

Anyton Council



'Making Care Our Business'
Market Position Statement for
the care of older people



The Anyton Pledge

by December 2013 we will have...

- Had individual discussions with all the major providers in our area about our future strategic direction based on this document. We will have met with any other provider who requests an interview and held a number of open forums to which all providers will be invited.
- Developed a better analysis of information about people who fund their own care.
- Conducted a market review of care consumer's priorities, including those who self-fund their care provision.
- Announced the terms and conditions for a local care innovation fund designed to pump prime and support new innovations within the care sector.
- Worked with the new Anyton clinical commissioning group (CCG) to issue a statement about future joint commissioning of combined health and social care services.
- Produced a more detailed paper outlining the future shape of community based and preventive services ready for discussion with interested providers.

A sense of direction

Anyton Council wishes to stimulate a diverse market for care offering people a real choice of provision. This may come from existing providers, from those who do not currently work in the authority or from new start-ups.

To achieve this aim the authority recognises that it needs to know how best it can influence, help and support the local care market to achieve better outcomes and value. We see our Market Position Statement (MPS) as an important part of that process, initiating a new dialogue with care providers in our area, where:

- We more than meet the government's requirements.
- Market information can be pooled and shared.
- The Council is transparent about the way it intends to strategically commission and influence services in the future and how it wishes to extend choice to care consumers.
- Services can be developed that older people need and want.

The Anyton Market Position Statement

This Market Position Statement (MPS) is designed to contain information and analysis of benefit to providers of older people's care and support services in the unitary authority of Anyton.

It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions between the local authority and those who provide services.

It contains information concerning:

- What Anyton looks like in terms of current and future demography and service provision?
- The Council's intentions as a facilitator of care for older people.
- The Council's vision for how services might respond to the changing needs for care and support in the future.

The Government White Paper 'Caring for our future'

The White Paper sets out the vision for a reformed care and support system:

- "The new system will focus on people's wellbeing and support them to stay independent for as long as possible."
- "The government supports the diverse range of care providers that currently offer care and support, including user and carer led organisations, small and micro enterprises and social enterprises."
- To strengthen this diversity, the Government will introduce a duty upon local authorities to promote diversity and quality in the provision of services.

From the 'Caring for our Future' White Paper

Key messages in this MPS

If the current volumes of service provision are applied to the demographic data for the Authority there would be an expectation that over the next three years demand would rise by 13% in day care, 12% in home care and 8% in residential care. At the same time the Adults, Health and Community well-being budget will fall by 8.6%. The authority will address this gap by having an approach that:

- Intends to lessen demand.
- Is focussed on outcomes.
- Promotes delivery models that can deliver savings.
- Supports people to avoid using residential care services.
- Increases charges for community services.
- Invests in preventative services.

92% of older people in the Authority have told us that they do not wish to end their days in residential care. Therefore, Anyton will:

- Support people to avoid using residential care services.
- Stimulate new community-based forms of care.
- Invest in preventative services.

Our sheltered housing has become increasingly dated and across the public and private sectors many older people remain in housing which they find hard to support and maintain. 27% of older people say their current home is inadequate for their needs. The authority will address this by:

- Working with registered providers to review the existing sheltered housing stock and to ensure long term all supported housing is fully accessible.
- Stimulating the growth of extra care housing.
- Promoting the development of a retirement village in Anyton.

We do not currently have sufficient community based services to support the growing number of older people with dementia. There is already a shortage of home care providers in Batterbury Valley and Blackdale. Anyton will address this by:

- Integrating community based provision.
- Purchasing on the basis of outcomes.
- Encouraging the development of new providers and promote innovative models of service delivery.

Our services for carers are limited and not targeted on those most in need. Therefore, the authority will:

- Offer additional targeted support where carers are struggling and where older people are at risk of coming into care or having repeat hospital admissions.
- Encourage the development of innovative models of service delivery that better meet the needs of both carers and care users.

Key statistics

In 2010 the population of England aged 65 and over was estimated as being eight and a half million, by 2030 it is thought it will reach nearly thirteen million. In 2007, for the first time ever, the number of people in the UK aged 65 and over was greater than the number of children aged under 16.

