

Sefton Council

Older Persons' Housing Strategy Research Final Report

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Executive Summary

Sefton Council commissioned North Star Consulting & Research to undertake research into the delivery of additional (new and other) housing, including specialist provision, to meet the current and future needs of older people, together with related housing support services. The Council needs to identify the types of market specialist housing best suited to meet the requirements of its ageing population. This research looks at how the Council will deliver housing solutions to meet the need /demand of an increasingly older population in Sefton. The scope of the research focuses on delivery of housing solutions to meet needs in both the market and the affordable sectors.

The research findings presented in the report also provide an evidence base, upon which the Council can develop its Housing Strategy, Local Plan Housing and Affordable and Special Needs Housing policies, and to determine future priorities for commissioning services to support older people to access alternative housing and maintain a lifestyle independent lifestyles wherever possible.

For the purpose of the study “Older persons” are defined as aged 55 or over i.e. it includes those who will fall into old age over the next ten years.

Research Methodology

North Star developed an approach designed to meet all of the research aims and objectives as stated in the study brief. The key research methods employed included:

- Data and document review
- Review of models of older persons’ housing
- Review of the Draft Local Plan
- An online survey of registered housing and support providers
- Extensive stakeholder consultation
- Consultation with older people through a series of four focus groups
- Good Practice Review
- Developing Appropriate Housing Solutions

Key findings are presented in the main body of the report with a series of appendices providing contextual data, wider analysis and detailed supporting information.

Key Findings

Population

At the 2011 Census, Sefton had a population of 273,790. Southport is the largest sub-market with 33% of Sefton’s population, followed by Crosby (18%) and the remaining sizeable communities of Maghull/Aintree, Netherton, Bootle and lastly Formby.

Overall the local authority has a comparatively smaller proportion of younger people; 33.4% of its residents are under 29 years of age compared with 37.5% in the North West and 37.5% across England. The authority has a greater proportion of older people; 27.5% of the Sefton population are over 60, compared to 22.8% in the North West and 22.3% across England as a whole.

Formby, Southport and Aintree however have significantly larger older populations than the average for the North West and England. Almost 13% of Formby's population are '75 plus' for example, compared to 7.7% in both the North West and England.

Significantly the largest age group in Sefton is the '45 to 59' category at almost 22% of the population. This differs from the North West region and England overall where the largest single group is the younger '30 to 44' bracket. As the 45 to 59 age group get older they will form the new generation of older people and this should be taken into account when planning for future provision of service for older people.

The Office for National Statistics published 2012 based subnational population projections for each local authority in Spring 2014. The projections show a relatively modest increase in the Sefton population between 2012 and 2037 of 2.2%. This compares to 3.6% for the North West and 7.2% for England. However within this there are significant increases projected in the over 75 age group (68.3% over the 25 years) and declines within the younger age groups, most significantly, in the 45 to 59 age group of 17.9%.

Housing Supply

Data provided by Sefton Council shows that there are 42 Sheltered Housing complexes in the borough. The majority of these (19, 45%) are located in the Bootle housing market area with the second highest concentration in Southport (12, 29%) followed by Crosby (6, 14%), Maghull/ Aintree (3, 7%) and Netherton (2, 5%). There are no Sheltered Housing schemes in Formby. There is currently no Very Sheltered or Extra Care Housing provision.

The consultation findings showed that Registered and private providers future strategies in relation to existing accommodation and new provision include: carrying out stock appraisals and modernisation/ upgrading of existing schemes; and continued provision of independent living. A small number of Registered Providers (RPs) are planning to provide additional housing for older people in Sefton. Strategies include: provision of Extra Care Housing and the provision of new developments of older people which are future proof, wheelchair standard, with mobility scooter storage

The Home and Communities Agency (HCA) indicated that it is keen to support older persons housing and is looking to encourage further bids via the Affordable Homes Programme for initiatives in Sefton and is also looking to encourage older persons housing schemes. Any such developments would have to complement the wider offering and meet needs in terms of Extra Care of bungalow provision.

Models of Older Persons Housing

As part of this study we have reviewed a number of significant academic papers, articles and reviews relating to the various models of older persons housing.

There are a number of different models of housing for older people with ordinary housing with support and adaptations remaining the most prevalent followed by Sheltered Housing and then Extra Care housing. The literature identifies positive and negative issues with each model. A report by the Joint Improvement Team, CIH and Scottish Government¹ on **Housing with Care for Older People**, perhaps best sums up the situation by concluding that there is no single 'blueprint' for a successful model of provision. Rather, successful schemes are those where the location, physical design, culture, staffing, and management of housing with care all play a part in improving outcomes for older people and crucially where older people are in the driving seat over the type of care and support they receive.

The Local Plan

Sefton Council is preparing a new Local Plan for the period 2015 – 2030. Background evidence studies and the early stages of consultation have been undertaken and the publication draft of the Local Plan is currently underway.

The Council has undertaken a number of studies on aspects of housing and land supply that will form part of the evidence base of the plan. These include a Strategic Housing Market Assessment, Strategic Housing Land Availability Assessment, Gypsy and Traveller Accommodation Assessment, Housing Requirement Study and Economic Assessment of Affordable Housing Study. This Older Person's Strategy research will help inform the delivery of the Local Plan, as well as supporting the development of the Council's new Housing Strategy and Health and Well Being Strategy.

Conclusions

Overall current provision for older people is characterised by a certain amount of diversity and choice. As we have described, the vast majority of older people live in 'mainstream' housing however there is a requirement for specialist provision and scope for a greater number of options within the specialist provision.

There are a number of key areas which make up a suite of appropriate solutions and we present them here under the following headings:

- New Development and Provision
- Development Standards
- Sheltered/ Assisted Living
- Extra Care
- Strategic Planning and Joint Working

¹ <http://www.scotland.gov.uk/Resource/0043/00436806.pdf>

- Information and Advice
- Aids, Adaptations and Continued Use of Existing Housing
- Preventative Support Services

The majority of older people in the Borough will not move or will choose to meet their needs in the private market by moving to smaller/more manageable accommodation or to be closer to family to receive support. This is particularly true of the more affluent housing markets in the Borough where older people are likely to have sufficient equity in their existing homes to meet their arising need in the private market. However, we know that suitable, appealing homes for those wishing to downsize are in limited supply and that new supply in the private market is unlikely to directly address the needs of older people without intervention, rather it will develop mainly to meet the need of family households and first time buyers.

Most specialist accommodation provision will be required in the higher demand areas in the north of the borough with a higher proportion of older people. The north of the borough is also more likely to be most viable and an attractive development proposition for the private sector. Some affordable provision will also be required. In the South of the borough where housing need and demand is more likely to be in evidence in the social rented sector affordable housing should also be provided, with much less emphasis on market developments which are likely to be less viable given lower house prices and a smaller population of owner occupiers. Need in the South of the borough will be characterised by specialist affordable accommodation and it is likely that development economic viability will be more challenging and often requiring subsidy.

Recommendations

The recommendations in this report are based on a range of development solutions from new homes aimed at older, independent households to the direct provision of specialist accommodation with care and support. Specific development of Sheltered or Extra Care Housing is considered and all of these should be contemplated, alongside the recommendations in relation to advice/support and planning policy, to ensure that a range of needs are met and that the need for and provision (and cost) of specialist housing and with care is minimised. Funding homes for older people requires subsidy in areas out with private development opportunities which are limited to markets where development can be delivered commercially.

In relation to all of the recommendations, an early dialogue should be undertaken with private developers, RPs, care providers, social service, service users and funders, particularly the Homes and Communities Agency (HCA) to inform their development and delivery.

New Development and Provision

Recommendation 1: Sefton Council consider the use of planning policy to encourage the provision of homes suitable for older households as part of new build developments.

Recommendation 2: Sefton Council should consider the impact of such a policy as part of the next Economic Viability Assessment to be undertaken, either as a percentage of developments as a whole or as part of the affordable housing provision.

Recommendation 3: Sefton Council should work with house builders, RPs and the HCA to consider ways to aid the design process and agree minimum standards and look at best practice in provision of this type in other areas.

Recommendation 4: Opportunities to access funding to support new provision should be taken where possible. Whichever way this is taken forward, consideration should be given to the tenure mix of provision for older households and the housing market area in which they are to be developed.

Recommendation 5: Consideration should also be given to whether some or all of the older persons accommodation provided across tenures should be restricted by condition to occupation by over 55s or over 65s and/or those with a local connection to the area.

Commuted Sums

Recommendation 6: All commuted sums which the Council are eligible for should be collected. This should be the case even where local sites for their use have not yet been identified. If a local site cannot be found commuted sums should be used elsewhere in the borough. The use of pooled commuted sums towards provision of older persons accommodation should also be considered.

Development Standards

Recommendation 7: Developers of new build development should be encouraged to consider development to the criteria in the Lifetimes Homes Standard/proposed Category 2 in the proposed Housing Standards (currently out to consultation) across all tenures given that the retrofitting and subsequent removal of aids and adaptations in existing homes is often not cost effective.

Recommendation 8: Sefton Council should include a policy in its draft Local Plan in line with the guidance in the consultation on Housing Standards set out in chapter 4 above; this should cover both category 2 and 3 homes.

Recommendation 9: In advance of the adoption of the Housing Standards consideration should be given in the Sefton Local Plan as to the locations where Category 2 and 3 housing will be justified in relation to the factors set out in the guidance above, the proportion of each type of housing required and the requirements in respect of affordable and market housing.

