

Rutland County Council

Older People's Accommodation Market Position Statement 2018

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1. Introduction

Our Market Position Statement is a key document in ensuring that there is an appropriate and balanced market to meet the housing and accommodation needs for older people in Rutland.

The challenge of market development for older people's housing occurs within a context of personalisation, expected increase in the number of people over 65, and increasing demand. The creation of greater choice requires the creation of a diverse housing market.

This statement has been produced to support the development of the housing market, and will set out how the Council hope to achieve a sufficient and high quality market.

It sets out what the Council know about specialist housing and support that is available for older people now, and what the Council believe will be needed in the future. As such it provides information on market needs and opportunities and is intended to prompt discussion and proposals for meeting the identified needs.

2. Our Vision

Healthy and Independent Lives- A Sustainable Future

3. Our Aims

Our aim is to deliver a range of supported housing and support options for older people in Rutland, according to their needs, circumstances and preferences across all tenures. Our key aim is to enable older people to remain in their home and their community for as long as possible, if this is what they want. Existing homes should be designed and adapted to support the delivery of care and support to people as and when required where this is possible to do so.

Housing support services, and specialist advice and support will be available to older people to support them to stay at home and remain independent. Where this is not possible, the Council want older people to be able to choose where they want to live from a wide range of housing options, including more specialist options like sheltered housing, extra care housing, housing that is more adaptable, or downsizing to smaller accommodation. The Council want to provide more flexible options for older people to assist with preventing times of crisis when their home is no longer suitable or manageable to meet their needs, to reduce the need for admission to acute services such as hospital and residential care, and for when they return home after periods of institutional care (for instance residential care or hospital stays) and to help avoid re-admission.

The Council will achieve the vision by:

- Understanding what local people need in relation to housing options and housing support; where, when and how they need it.
- Putting people and communities at the heart of the process, ensuring they are engaged in the design and delivery of services.
- Working collaboratively with partners to make best use of resources and improve the housing options available to residents.
- Encouraging and enabling residents to share information and intelligence on their experience of the types of accommodation available, both good and bad.
- Supporting our local communities to support themselves and exploring ways to further develop the local offer
- Providing suitable housing options for older people and those with complex needs
- Providing targeted support for vulnerable households
- Working with local providers to understand the current market and capacity
- Ensuring there is a sufficient supply of appropriate housing options within Rutland
- Ensuring existing homes are fit for purpose
- Being transparent in our decision making process, and being clear what the Council are not able to do, as well as what can be done
- Making our services sustainable longer term, focusing on quality and value for money, recognising that the financial resources available to the Council are reducing in real terms

4. National overview of housing for older people¹

Within the UK there are currently nearly 6 million households that are headed by a person aged 65 or over in England. By 2021, this is expected to increase to over 7 million. As 42% of households of those aged 55 to 64 are single person households, the proportion of these single households will increase as well.

The specialist housing currently on offer does not reflect the choices that older people make. While retirement properties make up 2% of the UK housing stock (533,000 homes) with just over 100,000 available to buy, one in four over 60 year olds would be interested in buying a retirement property - equating to 3.5 million people nationally.

Beyond this, 58% of the over 60s households are interested in moving and if just half downsized, it would release around £365 billion worth of (mainly family-sized) property, with nearly half being three-bedroom and a fifth being four-bedroom homes.

Since 57% of all older households and 68% of older home-owners 'under occupy' their homes; where there are more bedrooms within the property than the number required for that household. An older person's health can benefit from a move to more suitable housing as long as it is an informed choice and they remain in control. 'Staying put' can also be the right choice.

Seventy-six percent of UK older households are owner-occupiers and most own their homes outright; 18% are housing association or council tenants; while 6% are private sector tenants. Over two thirds (71%) of householders aged 65 and over own homes outright without a mortgage, but more than 20% of individuals aged 50 or older in England, have no housing wealth at all. There are currently an estimated 600,000 older people in sheltered housing in England.

5. What are Rutland's Housing needs?

5.1. Demographics

Rutland is the smallest unitary authority in England. Its area is approximately 390 km². The latest estimates show that Rutland's population was 38,606 in 2016, of which 9,389 were aged 65 years or older. Almost a quarter of all residents in Rutland (24.3%) are aged 65 years or older, which is much higher than the rest of England (17.9%) and the region (19.0%)². The population of Rutland is projected to rise to 41,000 by 2036. By 2025, Rutland is projected to have around 5300 males and 5900 females over the age of 65, 800 of whom will be over the age of 90³. The numbers of over 65s who are predicted to be living alone by 2025 will have increased by approximately 23% to over 4200, with nearly twice as many women over the age of 75 years living alone as men of the same age.⁴

¹ From Age UK Later Life in the United Kingdom June 2017 factsheet

² Figures for 2016 are ONS Mid-Year Estimates of population.

³ Population projections quoted are ONS 2014-based Subnational Population Projections

⁴ People aged 65 and over living alone, by age and gender, POPPI

This fact presents a pressing need to plan ahead, refresh and refocus what the market offers with regards to supplying and managing specialist housing.

Integral to this is the need to ensure appropriate housing options will effectively enable people to remain living independently and with dignity at home for as long as practically possible.

5.2 Rutland Housing Stock

5.2.1 Affordability

Affordability and access to housing is a major issue for Rutland. The average house price in Rutland was £297,320 at December 2017, compared with £185,694 in the East Midlands and £243,582 in England & Wales⁵ The average yearly gross pay for people in Rutland for 2017 is £24,809⁶. This is slightly greater than the England average of £23,743 and the UK average of £23,474. This data shows that Rutland has a higher ratio of median house prices to gross annual workplace based earnings, compared to rest of England. This also highlights how housing is less affordable in Rutland than it is elsewhere. The trend nationally and for Rutland is negative, meaning that housing has become less affordable over the last 12 years, affordability being at its worst in 2006.

As a general point, retired people would usually have much lower household incomes than normal but potentially have a lot of capital in savings and where the property is owned outright. The 2011 Census identified that in Rutland just over 70% (10,556) of households owned their own home. This figure far exceeds that of the other Local Authorities in the East Midlands and is almost 7% higher than the average for England. Data from 2011 census indicates that only 2.5% (369) of Rutland households rent their properties from the Local Authority compared to the average regionally of 10.1%. However, the Council sold the housing stock to Spire Homes in 2009 in which people may have had a misperception of their tenancy when completing the 2011 Census.

The table below, from the Strategic Housing Market Assessment (SHMA) Update 2015, shows private rental levels in Rutland. There were insufficient 'room only' and 'studio' accommodation to provide a sample. This contributes to many young people leaving the area because they cannot afford accommodation locally. The Government's White Paper on Housing (published 7 February 2017) encourages the provision of more private rented sector tenancies of at least three years long.

