Strategic Review of Housing Provision for Older People in Elmbridge

Final Report by Peter Fletcher Associates Ltd

October 2009

Copies of the executive summary of the review and the full-length report are available from Elmbridge Borough Council's website at: www.elmbridge.gov.uk/housing

If you require further information about the review, please contact the Strategy & Enabling Team within Elmbridge BC’s Housing Services division, either by e-mailing: housingpolicy@elmbridge.gov.uk or telephoning: 01372 474631
Strategic Review of Housing Provision for Older People in Elmbridge

Team
Simon Sweetinburgh
Peter Fletcher
Louise Craig
Avis Duncan
# Strategic Review of Housing Provision for Older People in Elmbridge

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## Glossary and Definition of Terms

### Glossary

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<tr>
<td>ASC</td>
<td>Adult Social Care</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>CLG</td>
<td>Communities and Local Government</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<td>DPD</td>
<td>Development Plan Documents</td>
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<td>DSS</td>
<td>Department of Social Security</td>
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<td>DWP</td>
<td>Department of Work and Pensions</td>
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<td>EBC</td>
<td>Elmbridge Borough Council</td>
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<td>ECH</td>
<td>Extra Care Housing</td>
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<td>EHT</td>
<td>Elmbridge Housing Trust</td>
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<td>EMI</td>
<td>Elderly Mentally Infirm</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HA</td>
<td>Housing Association</td>
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<td>HHSRS</td>
<td>Housing Health and Safety Rating System</td>
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<tr>
<td>IMD</td>
<td>Index of Multiple Deprivation</td>
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<td>LDF</td>
<td>Local Development Framework</td>
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<td>LDS</td>
<td>Local Development Scheme</td>
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<td>LLTI</td>
<td>Limiting Long-Term Illness</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>ONS</td>
<td>Office for National Statistics</td>
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<td>OP</td>
<td>Older People</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>PFA</td>
<td>Peter Fletcher Associates</td>
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<td>PIRs</td>
<td>Passive InfraRed Sensor</td>
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<td>POPPI</td>
<td>Projecting Older People Population Information System</td>
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<td>PSA</td>
<td>Public Service Agreement</td>
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<td>RPG</td>
<td>Regional Planning Guidance</td>
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<td>RSMHA</td>
<td>Rosemary Simmons Memorial Housing Association</td>
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<td>RSS</td>
<td>Regional Spatial Strategies</td>
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<td>SAP</td>
<td>Standard Assessment Procedure</td>
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<td>SCC</td>
<td>Surrey County Council</td>
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<td>SCI</td>
<td>Statement of Community Involvement</td>
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<td>SE RHB</td>
<td>South East Regional Housing Board</td>
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<td>SEEC</td>
<td>South East England Councils</td>
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<td>SEEDA</td>
<td>South East England Development Agency</td>
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<td>SEEPB</td>
<td>South East England Partnership Board</td>
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<tr>
<td>SEERA</td>
<td>South East England Regional Assembly</td>
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<td>SH</td>
<td>Sheltered Housing</td>
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<td>SHMA</td>
<td>Strategic Housing Market Assessment</td>
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<td>SP</td>
<td>Supporting People</td>
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<td>SPD</td>
<td>Supplementary Planning Document</td>
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Definitions

Category 2/Sheltered housing
Grouped housing specifically identified and designed for older people and provided with either a resident or non-resident scheme manager service that is available on site regularly throughout the week. Sheltered schemes usually have communal facilities and services. The accommodation may include flats, bed-sits and bungalows.

Category 1/Designated housing for older people
Self contained accommodation which is specifically designed for older people and which is linked to a community alarm service and which may have mobile or visiting warden/manager support. Category 1/designated housing usually has a lower/less intensive staffing level than sheltered housing and no, or a lower level of, communal facilities than sheltered housing.

Extra Care housing
Sheltered accommodation for frail older people, with warden support and enhanced communal facilities, specialist design features and the capacity to offer extra care services, through dedicated care team support. In the box below is Surrey County Council’s definition of the minimum requirements for a scheme to be counted as an extra care scheme.

In order to ensure equity and consistency across Surrey, the following form the core requirements for a given scheme/service to be classed as extra care by Surrey County Council:

- Self-contained and wheelchair accessible flats comprising a minimum of 1 bedroom, living room, kitchen and bathroom
- 24 hour home based care, provided through an on-site, or easily and quickly accessible care team, working on the basis of facilitating and enabling, rather than “doing for”
- Individually tailored, flexible care packages, based on assessed needs
- Flexible support services offering assistance with domestic cleaning and practical tasks such as pension collection, paying bills, shopping and assistance with accessing services and resources in the surrounding community
- Communal facilities such as tenants or owners’ lounge, self-service laundry, hairdresser, space for pursuing hobbies, guest suite, at least one assisted bathroom and space for safe storage and recharging of electric wheelchairs and buggies
- A range of social and recreational activities including those which promote health, physical activity and lifelong learning
- Systems for involving users and carers in decisions about the service, including facilitating the equal participation of people who
are confused, have communication difficulties or for whom English is not their first or preferred language

- Staff facilities including changing room and sleepover facilities
- Secure entrance and exits
- Located within reasonable walking distance (for a frail, elderly person) of local shop, pharmacy and other community facilities

**Desirable features to be incorporated if at all possible (particularly in new purpose built schemes):**

- Provision of a reliable and reasonably priced meals service, preferably via a restaurant for tenants and others, providing 2-course lunch at least 5 days per week
- Accessible external space, including for those in wheelchairs and with mobility difficulties
- Bathrooms must either have flush floor showers or be capable of adaptation within reasonable time as needs arise. Minimum space requirement of 50 m.sq with a proportion designed for wheelchair users of at least 55 m.sq. Flat design and layout must be suitable to accommodate people who use mobility aids and rooms must be of sufficient size and shape to enable safe delivery of personal care by 1 or 2 care assistants.
- Lift to all floors, of sufficient size to accommodate wheelchair users and stretcher patients and with suitable facilities for people with visual and sensory impairment
- Barrier free design which is accessible for people with mobility difficulties and sensory impairments and simple, logical layout with short, wide corridors and mechanisms to aid way-finding, including by those who are confused
- Secure entrance and exits with “secured by design” certification
- The communal facilities may be accessed by people living in the surrounding neighbourhood in order that the scheme provides a resource to the wider community
Executive Summary

Section numbers refer to the sections in the main report.

Introduction: The brief for the work (section 1)

Peter Fletcher Associates (PFA) was appointed as consultants to this jointly commissioned project by Elmbridge Borough Council (EBC) and its provider partners in March 2009. The project was to undertake a strategic review of housing provision and services for older people in Elmbridge with the production of a Final Report to assist housing and service providers with their future planning, as well as assisting EBC with the development of its housing and planning policies and strategies, and Surrey County Council with its social care policies and strategies. The work considered three main elements:

- Establishing the current and likely future demand and need for housing for older people (across types and tenure)
- Assessing the capacity of the existing stock and services to meet need and demand and identify changes to existing provision and services and facilities in the community to enable older people to live independently in their own homes
- Identifying the need for various types of specialised older people’s accommodation across all tenures, and whether, how and in what form affordable housing contributions should be sought

National Context and the implications for Elmbridge (section 2)

The national strategy direction is focused on promoting a positive approach to our ageing society, and recognising the potential of older people rather than seeing old age as a problem. Housing and services should focus on promoting and sustaining independence, and older people should have increased choice and control to make their own decisions. The implications for Elmbridge are:

- The need for local housing and planning strategies (the Local Development Framework) to explicitly take account of “demographic trends in terms of the housing requirements of older people” (Housing Green Paper, ch.6, para.9)
- The need for new general needs housing to be accessible through promoting Lifetime Homes Standards (for example space to install a shower next to a downstairs toilet; front doors without steps to enable wheelchair access) for all new build housing
- Facilitating the development of specialist housing and services (such as extra care housing), which promotes quality of life and supports older people to live independently in housing rather than care settings wherever possible
- Developing an approach to sustain older people at home built around information, preventative services, and a shift from care
homes to extra care, new technology, and a wider range of preventative and community based services, that enable older people to have independence, choice and control in older age.

Local strategic context (section 2)
The local strategic context for this report encompasses a range of district, county and regional strategies and policies, and within this a range of relevant functional strategies relating to housing, planning, health, care and support, and older people.

The overall strategic direction of the borough is set out in the Elmbridge Sustainable Community Strategy (2006-2015), which is geared to ensuring that those people with extra needs can access the support that they need, to enable more older people to remain independent in their own homes.

Of greatest significance for this report is the current development of planning policy at regional and local level. Following the recent adoption of the Regional Spatial Strategy (RSS) – South East Plan, which includes policies relating to older people, the borough is now required to determine its Core Strategy that will guide planning and development in the borough until 2026. It is important that the borough agrees planning policies that will facilitate and encourage the supply of housing for older people as considered by this report.

Also, of particular significance are policies in the areas of housing, care and support that will facilitate and encourage the development of specialist housing and services for older people as considered by this report. In this context the borough’s aspirations are always contingent on similar strategic direction and congruent policies with the county. As with many 2 tier authority situations we have encountered, strategies and policies between the borough and county are not yet as joined up as they need to be to facilitate the development of an effective programme of specialist housing for older people.

The older population in Elmbridge (section 2)
The key overall demographic statistics show:

- **Older population profile** – as at 2006, 35,335 people in Elmbridge were aged 55+ (27.3% of the total population). This is similar to the England average. However, Elmbridge has a higher proportion of people aged 85+ (2.6% - 3,500 people) than both Surrey and England. In 2025 Elmbridge is projected to have a higher proportion of people aged 55+ than both Surrey and England

- **Population projections of older people** – population projections from 2008 to 2025 show a significant increase across all age cohorts of older people aged 55+. For all age groups aged 55+ the numbers will increase by 12,900 (35.8%) from 36,000 to 48,900. The number of people aged 85+ is projected to increase even faster by 2,100 (60%) from 3,500 to 5,600 in the same period

- **Ethnicity** - White British is by far the most common ethnic group for the pensionable age population of Elmbridge, at 90.2%. However,
Elmbridge has a higher younger BME population. This means that the older population will become more diverse in the future

- **Long term limiting illness** – The numbers of people aged 65+ with LLTI are projected to increase 3294 (from 7758 to 11052) in the period 2008 to 2025. For the 65-74 age group, 28.1% of the total people are projected to have LLTI, for the 75-84 age group the percentage is 44.1% and for the 85+ group 51.9% are projected to have LLTI by 2025

- **Mobility** - In terms of change in numbers over the period, the number of people aged 65+ with mobility problems is projected to increase from 3,368 in 2008 to 4,832 in 2025. This is a change of +43.5%, just higher than the projected 65+ population change of +40.5%

- **Dementia** - The prevalence of dementia increases very substantially with age. The total number of people aged 65+ with dementia is projected to rise from 1,649 in 2008 to 2,402 in 2025. This is an increase of +45.7%, again a little higher than the projected 65+ population change of +40.5% detailed in the earlier local authority level population projections table

- **Learning disabilities** - As the data shows, the numbers of people aged 50+ with learning disabilities are projected to rise, from 972 in 2008 to 1,325 in 2025. This is a percentage increase of +36.3%

**The Views of Older People (section 3)**

A series of six focus groups were held with different groups of older people in the Borough. In addition the Elmbridge Residents Panel Survey for spring 2009 included questions in relation to housing and services aimed at people on the panel aged 55+. The main findings are summarised below.

**How older people see themselves**

It was clear from talking with older people in the focus groups that they do not see themselves as passive recipients of services but as active citizens, who wanted to, and did, take responsibility for planning their retirement, in relation to housing and services to support independent living. Older people also had realistic expectations that local authorities – both Elmbridge Borough Council and Surrey County Council – could not be expected to provide public services to address all aspects of older people’s lives, or to provide them free of charge. What older people wanted overall was good information and the availability of a range of housing and services that were affordable for different income groups. This would enable older people to have a choice to sustain independence in older age.
Cost of and paying for services

Neither the Residents Panel Survey nor the focus groups addressed the issues of the cost of services and who should pay for them. Indeed financial advice was low on the list of services that older people identified as being very important (41% of people surveyed in the Residents Panel Survey identified financial advice as very important/important to them, much lower than many other services). There was discussion in some of the focus groups about the high cost of some services (mainly some private care/nursing homes), and the importance of services providing good value for money for retired people in fixed incomes. There was also a recognition that the level of public funding for services was limited and that most services to support people remain independent would need to be paid for by the individual. Cost and quality therefore would be key issues in determining whether or not older people would be prepared to purchase services in the marketplace.

Information

The information to help older people to make decisions about future accommodation and to help older people to access housing and support services exists but most older people do not know about the information that is available. Most importantly of all most had not thought of Elmbridge Council as a good information source. Better marketing, placement and publicity of the material that exists would help older people to access information easily when they need to. Also, targeting older people early in the retirement process with this information would enable them to become more informed and to prepare for their retirement. There was a recognition in the focus groups that older people themselves had a responsibility to use their initiative to seek out information, ideally in a planned and proactive way, rather than in a reactive way after a crisis has occurred.

Tenure choice

The vast majority of older people home owners who were consulted during this process would prefer to remain so.

Staying or moving home

The majority of older people consulted would also prefer to stay in their own homes as they grow older. Services such as community alarms, handyperson, accessible transport, gardening, delivery services (e.g. for shopping, prescription), visiting services, day centres, and telecare, were all recognised as important to sustain independence. There is a lack of awareness of the services that are available to help them stay put. As many of these types of services already exist, there needs to be a link up between information on the services available and the older people who require such services.
**Retirement accommodation**

There is a familiarity with sheltered housing and traditional residential/nursing care models, however, the response to Extra Care has been very positive and is something that should be developed and promoted. The location of new retirement housing developments is key, and is of vital importance if older people are to be incentivised to move into such schemes. As most participants would prefer to remain home-owners, retirement property that was available to buy would be most attractive.

**Key Development Areas**

These development areas are based on the views of older people themselves. Issues around their provision, development and costing are addressed later in the report.

**Information and Awareness of Housing and Support Services**

- Increase awareness of the housing and support services available in the Borough through more effective promotion of the information that already exists. Suggestions include information stands in public areas such as supermarkets, as well as GP surgeries, and libraries
- Target people with relevant information as early in the retirement process as possible, to allow people to prepare for their future in advance. A ‘retirement fair’ model was suggested as a possible method to prepare people for retirement
- More efficient signposting of older people towards housing and support services via a variety of sources, including GPs and Council departments
- Better promotion of the Borough Council as a provider of information and advice on housing and support

**Services to help people stay put**

- Services to help people stay put, including adaptations and handyperson services, that are accessible to all older people, irrespective of tenure or financial circumstance
- Increase awareness of the services that are available to help people stay put, who they are available to, and how to access them, through more effective distribution and promotion of information leaflets and documents

**Downsizing**

- More smaller sized and affordable properties in the marketplace would allow those older people wishing to downsize for various reasons to be able to do so, freeing up larger family homes to the housing market
Retirement Accommodation

- Retirement accommodation that is available to buy is the preferred option for the majority of older people who have participated in this project, but a mixed tenure approach would mean those older people who prefer a different tenure would also be catered for in the housing market.
- Increasing older people’s awareness of the housing options available to them would help them to make an informed decision and to retain their independence in, and control over, the process.
- The location of retirement housing is paramount, particularly with regards to being within easy reach of public transport and amenities.

Wider Services

- More detailed consultation with older people to establish key areas of weakness in the public transport system in the Elmbridge Borough and how to rectify these issues.
- Wider promotion of the alternative transport that is available, including various shopping buses and transport provided by the wealth of voluntary agencies in the Borough.
- Wider and more effective promotion and marketing of the Centres for Retired people, especially in terms of the services, activities and facilities that they provide.
- Wider promotion of volunteering opportunities that are currently available in the Borough.

Housing, supply and demand for older people (section 4)

- **Balance of specialist housing supply**

There is an adequate supply of care homes and care homes with nursing, including for people with dementia, but an imbalance in specialist housing provision, indicating poor choice of specialist housing for those older people looking for this:

- Too much low quality sheltered housing for rent
- Too little high quality private sheltered housing for sale
- Too little extra care housing either for rent or for sale
- No sheltered housing to privately rent
- No sheltered housing to buy on a part rent/part buy basis
- A low proportion of bungalows to rent or buy compared to neighbouring boroughs
• Too few 2 bedroom or above sheltered units to buy or to rent

• **Access to ordinary non-specialist housing**

By far the majority of older people want to live in non-specialist housing with services brought to them. There is inadequate access and poor choice of older people to ordinary housing provision:

• The prevailing points system approach to housing need has resulted in very few older people being able to access ordinary social housing for rent

• Very little ordinary social housing for rent is ‘reserved’ or designated specifically for older people

• Prevailing allocation policies make it very difficult for older people to secure anything other than 1 bed properties to rent when most older people are looking for at least 2 bedrooms

• Most ordinary housing for rent or sale is not physically accessible to all

• Very little ordinary housing for rent or sale has been adapted for wheelchair users

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**Housing, support and care services for older people (section 5)**

• **A clear role for sheltered housing**

The results of the resident survey of sheltered housing for rent indicates that overall it is housing a population that is more independent and receiving less services than in 2000. In addition, adult social care services have indicated that sheltered housing (unlike extra care which is clearly seen as a potential alternative to residential care) is just thought of as social housing and is not a conscious part of the care management system. This raises the need for greater clarity about the future role of sheltered housing in the borough, particularly given the fact that 40% of moves from sheltered housing are into care homes. This includes clarifying the role that sheltered housing can play in supporting people with dementia and mental health problems, and other groups such as people with a learning disability living into older age.

• **Community alarm, telecare and housing support services**

At present Elmbridge’s Community Alarm and Telecare Service is provided separately from housing support services.

The Community Alarm and Telecare Service has developed a successful model of Telecare within Surrey and leads the way on the number of Telecare
installations carried out. There is an opportunity to link this success with closer joint working with housing support services.

In addition both the Community Alarm and housing support services are provided as standard services, with no choice for older people in line with the government’s personalisation agenda, about different levels or tiers of service that older people can buy into.

Thirdly, most older people living in the borough are excluded from accessing housing support services. Housing support services are currently only provided to older people living in extra care housing and in sheltered housing for rent (with a small amount into retirement housing for sale provided by one or two providers who also provide rented accommodation). It is not available for older people living in ordinary housing of all tenures nor for people living in leasehold housing schemes who are asset rich but income poor.

- **Social capital**

Although Elmbridge has a good track record of consulting with older people, unlike in a growing number of areas in the country there is no formal method of engaging them as partners in planning for an ageing population.

Elmbridge has a good track record of volunteering and building on this for the future will be critical to cope with the growing number of older people over the next 20 years.

- **Universal services**

Older people see access to universal services as critical to sustaining quality of life and well-being in older age. Older people identified specific issues that needed to be addressed.

- **Early intervention and prevention**

The Elmbridge Older People’s Strategy fully recognises the importance of early intervention and preventative services to support older people in the borough maintain their independence in older age, and the borough council invests in both information and preventative services on the ground.

However, older people have little awareness of the information available about services or about the services themselves. Further service development is also needed to take account of the growing older population and new needs that are emerging.
• **Choice and control – health and social care**

The current focus of adult social care is built around reducing care home placements, developing alternatives such as extra care housing, developing preventative services and piloting the introduction of self directed support.

There are good links with the Borough Council and other community based services, and yet the level of placements into care homes is no lower than in other parts of the county which have less well developed information and preventative services.

Other issues have been identified in relation to: the length of time for assessment and for arranging respite care; and the lack of clarity about the role of sheltered housing in the borough.

• **Bringing it all together**

Despite the positives about the current housing and service system for older people in the borough there is still further potential for developing a more joined up approach across departments and organisations to address the challenges of an ageing population, and sustain more older people in the community and out of hospital and long-term care.

**Recommendations (section 6)**

The recommendations are focused on those that can impact on the housing provision for older people in the borough and related services, in particular:

- For the housing authority to develop housing and community strategies for older people
- For the planning authority to develop planning policies to be included in the Core Strategy and other Development Plan documents in the Local Development Framework
- For the Supporting People and adult social care authority to develop appropriate care and support strategies for older people
- For providers to consider their own housing strategies and housing provision for older people

The main recommendation areas cover:

1. **Rebalancing the supply of specialist housing provision for older people in the borough – including:**
   - Reduction in poorer quality sheltered housing for rent that is demonstrated as less popular
b. Secure higher quality of and broader access to the remaining sheltered housing for rent to better meet the aspirations of older people
c. Provide for increase in private sheltered accommodation for sale
d. Encourage and/or jointly commission ECH

2. **Increase and improve access to ordinary non-specialist housing by older people – including:**
   a. Ensure all new social housing, and in due course all new private housing is physically accessible to all - and developed to Lifetime Homes standards
   b. Reserve and allocate more existing social housing for rent and former sheltered housing for rent exclusively to older people (1 and 2 beds) as non supported housing for rent– target a supply of 200 units over 10 years
   c. Encourage an incentive scheme by social housing providers that will offer good quality 1 and 2 bed ordinary housing to older social renters currently under-occupying larger family homes – target 50 moves over 10 years

3. **Other housing related recommendations – including:**
   a. Work collaboratively to help individual providers achieve their different aspirations
   b. Develop and manage a decommissioning programme of sheltered housing for rent
   c. Develop the necessary planning policies required to deliver these housing recommendations
   d. Review grant and Care and Repair activity in the borough to provide both a higher level of service and a much greater impact in the borough

4. **Clarify the future role of specialist housing and who it will support – including:**
   a. Clarify the future role of sheltered housing in the borough in relation to the target market of older people, including dependency levels and specialist needs such as dementia and mental health, and people with learning disabilities
   b. Support people with learning disability living into older age who need specialist housing and support
c. Train staff to support people with mental health problems and dementia
d. Reduce the level of people moving on from sheltered housing into care homes

5. **Reshape the current service pattern to link up community alarm and telecare services with housing support services, to offer a wider choice to older people in line with the personalisation principles of Putting People – including:**
   a. Developing a tiered menu approach built around the community alarm service as the basic service level, with housing support and telecare as additional services that older people can buy into
   b. Developing a tenure neutral approach encompassing ordinary as well as sheltered housing
   c. Develop the role of sheltered housing and extra care schemes, where appropriate to act as community hubs

6. **Maximise the social capital potential of older people in Elmbridge – including:**
   a. Develop an independent voice for older people in the borough through the Elmbridge 50+ Network Group (and bring in other older people’s groups in the borough to ensure it is inclusive)
   b. Develop a formal engagement structure that brings older people, through the 50+ Network Group in as partners to work with the Borough and County Councils and other organisations to plan for an ageing society in Elmbridge
   c. Build on the successful culture and approach to recruit more volunteers, including on committees and boards of voluntary and community organisations

7. **Address the specific issues in relation to access to universal services raised by older people during the consultations – including:**
   a. Engage older people to work with transport providers, particularly the bus companies, to address the key areas of weakness identified in the consultation for this report
   b. Broaden the choice of adult education and lifelong learning opportunities and improve access through the use of community transport
   c. Look at ways of protecting local shops, services (including GP services) and facilities to enable older people to remain living in less built up areas of the borough
8. **Develop further initiatives in relation to early intervention and prevention – including:**
   a. Improve communication of Information for older people
   b. Further develop the role of the Centres for Retired People
   c. Develop the role of Community Transport
   d. Build more capacity around practical and preventative services
   e. Develop additional community based services for older people with Mental health problems and dementia

9. **Undertake initiatives between adult social care and local services in Elmbridge – including:**
   a. Look at ways of using the current local housing and service infrastructure to identify further ways of reducing the level of care home and care home with nursing placements in the borough
   b. Address the issues identified by sheltered housing staff in relation to length of time for assessments and setting up respite care
   c. Clarify the role of sheltered housing in relation to the care management system
   d. Review the model of service delivery into sheltered housing schemes with high levels of service delivery
   e. Identify how the development of a housing support service for people living in ordinary housing would interface with community health and care services in the borough

10. **Develop the current Older People’s Strategy into a broader whole system strategy for the borough that takes account of the recommendations of this strategy and the county council priorities for delivering on Putting People First**

11. **Keep the Steering Group in place to: consider the resource implications/timescales/ease of implementation of these recommendations; and produce and monitor the implementation of an Action Plan to deliver on these recommendations. Include additional members to the Steering Group (for example the EBC Community Services Division) to reflect the areas covered in the recommendations**
1. Introduction

Peter Fletcher Associates (PFA) was appointed as consultants to this jointly commissioned project by Elmbridge Borough Council (EBC) and its provider partners in March 2009. The project is to undertake a strategic review of housing provision for older people in Elmbridge with the production of a Final Report that will assist housing and service providers with their future planning, as well as assisting EBC with the development of its housing and planning policies and strategies, and Surrey County Council with its social care policies and strategies. This brief introduction sets out:

- The brief for the project
- How the project was carried out
- An explanation of the structure of this report

1.1 The brief for the project

Our understanding is that in essence the Strategic Review should consider 3 main elements:

- Establishing the current and likely future demand and need for housing for older people (across types and tenure)
- Assessing the capacity of the existing stock and services to meet need and demand and identify changes to existing provision and services and facilities in the community to enable older people to live independently in their own homes
- Identifying the need for various types of specialised older people’s accommodation across all tenures, and whether, how and in what form affordable housing contributions should be sought

1.2 How the project was carried out

PFA established a specific team for this project:

- Peter Fletcher (Project Director and lead consultant for non-housing matters)
- Simon Sweetinburgh (Project Manager and lead consultant for housing matters)
- Louise Craig (Researcher and information/data analyst)
- Avis Duncan (Administrative support/data analyst)

The project team has carried out the work in the following manner by:
• Understanding the local housing context, the current housing strategy of the local authority, and existing evidence of housing supply and demand from older people.
• Understanding the local supply of non-housing services to older people and how they impact on the needs and wants of older people where such evidence is available.
• Making use of information already available, including reports, documents, research and strategies already in the public domain.
• Undertaking primary research to inform the project as follows –
  - Residents panel survey of older people
  - Sheltered housing property survey
  - Sheltered housing dependency survey
  - Provider survey about need and demand
  - Waiting list/housing register interrogation
  - Focus groups of older people
  - Whole systems planning workshop with key stakeholders
  - Interviews with staff from different agencies and stakeholders

The primary research was completed according to plan with the exception of survey work with providers of private sheltered housing for sale, where survey returns were not obtained. However, private providers were represented in the whole systems planning workshop with stakeholders and their perspectives on the market in Elmbridge have been able to be reflected in this report.

1.3 The Final Report

This final report is produced for the purposes of assisting with the development of the council’s housing and planning policies in relation to older people and to help providers of housing for older people and related services in their future planning. The report is structured as follows:

• Section 1: Introduction
• Section 2: Context
  - National policy review – a brief summary of prevailing national policy with respect to housing provision for older people
  - Local strategic review – a brief summary of relevant local strategies that relate to housing provision for older people
  - Local demographics – a brief synopsis of the key demographics of the borough that relate specifically to older people
• **Section 3: The views of older people** – an analysis of evidence obtained from older people drawn from the Residents Panel Survey of older people and focus groups

• **Section 4: Housing supply and demand for older people** – an analysis of the evidence available as regards housing supply for older people, what housing older people want, and of the gaps that exist between need and supply, availability and access

• **Section 5: Housing support, care and universal services available to older people** – an analysis of the evidence available as regards housing support, care and universal services available to older people, demand indicators of what services are needed, and of the gaps that exist between need and supply, availability and access

• **Section 6: Policy Recommendations** – drawn from sections 3-5 above, this section sets out a series of recommendations that should be considered by EBC and the Project Steering Group when developing the new Elmbridge Housing Strategy for Older People.

• **Appendices** –
  1. Steering Group Members
  2. Views of Older People – Elmbridge residents panel survey
  3. Report of Stakeholder event
2. Context

This section of the report is divided up into the follow three parts:

- **National policy review** – a brief summary of prevailing national policy with respect to housing provision for older people
- **Local strategic review** – a brief summary of relevant local strategies that relate to housing provision for older people
- **Local demographics** – a brief synopsis of the key demographics of the borough that relate specifically to older people

2.1 National Context

*The changing aspirations of older people*

Consumer research with older people shows that their aspirations in relation to housing and care in older age are growing. This is driven by higher levels of home ownership (and so equity and capital wealth), higher aspirations around lifestyle, and a wish to sustain independence even if older people have health and care needs. This is translating into a growing view that being frail does not necessarily mean giving up and going into a care home. Aspirations have been and are continuing to change at a rapid pace and will continue to do so via the baby boomer generation – more space, more bedrooms, more social life etc.

Older people tend to move for different reasons at different stages of their lives.

Some choose to move at an earlier age due to ‘pull’ factors. These people are making a positive choice to move (e.g. better location, or smaller, easier to manage home). These people have tended to move to other general needs housing, for example a house, flat or bungalow.

Other older people choose to stay where they are for as long as possible, even if their current home may not be easy to manage, and then move at a later stage due to ‘push’ factors (e.g. reasons such as illness, disabilities which makes it harder to get around the house, loneliness, or death of a partner).

In making their choices if they want to move home in older age, whether for ‘push’ or ‘pull’ factors, a number of factors are becoming increasingly important:

- **Space**: older people are looking to good space standard accommodation. This is reflected in the fact that a growing amount
of early sheltered housing, built to poor space standards, and often without a separate bedroom, is now becoming hard to let or sell

- **Two bedrooms:** the wish for two bedrooms is becoming the norm

- **Location:** location has always been, and is still a critical factor, in older people making a housing choice that suits them. For ‘pull’ factor moves for people in early retirement, rural areas are becoming increasingly attractive. For people in later retirement, (’push’ factor moves) most people wish to move to a location - usually city, town or large village – where services and facilities are close to hand

- **Accessibility to services:** A growing number of older people are looking to move to somewhere where both the building and services will be able to support them if they become frailer without them having to make a further move

- **Service approach:** older people are increasingly looking for a service model (alongside the housing) that is flexible and allows them to pay a small fixed service charge and then to have a service model with different options that allows them to purchase services as they need them

- **Couples remaining together:** older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home

In relation to both public and independent sector services older people, and other groups of the population, are looking for:

- Improvements in quality year on year
- Fairness and equity in how they pay for services
- Transparency on what they are getting for what cost, and flexibility in being able to purchase services as and when they need

**Government policy direction**

Government policy reflects the recognition that there is a need to:

- Prepare for the projected increase in the number of older people
- Understand and respond to the growing aspirations and expectations of older people
- Take account of the impact of technology

This is being translated into a national policy agenda that is increasingly focusing on:

- Promoting independence and well-being for all older people, including adults needing social care services and support. The
government recognises that people with social care needs “demand equality of citizenship in every aspect of their lives, from housing to employment to leisure” (*Putting People First*, Department of Health, December 2007)

- Prevention of ill health/hospitalisation and placements in long-term residential and nursing home care
- Widening service choice and flexibility for older people across all income groups
- Addressing the housing and support needs of older people across all tenures

**Housing, regeneration and planning policy**

*The Housing Green Paper* (CLG, 2007) for the first time recognises older people in their own right as a key population group in the housing market - older people will make up 48% of all new growth in households to 2024.

*LIFETIME HOMES, LIFETIME NEIGHBOURHOODS: A National Strategy for Housing in an Ageing Society* (CLG, Department of Health (DH) and Department of Work and Pensions (DWP) 2008) picks up on the emerging understanding that older households are driving the growth needed in housing supply. CLG believes that this growth in older households may be the most significant driver of the housing market over the next 20 years.

The strategy sets out the government’s vision for meeting the growing housing demands of an ageing population and ways to meet the changing lifestyle needs and aspirations of current and future generations of older people. It focuses on giving older people greater choice and addressing the challenges of an ageing population. It makes a number of recommendations for:

- A more explicit housing offer for older people built around: better information about housing options, and advice about staying at home services; further development of preventative services including property services such as handyperson, home improvement agencies, and adaptations, practical services such as gardening and housing support services; and equity release products. (Much of this is similar to the information, choice and preventive requirements of PSA 17)
- More robust market information and a stronger role for planning
- New thinking on lifetime neighbourhoods that meet the needs of all age communities and the introduction of lifetime homes standards for all new build housing by 2013
- Improved strategic analysis on accommodation with care solutions for older people across all tenures, and a new future for specialist housing, through a wider range of both housing, service and tenure choices, beyond residential and nursing home care
Alongside this the move to incorporate Supporting People funding into Area Based Grants should integrate housing support in more closely with the health and social agenda, and Local Area Agreement targets.

The development of Regional Spatial Strategies and a planning framework (the Local Development Framework) should also help ensure a more integrated approach to information, strategy, and service transformation to promote greater choice and control for older people (see Putting People First, below.

The Housing Corporation strategy to guide housing associations on promoting both the well-being of older people they house and other older people in the areas where they have housing stock is set out in Investing for lifetimes: Strategy for housing in an ageing society (Housing Corporation, April 2008). The strategy statement states that “the Housing Corporation has consistently encouraged housing associations to take a role in enabling independence, choice and control at home for older people, supporting their needs with coherent preventative services, including information, advice and advocacy, Home Improvement Agencies, Supporting People and housing options services. This strategy statement continues that approach … and takes forward the Government’s vision. Additionally, it complements our housing for vulnerable people strategy, Investing in Independence”.

The strategy statement set out action by the Housing Corporation and housing associations to deliver on the statement. This included:

- Investing in quality design for accessible Lifetimes Homes housing
- Developing inclusive design in sustainable communities and neighbourhoods
- Taking account of older people in the housing market, and understanding this better
- Promoting measures that empower older people to exercise choice and control and understanding the role of individual budgets for housing association residents
- Supporting housing associations to improve the services to black and minority ethnic (BME) elders
- Exploring how planning can better serve the needs of older people
- Promoting mixed and sustainable communities through encouraging the provision of support services to older people living in general needs housing, thereby promoting independence and social inclusion

Health and Care Strategy

In December 2007 the Government, local government, the NHS, social care and professional and regulatory organisations came together to publish Putting People first: a shared vision and commitment to the transformation of
adult social care. It sets out the Government’s commitment to independent living for all adults and states that “the vast majority of people want to live in their own homes for as long as possible” (Ref: Introduction, para. 2, Putting People First). It identifies four main themes which are at the heart of making a strategic shift for adult social care towards prevention and early intervention:

- **Early intervention and prevention**: Preventative services, early intervention and enablement to become the norm to support people to remain in their homes for as long as possible. This includes re-enablement and rehabilitation to enable older people to return home from hospital where possible

- **Universal Services**: A universal advice, information and advocacy service; and better access to mainstream universal services that address the needs of the older population as well as other age groups

- **Choice and control**: The right of people to have services planned around meeting their needs and aspirations with everyone eligible for a personal budget for publicly funded adult social care support to enable them to choose the services they want to sustain independence and well-being, even where they have a chronic long-term health condition

- **Social capital**: Building social capital within local communities

The Government’s Green Paper on the reform of adult care and support in England, Shaping the Future of Care Together, was published in July 2009. It sets out a vision for a new National Care Service to parallel that of the NHS. The aim is to develop a system that ensures everyone gets high quality care, wherever they live and whatever their needs. The Green Paper sets out six things that the Government thinks every adult should be able to expect from the national Care Service. They are:

- Prevention services
- National Assessment
- Joined up services
- Information and advice
- Personalised care and support
- Fair funding

The Green Paper sets out three possible funding options for wider debate, with the consultation period running to 13 November:

- Partnership option: people would be supported by the Government for around a quarter to a third of the cost of their care, and more than that if people are on a low income. This system would work for people of all ages
• Insurance option: the Government would cover a quarter to a third of the cost of care, and would also make it easier for people to take out insurance to cover the remaining costs. This system would work for people over retirement age
• Comprehensive option: In this system everyone pays into a state insurance scheme, whether or not they need care, and everyone gets free care when they need it

**Implications for Elmbridge and this strategic review**

• The need for local housing and planning strategies (the Local Development Framework) to explicitly take account of “demographic trends in terms of the housing requirements of older people” (Housing Green Paper, ch.6, para.9)
• The need for new general needs housing to be accessible through promoting Lifetime Homes Standards (for example space to install a shower next to a downstairs toilet; front doors without steps to enable wheelchair access) for all new build housing
• Facilitating the development of specialist housing and services (such as extra care housing), which promotes quality of life and supports older people to live independently in housing rather than care settings wherever possible
• Developing an approach to sustain older people at home built around information, preventative services, and a shift from care homes to extra care, new technology, and a wider range of preventative and community based services, that enable older people to have independence, choice and control in older age

### 2.2 Local Context

#### 2.2.1 Local Strategic Review

This section considers the elements of the main strategies that have a bearing on this study area.