Sheltered/Assisted Living

Recommendation 10: The Council should consider that any affordable housing commuted sums from mainstream developments are specifically applied to support the provision of older people's housing in the same or other parts of the Borough.

Recommendation 11: Particularly in the Bootle housing market area, the Council should seek to support and encourage the modernisation and refurbishment of existing Sheltered Housing where appropriate to improve the overall quality of the available stock and support the older resident population.

Extra Care

Recommendation 12: We consider the provision of Extra Care to be an appropriate solution given the size and age of the older population. There are two schemes with planning permission and currently under development at the 90 unit scheme at Damfield Lane and 24 units with dementia care at Parkhaven Court, both in Maghull. We recommend that the Council use these schemes to learn lessons for the provision of further such developments.

Guidance

Recommendation 13: The information from the schemes in Maghull should inform the development of further Extra Care across the Borough. This exercise should also aim to ascertain the interest from developers in provision of this type. Given that there are few sites in the area in Council or public ownership, developments of this type are likely to be brought forward by private providers and RPs and the possibility and suitability of allocated or windfall sites to accommodate development should be considered. Any guidance should not be overly onerous as to stifle interest but rather it should set out minimum standards for Extra Care Developments.

Recommendation 14: In conjunction with a stakeholder group which includes service users and providers, the Council should also consider developing Extra Care Design Guidance, perhaps alongside the development of house types and accessibility standards as set out above. Reference should also be made to the HCAs Non Mainstream Design Guidance from 2012².

Recommendation 15: The Council should also consider the development of a Care and Support Strategy which, amongst other areas, should seek to provide assurances to potential providers of housing around the type of care which will be available in the future. Sefton Council should also consider this approach as developments progress.

² <http://www.homesandcommunities.co.uk/download-doc/6434/10967>

Development

Recommendation 16: In relation to the development of new Extra Care facilities, Sefton Council should proactively seek partners and site opportunities to develop Extra Care for sale and mixed tenure across the Borough and develop a model specification for Extra Care that will aid providers as they consider development in different markets in the Borough.

Strategic Planning and Joint Working

Recommendation 17: We recommend that the development of an overarching Older Persons Strategy is progressed as an integral element of the Borough Housing Strategy. We note that the work to develop a new housing strategy will commence during early 2015 and it is advised that Older Persons' Housing should be an important component of this.

Recommendation 18: We also recommend that a Housing Strategy and Monitoring and Advisory Group is established with formal reporting structures. This group should consist of housing, health and social care commissioners and delivery agents including RPs, Support Providers, the voluntary sector, private sector providers, developers, and representatives from the older population across the borough. Older people should also be included within the Advisory Group membership.

Recommendation 19: Joint working and partnership should extend beyond the Advisory Group and colleagues should work to ensure that Housing is represented in the Health and Social Care structures and should, for example, be a partner within the work of the Health and Wellbeing Board.

Information and Advice

Recommendation 20: A gap identified in Sefton is the provision of prevention and support services, with a need for greater signposting towards community based services. Voluntary services are very active in Sefton but there is a lack of signposting towards these. A Directory of Services is currently being developed/ updated and once in place should be made widely available to service providers, support agencies and older people.

Recommendation 21: The older persons housing strategy should highlight the need for support through informal networks of family and friends, alongside provision of high quality information and advice service at a local level. The Council should work with RPs and other providers to ensure these services are in place. It should also explore the potential for the housing options approach.

Recommendation 22: Sefton Council should further explore the potential for developing 'One Stop Shop' approach to provision of services.

Recommendation 23: There is a need for good, understandable advice to enable older people to make informed choices and Sefton Council should review current provision of information and advice services and publicise sources of information for older people and this could be delivered via the action plan from the Older Persons Housing Strategy.

Aids, Adaptations and Continued Use of Existing Housing

Recommendation 24: Across the area there should be an increased focus on prevention. As the population ages, living in existing homes, the need for aids and adaptations will increase. Joint working should consider how to achieve more effective delivery of aids and adaptations.

Recommendation 25: Health and social care outcomes and indicators need to give greater priority to the impacts of preventative housing services for older people designed to improve the home environment, promote independence and reduce demand on the care and health systems.

Recommendation 26: Fuel poverty has been highlighted as an issue in Sefton. Collective energy provider switching schemes and insulation schemes could be targeted at those older households in greatest risk. A pilot scheme developed by the Affordable Warmth Team is currently running in Sefton an evaluation of this scheme should be undertaken with services rolled out where it proves beneficial.

Preventative Support Services

Recommendation 27: The Council should explore ways to further develop assisted technologies as part of a suite of preventative and support measures, including identification of potential delivery partners.

Recommendation 28: Support and advice services should continue to provide face to face contact, home visits, paper and telephone based information which are more accessible to the older generations.

Recommendation 29: The Council should consider the creation of a dedicated Home Improvement Agency where there are opportunities and finances to do so. The Council should consider the wider efficiencies which access to trusted trader and handyman services would provide and look at models to deliver this, including cross subsidy from self funders purchasing services from the scheme.

1. Introduction

Sefton Council commissioned North Star Consulting & Research to provide a single piece of research into the delivery of additional (new and other), including specialist, housing to meet the current and future needs of older people, together with related housing support service needs.

The research findings presented in this report provide an evidence base, upon which the Council can develop its Housing Strategy, Local Plan Housing and Affordable and Special Needs Housing policies, and for determining priorities for future commissioning of services to support older people to access alternative housing and maintain a lifestyle as independent as possible.

For the purpose of the study “Older persons” are defined as being aged 55 or over i.e. it includes those who will fall into old age over the next ten years.

1.1 Study Aim

Sefton Council needs to identify the types of market specialist housing best suited to meet the requirements of its ageing population. This research looks at how the Council will deliver housing solutions to meet the need /demand of an increasingly older population in Sefton. The scope of the research focuses on delivery of housing solutions to meet needs in both the market and the affordable sectors.

We present our findings in the following chapters and Appendices:

- Housing and Support for Older People in Sefton
- Models of Older Persons Housing
- Planning Policy and the Emerging Local Plan
- Good Practice Examples
- Appropriate Solutions

This research draws on a wide variety of supporting data to inform our conclusions and recommendations and is included as Appendices to the main report. Appendices include:

- Document Review
- Demographic Data Review
- Area Profiles
- Survey and Consultation Findings
- Research Methodology

2. Housing and Support for Older People in Sefton

This chapter sets out the key findings from the primary research instruments employed in this study. The methodology used and a detailed description of our approach is contained in Appendix 6. The research findings are drawn from a data review and consultation with:

- Sefton Council
- External National Stakeholders
- External Local Stakeholders
- Support Providers via a Survey
- Older Persons focus groups
- Stakeholders via a Workshop

The data and document review, alongside the consultation with service providers, service users and representative organisations and feedback from the survey and stakeholder seminar, highlighted a number of common themes in relation to housing for older people in Sefton:

- Demographic profile
- Housing Provision
- Housing Support
- Future Strategy and New Provision
- Information and Advice
- Wider community, facilities and amenities
- Strategic Leadership and Joint Working

The key findings under each of these themes are set out below. Some of the points cover more than one theme and are therefore set out under the main or most appropriate thematic area.

2.1 Demographic Profile

2.1.1 Population

The first, and perhaps most important, demographic characteristic to map in order to identify need, is the current population of Sefton. Table 2.1 outlines the population of the local authority area and each of the sub market areas (as identified in the SHMA) within it.

At the 2011 Census, Sefton had a population of 273,790. Southport is the largest sub-market with 33% of Sefton's population residing there, followed by Crosby (18%) and the remaining sizeable communities of Maghull/Aintree, Netherton, Bootle and lastly Formby.

Table 2.1 Population of Sefton Sub Market Areas 2001 to 2011

Area	Population 2001	Population 2011	Absolute Change	% Change
Bootle	39,362	35,896	-3,466	-8.8%
Crosby	50,835	49,097	-1,738	-3.4%
Formby	24,999	23,845	-1,154	-4.6%
Maghull/ Aintree	39,159	37,338	-1,821	-4.7%
Netherton	38,270	37,233	-1,037	-2.7%
Southport	90,329	90,381	52	0.1%
Sefton	282,954	273,790	-9,164	-3.2%
NW England	6,729,764	7,052,177	322,413	4.8%
England	49,138,831	53,012,456	3,873,625	7.9%
Source: Census 2001 and 2011				

Since the last census the population of Sefton has fallen by 3.2%, compared to increases across the North West and England of 4.8% and 7.9% respectively. The decline in population is present across the local authority area, with only Southport experiencing small increase of 0.1% over the period. Bootle has seen the largest decrease at 8.8%.

2.1.2 Age Structure

Table 2.2 provides a profile of Sefton by age and sub-market area. Overall the local authority has a comparatively smaller proportion of younger people; 33.4% of its residents are under 29 years of age compared with 37.5% across the North West and 37.5% across England. The authority has a greater proportion of older people; 27.5% of the Sefton population are over 60, compared to 22.8% across the North West and 22.3% across England as a whole.

The pattern of age distribution differs within each sub-market area and reflects the difference within each distinct community. Bootle and Netherton have a higher than average population in the 'Under 15' age group at 18.9% and 18.3% respectively and smaller '75 plus' populations, at just 6.0% in Bootle.

