Enabling Independence

Long term housing solutions
Delivery Strategy

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

April 2013 Annual Review
Our active ageing housing programme and provision of independent living for adults with accommodation has moved ahead significantly in the last year.

A Strategic Housing Market Assessment (SHMA) was completed in 2013 and the Housing Learning and Improvement Network’s SHOP@ online analytical tool have both provided evidence of housing need for older households which has informed our Market Position Statement.

Our aim is to create inclusive communities across the City acknowledging our responsibilities within equalities and diversity. We will support people with health and disabilities acknowledging the valuable contribution which all people can make, and the vitally useful perspective we gain from ensuring that people with disabilities are fully able to contribute to achieving the future vision for the city. We will consider how accommodation must be planned and designed to meet the needs of our diverse communities now and into the future.

This document is evolving by the very nature of the context in which it is being developed. The strategy sets a clear strategic direction for the council and its partners in addressing housing and related support needs up to 2020.

This Strategy forms our Market Position Statement:-
Sunderland City Council’s aim is to increase the provision of accommodation to encourage active ageing and to respond to less active ageing. This is alongside provision of accommodation for adults with disabilities, and other alternatives to registered care.

We aspire to enable the provision of accommodation within successful partnerships with housing developers and providers. Research demonstrates that extra care housing can delay or prevent the need for more intensive forms of accommodation with support.
Adults with disabilities require a choice of accommodation to enable them to live independently with access to care and support outside of an institutionalised or shared living arrangement.

The evidence outlined in this Strategy demonstrates the specific needs and housing provision required in the City and locations in which accommodation and services could be improved.

This strategic document will be monitored on a quarterly basis with ‘delivery areas’ updated throughout the document.

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

Passivhaus bungalows at Cherry Tree Gardens, Houghton le Spring (Gentoo Group).

Developed as part of the extra care housing development with funding from the Department of Health and HCA.
Population Data 61
Down’s Syndrome 62
Autistic Spectrum Disorder 62
Current Priorities 64
Section 6 - Mental Health 68
National Context 68
Mental Health Housing and Support Pathway 68
Resources 69
What we have achieved 70
Market Position Statement 71
Section 7 – Actions and Priorities 73
Summary 76

APPENDICES
Appendix 1 – Glossary
Appendix 2 – Health Centre; GP surgeries and wellness centres map
Appendix 3 – Older Persons Key data
Appendix 4 – Consultation
Appendix 5 – Ward Map
Appendix 6 – Extra Care Housing and Sheltered Housing Map

Beckwith Mews, Silksworth, Sunderland – Housing 21
The report of Joint Committee on the Draft Care and Support Bill was published on 19 March 2013 and is positive about the contribution housing makes in delivering health and social care. In particular it recognises the importance of the availability of safe and settled accommodation to the health and wellbeing of individuals. Furthermore, it outlines that advice to assist those navigating their way through the system should include advice on housing options such as specialist housing, accessible housing and adaptations; that housing is a key partner of adult care and support in market shaping and safeguarding matters, and to aid integration, there should be a duty to cooperate with housing authorities and housing associations, such as on the adequacy of housing provision on discharge from hospital.


There are a number of changes to national government legislation and policy including: the Localism Act 2011; Welfare Reform Act 2012; a new national housing strategy, Laying the foundations: A Housing Strategy for England; Energy Act 2011; and reforms to social housing regulation. The main impacts of these changes which affect this strategy are listed below:

Flexible tenancies: introduces fixed term, flexible tenancies for registered landlords aimed at increasing the supply of affordable housing by providing social housing only for as long as tenants need it, not for life. Local authorities must agree and publish a tenancy strategy for their area setting out how social landlords should use flexible tenancies and the circumstances in which they should be reissued.

Welfare reform: has already brought in major changes to the calculation and entitlement to housing benefit:-
January 2012 – Shared Accommodation room rate changes
The age threshold for the shared accommodation rate of Local Housing Allowance (LHA) will be increased from 25 to 35 years of age. This change applies to private tenants only. This means that single claimants up to the age of 35 will have their benefit based on LHA for a room in a shared property (£61 per week) rather than LHA for a self contained one bedroom property (£99 per week). This change will apply to all new claimants from 1st January 2012. Existing claims will be moved onto the shared room rate at the next anniversary of their benefit claim.

April 2013 – Under-occupation rule in the social rented sector
Restrictions will apply to council and housing association tenants living in houses larger than they need. A 14% reduction will apply if tenants are under-occupying by 1 bedroom and a 25% reduction will apply if they are under occupying by 2 or more bedrooms. This will only affect people of working age who receive help to pay their rent.

April 2013 – Disability Living Allowance (DLA) to be replaced
DLA will be replaced with a new benefit called Personal Independent Payment (PIP). This will involve the introduction of revised assessment criteria to decide who is eligible. PIP will be for all new claimants. All existing DLA working age claimants will be reassessed.

Affordable Rent: the government introduced a new Affordable Rent model for the delivery of affordable housing from 2011 to 2015, whereby social housing providers charge higher rents, up to 80% of market levels, and use the increased rental income to support additional borrowing to compensate for reduced grant over this period. Affordable Rent will form the principal element of the new supply offer and new flexibilities will also allow a proportion of social rent properties to be re-let at an affordable rent.
**New Homes Bonus:** was introduced in the financial year 2011/12. For every new home and empty property brought back into use local authorities receive the equivalent of the annual council tax raised, together with an additional £350 for affordable units, for a period of 6 years. The scheme is part of the government’s overall strategy to substantially increase the level of house building and is intended to incentivise local authorities and local communities to accept and encourage residential development.

The Strategy highlights the key links between its themes and the ‘Caring for our Future’ consultation, through which the Department of Health sought views on priorities for social care reform to inform a White Paper in 2012. The Strategy recognises the role of good housing in supporting early intervention and prevention to maximise health and wellbeing.

The Strategy highlights the need for a wider range of innovative, high quality housing for older people, based on robust data and needs analysis, including demographic projections, profiling and equality and diversity information. This emphasis on housing needs analysis echoes, and provides an opportunity for alignment with the strengthened role of Joint Strategic Needs Assessments (JSNA’s). Developed by Health and Wellbeing Boards, and underpinning local Health and Wellbeing Strategies, JSNAs will provide the evidence base enabling partners (including Clinical Commissioning Groups, or CCGs) to set priorities and influence commissioning plans for future health and social care services in their local areas”.

“The quest for dementia friendly communities recently received a boost from the Prime Minister’s Challenge on dementia, launched alongside Alzheimer’s Society’s Dementia 2012: a national challenge.

1  
The Prime Minister’s three key areas of driving improvements in health and care; creating dementia friendly communities that understand how to help; and better research will, if adequately met, help to improve the lives of people with dementia and their carers. Alzheimer’s Society, working with the Dementia Action Alliance in supporting the development of dementia friendly communities, stresses the need to tackle the stigmatism, exclusion, loneliness, and lack of control and empowerment people with dementia currently experience but at this early stage is not prescriptive about the specifics of what constitutes a dementia friendly community.

The pressing need to address the ageing of the population and the rights of older people to continue to be active members of society have been recognised in a number of recent government documents:-

- Lifetime homes, lifetime neighbourhoods: a national housing strategy for an ageing Population
- The National dementia strategy
- Healthy lives, healthy people: our strategy for public health in England
- Laying the foundations: a housing strategy for England
- The Lifetime neighbourhoods
- The National Planning Policy Framework (NPPF)

The Housing Learning and Improvement Network (LIN) recognise the need to consider the following resources:-

- Building a sense of community: Including older LGBT in the way we develop and deliver housing with care
- Community Led Housing for Older People and the Community Right to Build
- The Dreams and Needs of Housing for the Elderly
- Housing, dementia and the Maintenance of Independence

People aged 65+ are making up the largest number of households in the future. To acknowledge this demographic priority housing must:-
• Provide a flexible, adaptable living environment to meet people’s changing needs throughout the life-course
• Be future proofed to give people more housing choice and less likelihood of having to face disruptive adaptations or unwanted moves when circumstances change
• Understand and aim to meet the housing needs and aspirations of our older communities and embrace the challenge to provide accommodation to meet the needs of our diverse older communities.

Lifetime Homes standards only meet the most important physical challenges people can face throughout their lives, such as by designing accessible movement space and entrances to accommodate wheelchairs, mobility aids and children’s buggies. Consideration should be given to designing new properties to be wheelchair accessible or easily adaptable for residents who are wheelchair users.

It has been suggested that a lack of clear guidance on how to develop lifetime neighbourhoods has been a contributory factor towards slow progress but also that it may be inappropriate to develop lifetime neighbourhoods standards in the same manner as lifetime homes standards as each neighbourhood has its own particular needs and characteristics. However, as the Lifetime Neighbourhood report says, ‘the “do nothing” option is not viable’; neighbourhoods that ‘enable and prolong an active and independent later life should reap benefits in the future with regard to reducing demand on health and social care’.  

Future housing choices must be more varied. The choice and design of housing for older people is improving, but needs to continue to improve into the future. People need the incentive and transparent information to enable them to plan their older age and consider the types of housing available to them and the associated costs for relocating and rightsizing. It is about the information people receive which clearly explains the costs associated with the accommodation and

care service – alongside the housing provision which will enable people to reach a decision to relocate.

Given the implications of Welfare Reform and exempt accommodation status for housing benefit purposes – it is equally important that enablers and developers of older persons accommodation plan ahead to meet the housing needs and aspirations of our older citizens. Consideration must be given to the types of accommodation required by older households who wish to relocate for social and wellbeing opportunities – but do not have a care and support need. Their accommodation is unlikely to be given ‘exempt accommodation’ status until care and support is required resulting in less housing benefit and a higher rental charge for them – if they are under pensionable age they will also be required to pay for a second bedroom. Planned solutions for this potential scenario must be provided.

Restaurant provision at Woodridge Gardens, Washington – Housing 21
Our Healthy City Priority is:

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

Within this Priority is a key objective which outlines:-

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

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

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

The delivery of appropriate support, tailored to meet individual needs while utilising a personal budgets approach, is key to resettlement, promoting tenancy sustainability and can, prevent the requirement to move people into residential and nursing care.
Well planned and designed extra care housing can provide a lifestyle choice to households requiring care and support at home – and those planning ahead for their older age. Outcomes demonstrate that this approach can improve health and wellbeing, which can reduce hospital admissions, readmissions, emergency ambulance calls; admissions into casualty and bed blocking.

Research undertaken in Sunderland with people who are living in extra care housing demonstrates that the accommodation is meeting the current needs and aspirations. The design of the scheme and the accommodation is enabling people to maintain their independence for longer, promoting active ageing, and giving people more choice in how they spend their time. It is clear that people no longer want to, or need to move into residential care unnecessarily.

**The Role of the Local Authority**

The approach to developing extra care housing requires the local authority to take a lead in creating partner confidence. This involves partners and financiers understanding our market demand; recognising gaps in the marketplace; understanding our strategic planning – and ultimately having the confidence to commit to funding to develop older persons housing.