**Sustainable Community Strategy**

The *Elmbridge Sustainable Community Strategy (2006-2015)* states its vision for Elmbridge as a Borough with safe and healthy communities and a strong local economy, with better transport, community facilities and efficient public services. It specifically looks at reducing inequalities and making sure that those people with extra needs can access the support that they need. The ‘Promoting Health and Wellbeing’ theme aims to have robust intermediate care services to help older people to remain independent in their own homes. By 2009 the expected achievement is for the number of older people that are able to remain independent in their own homes to have increased.
Older People Strategies

Enabling older people to live independently in their own homes, within safe and clean neighbourhoods, alongside greater access to services such as lifelong, cultural and leisure activities, flexible transport services, benefits information, and health and wellbeing facilities are among the strategic aims of the Surrey 50+ Strategy (May 2008). These aims are also echoed in the Surrey Strategic Partnership Local Area Agreement Schedule (2008-2011), which focuses on achieving independent living for older people and vulnerable people through the National Indicators 125 and 141.

The Elmbridge Borough Council Older People’s Strategy (2008-2011) echoes the priorities of the Surrey 50+ Strategy, with a strong focus on independent living in clean and safe neighbourhoods and improving access to transport, benefits, cultural and leisure activities, and community information. The Borough Council currently spends £2,545,590 on Community Support Services for older people and people with disabilities, equating to 15% of the overall annual net budget for 2007/8.

At the Elmbridge Borough level, the Strategy for Centres for Retired People (2003-2008) looks at the usage and purpose of retirement centres in Elmbridge. The objectives listed for these centres includes providing care and support for older people and their carers, providing meals services and to raise awareness of services and facilities to enable older people to make informed choices about their use of the centres. The strategy also aims for the retirement centres to work in partnership with all key statutory and voluntary agencies to achieve a multi-agency approach to service delivery.

Planning

Policy Context

Planning Policy Statement 3 requires Regional Spatial Strategies and Local Development Frameworks to consider demographic trends in terms of the housing requirements of older people. “Houses need to be easily accessible and supported by the right infrastructure, so that people have access to health, housing, transport and care services.” (Ref. PPS3).

Regional Spatial Strategies

Regional Spatial Strategies (RSSs) are now replacing Regional Planning Guidance Notes and County Structure Plans. They are a key link between national and local policy and together with Local Development Frameworks (LDFs) will form the statutory development plan.

Under the Government’s new development planning system, the Surrey Structure Plan 2004 and Regional Planning Guidance (RPG) Note 9 for the South East has been replaced by the South East Plan - the RSS for the South
East region. It sets out the region's planning framework for the next 20 years. The South East Plan plays a key role in linking national and local policy and together with the Local Development Framework (LDF), will form the Development Plan for Elmbridge.

The Final RSS - South East Plan was published by Government on 6 May 2009. The South East Plan includes the following cross cutting policy (CC5) – Supporting an Ageing Population:

In order to reflect a significant increase in the proportion of older people in the region over the Plan period, local authorities and public agencies should pay particular regard in local development frameworks and other programmes to assessing and planning for the social needs that will arise. Policies and programmes should particularly address the following issues:

i. the need to adapt the existing housing stock, make provision in new housing developments and sheltered and extra care housing to support older people living independent lives in their own homes (*National Strategy for Housing in an Ageing Society*)

ii. the provision of reasonable access to services, through the provision of public transport and the extension of communications and information technology

iii. the provision of leisure, recreational and community facilities (including greenspace) that help older people maintain active and healthy lifestyles

iv. facilitating access to training and development opportunities that support available employment for the workforce beyond the existing retirement age

This policy statement is significant for a number of reasons:

- Specific reference to older people’s needs in a regional planning document

- Recommendation that local authorities should assess and plan for the social needs arising from the significant increase in the proportion of older people in the region over the Plan period

- Recommendation that local authorities make specific provision for extra care and sheltered housing in new housing developments

The Elmbridge Local Development Framework

The Elmbridge LDF will replace the Elmbridge Replacement Local Plan 2000 and will guide planning and development in the Borough until 2026 and beyond. The policy requirement is that the LDF must be consistent with and support the implementation of the Regional Spatial Strategy. The Elmbridge LDF currently consists of the following adopted documents:

Local Development Scheme (LDS) 2009-12 - This is the latest project plan of the documents the Council intends to prepare over the next three years with their respective timetables. Statement of Community Involvement (SCI) - this sets out the way in which the Council intends to engage local communities and key stakeholders in the production of LDF documents. The
SCI is due to be reviewed shortly to take account of the amended legislation published in June 2008.

The following Development Plan Documents (DPD) and/or Supplementary Planning Documents (SPD) have been adopted:

- Planning Obligations and Infrastructure SPD - information on infrastructure contributions to be made for all new planning applications for additional housing and/or commercial floor space greater than 100sqm. This will be updated to include guidance on affordable housing.

The following DPDs and/or SPDs are currently being prepared:

- Core Strategy DPD - This will set out the long-term vision and overarching policies for the area. The Council have recently completed a consultation on the Preferred Approaches and Final Options for the Core Strategy and is due to consult on a final version in December 2009-January 2010.

The following DPDs and/or SPDs are timetabled for preparation but have not yet been started:

- Sustainable Design Guide SPD – This will provide detailed guidance on how specific types of development can meet specific design criteria and address sustainability issues.
- Site Allocations and Development Management DPD - This DPD will allocate and safeguard specific sites for development and set out specific policies for the determination of planning applications

Evidence Base
A number of background studies have been undertaken to support and provide an evidence base for LDF policies. This report will form part of the evidence base for the LDF.

Housing
Regionally, the South East England Regional Assembly Regional Housing Strategy, (2008-2011) suggests a need to establish a consistent methodology that enables the need for accommodation-based support for vulnerable people to be identified. This includes quantifying the need for and nature of accommodation-based and floating support services for vulnerable households to enable regional prioritisation of investment in supported housing schemes.
In 2009 the South East Regional Housing Board (SE RHB) commissioned a report into *The Housing Needs and Aspirations of Older People* (available on www.se-partnership.org.uk). Amongst the recommendations of this report are the following:

- “Where evidence indicates a need for older people’s housing, local authorities...should consider making appropriate provision to address this in Local Development Frameworks...in the context of providing for all local needs”
- “Planning policies should enable the provision of extra care housing and a range of choices for local older people”
- “The Regional Housing Board should promote awareness of extra care housing to develop common understanding of the concept and issues...”

In another recent report – *Releasing Larger Social Rented Homes in the South East* (available on www.se-partnership.org.uk) – the SE RHB has considered a series of recommendations “to encourage the development of (incentive) schemes to meet the needs of older people and to release larger homes.”

At the County level, there are 3 strategic documents that are of importance here; the *Surrey County Accommodation Strategy for Vulnerable People* (2007-2012), the *Surrey Accommodation Strategy for People with Learning Disabilities* (2007-2012) and the *Surrey County Council Request for Information: Extra Care Housing Initiative* (2008). For vulnerable people, the key outcomes are very similar to those listed for older people in the documents above, including independent living across client groups. In addition, this strategy document, along with the strategy for people with learning disabilities, has a strong focus on the move away from care in residential settings to care within the home and the community. Specifically in the learning disabilities strategy, it states that Surrey County Council wishes to stop an over reliance on residential accommodation and promote alternatives that are in the community, promote inclusion and offer the best possible alternative for the individual to live supported in their own accommodation.

In terms of Extra Care, the County level vision is to support older people, including those with mental health needs, and their carers in the community setting of their choice, with an increased emphasis on prevention, promoting independence and improved health and well-being. In addition, SCC would wish to see ECH facilities developed that target mixed communities offering them all a range of ownership and mixed tenure solutions.

At the sub-county level, the Mid Surrey Extra Care Housing Strategy (2006) presents the following strategic recommendations:

- A definition of extra care housing strategy that could be adopted throughout the area of the study
• A methodology for calculating current requirement (shortfall) of extra care housing in the study area based on provision per 1000 population over 75+
• A current (2006) requirement for East Elmbridge using this methodology of 50 units of extra care housing for rent and 89 units for sale

The East Surrey Strategic Housing Market assessment (2008) goes on to make the following strategic recommendations:

• The housing and support needs of older households must be considered at a strategic level
• The population profile would suggest an increasing future need for extra care provision. Although a high proportion of older people may have their own resources to meet their accommodation and care needs and provision should not be exclusively in the social rented housing sector, others will need financial support to enable them to access housing support services
• Address the current and future growth in older people and frail older households across all tenures, and their related care and support needs, through assessing:
  - The need for support services and adaptation required to enable people to remain in their own home
  - The type and quality of existing sheltered stock in meeting today’s housing standards and preferences
  - The need for ‘extra care’ units for the growing frail elderly population.

There is a significant shortfall in affordable housing provision within Elmbridge (Elmbridge Local Development Framework Core Strategy Issues and Options Paper: Affordable Housing Context Paper, April 2008). In the period 2003-2007, since the revision to Policy HSG10 and a reduction in the affordable housing policy threshold, a total of 1498 dwellings (net) have been completed. Of these 319 (21%) were affordable. The Housing Needs Survey 2005 identifies an annual shortfall of 826 units and the evidence shows that year on year there has been a significant shortfall in delivery. The bulk of the affordable rented stock consists of general-needs rented housing, although just over 20% of the affordable housing consists of sheltered housing for older people.

A new Housing and Homelessness Strategy 2009-2012 has been adopted by the Borough Council. In this, the Council sets out the key findings from the 2009 Private Sector House Condition Survey and key issues for improving housing quality in Elmbridge. The six strategic priorities in the strategy are to:

• Increase the supply of affordable housing
• Meeting needs, offering choice
- Tackling homelessness
- Improving housing quality across tenures
- Promoting independent living
- Supporting Community wellbeing

**Support and Care**

At the County level, the main strategic document is the *Surrey Supporting People Strategy (2008-2011)*. The County Council have a key strategic priority to increase the number of vulnerable adults who are able to live independently, through home care, Extra Care housing, supported living or through the use of assistive technology. The County has launched a major Transformation Programme, one aspect of which is to work with partners to commission Extra Care housing services and supported living. Housing for frail elderly people continues to be a priority. They are also looking to jointly explore the opportunities offered by Telecare technology, both within extra care housing and also as an option to help people to remain in their own homes in the community. The aim is to re-target a significant proportion of SP funds from sheltered housing towards extra care services, telecare services and outreach services, where individuals express a preference to remain in their own homes. Older people-specific commissioning activities include supporting over 1,500 clients with the Community Alarm CAT scheme and providing over 1,000 pieces of telecare equipment to older people and people with long-term health problems.

With regards to Home Improvement Agencies, it has been identified that provision in Surrey has not been commissioned and provided consistently and equitably in the past (*A Strategic Review of Home Improvement Agencies in Surrey, Aug 2007-Jun 2008*). In terms of moving forward, the favourable approach is to develop geographical clusters of Local Authorities to put in place joint arrangements. Elmbridge would be partnered with Spelthorne under this agreement, along with Epsom and Ewell. Elmbridge and Spelthorne have carried out initial discussions which not yet come up with a workable partnership so there remains uncertainty as to the best way forward.

The County Council is currently developing an overall Commissioning Strategy for Older People’s services, in line with the government’s *Putting People First* policy programme. However, this report had not been published at the time of undertaking this commission.

**Health**

Older people with mental health problems, including dementia, are listed as one of the service investment priorities in the *Surrey PCT Strategic Commissioning Plan (2008-2013)*, with investment of £1.3m in the 2009-2010 period, and £0.5m in the 2010-2011 period. In terms of the investment/disinvestment rationale, the document states that a number of
outdated services have been disinvested in over the past 3 years with the view that new services that are more evidenced based and in keeping with modern working and national policies will be invested in. Currently Surrey is well below average on their investment in the area of older adult mental health, specifically dementia, and a Joint Commissioning Strategy defining the areas to be redesigned and further investment is currently under development.

For older people with complex needs, the goal is to embark on pathway redesign to enable rapid multi-disciplinary assessment in community settings with appropriate diagnostics to prevent unnecessary acute hospital admissions. The need to develop and redesign services around the aging population has been identified as a key PCT priority for the next five years. Key objectives of this workstream are ensuring older people can access appropriate, integrated services that are planned around their needs and available as close to home as possible, supporting older people to live independently and improving quality of life.

_Elmbridge’s Sport and Healthy Lifestyles Strategy (2007-2010)_ has the overall aim to promote a sport and a healthy lifestyles culture within Elmbridge, to improve physical activity participation opportunities and the health and well being of the local community. Schemes include the Healthy Walks Scheme and the Healthy Cycle Rides Scheme which are both free and set at varying pace and distance, and The Exercise Referral Project, in which healthcare professionals refer patients for supervised exercise. For the County, the _Achieving Health Improvement in Surrey: A Health Strategy (2007-2011)_ stresses its desire to help older people to continue to live independently for as long as possible and enjoy a quality of life. Developing ‘joined up’ commissioning frameworks across care pathways and promoting independence and mental wellbeing, alongside healthy and active living for older people are among the main strategic priorities listed.

### 2.3 Elmbridge –Demographics

#### 2.3.1 Introduction

This section of the report sets out the key demographic information for the older population. It looks at:

- The older population, the ethnic breakdown of the population, and population projections
- Data on health and disability

Other information, for example on tenure and supply is provided in section 4 of the report.
2.3.2 Geographical planning areas in Elmbridge

We have been asked by EBC to use their 3 planning areas – East, North and South - and 8 sub areas for our analysis. The map in Fig. 2-1 below, provides a visual picture of the 3 areas and 8 sub areas.
The wards contained within each of these ‘areas’ are as follows:

- **East 1:** Hinchley Wood, Thames Ditton, Long Ditton and Weston Green
- **East 2:** Esher
- **East 3:** Claygate
- **North 1:** Hersham North and Hersham South
- **North 2:** Molesey East, Molesey South, and Molesey North
- **North 3:** Walton Ambleside, Walton Central, Walton North and Walton South
- **West 1:** Oatlands Park, Weybridge North, Weybridge South and St George’s Hill
- **West 2:** Cobham Fairmile, Cobham and Downside, Oxshott and Stoke d’Abernon

### 2.3.3 The older population in Elmbridge

**Population aged 55+**

The total number of people living in Elmbridge aged 55+ was estimated to be 35,335, as at mid 2006 according to ONS estimates (see Fig.2-4). 27.3% of the total population (129,300) is aged 55+. The percentage of the population aged 55+ is slightly lower for Elmbridge than the England average. However,
the map below – Fig. 2-2 - shows that there are some areas that are above the borough average (North 1 and East 2 and 3) and others below the average (North 3 and East 1).

**Fig. 2-2: Total population aged 55+**

The actual percentages and numbers of the older population aged 55+ for each sub area are provided in the two tables below. Fig.2-3 shows the percentage of older people for different age cohorts. The 55+ figures reflect the percentage of people aged 55+ as a proportion of the whole population.

**Fig. 2-3: Mid-2006 Area-Level Population (55+) as % Total Population**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>East 1</th>
<th>East 2</th>
<th>East 3</th>
<th>North 1</th>
<th>North 2</th>
<th>North 3</th>
<th>West 1</th>
<th>West 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59</td>
<td>6.8</td>
<td>8.1</td>
<td>6.6</td>
<td>6.1</td>
<td>6.9</td>
<td>6.0</td>
<td>6.5</td>
<td>6.2</td>
</tr>
<tr>
<td>60-64</td>
<td>4.9</td>
<td>5.9</td>
<td>5.5</td>
<td>5.0</td>
<td>5.4</td>
<td>4.5</td>
<td>5.1</td>
<td>5.2</td>
</tr>
<tr>
<td>65-69</td>
<td>3.3</td>
<td>4.0</td>
<td>4.3</td>
<td>4.2</td>
<td>4.2</td>
<td>3.8</td>
<td>4.0</td>
<td>3.9</td>
</tr>
<tr>
<td>70-74</td>
<td>3.1</td>
<td>3.5</td>
<td>4.1</td>
<td>4.5</td>
<td>3.5</td>
<td>3.3</td>
<td>3.4</td>
<td>3.6</td>
</tr>
<tr>
<td>75-79</td>
<td>2.7</td>
<td>3.2</td>
<td>4.2</td>
<td>4.0</td>
<td>3.0</td>
<td>2.6</td>
<td>3.1</td>
<td>3.2</td>
</tr>
<tr>
<td>80-84</td>
<td>2.4</td>
<td>2.9</td>
<td>3.6</td>
<td>3.5</td>
<td>2.3</td>
<td>2.1</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>85+</td>
<td>2.6</td>
<td>2.7</td>
<td>2.5</td>
<td>3.7</td>
<td>2.0</td>
<td>1.9</td>
<td>2.9</td>
<td>2.5</td>
</tr>
<tr>
<td>55+</td>
<td>25.7</td>
<td>30.3</td>
<td>30.9</td>
<td>31.0</td>
<td>27.2</td>
<td>24.2</td>
<td>28.1</td>
<td>27.4</td>
</tr>
<tr>
<td>65+</td>
<td>14.0</td>
<td>16.3</td>
<td>18.8</td>
<td>19.8</td>
<td>14.9</td>
<td>13.6</td>
<td>16.5</td>
<td>15.9</td>
</tr>
<tr>
<td>75+</td>
<td>7.6</td>
<td>8.8</td>
<td>10.3</td>
<td>11.1</td>
<td>7.3</td>
<td>6.6</td>
<td>9.0</td>
<td>8.4</td>
</tr>
<tr>
<td>85+</td>
<td>2.6</td>
<td>2.7</td>
<td>2.5</td>
<td>3.7</td>
<td>2.0</td>
<td>1.9</td>
<td>2.9</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Fig. 2-4: Mid-2006 Area-Level Population (55+)

<table>
<thead>
<tr>
<th>Area</th>
<th>East 1</th>
<th>East 2</th>
<th>East 3</th>
<th>North 1</th>
<th>North 2</th>
<th>North 3</th>
<th>West 1</th>
<th>West 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59</td>
<td>1,439</td>
<td>537</td>
<td>453</td>
<td>753</td>
<td>1,399</td>
<td>1,438</td>
<td>1,359</td>
<td>1,136</td>
<td>8,454</td>
</tr>
<tr>
<td>60-64</td>
<td>1,051</td>
<td>396</td>
<td>376</td>
<td>615</td>
<td>1,060</td>
<td>1,083</td>
<td>1,064</td>
<td>952</td>
<td>6,597</td>
</tr>
<tr>
<td>65-69</td>
<td>708</td>
<td>264</td>
<td>297</td>
<td>520</td>
<td>811</td>
<td>902</td>
<td>838</td>
<td>710</td>
<td>5,050</td>
</tr>
<tr>
<td>70-74</td>
<td>651</td>
<td>233</td>
<td>281</td>
<td>554</td>
<td>673</td>
<td>795</td>
<td>716</td>
<td>648</td>
<td>4,551</td>
</tr>
<tr>
<td>75-79</td>
<td>565</td>
<td>216</td>
<td>289</td>
<td>489</td>
<td>577</td>
<td>618</td>
<td>651</td>
<td>592</td>
<td>3,997</td>
</tr>
<tr>
<td>80-84</td>
<td>510</td>
<td>194</td>
<td>246</td>
<td>425</td>
<td>456</td>
<td>494</td>
<td>622</td>
<td>498</td>
<td>3,445</td>
</tr>
<tr>
<td>85+</td>
<td>550</td>
<td>178</td>
<td>172</td>
<td>453</td>
<td>388</td>
<td>455</td>
<td>598</td>
<td>447</td>
<td>3,241</td>
</tr>
<tr>
<td>Total</td>
<td>5,474</td>
<td>2,018</td>
<td>2,114</td>
<td>3,809</td>
<td>5,304</td>
<td>5,785</td>
<td>5,848</td>
<td>4,983</td>
<td>35,335</td>
</tr>
</tbody>
</table>

As these tables show, the actual numbers of people aged 55+ differ quite considerably, from 2,018 people at the lowest end of the scale (East 2 area) to 5,848 at the highest (West 1 area). When the 55+ population is looked at as a percentage of the total area population, the North 3 area has the lowest proportion at 24.2% and the North 1 area has the highest at 31%. One reason for this is that North 1 includes Whiteley Village. The North 1 area also has the highest proportions for each of the other age groups listed in the table, closely followed by East 3. Despite having the highest actual number of people aged 55+, the West 1 area does not have the highest proportion of people aged 55+, indicating that this area is one of larger population numbers overall.

Population aged 85+

Whereas the proportion of the population aged 55+ is similar to the England average, the proportion of the population aged 85+ is well above the England average, as is shown in the map below – Fig. 2-5. The map also shows the variation in different parts of the borough with above the average in West 1 and North 1 and below average in North 2 and 3.
Ethnicity of the older population

Unlike the general population data, ethnicity data is not broken down by the same age groups, and instead focuses on working age and pensionable age populations. It is also only available at the local authority level and is not analysed by the smaller ward-level geography. Therefore, the analysis of ethnicity below is for the pension age population (60+ for females, 65+ males) and the population as a whole in Borough of Elmbridge, as of 2006.

Fig. 2-6: Ethnicity of the Pensionable Age Population of Elmbridge (mid-2006)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Pension-Age Population</th>
<th>Total Population (all ages)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>White British</td>
<td>21,200</td>
<td>90.2</td>
</tr>
<tr>
<td>White Irish</td>
<td>500</td>
<td>2.1</td>
</tr>
<tr>
<td>White Other</td>
<td>1,200</td>
<td>5.1</td>
</tr>
<tr>
<td>Mixed</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>300</td>
<td>1.3</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>100</td>
<td>0.4</td>
</tr>
<tr>
<td>Chinese or Other Ethnic Group</td>
<td>200</td>
<td>0.9</td>
</tr>
<tr>
<td>Total Population</td>
<td>23,500</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(ONS Estimated resident population by ethnic group, age and sex, mid-2006, (experimental statistics))

White British is by far the most common ethnic group for the pensionable age population of Elmbridge, at 90.2%. There are very low levels of BME residents in this group, at only 2.6% in total. For the Elmbridge population as a whole
the table shows a higher level of BME/mixed residents at 9.2%, and a higher level of White Other at 9.7% than for the older population. As the population ages therefore it will become more diverse and providers will need to ensure that they are equipped to address this.

2.3.4 Population projections

Population projections for Elmbridge

In order to identify future demand for housing and other services from the older population in Elmbridge, it is necessary to consult local authority level population data, as projections are not available at the ward or area level. The two tables below detail the current and future numbers of older people, and older people as a percentage of the total population of the Elmbridge Borough.

Fig. 2-7: Local Authority Level Population Projections (55+)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Projection</th>
<th>% Change 2008-2020</th>
<th>% Change 2008-2025</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
<td>2010</td>
<td>2015</td>
</tr>
<tr>
<td>55-59</td>
<td>7,900</td>
<td>7,800</td>
<td>8,500</td>
</tr>
<tr>
<td>60-64</td>
<td>7,600</td>
<td>7,800</td>
<td>7,100</td>
</tr>
<tr>
<td>65-69</td>
<td>5,100</td>
<td>5,600</td>
<td>7,000</td>
</tr>
<tr>
<td>70-74</td>
<td>4,600</td>
<td>4,700</td>
<td>5,100</td>
</tr>
<tr>
<td>75-79</td>
<td>4,000</td>
<td>4,000</td>
<td>4,200</td>
</tr>
<tr>
<td>80-84</td>
<td>3,300</td>
<td>3,300</td>
<td>3,500</td>
</tr>
<tr>
<td>85+</td>
<td>3,500</td>
<td>3,700</td>
<td>4,100</td>
</tr>
<tr>
<td>Total</td>
<td>36,000</td>
<td>36,900</td>
<td>39,500</td>
</tr>
</tbody>
</table>

(ONS Mid-2006 Sub-National Population Projections for Elmbridge)

A considerable increase in population numbers throughout the 55+ age groups is projected for Elmbridge in the period 2008 to 2025. This is particularly true for the 85+ age group, which is projected to increase by 60%. Along with a growth in actual numbers, the proportion of older people within the total population is also expected to increase, as the following table indicates.
**Fig. 2-8: Local Authority Level Population Projections (55+) as % of Total Population**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Projection</th>
<th>2008</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59</td>
<td>55-59</td>
<td>5.9</td>
<td>5.7</td>
<td>5.8</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>60-64</td>
<td>60-64</td>
<td>5.7</td>
<td>5.7</td>
<td>4.8</td>
<td>5.0</td>
<td>5.7</td>
</tr>
<tr>
<td>65-69</td>
<td>65-69</td>
<td>3.8</td>
<td>4.1</td>
<td>4.7</td>
<td>4.1</td>
<td>4.3</td>
</tr>
<tr>
<td>70-74</td>
<td>70-74</td>
<td>3.4</td>
<td>3.4</td>
<td>3.5</td>
<td>4.1</td>
<td>3.6</td>
</tr>
<tr>
<td>75-79</td>
<td>75-79</td>
<td>3.0</td>
<td>2.9</td>
<td>2.8</td>
<td>3.0</td>
<td>3.6</td>
</tr>
<tr>
<td>80-84</td>
<td>80-84</td>
<td>2.5</td>
<td>2.4</td>
<td>2.4</td>
<td>2.4</td>
<td>2.6</td>
</tr>
<tr>
<td>85+</td>
<td>85+</td>
<td>2.6</td>
<td>2.7</td>
<td>2.8</td>
<td>3.1</td>
<td>3.4</td>
</tr>
<tr>
<td>Total 55+</td>
<td>Total 55+</td>
<td>27.0</td>
<td>26.8</td>
<td>26.8</td>
<td>28.2</td>
<td>29.6</td>
</tr>
<tr>
<td>Total 65+</td>
<td>Total 65+</td>
<td>15.4</td>
<td>15.5</td>
<td>16.2</td>
<td>16.7</td>
<td>17.4</td>
</tr>
<tr>
<td>Total 75+</td>
<td>Total 75+</td>
<td>8.1</td>
<td>8.0</td>
<td>8.0</td>
<td>8.5</td>
<td>9.6</td>
</tr>
<tr>
<td>Total 85+</td>
<td>Total 85+</td>
<td>2.6</td>
<td>2.7</td>
<td>2.8</td>
<td>3.1</td>
<td>3.4</td>
</tr>
</tbody>
</table>

(ONS Mid-2006 Sub-National Population Projections for Elmbridge)

**Population projections comparing Elmbridge with Surrey and England**

The following table offers a county and national comparison to the percentage of total population projections data above, in order to allow us to offer some context to the findings. These projections are based on data from ONS.

**Fig. 2-9: 55+ Population Projections for Elmbridge, Surrey and England as % of Total Population**

<table>
<thead>
<tr>
<th>Area</th>
<th>Age Group</th>
<th>Year of Projection</th>
<th>2008</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>55+</td>
<td>27.0</td>
<td>26.8</td>
<td>26.8</td>
<td>28.2</td>
<td>29.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>15.4</td>
<td>15.5</td>
<td>16.2</td>
<td>16.7</td>
<td>17.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75+</td>
<td>8.1</td>
<td>8.0</td>
<td>8.0</td>
<td>8.5</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>2.6</td>
<td>2.7</td>
<td>2.8</td>
<td>3.1</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>Surrey</td>
<td>55+</td>
<td>28.6</td>
<td>28.6</td>
<td>28.7</td>
<td>28.7</td>
<td>28.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>16.4</td>
<td>16.6</td>
<td>16.8</td>
<td>17.0</td>
<td>17.4</td>
<td></td>
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<tr>
<td></td>
<td>75+</td>
<td>8.3</td>
<td>8.4</td>
<td>8.4</td>
<td>8.5</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>2.5</td>
<td>2.6</td>
<td>2.6</td>
<td>2.7</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>55+</td>
<td>27.8</td>
<td>27.9</td>
<td>28.0</td>
<td>28.2</td>
<td>28.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>16.1</td>
<td>16.2</td>
<td>16.4</td>
<td>16.6</td>
<td>17.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75+</td>
<td>7.8</td>
<td>7.8</td>
<td>7.8</td>
<td>7.9</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>2.2</td>
<td>2.2</td>
<td>2.3</td>
<td>2.3</td>
<td>2.3</td>
<td></td>
</tr>
</tbody>
</table>

(ONS Mid-2006 Sub-National Population Projections for Elmbridge, Surrey and England)

As this table shows, Elmbridge has a lower proportion of people aged 55+ than both Surrey and England, until 2020, when Elmbridge equals England. By 2025 Elmbridge is projected to have a higher proportion of people aged 55+ than both Surrey and England. Elmbridge has a higher proportion of people aged 85+ than both Surrey and England throughout the period, and a much higher growth in this age group than England or the Surrey average.
2.3.5 Health and deprivation

**Limiting Long-Term Illness**

Data for limiting long-term illness (LLTI) is available at the ward level but is not broken down by age groups. Therefore the data in the following figure is for the whole population, rather than just for older people. It is based on self assessment by the public as part of the 2001 census.

**Fig. 2-10: % Total Population in each Area with LLTI (2001)**

![Chart showing % Total Population with LLTI](image)

(ONS 2001 Census)

The map below – Fig. 2-11 – identifies the areas with the highest levels of LTLI. The North 1 area has the highest percentage of its total population with a limiting long-term illness (15.1%), according to the 2001 Census and the East 1 area has the lowest (11.4%). When this data is analysed by the three broad areas (East, North and West), there is less variance, with the North area having the highest levels at 13.1% and the East area having the lowest at 11.9%. The West area has 12% of its total population with a limiting long-term illness. The overall level of LLTI is much lower in Elmbridge than the England average.
Fig. 2-11: Total Population with LLTI

![Image of total population with LLTI]

Fig. 2-12: Population aged 65+ with LLTI in Elmbridge (2001)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>65-74</td>
<td>2,725</td>
</tr>
<tr>
<td>75-84</td>
<td>3,217</td>
</tr>
<tr>
<td>85+</td>
<td>1,815</td>
</tr>
<tr>
<td><strong>Total population aged 65+ with LLTI</strong></td>
<td><strong>7,758</strong></td>
</tr>
</tbody>
</table>

(POPPI using ONS 2001 Census data)

The POPPI (Projecting Older People Population Information System) data in the table above projects the number of people aged 65+ with LLTI into the future by using the proportions that were evident in the 2001 Census. It was developed for the DH and local authorities as a forecasting tool to help the future planning of services. For the 65-74 age group, 28.1% of the total people are projected to have LLTI, for the 75-84 age group the percentage is 44.1% and for the 85+ group 51.9% are projected to have LLTI. According to the proportions used, the prevalence of LLTI increases with age, with over half of the 85+ age group expected to have a limiting long-term illness.
Mobility

The data for mobility examines the projected number of people aged 65 and over who are unable to manage at least one mobility activity on their own. Mobility activities include: leaving the house, going up and down the stairs, getting around the house on the level, getting to the toilet, and getting in and out of bed. The data in the table below breaks down the numbers of people with mobility problems by age group, which illustrates the far higher numbers in the older age group.

Fig. 2-13: Number of People aged 65+ unable to manage at least one mobility activity on their own

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>65-74</td>
<td>776</td>
</tr>
<tr>
<td>75+</td>
<td>2,592</td>
</tr>
<tr>
<td>TOTAL 65+</td>
<td>3,368</td>
</tr>
</tbody>
</table>

In terms of change in numbers over the period, the number of people aged 65+ with mobility problems is projected to increase from 3,368 in 2008 to 4,832 in 2025. This is a change of +43.5%, just higher than the projected 65+ population change of +40.5% detailed in the earlier local authority level population projections table.

Dementia

The number of people aged 65+ in Elmbridge who are projected to have dementia, are detailed in the following table by age group. The data in this table is calculated by using the following dementia prevalence rates from Dementia UK:

Fig. 2-14: Dementia Prevalence

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>1.5%</td>
<td>1%</td>
</tr>
<tr>
<td>70-74</td>
<td>3.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>75-79</td>
<td>5.1%</td>
<td>6.5%</td>
</tr>
<tr>
<td>80-84</td>
<td>10.2%</td>
<td>13.3%</td>
</tr>
<tr>
<td>85+</td>
<td>19.7%</td>
<td>25.2%</td>
</tr>
</tbody>
</table>

Fig. 2-15: Number of People aged 65+ with Dementia in Elmbridge

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>65-69</td>
<td>64</td>
</tr>
<tr>
<td>70-74</td>
<td>127</td>
</tr>
<tr>
<td>75-79</td>
<td>237</td>
</tr>
<tr>
<td>80-84</td>
<td>399</td>
</tr>
<tr>
<td>85+</td>
<td>822</td>
</tr>
<tr>
<td>TOTAL 65+</td>
<td>1,649</td>
</tr>
</tbody>
</table>
The prevalence of dementia increases very substantially with age. The total number of people aged 65+ with dementia is projected to rise from 1,649 in 2008 to 2,402 in 2025. This is an increase of +45.7%, again a little higher than the projected 65+ population change of +40.5% detailed in the earlier local authority level population projections table.

**Learning Disability**

The following table details the numbers of people aged 50+ who are predicted to have a learning disability by age group. As the data shows, the numbers of people aged 50+ with learning disabilities are projected to rise, from 972 in 2008 to 1,325 in 2025. This is a percentage increase of +36.3%, slightly lower than the +35.8% projected increase in the 55+ population detailed in the local authority level population projections table above.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>50-59</td>
<td>385</td>
</tr>
<tr>
<td>60-69</td>
<td>269</td>
</tr>
<tr>
<td>70-79</td>
<td>190</td>
</tr>
<tr>
<td>80 and over</td>
<td>128</td>
</tr>
<tr>
<td><strong>Total 50+</strong></td>
<td><strong>972</strong></td>
</tr>
</tbody>
</table>

Disability (all ages)

15.4% of households in the Borough contain somebody with a support need (8,139 households implied), of which 13.6% had two members affected. 68.5% of all household members were over 60; including 40.8% over 75. Of household members with support needs, some 16.3% (601 implied) felt they needed care or support which is not currently provided. The word ‘implied’ refers to aggregating numbers from a sample survey to relate to the whole population group that the survey relates to.