Formby, Southport and Aintree however have significantly older populations than the average for the North West and England. Almost 13% of Formby's population are '75 plus' for example, compared to 7.7% in both the North West and England.

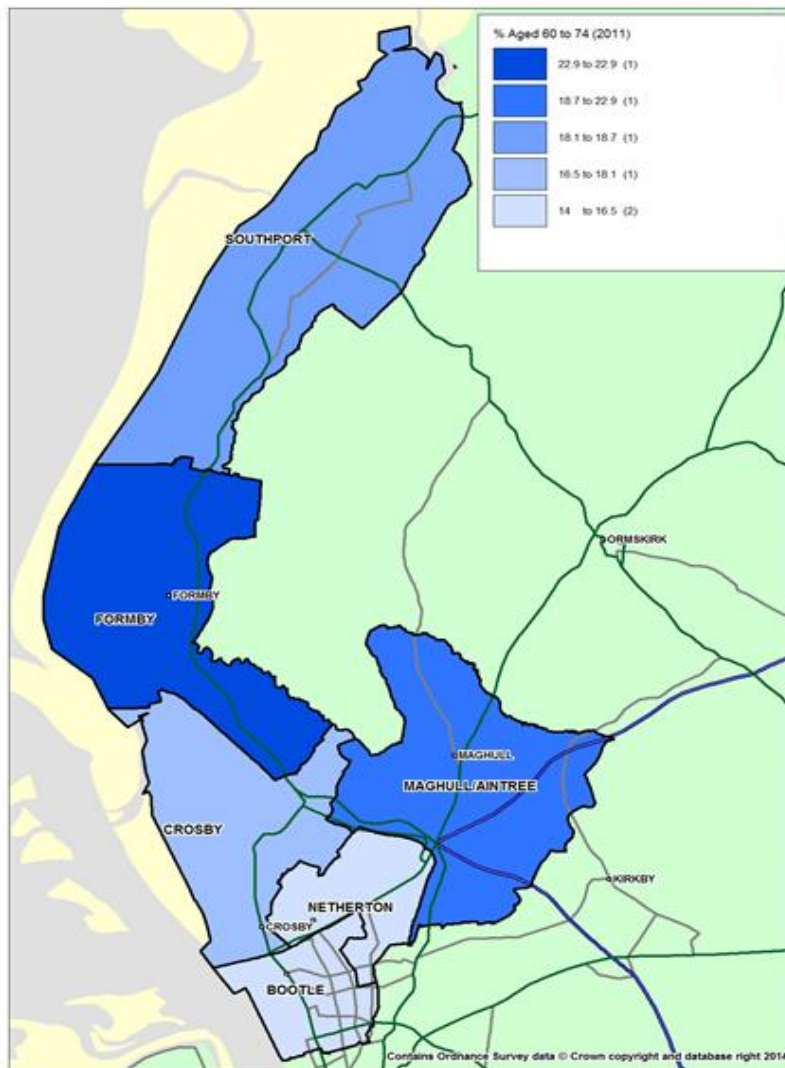
Significantly the largest age group in Sefton is the '45 to 59' category at almost 22% of the population. This differs from the North West region and England overall where the largest single group is the younger '30 to 44' bracket. As the 45 to 59 age group get older they will form the new generation of older people and this should be taken into account when planning for future provision of service for older people.

Table 2.2 % Age by Area, 2011

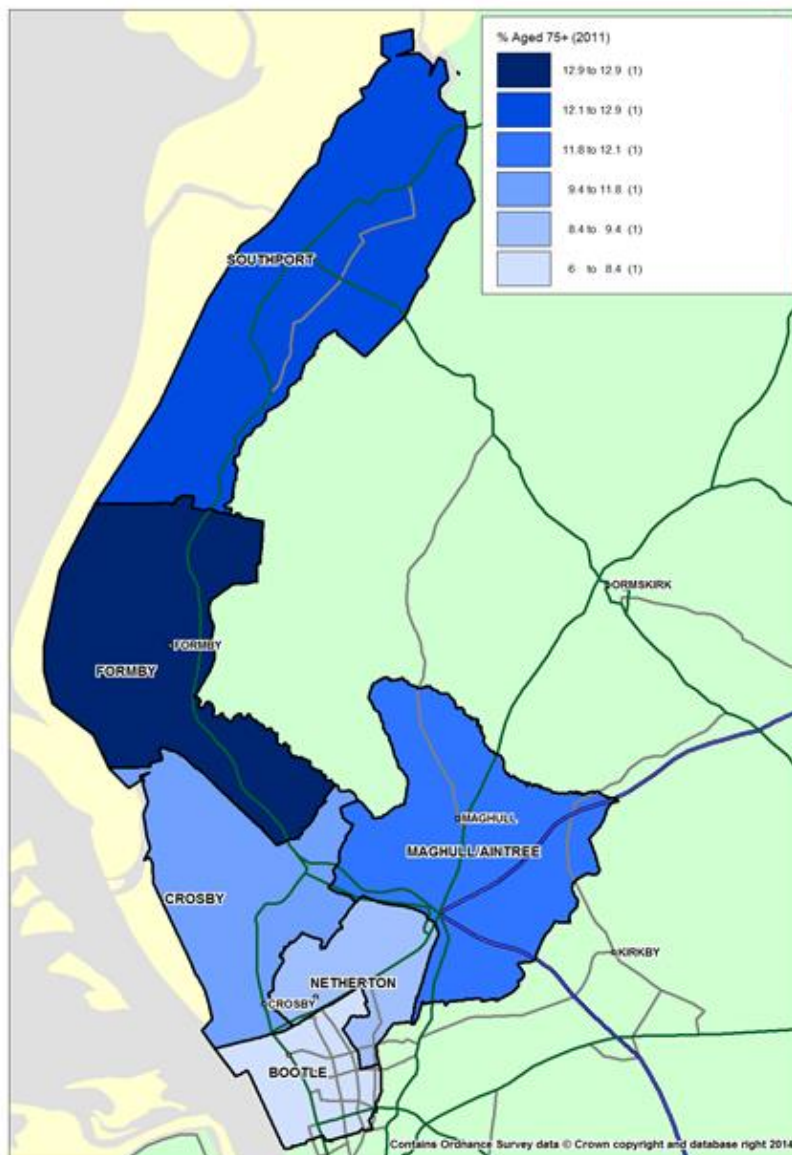
Area	Under 15	15 to 29	30 to 44	45 to 59	60 to 74	75 plus
Bootle	18.9	22.0	19.2	20.0	14.0	6.0
Crosby	15.3	17.3	17.4	24.0	16.5	9.4
Formby	15.0	13.1	15.2	20.9	22.9	12.9
Maghull/Aintree	13.9	16.3	16.6	22.8	18.7	11.8
Netherton	18.3	19.7	18.7	21.0	14.0	8.4
Southport	15.7	16.1	17.1	21.0	18.1	12.1
Sefton	16.1	17.3	17.4	21.6	17.2	10.3
NW England	17.5	20.0	19.8	19.8	15.1	7.7
England	17.7	20.0	20.6	19.4	14.6	7.7

Source: Census 2011

Map 1 2011 Population Aged 60 to 74



Map 2 2011 Population Aged 75+

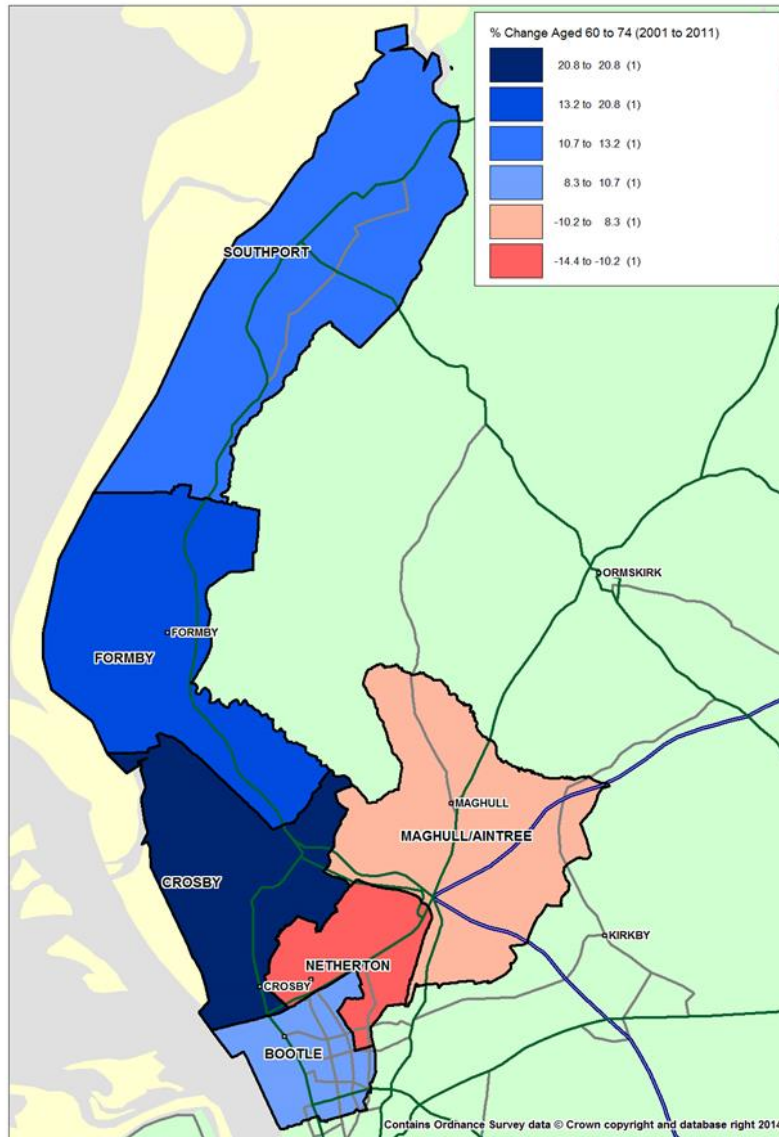


Overall the population of Sefton has fallen over the period 2001 to 2011 (see Table 2.3). However this decrease is not consistent across all age groups. Table 2.3 highlights the % change in population by age group and sub-market area.