The local authority needs to do more than just commission, and more than just count or predict the numbers of older people in the City. It needs to demonstrate to its partners that it has a clear Market Position Statement; an understanding of planning and design requirements; recognise which locations in the City require older person’s accommodation; which financial models may work and which tenures would be successful in different localities.

The council needs to understand local services and local issues and engage them within new developments – or provide opportunities within the design for ‘missing’ services which could enhance the local infrastructure. The local authority needs to be an advocate for the local area in which the scheme is being considered; attend consultation events; liaise with Ward Members; organise publicity and respond to public enquiries. It needs to project and risk manage;
push partnerships forward in a facilitating role and maintain a mutual trust and respect within those partnerships. All of this work is vital to enforce the confidence required to encourage developers to invest within the City. Maintaining partner's confidence is crucial to ensure that the City has an ongoing delivery programme firmly established.

Local authorities must be creative and innovative, effectively encouraging new models of delivery within existing and new partnerships and plan ahead to ensure that the accommodation with the care and support has longevity, is affordable, and continues to meet the needs and aspirations of our current and emerging ageing population.

“Making sure that there is housing suitable for the increasing ageing population in both the private and public sector is vitally important. Making sure that such housing not only diminishes people’s need for care and support but is also an attractive, desirable and financially viable option represents a significant challenge”.³

Older people may own more property, live longer and be wealthier, it does not necessarily mean that this is matched by good health or that the choices available to people in older age have kept pace with demography or incapacity. There is still a sizeable minority of people who depend on a state pension and live in family sized social rented or privately rented housing. It is estimated that 20% of general needs social housing is occupied by an ‘older householder’.

Successful partnerships; consultation with residents and the collation of robust evidence of need collectively shape our priorities and actions and informs our ‘market position’. We have undertaken:-

- Older Persons Needs and Aspirations Study
- Dementia scoping exercise (NHS and Local Authority information)
- Strategic Housing Market Assessment (SHMA)

³ Older People and Housing – Understanding demand and supply for older people’s housing, care and support – Housing LIN
It must be acknowledged that a disability is not necessarily permanent and housing solutions must be provided to address the different client groups and levels of vulnerability.

People with a disability can be supported to live independently in their own home, without the need to move into purpose built accommodation. This is particularly relevant for those people whose vulnerability is not permanent.

What this strategy aims to do is evidence current and planned housing need. We know we have gaps in our information and plan to improve our evidence of need going forward.

**We need to consider:**

- Vulnerable people may be defined within one category but they often experience multiple problems which may require different housing solutions;

- Vulnerability should not be used as a blanket approach to describe members of our communities – people can be vulnerable at different points of their lives – other people may be classified as vulnerable throughout their life, depending upon their disability

- Some groups are not seen as vulnerable - this can have a very negative impact on their ability to access accommodation

- There are limited resources and competing demand both within the provision of support, but also in the availability of appropriate and affordable accommodation

- Welfare reform and planning accommodation for individuals with a considered approach to property size and affordability for those households

- Exempt accommodation status and the need to ensure that the registered provider can commission their own care provider to deliver the care within their accommodation as required by those to be accommodated.
People being considered within this strategy include:-

- Ageing Population – active and non active
- Adults with disabilities
- Children with disabilities entering the transition into adulthood.

This strategy does not attempt to deal with the housing solutions for all members of the population, or all people classified as vulnerable. It is expected that wider housing and support solutions will be dealt with, within the Council’s Access to Housing Strategy.
| ✓ | Four extra care housing schemes developed providing 174 mixed tenure extra care properties including 7 reablement apartments. |
| ✓ | 7 Passivhaus bungalows provided as part of the extra care scheme in Houghton le spring providing high energy efficient homes. |
| ✓ | Fifth extra care development is underway in Ford Estate. It will provide 175 apartments – 17 of the apartments are purpose designed for people with a dementia diagnosis |
| ✓ | Construction work started in February 2013 to refurbish the Grade II listed building – The Orphanage, Hendon, and provide a 38 extra care scheme in the grounds. This scheme is specially designed for people with a dementia diagnosis |
| ✓ | Planning approval gained for an extra care housing scheme in Doxford Park providing 42 two bedroom mixed tenure apartments. |
| ✓ | Planning approval achieved to develop 100 apartment and 30 bungalow mixed tenure extra care scheme in Southwick. 20 specially designed apartments for people with a dementia diagnosis will be provided. |
| ✓ | Construction work commenced on site in April 2013 to develop a mixed tenure extra care housing scheme in Roker which will provide 53 one and two bedroom mixed tenure apartments. |
| ✓ | Capital bid submitted to the Homes and Communities Agency (HCA) to support development of an extra care scheme in Hendon which will provide an estimated 75 one and two bedroom rented apartments and |
| ✔️ | Capital bid submitted to the HCA to support development of an extra care scheme in Glebe, Washington. |
| ✔️ | Capital bid submitted to the DH to provide incentive fees to under occupying older house owners to enable them to relocate into more appropriate accommodation. |
| ✔️ | Masterplans for Ryhope and Seaburn both include the provision of extra care housing within the development / regeneration proposals. |
| ✔️ | Submission of a capital bid for up to £1 million to the Department of Health (DH) for capital funding to improve living environments for people with dementia. March 13 - bid was unsuccessful. |
| ✔️ | Consulted with extra care housing residents to gain feedback on the accommodation; communal spaces and living in extra care generally. The information is being used to inform designs and communal provision within new extra care schemes. |
A Strategic Housing Market Assessment was completed in 2013. Information from the assessment relating to households over 60 has been provided to demonstrate the needs of the ageing population in the City and their aspirations. Information from the Joint Strategic Needs Assessment and from our own internal data collection is provided within this section.

This section contains our demographic information which evidences the needs and ‘aspirations’ of those who want to live in the City.

**Population Data**

Latest ONS population projections (2011-based interim projections) suggest that in 2011 there were 47,108 residents aged 65 and over and by 2021 this is expected to increase by 21.5% to 57,221 (table below). This compares with an overall population increase of 3.1%. The oldest group, those aged 85+ is predicted to increase significantly from 5,250 in 2011 to 7,757 by 2021 – an increase of 47.7%.

**Ageing population projections**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number of people</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td></td>
<td>13,444</td>
<td>16,824</td>
<td>15,625</td>
<td>16.2</td>
</tr>
<tr>
<td>70-74</td>
<td></td>
<td>11,728</td>
<td>12,240</td>
<td>15,416</td>
<td>31.4</td>
</tr>
<tr>
<td>75-79</td>
<td></td>
<td>9,790</td>
<td>9,977</td>
<td>10,604</td>
<td>8.3</td>
</tr>
<tr>
<td>80-84</td>
<td></td>
<td>6,896</td>
<td>7,437</td>
<td>7,820</td>
<td>13.4</td>
</tr>
<tr>
<td>85+</td>
<td></td>
<td>5,250</td>
<td>6,403</td>
<td>7,757</td>
<td>47.7</td>
</tr>
<tr>
<td>Total population 65+</td>
<td></td>
<td>47,108</td>
<td>52,881</td>
<td>57,221</td>
<td>21.5</td>
</tr>
<tr>
<td>Total population (all ages)</td>
<td></td>
<td>275,330</td>
<td>279,777</td>
<td>283,966</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Source: ONS 2011-based interim population projections

Further analysis of the impact of demographic change suggests that the total number of households headed by someone aged 65 and over will increase from 26.4% in 2008 to 35.8% by 2033. **Source: SCC SHMA 2013**
Estimated Current Housing Needs for people aged 75+

The following information has been extracted from SHOP@ and identifies the estimated number of older people aged 75+ who are likely to require specialist housing or registered care in future years, from 2012 – 2030. This is based on a normal life expectancy.

<table>
<thead>
<tr>
<th>2012</th>
<th>Demand</th>
<th>Supply</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered Housing Rent</td>
<td>2440</td>
<td>1341</td>
<td>-1099</td>
</tr>
<tr>
<td>Sheltered Housing Lease</td>
<td>397</td>
<td>225</td>
<td>-172</td>
</tr>
<tr>
<td>Extra care rent</td>
<td>595</td>
<td>107</td>
<td>-488</td>
</tr>
<tr>
<td>Extra care lease</td>
<td>427</td>
<td>67</td>
<td>-360</td>
</tr>
<tr>
<td>Residential Care</td>
<td>1476</td>
<td>1076</td>
<td>-399</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>1022</td>
<td>1278</td>
<td>257</td>
</tr>
</tbody>
</table>

Current Demand for Rented Accommodation

The above information outlines in 2012 the number of people who wanted to rent ‘Housing With Care (HWC)’ amounted to 3,035 households. (see pg 20 for projected need)

Demand for Leasehold Accommodation

The above information outlines in 2012 the number of people who wanted to lease ‘housing with care’ amounted to 824 households.

It is important to note that the demand for residential accommodation will reduce as more HWC is developed. Supply of nursing care already outstrips demand.

Key Point:

- There are important implications for the range of new dwellings made available to a growing market and the increased level of support and assistance which will be required.
- Demand for housing with care is significantly increasing amongst the 75+ age group
- The supply of nursing care accommodation currently outstrips demand.
- Demand for residential accommodation will reduce as more HWC is provided in the City.
Estimated Future Housing Needs
The following information has been extracted from SHOP@ and shows the estimated number of older people aged 75+ who are likely to require specialist housing or registered care in future years. This is based on 'normal' life expectancy.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered rent</td>
<td>2440</td>
<td>2483</td>
<td>2537</td>
<td>2569</td>
<td>2752</td>
</tr>
<tr>
<td>Sheltered lease</td>
<td>397</td>
<td>404</td>
<td>413</td>
<td>418</td>
<td>448</td>
</tr>
<tr>
<td>ECH rent</td>
<td>595</td>
<td>606</td>
<td>618</td>
<td>627</td>
<td>671</td>
</tr>
<tr>
<td>ECH lease</td>
<td>427</td>
<td>434</td>
<td>444</td>
<td>449</td>
<td>481</td>
</tr>
<tr>
<td>Res Care</td>
<td>1476</td>
<td>1502</td>
<td>1534</td>
<td>1554</td>
<td>1664</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>1022</td>
<td>1040</td>
<td>1062</td>
<td>1076</td>
<td>1152</td>
</tr>
<tr>
<td>* Total HWC need</td>
<td>4358</td>
<td>4425</td>
<td>4531</td>
<td>4589</td>
<td>4915</td>
</tr>
</tbody>
</table>

*Estimated that 20% of people moving into residential and nursing care could otherwise live independently in ECH. Estimating the 20% rate using above residential and nursing care figures and adding them to the need information for sheltered and Extra Care Housing – the total shown reflects what can be estimated as future need for Housing With Care (HWC).

A review of the HHAS Admissions Panel over the period October 2006 – March 2007 indicated that around 20% of those individuals presenting at Panel were identified as those who may have been able to maintain independent living within an extra care housing scheme. Therefore, for the purpose of the analysis, it has been estimated that of the predicted number of admissions to permanent residential/care between 2012 and 2020, 20% of people may have been able to live independently within extra care housing rather than move into residential care.

