

Enabling Independence



Delivery Strategy

**Long term housing solutions with
care and support**

December 2010

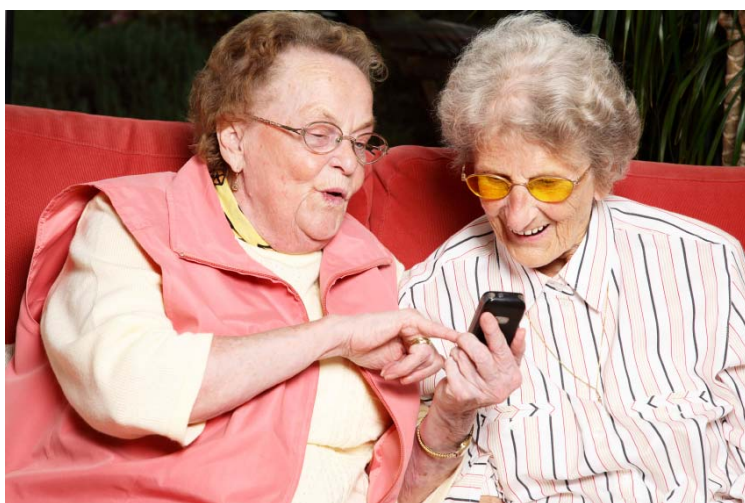
Providing whole solutions for whole lifestyles, providing genuine options and real choice which deliver opportunities for individual growth, development and wellbeing.

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Foreword

In January 2009 we published our first 'Accommodation with Support Needs Analysis'. This provided an initial picture of the health needs of people living in the City of Sunderland and enabled us to review this information as part of our commissioning intentions. This analysis provided us with the opportunity to identify gaps in our knowledge and ensure that full understanding of our communities' support needs were gained, enabling us to review and plan our housing priorities particularly in relation to specialist 'new build' accommodation within the City.



To date we have enabled delivery of three extra care housing schemes for older people with a care and / or support need, providing 127 mixed tenure, two bedroom apartments with total capital investment of an estimated £20 million. In partnership we have also enabled delivery of specialist accommodation for people with learning disabilities.

We have plans to develop a core and cluster scheme for people with long term physical conditions during 2011, and a further extra care scheme providing 47 two bedroom properties for older people with a care need will be completed in 2011 providing 40 apartments and 7 Passivhaus bungalows. During 2011 we hope to have our first retirement village on site providing extra care and specialist dementia accommodation and two further specialist dementia housing schemes in Central Sunderland and on the North side of the city.

We had in place separate strategies for learning disability; homes for life – extra care; mental health and long term conditions. It was felt appropriate that we bring all of these strategies together into one place to help better inform our providers and make the commissioning process more straight forward in relation to long term housing solutions, realising areas for efficiencies, quality service provision and improved opportunities for social and wellbeing integration.

Therefore, this new strategy outlines how we plan to enable the delivery of more. It shows how we hope to work within existing partnerships and our aspiration to encourage new partnering arrangements which will support us to meet our strategic priorities into the future, ensuring that the housing and care needs, and aspirations of vulnerable people are achieved.

Strategy Statement

Sunderland City Council

Our Healthy City Priority is:

“To create a city where everyone can be supported to make healthy life and lifestyle choices – a city that provides excellent health and social care services for all who need them. Everyone in Sunderland will have the opportunity to live long, health, happy and independent lives.

Within this Priority is a key objective which outlines:-

Sunderland will be a place where everyone, regardless of the vulnerabilities they experience through age and / or disability, is supported to live independently in accommodation of their choice, including their own home.

- By 2025, through the ‘Homes for Life: Older People’s Programme’, extra care style accommodation will be fully developed across all areas of the city, with a significant reduction in the number of admissions to residential and nursing care.
- By 2025, 100% of people with long-term conditions in Sunderland will be supported to live at home for as long as they wish and feel able.

To achieve our ‘Healthy City’ strategic priority, our aim is to engage with key partners including the third sector to identify investment, enabling provision of homes within existing and new communities that respond to vulnerable people’s requirements for support, care and independence, providing people with the opportunities for full and quality lives.

The delivery of appropriate support, tailored to meet individual needs is key to resettlement, promoting tenancy sustainability and can, prevent the requirement to move people into residential and nursing care.

This strategic document will be delivered through a robust Action Plan which will be monitored on a bi monthly basis through the Council’s ‘Enabling Independence - Housing Solutions’ Programme Board.

An annual update will be carried out to ensure that actions remain focussed and equitable. This will be taken to the Council’s Sustainable Communities Scrutiny Committee for their information and agreement, and will be published on our web pages.

What we have achieved so far

Housing solution achievements made which have made a real difference to people with a support need in the City:

✓	Opened Beckwith Mews, Silksworth, the City's first extra care housing scheme for people over 55 in March 2009. This provided independent living with 40 two bedroom apartments; community hub facilities, and access to care, health and wellbeing opportunities for residents and the wider local community.
✓	Opened The Flighters supported living scheme during 2009 which was developed by Endeavour Housing Association, to provide independent accommodation for people with learning disabilities.
✓	Opened Woodridge Gardens, Columbia, the city's second extra care housing scheme for older people in December 2009 which provides 39 mixed tenure two bedroom apartments and access to care, health and wellbeing opportunities for residents and the wider local community.



✓	Provided a £2.6 million Grindon Mews complex which delivers specialist social care and support to adults with profound and multiple learning disabilities. Grindon Mews includes a specialist day care centre for up to 28 people a day with profound and
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	multiple learning disabilities. A further 15 adults per day with physical disabilities can use its day care rehabilitation centre which helps gives people greater independence.
✓	Opened Bramble Hollow, Hetton le Hole which is the third extra care housing scheme for older people in the City. It provides 48 two bedroom apartments with community hub facilities, access to care, health and wellbeing opportunities for residents and the wider local community.
✓	Developed with Stonham HA independent living move on accommodation for 9 people with learning disabilities in March 2010.
✓	Successful bid to the Department of Health has enabled development of a fourth extra care scheme, Cherry Tree Gardens in Houghton le Spring, providing 40 two bedroom apartments and 7 two bedroom bungalows built to Passivhaus standards, with community hub provision including access to care, health and wellbeing opportunities for residents and the wider local community and three community support apartments enabling provision of short term re-ablement.
✓	Identified land to build a core and cluster scheme on the North side of Sunderland for people with a long term physical disability, to be developed during 2011.
✓	Enabled 15 people living out of the City with learning disabilities to be relocated back to Sunderland into appropriate accommodation.
✓	Identified a further site in the West of Sunderland for a fifth extra care housing scheme, which is anticipated to start on site during 2011 providing 180+ units of extra care and specialist dementia housing.
✓	Carried out an open dialogue commissioning event in June 2010 with key providers to identify how to enable delivery of more supported accommodation in the City.
✓	Enabled provision of 8 apartments for people with learning disabilities with Nomad / E5 and ISOS.

Aims and Objectives

Capital funding is required to enable new housing developments. This may be sought from the Homes and Communities Agency (HCA), recycled capital grant funding, private investment or DH grant funding. Access to capital funding via the HCA has significantly reduced during 2010 and this trend is likely to continue. Therefore, to manage any bids going forward to the HCA we need to make sure that they are clearly identified within our strategic priorities. The Council has developed a Strategic Local Investment Plan (LIP) outlining our key strategic housing priorities which will be used to inform and prioritise future bids for capital funding. We will ensure within the LIP that vulnerable people are provided with housing choices into the future. Our priorities will be based upon clear and robust information and evidence of need as outlined within this Strategy.

Using new evidence and information previously collated within the Accommodation with Support Needs Analysis (Jan 2009), we will strategically plan new housing development requirements and prioritise them within the LIP. This will ensure that the HCA are fully informed regarding our capital requirements, and housing related support are equally informed regarding potential revenue funding requirements.

This document will be shared with developer partners to enable them to work within the City of Sunderland to develop accommodation which will meet the Council's strategic housing requirements while embracing the Personalisation Agenda, specifically relating to delivering accommodation with a care and support service which can be funded via personal budgets and / or direct payments.

We want to maximise the housing choice for vulnerable people providing them with a maximum degree of independence, and provide people with a real and quality alternative to residential and nursing care.

We have a long term commitment to increase supported living options and we aim to deliver this policy direction via planning policy and strategic commissioning. Our strategic housing priorities are outlined in this document relating to housing options for people requiring care and also within the Sunderland Strategy 2008 – 2025.

Our vision for this Strategy is:-

“Providing whole solutions for whole lifestyles, providing genuine options and real choice which deliver opportunities for individual growth, development and wellbeing.”

All aspects of our work related to this strategy are consistent with the Council's equality and diversity policy.

The Context

The National Context

When drawing together this strategy consideration has been given to :-

Opportunity Age – National Strategy on ageing

White Paper – Our health, our care, our say – Outlines a new direction for community services setting a new direction for the whole health and social care system.

A Sure Start to Later Life – Ending inequality for Older People – recommends a more responsive model for services for older people that addresses issues of exclusion and inequality.

This document is underpinned by key national policy for health and social care, which places the emphasis upon services that promote and enhance well being, independence and choice for all adults, delivered through personalised health and social care services.

- Putting People First (DH 2007)
- Valuing People Now (DH 2007)
- Our health, our care, our say: a new direction for community services (DH 2006)
- Improving the life chances of disabled people (Prime Minister's Strategy Unit 2005)
- Vulnerable People Strategy (Housing Corporation 2006)
- Supporting People (Department of Communities and Local Government 2003).

Public Service Agreements and Related Performance Indicators

Alongside the announcement of the Comprehensive Spending Review (CSR) in October 2007, the Government re-stated and expanded the Public Service Agreements (PSAs) and associated indicators that will shape the delivery of its policies, as follows. The table on the following pages describes specific National Indicators for Local Government and local measures that the city expects to achieve at given milestone dates.

PSA 20: Increase long term housing supply and affordability

Amongst its indicators is the requirement to demonstrate trends in affordability, to deliver affordable homes, to show improvement in the efficiency rating of new homes and the adoption of development plan documents.

PSA 16: Increase the proportion of socially excluded adults in settled accommodation, employment, education and training

The indicators in this PSA include monitoring of socially excluded groups, which includes people with learning disabilities and mental illness that live in settled accommodation. Clearly, the aspiration is for both these figures against this new indicator to be 100%. The NI set also monitors the number of vulnerable people

supported to achieve independent living through the Supporting People Programme.

PSA 17: Tackle Poverty and promote greater independence and well being in later life

This includes indicators that may be seen as relevant to housing for older people:

- Healthy life expectancy at age 65
- Over 65s satisfied with home and neighbourhood and
- Over 65s supported to live independently.

PSA18: Promote better health and well-being

This includes indicators to improve all age/ all cause mortality rates, to narrow the gap in mortality rates between disadvantaged and non disadvantaged areas – and to increase the proportion of people supported to live independently.



Residents and the Care Team at Woodridge Gardens, Washington

The Care Services Improvement Partnership, Housing Learning and Improvement Network (LIN) set out the key impacts of housing on the delivery of policy objectives that are common to a number of diverse client groups:-

- Housing has a critical role in ensuring the independence and social inclusion of people who are vulnerable or disadvantaged as a result of their age, ill health, disability or circumstance;
- Poor quality housing impacts adversely upon physical and mental well-being and can cause further health inequalities. This is particularly so for people who are already vulnerable or disadvantaged;
- Inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead independent lives. They can often struggle to access preventive housing and related care and support services which

would allow them to participate in the community. This can often happen, for example, following discharge from hospital.

The Regional, Sub Regional and Local Priorities

The North East England Regional Housing Strategy published in July 2007 outlines a clear priority to meet specific community and social needs:-

“To promote good management and targeted housing investment to address specific community and social needs. This includes an ageing population and the needs of minority communities, alignment with the Supporting People programme and promotion of greater community involvement”.

This strategy acknowledges that this objective is one of the most challenging to deliver. This is due to the number of different issues involved, coupled with the vast number of agencies and departments involved making delivery particularly complicated.

Strategic Housing Market Assessments (SHMA's) and Strategic Housing Land Availability Assessments (SHLA's) have been undertaken within the sub region to help identify geographical gaps in specialist provision and the needs of specific community groups to facilitate sub regional and cross boundary interventions. This will inform the Local Development Framework / Unitary Development Programme and regional spatial strategy as outlined within PPS3. Furthermore, there is an emerging requirement for SHMA's to be closely aligned to Joint Strategic Needs Assessments (JSNA's).