Of note is the substantial increases in the '75+' age group. Maghull/ Aintree has experienced a rise of 48.2% while Formby has experienced an increase of 36.8% which is far higher than the rate of growth for both the North West (9.1%) and England (10.9%). Indeed, all sub-market areas within Sefton, except Bootle, have experienced increases in the '75+' age group.

These large increases in the older population of the local authority are offset by decreases in the younger age groups, particularly the working age group '30 to 44' and the 'under 15' age group.

Map 3 2001 – 2011 Population Change 60 to 74 Years



Map 4 2001 – 2011 Population Change 75+ Years

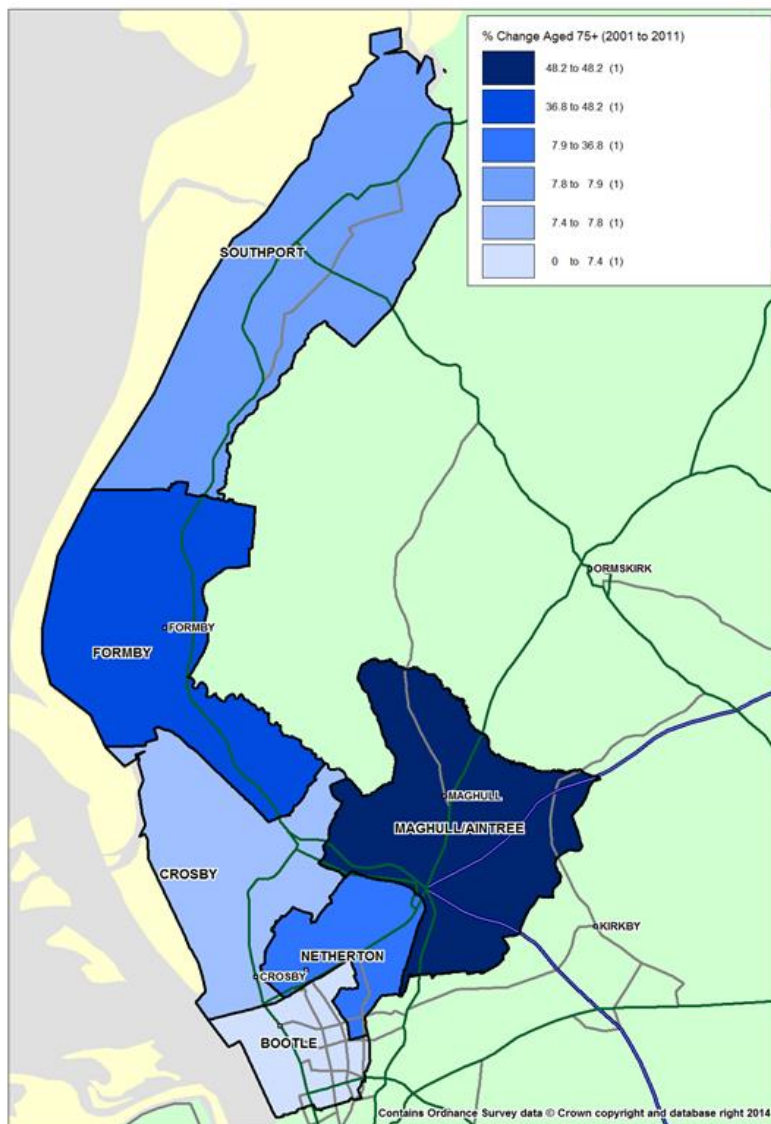


Table 2.3 % Change in Age by Area, 2001 to 2011

% Change	0-15	15-29	30-44	45-59	60-74	75+
Bootle	-21.7%	11.1%	-19.1%	10.8%	8.3%	0.0%
Crosby	-16.8%	9.3%	-19.8%	22.6%	20.8%	7.4%
Formby	-14.8%	-7.4%	-21.6%	-13.0%	13.2%	36.8%
Maghull/Aintree	-26.5%	-6.6%	-30.1%	-1.8%	-10.2%	48.2%
Netherton	-22.5%	3.0%	-20.8%	20.8%	-14.4%	7.9%
Southport	-8.9%	9.5%	-19.3%	8.3%	10.7%	7.8%
Sefton	-17.3%	5.1%	-21.3%	8.8%	5.1%	14.6%
NW England	-4.9%	13.8%	-6.2%	8.9%	15.9%	9.1%
England	1.0%	14.4%	-1.6%	10.7%	18.9%	10.9%

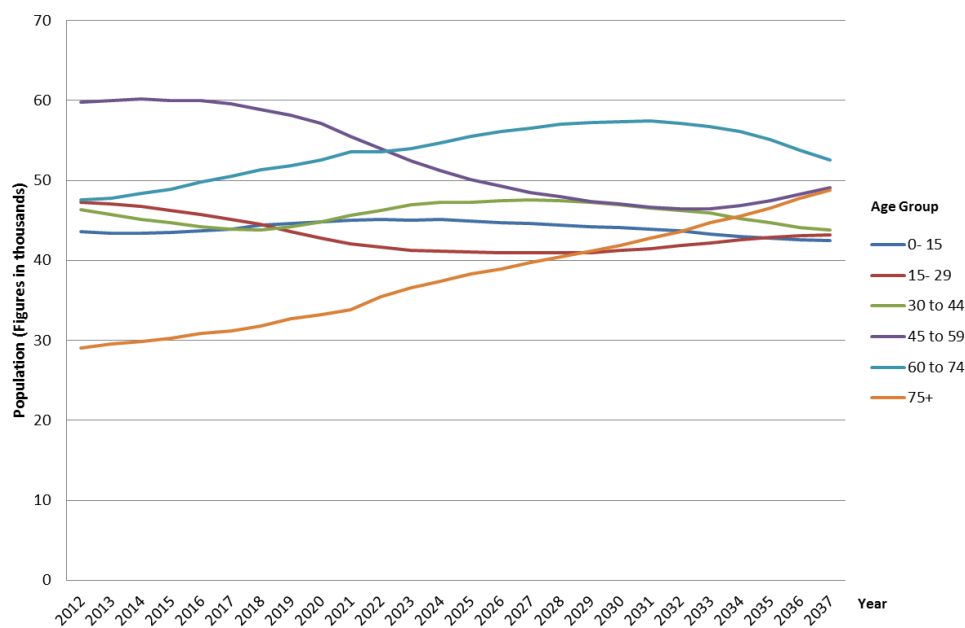
Source: Census 2011

2.1.3 Population Projections

The Office for National Statistics published 2012 based subnational population projections for each local authority in spring 2014. Figure A2.1 and Tables A2.4 and A2.5 present these projections, broken down by age category.

The projections show a relatively modest increase in the Sefton population between 2012 and 2037 of 2.2% (see Table 3.4). This compares to 3.6% for the North West and 7.2% for England. However within this there are significant increases projected in the over 75 age group (68.3% over the 25 years) and declines within the younger age groups, most significantly, in the 45 to 59 age group of 17.9%.

Figure 2.1 Population Projections for Sefton 2012 to 2037 by Age



Source: ONS 2012 Based, Subnational Population Projections

2.2 Housing Provision

Data provided by Sefton Council shows that there are 42 sheltered housing complexes in the borough. The majority of these (19, 45%) are located in the Bootle housing market area with the second highest concentration in Southport (12, 29%) followed by Crosby (6, 14%), Maghull/ Aintree (3, 7%) and Netherton (2, 5%). There are no Sheltered Housing schemes in Formby. No Registered Providers (RPs) are currently providing Very Sheltered or Extra Care Housing, although two Extra Care developments in the private sector are under construction at the time of writing.