Life expectancy is expected to continue to rise for both men and women reaching 81 and 85 years of age respectively by 2020 with the life expectancy for men increasing at a faster rate than that for women.*

There are now 800,000 people living with dementia across the UK. It is forecast that one in three people over 65 will develop dementia.

By 2030 Anyton will have around 30,000 people who are aged 80 and over.

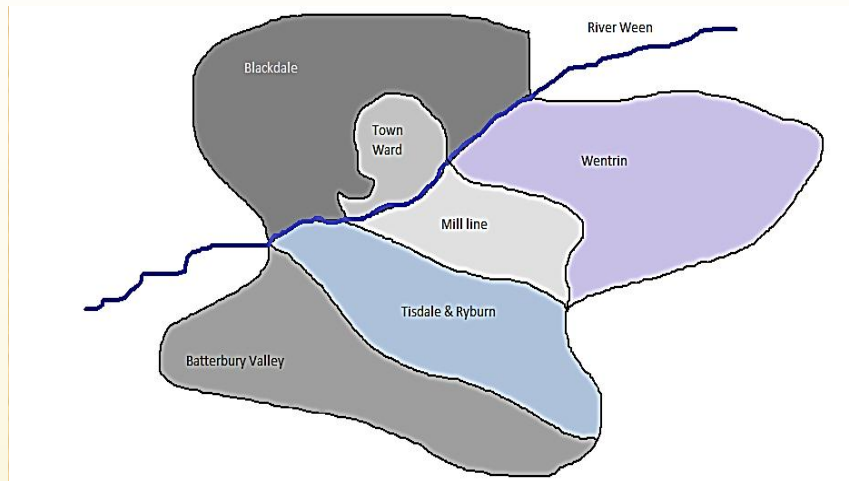
Male life expectancy at birth in Anyton in 2008 was 77.3 years and female 80.9 years, compared to 77.9 years and 82 years nationally. Life expectancy in Town Ward was below the national rate for men and women, 75.4 years and 79.8 years respectively. Men and women in Batterbury Valley live 5 years and 3.6 years respectively longer than men and women in Town Ward.

Anyton's older population is predominantly White British at 97.5% of the 75 and over population. 2% is Asian British.

**National data available from the Office of National Statistics (ONS) and from POPPI.*

Demanding Times

By 2030 nearly 20% of the population of Anyton will be aged 65 and over. This is roughly in line with national demographic growth although some wards will have a much higher proportion than this. For example Batterbury Valley in the south of the authority already has 20% of its population aged 65 and over. As can be seen from the table below, the key element in this increase is in the oldest old population; the population most likely to be in receipt of some form of social care.



Current and predicted population of Anyton aged 65 and over	2012	2030
People aged 65-69	20,700	24,300
People aged 70-74	14,700	20,300
People aged 75-79	12,000	16,700
People aged 80-84	8,700	15,100
People aged 85-89	5,300	8,600
People aged 90 and over	3,000	6,200
Total population 65 and over	64,400	91,200

However, advancing age does not automatically mean incapacity or poverty. Nationally, it is estimated that half of all housing equity is held by people aged 65 and over. In Anyton just over 78% of people aged 65 and over, own their own property which is slightly higher than the national average. Again this distribution varies widely from one ward to another as does price. In the rural south of the authority the average price of a detached property is currently £290,000, whereas in the urban north it is only £215,000.

In Anyton 24% of the population claim pension credit which is 1% higher than the region and 3% higher than the UK average, again this shows a different pattern in the Northern wards, namely Blackdale and Wentrin as compared to the rural southern wards.

Customer Survey

What do you think of the quality of our items?
 Excellent Good Poor Very Bad

How good was our service?
 Excellent Good Poor Very Bad

Do you get value for money?
 Excellent Good Poor Very Bad

From the Anyton survey people said...

People did not want their children to care for them. 'I looked after my mum and I would never want anybody to have to do that for me'.