Vulnerable People

It is acknowledged that vulnerability is not necessarily permanent and housing solutions must be provided to address the different client groups and levels of vulnerability.

Many people with a disability can be supported to live independently within their own home, without the need to move into purpose built accommodation. This is particularly relevant for those people whose vulnerability is not permanent. However, in some cases intermediate care accommodation can provide suitable accommodation for those requiring rehabilitation and for those who have complex domiciliary care packages as a short term measure.

What this strategy aims to do is identify the actual **new supported long term housing** requirements for the city, separately to those people who can be supported to live at home. It also attempts to acknowledge vulnerable groups with complex / multiple needs requiring a specific supported long term housing solution. It will consider the requirement for shorter term accommodation provision in view of intermediate care and re-ablement requirements.



Bramble Hollow extra care scheme – Hetton le Hole

General themes for consideration:-

- Vulnerable people may be defined within one category but they often experience multiple problems which may require different housing solutions;
- Some groups are not seen as vulnerable this can have a very negative impact on their ability to access accommodation;
- There are limited resources and competing demand both within the provision of support but also in the availability of appropriate and affordable accommodation;
- Consideration needs to be given to the implications of the removal of the Supporting People ring fence and the personalisation of social care.

Groups being considered within this strategy include:-

- Older people with support and /or housing needs
- People with learning disabilities
- People with Mental Health Needs issues
- People with physical or sensory disabilities.

Other groups of people with a vulnerability may include:-

- Homeless families with support needs
- Offenders and people at risk of offending
- People with alcohol problems
- People with drug problems
- People with HIV or AIDS
- Refugees
- Rough sleepers
- Single homeless people with support needs
- Teenage parents
- Women at risk of domestic violence
- Young people at risk; and
- Young people leaving care.

This strategy does not attempt to deal with the housing solutions for these vulnerable groups and it is expected that their housing and support solutions will be dealt with, within the Council's Homelessness Strategy or Hostel Strategy and outlined within the Strategic Local Investment Plan as 'short term housing solutions'.

OLDER PERSONS

In 2010 the Council carried out a study of older people's aspirations. The resulting survey consisted of 750 postal questionnaires and online surveys with residents over the age of 55. The sample was drawn across the whole of the City and across all tenures.

In 2007 the Council commissioned a comprehensive Local Market Housing Assessment to better understand the current and future housing needs of the city, which included a survey of households. As part of this process, the Assessment explicitly linked housing to socio-economic demography, including health and well-being, particularly for more vulnerable people, including older people (and the increases projected in this population) and those that were disabled.

The 2008 Domestic Energy Efficiency Survey suggested that a small proportion of people on housing benefits had a poor energy efficiency rating (4.7%) – a particular target group for Energy Efficiency schemes co-ordinated by the Council. However, the city's performance in this area was twice as good as the national position (which had 10% of these vulnerable households with poor energy efficiency) The city continued to invest in domestic energy efficiency programmes which particularly target those individuals that most need help, particularly during the winter months. Most of the households helped included priority groups, and it is estimated just under 3,000 households improved their domestic efficiency in 2008/09 through Council and other Government schemes.

Needs Assessment

The Council has undertaken a programme of needs assessment for more vulnerable people in the city and these needs assessments will be used to inform commissioning intentions in housing, social care, across the Council and with partners by allowing the Council to understand in more detail about:

- o The estimated current and projected (future) numbers of people with particular vulnerabilities in the city.
- o Help understand what the current and future needs and aspirations of these people are.
- o What services and support exist to meet people's needs and aspirations.
- o What the strengths, weaknesses and take up of these existing services and support are.
- o What improvements to services are required to meet current or future aspirations of people with particular vulnerabilities in the city, including what is reasonable for these individuals or their carers to provide or contribute.

The information and intelligence will be collected in four ways:

- **Quantitative analysis:** i.e. what are the current and projected *numbers* of people with particular vulnerabilities in the city?
- **Participatory intelligence:** i.e. what are the views and experiences of people who have problems with activities of daily living and use/don't use Adult Social Care services? What are the views of carers of these people?
- **Other stakeholder analysis:** i.e. what are the views of health and social care practitioners, Council representatives and partners more widely, voluntary and representative groups and so on?
- **Benchmarking, Research and Best Practice:** i.e. what literature and research exists that looks at ways of meeting the needs of people with problems with activities of daily living? What are other local authorities doing to meet the needs of people with problems with activities of daily living?

Under each of the four ways described above there are various 'tools' that will be used to collect this intelligence and information, for example, surveys, workshops, secondary analysis of existing data and information and so on.

Adult in Need Census

The Adult in Need census is a series of questions designed to better understand the needs and characteristics of the people who receive services from Health, Housing and Adult Services and findings feed in to the needs assessment. A census form is completed by Social Care practitioners about every client they come in to contact with during a sample week and the questions draw on the depth and breadth of knowledge that Social Care practitioners have about the individuals they deal with on a day to day basis.

The Council has now completed an 'Adult in Need census' for:

- People with a physical disability and/or sensory impairment (results now collated)
- Older people with dementia (results currently being collated)
- People with more severe mental illness (results currently being collated)

Workshops with key stakeholders, including customers and carers

In follow up to the 'Adult in Need census', a series of workshops were conducted with:

- Customers of HHAS
- Residents with a physical disability/sensory impairment/dementia/more severe mental illness but who do not access services via HHAS
- Carers
- Multi-agency group of professionals
- Representative groups e.g. DAS/LINK
- Members e.g. Review Committee and Adult Social Care Partnership board
- Private Sector (e.g. Private Sector Forum)

This enabled us to gain more in-depth, qualitative feedback around:

- o Current and future needs of people with these conditions/disabilities in the city
- o Existing services to meet these needs
- o Gaps in service provision

Carrying out the exercise with these various stakeholders highlighted 'gaps' in service provision and enabled an exploration of inconsistencies between the views of professionals and their customers (or potential customers).



Specialist social care and support provision for adults with profound and multiple learning disabilities - Grindon Mews, Sunderland

Older People

Introduction

National and local policies recognise the important contribution of older people to their community and the need to ensure continuing choice and control thereby enabling independence for people as they enter their older age.

Nationally the life expectancy of older people is increasing. Population projections are an important factor in future decision making. It is recognised that their validity is most robust in the short term, yet policy makers and development enablers also require indications on future size of the population stretching into the long-term.

Lifestyle changes reflecting different aspirations of the 'younger older' population are likely to affect future strategic and planning decisions. It is likely that they will want independence and to live in their own homes, but also want more choice and different services.



Housing need is not solely related to the fabric of the building. Housing need for older people concerns their quality of life and their ability to remain in their own home if they so wish. It is about partnership working to provide a whole systems approach from health, housing and social care, including the public and voluntary sectors to take into account the multiplicity and the complexity of older people's needs and aspirations. Wider services such as assistive technology provision, transport links, community safety, education and regeneration as well as an

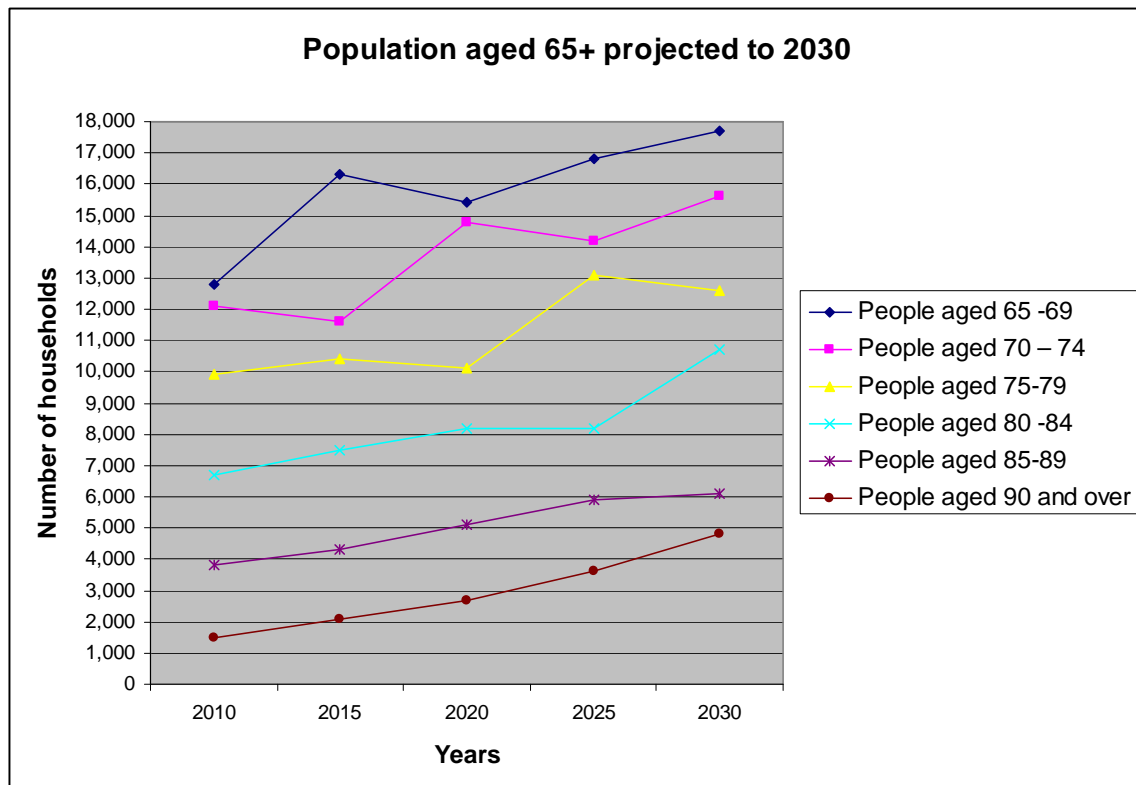
individual's economic status all impact on whether someone is able and wishes to remain at home.

Sunderland City Council recognises that appropriate housing is central to enabling an independent lifestyle and this involves understanding both the needs and housing aspirations of the current and future older population. The decisions older people make regarding their housing choice will inevitably impact on the wider community, both in terms of housing availability and provision of local services.

Ensuring a good quality of life for an older person also requires looking beyond the individual to their ability to remain involved in social activities and participating in their local community or wider area. Aspirations for the provision of wider services, such as transport, community safety, leisure activities and befriending services if a person is isolated are all integral to shaping the quality of a person's life.

The Increasing Older Person Population

The population nationally is ageing and this is no different in Sunderland. According to the Office for National Statistics (ONS), published May 2010 (based upon 2008 mid year population) the estimated number of people aged 65 and over in Sunderland is 46,800 in 2010. This is projected to rise to 51,100 by 2014 (equivalent to 18.10% of the population). The proportion of households aged 85 or over is projected to increase from 5,300 to 6,100 by 2014. Over the longer term (2010 to 2030) the population aged 65 and over is projected to increase from 46,800 to 67,500 with a clear increase in the over 90 age group.



Largely as a result of higher level of ill health prevalent in the city, there are a significantly higher number of older people that have problems with daily living than in England. For this reason, the number of older people supported at home through the council remains significantly higher than the England average. The increase in the elderly population will also lead to an increase in the number of people with daily living problems, and will mean that there will be a substantial increase in the number of older people with dementia in the city.

The Future Older Person Population

As the population ages and people live longer into older age their ability to care for themselves declines. Many older people want to remain independent in their own home and may not access care and support provision. Others will rely on family and friends to support them, or will 'recruit' other care services to provide them with the support they require to enable them to continue living at home. For example, one outcome is that there will be a 40% increase (to 4,200) in the expected number of older people with dementia in the city by 2025, which will have an impact for people and their carers (see below).

Locally it is estimated that 37% of people aged 65 and over have problems with aspects of daily living, which reflects the population's ill health and socio-economic deprivation, compared to a figure of 30% for England. Falls are a major cause of ill health (morbidity) amongst older people, and the rate of falls in Sunderland is higher than for Gateshead and South Tyneside, and higher still than the national average.