Lower Quartile Private Rents by Size (Year to September 2016) – Per Month⁷

	Peterborough	Rutland	South Holland	South Kesteven	Boston
Room Only	£316	-	£347	£340	£325
Studio	£375	-	£280	£318	£347
1 bedroom	£425	£435	£398	£340	£400
2 bedrooms	£550	£525	£525	£465	£525
3 bedrooms	£595	£625	£590	£550	£595
4+ bedrooms	£778	£900	£695	£750	£703

⁵Source: Land Registry – House Price Index: Comparison of average price of all property types

⁶Source: Annual Survey of Hours and Earnings, ONS, 2017.

⁷Source: Valuation Office Agency

All dwellings	£495	£550	£495	£475	£500
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5.2.2 Household composition

Rutland had a lower percentage of one person households (27%) compared to the East Midlands (29%) and England (30%) in 2011. It also has the lowest percentage of “other” types of households in the country.

Household composition⁸

		2001	2011
One Person	Aged 65 and over	14%	14%
	Under 65	11%	13%
One Family	All aged 65 and over	12%	13%
	Married or civil partnership couple	46%*	40%
	Cohabiting couple	7%	9%
	Lone Parent	7%	7%
Other	Other household types	3%	4%

*Civil partnerships were not recognised in the 2001 census.

5.2.3 Household Size and Occupancy

The majority of residents live in a “household” (A household is defined as one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area). Those not classed as living in a household are those living in a communal establishment, such as those residents in HMP Stocken, a private school, or a residential home.

Compared to regional and national figures, Rutland has a high proportion of 4 and 5 bedroom homes with 33% of dwellings having 4 or more bedrooms compared with 19% nationwide. Whereas the number of 2 and 3 bedroom homes is well below national numbers.

Number of Bedrooms (QS411EW - 2011 Census Data)

	Rutland CC	East Midlands	England
All Household Spaces With At Least One Usual Resident			
No Bedrooms	0%	0%	0%
1 Bedroom	5%	8%	12%
2 Bedrooms	21%	27%	28%
3 Bedrooms	41%	45%	41%

⁸Source: Rutland Census 2011 Report

4 Bedrooms	24%	15%	14%
5 or More Bedrooms	9%	4%	5%

Within Rutland there are higher levels of rooms and bedrooms per household than in comparison to data for the East Midlands and England, but on average showing similar numbers of people per household as shown in the table below.

Average Number of Persons, Rooms and Bedrooms per Household⁹

	Rutland	East Midlands	England
Persons per household	2.3	2.3	2.4
Rooms per household	6.4	5.6	5.4
Bedrooms per household	3.1	2.8	2.7

The numbers in respect of persons per household and rooms per household haven't changed with any significance since the 2001 Census. Data on the number of bedrooms per household does not appear in the earlier census.

Occupancy Rating of Bedrooms¹⁰

Occupancy Rating	Rutland	East Midlands	England
+2	53.1	38.8	34.3
+1	31.0	36.1	34.4
0	14.6	21.9	26.5
-1 ¹¹	1.2	2.8	4.1
-2	0.2	0.5	0.7

Rutland has the highest percentage of households in the country with a rating of +2, which means households have 2 or more bedrooms than are deemed necessary for the number, age and relationships of household members, suggesting that the need for smaller sized homes outweighs the availability.

The most recent SHMA highlights that Rutland has a strong housing market, but one which is challenged by affordability issues, a housing stock with more bedrooms than need warrants, and an ageing population. Further information on this and its implications is in the Housing and Homelessness Strategy and in the Strategic Housing Market Assessment.

5.2.4 Age of housing and maintenance

The age and condition of properties has an impact on the availability and suitability of properties for older people. This can affect the maintenance and general upkeep required by the tenant or owner, as well as how suitable the property is to be sufficient to meet a person's needs, or be adapted in order to do so. Where a property is not maintained due to hazards, repairs or damp this can have an impact on a person health.

⁹ The definition of a room does not include bathrooms, toilets, halls or landings, or rooms that can only be used for storage. All other rooms, for example, kitchens, living rooms, bedrooms, utility rooms, studies and conservatories are counted.

¹⁰ Source: Rutland Census Report 2011

¹¹An occupancy rating of -1 implies that a household has one fewer bedrooms than required, whereas +1 implies that they have one more bedrooms than the standard requirement.

The table below summarises key findings of the private sector stock and the types of indicators which affects properties.

Indicator	Rutland	Private Sector Stock	
		Rutland %	2011 EHS England %
No of private dwellings	14,320 ¹²		
All Category 1 hazards	2,450 ¹³	17%	17%
Falls	1,486 ¹⁴	10%	10%
Disrepair	1,019 ¹⁵	7%	11% ¹⁶
Damp	466 ¹⁷	3%	4% ¹⁸

Housing and health can impact each other especially where conditions of a property are noticeably affecting a person's health and wellbeing. The Council recognises the threat cold or damp homes can pose to vulnerable people, through depression, stroke, heart disease and pneumonia. These can contribute to excess winter deaths and the need for acute services, such as hospital admissions.

The number of falls recorded can be across different types of accommodation and tenures and for a number of different reasons other than the property being unsuitable. The design, layout, and risks inside the property are not the only contributing factors for people having falls in their home. Other factors include a person's general health and wellbeing and any symptoms associated. Data on falls is in Appendix 2. Further data collection will be carried out through the Better Care Fund programme.

The Council prioritises the reduction of fuel poverty, to help residents save money through reducing carbon emissions and encouraging them to switch to better energy deals. It is also a priority for the Council's Housing and Homelessness Strategy and Private Sector Housing Renewal Policy.

There are energy inefficiencies in some older properties due to the cost of central heating and those properties in rural areas of Rutland where properties are not on gas. 98% of properties in Rutland do have central heating, with c250 homes across Rutland that do not.

There are no areas of private sector housing in Rutland which are in need of area based improvement.

The Council transferred its housing stock of 1,242 dwellings to Spire Homes on 9 November 2009, following an evaluation of options for bringing the dwellings up to the Decent Homes Standard. The sale price Spire had to pay for the homes took into account the future income from their continued use as social rented housing and the amount of work which needed to be carried out to improve the properties.

The vast majority of the other housing association properties in Rutland are new builds constructed from 1980 onwards and are generally in good condition.

¹²CLG Live Table 100, 2015 plus private sector completions from AMR 2015/16.

¹³i.e. Bands A to C, Private Sector House Condition & Energy Survey Report 2005 draft.

¹⁴Rutland average across 2005 survey area for moderate & severe risk.

¹⁵Decent Homes definition for Rutland, BRE 2007 model, HI4EM table, adjusted to current stock levels

¹⁶English Housing Survey 2011, Annex Table 3.16, 'substantial disrepair'

¹⁷Rutland average across 2005 survey area for moderate & severe risk

¹⁸English Housing Survey 2011, Annex Table 3.16, 'damp in one or more rooms'

There are a relatively small proportion of housing association properties which some tenants may still find unsatisfactory. These are addressed in more detail in the Council's Home Energy Conservation Act Progress Report 2017: (<https://www.rutland.gov.uk/resources/assets/attachment/full/0/35604.pdf>).