The social housing for older people in Sefton is characterised by:

- Turnover ranging from between 0 -15% in Sheltered Housing and 0 to 10% in general needs accommodation
- Void rates within Sheltered Housing are also within the higher range at between 0 – 15% compared to general needs housing for older people with 0 – 10%
- High demand for Sheltered Housing is experienced in Southport, Crosby and Maghull, while there is low demand for Sheltered Housing in the Bootle area.
- Current accommodation provided for older people in Sefton was described as:
 - ‘in good condition’
 - ‘purpose built, older’
 - ‘mainly one/ two bedroom’
 - ‘purpose built, modern’.
- The typical age of older people in general needs accommodation ranges from 55 to 75
- The typical age of Sheltered Housing residents ranges from 55 and over including residents in the 95+ age group
- Average rents for older people in general needs accommodation range from £61 to £120 p.w., with service charges up to £20 p.w.
- Average rents for Sheltered Housing range from £61 to £120 p.w., with service charges ranging between £11 and £60 p.w.
- Typically no staff support is available in general needs housing occupied by older people
- In Sheltered Housing staff support includes:
 - Visiting 7 days per week
 - Warden on site weekdays
 - Community alarm/ call service
 - Housing support
 - Social activities

The survey of RPs showed that the older residents of general needs accommodation have the following needs:

- Older people without support needs (57% of respondents)
- Older people with support needs (43%)
- Older people with dementia (29%)
- Frail elderly (29%)
- Older people with mental health problems (29%)
- Older people with a physical and/ or sensory Impairment (29%)
- Older people with drug or alcohol problems (29%)
- Older people with long term conditions or other physical health needs (29%)
- Older people who are isolated or lonely (29%)

The older residents of Sheltered Housing have the following needs³:

³ Percentages shown indicate the proportion of survey respondents who said their residents had these needs, Multiple answers were permitted so totals will exceed 100%.

- Older people without support needs (29% of respondents)
- Older people with support needs (57%)
- Older people with dementia (43%)
- Frail elderly (43%)
- Older people with mental health problems (43%)
- Older people with a physical and/ or sensory impairment (57%)
- Older people with drug or alcohol problems (57%)
- Older people with long term conditions or other physical health needs (29%)
- Older people who are isolated or lonely (43%)

As one might expect, there is a greater proportion of older residents in general needs accommodation with no support needs. In Sheltered Housing greater numbers of residents have support needs, physical and sensory health issues, drug and alcohol problems, dementia and mental health issues.

In terms of what service provision current older residents would benefit from, the consensus from the survey feedback was that those in general needs housing require most help in accessing aids and adaptations and in supervision and monitoring of health and well-being. Those in Sheltered Housing would also benefit from a range of additional support and services although the most frequently cited was 'help in establishing social contacts and activities'.

Tenancy termination reasons for people living in Sheltered Housing are similar to those older people living in general needs accommodation; death and moves to residential care each account for 57% of survey responses, followed by moves to Sheltered Housing (14%), moves to housing with care (14%) or moves to a family setting (14%). These responses overwhelmingly suggest that for many Sheltered Housing is their final accommodation.

2.3 Housing Support

An average of 48 minutes per week of housing support is provided to older people in Sefton. A range of support is being provided including: community alarms, help in accessing aids and adaptations, and help in establishing personal safety and security, help in establishing social contacts and activities; advice, advocacy and liaison with statutory agencies; help in gaining access to other services; help in managing finances and dealing with benefit claims; help in setting up and maintaining a home. No support providers were providing support to older people in general needs accommodation.

Housing support for older people in the Sefton area is characterised by:

- Average hourly costs range between £0.40⁴ to £20.36
- Staff costs and face to face contact are the most costly elements
- Support is mainly available during office hours, Monday to Friday
- Many staff have NVQ Level 3 but many with no relevant qualifications

⁴ North Star are currently checking the accuracy of this figure

- Referrals for housing support come from: the individual; Voluntary/ Community Organisations; One Vision Housing Property Pool Plus (nominations/ lettings), Sefton Council - Housing Options and Sefton Council - Social Care
- Gaps in current housing support include: additional types of support, a lack of flexible support, a lack of suitable accommodation
- Key trends affecting support for older people are: higher client needs and an ageing client group; and 'lack of funding'
- The feedback from the survey was that these trends will: impact on provider capacity to support clients; and customers requiring more one to one time from on-site staff.

The main outcomes of the provision of housing support for older people in Sefton are: maintaining independent living; prevention of social isolation; increased personal security and increased social skills/ confidence/ managing behaviour were the most common responses.

2.4 Future Strategy and New Provision

Registered and private providers future strategies in terms of existing accommodation and new provision include: carrying out stock appraisals and modernisation/ upgrading of existing schemes; and continued provision of independent living. One private sector Extra Care provider said:

The private sector Extra Care capacity in the borough is not being met and we have plans for several more developments in the North of Sefton.

A small number of RPs are planning to provide additional housing for older people in Sefton. Strategies include: provision of Extra Care Housing and the provision of new developments of older people which are future proof, wheelchair standard, with mobility scooter storage

The Home and Communities Agency (HCA) indicated that it is keen to support older persons housing and that although a number of bids were received for Extra Care there were comparatively few bids in the area. The HCA is looking to encourage further bids via the Affordable Homes Programme and similar initiatives in Sefton and is also looking to encourage older persons housing schemes. Any such developments would have to complement the wider offering and meet needs in terms of Extra Care of bungalow provision. HAPPI principles should be followed in any new developments for older people. There are a number of successful examples of mixed tenure Extra Care developments in the North West offering outright sale, shared ownership, market and social rent which the HCA cited as a good example.

The Essential Role of Sheltered Housing (EROSH) is exploring ideas around being more creative in the provision of Sheltered Housing, with Sheltered Housing complexes becoming a hub for older person's services. It is recognised that many Sheltered Housing complexes have great resources and common rooms and facilities, but this requires careful management. The Campaign to End Loneliness has highlighted that while Sheltered Housing was seen as a potential solution, many residents do not leave their own accommodation and loneliness persists.

Age UK is very supportive of Extra Care Housing considering it a good example of where ‘bricks and mortar’ and social care are integrated resulting in a healthy, fulfilled population. This in turn reduces demand on wider services. Some positive examples of Extra Care housing provide mixed tenure and mixed needs provision including dementia units. The only concern around Extra Care relates to the flexibility of the model (there are no defined standards) and the potential consequences of tighter funding regimes which may result in some services being withdrawn or potentially the move to larger, more institutionalised provision. The model requires ongoing funding with robust agreements between the local authority and the care provider. The Extra Care model raises issues of tenancy rights and the difference between Residential Care where the same rights are not in existence.

2.5 Adult Social Care

Snapshot data provided by Sefton Council Adult Social Care (October 2014) shows that there are a total of 5,079 people in the borough in receipt of Adult Social Care Core Services. We can see from the table below that the most commonly provided service is Home Care with 38% of services provided falling into this category. The second most common service provided is Long Term Residential Care (21%), followed by Day Care (15%) and Long Term Nursing Care (11%). Therefore, Nursing and Residential Care make up almost one third of the local authority provided services (1,704).

The area of Sefton where the greatest proportion of Adult Social Care Services are provided is in Southport, with 40% of services being provided there. This is followed by Crosby (19%), Bootle (13%), Netherton (12%), Maghull/ Aintree (10%) and Formby (5%).

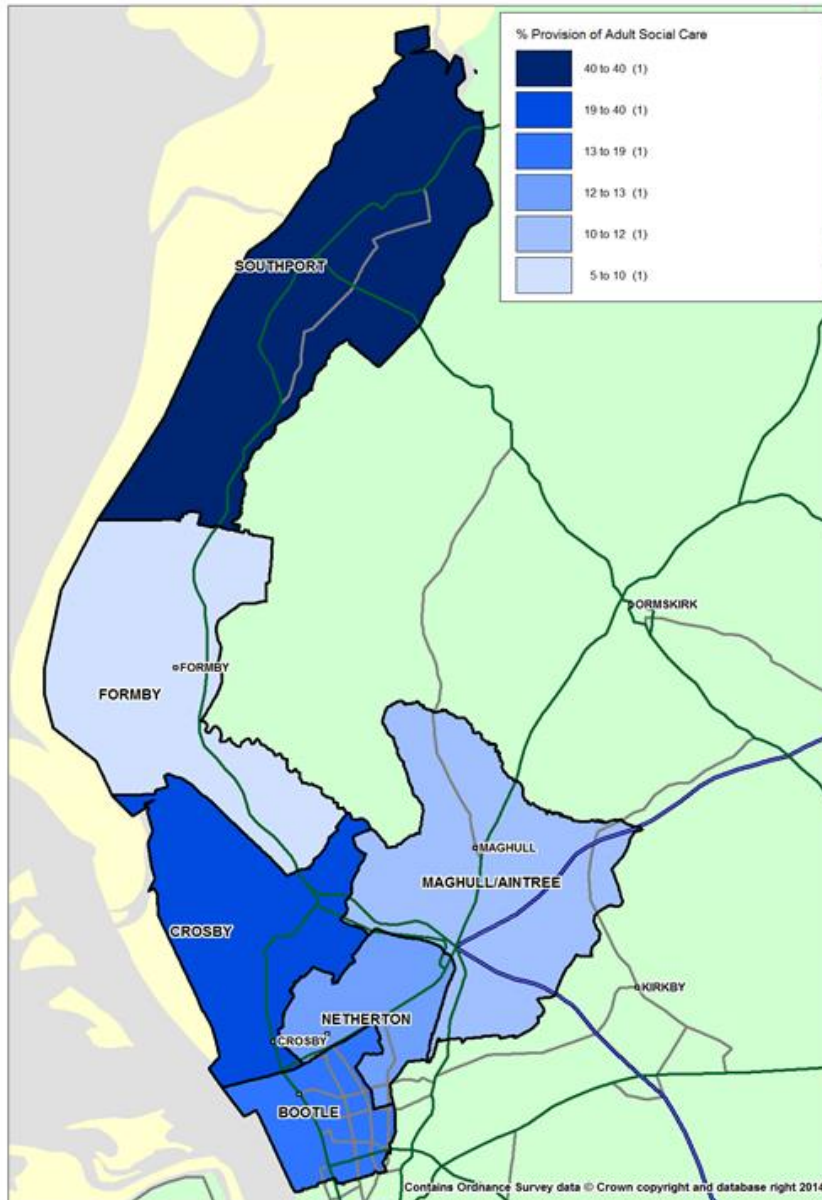
Table 2.4 Adult Social Care Services

	Community Support Day Care	Home Care	Nursing Long Term	Residential Long Term	Short-Term	Supported Living/Sh	Total no.	Total %	
Bootle	38	117	248	49	108	9	76	645	13%
Crosby	48	144	367	89	230	10	90	978	19%
Formby	8	52	118	47	29	3	13	270	5%
Maghull/ Aintree	32	110	249	27	61	6	28	513	10%
Netherton	23	112	280	91	77	2	42	624	12%
Southport	70	250	674	275	553	38	189	2049	40%
Total no.	219	785	1936	578	1058	68	438	5079	100%
Total %	4%	15%	38%	11%	21%	1%	9%	5079	

While much of the residential care provision is provided by New Directions there are two other main providers which offer council block funded Extra Care. Parkhaven Court in Maghull has capacity for 21 people while James Horrigan Court in Netherton has capacity for 71 people receiving varying levels of care.