Even assuming that the health status of older people does improve, the number of older people who will need some help with daily living is predicted to rise by more than 25% to over 22,400 over the next 15 years, simply because there will be more older people – living longer – in the city. This will mean that there will be

an increase in the number of older people likely to require some support or help to live independently in their own homes for as long as possible.

Housing choices into the future are likely to be more varied than at present. Some people who have spent most of their life in one area may want to retire there. Other people will be more mobile in their work experience and may want to have more flexibility. The choice and design of housing for older people is improving, but needs to continue to improve into the future if people are to be persuaded to plan their older age and the housing they aspire to live in a proactive rather than reactive way.

The number of people in the older age brackets from black and minority ethnic groups is likely to increase and services will need to continue to develop to meet their specific needs.

Ethnicity

There is a very low proportion of people aged 65 and over from BME groups in the city. The BME population equates to 2.16% of the total 65+ population, with the highest proportion evident amongst the Asian / Asian British group.

Housing issues facing older BME households are likely to be significant, despite the small proportion of households within the city. Traditionally it was understood that older people from BME communities remained living with their families, gaining support from a wider kinship network, however, it is becoming more apparent that older people are living independently of their families in today's society. The need to provide specialist supported housing solutions for older BME households must be considered and better understood.

The following issues have been highlighted for older households:-

- ❖ They will increasingly require more care and support to live at home independently
- ❖ They will increasingly require more support to maintain their home (owner occupiers)
- ❖ If they choose to move into accommodation with support they may be in a position to self fund and they must be afforded the same access as those being nominated by the council
- ❖ They may be living in family homes which are no longer suitable for their needs; may be in disrepair; may require significant improvement and investment
- ❖ Their household may consist of one full time carer; both accommodation and support provision must be factored into the housing solution for those families

- ❖ They may require support to enable them to move at this stage of their life, particularly those people with no close family
- ❖ They may require support with documentation and paperwork around selling and purchasing property.
- ❖ Market pressures upon owner occupiers and some people who bought their former Council homes in less desirable areas who are struggling to attract purchasers.
- ❖ They may be affected by social isolation and lack of opportunities to engage in their wider communities.
- ❖ They may have difficulty meeting fuel bills and not be accessing affordable warmth opportunities.
- ❖ They may require different housing and care solutions to meet their ethnic; cultural or religious requirements.

It is clear from the work undertaken so far and the population projections that the council's biggest, and inter-related, challenges to provide more specialist accommodation are :-

Increased Older Population leading to greater levels of functional dependencies (i.e. ill health & frailty)

The proportion of older people with problems with aspects of daily living is set to increase over the next 15 years, even if there is an improvement in the health status of this population. However, those people who will have more significant functional dependencies, who are those most likely to need ongoing adult social care intervention, including those at risk of admission to residential/nursing care, are also set to rise (Table 1).

Functional Dependency Level	Year		
	2010	2015	2020
Able-bodied	19904	22253	23741
Low	6948	7699	8246
Moderate	9930	11172	12071
Substantial	6879	7627	8285
Very Substantial	2924	3232	3538
Total Population	46585	51983	55881
Total with Disabilities	26681	29730	32140
% with Disabilities	57.3%	57.2%	57.5%
Total with Significant Disabilities	9803	10860	11823
% with Significant Disabilities	21.0%	20.9%	21.2%

Table 1 – Population of Older People by Disability level projected to 2020

This follows the general trend within adult social care to increasing support to a smaller, but more complex group of individuals, at home. For example, the average number of hours of home care per customer increased from 3 to 4.5 hours between 2006/07 and 2009/10.

Information from the Office for National Statistics (ONS) projects that in 2010 there were 15,505 people over the age of 65 living in the city who are unable to manage at least one self care activity on their own. Such activities include: bathing, showering or washing all over, dressing and undressing, washing their face and hands, feeding, cutting their toenails and taking medicines. By 2030 this is projected to increase to 23,432 with 4,746 of those households being from the 85+ age group.

Key facts:

- The estimated number of people aged 65 and over in Sunderland is 46,800 in 2010. This is projected to rise to 51,100 by 2014
- The BME population equates to 2.16% of the total 65+ population, with the highest proportion evident amongst the Asian / Asian British group.
- The need to provide specialist supported housing solutions for older BME households must be considered and better understood.
- There are a significantly higher number of older people that have problems with daily living than in England.
- There is an expected substantial increase in the numbers of older people with dementia and daily living issues
- Those aged 85 and over will increase significantly, almost doubling from 4,100 to 8,000 this will impact upon individuals and their carers
- Locally it is estimated that 37% of people aged 65 and over have problems with aspects of daily living – falls are a major cause of ill health
- Those people who will have more significant functional dependencies, who are those most likely to need ongoing adult social care intervention, including those at risk of admission to residential/nursing care, are also set to rise
- There are an estimated 15,505 people over the age of 65 living in the city who are unable to manage at least one self care activity on their own, by age and gender. By 2030 this is projected to increase to 23,432 with 4,746 of those households being from the 85+ age group.

Increased Older Population leading to higher levels of dementia

As discussed above, the proportion of older people with dementia is also set to increase over the next 15 years (Table 2).

Population with Dementia	Year			
	2009	2015	2020	2025
Population aged 85+	1,152	1,416	1,705	2,090
Total population of Older People 65+	3,028	3,458	3,896	4,460

Table 2 – Older People predicted to have Dementia projected to 2025

An additional issue is that historically the council have not always been able to identify those people with dementia early enough to prevent a more complex intervention, such as risk of admission to adult social care, later. In Sunderland, for example, it is estimated that GP registers containing the names of people with dementia contain around 42% of the total number of people expected to have dementia (based on clinical research) – and even this is higher than the national figure – with some areas of the city having greater concentrations of older people with dementia than others. Furthermore, it was estimated that just under half the people presenting for Council-supported admission to care – around 75% of whom had dementia - had no ongoing adult social care plan in 2008 prior to their presentation.

Using our current caseload and Adult in Need figures we know there are an estimated 555 people in residential / nursing care with dementia. Of the 555, we know that on a scale of 1 – 5 ('5' being the highest level of dementia) there is an estimated amount of 344 people with their dementia highly impacting on their daily living (ie high level dementia).

Within the city in 2010 it is estimated that a total of 3,088 people have dementia (2,108 of those people being aged 80 years and over). By 2014 it is projected that people with dementia will increase to 3,418. This is further projected to increase to 5,292 by 2030.

National evidence suggests that slowing deterioration of the condition, and supporting their carers, can be effective in improving individuals' quality of life and outcomes, and this is enabled through earlier identification. Housing solutions for single people must be considered alongside accommodation for couples to enable households including the person with dementia and their spouse to stay living together, and solutions including accommodation for the person with dementia and separate accommodation for the spouse / partner independent of the person with dementia, but close enough to maintain their relationship.

“Carer Fatigue”

Carers of people with complex needs, who often have an onerous caring responsibility, may eventually not feel able to support the individual they care for any further. This significantly heightens the risk of admission to care and the couple being separated, often for the first time during their marriage.

In 2010 a total of 5,068 people aged 65 and over are projected to be providing care to a partner, family member or other person, 147 of those people are aged 85 and over. By 2030 this is projected to increase to 6,975, 303 of which are estimated to be 85 and over.

Although a range of support and breaks already exist for carers with good relationships with the Voice for Carers, the umbrella group representing carers, the Council identified better support for those with caring responsibilities as an area for improvement. With the Carers' Centre, the Council has begun to address this issue through the development of the Tele-care enabled Carers' Card and Carers' Emergency Plans (which provide instructions about how to support those they care for if the carer becomes incapacitated), as well as the wider roll out of the Department of Health's Carers' Assessment as a practitioner tool to better identify how to support carers in their own right.



However, national predictions in the Wanless Review of Good Outcomes for Older People highlight the concern that there will be more informal carers by 2025 (because of the greater proportion of people who need care), but that they themselves will be older and/or less able to undertake the caring role due to socio-demographic changes. This is likely to be true in Sunderland, albeit not to the same extent as the national position due to greater community cohesion in the city.

Participation of older people in family networks are likely to be influenced by issues such as health status or disability of family household, location, ethnic diversity, and the range of support and care roles which family members engage in.

Opportunities for older people to participate in and sustain family contact and social networks while combating isolation can be influenced by their housing provision / location. Many people do not anticipate or plan for a disability or health crisis in middle or older age, and will expect to stay living in their family home.

Assumptions about the aspirations and capacity of carers to care for frail older people without adequate support are widespread. Lack of support and respite often aggravates the isolation which carers of older people experience and can contribute to their social exclusion.

A key factor affecting family social networks, regardless of ethnicity, is inter-generational change in values and aspirations. Change works through family networks within different minority ethnic communities in specific ways that can undermine common assumptions concerning family housing and support obligations. The assumption that networks within minority ethnic families fulfil most of older people's support needs has been sharply questioned. Younger generations may not necessarily aspire to remain living within or close to their parents' family homes, nor feel able to meet all their relatives' care and support needs. Formal support may need to be tailored around existing rather than idealised family networks in order to ensure that older people and their carers do not experience isolation as their needs go unmet.

From the carer's perspective, the impact of caring in the home for an older person who has severe disabilities or ill-health without adequate support can also be physically and psychologically severe. Continually living with and caring for a partner whose needs dominate daily household routines is not only arduous and stressful but also fundamentally detrimental to the carer's own identity and well-being, their sense of 'who I am and how I feel'. Even the positioning of furniture such as a coffee table, and equipment within the home can be arranged entirely around the needs of the frail older person. A sense of displacement, loss of personal space, disempowerment are all feelings which can affect the wellbeing of the carer.

Key Facts:

- Using our current caseload and Adult in Need figures we know there are an estimated 555 people in residential / nursing care with dementia.
- Of the 555, we know that on a scale of 1 – 5 ('5' being the highest level of dementia) there is an estimated amount of 344 people with their dementia highly impacting on their daily living (ie high level dementia).
- We understand from the 344 people with high level dementia that specialised dementia provision will be required rather than accommodating in mainstream extra care housing
- There is likely to be more informal carers by 2025 (because of the greater proportion of people who need care), but that they themselves will be older and/or less able to undertake the caring role due to socio-demographic changes.
- In 2010 an estimated 5,068 people aged 65 and over are projected to be providing care to a partner, family member or other person, this is projected to increase to 6,975 by 2030. It is estimated that approximately 147 of those people in 2010 are aged over 85, this is projected to increase to 6,975 by 2030.

The National Dementia Declaration for England has been created by people with dementia, carers of people with dementia and a large number of organisations who seek radical change in the way that our society responds to dementia.

People with dementia and their family carers have described seven outcomes they would like to see in their lives:-

- 1. I have personal choice and control or influence over decisions about me**
- 2. I know that services are designed around me and my needs**
- 3. I have support that helps me live my life**
- 4. I have the knowledge and know-how to get what I need**
- 5. I live in an enabling and supportive environment where I feel valued and understood**
- 6. I have a sense of belonging and of being a valued part of family, community and civic life**
- 7. I know there is research going on which delivers a better life for me now and hope for the future.**

The Declaration outlines the requirements to deliver better quality of life for people living with dementia and their carers with an aim to meet those outcomes. The seven outcomes must be considered as part of any scheme developments.

Source: www.dementiaaction.org.uk

Participation of older people in family networks are likely to be influenced by issues such as health status or disability of family household, location, ethnic diversity, and the range of support and care roles which family members engage in.

Opportunities for older people to participate in and sustain family contact and social networks while combating isolation can be influenced by their housing provision / location. Many people do not anticipate or plan for a disability or health crisis in middle or older age, and will expect to stay living in their family home.

Assumptions about the aspirations and capacity of carers to care for frail older people without adequate support are widespread. Lack of support and respite often aggravates the isolation which carers of older people experience and can contribute to their social exclusion.

A key factor affecting family social networks, regardless of ethnicity, is inter-generational change in values and aspirations. Change works through family networks within different minority ethnic communities in specific ways that can undermine common assumptions concerning family housing and support obligations. The assumption that networks within minority ethnic families fulfil most of older people's support needs has been sharply questioned. Younger generations may not necessarily aspire to remain living within or close to their parents' family homes, nor feel able to meet all their relatives' care and support needs. Formal support may need to be tailored around existing rather than idealised family networks in order to ensure that older people and their carers do not experience isolation as their needs go unmet.

