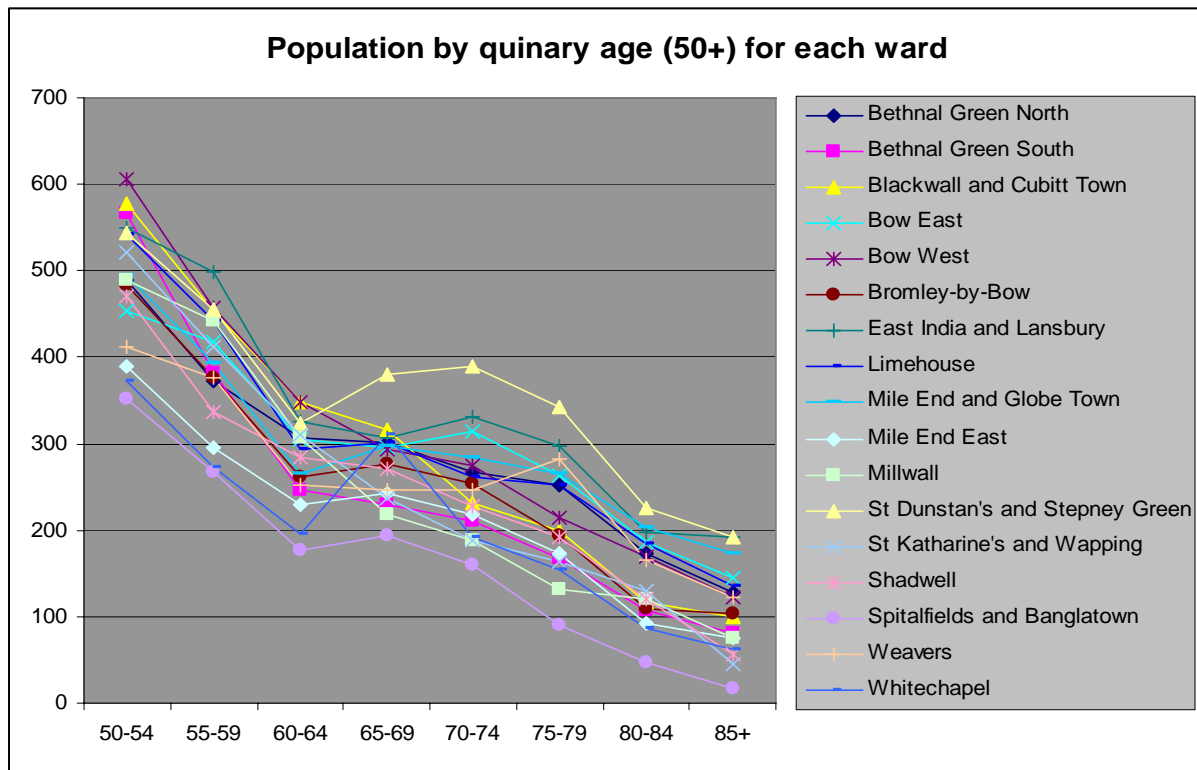
Source: GLA 2009 Round population projections

Figure 3



Source: GLA 2009 Round population projections

Figure 4

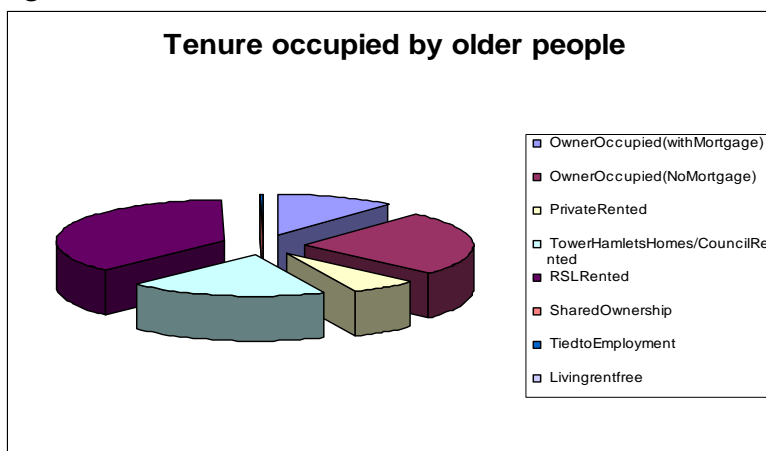


Source: GLA 2009 Round population projections

7.2 Household and Tenure profiles

7.2.1 Fifty six percent of older people are tenants in the social sector (RSL and Council) in LBTH, with a further 6.4% renting privately. Levels of home ownership amongst older people are correspondingly much lower than the national average. (see Figure 5)

Figure 5: Tenure in Tower Hamlets



(Source SHMA (Table 9.3))

7.2.2 In terms of property type, 83.9% of older people live in flats/maisonettes or bedsits and only 16.1% live in a house or bungalow. This is in line with the rest of the population in TH but this represents a much higher percentage of flat dwelling than in the county as a whole or in other parts of London.

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7.2.3 The largest proportion of the properties occupied by older people have two bedrooms (41%), the next most common is Bedsit and 1bed flats (28.8%). It is notable that over a quarter (27%) live in three or four bedroom properties. Even if they can be persuaded to downsize to more accessible accommodation (or housing which offers care and support options) it is likely that most will want two or more bedrooms. This is supported by the data in the Housing Survey on size of supported housing required: 83.4% of respondents wanted accommodation with two or more bedrooms. This also demonstrates a correspondence with the finding in the Housing Survey that 53% of under-occupiers are aged over 60 years.

7.3 Housing Needs

7.3.1 The need for housing for older people in the future was explored through the Housing Needs Survey and is also presented in the SHMA. The projections suggest a demand for private sector sheltered housing of 333 units and for 458 units of RSL sheltered housing. 'Private housing' was predicted at 732 units - the most popular preference.

7.3.2 However these projections were based on a question to existing households about whether they had older residents who would need to move to accommodation in the borough. The assessment notes that surveys of older people themselves are more likely to indicate that they want to 'stay put' and do not correspond with those of relatives, who tend to identify a need to move. As a result these projections must be treated with caution. The survey of existing households identified a need for just 103 units of affordable sector sheltered housing and no private sector sheltered housing. Similarly the survey indicated zero demand for extra care housing, but since no explanation was given of the term 'extra care housing' and it is a model that is not widely known except amongst professionals, it is unlikely to be a true indication of need or potential demand. Furthermore, it is common that people underestimate their future care needs and overestimate the level of care available in sheltered housing and through domiciliary care – which leads to a failure to identify the future need for extra care. It is notable that there was also a zero response for residential care and nursing home provision: this may also be connected with underestimating future care needs but it is probably also driven by the fact that this is not a form of accommodation to which anyone aspires.

7.3.3 The evidence base for the LBTH Housing Strategy also provides information on the future needs of older people. At August 2008 there were 397 households on the accessible housing register living in inadequate housing and waiting to be re-housed in an accessible home. 27% were aged 45 to 64 and a further 46% were 65 and above.

7.3.4 A survey of recent service users carried out for the Review of Home Improvement Agency services indicated that 31% of respondents did not feel that their home met their needs now in terms of facilities and 36% felt that it would not do so in the future.

7.3.5 The User Experience Survey of People Receiving Community Equipment and/or minor adaptations (2009-10) found that 68% of respondents reported that their homes meet all or most of their needs. (This was lower than the 2008 national average of 82%, and both the inner London borough and local Tower Hamlets survey results - both 72%).

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7.3.6 The Needs Assessment for Extra Care Sheltered Housing highlights the fact that demand for any particular type of accommodation for older people (e.g. extra care or sheltered housing) will be influenced by the availability of other options – such as accessible general needs housing and care home provision.

7.3.7 In October 2008, there were more than 500 households in Tower Hamlets who had been assessed as needing, and who were awaiting a move to, an accessible social rented home. Of these households more than a fifth (107) were over 60 (see Table 2):

Table 2

Age band	Numbers requiring accessible housing
60-69	44
70-79	39
80+	24
Total	107

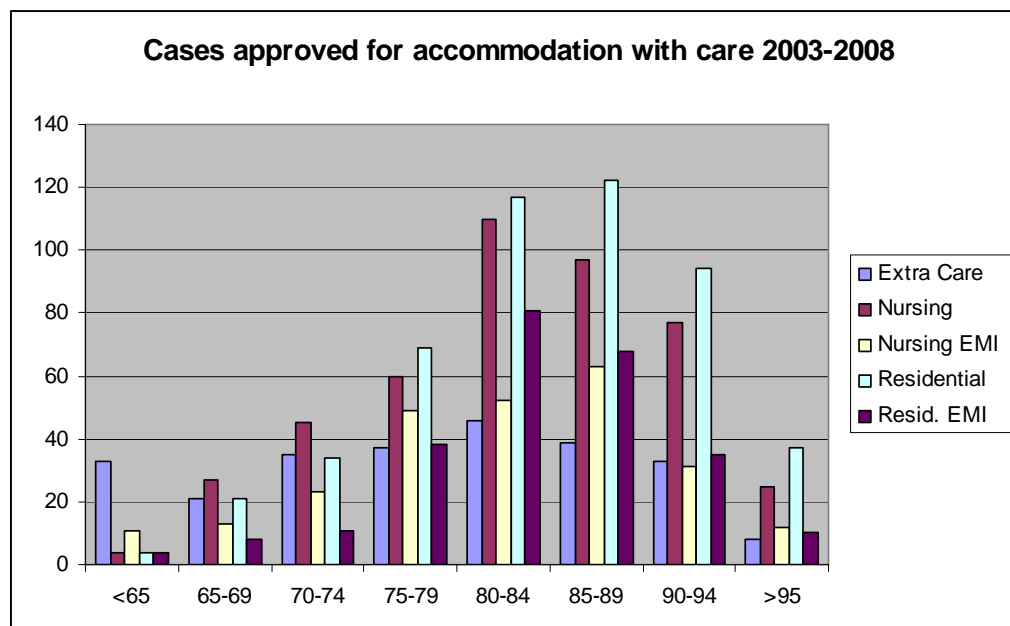
Source: Needs Assessment for Extra Care Sheltered Housing – from AHR

7.3.8 Between 2003 and 2008, 1704 cases were approved for accommodation with care, but only 15% of them for extra care housing. (Around one third of residential care cases were placed outside the borough.) See Table 3 and Figure 6.

Table 3

Age: Service types	< 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 94	> 95	TOTAL
Extra Care	33	21	35	37	46	39	33	8	252
Nursing	4	27	45	60	110	97	77	25	445
Nursing EMI	11	13	23	49	52	63	31	12	254
Residential	4	21	34	69	117	122	94	37	498
Resid. EMI	4	8	11	38	81	68	35	10	255
TOTAL	56	90	148	253	406	389	270	92	1704

Figure 6



Source: Needs Assessment for Extra Care Sheltered Housing

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7.3.9 The Needs Assessment for Extra Care Sheltered Housing concludes that there is significant scope to increase the use of Extra Care Housing ('ECH') as an alternative to residential care but cites a number of factors that are restricting its use at present; these include:

- A limited number of places are available at present
- Relatives are often risk averse and fear that safety and care levels in ECH will be lower than in a care home
- The understanding of eligibility criteria and the assessment of suitability are not always consistent - some social workers and other local authority officers were unclear about how the eligibility criteria are applied, with some believing that the 12.5 care hours threshold was both a minimum and a maximum number of hours that could be provided in the schemes
- The threshold of 12.5 hours care excludes some people from accessing the service
- There is a reluctance on the part of care staff to help tenants to deal with pensions, prescriptions, medicines and paying bills and where relatives are not available to undertake these tasks it limits those who can live in ECH (N.B. This may be a training issue as these are housing related support items, and as such are funded by Supporting People)
- The service is poorly marketed - there is currently very little publicly available information about extra care housing as a service choice in Tower Hamlets
- There is an anomaly in the charging system for care such that care in extra care housing is charged for whereas domiciliary care is provided free at the point of delivery. Therefore extra care is a more costly option for service users.

7.4 Health and Social Care Needs

7.4.1 According to the JSNA 2009-10 there are slightly below 38,000 people above 50 years of age in Tower Hamlets, out of just over 196,000 total population (16.3%). These include over 8,600 pensioners living alone, 2,500 pensioners unable to perform basic daily tasks (1.3%), and over 5,300 needing some form of help to wash, eat or dress. Fifty percent of the older population live below the poverty line.

7.4.2 Approximately a third of older people, (over 6,000 individuals) describe their overall health as 'not good' and over half (55%, or over 10,000) are thought to have at least one long term health problem. There is a high prevalence of comorbidities with Cardiovascular Disease, Diabetes, Mental Ill Health and COPD as the principal conditions. Each year between 35% and 40% of people aged 65 or older living at home experience a fall. There is a need for integrated services to support older people with their complex needs.

7.4.3 The PCT Health Needs Assessment states that over half of the elderly population is estimated to suffer from some form of long term limiting illness; two thirds of deaths in the borough are amongst people of pensionable age, with just three disease categories accounting for four fifths of the causes: Cardiovascular disease and stroke, Cancers, and Respiratory Disease.

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7.4.4. The Older People’s Mental Health JSNA 2009 reports the following data on mental health conditions amongst older people.

Table 4:

Mental health condition	Recorded in GP registers	Expected numbers
Depression	2,075	1,640-2,460 (POPPI)
Dementia	413	1,532 (McKinsey)
SMI	214	2711 (Saunders at al)

It notes that cross analysis shows that a lot of people with limiting illnesses suffer from depression and vice versa, suggesting a need to treat both the physical and mental health of patients and for holistic solutions. This has implications for housing models as well as for connections between the various health and social care services.

7.4.5 Amongst the key risk factors cited are the following:

- Between 44% and 54% of older people live alone (43% is the London average), with particularly high rates amongst the older elderly (75+)
- Over two thirds of lone pensioner households have no access to transport (suggesting that housing location and local community links are particularly important)
- Nearly one third of over 65’s felt fairly or very unsafe in their local area at night, (which means that security of housing will be a key issue.)
- Approximately 6% of over 65’s live in a poorly heated home
- Older people are heavily represented in the group classed as special needs households. Nearly 38% of this category are in housing deemed ‘unsuitable’.

7.4.6 There is considerable variation in needs across the LAP’s as illustrated by the maps presented in Appendices 6 to 10

7.5 Health and Lifestyle Survey

7.5.1 The Health and Lifestyle Survey yielded data which is pertinent to an understanding of the housing situations and needs of older people. Whilst 46% of respondents aged over 65 years lived on the ground floor, that leaves 64% who either have to use stairs or depend upon lifts. (see Figure 7)

7.5.2 59% of respondents over 65 years lived alone, which highlights the need to be able get out to meet others and the importance therefore both of accessibility of common areas and opportunities to socialise. (see Figure 8)

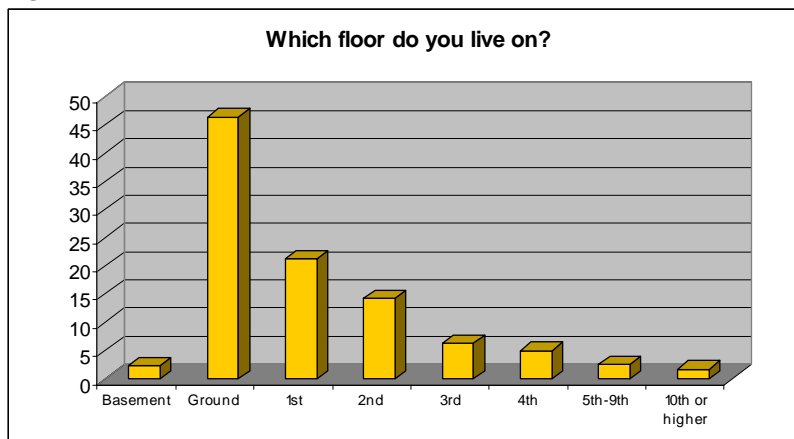


Table 5: Comparative Performance in Helping Older People live Independent Lives

Borough	Int. Homecare per 1000 65+	65+ helped to live at home per 1000	65+ Long term res care placements per 10,000	Extra care units per 1,000 65+
Camden	29.9	129	72	0
City of London	26.2	109	-	0
Greenwich	20.7	83	73	5.2
Hackney	31.4	101	74	2.1
H'mith and Fulham	28.6	142	80	3
Islington	35.5	108	69	0.9
K'gton and Chelsea	11.7	94	41	8.7
Lambeth	21.4	107	86	2
Lewisham	22.7	77	81	4.9
Southwark	28.4	108	68	3
Tower Hamlets	40.3 (1st)	120 (3rd)	75 (8th)	8.2 (2nd)
Wandsworth	24.5	94	73	6.2
Westminster	20.5	90	80	2.4

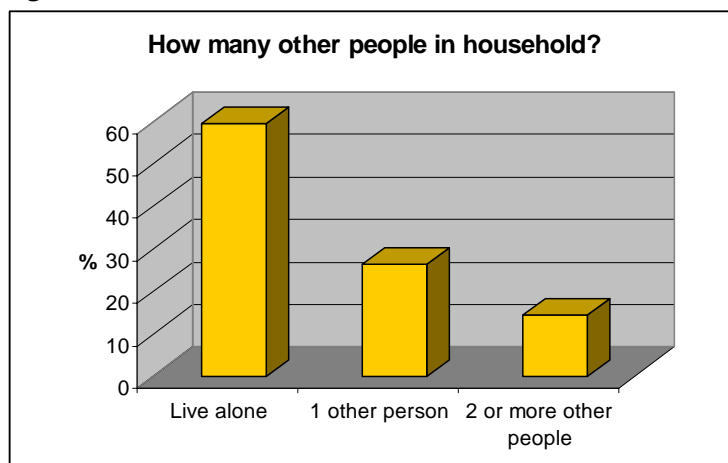
Source: Needs Assessment for Extra Care Sheltered Housing