Therefore, it is estimated that **4,425 people over 75** may require mixed tenure housing with care from 2013 based on normal life expectancy. This does not reflect the needs of people between the age of 55 – 75. We can generally assume that people will prefer extra care housing or retirement villages as an alternative to sheltered housing due to an increase in aspirations. This figure is
projected to increase to 4,915 by 2020 (not taking into account the needs of people aged 55 – 75 and not taking into account new accommodation provision).

**Owner occupation: household characteristics**

A range of socio-economic and demographic information on residents has been obtained from the 2012 household survey. Some interesting observations relating to owner-occupiers include:

- There are disparities in the income profile of owner-occupiers. Outright owners tend to be older and therefore more likely to be living on a retirement income (37.4% receive an income of under £300 per week). This could have implications for the ability of households to maintain their home. In contrast, 13.1% of owners with a mortgage receive under £300 per week and 58.8% receive at least £500 per week;

- 84.8% of outright owners have lived in their home for at least 10 years (and of these 63.9% have lived there for at least 20 years), indicating a high degree of residential stability. This compares with 50.6% of mortgaged owners, again reflecting the different age profiles of households who own outright or have a mortgage;

- 48.1% of household reference persons (heads of household) in a property owned outright are aged 60 or over and 50.6% of all residents aged 75 or over are outright owners; in contrast, 64.4% of household reference persons aged 16 to 59 live in a mortgaged property;

- 63.4% of all retired household reference persons are owner-occupiers along with 25.3% of household reference persons who are permanently sick or have a disability.

**Under Occupation**

Overall, 85,183 households (70.8%) in Sunderland are technically under-occupying e.g. a couple in a two or three bedroom house or a single person in a two bedroom house. However, it is more appropriate to consider more severe under-occupation, whereby a household has 3 or more ‘spare bedrooms’: a total of 7,047 households (5.9%) are severely under-occupying. Severe under-
occupation is particularly pronounced in the Washington and Coalfield Communities areas.

Severe under-occupation is most prevalent in the owner occupied market (accounting for 95.5% of severe under-occupation). Overall, 11.6% of outright owners severely under-occupy along with 7.2% of owners with a mortgage. Although severe under-occupation is less prevalent in the social rented sector, the 2012 household survey identified 151 households currently renting from a social landlord who are severely under-occupying.

The following table illustrates the relationship between severe under-occupation and household type. This shows that severe under-occupation is most prevalent amongst couples under sixty, followed by pensioner couples. This suggests that severe under-occupation may indicate: market choice amongst some non-pensioner households (i.e. a couple may want a large property); evidence of ‘empty nesting’ whereby children have left the family home; an unwillingness to uproot from existing neighbourhoods; a lack of sufficiently attractive alternative dwellings; or lack of emotional and physical support to enable people to relocate.

### Under-occupation by household type

<table>
<thead>
<tr>
<th>Household Type</th>
<th>No. Severely Under-occupying</th>
<th>Total Households</th>
<th>% Severely under-occupying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Adult (under 60)</td>
<td>977</td>
<td>20969</td>
<td>4.7</td>
</tr>
<tr>
<td>Single Adult (60 or over)</td>
<td>504</td>
<td>12160</td>
<td>4.1</td>
</tr>
<tr>
<td>Couple only (both under 60)</td>
<td>2646</td>
<td>17586</td>
<td>15.0</td>
</tr>
<tr>
<td>Couple only (one or both over 60)</td>
<td>1849</td>
<td>14335</td>
<td>12.9</td>
</tr>
<tr>
<td>Couple with 1 or 2 child(ren)</td>
<td>786</td>
<td>20883</td>
<td>3.8</td>
</tr>
<tr>
<td>Couple with 3 or more children</td>
<td>133</td>
<td>3253</td>
<td>4.1</td>
</tr>
<tr>
<td>Lone parent with 3 or more children</td>
<td>152</td>
<td>865</td>
<td>17.6</td>
</tr>
<tr>
<td>Total</td>
<td>7047</td>
<td>120335</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Source: 2012 household survey

Analysis demonstrates that the aspirations of households, headed by someone aged 60 or over, are specifically for bungalows. This group is less likely to consider moving into a house. Although there is a relatively high aspiration for bungalows, delivery is affected by factors such as density requirements and land
values which can result in new bungalow development being unviable. An important challenge for the council is to enable development of accommodation to meet the emerging needs, aspirations and expectations of the ageing population.

Proportions of households in need who could afford different equity shares

| Price          | Could afford | % could afford | | | | | | Total | |
|---------------|--------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|               | Existing households in need | Newly-forming households | Total |
| At least £60,000 | 43.6         | 50.8          | 47.9 |
| At least £80,000 | 32.1         | 44.3          | 39.5 |
| At least £100,000 | 26.8         | 39.7          | 34.6 |
| At least £120,000 | 21.2         | 17.9          | 19.2 |
| Base (annual requirement) | 793         | 1227          | 2020 |

Source: 2012 household survey

Base: Existing household in need, planning to move and would consider intermediate tenure

Key Points:

- 4,425 people over 75 are likely to require mixed tenure housing with care from 2013. This does not reflect the needs of people between the age of 55 – 75. This has increased from the previous estimated figure of 1,385 in 2010 – an additional 3,000 households.
- 85,183 households are under occupying in Sunderland
- 7,047 households are severely under occupying – 3 or more spare bedrooms
- Washington and Coalfields have the highest instances of severe under occupation
- 95.5% of those in severe under occupation live in their own outright sale property
- 151 households severely under occupying rent from a registered provider
- Severe under-occupation is most prevalent amongst couples under sixty, followed by pensioner couples – this could suggest a need to provide more innovative and attractive choices of accommodation for those in active ageing.
- Those 60 years and older have outlined their aspiration to move into a bungalow.
Household Aspirations

Crucial to a review of the ageing population’s housing need is a recognition that the aspirations and preferences of current and emerging households need to be carefully considered in policy responses. A range of options and solutions to address the needs of the ageing population are available including mixed tenure bungalows; one and two bedroom self contained apartments in extra care; Passivhaus bungalows and multi storey apartments. It is generally understood that demand for sheltered accommodation has reduced reflecting that this type of accommodation no longer meets the aspirations of our ageing community.

The table below shows the housing options that are being considered by the ageing population in the next five years taking into account housing availability in 2012. The majority of our ageing population (62.9%) want to continue to live in their current home with support when needed (active ageing). In terms of other housing options, a minority would consider other forms of housing such as renting from the Housing Association (24.6%), renting sheltered accommodation (24.4%) and new forms of older persons’ accommodation, for instance renting extra care housing (16.3%) and co-housing (9.8%). It is important to note that the majority of those who own a property will have equity in their current home. This should enable them to buy an alternative property on the open market appropriate to their requirements (with the potential to free up their existing properties for other households e.g. family housing), provided that appropriate alternatives are available. Data suggests a strong interest in bungalows and two bedroom properties.

Household Aspirations by Household Type: would like (aspirational)

<table>
<thead>
<tr>
<th>Property type</th>
<th>Single Adult (60 or over)</th>
<th>Couple only (one or both over 60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detached house</td>
<td>7.6</td>
<td>22.4</td>
</tr>
</tbody>
</table>
New products to meet the aspirations of specific household types will help to diversify the housing offer in Sunderland. Demand for an increasing diversity of older persons' housing will become more apparent as the number and proportion of older people increases.

**Housing options that older people in Sunderland may consider over the next five years, given housing choices in 2012**

<table>
<thead>
<tr>
<th>Housing Option</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to live in current home with support when needed</td>
<td>62.9</td>
</tr>
<tr>
<td>Rent from Council / Housing Association</td>
<td>24.6</td>
</tr>
<tr>
<td>Sheltered accommodation - To Rent</td>
<td>24.4</td>
</tr>
<tr>
<td>Buying a property on the open market</td>
<td>18.6</td>
</tr>
<tr>
<td>Extra care housing - To Rent</td>
<td>16.3</td>
</tr>
<tr>
<td>Sheltered accommodation - To Buy</td>
<td>10.4</td>
</tr>
<tr>
<td>Co housing</td>
<td>9.8</td>
</tr>
<tr>
<td>Extra care housing - To Buy</td>
<td>7.0</td>
</tr>
<tr>
<td>Sheltered accommodation - Part Rent / Buy (shared ownership)</td>
<td>6.1</td>
</tr>
<tr>
<td>Rent a property from a private landlord</td>
<td>4.8</td>
</tr>
<tr>
<td>Residential care home</td>
<td>3.4</td>
</tr>
<tr>
<td>Extra care housing - Part Rent / Buy (shared ownership)</td>
<td>3.3</td>
</tr>
<tr>
<td>Base (number of respondents)</td>
<td>55,511</td>
</tr>
</tbody>
</table>

*Percentages don't add up to 100 as respondents could select more than one option

Source: 2012 household survey

It is clear from the table above that there is still a lack of understanding about extra care housing. The demand for shared ownership tenure in extra care far outweighs demand for buying outright in Sunderland – which is not reflected in the above table.
Key Points:

- The ageing population is projected to increase significantly from age 85
- It is estimated that over 2,000 households over 65 could be LGB&T
- The annual household income for single people aged 60+ = mean £11,306
- The annual household income for couples aged 60+ = mean £20,672
- The income amount for owner occupiers shows clear implications that households may have difficulties affording home maintenance
- Outright home owners have lived in their properties for between 10 – 20 years demonstrating a high degree of residential stability - a good quality housing offer is required to encourage people to relocate
- High % of people 60 and over who own their homes outright
- Singles and couples over 60 both aspire to live in detached bungalows; semi detached bungalow and upper apartments and singles over 60 aspire to a two bedroom property
- Couples over 60 aspire to a two or a three bedroom property – they do not aspire to live in one bedroom property
- Severe under occupation is high amongst pensioner couples
- Welfare reform can affect people over 55 and under pensionable age in terms of the number of bedrooms they have available in their home.

The city identified the need to promote independence by providing appropriate advice, information, care and support to enable people to live in their own homes for as long as possible as an objective in the Local Area Agreement. Although this reflects Government policy, it is what the Council found that its residents wanted for themselves as they age - over 97% of people stated that they would prefer to live in their own homes rather than residential/nursing care, with these views being more strongly expressed by those with caring responsibilities.

*It is understood that older people would rather feel safe and supported than ‘looked after’.*

**Health and Social Care Issues**

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

**Isolation and Social Inclusion**

As our population ages then loneliness and social isolation increases. From the research undertaken we know that 17% of respondents (103 out of 621) stated that they felt isolated all or some of the time in their homes. **The proportion of respondents who reported feeling isolated in their homes was highest in Washington West, St Chads, Castle and Hendon.**

The survey asked people if they moved into extra care housing what they would value about this housing provision. 305 responses advised they would value:-

1. access to social and leisure opportunities (90%);
2. access to care and support (80%);
3. restaurant provision (79%)
4. independent living provided in two bedroom self contained property (76%).