From the carer's perspective, the impact of caring in the home for an older person who has severe disabilities or ill-health without adequate support can also be physically and psychologically severe. Continually living with and caring for a partner whose needs dominate daily household routines is not only arduous and stressful but also fundamentally detrimental to the carer's own identity and well-being, their sense of 'who I am and how I feel'. Even the positioning of furniture such as a coffee table, and equipment within the home can be arranged entirely around the needs of the frail older person. A sense of displacement, loss of personal space, disempowerment are all feelings which can affect the wellbeing of the carer.

Other Socio-Economic Issues

There are a range of other factors that will represent challenges in how the city responds to the need to better support individuals at home. One of these will be the need to better provide more localised, flexible solutions in the city. We are aware that due to the colloquial nature of living in Sunderland that older people are more likely to move into extra care accommodation if it is in their local area i.e North or South of the River, or in Washington or Coalfields areas. This is often beneficial as it helps to maintain their social networks and layout of the local area and facilities in the neighbourhood.

Another factor is likely to be the gradual greater affluence amongst older people over the next 15 years, albeit in terms of capital rather than revenue, as a result of greater home ownership amongst those aged 50+ years.

All national research shows that this will support people making their own decisions about their care and support, e.g. in terms of equity release for adaptations.



General Older Population – Accommodation Issues



Tenure Profile

In 2007, around two-thirds of household stock was owner-occupied (with a significant proportion being former Council homes), one-quarter was socially rented and around 6% private rented, with Sunderland having less than the NE allocation of rented property. Household satisfaction with private rented accommodation was lowest for the three different tenure types, with significant levels of satisfaction amongst those in housing association accommodation. The Local Housing Market Assessment (HMA) indicated there were a higher proportion of older people in housing association and private rented accommodation.

Very popular housing option amongst older people in the city - Multi storey accommodation at Roker – Gentoo Group

Tele-care enabled support

The HMA questions the extent to which these properties are entirely “future proofed” for an ageing society, although around 16,000 households of all tenure types (but mainly households with people over 65) in the city are connected to the Council’s Tele-Care Service which provides a rapid response (on average just over 20 minutes) dispatched from a central control room at the Council’s Customer Service Centre to an alarm/sensor being activated. The Service receives over 320,000 calls per annum, and responds to 1,600 “call-outs” per week. The Tele-Care Service and its rapid response service forms the basis of a number of specialist adult social care support services for older people, e.g. overnight services.

Condition of Current Housing Stock

The city has mixed performance in this area, which measures the proportion of private rented or social housing through housing associations, such as Gentoo, that meet the Government’s Decent Home Standards. Whilst over 99% of housing association properties meet these standards, some 23% of private sector rented accommodation did not meet these standards in 2008. As with fuel poverty, economically vulnerable households are over-represented in the count of those homes in poor condition, with around one-third of this group aged 65 and over.

Fuel poverty & Energy Efficiency

This is defined as an annual expenditure on fuel in excess of 10% of household income, and nationally, this is believed to have increased with the rise in household energy bills. It is estimated that 12% of all households – just over 10,000 – suffer fuel poverty, with specific, economically deprived areas and particular tenure types being particularly affected. Older people in private sector accommodation are most likely to be affected, with consequences for their health, well-being and quality of life.

The HMA asked older people to consider what support they needed now and over the next 5 years. An aggregated 40% of older respondents stated that they needed better heating or heat retention (e.g. double glazing, insulation, though there is some double counting), whilst 19% of older people stated the need for stair-lifts, extensions or improved access. Around 17% of older householders reported that they needed a “bit of help” with practical handyman tasks. National research suggests that simple repairs or modifications to properties can substantially reduce the risk of risks, trips and falls, including hospital admissions.

Key facts

- Household satisfaction with private rented accommodation was lowest amongst all tenure types
- There is a higher percentage of older people living in private rented accommodation, than other age groups.
- The Service receives over 320,000 calls per annum, and responds to 1,600 “call-outs” per week
- 23% of private sector rented accommodation did not meet decent homes standards in 2008
- Under 1% of housing association rented accommodation did not meet decent homes standards in 2008
- Older people living in private sector accommodation are most likely to be affected by fuel poverty, with consequences for their health, well-being and quality of life.

Housing Solutions

The city identified the need to promote individual's (particularly older people's) independence by providing appropriate advice, information, care and support to help them live in their own homes for as long as possible as an objective in the Local Area Agreement.



Although this reflects Government policy, it was also what the Council found that its residents wanted for themselves as they became older: over 97% of people stated that they would prefer to live in their own homes rather than residential/nursing care, with these views being more strongly expressed by those who had some caring responsibilities.

The success of existing strategies can be seen in table 3 below, which shows the gradual reduction in the numbers of Council-supported admissions to, and placement weeks in, residential/nursing care. There was a 25% reduction in annual placement weeks between 2004/05 and 2009/10, whilst the proportion of annual admissions for people with Elderly Mental Ill health (EMI) increased from 26% to 50%, respectively.

	Year			
	2007	2012	2017	2022
Number of Clients Previously Admitted to Residential/Nursing Care	440	491	546	604
Of these, estimated Number requiring Extra Care type housing solutions (20%)	88	98	109	121

Table 3 – Estimated “Admission Pressure” for Extra Care based on ‘No Change to Service Provision’ and ‘No Change to Health’

Support at Home

Meeting older people's support needs for staying at home involves providing flexible, accessible and affordable low level support. Low level support is seen by providers within the statutory and voluntary service sectors as a key to enabling older people to stay at home. Low level support provision is also essential to preventing more critical need from emerging households. Examples of low level support can include: gardening; assistance with minor household maintenance and fittings; or help with shopping. Low level support is provided by the Home Improvement Agency which includes the Handyman service, alongside services provided within Age UK.

It is anticipated that older people would rather feel safe and supported rather than 'looked after'. In particular, it has been acknowledged that there are three core forms of support which can enable older people to remain in their original home:-

- Housing support
- Personal and nursing care
- Property and related services

Within the Older Persons Housing Needs and Aspirations survey support issues were identified, initially from the first person in the household. Wards demonstrating the highest number of respondents who stated that they required support / care due to a long term illness, health problem or disability are St Chad's, Hetton, Houghton, Copt Hill, Millfield and Fulwell.

Most support / care is required with the following tasks:-

1. Cleaning housework and shopping
2. Getting up or down stairs
3. Getting around outside your home
4. Help with bathing and or using wc
5. Hot meal preparation
6. Getting into / out of bed / chair

Of the 243 households who responded, the wards showing the highest returns on the above support issues were St Chads; Hetton; Houghton; Millfield; Copt Hill; Fulwell and Pallion.

For the 2nd person in the household the Wards demonstrating the highest number of with a care / support need are St Chad's; Houghton; Millfield, Shiney Row, Southwick, Fulwell, Ryhope and Sandhill. It is concerning that this reinforces a concentration of care /support issues, along with the first person household responses, particularly in St Chad's, Houghton, Millfield and Fulwell Wards.

It must be considered that in households outlined above the first person may also have a care /support issue, or may be an informal carer.

Most support / care is required:-

1. Cleaning housework and shopping
2. Getting around outside their home
3. Getting up and down stairs or steps
4. Bathing and or using wc
5. Getting in and out of bed / chair
6. Hot meal preparation.

Future Housing Solutions

Few people purchase their home in old age, most people grow old in their property and find it very difficult to move because it is the family home; central to their life, and their memories which are so important to their sense of 'who I am'. This would help to explain why, for example, not everybody chooses to take up the offer of moving to level access accommodation that could be made available to them.

The large majority of the older population will continue to live in general needs housing and not specialised housing until there is a culture change or a 'reactive need to move' due to a health or care requirement.

This raises the question of whether this majority expectation to remain in the current home could reflect an absence of attractive alternatives, or a lack of information about the alternatives that might be available. The suggestion is that most older people view their options as sheltered housing or extra care housing and do not consider moving within the general housing market into accommodation which is more suitable to their needs and easier to manage.

Further research raised the question of the future impact of increasing owner occupation. 'People tend to buy their largest property between the ages of 45 and 54 – and most currently appear to stay put. This has implications for the dynamics of the housing market; for maintenance and upkeep; and for the general housing stock. If existing numbers of 'family homes' remain unavailable for younger couples with dependent children, this type of housing may become over-represented in new developments as a result – or there may be a shortage of family homes in the future. Importantly, older people may currently move house less frequently and thus not 'free up' housing options for other sections of the population precisely because of a lack of suitable alternatives into which to move.' Older People's Housing Strategies, HOPDEV, 2006

The preference of older people to remain at home for as long as possible also has implications for current building and planning policies. Building new ordinary homes 'for life' that could be adapted as older people's needs change is important and potentially highly cost-effective as well as improving a person's long-term quality of life. Provision of flexible support options also need to be available. This approach implies giving careful consideration to size and space, so that if people grow frailer, their property does not necessarily become unsuitable for them. Properties can be built with 'generic' adaptability for some of the frailties which can accompany older age (including physical disabilities; cognitive impairments and visual impairment). The City Councils' document –

'Housing with Support Design Guide' gives very clear guidance on how properties can be designed, constructed and fitted out to meet the needs of our ageing population.

Extra Care Housing

Extra care housing has been developed in Sunderland to overcome the historical dependence on residential and nursing home care and reduce the number of 'older' and frailer older people being placed into care. Substantial progress has been made in supporting more people to live at home due to the extra care programme which has been delivered to date and is planned into the future, alongside proposals for specialist dementia accommodation to respond to more complex needs.

The development of extra care housing in Sunderland is a successful response to the aspirations of frailer older people for provision with services on site, while offering more privacy and independence and access to social and wellbeing activities. High demand for the new provision overall is a measure of success.

Sunderland City Council's partnership with Housing 21 has resulted in the development of three extra care housing schemes in Silksworth; Washington and Hetton le Hole totalling provision of 127 two bedroom mixed tenure apartments. In partnership with Gentoo the fourth scheme to be developed will provide 47 two bedroom properties totalling 174 extra care properties in the City by mid 2011.

A retirement village is planned with Housing 21 which will provide an estimated 170 two bedroom mixed tenure apartments and up to 20 one bedroom apartments to provide a specialist dementia housing option. The future programme of extra care housing will include Gentoo Group within the Housing 21 existing partnership which aims to provide 1,100 further extra care and specialist dementia apartments by 2015/16. Schemes to deliver accommodation for people with dementia / alzheimers, in addition to their spouse / partner is also being taken forward.

The extra care schemes gives older people assured tenancies with tenancy rights and an agreement which gives them greater independence than in residential care. Providing flexible ownership options will open up choices for older people relating to how they want to live into their older age.

The outcome of the 'older persons housing needs and aspirations survey' demonstrates that two bedroom properties are a definite requirement within housing options into older age.

The aspiration for older people to engage actively in independent and social activities aligns closely with the active ageing agenda. The Government's active ageing agenda is concerned with preventing ill-health and social exclusion, and encouraging social participation, within socially inclusive communities.

The majority of older people nationally highlight the importance they place on good social relationships as a key to sustaining the quality of their lives.

However, such factors as poverty, bereavement, reduced mobility, and physical frailty can reduce opportunities for older people to stay in contact with others.

The survey asked people if they moved into extra care housing what they would value about this housing provision. There were 305 responses in total with a clear outcome that people would value access to social and leisure opportunities (90%); access to care and support (80%); restaurant provision (79%) and independent living by way of two bedroom self contained accommodation (76%).

Isolation and Social Inclusion

Isolation is a major issue for older people. From the research undertaken we know that 17% of respondents (103 out of 621) stated that they felt isolated all or some of the time in their homes. The proportion of respondents who reported feeling isolated in their homes was highest in Washington West, St Chads, Castle, Hendon and St Chads.

Living nearer family and friends was the single factor that could help to lessen feelings of isolation which was mentioned by the highest proportion of those respondents feeling isolated in their homes (28%). The next most frequently mentioned factors that could lead to improvement were more accessible transport, being able to live nearer people of their own age giving them opportunities to meet and make new friends, regular visits from people providing professional help, and better local amenities and community activities.

This section looks at the aspirations of older people to remain connected to their communities and to participate in social activities. It highlights practical proposals for overcoming social isolation and promoting independence and inclusion. A key theme is that housing and support services need to build on a recognition of the strengths and capacities of older people to play an active social role, and to integrate provision around existing social and community networks that are valued by older people themselves.