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
<th>N** implied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 15</td>
<td>6.2</td>
<td>585</td>
</tr>
<tr>
<td>16 - 24</td>
<td>1.9</td>
<td>178</td>
</tr>
<tr>
<td>25 - 44</td>
<td>13.0</td>
<td>1,219</td>
</tr>
<tr>
<td>45 - 59</td>
<td>10.4</td>
<td>992</td>
</tr>
<tr>
<td>60 - 74</td>
<td>27.7</td>
<td>2,607</td>
</tr>
<tr>
<td>75+</td>
<td>40.8</td>
<td>3,840</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>9,411</strong></td>
</tr>
</tbody>
</table>

*Elmbridge Borough Council Housing Needs Survey, 2005*
Walking difficulty was the most common type of disability in the 2005 Housing Needs Survey, with 31.5% of the 1st member responses and 22.4% of the 2nd member responses. The complete breakdown is given in the table below.

**Fig. 2-18: Nature of Disability**

<table>
<thead>
<tr>
<th>Disability</th>
<th>1st Member</th>
<th></th>
<th>2nd Member</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% responses</td>
<td>% households</td>
<td>N**a. implied (all choices)</td>
<td>% responses</td>
</tr>
<tr>
<td>Walking difficulty</td>
<td>31.5</td>
<td>50.1</td>
<td>4,025</td>
<td>22.4</td>
</tr>
<tr>
<td>Limiting long-term illness</td>
<td>17.6</td>
<td>27.9</td>
<td>2,244</td>
<td>21.9</td>
</tr>
<tr>
<td>Asthmatic / respiratory problems</td>
<td>10.9</td>
<td>17.3</td>
<td>1,392</td>
<td>23.3</td>
</tr>
<tr>
<td>Visual / hearing impairment</td>
<td>10.6</td>
<td>16.8</td>
<td>1,348</td>
<td>11.8</td>
</tr>
<tr>
<td>Other physical disability</td>
<td>9.9</td>
<td>15.7</td>
<td>1,259</td>
<td>6.9</td>
</tr>
<tr>
<td>Wheelchair user</td>
<td>7.4</td>
<td>11.8</td>
<td>960</td>
<td>2.0</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>7.2</td>
<td>11.4</td>
<td>910</td>
<td>5.2</td>
</tr>
<tr>
<td>Learning disability</td>
<td>4.9</td>
<td>7.7</td>
<td>620</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>12,753</strong></td>
<td><strong>100.0</strong></td>
<td><strong>1,337</strong></td>
</tr>
</tbody>
</table>

*Elmbridge Borough Council Housing Needs Survey, 2005*

9,119 implied household members responded to the question on need for care or support. 39.6% indicated a need for care or support (3,610 implied). 83.7% of those with a care or support need felt they were getting enough support, the data implying 16.3% (601 implied) with outstanding support needs. Those with an outstanding care or support need were asked what types of support they needed. Responses were in fact received from 555 respondents, each making an average of 2.1 choices each.

*(Elmbridge Borough Council Housing Needs Survey, 2005)*

**Fig. 2-19: Type of Care/Support Required (All Disabled Household Members)**

<table>
<thead>
<tr>
<th>Care / Support</th>
<th>% responses</th>
<th>% households</th>
<th>N**a. implied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care</td>
<td>22.2</td>
<td>47.7</td>
<td>265</td>
</tr>
<tr>
<td>Establishing personal safety / security</td>
<td>19.5</td>
<td>41.8</td>
<td>232</td>
</tr>
<tr>
<td>Claiming welfare benefits / managing finances</td>
<td>16.7</td>
<td>35.9</td>
<td>199</td>
</tr>
<tr>
<td>Someone to act for you</td>
<td>14.4</td>
<td>30.8</td>
<td>171</td>
</tr>
<tr>
<td>Establishing social contacts / activities</td>
<td>13.8</td>
<td>29.7</td>
<td>165</td>
</tr>
<tr>
<td>Looking after home</td>
<td>10.0</td>
<td>21.4</td>
<td>119</td>
</tr>
<tr>
<td>Access to training/employment</td>
<td>3.4</td>
<td>7.2</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>1,191</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Elmbridge Borough Council Housing Needs Survey, 2005*
9.0% of all dwellings (4,764 implied) have been adapted to meet the needs of a disabled person. In terms of the nature of adaptations, 46.3% have adaptations to enable access to their property, 42.6% have handrails / grabrails and 39.4% have a ground floor toilet. (Elmbridge Borough Council Housing Needs Survey, 2005)

**Health-Related Benefits**

The following data looks at the claimants of Disability Living Allowance and Incapacity Benefit/ Severe Disablement Allowance at borough level. This data is broken down by age groups, but not as we would have preferred. The Disability Living Allowance data uses 50-59, 60-69 and 70+ age bands and the Incapacity Benefit/ Severe Disablement Allowance data uses 50-59 and 60+ age bands. Therefore, we just have to make the best use of this data and be aware that is does not cover all of the 55+ age groups that we are interested in for this research and that the age bands are broken down differently for the two. The numbers are spread reasonably evenly across the borough, so they have not been broken down by area. Fig.2-20 shows that the 1195 claimants of Disability Living Allowance living in Elmbridge represent 46.9% of all claimants.

**Fig. 2-20: Disability Living Allowance Claimants in Elmbridge at August 2008**

<table>
<thead>
<tr>
<th>Area</th>
<th>Age Group</th>
<th>Claimants aged 50+ as % of total claimants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total all areas</td>
<td>50-59</td>
<td>60-69</td>
</tr>
</tbody>
</table>

(Department of Work and Pensions Tabulation Tool)

The uptake of Incapacity Benefit/ Severe Disablement Allowance is given in the following table. It shows that the 965 claimants aged 50+ represent 43% of total claimants across all age groups.

**Fig. 2-21: Incapacity Benefit/ Severe Disablement Allowance Claimants in Elmbridge at August 2008**

<table>
<thead>
<tr>
<th>Area</th>
<th>Age Group</th>
<th>Claimants aged 50+ as % of total claimants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total all areas</td>
<td>50-59</td>
<td>60+</td>
</tr>
</tbody>
</table>

(Department of Work and Pensions Tabulation Tool)

**Deprivation**

In terms of the overall rank of Elmbridge according to the 2007 Indices of Multiple Deprivation (IMD), Elmbridge has a rank of average score of 343, out of 354 local authority areas, where 1= most deprived and 354= least deprived.
So, Elmbridge, by this measure, is one of the least deprived local authorities in the country. Looking specifically at the Income Deprivation Affecting Older People Indicator (IDAOPi), Elmbridge is again one of the least deprived authorities. IDAOPi data is broken down by Local Super Output Area (LSOA) and none of the LSOAs within Elmbridge fall into the most deprived 5th in the country. In fact, 54% of the LSOAs in Elmbridge fall into the least deprived 5th and 82% fall into the least deprived half of all LSOAs in the country.

2.3.6 Elmbridge Area Demographic Summary (East, North and West)

Here we summarise the demographic information for the three areas. Further information on tenure is provided in section 4 of the report.

**East**

27.6% of the total East population is aged 55 and over, according to mid-2006 population data. Overall, there is very little variation in terms of the proportion of the total population in each of the three areas which fall into the older age groups.

In terms of health, the East area has the lowest levels of limiting long-term illness within its general population at 11.9% (2001 Census). Variations in this data are slight between the three areas, however. Looking at health-related benefit uptake is another way to gauge ill health and disability in the older age groups. Disability Living Allowance and Incapacity Benefit/Severe Disablement Allowance uptake have been analysed to identify the numbers of older people in each area claiming these benefits. As of August 2008, 235 people aged 50+ were claiming Disability Living Allowance and 185 were claiming Incapacity Benefit/Severe Disablement Allowance.

The East area has the highest levels of owner-occupation amongst its pensioner households at 81.2% (2001 Census data), compared with the North and West areas. 13.4% of the East area pensioner households live in social rented accommodation. 5.5% of pensioner households are living in private rented homes or are living rent-free.

3 of the 4 least deprived wards in Elmbridge (Hinchley Wood, Thames Ditton and Weston Green) fall within the East area, according to 2007 Index of Multiple Deprivation (IMD) data. Looking at the uptake of Pension Credits as another way to gauge deprivation amongst the older population, the East area has the lowest proportions of its older population claiming the benefit in comparison with the North and West areas. 4.7% of the 60-69 age group, 6.7% of the 70-79 age group and 15.1% of the population aged 80+ (2006 data) are claiming this income top-up benefit. Overall, this data would suggest that the East area is the least deprived of the three, both generally and in terms of the income of its older population.
North

26.8% of the total North population is aged 55 and over, according to mid-2006 population data. Despite having the highest numbers of people aged 55 and over (14,898 people in 2006), the North area has the lowest proportion of its total population in this age group, indicating a larger general population size.

In terms of health, the North area has the highest levels of limiting long-term illness within its general population at 13.1% (2001 Census). Looking at the uptake of health-related benefits, the North area has by far the highest numbers of people aged 50+ claiming both Disability Living Allowance and Incapacity Benefit/ Severe Disablement Allowance, at 635 and 515 respectively. This coincides with the larger overall population in the North area.

The North area has the lowest levels of owner-occupation amongst its pensioner households at 71.8% (2001 Census data), nearly 10% less than the levels of owner-occupation in the East area. 21.6% of the North area pensioner households live in social rented accommodation. 6.6% are living in private rented homes or are living rent-free.

2 of the 4 most deprived wards in Elmbridge, according to the 2007 IMD, are located in the North area (Molesey South and Walton North). None of the least deprived wards are in the North area boundaries. The North area has by far the highest proportions of its older population claiming Pension Credits in comparison with the East and West areas. 8% of the 60-69 age group, 12.8% of the 70-79 age group and 28.5% of the population aged 80+ (2006 data) are claiming this benefit. This finding adds weight to the deprivation data as a whole, identifying the North area as the most deprived of the three areas.

West

27.7% of the total West population is aged 55 and over, according to mid-2006 population data. Although there is very little variation in the proportion of the total population aged 55+ in each of the three areas, the West area has slightly higher proportions in each of the older age groups (55+, 65+, 75+ and 85+). 2.7% of the population in the West area is aged 85 and over.

12% of the general population within the West area have a limiting long-term illness, according to 2001 Census data. With regards to the uptake of health-related benefits, the West area has 320 people aged 50+ claiming Disability Living Allowance and 265 claiming Incapacity Benefit/ Severe Disablement Allowance

Levels of owner-occupation amongst the pensioner households in the West area stood at 77.9% in 2001, which is mid-range in comparison with the other 2 areas. 15.4% of the West area pensioner households live in social rented accommodation. 6.7% are living in private rented homes or are living rent-free.
2 of the 4 most deprived wards in Elmbridge fall within the West area (Cobham and Downside and Cobham Fairmile). However, 1 of the 4 least deprived wards in Elmbridge (Oxshott and Stoke d’Abernon ward) falls within the West area boundaries. The uptake of Pension Credits in the West area falls mid-way between the East and North areas. 5.5% of the 60-69 age group, 9.4% of the 70-79 age group, and 17.6% of the 80+ group were claiming this benefit in 2006.

2.3.7 Elmbridge – key overall demographic characteristics

- **Older population profile** – as at 2006, 35,335 people in Elmbridge were aged 55+ (27.3% of the total population). This is similar to the England average. However, Elmbridge has a higher proportion of people aged 85+ (2.6% - 3,500 people) than both Surrey and England. In 2025 Elmbridge is projected to have a higher proportion of people aged 55+ than both Surrey and England.

- **Population projections of older people** – population projections from 2008 to 2025 show a significant increase across all age cohorts of older people aged 55+. For all age groups aged 55+ the numbers will **increase by 12,900** (35.8%) from 36,000 to 48,900. The number of people aged 85+ is projected to increase even faster by **2,100** (60%) from 3,500 to 5,600 in the same period.

- **Ethnicity** - White British is by far the most common ethnic group for the pensionable age population of Elmbridge, at 90.2%. However, Elmbridge has a higher younger BME population. This means that the older population will become more diverse in the future.

- **Long term limiting illness** – The numbers of people aged 65+ with LLTI are projected to increase 3294 (from 7758 to 11052) in the period 2008 to 2025. For the 65-74 age group, 28.1% of the total people are projected to have LLTI, for the 75-84 age group the percentage is 44.1% and for the 85+ group 51.9% are projected to have LLTI by 2025.

- **Mobility** - In terms of change in numbers over the period, the number of people aged 65+ with mobility problems is projected to increase from 3,368 in 2008 to 4,832 in 2025. This is a change of +43.5%, just higher than the projected 65+ population change of +40.5% detailed in the earlier local authority level population projections table.

- **Dementia** - The prevalence of dementia increases very substantially with age. The total number of people aged 65+ with dementia is projected to rise from 1,649 in 2008 to 2,402 in 2025. This is an increase of +45.7%, again a little higher than the projected 65+ population change of +40.5% detailed in the earlier local authority level population projections table.
• **Learning disabilities** - As the data shows, the numbers of people aged 50+ with learning disabilities are projected to rise, from 972 in 2008 to 1,325 in 2025. This is a percentage increase of +36.3%
3. The Views of Older People

3.1 Introduction

We have highlighted in section 2.1 the fact that the aspirations of older people are changing rapidly. It is important therefore that this review reflects the views of older people in Elmbridge.

This section of the report sets out the results of the work carried out to find out more about the needs and aspirations of older people living in Elmbridge. The work was done in two main ways. Firstly, through a survey of residents on the Elmbridge Residents Panel aged 55+ (see section 3.2) and secondly through a series of focus groups (see section 3.3).

The results of this work with older people was used and tested in the stakeholder event, and then fed into the development of the recommendations.

3.2 Residents Panel Survey

A section of questions on housing and support was attached to EBC’s Spring 2009 Resident’s Panel Survey, specifically for the attention of those aged 55 and over. The Elmbridge Resident’s Panel currently consists of around 1300 residents throughout the Borough, enabling them to have their say about the services provided. The panel membership is refreshed at regular intervals with the aim of it reflecting a representative sample of the borough’s population. A total of 531 Resident Panel members completed this part of the survey. The vast majority of respondents were owner-occupiers (91%), lived in a house (83%), and had lived in their current property for 10 or more years (80%). The full results of the Residents Panel Survey, and the survey questions are provided in Appendix 2. The main results are summarised below.

Current Accommodation and Neighbourhood

When questioned about what they liked about their current accommodation, the most common answers were having a garden, location, access to amenities, neighbours and having their own front door. Accommodation dislikes included traffic and parking, but no major common themes emerged. Aspects that respondents liked about their neighbourhood included greenery, quiet open spaces, local amenities, friendliness and neighbours. Echoing the accommodation dislikes above, traffic and parking were also mentioned as neighbourhood dislikes, along with transport. Problems with public transport were highlighted during the focus groups, illustrated in detail below.
Future Housing Preferences

The overwhelming majority (85%) of respondents would prefer to remain in their current home as they get older, a finding that was echoed in the subsequent focus groups. Respondents were asked if they were to move from their current home in how many years this would be. 8% said in the next two years, 21% in 2-5 years, 28% 6-10 years and 21% 15-20 years. A further 22% said they would not consider moving under any circumstances. When asked about the type of accommodation they would considering moving into, bungalow (24%) and house (23%) were the most common responses. In terms of specialized housing, 4% said a care home, 7% extra care sheltered housing and 19% sheltered housing. As might be expected, as age increases far less envisage moving to a house and more envisage moving into sheltered housing, extra care sheltered housing or residential care.

When questioned about their future preferred tenure, 75% would prefer owned, 8% rented, 3% shared ownership and 14% said they did not know/not applicable. 70% of respondents anticipate that they would be living in Elmbridge, 10% elsewhere in Surrey, 16% another part of the Country and 3% abroad. This preference to remain in Elmbridge was mirrored in the focus groups.

Reasons for Moving/ Relocation Considerations

Those respondents who would consider moving from their current home at some point in the future were asked about the reasons why they would anticipate moving. A range of answers were given and the most popular reason was to move to somewhere smaller (17%), followed by concerns about maintaining their home (15%) and garden (14%). Some respondents also recognised that ill health and associated need for care services might also be a factor (14%). As might be expected, ill health and associated need for care services were cited increasingly as a reason for moving for older respondents.

Respondents were asked about how important various aspects were when considering where to relocate. Access to shops and other amenities was considered very important by 84% of respondents, a strong recurring theme that was also picked up during the focus groups. Access to public transport was considered very important (62%) and access to friends and family (56%) to a slightly lesser extent. Less than half (47%) considered access to care and support services to be very important.

Staying Put

Respondents were asked, if they intended to remain in their current property for the foreseeable future, what kind of help they thought they might need, with the following results:

- Help with cleaning (30%)
- Help with gardening (30%)
• Help with shopping (14%)
• Help with personal care (9%)
• Other (9%)
• Meals on Wheels/ Frozen meals service (8%)

**Services**

*Awareness of Services*

Respondents were asked if they had heard of various housing and support services. Generally, awareness levels were surprisingly low, considering that this question was only asked of the 55+ age group. Only 27% were aware of the community alarm service, 25% sheltered housing and 12% of equipment and adaptations. Only 3% of respondents were aware of Extra Care housing, a finding that was mirrored in the focus group meetings. It might have been expected that the older age groups would be more aware of these services as they become increasingly relevant to them, but this was not the case.

*Choice*

Residents were asked if they thought there was currently enough choice and support for older people in Elmbridge to remain living independently in their own home and 62% thought ‘yes’. Residents were asked to comment on the types of choices and support they would like to see available. The following list is a flavour of the common themes mentioned:

• Help with transport
• Help in home
• Services available to those not on financial support
• More sheltered housing and sheltered housing to rent
• Relief carers
• Not closing day centres
• More carers
• Befriending services
• Publicity on what is available

*Importance of Services*

Residents were asked how important they thought certain services would be as they got older. Whilst all of the services listed were important in some degree to most panel members, community alarms, handyperson services, transport, gardening and delivery services were the top five.
3.3 Focus Groups

In total, 64 people aged 50 to 85+ participated in the six focus group meetings that were conducted in Elmbridge. The six focus groups can be broken down as follows:

- 3 x geographical focus groups (West area, North area, East area)
- 1 x focus group for tenants of sheltered for rent accommodation
- 1 x focus group for residents of private retirement accommodation
- 1 x focus group for people approaching retirement

The focus groups gave participants an opportunity to discuss their current housing and support needs and their aspirations for future housing and support. Questions focused on issues such as the reasons for moving into sheltered accommodation and the reasons for staying put, the pros and cons of staying put and moving to retirement accommodation, awareness of housing options and support services and how promotion of such services can be improved, and the quality and accessibility of wider services such as public transport, libraries and leisure.

Future Housing Preferences

- The majority of the home owners who attended the focus groups would like to remain home owners, rather than moving into rented accommodation. However, some were positive about the prospect of renting and the associated removal of responsibility for the maintenance and financial outlay involved in owning a property.

- Although there was a reluctance of many participants to move out of their current homes as they age, there was also a practical acceptance that a time may come when they are no longer able to stay at home, for example if their mobility or mental health changes. There was an acknowledgement that it would be better to move while they were still physically and mentally able to do so, rather than leave it until later.

- Services required to help people stay at home while they age included: handy people for home repairs, meals on wheels, home care services, shopping, and gardening services, mirroring the findings from the Residents’ Panel Survey

- In terms of downsizing, the most important considerations for the participants included:
  - Location (proximity to local amenities, shops, public transport etc was said to be of fundamental importance and would outweigh the size of the property)
  - Size – a 2-bed property would be the ideal size
Price – downsizing would have to be economically sound and enable the person to release capital, there would have to be an incentive

Type of property – ground floor flats and bungalows were said to be ideal to allow for ease of access if mobility decreases

- There was a general lack of awareness from those not currently in specialist housing of the types of retirement housing that was available. Sheltered housing models and nursing/residential care were the housing options with the most familiarity from the group. Very few had heard of Extra Care housing.
- When the Extra Care model was described to the participants, most if not all felt that it was a very good model and some described it as ‘perfect’
- Those already in sheltered accommodation had moved into the accommodation for a variety of reasons, including the increasing care needs or death of a partner, and financial reasons such as increasing market rents in the private sector
- Most, if not all of the participants, said they would like to stay in Elmbridge for the rest of their lives, although the problem of high property prices was acknowledged as a potential barrier to achieving this.
- Location was by far the most important aspect controlling participants’ future housing decisions. Proximity to and accessibility of amenities and services, such as shops, GP surgery and public transport, as well as being located in a familiar area close to family and friend networks were cited in all of the focus groups as paramount.

Pros and Cons of staying put

Many of the positive aspects of staying put mirrored the responses to the Residents’ Panel question of what people liked about their current accommodation and neighbourhood, and included:

- Location – familiarity of local area, proximity to local services such as shops and GP surgery, proximity to public transport
- Social – the home as the centre of life and association of home with family events and networks, strong influence of social connections
- Independence – staying at home would allow you to retain your independence as you age
- Having an upstairs was mentioned as both a positive thing and a negative thing
The negative aspects of staying put included:

- **Size** – many of the participants live in relatively large homes which they thought may cause problems in later life in terms of manageability
- **Stairs** – a number of participants mentioned that they may have problems with the stairs in their homes if their mobility decreases
- **Accessibility** – some participants mentioned narrow doorways as a potential future problem, especially if they needed to use a wheelchair, bathing facilities were also cited in this respect

**Pros and Cons of Retirement Accommodation**

- Some very contradictory views were expressed by participants when they were questioned about the pros and cons of retirement accommodation. The smaller size of retirement properties was seen as a negative aspect, in not having enough space to accommodate guests or mobility aids, and as a positive aspect, in being a more manageable size. There was also a split in the views towards retirement accommodation depending on the type of accommodation currently occupied. Those already in retirement accommodation felt that their scheme allowed them to retain their independence, whereas many of those living in mainstream housing felt they would lose their independence if they moved into retirement accommodation. Also, those in ordinary housing felt that moving into retirement accommodation would have a negative effect on their social lives, whereas those living in retirement accommodation stated the social aspects of their scheme as one of the most attractive.
- High service charges and other associated fees were cited as one of the downsides to living in retirement accommodation by participants living in both general needs and retirement housing. Affordability was a common issue and many participants worried about the potential of having to go into nursing care due to the costs involved.

**Awareness of Services and Future Housing Options**

There was generally very little awareness of the housing and support services that are available to older people in Elmbridge. Very few participants had seen the ‘Directory of Services for Retired People’ document, and none had seen the ‘Housing Options for Older People in Elmbridge’ document prior to the focus group meetings. Most participants had heard, or made use of, community alarms, but many were not aware of the variety of additional services available to help people to stay at home as they grow older, or support older people in retirement housing. It was felt that awareness of the services that are available could be improved by providing information in the following places:
• GP/ Dentist surgery waiting rooms
• Local libraries
• Public access points
• Supermarkets
• Post offices
• Charity shops
• Citizen’s Advice Bureau
• Job Centre/ DSS
• Mailing out summary information on a single A4 sheet, including contact numbers with council tax reminders or the Elmbridge Review to older households (need telephone numbers, not just website addresses/emails)

It was felt that having information, such as the ‘Housing Options for Older People in Elmbridge’ document on the Borough Council website was flawed, as many older people do not have access to a computer. Also, many participants were unaware of the range of services and advice that are provided by EBC. Home owners in particular generally did not make the connection between the council and housing-related services.

A ‘one-stop shop’ concept was suggested in one of the groups, as a single place where all of the information that a person who is approaching retirement or is already retired could be accessed, rather than having different pieces of information dotted around.

The general consensus amongst participants was that it would be far better to receive this type of information either when you are approaching retirement or in the early stages of retirement, so that you have all of the information to hand when you are ready to start looking into future housing options or services that you may require. Some participants suggested a ‘retirement awareness fair’ type of event for people who are approaching retirement, to help them to prepare for retirement and to offer them all of the information they require.

**Barriers to Moving into Retirement Accommodation/ Moving between Retirement Accommodation**

Participants living in rented retirement accommodation highlighted the following barriers to moving between different retirement schemes:

• The mutual exchange process used by Elmbridge Housing Trust (EHT) can make moving difficult, even for people who have a health reason to move to be nearer relatives
• Length of housing lists for each scheme determine who goes into schemes with vacancies rather than interested individuals having the choice of being able to put themselves forward for their preferred scheme

• Concern about how the Choice-Based Lettings will work for sheltered housing and whether it will address the issue of choice

Participants living in general housing highlighted the following potential barriers to moving into retirement accommodation:

• Financial – high service charges and associated fees may put people off, problems with selling current property in financial climate, high property prices in Elmbridge may limit potential to release capital

• Social – moving away from friends and family networks, moving into retirement property as a sign of ‘the beginning of the end’

• Knowledge – lack of knowledge of housing options as a barrier to access

Wider Services

Public Transport

A very localized problem completely dependent upon where in Elmbridge a person lives and where the person wishes to travel to. The following points were highlighted by the groups:

• Esher – lack of frequent buses, lack of direct routes (e.g. to get to Molesey from Esher one needs to go via Kingston)

• Molesey – lack of frequent buses

• Walton – generally good level of public transport service

• General – lack of bus stops, poor lighting around bus stops, lack of timetable information, need for public toilets near bus stops

Alternative Transport

The Walton Charities minibus was regarded highly by the residents of their schemes. Awareness of other types of alternative transport varied from group to group. There was a wide awareness of Dial-a-Ride, but those who had used the service had mixed views – some said it worked well and they had no problems, others mentioned high costs. Some people were aware of shopping buses and those that had used them spoke positively of the service.

Libraries

Positive feedback with regards to the library services provided in the Borough – good accessibility, good quality service, good variety of services e.g. computers, archives, adult education. There were some comments about
opening times and closure of local libraries, but on the whole, there was positive feedback about local libraries.

**Adult Education**

The closure of the adult education centres in Weybridge and in Cobham were very prominent issues, and a strong cause of concern within the groups. It was also felt that adult education provision tended to be directed more towards vocational subjects that aimed to get people into employment, rather than providing courses that older people would like to do. There was also an issue with the accessibility of adult education classes, particularly in the evening, due to infrequent or indirect bus services. U3A (University of the Third Age) were said to provide a wide range of courses and would provide transport to those who were subscribed onto them.

**Leisure**

The availability of green spaces in Elmbridge was complimented and it was hoped that these spaces would be retained, due to their positive impact on health and wellbeing. In terms of leisure facilities, free swimming for people over 60 in the two public pools in Elmbridge was welcomed. The leisure Centre in Walton is difficult to get to by public transport from some parts of the Borough.

**Retirement Centres**

There was very little awareness of the full range of services provided within the Retirement Centres, despite two focus groups being held at Centres. Better promotion of services and better marketing were suggested as solutions.

**Volunteering**

Some of the focus group participants were currently working as volunteers and had very positive things to say about their experiences. It was commonly felt that volunteering should be promoted more due to the positive effects it can have on older people’s health and general wellbeing. Many participants did not know where to access information on volunteering opportunities however, and those who were currently volunteering had found out about it via word of mouth or accidentally.

### 3.4 Key Conclusions

**How older people see themselves**

It was clear from talking with older people in the focus groups that they do not see themselves as passive recipients of services but as active citizens, who wanted to, and did, take responsibility for planning their retirement, in relation to housing and services to support independent living. Older people also had realistic expectations that local authorities – both EBC and SCC – could not be expected to provide public services to address all aspects of older people’s lives, or to provide them free of charge. What older people wanted overall was
good information and the availability of a range of housing and services that were affordable for different income groups. This would enable older people to have a choice to sustain independence in older age.

Cost of and paying for services
Neither the Residents Panel Survey nor the focus groups addressed the issues of the cost of services and who should pay for them. Indeed financial advice was low on the list of services that older people identified as being very important (41% of people surveyed in the Residents Panel Survey identified financial advice as very important/important to them, much lower than many other services). There was discussion in some of the focus groups about the high cost of some services (mainly some private care/nursing homes), and the importance of services providing good value for money for retired people in fixed incomes. There was also a recognition that the level of public funding for services was limited and that most services to support people remain independent would need to be paid for by the individual. Cost and quality therefore would be key issues in determining whether or not older people would be prepared to purchase services in the market place.

Information
The information to help older people to make decisions about future accommodation and to help older people to access housing and support services exists but most older people do not know about the information that is available. Most importantly of all most had not thought of EBC as a good information source. Better marketing, placement and publicity of the material that exists would help older people to access information easily when they need to. Also, targeting older people early in the retirement process with this information would enable them to become more informed and to prepare for their retirement. There was a recognition in the focus groups that older people themselves had a responsibility to use their initiative to seek out information, ideally in a planned and proactive way, rather than in a reactive way after a crisis has occurred.

Tenure choice
The vast majority of older people home owners who were consulted during this process would prefer to remain so.

Staying or moving home
The majority of older people consulted would also prefer to stay in their own homes as they grow older. Services such as community alarms, handyperson, accessible transport, gardening, delivery services (e.g. for shopping, prescription), visiting services, day centres, and telecare, were all recognised as important to sustain independence. There is a lack of awareness of the services that are available to help them stay put. As many of these types of
services already exist, there needs to be a link up between information on the services available and the older people who require such services.

**Retirement accommodation**
There is a familiarity with sheltered housing and traditional residential/nursing care models, however, the response to Extra Care has been very positive and is something that should be developed and promoted. The location of new retirement housing developments is key, and is of vital importance if older people are to be incentivised to move into such schemes. As most participants would prefer to remain home-owners, retirement property that was available to buy would be most attractive.

### 3.5 Key Development Areas

These development areas are based on the views of older people themselves. Issues around their provision, development and costing are addressed later in the report.

**Information and Awareness of Housing and Support Services**

- Increase awareness of the housing and support services available in the Borough through more effective promotion of the information that already exists. Suggestions include information stands in public areas such as supermarkets, as well as GP surgeries, and libraries.
- Target people with relevant information as early in the retirement process as possible, to allow people to prepare for their future in advance. A ‘retirement fair’ model was suggested as a possible method to prepare people for retirement.
- More efficient signposting of older people towards housing and support services via a variety of sources, including GPs and Council departments.
- Better promotion of the Borough Council as a provider of information and advice on housing and support.

**Services to help people stay put**

- Services to help people stay put, including adaptations and handyperson services, that are accessible to all older people, irrespective of tenure or financial circumstance.
- Increase awareness of the services that are available to help people stay put, who they are available to, and how to access them, through more effective distribution and promotion of information leaflets and documents.
**Downsizing**

- More smaller sized and affordable properties in the market place would allow those older people wishing to downsize for various reasons to be able to do so, freeing up larger family homes to the housing market

**Retirement Accommodation**

- Retirement accommodation that is available to buy is the preferred option for the majority of older people who have participated in this project, but a mixed tenure approach would mean those older people who prefer a different tenure would also be catered for in the housing market

- Increasing older people’s awareness of the housing options available to them would help them to make an informed decision and to retain their independence in, and control over, the process

- The location of retirement housing is paramount, particularly with regards to being within easy reach of public transport and amenities

**Wider Services**

- More detailed consultation with older people to establish key areas of weakness in the public transport system in the Elmbridge Borough and how to rectify these issues

- Wider promotion of the alternative transport that is available, including various shopping buses and transport provided by the wealth of voluntary agencies in the Borough

- Wider and more effective promotion and marketing of the Centres for Retired people, especially in terms of the services, activities and facilities that they provide

- Wider promotion of volunteering opportunities that are currently available in the Borough
4. Housing supply and demand for older people

In this section we consider the profile of housing supply and demand for older people in the borough with a view to identifying the future housing requirements. We consider the following matters in turn:

4.1 Housing supply evidence and characteristics
4.2 Profile of housing occupied by older people
4.3 Housing demand evidence and characteristics
4.4 Key issues moving forward

4.1 Housing Supply

Overall stock profile in the borough

Below we provide information about the total housing stock in Elmbridge for households of all ages. The profile of housing occupied by older people is provided in section 4.2.

4.1.1 Tenure

Fig. 4-1: Tenure of dwellings

<table>
<thead>
<tr>
<th></th>
<th>Owner occupied</th>
<th>Shared ownership</th>
<th>Private rented</th>
<th>Social rented</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>39,074</td>
<td>263</td>
<td>4,939</td>
<td>5,224</td>
<td>1,112</td>
<td>52,612</td>
</tr>
<tr>
<td>EBC %</td>
<td>77.2</td>
<td>0.5</td>
<td>9.8</td>
<td>10.3</td>
<td>2.2</td>
<td>100</td>
</tr>
<tr>
<td>Surrey</td>
<td>77.2</td>
<td>0.7</td>
<td>9.8</td>
<td>11.6</td>
<td>0.8</td>
<td>100</td>
</tr>
<tr>
<td>South East</td>
<td>73.2</td>
<td>0.8</td>
<td>11.3</td>
<td>14.0</td>
<td>0.8</td>
<td>100</td>
</tr>
<tr>
<td>England</td>
<td>68.1</td>
<td>0.7</td>
<td>11.5</td>
<td>19.3</td>
<td>0.6</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: East Surrey Strategic Housing Market Assessment 2007/08 – position in 2001)

The tenure profile in the borough is similar to Surrey as a whole, with a higher proportion of owner occupied homes and a lower percentage of privately and socially rented homes than the rest of the South East and in even greater contrast with the rest of England. The very latest data from the 2009 Private Housing Condition Survey indicates a modest increase in the provision of private rented accommodation in the borough.
4.1.2 Type of dwellings

Fig. 4-2: Type of dwellings

<table>
<thead>
<tr>
<th>Type</th>
<th>Detached</th>
<th>Semi-detached</th>
<th>Terraced</th>
<th>Flat</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>18,414</td>
<td>13,837</td>
<td>9,102</td>
<td>11,206</td>
<td>53</td>
<td>52,612</td>
</tr>
<tr>
<td>EBC %</td>
<td>35.0</td>
<td>26.3</td>
<td>17.3</td>
<td>21.3</td>
<td>0.1</td>
<td>100</td>
</tr>
<tr>
<td>Surrey</td>
<td>34.5</td>
<td>30.0</td>
<td>15.8</td>
<td>18.7</td>
<td>1.0</td>
<td>100</td>
</tr>
<tr>
<td>South East</td>
<td>29.4</td>
<td>28.6</td>
<td>23.2</td>
<td>18.1</td>
<td>0.7</td>
<td>100</td>
</tr>
<tr>
<td>England</td>
<td>22.6</td>
<td>31.7</td>
<td>25.9</td>
<td>19.4</td>
<td>0.4</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: East Surrey Strategic Housing Market Assessment 2007/08 – position in 2001)

The type profile in the borough shows a higher proportion of detached houses and flats than the rest of the South East and England, and a lower proportion of terraced houses.