Figure 7



Source: Health and Lifestyle Survey

Figure 8

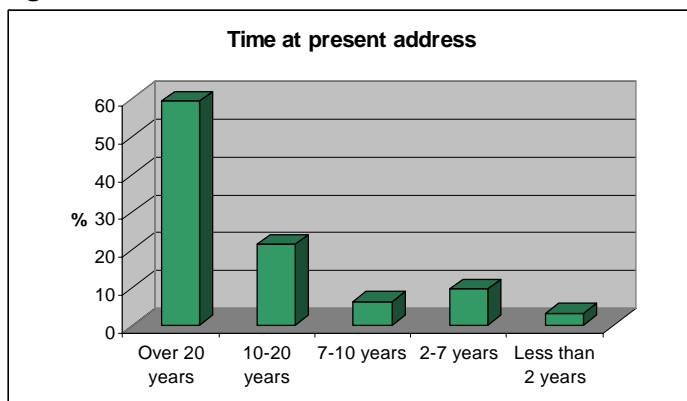


Source: Health and Lifestyle Survey

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7.5.3 Almost 60% of older people (over 65 years) have lived at the same address for more than 20 years, which is a measure of the inertia that was reported by both older people and professional stakeholders reported later in the report. Increased length of stay also increases the upheaval associated with moving. (Figure 9)

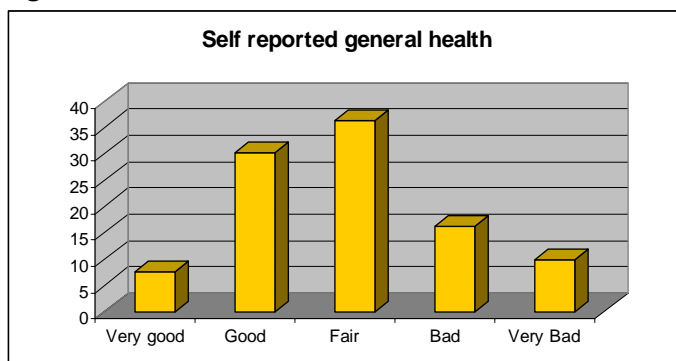
Figure 9



Source: Health and Lifestyle Survey

7.5.4 Self reported general health was considered only fair, bad, or very bad amongst 62% of respondents. (Figure 10)

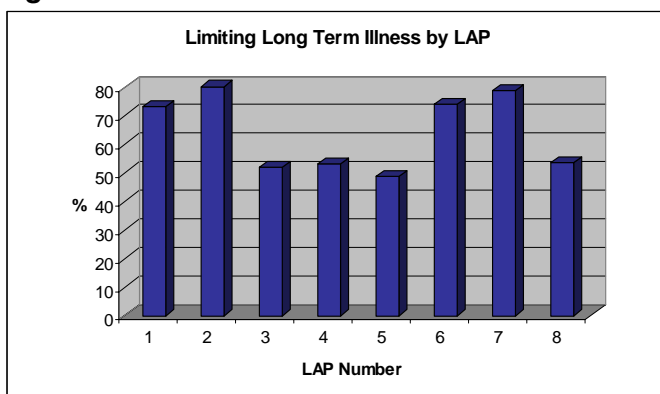
Figure 10



Source: Health and Lifestyle Survey

7.5.5 According to the survey there is a considerable variation between the LAPs in relation to the incidence of Limiting Long Term Illness. (Figure 11)

Figure 11



Source: Health and Lifestyle Survey

8.0 PROFESSIONAL STAKEHOLDER COMMENTS

8.1 We interviewed a wide range of professionals who work with older people, principally from housing, health and social care. We explored their perceptions of housing need, based on their roles in commissioning or service provision, and their views of different models of housing for older people. In particular we explored the system issues: the challenges faced by older people in navigating the network of services and the extent to which professionals are effectively networked and can deliver joined-up services or offer effective signposting to other services.

8.2 Housing needs do not exist in isolation but are intertwined with the other challenges that older people face. The key challenges facing the older population in Tower Hamlets that were cited by those interviewed included:

- Poverty, financial exclusion
- An acute general housing shortage
- Marginalisation, owing to a 'young' population structure
- Isolation, loneliness
- A sense of the older white population, in particular, being 'left behind' with families having moved away
- Concerns over safety and security and fear of crime
- Financial worries for leaseholders, resulting from maintenance and repair bills
- High levels of limiting long term illness.

8.3 Interviewees painted a picture that is different from much of England, with premature ageing and earlier onset of dementia, linked to higher rates of cardio vascular disease. Whilst there is concern over traditional communities disappearing and with them many of the support networks that enable older people to remain independent, there is still a very parochial attitude amongst older people, who want to stay in the immediate locality that they have always lived in and know. Fear of being forced to accept accommodation in another area was thought to be barrier to considering a move.

8.4 Nevertheless the availability and proximity of accessible transport is an important factor to enable those with limited mobility to access the many opportunities for activities and social engagement that are available. Those we spoke to thought that transport services had improved somewhat in the last couple of years but that there was still room for improvement.

8.5 Several interviewees commented on a culture of dependence in relation to housing and associated services, which they felt made it more difficult to encourage older people to access services, especially where charges are involved.

8.6 Housing

8.6.1 The lack of accessible accommodation came out strongly in the interviews: examples were given of older people who are effectively trapped in their flats for years because

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of the absence of lifts or lifts being out of order for long periods. (The fear of lifts not working was identified as being an important factor in its own right in the same way as the fear of crime) There is a perceived lack of 'Category 1' or equivalent accommodation (i.e. accommodation designed and designated for older people but without a linked support service) for people who may not want to move into sheltered housing. Much of the existing stock is seen to be in poor repair and of poor quality, particularly in relation to older people's needs.

- 8.6.2 Several stakeholders mentioned the fact that leaseholders in blocks without lifts effectively have no options because they are not eligible for rented sheltered housing, there is no leasehold retirement housing and values often mean that new flats would be out of reach. It was also suggested that having originally been tenants and having lived in the borough (and in some cases the same property) for most of their lives, many would not think in terms of how to use the equity creatively or what it might buy elsewhere and would need support in all aspects of making a move.
- 8.6.3 Overcrowding was cited as a common issue for older people in the Bengali community living as part of extended families. But at the same time under-occupation was seen to be a key challenge in terms of effective use of stock, and it can also lead to higher bills and worries about maintaining the accommodation. (It should be noted that *under-occupation* is potentially a contentious term, based on the social housing approach of providing the minimum accommodation to meet needs and not recognising aspirations, or the norms in owner occupied housing.) The key barriers to moving identified by respondents were:
- (a) the lack of an attractive alternative accommodation offer
 - (b) resistance to moving arising from lack of understanding of the nature of options such as sheltered housing and extra care housing, exacerbated by lack of effective 'marketing' of such options.
 - (c) the lack of knowledge, skills and energy to navigate the system *and* to face the practicalities of moving
- 8.6.4 It was generally acknowledged that the most common route into sheltered and extra care housing was in a crisis situation, suggesting again a lack of 'marketing' of the options. It was not clear that housing needs and the possibilities of moving are given priority within needs assessment and review processes for health and social care.
- 8.6.5 Most respondents thought that sheltered housing in the borough was of variable quality both in terms of the properties and the support services. Although there is a belief that expectations amongst older people are relatively low, we understand that there is a strong 'internal market' in sheltered housing, with high demand for good quality units (and even for the better units within schemes!) whereas older, lower quality units are often hard to let.
- 8.6.6 There did not appear to be a very clear understanding amongst professionals of the role of extra care housing or its potential. Mostly it is seen as an alternative to residential care for those with moderate care needs. The existing extra care services are felt to be inflexible (this is consistent with the ECH review which identified a narrow band of provision in terms of care hours per resident). It was thought that in some cases services are not maximising the potential for developing the 'activity' and 'community' dimensions within the schemes. An example was given of a resident

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being brought down from their flat by staff to sit alone in the communal lounge; another of a lack of availability and interest from staff when advocates called. In both cases the interviewee concluded that a care home would be a better option because there would be more company and sense of 'community'.

8.6.7 We understand that there is no housing-based intermediate care facility providing step-up and step-down care. Whilst there is a dedicated Community Rehabilitation and Intermediate Care Team working with people in their own homes, inaccessible accommodation and the absence of carers can result in prolonged stays in hospital or in hospital-style intermediate care.

8.6.8 Several interviewees identified a need for more accommodation for people with dementia and a more flexible service for people with dementia living in sheltered housing, to prevent admissions to care homes. One provider commented that sheltered housing was often in practice a *temporary* housing option. Interviewees also identified a need for specialist housing provision for older adults with functional mental health problems – some of whom are currently placed in out of borough residential placements – and for older people with a history of chaotic lifestyles, who may not fit readily into conventional sheltered housing schemes.

8.6.9 Hub approaches linking sheltered housing and extra care housing have not been developed but most professionals were positive about the potential benefits of such an approach. Some community based professionals were wary of the concept of floating scheme manager services in sheltered housing since they felt it may erode the sense of community in schemes.

8.7 Links between housing and health

8.7.1 There was a well developed understanding amongst the professionals that we interviewed that the keys to health and well being are factors such as activity, eating well, getting out and about, and social engagement/connectedness. Accessibility of external communal areas is therefore crucial, as is location in proximity to the whole infrastructure of shops, transport and social networks. New developments in the borough on brownfield sites were generally thought not to be 'older-people-friendly' in these respects and there is anecdotal evidence of different interpretations of the Lifetime Homes standard by developers. The importance to well being and inclusion of links with faith communities (i.e. churches and mosques) and community centres (e.g. St Hilda's, Sundial, Sonali Gardens, The Bromley by Bow Centre) was mentioned by a number of interviewees.

8.7.2 Small things make a big difference to older people and to health risks such as the risk of falls: for example having a light by the bed; removing net curtains (thus increasing light levels and decreasing Vitamin D deficiency); removing clutter and trip hazards; assistance with changing lightbulbs and other handyperson tasks.

8.8 'System' issues

8.8.1 There was a sense from most of the professionals we interviewed that there is a strong commitment to partnership working amongst agencies in the borough but a deficit in relation to actual information about services or the delivery of joint services, particularly between housing and health.

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- 8.8.2 Housing systems such as the Choice Based Lettings system do not seem to be particularly well known or understood by health and social care professionals. As noted above crisis routes into specialist housing are common and there was a general acknowledgement that apart from the LinkAge Plus services, little is being done to prevent this pattern continuing.
- 8.8.3 With regard to information for older people, several interviewees mentioned the low education and literacy levels in the borough and the fact that using informal, word-of-mouth methods for disseminating information is most effective. Nevertheless there is thought to be considerable scope for using other channels such as Idea Stores, whose offering is targeted mainly at younger people at present.
- 8.8.4 Responses indicated that despite many excellent and innovative projects in the borough, there is a good deal of 'silo' working. LinkAge Plus is making some inroads into tackling this issue for older people but does not seem to be linking up professionals.
- 8.8.5 The Listening Event brought together a wide range of housing, health and social care professionals and it seemed that it created an opportunity for networking that was not generally available – a useful learning point in itself. The comments from the workshops echoed and amplified many of the issues discussed above. The flipchart notes from the workshops are reproduced at Appendix 3
- 8.8.6 Additional themes arising from the listening event include:
- A lack of confidence in the services offered in sheltered housing and a need for redefinition and re-branding
 - A lack of floating support services for older people
 - More prioritisation (and funding) of preventative services is required
 - More effective use of Telecare
 - Too much 'silo' working
 - Poor communication between professionals
 - Lack of BME workers who speak community languages
 - A single point of assessment needed for all services
 - Parking / storage for mobility scooters
 - Sheltered housing needed in *all* areas – some is not in the right place
 - Information: must be “up to date, locality based, one-stop, word of mouth”

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9.0 CONSULTATION

9.1 Although the focus of the consultation initiatives was on older people, those of all ages were encouraged to take part, on the basis that in planning future services LBTH needs to take account of what future cohorts of older people will want as well as catering for the needs and preferences of the current older population. Responses to the consultation were invited through various channels including East End Life newspaper, the LB Tower Hamlets website, One Tower Hamlets website, the THINK event on 10th June and through a number of housing associations and voluntary organisations working with older people.

9.2 Questionnaire

9.2.1 We developed a questionnaire concerning housing in later life which has been completed by a wide range of people, both older and younger. It was a self selected sample and therefore the results cannot necessarily be claimed to be representative of the wider population of the borough. Wider surveys, with statistically significant sampling have been carried out as part of the housing needs survey; the purpose of this consultation was to try to obtain a more in-depth insight into older people's views about types of housing and the reasons behind the preferences expressed. The questionnaire was circulated through the Tower Hamlets website, and a range of service providers that have contact with older people. It was made available both in hard copy and on-line; and where appropriate professionals and volunteers assisted older people in completing questionnaires: for example, Tower Hamlets Friends and Neighbours Network completed questionnaires through interviews with housebound older people.

9.2.2 A total of 184 responses were received, of which 42% were residents of sheltered housing and 16% were younger people (under 50 years) 73% of the sample lived in social housing, 7% rented privately and 14% owned their own home.

9.2.3 The aspects of housing considered to be of greatest importance were Accessibility (64% of respondents rated it as essential), 'a safe and secure environment' (73%) and help and support available when needed (70%). The actual provision of care and support was considered slightly less important (57% rated it as essential). A level access shower' was considered essential by 56%, and a location close to shops and services by 57% - although a further 34% thought it 'very important'. Communal facilities were considered either 'useful but less important' or 'not useful' by more than half the respondents although this may have been influenced somewhat by the wording of the question which referred to enhanced communal facilities, including common room, café and gym. Spacious accommodation was an item with a wide spread of responses, but the largest proportion (32%) thought it 'useful but not important'. This is surprising and does not correspond with experience of other studies elsewhere: usually it is rated more highly. A location close to shops and transport links was also not rated quite as highly as one might have expected. The questions about living with others of a similar age and a similar culture both elicited a broad spread of responses, with almost equal numbers considering the issues important as those considering it not important. On balance living with people of the same age was considered slightly more important than living amongst people of the same culture.

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9.2.4 Sixteen percent of the total sample said that they would not consider sheltered housing with only just over a quarter considering it a good option. 13% had an open mind, which gives potential for influencing through better marketing. However since the sample was biased towards those in sheltered housing it is important to look at the responses from those who are not sheltered housing residents: of those 47% said they would consider it, 30% said they would not and 23% had an open mind.

9.2.5 Amongst specific housing problems encountered, the most common issue raised was difficulties with maintenance and repair services, with complaints of long waits for repairs to be carried out.

9.2.6 58% of respondents thought that their housing did not have any adverse effect on their health and well being, but the responses were very different from those living in sheltered housing compared with others: 87 % in sheltered housing and only 28% for others.

Just over a quarter of respondents (27%) said they had insufficient space, whilst 12% said that their housing was cold and/or damp (none of these were in sheltered housing). Only 14% said that not feeling safe and secure adversely affected their health, which is slightly at odds with the importance placed on safety and security in consultation generally.

9.2.7 With regard to future needs for help with personal care, 77% expressed a preference to stay in their existing home (79% in sheltered), with 29% (of the total) having a preference for family/friends caring and 48% with agency carers coming in. Only 4% thought that a care home would be the best option; 19 % expressed a preference for extra care housing (17% for those already in sheltered housing)

9.2.8 34% of respondents stated that they had never felt the need for support and advice in getting information or services (40% amongst sheltered housing residents). The remainder three who did express a need identified with a range of issues, the most common one being help with letters and forms.

9.2.9 When looking for help in finding housing better suited to needs, the most popular responses were equally split between their Landlord, the council's housing advice service and a carer or health worker. This underlines the importance of advice on housing being available through a range of channels.

9.3 Focus Groups

9.3.1 Focus groups were carried out at four locations chosen with the aim of exploring the views of older people with different backgrounds, housing situations and experiences:

- Ted Roberts House: residents from a number of Gateway sheltered housing schemes
- St Hilda's East Community Centre: a group from all tenures with a wide range of support and care needs
- Appian Court Community Centre: a group from all tenures, mostly without care and support needs
- Sonali Gardens Day Centre: a group of Bengali elders and younger people from the Bengali community, with a range of physical and mental health problems, mostly living with extended families

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- Questions about older persons' housing were also included in a BME Focus group carried out as part of the consultation for the revised Supporting People Strategy.
- 9.3.2 Focus groups were used to explore older people's views in more depth than is possible through a questionnaire. The priority concerns raised by older people in the groups varied according to their existing housing situation, reflecting both their experiences and the need for a range of housing options to meet different needs and aspirations.
- 9.2.3 However, freedom, independence, safety and accessibility are themes that came through strongly in each case. Those not living in specialist housing displayed a reluctance to consider it, either because they were satisfied with their existing accommodation or because they considered they were too old to contemplate moving. The loss of 'community' and concerns about safety and security featured strongly amongst those who do not live in sheltered housing, as did concerns about its cost. The Bengali group expressed a strong preference to continue living with their families rather than consider sheltered or extra care housing.
- 9.2.4 The sheltered housing group were generally very positive about the scheme manager service but critical of administration of service charges and what they saw as too much regimentation through rules and regulations. Satisfaction with accommodation was generally high. A few would prefer larger (i.e. 2 bed) accommodation and a few would consider something smaller if it was cheaper. Communal lounges were valued, but most would prefer a washing machine in their own flat to a communal laundry. There did not appear to be any appetite for additional facilities and services such as a restaurant, this was seen as a more like a care home. Almost all of those taking part in the groups said that they would prefer a level access shower to a bath. Overcrowding and lack of accessible bathroom facilities featured very strongly in the responses from the Bengali elders group.
- 9.2.5 The sheltered housing focus group expressed a strong view that placing people with higher needs in sheltered housing was not appropriate, but accepted, in most cases, that those whose needs increased while living in sheltered housing should be allowed to stay: they could be supported more effectively since they were a part of the community within the scheme. It was felt by the sheltered housing focus group that Sheltered Housing and Extra Care Housing were different and should be kept as separate models. There was a general view, expressed both by sheltered housing residents and others that the term sheltered housing was unhelpful and that it needed re-branding.
- 9.2.6 People living in general needs housing identified the need for better lighting in communal areas and better security systems: cameras rather than spy-holes, the latter being difficult for older people to use. The primary concerns of people in general needs housing were focussed around neighbours and neighbourhood issues, including crime, upkeep of common areas, and the erosion of 'community'. The problem was cited of sale of units purchased by Buy-to-Let landlords, who let on short term tenancies, resulting in high turnover of residents and therefore difficulty in establishing relationship with neighbours. Even with good neighbours, if they are younger they may be out at work much of the time and so older people can feel isolated during the day. Where older people are fortunate enough to occupy ground floor accommodation there are often problems created by families being housed

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above, owing to noise transference just from normal activities such as children running around. Most people in the groups indicated a preference to live amongst older people, but as part of the wider community.