Vacant Housing

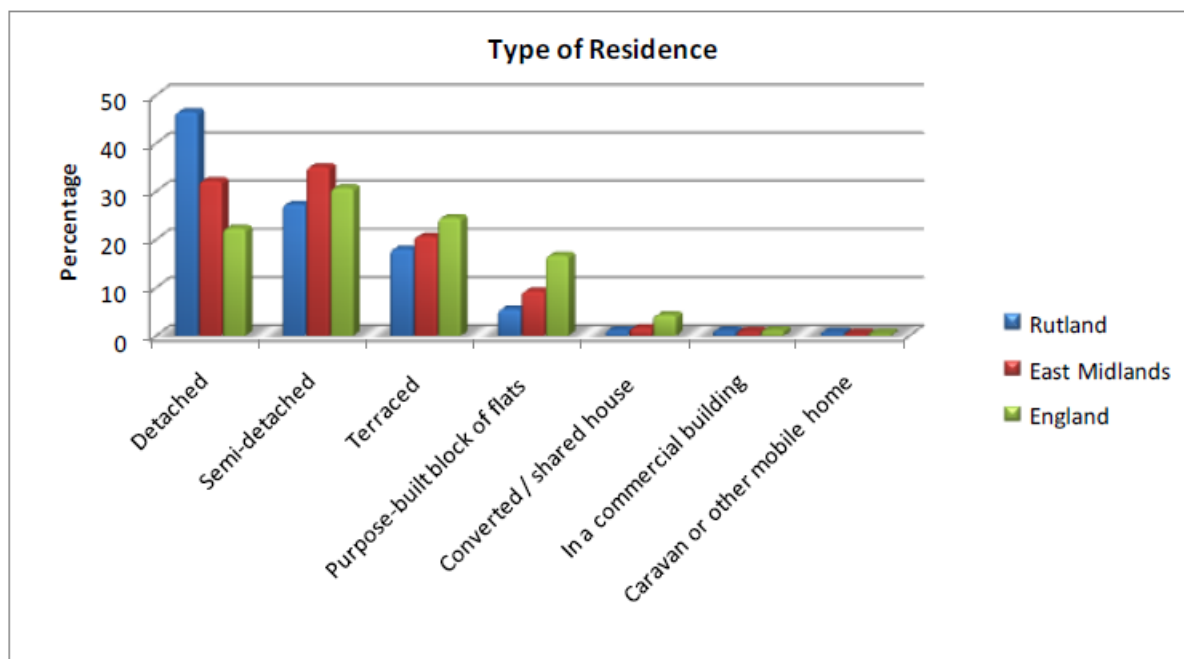
The Housing and Homelessness Strategy 2017-22 contains a target to reduce the number of properties vacant in Rutland for more than 6 months by 15% between 31st March 2016 and 31st March 2019. The Council's Empty Homes Officer works actively with owners and partner agencies to bring empty properties back into use. As of June 2016, there were a total of 189 long-term empty homes in Rutland; the number as of January 2018 was 123, a reduction of 35% over the 18 month period although this did include demolition of several groups of housing. The overall figure will fluctuate on a monthly basis.

5.3 Current housing provision for older people

Household Stock

There were 16,850 dwellings in Rutland in 2016. Rutland is part of a Housing Market Area (HMA) which consists of South Holland, South Kesteven and Peterborough local authority areas. A Strategic Housing Market Assessment (SHMA) was carried out in 2014, with the overall figures for market and affordable housing updated in March 2017. The SHMA 2014 found that 70% of properties in Rutland were owner-occupied, 11% were social rented, and 16% private rented.

The type of residence table below shows that Rutland has a much higher proportion of detached houses (or bungalows) than in the region/nationally, and a much lower proportion of semi-detached houses, terraces and flats/maisonettes/apartments.



The numbers in respect of persons per household and rooms per household haven't changed with any significance since the 2001 Census. Data on the number of bedrooms per household does not appear to have featured in the earlier census.

Privately rented accommodation

The total number of private rented accommodation in Rutland is 2696 (16% of total dwellings). The number of these occupied by older people over the age of 65 is not known.

Specialist Housing

There are 3 main types of specialist housing for older people: sheltered housing; extra care housing; and residential care.

Sheltered housing

Within Rutland there are currently 4 housing associations offering sheltered housing. Sheltered housing provides specialist accommodation and housing support, mostly through a dedicated development of flats with a mixture of tenure and a variety of care and support options. Social housing provides a total of 547 properties to those over 50 in Rutland at present, ranging from 1 to 2 bedroom flats to 1 to 2 bedroom bungalows. The level of housing support provided to individual tenants varies according to whether there is an on-site scheme manager, as well as the needs of the individual tenant. Most schemes incorporate a community alarm service which enables tenants to call for support in emergencies, but no on-site support/care service.

Within Oakham there is also now a McCarthy & Stone development with 43 apartments for the over 60s with a 'House Manager' on site, effectively offering sheltered accommodation for private and shared ownership.

Extra care housing

Extra care housing is a model which enables people with a wide range of needs to remain living independently in the community, whilst being able to access care (including some night time care) from an on-site care team or other care providers. Everyone living in publicly funded extra care housing should have an assessed care need (specified minimum number of hours). Extra care sometimes provides a level of care commensurate with residential care and therefore is a direct alternative for some people. It can also be a preventative service which can prevent people going into residential care. Depending on personal circumstances and the services available locally, nursing care and end of life care can be provided in extra care housing. In addition to the provision of care, housing support is seen as crucial to help people with higher or more complex care needs to maintain their independence. The design of extra care housing takes into account specialist needs such as dementia, visual impairment and degenerative conditions. Accommodation is usually either one or two bed flats or bungalows, and tenure can vary (including rented, leasehold and shared equity options). Services users have full housing rights and security of tenure, but might be asked to complete an introductory period first. Communal facilities vary but may include a restaurant, communal lounges, community alarm and telecare, activities room and care suite. Within Rutland there is currently only one extra care housing provision.

There are a total of 29 extra care cottages at Rutland Care Village which are either rented or enable shared equity. All occupants of the cottages receive a daily courtesy call to ensure that all is well, additional support can then be purchased on an 'as and when' needs basis for either care or domestic support. The cottages are either 1 or 2 bedrooms, some with private gardens.

5.3.1 Residential Care

There are 9 care homes in Rutland, with a total of 311 beds. The 8 smaller homes have an average of 28 beds per home, and range from 17 to 46 beds; Rutland Care Village has 82 residential beds (in addition to their extra care provision), of which 30 bed spaces are block contracted to The Council. There is an average occupancy level within the homes of around 77%, but there has been a gradual reduction in some homes.

Individuals are financially assessed to determine whether they are eligible for local authority care. Of 311 total beds, 146 current service users are self-funders, and 76 are funded by local authorities (RCC: 69; other local authorities: 7) or via Continuing Healthcare (CHC) from the Clinical Commissioning Group (18). Thus, of those beds occupied, just under half (47%) are self-funder, 22% are funded by RCC, 2% by other Local Authorities and 6% by the CCG. Bed usage remained fairly stable over 2 to 3 years ago, but in the last year is now showing a reduction in permanent admissions. This is highlighted from the vacancy information from providers requested by the Council on a fortnightly basis.