4.1.3 Size of dwellings

Fig 4-3: Size of dwellings

<table>
<thead>
<tr>
<th>Size</th>
<th>1-2 rooms</th>
<th>3-4 rooms</th>
<th>5-6 rooms</th>
<th>7+ rooms</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>1,578</td>
<td>12,890</td>
<td>19,730</td>
<td>18,151</td>
<td>52,612</td>
</tr>
<tr>
<td>EBC %</td>
<td>3</td>
<td>24.5</td>
<td>37.5</td>
<td>34.5</td>
<td>100</td>
</tr>
<tr>
<td>Surrey</td>
<td>3.5</td>
<td>25.5</td>
<td>42</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>South East</td>
<td>3.5</td>
<td>27</td>
<td>45.5</td>
<td>25</td>
<td>100</td>
</tr>
<tr>
<td>England</td>
<td>3.5</td>
<td>29.5</td>
<td>47.5</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

(Source: East Surrey Strategic Housing Market Assessment 2007/08 – position in 2001)

The size profile in the borough is similar to the rest of Surrey, although has a smaller proportion of smaller properties and a much higher proportion of very large properties than the rest of the South East and particularly England.

4.1.4 Condition

In the social housing sector, housing associations have made significant progress towards bringing all their housing up to the Decent Homes standard. In 2008, EBC commissioned a private sector housing stock survey of c. 1000 properties and the key findings from the study are set out below –

**Key findings from the Private Sector House Condition Survey**

- An estimated 19,650 private-sector homes in Elmbridge, equivalent to 40% of the stock, are considered to have a category 1 hazard under the Housing Health and Safety Rating System (HHSRS). The presence of a Category 1 hazard does not necessarily mean that the occupants themselves are at serious risk, as this depends in part on their vulnerability to the particular hazard.
The most significant hazard in Elmbridge is excess cold, the same as in every local authority.

It is estimated that £40 million is required to remedy all the category 1 hazards in the private-sector stock in Elmbridge, at an average cost of £806 per dwelling. Nearly £39m of this expenditure would need to be directed towards tackling excess cold. To deal with more general repairs would incur still greater costs, an estimated £75m.

It is estimated that 44% of the private-sector stock in the borough (around 22,000 homes) do not meet the decent homes standard, which compares poorly with the estimated national rate of 35.8%.

It is estimated that 47% of vulnerable households (households on one of the main means-tested or disability-related benefits) living in the private-sector in Elmbridge reside in decent homes. If the borough is to meet the 70% target by 2010, as set out in the PSA 7, then it is estimated that a further 1450 non-decent homes occupied by vulnerable households would need to be made decent by then.

The overall energy efficiency of the private-sector stock in Elmbridge is better than the national average, with the former having an average Standard Assessment Procedure (SAP) rating of 54 compared with 48 across England.

The survey found that a potential 28% improvement in the energy efficiency in the housing stock is technically possible if all applicable properties have cavity wall insulation, top-up loft insulation, double glazing and the most efficient heating systems.

The survey estimated that around 7600 households living in the private-sector are fuel poor, spending more than 10% of their net income on heating and lighting their home, equivalent to 15.3% of households.

An estimated 91.4% of owner-occupiers considered that they had equity of over £100,000 within their homes, which notwithstanding recent falls in property prices, indicates the potential for households to use this to fund their ongoing repairs and maintenance.

The survey did not identify localised pockets of properties that were in poor condition, but found them dispersed across the borough.

The condition profile of private housing in the borough is substantially better than the rest of the South East and England.

### 4.1.5 Grants and Adaptations

The take-up of both mandatory *Disabled Facilities Grants* and discretionary grants is low, with an average number of mandatory grants completed since 2005/06 of only 24, representing an average spend against council budget each year of only 49%. In PFA’s experience this is a very low level of grant take-up, and in a borough that demonstrates such a high level of older owner occupiers.
However, when reviewing this apparently surprising statistic, it is worth considering the following further characteristics of this population:

- Low level of relative deprivation – IMD data for Elmbridge shows that none of local Super Output Areas (LSOAs) fall into the 5th most deprived in the country and that 44 of the 81 fall into the 5th least deprived. This low level of relative deprivation may point to a limited number of asset rich income poor older households in the borough. This might help explain low level of grant take-up as most people don’t qualify for means-tested assistance or resolve their own difficulties.

- Reluctance to self fund – research commissioned by the council (the Private Sector Housing Condition Survey) has identified a high proportion of owner occupiers who are unwilling to fund their own improvements or adaptations themselves even when holding significant equity.

One recent response of the council is to broaden the options available to home owners by its participation in the Surrey and Hampshire Improvement Partnership. Under this **Home Trust Loan Scheme** a range of financial products will be made available to home owners living in homes in need of improvement who could not afford market products to raise essential monies. The Council will refer clients to the scheme as an alternative to cash grants, refocusing grants for those who cannot access the home loans scheme and for works which address particular hazards, serious disrepair and excess cold issues.

The following table identifies the differing levels of **adaptations** by property tenure in Elmbridge.

### Fig. 4-4: Adaptations by Tenure in Elmbridge

<table>
<thead>
<tr>
<th>Tenure</th>
<th>%</th>
<th>N⁹⁹ implied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner occupied with mortgage</td>
<td>4.9</td>
<td>1,114</td>
</tr>
<tr>
<td>Owner occupied no mortgage</td>
<td>9.7</td>
<td>1,766</td>
</tr>
<tr>
<td>Private rented</td>
<td>11.5</td>
<td>712</td>
</tr>
<tr>
<td>HA rented</td>
<td>20.2</td>
<td>1,120</td>
</tr>
<tr>
<td>Shared Ownership*</td>
<td>30.1</td>
<td>36</td>
</tr>
<tr>
<td>Tied to employment / other*</td>
<td>8.9</td>
<td>16</td>
</tr>
</tbody>
</table>

*low volume of data

(Table 8-6 Elmbridge Borough Council Housing Needs Survey, 2005)

Although Shared Ownership appears to be the tenure with the highest levels of adaptations, this percentage has been calculated using a low volume of data. Shared Ownership aside, the highest volume of adaptations have been
carried out on properties owned with no mortgage, and the highest proportion of adaptations have been carried out on properties rented from the Housing Association.

In terms of the types of adaptations that have been provided in these properties, the following table shows that ‘access to property’ is the most common adaptation type, with 20.2% of the responses and 46.3% of the households receiving this type of adaptation. Handrails and grabrails come in just below this at 18.6% of the responses and 42.6% of households.

**Fig. 4-5: Types of Adaptations Provided**

<table>
<thead>
<tr>
<th>Adaptations</th>
<th>% responses</th>
<th>% households</th>
<th>NOS. implied (all choices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to property</td>
<td>20.2</td>
<td>46.3</td>
<td>2,192</td>
</tr>
<tr>
<td>Handrails / grabrails</td>
<td>18.6</td>
<td>42.6</td>
<td>2,020</td>
</tr>
<tr>
<td>Ground floor toilet</td>
<td>17.2</td>
<td>39.4</td>
<td>1,867</td>
</tr>
<tr>
<td>Stairlift / vertical lift</td>
<td>16.2</td>
<td>37.1</td>
<td>1,758</td>
</tr>
<tr>
<td>Bathroom adaptations</td>
<td>14.2</td>
<td>32.5</td>
<td>1,539</td>
</tr>
<tr>
<td>Wheelchair adaptations</td>
<td>9.3</td>
<td>21.4</td>
<td>1,016</td>
</tr>
<tr>
<td>Extension</td>
<td>2.8</td>
<td>6.5</td>
<td>307</td>
</tr>
<tr>
<td>Other</td>
<td>1.5</td>
<td>3.5</td>
<td>165</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td></td>
<td><strong>10,864</strong></td>
</tr>
</tbody>
</table>

(Table 8-7 Elmbridge Borough Council Housing Needs Survey, 2005)

Overall, the 2008 East Surrey SHMA estimated that 9% of all of the properties in Elmbridge have been adapted, an average proportion within East Surrey as a whole.

EBC also operates a *Care and Repair* service as an in house service to help older and disabled people to remain living independently in their own homes as owner occupiers or renting in the private sector. The services offered include major and minor adaptations, repairs and improvements, benefit maximisation, community safety initiatives, falls prevention and handy person services.

In 2007-08 the service:

- Received 1024 new enquiries for its services
- Completed 35 core schemes (assisting people to adapt or repair their homes) to a value of £265k.
- Assisted 710 customers with its Handyperson scheme (small works with a health and safety focus such as installation of key safes, doorbells, rails and ramps, changing light bulbs etc.)
• Completed 37 assessments on behalf of Occupational Therapy to assess applicants ability to carry out functions of self care within their home
• Fitted 23 security measures as part of its home security scheme in partnership with Surrey Police
• Achieved an additional £24k in welfare benefits on behalf of 7 clients

However, the service is a vulnerable one, because of:
• The breadth of services requiring a wide range of skills for such a small team
• Recruitment and retention challenges within such a small and diverse team
• A patchwork of funding with, compared to other similar agencies operating in other parts of Surrey, higher than average inputs from the local authority and Supporting People and lower than average fee income from clients
• The county’s strategic review of home improvement agencies in 2008 and its recommendation that service sustainability would be better achieved by the Elmbridge service coming together with an equivalent service operating in Spelthorne

4.1.6 Under / Over Occupation

Levels of under occupation are the highest of any borough in East Surrey particularly in the owner occupied categories but in almost all categories. Under occupation is calculated by measuring the number of households with 2 or more spare bedrooms. According to East Surrey Strategic Housing Market Assessment, Elmbridge has the highest levels of under-occupation in East Surrey, at 45.5% of households.

Fig: 4-6: Tenure and occupation

<table>
<thead>
<tr>
<th>Tenure Type</th>
<th>Under Occupied</th>
<th>Over Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Occupied (with mortgage)</td>
<td>45.8</td>
<td>1.3</td>
</tr>
<tr>
<td>Owner Occupied (no mortgage)</td>
<td>64.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Private Rented</td>
<td>17.9</td>
<td>3.4</td>
</tr>
<tr>
<td>HA Rented</td>
<td>11.3</td>
<td>4.3</td>
</tr>
<tr>
<td>HA Shared Ownership</td>
<td>42.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Tied to Employment</td>
<td>27.2</td>
<td>9.6</td>
</tr>
<tr>
<td>All Tenures</td>
<td>45.5</td>
<td>1.6</td>
</tr>
</tbody>
</table>

The concept of under-occupation is particularly significant in the social housing sector, where traditionally housing is offered strictly in accordance
with deemed bedroom need of the household, and considered an essential tool to ensure that scarce housing is allocated in a fair and transparent way.

Elsewhere in this report, we have also commented on the need for the social housing sector to recognise the needs and aspirations of older people to have more than 1 bedroom accommodation for a variety of reasons:

- As a couple, the 2 people may need or prefer to sleep in separate bedrooms
- There may be a care need for a family or other carer to sleep over in the same property
- As a guest bedroom which helps combat social isolation
- As a hobbies room for those that may be less mobile
- As a dining room for those that are used to this provision

There will be some who are currently under-occupying that may prefer to downsize to smaller and more easily manageable accommodation and this should be of interest to the local authority. There are of course push and pull factors to consider in any incentive scheme.

Social housing providers can set up their own incentive schemes to encourage older tenants occupying larger family houses to relocate to smaller accommodation. However, for incentive schemes to work they need to recognise the aspirations of older people for quality accommodation, and that the vast majority of older people do not want to live in specialist sheltered housing environments. Thus, incentive schemes are more likely to be successful if the accommodation on offer to those occupying larger family houses is ordinary 2 bedroom housing, flats, or ideally bungalows, fully accessible and well located for local facilities but in a non sheltered environment.

It is doubtful whether the concept of under occupation is so acknowledged amongst housing consumers in the market sector, where people purchase what they want and can afford rather than what they need. Accordingly, statistics identifying under-occupation amongst owner occupiers as if this was a measure of those people’s desire to downsize to smaller accommodation should be treated with considerable caution.

It would be most unusual, if not unique, for the council to target or construct an incentive scheme that is geared to encouraging older owner occupiers of large family houses to downsize to more appropriate accommodation. However, given the very significant levels of private sector underoccupation against high levels of demand for family accommodation in the borough, an initiative that aims to encourage the purchase of new and existing private sheltered flats by underoccupying older people resident in the borough may be worth considering.
4.2 Profile of housing occupied by older people

4.2.1 Tenure of older population

The tenure of the population aged 55 and over in Elmbridge is detailed in Fig. 4-7 below. The census data from which this table is derived is incorrect in referring to council accommodation. It should be included in the general social renting figures which relate to housing association figures. The most notable findings from this graph are:

- The very high level of home ownership amongst older people in the borough
- The decrease in home ownership and the increase in social rented with age
- The proportion of homeowners in the 55-74 age bands is higher than the borough average of homeowners across all age bands
- The proportion in social renting in the 75 plus age bands is higher than the borough average in social renting across all age bands.

![Fig. 4-7: Tenure of Population Aged 55+ in Elmbridge](image)

(Surrey Supporting People Team ‘A Strategic Review of Home Improvement Agencies in Surrey, August 2007-June 2008’)

The tenure of older people in Elmbridge, based on the 2001 census, is compared alongside the other areas within East Surrey, Surrey as a whole and England in the following table. The tenure breakdown for older households in Elmbridge is very similar to that of East Surrey and Surrey as a whole, but Elmbridge has a higher percentage of older households in owner occupation than the England average. Information from the East Surrey Strategic Housing Market Assessment (2008) indicates that the proportion of older households who are owner occupiers has increased since the 2001 census from 76.1 to 82.7%.
Fig: 4-8 Tenure of Accommodation Occupied by Older People within East Surrey, Surrey and England (%)

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Elmbridge</th>
<th>Epsom and Ewell</th>
<th>Mole Valley</th>
<th>Reigate and Banstead</th>
<th>Tandridge</th>
<th>Total East Surrey</th>
<th>Surrey</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned</td>
<td>76.1</td>
<td>85.5</td>
<td>76.6</td>
<td>77.2</td>
<td>78.2</td>
<td>78.1</td>
<td>77.3</td>
<td>68.2</td>
</tr>
<tr>
<td>Other Social Rented</td>
<td>17.5</td>
<td>10.5</td>
<td>18.5</td>
<td>18.1</td>
<td>16.2</td>
<td>16.7</td>
<td>17.3</td>
<td>24.2</td>
</tr>
<tr>
<td>Private Rented/Rent Free</td>
<td>6.4</td>
<td>4.0</td>
<td>4.8</td>
<td>4.7</td>
<td>5.6</td>
<td>5.2</td>
<td>5.4</td>
<td>7.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(ONS 2001 Census Data)

4.2.2 Tenure by area

The following maps and analysis look at this tenure data at the area level, using 2001 Census data. This is the most recent data collected on tenure, and looks at the tenure of households where the head of household is of pensionable age. The tables look at the proportion of pensioner households in each tenure for the 8 areas and then for the 3 broad areas.

Fig. 4-9: Pensioner households socially renting
Fig. 4-10: Pensioner households private renting or rent free
As the table above illustrates, all three of the East areas have the highest proportion of pensioners who are owner-occupiers. The North 1 area has a considerably lower proportion of owner-occupiers than the other areas (58.7%) and a considerably higher proportion of pensioners living in ‘Other Social Rented’ accommodation at 29.8%. When this data is amalgamated into the 3 broad areas (table below), the variation is much reduced. However, the East area remains to have the highest proportion of owner-occupiers and the North area has by far the largest proportion of pensioners living in ‘Other Social Rented’ accommodation.
Fig. 4-13: % Pensioner Households in each Tenure by Broad Area (2001 data)

<table>
<thead>
<tr>
<th>Area</th>
<th>Owned</th>
<th>Social Rented</th>
<th>Private Rented/Rent Free</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>81.2</td>
<td>13.4</td>
<td>5.5</td>
</tr>
<tr>
<td>North</td>
<td>71.8</td>
<td>21.6</td>
<td>6.6</td>
</tr>
<tr>
<td>West</td>
<td>77.9</td>
<td>15.4</td>
<td>6.7</td>
</tr>
<tr>
<td>Elmbridge Borough</td>
<td>76.1</td>
<td>17.5</td>
<td>6.4</td>
</tr>
</tbody>
</table>

(ONS 2001 Census)

4.2.3 Condition

The 2009 Elmbridge Private Housing Condition Survey estimated that whilst over 60’s households make up 39.6% of all households living in the private sector in the borough, a significantly higher proportion than this are living in the poorest quality of housing:

- 48.6% of all households living in *non decent homes (old standard)* are over 60’s households
- 44.8% of all households living in *non decent homes (new standard)* are over 60’s households
- 49.3% of all households living in *houses with a defined category 1 hazard* are over 60’s households

Given the fact that 64.5% of the older population in the borough are mortgage free owner occupiers, there is considerable capacity for older people to fund their own housing repairs and improvements or exercise choices in the local housing market given local values.

4.2.4 Type

The following table, again taken from the East Surrey document, looks at the types of accommodation occupied by older people. Elmbridge has the highest proportion of older people living in detached houses at 34.1% and the highest in terraced homes at 14.8%. It also has a considerably lower proportion of older people living in bungalows, at 9.2%. For semi-detached and flats/maisonettes/bedsits, Elmbridge follows the general trend across East Surrey.
Fig. 4-14: Type of Accommodation Occupied by Older People within East Surrey

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Elbridge</th>
<th>Epsom &amp; Ewell</th>
<th>Mole Valley</th>
<th>Reigate &amp; Banstead</th>
<th>Tandridge</th>
<th>East Surrey</th>
<th>All East Surrey Type %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detached House</td>
<td>34.1</td>
<td>30.7</td>
<td>33.2</td>
<td>27.3</td>
<td>32.3</td>
<td>31.5</td>
<td>29.1</td>
</tr>
<tr>
<td>Semi-detached House</td>
<td>22.5</td>
<td>23.4</td>
<td>20.0</td>
<td>24.3</td>
<td>20.4</td>
<td>22.2</td>
<td>28.3</td>
</tr>
<tr>
<td>Terraced</td>
<td>14.8</td>
<td>11.3</td>
<td>6.6</td>
<td>12.1</td>
<td>11.2</td>
<td>11.2</td>
<td>14.1</td>
</tr>
<tr>
<td>Bungalow</td>
<td>9.2</td>
<td>14.8</td>
<td>21.4</td>
<td>13.3</td>
<td>15.4</td>
<td>14.8</td>
<td>8.6</td>
</tr>
<tr>
<td>Flat / maisonette / bed-sit</td>
<td>19.4</td>
<td>19.7</td>
<td>15.1</td>
<td>21.9</td>
<td>19.4</td>
<td>19.1</td>
<td>19.3</td>
</tr>
<tr>
<td>Houseboat / Caravan / Mobile home</td>
<td>0.0</td>
<td>0.1</td>
<td>3.7</td>
<td>1.1</td>
<td>1.3</td>
<td>1.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(Table 12-7 East Surrey Strategic Housing Market Assessment (2008))

Older people are living in both ordinary housing and in specialist housing, such as sheltered housing and extra care housing. Extrapolations from available data indicate that the numbers and proportions are as follows –

Fig. 4-15: OP (aged 60+) living in general and specialist housing by tenure (excluding care homes and care homes with nursing)

<table>
<thead>
<tr>
<th>Type of Accommodation</th>
<th>Nos of OP</th>
<th>% of OP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary private housing</td>
<td>22,111</td>
<td>80.97%</td>
</tr>
<tr>
<td>Ordinary social housing</td>
<td>3,015</td>
<td>11.04%</td>
</tr>
<tr>
<td>Specialist private housing</td>
<td>695</td>
<td>2.55%</td>
</tr>
<tr>
<td>Specialist social housing</td>
<td>1,486</td>
<td>5.44%</td>
</tr>
<tr>
<td>Total</td>
<td>27,307</td>
<td>100%</td>
</tr>
</tbody>
</table>

Specialist accommodation for older people will be considered in more detail below. In terms of older people in ordinary housing, they have either accessed this accommodation once they are already old, or have become old whilst living in the same accommodation previously. Whilst there is no evidence that older people are experiencing difficulties in their access to owner occupied housing or private rented housing, lettings evidence in the social housing sector indicates that older people:

- Appear to have limited access to ordinary social rented housing. At a maximum, only 14 lettings of ordinary social housing were made to older people in 07/08, and it may actually have been as few as none
• Are very unlikely to be offered ordinary social housing to rent without additional needs (e.g. significant medical need, or dependency need – for example, young children)

• Currently living in ordinary social housing are likely to have already lived in this housing before they became old

The reasons for this are due to the wider housing context in Elmbridge, and in particular the chronic shortage of all affordable housing in the borough compared with need, and the current needs based system of controlling access to this scarce resource.

However, in the context of balanced and sustainable communities, the difficulties in older people accessing ordinary social rented housing should be of particular concern to the council and its partners.

4.3 Specialist accommodation for older people

Below we provide information on the specialist accommodation supply in Elmbridge across all tenures, including care home and care home with nursing, sheltered/retirement housing, and extra care housing. Explanations of these terms have been provided in the definitions glossary/definitions section after the table of contents. Details of individual schemes are provided for the East, North and West areas in Figs. 4-20, 4-23 and 4-26.

4.3.1 Overall provision

Fig. 4-16: Borough Total – Care Homes and Care homes with Nursing (bedspaces)

<table>
<thead>
<tr>
<th></th>
<th>Care Home Only</th>
<th>Care home with Dementia</th>
<th>Care Home with Nursing</th>
<th>Care Home with Nursing &amp; Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>119</td>
<td>423</td>
<td>121</td>
<td>430</td>
</tr>
</tbody>
</table>

Fig. 4-17: Borough Total – Retirement Housing & Extra Care (units/dwellings)

<table>
<thead>
<tr>
<th></th>
<th>Rent – Cat 1</th>
<th>Rent – Cat 2</th>
<th>Leasehold</th>
<th>Extra Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>74</td>
<td>1205</td>
<td>621</td>
<td>49</td>
</tr>
</tbody>
</table>

This range of specialist provision demonstrate the following characteristics:

• A reasonable overall capacity of care home provision (542 places) and care with nursing home provision (550 places). A good level of dementia care provision as proportion of total supply

• A very low level of category 1 accommodation in the borough and as a proportion of the total sheltered accommodation

• A very low level of extra care housing. Little choice for older people requiring specialist care other than residential care
4.3.2  Provision by area

Fig. 4-18: Borough Total – Care Homes and Care Homes with (bedspaces)

<table>
<thead>
<tr>
<th></th>
<th>Care Home Only</th>
<th>Care home with Dementia</th>
<th>Care Home with Nursing</th>
<th>Care Home with Nursing &amp; Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>31</td>
<td>81</td>
<td>65</td>
<td>118</td>
</tr>
<tr>
<td>West</td>
<td>76</td>
<td>108</td>
<td>24</td>
<td>138</td>
</tr>
<tr>
<td>North</td>
<td>12</td>
<td>234</td>
<td>32</td>
<td>174</td>
</tr>
<tr>
<td>TOTAL</td>
<td>119</td>
<td>423</td>
<td>121</td>
<td>430</td>
</tr>
</tbody>
</table>

Fig. 4-19: Borough Total – Retirement Housing & Extra Care (units/dwellings)

<table>
<thead>
<tr>
<th></th>
<th>Rent – Cat 1</th>
<th>Rent – Cat 2</th>
<th>Leasehold</th>
<th>Extra Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>27</td>
<td>248</td>
<td>290</td>
<td>0</td>
</tr>
<tr>
<td>West</td>
<td>16</td>
<td>254</td>
<td>239</td>
<td>0</td>
</tr>
<tr>
<td>North</td>
<td>31</td>
<td>703</td>
<td>92</td>
<td>49</td>
</tr>
<tr>
<td>TOTAL</td>
<td>74</td>
<td>1205</td>
<td>621</td>
<td>49</td>
</tr>
</tbody>
</table>

This spread of accommodation demonstrates:

- A good spread of care and nursing home accommodation across the borough, with higher than average provision in the north, slightly lower than average in the east; adequate capacity for Elmbridge, including for people with dementia

- A reasonably good spread of retirement accommodation across the borough but with north area having much higher than average category 2 provision (mainly due to the housing at Whiteley Village), much lower than average leasehold provision, and the only extra care in the borough at Whiteley Village

Area provision is considered in more detail in the maps and tables below.
East

Fig. 4-20: Provision in East Area

<table>
<thead>
<tr>
<th>ID</th>
<th>Scheme Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>57-67 Weston Park, Thames Ditton</td>
</tr>
<tr>
<td>2</td>
<td>58-68 Station Road, Thames Ditton</td>
</tr>
<tr>
<td>3</td>
<td>Alstonfield</td>
</tr>
<tr>
<td>4</td>
<td>City Wharf House</td>
</tr>
<tr>
<td>5</td>
<td>Claremont Place</td>
</tr>
<tr>
<td>13</td>
<td>Clayton House</td>
</tr>
<tr>
<td>14</td>
<td>Fawcus Close</td>
</tr>
<tr>
<td>15</td>
<td>Firs Close</td>
</tr>
<tr>
<td>21</td>
<td>Gibson Court</td>
</tr>
<tr>
<td>23</td>
<td>Gummers Mead</td>
</tr>
<tr>
<td>27</td>
<td>Hinchley Manor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>Scheme Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Grace Lodge</td>
</tr>
<tr>
<td>24</td>
<td>Home Of Compassion</td>
</tr>
<tr>
<td>25</td>
<td>Linwood</td>
</tr>
<tr>
<td>32</td>
<td>Lynton House</td>
</tr>
<tr>
<td>39</td>
<td>Royston Court</td>
</tr>
<tr>
<td>43</td>
<td>St. Helen’s</td>
</tr>
<tr>
<td>44</td>
<td>Talbot Lodge</td>
</tr>
<tr>
<td>45</td>
<td>Talbot Lodge</td>
</tr>
<tr>
<td>48</td>
<td>The Firs</td>
</tr>
<tr>
<td>49</td>
<td>The Firs</td>
</tr>
<tr>
<td>51</td>
<td>Threeways</td>
</tr>
<tr>
<td>52</td>
<td>Torrington Lodge</td>
</tr>
<tr>
<td>53</td>
<td>Victoria Place</td>
</tr>
<tr>
<td>57</td>
<td>Woodward Close</td>
</tr>
</tbody>
</table>
### Fig. 4-21: East – Care Homes (bedspaces)

<table>
<thead>
<tr>
<th></th>
<th>Care Home Only</th>
<th>Care home with Dementia</th>
<th>Care Home with Nursing</th>
<th>Care Home with Nursing &amp; Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>East 1</td>
<td>0</td>
<td>66</td>
<td>0</td>
<td>118</td>
</tr>
<tr>
<td>East 2</td>
<td>31</td>
<td>0</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>East 3</td>
<td>0</td>
<td>15</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31</td>
<td>81</td>
<td>65</td>
<td>118</td>
</tr>
</tbody>
</table>

### Fig. 4-22: East – Retirement Housing & Extra Care (units/dwellings)

<table>
<thead>
<tr>
<th></th>
<th>Rent – Cat 1</th>
<th>Rent – Cat 2</th>
<th>Leasehold</th>
<th>Extra Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>East 1</td>
<td>0</td>
<td>157</td>
<td>146</td>
<td>0</td>
</tr>
<tr>
<td>East 2</td>
<td>25</td>
<td>11</td>
<td>106</td>
<td>0</td>
</tr>
<tr>
<td>East 3</td>
<td>12</td>
<td>80</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>37</td>
<td>248</td>
<td>290</td>
<td>0</td>
</tr>
</tbody>
</table>
North

Fig. 4-23: Provision in North Area

Care Homes

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>St George's Nursing Home</td>
</tr>
<tr>
<td>7</td>
<td>Thames Side</td>
</tr>
<tr>
<td>9</td>
<td>Whiteley Village Care Centre</td>
</tr>
<tr>
<td>10</td>
<td>Willowmead</td>
</tr>
<tr>
<td>12</td>
<td>Malmesbury House</td>
</tr>
</tbody>
</table>

Sheltered Schemes

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Aragon Court</td>
</tr>
<tr>
<td>8</td>
<td>Bishops Hill</td>
</tr>
<tr>
<td>9</td>
<td>Bradshaw House</td>
</tr>
<tr>
<td>22</td>
<td>Fenner House</td>
</tr>
<tr>
<td>28</td>
<td>Homefield</td>
</tr>
<tr>
<td>29</td>
<td>Huntley House</td>
</tr>
<tr>
<td>33</td>
<td>Manor Court</td>
</tr>
<tr>
<td>34</td>
<td>Manor Place</td>
</tr>
<tr>
<td>35</td>
<td>Mayfield</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Mayfield House</td>
</tr>
<tr>
<td>16</td>
<td>Royal Cambridge Home</td>
</tr>
<tr>
<td>17</td>
<td>Sherwood House</td>
</tr>
<tr>
<td>20</td>
<td>Clare House Nursing Home</td>
</tr>
<tr>
<td>21</td>
<td>Glendale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Mole Abbey</td>
</tr>
<tr>
<td>37</td>
<td>Paul Vanson Court</td>
</tr>
<tr>
<td>38</td>
<td>Radnor House</td>
</tr>
<tr>
<td>40</td>
<td>Rydens Avenue</td>
</tr>
<tr>
<td>41</td>
<td>Rydens Avenue</td>
</tr>
<tr>
<td>46</td>
<td>The Bowling</td>
</tr>
<tr>
<td>47</td>
<td>The Fairings</td>
</tr>
<tr>
<td>50</td>
<td>The Limes</td>
</tr>
<tr>
<td>54</td>
<td>Whiteley Village</td>
</tr>
</tbody>
</table>
### Fig. 4-24: North – Care Homes (bedspaces)

<table>
<thead>
<tr>
<th></th>
<th>Care Home Only</th>
<th>Care home with Dementia</th>
<th>Care Home with Nursing</th>
<th>Care Home with Nursing &amp; Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>North 1</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>174</td>
</tr>
<tr>
<td>North 2</td>
<td>12</td>
<td>109</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>North 3</td>
<td>0</td>
<td>91</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12</td>
<td>234</td>
<td>32</td>
<td>174</td>
</tr>
</tbody>
</table>

### Fig. 4-25: North – Retirement Housing & Extra Care (units/dwellings)

<table>
<thead>
<tr>
<th></th>
<th>Rent – Cat 1</th>
<th>Rent – Cat 2</th>
<th>Leasehold</th>
<th>Extra Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>North 1</td>
<td>0</td>
<td>497</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>North 2</td>
<td>23</td>
<td>130</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>North 3</td>
<td>8</td>
<td>76</td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31</td>
<td>703</td>
<td>92</td>
<td>49</td>
</tr>
</tbody>
</table>

Area North 1 is notable for its very high concentration of cat 2 housing (mainly due to the housing at Whiteley Village), lack of any cat 1 or leasehold housing, and with the only extra care provision in the borough.
West

Fig. 4-26: Provision in West Area

<table>
<thead>
<tr>
<th>Care Homes</th>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Sutton Lodge Nursing Home</td>
<td>6</td>
<td>Sutton Lodge Nursing Home</td>
</tr>
<tr>
<td>14 Norfolk House</td>
<td>14</td>
<td>Norfolk House</td>
</tr>
<tr>
<td>15 Oak House</td>
<td>15</td>
<td>Oak House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sheltered Schemes</th>
<th>ID</th>
<th>Scheme Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Alexandra Lodge</td>
<td>3</td>
<td>Alexandra Lodge</td>
</tr>
<tr>
<td>6 Aspen Square</td>
<td>6</td>
<td>Aspen Square</td>
</tr>
<tr>
<td>7 Avonmore</td>
<td>7</td>
<td>Avonmore</td>
</tr>
<tr>
<td>10 Bridge Court</td>
<td>10</td>
<td>Bridge Court</td>
</tr>
<tr>
<td>11 Chaddesley</td>
<td>11</td>
<td>Chaddesley</td>
</tr>
<tr>
<td>12 Churchfield House</td>
<td>12</td>
<td>Churchfield House</td>
</tr>
<tr>
<td>16 Cobham Grange</td>
<td>16</td>
<td>Cobham Grange</td>
</tr>
<tr>
<td>17 Cobham Park</td>
<td>17</td>
<td>Cobham Park</td>
</tr>
<tr>
<td>18 Elizabeth Court</td>
<td>18</td>
<td>Elizabeth Court</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Beechfield</td>
</tr>
<tr>
<td>23 Heath Lodge</td>
</tr>
<tr>
<td>26 Sunset Operations, Weybridge</td>
</tr>
</tbody>
</table>
Fig. 4-27: West – Care Homes (bedspaces)

<table>
<thead>
<tr>
<th></th>
<th>Care Home Only</th>
<th>Care Home with Dementia</th>
<th>Care Home with Nursing</th>
<th>Care Home with Nursing &amp; Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>West 1</td>
<td>76</td>
<td>58</td>
<td>28</td>
<td>111</td>
</tr>
<tr>
<td>West 2</td>
<td>0</td>
<td>50</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>TOTAL</td>
<td>76</td>
<td>108</td>
<td>52</td>
<td>138</td>
</tr>
</tbody>
</table>

Fig. 4-28: West – Retirement Housing & Extra Care (units/dwellings)

<table>
<thead>
<tr>
<th></th>
<th>Rent – Cat 1</th>
<th>Rent – Cat 2</th>
<th>Leasehold</th>
<th>Extra Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>West 1</td>
<td>16</td>
<td>116</td>
<td>174</td>
<td>0</td>
</tr>
<tr>
<td>West 2</td>
<td>0</td>
<td>138</td>
<td>65</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>254</td>
<td>239</td>
<td>0</td>
</tr>
</tbody>
</table>

The area distribution of retirement housing and extra care across the borough shows the following profile –

- The low level of Category 1 sheltered housing for rent in the borough is reasonably distributed across the borough
- The Category 2 sheltered housing for rent is reasonably distributed across the borough but with a very high concentration in area North 3 (40% of the total borough stock), and with a very low level in area East 2
- The leasehold stock is also reasonably distributed across the borough although with very low levels of provision in areas North 1 and 2.
- The only extra care housing in the borough is located in area North 1

4.3.3 Trends in sheltered and extra care housing supply

The period since the PFA review in 2000 has been characterised by one of a contraction in supply of sheltered housing for rent reflecting the low demand for this product compared to supply. The following represents the position at the time of the PFA sheltered housing review in 2000 – “Elmbridge has a higher than average level of sheltered housing for rent per 1000 of the population aged 65+ than for Surrey, the South-East and England as a whole, but a lower than average level of sheltered housing for sale than for Surrey and South-East England. This is surprising given the number of relatively affluent areas within the Borough that might be thought to have stimulated a higher level of leasehold sheltered housing than is the case.”

Since the sheltered housing review, provision in the borough has altered as follows:

Fig. 4-29: Changes in sheltered housing provision since 2000

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2009</th>
<th>Difference +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered for rent</td>
<td>1565</td>
<td>1279</td>
<td>-286</td>
</tr>
<tr>
<td>Sheltered for sale</td>
<td>335</td>
<td>621</td>
<td>+286</td>
</tr>
<tr>
<td>Extra care housing</td>
<td>0</td>
<td>49</td>
<td>+49</td>
</tr>
</tbody>
</table>
This table demonstrates that the characteristic features in 2000 – higher than expected sheltered housing for rent and lower than expected sheltered housing for sale have been moderated in the last 9 years. The first extra care housing has been provided in the borough since 2000.