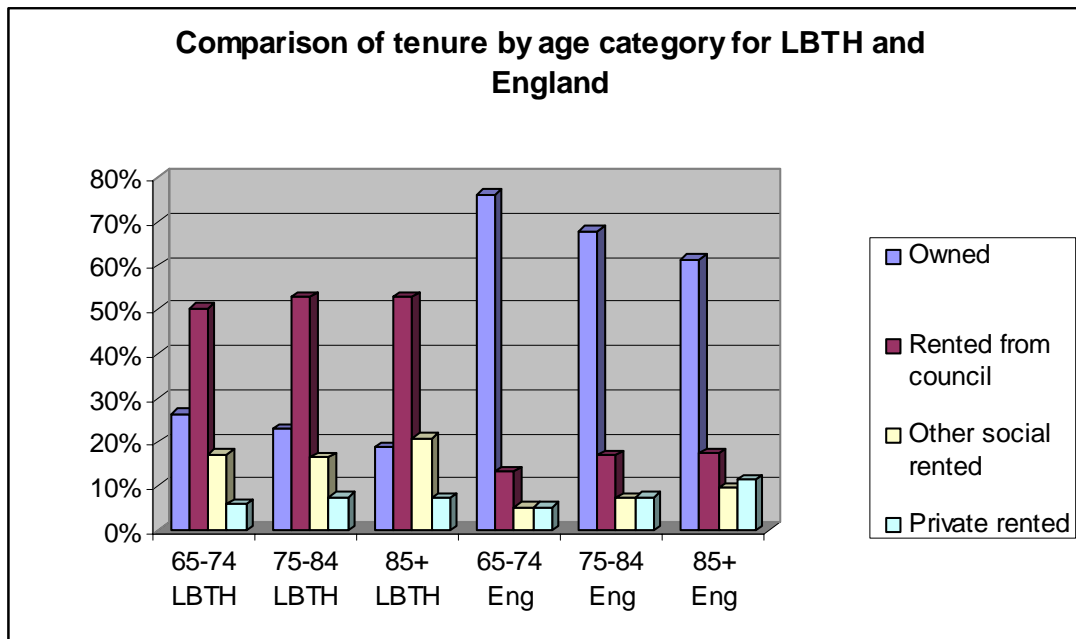
- 9.2.7 The bidding system for housing allocations was thought not to be user-friendly for older people and it was felt that a simpler system is needed. There was a general view that advice and support were not always readily available and that getting repairs done satisfactorily was a problem. There was a particularly strong message from the Bengali elders that complaints and request were not heard or acted upon.
- 9.2.8 The financial worries of older leaseholders (discussed above under professional feedback) was raised by a number of older people in the focus group consultations.

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10.0 SUPPLY

10.1 The tenure balance amongst older people in Tower Hamlets is quite different from the pattern in England as a whole, with a significantly higher percentage of older people renting from social landlords and much lower percentage owning their own home. (See Figure 12)

Figure 12

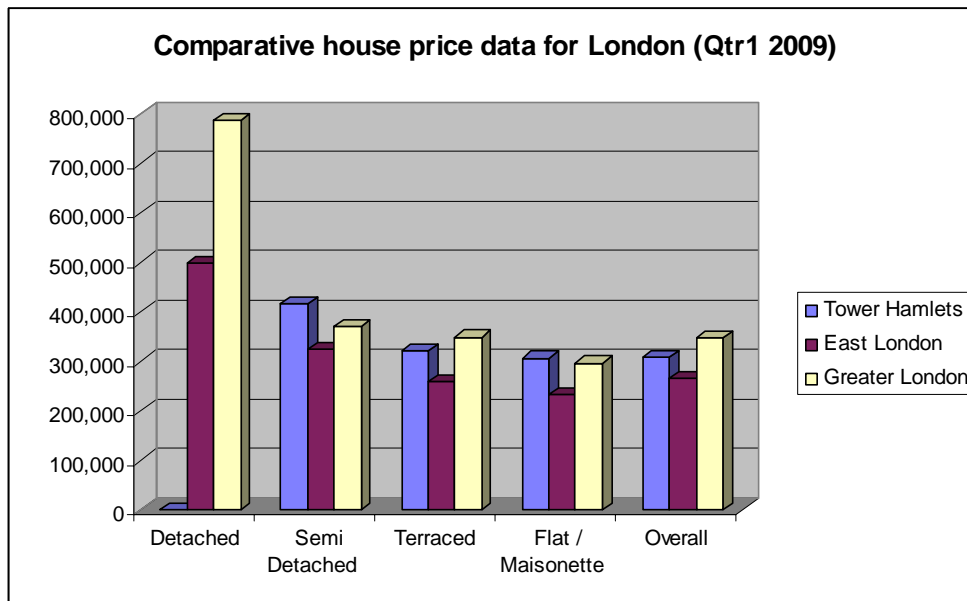


Source: 'POPPI'

10.2 Average house prices are lower than the overall average for Greater London but higher than East London. However considering only the overall average gives a slightly misleading picture of the affordability of smaller units when comparing Tower Hamlets with Greater London. For both Flats/Maisonettes and Semi detached Houses higher prices were recorded for Tower Hamlets than for Greater London, explained by the absence of detached properties, which have a significant upward effect on average price in the rest of London. (See Figure 13)

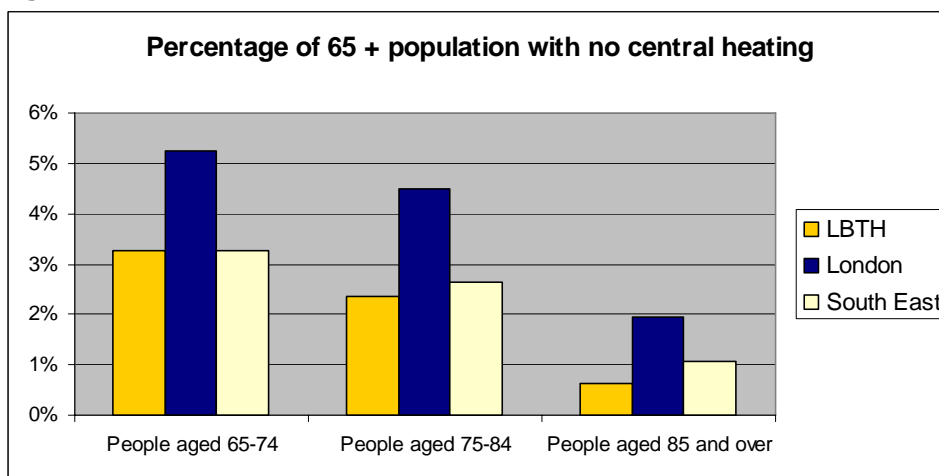
10.3 Data regarding the proportion of older people living in properties without central heating (Figure 14) is initially surprising given the deprivation in Tower Hamlets: the levels are significantly lower for Tower Hamlets than for London as a whole. This is probably explained by the high percentage of older people living in social housing where landlords will have routinely fitted central heating.

Figure 13:



Source: Land Registry – quoted in LBTH Strategic Housing Market Assessment 2009

Figure 14



Source: POPPI

- 10.4 Tower Hamlets runs a common housing register including key housing association landlords in the borough. We could find very little information to assist older people in making decisions about their future housing. The lettings policy makes little reference to older people, indeed on the website, the section on sheltered housing is linked with homelessness, which may give the impression that you have to be homeless to access sheltered accommodation. Even the section on sheltered housing refers to homelessness advice and support. This section needs to be rewritten and repositioned so that it is clearer to those accessing the information that it applies to all older people.
- 10.5 All of those over 50 who apply for housing are offered an assessment to see if they are suitable for sheltered accommodation. This does not prevent them from being considered for general needs housing, but it is stressed that waiting times for

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sheltered housing are generally shorter, so that older people are encouraged to opt for sheltered housing whether or not they have a support need. The assessment is mainly to check whether the support need is too great for them to be considered for sheltered. Inevitably there will be people living in sheltered accommodation who were housed because they had a housing need and not particularly to reflect a support need. The current model of sheltered housing does not offer the flexibility to tailor support levels to need.

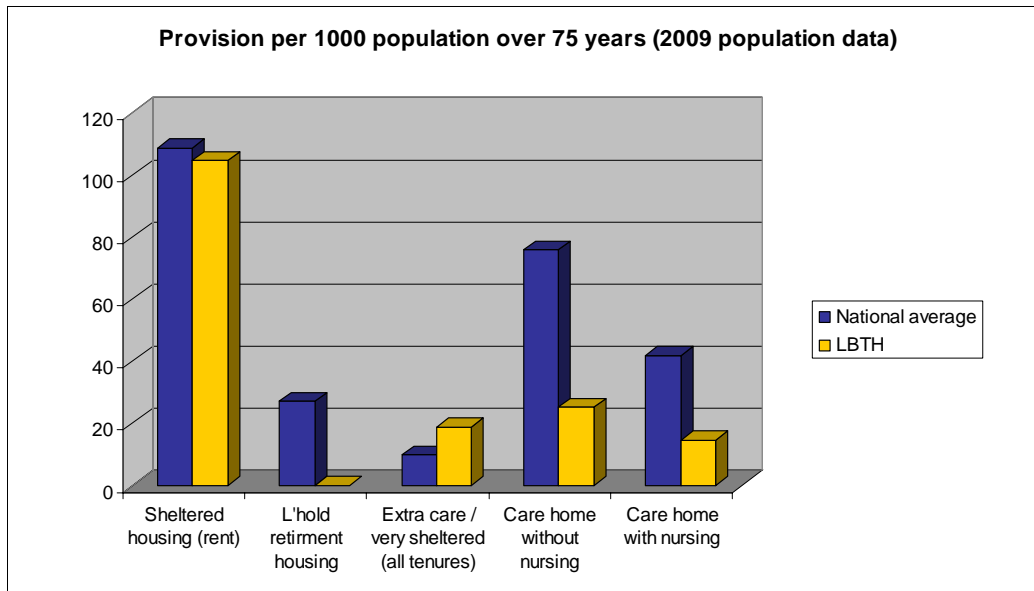
- 10.6 Owner-occupiers (including part-owners) are placed in the lowest band. There is information on the website about low cost home ownership but no reference to schemes for older people. Although this strategy recommends developing a wider range of tenure choices for older people, as an interim measure there should be specific advice on the website which encourages older owner-occupiers to consider housing solutions which involve at least an element of continuing home ownership.
- 10.7 Overcrowding is a major issue for the borough, and there are a number of initiatives in place to reduce overcrowding; tackling under-occupation is seen as a tool to reduce overcrowding but it is equally a significant element of an older person's housing strategy. Older people living in homes which are too large can find it difficult to keep the property clean and warm, and older owner-occupiers may also find it difficult to keep the property in a good state of repair. The lettings policy contains information for under-occupiers, but no specific reference is made to older people. We have seen examples of other schemes where publicity material is tailored to older people and designed to appeal to them. Tower Hamlets policy is to pay people who move to smaller properties, £500 per bedroom given up. While this is no doubt an incentive to some, there is evidence from other schemes that for older people, greater assistance with the actual move is more of an incentive than a cash payment. We would recommend re-framing and re-positioning the existing policy to encourage more older people to consider down-sizing, and the introduction of a "smooth move" style support scheme during the actual move.

10.8 Supply of older persons' housing

- 10.8.1 The Elderly Accommodation Counsel website (www.housingcare.org) was used to produce a database of designated older persons' accommodation in the borough with basic details such as the number of units and the facilities. This scheme data is provided in Appendix 1 , which has been verified by providers. There are some 692 units of sheltered housing with support (23 schemes) and a further 202 units of housing designated for older people but without support. The average size of scheme is 26 units with a range from 6 to 41 units. The median build date is 1980 (where information is available) suggesting that half of the stock is more than 30 years old.
- 10.8.2 There are also 161 units of extra care housing in four schemes. There are 125 beds in care homes without nursing and a further 216 beds in care homes with nursing.
- 10.8.3 The level of provision of sheltered housing is almost exactly in line with the national average based on the population over the age of 75 years (using GLA population estimates.) (See Figure 15) The borough is unusual in have no leasehold retirement housing. There is significantly lower provision of care home places per head of older population than in other parts of England. This is probably a result of the economic profile, resulting in very limited numbers of self funders to support private sector

homes and strong performance by the borough in providing home care, plus the fact that it is free at the point of delivery.

Figure 15



10.8.4 Quality of accommodation is as relevant as quantity, particularly in relation to accommodation for older people where standards have changed more rapidly than in general needs accommodation. The Best Value Review noted that in 2006:

- 7% of accommodation was in bedsits
- only 3% of units had two or more bedrooms
- void rates were low (only 2% in 2004-5)
- four schemes did not have a lift, making them unfit for purpose

10.8.5 Providers were asked to complete a grading matrix for each of their schemes. A score of '0', '1' or '2' was awarded for each a range of key features that are important to older people. A copy of the matrix may be found at Appendix 2. Schemes were graded against each factor: a zero score is for items which are not fit for purpose, a one indicates minimum requirements being met, whilst a two means that the scheme exceeds minimum standards and is in line with future aspirations.

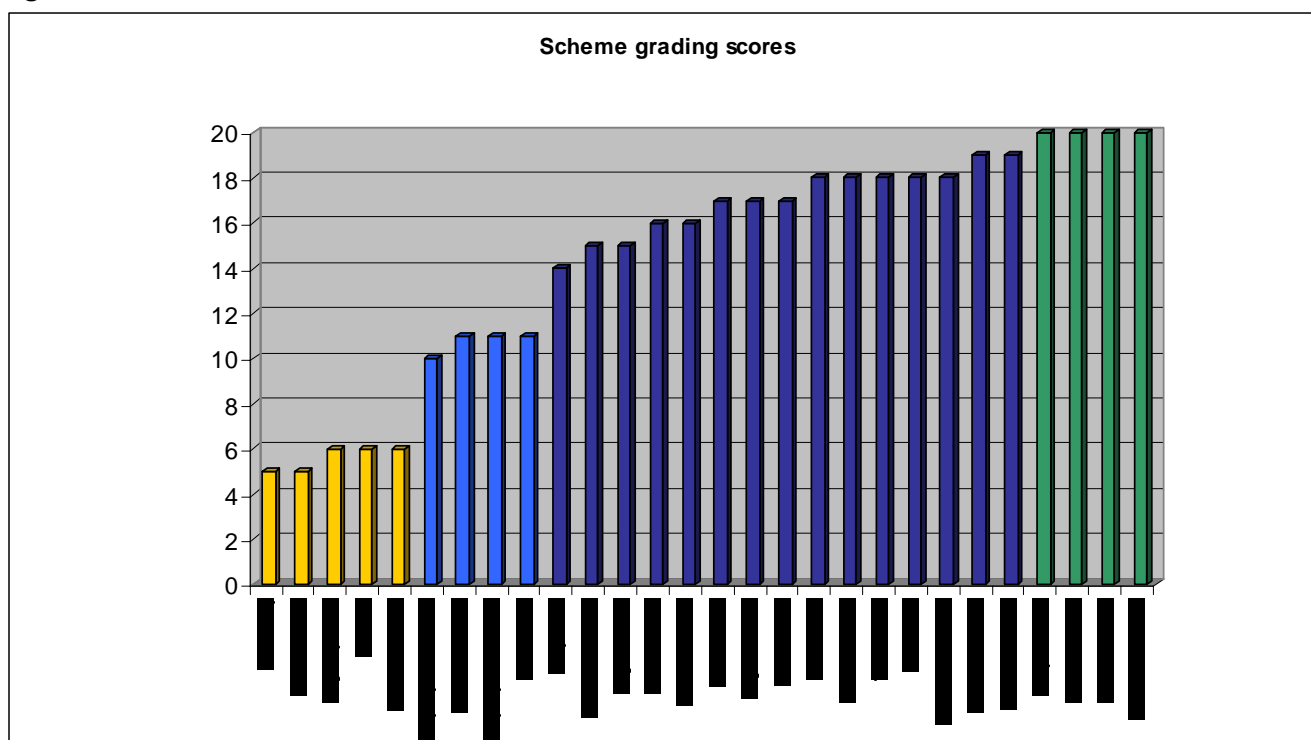
10.8.6 The results of the grading process are presented in Appendix 2. The factors in the upper section of the matrix are considered to be essential items in older persons' housing. The overall scoring system operates so that the total score for the upper section is zero if any *one* of the factors is 'not fit for purpose' scores a zero. (This is based on the reasoning that all of these factors are essential and therefore other less essential features should not over-ride them.

10.8.7 There are 5 schemes that score 0 in the upper section of the matrix, indicating that they are 'not fit for purpose' on one of more grounds. This represents 20% of the stock of supported housing for older people. There are 2 schemes without lifts or where not all units are served by lifts.

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10.8.8 Ten schemes score 11 points or less either because of critical failings, or because they achieve only satisfactory scores throughout. (There are 11 factors on which schemes are graded, so a score of 11 equates to a scheme which achieves a ‘satisfactory’ score of ‘1’ on each factor.) The 6 schemes that on this basis are identified as marginal in terms of fitness for purpose represent a further 14% of the stock. Figure 16 shows the overall scores arranged in ascending order. Those in yellow were graded as not fit for purpose, those in light blue are the ‘marginal’ schemes. The schemes in dark blue and in green are those which meet current standards and meet future aspirations in some areas. Green denotes extra care housing.

Figure 16



(N.B. These estimates refer to sheltered housing – i.e. housing with support, and do not account for the need to replace and expand other stock occupied by people aged over 50, who do not require support but may benefit from better quality and more accessible housing)

10.8.9 Sheltered Housing is not evenly distributed across the borough or across the LAP’s. A map showing the locations of sheltered and extra care sheltered schemes is provided in Appendix 5.

10.9 Accessible Housing

10.9.1 Supply of accessible housing comes from two sources: new developments, and adaptations of existing properties or existing properties with adaptations becoming available. Within the social housing sector approximately 10% of the stock has been adapted to increase accessibility but less than 1% of the social housing stock is fully

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wheelchair accessible. We were unable to find any information about the amount of stock in other tenures which has been adapted or is wheelchair accessible; it is reasonable to assume that this will be fairly low.