The outcomes of the study showed that older people were experiencing social isolation, loneliness from poor social support, often alongside or contributed by disability or ill health, and often amongst those in an informal caring role.

A key aspiration generally expressed by many older people is to retain control over the extent of their social participation and retain the independence that is integral to 'who I am'. Research is demonstrating that isolation can be detrimental to health and well-being, this can be experienced in residential care homes / nursing homes and in people's own homes. Many older people sustain important citizen and community roles, in addition to providing support to their families and friends.

Demand for Extra Care

The potential need for Extra Care Housing for those with particularly complex needs, based on a blend of the intelligence associated with preventing admissions to residential/nursing care was included in the Council's Initial Needs Analysis.

This indicated that demand for extra care amongst most at risk of admission to care (often described as “first” one-third in the {1/3rd: 1/3rd: 1/3rd} financial model of Extra Care to avoid “pseudo-residential care” was likely to be between 250 – 270 per annum over the next 5 years – (estimated 1350+ apartments).



Woodridge Gardens Extra Care Housing Scheme in Washington - completed December 2009

Demand for extra care accommodation in the city is high, particularly for the rented and shared ownership options. As older people, their families, carers and health organisations become more informed and aware of the benefits such housing can bring to individuals and households, demand is projected to increase further.

The first three schemes in the city have received nominations from people mainly in the 80+ age category. This is predominantly due to the nominations being referred by Adult Services to prevent admissions into residential and nursing care. However, applications from individual households have been received from people in younger ‘older age’ who see extra care as a way to reduce social isolation / loneliness, alongside identifying the future benefits the extra care scheme could bring in terms of safe and warm environment, level access, self contained accommodation, community facilities / amenities and access to care provision.

As demand from the older age group are met, it is anticipated that the ‘getting oldies’ population will access extra care as a real solution to their future housing requirements, in preparation for potential care and support needs.



Specialist Dementia Accommodation

Given the demographics discussed above, the Council identified a need to develop more specialist housing for those with cognitive impairment including all stages of dementia and Alzheimer's.

The Council is currently exploring the development of such housing schemes with Providers either alongside extra care housing developments or as 'stand alone' schemes.

The information provided demonstrates the demand for such accommodation to meet the needs of our older population now and into the future.

Reviewing where home care and support is provided to households with dementia, we know that care

provision is currently most prevalent on the North side of Sunderland around the Fulwell Ward and also in the Barnes Ward area, these being priority areas requiring purpose built accommodation and specialist dementia accommodation.

Independence, Choice and Control

Growing older is a time of gain as well as loss, and there are sometimes rapid changes being negotiated. The ability of the individual to respond to these changes depends on their own capacities as well as the resources available to them. For older people, independence is about exercising choice and control.

The wish to stay independent is linked to a wish to stay 'in control'. This involves living in an environment which is perceived to be safe and familiar, with access to amenities, support on their own terms, and financial enablement.

The Older Persons Housing Needs and Aspirations research resulted in 648 households over the age of 50 responding from across all Wards within the city, giving a fair representation across Sunderland. A total of 304 men and 344 women responded, with the highest number of respondents being from the 60-64 age group, but all other age groups were fairly well represented. A total of 313 responses were received from couples living in one household and 189 from single person households. 626 of the 636 respondents were White/ British.

The ability of an individual to manage changes in older age is influenced by their housing and personal circumstances. Whether or not an individual is living as part of a family unit or within another household can affect their need for outside support and services.

Looking at the household circumstances of the respondents, in our sample 36% are living alone.

Housing Needs and Aspirations

Housing needs and aspirations are different. Needs relates to a requirement whereas aspirations relates to an individual's preference, the manner in which these preferences can be met can be provided by a range of options. However, it must be considered that recent research has acknowledged that people's aspirations are largely based on what is available now to meet their need. Older people must be encouraged to think beyond the existing housing choices they have and enable them to identify what models of housing accommodation they would expect and want to be provided for them into the future.

A study was designed to inform housing and spatial policy and planning across the city through the collection of robust qualitative data on older persons housing needs and aspirations. The aims of the study were to:-

The study aimed:-

1. To understand the needs and aspirations of older persons housing relation to size, type, tenure and models of housing
2. Seek views on the current awareness and understanding of the facilities provided within extra care housing
3. Improve understanding around people's willingness to move area within Sunderland
4. Understand the services and support facilities important to older people in the city
5. Better understand the health and care needs of people in specific wards across the city
6. Gain an improved understanding of specific 'ward' requirements / housing solutions.

A total of 633 households from across the City responded to the questionnaire representing all Wards and all housing tenures and types. A separate report is available 'An Assessment of Older Persons Housing Needs and Aspirations Study in Sunderland' which provides full details of the study. The Wards which suggest an earliest intervention include Castle, Fulwell, Hetton, Houghton, Millfield, Sandhill, St Chad's.

In summary the following tabulated information advises of the key headings and affected Wards:-

Households with dementia	High no of carers	No support received despite care / support needs	Difficulty paying fuel bills
Castle Copt Hill Fulwell Millfield Sandhill St Anne's St Chad's	Castle Copt Hill Fulwell Hetton Houghton Millfield Pallion Sandhill Shiney Row Silksworth St Chad's	Doxford Park Hetton Houghton Pallion Ryhope Southwick St Peter's	Barnes Castle Copt Hill Doxford Park Fulwell Hetton Houghton Sandhill Shiney Row Silksworth St Chad's Washington East
Feeling Isolated	Under Occupation	Need repairs and maintenance	Feel Unsafe
Castle Copt Hill Hendon St Chad's Washington West	Doxford Park Fulwell Houghton Redhill Sandhill Shiney Row St Chad's Washington South Washington West	Fulwell Millfield Redhill Sandhill	Houghton Sandhill
Renting from private landlord	Household with learning disabilities		
Millfield Washington north	Pallion Sandhill Washington East		

We need to enable the provision of:

- up to 1350+ units of extra care accommodation by 2015 to meet demand and prevent unnecessary admissions into residential and nursing care
- specialist dementia accommodation in or as close to the areas demonstrating the highest need where possible i.e Fulwell and Barnes areas
- supported accommodation villages which provide a range of housing solutions for different vulnerabilities
- accommodation that has the capacity to deliver services, amenities and activities to the wider older local community
- accommodation that delivers health, wellbeing and social activities to people living in the accommodation and those living in the wider local area
- homes which are built to lifetime homes standards and embrace carbon neutrality, ensuring that homes for vulnerable people are 'future proofed'

To do this we will:

- support extra care and specialist housing developments which can work towards meeting our strategic priorities and provide towards our target of 1350 + units of extra care accommodation by 2016
- enable delivery of specialist dementia accommodation and where appropriate, supported accommodation villages
- provide robust information to developer partners and providers regarding the type of accommodation required in specific areas of the city based upon consultation, research and local knowledge
- consider the Council's own land holding and consider its contribution towards providing supported accommodation
- draw our requirements for supported accommodation into S106 agreements and affordable housing delivery via planning policy and within regeneration and master-planning proposals
- consider the potential to remodel sheltered accommodation which may have an uncertain future.

Learning Disability

Significant work has been undertaken to date to enable the provision of accommodation for people with learning disability within the city, in partnership with Registered Providers. This has enabled people who had been placed outside of the city due to lack of appropriate housing, to be brought back into Sunderland and effectively accommodated.

The Council has a number of existing properties throughout the city which are accommodated by people with learning disabilities; this is in addition to privately owned small group homes and people at home living with carers. At November 2010 a total of 80 of the 94 small group home placements are occupied. Approximately 23 of those people will require independent living solutions in the near future including both short term and long term options. Some of these people may be supported via the housing register route into mainstream accommodation, with a floating support provision; others will require more specific supported accommodation with access to on site care, support and supervision.

Most of the council owned properties were not built to accommodate a specific client group and are proving no longer fit for purpose or sustainable. New housing developments, which are more appropriate to the needs of people with learning disabilities are being built in the city. This is enabling the Council to acknowledge efficiency savings by identifying properties which could be decommissioned, alongside enabling the provision of purpose built, well designed accommodation for people with a learning disability.

Furthermore, new extra care developments are available to people over the age of 55 with a learning disability. A number of older people with a learning disability have moved and adapted well into the extra care housing environment.

Currently there are 8 people living in out of city hospitals. Appropriate supported accommodation is required to enable those people to be relocated into the City, as required.

Learning Disability - The Future Population

Research suggests that the incidence of people with learning disabilities is not increasing, but these people are surviving longer. The prevalence level of 2.5% of the overall population with learning disabilities is unlikely to change over the next 15 years, but this will mean an overall reduction in the number of people with this form of disability will decline as the population also declines.

However, the number of people with more severe learning disabilities (0.4% of the population) is forecast to increase to 1,500 people, largely due to reduced mortality into adulthood and increasing life expectancy amongst older people with learning disabilities. As the estimates below show, the most significant area of growth is amongst those individuals aged 65 and over, but with only a relatively small increase in the number aged 18 – 64 years.

Age Group (Years)	2006				% of Population in Age Group	2011		2016		2021	
	Number with Significant LD			Total		Total	% of Popn in Age Group	Total	% of Popn in Age Group	Total	% of Popn in Age Group
	Estimated % in each Category	Most Able	Moderate								
20+	51%	26%	23%	952	0.44%	1,024	0.47%	1,095	0.50%	1,158	0.53%
20 - 64	52%	25%	23%	804	0.48%	832	0.49%	841	0.50%	845	0.52%
65+	44%	32%	25%	149	0.33%	192	0.40%	255	0.48%	318	0.56%
<20	-	-	-	196	0.29%	219	0.35%	242	0.41%	271	0.47%
Total	-	-	-	1,219	0.43%	1,313	0.47%	1,409	0.51%	1,506	0.54%

The city has identified a need to improve supported accommodation options for people with learning disabilities (with around 30% of adults with significant learning disabilities in supported accommodation) and identified that there would be a pressure for supported accommodation over the next 15 years, including for older people with learning disabilities and those whose parents were becoming older and may themselves experience some difficulties.

The resettlement team have also identified approximately 40 people living at home with family support between the ages of 18 – 65+ are close to family break down. These figures are ‘fluid’ due to changing family circumstances, but nevertheless history would suggest that this figure is more likely to increase than decrease.

These pressures for support equate to around an additional 13 - 16 people per annum likely to need supported accommodation or a viable alternative. It must be considered, however, that the older age group with learning disabilities can be adequately accommodated into extra care housing and our experience is that people have adapted into independent living in extra care, particularly due to the social aspect provided within the communal areas of the scheme.



Image courtesy of: Valuing People Now 2009 - DH

There are approximately 12 people who have recognised accommodation as a key aim for their future including:-

- 2 people requiring residential 24/7 care support provision in the near future and a further 1 person requiring the same in the next 2 years
- 1 person in residential college who will leave in July 2011 and requires their own accommodation, alongside a further 6 people who want to live in their own flat with support in the following 4 years.

Key facts

- the incidence of people with learning disabilities is not increasing, but people are surviving longer
- the number of people with more severe learning disabilities (0.4% of the population) is forecast to increase to 1,500 people, largely due to reduced mortality into adulthood and increasing life expectancy amongst older people with learning disabilities
- the most significant area of growth is amongst those individuals aged 65 and over
- there is only a relatively small increase in the number aged 18 – 64 years
- pressures for support equated to around an additional 13 - 16 people per annum likely to need supported accommodation or a viable alternative
- people with a learning disability over the age of 55 can be accommodated into extra care housing
- approximately 23 people living in small group homes will require supported accommodation in the near future
- 8 people living in hospitals out of the city need to be relocated into appropriate accommodation in the City
- there is an identified need for supported accommodation for adults with LD living at home with their parents as their informal carers, as their carers grow older and have their own support requirements
- approximately 40 people currently known to HHAS living at home and receiving family support between the age of 18 – 65 require accommodation
- accommodation providing 24/7 support is required for 3 people
- Approximately 7 people require their own accommodation with support. This may be resolved utilising the housing register and nominations rights, with care package in place.

Supporting People with Significant Learning Disabilities in the Community

Valuing People Now: a new three year strategy for people with learning disabilities was published in 2009. The strategy builds upon existing programmes to increase housing options for people with learning disabilities. It outlines that many people with learning disabilities do not choose where they live

or with whom and more than half live with their families, and most of the remainder live in residential care.