The hourly rate for Extra Care provision ranges from £11.72 to £12.82 and in Parkhaven Court and the average number of hours received is 14, while in James Horrigan Court the average number of hours support provided is 12.5. This means that on average care packages in these Extra Care schemes range from £146.50 to £179.48 per week (£7,618 to £9,332.96 per annum). This compares well to the average cost of £389 per week (£20,228 per annum) in council provided residential care and £510 (£26,520 per annum) in nursing care.

Map 4 Adult Social Care Provision



POPPI data shows the number of people living in a Care Home in Sefton using population projections from 2011 Census data. This shows a total of 2,600 Care Home residents in Sefton during 2014 and a predicted rise to 3,918 by 2030.

2.6 Information and Advice

The 'Support for Independence' approach brings together Home Improvement Agencies, Aids & Adaptations and Fuel Poverty assistance in a One Stop Shop provision providing easy access and increased linkages between services. It can, however, be difficult to encourage older people to engage and think about their options before a crisis occurs. There is a need for good, clear advice to enable older people to make informed choices. Investment in tele health, handypersons schemes and aids and adaptations are all crucial elements of an older persons housing strategy and investment in these areas will result in savings elsewhere, both in financial terms but also in terms of individual health, wellbeing and quality of life.

A number of consultees highlighted fuel poverty as an issue in Sefton with many older people living in large homes which give the impression of relative wealth, while many of these residents are asset rich but cash poor and may be unable to heat the large home they occupy or organise repairs and maintenance. Collective energy provider switching schemes and insulation schemes could be targeted at those older households in greatest risk. A pilot scheme developed by the Affordable Warmth team is currently running in Sefton and aims to identify those households most vulnerable to being cold. The scheme uses housing providers to assess the home, provides advice and signposting to suitable services and enforcement powers where landlords should do more to address warmth in the property.

2.7 Wider community, facilities and amenities

There are particular expectations of new housing developments and one is that of healthy environments which allow people to stay active, keep fit and engage in active travel. Consultation with Age UK highlighted an emphasis on improving accessibility standards in mainstream accommodation. Accessible housing has the potential to increase independence and reduce the strain on support services. Provision of Lifetime Homes can be unpredictable with some local authorities currently exceeding requirements. Although in some cases the percentage of future provision may reduce where legislative requirements are lower than current provision.

Consultation with older people in Sefton highlighted the importance of transport. The Comfy Bus service and free bus travel were highlighted as particularly good, with one person saying *'I'd never go out if I didn't have a bus pass, sometimes I just get on the bus to meet people and have a gossip!'* Many older people do not go out after dark and of those who do, many only do so if they could drive or were getting a lift with friends. Parking was an issue for a number of residents who thought more spaces should be available to allow those who drove to park their cars and allow for families and carers to visit.

Gardens, balconies and open space were all features of accommodation which were valued by focus group participants. In all tenures outside space which did not require much maintenance (or was maintained as part of the service charge) were incredibly important to residents.

Several focus group participants in assisted living housing said that they had made a planned move and had specifically chosen accommodation that was for the over 55 age group. Several expressed their disappointment that lettings were now made to younger tenants who caused a nuisance through noise and anti-social behaviour. Sheltered housing residents frequently thought that there should be greater on site staff presence, preferably 24 hours a day, and 7 days a week to make people feel safer. The costs of such a service were discussed and several people said that they would pay more for this level of service provision.

One focus group in the North of the borough comprised almost entirely of owner occupiers and many of this group had moved to the Southport area for retirement because of the flat terrain and the good climate. This group predominately lived in flatted accommodation for ease of maintenance and accessibility. When asked about future moving intentions all were happy in their current accommodation and would not consider Sheltered Housing as it was associated with *'giving up if you give away your independence'* and one said *'I'm trying to hang on as long as possible'*. Sheltered housing was associated with the social rented sector and the owner occupiers liked having control over their property and did not wish to relinquish their status as owner occupiers. Considerations of care and the cost of care were acknowledged as a possible reason to move to the social rented sector if they could no longer afford to pay for the care they required they may be forced to move.

The vast majority of focus group participants were happy in their current accommodation, most thought that this would be their final home. All valued their independence and thought that they would access services which would enable them to stay put.

2.8 Strategic Leadership and Joint Working

Through the consultation, a need was identified for the NHS and local authority to work more closely together to carry out joint risk assessments to reduce risk in the home environment. The Clinical Commissioning Group (CCG) for the area highlighted its three main strategic priorities as being: The frail elderly; Unplanned care; and Primary care and these priorities were thought to link well to the older persons housing strategy but to date little meaningful joint working has taken place.

Any housing plans to address the changing demographic profile of the area should be articulated to colleagues in the CCG/ NHS who should then be able to plan services to match housing provision for older people. The conclusions and recommendations from this report should be shared with CCG/ NHS and Adult Social Care colleagues and their representatives included in the development of the final Strategy. It was thought that in the environment of cost savings and efficiencies there were significant opportunities to make savings through a joint strategic approach to provision of accommodation and services for older people.

3. Review of Models of Older Persons Housing

As part of this study we have reviewed a number of significant academic papers, articles and reviews relating to the various models of older persons housing. These are listed in Figure 3.1 and the main findings summarised throughout this chapter.

Figure 3.1: Literature Reviewed

Literature Type
Brown, T. 2010. <i>Housing an Ageing Population: The Extra Care Solution</i> . Keepmoat/Housing Learning Improvement Network. http://www.dmu.ac.uk/documents/business-and-law-documents/research/cchr/hm1302007458housinganageingpopulationont.pdf
Croucher. K. 2008. <i>The Housing Choices and Aspirations of Older People</i> . Communities and Local Government. http://www.york.ac.uk/media/chp/documents/2008/newhorizonsolderpeople.pdf
Croucher, K, Hicks, L, Bevan, B and Sanderson D, 2007, <i>Comparative Evaluation of Models of Housing with Care for Later Life</i> , Joseph Rowntree Foundation.
Pleace, 2011. <i>The Cost and Benefits of Preventive Services for Older People</i> . Centre for Housing Policy, University of York. http://www.york.ac.uk/chp/expertise/housing-health-support/publications/
Ashton, T. et al. 2009. <i>Research into the Financial Benefits of the Supporting People Programme</i> . Communities and Local Government. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf
Oldman, J, 2006, <i>Housing Choices for Older People- A Discussion Paper</i> , Help the Aged. http://hoop.eac.org.uk/downloads/kbase/2856.pdf
Hadjri, K. 2010. <i>An assessment of Sheltered Housing design in Belfast, Northern Ireland</i> . Journal of Housing for the Elderly, 24;2, 171-192
Local Government Association. 2010. <i>Good Homes in which to Grow Old. The Role of Councils in Meeting the Challenges of an Ageing Population</i> . London: LGA http://www.local.gov.uk/c/document_library/get_file?uuid=bdb9b8f7-a860-4cde-adf0-aec08ad896c6&groupId=10180
Wright R., Tinker, A., Mayagoitia, R. et al. <i>What is the 'extra' in Extra Care housing?</i> <i>British Journal of Social Work</i> , 40: 2239-2254. https://kclpure.kcl.ac.uk/portal/en/publications/what-is-the-extra-in-extra-care-housing%283a0b1503-ac77-4806-9311-80616264dafd%29.html
Vallalley, S., Evans, S., et al. 2006. <i>Opening the Doors to Independence: A Longitudinal Study Exploring the Contribution of Extra Care Housing to the Care and Support of Older People with Dementia</i> . Housing 21.
King, N., Pannell, J., and Copeman, I. (2009) <i>Nobody's Listening: The Impact of Floating Support on Older People Living in Sheltered Housing</i> . Help the Aged. http://www.helptheaged.org.uk/NR/rdonlyres/652BC405-AA9E-49CBB7FE-E16A7B0D3A99/0/nobodys_listening.pdf
Netten et al, 2011, <i>An Evaluation into Extra Care Housing</i> by the Personal Social Services Research Unit (PSSRU). http://www.housinglin.org.uk/library/Resources/Housing/Research_evaluation/PSSRUsummary.pdf
Newhaven Research, 2014, <i>Housing with Care for Older People</i> , Joint Improvement Team, CIH and Scottish Government. http://www.scotland.gov.uk/Resource/0043/00436806.pdf

The academic literature concerning older people's housing is extensive. With the challenge of an ageing population faced by governments around the world, much focus has been directed at how to address the changing needs and aspirations of older people. In the UK, the direction of policy has been towards the personalisation and individualisation of care at home, so much of the literature in recent years has been centred on Extra Care housing and the adaptation of existing homes. Less emphasis is placed on the more traditional sheltered homes option.