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

A key theme is that housing and support services need to build on a recognition of the strengths and capacities of older people to play an active social role, and to integrate provision around existing social and community networks that are
valued by older people themselves. This echoes the Council’s equalities and diversity responsibilities.

The outcomes of the study showed that the ageing population were experiencing social isolation, loneliness from poor social support, often alongside or contributed by disability or ill health, and often amongst those in an informal caring role. A key aspiration generally expressed by many older people is to retain control over the extent of their social participation and retain the independence that is integral to ‘who I am’. Research is demonstrating that isolation can be detrimental to health and well-being. This can be experienced in residential care homes / nursing homes and in people’s own homes. Many older people sustain important citizen and community roles, in addition to providing support to their families and friends.

Source: SHOP@ - Housing Learning and Improvement Network
Key Points:

- Isolation amongst older people will continue to increase as the population ages - 103 out of 621 people responding to the survey said they felt isolated some or all of the time.

- In 2012 a total of 11,295 people over 75 lived alone – 7,684 of those people had a limiting long term condition. This is projected to increase to 12,673 by 2020 with 8,785 of those people having a limiting long term condition.

- Living near family and friends was the main factor suggested to prevent social isolation.

- Providing more housing ‘with care’ across the City will give older households the opportunity to stay in their own neighbourhoods/communities and close to family and friends – or relocate closer to family and friends.

- Social isolation is also experienced by those in the ‘caring role’.

- Social isolation is detrimental to health and well-being.

Property Adaptations

Resources for aids and adaptations remain tight, particularly for households in the private sector. Alternative sources of funding, such as equity loans, should be seriously considered to finance remedial measures required by older person households. Also other housing choices will enable people to live independently in suitable accommodation. This will eventually alleviate the requirement for adaptations to their existing homes.

The 2012 household survey provides evidence of need for particular adaptations. The table below summarises the range of adaptations households require across Sunderland. The three most frequently mentioned adaptations relate particularly to improving heating (and energy efficiency). Physical adaptations to bathrooms were mentioned by around 10% of households.
Disabled Facilities Grants

Sunderland received a £1.6m Disabled Facilities Grant for 2011/12 and £1.42m and 2012/13.

The 2012 household survey clearly evidences a need for physical adaptations to properties. However, demand far exceeds likely resources and therefore most adaptations are likely to be funded by householders themselves or through, for instance, equity loan arrangements.

<table>
<thead>
<tr>
<th>Adaptation Required</th>
<th>% Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better heating</td>
<td>17.2</td>
</tr>
<tr>
<td>More insulation</td>
<td>14.1</td>
</tr>
<tr>
<td>Double glazing</td>
<td>20.8</td>
</tr>
<tr>
<td>Adaptations to kitchen e.g. lower work surfaces</td>
<td>7.0</td>
</tr>
<tr>
<td>Adaptations to Bathroom e.g. level-access shower</td>
<td>10.3</td>
</tr>
<tr>
<td>Internal handrails</td>
<td>5.8</td>
</tr>
<tr>
<td>External handrails</td>
<td>4.5</td>
</tr>
<tr>
<td>Downstairs WC</td>
<td>5.3</td>
</tr>
<tr>
<td>Stair lift / vertical lift</td>
<td>3.7</td>
</tr>
<tr>
<td>Improvements to access (e.g. level access in and around home)</td>
<td>2.9</td>
</tr>
<tr>
<td>Wheelchair adaptations (including door widening and ramps)</td>
<td>2.5</td>
</tr>
<tr>
<td>Lever door handles</td>
<td>1.4</td>
</tr>
<tr>
<td>Room for a carer</td>
<td>2.3</td>
</tr>
<tr>
<td>Community alarm service</td>
<td>3.4</td>
</tr>
<tr>
<td>Security alarm</td>
<td>6.7</td>
</tr>
<tr>
<td>Increase the size of property</td>
<td>7.9</td>
</tr>
<tr>
<td>Base (total households)</td>
<td>120335</td>
</tr>
</tbody>
</table>

Note: household could tick more than one option - Source: 2012 household survey

The 2012 household survey provides useful information on the need for other forms of assistance, such as assistance with cleaning, other practical tasks etc. Obviously, there will be a strong correlation with the need for assistance by age. The table below summarises the types of assistance required by households either now or over the next 5 years. Help with property maintenance/repair, gardening and cleaning were most likely to be mentioned.
The Older Persons Needs and Aspirations Study undertaken by Sunderland City council during 2010 identified that most support / care is required with the following tasks:-

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

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

Key Points:

- Property maintenance and household cleaning remains a high support need for older households
- Respondents advised that they had difficulty with getting up or down stairs; getting around outside of the home and help with bathing and or using toilet.
- Households identifying support as an issue were mainly from St Chads; Hetton: Houghton; Millfield; Copt Hill; Fulwell and Pallion.
Illness/disability
Across Sunderland, there are around 60,100 residents (Household Reference Person plus another person in household) with an illness or disability, equating to around 26.6% the total number of household reference people and the next person in household (Table 7.5). Around 9.7% have a long-standing illness or health condition and 7.7% have a physical/mobility impairment.

Prevalence of illness/disability

<table>
<thead>
<tr>
<th>Illness</th>
<th>No. of people</th>
<th>As % of total Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical / mobility impairment</td>
<td>17965</td>
<td>7.7</td>
</tr>
<tr>
<td>Learning disability / difficulty</td>
<td>2675</td>
<td>1.1</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>8363</td>
<td>3.6</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>5169</td>
<td>2.2</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>10474</td>
<td>4.5</td>
</tr>
<tr>
<td>Long standing illness or health condition</td>
<td>22730</td>
<td>9.7</td>
</tr>
<tr>
<td>Older Age-related illness or disability</td>
<td>3068</td>
<td>1.3</td>
</tr>
<tr>
<td>Other</td>
<td>16457</td>
<td>7.0</td>
</tr>
<tr>
<td>Total (HRP and next person in household)</td>
<td>60881</td>
<td></td>
</tr>
<tr>
<td>Total population (HRP and next person in household)</td>
<td>233561</td>
<td></td>
</tr>
</tbody>
</table>

Source: 2012 household survey - *Total population being Household Reference Person and next person in household

Falls
Falls are a major cause of ill health (morbidity) amongst older people, and the rate of falls is higher in Sunderland than for Gateshead and South Tyneside, and higher still than the national average. A projected number of 7,613 people aged 65 and over are expected to have a fall during 2012, with 1,019 expected to be admitted into hospital as a result of a fall. This is projected to increase to 10,567 by 2030 with 1,457 projected to require admission into hospital. Source: www.poppi.org.uk

Limiting Long Term Condition
A projected number of 28,760 people aged 65 and over have a limiting long term condition in Sunderland. This is projected to increase to 39,045 by 2030. This is a higher projection than neighbouring Gateshead and South Tyneside.

As mentioned earlier there is a significant number of households aged 75+ with a limiting long term condition who are living at home alone.
There will be more older people – living longer – in the city. This will mean that there will be an increase in the number of older people likely to require support to live independently in their own homes for longer and an increasing demand for the provision of housing with care as an alternative to residential care.

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

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

<table>
<thead>
<tr>
<th>Functional Dependency Level</th>
<th>Year</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able-bodied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Substantial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total with Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% with Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total with Significant Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% with Significant Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Source: www.poppi.org.uk
This follows the general trend within adult social care to increase support to a smaller, but more complex group of individuals, at home.

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

The following information is based on data extracted from information systems within Sunderland City Council (SCC) and primary and secondary health care information obtained from the NHS (SOTW) and National Statistics. This information was collated and published early 2012.

In 2010/11 there were 33,613 emergency admissions to Sunderland Hospital. Of those, 14,531 (43%) cases were readmitted within 30 days. Those aged 75+, accounted for 9,412 (28%) of all emergency admissions and 2,906 (20%) of all readmissions.

Within this period, almost a third (32%) of people aged 75+ were readmitted within 30 days. This highlights the need for greater focus and resources to prevent avoidable hospital admissions, by improving the support and reablement services available to patients within the 30 days following discharge from hospital.

When considering this longer term, local information has shown that 27% of older people discharged from hospital in 2009/10, were no longer at home, 3 months after discharge. This suggests either alternative living arrangements have been made e.g. residential or nursing care, or that the person may have died.
To increase the numbers of people remaining at home after discharge from hospital, there is a need for increased high quality, intermediate and rehabilitative services, particularly for those with long term conditions. The roll out of services of this type will support individuals to regain their health and independence, whilst reducing dependency on social care services following discharge.

**Key Points:**
- As people live longer into older age their ability to care for themselves declines
- More people will require care and support at home to enable them to maintain their independence for as long as possible
- Approximately 37% of people aged 65+ have problems with aspects of daily living
- Falls are a major cause of ill health amongst older people in Sunderland
- Aids and adaptations identified include double glazing; bathroom adaptations and better heating.

**Ethnicity**

There is a very low proportion of people aged 65 and over from BME groups in the city. The BME population equates to 2.16% of the total 65+ population, with the highest proportion evident amongst the Asian / Asian British group. The number of people in the older age brackets from black and minority ethnic groups is likely to increase and services will need to continue to develop to meet their specific needs.

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

- BME population equates to 2.16% of the total 65+ population
- Highest proportion is evident from the Asian / British Asian group
- BME older households figures are estimated to increase
- A better understanding of the care needs of BME elders is required alongside a projected need for ‘housing with care’
- An improved understanding of the needs and aspirations of BME elders is required to enable housing to be planned to meet their requirements.

Lesbian, Gay, Bisexual and Transgender (LGB&T)

A greater understanding of the housing, health and social care needs of our older LGB&T residents is needed. It is expected that with an increasing ageing population that this will result in an increasing number of LGB&T ageing households within the City.

The ageing LGB&T community require services which are sensitive to their needs and acknowledge the experiences and barriers they may have encountered during their generation. It is generally understood that LGB&T older households are less likely to have children and extended family networks, and are more likely to live alone.

There is a fear of discrimination from health, housing or social care providers which prevent many from openly accessing those services.

There isn’t a direct solution to provision of housing with care for LGB&T older people. Some people may prefer to live within an integrated scheme – others would prefer to live in specific LGB&T schemes enabling them to live amongst people where people feel safe and have a common ground – and provide non discriminatory care services from well trained staff who understand equality and diversity.
It is generally understood that 5 – 7% of the population could be identified as LGB&T. Using the Sunderland over 65 population figures of 47,108 for 2011 – a 5% figure equates to an estimated 2,355 people over 65 who may be LGB&T. This is projected to increase to 2,861 by 2021 – assuming the 5% estimate remains unchanged.

Research to better understand the needs of our ageing population must be considered to :-

- encourage ageing LGB&T residents to share their positive and negative experiences of current housing, care and support services;
- ensure access to advice and support to prevent isolation and tackle harassment and abuse within the housing, health and social care sectors;
- enable housing providers and commissioners to better understand and plan new housing with care;
- improve housing, care and support services offered to LGB&T older people;
- influence what services will be developed in the future, e.g. a new co-housing project for older LGB&T people or developed with LGB&T people of various ages.