Valuing People identifies four guiding principles which apply to both individuals and services:

Rights:

People with learning disabilities and their families have the same human rights as everyone else.

Independent living:

This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.



Image courtesy of: Valuing People Now 2009 - DH

Control:

This is about being involved in and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

Inclusion:

This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the support to do so.

In response to these pressures, the Council identified its 'accommodation' priorities which included:-

- Individuals who were in NHS campus accommodation, who often have profound and multiple disabilities;
- Individuals who were in out-of-city accommodation, who are often specialist accommodation;
- Individuals who were in small group homes who felt they were ready for more independent living;
- Preparing young people with disabilities for adulthood primarily through the multi-agency Transitions Service, which includes consideration of accommodation solutions.

As part of the *Valuing People Now* feedback, the Council and city undertake Person-Centred Planning for people with learning disabilities and this should include consideration of accommodation solutions. At the end of March 2010, 101 people with Person-Centred Plans had consideration of their accommodation solutions.

Clearly, this is an area for improvement, but it should be noted that 83 people (16% of people "on the books") were supported into independent tenancies of their choice, with some formerly living in campus (9), supported accommodation or out-of-city; by comparison, there were 6 at end Mar-09. A further 55 customers have their own tenancies in small group homes at the end of Mar-10. The Accommodation Project helped over 150 people with their accommodation solutions since its implementation.

Although the above represents significant improvement, there remains further progress that is needed to support vulnerable people exercise greater independence and choice over their accommodation solutions, particularly as feedback from consultation around *Valuing People Now* highlighted that people with a learning disability themselves felt there is a lack of options available to them in terms of housing and that, where housing is available, it is often considered to be in less desirable parts of the city.

However, it must be considered that a number of people with LD can be accommodated into existing housing without 'new housing developments' being specifically required. Location, personal requirements, access to local facilities and amenities, care activities, family and peer support and transport facilities must be considered if existing housing stock is to be considered. Feedback received from people with a learning disability advised that, although the type of housing and support people would prefer or need is quite individual, there is consensus around wanting to live in a safe area close to friends and family.

Carers have advised of their concerns relating to this as they have often experienced being accommodated away from their family networks.

New housing developments will be considered as required by evidence of need and client group / carer and professional feedback.

We must consider however that nationally we know:-

- the social exclusion Task Force identified people with moderate and severe learning disabilities as one of the most excluded groups in our society;
- only 15% of people have a home of their own;
- more than 30% of people with learning disabilities live in residential care homes, a significant proportion of which are miles away from their place of origin and their families;
- many people with learning disabilities are living with older family carers who have their own needs.

Our future housing solutions must consider the above and formulate a response within this strategy.

Housing Solutions

Into the future our aspiration is to concentrate on providing new accommodation to meet the evidenced needs of people with a learning disability. However, where feasible, we would prefer to provide these in close proximity to the extra care developments in the city. This has clear benefits for both the customer and the Council.

Benefits:-

- ❖ Provides an opportunity for independent living for the household
- ❖ Enables access to care / support; health; wellbeing; social activities and healthy eating provision from the extra care scheme;
- ❖ Provides employment and re skilling opportunities if they are able to access the employment from the Community Interest Company restaurant and shop provisions in the schemes;
- ❖ Enables people with different vulnerabilities across different age groups to socialise, bringing a wider and more meaningful opportunity for friendship and companionship to develop, which in turn can increase confidence and independence;
- ❖ Provides support to carers by enabling access to social activities and day opportunities within the extra care scheme
- ❖ Clear efficiency benefits relating to the care service and outreach provision being delivered from the extra care scheme (community hub), into the local community for the Council.



Team Members at Beckwith's Community Interest Company who successfully operate three of the extra care housing scheme restaurants.

What we know:

We are currently working with 42 young people who are aged between 15 - 23, from these 42 people we have identified 6 young people where there are possible family pressures at home and there may be need for support for the young person to move out of the family home within the next few years.

There are approximately 11 young people from the age of 15 - 23 who have shown an interest in leaving home to get their own place within the next 3-4 years but this is down to choice and not due to family pressures.

We need to:

- Provide 16 units of accommodation to meet the needs of people currently detained under the Mental Health Act by 2015
- Provide accommodation to enable resettlement of two remaining out of city clients
- Review our small group homes and manage any potential closures against provision of new accommodation
- Consider the supported housing needs of people with Downs and learning disabilities and provide accommodation to meet the identified need as individuals or as family households

- Provide a range of housing solutions to meet a varied income and household size requirements, including mixed tenure opportunities where appropriate and provision of varied sized property, including family homes
- Encourage provision of accommodation for people with disabilities alongside supported accommodation and retirement village housing developments
- Continue to collate 'design' requirements for new build housing which best meets the needs of people with a learning disability, including complex needs, and ensure that this is provided within our Supported Accommodation Design Guide
- Understand the aspiration and requirement for independent living and also for shared living arrangements to ensure that a choice is provided.
- Ensure the use of assistive technology into accommodation to support people to live independently.
- Enable provision of accommodation close to public transport and local amenities to maximise opportunities for employment and training.

To do this we will:

- Continue to make mixed tenure extra care accommodation available to people over the age of 55 with a learning disability
- Identify earlier accommodation solutions for people with learning disabilities and their carers as part of Person-Centred Plans and as part of "community in-reach" in the Care Management & Assessment Models;
- Continue support for people in independent living, including working with housing partners to identify people either in, or at risk of, more complex accommodation solutions to maximise their independence through, for example, independent tenancies as discussed above;
- Enable development or acquisition of specialist supported accommodation for people with the most complex needs at most risk of institutional or registered care, as appropriate.
- Draw our requirements for supported accommodation into S106 agreements via planning policy and within regeneration and master-planning proposals.
- Collect information from people with Downs and learning disabilities, and their carers to understand more fully their requirement for supported housing as individuals or as a household.
- Continue to improve our knowledge and understanding about the wishes and needs of people with learning disabilities and their families.

Mental Health Needs

It is estimated that around 17% of adults of working age in the city have a mental illness at any given time, of which around 70% have anxiety/depression. Around 1% of the adult population have more severe mental illness, such as schizophrenia or bipolar disorders. The rate of claiming benefits or allowances due to mental or behavioural problems, a key issue contributing to worklessness, is higher in Sunderland than England (4.6% of the working population compared to 2.8% in England). Similarly the proportion of people who committed suicide in Sunderland was higher than the national average.

Furthermore, the PCT Needs Assessment of people with mental illness noted that there is a close relationship between mental illness, economic deprivation and risk of homelessness. For example, a statistical analysis of those presenting to the Housing Options Team indicated a significant proportion advised that they had mental health problems.

Mental Health Needs - The Future Population

Supporting People with Severe Mental Illness in the Community

There are currently 259 people of the Care Programme Approach for those with severe mental illness, and these individuals are one of the groups that may need support from adult social care. Of these individuals, 102 have a social care co-ordinator. The total number of people aged 18 to 64 with Mental health issues supported through ongoing care equating to 575 at the end of March 2010, of which 5% (29) were in Council supported residential/nursing care.

In many respects, the accommodation pressures associated with people with severe mental illness are broadly similar to those with learning disabilities, but the solutions need to be better developed. In particular, the greatest pressure on admissions to residential/nursing care (or its appropriate alternatives) is from re-settlement of people from inpatient facilities in the MH Trust. For example, the proportion of Council-supported residential/nursing care placements decreased by 17% between 2007/08 and 2009/10, largely as a result of this resettlement, with the majority aged 65 and over.

The Council and city needs to better identify accommodation solutions for individuals and to ensure that they had the “right support at the right time” towards independence. Particular groups that were identified as priorities in the first instance were:

- Individuals who were in long-term NHS inpatient accommodation, who often have both physical frailty and mental illness;
- Individuals who were in supported accommodation who might be ready for more independent living;
- Supporting people with mental illness and/or substance misuse who were at risk of homelessness.

The Council is currently collating the further results of a census of this group of adults to better understand its own adult social care customer base, particularly for those people with more severe dependencies.

However, research conducted with people with currently living in supported accommodation has recently been completed and analysed alongside the supported accommodation service's own assessment of people's needs. This found that:

- The vast majority of those who participated in the consultation were satisfied with the supported accommodation facility they live in and feel it meets their needs well.
- The supported accommodation service has identified four 'need categories' that service users fall in to and these range from individuals who have reached a plateau in their recovery and still require 24 hour support through to those who have achieved their identified outcomes and are ready for a move to more independent living, with the right support.
- Further analysis of individual's own assessment of their future housing needs shows those who could see themselves living somewhere other than supported accommodation in the future tended to people earlier on in their recovery. However, those who have been identified as being ready for a move on by the supported accommodation service were more likely to want to remain in supported accommodation than move on and this was linked to the length of time the majority of these people have accessed the service.
- The vast majority of those who saw themselves moving on have been in the service for no more than 5 years (and the majority no more than 3 years) whilst those who saw themselves staying in supported accommodation tended to have been in the service for longer than this.

The supported accommodation service has noted that some of the reasons why historically, some service users haven't moved on from supported accommodation has sometimes been due to the motivation of some individuals, as well as reluctance from carers and professionals. This reluctance is often because of the lack of appropriate move on accommodation in the community and the concern that a move can have an effect on the individual's mental health, especially for those who have lived successfully in the service for some time. In addition to this, some of the client group are now older and their needs are often related to support with physical health.

With the development of extra care housing this has enabled some older people with mental health issues (predominantly depression) moving from hospital environments to be accommodated into extra care and gain support from the in house care provider, alongside benefiting from the social and wellness opportunities within the scheme to help build up their personal confidence. Some residents have benefited from a phased approach to their move in, to help facilitate their confidence building and ultimate acknowledgement that they can live independently within an extra care setting.

The Council is currently considering its supported accommodation provision and how this might fit in to a clearer accommodation pathway for people with more severe mental health issues, including appropriate support where people are ready for a move to more independent living.

Housing Solutions

We need to:-

- Enable the provision of specialist dementia accommodation in the City to meet the needs of all age groups and prevent the requirement to refer people into residential and nursing care;
- Enable the provision of extra care accommodation which acknowledges that people with mental health and dementia will be accommodated in the scheme or access the activities and services within it;
- Better understand the 'new build' housing requirements for specific Mental Health Needs and enable the building of specific housing to meet those needs.
- Better understand the requirements of the tenure type and size of accommodation for households requiring specific accommodation to meet the needs of a family member with mental health issues.
- Carefully consider potential capacity to enter into legal occupancy and care agreements to ensure that accommodation provided does not become 'regulated' as a care home

To do this we will:

- Finalise and publish the further results of a census of this group of adults to better understand its own adult social care customer base, particularly for those people with more severe dependencies
- Continue with our extra care housing programme and facilitate nominations for people with mental health issues who meet the eligibility criteria
- Work with partners to commission supported accommodation villages in the city as part of the extra care delivery programme
- Provide a range of housing options to meet the evidenced need as a result of the census returns
- Start to consider the 'specific new build' housing requirements of children with mental health issues and families as part of 'valuing People Now'

Long Term Conditions

The Council is currently undertaking needs assessment of the population aged 14 – 64 years with functional dependencies (i.e. those with problems with daily living). These results are still being collated (see below), but there are a number of trends that can be reported upon.

The most reliable analysis based on local modelling of national statistics suggests that Sunderland's focus on public health outcomes (e.g. reducing smoking, greater physical activity etc.) has slightly reduced the probability of people acquiring functional dependencies between 2001 and 2010 (but has not achieved the most optimistic improvements in health outcomes that could be forecast nationally). This is broadly in line with the public health observation that Sunderland's health outcomes are generally improving, but the "gap" between Sunderland and England in terms of outcomes hasn't improved across key health outcomes (e.g. mortality rates).

The estimated number of adults aged 20 – 64 years with functional dependencies between 2010 and 2025 is shown below. This shows that a total of 26,130 people in this age group have dependencies in 2010, and this is set to increase by 7.4% to 28,053 in 2025, assuming the trend in the above bullet point continues (i.e. moderate health improvements). In fact, the single greatest influence on these statistics will be the increase in the number of people aged 50 – 64 years in the city, with this group being those with the highest probability of functional dependencies. Furthermore, it is likely that, unless the actions taken in the Local Area Agreement 'Prosperous City' come to fruition, the trend towards outward migration of more affluent residents (who often have better health outcomes) from the city, identified in the LHMA will exacerbate the proportion of the population aged 20 – 64 years with functional dependencies will increase. By contrast, those less affluent residents, who are more likely to remain in the city, are more likely to suffer from ill health and deprivation.