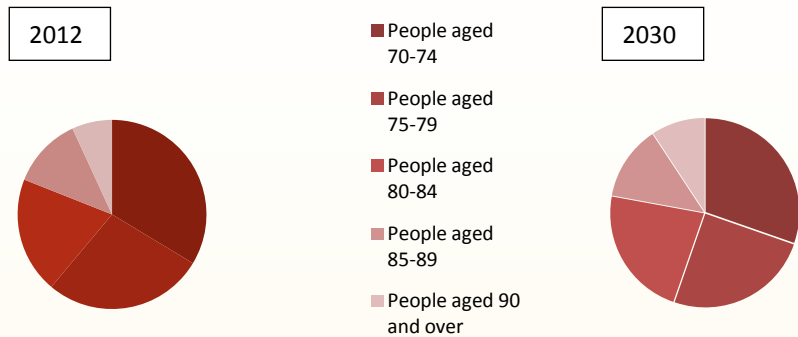
'I would like to move to a smaller property, not to a small property. I do not want to be 'living in a box'. I want space to entertain family and friends and second bedroom if my partner becomes disabled or ill.

'It is important to be near hospitals, shops, and a post office as you get older'.

Podiatry, opticians and dentistry services are all used but often this has to be facilitated by a family member.

'Getting to the dentist is really difficult for me'. 'I can't bend over to cut my toenails but you just cannot get anybody to do this and I hate asking my daughter in law'.

Distribution of population aged 70 and over in 2012 and in 2030



In 2012 we conducted a consumer survey of older people's need and expectations, which included those in receipt of care services as well as a wider sample of older retired people. A full copy of this work is available at

<http://www.anyton.gov.uk/opcs.htm> but in summary the key points raised were:

Older people who are care consumers

Accommodation: Most older people interviewed in care homes were satisfied with the standard of care that they received. Very positive response from the older people in extra care housing. Some people said they did not get out of homes as much as they would like.

Home care: The characteristics people most liked (68%) were when care workers were prompt and on time and where there was continuity of staff. People did not like being forced to change their lifestyle pattern, eg, time of going to be to suit care works or agencies, they did not like staff rushing in to complete tasks or not having time to talk. Some people said they did not get enough choice about how home carers used their time. Self-funders levels of satisfaction were higher than those receiving state funded services.

Day care: There were mixed views about day care services. Some really appreciated the change of scene and said it was often their only contact with other people. Some commented that they used to go but did not find it relevant to their needs. This kind of comment was truer in the south of the authority.

Direct payments: Of older people who were in receipt of a direct payment 70% said it was a preferable to the council arranging services, However, a number of older people had rejected a direct payment and some commented they received less money than those in receipt of direct services.

Older people who are not care consumers

92% of older people don't wish to go into residential care although some people expect that may be the outcome for them. Some older people who have had relatives in residential care were critical of the service and said that people were left alone in their rooms for long periods of time.

12% of those in the survey said 'they felt trapped in their own home'.

15% of people said they had contemplated moving 'out to the country' on retirement but were now having second thoughts. They would like to stay in a more urban environment because the transport was good and 'you are closer to services'. Some people said it was hard to find property that would suit them in older age.

The LA's picture of the current state of supply: Accommodation based services

There are currently seventy three registered care homes for older people in Anyton, providing around 2,900 places, 4 of these homes are operated by the Council, the remainder by the independent sector. The Council's information systems indicate that the authority currently purchases around 60% of all places on behalf of Anyton residents. The remainder can be accounted for by:

- Anyton residents (and others) who buy their services directly (self-funders);
- NHS Anyton (for people with Continuing Healthcare needs);
- Other local authorities around Anyton; and
- Vacancies.

Twenty four of the care homes (with 741 beds) qualify for the Council's additional fee for dementia payments. There are a further 80 Dementia beds within two of the Council run care homes.

There are a number of care homes that are in single ownership and some of these providers have stated that when the property market improves, they intend to retire and sell their property. It has already been identified that some of these homes are not viable mainly due to size but some are in a poor state of maintenance.

Rate of admissions – number of permanent admissions per 100,000 of older people to residential care paid for by the LA over the last three years.

		Residential Care	Nursing Care	Total Of Residential Care Plus Nursing Care
Series	Year			
Council	2009-10	522	232	754
	2010-11	499	195	694
	2011-12	520	201	722
Comparator Average	2009-10	562	189	751
	2010-11	523	197	720
	2011-12	529	193	722
England	2009-10	482	228	710
	2010-11	464	222	687
	2011-12	475	231	706

Numbers of older people in LA funded residential care as at 31st March 2011

	Anyton 2009-10	Anyton 2010-11
Residential care	1,416	1,460
Residential care with nursing	552	507

The national picture of care supply

CQC data shows that at 31 March 2012 there were 13,134 residential care homes with 247,824 beds registered in England, and 4,672 nursing homes with 215,463 beds.