The remaining 23% of beds are vacant, although there are various reasons for this including: reductions in the numbers of people requiring residential care; difficulties ensuring sufficient staff to support residents; rooms designed to accommodate couples occupied by one person; and refurbishment of homes making some beds unavailable.

Rutland has an average residential bed capacity which is similar to that in other local authorities across England when adjusted for population. However, in terms of nursing care beds Rutland's figure is significantly lower than other local authorities and England comparisons. As of 15/12/17 Rutland's nursing care bed capacity was 130, equivalent to only 60% of nursing beds available in other local authorities (218) and 62% of nursing beds available across England (210) if these were scaled to the same size population as Rutland¹⁹.

In 2017/18 the average stay in residential care homes was just over 2 ¼ years (c.117 weeks). In 2016/17 the average stay was just over 18 months (c.84 weeks) and for 2015/16, local authority funded residents were in care homes for an average of over 2½ years (140 weeks). Going back around six years, the average length of stay in care homes was slightly higher still – 151 weeks in 2010/11 and 180 weeks in 2011/12. Thus, whilst there has been an increase in length of stay in the last year, taking a longer-term view the trend indicates that people are spending less time in residential care; down by almost a quarter (23%) between 2010/11 and 2017/18. The more recent, year-on-year increase is due to the number of people living longer with more complex needs requiring a higher level of support, including nursing support.

What the data also shows is that the trend over recent years indicates that permanent admissions are now more likely to be for nursing or more complex needs than in previous years, yet there are significantly fewer nursing care beds available in Rutland than in other local authorities and across England.

¹⁹ Source: CQC local system reviews 2017/18 Local authority data summary: Rutland

Despite an increasing ageing population, the drive to keep more people in their own homes for longer, suggests a future trend whereby people will have shorter stays in care homes, but with greater support needs, including nursing provision.

5.3.2 Domiciliary Care

Currently there are 68 people over the age of 65 receiving domiciliary care commissioned by the Council. The figures for those receiving support privately is not fully known yet. Based on CQC provider information returns, as of 15/12/17, those self-funding domiciliary care agencies equates to approximately 56%²⁰ of the total care packages provided by domiciliary care agencies. This would mean there are a further 87 packages of care commissioned privately within Rutland²¹.

Domiciliary care is an indicator of the health and social care needs for people living at home. This includes the increasing number of complex care packages which require a higher level of support from both health and social care providers.

The Council have seen a gradual increase in the number of long term domiciliary care packages due to complex needs being supported at home with the appropriate support provided to meet both the health and social needs of service users. Typically, on average a service user receives 15 hours of support a week. However, those requiring more intense support are on average receiving 35 hours of support each week to assist with managing day-to-day aspects of life.

5.3.3 Current pathways and access to housing and housing support

There are a range of accommodation and housing support services within Rutland to help older people maintain their independence and avoid residential care. The current nature of these services is outlined below. This list does not include care services such as day care or community transport; which also play an important role alongside support services in helping older people to remain in their own home, but fall outside the remit of this market position statement.

Information and advice services

Older people in the county have access to a range of information and advice sources, to inform their housing and support choices, including:

- Rutland Information Service: an online resource directory.
- Advice provided by the Council on housing options through a range of housing professionals, including Housing Options Officers. Information within the Council's Housing Allocation Policy sets out how the Council's Housing Options Team prioritises and nominates applicants from the housing register to housing associations and other providers of affordable housing. A points based system is used and is reviewed regularly to ensure that it remains responsive to the need of the local community and promotes fairness.
- Advice and support from a variety of voluntary organisations, such as Age UK, and many others.

²⁰ Source: CQC local system reviews 2017/18 Local authority data summary: Rutland

²¹ A number of provider information returns have been excluded from CQC analysis due to invalid information supplied or because the location has since become inactive.

- The Rutland Community Wellbeing service offers information, advice and support in relation to housing and older peoples support.

Disabled Facilities Grant (DFG): The DFG is administered by local authorities and can support older people who are tenants or owner occupiers to have adaptations to their home. Disabled Facilities Grants are now a component within the Better Care Fund: a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

Previously the DFG has not been used sufficiently due to people being means tested, and the implications for self-funders. In 2016/2017 there were 18 mandatory DFG for people aged 60 or over. However, this changed in 2017 and is currently being used more effectively. The forecast total number of mandatory grants to be completed 2017-2018 is 20 but this is subject to change due to actual numbers of grants throughout the financial year.

Housing and Prevention Grants (HaPs)

The HaPs are non means tested grants up to £10k for those living with disability. The Grants are to support people to sustain their independence, reduce hospital admission or accelerate discharge, and reduce carer strain. These grants are for adaptations to properties to support access and suitability through appropriate adaptations such as level access showers and stair lifts.

Housing MOT

A Housing MOT is a home check service delivered across Rutland which provides information, advice and support to help people to maintain their independence and live as safely as possible in their own home for as long as they choose.

At the home visit, an assessment of the property and individual needs will be carried out, which includes discussions about:

- general wellbeing;
- How you are managing in your home;
- Falls Prevention;
- General housing conditions;
- Alternative housing options;
- Minor and Major Adaptations;
- Assistive Technology;
- Minor Handyperson Works;
- Warm Home/Energy Advice and Support; and
- Eligibility for Welfare Benefits and Grants.

Assistive technology and telecare: This is equipment that helps people carry out their daily activities and manage more easily and safely in their home environment. This includes electronic medicine dispensers, memory prompts, specially designed telephones or remote controls, and wrist or necklace alarms. It also includes equipment that can detect potential hazards such as a flood.

Telecare aids, such as pendant alarms and sensors, can detect if the person has fallen or there are other hazards such as smoke, floods or gas leaks. They alert a monitoring centre

where operators arrange for someone to come to the person's home or contact family, a doctor or emergency services.

This service is available to people who have been assessed as needing equipment as part of their social care assessment. To be eligible the person will have a physical or mental impairment or illness that impacts on their wellbeing and affects their ability to achieve specific outcomes / daily activities in relation to the Care Act. The service is designed to be preventative. People are also able to purchase equipment privately with the provider carrying out an assessment where required to identify further equipment to support or alternative equipment which will be more effective in supporting someone to remain independent.

5.4 Appropriateness of housing stock to meet needs and demand

5.4.1 The range of housing that can be adapted

In many cases, adaptations can help people to maintain full lives in their own homes for as long as possible. It is important to assess the needs of the individual, including whether the adaptation is 'necessary and appropriate' for the individual and will have a positive impact on their independence and wellbeing. If the adaptation is to receive public funding, it must also be 'reasonable and practicable' to carry out and be cost effective.