- **Supply of sheltered housing for rent**

  The above table illustrates an overall decrease in supply as a result of extensive scheme decommissioning which has been taking place over the past few years. The following schemes have been decommissioned:

  - Bramcote (Elmbridge Housing Trust – EHT)
  - Duneevan (Anchor Trust) – currently being decommissioned
  - Grove House (EHT)
  - Hylton Lodge (Walton Charities)
  - Sandra House (EHT)
  - Scamell House (RSMHA)
  - Newlands (RSMHA)
  - Imber Cross (RSMHA)
  - Elizabeth House (RSMHA)
  - Wooton new block and Old House (EHT)

  Some of these schemes have been switched to other uses (such as key worker housing), whilst for others their future has yet to be decided. With Duneevan, whilst it is being decommissioned, Anchor are committed to redeveloping this site for older people’s housing.

  Challenges remain with some additional schemes, where for example, original scheme designs prevent the introduction of a lift to serve upper floors, and in these cases and where providers experience continuing low demand, further reductions in the supply of sheltered housing for rent can be anticipated.

- **Supply of private sheltered housing**

  Several new schemes have been developed since 2000 – these include:

  - Alexandra Lodge, Weybridge
  - Aragon Court, East Molesey
  - Claremont Place, Claygate
  - Cobham Grange, Cobham
  - Elizabeth Court, Weybridge
  - Hinchley Manor, Hinchley Wood
Extra care housing supply

The first extra care housing in the borough has been recently developed at Whiteley Village by the Whiteley Homes Trust. This scheme is for rent.

4.3.4 Trends in sheltered and extra care housing condition and quality

The following data relates to the property survey returns for sheltered housing for rent and extra care only. The purpose of the survey was to obtain data about a wide range of scheme attributes (age, unit type including bedsits, level of improvements made, lettable, accessibility both into and within the building and flats, standards and facilities, and location factors) in order to provide a profile of the sheltered and extra care stock in the borough, and to assess its overall quality and fitness for the future. Survey returns were completed for 32 sheltered (including Whiteley Village) and extra care schemes, represents nearly a complete return rate. The key findings are summarised below:

Bedroom size

Fig. 4-30: Size of units

<table>
<thead>
<tr>
<th>Type of Unit - flats</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>Total</th>
<th>%age of total flats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 1</td>
<td>0</td>
<td>0.0%</td>
<td>12</td>
<td>75.0%</td>
<td>4</td>
<td>25.0%</td>
<td>0</td>
<td>0.0%</td>
<td>16</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cat 2</td>
<td>42</td>
<td>4.2%</td>
<td>837</td>
<td>83.4%</td>
<td>125</td>
<td>12.5%</td>
<td>0</td>
<td>0.0%</td>
<td>1004</td>
<td>93.9%</td>
</tr>
<tr>
<td>Extra Care</td>
<td>0</td>
<td>0.0%</td>
<td>49</td>
<td>100.0%</td>
<td>0</td>
<td>0.0%</td>
<td>49</td>
<td>100.0%</td>
<td>49</td>
<td>4.6%</td>
</tr>
<tr>
<td>Totals</td>
<td>42</td>
<td>3.9%</td>
<td>898</td>
<td>84.0%</td>
<td>129</td>
<td>12.1%</td>
<td>49</td>
<td>4.6%</td>
<td>1069</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Unit - bungalows</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>Total</th>
<th>%age of total bungs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 1</td>
<td>133</td>
<td>100.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>133</td>
<td>45.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat 2</td>
<td>110</td>
<td>69.2%</td>
<td>49</td>
<td>30.8%</td>
<td>2</td>
<td>1.3%</td>
<td>159</td>
<td>54.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Care</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>243</td>
<td>83.2%</td>
<td>49</td>
<td>16.8%</td>
<td>2</td>
<td>0.7%</td>
<td>292</td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

69 bungalows at Whiteley Village (non refurbished) are bedsits - inc. with Cat 2 - 1 bed bungalow figure
Nos. of wheelchair flats included in the flat types
Nos. of wheelchair bungalows included in the bungalow types
12 x 2 bed terraced Cat 2 houses included in the bungalow figures

These tables identify the following characteristics:

- A low amount of bedsits remaining at 4.2% of sheltered flats. This is a considerable reduction on the level of bedsits in the previous survey in the year 2000, which numbered 319
- A low amount of 2 bed provision in all categories
- Overall, bungalows represent almost 20% of specialist provision for rent
- Wheelchair user provision is low at 16% of sheltered flats and only 1% of bungalows
• **Decent Homes standards**

The physical quality of most of the remaining stock is good, with properties brought up to Decent Homes standards in most cases. The number of sheltered bedsit units with shared facilities has been reduced to zero since 2000. This means that all the sheltered housing provided by housing associations is full self-contained.

• **Scheme facilities**

18 schemes have hairdressing facilities, 22 have assisted bathing suites and 30 have guest rooms. Provision in all these areas is significantly increased from the 2000 survey.

• **Accessibility**

There are still 12 Category 2 schemes without lifts which will severely restrict the potential attractiveness of these schemes to older people either experiencing or anticipating mobility problems in the future. Evidence from lettings over the last 2 years indicates that up to 40% of new tenants consider themselves to have a disability, and up to 8% are wheelchair users. Accessibility, within the dwelling units was also viewed as moderate rather than high for 90% of the sheltered schemes. This mainly reflected the moderate size of flats, and layout issues (for example whether wheelchair accessible or not).

• **Lettability**

Providers identify that 50% of schemes are easy or good to let and 25% difficult to let. It is worth noting that, despite the considerable number of scheme closures since 2000, the proportion of schemes considered easy to let has reduced from 75% in 2000 down to 50% in 2009.

• **Location**

Most schemes scored well in relation to location factors with 90% of schemes close to public transport, 73% of schemes close to shops and 86% of schemes having good pedestrian access.

• **Overall scheme quality assessment**

Based on providers returns, there remain in the borough a significant number of schemes assessed as of poorer quality in relation to current standards. Such schemes are recommended for regular review over the coming years and, without significant investment, some should certainly be considered for closure and conversion to alternative use.
4.4 Housing demand

Housing demand from older people is affected by a range of factors, and these are considered below in the following paragraphs. As will be commented on later in the report, housing demand by older people requires consideration of a wide range of factors, and some of the recognised methodologies for estimating housing requirements are significantly flawed. PFA's approach is to examine all relevant factors, both those capable of quantitative assessment and those that are not, to weigh these factors together, and come to a reasonable judgement based on the balance of these factors:

4.1.1 Influencing factors – demography

Whilst demography is considered at length in section 2, it is worth reiterating the essential features that will impact on housing demand:

- Older age profile – in 2025 Elmbridge is projected to have a higher proportion of people aged 55+ than both Surrey and England. Elmbridge already has a higher proportion of people aged 85+ than both Surrey and England, and this age group in Elmbridge is projected to increase by 60% by 2025
- Special housing needs profile of the ageing population – all the following factors are projected to increase very significantly by 2025 – long term limiting illness, mobility problems, dementia, and learning disabilities

Thus, with other factors remaining equal, it is clear that the ageing population in Elmbridge will increasingly require:

- Housing that is accessible
- The capacity to make adaptations to their existing homes
- Housing where care and support can be made available
- Housing where specialist design can allow independent living for wheelchair users
- Housing where specialist design and specialist services can allow supported living for older people with dementia or learning disability

4.4.2 Influencing factors - affordability

Affordability of housing for potential purchasers is often assessed by reference to house price to income ratio. However, this is less relevant for older people who are much less likely to be seeking mortgages for the purposes of house purchase. For older people looking to purchase the key affordability issues are house prices and the level of equity that can be obtained from sale of existing properties.
The following table offers a rundown of the house prices in Elmbridge and the surrounding areas by housing type. The immediate finding from this table is that the house prices in Elmbridge are by far the highest in the whole of Surrey and are considerably higher than the average house prices for England.

**Fig. 4-31: House Prices for the Period January to March 2009 by Housing Type**

<table>
<thead>
<tr>
<th>Area</th>
<th>Overall Average</th>
<th>Detached</th>
<th>Semi-Detached</th>
<th>Terrace</th>
<th>Flat/ Maisonette</th>
<th>Change in last quarter</th>
<th>Change in last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>503,482</td>
<td>876,930</td>
<td>378,011</td>
<td>297,359</td>
<td>216,604</td>
<td>+1.4%</td>
<td>-5.00%</td>
</tr>
<tr>
<td>Surrey</td>
<td>329,126</td>
<td>564,273</td>
<td>277,513</td>
<td>235,816</td>
<td>181,966</td>
<td>-5.1%</td>
<td>-6.40%</td>
</tr>
<tr>
<td>England</td>
<td>224,064</td>
<td>344,989</td>
<td>196,506</td>
<td>177,633</td>
<td>199,669</td>
<td>+2.2%</td>
<td>-7.60%</td>
</tr>
</tbody>
</table>

*(BBC House Prices Jan-Mar 2009, data taken from Land Registry)*

Prices as of May/June 2009 for resale private sheltered accommodation are set out below:

**Fig. 4-32 Current resale prices for private sheltered accommodation**

<table>
<thead>
<tr>
<th>Name of Scheme</th>
<th>Management Area</th>
<th>1 bed flat</th>
<th>2 bed flat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royston Court</td>
<td>Peverel East 1</td>
<td>£205,000 (1st floor)</td>
<td>£249,500 (1st floor)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£240,000 (1st floor)</td>
<td>£259,000 (Ground floor)</td>
</tr>
<tr>
<td>Fairlawn</td>
<td>Peverel West 1</td>
<td>£319,000 (Ground floor)</td>
<td></td>
</tr>
<tr>
<td>Bridge Court</td>
<td>Grange Management Southern Ltd West 1</td>
<td>£119,000 (2nd floor)</td>
<td>£125,000 (2nd floor)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>£125,000 (2nd floor)</td>
<td>£125,000 (1st floor)</td>
</tr>
<tr>
<td>Alexandra Lodge</td>
<td>Peverel West 1</td>
<td>£84,950 (2nd floor)</td>
<td></td>
</tr>
</tbody>
</table>

Given that many older homeowners are significantly under occupying large valuable houses, these prices indicate that the quality of the resale flats on offer rather than affordability is the more significant factor in determining market price. Whilst the price of new ordinary and private sheltered housing in the borough may be a deterrent to older people moving into the borough, the price of resale sheltered flats will be much more affordable to both borough resident and non resident older people.

Despite the efforts of the private sector representative on the steering group and a representative of the Retirement Housing Group we were not able to
obtain information from private retirement housing providers on demand and sales data.

The influences of house prices and affordability on housing demand by older people are:

- Many older owner occupiers are living in very valuable homes the value of which they are likely to want to protect for the benefit of younger relatives
- The high values in Elmbridge, coupled with the high level of owner occupiers who are mortgage free, indicates a very high level of mobility potential for this group, with significant opportunity to downsize within the borough or elsewhere
- Very high prices may encourage older people to move out of the borough for retirement purposes (see also migration influence below)
- Much lower resale prices for some private sheltered housing may reflect that the quality of this accommodation no longer meets the aspirations of older people

In terms of affordability of housing to rent, the prevailing rent influencing and housing benefit regimes are designed to ensure that social rented housing remains affordable to all. In only 1 property survey return was the issue of high rent and service charges in sheltered housing identified as a reason for refusal, indicating that affordability is not a serious inhibiting factor in sheltered housing for rent, with over 60% of new tenants qualifying for housing benefit.

### 4.4.3 Influencing factors – migration

This section looks at inward and outward migration for Elmbridge for all age groups, rather than specifically for older people. The Elmbridge 2005 Housing Needs Survey found that 2.5% of respondents gave ‘retirement’ as their reason for moving to Elmbridge, whilst retirement was stated as the reason for out-migration by 18.7% of existing households and 11.9% of concealed households expecting to move out of Elmbridge within three years of the survey. Thus, more people (18.7% of respondents) are leaving Elmbridge for retirement purposes than are coming into the area to retire (2.5%).

Looking at the net migration pattern for the Elmbridge Borough which is set out in Fig. 4-33 below, it can be seen that Elmbridge is receiving the greatest number of people from Greater London (+2,150 people) and is losing the greatest number of people to ‘Elsewhere in the South East’ (-434 people).
Evidence indicates that:

- 30% of lettings to sheltered housing are to people from outside the borough
- 36% of older people currently on the housing register live outside the borough
- Up to 22% of new tenants to sheltered housing “moved to be near family”

The impact of this migration data on housing demand is to appreciate that a proportion of the ageing population in Elmbridge (perhaps as much as 20%) are aspiring to retire out of the borough, a much higher percentage than older people immigrating to the borough for retirement purposes. Housing demand projections must factor net outmigration into the equation, whilst accepting that the data regarding sheltered housing is that lettings are quite heavily reliant on an immigrating population wanting to be near family.

### 4.4.4 Influencing factors – housing intentions of older people

There is a substantial body of national research into the needs and aspirations of older people in relation to housing as summarised in Section 2. This national research is supplemented by locally based research as part of this project, set out fully in Section 3 above, some key messages relating to demand are set out below:

- Staying put - the vast majority of older people who were consulted during this process were home owners and would prefer to remain so, and the majority would also prefer to stay in their own homes as they grow older
- Extra Care - there is a familiarity with sheltered housing and traditional residential/ nursing care models, however, the response to Extra Care has been very positive and is something that should be developed and promoted
- Retirement accommodation:
Strategic Review of Housing Provision for Older People in Elmbridge

- **Location** - the location of new retirement housing developments is key, and is of vital importance if older people are to be incentivised to move into such schemes.

- **Tenure** - As most participants would prefer to remain homeowners, retirement property that was available to buy would be most attractive. A choice in purchasing options is preferred, including shared equity products for those with limited equity available to purchase.

### 4.4.5 Influencing factors – physical access to housing

**Private sector housing** – no data been identified in this area but we can say that planning permission or building regulation requirements have not required private general purpose housing to be built to mobility or wheelchair standards, or in low rise flatted blocks to have lifts to upper floors. Accordingly, it can be anticipated that most private stock in the borough will not have been built to these standards, so much of this supply will not be suitable for older people with existing mobility problems without some form of adaptation. Current planning policies still do not require new private housing to be provided to these standards, yet retro fitting of adaptations is so much more expensive than being built into initial design.

**Social housing** – more social housing will have been built to mobility standards and some to wheelchair user standards by virtue of compliance with regulatory requirements.

In terms of sheltered housing for rent our property survey shows the following:

- Wheelchair user provision is low at 16% of sheltered flats and only 1% of bungalows
- 12 Category 2 schemes are without lifts which will severely restrict the potential attractiveness of these schemes to older people either experiencing or anticipating mobility problems in the future

### 4.4.6 Influencing factors – Access to Adaptations

As most older people will want to stay in their homes as long as possible, it is important to consider the future demand for adaptations. Evidence for this exists from the housing needs survey which asked about adaptations needed in the next three years, with the following results.
Fig. 4-34: Types of Adaptations Needed for Current Member in Next 3 Years

Question 12

<table>
<thead>
<tr>
<th>Adaptations</th>
<th>% responses</th>
<th>% households</th>
<th>N°°°. implied (all choices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathroom adaptations</td>
<td>17.4</td>
<td>25.2</td>
<td>1,960</td>
</tr>
<tr>
<td>Extension</td>
<td>15.5</td>
<td>22.5</td>
<td>1,749</td>
</tr>
<tr>
<td>Handrails / grabrails</td>
<td>13.2</td>
<td>19.1</td>
<td>1,488</td>
</tr>
<tr>
<td>Stairlift / vertical lift</td>
<td>11.7</td>
<td>16.9</td>
<td>1,314</td>
</tr>
<tr>
<td>Ground floor toilet</td>
<td>9.7</td>
<td>14.1</td>
<td>1,099</td>
</tr>
<tr>
<td>Wheelchair adaptations</td>
<td>8.3</td>
<td>12.0</td>
<td>934</td>
</tr>
<tr>
<td>Access to property</td>
<td>7.4</td>
<td>10.7</td>
<td>830</td>
</tr>
<tr>
<td>Other</td>
<td>16.8</td>
<td>24.3</td>
<td>1,891</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>11,265</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Table 8-8 Elmbridge Borough Council Housing Needs Survey, 2005)

‘Access to property’ adaptations are near the bottom of the table with only 7.4% of the responses and 10.7% of households. Bathroom adaptations and extensions are at the top of the table with 17.4% and 15.5% of the responses respectively.

With the ageing population in Elmbridge it is reasonable to assume a growing demand for adaptations. Evidence of high demand for adaptations but low grant take up indicates that new ideas are needed to ensure that older people obtain the adaptations that they will increasingly need to their houses.

The council will also need to consider whether its planning policies are adequate to ensure that new housing will be accessible to all and how it will ensure that some accommodation built to wheelchair standards will be provided.

4.4.7 Influencing factors – quality of housing

Housing demand is also influenced by the actual or perceived quality of the housing that is or can be provided. Evidence in Elmbridge indicates the following:

- Patchy demand for sheltered housing for rent. Good level of demand where the scheme is in a good location vis-a-vis local facilities; good accessibility, good quality of accommodation; good range of services etc. Very poor demand for schemes that offer poor locations, poor accessibility, poor quality of accommodation etc. Overall, the pace of improvements to the quality of this accommodation is not keeping pace with increasing aspirations of older people, resulting in a decline in demand for this product.

- Good demand for new higher quality private sheltered housing for sale, but low demand (indicated by low prices and length of time to
achieve resale) for some resale flats in schemes offering poorer locations and poorer quality of accommodation. If this trend continues private providers will also need to review the sustainability of some schemes at some point in the future.

- Stronger demand by older people for unsupported ordinary housing for rent (but designated for older people) than for specialist sheltered housing for rent, as evidenced by 1 provider in the borough that is able to offer both forms of accommodation. Providers also confirm strong ongoing demand for the small stock of bungalows in the borough.

- Strong demand for the only extra care flats at Whiteley Village

Lack of suitable quality of housing for older people will not enable the housing market to operate effectively, for example it will not encourage older people to downsize into more suitable sized accommodation in either the social rent or the private sectors, downsizing which would provide more housing opportunities for young families looking for larger accommodation in the borough.

4.4.8 Influencing factors – choice of housing

We have already commented on the limited range of suitable accommodation available to older people in the borough:

- Little cat 1, bungalows, or other unsupported ordinary housing for rent
- Little specialist extra care housing for rent or sale
- Little opportunity for those who may be interested in low cost shared equity sheltered accommodation

The consequences of this lack of choice are:

- As above, older people will not move and free up larger houses if their preferred choice of accommodation is not available
- Some older people will end up in unsuitable accommodation. For example, the difficulty in accessing the small amount of extra care in the borough is likely to lead to some older people ending up in residential care when this may not have been the most suitable form of accommodation for them.

4.4.9 Influencing factors – supply side changes

Elmbridge has an annual net shortfall of affordable housing to the sum of 698 units. The table below offers a comparison between Elmbridge and the other East Surrey areas, in order to achieve some context for this figure. The consequences of this shortfall are increasing pressures on the borough’s housing register, with only those with the very highest need being offered
social rented accommodation. Such circumstances mitigate against older people accessing ordinary social housing unless they have other needs that will place them higher up in the priority list.

Fig. 4-35: Annual Net Shortfalls of Affordable Housing in East Surrey

<table>
<thead>
<tr>
<th>Authority</th>
<th>Affordable Need</th>
<th>Re-let Supply</th>
<th>Total Need</th>
<th>New Supply</th>
<th>Affordable Shortfall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>1,048</td>
<td>350</td>
<td>826</td>
<td>128</td>
<td>698</td>
</tr>
<tr>
<td>Epsom &amp; Ewell</td>
<td>559</td>
<td>89</td>
<td>470</td>
<td>-*</td>
<td>470</td>
</tr>
<tr>
<td>Mole Valley</td>
<td>1,334</td>
<td>366</td>
<td>1,096</td>
<td>98</td>
<td>968</td>
</tr>
<tr>
<td>Reigate &amp; Banstead</td>
<td>970</td>
<td>447</td>
<td>703</td>
<td>180</td>
<td>523</td>
</tr>
<tr>
<td>Tandridge</td>
<td>720</td>
<td>271</td>
<td>505</td>
<td>56</td>
<td>449</td>
</tr>
<tr>
<td><strong>East Surrey</strong></td>
<td><strong>4,631</strong></td>
<td><strong>1,523</strong></td>
<td><strong>3,570</strong></td>
<td><strong>462</strong></td>
<td><strong>3,108</strong></td>
</tr>
</tbody>
</table>

(Table 11-1 East Surrey Strategic Housing Market Assessment (2008))

4.4.10 Influencing factors – consequences of competition for available housing

Ordinary social housing for rent - access to this accommodation is effectively highly restricted to older people as an unintended consequence of the chronic shortage of affordable housing in the borough and the prevailing needs based allocation policies that have to be in place to ration what available housing there is. The largest provider of affordable general purpose housing in the borough confirms that all available one bed properties are allocated to high need or vulnerable applicants. As a consequence, the choices for older people are effectively restricted to sheltered housing as these flats are in low demand and readily available to older people. The fact that people may compromise on their preferred form of accommodation if access to it is unavailable needs to be factored in to any assessments of housing demand.

Sheltered housing for rent – due to low demand, some sheltered housing is increasingly made available to:

- Younger older people – 50+, independent, often in employment, and without support needs
- Much older and often frailer people in their 80’s+

The consequence of this diversity of ages and circumstances in sheltered schemes can present management difficulties for the landlord.
Private sheltered housing - older people in the market will help fuel and sustain high prices in Elmbridge. One of the consequences of this may be that a new market emerges in shared equity where traditional homeowners, now approaching retirement, may seek low cost quality accommodation that releases some equity for enjoying their retirement. The high value nature of the Elmbridge housing market may provide the right environment for innovative shared equity products to be tested.

4.4.11 Existing demand assessments

- **Specialist housing for older people**

In terms of the future need for supported housing, the following table comes from the 2005 Housing Needs Survey.

**Fig. 4-36: Type of Supported Accommodation Required**

<table>
<thead>
<tr>
<th>Type</th>
<th>%</th>
<th>No(^\circ). implied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent accommodation (with external support)</td>
<td>54.0</td>
<td>204</td>
</tr>
<tr>
<td>HA sheltered housing</td>
<td>34.6</td>
<td>131</td>
</tr>
<tr>
<td>Independent accommodation (with live in carer)</td>
<td>9.3</td>
<td>35</td>
</tr>
<tr>
<td>Private sheltered housing</td>
<td>2.1</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>378</td>
</tr>
</tbody>
</table>

*No data for other categories*

*(Table 8-9 Elmbridge Borough Council Housing Needs Survey, 2005)*

It should be noted here that household surveys do not include households living in supported or sheltered accommodation and are therefore an estimate only of those living in their own home. The data in the following table will therefore under-estimate the total need for supported housing because it does not take account of households needing to move on, for instance from sheltered to extra care housing. This aside, it is very clear from the data contained in this table that independent accommodation (with external support) is by far the most popular choice, with 54\% of the responses, followed by HA sheltered housing at 34.6\%. There were no data for residential care or nursing homes here, which may suggest a lack of popularity for such housing options.

The following table considers the number of older people who may be moving into the area in the next 3 years, according to relatives who have responded to the Housing Needs Survey. The other areas in East Surrey are also considered in this table. Elmbridge has by far the highest numbers of older people implied here, at 3,158.
When the demand for sheltered housing from both the existing and in-migrant households is considered, Elmbridge could expect a demand for 1,462 units of sheltered housing, according to analysis from the housing needs surveys. When this is broken down into ‘Private’ and ‘Affordable’ units, there is a far greater demand for affordable units at 839 units. However, this apparent demand in Elmbridge, when compared with the demand in the other East Surrey areas, shows that the domination of affordable over private in Elmbridge is not mirrored in the other areas.

- **Sheltered housing for rent**

  The strategic housing market assessment has projected a need for 839 new affordable sheltered units in the borough. The methodology to come to this figure involves:

  - Taking the data from the housing needs survey which asked those households that said they were interested in supported housing, which type of housing they required in the next 3 years – 129 households cited private sheltered housing, and
  
  - Adding to this the data from the housing needs survey which asked existing households about the housing needs of their older relatives and, for those that said they had elderly relatives who may need to move to Elmbridge in the next 3 years, what sort of accommodation was required – 706 cited affordable sheltered housing for rent

Our consultation with local sheltered housing providers identifies that their experience of housing demand for sheltered housing for rent is in marked contrast with the projections in the housing market assessment.

Many providers have decommissioned schemes in the borough as a result of low demand, coupled with the inappropriateness of the accommodation not encouraging long term sustainability – particularly provision of bedsits, and inability to alter scheme design to provide for lifts. There is also some

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**Fig. 4-37: Elderly Relatives Moving to the Area in the Next 3 Years**

<table>
<thead>
<tr>
<th>Area</th>
<th>%</th>
<th>Nos. implied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>6.0</td>
<td>3,158</td>
</tr>
<tr>
<td>Epsom &amp; Ewell</td>
<td>5.5</td>
<td>1,551</td>
</tr>
<tr>
<td>Mole Valley</td>
<td>7.5</td>
<td>2,478</td>
</tr>
<tr>
<td>Reigate &amp; Banstead</td>
<td>5.0</td>
<td>2,722</td>
</tr>
<tr>
<td>Tandridge</td>
<td>7.1</td>
<td>2,341</td>
</tr>
<tr>
<td><strong>East Surrey</strong></td>
<td>6.2</td>
<td>12,250</td>
</tr>
</tbody>
</table>

*Source: Housing Needs Surveys (East Surrey Strategic Housing Market Assessment (2008))*
evidence from providers that ‘younger’ older people, still in employment are taking flats somewhat reluctantly, not being able to access a general purpose non sheltered flat which was their preference.

Our views about the projections for additional supply of the strategic housing market assessment are that the methodology is not sufficiently robust to rely on this projection alone. We would moderate this projection in the following ways:

- The projection does not consider the availability of existing sheltered accommodation to deal with this projected demand. With current provision at 1279 units and a given a fairly conservative turnover rate of 10% p.a it follows that the relet market will provide for c. 400 applicants over the next 3 years and for around 1300 applicants over the next 10 years
- The projection takes no account of the preferences of older people and, as we have remarked elsewhere current provision is not taking account of older people’s aspirations for larger flats, for accessible flats, and for non sheltered accommodation (note that the survey was the view of younger relatives not of the older relatives concerned). The fact that older people are clearly ‘voting with their feet’ cannot be ignored
- The projection takes no account of and runs contrary to migration data which indicates that many more older people are leaving Elmbridge to retire than are entering the borough for this purpose
- The projection takes no account of current registered demand. For example, out of 421 older people currently on the Elmbridge Housing Register only 256 older people are registered for sheltered housing

On the basis of the above, PFA conclude that there is sufficient evidence for our not supporting the need for any additional sheltered units for rent in the borough. Indeed, we would go further. We have identified a number of remaining sheltered schemes for rent that demonstrate poor performance and poor quality, and without major investment from the landlords we do not see a long term future for these schemes. Over the next 10 years we recommend a gross reduction in sheltered housing for rent of a further 200 - 300 of the lowest quality and performing units

- **Sheltered housing for sale**

The strategic housing market assessment has projected a need for 623 new private sheltered units in the borough. The methodology to come to this figure involves:

- Taking the data from the housing needs survey which asked those households that said they were interested in supported housing, which type of housing they required in the next 3 years – 8 households cited private sheltered housing, and
• Adding to this the data from the housing needs survey which asked existing households about the housing needs of their older relatives and, for those that said they had elderly relatives who may need to move to Elmbridge in the next 3 years, what sort of accommodation was required – 618 cited private sheltered housing

Research provided by some of the volume retirement housing providers indicates the following (general, not Elmbridge specific) demand characteristics in relation to their product:

• 60% of purchasers are likely to be single females, 15% single males and 25% couples
• 50% of purchasers are likely to be local (within 5 miles of the scheme)
• Average purchaser age of 80
• 82% of purchasers are likely to be trading down, 10% across and 10% up
• 17% of purchasers are likely to be coming from 3-5 bed detached houses (but sometimes as high as 35%), 40% from 2 or 3 bed semis, 17% from 2 or 3 bed terrace, 21% from 2-3 bed bungalow, and 7% from 1 or 2 bed flat
• Trend towards greater demand for 2 bed flats rather than 1 bed
• 84% of purchasers move to have better access to local shops and facilities, 81% to have on site supervision, and 60% to rid themselves of unwanted responsibilities
• 55% of existing residents cite personal security as the biggest advantage of private sheltered housing

Our consultation with local retirement housing providers has identified a view that the Elmbridge retirement market is strong and that, subject to market conditions, providers will want to provide further opportunities to meet this demand.

Our views about the projections for additional supply of the strategic housing market assessment are that the methodology is not sufficiently robust to rely on this projection alone. We would moderate this projection in the following ways:

• The projection does not consider the availability of private accommodation in the second hand market. With current provision at 621 units and a conservative turnover rate of 10% p.a. it follows that the resale market will provide for c. 180 purchasers over the next 3 years and for around 600 purchasers over the next 10 years
• The projection takes no account of the preferences of older people and, as we have remarked elsewhere current provision is not taking account of older people’s aspirations for larger flats and is not
addressing the aspirations of more affluent older people in the borough for higher quality accommodation that might encourage them to ‘downsize.’

- The projection takes no account of and runs contrary to migration data which indicates that many more older people are leaving Elmbridge to retire than are entering for the borough for this purpose.

PFA conclude that there are grounds for supporting the need for a target of 200 extra private sheltered units for sale over the next 10 years.

- **Extra care housing**

Demand issues for extra care housing are extremely difficult to quantify as this is a ‘young’ product, and which PFA consumer research has confirmed older people know very little about and have probably not heard of at all. However, evidence where provision for extra care has been made, confirm the popularity of the product, providing the sort of independent yet supported living environment that meet the aspirations of a significant number of older people.

The main studies that have attempted to project the need for extra care housing in the borough are the Elmbridge strategic housing market assessment (principally based on the housing needs survey), the Request for Information from Surrey County Council (SCC) in 2008, and the Mid Surrey Extra Care Housing Strategy (March 2006).

The strategic housing market assessment did not include questions around the need for extra care housing, although it was included in a question to those requiring supported accommodation over the next 3 years, what form would it take. There was a nil response for extra care in Elmbridge although fairly significant responses in 3 other of the east Surrey authorities.

The Request for Information referred to a previous report for SCC which concluded that SCC seek nomination rights to an additional 565 extra care housing units across the county in the 5 years from 2007/08 to 2011/12, including 60 of these which should be in Elmbridge. Unfortunately, PFA is not aware of the methodology of this research.

The Mid Surrey study has projected extra care requirements based on provision per 1000 population over 75+. This projects a requirement (or shortfall) of 50 ECH units for rent and 89 ECH units for sale in East Elmbridge.

We consider the Mid Surrey study methodology to be reasonably robust and satisfactory for making reasonable projections. PFA considers the Mid Surrey projections be moderated to reflect the following factors:

- Projection to include for the whole of Elmbridge not just East Elmbridge
The demographic profile of Elmbridge, particularly the very high over 85 population existing and increasing. Over 85’s are likely to be a key market for extra care with average age of entrants being typically in the 83-85 age range (compared with 78-81 for sheltered housing)

The very low level of current provision, hence the low level of relet opportunities that will come forward from existing provision

On this basis, PFA project the need to encourage a minimum of 250 additional units of ECH in the borough over the next 10 years

• General non-specialist housing for older people

Neither the housing needs survey nor strategic housing market assessment effectively deal with the issue of older people’s demand for and access to general purpose housing.

In the social housing sector, we have been able to identify a strong demand from older people for ordinary social housing for rent:

1. Of 421 older people registered for housing on the Elmbridge Housing Register, nearly 50% are registered for ordinary social housing
2. RSMHA experience a stronger demand from older people to their non sheltered flats reserved for older people than they do for their sheltered housing
3. EHT report a strong demand from older people for their bungalows

The introduction of choice based lettings may result in further demand evidence emerging, although research by PFA for another local authority found that older people were not participating in the scheme in proportion to their numbers and required additional support (along with other vulnerable groups) to access and benefit from the scheme. However, as commented above, older people’s access to general needs accommodation will remain extremely low whilst vulnerability/needs based criteria prevail.

4.5 Key issues moving forward

• Balance of specialist housing supply

There is an adequate supply of care homes and care homes with nursing, including for people with dementia, but an imbalance in specialist housing provision, indicating poor choice of specialist housing for those older people looking for this:

• Too much low quality sheltered housing for rent
• Too little high quality private sheltered housing for sale
• Too little extra care housing either for rent or for sale
• No sheltered housing to privately rent
• No sheltered housing to buy on a part rent/part buy basis
• A low proportion of bungalows to rent or buy compared to neighbouring boroughs
• Too few 2 bedroom or above sheltered units to buy or to rent

• **Access to ordinary non-specialist housing**

By far the majority of older people want to live in non-specialist housing with services brought to them. There is inadequate access and poor choice of older people to ordinary housing provision:

• The prevailing points system approach to housing need has resulted in very few older people being able to access ordinary social housing for rent
• Very little ordinary social housing for rent is ‘reserved’ or designated specifically for older people
• Prevailing allocation policies make it very difficult for older people to secure anything other than 1 bed properties to rent when most older people are looking for at least 2 bedrooms
• Most ordinary housing for rent or sale is not physically accessible to all
• Very little ordinary housing for rent or sale has been adapted for wheelchair users

• **Market efficiency**

As a consequence of the imbalance of specialist housing provision for older people, there are a number of areas that may indicate that the local market is not working efficiently. For example:

• Because they cannot access ordinary social housing it is likely that some older people are entering sheltered housing which is not the type of housing that they really want
• With no extra care housing for sale, but with plenty of resale retirement flats for sale, some owners continuing to live in large unsuitable houses, are likely to be doing so because of an absence of attractive local alternatives or incentives that might encourage them to move
• Older people are overrepresented in the private rented sector which may indicate inability to access the social housing sector
• Many older people are leaving the borough (many more than entering the borough) in order to realise their preferred form of
retirement accommodation, and it is likely that some of these are leaving because they cannot find what they want in Elmbridge.

- Many identify a lack of knowledge and information about what housing choices might be available to them in the borough

- **Capacity to influence**

Co-ordinated work between the borough council (housing and planning functions), the county council (adult social care and Supporting People functions), and their housing association partners have the capacity to make significant impact to help resolve some of these problems. Examples of measures that should have a positive impact and could be considered include:

- Development of planning policies that would ensure that all new housing is provided to mobility standards, that some wheelchair housing is provided, that bungalows, extra care housing and private retirement housing are encouraged and enabled
- Expansion and targeting of grant and care and repair activity in the private sector to help more older people
- Measures to enable more older people to access ordinary social housing
- Measures to encourage providers to develop the market for extra care housing in the borough
- Measures to encourage more older people to downsize in both the private and social rented sectors
- Land and property assets available for development/redevelopment are jointly reviewed by the partners with the aim of ensuring these assets make the most effective contribution to implementing the borough’s housing strategy

These matters will be taken forward and developed as specific recommendations in section 6 of the report.
5. Housing, Support and care services for older people

5.1 Introduction

This section of the report first of all looks at who is living in sheltered and extra care housing and the current system of housing support.

It then goes on to look at the wider service system for older people, using the framework set out in *Putting People First* of: social capital, universal services, early intervention and prevention, and choice and control.