There are some there were 6,830 agencies providing home care delivering just over 200 million hours of state funded care.

The number of home care providers registered with CQC increased by 16 % between 2010 / 11 and 2011/12 at the same time as the number of residential care homes registered, decreased by 2.5%.

An estimated 45% of care home places in England are occupied by people who are self-funding.

Information from CQC State of Care report 2011/12.

Data on housing

There are approximately 19.6 million units of general needs affordable housing in England, of which 5.8 million accommodate pensioners, and there are just under 730,000 units of specialised housing.

Only a minority of older people live in sheltered housing, even amongst those aged over 85 years. More than half (476,000) of the specialised housing units are sheltered accommodation; less than 40,000 are extra care housing. Anyton has around 8,000 units of sheltered housing.

Nationally, it is estimated that half of all housing equity is held by people aged 65 and over.

In Anyton just over 78% of people aged 65 and over own their own property which is slightly higher than the national average.

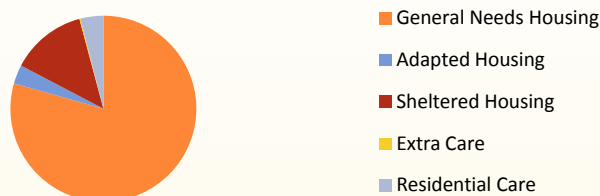
1 in 3 (34%) of those aged 65 to 74 and more than half (54%) of those aged over 75 years lived alone. By 2030, the total number of people aged over 65 years living alone in Anyton is forecast to increase to nearly 35,000 and of these, nearly 23,500 will be aged over 75 years and 3 in 4 will be women.

Locally, 1 in 4 (27%) people aged over 65 years said their current home was inadequate for their needs, usually as the house is too expensive to heat, too large, it is unsuitable because of health problems/disability or public transport is inadequate.

Data from the Elderly Accommodation Council and POPPI.

Anyton currently has three extra care schemes offering 110 housing units. These are all provided by registered providers. There are currently no extra care schemes available for sale and / or lease. Anyton has in total around 8,000 units of sheltered housing, some of these are bed sitter accommodation and some schemes are carrying a high level of voids. In some instances these have been filled by younger age groups although this tends not to work well with existing older tenants.

Current proportionate distribution of older person's accommodation 2012



The LA's picture of the current state of supply: Community services

In-house home care services (at October 2011) deliver 18% of all state funded hours, whilst the independent sector delivers 82%. The in-house service has recently moved to provide only short term and urgent care, but is still delivering some long term care to around 8% of service users. In total the in-house service delivers approximately 3,000 hours per week whilst the independent sector delivers approximately 18,500 hours via services that are either directly commissioned by the LA or through individual budgets.

There is a shortage of home care providers in Batterbury Valley and in Blackdale.

Twelve per cent of older people with assessed needs to be met by the council are receiving direct payments. The numbers of older people receiving services in this way has increased by 5% over the last 12 months, and we expect this rate of increase to continue so that around 20% of older people are able to purchase their own care. A further 30% receive an individual budget.

The use of day care has been in decline and the County is considering its long term strategy (see below). Currently there are some 400 day care places offered, mainly to older people who have a dementia.

Anyton has a vibrant set of voluntary activities that help to support older people within the community and a good relationship with AVA (Anyton Voluntary Action). Anyton Council will continue to help fund some of these activities but in the future organisations should expect there to be a much stronger link between funding and outcomes.



The current and future level of resourcing

The adults, health and community well-being budget in 2011/12 was 5.9% less than the previous year; the budget available in 2012/13 is a further 4.5% less; and in 2013/14 a further 4.1% less.

Last year the Council spent £76 million (net) with over 590 organisations on social care services for older people in 2010/11 which constituted 55% of the total adult social care spend, 3% higher than the national average.

Distribution of total gross social care service expenditure

Percentage distribution	2009-10	2010-11	2011-12
% on residential care	50	53	57
% on day and home care	31	30	27
% on assessment & care management	18	16	15

Figures may not add up to 100% due to rounding

As can be seen from the table there has been a consistent proportionate increase in expenditure on residential care for older people. We need to change this balance so that a greater proportion of the budget is spent on preventative services and through cash payments and a smaller proportion spent on registered care.