Research outcomes will enable us to further inform this Strategy and shape local policy and practices, alongside acting as a resource for housing providers and developers within our Housing Market Position Statement. It will enable us to proactively work towards developing housing choice and solutions for all of our ageing population, responding to diversity and equality.

**Key Points:**
- Expected increase in an older person population will see an increase in older LGB&T households
- LGB&T older households may need integrated schemes with care and support provision on site
- There is an estimated 2,355 older LGB&T households living in the City
- Better advice and signposting services are required to gain a better understanding of the specific housing and care needs required by these members of our community.
Stakeholder Consultation

A significant issue raised by the vast majority of stakeholders was the ageing population and the need to provide appropriate accommodation solutions to meet the range of aspirations and needs of this diverse group.

The issue of downsizing was identified as an important factor by stakeholders, as people look to find smaller, good quality, well designed homes (semi-detached properties or bungalows have traditionally been popular) to move in to. It was felt to be important that new supply is future proofed to enable it to be adapted to meet the requirements of people as they age without the need for them to move – properties need to be ‘care ready’.

Stakeholders were asked to identify what they perceived to be the key priorities for Sunderland, these included:

- Enabling older people to downsize and providing well designed, good quality and sustainable homes for older people downsizing;
- Providing appropriate housing solutions for older people;
- Provision of one bed properties;
- Provision of supported housing.

Stakeholders felt that the following types of new housing provision should be provided in Sunderland:

- Attractive two and three bed homes for older people downsizing;
- Specialist dementia care provision;
- Two to four bed houses for families with disabilities;
- Homes for people with learning disabilities;
- One bed homes;
- Two bed bungalows.
Housing with care, such as extra care and continuing care housing, is becoming a preferred alternative to care homes for people with dementia. Age-specific housing has been criticised for segregating and isolating residents from the local community, fostering ageism within the local community and not fully supporting residents’ independence. It is essential for the design of specialist accommodation to facilitate independence; wellbeing and social activity by creating meaningful spaces and opportunities to allow social interaction to take place and to be viewed.

As the Public Health Strategy for England states, ‘neighbourhoods and houses can be better designed, and enhance the health and wellbeing, of an ageing population’. Dementia friendly neighbourhoods should be both a social and physical setting in which life for people with dementia is a positive experience rather than a daily struggle. Environments should be attractive, welcoming, safe, easy and enjoyable for them to visit, access, use and find their way around and, therefore, inclusive for all and promoting active ageing.

The proportion of older people with dementia is projected to increase over the next 15 years.

<table>
<thead>
<tr>
<th>Population with Dementia</th>
<th>Year 2012</th>
<th>Year 2015</th>
<th>Year 2020</th>
<th>Year 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population aged 85+</td>
<td>1,286</td>
<td>1,447</td>
<td>1,756</td>
<td>2,152</td>
</tr>
<tr>
<td>Total population of Older People 65+</td>
<td>3,222</td>
<td>3,464</td>
<td>3,903</td>
<td>4,479</td>
</tr>
</tbody>
</table>

*Older People predicted to have Dementia projected to 2025 - Source www.poppi.org.uk*

It is estimated that GP registers containing the names of people with dementia contain around 42% of the total number of people expected to have dementia (based on clinical research) – and even this is higher than the national figure – with some areas of the city having greater concentrations of older people with dementia than others. Furthermore, it was estimated that just under half the
people presenting for council-supported admission to care – around 75% of whom had dementia - had no ongoing adult social care planned in 2008 prior to their presentation.

Using our current caseload and Adult in Need figures, as at February 2013 we know there are an estimated 665 people aged 65 and over in residential/nursing care with dementia. This is an increase of 110 people from figures provided in 2010/11 and does not include Continuing Health Care or self funders.

National evidence suggests that slowing deterioration of the condition, and supporting carers, can be effective in improving individuals’ quality of life and outcomes, and this is enabled through earlier identification. Housing solutions for single people must be considered alongside accommodation for couples to enable households including the person with dementia and their spouse to stay living together. Solutions including accommodation for the person with dementia and separate accommodation for the spouse / partner independent of the person with dementia, but close enough to maintain their relationship should also be considered. This helps to eliminate any risks to the carer associated with tenancy rights and being able to stay at the accommodation if the person they were caring for is no longer living there. However implications relating to personal income, benefits and housing benefits must be carefully considered prior to such models being instigated to ensure that people aren’t losing out financially by choosing to live apart.

Research outcomes relating to health and social care for people diagnosed with dementia

During 2011 research was undertaken to collate additional health and social care information specific to people diagnosed with dementia. The information collected is based on data extracted from information systems within Sunderland City Council (SCC) and primary and secondary health care information obtained from
the NHS (SOTW) and National Statistics. This information was collated and published early 2012.

A predictive model was used to determine the number of client admissions to extra care and the number of placement weeks used per year, both for the general population and specifically people diagnosed with dementia. The model was based on the following information:

- 65+ admissions to permanent residential / nursing care in 2010/11
- Number of people who may have benefited from extra care housing as a real alternative to residential care, based on information from SCC Adult Services Admissions Panel
- Predicted future population figures for the City of Sunderland
- The likely future prevalence of older people with dementia in Sunderland, based on analysis from the Primary Care Trust.

The research highlighted that 33 people over the age of 65 are self funding in permanent residential / nursing care with cases managed by Health Housing and Adult Services (HHAS).

In 2010/11 there were 1,077 people, receiving adult social services, in receipt of Attendance Allowance; 742 (69%) receive higher attendance allowance.

The total secondary health care cost to the Primary Care Trust (PCT), for all patients admitted with a primary diagnosis of dementia in quarter 3 of 2009/10, was a total of £3,454.29. To estimate the cost to the PCT in the final quarter of 2009/10, the average value of the first three quarters of the year was calculated and applied. This gave an overall estimated cost for the year of £17,483.29 (local calculation).
Where dementia was one of the first three diagnoses the cost to the trust was significantly higher at £8,124.48. Applying the same method as above, the overall annual cost for 2009/10 was £51,078.32 (local calculation).

In 2008/09, 536 prescriptions for drugs associated with dementia were administered across the City, with a total cost of £26,992.05. Over the course of the year, the number of prescriptions increased from 114 in quarter 1 to 147 in quarter 4, however, the associated costs decreased from £6,506.51 to £5,992.36.

There were 482 admissions to secondary care for people with dementia in 2008/09.

In the majority of cases the length of stay in secondary care, for patients with a primary diagnosis of dementia between 2007/08 and 2009/10 (Q3) ranged from 3 days to 2 weeks. Where dementia was one of the first three diagnoses, length of stay was more evenly spread. However, the length of stay, which applied to the majority of patients was either 1 to 2 weeks or 1 to 2 months, although it should be acknowledged that numbers were only marginally higher and the overall number of people was significantly smaller than those where dementia was the primary diagnosis.

The number of secondary care bed days used by patients with dementia in 2008/09 was 6,265. Over the year, the number of days increased from 1,373 in quarter 1 to 2,008 in quarter 4. The mean total number of secondary care bed days used by patients with a primary diagnosis of dementia in 2009/10 (Quarter 3) was 9 days. This was substantially higher at 22 days, for cases where dementia was one of the first three diagnoses.

Data from 2010/11 (Q4) showed the mean length of stay of all emergency in-patient admissions in Sunderland to be 5.9 days. Although not directly comparable given the differing periods that this information is taken from, it may still provide an indication that individuals with dementia (whether this be a primary
or secondary diagnosis) are staying in hospital longer than the general population.

The two most common primary diagnosis in secondary care between 2007/08 and 2009/10 (Q3) where this was not dementia were ‘Symptoms and signs involving cognitive functions and awareness’ and ‘Syncope (fainting/loss of consciousness) and collapse’. Other frequent diagnoses are displayed in the chart below:

**Top primary diagnoses, where this is not dementia**

![Diagram showing top primary diagnoses](image)

(Based on International Statistical classification of disease and related health problems = ICD10)

*Projections for the Older Person Population show that for people aged 65 and over in Sunderland a projected total of 3,149 have dementia. This is further projected to increase to 4,617 by 2025. The figures projected are higher than neighbouring South Tyneside and Gateshead.*

The majority of dementia patients discharged from secondary care between 2007/08 and 2009/10, returned to their usual place of residence (52-59%).

However, in 31% (377) of cases where dementia was the primary diagnosis the discharge destination was residential care accommodation. This was slightly higher at 33% for cases where dementia was one of the first three diagnoses. The proportion of patients dying in this group was also considerably lower at 4% than for those who had a primary diagnosis of dementia at 13%.
The availability of information specifically relating to people diagnosed with dementia is limited and this has restricted the amount of, and quality of intelligence that could be gathered to support this piece of research. As our population is ageing and living longer; dementia diagnoses are expected to increase. To improve services to the people affected including carers; and to recognise areas where services can be delivered more efficiently it is crucial that better information/data collection and sharing is undertaken across both the health and local authorities.

The PCT published a separate analysis of the likely rise in, and possible response to, services for older people with dementia in the city as part of a Needs Assessment within Sunderland. Within this it summarises Sunderland’s likely prevalence of older people with dementia.

The number of people aged 65+ previously admitted to permanent EMI residential/nursing care for 2010/11 was obtained and predicted for future years, taking into account changes in Sunderland’s EMI population figures. The 20% proportion of people identified as potentially being able to live within a specialist extra care scheme designed for those diagnosed with dementia, was extrapolated onto the projected changes. Allowing the number of people per year to be calculated who may have been able to maintain their independent living in specialist extra care housing.

**Key facts:**

- In 2008/09, 536 prescriptions for drugs associated with dementia were administered across the City, with a total cost of **£26,992.05**.

- In February 2013 there were **665** people aged 65 and over with dementia living in residential / nursing care. This is an increase of 110 people since 2010/11 and does not include CHC or self funders.

- The number of secondary care bed days used by patients with dementia in 2008/09 amounted to 6,265.
• Figures suggest that people with dementia are staying in hospital longer than the general population in Sunderland.

• There is a projected total of 3,222 of people over 65 with dementia in the city in 2012. This is further projected to increase to 4,479 by 2025. The figures projected are significantly higher than neighbouring South Tyneside and Gateshead.

• In 2010/11 there were 33,613 emergency admissions to Sunderland Hospital. A total of 14,531 (43%) cases were readmitted within 30 days. Those aged 75+, accounted for 9,412 (28%) of all emergency admissions and 2,906 (20%) of all readmissions.

• It is projected that in 2012 a total of 85 people could benefit from extra care housing rather than being accommodated into residential care. It is projected for the same period that a total of 40 people could benefit from specialist extra care rather than being accommodated into EMI care.
SECTION 3 - CARERS

Carers of people with complex needs, who often have an onerous caring responsibility, may eventually feel unable to support the individual they care for any further. This significantly heightens the risk of admission to care and the couple being separated, often for the first time during their marriage.