Adaptations can range from handrails, through mid-price items such as stair-lifts and level access showers and occasionally up to more extensive work such as extensions or through-floor lifts. Within Rutland most properties can be adapted dependent on the need and type of adaptation required. It is possible to adapt older housing and those that are classed as listed buildings, but this can sometimes be more difficult and some of the more extensive adaptations may not always be practicable. Dwellings built in the last 15 years or so are generally more accessible due to changes in Building Regulations.

5.4.2 Health and Social Care Indicators

Housing and health often become intrinsically linked with ageing and, as the majority of the population continues to live longer, this will also present a continuing increase in the demand for quality housing and care solutions countywide. This includes increased levels of isolation as single person households of older people increase.

Another health and social care indicator is the increasing number of people with a long term condition and/or physical disability where the property needs to be suitable to meet a person's needs and enable them to remain independent.

Rutland Joint Strategic Needs Assessment (JSNA), the Adult Social Care Market Position Statement, and the Strategic Housing Market Assessment provide key information about older people's housing, health and wellbeing from which local demand profiling of the county's older community and their service needs must be drawn.

5.4.3 Projections and gap between these and current stock

Over the next 10 years, there is a projected reduction in the working age population in Rutland and a significant increase in older people aged 65 and over, and particularly for those aged 85 and over.

As shown below, the number of over 65s in Rutland is projected to increase by around 1,600 people between 2017 and 2025.

Population Projections for 65 years and older Rutland (2017-2025)²²

Year	2017	2018	2019	2020	2021	2022	2023	2024	2025
90+	500	600	600	600	700	700	700	700	800
85-89	800	800	800	900	900	1000	1000	1000	1100
80-84	1300	1400	1400	1400	1500	1500	1600	1700	1800
75-79	1800	1800	1900	2000	2100	2300	2400	2400	2400
70-74	2500	2600	2600	2600	2600	2500	2500	2400	2400
65-69	2600	2600	2500	2400	2500	2500	2500	2500	2600
65+	9500	9800	9800	9900	10300	10500	10700	10700	11100
85+	1300	1400	1400	1500	1600	1700	1700	1700	1900
Cumulative Change (65+)	-	300	300	400	800	1000	1200	1200	1600
Yr-on-yr change (65+)	-	300	0	100	400	200	200	0	400

Amongst this group – the over 65s – the increase will be greater in the older groups, with the proportion who are aged 80 and older rising from just over a quarter (27%) in 2017 to more than half (59%) in 2025. Conversely, the proportion of those aged 65-69 years is projected to decrease, dropping from 27% (2017) to 23% (2025).

Percentage share of 65 and over by age band²³

age range	2017	2018	2019	2020	2021	2022	2023	2024	2025
90+	5%	6%	6%	6%	7%	7%	7%	6%	7%
85-89	8%	8%	8%	9%	9%	10%	9%	10%	10%
80-84	14%	14%	14%	14%	15%	14%	15%	16%	16%
75-79	19%	18%	19%	20%	20%	22%	22%	22%	22%
70-74	26%	27%	27%	26%	25%	24%	23%	22%	22%
65-69	27%	27%	26%	24%	24%	24%	23%	23%	23%
65 +	100%	100%	100%	100%	100%	100%	100%	100%	100%

As people live longer, the Council expect to need more supported living and respite care services as work to keep people in their own homes for longer before they move into alternative accommodation such as sheltered or extra care housing, or residential care homes.

The number of people accessing social care interventions and the issues affecting residents of all ages which may affect housing support and accommodation needs are outlined in Appendix 1.

²² Source: ONS 2014-based population projections.

²³ Source: ONS 2014-based population projections.

5.4.4 Current housing development

There are two proposed developments in Rutland which will impact on the available provision of older person's housing:

- Larkfleet CCRC has planning permission for 66 independent living units, 52 assisted living units and a 60 bed nursing home.
- McCarthy & Stone is currently constructing a further development in Oakham, consisting of 56 assisted living units for private or shared ownership.

The provision of affordable assisted living accommodation is only likely if revenue support towards service charges could be provided, due to the limited scope of Housing Benefit.

5.4.5 Need for Specialist Housing for Older People 2016-25

The Strategic Housing Market Assessment (SHMA) 2014 recognises that a large proportion of older persons are owner-occupiers who will be able to access specialist market housing given the levels of equity built up in their existing homes. The key assumptions are:

- 125 people per 1,000 population aged 75 and over will require specialist housing for older persons; and
- Tenure split of 25% social/affordable housing and 75% market (including shared ownership).

The SHMA 2014 found a need for 24 additional specialist dwellings for older people per year from 2011-36. Bearing in mind the limited additional provision prior to the recent developments listed above, it is reasonable to multiply this by 14 (i.e. on a 2011-25 basis) in order to provide a remaining need for 2016-25. This is 336 specialist dwellings (not allowing for recent provision).

With regards to current developments, and predicted need there would still be the potential for c19 extra care or sheltered housing opportunities based on the projected need of older people. The additional need for specialist housing could be met through potential vacancies as a result of throughput within these areas and does not include the private housing stock. Bearing in mind the recent and current development has been of private ownership accommodation at market rates; the need will be for affordable housing.

Current services could be evaluated to consider the outcomes achieved and implications for future investment.

5.4.6 Need for Residential or Nursing Care for Older People 2016-25

The number of older people residing in residential or nursing care (both in Rutland or placed out of county) in 2017/2018 was 131, equivalent to 1337 per 100,000 population. Applying the same rate of throughput and the increase in future population projections, there is an estimated increase to 148 people residing in residential or nursing care in 2025.

The in-county provision has an average 77% occupancy rate, with a number of people placed out of county; either in order to meet specific needs or due to personal choice. The 2017/2018 data shows that 31% of placements were out of county.

Ideally, greater numbers of people would remain local. Accounting for 6% of the increase in older population over the next 7 years and taking into account current developments in Rutland and average occupancy rates in care homes, future residential needs could be met by the

current care homes and future developments already planned. Together these total 371 beds, with the remaining beds available to self-funders.

The table below shows the indicative need for additional specialist housing for older people in Rutland as of May 2018.

	Total beds	Total increase in need 2016-25	Pending developments	Predicted gap 2016-25	Of which, remaining affordable additional need 2016-25
Residential or nursing care	311	148	60	0*	-
Specialist housing	576	336	221	19	84**
TOTAL	887	484	281	19	84

*Due to current vacancy rates within care homes there would be sufficient capacity to meet the projected need.

**25% of 336. (This does not allow for 2 outmoded and under-occupied housing associations sheltered housing schemes demolished between 2011 and 2018 which had not been meeting need in an effective way.)

5.5 Issues to Consider

5.5.1 Geography

The rural nature of the county and spread of the population means that suitable housing options should be available across the county and not purely within the two main towns of Rutland – Oakham and Uppingham. It is impractical to provide one of everything across every village and town in the county, but the Council do need to find ways of providing housing options across the county. Due to the size of the county with only two towns it is important to offer residents of Rutland a choice as to where they want to live and the suitability of properties available. Within Rutland people may live in their local communities and villages for many years and to ensure people can retain their independence they should be offered a mixture of available options as to the location and suitability of properties as well as adapting current homes where possible. This also ensures that people can stay within, and be part of, their local community as desired.