The HMA asked older people to consider what support they needed now and over the next 5 years. An aggregated 55% of disabled respondents stated that they needed better heating or heat retention (e.g. double glazing, insulation, though there is some double counting), whilst 6% of people with disabilities stated the need for stair-lifts, extensions or improved access. Around 20% of disabled householders reported that they needed a "bit of help" with practical handyman tasks. National research suggests that simple repairs or modifications to properties can substantially reduce the risk of risks, trips and falls, including hospital admissions.

Findings from research and consultation carried out with people aged 18-64 with a functional dependency in the city suggests at least 10% of people with a functional dependency (including those with lower through to higher levels of dependency) state that they live in a property that is unsuitable for their needs (although it is likely that a proportion of these individuals have identified that their property is unsuitable as it does not meet their aspirations rather than absolute need).

Adult Social Care practitioners, as part of the Adult in Need census, have identified that 27% of their clients (likely to have higher levels of dependency) have at least one issue with their accommodation including location, access issues and inadequate heating. The impact of unsuitable accommodation on people's daily life is in most cases has been classified as 'serious' or 'very serious'.

Feedback as part of the HMA also highlights that a lack of suitable accommodation (adaptations needed), and/or suitable accommodation in their areas of preference are the reasons cited for not moving by 8%, and 14% of people aged 18-64 with a functional dependency who would like to move but don't feel that they are currently able to.

Key facts:

- A total of 26,130 people aged 20-64 are known to have functional dependencies in 2010, and this is set to increase by 7.4% to 28,053 in 2025
- The single greatest influence on these statistics will be the increase in the number of people aged 50 – 64 years in the city, with this group being those with the highest probability of functional dependencies.
- The trend towards outward migration of more affluent residents (who often have better health outcomes) from the city, identified in the LHMA will exacerbate the proportion of the population aged 20 – 64 years with functional dependencies will increase. By contrast, those less affluent residents, who are more likely to remain in the city, are more likely to suffer from ill health and deprivation.
- Adult Social Care practitioners, as part of the Adult in Need census, have identified that 27% of their clients (likely to have higher levels of dependency) have at least one issue with their accommodation including location, access issues and inadequate heating
- The number of people with physical disabilities aged 18 – 64 years admitted to residential/nursing care continued to be less than 10 annually over the last 3 years, with more people supported at home.

Specialist Support for Those with Significant Functional Dependencies

Those individuals with significant and very significant functional dependencies in Figure 1 are those that are more likely to need housing-related support and ongoing adult social care; on the other hand, they may be also the group of individuals who are able to benefit the most from reablement and rehabilitation if their condition is acquired.

The figures described below do not take account of the benefits of integrated reablement and rehabilitation, as further study in Sunderland is needed to better

understand its impact on this group of individuals in the city. However, studies provided elsewhere suggest that the impact of successful reablement may be to reduce the need for more “maintained services”.

The greater number of people supported in terms of reablement and rehabilitation will be a significant factor in, for example, the number of people provided with Council-supported adaptations, an issue highlighted by many people with disabilities in the HMA (see above). However, the modelling discussed above suggests that, unless people of aged 20 and over are successfully supported to improve their daily living skills, there will be an increase of 9% by 2015 in terms of the number of adaptations that might be needed to meet demographic need.

Solutions for people with more severe physical disabilities need to be better developed in line with the range of solutions available to people with learning disabilities. In fact, a number of individuals will have profound and multiple disabilities. It should be noted, however, that the number of people with physical disabilities aged 18 – 64 years admitted to residential/nursing care continued to be less than 10 annually over the last 3 years, with more people supported at home.

Although the above represents significant improvement, there remains a requirement for further progress to support vulnerable people to exercise greater independence and choice over their accommodation solutions, which will include:

- Identifying earlier accommodation solutions for people with disabilities and their carers and as part of “community in-reach” in the Care Management & Assessment Model;
- Continuing support for people in independent living, including working with health and housing partners to identify people either in, or at risk of, more complex accommodation solutions to maximise their independence through, for example, independent tenancies discussed above;
- Working with health, continue to develop specialist supported accommodation for people with the most complex needs at most risk of institutional or registered care, as appropriate. This includes the development of specialist slow-stream rehabilitative support (e.g. in an extra care setting), which may be linked to specific conditions.
- A clear understanding of the design requirements in new accommodation for people with physical disability (including extra care) to ensure that larger wheelchairs; hoists and specialist equipment can be accommodated into the accommodation and communal spaces e.g wider doors; turning points; reinforced ceilings; larger mobility scooter storage areas; wider corridors; access to communal facilities etc.,

Housing Solutions

What we know:-

- There are 26,130 people aged 20-64 known to have a functional dependency in 2010 – this is likely to increase
- Those with the highest probability of functional dependencies are likely to be over 50 – due to the increasing ageing population
- Less than 10 people aged 18 – 64 have been admitted into residential care over the last 3 years
- More people are being supported to live at home

We need to:-

- Better understand the requirements of the tenure type and size of accommodation for households requiring specific accommodation to meet the needs of a family member with a physical disability / complex needs.
- Prevent admissions of people with physical disability into residential care settings by providing accommodation which meets their requirements
- Review the requirement for community support apartment provision to support reablement of people leaving hospital or requiring short term accommodation while Disabled Facilities Grant (DFG) work / modification is undertaken in their home
- Continue to enable people with a long term condition over the age of 55 to access extra care accommodation

The Future – What we will do

Our Aspiration

- Provide a choice of accommodation and a choice of tenure to meet the needs of all older households
- Provide accommodation with appropriate tenure choices to meet the needs of people with a disability, who require a 'housing / built solution'
- Ensure that accommodation is well designed to meet the needs of the people who will be living in the property
- Promote carbon neutrality and lifetime homes within housing development including supported accommodation
- Support people to live in their own homes for longer
- Encourage independent living and opportunities for social inclusion
- Support carers
- Ensure that those people in our communities with a vulnerability have access to care, social, health, wellbeing activities, alongside healthy eating and community engagement
- Prevent referrals into residential and nursing care due to provision of better quality accommodation.

The Journey

- Continue with our extra care housing programme and support delivery of such accommodation in areas with an identified need as part of our commissioning intentions reviewing age and care needs of those being nominated or applying for the accommodation
- Enable the development of specialist accommodation, specifically dementia and Alzheimer provision;
- Enable the development of provision for people with mental health; learning disability and long term conditions to meet an evidenced and identified need over and above those who could be accommodated in extra care housing;
- Ensure that extra care housing provides opportunities for older people in the wider community to engage within the scheme enabling them to live in their own homes for longer, while accessing opportunities and activities to enhance their social, health and wellbeing requirements
- Provide mixture of tenures within housing developments to make housing accessible regardless of financial circumstances
- Ensure that older person housing provision and supported accommodation are both a key factor within the Council's Planning Policies, including the Local Development Framework and Affordable Housing Policy;
- Ensure that older person housing provision and supported accommodation are both a key factor within S106 agreements and master planning / regeneration areas;
- Reduce under occupation by increasing housing choice to meet older people's housing needs enabling them to move into more appropriate accommodation and release their properties back into the open housing market;
- Ensure equality of access to all housing provision

- Provide support services from the extra care schemes which provide outreach services into the wider neighbourhood for various households
- Continue to use assistive technology and promote the development of telecare and telehealth within new housing development to maximise independence
- Ensure that new housing developments meet the required levels of sustainability and surpass those levels where possible particularly to make homes warm and economic to run.
- Embrace the Personalisation agenda relating to design of accommodation; provision of services and care / support provision. Ensure that revenue funding is available to pay for waking night cover in extra care schemes whilst embracing personal budgets and direct payments.

Achieving our Priorities

- Engaging with providers and embracing innovative partnerships, ideas and methods of delivery to meet our strategic priorities
- Communicating with providers around our strategic housing requirements enabling them to explore a range of solutions to meet the city's supported housing requirements
- Improved choice of accommodation which meets the needs and aspirations of older people now and into the future
- More households are able to live independently for longer in their own homes
- Significant reduction in the number of people referred into residential and nursing care
- Better signposting to inform people, including self funders, about real housing alternatives to residential and nursing care
- More choice and access to care within supported accommodation due to individualised budgets and personalisation
- Significant reduction in the number of people living in inappropriate accommodation
- More households living in safe, warm and secure accommodation, therefore, reducing the number of older people in fuel poverty
- Reduced number of admissions and re admissions into hospitals, specifically relating to falls
- Increased levels of social inclusion and a significant decrease in levels of depression specifically amongst older people
- Provision of flexible support and care being provided to enable independence
- Provision of accommodation which is innovatively designed and future proofed to meet the needs and aspirations of future generations with a support need
- Maximise the use of assistive technology to enable people to live independently.
- Promoting the carbon neutral agenda relating to supported accommodation to ensure that homes are cheap to run and are future proofed.

Financial Contribution

To deliver our priorities we need to be very clear about the availability of capital resources both from within the Council and from opportunities outside of the Council. Without access to capital resources there is a risk attached to the delivery of our priorities.

We will ensure that the most appropriate solutions are used to meet our needs across the city. Our requirements are substantial but not insurmountable, however, it must be acknowledged that our land ownership is restricted and our ability to provide capital and revenue contribution is limited, alongside a reduction in the availability of capital subsidy from the Department of Health and Homes and Communities Agency. We understand that providers will deliver new supported accommodation 'at risk', however, within our commissioning role we will provide robust evidence of need to assure providers of our strategic requirements and the potential demand for their proposed development.

The Council's Capital Contribution

- Subsidised land values may be considered if a development will meet the needs of our residents. Such arrangements will be dealt with as part of the land disposal arrangements.
- Where nomination rights are offered to the council we may be required to 'purchase' those nomination rights from the provider partner. However, it must be acknowledged that the council eliminates 'risk' to a scheme by supporting the Registered Provider with nominations from people who will benefit from the accommodation provision.

Public sector investment

- Homes and Communities Agency through NAHP (National Affordable Housing Programme); although this is likely to be limited in availability due to recent Government spending cuts;
- Capital available through public sector partnership arrangements and / or Joint Venture Agreements (JVA's)
- Health Funding may be available via the Department of Health, if there is a current grant option available; strategic health authorities may contribute if they are to achieve health outcomes from their contribution however, due to spending cuts this is currently unlikely.

Planning Policy

A number of our priorities will be met through the requirements of developers outlined in the Local Development Framework (LDF) and other planning policies. Investment potential can be expected from developers through planning gain and the use of planning agreements under Section 106 of the Town and Country Planning Act 1990. Nomination arrangements and specific requirements for supported accommodation could also be outlined within S106 agreements.

Private Sector Finance

Private finance will be considered where it is deemed to be an effective means of facilitating development, sharing risk and experience and leveraging in external resources.