In 2012 a total of 5,331 people aged 65 and over are projected to be providing unpaid care to a partner, family member or other person, 156 of those people are aged 85 and over. By 2030 this is projected to increase to 6,931. 284 people are estimated to be 85 and over. www.poppi.org.uk

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

However, national predictions in the Wanless Review of Good Outcomes for Older People highlight the concern that there will be more informal carers by 2025 (because of the greater proportion of people who need care), but that they themselves will be older and/or less able to undertake the caring role due to socio-demographic changes.

Many people do not anticipate or plan for a disability or health crisis in middle or older age, and will expect to stay living in their family home. Assumptions about the aspirations and capacity of carers to care for frail older people without adequate support are widespread. Lack of support and respite often aggravates the isolation which carers of older people experience and can contribute to their social exclusion.

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

Key Points:
• There is likely to be more informal carers by 2025 (because of the greater proportion of people who need care), but that they themselves will be older and/or less able to undertake the caring role due to socio-demographic changes.
• In 2012 an estimated 5,331 people aged 65 and over are projected to be providing unpaid care to a partner, family member or other person, this is
projected to increase to 6,931 by 2030. It is estimated that approximately 156 of those people in 2012 are aged over 85, this is projected to increase to 284 by 2030.
Few people purchase their home in old age - most people grow old in their property and find it very difficult to move because it is the family home; central to their life, and their memories which are so important to their sense of ‘who I am’.

This helps to explain why not everyone will choose to move into level access accommodation, should it be available, to enable them to prepare for active ageing; ‘right size’ and ‘age in place’.

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

This raises the question of whether this majority expectation to remain in the current home could reflect an absence of attractive alternatives, or a lack of information about the alternatives that might be available.

The suggestion is that many older people view their housing choices as sheltered housing or extra care housing and do not consider moving within the general housing market into accommodation which is more suitable to their needs and easier to manage. The ‘fear factor’ could also be an issue for some – people lacking the family support to move; the confidence or motivation to move, and the inability or lack of confidence to plan and organise the physical move.

Further research raised the question of the future impact of increasing owner occupation. ‘People tend to buy their largest property between the ages of 45 and 54 – and most stay put. This has implications for the dynamics of the housing market; for maintenance and upkeep; and for the general housing stock.

If existing numbers of ‘family homes’ remain unavailable for younger couples with dependent children, this type of housing may become over-
represented in new developments as a result – or there may be a shortage of family homes in the future. Importantly, older people may currently move house less frequently and thus not ‘free up’ housing options for other sections of the population precisely because of a lack of suitable alternatives into which to move.’  

Source: Older People’s Housing Strategies, HOPDEV, 2006

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

Planning policy should consider that by providing housing with care in the city, that this releases under occupied family homes back into the wider housing market. The demand for new build family homes must be reviewed to take into account the vacancy chain analysis provided by the extra care housing programme to ensure that Planning Policy is reflecting the true ‘housing needs’ of the City.

Key Points

- As people get older often their ability or confidence to move reduces
- Family support is not always available to support people to relocate
- Many older households move as a reaction to ill health – rather than in preparation for their retirement / older age
- People may view their housing options in a limited way – without fully realising the actual choice available to them
• Older households need to be better informed around the cost of living in larger property – against moving into a smaller more energy efficient/ sustainable property
• Initiatives to support older households to relocate should be provided to make the process as stress free and seamless as possible.

Extra Care Housing

Extra care housing has been developed in Sunderland to provide a real housing choice for older households, including those living with dementia and carers. It provides for people with a personal care or housing need and it helps to overcome the historical dependence on residential and nursing home care, thus reducing the number of older people being placed into care unnecessarily. Most importantly, it enables people to proactively choose their housing into older life without reacting to the need to move due to ill health or disability.

Substantial progress has been made in supporting more people to live at home due to the success of the extra care programme delivered to date. The extra care programme is planned into the future, alongside proposals for specialist dementia accommodation to respond to the specific needs of those with a dementia diagnosis.

The development of extra care housing in Sunderland is a successful response to the aspirations of older people to 'age in place'. The mixed tenure approach protects equity ensuring that the person’s capital asset is not lost to pay for residential and nursing care placements. Extra care also enables people to access social activities, health services and remain central to the wider local community. Those choosing to rent will gain security of tenure in their own self contained apartment / bungalow, with associated tenancy rights providing them with greater independence and better accommodation than they would have in residential care.
The impact of the Welfare Reform Act must be taken into account to ensure that those households planning a move into extra care housing who are aged over 55 but under pensionable age are not penalised for under occupying property. To plan for expected changes to pensionable age and implications of the Welfare Reform Act – future schemes will provide a mixture of one and two bedroom apartments to provide more choice regarding tenure and size of accommodation.

**Demand for Extra Care Housing**

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

This indicated that demand for extra care amongst most at risk of admission to care (often described as “first” one-third in the {1/3rd: 1/3rd: 1/3rd} financial model of Extra Care to avoid “pseudo-residential care” was likely to be between 250 – 270 per annum over the next 5 years – (estimated 1,350+ apartments).

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

As demand from the older age group are met, it is anticipated that the ‘getting oldies’ population will access extra care as a real solution to their future housing requirements, in preparation for potential care and support needs. The model of accommodation provided will need to continually evolve to ensure that it meets the needs and aspirations of the younger older population.
Independence, choice and control
Growing older is a time of gain as well as loss, and there are sometimes rapid changes being negotiated. The ability of the individual to respond to these changes depends on their own capacities as well as the resources available to them. For older people, independence is about exercising choice and control. The wish to stay independent is linked to a wish to stay ‘in control’. This involves living in an environment which is perceived to be safe and familiar, with access to amenities, support on their own terms, and financial enablement.

Housing Needs and Aspirations
Housing needs and aspirations are different. Needs relates to a requirement - aspirations relates to an individual’s preference. Recent research has acknowledged that people’s aspirations are largely based on what is available now to meet their need. Older people must be encouraged to think beyond the existing housing choices they have enabling them to identify what models of housing accommodation they would expect and want to be provided for them into the future. A study was designed to inform housing and spatial policy and planning across the city through the collection of robust qualitative data on older persons housing needs and aspirations. The aim of the study was to:-

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

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

<table>
<thead>
<tr>
<th>Households with dementia</th>
<th>High no of carers</th>
<th>No support received despite care / support needs</th>
<th>Difficulty paying fuel bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castle</td>
<td>Castle</td>
<td>Doxford Park</td>
<td>Barnes</td>
</tr>
<tr>
<td>Copt Hill</td>
<td>Copt Hill</td>
<td>Hetton</td>
<td>Castle</td>
</tr>
<tr>
<td>Fulwell</td>
<td>Fulwell</td>
<td>Houghton</td>
<td>Copt Hill</td>
</tr>
<tr>
<td>Millfield</td>
<td>Hetton</td>
<td>Pallion</td>
<td>Doxford Park</td>
</tr>
<tr>
<td>Sandhill</td>
<td>Houghton</td>
<td>Ryhope</td>
<td>Fulwell</td>
</tr>
<tr>
<td>St Anne’s</td>
<td>Millfield</td>
<td>Southwick</td>
<td>Houghton</td>
</tr>
<tr>
<td>St Chad’s</td>
<td>Pallion</td>
<td>St Peter’s</td>
<td>Sandhill</td>
</tr>
<tr>
<td></td>
<td>Sandhill</td>
<td></td>
<td>Shiney Row</td>
</tr>
<tr>
<td></td>
<td>Shiney Row</td>
<td></td>
<td>Silksworth</td>
</tr>
<tr>
<td></td>
<td>Silksworth</td>
<td></td>
<td>St Chad’s</td>
</tr>
<tr>
<td></td>
<td>St Chad’s</td>
<td></td>
<td>Washington East</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling Isolated</th>
<th>Under Occupation</th>
<th>Need repairs and maintenance</th>
<th>Feel Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castle</td>
<td>Doxford Park</td>
<td>Fulwell</td>
<td>Houghton</td>
</tr>
<tr>
<td>Copt Hill</td>
<td>Fulwell</td>
<td>Millfield</td>
<td>Sandhill</td>
</tr>
<tr>
<td>Hendon</td>
<td>Houghton</td>
<td>Redhill</td>
<td></td>
</tr>
<tr>
<td>St Chad’s</td>
<td>Redhill</td>
<td>Sandhill</td>
<td></td>
</tr>
<tr>
<td>Washington West</td>
<td>Sandhill</td>
<td>Shiney Row</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shiney Row</td>
<td>St Chad’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>St Chad’s</td>
<td>Washington South</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Washington West</td>
<td>Washington West</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renting from private landlord</th>
<th>Household with learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millfield</td>
<td>Pallion</td>
</tr>
<tr>
<td>Washington north</td>
<td>Sandhill</td>
</tr>
<tr>
<td></td>
<td>Washington East</td>
</tr>
</tbody>
</table>

Note: A Ward Map is provided in the Appendices
SECTION 5 - LEARNING DISABILITIES

Why do we need a strategy?

The changing context in which this Strategy is being developed is described:

• The ever increasing emphasis on choice and greater inclusion for people with learning disabilities, and a recognition that choice and location of accommodation is crucial to people's health, wellbeing and quality of life

• The changing aspirations of people with a learning disability - they want and expect the same opportunities as the rest of the population. There will need to be less spending on residential care in the future to allow investment in housing based alternatives. There will need to be increased support provided to people with learning disabilities in their own homes, possibly with the support of assistive technology, as people to take up personal budgets and self directed support

• Changing demographics - people with learning disabilities are living longer and fuller lives and many can expect to live to normal retirement age and beyond

• Changing financial situation - public spending is being severely cut, and this will represent a major challenge to the implementation of improvements needed

What national and local policies have helped to shape this Strategy?

We have acknowledged the importance of national and local housing strategies. A number of key “drivers” for the Strategy are described:

• Valuing People Now
• Transforming Social Care
• Our Health, Our Care, Our Say
The first two bullet points set out the Government’s desire to see care services transformed into truly personalised services, through mechanisms such as personal budgets. “Our Health, Our Care, Our Say” requires Councils to bring an end to the situation whereby large numbers of people with a learning disability are living in NHS “locally based hospitals”, and to identify suitable housing and care solutions for adults with disabilities within the community.

**What are the key objectives of the Strategy?**

- People with learning disabilities have access to a range of housing that is appropriate to their needs.
- To ensure that high quality support is provided for people with learning disabilities, including those who have complex and long term needs.
- To ensure that effective housing advice is available which enables people with learning disabilities to have an informed choice about housing options supporting them to live as independently as they can within the community.
- To increase information and advice about housing and welfare benefits.

Significant work has been undertaken to date to provide independent living for people with a disability, in partnership with private developers and registered providers. This has enabled people who had been placed outside of the city due to lack of appropriate housing, to be brought back into Sunderland and be effectively accommodated into their own tenancies.

The Council has a number of supported housing properties across the city accommodating people with learning disabilities. This includes the council’s own small group homes and registered residential accommodation. The council also has property ring fenced with Registered Providers including registered residential care; core and cluster provision; shared living in small group homes and independent tenancies with access to on site or floating care and support.