- 10.9.2 Tower Hamlets has recognised the need to increase the amount of accessible housing available, and the housing strategy sets a target of 10% of all new developments to be fully wheelchair accessible. This target does not appear to have been incorporated into the draft core strategy for the borough; although there is a reference to meeting specialist housing needs, including the elderly, no details are given. The current interim planning guidance also has little detail on accessible housing or meeting the needs of the elderly. With the level of new development in the borough, it is critical that all planning guidance stresses the need for wheelchair accessible housing, and housing suitable for older people.
- 10.9.3 It must be remembered that it is not only older people who require accessible housing. In fact, in Tower Hamlets, the majority of those on the housing register who require accessible housing are in younger age bands. 23% of the total accessible housing register is made up of households in the 25 – 34 age band, compared to just 9% of 75+ households. The percentage of applicants for accessible housing who require wheelchair accessible housing remains constant across the different age groups at approximately 25%.
- 10.9.4 Existing planning guidance emphasises the need for family accommodation. While this is clearly important, it may overlook the family sized accommodation that could be made available if older people under-occupying larger accommodation were prepared to move. Consideration should be given to encouraging the supply of smaller accommodation appropriate to the needs of older people. Given the significant level of redevelopment taking place in many parts of the borough, this could be a major element of the older people's housing strategy.
- 10.9.5 There appears to be no firm commitment to implement the London Accessible Housing Register to increasing access for disabled people. There has been some discussion with RSLs but the perception is that RSLs are not keen to support the proposals because of the potential impact on letting times. This needs to be explored further, as other authorities have successfully rehoused significant numbers of households by matching their needs to existing adapted properties, thus saving considerable expenditure on disabled facilities grants. (One local authority which has housed 500 people through its accessible housing register believes it has saved £1.6m.) Other benefits cited by local authorities who have implemented accessible housing registers include the time saved in carrying out adaptations work, and increased willingness of partners to identify properties which could be adapted to meet identified needs.

10.10 Availability of home care

- 10.10.1 The preference of most older people nationally is to remain in their own homes for as long as possible, but the availability, cost and flexibility of home care packages can have a direct influence on the extent to which housing options are a viable and readily available alternative to residential care.
- 10.10.2 Tower Hamlets provides a large amount of Home care and its performance in providing intensive home care was the best in the country in 2006-7. It also performed



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well on helping people aged 65+ to live at home. Therefore given accessible, good quality housing there should be potential for a high percentage of older people with care needs to live in independent housing. Indeed, there are (surprisingly) much higher packages of care delivered in general housing than in extra care housing. Tower Hamlets is unusual in providing free home care, but this is not applied to extra care housing, which is likely to increase demand for independent accommodation for older people, as compared with demand for extra care housing.

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11.0 DEMAND

11.1 Existing demand – evidence from lettings data and processes

11.1.1 It is generally quicker for someone to be rehoused into sheltered accommodation than into general needs accommodation. As applicants are aware of this, it increases demand for sheltered housing even where this may not be the most appropriate solution for the individual concerned. For this reason, overall demand for sheltered housing is likely to remain high, in the short-term. Some individual schemes are less popular, staff believe that this relates more to location than to the quality of accommodation on offer.

11.1.2 Approximately 800 households are on the housing register because they are under-occupying their tenancy and actively wish to downsize. Approx 100 people per year have transferred to smaller properties, although only relatively small numbers have taken up the cash incentive scheme.

11.2 Supporting People evidence

11.2.1 Utilisation levels for 64% of schemes met or exceeded the target level of 95% utilisation, indicating that existing demand for sheltered housing is relatively strong. (Figure 17).

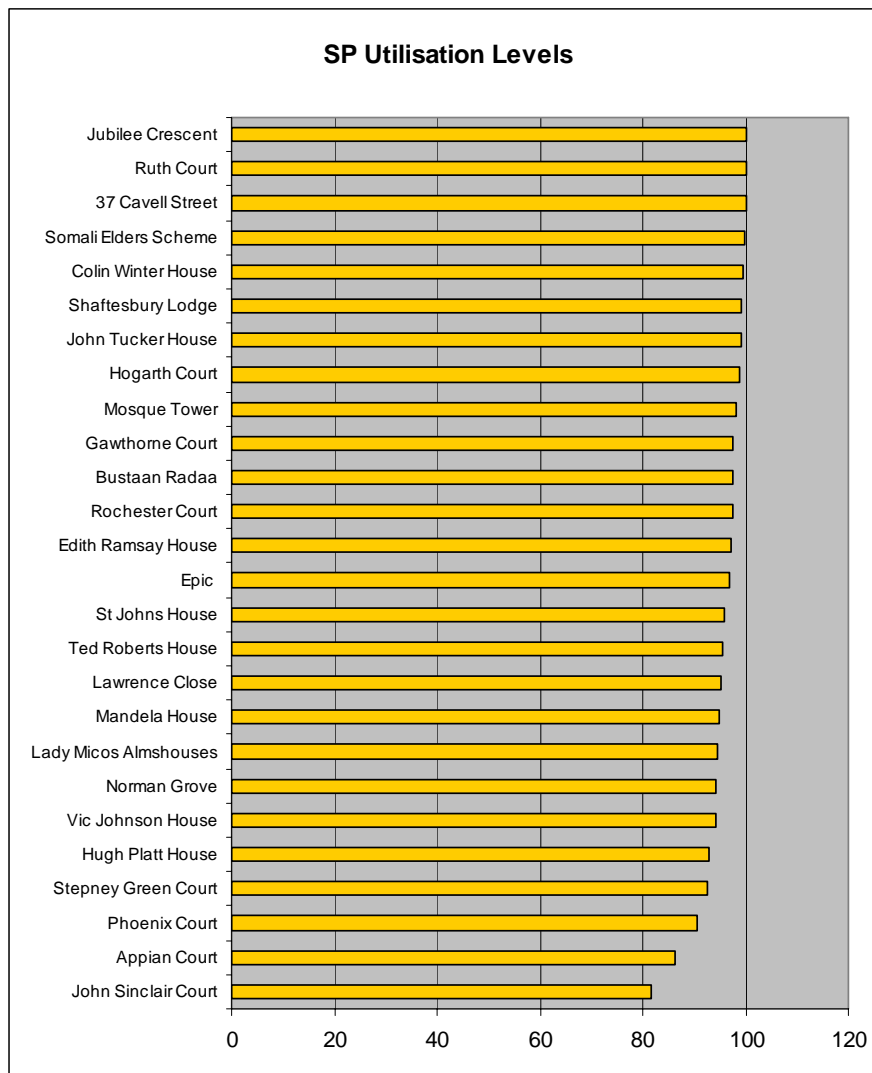
11.3 Disabled Facilities Grants

11.3.1 A striking feature of the DFG budget is that payments to RSLs take up over 80% of the budget. This is very high. To an extent it reflects the tenure mix in the borough, but it may not be sustainable in the longer term. Tower Hamlets has already opened discussion with RSLs with a view to adopting the East London protocol, under which RSLs agree to carry out aids and adaptations work up to £1,000. Driving this forward and getting it agreed and in place will release a significant element of the budget for other work. It is recognised that many of the RSLs who rely on Tower Hamlets for funding for adaptations are stock transfers who will have built this assumption into the business plan, but many of these will already be out-performing their original business plans. Where funding is too tight to allow the RSL to undertake adaptations work as indicated, this could be agreed in principle and a timetable put in place to move towards this.

11.3.2 Works to Tower Hamlets Homes properties are funded through major repairs capital budgets, not through DFG. In recent years, the DFG budget has not been spent. The number of adaptations carried out has not reduced, but the average cost has been coming down. In part this is because Tower Hamlets is not doing many of the larger high-cost adaptations such as extensions and through-lift installations. This may reflect the nature of the stock in the borough, with such a high proportion of flats. The nature of the work being undertaken is reflected in strong performance in processing DFGs with an average time of 7 months to completion of the work and all applications being processed: i.e. there is no backlog.



Figure 17



11.3.3 Tower Hamlets also provides home repair grants up to £6,000 to eligible owner occupiers, private and social tenants, for minor repairs, energy efficiency and security measures, minor adaptations and work to secure speedier hospital discharge. This reflects national good practice, although given the nature of DFG work being undertaken there is scope for some confusion about which funding streams will cover minor adaptations. There is little information about this service on the website, and a lack of knowledge from stakeholders was evident in the workshop. This service should be more widely promoted; any concerns about increasing demand beyond the budget could be met with a commitment to use money released from the DFG budget as RSLs begin to fund their own minor adaptations.

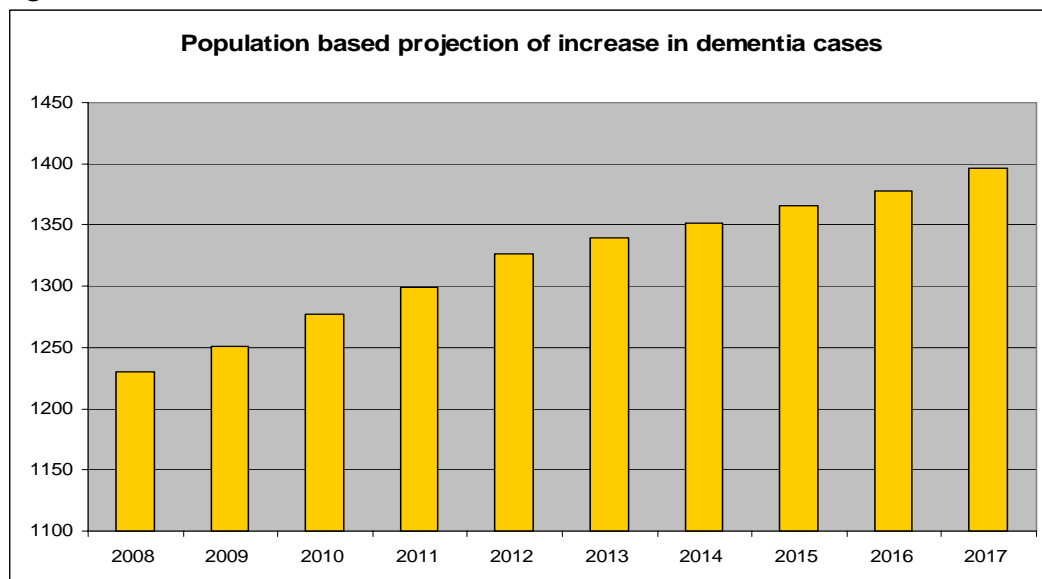
11.3.4 Overall, there appears to be much good practice in this area, the fundamental issue is lack of knowledge of the service on the part of the public and also in some cases, professionals. It is recognised that Tower Hamlets has put time and energy into briefing relevant professionals but this does not appear to be paying off in terms of referrals and sign-posting. A more consistent advice and information service for older people could ensure that everyone has access to this information.

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11.4 Dementia needs

11.4.1 Applying typical prevalence rates for dementia to the GLA population projections for LBTH gives a figure of 1231 cases in 2008 and a projection of 1397 in 2017, an increase of 13% across the population as a whole. However the projected increase in the over 85 population is likely to be much more significant in percentage terms - see Figures 18 and 19. There is some debate nationally about the suitability of Extra Care Housing for people with *advanced* dementia, but it has the potential to support many of those with earlier stages of dementia, subject to appropriate staff training and eligibility criteria and therefore these increases will increase the demand for extra care housing that caters for people with dementia needs. It is also true that those who move to extra care in the earlier stages of dementia are more likely to be able to cope in an extra care setting for longer as their dementia advances and therefore schemes need to be able to adapt to cater for an increase in more advanced cases whose needs increase 'in situ'.

Figure 18:



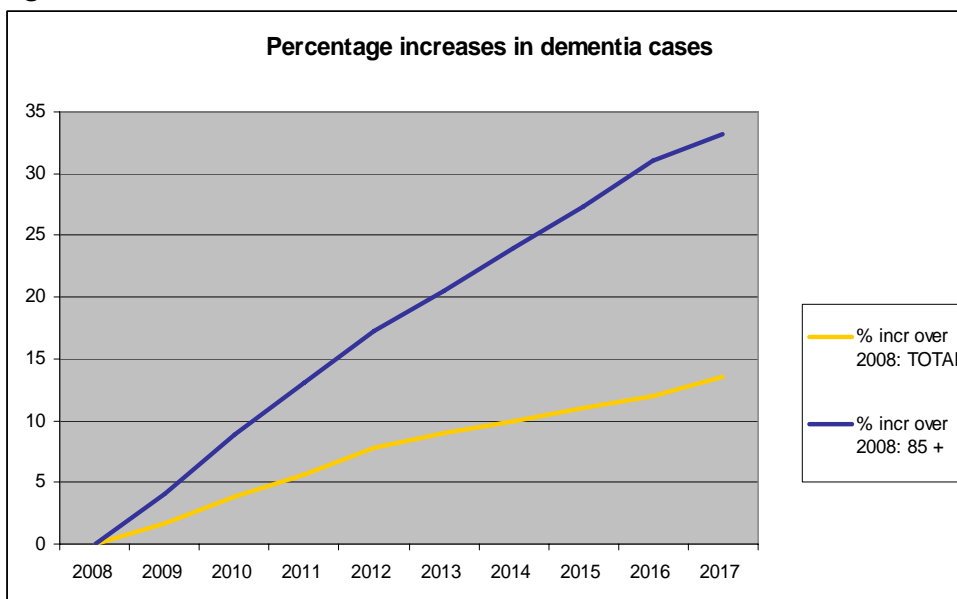
Source: Needs Assessment for Extra Care Sheltered Housing

11.5 Future needs – specialist housing

11.5.1 The Best Value Review of Sheltered Housing completed in June 2006 suggested that the number of people requiring sheltered accommodation is likely to increase by 40% over the next 15 years. At that time there were 92 people on the waiting list for sheltered housing.

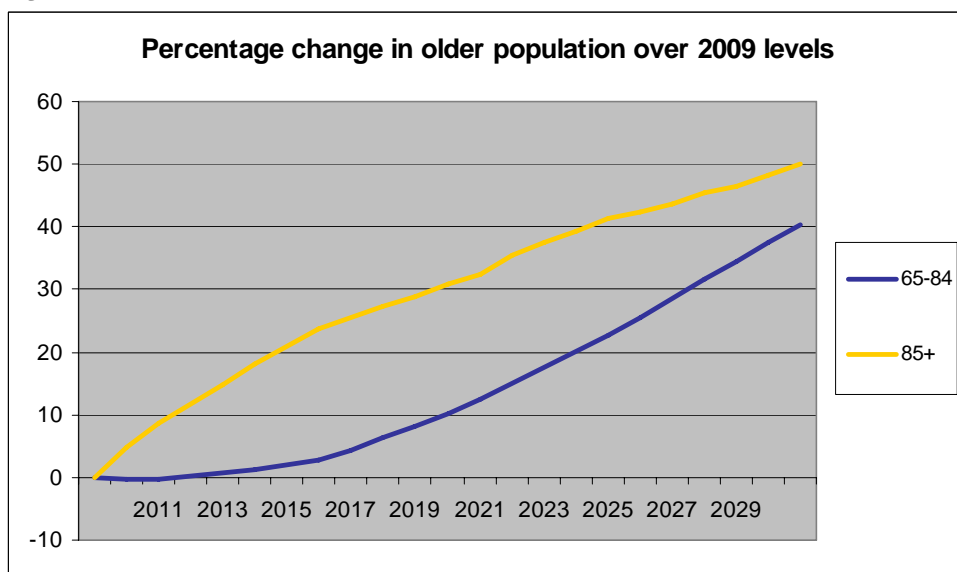
11.5.2 Based on the demographic projections alone (Figure 20) an increase of 40% fits the increase in the 85+ population much more closely than the 65-84 population projection, which is only set to increase by around 20%. A proportion of these will be the cohort who moved out of social housing under right to buy in the 1980s, so the increase in numbers in the social housing sector will be lower.

Figure 19



Source: Needs Assessment for Extra Care Sheltered Housing

Figure 20



Source: GLA 2009 Round population projections

11.5.3 Demand will also be influenced by aspirations, and there is qualitative evidence that many older people in the borough are not looking to the traditional sheltered housing model as a priority choice. Actual demand will therefore depend upon whether sheltered housing can be ‘re-branded’ and marketed effectively to older people. Flexible accessible accommodation for older people, that can cater for the needs of the 85+ group, which is not perceived as traditional sheltered housing and yet can deliver the same benefits (e.g. through separate but linked communal/‘hub’ facilities) can be expected to be in strong demand. An increase of at least 20% over existing levels should be planned for over the next 15 years

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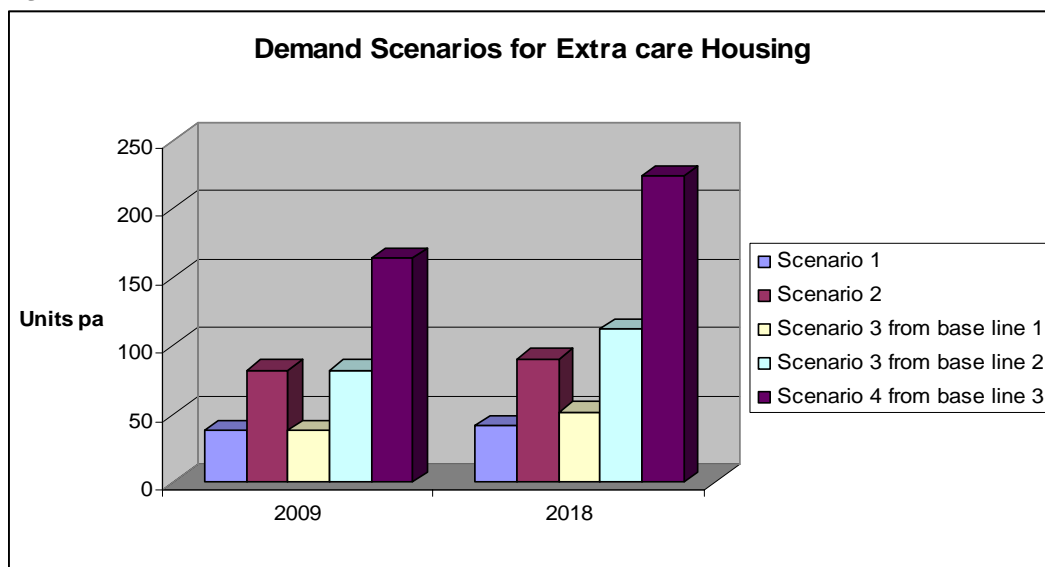
11.5.4 In addition, based on the assessment of standards in the existing stock at least a quarter of the stock needs to be replaced, resulting in total at a need for the development of new units in the region of 45% of current stock numbers i.e. 475 units, to cover both replacement and new demand. (see recommendations)

11.5.5 The Needs Assessment for Extra Care Sheltered Housing models demand for Extra Care Housing based on four different scenarios for the future use of ECH in LBTH as follows:

1. Current rates of approvals applied to the change in the older population
2. Allowing (in addition to 1.) for 30% of current referrals to residential care being transferred to Extra Care Housing
3. Increased demand to allow for phased adjustments in cultural expectations within the Bangladeshi community
4. Allowing for balanced communities in extra care housing whereby 50% of residents have lower levels of need.