5.2 Who is living in sheltered and extra care housing and the services they receive

As part of this review scheme managers/housing support staff from 6 providers covering 28 sheltered and one extra care scheme carried out a survey about their residents. In total we received anonymised and de-personalised information on 1475 residents. The survey looked at:

- Who was living in sheltered and extra care housing by age, gender and ethnicity, their dependency level and the types of services they were receiving
- Their dependency levels, based on a simple activities of daily living assessment, which are then compared with other authorities
- Schemes with a significant number of people with confused behaviour, or with people with drug or alcohol problems
- Moves from sheltered and extra care housing into higher care settings
- The level of services

This survey repeated a similar survey we undertook of sheltered housing residents of EHT and RSMHA in our previous study in 2000.

*Gender, ethnicity and age of residents*

**Gender**

Around one third of people surveyed (34.5%) were men and two thirds (65%) women, similar to the previous survey in 2000. However, for the one extra care scheme only 16% were men and 84% were women.
There were 175 couples, reflecting nearly a quarter (24%) of people surveyed. This highlights the importance of having sufficient specialist housing stock for couples.

**Ethnicity**
96% of residents were white with 24 people (2%) from black and minority ethnic groups. The ethnicity of 2% was not known.

**Age**
Fig. 5-1 below shows the breakdown of resident by age. Two thirds of residents were aged 75+ (28% of these aged 85+), with nearly a quarter aged between 65 and 74 and 10% aged between 50 and 64.

The picture for the extra care scheme shows a much older age profile, with 80% aged 85+.

**Fig. 5-1: Age Profile**

**Dependency levels**
PFA used 5 dependency levels based on 5 levels from independent to maximum dependency. Sheltered and housing support staff were provided with criteria (based on activities of daily living assessments) to enable them to determine the dependency level of their residents. The breakdown is provided in Fig.5-2 below. The figures show progressively higher dependency levels in the different types of housing provided, with the level significantly higher in the extra care scheme, in line with the higher age profile of residents.
Excluding the extra care scheme dependency levels in sheltered housing are now lower than when we last carried out a smaller sample of this survey in 2009 of 983 residents living in EHT and RSMHA sheltered housing for rent.

Fig. 5-3 shows the comparable table from the 2000 survey.

**Fig. 5-3: Dependency levels in sheltered housing**

| Dependency Levels: percentage of tenants surveyed |
|------------------|------------------|------------------|------------------|------------------|------------------|
| independent      | 47.52            | 26.13            | 14.75            | 9.06             | 2.53             |
| high             |                  |                  |                  |                  |                  |
| medium           |                  |                  | 14.75            |                  | 9.06             |
| low              |                  |                  |                  | 26.13            |                  |
| max              |                  |                  |                  |                  | 2.53             |

Table 18, Comprehensive review of sheltered housing in the EBC area, PFA 2000
In Fig. 5-4 we compare the dependency levels with other authorities where PFA has carried out this survey.

**Fig. 5-4: Dependency levels in sheltered housing compared with other authorities**

<table>
<thead>
<tr>
<th></th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>Cat 1</th>
<th>Cat 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind</td>
<td>77.8%</td>
<td>60.6%</td>
<td>65.8%</td>
<td>52.8%</td>
<td>60.3%</td>
<td>37.2%</td>
<td>42.4%</td>
<td>50.8%</td>
<td>9.4%</td>
<td>55.1%</td>
</tr>
<tr>
<td>Low</td>
<td>22.2%</td>
<td>23.9%</td>
<td>16.1%</td>
<td>22.9%</td>
<td>18.5%</td>
<td>31.3%</td>
<td>35.7%</td>
<td>26.4%</td>
<td>81.9%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Med</td>
<td>0.0%</td>
<td>9.5%</td>
<td>11.8%</td>
<td>17.3%</td>
<td>15.4%</td>
<td>20.4%</td>
<td>14.7%</td>
<td>12.6%</td>
<td>5.4%</td>
<td>14.1%</td>
</tr>
<tr>
<td>High</td>
<td>0.0%</td>
<td>5.6%</td>
<td>4.7%</td>
<td>5.8%</td>
<td>5.4%</td>
<td>9.2%</td>
<td>7.1%</td>
<td>6.9%</td>
<td>2.7%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Max</td>
<td>0.0%</td>
<td>0.4%</td>
<td>1.7%</td>
<td>1.2%</td>
<td>0.4%</td>
<td>1.9%</td>
<td>0.0%</td>
<td>3.3%</td>
<td>0.7%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Please note that the above percentages are worked out using the total no. of respondents not the total no. of tenants as in other tables

This table shows that dependency levels of people living in category 1 and 2 sheltered housing are lower than in examples of other authorities surveyed by PFA. We did not have the resources within this study to probe the reasons for this in detail. However, we think the two main reasons are:

- Firstly, the lack of small one and two bedroom general needs social housing available in the borough means that older people wanting to trade down are moving to sheltered housing for mainly housing reasons not because they need the wider support role that sheltered housing can play
- Secondly, some providers may be focusing in their own right on seeing sheltered housing as primarily a housing resource and on limiting the level of dependency they will accept for new sheltered lettings

**Residents with confused behaviour, drug or alcohol problems**

In addition we asked scheme managers/housing support staff to identify residents with confused behaviour, depression or with drug or alcohol problems.

Fig. 5-5 below shows the numbers of people, and percentage of people surveyed, in each of these groups.
Fig. 5-5: Behaviour causing concern

<table>
<thead>
<tr>
<th>People with behaviour causing concern:</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confused behaviour</td>
<td>40</td>
<td>2.7%</td>
</tr>
<tr>
<td>Depression</td>
<td>62</td>
<td>4.2%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>13</td>
<td>0.9%</td>
</tr>
<tr>
<td>Drugs</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Evidence from similar studies carried out by PFA in other authorities indicates that there can be significant management problems in schemes where there are clusters of residents with confused behaviour, or alcohol problems. Indeed some authorities have, as a deliberate policy grouped older people with a history of homelessness or an unsettled way of life in particular sheltered schemes, and have then had to reverse such a policy because of the management problems that have resulted, and the negative effects on the quality of life of other residents. In Elmbridge the survey showed no schemes with 3 or more people with alcohol or drug relate behaviour causing concern.

However, it did identify 3 schemes with 3 or more people who showed confused behaviour and 6 schemes with 3 or more people who had indications of depression.

**Services**

The tables below, Figs. 5-6 and 5-7, show the numbers and percentages of residents receiving services. The survey shows a reduction in the percentage of people receiving services in sheltered housing such as home care, day care and district nursing services compared with our earlier survey in 2000. Practical services relate to services such as cleaning and shopping. Intensive warden support refers to providing more than a normal level of support for the average resident.

**Fig. 5-6: Residents receiving services**

<table>
<thead>
<tr>
<th>Residents receiving services</th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>EC</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care (SS)</td>
<td>0</td>
<td>76</td>
<td>30</td>
<td>106</td>
</tr>
<tr>
<td>Home Care (PFund)</td>
<td>0</td>
<td>36</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>Prac. Serv</td>
<td>1</td>
<td>264</td>
<td>48</td>
<td>313</td>
</tr>
<tr>
<td>Dist Nurse</td>
<td>0</td>
<td>66</td>
<td>5</td>
<td>71</td>
</tr>
<tr>
<td>Day Care</td>
<td>0</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Respite Care</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>1</td>
<td>47</td>
<td>39</td>
<td>87</td>
</tr>
<tr>
<td>Visiting/befriending</td>
<td>0</td>
<td>43</td>
<td>2</td>
<td>45</td>
</tr>
<tr>
<td>Care family</td>
<td>0</td>
<td>464</td>
<td>36</td>
<td>500</td>
</tr>
<tr>
<td>Int. warden</td>
<td>0</td>
<td>3</td>
<td>18</td>
<td>21</td>
</tr>
</tbody>
</table>
### Residents receiving services - percentages

<table>
<thead>
<tr>
<th>Service</th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>EC</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care (SS)</td>
<td>0.0%</td>
<td>5.4%</td>
<td>60.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Home Care (PFund)</td>
<td>0.0%</td>
<td>2.5%</td>
<td>16.0%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prac. Serv</td>
<td>11.1%</td>
<td>18.6%</td>
<td>96.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Dist Nurse</td>
<td>0.0%</td>
<td>4.7%</td>
<td>10.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Day Care</td>
<td>0.0%</td>
<td>0.8%</td>
<td>8.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Respite Care</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>11.1%</td>
<td>3.3%</td>
<td>78.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Visiting/befriending</td>
<td>11.1%</td>
<td>3.3%</td>
<td>4.0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Care family</td>
<td>0.0%</td>
<td>32.8%</td>
<td>72.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Int. warden</td>
<td>0.0%</td>
<td>0.2%</td>
<td>36.0%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

The table below shows the level of services compared with a number of other authorities where PFA has carried out this survey. Again the survey shows a lower level of services in Elmbridge than in other authorities.
**Fig. 5-8 Services in sheltered housing compared with other authorities**

<table>
<thead>
<tr>
<th>Services</th>
<th>Elmbridge Cat 1</th>
<th>Elmbridge Cat 2</th>
<th>W Midlands Cat 1</th>
<th>W Midlands Cat 2</th>
<th>Northern urban/rural Cat 1</th>
<th>Northern urban/rural Cat 2</th>
<th>Northern urban (1) Cat 1</th>
<th>Northern urban (1) Cat 2</th>
<th>Northern urban (2) Cat 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care (SS&amp;PF)</td>
<td>0.0%</td>
<td>9.0%</td>
<td>5.5%</td>
<td>21.4%</td>
<td>7.6%</td>
<td>19.4%</td>
<td>16.9%</td>
<td>20.7%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Prac. Serv</td>
<td>11.1%</td>
<td>22.7%</td>
<td>5.2%</td>
<td>18.8%</td>
<td>3.9%</td>
<td>18.4%</td>
<td>5.4%</td>
<td>4.7%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Sitting</td>
<td>not surveyed</td>
<td>not surveyed</td>
<td>not surveyed</td>
<td>not surveyed</td>
<td>0.2%</td>
<td>0.0%</td>
<td>7.8%</td>
<td>11.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Dist Nurse</td>
<td>0.0%</td>
<td>5.7%</td>
<td>2.2%</td>
<td>8.6%</td>
<td>2.5%</td>
<td>7.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Day Care</td>
<td>0.0%</td>
<td>0.6%</td>
<td>1.6%</td>
<td>5.4%</td>
<td>2.8%</td>
<td>7.7%</td>
<td>5.7%</td>
<td>3.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>11.1%</td>
<td>3.8%</td>
<td>1.2%</td>
<td>7.1%</td>
<td>1.9%</td>
<td>7.3%</td>
<td>2.7%</td>
<td>3.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Care from family</td>
<td>0.0%</td>
<td>37.4%</td>
<td>17.3%</td>
<td>70.2%</td>
<td>24.8%</td>
<td>43.1%</td>
<td>38.9%</td>
<td>19.1%</td>
<td>74.7%</td>
</tr>
</tbody>
</table>

**Vacancies and Moves to residential and nursing home care**

In the sheltered housing property survey we also carried out we asked for information about vacancies and moves to higher care settings. This information is set out in the tables below. This shows that nearly 40% of the moves from sheltered housing were into residential care. It also shows that 50% of the moves from the extra care scheme were into nursing home care.

**Fig. 5-9: Vacancies last year**

<table>
<thead>
<tr>
<th>Vacancies last year</th>
<th>Moves to residential care</th>
<th>Moves to nursing care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cat 2</td>
<td>126</td>
<td>49</td>
</tr>
<tr>
<td>Extra Care</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>50</td>
</tr>
</tbody>
</table>
Fig. 5-10: Moves to higher care as percentage of total vacancies last year

<table>
<thead>
<tr>
<th></th>
<th>Moves to residential care</th>
<th>Moves to nursing care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat 1</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cat 2</td>
<td>38.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Extra Care</td>
<td>10.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Total</td>
<td>36.5%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Conclusions

There are some surprising conclusions to this survey of Elmbridge residents living in sheltered housing for rent. The main one is that despite the ageing of the population the overall dependency level of sheltered housing residents and the level of services they receive are both lower than when we last carried out this survey in 2000 (although the last survey was of a smaller sample of residents). This is untypical of what we have found in other parts of the country, where the level of dependency and level of services both seem to be higher. Reasons for this might be:

- Either that sheltered housing providers have decided to restrict the level of dependency for new residents at the point of letting
- Or that there is a stronger range of services to sustain vulnerable older people in ordinary housing in the community
- Or a mixture of the two

However, there are within this overall picture, a small number of schemes that are supporting quite a high level of dependency. This includes some schemes with a number of people who are experiencing either confused behaviour or depression. It would be sensible for the providers for these schemes to hold discussions with adult social care to see whether there might be more cost efficient ways of delivering care services into these schemes.

The picture for the extra care scheme is very different as should be expected, in that it is supporting older people with a much higher level of dependence than in sheltered housing.

In addition, 40% of moves from sheltered housing in the last year were to care homes and 50% of moves from extra care were to nursing homes.

The survey raises the question as to whether sheltered housing provision in Elmbridge has more potential to support vulnerable older people with care and support needs in the community.

It also raises the question as to the potential to reduce the level of moves from sheltered housing into residential care and from extra care into nursing home care.
Thirdly, it raises the question as to whether the current pattern and cost of Supporting People funded housing related support is good value for money for both the funders and for older people living in sheltered housing who do not need such a service.

This analysis has focused only on people living in sheltered housing for rent and extra care housing. Most older people live in ordinary housing. We know less about their circumstances, but issues about their quality of life and well-being are addressed later in this section of the report.

5.3 Community alarm, telecare and housing support services

Context

The analysis of the current pattern of community alarm, telecare and housing support services for older people in Elmbridge needs to be set within the context of the government’s personalisation agenda as set out in the Putting People First protocol. This is based around having a personalised approach based around flexible models of service that enable each older person to choose the service.

Current pattern of services in Elmbridge

The Community Alarm Service is run by the Community Services Division of EBC, and provides a 24 hour emergency monitoring service, using the Guildford and Mole Valley control centres. The service has 1060 clients living in general needs housing across the borough who pay £3.80 a week for the service. At present a standard service is offered covering the emergency alarm service, the provision of a pendant, and a key safe service. People who contact the call centre in an emergency are then supported either through the call centre contacting a named relative or neighbour or calling the relevant emergency service. However, unlike in a growing number of other authorities there is no visiting housing support service to go alongside the community alarm service, although two home visits a year are undertaken to check the equipment. The Community Alarm service is provided free for a 12 week period to people coming out of hospital. The service is self funding and does not receive any Supporting People funding for its core service.

Telecare consists of equipment and services that support someone’s safety and independence in their own home. The equipment can sense risks such as smoke, floods and gas, can remind the person to take pills and even call for help if someone falls. A community alarm or call centre can be contacted automatically if any of these problems occur in the person’s home. If needed the call centre can arrange for someone to come to the person’s home or can contact the family, doctor or emergency services. The system can also warn the person of problems by sounding an alarm, flashing lights or vibrating a box which can be kept in their pocket or under their pillow.
The Elmbridge Community Alarm Service received funding from the county council under the telecare grant to pilot the use of telecare. This grant is now finished. However, the county is formulating a telecare strategy which Elmbridge is actively involved in developing, and it is hope that the telecare service will continue and be further developed. Supporting People has picked up the funding for the current telecare service up till April 2010. The issue will be how to mainstream the service and its funding after that.

The Elmbridge Community Alarm Service would like to move further in the development and integration of telecare as a mainstream funded part of the service, and in the development of out of hours services. It is also interested in the development of a tiered service, to offer older people choice of the level of service they want to buy into, as recommended in our earlier 2000 report. Further information on this is provided below.

**Housing Support** services are funded through Supporting People and provided by EHT, RSMHA, Whiteley Village, Walton Charity, Thames Ditton Homes, Anchor Trust, Kingston Churches, and Richmond Churches. The total housing support funding from Supporting People would be approximately £750,000 at 100% occupancy and based on SP grant being claimed for all residents. However, the Supporting People team has advised that a more realistic figure is two thirds of that, approximately £500,000.

Housing support covers residents in the sheltered housing rented stock and the extra care scheme and weekly unit costs vary considerably from provider to provider, ranging from £2.75 to £19.52 a unit. The service is provided by a mix of resident and non resident scheme managers/housing support staff.

There is currently no service for people living in general needs housing in the borough.

**Taking the service forward – building a consensus**

A key aim of the national Supporting People Programme is to develop the provision of housing related support so that it can be available as a service to older people who need it whatever their housing environment – i.e. also to those:

- Living in ordinary housing as well as specialist housing
- Across all tenures i.e. owners as well as people who rent, on a means tested basis

In addition the Surrey Supporting People Strategic Review of Older People’s Services (2008) found:

- Large variations in the way housing support was delivered across the county
- Large variations in the cost of the service funded through Supporting People.
• Examples of how two boroughs in the county have adapted their housing support model to achieve a wider service to people living in ordinary as well as specialist housing.

Discussions have taken place with sheltered housing providers and a workshop was held on this topic at the Stakeholder event on 22 June 2009.

There is broad agreement that the service needs to be re-shaped in line with the aims of Supporting People and to provide a more integrated approach, to link up Community Alarm and telecare services, with the provision of housing support.

The key issues for Elmbridge are: firstly, how to offer a more flexible service (and cost) offer to older people in the borough so that they are paying for the services that they want and need; and secondly, how best to change how housing support is delivered to meet the government aim of opening it up to a wider group of older people in the borough living in ordinary housing.

There are a number of factors to take into account:

• The importance of consulting and engaging older people themselves, particularly current sheltered housing residents, on options for the future
• The money available to continue to fund services contracted under the Supporting People Programme in 2011 is likely to be less than in 2008
• Supporting People funding is no longer ‘ring fenced’ and so there will be greater pressure to fund other services
• In sheltered schemes some older people are ‘fit and active’ and some under pensionable age may be in employment - these people may end up paying for a service that they do not need. In some areas a significant number of older people living in sheltered housing have opted out of paying for housing related support
• Visiting housing support linked to community alarm provision and other technology such as Telecare can provide new ways of delivering housing support services to all that need it, whether in specialist or ordinary housing

A new model for Elmbridge
The starting point for putting forward proposals for a new model for Elmbridge is to provide more choice and control for older people, in line with the government's personalisation agenda.

To achieve this we propose that the housing support and community alarm services are re-shaped to provide a tiered service, linking community alarm and housing support services.
On this basis a menu of services can be developed. It should be person centred so that it can achieve the outcomes that individuals and service commissioners want. We would propose, as a starting point for discussion, that the community alarm service linked to housing support services moves towards a three level service which could link into the adult social service Fair Access to Care (FACS) criteria. The lowest level would offer a basic service with a low access threshold reflecting the strong “peace of mind” element to this service. The menu could comprise:

**Tier 1: Basic community alarm only with emergency response** to enable people to communicate with a control centre that has their health, care and other details to hand and can advise and pass on messages or help co-ordinate matters when needed. This is effectively already available through the Elmbridge Community Alarm Service.

**Tier 2: Medium community alarm services** to do all the above and telephone prompting support/low level visits to remind people to do certain activities, for example, go to lunch, start getting ready, take medication or check on daily routines.

**Tier 3: High-level community alarm services** that do all of the above and provide a planned response or monitor telecare/assistive technology, co-ordinate equipment and services for individuals and carers and help people to lead the lives they want. In most cases these additional services would only be funded by Social Care or Health funds.

In addition there could be a range of specialist assistive technology available that is procured directly from manufacturers on a lease basis. This would cover door entry systems, smoke and burglar systems, PIRs, pressure mats and other equipment including computer-based packages. Indications from current research show that prices can be brought down provided there is likely to be sufficient volume. Elmbridge Community Alarm Services already provide a range of telecare equipment and wish to develop this side of their service further.

In addition, there is a need to develop a tenure neutral approach to housing support for older people in general needs housing who need such a service. It should be built around a floating support service(s) linked to local communities. It should address specialist needs e.g. BME older people; people with chronic conditions; mental health and dementia; homeless older people; and people with disabilities.

Alongside this a ‘community hub’ approach for housing support in accommodation based services - extra care schemes, and perhaps some sheltered schemes that could play an extra care role – could also be developed offering both outreach and in-reach housing support services.

In this approach community alarms form the basic platform upon which tiered levels of flexible support services and technological developments are provided.
An example of the tiered service developed in Woking, is provided as a Case Study example in the box below.

### Woking Borough Council – core and cluster

Woking remodelled their service so that the level of support provided is less dependent on the properties in which people are living. All existing sheltered tenants had their support needs assessed and this resulted in three levels of service which can be delivered in what was previously classed as ‘sheltered housing’. These levels are:

- Supported – alarm and fortnightly or monthly visit
- Sheltered – alarm, more regular visits, minimum of once a week
- Enhanced – additional one hour support per week

The supported and enhanced level is also delivered to tenants living outside of the schemes. This means a sheltered scheme manager will be supporting tenants within a specific scheme and in the surrounding area, and will be providing different levels of service to these tenants according to their needs rather than their location.

This approach should apply to:

- People living in ordinary housing across tenures; and
- People living in sheltered housing

Moving to this approach does not mean that everyone currently receiving the Community Alarm service will receive Supporting People funding as most will be self payers.

### The implications for older people in Elmbridge

The implications for older people in Elmbridge are:

- The community alarm service would offer a wider choice as a tiered service, linked to housing support
- Housing support services would become available to people in ordinary as well as specialist housing
- People living in sheltered housing would be able to choose whether they wanted a basic community alarm service or an enhanced housing support service as well

There is an additional issue about what this approach will mean for sheltered schemes which currently have scheme based staff and resident wardens. Schemes with scheme based staff would still offer a service to older people but the level of service would be based on what older people wanted, linked to
the self directed support approach of older people identifying, with housing support staff, whether or not they need housing support, and whether this would be on a self funded basis, or paid through Supporting People funding.

Older people living in schemes which currently have resident wardens/scheme managers would need to be consulted if the landlord wishes to move to a non resident service. We are aware that this issue is currently receiving considerable media attention in some areas (e.g. Barnet) and would need to be handled sensitively. However, for PFA, the issue is not about whether or not there is a resident or non resident warden/scheme manager, since resident wardens/scheme managers do not offer a 24 hour service anyway or provide a different service to non resident wardens/scheme managers. The issue is how they use their time both for residents of their scheme, and for other older people living in the community close by who also have housing support needs.

The implications for current sheltered housing providers in Elmbridge

The implications for sheltered housing providers need to be set within the context of the sheltered housing resident survey, which shows a high level of older people with no housing support needs. This does not offer good value for money, especially when Supporting People funding needs to be opened up to people living in ordinary housing, and there is a need for additional extra care in the borough.

The implications for current sheltered housing providers in Elmbridge are:

- They would offer a better value for money tiered service in sheltered housing as for people living in general housing, thereby offering more choice to older people
- The basic level of service would be a community alarm emergency response only service
- Housing support services could be provided on top of this based on what older people wanted, linked to the self directed support approach of older people identifying, with housing support staff, whether or not they need housing support, and whether this would be on a self funded basis, or paid through Supporting People funding
- With fewer sheltered housing residents either wanting a housing support service or identifying that they need such a service, funding will be freed up for a floating housing support service to be provided to people living in general needs housing
- Sheltered housing providers will need to review whether or not they want to continue to provide housing support services. If they do not wish to continue running a housing support service then the service would need to be commissioned through another provider. Some large providers, such as London & Quadrant, have made the decision to pull out of providing housing support services completely
If they wish to continue to provide a housing support service then at a minimum they will need to diversify the service by:
- Either staff covering a number of sheltered schemes; and/or
- Offering support to older people in the local community as well as their sheltered residents

A new floating support service will need to be commissioned by Supporting People for older people living in ordinary housing

In addition to needing to decide whether they will want to continue to provide Supporting People funded housing support services, providers will also need to:
- Address their cost base if they currently provide a higher than average unit cost service. For example a full time scheme manager for a small sheltered housing scheme would not be a justifiable cost
- Determine whether or not, depending on the dependency levels in their existing services, it is still appropriate to describe their schemes as sheltered housing. It may be appropriate to re-designate some schemes as Older People’s Housing rather than sheltered housing
- Consider whether they would wish to tender for the broader floating support services that will be commissioned

The implications for commissioning Supporting People services in Elmbridge

Some SP authorities have taken the approach of starting completely from scratch and moving to one or more floating support contracts across an area. Whilst this has some merits, it does not take account of older people who wish to continue to receive their current service or of providers who might have a different, but still cost effective model of service delivery.

Our view is that the issue is not whether or not a provider wishes to have scheme based resident or non resident wardens. The issue is about being able to offer a flexible and cost effective service to people living in both sheltered and general needs housing. Scheme based staff can be just as effective through providing a community outreach housing support service to people living in general needs housing as a stand alone floating support service. This is particularly true in more rural areas where travel costs of housing support staff can be costly.

The Supporting People team might therefore be funding the following type of Supporting People contracts:
- A community alarm only service
- A floating housing support service delivering a service to older people in general needs housing, and to people in sheltered housing where providers no longer want to continue providing a housing support service. This would work alongside the community alarm service and provide a tiered level of response based on a Supporting People needs assessment
• A hub and spoke service provided by sheltered housing providers who wish to continue to provide a housing support service with staff covering a particular sheltered scheme or group of schemes supplemented by an outreach housing support service to older people in the local area

• A scheme based housing support service for extra care schemes, based on an individual contract for each extra care scheme

Contracts would need to be offered within a cost range that would allow for the overall re-shaping of the service in the way that we have outlined. It would also need to allow for future funding of additional extra care places to meet the need identified and for a floating support service for people living in general needs housing.

Overall, this means that Elmbridge moves from a provider led approach based on historic costs, to a commissioner led approach based on value for money and more choice for older people in line with the government’s personalisation agenda.

Moving forward
We propose that EBC, Surrey County Council SP team and current providers go through a three stage process of change:

• Firstly, meeting together to agree the principles of the approach outlined

• Secondly, going through a consultation exercise with their residents and other older people in the borough

• Thirdly, undertaking a commissioning and contract/tendering exercise for the new SP approach

5.4 The wider service system for older people

The main focus on our work has been on housing related services. However, they are only part of the jigsaw and can only play a part in promoting well-being and control for older people in the borough. In this section we look in less detail at the wider services system for older people, using the four headings in *Putting People First* as shown in the diagram in Fig. 5-11 below.
5.4.1 Social capital

Consultation and engagement

EBC already has a good track record of consulting with older people, not just in relation to this strategic needs assessment, but more widely. Older people are members of the Residents Panel and so get consulted on a wide range of Borough issues. There was also a detailed consultation as part of the development of the Borough’s Older People’s Strategy 2008-2011.

Surrey County Council has developed a 50+ Network, and the Community Services Division of EBC is supporting the development of the Elmbridge 50+ Network group. However, unlike a growing number of other parts of the country, there is as yet no mechanism for formally engaging older people as partners in planning for an ageing population as a key factor in the Borough’s future economic and social sustainability. This was identified at the Stakeholder workshop as a gap that needed to be addressed. Other areas have found that having a formal engagement structure with older people, such as an independent Older People’s Forum linked to the local strategic partnership, that gets ‘beyond the usual suspects’, brings considerable energy, skills and talents to the table in a way that supports the work of both the local authority and other organisations working in Elmbridge.
Volunteering

Elmbridge has a very well established culture of volunteering and the Community Services Division has just appointed a Volunteer Co-ordinator. EBC core funds the Elmbridge Volunteer Bureau, which operates through Voluntary Action Elmbridge. The Community Services Division has over 800 volunteers who support a wide range of activities. In addition, the volunteer car care schemes also use volunteers to undertake trips to hospital and other settings.

The focus groups included some older people who were active volunteers. They felt very strongly that publicity was needed on a regular basis to ensure that the flow of volunteers was sustained and increased in the future. There was a wider recognition from older people in the focus groups that volunteering, alongside formal service provision, was an important element in addressing the needs of a growing older population in the borough. This is addressed as an action in the borough’s Older People’s Strategy.

The Stakeholder event, in considering the impact of the projected growth in the older population, highlighted the importance of older people as volunteers with skills to act as Board Members for voluntary organisations. Voluntary Action Elmbridge already advertise for volunteers on their website. This could include advertising for Board vacancies. In addition the Borough and County Councils could use their websites to signpost potential volunteers to where vacancies are advertised.

5.4.2 Universal services

The Resident Panel Survey and focus groups both highlighted the importance of good quality accessible universal services as underpinning quality of life and well-being in older age. Access to shops and amenities, public transport, social activities and lifelong learning were all seen as key. Although feedback was generally favourable about current services particular issues were raised in the focus groups, which we address in our recommendations.

5.4.3 Early intervention and prevention

Early intervention and prevention is seen by the government as central to moving away from a culture and pattern of services that only kicks in when people become very frail and dependent. Elmbridge is untypical (in a very good way) as a Borough Council in a two tier local authority structure in having a focus and priority on delivering a range of practical and preventative services for older people.

The Borough’s Older People’s Strategy recognises the importance of focusing not just on the 15% of older people who regularly use health and care services but the wider older population. The strategy themes focus on:

- Housing and home
Here we look at information and services.

**Information**

The Borough Council provides on its website, and in paper copy, a range of housing related information to support older people make decisions about staying put or moving home, and about the options available.

In addition the Borough Council produces 10,000 copies of a detailed Guide to Information and Services for Retired People, which is currently being updated. This information is not currently available on the Borough Council’s website. The Borough Council has also produced a key contacts card and is looking to develop a further newsletter using the bus pass database. Information is also provided through the Help Shop at Cobham, and the Help Shop Advisor visits other Centres to run information sessions on a publicised basis.

Surrey County Council also provides information on its website on services for people aged 50+ on a range of issues including:

- Care and caring (e.g. home care, residential care)
- Physical, mental and emotional health and keeping fit
- Getting around
- Keeping safe
- Money matters
- Housing and adaptations to your home (this includes a link to the Housing Services section of the EBC website, which includes local information about Care and Repair and Options for older people about moving home or staying put)
- Working and learning
- Leisure time

Feedback from older people has shown poor awareness and knowledge of services that are available. However, the general consensus from the consultations held was that it is not a case of too little information, but rather a case of problems with access to and awareness of the information that exists. This includes a misplaced perception that the Borough Council (and County Council) is not the place to go to get information about services.
Services
The feedback from older people set out in section 3 shows the importance of practical and preventative services to sustain independence. The chart below, of responses to the Residents Panel Survey from people aged 55+ provides a good illustration of this.

Fig. 5-12: Help required in the future

From our consultations it was felt that there is:

- A good baseline of services in the borough
- A good voluntary sector and volunteer network

The Community Services Division of Elmbridge Council runs 7 Centres for Retired people across the borough that run as community hubs, and offer information, a wide range of active ageing services such as computer and art classes, as well as more formal services such as chiropody. The Centres have over 70,000 visitors each quarter. The Community Services Division, and the voluntary sector, between them also provide a wide range of other services for older people.

User involvement takes place through the Friends of the Centre/user Committees. These are independent registered charities and are made up of older people who attend the Centre and are elected on an annual basis. They hold their own funds and undertake their own annual returns to the Charity Commission.

However, the group covering this topic in the Stakeholder event that was held identified a number of key challenges to address:

- The growth in the older population
- The changing (increasing) aspirations of older people
- The financial pressures which older people themselves were facing (e.g. low interest rates on savings, growing level of community charges against level of pension increases)
• The financial pressures which local government (at both county and borough levels) and the health service are facing and the predicted limitations in public sector funding from 2010/2011 onwards.

Everyone in the group agreed that there was not enough money in the system to assume that the current level of publicly funded services would increase in line with population growth, and that imagination was needed to address the challenges identified.

The action plan for the borough’s Older People’s Strategy has a range of development actions in it which include:

• Mapping shopping services
• Reviewing the need for an escorted voluntary shopping scheme
• Progression of the footcare project
• Core funding MDHS Household Services to take forward a gardening project linked to community safety
• Further action to promote social activities and social networking
• Health related initiatives such as keep fit and Hospital Discharge training

Issues identified in the consultations included the need to develop:

• More capacity in the system around practical and preventative services to cater for the growing older population, for example cleaning, handyperson and gardening services, which older people with resources can pay for
• More specialist services to take account of the changing nature of the older population, for example in relation to people with mental health problems and dementia. This would need to build on existing services such as the EBC Elmbridge Relief Carers Scheme
• New ways of delivering services such as through social enterprise models
• Further development of Community Transport
• The role of the Centres for Retired People
• Further befriending services and networks in addition to Friends of the Elderly based at the Walton Centre, in other parts of the borough

5.4.4 Choice and Control – health and social care

The current priorities for adult social care, in line with the Putting People First transformational agenda are to:

• Reduce the level of care home placements
• Increase the amount of extra care housing
• Ensure that there is a range of preventative and care services available to sustain older people in the community
• Work with a wider set of partners to ensure that universal services are available and accessible for older people
• Harness the social capital of older people through volunteering and other initiatives
• Introduce a personalised approach, through self directed support, that gives older people choice and control

In January and February 2009 Surrey County Council adult social care teams completed 1113 and 1285 assessments respectively for older people and adults with physical and sensory disabilities living in Elmbridge. This is an average of 1199 people per month. The actual number of people assessed are lower than these numbers because an individual will have between two and five assessments depending on their circumstances. The five assessments cover: initial contact; integrated rehabilitation assessment (IRIS); care manager assessment; occupational therapist assessment; and carer assessment.

In the 11 month period April 2008 to February 2009 admissions to care and nursing homes for older people in Elmbridge who were in contact with adult social care were as follows:

**Independent sector spot contract admissions**
Nursing homes: 64
Residential care EMI: 9
Residential care older people: 17

**Block contract or in house care home placements – 76** (these are not broken down by EMI or non EMI)

This makes a total of 166 admissions to care homes or care homes with nursing in this 11 month period. We have identified in section 4 that we believe that there is sufficient capacity in the care home and care with nursing home system to meet need and demand.

In terms of open cases of people living in Elmbridge a typical monthly figure across the East Elmbridge, Esher and Weybridge teams is:

- People aged 65-74: 169
- People aged 75-84: 435
- People aged 85+: 694

An open case could apply to anyone receiving home care, day care, rehabilitation, professional support, a direct payment, or someone living in a care home.
As at February 2009, approximately 107 service users and 31 carers (all ages across adult services) were on Direct Payments.

There are two care management teams, one in Esher and one in Weybridge. There is an integrated rehabilitation and intermediate care service in the East of the borough across health and social care. This provides integrated services across community health and social care to enable older people, who may for example have had a stroke, regain their health and living skills to sustain their independence, using a range of staff such as occupational and physiotherapists, care and community nursing staff. A more traditional intermediate care approach is provided in the west of the borough.

Surrey County Council adult social care has been an active partner in the development of this report.

Elmbridge is one of the new pilot areas to introduce Self Directed Support, and there are good on the ground relationships between the Borough Council Community Services staff and adult social care staff from the county council.

Adult social care value the services that the Community Services Division provide and see them as very much in line with the citizen led approach set out in *Putting People First*. The Retired Persons Centres are seen as providing a modern approach to day services rather than a traditional model of day care. There is also seen to be an effective voluntary sector in the borough, for example the Molesey Housework Support service.