Fee levels residential care

Average weekly fee paid last year for residential care (without dementia supplement)	
Residential Care	£418
Residential Care with nursing	£436

We wish to give care consumers greater control over their services and create a care economy that is based on cash for outcomes rather than cost and volume contracting. We also recognise the need for greater financial certainty within the market.

In addition to the above expenditure, we estimate that a further £30 million was spent on care services in Anyton by older people funding their own care. Anyton also provided grants of £265,000 to community and voluntary organisations supporting older people with dementia in 2010/11. An additional £340,000 supported development projects with community and voluntary organisations.

Resources

In Anyton £28 million was spent on state funded residential care last year and £15 million on home care out of a total adult care budget of £76 million.

Nationally 55% of all social care expenditure is spent on older people's service. Of the total of £17 billion expenditure some £4.9 billion is spent on older people's residential care.

In 2012, 83% of councils set their threshold for eligibility for state-funded care at 'substantial', compared with 78% in 2011. This is also true of Anyton.

The over 50s age group is the source of over half of unpaid care, the total value of which was estimated in 2007 to be £87 million. In Anyton over 38,000 adults or 1 in 8 (12%) of the adult population are carers.

Information from CQC State of Care report 2011/12 and Anyton Council.

The health of older people in Anyton

People aged 65 years and over have poorer health functioning than those aged under 65 years. The gap is greatest in physical functioning and experience of pain.

Older people in Batterbury Valley have significantly better health than in Anyton overall; in Town Ward, they have significantly worse health. However, levels of mental health problems in both areas are the same as Anyton overall.

- In 2011 fewer older people (3%) had had a stroke than in 2005 (5%).
- Urinary incontinence affected 1 in 6 (16%) older people, a rise from 1 in 8 (12%) in 2005. Town Ward had the highest rate at nearly 1 in 5 (19%).
- Each year 1 in 3 people aged over 65 years, and half aged over 85 years, fall at least once.
- 1 in 9 (11%) of those aged 65-74 years and 2 in 5 (41%) of those aged over 75 needed help with mobility (shopping, getting around inside and/or outside the home).

Anyton JSNA.

Where are we now – a summary of supply and demand?

The current perspective:

- Demand for care and support services is likely to rise but will not be matched by levels of public spending over the next three to four years.
- The rise in the oldest old population is not just a challenge for social care but for our whole council and community.
- Local health service performance with regard to strokes and falls is a concern and may well be pushing up demand for social care services.
- From a variety of existing surveys it is recognised that most older people do not wish to end their days in residential care, although we equally recognise this is often an outcome created through a lack of alternatives. We expect the population in residential care to decline, become frailer and be in care for a shorter period of time.
- Life expectancy is increasing and entry into all care services are likely to be later in life, but from people with more complex support needs.
- Older people's housing is a key part of their well-being, yet in Anyton specialist social housing is of poor quality and there is little private sheltered housing within the authority and no private extra care.
- Part of the challenge of the changing demographic is the growth in the numbers of older people with a dementia. We do not currently serve this population well, we do not have sufficient community based alternatives and older people, with dementia stay in hospital longer, have poorer outcomes and are more likely to enter residential care than other groups.
- At the moment our services for carers are limited and are not targeted on those most in need. We need to be able to identify carers that are vulnerable and where, if they cannot continue to care, the person they look after is likely to enter residential care.
- Our website and information, advice and guidance provision is not yet as user-friendly as we would like to support informed choices.

If the authority does nothing to reduce demand for care and support and future population growth and if the current data is simply extrapolated against this year's provision then demand for state funded care alone would look as follows:

Potential future demand for state funded care based on current use

	2012	2015	2030
Home care (hours per week)	19,495	21,900	27,050
Day care (placements)	1,100	1,250	2100
Residential care (placements)	1,967	2,117	2,748

The authority recognises that this level of LA funded services is not sustainable in the current economic climate.