These scenarios are presented in Figure 21.

Figure 21



Source: Needs Assessment for Extra Care Sheltered Housing

11.5.6 Applying the percentage increases implied by the four scenarios to the existing stock of extra care housing suggests that even without implementing a balanced community model of extra care (i.e. excluding Scenario 4, which arguably overlaps with the demand projections for other housing for older people discussed above) increases of 137% and 195% would be required by 2018 to respond to Scenarios 2 and 3. This translates into a requirement for 381 and 475 units respectively (see Table 6 – highlighted in green): The question of which scenario should be used for planning depends upon the extent to which Extra Care Housing is promoted in the borough in the future and the speed of cultural change in the Bangladeshi community, but it would seem to be reasonable to assume that Scenario 3 is a realistic forecast.



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Table 6: Demand Scenarios for Extra Care Housing

Scenario	2009	2018	% incr 2009 over existing (i.e. over Scenario1)	Units of ECH indicated (2009)	% incr. 2018 over existing (i.e. over Scenario1)	Units of ECH indicated (2018)
Scenario 1	38	41	0	161	8	174
Scenario 2	82	90	116	347	137	381
Scenario 3 from base line 1	38	51	0	161	34	216
Scenario 3 from base line 2	82	112	116	347	195	475
Scenario 4 from base line 3	164	224	332	695	489	949

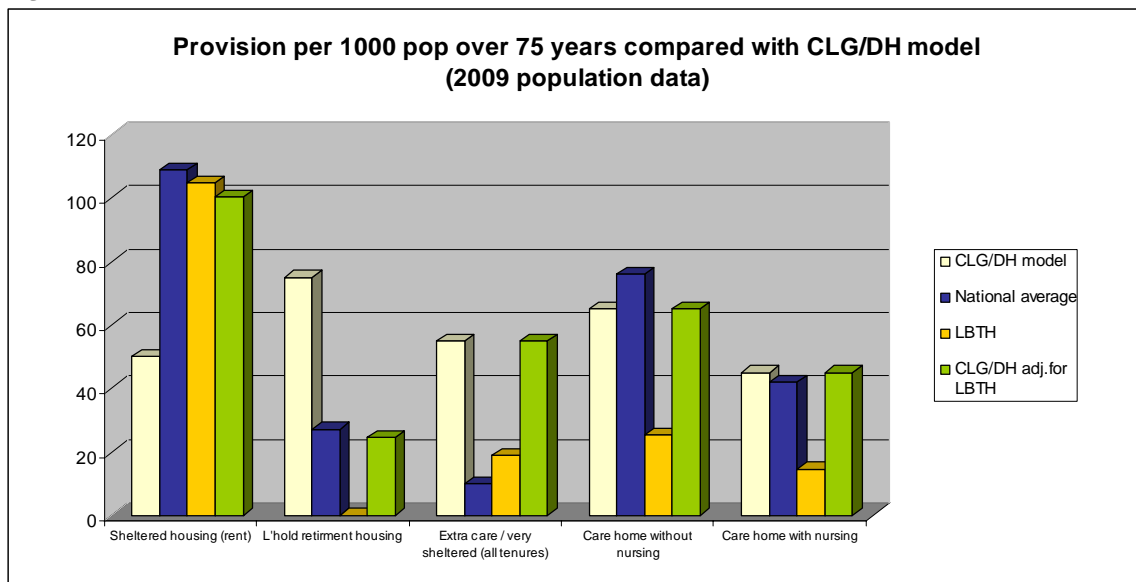
Source of demand scenarios: Needs Assessment for Extra Care Sheltered Housing

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12.0 GAP ANALYSIS

12.1 We have made a comparison with the supply levels recommended in the DH/CLG guidance: More Choice Greater Voice (see Section 3 above). The recommended levels of provision per 1000 population over age 75 are shown in Figure 22, (in cream) alongside the current levels of provision in LBTH (gold) and the national average (blue). We have made an adjustment to the tenure balance between rented and leasehold sheltered housing suggested in the model, to reflect the high proportion of social housing in the borough. The numbers of units thus adjusted for LBTH are shown in green.

Figure 22



12.2 Translating these level of provision into numbers of units and applying GLA population projections (and adjusted for tenure balance in Tower Hamlets) gives the unit numbers shown in Table 6 below. The 2009 figure of 470 units suggested by the model for extra care is higher than the 347 indicated by demand Scenario 3 above, but not as high as the 695 units calculated on the basis of Scenario 4. This is what we would expect assuming the DH/CLG model is based on a balanced community model of extra care with at least 30% of residents without care needs, (but not the 50% allowed for in Scenario 4.) A similar comparison can be made for the 2018 figures.

Table 7:

	Existing Provision	Provision for 2009 population of LBTH based on model (adjusted)	Provision for 2018 population of LBTH based on model (adjusted)	Provision for 2031 population of LBTH based on model (adjusted)
Sheltered housing (rent)	895	858	943	1295
L'hold retirement housing	0	210	231	318
Extra care / very sheltered (all tenures)	161	470	517	710
TOTAL	1056	1538	1691	2323

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12.3 Both the DH/CLG model and the demand predictions in the Needs Assessment for Extra Care Sheltered Housing suggest that there is considerable scope to increase the provision of extra care housing. Although current demand is not reported to outstrip supply, we believe this to be a product of the nature of the current service (which caters for a relatively narrow range of care needs) and the way in which the extra care housing has been promoted. With more targeted and more extensive marketing the perceptions of extra care housing amongst older people could change and result in much greater demand.

12.4 Leasehold retirement housing is notable by its absence in Tower Hamlets and therefore there is also likely to be some (limited) scope for re-balancing the stock in relation to tenure. Overall the analysis suggests that a significant increase is needed in housing for older people.

12.5 Qualitative gap analysis

12.5.1 The qualitative dimension of demand is equally important. In the figures discussed above we have used the term 'sheltered housing' to refer to any form of designated accommodation for older people which meets their needs in terms of accessibility and, if needed, access to support. It is clear from the consultation we have carried out that traditional sheltered housing with a dedicated scheme manager service is valued by many existing residents, but its image, profile and, in many cases, the accommodation on offer, mean that current demand is flaky. There is, however, a clear gap in the provision of good quality, accessible properties for older people that do not carry the stigma of sheltered housing. Given the strong messages about social isolation amongst older people, the importance of social engagement, and the challenges of transport, the objectives of sheltered housing still need to be incorporated. The housing therefore needs to be located in close proximity to community 'hubs' and the service provision needs to be integrated with those hubs.

12.5.2 The provision of housing options to purchase on a leasehold basis need reflect the same principles and to recognise that many older owner occupiers in the borough have very limited incomes: many are leaseholders who purchased under 'Right to Buy'. The need is therefore for low cost or shared equity accommodation designed for older people.

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13.0 ANALYSIS OF ISSUES

13.1 Challenges facing older people in Tower Hamlets

13.1.1 Older people in Tower Hamlets suffer multiple deprivation and poverty. There is, of necessity, a great reliance on public and voluntary sector services, but in some cases this has led to a culture of dependency too.

13.1.2 The older population is small - overall the age profile is young - leading to increased marginalisation of older people: particularly white older people whose families have moved away, resulting in a 'left behind' syndrome; and Bengali elders living in extended family situations, where the older person's needs may be treated as secondary to those of the younger members of the family.

13.1.3 Density and diversity in all its facets impacts on older people in the borough. The overall housing shortage is compounded by the lack of ground floor and/or accessible housing units.

13.1.4 Many people have particularly strong ties to their local community and will not consider options elsewhere in the borough; this can have a positive dimension where integrated community services are developed

13.2 The housing market

13.2.1 There is currently a lack of appropriate and attractive housing for older people; the extensive regeneration activity in the borough, both in progress and planned, creates opportunities to provide a wider range of tenures and stock types but at present it does not appear to be being used to create new housing that meets the needs of older people. Although the current priority for new housing is family housing, providing attractive housing for older people could offer opportunities to free up more existing family housing as well as potentially reducing the need for admission into care in future.

13.2.2 There are very levels of owner occupation amongst older people and relatively high house prices. There has been no development of leasehold retirement housing: if this market sector is to develop, affordable options such as shared equity solutions will need to be explored. There is a view in the sector that it has been more difficult to persuade some BME groups to consider these options; and stakeholders in Tower Hamlets thought this was true of older people generally in the borough. So very careful thought will need to be given to how these options are explained and marketed.

13.2.3 Older leaseholders who bought their homes under 'Right to Buy' but who are on low incomes face the challenges of affording service charges and maintenance bills to bring properties up to Decent Homes standards, or refurbish/improve blocks. This was identified as an issue in the Equalities Impact Assessment for the housing strategy but it does not appear that any solutions have been identified. Leaseholders are also ineligible for sheltered housing.

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13.3 Making best use of existing stock

13.3.1 Under-occupation is a major issue for the Borough; many of those occupying family housing in the social rented sector will be older people whose families have grown up and moved away. There are 800 people on the register actively looking to downsize but this will be a very small proportion of those under-occupying. Steps should be taken to identify those who are under-occupying and proactively encourage them to consider a move. Around 100 people downsized their social rented property last year but few of these took up the incentives that are in place, suggesting that this scheme should be reviewed.

13.3.2 The focus groups and questionnaire responses indicate only moderate aspirations in term of size and type of property: priorities are focused more on affordability and service provision. Although aspirations are rising and two bedroom accommodation has advantages in terms of flexibility for carers and couples caution should be exercised as government proposals to restrict Housing Benefit to the size of accommodation required may impact on those under-occupying. At the moment we have no detail of how this will be applied, but the government is determined to drive down the HB bill and may not be prepared to pay for an additional bedroom unless required for medical reasons. .

13.3.3 Whilst the 'offer' needs to be attractive to persuade older people to move attention also needs to be given to whether housing is fully considered when reviews of social care and health needs are undertaken.

13.3.4 Security and safety are at the top of older people's agendas. The fear of crime and the fear of being trapped by lifts that don't work are as significant as actual problems.

13.3.5 The importance (and success) of hub facilities offering integrated social care, health and well being services means that they need to be linked more closely with housing – by means of both new building and allocation of existing units in close proximity to such facilities. Consideration should be given to existing natural hubs such as churches and mosques

13.4 BME housing issues

13.4.1 There is no BME housing strategy – with 44% BME population perhaps this is unnecessary, but more work is needed to identify the need for further culturally sensitive provision, how to engage most effectively with older people in the BME community in relation to their housing needs and how to unlock the seemingly intractable issues of overcrowding amongst those living with extended families.

13.5 Accessible housing

13.5.1 The level of adapted stock in the social housing sector is relatively high at 10% (but this is not all wheelchair accessible housing, which is less than 1%). Planning policy requires accessible new-build accommodation (including 10% wheelchair accessible) and the borough is working hard to ensure that transport and street-scene options meet the needs of those with mobility issues. Given the economic profile of the borough these issues are particularly important for older people. There appear to be significant problems in implementing the LAHR, in terms of re-letting adapted

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properties to those who need those adaptations, although Tower Hamlets are aware of this and are trying to resolve the issue with RSLs.

13.5.2 Accessibility of external communal areas and the reliability of lifts are key issues for older people. Efficient maintenance is therefore a key issue to maintain accessibility. Decent Homes, 'DHS plus' programmes and voids programmes need to be used more extensively to bring units up to Lifetime Homes standards, where possible.

13.6 Home Improvement Agency and related issues

13.6.1 Aids and adaptations and related services appear to be a little disjointed. There is a reference in a report to the Older People's Partnership (March 08) to aids and adaptations being completed within 7 days. This appears to refer to minor adaptations put in by the Home Equipment service, not more significant work. If this assumption is correct (it has been tested with a number of staff but no-one seems too certain!) then this is an excellent level of service which needs to continue. But it needs to be joined up with the main aids and adaptations service, which appears to be working well, average time for completion is 7 months. There is no waiting list for Disabled Facilities Grants and the budget has been underspent during the last couple of years. Nevertheless, there is likely to be increasing demand for aids and adaptations, and it is important to ensure that this budget is spent effectively. Currently around 80% of spend is on RSL accommodation. The local "home grown" RSLs rely on the Council to fund all aids and adaptations work – this was built into business plans at stock transfer but should be revisited, many will be outperforming their plans and may be able to provide some funding. There are also issues with low levels of "re-use" of equipment (see comments above).

13.6.2 There are handyperson, home decorating and gardening services but all have slightly different criteria to access, which could be confusing to service users.

13.6.3 Tower Hamlets bid successfully for CLG funding last year to explore options for integrating the home support services offered by the Borough (a range of services were covered, including Home Improvement and Handyperson, decorating and gardening services, housing options welfare benefits advice, fire services, and care services). In its bid, the Council recognised that the range of current services is disjointed, and this can lead to confusion amongst service users. The consultants commissioned to do this work highlighted a lack of knowledge amongst service users and some professionals about the services available and referral processes, as well as lack of a visible "brand" to promote recognition of the services, and support marketing and promotional work. The consultants recommended reconfiguring the service to a single integrated service managed within the council.

13.7 Access to information, advice and advocacy services

13.7.1 The best value review of services for older people in 2006 identified a need to review the range of advice services for older people to promote easy access and ensure consistency of service. Since that time the Link-Age pilots have been put into place; these should provide one point of access to joined up and seamless services. However, the report completed for Tower Hamlets by Ridgeway consultants last year identifies that this is still an issue.

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- 13.7.2 Our consultations suggest that whilst LinkAge is working well to promote outreach from existing centres, information and advocacy are still key issues for older people. (LinkAge itself still needs more prominence and wider promotion of and referral to its services. Once means to do this would be to make information about it a routine part of providers' new lettings procedures)
- 13.7.3 Related to this is the issue of marketing of services and overcoming preconceptions about specialist housing such as sheltered housing and extra care housing referred to above.
- 13.7.4 Questions have been raised by stakeholders about whether older people make effective use of the Choice Based Lettings system or for some groups, use it at all, meaning that the potential demand is not being captured and older people are marginalised in the allocation of accommodation.
- 13.7.5 A recognised issue in providing services for older people is encouraging and supporting people to make decisions at a sufficiently early stage. A key issue for Tower Hamlets is the provision of up to date and consistent advice across the range of services. To bringing the two together, Tower Hamlets could consider introducing a new service which would provide a transition into older age, or the 'third age'. The service should include a comprehensive assessment of the older person's housing and other needs, carried out ideally at 60 or shortly thereafter. This would look at the condition, location and style of the property, and encourage the older person to consider whether they may need to move at some stage and when would be the best time to do this. The assessment should also include health and social issues, although much of this could be done through sign-posting, providing information about other services within the borough etc. The service could be introduced initially in the social housing sector with the support of RSLs, who should hold information about the age of their tenants. Tower Hamlets would need to work with RSLs to develop the information resources to underpin the new service, such as up to date lists of sheltered schemes and information about adaptations etc. Extending it to the private rented and owner occupied sector may involve some resources, although the LinkAge centres may be a good starting point for this. RSLs should support this initiative as will enable them to make best use of their own stock, organise planned moves where this is needed, and avoid later crisis moves.

13.8 Sheltered housing

- 13.8.1 Sheltered housing services appear to have been slow to respond to the Supporting People regime and are still largely delivered through a traditional dedicated manager model. There appear to be mixed reactions – we have been told both of a groundswell of support for opposing the abolition of resident wardens and of provider consultations resulting in moves away from the residential model, because the alternative is cheaper. Supporting People have indicated a need for more cross-tenure services and we understand that the new Framework Agreement is to be used to re-tender services on a more flexible delivery model. This process needs to be used to protect and enhance the sense of community in sheltered housing and which older people feel is being lost in the borough generally, for example through a community 'hub and spoke' model, rather than a pure floating support model.
- 13.8.2 Our analysis of supply and demand suggests that there is likely to be increased demand for housing for older people, which could be sheltered housing but should

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also include high quality accessible housing designated for older people in locations where it can be readily linked to community hubs. The need to replace much of the sheltered housing stock with units of higher quality has been noted in Section 10 above.

- 13.8.3 Providers and residents of sheltered housing both reported that the current assessment of older people for sheltered housing appears to place an overemphasis on support to the detriment of independent living. This means that those applicants accepted as eligible for sheltered housing appear to be at the 'higher level of support' end. The result is that the concept of sheltered schemes being primarily for independent living with the benefits of extra security in a secure and neighbourly environment (activities etc) conflicts with the current assessment and funding model.
- 13.8.4 Personalisation of support and social care will bring new challenges for sheltered housing models. A balance will need to be found between the views of existing residents' views (who may prefer the status quo, since current satisfaction levels are high) and the benefits that can potentially be delivered through personalisation of service delivery.
- 13.8.5 As noted elsewhere in the report, Tower Hamlets is unusual in not having sheltered housing for sale, which limits the choices available to older home owners. A theme which came out strongly from the research was the lack of options for asset rich but income poor home owners, especially those who purchased their homes under the Right to Buy who have difficulties in affording service and maintenance charges.

13.9 Extra Care Housing

- 13.9.1 There needs to be more clarity about the role of Extra Care Housing in the borough and, although efforts have been made by the commissioners and providers, there needs to be more effective marketing. The anomaly in the charging policy for care in Extra Care Housing (see 7.3.9 above) also needs to be addressed.
- 13.9.2 The existing extra care service appears to be inflexible in terms of levels of care provision and feedback from stakeholders indicates that in some cases its delivery may not be fulfilling the potential of the model to provide an integrated and holistic service but simply operating as parallel domiciliary care and housing services. It seems to be viewed primarily as 'care provision' rather than as a flexible housing option, which will be a self fulfilling prophecy since it will quickly become stigmatised and viewed as 'a care home with a few more walls'.
- 13.9.3 With the ageing of the population and the pressures on funding the scope to create both housing support and extra care hub services around existing sheltered schemes needs to be considered. It should be noted that the sheltered housing tenants we spoke to were resistant to the idea of new tenants moving in with high care and support needs, but less so to the concept of ageing in place leading to additional care needs.
- 13.9.4 Analysis of supply and projected demand indicates that Tower Hamlets should be planning an increase in extra care housing. More imagination may be needed to future-proof new schemes, for example some associations are now considering flexible build options for sheltered and extra-care housing where the accommodation

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can be reconfigured easily and cheaply from a two bedroom flat to two individual care bedrooms, or from communal space into flats; and providing linked but separate hub facilities which could be used in other ways.