However, despite what is seen as a good level of borough based community services the level of placements into care homes is not lower than other parts of the county. This raises the issue of whether or not there is further potential to develop more co-ordinated initiatives targeted specifically at people at risk of entry into care homes or care with nursing homes.

Consultation with sheltered housing staff has identified some development issues, including:

- The time taken for some people to receive an assessment
- The length of time to set up respite care
- The lack of extra care provision

However, perhaps the biggest area for development relates to the perceived role of sheltered housing, or lack of it in relation to the housing and service system for older people. Whereas adult social care has a clear focus to support as many older people to remain at home as possible, and recognises the potential of extra care housing as an alternative to residential care, it does not see sheltered housing as having any ‘conscious place’ in the care management system beyond being social housing. This is a clear development area.
The only exception is the assessment flat at Mayfield which is used to support discharge from Walton Hospital where there are housing difficulties. Usage is for up to 6 weeks and it is fully utilised with a waiting list. Adult social care pays £100 a week and has full nomination rights. It is supported by the assessment and re-ablement team plus community re-ablement team.

A further development area, as housing support services are developed to support older people in ordinary, as well as specialist housing, will be how such services should interface with health and social care services in the community.

5.5 Bringing it all together

We have concluded that there are a lot of positives about the current service system for older people in Elmbridge, but that there is still further potential for developing a more joined up approach that brings together different departments of the borough council, voluntary and private sector organisations in the independent sector including housing providers, and adult social care and health.

The development of an all agency overall Older People’s Strategy, building on the current Older People’s Strategy 2008-2011 developed by the Community Services Division, would provide a template for all agencies to work in the same direction to deliver the Putting People First philosophy and approach which is in line with the aspirations of older people we have talked to in the borough. We would see older people as playing an active part in the development and monitoring of the strategy.

Below we provide a sample template built around access routes, options, support and services that might be used to building a joined up approach to information and commissioning to give older people power and control.
Fig. 5-13: Information and commissioning to give older people power and control

Information and commissioning to give older people power and control

- **On line**
  - Self assessment incl housing options and social care
  - Service directory incl Trades Register
  - Housing options
  - Shopping trolley (self funding)

- **Phone**
  - Information Advice Assessment
  - Navigation Brokerage Referral (public & self funders)

- **Call-in (face to face)**
  - Information
  - Advice
  - Assessment
  - Navigation
  - Brokerage
  - Referral (public & self funders)

- **Self funders**
  - Universal services e.g. leisure, transport
  - Locality services e.g. centres for retired people
  - Specialist services e.g. homecare, sheltered housing
  - Low level services e.g. decorating, befriending

**Older person**

**access routes**
**options**
**support**
**services**
5.6 Elmbridge – summary of key issues moving forward

- **A clear role for sheltered housing**

The results of the resident survey of sheltered housing for rent indicates that overall it is housing a population that is more independent and receiving less services than in 2000. In addition, adult social care services have indicated that sheltered housing (unlike extra care which is clearly seen as a potential alternative to residential care) is just thought of as social housing and is not a conscious part of the care management system. This raises the need for greater clarity about the future role of sheltered housing in the borough, particularly given the fact that 40% of moves from sheltered housing are into care homes. This includes clarifying the role that sheltered housing can play in supporting people with dementia and mental health problems, and other groups such as people with a learning disability living into older age.

- **Community alarm, telecare and housing support services**

At present Elmbridge’s Community Alarm and Telecare Service is provided separately from housing support services.

The Community Alarm and Telecare Service has developed a successful model of Telecare within Surrey and leads the way on the number of Telecare installations carried out. There is an opportunity to link this success with closer joint working with housing support services.

In addition both the Community Alarm and housing support services are provided as standard services, with no choice for older people in line with the government’s personalisation agenda, about different levels or tiers of service that older people can buy into.

Thirdly, most older people living in the borough are excluded from accessing housing support services. Housing support services are currently only provided to older people living in extra care housing and in sheltered housing for rent (with a small amount into retirement housing for sale provided by one or two providers who also provide rented accommodation). It is not available for older people living in ordinary housing of all tenures nor for people living in leasehold housing schemes who are asset rich but income poor.

- **Social capital**

Although Elmbridge has a good track record of consulting with older people, unlike in a growing number of areas in the country there is no formal method of engaging them as partners in planning for an ageing population.

Elmbridge has a good track record of volunteering and building on this for the future will be critical to cope with the growing number of older people over the next 20 years.

Peter Fletcher Associates Ltd
• **Universal services**

Older people see access to universal services as critical to sustaining quality of life and well-being in older age. Older people identified specific issues that needed to be addressed.

• **Early intervention and prevention**

The Elmbridge Older People’s Strategy fully recognises the importance of early intervention and preventative services to support older people in the borough maintain their independence in older age, and the borough council invests in both information and preventative services on the ground.

However, older people have little awareness of the information available about services or about the services themselves. Further service development is also needed to take account of the growing older population and new needs that are emerging.

• **Choice and control – health and social care**

The current focus of adult social care is built around reducing care home placements, developing alternatives such as extra care housing, developing preventative services and piloting the introduction of self directed support.

There are good links with the Borough Council and other community based services, and yet the level of placements into care homes is no lower than in other parts of the county which have less well developed information and preventative services.

Other issues have been identified in relation to: the length of time for assessment and for arranging respite care; and the lack of clarity about the role of sheltered housing in the borough.

• **Bringing it all together**

Despite the positives about the current housing and service system for older people in the borough there is still further potential for developing a more joined up approach across departments and organisations to address the challenges of an ageing population, and sustain more older people in the community and out of hospital and long-term care.
6. Recommendations

Introduction

The purpose of this section of the report is to put forward to the Steering Group a set of recommendations that should be considered by those that can impact on the housing provision for older people in the borough, in particular:

- For the housing authority to develop housing and community strategies for older people
- For the planning authority to develop planning policies to be included in the Core Strategy and other Development Plan documents in the Local Development Framework
- For the Supporting People and adult social care authority to develop appropriate care and support strategies for older people
- For providers to consider their own housing strategies and housing provision for older people

These recommendations are consistent with and drawn from the key issues emerging from our findings as set out in chapter 3-5 of this report. The evidence and rationale for these recommendations is set out in these earlier sections and is not repeated here, drawn from a synthesis of surveys of and consultations with providers, surveys and consultation with older people, data and document research, and consultations with officers in the borough and county councils, as well as consultation with a broader group of stakeholders.

An additional Appendix (Appendix 3), that informs the recommendations, is the report of the Stakeholder event that was held on 22 June.

Recommendations

1. **Rebalancing the supply of specialist housing provision for older people in the borough**
   a) **Reduction in poorer quality sheltered housing for rent that is demonstrated as less popular:**
      - Reduce provision by a further 200 – 300 units over the next 10 years (and subject to review after 10 years by a further 150 units by 2025/26)
      - A sustainability review by the providers of the poorest scoring schemes in the PFA assessment of sheltered housing schemes in the borough
• A targeting of the apparent overprovision of sheltered housing for rent in area North 1, and a protection of the low provision in area East 2.

• Providers discuss with EBC alternative uses for sheltered schemes identified for closure, so that the schemes or sites can make the most effective contribution to relief of the borough’s housing needs – depending on individual scheme and locational characteristics, options would include –
  - Redesignation to non sheltered general housing restricted to over 50’s
  - Redesignation to ordinary general housing
  - Conversion and reuse for an alternative special needs group
  - Demolition and redevelopment for housing for older people, including extra care housing
  - Demolition and redevelopment for ordinary general housing

b) **Secure higher quality of and broader access to the remaining sheltered housing for rent to better meet the aspirations of older people:**

• Reduce bedsit provision to 0 over 10 years through a mixture of scheme decommission (see above) and conversion to larger units

• Increase 2 bed units to at least 30% of remaining sheltered stock over 10 years by conversion of existing smaller units

• Review allocations and lettings policies to enable older single people and couples to be offered 2 bed units

• Offer shared ownership purchase options at certain schemes/units

c) **Provide for increase in private sheltered accommodation for sale**

• Increase provision by 200 units over next 10 years(and subject to review after 10 years by a further 150 units by 2025/26)

• Ensure that the definition of private sheltered housing is set out and understood. Such definition to include the following:
  - Provision of paid for warden or scheme manager support
  - Provision of alarm facility for out of hours support
  - Provision of communal facilities (usually guest suite, communal lounge, laundry, office)
  - Occupancy restriction to over 55’s (apart from particular needs such as BME older people and other people moving into older age with disabilities or long-term conditions
- Discretionary dispensation for reduction in normal car parking requirements

- Encourage development in areas currently poorly served by this form of provision, particularly areas North 1 and 2 and East 3

- Encourage future development that will more effectively meet the aspirations of older people generally, and in Elmbridge particularly:
  - A higher quality product than currently exists that might more appropriately meet the needs of the more affluent older people in the borough (particularly those under-occupying large family properties) – to include creative design, quality specification and generous space standards
  
  - No bedsit/studios and a high proportion of 2 bed units (PFA recommend 66%)
  
  - Full wheelchair accessibility into and throughout the scheme

- Ensure schemes are only located in areas that will sustain them in the longer term (current pattern of lower value resale units indicates long term sustainability was not a key feature of the planning for these schemes) – criteria to include:
  
  - Sites that are broadly level and have level access into and throughout the development
  
  - Located within established settlements and within ½ mile of existing shopping facilities and local services
  
  - Reduce travel requirements with access to local public transport
  
  - Re-use of previously developed land

- Discuss with developers how the council could assist with:
  
  - The targeting of their marketing campaigns towards older people already resident in the borough, in order to maximise the relief of underoccupation of family homes
  
  - The development of low cost shared equity products to bring prices within the means of less affluent older people
  
  - The application of the Affordable Housing Contribution Policy – because of the oversupply of sheltered housing for rent, it is considered that the council should require either a financial contribution from the developer or an onsite contribution of units for shared ownership sale only

- Adopt planning policies that will help control future development to achieve the recommendations above

**d) Encourage and/or jointly commission ECH**

- Increase provision by a minimum of 250 units over next 10 years (and subject to review after 10 years by a further 150 units by 2025/26)
- Secure a target tenure mix of approximately 30% for rent, 20% for low cost shared equity and 50% for open market sale (not at each scheme but across the borough as a whole). Encourage at least 2 tenure options at each scheme
- Enable the 30% for rent to be contracted/purchased by SCC so that access to this accommodation is based on assessed care and support needs
- Ensure that there is an agreed definition of extra care housing, particularly with respect to the menu of care and support services available to residents. Appropriate accommodation related criteria should include –
  - No bedsit/studios and a minimum % of 2 bed units (PFA recommend 66%)
  - Scheme externally and internally throughout should be fully wheelchair accessible
  - Flats should be capable of adaptation to full wheelchair user standards
  - Schemes should offer at least 20% of the space as communal facilities unless this would result in a duplication of existing locally available facilities
- Whilst encouraging different housing models within the agreed definition of extra care housing (which may include upgraded sheltered housing), ensure that all housing providers can offer an effective supportive environment for vulnerable older people
- Ensure that suitable and appropriately located land can be allocated, reserved or made available for sustainable extra care housing development, so that developers of extra care housing can compete effectively in the land market to provide this product. This means that the council should consider that the land use classification of extra care housing be C2 as this will increase the opportunity for extra care housing developers to acquire sites in the borough. There is also a need to establish clear site suitability criteria to include the following –
  - Within defined settlements
  - Within ½ mile of shopping facilities and local services
  - Sites broadly level with level access
  - Reduce travel requirements and have ready access to public transport
  - Suitable for recruitment and retention of staff (travel to work issues)
  - Sites will reuse previously developed land and/or be adjacent to existing care or other services/facilities for older people
• Ensure provision serves the whole of the borough, avoiding concentration of supply in just one area. In particular, future provision should be secured in areas East and West to balance the existing supply which is in area North

• Ensure that planning policies enable and encourage and control the development of extra care housing to achieve the above requirements

2. **Increase and improve access to ordinary non-specialist housing by older people**

• Ensure all new social housing, and in due course all new private housing, (also new conversion projects of existing housing) is physically accessible to all - and developed to Lifetime Homes standards

• Ensure a minimum of 10% of all new housing provision to be to full wheelchair housing standards (as defined in the London Regional Plan).

• Ensure that all new or converted housing proposals as flatted blocks are provided with lifts to service all floors above the ground floor, ensuring that all flats are accessible to all older and disabled people

• Encourage the development of bungalows (a popular form of housing provision for older people) on appropriate sites (such as adjacent to existing bungalows; grounds of care or healthcare facilities etc)

• Ensure that all new general housing schemes are developed to the design and accessibility standards as required by Lifetime Homes/Lifetime Neighbourhoods

• Ensure that all new general housing schemes include hard wiring services that will enable the installation of assistive technology in the future

• Enable and encourage the development of ‘granny annexes’ adjoining existing housing built to accessible standards

• Reserve and allocate more existing social housing for rent and former sheltered housing for rent exclusively to older people (1 and 2 beds) as non supported housing for rent– target a supply of 200 units over 10 years

• Encourage an incentive scheme by social housing providers that will offer good quality 1 and 2 bed ordinary housing to older social renters currently under-occupying larger family homes – target 50 moves over 10 years
3. **Other housing related recommendations**

We see these other housing recommendations as the responsibility of the Steering Group to co-ordinate and drive forward. An overall recommendation about the continued role of the Steering Group is provided as recommendation 11.

- Work collaboratively to help individual providers achieve their different aspirations. This is outlined below for the Steering Group to develop further if they consider this a helpful framework to work with

<table>
<thead>
<tr>
<th>Provider</th>
<th>Current Profile</th>
<th>Preferred Future Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHT</td>
<td>Substantially the main provider of sheltered housing for rent in the borough and the principal social landlord for older people</td>
<td>Will participate in further sheltered housing decommissioning. Extra care is not an expertise within EHT although the final position of the Paragon Community Housing Group is still to be determined.</td>
</tr>
<tr>
<td>RSMHA</td>
<td>A provider of both sheltered housing for rent and leasehold sale and ordinary housing designated for older people</td>
<td>Not interested in developing more specialist accomm for OP, nor in becoming a specialist service provider for OP. Will decommission further sheltered schemes if necessary</td>
</tr>
<tr>
<td>Walton Charities</td>
<td>Working mainly in the Walton area providing cat 2 sheltered housing and residential care</td>
<td>Would like to provide their services in other parts of the borough subject to Charity Commission consent. Would like to develop extra care housing. Sees its role in supporting the more dependant OP</td>
</tr>
<tr>
<td>Anchor Trust</td>
<td>The only national specialist RSL for OP with a presence in the borough. Has 1 sheltered scheme recently decommissioned</td>
<td>Keen to retain a presence in the borough and redevelop the Duneevan site and investigate the possibility of incorporating Anchor's new model of extra care type housing know as &quot;Housing and Lifestyles&quot; which will provide a range of tenure options for OP with a range of dependency levels</td>
</tr>
<tr>
<td>Whiteley Village</td>
<td>Situated near Walton, Whiteley Village offers a unique range of housing, care and social/leisure services for older people in the borough in a spectacular village setting</td>
<td>Keen to develop its role in relation to: - Modernising its existing housing stock - Developing additional housing for older people, for sale as well as rent - Develop a new extra care scheme in addition to the current scheme at Huntley House - Develop the services it offers to older people living in the village - Ensure that the facilities of the</td>
</tr>
<tr>
<td>Provider</td>
<td>Current Profile</td>
<td>Preferred Future Role</td>
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<tr>
<td></td>
<td></td>
<td>village are well used by outside community groups (not just those relating to older people)</td>
</tr>
</tbody>
</table>

- Help develop the necessary planning policies required to deliver these housing recommendations
- Review grant and Care and Repair activity in the borough to provide both a higher level of service and a much greater impact in the borough, ensuring a higher level of adaptations to existing housing, targeting to increase the accessible housing in the borough by 10% over the next 10 years
- Review current housing allocation policies to ensure that older singles and couples can be offered 2 bed accommodation, and can do so without financial penalty (housing benefit)
- Develop appropriate incentive schemes that will deliver downsizing by older people to smaller accommodation Steering Group to identify and protect or secure sites considered suitable for extra care housing provision and develop a realistic programme of extra care housing provision
- Agree framework definitions and required care and support service models for future extra care housing in the borough
- Develop and manage a decommissioning programme of sheltered housing for rent

4. **Clarify the future role of specialist housing and who it will support**

- There is a need for sheltered housing providers, through the Steering Group, to sit down with the county council adult social care teams and the borough council to clarify the future role of sheltered housing in the borough in relation to the target market of older people, including dependency levels and specialist needs such as dementia and mental health, and people with learning disabilities. This may mean some providers focusing on older people with housing, care and support needs and others focusing more on meeting housing need
- Review the current service model at Huntley House in relation to the level of people moving on to nursing home care
- Specific targets should be to:
  - Support people with learning disability living into older age who need specialist housing and support (we do not see the need for new specialist provision for older people with learning disabilities)
  - Train staff to support people with mental health problems and dementia
- Reduce the level of people moving on from sheltered housing into care homes
- Identify specific sheltered schemes with high levels of service and review current model of care delivery to see whether a more team based cost effective service approach can be developed
- Review the current pattern of night cover at Huntley House

5. **Reshape the current service pattern to link up community alarm and telecare services with housing support services, to offer a wider choice to older people in line with the personalisation principles of Putting People First by:**
   - Developing a tiered menu approach built around the community alarm service as the basic service level, with housing support and telecare as additional services that older people can buy into
   - Developing a tenure neutral approach encompassing ordinary as well as sheltered housing
   - Develop the role of sheltered housing and extra care schemes, where appropriate to act as community hubs

Further detail on the way ahead is set out in section 5, built around a three stage process of change by EBC, Surrey Supporting People team and current providers:
   - Firstly, meeting together to agree the principles of the approach outlined
   - Secondly, going through a consultation exercise with their residents and other older people in the borough
   - Thirdly, undertaking a commissioning and contract/tendering exercise for the new Supporting People approach

6. **Maximise the social capital potential of older people in Elmbridge**
   - Develop an independent voice for older people in the borough through the Elmbridge 50+ Network Group (and bring in other older people’s groups in the borough to ensure it is inclusive)
   - Develop a formal engagement structure that brings older people, through the 50+ Network Group in as partners to work with the Borough and County Councils and other organisations to plan for an ageing society in Elmbridge
   - Build on the successful culture and approach to recruit more volunteers, including on committees and boards of voluntary and community organisations
7. **Address the specific issues in relation to access to universal services raised by older people during the consultations**

- Engage older people to work with transport providers, particularly the bus companies, to address the key areas of weakness identified in the consultation for this report.
- Broaden the choice of adult education and lifelong learning opportunities and improve access through the use of community transport.
- Look at ways of protecting local shops, services (including GP services) and facilities to enable older people to remain living in less built up areas of the borough.

8. **Develop further initiatives in relation to early intervention and prevention**

a. *Improve communication of Information for older people*

- Work on a cross agency basis and with the 50+ Network Group to improve the communication of information to older people, and to identify different methods that can be used, building on the ideas developed in the focus groups and Stakeholder event.
- In particular address the current misplaced perception that the Borough Council is NOT the place to go to find out information about services for older people.

b. *Further develop the role of the Centres for Retired People:*

- Continue to evolve the role of the Centres for Retired People to ensure they attract the wider older population and can promote active ageing and prevention.
- Engage the 50+ Network in working in partnership with EBC about marketing and developing the role of the Centres for Retired People to promote increased use by a wider population e.g. internet cafes for older people.
- Look at the further development of the Community Discount Card for older people.

c. *Develop the role of Community Transport*

- Address the current limitations around community transport (and therefore access to a range of services and opportunities for older people):
  - EBC to look at fuller use of its minibuses.
  - EBC to look at the potential of running Community Transport as a social enterprise (potential of involving vulnerable people for new business start up).
- EBC to look at how Community Transport can support the volunteer car schemes that take people to hospital
- EBC to look at putting more funding into the taxi voucher scheme

d. **Build more capacity around practical and preventative services**
   - EBC, and the voluntary, community and private sectors to work together on specific plans to develop new services and increase capacity in existing services, building on the current plans in the Older People’s Strategy
   - Look at developing new funding models (away from reliance on a grants and welfare culture) including social enterprise and good value services that older people would pay for themselves, either from their own resources or via individual budgets
   - Look at ways of further developing social support and befriending services in the borough building on the current befriending services available e.g. older people telephone support networks

e. **Develop additional community based services for older people with Mental health problems and dementia**
   - Specific attention needs to be paid to the further development of community based services for people who experience mental health problems in older age or dementia, building on current services such as the Relief Carer Scheme.

9. **Undertake initiatives between adult social care and local services in Elmbridge**
   - Look at ways of using the current local housing and service infrastructure to identify further ways of reducing the level of care home and care home with nursing placements in the borough
   - Address the issues identified by sheltered housing staff in relation to length of time for assessments and setting up respite care
   - Clarify the role of sheltered housing in relation to the care management system
   - Review the model of service delivery into sheltered housing schemes with high levels of service delivery
   - Identify how the development of a housing support service for people living in ordinary housing would interface with community health and care services in the borough

10. **Develop the current Older People’s Strategy into a broader whole system strategy for the borough that takes account of the recommendations of this strategy and the county council priorities for delivering on Putting People First**
11. Keep the Steering Group in place to: consider the resource implications/timescales/ease of implementation of these recommendations; and produce and monitor the implementation of an Action Plan to deliver on these recommendations. Include additional members to the Steering Group (for example the EBC Community Services Division) to reflect the areas covered in the recommendations.
### Appendix 1

**Steering Group members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Andress</td>
<td>Development Director</td>
<td>Planning Issues on behalf of Churchill Retirement</td>
</tr>
<tr>
<td>Sonya Sellar</td>
<td>Acting Service Manager</td>
<td>Surrey County Council (Social Services)</td>
</tr>
<tr>
<td>Paul Martin</td>
<td>Cottages Manager</td>
<td>Whiteley Village</td>
</tr>
<tr>
<td>Gillian Peckham</td>
<td>Business Development Manager</td>
<td>Anchor Trust</td>
</tr>
<tr>
<td>Nigel Lucas</td>
<td>Housing Manager</td>
<td>Walton Charity</td>
</tr>
<tr>
<td>Nick Coverdale</td>
<td>Housing Director</td>
<td>Rosemary Simmons Memorial HA</td>
</tr>
<tr>
<td>Andrew Ralph</td>
<td>Contracts Officer</td>
<td>Surrey Supporting People</td>
</tr>
<tr>
<td>Scott Baxendale</td>
<td>Managing Director</td>
<td>Elmbridge Housing Trust</td>
</tr>
<tr>
<td>Sandra Blake</td>
<td>Housing Consultant</td>
<td>Elmbridge Housing Trust / Richmond upon Thames Churches Housing Trust</td>
</tr>
<tr>
<td>Sarah Veasey</td>
<td>Senior Planning Officer</td>
<td>EBC Planning</td>
</tr>
<tr>
<td>Colin Waters</td>
<td>Strategy &amp; Enabling Manager</td>
<td>EBC Housing</td>
</tr>
<tr>
<td>Najah Ebbitt</td>
<td>Policy &amp; Research Officer</td>
<td>EBC Housing</td>
</tr>
<tr>
<td>Peter Fletcher</td>
<td>Managing Director</td>
<td>Peter Fletcher Associates Ltd</td>
</tr>
<tr>
<td>Simon Sweetinburgh</td>
<td>Project Manager</td>
<td>Peter Fletcher Associates Ltd</td>
</tr>
</tbody>
</table>
Residents Panel Report

Residents Panel Survey: Spring 2009

Stephanie Barker
Consultation Officer
June 2009
1. Introduction: this analysis

The analysis in this Appendix relates to Questions 23 to 40 in the Elmbridge Borough Council Residents Panel Survey carried out in spring 2009. The survey questions are attached as Appendix 2a. The Residents Panel consists of around 1300 residents throughout the Borough and enables them to have their say about services the Borough provides and other issues.

Questions 23-40 were included to inform the Strategic review of Housing Provision for Older People in Elmbridge carried out in 2009. Only residents aged 55+ were asked to complete this section of the survey and 531 members did so.
2. Survey analysis of questions 23-40

Age data

The age data was weighted to correct non-response bias. The 55-64 age group was under represented compared to the older age groups and so the data was weighted in accordance with Census data.

Type of accommodation

Residents were asked about the type of accommodation they currently occupy. The vast majority of residents (83%) lived in a house, 7% lived in a bungalow and 9% in a flat (5% ground floor, 4% above ground/basement). None of the respondents lived in a bed-sit. The majority of these residents (80%) had lived in their current property for 10+ years. 8% had lived in the property for 6-9 years, a further 9% for 2-5 years and only 4% had lived there less than 2 years.

The vast majority of respondents owned their accommodation (91%), Only a very small number privately rented (2%) or rented from a housing association (5%) or other arrangement (2%). Due to the small numbers in the sample, analysis by owner-occupiers versus renters is not viable.

Accommodation - likes

Residents were asked if there was anything they particularly liked about their accommodation. There were a number of themes but most notably having a garden, location, access to amenities, neighbours and having their own front door.

Accommodation - dislikes

Residents were asked if there was anything they particularly disliked about their accommodation. There were no particular themes other than traffic and parking.

Neighbourhood – likes

Residents were asked if there was anything they particularly liked about their neighbourhood. Many comments were made and these were mostly around, greenery, quiet opens spaces, local amenities, friendliness and neighbours.

Neighbourhood - dislikes

Residents were asked if there was anything they particularly disliked about their neighbourhood. There were no particular themes other than traffic, parking and transport.
Future Plans

85% of respondents would prefer to remain in their current home as they get older. Respondents were asked if they were to move from their current home in how many years this would be. 8% said in the next two years, 21% in 2-5 years, 28% 6-10 years and 21% 15-20 years. A further 22% said they would not consider moving under any circumstances. When asked about the type of accommodation they would considering moving into, 4% said a care home, 7% extra care sheltered housing and 19% sheltered housing, Table 5.1. There was no discernable ‘other’ categories. As might be expected, as age increases far less envisage moving to a house and more envisage moving into sheltered housing, extra care sheltered housing or residential care.

Table 5.1: Type of accommodation

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>23%</td>
</tr>
<tr>
<td>Bungalow</td>
<td>24%</td>
</tr>
<tr>
<td>Flat</td>
<td>18%</td>
</tr>
<tr>
<td>Bedsit</td>
<td>1%</td>
</tr>
<tr>
<td>Sheltered housing</td>
<td>19%</td>
</tr>
<tr>
<td>Extra care sheltered housing (similar to sheltered but with a care team onsite)</td>
<td>7%</td>
</tr>
<tr>
<td>Residential care home (‘traditional’ care home)</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

Respondents were asked about their future preferred tenure. 75% would prefer owned, 8% rented, 3% shared ownership and 14% said they did not know/not applicable. 70% of respondents anticipate that they would be living in Elmbridge, 10% elsewhere in Surrey, 16% another part of the Country and 3% abroad.

Reasons for moving and relocation considerations

Those respondents who would consider moving from their current home at some point in the future were asked about the reasons why they would anticipate moving. A range of answers were given and the most popular reason was to move to somewhere smaller (17%), Table 5.2. This was followed by concerns about maintaining house (15%) and garden (14%). Some respondents also recognised that ill health and associated need for care services might also be a factor (14%). Concern about personal safety in
their neighbourhood was only a concern for a very small number of respondents. There were no particular themes in the 'other reasons' response. As might be expected, ill health and associated need for care services is cited increasingly as a reason for moving as respondents become older.

### Table 5.2: Reasons would anticipate moving

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving to a smaller property</td>
<td>17%</td>
</tr>
<tr>
<td>Concern about maintaining current property</td>
<td>15%</td>
</tr>
<tr>
<td>Concern about maintaining garden</td>
<td>14%</td>
</tr>
<tr>
<td>Concern about personal safety in current neighbourhood</td>
<td>2%</td>
</tr>
<tr>
<td>Need to move nearer to friends/family</td>
<td>6%</td>
</tr>
<tr>
<td>Ill health and associated need for care services</td>
<td>14%</td>
</tr>
<tr>
<td>Need for level access e.g. bungalow, flat</td>
<td>11%</td>
</tr>
<tr>
<td>Need to move nearer to amenities e.g. shops</td>
<td>7%</td>
</tr>
<tr>
<td>To release equity in property</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Respondents were asked about how important various aspects were when considering where to relocate. Access to shops and other amenities was considered very important by 84% of respondents, Table 5.3. Access to public transport was considered very important (62%) and access to friends and family (56%) to a slightly lesser extent. Less than half (47%) considered access to care and support services to be very important. Access to social activities was the least important. All these aspects become more important as residents become older, with the exception of social activities that become less important after the age of 80+.

### Table 5.3: Important aspects when relocating
Respondents were asked, if they intended to remain in their current property for the foreseeable future, what kind of help they thought they might need, Chart 1. Nearly a third of respondents mentioned help with cleaning and gardening. Other areas mentioned were adaptations and help with transport.

<table>
<thead>
<tr>
<th>Help required in the future</th>
<th>Very important</th>
<th>Important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to shops and other amenities (e.g., post office, GP surgery)</td>
<td>84%</td>
<td>15%</td>
<td>1%</td>
</tr>
<tr>
<td>Access to public transport</td>
<td>62%</td>
<td>31%</td>
<td>6%</td>
</tr>
<tr>
<td>Access to friends/family</td>
<td>56%</td>
<td>36%</td>
<td>8%</td>
</tr>
<tr>
<td>Access to social activities (e.g., exercise classes, arts and crafts, outings etc)</td>
<td>34%</td>
<td>42%</td>
<td>24%</td>
</tr>
<tr>
<td>Access to care and support services</td>
<td>47%</td>
<td>42%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Respondents were asked, if they had heard of various services, Table 5.4. Generally, awareness levels were surprisingly low, considering that this question was only asked of the 55+ age group. Only 27% were aware of the community alarm service, 25% sheltered housing and 3% extra care housing. It might have been expected that the older age groups would be more aware of these services as they become increasingly relevant to them, but this was not the case.

Awareness of services

Respondents were asked if they had heard of various services, Table 5.4. Generally, awareness levels were surprisingly low, considering that this question was only asked of the 55+ age group. Only 27% were aware of the community alarm service, 25% sheltered housing and 3% extra care housing. It might have been expected that the older age groups would be more aware of these services as they become increasingly relevant to them, but this was not the case.
Residents were asked if they thought there was currently enough choice and support for older people in Elmbridge to remain living independently in their own home and 62% thought ‘yes’. Residents were asked to comment on the types of choices and support they would like to see available. There were many comments and below is a flavour of the themes:

- help with transport
- help in home
- services available to those not on financial support
- more sheltered housing and sheltered housing to rent
- relief carers
- not closing day centres
- more carers
- befriending services
- publicity on what is available

**Importance of services**

Residents were asked how important they thought certain services would be as they got older, Table 5.5. Whilst all of the services listed were important in some degree to most panel members, community alarms, handyperson services, transport, gardening and delivery services were the top five.

**Table 5.5: Important services as get older**
### Strategic Review of Housing Provision for Older People in Elmbridge

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Very important</th>
<th>Important</th>
<th>Not important</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community alarms (e.g. to call for help in an emergency)</td>
<td>61%</td>
<td>30%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Handyperson services (carrying out small home repairs)</td>
<td>40%</td>
<td>43%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Transport (e.g. dial-a-ride, hospital transport, community taxi scheme)</td>
<td>45%</td>
<td>40%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Gardening services</td>
<td>35%</td>
<td>46%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>Delivery services (e.g. prescriptions, shopping, meals)</td>
<td>37%</td>
<td>48%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Visiting services e.g. befriending, hairdresser, chiropody</td>
<td>27%</td>
<td>45%</td>
<td>19%</td>
<td>9%</td>
</tr>
<tr>
<td>Day centres</td>
<td>25%</td>
<td>45%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Telecare (sensors and detectors that monitor well-being)</td>
<td>29%</td>
<td>38%</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Adaptations/major repairs</td>
<td>25%</td>
<td>40%</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>Financial advice</td>
<td>13%</td>
<td>31%</td>
<td>42%</td>
<td>14%</td>
</tr>
<tr>
<td>Housing advice</td>
<td>10%</td>
<td>31%</td>
<td>40%</td>
<td>19%</td>
</tr>
<tr>
<td>Live-in Care Services</td>
<td>13%</td>
<td>28%</td>
<td>32%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Section A: Community Safety

Elmbridge Borough Council works in partnership with Surrey Police and Surrey County Council, the Primary Care Trusts and the Fire and Rescue Service to tackle crime and fear of crime. We work with organisations from the public, private and voluntary sectors as well as with the local community to make your community safer.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 How safe or unsafe do you feel when outside in your local area after dark?</td>
<td>Very safe</td>
</tr>
<tr>
<td>Q2 How safe or unsafe do you feel when outside in your local area during the day?</td>
<td>Very safe</td>
</tr>
<tr>
<td>Q3 In the past year, have you ever felt fearful about the possibility of becoming a victim of crime?</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4 How frequently have you felt like this in the last year? Please give the number of times below?</td>
<td>1-2</td>
</tr>
<tr>
<td>Q5 Thinking about all types of crime in general, how worried are you about being a victim of crime?</td>
<td>Very worried</td>
</tr>
<tr>
<td>Q6 Have you or someone in your household been the victim of a crime in the last 12 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>Q7 Anti-social behaviour includes a variety of undesirable behaviours, for example, vandalism, substance misuse, hoax calls, fly tipping, noise nuisance, racial abuse, rowdy behaviour, verbal abuse. Have you or someone in your household been the victim of anti-social behaviour in the last 12 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>Q8 How much would you agree or disagree that the police and other local public services are successfully dealing with crime and anti-social behaviour in your local area?</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>
### Section B: Computer and Internet Access

**Q9** Do you have access to the Internet at any of the following places? Please tick all that apply.

<table>
<thead>
<tr>
<th>Place</th>
<th>At home</th>
<th>At work</th>
<th>At a friends/relatives house</th>
<th>Elsewhere (e.g. cafe, library)</th>
<th>I have no internet access</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At a friends/relatives house</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Elsewhere (e.g. cafe, library)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have no internet access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Go to Q11</td>
</tr>
</tbody>
</table>

**Q10** At the places where you have access to the Internet, how is the computer connected to the internet?

<table>
<thead>
<tr>
<th>Place</th>
<th>Broadband</th>
<th>Dial-up</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Work</td>
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<tr>
<td>Friends/relatives</td>
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<tr>
<td>Elsewhere</td>
<td></td>
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</tr>
</tbody>
</table>

### Section C: Parks and recreation grounds

**Q11** Have you (or anyone else in your household) visited any of Elmbridge's parks or recreation grounds in the last 12 months?

- Yes ............ Go to Q12
- No............. Go to Q19

**Q12** Which parks or recreation grounds have you (or anyone else in your household) visited. Please tick all that were visited in the last 12 months.