Transport options within villages need to be considered when looking at potential development areas to ensure people can maintain their independence in the community and with accessing services outside of the village they live in, including access to health and social care services.

In relation to health services, Leicester, Leicestershire and Rutland (LLR) currently have a traditional model of planned care where the majority of activity takes place in acute settings with face-to-face follow ups. This model is reliant on patients travelling to one of the three Leicester City based sites and is often hampered by pressure of emergency demand. There are some outpatient services delivered from the community hospital in the county.

LLR Sustainability and Transformation Plan (STP) outlines the proposals for developing local health and social care services over the next five years, including new models of integrated community care that is accessible in people's local communities. The proposal is subject to formal consultation and will see Rutland Memorial Hospital becoming a hub for health and

adult and children social care services. This will include increased planned care outpatient, therapy services, diagnostics and well-being services which will integrate with a GP led evening and weekend urgent care service for the people of Rutland. A feasibility study, designed to ensure the provision of health and social care services for the expanding population of Rutland and exploring options for further health and social care integration, underpins the vision for the hospital. The inpatient beds will close and provision will be available for local patients within a patients' own home using the Home First model, the Intensive Community Support (ICS) service or, where necessary, in other local community hospitals.

A draft STP, published in November 2016, builds on the work of the Better Care Together Programme and is shaped to respond to the challenges facing health, adults' and children's social care services across LLR and in particular, "how services can be changed for the better to improve care and the patient experience, while addressing the problem of demand for services continually outpacing the resources available".

Details of the STP can be found at www.bettercareleicester.nhs.uk

Rutland residents also travel outside of LLR to access outpatient services from other neighbouring authorities including Peterborough and Cambridgeshire, Northamptonshire and Nottinghamshire.

Transport to access services is an important factor when considering appropriate development sites to ensure more rural areas can still access services across the county. Due to the county's rural nature, residents without transport or with limited mobility may struggle to access essential services, including healthcare provisions such as doctor's surgeries and dental facilities- impacting on health and wellbeing. This is particularly true for those residents without a doctor's surgery and dental facilities within walking distance, who require hospital treatment outside of the county or wish to visit a family member in hospital. Such barriers can also impact on residents' ability to visit family or friend and, as a result, residents of all ages are at risk of social isolation, potentially impacting on both independence and mental health.

These barriers are exacerbated by a lack of knowledge of what transport provisions exist meaning that even where transport provision is in place people may remain isolated due to a lack of knowledge of its existence.

Cost of transport can impact access to services where people are required to pay but this reduces as a person becomes older and where they are eligible for transport support services. Currently a free travel pass is available for Rutland residents and eligible for a state pension and these passes may also be used to claim a 50% discount with the Community Car Scheme operated by Voluntary Action Rutland. Anyone over the age of 60 can purchase a senior railcard which allows them to purchase fares with a third off the original cost.

Although the travel discounts support older people it can be difficult in relation to the times and availability of services, where services change and how these are communicated to the public. In particular, bus routes across Rutland are subject to change due to demand so where there is limited use of these services routes may alter, then impacting on the accessibility of services across Rutland and neighbouring counties.

The Local Transport Plan 3 (LTP3) covers the period 2011 to 2026 and sets out the Council's transport vision for Rutland for that 15 year period, the transport challenges faced, and how the Council propose to address them.

Details of the LTP3 can be found at <https://www.rutland.gov.uk/my-community/transport/transport-strategy/>

The Council are currently refreshing the Local Transport Plan which is due for publication in winter 2018 following public consultation in spring 2018.

5.5.2 Choice

It is important to offer different options in relation to the type of housing available so that people can choose what type of property or accommodation is suitable for them both for now and in the future. This includes, for example, the options for downsizing to a one or two bedroom flat, bungalow or house, or moving to sheltered or extra care housing. People will need to have sufficient information available in order to consider the financial and physical implications of each type of housing and how suitable it is to meet their needs.

5.5.3 Resources

The reduction of funding across the public sector and the impact this has on local authorities means that the Council need to focus more on services to prevent escalation of needs, but within the current level of spend (or less).

Many of the partners the Council co-commission with are not co-terminus and so the Council has to consider how to get the best for Rutland out of services that cover a much wider area and are not necessarily focussed on the County's specific needs.

The relative affluence of the county means that people may often self-fund initially but then need to move to state funded services – particularly as they live longer - and the Council need to help them understand the implications of self-funding, how to get best value for their money and then support the transition where they move to state funded services. It is important that providers support us to provide services to those state funded individuals and do not focus solely on the affluent self-funders to the detriment of others. This is particularly the case with residential care homes and domiciliary care services, the Council could easily end up with two different quality tiers of provision. It is essential that the Council work to ensure that the quality of care provided is consistent regardless of the funding route.

Current and future providers will need to work in effective collaborative partnerships formed between the Council, statutory health service providers, and a wide range of others to meet the challenges associated with the housing needs of Rutland's older population.

Individuals should be supported to make use of resources available in their current home where it is suitable, including the use of DFG and assistive technology, in particular where a move to an alternative form of accommodation could affect their health and wellbeing. For example where an individual has a visual impairment or dementia suitable equipment and resources should be in place at the current home prior to making a change in the environment which can further impact on the condition.

6. What does the information tell us?

In terms of Rutland needs the data shows that:

- a) There are significant numbers of larger 3+ bedroom properties but there is an **insufficient number of smaller 1 to 2 bedroom properties in the private sector for people to be able to downsize later in life to continue living independently.** This includes the market for affordable 1 or 2 bedroom flats and 1 or 2 bedroom bungalows which are already adapted, or can be adapted, to meet needs.

- b) **There is insufficient affordable housing for older people in Rutland** across a mix of tenures in order for people to make a choice about their accommodation later in life. There also needs to be sufficient information and resources available to support older people to make informed choices about what is suitable for them to meet their needs both physically and financially and which will remain suitable as they age.
- c) **The number of people over 65 in Rutland is set to significantly increase over the next 10 years** and therefore the Council will need to consider the housing options and services required to ensure people's independence, health and wellbeing is maintained in a home of their choice, and that there are appropriate levels of support available to individuals as required.
- d) Although there are currently sufficient residential beds within care homes in Rutland the figures show that **more people require a higher level of support due to complex needs**. Therefore the Council will need to work with providers to ensure they are able to support a person's needs safely and appropriately with staff receiving more specialised training and with health involvement where necessary. There will also be a need for further nursing homes and care placements as people's health needs increase, requiring nursing care with appropriate levels of trained staff and nurses to support.