13.10 Housing related-support

13.10.1 Supporting People spending on older people is relatively low at around 6% of the total budget (most authorities spend around a third of their SP budgets on older people). In part this reflects the population profile but it is still relatively low. With significant pressure on SP there may be no scope to increase this but it should certainly be protected from further cuts.

13.10.2 There is an identified need in the Supporting People strategy for schemes for people with dementia or mental health issues. The strategy also identified an unmet need for support for older people with substance misuse issues; discussions with SP have focused this down to older people with alcohol misuse problems and a 30 bedspace scheme has recently opened to provide for this need (Providence House). The SP team are aware of a small but significant number of older people who are long term residents of hostels in the Borough. The hostels are not SP funded and therefore it is difficult to get a clear picture of the number and profile of these residents, but it is likely some will become too frail to manage in the hostel and alternative provision may need to be made. These people will end up in care homes unless an alternative is available. There are also a number of people over 50 with mental health needs both in the borough and in out of borough residential placements for whom specialist housing is required.

13.11 Health and Social Care

13.11.1 The importance of getting out, meeting people and engaging in activities and the detrimental effects of staying isolation at home, were highlighted by many stakeholders in the health and social care sectors. The negative effects include depression, reduced motivation to self-care, reduced mobility and Vitamin D deficiency. This highlights again the need for attention to accessibility issues in communal areas and more ground floor accommodation, but also the importance of linkages between health/social care services and housing. Whilst Home Care services generally appear to be good, there is scope for better links with housing and community projects.

13.11.2 There may be opportunities to build integrated services around the 13 new health and well-being centres opening around the Borough. The success of integrated health, social care and community development projects such as the Bromley by Bow Centre should be replicated. Links with housing need to be enhanced, through new development, allocation policies and co-location of front-line staff, as in the Bromley by Bow Centre.

13.11.3 Although there is a consensus that partnership working is relatively well developed in Tower Hamlets, there is clearly a need for more integration with health services and more information for professionals on housing options and the on the network of services. Once again this may be better achieved and better understood by older people through the community hub approach where staff work alongside each other and communicate naturally, rather than by building elaborate structures.

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13.11.4 It is not clear where housing fits into the assessment and review processes for social and health care to ensure that older people are assisted to find the most appropriate housing solutions. It would seem that routes in to specialist housing mainly involve a crisis such as a period in hospital.

13.11.5 We understand that there is potential to make greater use of telecare services, for example in supporting people with dementia, but this is an areas that we need to explore in more depth.

13.12 Partnership and engagement

13.12.1 We are recommending an incremental approach, building on the partnerships which are already in place, and drawing particularly on the knowledge and resources of RSLs working in the borough to create the “transition into the third age” service. This could be complemented by infrequent but regular meetings of all those providing services to older people, which would be an opportunity to share experiences and ideas, and learn about existing and new services. Many participants in the workshop said that they would find a regular forum useful.

13.12.2 Although it can be tempting to set up a whole representative structure to ensure that the voice of older people is heard in the borough, there are significant costs attached to this and the benefits are less clear. An alternative is to ensure that the voice of older people is heard through existing structures such as area forums etc. Localism is a strong theme of the coalition government, and we understand that they are keen to pursue the “total place” agenda. This creates a huge opportunity to consider the needs of older people in the context of the neighbourhood, or local area; housing should be one of these needs

13.12.3 Creating a pool of informed and committed older people who are enthusiastic to get involved in various initiatives in the borough will be key to ensuring that their voices are heard in existing and new structures, and could bring a wide range of benefits to the local authority, to other agencies, and to the individuals. Many older people will have skills acquired from a long working life, managing a family etc which can be applied to a range of different roles in the community. Creating a structure for consultation and participation is less challenging than inspiring and enthusing people to get involved. Extensive training and support for continuing self-development will be needed.

14.0 STRATEGIC RECOMMENDATIONS

14.1 Arising from the quantitative and qualitative data and analysis set out above, we would make the following strategic recommendations regarding housing and related services for older people. They are not listed in order of priority:

- (a) Set a target to increase the provision of accessible general needs housing and incorporate older people's needs in the design of regeneration schemes – both housing units and neighbourhoods.
- (b) Set a target to increase the supply of older persons' housing by 2025, to replace the older sheltered housing stock. Approximately 20% of current sheltered housing stock (128 units) is no longer considered fit for purpose and a further 14% (89 units) is marginal. Additional units will be required to provide for increase in the older population: projections suggest a 20% increase in current stock (128 units). This new supply should be a combination of new sheltered housing and designated independent accommodation for older people, which is fully accessible and can be linked to a support service on a flexible basis. A range of models and types of accommodation is required which offers flexibility and choice, in line with the trend towards the personalisation of care and support and the need to 're-brand' traditional sheltered housing for new generations of older people.
- (c) Set a target to increase the supply of Extra Care Housing to cater for the needs of frail older people, increasing stock by a minimum of 140% (225 units) by 2018. (This projection of demand allows for a progressive shift of provision from care homes to extra care housing, but does not allow for changes in cultural preferences in the Bangladeshi community. Factoring this in would require an additional 128 units by 2018.)
- (d) Review the delivery of sheltered housing support services to enable floating support to be provided, based around the development of existing schemes as community hubs, retaining dedicated managers where there is demand and promoting quality developments linked to well being services, activities and volunteering. Other service hubs (e.g. Day Centres already used as hubs for LinkAge Plus, The Bromley by Bow centre etc.) and existing focal points for the community (e.g. Churches and Mosques) should also be used as the basis for community hubs that deliver housing support and social care services. The model should promote enhanced linkages with health and social care professionals and community projects to ensure that services are better joined up. It should promote community development in tandem with the personalisation of care and support.
- (e) Clarify the role of Extra Care Housing based on a flexible, balanced community model with a community hub dimension, as described above for sheltered housing. This will mean developing a broader range of care packages in extra care housing, expanding the eligibility criteria and considering the potential for 'virtual' or 'hub and spoke' extra care provision around existing schemes.

Given the projected increase in numbers of people with dementia by around 30%, a commensurate level of specialist extra care provision for people with dementia needs to be built into the programme.,

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The current anomaly whereby charges are made for domiciliary care services in Extra Care Housing but not in the wider community, needs to be resolved.

- (f) Consider the potential for designing/developing new sheltered and extra care housing on the basis of linked hub facilities, rather than with facilities embedded within buildings, to allow for future proofing and flexibility for re-use.
- (g) Consider with providers how to re-brand and market extra care housing and sheltered housing to overcome current perceptions and stigma.
- (h) Facilitate the development of affordable housing to meet the needs of older leaseholders (suggested target of 230 units by 2018)
- (i) Develop supported housing provision to meet the needs of older adults with a history of alcohol and drug abuse and with functional mental health needs. Further research is needed to determine the numbers involved since our research suggested that many of these older people may not apply through the standard routes and therefore may not be currently fully accounted for in housing needs data.
- (j) Ensure that review processes for health and social care services routinely incorporate a full review of housing needs.
- (k) Create a simplified or assisted process for older people to bid for properties through the Choice Based Lettings scheme.
- (l) Develop a one-stop 'transition to third age' and 'moving support' service networked with health, social care and housing support services, aimed at reducing crisis moves into specialist accommodation and addressing under-occupation.
- (m) Bring Home Improvement Agency services together within one service, or at the very least, create a one stop shop and unified branding across the borough for all Home Improvement Agency and related services
- (n) Work with housing and support providers to enhance the flow of information, advice and advocacy. Consider the promotion of LinkAge Plus services routinely through the lettings processes of providers.
- (o) Consider the creation of a forum focused on older people's needs, to improve networking across housing, health and social care.
- (p) Consider with housing providers the potential to incorporate improvements in accessibility, lighting and security in Decent Homes Plus programmes.
- (q) Pursue discussions commenced with RSLs regarding adoption of the East London protocol, under which RSLs agree to carry out aids and adaptations work up to £1,000.

APPENDIX 1

STANDARD:	Low (Not fit for purpose)	Medium (Satisfactory - meets minimum requirements)	High (meets aspirational standards)	Units:	30	19	31	30	29	34	28	36	31
Score:	0	1	2		Appian Court	Hugh Platt Hse	Lawrence Close	Regency Court	St Johns	Rochester Court	Mandela Hse	John Tucker	Mosque Towers
ITEM	Definitions:	Definitions:	Definitions:		17	17	16	6	6	19	17	18	18
					16	16	16	0	0	32	32	32	16
Lift	None or some flats not served	Small lift to all floors	Full size disability-friendly lift	Lift	2	2	2	1	2	2	2	2	2
Security	No security to common areas	Door entry system	Video display, gated grounds/Secured by Design' etc.	Security	2	2	2	2	2	2	2	2	2
Bathrooms	Shared	Bath/shower and WC/WB in flat; limited accessibility	Fully accessible shower room or 'Wet room'	Bathrooms	2	2	2	2	2	2	2	2	2
Decent Homes Standard	Fails Decent Homes Standard	Meets Decent Homes Standard now but potentially 'non-decent' within 10 years	Exceeds Decent Homes Standard. No potential failure in next 10 years	Decent Homes Standard	2	2	2	2	2	2	2	2	2
Unit types	Includes some or all units which are bedsits	No bedsits; mostly (i.e. more than 75 %) of units are 1bed units	No bedsits. At least 25% of units are 2Bed units	Unit types	1	1	1	0	0	1	1	1	1
Space standards	Bedsits' or '1Beds' less than 35m2	1Bed 35 - 45 m2; or 2 bed up to 55m2	1 Bed>45m2 or 2 bed > 55m2	Space standards	1	1	1	0	1	1	1	1	1
Accessibility	Any of following present: Steps, steep gradients, cramped internal layout, with narrow doorways and passages, threshold bars	Mobility standard access - ramps, no thresholds; standard corridors	Lifetime homes or full wheelchair standard, convenient buggy storage, wide corridors	Accessibility	1	1	1	1	1	2	2	2	1
					11	11	11	0	0	12	12	12	11
Location, amenities	Relatively isolated from local shops, services and transport	Basic convenience store / transport link within c500m	A range of local shops / amenities / transport links within c500m	Location, amenities	2	2	1	2	2	2	1	2	2
Communal facilities	None - or minimal, e.g. laundry only	Common room, laundry, small office	Good range of facilities e.g. some or all of the following in addition to common room/laundry/office: kitchen, hair salon, IT suite, assisted bathroom, hobby space, catering/dining (in larger schemes)	Communal facilities	2	2	2	2	2	2	2	2	1
Environment	Low quality, potentially unsafe	Reasonably attractive, safe environment; some outdoor amenity space	Desirable area, high quality, accessible outdoor amenity space	Environment	1	1	1	1	1	2	1	1	2
Appearance	Tired, institutional, obviously 'social housing' or undesirable	Non institutional, blends with private sector housing	Stylish and desirable image and ambience	Appearance	1	1	1	1	1	1	1	1	2
				TOTAL SCORE	17	17	16	6	6	19	17	18	18

APPENDIX 1

STANDARD:	Low (Not fit for purpose)	Medium (Satisfactory - meets minimum requirements)	High (meets aspirational standards)	Units:	30	38	24	32	28	16	18	34	29	30
Score:	0	1	2		Ted Roberts	Edith Ramsey Hse	Ruth Court	Vic Johnson Hse	Phoenix Court	West Ferry	Lady Micos	Colin Winter	John St Clair Court	Gawthorne court
ITEM	Definitions:	Definitions:	Definitions:		18	15	18	19	16	5	14	11	18	11
					8	8	8	16	16	0	4	1	8	1
Lift	None or some flats not served	Small lift to all floors	Full size disability-friendly lift	Lift	1	1	2	2	1	0	1	1	2	1
Security	No security to common areas	Door entry system	Video display, gated grounds/ 'Secured by Design' etc.	Security	2	2	2	2	2	2	1	1	2	1
Bathrooms	Shared	Bath/shower and WC/WB in flat; limited accessibility	Fully accessible shower room or 'Wet room'	Bathrooms	1	1	1	2	1	1	1	1	1	1
Decent Homes Standard	Fails Decent Homes Standard	Meets Decent Homes Standard now but potentially 'non-decent' within 10 years	Exceeds Decent Homes Standard. No potential failure in next 10 years	Decent Homes Standard	2	2	1	1	1	1	2	1	1	1
Unit types	Includes some or all units which are bedsits	No bedsits; mostly (i.e. more than 75 %) of units are 1bed units	No bedsits. At least 25% of units are 2Bed units	Unit types	1	1	1	1	2	1	1	1	1	1
Space standards	Bedsits' or '1Beds' less than 35m2	1Bed 35 - 45 m2; or 2 bed up to 55m2	1 Bed>45m2 or 2 bed > 55m2	Space standards	1	1	1	1	2	1	2	1	1	1
Accessibility	Any of following present: Steps, steep gradients, cramped internal layout, with narrow doorways and passages, threshold bars	Mobility standard access - ramps, no thresholds; standard corridors	Lifetime homes or full wheelchair standard, convenient buggy storage, wide corridors	Accessibility	2	2	2	2	2	2	1	1	2	1
					10	10	10	11	11	0	9	7	10	7
Location, amenities	Relatively isolated from local shops, services and transport	Basic convenience store / transport link within c500m	A range of local shops / amenities / transport links within c500m	Location, amenities	2	1	2	2	1	1	2	1	2	2
Communal facilities	None - or minimal, e.g. laundry only	Common room, laundry, small office	Good range of facilities e.g. some or all of the following in addition to common room/laundry/office: kitchen, hair salon, IT suite, assisted bathroom, hobby space, catering/dining (in larger schemes)	Communal facilities	2	2	2	2	2	2	1	1	2	1
Environment	Low quality, potentially unsafe	Reasonably attractive, safe environment; some outdoor amenity space	Desirable area, high quality, accessible outdoor amenity space	Environment	2	1	2	2	1	1	1	1	2	1
Appearance	Tired, institutional, obviously 'social housing' or undesirable	Non institutional, blends with private sector housing	Stylish and desirable image and ambience	Appearance	2	1	2	2	1	1	1	1	2	0
				TOTAL SCORE	18	15	18	19	16	5	14	11	18	11

APPENDIX 1

STANDARD:	Low (Not fit for purpose)	Medium (Satisfactory - meets minimum requirements)	High (meets aspirational standards)	Units:	26	41	40	40	40	19	6	27	31
Score:	0	1	2		Pebble Centre	Coopers Court	Duncan Court	Sonali Gardens	Donnybrook Court	Stepney Green Court	Stepney Green Court	Jubilee Crescent	Hogarth Court
ITEM	Definitions:	Definitions:	Definitions:		5	20	20	20	20	10	11	6	15
					0	64	64	64	64	1	2	0	4
Lift	None or some flats not served	Small lift to all floors	Full size disability-friendly lift	Lift	1	2	2	2	2	1	1	0	2
Security	No security to common areas	Door entry system	Video display, gated grounds/ 'Secured by Design' etc.	Security	1	2	2	2	2	1	1	0	1
Bathrooms	Shared	Bath/shower and WC/WB in flat; limited accessibility	Fully accessible shower room or 'Wet room'	Bathrooms	1	2	2	2	2	1	1	1	1
Decent Homes Standard	Fails Decent Homes Standard	Meets Decent Homes Standard now but potentially 'non-decent' within 10 years	Exceeds Decent Homes Standard. No potential failure in next 10 years	Decent Homes Standard	1	2	2	2	2	1	1	1	1
Unit types	Includes some or all units which are bedsits	No bedsits; mostly (i.e. more than 75 %) of units are 1bed units	No bedsits. At least 25% of units are 2Bed units	Unit types	1	1	1	1	1	1	2	1	1
Space standards	Bedsits' or '1Beds' less than 35m2	1Bed 35 - 45 m2; or 2 bed up to 55m2	1 Bed>45m2 or 2 bed > 55m2	Space standards	1	2	2	2	2	1	1	1	1
Accessibility	Any of following present: Steps, steep gradients, cramped internal layout, with narrow doorways and passages, threshold bars	Mobility standard access - ramps, no thresholds; standard corridors	Lifetime homes or full wheelchair standard, convenient buggy storage, wide corridors	Accessibility	0	2	2	2	2	1	1	0	2
					0	13	13	13	13	7	8	0	9
Location, amenities	Relatively isolated from local shops, services and transport	Basic convenience store / transport link within c500m	A range of local shops / amenities / transport links within c500m	Location, amenities	2	2	2	2	2	0	1	2	2
Communal facilities	None - or minimal, e.g. laundry only	Common room, laundry, small office	Good range of facilities e.g. some or all of the following in addition to common room/laundry/office: kitchen, hair salon, IT suite, assisted bathroom, hobby space, catering/dining (in larger schemes)	Communal facilities	1	2	2	2	2	1	0	1	2
Environment	Low quality, potentially unsafe	Reasonably attractive, safe environment; some outdoor amenity space	Desirable area, high quality, accessible outdoor amenity space	Environment	1	2	2	2	2	1	1	2	1
Appearance	Tired, institutional, obviously 'social housing' or undesirable	Non institutional, blends with private sector housing	Stylish and desirable image and ambience	Appearance	1	1	1	1	1	1	1	1	1
				TOTAL SCORE	5	20	20	20	20	10	11	6	15

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 1, Session 1: What are the housing challenges facing older people living in the borough?