More recently accommodation has been provided by Private Developers appointing an RP as their Managing Agent. The RP leases the accommodation
from the private developer and the Council receives nomination rights to enable adults with disabilities to live independently in their own self contained apartment, with a tenancy agreement – while having access to care and support on site 24/7.

Extra care properties are available to people over the age of 55 with a learning disability. A number of older people with a learning disability have moved into and adapted well into the extra care housing environment. It is important to ensure that the person’s individual needs are carefully considered to ensure that they feel able to cope within an extra care housing environment.

LOCAL CONTEXT AND PRIORITIES

Valuing People Now: a three year strategy for people with learning disabilities was published in 2009. The strategy builds upon existing programmes to increase housing options for people with learning disabilities. It outlines that many people with learning disabilities do not choose where they live or with whom and more than half live with their families, and most of the remainder live in residential care. Valuing People identifies four guiding principles which apply to both individuals and services:

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

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

**Control:** This is about being involved in, and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.
**Inclusion:** This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the support to do so.

In response to these pressures, the Council identified its ‘accommodation’ priorities which included:

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

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

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

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

Our future housing strategies must consider the above and formulate a response to improve the housing choices available to our diverse communities.

**What we have achieved during 2012/13**

| ✔️ | Accommodation choices within the private rented sector have been extended to adults with learning disabilities who can live independently with floating support – ie not seeing housing association accommodation as their only housing option. |
| ✔️ | Accommodation choices within the private rented sector have been extended to adults with learning disabilities and complex needs who require 24/7 staff presence. Three separate private landlords have provided 17 self contained flats within 4 properties in different localities – providing independent living and security of tenure. |
| ✔️ | A scoping exercise has been carried out to inform our strategic priorities relating to the needs of people with a learning disability in terms of accommodation requirements. |
MARKET POSITION STATEMENT

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

People with learning disabilities are living longer and fuller lives and many can expect to live to normal retirement age and beyond. One consequence of this is that more people with a learning disability are becoming home owners. Across the country 3 out of 4 people now retiring are owner occupiers and half of all adults with a learning disability live at home. This means that for about 37% of all adults with a learning disability inheriting the family home and continuing to live there is a possibility to consider. It is likely that more people with a learning disability will inherit property wealth through a parent or other relative.

Population Data

There is a projected number of 25,448 people aged 65 and over living in the City with a moderate or severe learning disability. This is projected to increase to 29,436 by 2020.

It is projected that within the age group 18 – 64 that 945 people have a moderate or severe learning disability. This is projected to increase to 949 by 2020.

The amount of over 65s with moderate or severe learning disabilities is significant and shows a considerable projected increase in comparison to those aged 18 – 64.

At any one time there is an estimated 78 people aged between 18–64 presenting with challenging behaviour. This figure is expected to remain static over future years. The most prevalent general form of challenging behaviour is ‘other
difficult/disruptive behaviour’, with non-compliance being the most prevalent challenging behaviour.

**Down’s Syndrome**

Within the 65 and over age group it is projected that there are 326 people living in the City in 2012 with Down’s Syndrome. This number is expected to increase to 382 by 2020. It is anticipated that alongside Down’s Syndrome, people may also have other disabilities including dementia. The majority of people with Down’s Syndrome tend to remain in the family home with their parents. More research with families must be undertaken to identify future housing options as people with Down’s Syndrome are living longer. Many people may outlive their parents - parents who may have been the only support provider known to that person.

It is projected that within the 18 – 64 age group that 108 people have Down’s Syndrome, however, it is advised that this figure be treat with caution as the average life expectancy for people with Down’s Syndrome is approximately 59. This figure is expected to remain the same as projected to 2020.

Source: www.pansi.co.uk

**Autistic Spectrum Disorder**

Within the City is it projected that there are 1,709 people aged between 18 and 64 with an autistic spectrum disorder. This is projected to remain reasonably static over future years with a small increase to 1,712 by 2020.

The National Autistic Society states that ‘estimates of the proportion of people with autism spectrum disorders (ASD) who have a learning disability, (IQ less than 70) vary considerably, and it is not possible to give an accurate figure. Some very able people with ASD may never come to the attention of services as having special needs, because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents. Other people with ASD may be able intellectually, but have need of support from services, because the degree of impairment they have
of social interaction hampers their chances of employment and achieving independence.’

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

It has been identified within Health, Housing and Adult Services that approximately 16 people living at home with family support between the ages of 18 – 65+ are close to family break down. These figures are ‘fluid’ due to changing family circumstances, but nevertheless history would suggest that this figure is more likely to increase than decrease.

These pressures for support equate to around an additional 13 - 16 people per annum likely to need supported accommodation or a viable alternative. It must be considered, however, that the older adults with learning disabilities can often adjust to live within extra care housing. This is dependent upon their personal care and support needs and ability to cope within an extra care housing environment.

This section of the Strategy includes the needs of young people with disabilities who are / will be in transition into adulthood. We have aimed to identify the accommodation and care / support needs of young people to enable their needs to be planned and achieved as they reach adulthood.

Accommodation solutions for people with disabilities are more complex to resolve and requires careful planning and support to the individual at every stage to ensure that the move is the right one for them. Our experience is that a small number of adults with disabilities have adapted into independent living in extra care, particularly due to the social aspect provided within the communal areas of
the scheme. This includes people who have spent all of their life in an ‘institutional setting’.

Key housing issues for Sunderland City Council include:

- Accommodation and support packages should cost no more than the equivalent in residential care
- We should continue to work with ‘mainstream’ housing providers to encourage provision for adults with learning disabilities
- Housing providers need to be mindful of the predicted demand for housing from people with Learning Disabilities.
- The need to work closely with private developers and accredited landlords to identify opportunities for accommodation solutions via private capital investment and refurbishment of empty property or existing accommodation.

**Current Priorities for Sunderland**

**What is meant by the term “Learning Disability”?**

There is a very wide range of needs within the learning disability population.

Learning disability has been defined as:

"A significantly reduced ability to understand new or complex information, with a reduced ability to cope independently, which started before adulthood, with a lasting effect on development". Valuing People (2001)

Having an IQ below 70 is the current statutory threshold but this is not sufficient. Social functioning and communication skills need to be looked at when determining the need for health or social care support.

To meet current policy in housing and the requirements of the Disability Discrimination Act and the Equalities Act we must ensure that people with disabilities have appropriate support to meet their housing needs.
Some people with a learning disability are also physically disabled. There is a need to ensure that accommodation solutions are accessible.

The learning disability population, like the general population, is a diverse one. In common with all Sunderland citizens, people with a learning disability must have equality of opportunity and fair access to the mainstream housing options and support.

Local Housing Need
As at March 2013 there are approximately 61 people known to HHAS (this has increased from 54 as reported in 2012) with a learning disability who require accommodation in the city:

- 30 people require accommodation as a priority
- 9 people require accommodation in next 6 months
- 16 people require accommodation in 6 – 12 months
- 6 people require accommodation in 12 months +.

PRIORITY
Of the 39 people requiring accommodation as a priority we know:
- 20 people are living out of the City
- 5 people are living in their family home.
- 1 person is living in a children’s home
- 9 people are living in small group home or supported housing provision.

Accommodation and support requirements:
We know that:
- 9 people require accommodation with highly specialised care and support services provided on site. This requirement is predominantly for those people currently living out of the city – a number of people require forensic care and support.
• 20 people can live in supported accommodation in their own tenancy but will need care staff on site 24/7 with sleepover provision.
• 2 people can live in their own tenancy in the community with outreach support – accommodation is being sought via the Accredited Landlord Scheme.
• 7 people’s care and support needs are still being considered.
• 1 person requires a wheelchair adapted bungalow

6 – 12 MONTHS
Of the 16 people requiring accommodation in the next 6 – 12 months we know:
• 2 people are living out of the City
• 5 people are living in their family home
• 1 person is living in supported housing for people with autism

Accommodation and support requirements:
We know that:
• 4 people require small group home living arrangements with 24/7 care and support on site
• 8 people can live in supported accommodation in their own tenancy but will need care and support staff on site 24/7 with sleepover provision
• 4 people’s care and support needs are still being considered

12 MONTHS +
Of the 6 people requiring accommodation in 12 months + we know:
• 5 people are living in their family home
• 1 person is living out of the City

Accommodation and support requirements:
We know that:
• 4 people can live in their own tenancy within supported accommodation but will need care and support staff on site 24/7 with sleepover provision
• 2 people’s care and support needs are still being considered.
**Supported housing Arrangement** = block of properties with sleepover care and support provision on site – usually a block of flats providing independent tenancies.

**Small Group Home** - 24/7 care and support provided on site with sleepover. Usually a house where people have use of a bedroom for their own purposes with access to shared communal lounge, kitchen, bathroom.

**Independent Living** - Living in their own property within the local community with individual care and support provided outreach – or via on site provider.

**Core and Cluster** - Living in their own property in close proximity to each other and to the 'core house' which accommodates the care team.

**Key facts**
- the incidence of people with learning disabilities is not increasing, but people are surviving longer
- people with a learning disability over the age of 55 can be considered for extra care housing as appropriate
- there is an identified need for supported accommodation for adults with LD living at home with their parents as their informal carers, as their carers grow older and have their own support requirements
- There are 61 people with disabilities requiring accommodation with support services between now and 12 – 24 months
- 9 people require specialist housing and care services
- 36 people can live independently in their own tenancies with care and support services provided 24/7 – whether this be in supported housing or small group home provision.
MENTAL HEALTH

The purpose of this strategy is to set out how Sunderland Council in conjunction with its key partners and stakeholders can improve existing, and commission new or remodeled housing and support services to meet the health and social care needs of people with mental health problems.

National Context

This strategy has been developed in the context of the national strategy, “No Health Without Mental Health”. Published by the Department of Health in February 2011, this strategy sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services.

This Strategy will seek to prevent homelessness and enable people with mental health (MH) needs to live in settled accommodation and promote mental well-being, reduce discrimination and social exclusion. It will also ensure engagement with families and carers and local communities in their role as providers of accommodation and housing-related support.

Mental Health Housing & Support Pathway

There are several underpinning principles that operate within the Mental Health Housing and Support pathway:

- The desired direction of travel for individuals on the MH Supported Housing Pathway is towards recovery and independence;
- All MH Housing and Support Providers work with service users towards achieving these ambitions;
- The pathway supports people to move towards their goals as and when they are ready;
- All housing related support will be tailored to the individual’s particular needs including long term needs of individuals who require longer periods of support to achieve their ambitions.
With regard to accessing general needs accommodation in the social housing sector, the City Council maintains its own housing register. The Council’s Access to Housing Strategy is used to ensure that people with mental health issues who are ready to move-on from supported housing to more independent living are given equal access to such accommodation.

Registered Providers such as housing associations and other landlords play a key role in providing accommodation with low-level support and intensive housing management for people with lower support needs.

Extra care housing provides accommodation for older households with mental health, including alzheimers and dementia. More schemes are becoming available across the City – and more schemes are providing specially designed apartments and communal spaces to meet the needs of people with a dementia diagnosis to enable them to live independently in their own home for longer.