6.1 Current Priorities

The Council have a number of key areas of focus in Adult Social Care that will continue to be built on going forward:

- a) **Prevention & Early Intervention**
Improving early multi-agency responses to people to prevent the need for care and support and to prevent escalation of needs. In relation to older people's housing this includes being able to provide advice and information on the type of housing support that is available and enabling people to make informed choices about their current and future housing options at the earliest point possible. This will assist to reduce the number of people accessing services at crisis point and the need for acute services such as hospital or residential admissions.
- b) **Supporting older people to live independently for longer**
Delivering services to older people where they live, providing care and support that maintains independence and reduces social isolation. This includes ensuring there is sufficient choice and supply of appropriate housing, including specialist services and adapted accommodation, to older people within Rutland.
- c) **Helping people to help themselves**
Providing easy to access advice and information so that people can make decisions about their housing options themselves. By ensuring a sufficient supply of alternative options for housing, people are able to decide what is suitable for them both now and in the future. This not only assists with managing properties in terms of finance and maintenance but also in terms of practicality in the future when needs may change.

6.2 What the Council will do?

Rutland County Council continues to seek to implement innovative ways of supporting people to remain independent for as long as possible and to reduce the number of people being admitted to hospital or residential care. In order to do this the Council need to engage with stakeholders to understand how peoples' needs might be met both now and in the long term. This includes considering further housing options for older people and the impact of these including:

A. Supported living schemes

Supported living schemes are services that support independent living made up of suitable or adapted accommodation – which can be a person's home – and some forms of personal care. Some supported living homes may be shared by two or three people with similar conditions, such as a substance misuse problem or a particular disability. Staff will usually visit the home to provide motivation, such as encouragement at the start of the day and to access the community or work and support to carry out tasks such as shopping, housework and repairs, and provide help with administrative tasks or personal care, if required.

Supported living schemes maximise the potential of existing supported housing for older people by building links with the local community, and encouraging use of communal facilities by local people.

Investing with further supported living schemes will enhance community inclusion and reduce isolation amongst older people but most importantly encourage people to maintain their independence and learn new, or develop further, existing skills.

Currently there are no supported living schemes for the over 65s in Rutland but with the population increasing by potentially 2000²⁴ by 2025 there are significant opportunities for providers to focus on and to develop different types of supported living services. Providers could develop supported living accommodation consisting of both multi-occupancy dwellings, particularly taking into account couples remaining together or single occupancy homes.

B. Shared lives schemes

Shared Lives schemes are designed to support adults with learning disabilities, mental health problems, or other needs that make it harder for them to live on their own. The schemes match an adult who has care needs with an approved Shared Lives carer. These carers share their family and community life, and give care and support to the adult with care needs.

Shared Lives schemes, also known as adult placement schemes, offer an alternative to traditional kinds of care, such as care homes. Taking into account the increase in the older population and the approximate number of people who could support the Shared Lives schemes this could support 2% of the increase in older people's population by 2025; meaning 40 people could be involved within a Shared Lives scheme living at many different locations.

Currently Rutland does not have any Shared Lives schemes and we would be interested in developing this offer within the county, including the development of shared lives carers and maintenance of the database and marketing of such opportunities to families in Rutland.

²⁴ This figure is based on estimated projections of older people aged 65 or over from 2015-2025 and is subject to change based on actual figures and future demand.

C. Building new homes

Further homes are required that have already been adapted, including 1 and 2 bedroom bungalows. By increasing the number of adapted, smaller properties this will allow more choice for people to downsize and manage living independently for longer and where these adaptations can meet a person's need.

The Council would be interested in supporting providers to design dementia-friendly homes using the dementia-friendly housing charter which seeks to make the housing sector aware of the challenges of living with dementia so that it can improve home environments for people with the condition.

D. Supporting local residential care homes

Although vacancies are increasing, the number of available placements for those with complex needs is decreasing. The Council will continue working with in-county providers to ensure there is sufficient placement opportunities for those with complex needs. This ensures people have a more fulfilling life with the appropriate level of support and expertise by specially trained staff.

The Council understand the risk to the current market and local residential homes were further providers to develop homes in Rutland. The Council will manage and support current local providers to mitigate the risk of sustainability of service provision both now and in the future.

E. Building further extra care and sheltered housing developments

By increasing the supply of extra care and sheltered housing developments a person is able to remain independent in their own home. This also reduces the number of people requiring residential care when they only have a low level of support need due to having staff on site to support as assessed.

The Council would be interested in opportunities for transformational projects that develop sheltered housing, and which aim to increase the ability to maintain people with high care needs in their home. Such projects are already in development for service users with Learning Disabilities.

F. Offer more suitable options and advice

By increasing the available options for people who may want to move to a more appropriate property, or who may want to downsize, encourages people to decide what is suitable for them to remain living independently, both now and in the longer term. The advice given can be essential for people to understand the options available and what may best meet their needs and preferences.

This type of support should offer specialist information and advice relating to property sales and purchases including where to start, the fees involved, what options are available when purchasing an alternative property, or the considerations for renting. It is important to review existing and planned information and advice services for older people to ensure they are able to make an informed choice and navigate service provision effectively.

The Council would be interested in working with private providers including estate agents to understand how best to provide information and advice on housing to older people and in what formats are suitable.

G. Joint working with housing providers

The Council will work closely with housing providers to further understand capacity in the market for current and potential development opportunities. This can ensure the Council is

able to understand what issues there may be around capacity for current properties and where there is a significant shortfall in suitable options and alternatives. This also assists with understanding what housing options are required on a long term basis and where future development opportunities could be available.

In order to work with providers effectively, the Council will organise workshops with partners to evaluate and explore housing options for older people.

Joint working also ensures that the design and delivery of services is appropriate for specific needs such as dementia; this includes increased awareness of dementia needs in relation to scheme design and staff training across services.

6.3 Market Development

Rutland County Council and our partners have a role to facilitate a strong marketplace for the provision of housing and accommodation services. This includes services such as sheltered housing, extra care housing and retirement apartments.

The Council will look at new methods of developing and facilitating the housing market to build on our current position. The Council will bring information known about population and demand of service users and carers into a dialogue with providers about investment and risk, and ask that providers bring information about trends, demand and capacity. The aim is to encourage and support providers to shape their services to the needs of customers and to demonstrate good outcomes and improved models of practice.

The Local Plan will also support market development as it sets out the Council's planning policies for Rutland currently for the period to 2026. It comprises three documents:

- Core Strategy Development Plan Document which sets out the vision, objectives, spatial strategy and the Council's planning policies for Rutland
- Site Allocations and Policies which allocates sites for development and the planning policies for Rutland
- Minerals Core Strategy and Development Control Policies DPD which sets out planning policies for minerals related development in Rutland

The Council are reviewing and updating the plan in summer 2018 to extend the period to 2036 and to combine the three documents into a single Local Plan. As and when this is adopted this Market Position Statement will be amended to reflect the policy.

6.3.1 Engaging Service Users

The terms service users refers to all those using services and those interested in housing provision in Rutland.

Engaging with service users, families, and the wider public is crucial to understanding the type of accommodation older people feel is required across the county- including the type and size of the property and the tenure available.

The Council intend to hold an engagement event with service users, families and the wider public to understand the issues with the current market and how these can be improved or addressed in the future.