The White Paper and the care market

The Government will:

- “set out what people should expect when using care and support, and the roles and responsibilities of different organisations to deliver this;
- give people access to clear and comparative information about the quality of care providers and the options they offer, so that people are empowered to make informed decisions;
- strengthen the ways that people can comment on their experiences of care and support by supporting new feedback websites;
- require local authorities to develop and maintain a diverse range of high-quality care providers in their area, so that people have different care options to choose from;
- rule out crude ‘contracting by the minute’, which can undermine dignity and choice for those who use care and support; and
- consult on further steps to ensure service continuity for people using care and support, should a provider go out of business”.

From the ‘Caring for our Future’ White Paper

Our commissioning intentions...

- There is a strong desire to forge a new relationship with providers which works well for all who need care in our authority. We also wish to ensure that there is a level playing field across all providers, whether private or voluntary, large or small, whilst at the same time we can develop a diverse market that has real choice for service consumers at its heart.
- These are difficult financial times and the local authority will be funding fewer services. However, it wishes to use its funding to stimulate new forms of care and support activity rather than wholly fund service provision.
- All funding needs to focus on the outcomes that can be achieved for the expenditure made and how it can drive down long term demand. Therefore, we will work with the sector to explore how we best measure outcomes, pay by virtue of those achieved and where a service is subject to a local authority tender ensure our procurement processes area outcome focussed.
- We will look to commission more care jointly with the new Anyton Clinical Commissioning Group so that joined up health and care services can be more widely available.
- More older people will be care purchasers through direct payments and through more people being self-funders. We recognise as a local authority we need to ensure there is better information about local care and support services. We also need to better sign-post people to local and national sources of information on quality (see page 11 for some examples).
- We will also wish to monitor how that funding gets spent and how we can encourage cost effective provision.
- We will work with providers to ensure there is more comparative data available about care and support both for consumers and for providers.

...and the providers we want to work with are those who

- Have explicit quality standards and who publish results of their independent monitoring.
- Are prepared to work to an open book accounting approach.
- Are putting forward their understanding of demand and how this is changing over time.
- Are able to show the impact of their activities in terms of the outcomes they achieve rather than in terms of the number of people for whom they provide a service.
- Wish to innovate. For those we are prepared to support and help fund innovation where it reduces demand for care (see overleaf).

Anyton needs you

For further discussion you and your organisation can book a personal appointment to discuss how we can work with you as a potential care provider. As a matter of urgency we particularly wish to meet with

- Providers who are interested in developing extra care housing for sale and lease.
- Residential care providers who wish to diversify their care offer.
- Home care providers who feel they could take on a wider range of services.
- Community organisations that wish to extend their work in dementia care.

For all providers we would like to welcome you to our 'any provider' open day on April 1st 2014 or arrange an appointment through:

- Writing to the Strategic Social Care Commissioning Team, Anyton Council, The Town Hall, Midshire Street, Anyton, A13 5BB.
- Phone 01443 3434635
- Email any of the following commissioning staff

rahat.sami@anyton.gov.uk

peter.wilby@anyton.gov.uk

amy.wilson1@anyton.gov.uk

Care for the future

The following items and topics, based on our understanding of the current care market, our review of demand / supply and the level of resources we expect the LA to be able to offer, represents the activities we will be engaged in over the next two years.

- **Choice** Increase choice for older people in terms of the services available to them regardless of how those services are funded. However, Anyton does not see this as simply a choice of provider offering the same or similar services, but a genuine, well-informed choice in terms of what is on offer, when it is available and choice over the person who delivers the service.
- **Drive down demand** Recognise that at times of financial restriction, services purchased using public funds need to drive down demand rather than up, and be cost effective. This applies just as much to broad based community services as high intensity provision. Therefore, on the one hand we will try to make sure nobody leaves hospital and goes straight to a care home without the offer of reablement and/or intermediate care and on the other we will assess with the local voluntary sector the nature of their offer to the local community and ensure we are not funding services which may increase the demand for care as compared to reducing it.
- **Support for self-funders** Look to provide more support to self-funders and particularly ensure that people are aware of the range of provision that is available to help people remain within the community.
- **Information and advice** We plan to put in place a telephone help line for relatives of family members who may need care which can offer help and advice about community alternatives. We will develop our website to capture user reviews and our information leaflets to ensure they are written around older people's needs expectations and outcomes and not configured around how the council delivers services. We will work with Age UK and other local bodies to ensure this is true of all our information material. We also need to ensure that those who advise older people about their care are also well informed about the choices that are available.
- **Innovation** Create an innovation fund jointly between health and the local authority designed to stimulate through matched funding new community based forms of care.
- **Diversity** Encourage the development of new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect older people to use personal budgets to purchase these services. We wish to find ways to make the Direct Payment process simpler but without lessening Council responsibility for ensuring public money is well spent.
- **Charges** We have already engaged in a consultation exercise with those whose care is funded by the council and we will consequently put in place higher charges for community services over the next two years.
- **End of life care** Work to identify and improve end of life care services, not only due to the ageing population but also to the requirement to give people choice about where they receive their care. Again we will work with the new CCG in delivering this aspiration.