- 1) Availability of stock – suitable stock
 - i) Meets needs and aspirations
- 2) Safety/ security
- 3) Elderly leaseholders in unlifted properties
- 4) Lack of support for private sector owners
 - i) Not able or don't know how to access
 - ii) To be able to stay in their own home
- 5) Overcrowding
- 6) Services offered to older people need developing – maybe more tailored
- 7) Cost of services – housing and support – debt!
- 8) Designation of sheltered schemes to general needs – properties no longer meet SH criteria
- 9) CBL process
- 10) Cost of rent
- 11) SH should be redefined/rebranded – “coffin dodgers” is a phrase used a lot
- 12) Gender mix can be a barrier/ mix
- 13) Lack of confidence in services offered in SH
- 14) Lack of F/S
- 15) Leaseholders not able to transfer their equity into purpose-built properties
- 16) Feeling of insecurity – council taking off security doors for example
- 17) Sheltered housing can be a target for ASB
- 18) Aids and adaptations – SH doesn't always have the right facilities, eg; baths instead of showers.
- 19) Preventative services need to be prioritised, eg; handyman, AA's

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

- 20) Lack of OT services
- 21) Financial abuse
- 22) Lack of personal choice
- 23) Life-time homes – very few
- 24) Few hub services
- 25) Time taken to complete repairs – impact on health
- 26) HA's sharing info – no transparency
- 27) Diversity versus specialism.

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 2, Session 1: How do we ensure that older people benefit from the major regeneration happening and planned in the borough? What opportunities are there to introduce a wider range of tenures and types of stock?

Ocean

Re-shaping Poplar

Alfred Marmsberry

Birchfield Estate

Other THH estates

Blackwall Reach

Bromley by Bow

Un-met need:

- Supported living for MH
- Forgetting to take medication
- Rest care during regen
- Under-occupiers
- Leasehold sheltered McCarthy & Stone mixed tenures
- Out of Borough return to LBTH costs!
- Wheelchair accessible 10% of new build
- Matching people to properties
- ECS and SH hubs and spoke
- Floating support
- Telecare – linked to FACS

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 3, Session 1: How do we ensure that services for older people are co-ordinated and working in the same direction, with minimum overlap?

1. Too much SILO working – better info sharing
2. Poor communication between providers and professionals
3. More joint working between services and all levels
4. Build in housing option choices and planning at an earlier stage in people's lives
5. Single point of assessment for ALL needs
6. How can health and housing work together?
7. Try to engage healthcare professionals in housing – District Nurses etc.

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 4, Session 1: How can housing better facilitate the health and well-being of older people?

BETTER facilitate health and well-being of older people

- INFO – don't know what sheltered housing is – don't know how to access/ get into sheltered housing.
- Moving People Fund (support with moving and other) – to help overcome the fear of moving even when moving from like to like (eg; 1-bed to 1-bed).
- Unaware of services – not in the picture, do something to instil confidence.
- Accessibility and awareness
- Home help ie; with gardening
- Directory of services for older people (Trades people)
- Legitimacy of home help/ tradespeople
- Perception of crime still high
- Environmental improvements in design
- Re-cycle aids and adaptations
- Some residents don't want ground floor due to surrounding and location
- In order to place people in the right places assessments need to be correct and timely.
- Difficult to get people to view schemes even with open days.
- "Home Bound" – no space in the house for mobility scooter for a lot of residents.
- No lift in blocks is a major issue
- Link Age Plus contacts – so can direct people to information. Info Hubs
- Existing older people – current accommodation in bad condition, difficult to get them to seek help
- Phone options difficult to access. Simplify access to information.

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 1, Session 2: What role should extra-care housing play in meeting the housing needs of older people in the borough?

- Sites that have the potential to offer extra-care
- **Benefit:** ability to buy in additional services. Few people go from ECH → Residential care.
- **Query:** charging policy for ECH
- ECH developments should be part of overall community eg; near shops etc.
- ECH support could do outreach to people near the scheme.
- Personalised services
 - More diverse
 - Older people's clubs (on and off site, people need to get out too)
- Clarity around safeguarding procedures for ECH?!?
 - Roles and responsibilities between Social Workers and scheme.
- Quality monitoring
 - Independence

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 2, Session 2: What role should sheltered housing play in meeting the housing needs of older people in the borough?

1. Use designated SH schemes as resource centres for local community
2. SH should be able to offer “fit for purpose” Accom – DDA compliant/ Access
3. SH should offer attractive opportunities near amenities
4. “De-stigmatise” SH – viewed as old people’s accommodation.
5. Build more 2 – bed properties.
6. Offer more choice – tenure
7. Be more flexible in meeting people’s needs.
8. Staff may need more training to cope with more complex needs
9. Specialist supported for people with mental health problems.

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 3 , Session 2: How can information about housing options for older people be better disseminated to both professionals (i.e. those advising/in contact with older people) and older people themselves?

1. OLDER PEOPLE WOULD LIKE;

- Housing offices/ home visits
- Named contacts
- Info on local area
- Info available in lunch clubs and ideas stores
- Easy phone access to help

USE – East End Life

- Supermarkets
- Older people's lunch clubs
- Link Age Plus Centres/ Age UK
- GP surgeries (less useful)
- Sheltered housing scheme newsletter (and other LIL newsletters)

Everything should be dated

Remember older people not receiving benefits

Could info be sent with 'flu jab letters?

Internet use very low in Tower Hamlets for older people.

REMEMBER THE PERSONAL TOUCH

2. INFO ON HOUSING FOR PROFESSIONALS BY:-

- EVENTS – get everyone in directory together once a year
- Using Mosques/ Churches/ Synagogues/ Temples
- Database of contacts of professionals in housing – a directory online.
- Website – like Disabled Living Foundation's website
- Better co-ordinated networking

No automated phone services!

Make older people more of a priority

From this event circulate email addresses and job titles and organisations of all who attended.

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Group 4, Session 2: What do we need to do to increase the supply of ground floor or level access accommodation?

Provide incentivisation to get people to leave the ground floor properties – to free them up.

- Get an assessment of what people's needs are
- What will make it more attractive to older people – UNDERSTANDING
- RELIABLE LIFTS
- Scooter parking – secure
- Is own accommodation adaptable.
- What do we do to meet supply demand for future older generations?
- Put into planning policy core strategy DPD
- Care –free developments limit mobility
- Assessing true need of level/ground floor accommodation
- Are we looking at the wrong problems?
- Get rid of the old ideas of sheltered
- Future now will be different to future old needs – how do we manage this
- Change pre-conceptions
- Stock needs to be decent
- Darwin Court – Southwark – best practice, can we do something similar here?
- LBTH commended on services
- Some people like alternative options; seaside and country house – Clacton – people may want to move away or outer Borough
- Loss of family networks – re-build communities, feel safe and away from isolation
- Housing co-ops for older people, semi-supported
- Design
- Prioritisation over current house to need – to change.

APPENDIX 3(a)

Flipchart Notes from Listening Event – Monday 5 July 2010

Other Issues

- RSLs taking more responsibility for delivery
- Council commissioning and strategy
- Practical help for under-occupiers and more flexibility
- More tailored services
- BME specific/ sensitive schemes/ services
- Health and housing working more closely together.

LB Tower Hamlets – Older People’s Housing Strategy

Notes from Consultation Day – Monday 5 July 2010 Post-It Votes and Comments

HEADING	VOTES
<p><i>Information, advice, advocacy</i></p> <ul style="list-style-type: none"> • Link Age Plus referrals • Link Age Plus referral system and info when older people contact housing association/ council • To be available to all professionals • Up to date, locality based, one stop, word of mouth • Joined up approach to commissioning advocacy 	7
<p><i>Housing related support</i></p> <ul style="list-style-type: none"> • Dementia and mental health needs • Sheltered to be centre of floating support to elders in local community too • Floating support and skilled carers • Need more money from SP. Need floating support • Supporting people with dementia to remain at home as long as possible – floating support. • SP regime has caused changes to SH. Where more support is required and less tenant participation occurs – increases Warden workload • Need supported living scheme for people with mental health needs – who cannot be catered for in sheltered housing 	7
<p><i>Sheltered and Extra Care Housing</i></p> <ul style="list-style-type: none"> • Sheltered to offer facilities to local community • Sheltered schemes with a Peabody “Darwin” or “Sundial” model – more modern • Sheltered and Extra Care need to be more flexible and offer activities to reduce social isolation • Sheltered is needed in all areas of Borough and support. • I would argue SH is good quality, issues will be more about good or bad design, especially in older buildings, eg; scooter parks, Sky TV etc • More short blocks in certain areas, ie; Poplar & Stepney 	7
<p><i>Health and Social Care</i></p> <ul style="list-style-type: none"> • Possible communal living – reducing social isolation • More joint working between Health and Housing • Should be able to pool health and housing budgets where its cost effective 	4

LB Tower Hamlets – Older People’s Housing Strategy

Notes from Consultation Day – Monday 5 July 2010 Post-It Votes and Comments

HEADING	VOTES
<p><i>Housing Market for Older People</i></p> <ul style="list-style-type: none">• Developing schemes that meet people’s needs• Lack of accommodation for older people• There may be enough sheltered, but not in the right place!• Unable to afford sheltered if they do not get benefits• Lack of appropriate accommodation• Difficulties with maintenance and service costs faced by older people• Aging population – 80 is the new 60! – also some private pensions prevent benefit being claimed for some elders.	8
<p><i>Home Improvement Agency and related services</i></p> <ul style="list-style-type: none">• Joined up approach to these services – at the moment they don’t seem to be commissioned in a joined-up way• More publicity about services to the professionals• Need more info on what is out there and help• All properties adapted• Ensure adapted properties are utilized properly• Use Link Age + hubs and outreach workers to spread information and referrals.	7
<p><i>Accessibility</i></p> <ul style="list-style-type: none">• Design is a really key issue – HAPPI report• Definatly need more wheelchair adapted sheltered housing• New build properties that meet accessibility need places for mobility scooters etc• Lack of ground floor accommodation• Elders in Boroughs need more accessibility in their areas. Also facilities• Lack of ground floor, and 1st 2nd floors only wheelchair accessible.	7
<p><i>BME Housing</i></p> <ul style="list-style-type: none">• Lack of BME care workers speaking community languages	1

LB Tower Hamlets – Older People’s Housing Strategy

Notes from Consultation Day – Monday 5 July 2010 Post-It Votes and Comments

HEADING	VOTES
<p data-bbox="188 376 730 409"><i>Make Best Use of Existing Housing</i></p> <ul data-bbox="188 432 1268 1070" style="list-style-type: none"><li data-bbox="188 432 1268 499">• Health and Housing should be working together – if professionals can’t get their act together what hope is there for older vulnerable people.<li data-bbox="188 521 1268 589">• Under- occupation – even with incentives it is difficult to encourage people to move to smaller units – need appropriate 1-beds<li data-bbox="188 611 1268 645">• Elders don’t always want ground floor – security<li data-bbox="188 667 1268 701">• Go out of Borough inc seaside and country relocation scheme.<li data-bbox="188 723 1268 790">• Aids and adaptations – what do we do with these units once elders have moved out?<li data-bbox="188 813 1268 880">• Help with actual packing and moving – given longer than a week to move and pack etc<li data-bbox="188 902 1268 936">• People - under-occupiers are worried regarding moving?<li data-bbox="188 958 1268 1025">• Not enough assistance to help going from large to small – just too much for them.<li data-bbox="188 1048 1268 1070">• More home talks required.	<p data-bbox="1337 376 1361 409">7</p>

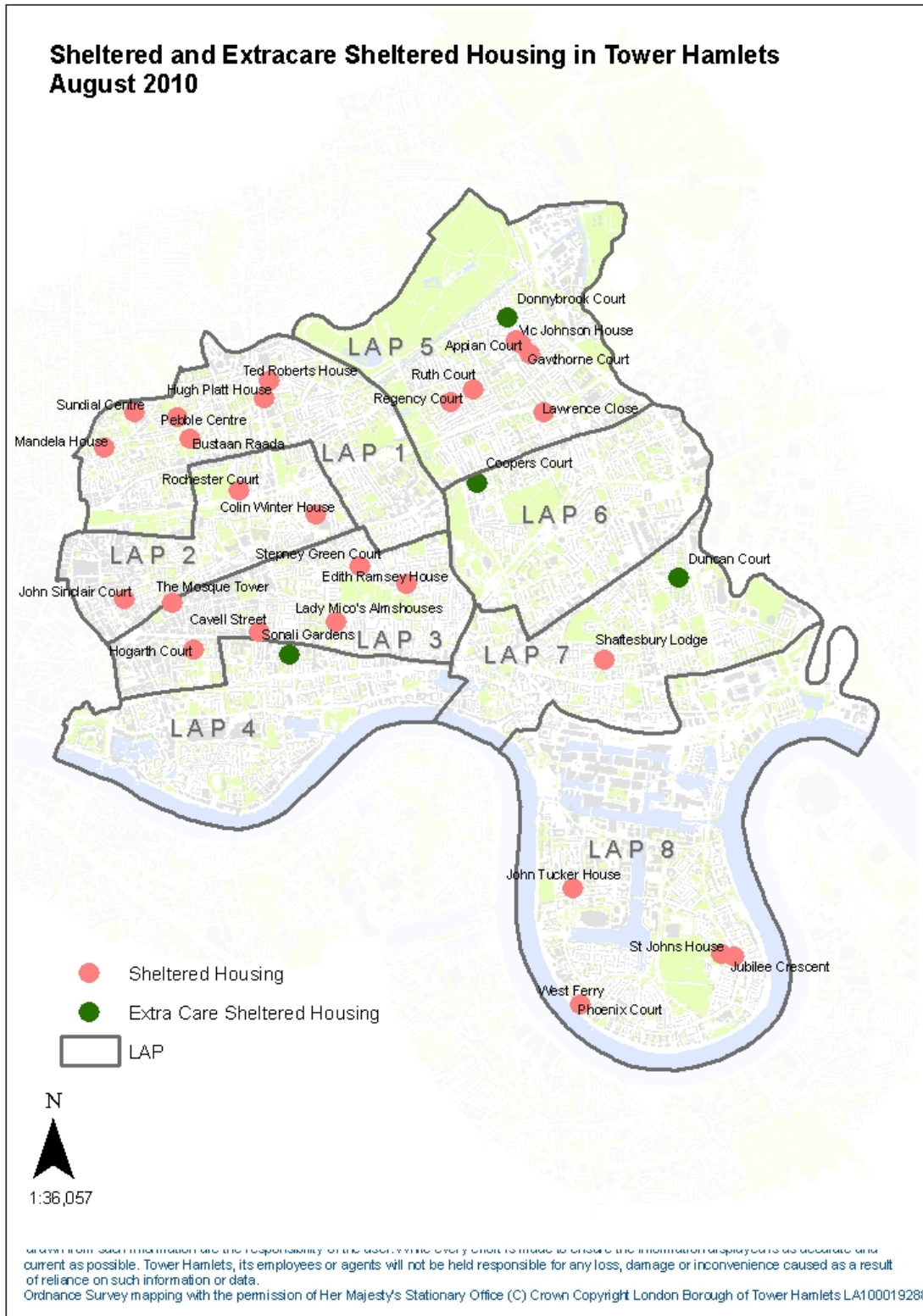
Appendix 4

Table showing number of persons by age and gender based on 'nkm' methodology

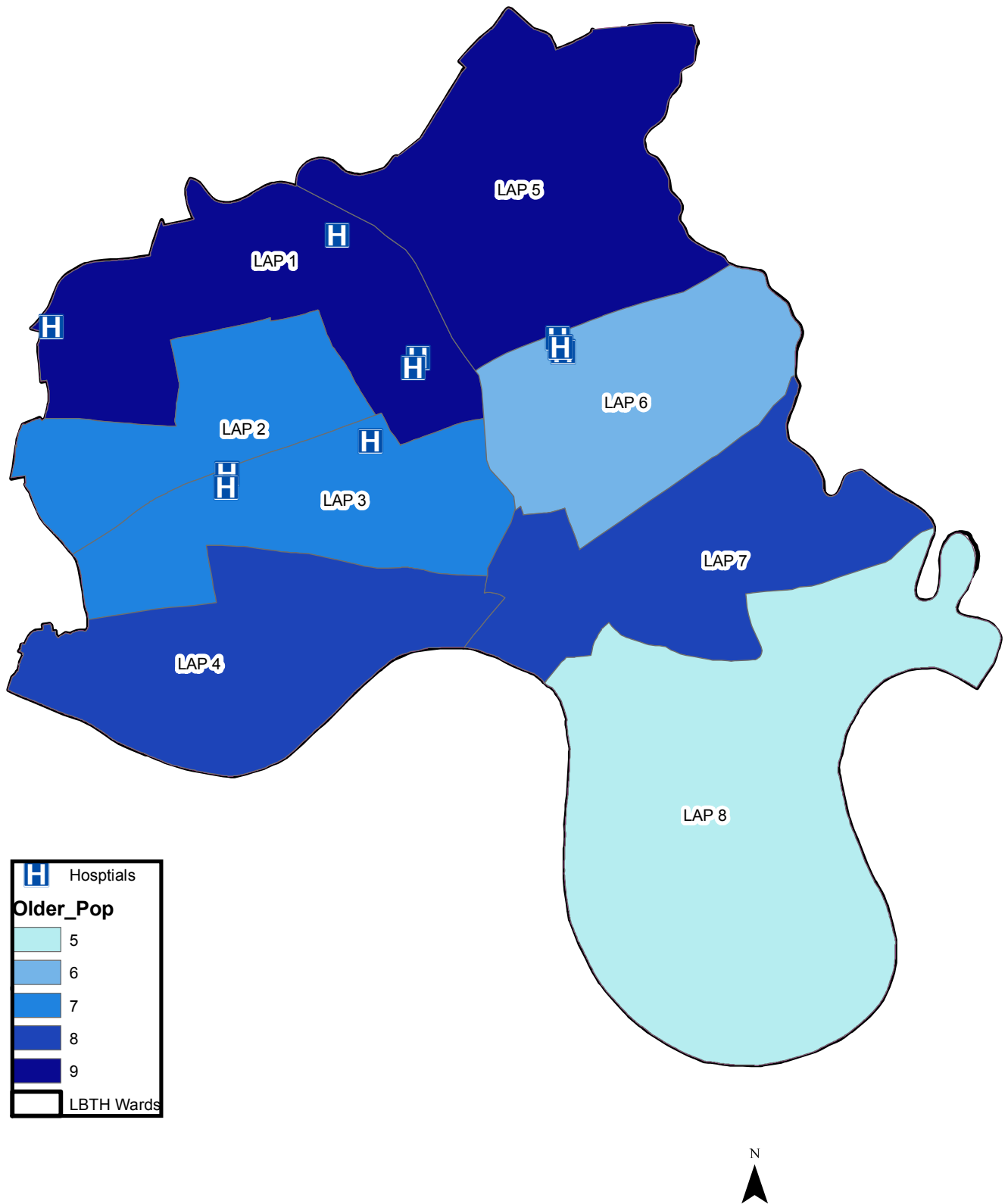
Source: Mayhew Harper Associates Ltd. (Counting the population of Tower Hamlets)

age groups	Persons	males	females	no gender
Under 1	4,573	2,353	2,204	16
1-4	15,001	7,629	7,362	10
5-9	15,914	7,999	7,914	1
10-14	13,620	6,933	6,687	0
15-19	12,664	6,478	6,115	71
20-24	17,684	7,760	9,658	266
25-29	27,257	12,189	14,689	379
30-34	25,024	12,680	12,080	264
35-39	18,600	10,246	8,109	245
40-44	13,464	7,567	5,700	197
45-49	11,014	6,027	4,846	141
50-54	8,918	4,755	4,044	119
55-59	6,814	3,250	3,480	84
60-64	5,256	2,521	2,662	73
65-69	4,202	1,918	2,227	57
70-74	3,986	1,957	1,973	56
75-79	3,152	1,486	1,638	28
80-84	2,178	904	1,244	30
85-89	1,105	420	660	25
90+	352	109	235	8
age n/a	24,050	0	0	24,050
Total	234,828	105,181	103,527	26,120