This chapter pulls together descriptions and the problems associated with the main options in older people's housing.

3.1 Ordinary Housing

The vast majority of people over the age of 65 in England and Wales live at home, either as owner occupiers or as tenants, and in the social rented sector. Indeed, according to the 2011 Census, only 3.7% of the older population live in communal settings⁵.

There is also a large body of evidence to show that older people would prefer to live in their own homes for as long as possible. A study by Croucher for the Department for Communities and Local Government on **Housing Choices and Aspirations of Older People**⁶ for example, found that older people wanted to continue living in their own home for a number of reasons. These included feelings of attachment to the family home, family relationships and ties, and feelings of belonging to the neighbourhood and community.

This set within the wider policy shift towards care at home, points towards ordinary housing with addition housing services and adaptations as the first housing option to consider.

3.1.1 Adaptations to Existing Housing

Adaptations and modifications to existing housing can be a good option for older people particularly when they take into account individual preferences. A study into the **'Health Outcomes of Housing Adaptations'**⁷ found that housing adaptations can provide beneficial and preventative effects on both physical and mental health in the long term by reducing pain, fear of accidents and depression, both in individuals but also their carers and families.

Types of adaptations can vary from small modifications to major refurbishments. According to Croucher's 2008 study, **Housing Choices and Aspirations of Older People**⁸, walk-in showers, downstairs toilets and chair lifts are the most frequently mentioned changes that people felt would assist them.

⁵ <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-older-people-/what-does-the-2011-census-tell-us-about-older-people--short-story.html>

⁶ <http://www.york.ac.uk/media/chp/documents/2008/newhorizonsolderpeople.pdf>

⁷ The Health Outcomes of Housing Adaptations, Heywood, 2004, Disability and Society, Vol. 19 (2), p. 129 - 143, <http://research-information.bristol.ac.uk/en/publications/the-health-outcomes-of-housing-adaptations%282976e7b0-238c-46d6-9ab4-a0a1c350a5e7%29.html>

⁸ <http://www.york.ac.uk/media/chp/documents/2008/newhorizonsolderpeople.pdf>

There are of course, downsides to having adaptations to existing housing. Heywood identifies poor design specifications, delays and waiting times as factors which lead to adaptations failing. Overall however, there is consensus that adaptations to the home can make a huge, positive difference to individuals, provided they are properly resourced, delivered within acceptable time periods and meet the needs of the individual.

3.1.2 Preventative Support Services

Often older people need only minimal levels of support in order to remain at home⁹ and even small levels of assistance can make a difference to their quality of life. Preventative services are those services which support independent living in the home such as handy person services, telecare and alarm services, adaptations and floating housing support services.

Preventative services have been endorsed financially by the UK government through schemes such as handyman services, Home Improvement Agencies and telecare and there is evidence across the literature to support the use of preventative support services. A 2011 study by Ashton in 2011 for the Department for Communities and Local Government¹⁰ for example, looked at the **Financial Benefits of the Supporting People Programme** and found that floating care to older people provided a net financial benefit, primarily because it avoided the cost of residential care. Benefits included greater independence, improved health, reduced burden of care for carers and decreased isolation. However it should also be noted that this financial benefit was less than for Sheltered Housing.

An earlier study by Help the Aged on **Housing Choice for Older People**¹¹ found that older owner-occupiers often worry about dealing with repairs and maintenance as they view their homes as valuable assets and may worry about losing them to pay for residential care. The study found that improvements to address problems with heating and insulation were thought to be the most important improvement to existing housing.

A recent study into **The Costs and Benefits of Preventative Support Services for Older People**, Pleace¹², provides a review of preventative services and concludes that the main benefits of preventative housing support services are in promoting and extending the period of independence for those with low to medium level needs. Once the levels of support need become greater however, it may become more cost efficient to support an older person in residential or Extra Care housing. There are limitations with the evidence base in that 'typical costs' are difficult to estimate given the degree of variance in the nature and intensity of service provision.

3.1.3 Advice and Information

The Government has invested £1.5 million in the First Stop Information and Advice Service which provide advice on care and housing in later life. The service has recently been evaluated

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7532/2033676.pdf

¹⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

¹¹ <http://hoop.eac.org.uk/downloads/kbase/2856.pdf>

¹² www.scotland.gov.uk/Resource/0038/00386259.docx

by Burgess et al, '**Evaluation of the First Stop Information and Advice Service for Older People and their Families**¹³' who highlight positive feedback from clients and a range of positive outcomes. These include continued independent living, higher incomes, reduced isolation, access to housing equity and a better quality of life.

While the evidence shows a strong preference for older people to want to remain in their own homes, there is some evidence to suggest that this may partly be a result of a lack of information about the alternatives. Moving house can be a stressful and intimidating task without support, and often older people would rather stay put as the default option. Were high quality information and advice on housing options being made available, it is possible that the demand for alternative models would increase.

3.1.4 New Housing

While much of the literature focuses on existing housing, there is an acknowledgment that new housing should adhere to Lifetime Home Standards and that new developments should seek to provide both general needs and specialist housing to provide sustainable living for all age groups¹⁴.

3.2 Sheltered Housing

Typically, a Sheltered Housing scheme provides independent, self-contained homes either for rent or for sale and offers a popular alternative to care at home.

A warden or scheme manager will manage the development and will often provide additional housing related support to resident such as a careline service which allows residents to call for out-of-hours help. There are usually common facilities for all residents to use; for example a lounge, guest room, laundry and garden or grounds.

When sheltered home residents are asked how satisfied they are, overall they report high levels of satisfaction. So for example in **Croucher**¹⁵ 2008 study, the general view among participants was that Sheltered Housing was a "good thing" but seen as a secondary option for the very old or infirm, and preferable to Care Homes.

Hadjri, 2010 looked at Sheltered Housing in Northern Ireland in **Housing Design for an Ageing Population**¹⁶ and found that residents valued:

- Gardens and open areas.
- Easy to use emergency alarms and doors.
- Sufficient natural lighting.

¹³ Burgess et al, 2014 'Evaluation of the First Stop Information and Advice Service for Older People and their Families', <http://www.housingcare.org/downloads/kbase/3338.pdf>

¹⁴ <http://www.homesandcommunities.co.uk/housing-ageing-population-panel-innovation>

¹⁵ <http://www.york.ac.uk/media/chp/documents/2008/newhorizonsolderpeople.pdf>

¹⁶ <http://www.socsc.hku.hk/afccp/ppt/HADJRI%20Karim%20&%20OSMANI%20Mohamed.pdf>

- Allowing for personalisation by providing sufficient storage space and space for own furniture and decorations.
- Improved comfort by allowing more space in individual dwelling, and easy to use fixtures and fittings, such as taps, window locks, and doors.
- Colour coordination to denote change of areas, and enhance mood and well-being.
- Efficient, easy to read signage of entrances, toilets, lifts, staircases, and other facilities.

In terms of cost effectiveness, Sheltered Housing also performs well. A study on the **cost effectiveness of Sheltered Housing**¹⁷ looked at the costs and benefits of Sheltered Housing alongside very Sheltered Housing (or Extra Care housing) and floating care. It found Sheltered Housing to be the most cost effective of the three options with the highest net financial benefit. Benefits included the avoidance of residential care costs, improved quality of life due to greater independence and improved health, reduced burden of care for carers and a decreased fear of crime.

However there are criticisms of Sheltered Housing and many schemes have been described as no longer being fit for purpose in terms of access, locations and energy efficiency. Demand for Sheltered Housing varies across the country with the popularity of Sheltered Housing depending on the choice available in the local area and the reputation of the scheme.

Much importance is placed on the quality of staffing. Issues are highlighted over the recruitment and retention of staff who are qualified to provide different levels of support to residents who have differing needs and expectations and whose needs invariably change over time.

3.3 Extra Care Housing

Despite a relatively low take up, increasingly the focus in the literature has been on Extra Care housing which has been described as an alternative to institutional models of care intended to promote independence by “working with” residents rather than “doing for.”

Typically Extra Care housing consists of independent living accommodation (usually apartments) with a range of communal facilities and flexible on-site support and care. It differs from Sheltered Housing in that additional care services are offered rather than just housing support. This additional care can vary across time and according to the needs of the resident.

3.3.1 Models of Extra Care

There is no single model of Extra Care housing. Schemes come in a variety of sizes, tenures and eligibility criteria. Schemes vary in terms of:

Organisation and Management

Schemes vary across the country in terms of how they are organised and managed. Some schemes are provided by a single organisation, some are run in partnership and some have

¹⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

care services commissioned separately. The Personal Social Services Research Unit (PSSRU), Netten et al, 2011 carried out **An Evaluation into Extra Care Housing** which found that costs were reduced when housing and care arrangements were delivered jointly.