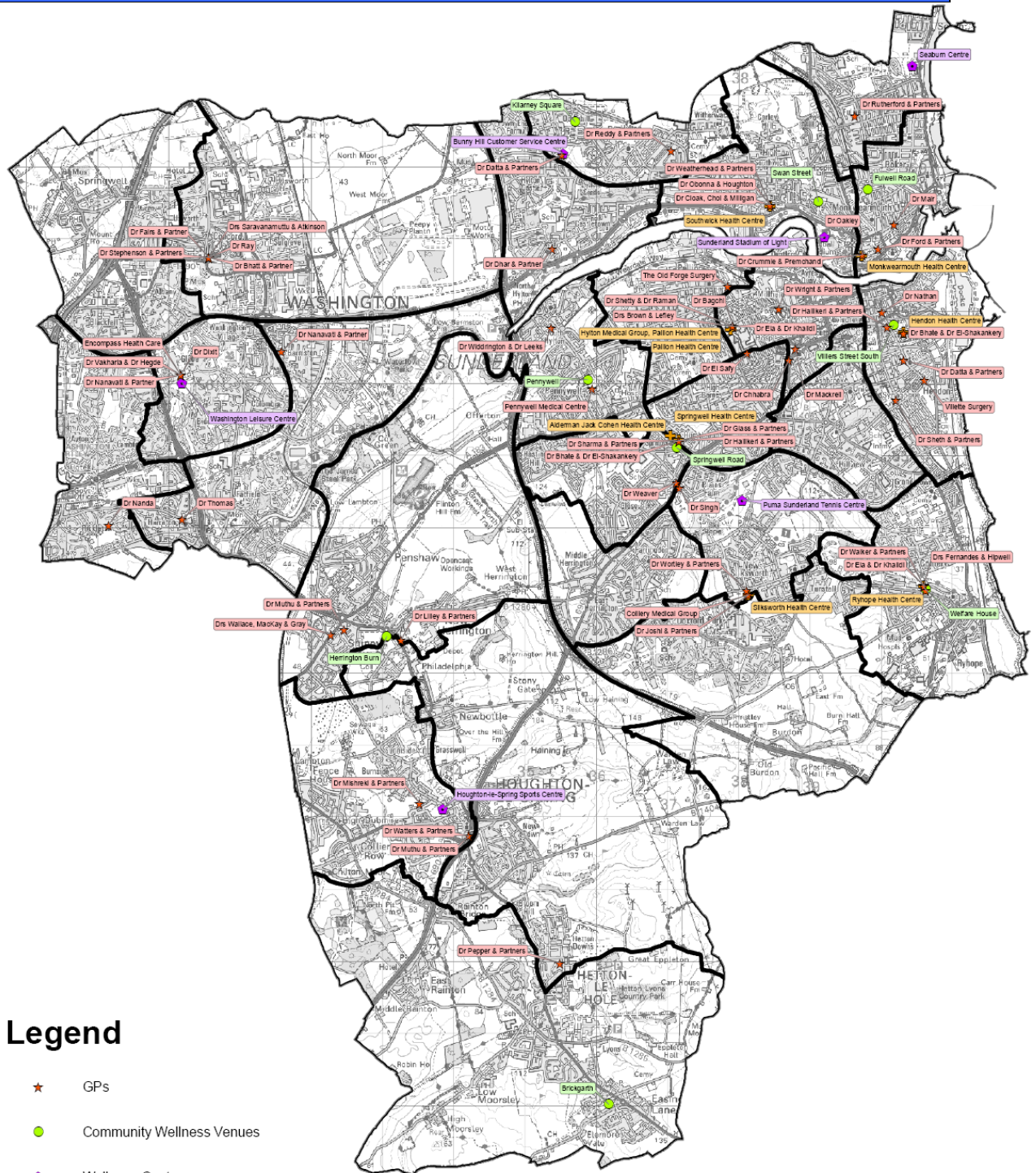
APPENDIX 1 - GLOSSARY

DH	Department of Health
Extra Care Housing	Also known as very sheltered housing, where there is intensive on site care and support for older people
Home (domiciliary) Care	Personal care and domestic support to someone living in their own home. For example, assistance with washing, bathing, toileting, and the provision of meals, cleaning and laundry services
Home Improvement Agencies (HIA)	Not for profit services helping older, disabled and vulnerable people remain independent in their own home by carrying out necessary repairs and adaptations. Also known as Care & Repair or Staying Put agencies
Homes & Communities Agency (HCA)	The public body that distributes funding to and regulates Registered Providers in England
Intermediate Care	A short period of intensive rehabilitation and treatment to enable people to return home following hospitalisation or to prevent admission into hospital or residential care
Lifetime Homes Standards	A set of 16 accessible housing design standards for new housing, most often applied to social housing
Primary Care Trusts (PCT)	Responsible for delivering better health and care to their local population, including GP and community health services
Sheltered Housing	Purpose-built accommodation for older people, often with an on-site warden or scheme manager
Supported Housing	Accommodation where there is a degree of daily living support for its residents to enable them to live independently
Telecare	A 24 hour emergency call service for older, disabled and vulnerable people supporting independent living at home

APPENDIX 2 - NATIONAL POLICIES

Valuing People Now	2010
Living well with dementia: A National Dementia Strategy	2009
National Housing Strategy for an Ageing Society, CLG	2008
Putting People First, DH	2007
Commissioning Framework for Health and Well Being. DH	2007
Homes for the Future: More Affordable, More Sustainable. CLG	2007
Our Health, Our Care, Our Say: a new direction for community services. White Paper DH	2006
Independence, Well-being and Choice. Green Paper DH	2006
Dignity in Care. DH	2006
The Local Government White Paper: Strong and Prosperous Communities. DCLG	2006
Sure Start to later life: Ending inequality for older people ODPM	2006
Opportunity Age: Meeting the Challenges of Ageing in the 21st Century. CM 6466	2005
Commissioning a Patient Led NHS. DH	2005
Choosing Health: Making Healthy Choices Easier. DH	2004
Older People, Independence and Well-being: The Challenge for Public Services. Audit Commission	2004
Public Services for Tomorrow's Older Citizens: Attitudes to Ageing. ADSS	2004
National Service Framework for Older People. DH	2001
Quality and Choice for Older Peoples' Housing: A Strategic Framework. DETR	2001

APPENDIX 3 - HEALTH CENTRE GP SURGERIES AND WELLNESS CENTRES



Legend

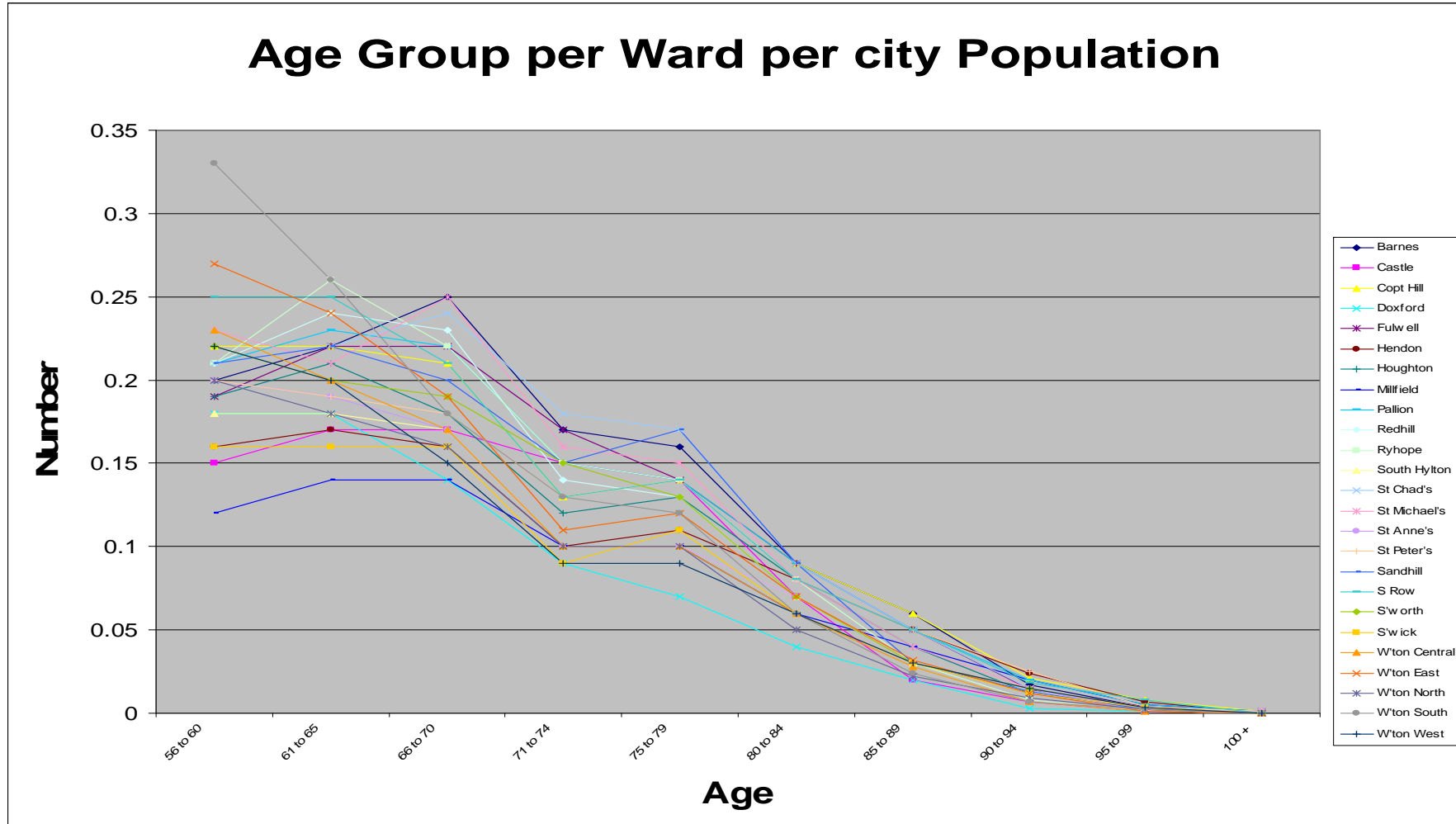
- ★ GPs
- Community Wellness Venues
- ◆ Wellness Centres
- ✚ Health Centres
- ▭ Wards

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APPENDIX 4 - OLDER PERSONS KEY DATA

Age Group per Ward per city Population



APPENDIX 5 – OUTCOMES FROM COMMISSIONING EVENT WITH PROVIDERS – JUNE 2010

We asked: What do you see as the main issues with the provision of care in future supported schemes?

You told us:

- Funding – personalisation makes it difficult to guarantee a level of funding to support 24/7 on site care. Service changes are huge.
- Training & staff development to change. Mind set of staff to become outcome focussed rather than task driven.
- The re-skilling of providers to be able to deliver the services individuals choose more holistically
- Joined up services from customer perspective
- Funding. Getting joined up services right and in sync.
- The personal budgeting system needs to work effectively
- Challenges with personalisation agenda versus 24hour on site care provision.
- The balance of personalisation & on site ‘block’ provision.

We asked: Is delivery of supported accommodation without NAHP achievable?

You told us:

- Yes, but likely to be on larger schemes where full advantage of mixed tenure & possibly lease can be realised.
- Yes, in higher value areas or if better sites are packaged up with poorer ones but standards are a challenge.
- Private sector lease opportunities but there are implications.
- Difficult but not impossible, depends on location, size of scheme, tenure neutrality property values for cross subsidy.

We asked: Is there any additional information you would find helpful to support you with intentions to provide supported accommodation in Sunderland?

You told us:

- More data about care/NHS issues.
- What precisely do you need & where do you want it?
- An ongoing dialogue to look at options/solutions together.

We asked: Do you know of sites within the city which could be put forward for consideration through the SHLAA?

You told us:

- Yes, you were aware of available sites

We asked: How can we work better with the private sector to deliver mixed housing schemes on the same site? (e.g. general housing and extra care/supported accommodation on the scheme site.)

You told us:

- S106 sites working with developer partnerships.
- Total place approach.
- More commercial outlook. Recognition that sales of E.C. apartments is different to rent.
- Land swap.
- Through RSL/house builder JV's with the council.

We asked: What challenges have you encountered in Sunderland with providing supported accommodation and what solutions would you suggest?

You told us:

- Finding sites in suitable locations. Willingness to work in partnership.

We asked: What form of support would you expect/require from the Council to support you to develop supported accommodation in the city?

You told us:

- A strategic partnership to explore alternatives to 40/60 bed extra care.
- Data & opportunities to get together like this to share ideas.
- Demand funding support – revenue
- Guarantees of support SP funding to ensure 24 hour staffing on site.
- Help with revenue/funding running costs. Relocation of existing dispensed facilities in to new Extra Care Schemes.
- R.P's provide accommodation which is sustainable & prosperous because of their success in providing quality care & support services. The commissioning & personalisation agenda need to consider this.

We asked whether you found the event useful with positive or negative comments

You told us:

- Positive – and putting the care into care provision as a public duty.
- Excellent – would be good to have representation from care providers.
- Positive approach is good and joined up thinking is great but some thought is required as to how to deliver in the face of a difficult market.
- Positive – like the flexible approach being taken by Sunderland City Council
- Re-enforced the levels of the challenge to provide the units but demonstrated that this can be delivered by a number of providers (there's a lot required)
- Useful to get policy context. This is a big challenge.
- Positive – reassuring that the Council are not just looking for off the shelf Extra Care models.