Appendix 5: Scheme Locations



Proportion of total population in each LAP aged 65 and over



H Hospitals

Older_Pop

- 5
- 6
- 7
- 8
- 9

LBTH Wards



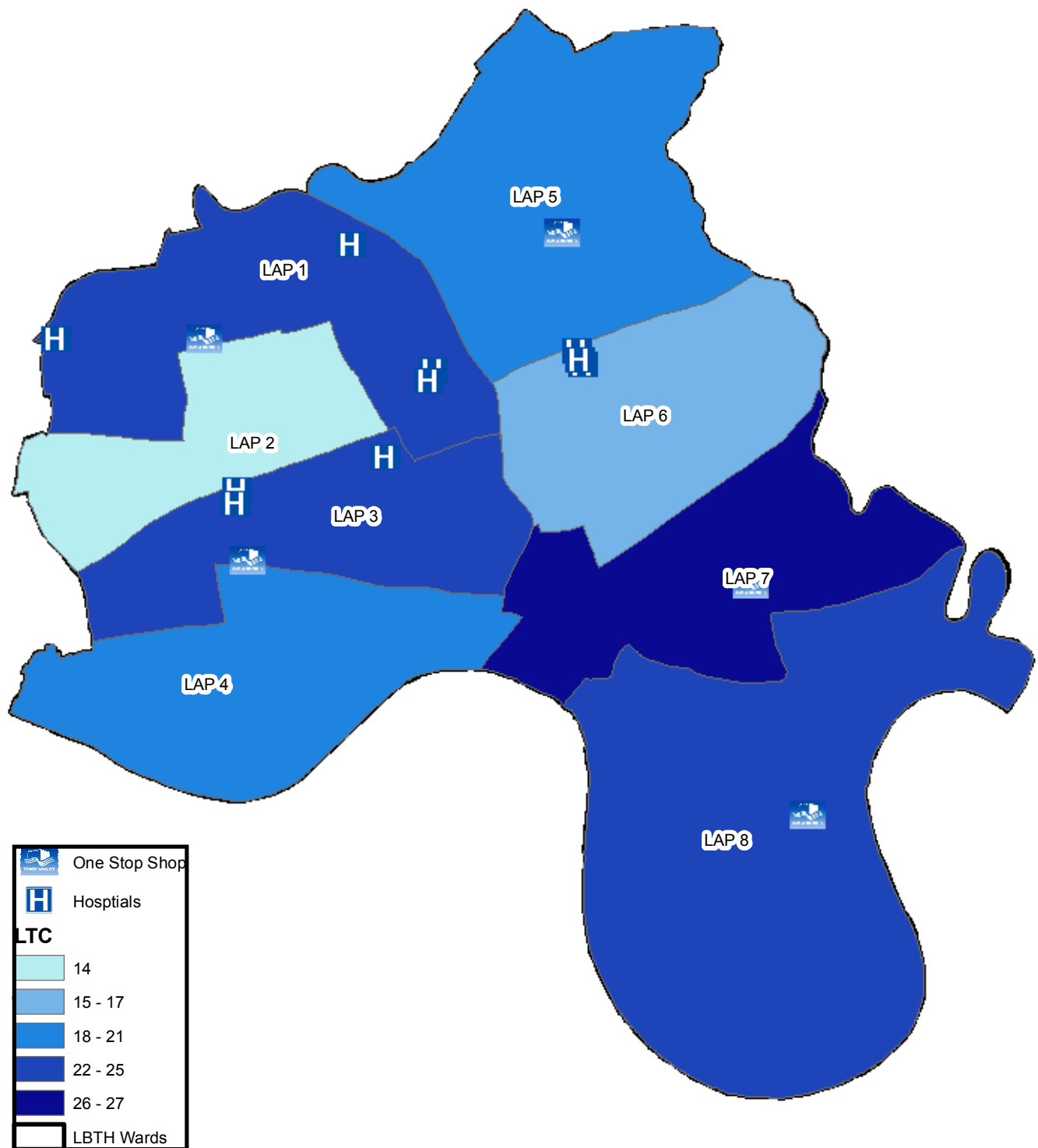
London Borough of Tower Hamlets

1:36,057

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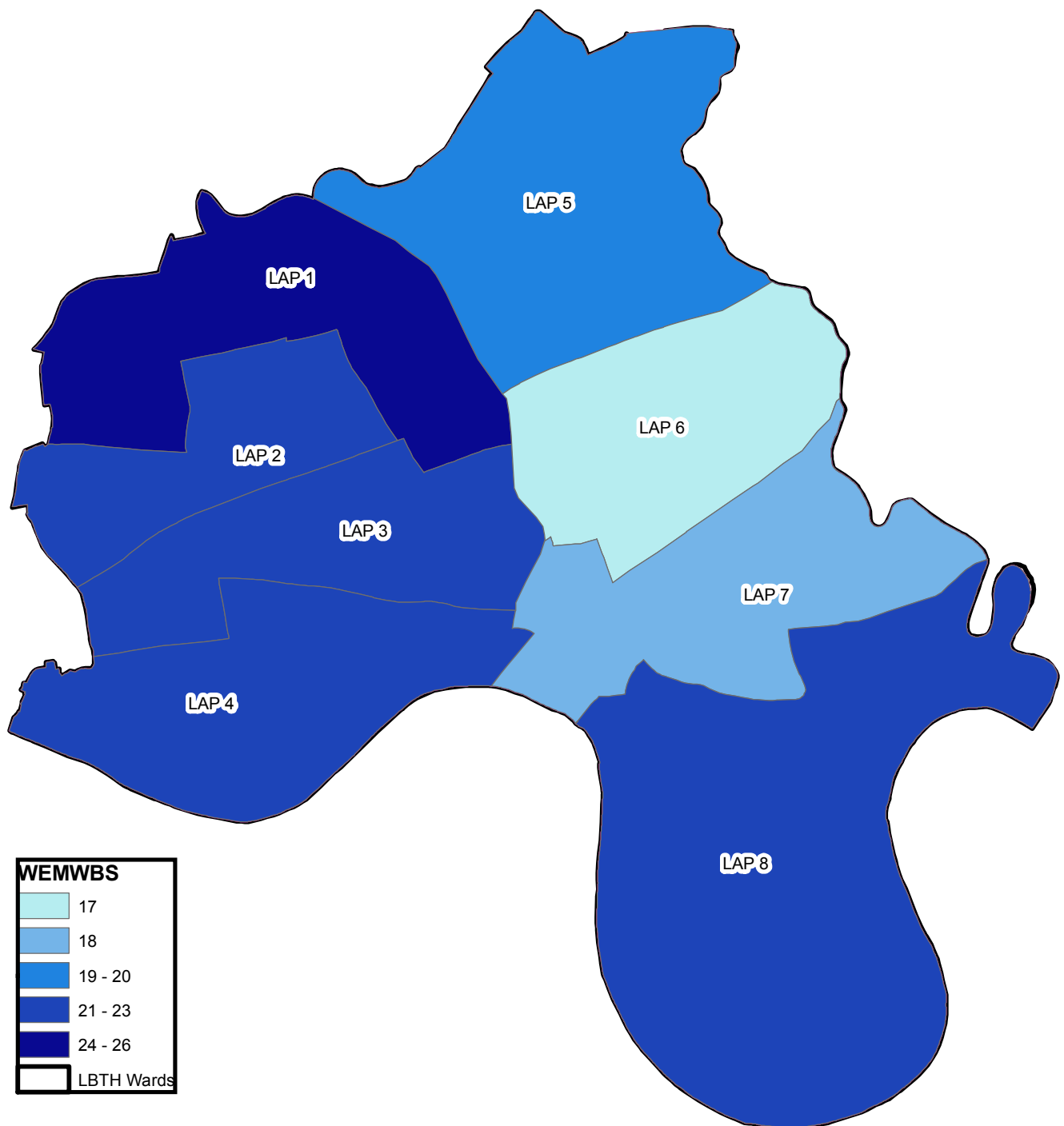
Proportion of total population in each LAP report having a long term illness, disability or infirmity (Tower Hamlets Health and Lifestyle Survey, 2009)



1:36,057

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Proportion of total population in each LAP aged 16 and over who score in bottom quintile of mental wellbeing (indicating poor mental health)
 (Tower Hamlets Health and Lifestyle Survey, 2009)

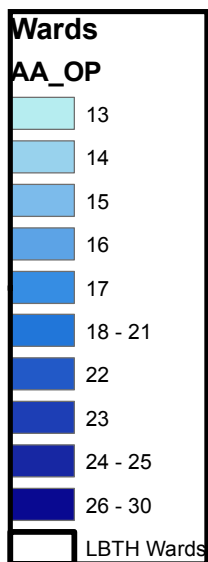
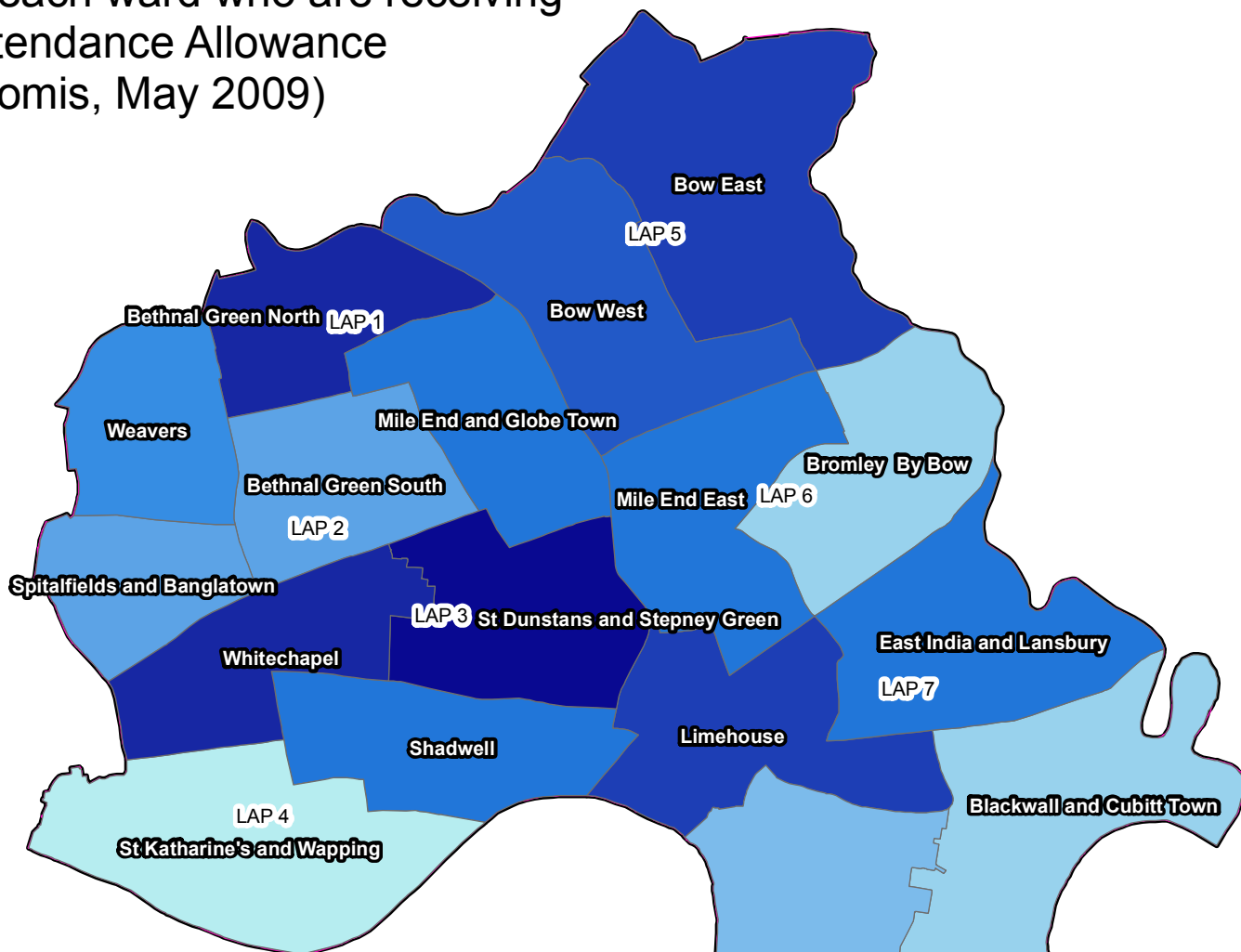


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Proportion (%) of older people (aged 65 and over) in each ward who are receiving Attendance Allowance (Nomis, May 2009)



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● Computers_for_Older_People

📖 Libraries

🏠 Idea Stores

Computers for Older People: Sites, by proportion of population in each LAP aged 65 and over

Older_Pop

5

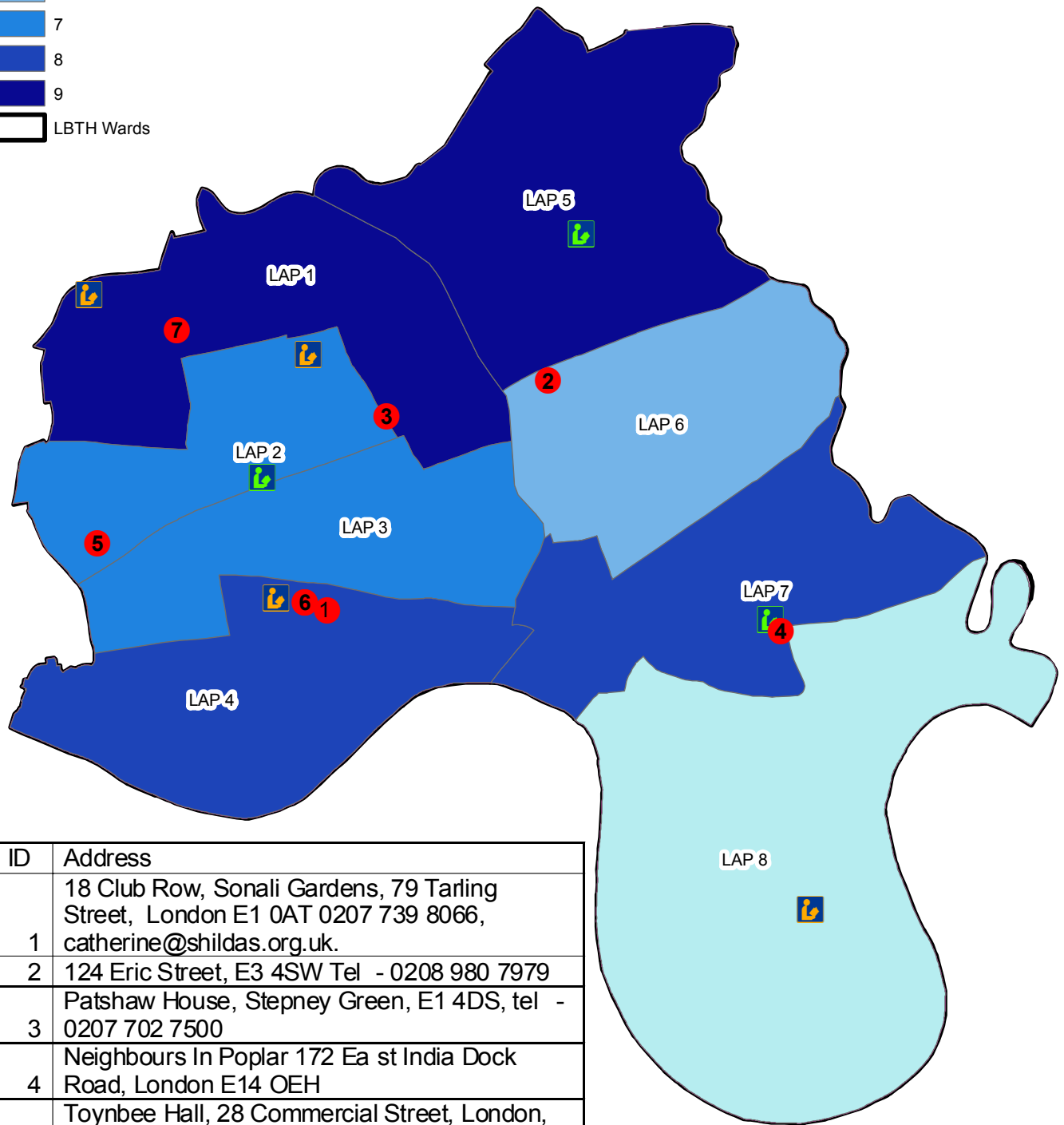
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7

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▭ LBTH Wards



ID	Address
1	18 Club Row, Sonali Gardens, 79 Tarling Street, London E1 OAT 0207 739 8066, catherine@shildas.org.uk.
2	124 Eric Street, E3 4SW Tel - 0208 980 7979
3	Patshaw House, Stepney Green, E1 4DS, tel - 0207 702 7500
4	Neighbours In Poplar 172 Ea st India Dock Road, London E14 OEH
5	Toynbee Hall, 28 Commercial Street, London, E1 6LS
6	Linkage Plus, Sonali Gardens 79 Tarling St London E1 OAT
7	16 Limey Street E2 6LR 0207 729 6490

London Borough of Tower Hamlets

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