<table>
<thead>
<tr>
<th>Park or Recreation Ground</th>
<th>Brooklands Community Park</th>
<th>Churchfields Recreation Ground</th>
<th>Claygate Recreation Ground</th>
<th>Cobham Recreation Ground</th>
<th>Coronation Recreation Ground</th>
<th>Cowey Sale</th>
<th>Cricket way</th>
<th>Elmgrove Recreation Ground</th>
<th>Giggis Hill Field</th>
<th>Grovelands Recreation Ground</th>
<th>Hersham Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklands Community Park</td>
<td></td>
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<tr>
<td>Churchfields Recreation Ground</td>
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<tr>
<td>Claygate Recreation Ground</td>
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<tr>
<td>Cobham Recreation Ground</td>
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<td></td>
</tr>
<tr>
<td>Coronation Recreation Ground</td>
<td></td>
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<td>Grovelands Recreation Ground</td>
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<td>Hurst Park/Hurst Meadows</td>
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<td>Hurst Meadows Minor (dog free area)</td>
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<td>Station Road Recreation Ground</td>
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<td>Stoke Recreation Ground</td>
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<td>Long Ditton Recreation</td>
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<td>Lower Green Recreation Ground</td>
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<td>West End Recreation Ground</td>
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<td>West Molesey Recreation Ground</td>
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</table>

**Q13** Why did you (or anyone else in your household) visit these parks. Please tick all that apply.

- To use the play area
- To use the paddling pool
- Sport
- Exercise
- Dog walking
- As a short cut
- Socialising
- Walking
- Other

**Q14** How often would you (or anyone else in your household) usually visit these parks/recreation grounds?

- Every day
- Once a week
- Once a month
- 4+ times per week
- Once every couple of weeks
- Less than once a month
Q15 What time of day do you (or anyone else in your household) usually visit these parks/recreation grounds? Please tick all that apply.
- Early morning
- Morning
- Afternoon
- After school
- Tea time
- Evening

Q16 Thinking about all the parks and recreation grounds you visit overall would agree or disagree that they are green, clean and safe?
- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

   Green
   Clean
   Safe

Q17 In 2005 we introduced a Security Team to patrol the parks. In comparison to 4 years ago, how safe do you feel the parks and recreation grounds are now?
- Safer
- About the same
- Less safe
- Don't know

Q18 Overall, how satisfied are you with the Elmbridge Parks and Recreation Grounds?
- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Dissatisfied

Q19 Please let us have any comments, views or ideas you might have about the Borough's parks and recreation grounds.

Section D: Environmental Health - Taxi Licensing

Q20 Do you check that your taxi or minicab is properly licensed (i.e. displaying a taxi licence plate on the rear of the vehicle) before you get into it.
- Always
- Sometimes
- Never
- Don't use taxis

Q21 Did you know that you can hail a taxi (hackney carriage) in Elmbridge as long as it has its 'for hire' light on, even if it isn't a black London-type cab?
- Yes
- No

Section E: Housing and Support for Older People in Elmbridge

Q22 Are you over or under 55 years old?
- Under 55
- 55 and over

Go to end of survey
Go to Q23
Elmbridge Borough Council is developing a housing strategy for older people. The questions below will help us plan for the next fifteen years and more. Please only complete this if you are 55 or over.

### Q23 Your age
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85+

### Q24 What type of accommodation do you currently occupy?
- House
- Bungalow
- Bedsit - ground floor
- Bedsit - above ground floor/basement
- Flat - ground floor
- Flat - above ground floor/basement
- Other

### Q25 How long have you lived in your current property?
- Under 2 years
- 2 - 5 years
- 6 - 9 years
- 10+ years

### Q26 Is there anything you particularly like about your accommodation?

### Q27 Is there anything you particularly dislike about your accommodation?

### Q28 Is there anything you particularly like about your neighbourhood?

### Q29 Is there anything you particularly dislike about your neighbourhood?
**Q30** Would you prefer to remain in your current home as you get older?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Q31** If you were to move from your current home, in how many years time do you think this would be?

<table>
<thead>
<tr>
<th>15-20 years</th>
<th>Go to Q32</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - 5 years</td>
<td>Go to Q32</td>
</tr>
<tr>
<td>6-10 years</td>
<td>Go to Q32</td>
</tr>
<tr>
<td>Would not consider moving under any circumstances</td>
<td>Go to Q37</td>
</tr>
</tbody>
</table>

**Q32** What type of accommodation would you consider moving into? Please tick all that apply

<table>
<thead>
<tr>
<th>House</th>
<th><em>Sheltered housing</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bungalow</td>
<td>Extra care sheltered housing (similar to sheltered but with a care team onsite)</td>
</tr>
<tr>
<td>Flat</td>
<td>Residential care home (<em>traditional</em> care home)</td>
</tr>
<tr>
<td><em>Other, please specify below</em></td>
<td></td>
</tr>
</tbody>
</table>

*Sheltered housing is self-contained housing for older people, with an emergency alarm system and sometimes a warden who regularly visits residents.*

**Q33** What would be your preferred tenure?

<table>
<thead>
<tr>
<th>Rented</th>
<th>Owned</th>
<th>Shared ownership (part rented/ part owned)</th>
<th>Don't know/not applicable</th>
</tr>
</thead>
</table>

**Q34** Where would you anticipate living?

<table>
<thead>
<tr>
<th>Elmbridge</th>
<th>Elsewhere in Surrey</th>
<th>Another part of the Country</th>
<th>Abroad</th>
</tr>
</thead>
</table>

**Q35** For what reasons would you anticipate moving? Please tick all that apply

<table>
<thead>
<tr>
<th>Moving to a smaller property</th>
<th>Ill health and associated need for care services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about maintaining current property</td>
<td>Need for level access e.g. bungalow, flat</td>
</tr>
<tr>
<td>Concern about maintaining garden</td>
<td>Need to move nearer to amenities e.g. shops</td>
</tr>
<tr>
<td>Concern about personal safety in current neighbourhood</td>
<td>To release equity in property</td>
</tr>
<tr>
<td>Need to move nearer to friends/family</td>
<td>Other, please specify below</td>
</tr>
</tbody>
</table>

| Other, please specify below | |

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### Q36 If you were to move, how important are the following to where you would relocate? Please tick all that apply.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Very Important</th>
<th>Important</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to shops and other amenities (e.g. post office, GP surgery)</td>
<td></td>
<td></td>
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<tr>
<td>Access to public transport</td>
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<tr>
<td>Access to friends/family</td>
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<tr>
<td>Access to social activities (e.g. exercise classes, arts and crafts, outings etc)</td>
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<td></td>
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<tr>
<td>Access to care and support services</td>
<td></td>
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</tbody>
</table>

### Q37 If you intend to remain in your current property for the foreseeable future, what kind of help do you think you might need? Please tick all that apply.

<table>
<thead>
<tr>
<th>Help</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Help with cleaning</td>
<td>Help with personal care</td>
</tr>
<tr>
<td>Help with shopping</td>
<td>Meals on wheels/frozen meals service</td>
</tr>
<tr>
<td>Help with gardening</td>
<td>Other, please specify below</td>
</tr>
</tbody>
</table>

### Q38 Have you heard of the following services? Please tick all those you have heard about?

<table>
<thead>
<tr>
<th>Service</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Telecare (sensors that monitor well-being)</td>
<td>Extra Care Housing</td>
</tr>
<tr>
<td>Community alarms (e.g. to call for help in an emergency)</td>
<td>Handy Person Service</td>
</tr>
<tr>
<td>Home improvement Agency/Care and Repair</td>
<td>Sheltered Housing</td>
</tr>
<tr>
<td>Equipment and adaptations</td>
<td>Shared ownership</td>
</tr>
</tbody>
</table>

### Q39 Do you think there is currently enough choice and support for older people in Elmbridge to remain living independently in their own home?

<table>
<thead>
<tr>
<th>Choice</th>
<th></th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Q40 What type of choices and or support would you like to see available?

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Appendix 3 Stakeholder Event Report – June 2009

Strategic Review of Older People’s Housing in Elmbridge

Report of 22 June 2009 Stakeholder Event
Council Chamber, Civic Centre, Esher

Purpose and audience
The main aims of the workshop were to:
- Receive feedback on the main findings and future direction proposed
- Undertake more detailed work on a number of key developmental areas

The attendance list is attached at the end of this report.

Discussion points from the presentation
The main discussion points following the presentation were:
- Need to take account of provision for particular groups of older people, in particular older Travellers and Bangladeshi people in Walton North
- Ensure the report addresses the needs of people with learning disabilities living into older age
- The report needs to address how to deal with OP with MH needs
- Is personal safety and security an issue for older people?
- Need to address finance and where the money is coming from
- Provision needs to allow married couples, where one is frail, to stay together
- Have the Council thought of incentivising people to move out of large properties – need to know the level of under occupation
- Focus groups with EBC Residents Panel members showed the value of engaging older people in planning for the future
- We now have people aged 55+ looking after parents, and looking after children. Must ensure that the report takes account of these pressures and does not present an out of date (too rosy) picture of older age
- Is there anything to help OP with Council tax
• OP with dementia – Is there a cut off point about going into care
• How have developers and managers of private retirement housing being involved in the study?
• The report needs to ensure it takes a wider look at accommodation not just housing e.g. registered care
• There were mixed views about whether or not minimum standards for future housing for older people should be 2 bedrooms or whether there should still be a mix of 1 and 2 bedrooms to provide choice, if there is a demand
• Some housing associations looking to expand number of 2 bedroom units

Feedback from groups
5 groups discussed different themes for the strategic review.

Group 1: Information and Advice
General consensus that it is not a case of too little information, but rather a case of problems with access to and awareness of this information.

It was thought that older people only try to access information when they actually need it, rather than in advance – is there a role for the Council to encourage people to be proactive in accessing this information before a crisis point is reached?

The current older generation often has limited interest in or access to the internet, so using the internet as the sole source of certain information is flawed. This, however, will change in the future, as more people are actively using the internet.

The information should be available not just for older people but also for their relatives and friends. Also, information should not just be about housing, but also about wider services such as leisure opportunities, lifelong learning and volunteering – this would make the information more interesting and potentially attract more people to learn more about their future options.

Some older people may be too proud to ask for help or further information about housing and support services.

Providers need to be aware of the worry and stress that some older people may have with regards to housing and support – services should be sensitively targeted.

The problem, it was felt, was that the Council was trying to achieve too many things with a shrinking budget – there is a need to develop creative solutions to these types of problems.
Centres for Retired People – the centres have tables full of leaflets and people who come in to give talks on different subjects, i.e. volunteering. This is a very informative service which is beneficial to the older people who attend. However, the problem with this is that the older people who may be most in need do not attend such centres. There needs to be some sort for outreach for those who are difficult to reach.

On seeing the Housing Options for Older People in Elmbridge document, there was a worry about how quickly the publication would be out-of-date, and the frequency of updating was questioned.

Where do older people with support needs who are living alone start? Such people may have limited awareness of the services that are available to them but also they may not be able to frame the specific help that they need. There needs to be a multi-agency approach to helping such people.

There need to be different ways to offer information depending on the individual’s needs. There may be a danger of taking away a person’s feeling of self-control if advice and guidance is forced upon them. However, there are some older people who need someone to take them by the hand and guide them through their options.

**Potential Solutions to Increase Awareness of Information**

- Outreach is key - need to take the information to people rather than expecting them to be proactive and come out seeking the information
- The role of the Council is to make sure that people know where to look for information when they need it – the points of access need to be right
- Information needs to be passed on to older people via face-to-face interaction and via word of mouth
- There needs to be a move away from ‘fancy leaflets’ that people don’t read – the information needs to come in a different format
- Signposting needs to be improved
- Home visiting could be a very good way for older people to be able to have one-to-one contact with people who can offer them information and guidance. The CAB have volunteers who do this, but resources are limited
- Once an older person enters the system, the first point of contact should be able to signpost them to the services that are available for them, according to their specific needs. However, there is a problem for officers being able to ask wider questions to older people over the phone (data protection etc could get in the way of a joined-up approach)
• There is a role for the housing managers of sheltered housing schemes to go out into the community and talk to older people with support needs

**Practical Ideas to Increase Awareness**

• Choice Based Lettings: as part of the roll-out, the Council intends to hold awareness days for all people/stakeholders – this could be used more effectively to target older people directly

• Also part of the Choice Based Lettings process is to carry out a home visit with people to verify the details that have been put down on their housing register application – this could be used more effectively to identify older people in need and to direct them accordingly

• Send out information flyer with bus passes

• Re-instate the information page in the telephone directory, listing useful contacts in housing and social services etc. This is a very low cost option but could be very effective

• Centres for Retired People to have an ‘information leaflet of the week’ type program, where one particular information leaflet/publication is promoted and proactively handed out and discussed each week

• Information ‘Open Days’ organized by the Council, including information on leisure and lifelong learning to make attending the event more appealing to older people

• Having useful contacts and other information in the Elmbridge Arts Focus – a quarterly publication that goes out widely

• Information stands at established and well-known events and festivals would offer the opportunity for older people to have one-to-one contact and to discuss their personal circumstances with someone

• The Directory of Services for Older People document should be more widely available and sent out to older households directly

**Form-Filling**

There was doubt as to whether anything could be done with regards to the complicated and extensive paperwork that older people need to complete in order to receive benefits and other services. Do the authorities have the power to simplify and shorten forms? Is this realistically achievable? It was thought that it may be different when more older people are using the internet, as the forms may be automated to make filling them in easier. Until then, it was doubtful if anything could be achieved here. One suggestion to make form-filling easier was to have them checked for Plain English. This is a chargeable service but it was felt it was worth paying to make sure that the
wording is easily understandable, and the number of questions and the type of questions is appropriate.
Group 2: What’s The Best Way to Deliver Housing Related Support to Enable Older People to Live Independently

Q1 – Future Role of Housing Related Support in Delivering Well-Being, Choice and Control for Older People

It was generally accepted that the model of funding housing support based upon an ‘on site’ scheme manager model was no longer tenable. (Noted that many SP authorities were no longer funding on site scheme manager sheltered provision)

It was noted that change has already occurred in scheme managers being less and less employed to live on site (primarily due to the changes in employment legislation). This is certainly been the case at many of Elmbridge Housing Trust’s schemes (in some instances one scheme manager looks after 2 schemes)

It was also mentioned that this had led to a change in motives for applying to be a scheme manager in that in some cases the motive was primarily in seeking accommodation that went with the job – if accommodation is not provided, people are then more motivated by the support nature role of the post.

Also there have been changes in how sheltered units have become allocated – it was accepted that some sheltered lettings are for ‘fit and active’ people who also sometimes are under retirement age who do not need a scheme manager service or alarm provision. From Elmbridge Housing Trust’s perspective because sheltered represent a significant proportion of their housing stock, their primary concern is in letting those units (and not necessarily to those who would benefit from support). It was accepted that it was hard to justify such older people paying (or being funded via SP) for a service that they did not need.

It was also recognised that there are older people who chose not to live in sheltered schemes but in other tenures who would benefit from receiving a ‘peripatetic’ or floating support service particularly those who may be being assisted with a community pendant alarm.

In relation to supplementing a community alarm service, the provision of Cat 1 units in Elmbridge (one block of 12 units) is minimal in number than compared with other boroughs/districts (which often run into the 100s).

It was also commented that SP funding had been prescriptive in what was allowed to be funded in terms of support. With SP no longer being subject to ring fencing, it was felt that there was scope in enabling support to be provided but could not otherwise be funded as home base care e.g. shopping (including purchase of white goods, furniture, furnishings to supplement HIA and handyman services).
In summary there was a need to move to the funding of a more, flexible, responsive support service for older people living in their own homes in a range of tenures.

**Q2 – Options that could be considered in providing support services to older people living in all tenures**

Firstly funding of more ‘peripatetic’ or ‘floating’ support provision would need to be funded from existing resources. Consequently there would be a need to decommission current on site scheme manager service provision. This in turn may lead to the decommissioning of some sheltered schemes altogether (and then let as general needs one bed units).

There was some debate about older people living in mixed communities rather than together in a designated site/scheme. However it was felt that there were older people who would want to live with older people and therefore the sheltered scheme model should not be abandoned altogether.

Consequently a favoured option would be a ‘hub and spoke’ model with one or a few schemes being designated sheltered schemes acting as a ‘hub’ for a peripatetic’ service providing support to those older people living in the community. In terms of designating such schemes, they should also act as a ‘hub’ for the community in providing a range of service to older people e.g. Age Concern, Chiropody

A2 Dominion commented that they were negotiating with some other SP authorities in retaining some of their sheltered schemes but in delivering a broader support service to older people living in the community.

Also some sheltered schemes may lend themselves to be better considered to act as a ‘hub’ e.g. in meeting disability/access requirements such as designated ‘extra care’ schemes.

There was also need to provide a more general floating support service to older people living in all tenures. It was commented that it was important that such services were clearly defined so that older people and other agencies were aware of what could be provided by way of support (and also how to access such services). As needs of older people vary, it is likely that such support provision would need to be ‘tiered’ in some way – e.g. basic alarm, alarm plus welfare check and alarm, welfare check and specific needs support like a bronze, silver and gold levels of tiered service.

**Q3 – Positives and Negatives of Options**

It would be fair to say that in terms of service delivery, both options (hub and spoke and peripatetic/floating support) would be more flexible in providing for well-being, choice and control for older people.

The possible negatives may be that in opening up support to all older people that demand may outstrip what service provision could be funded.
Also some providers of sheltered housing may opt out altogether – this in fact may be a positive rather than a negative in some Providers being happier to manage the property whilst the support needs of any tenants requiring housing support may be met by another Provider contracted to provide a floating’ support service.

There were some concerns raised in respect to ‘lone working’ if support services were provided more in the community outside sheltered schemes. I am not sure what the problem is in this respect as many such services are provided in this way most notably home based care provision.

Q4 – Best Way to Take Forward

It was felt that SP should take the lead in any remodelling of service provision being in the position as the lead commissioner and funding agencies.

Q5 – What are the Obstacles and How Could They Be Addressed

It was noted that the funding away from on site scheme managers to a more peripatetic/floating support provision had provoked much concern where this had happened in other areas particularly from existing tenants of sheltered accommodation.

Consequently it was important that any such proposals be fully consulted upon and information made available.
Group 3 Community based services

Group members

Group members included officers and one councillor from EBC, and voluntary sector representatives from Voluntary Action Elmbridge, Age Concern, and Thames Ditton Almshouses.

Housing issues

The group also covered a number of housing issues as well as addressing community based services. The main housing issues were:

- Need for incentives for older home owners to move from under occupied housing
- Need for flexibility of tenure to enable owner occupiers to release equity by renting
- Need to assist developers of older people’s housing to compete for suitable sites and get planning permission
- Need for more extra care provision that allows for different levels and costs of care – flexible cost and service model
- High cost of private sector care provision, such as Sunrise Assisted Living
- Importance of developing new technology such as telecare
- Some sheltered landlords refusing people because their care needs are too high, linked to concern about social services reducing funding for home care and raising the bar for eligibility for home care
- Some people, especially in private sector housing are living in awful conditions. Need to find a better method for identifying these people and taking more constructive action than serving a notice

Community based services

Q.1 Current services

The current focus of EBC Community Services seems to be relatively narrow and aimed at the most needy rather than the wider older population. Could the role be broadened to address the wider older population?

Need to encourage older people to claim benefits – currently under claiming because older people are either too proud or do not know they can.

Will the next generation of older people be attracted to the day centres as they currently operate and are promoted?

Need for broader range of practical services in the borough to cater for the growing older population. For example, Age Concern provide a home help
scheme, with self employed workers. There is a big development agenda here, particularly around services that support older people in the practicalities of day to day living, and perhaps a need for new models of service and funding.

Linked to this there is considerable concern in the voluntary sector that the level of need is increasing fast with the growth in the older population, but that EBC funding for the voluntary sector is static.

Problems for older people of different agencies and people coming in to provide help – need for more consistency and familiar faces.

There seem to be shortages of equipment for OTs (occupational therapists) e.g. bath seats.

There is an issue that older people who sign up for lifelong learning classes are not allowed to use community transport on a regular basis to get there. This put people off, and criteria for community transport is too restrictive.

There are 11 voluntary car schemes in the borough (for example taking people to hospitals). However, most volunteers are in their 70s – need more young people. There is quite a high level of volunteering in the borough (e.g. Elmbridge Community Support service has 800 volunteers) but a need to keep this going and increase it and market to a wider age group.

There is also a need for volunteers to go on boards of voluntary organisations as trustees.

The current Older People’s Forum in the borough is for professionals not older people. How do older people get engaged?

Conclusions about the current system
It was felt that there was:

- A good baseline of services in the borough
- A good voluntary sector and volunteer network

However, there were a number of key challenges to address:

- The growth in the older population
- The changing (increasing) aspirations of older people
- The financial pressures which older people themselves were facing (e.g. low interest rates on savings, growing level of community charges against level of pension increases)
- The financial pressures which local government (at both county and borough levels) and the health service are facing and the predicted limitations in public sector funding from 2010/2011 onwards.
Everyone in the group agreed that there was not enough money in the system to assume that the current level of publicly funded services would increase in line with population growth, and that imagination was needed to address the challenges identified.

Q.2 Practical steps to address the issues identified

Elmbridge Older People’s Forum

There needs to be a mechanism for engaging older people more directly with EBC and other agencies in planning for an ageing population in the borough. The main proposals were to:

- Set up an Older People’s Forum in the borough for older people themselves in order to harness the ideas and energy of older people in the borough on planning for an aging population. It was important that it was set up in such a way that it did not only attract the ‘usual suspects’. For example a number of the Resident Panel Members who attended one of the focus groups for this work had good ideas and made an excellent contribution

- Identify how the Forum would link into the engagement and decision making structures in the borough, such as the One Elmbridge Partnership, to ensure that it had genuine influence

Centres for Retired People

The role of the Centres for Retired People needs to continue to evolve to ensure they attract the wider older population and can promote active ageing and prevention. The main proposal was to:

- Engage the Older People’s Forum, once it is established, in working in partnership with EBC about marketing and developing the role of the Centres for Retired People to promote increased use by a wider population e.g. internet cafes for older people

- Look at whether they could be developed as Community Clubs with nominal membership fee to give older people a direct stake in running them

Transport

To address the current limitations around transport (and therefore access to a range of services and opportunities for older people):

- EBC to look at fuller use of its minibuses

- EBC to look at the potential of running Community Transport as a social enterprise (potential of involving vulnerable people for new business start up)
• EBC to look at how Community Transport can support the car schemes
• EBC to look at putting more funding into the taxi voucher scheme

**Practical services**
There is a need to build more capacity around practical and preventative services for older people by:

• Working with EBC, and the voluntary, community and private sectors on specific plans to develop new services and increase capacity in existing services
• Looking at developing new funding models (away from reliance on a grants and welfare culture) including social enterprise and good value services that older people would pay for themselves, either from their own resources or via individual budgets

**Volunteering**
Action is needed to sustain and increase the level of volunteering in the borough, including:

• More marketing to promote volunteering
• Specific marketing to identify people who could act as trustees of local voluntary organisations and charities

**Mental health and dementia**
Specific attention needs to be paid to develop community based services for people who experience mental health problems in older age or dementia

**Housing**
• More extra care housing of all tenures is needed
• More incentives are needed to address under occupation
• Better equity release products are needed and more flexibility is needed in relation to tenure options for older people who want to move so they can choose to release equity by renting if they want to
Group 4 – MOVING HOME AND HOUSING CHOICES

PARTICIPANTS: Peter Tanner (Tanner Tilley planning consultants), Catherine Stubbings (South East England Strategy Unit), Kaye Edwards (Thames Valley Housing Association), Richard Errington (User Representative – Walton Centre for Retired People) & Sarah Veasey (EBC – Planning Policy)

FACILITATOR: Colin Waters (EBC Housing)

1a. For older people wanting to move to ordinary housing what can be done with existing housing to make it more accessible to older people, and what sort of new housing should be built which will appeal to older people and meet their needs?

Existing housing

One suggestion was to have policies which allowed sub-division of larger family houses to provide a larger number of smaller units which would be more suitable / more manageable for older people – given that some under-occupy relatively large homes.

Question posed to private-sector rep – why were second-hand homes in private leasehold schemes priced relatively low and yet not selling? Part of answer was due to current market conditions, but another part was due to the units being 20 years old and not really meet expectations of today's purchasers – begs the question as to the long-term future of these schemes - if they were affordable, owners would be reviewing them.

What sort of new housing?

Under-occupation schemes for social rented housing & new-build

In terms of new-build affordable housing, could look at building properties with under-occupying social housing tenants in mind, as a means of freeing up family homes. May need support and help with looking at housing options and help with moving (as well as cash incentives). Hand-holding through the process is more important than any financial incentive.

Thames Valley HA cited approach in LB Hillingdon where TVHA is building 2-bedroom houses with garden and garage and built to Lifetime Homes standards, including extra storage space to try and encourage under-occupiers to move. Suggested that the Council should be more strategic in terms of guiding affordable housing development programmes so as to meet needs and help make better use of the stock.

On affordable side – support for 2-bed provision

Not clear as to how far, distance-wise, people would be prepared to move, in the above scenario. Likewise, not clear on best way of targeting under-occupiers with these sorts of scheme – but "word of mouth" seen as the most effective tool.
No examples of under-occupation schemes targeted at owner-occupiers, where public sector involved – either in terms of helping to move or giving financial incentives to move.

**Private-sector**

Belief that let the market decide – and would not want planning policy to dictate size-mix. Private-sector believe that 1-beds have a role.

Private-sector – the market will inform the building of the right amount of the right type of accommodation for older people and feel that planning policy should allow for developers to build.

1b. **How can the wishes of some older people to change tenure (e.g. from full ownership to more flexible tenure models of shared ownership or renting) best be met?**

Some members of the group questioned how much demand there was amongst older people to actually switch tenures. One view that if affordable housing was providing a lifestyle choice for older people to free up equity to increase their disposable income, then may not be the best use of public money, especially if there were others with housing needs and no resources.

One view that market could provide if there was a demand for such schemes.

Another view was that the actual need to engineer or develop models to switch tenure might be limited in Elmbridge, relative to other parts of the country, because in general terms, the prices that older people could sell their houses for locally should enable them to down-size within the private-market, either within Elmbridge or elsewhere.

2. **If further specialist housing for older people is needed in the borough how much and what type and tenure of housing and services should be developed in the future to meet the aspirations of older people?**

Different views here:

i. Provide as much choice as possible – don’t use policy to rule anything out.

ii. Need to consider residential and nursing care and not “housing”.

iii. In terms of residential care – need to anticipate loss of care spaces over the coming years and will need to plan for this. Loss anticipated for a number of reasons – private-owners reaching retirement and selling up to pay for their pension / smaller providers exiting the sector due to increased costs in terms of complying with care standards / registration requirements and / or higher design standards and same providers exiting as fees from publicly-funded clients fall in real terms.
iv. Bungalows – i.e. seems to be a popular dwelling type, but very few developed in recent times. View that this was because not most profitable form of building for developers, especially with land-take and density of development and high land-values. View that maybe groups of four bungalows could be developed, with reduced garden space.

v. A question was raised as to how much cat 2 sheltered was needed and whether there was demand for affordable housing (and whether there is long-term demand) – one view that there was probably enough already, whereas another was that there is a role for good-quality sheltered housing.

vi. No estimates given in terms of the numbers of different types of scheme to be provided – it was suggested that Laing & Buisson reports are a good source of data.

vii. Policy objective about mixed communities (both in terms of tenure and ages of households) may contradict with what people may want – development of gated communities and village communities are not conducive to community cohesion / inter-generational interaction and understanding.

viii. Private-developers seem very reluctant to engage in developing mixed-tenure affordable housing – cited management difficulties – such as service charge inequalities between private and affordable occupiers in schemes. Even more reluctant to consider provision of on-site general-needs affordable as the affordable housing contribution.

3. How can EBC (for example from Planning Policy) best help the development of more ordinary and specialist housing in the future in Elmbridge?

Planning policy and development control

i. Framing of supplementary planning documents in relation to site allocation and treatment of windfall sites to support development of housing for older people

It was suggested that for particular types of specialist schemes for older people, location was absolutely critical (more so than for ordinary housing) and that planning policy could help support this, specifically through site allocations and treatment of windfall sites. It was suggested that category 1 schemes could be located anywhere (in broad terms) as the target-group (the independent older person) would use their car to travel to town centres / the shops etc. However, sheltered schemes, where the target-group was older and frailer – location really needed to be within a third of a mile of most
amenities to work, with close proximity to bus stops – and planning policy could support this, presumably by considering allocating such sites to housing of this type in such locations. Conversely, it was suggested that for residential care etc – where the needs are higher – proximity to amenities is not crucial, as most residents won’t be walking / driving anywhere and most of walking will be located within the scheme.

ii. Building understanding amongst decision-makers officers and members about the different types and models of older people’s housing

Planning consultants said that they found it frustrating that when discussing planning applications with planning officers and having the applications considered by Members on planning committees that there was a lack of understanding of the differences between schemes and models, which impeded clear decision-making. It was also felt that this confusion was often reflected in planning policies and that planning authorities were struggling to keep pace with the changes in designs, models and concepts that are emerging and that committees carried pre-conceptions dating back 20 years.

Three ideas were put forward to overcome this problem:

a) Arranging for key officers and members to visit a range of schemes in the wider region representing the different models of housing, care and support to get a practical understanding of what is being built and using these as a benchmark to compare applications against and to develop policies. e.g. Carnarvon Place, Newbury, Pegasus schemes, McCarthy &Stone, Sunrise Living.

b) Members need to recognise that certain types of specialist housing for older people don’t need as much as parking as standard schemes. This fact, and also the fact that provision for play space neither has to be provided within schemes (or a financial contribution) can make this type of scheme more profitable for developers than ordinary housing, although the communal facilities required in genuine extra care housing might make these scheme types less able to generate the land values required to make them more viable than other land uses.

c) Including clear and consistent definitions within housing, planning and social care circles as to extra-care housing, assisted living etc. – at present the same term means different things to different people, which can create misunderstandings.

d) Clearer understanding of different planning use class orders and the implications of applying them correctly. Issue as to whether schemes are categorised as C2 (residential institutions) or C3 (dwelling houses). This is important as developments classed as C3 may entail a contribution to affordable housing, whereas C2 does not. Advised that the RTPI produced a useful guidance document for the planning sector which touched on this issue a couple of years ago – “Extra Care Housing – Development Control, Planning and Management” – RTPI Good Practice Note #8.
iii. Requiring all new homes to be built to Lifetime Homes Standards (ahead of any requirement brought in nationally)

iv. Enabling development – how prescriptive should policies be?

The option of the local authority producing a design guide for older people’s housing was explored, but the view of the private-sector was that they were better placed to know about design and that a LA guide would not be that helpful. Private-sector ethos is very much about letting market forces operate and the view of the private-sector is that planning policy should reflect / respect this.

Likewise, in terms of size of units – there was a discussion about the pro’s and con’s of the local authority setting policies around the size of units provided in new schemes. Strong view from the private-sector that local authority should not rule out 1-beds on specialist schemes for older people (because market can decide, risk is with the developer and that some prospective buyers may not be able to afford two bedrooms).

v. Disposal of council land for housing

Question raised as to whether when Council disposes / sells land for housing what its priorities are. Explained that priorities tend to be for general-needs affordable housing, rather than specifying housing for older people or even for under-occupiers.

vi. Planning ahead for an ageing society

Holding events / undertaking reviews such as this were felt to be very useful in considering the issues and generating

**Group 5 Extra Care Housing**

**Q1 How much and what housing and service models of extra care type should be developed in Elmbridge?**

- **Demand:**
  - Extra care is a relatively new product; few older people have heard of it, therefore cannot gauge demand by conventional means.
  - Evidence elsewhere suggests that where extra care has been provided it has proved very popular even though hard evidence of demand was difficult to quantify at planning stages
  - There are attempts to elsewhere to assess demand in terms of those people for whom Adult Social Care would like to steer towards extra care and away from residential care provision
  - Important that EBC attempts to quantify demand so that it can then identify specific supply requirements in its Core Strategy. Identifying supply requirements will attract private developers of extra care to Elmbridge, as they feel more confident that the time they invest in the borough to assemble possible sites for extra care will be time well spent; and that the council will subsequently support, in
principle, and development proposals for extra care that come forward as a result

- Models:
  - Also important that Embridge make clear its definition of extra care, both where partnerships with county Adult Social Care and SP are envisaged, and also in terms of the Core Strategy
  - The definition of the requirement for available care and support services needs to be quite specific in order to differentiate the service from residential care and other forms of supported housing
  - The definition of the housing model may be advantageous to be less specific as different providers are offering different housing models. Given this emerging market, the different approaches of different providers, and the lack of specific demand evidence to the contrary, it may be beneficial for the customer that EBC enables a broad range of housing models to be developed, but within a clear, if flexible, definition
  - Defining extra care is also essential for professionals, providers and other stakeholders to talk to each other using the same language and understanding
  - Defining extra care is also essential from the customer perspective – marketing materials need to focus on the customer and what services and facilities the customer may expect from extra care
  - Extra care must enable those people with special needs to also benefit from such services and provision, in particular those with dementia, early on set dementia, and adults with learning difficulties

Q2 Commissioning issues

Commissioning of any new schemes by the local authority must be undertaken on a joint basis – i.e. EBC housing, county adult social care and county SP. Ideally joint commissioners should include primary health also

- Commissioning should be undertaken within the envelope of a framework, so that all providers can equally understand the commissioners requirements and the commissioning process
- EBC should identify a single point of contact within the council who can engage with all parties over extra care, understand and guide developers and partners on the commissioning requirement and the planning policy environment
- Contracting with the county over care and support provision for extra care services needs to be reviewed and placed on a clearer and more robust contractual footing
- In particular the support/care divide, and the definition of each service need to be reviewed together to avoid overlaps and gaps.
The loss of SP ring fence may help with being more enabling around service definitions, but the risk of loss of funding as a result is a great concern

- Any commissioning should also support tenure options and mixed tenure schemes, and be flexible to accommodate and support new tenure models such as reverse staircasing, for example

Q3 EBC Role?

- Planning / Core Strategy
  - Quantifying required supply as recommended above
  - Enabling policies that will help private developers to compete in the land market for new sites for extra care
  - Defining each as recommended above

- Land availability
  - Review available RSL sites for redevelopment, including decommissioned sheltered housing schemes, and encourage their retention and reuse as sites for extra care where locational and site situational criteria can be met
  - Any assistance for private developers of extra care to compete effectively in the land market with private developers of other forms of housing

- Supporting and internally consistent enabling policies and strategies amongst all joint commissioning partners

- Better info to older people around housing options in retirement, Scope for Adult social care to reach out more to older people with better information. Increase OP awareness ratings with respect to extra care

- Extra care developments are taking place throughout the country – Elmbridge and its partners should learn from others
### Attendee list

**Stakeholder Conference – Date 22 June 2009**

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<th>Organisation</th>
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<td>A2 Dominion Housing Group</td>
<td>Lorna Draper</td>
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<td>Age Concern Surrey</td>
<td>Shirley Levey</td>
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<td>Anchor Trust</td>
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<td>C A B (Walton &amp; Hersham)</td>
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<td>Claygate - Centre for Retired People (User rep)</td>
<td>Jean Bennett</td>
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<td>EBC Councillor</td>
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<td>Betty Gosling</td>
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<td>Home Builders Federation / Tanner &amp; Tilley</td>
<td>Roger Tilley</td>
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