**Resources**

It is now well-established that investment in specialist housing and housing-related support services delivers significant savings in public sector spending. Both capital investment for specialist housing and revenue funding for housing-related support services contribute to efficiencies across public sector services, particularly in health and social care.

It is estimated that around 17% of adults of working age in the city have a mental illness at any given time, of which around 70% have anxiety/depression. Around 1% of the adult population have more severe mental illness, such as schizophrenia or bipolar disorders. The rate of claiming benefits or allowances due to mental or behavioural problems, a key issue contributing to worklessness, is higher in Sunderland than England (4.6% of the working population compared to 2.8% in England). Similarly the proportion of people who committed suicide in Sunderland was higher than the national average.
Furthermore, the PCT Needs Assessment of people with mental illness noted that there is a close relationship between mental illness, economic deprivation and risk of homelessness. For example, a statistical analysis of those presenting to the Access to Housing Team indicated a significant proportion advised that they had mental health problems.

**What we have achieved so far**

| ✔ | Negotiations with a private landlord led to the council receiving 100% nomination rights into a block of 4 apartments for allocation to 5 people with mental health / learning disabilities enabling them to hold their own tenancies and live independently with access to 24/7 on site care and support – **March 2012** |
| ✔ | Successful negotiation with Anchor to dispose of a sheltered housing scheme (which was leased by the council for the purposes of accommodating people with mental health) – to another Registered Provider who will enable those people living in the scheme to continue to do so and by giving them control over their own tenancy – **Jan 2013** |
| ✔ | Discussions are ongoing with Gentoo to enable people living in their accommodation via a managing agent arrangement with the council – to be allocated tenancies in their own accommodation enabling the council to step away from its managing agent role and giving the resident control over how they live. |
| ✔ | Negotiations with a private developer led to the council receiving 100% nomination rights into a block of 4 studio apartments for allocation to 3 people with mental health in the City Centre – enabling them to hold their own tenancies and live independently in their own apartment with access to 24/7 on site care and support. |
MARKET POSITION STATEMENT

Supporting People with Severe Mental Illness in the Community

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

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

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

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

Research conducted with people currently living in supported accommodation found that:
• The vast majority of those who participated in the consultation were satisfied with the supported accommodation they live in and feel it meets their needs well.

• The supported accommodation service has identified four ‘need categories’ that service users fall into and these range from individuals who have reached a plateau in their recovery and still require 24 hour support through to those who have achieved their identified outcomes and are ready for a move to more independent living, with the right support.

• Further analysis of individual’s own assessment of their future housing needs shows those who could see themselves living somewhere other than supported accommodation in the future tended to people earlier on in their recovery. However, those who have been identified as being ready for a move on by the supported accommodation service were more likely to want to remain in supported accommodation than move on and this was linked to the length of time the majority of these people have accessed the service.

• The vast majority of those who saw themselves moving on have been in the service for no more than 5 years (and the majority no more than 3 years) whilst those who saw themselves staying in supported accommodation tended to have been in the service for longer than this.

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

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

The Council is currently considering its supported accommodation provision and
how this might fit in to a clearer accommodation pathway for people with more
severe mental health issues, including appropriate support where people are
ready for a move to more independent living.
### SECTION 7 - FUTURE PRIORITIES

#### Ageing Population

<table>
<thead>
<tr>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to enable the development of one and two bedroom mixed tenure older persons housing provision – including specialist dementia housing</td>
</tr>
<tr>
<td>Enable the provision of an improved choice and model of accommodation which meets the needs, aspirations and expectations of people aged 55+</td>
</tr>
<tr>
<td>Consider further the suggestion of co housing for our ageing population</td>
</tr>
<tr>
<td>Enable the provision of a ‘seamless’ relocation service to provide signposting advice and physical and emotional support to enable older households to relocate</td>
</tr>
<tr>
<td>Improve access to information about ‘housing options’ especially amongst the hard to reach older households</td>
</tr>
<tr>
<td>Consider the housing needs of households with limiting long term condition who are living at home alone and identify ways in which to ensure that housing choices and relocation support information is made available to them to support them to relocate</td>
</tr>
<tr>
<td>Enable the development of more wheelchair accessible properties across all housing developments, or properties which can be easily adapted for people using wheelchairs</td>
</tr>
<tr>
<td>Develop diversity within our ageing communities housing programme by understanding the emerging needs of our minority communities including BME and LGB&amp;T</td>
</tr>
<tr>
<td>Consider housing solutions in Washington and Coalfields to deal with the severe under occupation levels particularly amongst older owner occupiers</td>
</tr>
</tbody>
</table>

#### Learning Disabilities

<table>
<thead>
<tr>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to identify adults over 55 with learning disabilities who may wish to consider extra care housing as a suitable housing offer</td>
</tr>
<tr>
<td>Develop a programme of housing delivery to meet the needs of adults with learning disabilities – as evidenced from improved intelligence</td>
</tr>
<tr>
<td>Understand the number of people who are able to purchase their own accommodation and plan for provision of accommodation to meet their needs</td>
</tr>
</tbody>
</table>
Understand the number of people who are living at home with their families and are the beneficiaries to their parent's estate i.e. they will ultimately become the owner. Plan to ensure that those people are able to manage the home successfully – or support them to relocate if that is their choice.

Understand the number of people with a learning disability who also have a physical disability – ensure that accommodation is planned to meet their needs.

Understand the current and future housing needs of people with Down's and ASD / Aspergers, especially those currently living at home with elderly parents.

Understand the needs of young people with learning disabilities in the educational system to enable the council to plan for their housing needs during their transition into adulthood.

Provide opportunities for people to live independently in their own home, with access to care and support provision – enabling them to live as an active citizen within their local community.

Undertake an option appraisal relating to the accommodation owned by and used by the Council to accommodate adults with disabilities. Determine their long term viability and plan to improve the housing choices available to its residents.

**Mental Health**

Continue to enable people with a long term condition over the age of 55 to access extra care accommodation.

Health and social care professionals to provide early housing need and aspiration information to enable new accommodation to be provided in a planned way.

Health and social care professionals take responsibility for ensuring that people’s housing needs are met.

Understand the requirements of the tenure type and size of accommodation for households requiring specific accommodation to meet the needs of a family member with a physical disability / complex needs.

Develop the mental health, housing and support pathway.

Integration of services to work effectively together, ensuring that NHS, Social Care Commissioners; Personalisation and Housing Services form part of a single joined up system.
SUMMARY

Provision of housing solutions for adults with disabilities must be included within all key Corporate Strategies, as appropriate to ensure that providers and developers understand the requirements of the diverse community within Sunderland – and are responding to this within their development ‘offer’.

Planning policy; regeneration strategies and master-planning exercises must all consider the wider needs of our diverse communities. Planning and Policy colleagues have a responsibility to enable the development of properties which meet the needs of our communities – they must consider the information from the Strategic Housing Market Assessment and Joint Strategic Needs Assessment to help them to outline to private developers how they must support the communities in Sunderland. It is not sufficient to just impose an affordable housing requirement upon housing developers or to develop Planning Policies around the provision of more affordable family homes.

Planning and Strategic Officers within the Council must shape relevant policies to enable the development of appropriate accommodation across the city and see the delivery of older persons accommodation as an opportunity to reduce under occupation and release family homes back into the wider housing market.

Lifetime homes; building homes that are future proofed and care ready must be considered within all new housing developments. However, building to wheelchair accessible standards must also be considered. Making new housing provision more accessible to vulnerable people encourages sustainable and inclusive communities. Building homes that are care ready and future proofed ensure that the property can adapt to meet the changing needs of individuals and households into the future – preventing their need to move unnecessarily.

Mixed tenure provision and innovative models of home ownership should be accessible to all – ensuring that all members of the community have a choice
about how they want to live and where, making best effective use of their equity and income.

Specific supported housing developments are still required to meet specific needs and this strategy outlines how we have started this process – and plans for the future. Implementing the key messages above will considerably support the delivery of this strategy by ensuring that there is a housing choice available for all members of our communities, regardless of disability or care and support need – ensuring that within Sunderland we are delivering and providing for true sustainable and inclusive communities.
<table>
<thead>
<tr>
<th>Glossary Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Extra Care Housing</td>
<td>Independent living for people over 55 with access to 24/7 on site care and support</td>
</tr>
<tr>
<td>Home (domiciliary) Care</td>
<td>Personal care and domestic support to someone living in their own home. For example, assistance with washing, bathing, toileting, and the provision of meals, cleaning and laundry services</td>
</tr>
<tr>
<td>Home Improvement Agencies (HIA)</td>
<td>Not for profit services helping older, disabled and vulnerable people remain independent in their own home by carrying out necessary repairs and adaptations. Also known as Care &amp; Repair or Staying Put agencies</td>
</tr>
<tr>
<td>Homes &amp; Communities Agency (HCA)</td>
<td>The public body that distributes funding to and regulates Registered Providers in England</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>A short period of intensive rehabilitation and treatment to enable people to return home following hospitalisation or to prevent admission into hospital or residential care</td>
</tr>
<tr>
<td>Lifetime Homes Standards</td>
<td>A set of 16 accessible housing design standards for new housing, most often applied to social housing</td>
</tr>
<tr>
<td>Primary Care Trusts (PCT)</td>
<td>Responsible for delivering better health and care to their local population, including GP and community health services</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>Purpose-built accommodation for older people, often with an on-site warden or scheme manager</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>Accommodation where there is a degree of daily living support for its residents to enable them to live independently</td>
</tr>
<tr>
<td>Telecare</td>
<td>A 24 hour emergency call service for older, disabled and vulnerable people supporting independent living at home</td>
</tr>
</tbody>
</table>
APPENDIX 2 - HEALTH CENTRE GP SURGERIES AND WELLNESS CENTRES

Legend

★ GPs

Community Wellness Venues

Wellness Centres

Health Centres

Wards

This map is based upon Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationery Office © Crown copyright.
APPENDIX 4 – CONSULTATION

OLDER PERSONS
An Older Persons Aspirations study was carried out in 2010. The resulting survey consisted of 750 postal questionnaires and online surveys with residents over the age of 55. The sample was drawn across the whole of the City and across all tenures.

In 2007 a Local Market Housing Assessment was carried out. This is to be revisited during 2012 with a new Strategic Housing Market Assessment (SHMA) to be undertaken. Links to the Joint Strategic Needs Assessment (JSNA) will be made as part of this assessment.

Research into dementia has been undertaken during 2011 drawing upon information from the Health Authority and the local authority to better inform future housing requirements.

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

- The estimated current and projected (future) numbers of people with particular vulnerabilities in the city.
- Help understand what the current and future needs and aspirations of these people are.
- What services and support exist to meet people’s needs and aspirations
- What the strengths, weaknesses and take up of these existing services and support are.
- What improvements to services are required to meet current or future aspirations of people with particular vulnerabilities in the city.
ADULT IN NEED CENSUS

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

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

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

Workshops with key stakeholders, including customers and carers

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

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

This enabled us to gain more in-depth, qualitative feedback around:
- Current and future needs of people with these conditions/disabilities in the city
- Existing services to meet these needs
- Gaps in service provision

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