Sources of information

In addition to the data supplied in this document there are a range of other sources of information:

Basic information about all local providers in Anyton is available on our website:
www.anyton.gov.uk/localcareproviders

The Department of Health Provider Quality Profiles aim to allow users to search for local providers within their area and link to CQC reports and information.

<http://www.nhs.uk/carersdirect/guide/practicalsupport/pages/carehomes.aspx>

The regulator of the care sector is the Care Quality Commission. The information they hold is available at <http://www.cqc.org.uk/>

The Elderly Accommodation Council also has supplier information and in particular information about sheltered and extra care housing.

<http://www.eac.org.uk/>

The Social Care Institute for Excellence (SCIE) provides information and research abstracts about methods and approaches in social care.

<http://www.scie.org.uk/about/Index.asp>

A number of organisations supply statistical data. For example see:

- The NASCIS data portal, which contains a wide range of information about local authority performance.

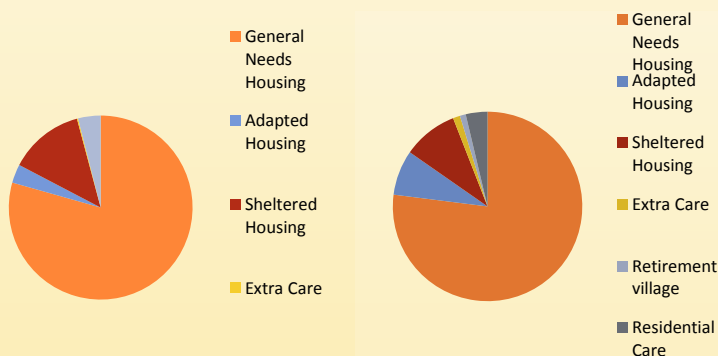
<https://nascis.ic.nhs.uk/>

- POPPI supplies information about current and future populations of older people and projections against a number of key health conditions and indicators.

<http://www.poppi.org.uk/>

- **Residential care** We wish to reverse the current trend and reduce the reliance on state funded residential care. However, whilst we wish to see this form of care used far less often in line with public expectations, we also recognise that in order to deliver quality care we need to raise the level of fees paid. We will establish a formula which relates the reduction in use to the cost of living to fees. We will also work with the sector to identify who we think residential care should be for. As announced recently by the Council, we will transfer the remaining council homes to the private or voluntary sector.
- **Dementia** Work with the mental health trust to deliver more training to both care staff and nursing staff in hospitals and care homes in managing dementia. We will work with health providers to eliminate the use of anti-psychotic drugs on people with dementia as a method of controlling challenging behaviour.
- **Home care** Seek to expand the range of tasks undertaken by home care through integrating housing related support with home care followed by care and repair and telecare provision. We believe we can only manage to deliver quality provision on less money through integrating community based provision and purchasing on the basis of outcomes to be achieved.
- **Extra care housing** Expand the use of extra care housing both for social rent and for sale / lease. We recognise that some people would also welcome the development of a retirement village in Anyton. We will work with registered providers, housing managers and the planning authority in order to offer appropriate packages of land for development with attractive repayment terms as premises come into use. We would like to have a minimum of 350 extra care housing units available in three years' time.

Distribution of Older People's Accommodation 2012 and planned for by 2017



Sheltered housing Work with registered providers to review the existing sheltered housing stock with an aim of ensuring that in five years' time all sheltered housing is capable of being a home for life in terms of amenities and accessibility.

Example developed by the Institute of Public Care

Pictures courtesy of Age UK