6.3.2 Engaging Providers

Provider engagement is a vital component of successful market development. Rutland relies on a mixed economy of providers which include private sector, and voluntary and community

providers. The creation of innovative and flexible support services requires the input of providers who can bring fresh ideas and experience of service development to discussions.

The Council will further develop a formal structure of meetings and consultation with both representatives and individual providers. The Council will continue to develop communication and engagement methods with providers whilst acknowledging the need to operate fairly and transparently when service development and planning reaches the stage of procurement.

Greater emphasis will be given to working with providers to develop the housing market and offer people the choice of accommodation and support for later in life. Providers will need to adopt the roles of both support provision and assisting access to other support, and to do this will need to work in partnership with other providers and a range of commissioners.

The Council want to actively encourage the development of service providers over the next 7 years in Rutland in line with the Council's Local Plan, and will be working with those businesses to decide how best they can be supported within the resource boundaries the Council have.

6.4 Developing Quality

The Council are committed to reviewing and developing quality in all the services that are currently commissioned.

The Council will ask providers to shape their services to ensure the necessary information is available to allow service users to make informed choices about services and the housing options available to them.

The Council will work with providers to ensure high standards of service are provided to residents in Rutland and ensuring that the type of accommodation and support provided within this are suitable for each individual.

The Council will consider with our providers how they can be supported to improve and share good practice through a range of means, which might include provider forums, joint training sessions, and reflective practice sessions.

Part of the dialogue with providers will be horizon scanning to ensure that the Council are prepared for forthcoming changes to national policy; demand and market trends; and commissioning intentions.

The Council are developing a workforce development strategy that sets the expectations for Council staff and will look to use that in the future to set the bar with providers, further supporting providers to develop their workforce and provide sustainable services for the county.

7. Next Steps

This Market Position Statement sets out the Council's understanding of the current housing market and potential future issues and opportunities in relation to older people's accommodation. It is intended as an introduction to future discussions between service users, the Council, and current and potential providers. It is also intended that this will assist providers to think about their current business models and how they may need to adapt to meet future requirements for Rutland.

It is designed as a starting point for those with a stake in improving housing outcomes for older people in Rutland. It should encourage the sharing of resources so that ideas and innovation to help deliver new and refreshed housing choices for older people can develop.

This Market Position Statement helps to guide future investment and action planning to ensure that all of Rutland's older communities gain the health and wellbeing benefits from better housing choices. The Council's ambition is that the Market Position Statement will be a catalyst for activity to:

- Help shape both the current and future market- by increasing the supply of specialist housing for older people.
- Help shape the independent living offer – in particular to meet a growing demand for support to enable older people to remain living in a home of their own.
- Assist people to make earlier choices – too often people make housing choices at the point of crisis; choosing to move to more suitable housing earlier can help prevent the crisis from occurring.

7.1 Your views

The Council want to hear from current and potential providers and residents as the Council continue to shape and develop our services in Rutland. If you have any feedback you want to share, whether it is **good**; **bad**; or **a gap in provision**, please get in touch by filling in an online contact form at

http://www.rutland.gov.uk/customer_services/online_contact_form.aspx

Alternatively, you can contact the Council's Commissioning Officer to discuss this Market Position Statement:

Sonia Newton
Senior Commissioning Officer

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Appendix 1: Levels of social care needs

1. Currently, there are nearly 9000 people over the age of 65 in Rutland, but only c400 of those are accessing local authority funded services. If the proportion stays the same, then c568 people will need Adult Social Care interventions in 15 years' time. The Council can also surmise that as people live longer, their healthcare and support needs will increase and therefore there may be an increase in demand for care over and above the proportion Rutland currently has.
2. Projected needs data gives an indication of some of the issues that will affect Rutland residents of all ages:

Issue	Current number	By 2020, predicted number
Those unable to manage at least one domestic task unaided	3664	over 4500
Those unable to manage at least one mobility task unaided	1663	over 2000
Those unable to manage at least self-care task unaided	3017	over 3700
Those moderately or severely visually impaired	790	961
Those obese or morbidly obese	2286	2586

Appendix 2: Falls data

Although falls within the home cannot contribute to all those that are in the table below this does show the number of people over 65 predicted to have a fall and the comparison across England and the East Midlands.

People aged 65 and over predicted to have a fall projected to 2035²⁵

	2017	2020	2025	2030	2035
England	2,674,388	2,835,621	3,162,260	3,606,135	4,018,813
East Midlands	240,633	256,376	287,189	328,917	366,885
Rutland	2,545	2,693	3,038	3,491	3,865

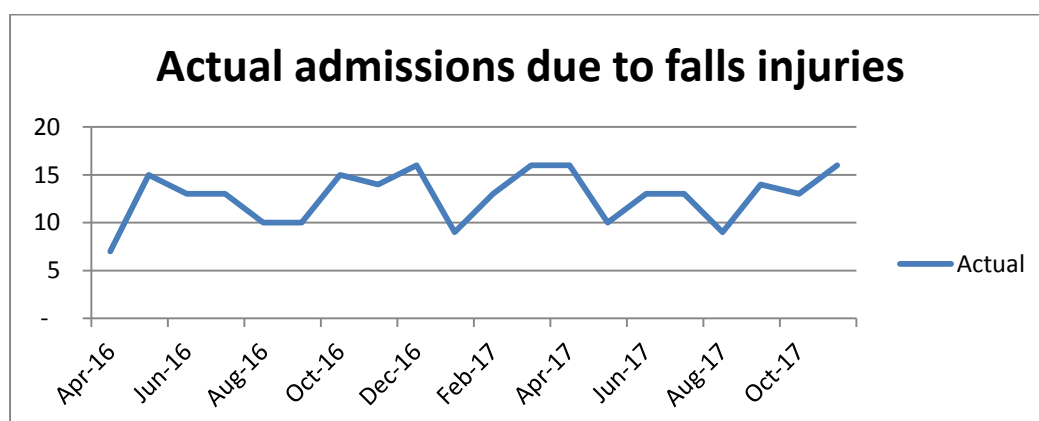
As a result of the number of falls, the number of hospital admissions is affected where possibly injury has occurred or where the fall could be the result of another health condition or symptom. These figures cannot attribute to property conditions alone but further risks of falls can be reduced, and preventative measures put in place where properties are maintained and suitable.

People aged 65 and over predicted to be admitted to hospital as a result of falls projected to 2035²⁶

	2017	2020	2025	2030	2035
England	207,100	224,376	261,869	292,586	325,936
East Midlands	18,420	20,193	23,851	26,773	29,784
Rutland	198	217	260	289	318

Actual figures below show the number of hospital admissions as a result of falls injuries for residents of Rutland throughout 2016-2017. These figures do not advise where the fall has taken place so may not be attributed to the home environment.

Monthly update	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2017-18 Q1	2017-18 Q2
Actual admissions due to falls injuries	35	33	45	38	39	36



²⁵ Source: POPPI Falls

²⁶ Source: POPPI Falls- hospital admissions