Staffing

Levels of staffing differ across schemes according to size and the care offered. Skills and training are not consistent which often leads to confusion from both staff members and residents over roles and duties. A common issue raised within the literature is the importance staff play in providing good quality care and support but the recruitment and retention of staff remains a problem.

Size and Tenure

Most Extra Care housing schemes have around 60 apartments however more recent schemes, described as 'village schemes' have more than 100 dwellings. Schemes will also vary in terms of the tenure of dwellings (either for sale or for rent).

Facilities

Again the type of facilities varies from onsite shops and restaurants to hubs for the wider community. The PSSRU¹⁸ study highlighted links between higher levels of well-being and better outcomes for residents and the range of facilities that are available on site.

Eligibility

Not one system of eligibility prevails with some providers operating an allocations system based on need and others operating a 'thirds' mix, where one third of residents have high level need, one third medium and one third low. Both systems of eligibility can be difficult to maintain over time however as resident's needs change. Research¹⁹ suggests that the most successful schemes are those where residents are actively involved and where there is the right balance of care needs.

3.3.2 Benefits of Extra Care

The benefits of Extra Care housing have been well documented across the literature. According to the PSSRU study for example, the combination of independence, security, availability of care and support and opportunities for social interaction offered by Extra Care housing were much valued by residents. Levels of satisfaction have also been reported by Extra Care residents in studies by Croucher et al²⁰.

The PSSRU study also looks at why residents have chosen to go with the Extra Care option and identifies both 'pull' and 'push' factors:

Push Factors:

- Health and care needs- for example difficulty with mobility in their previous homes.

¹⁸ http://www.housinglin.org.uk/library/Resources/Housing/Research_evaluation/PSSRUsummary.pdf

¹⁹ http://www.housinglin.org.uk/library/Resources/Housing/Research_evaluation/PSSRUsummary.pdf

²⁰ Croucher, K, Hicks, L, Bevan, B and Sanderson D, 2007, Comparative Evaluation of Models of Housing with Care for Later Life, Joseph Rowntree Foundation.

- A need for adaptations.
- Problems with managing previous home including garden maintenance.
- Social issues such as feeling isolated

Pull Factors:

- Tenancy rights or ‘having your own front door’.
- Flexible on site care and support.
- Security.
- Accessible living.
- Size of units.

Extra Care housing is particularly attractive to older people who are suffering from ill health and who find living independently in their own homes challenging, although some evidence points to the very frail benefiting more from residential care.²¹

Overall there is a considerable volume of evidence to suggest that Extra Care housing is beneficial to the health and well-being of older people and in terms of cost, is comparable with residential care. However, this option of care still has lower take-up than both ordinary housing and Sheltered Housing.

3.4 Other Emerging Models

As the ‘baby boom’ generation mature and bring with them greater expectations and aspirations for independent living, there is a movement towards a more ‘community focused’ and sustainable approach to housing for older people. Co-housing is an example of one such innovative model.

Co-housing involves residents working together and running their own community:

“Each household has a self-contained, personal and private home but residents come together to manage their community, share activities, eat together. Cohousing is a way of combating the alienation and isolation many experience today, recreating the neighbourly support of the past. This can happen anywhere, in your street or starting a new community using empty homes or building new.”²²

First developed in Denmark, the USA and Holland, there are only a few of these schemes in existence in the UK today but the idea of co-housing has been widely promoted and could provide a viable option in the future.

²¹ [https://kclpure.kcl.ac.uk/portal/en/publications/what-is-the-extra-in-extra-care-housing\(3a0b1503-ac77-4806-9311-80616264dafd\).html](https://kclpure.kcl.ac.uk/portal/en/publications/what-is-the-extra-in-extra-care-housing(3a0b1503-ac77-4806-9311-80616264dafd).html)

²² <http://www.cohousing.org.uk/>

3.5 Assistive Technologies²³

The benefits of assistive technologies have been recognised by NHS England in terms of delivering more efficient and effective care. The NHS strategy aims for better health outcomes and innovations that support people to live more independently, and it is accepted that technology enabled care services can transform peoples' lives.

Telecare is a service that enables people, especially older and more vulnerable individuals, to live independently and securely in their own home. It includes services that incorporate personal and environmental sensors in the home, and remotely, that enable people to remain safe and independent in their own home for longer. 24 hour monitoring ensures that should an event occur, the information is acted upon immediately and the most appropriate response put in train.

The challenge is how to integrate these technologies into health and social care services, so they become a mainstream service. To this end the 3millionlives project has been established. The project is underpinned by the idea of service integration to improve patient care and outcomes. 3millionlives needs to be delivered through a genuine partnership across NHS England – facilitating collaboration between clinicians, and empowering patients to better self-manage their conditions, with the use of technology. The NHS recognises that this cannot be achieved through technology alone – the key will be to deliver service transformation through realising the potential of that technology to support clinicians, patients and carers.

Research findings from 3millionlive indicate that telecare and telehealth have the following benefits:

- Potential to make significant health improvements and quality of life impacts for people with a high dependency on the NHS, local GPs, social services and local hospitals.
- Provides a means to increase the availability of NHS clinical support by allowing local practitioners to be in permanent contact with those people less able to look after themselves.
- Can help improve the reach of the services that the NHS provides, looking after those who are often 'invisible' from the main acute services.
- Helps keep people out of hospital and avoids all the pressures this can put on them and their families.

Benefits for the individual are recognised to include:

- More effective self care
- Improves quality of life for carers
- Less travel and disruption for routine check-ups
- Retention of dignity
- Increased confidence to manage own health
- Fewer stressful, unplanned hospital admissions

²³ http://3millionlives.co.uk/about-telehealth-and-telecare#what_is_telecare?

The British Medical Journal published research findings on the impact of telehealth on the use of secondary care and mortality rates. The primary aim of the research was to assess the proportion of patients who had an inpatient hospital admission within the 12 month trial period. The benefits of telehealth included:

- 11% fewer admissions
- 45% reduction in mortality rates
- 14% reduction in the number of patient bed days
- 20% reduction in emergency admissions
- 14% reduction in elective admissions
- 15% reduction in emergency department visits
- 8% reduction in tariff costs

3.6 Conclusions from the Literature

There are a number of different models of housing for older people which ordinary housing with support and adaptations remaining the most prevalent followed by Sheltered Housing and then Extra Care housing. The literature identifies positive and negative issues with each model. A report by the Joint Improvement Team, CIH and Scottish Government²⁴ on **Housing with Care for Older People**, perhaps best sums up the situation by concluding that there is no single 'blueprint' for a successful model of provisions. Rather, successful schemes are those where the location, physical design, culture, staffing, and management of housing with care all play a part in improving outcomes for older people and crucially where older people are in the driving seat over the type of care and support they receive.

Key Findings from the literature review:

- The vast majority of older people in England and Wales live in ordinary housing.
- There is a large body of evidence to show that older people prefer to live in their own homes for as long as possible.
- Housing adaptations can provide beneficial and preventative effects on both physical and mental health in the long term by reducing pain, fear of accidents and depression, both in individuals but also their carers and families.
- According to Croucher's 2008 study, Housing Choices and Aspirations of Older People²⁵, **walk –in showers, downstairs toilets and chair lifts** are the most frequently mentioned changes that people felt would assist them.
- The main benefits of preventative housing support services are in **promoting and extending the period of independence for those with low to medium level needs**. Once the levels of support need become greater however, it may become more cost efficient to support an older person in residential or Extra Care provision.
- Moving house can be a stressful and intimidating task without support, and often older people would rather stay put as the **default option**. Were high quality information and

²⁴ <http://www.scotland.gov.uk/Resource/0043/00436806.pdf>

²⁵ <http://www.york.ac.uk/media/chp/documents/2008/newhorizonsolderpeople.pdf>

advice on housing options made available, it is possible that the demand for alternative models would increase.

- The general view among participants was that Sheltered Housing was a “good thing” but seen as a **secondary option** for the very old or infirm, and preferable to Care Homes.
- Demand for Sheltered Housing varies across the country with the popularity of Sheltered Housing depending on the **choice** available in the local area and the **reputation of the scheme**.
- Much importance is placed on the **quality of staffing**. Issues are highlighted over the recruitment and retention of staff who are qualified to provide different levels of support to residents who have differing needs and expectations and whose needs invariably change over time.
- Much of the literature in recent years relates to **Extra Care housing**.
- Residents of Extra Care housing report **high levels of satisfaction** in terms of retaining independence but also providing additional security.
- Models of Extra Care **vary** in terms of size and tenure, organisation and management, eligibility, facilities and staffing.
- However the take up of Extra Care housing is **low**.
- **Co-housing** is emerging as an alternative housing model although very few schemes exist in the UK.

4. The Local Plan

This section is a review of the emerging Sefton Local Plan policies as at September 2014 and considers the likely effectiveness of the draft policies in supporting the delivery of housing for older people to meet the needs identified in an Older People Housing Strategy.

Sefton Council is preparing a new Local Plan for the Borough as a whole for the period 2015 – 2030. Background evidence studies and the early stages of consultation have been undertaken and the publication draft of the Local Plan is currently in preparation. It is these policies this research has been asked to review. Extracts from the draft Local Plan have been supplied.

The Council has undertaken a number of studies on aspects of housing and land supply that will form part of the evidence base of the plan. These include a Strategic Housing Market Assessment, Strategic Housing Land Availability Assessment, Gypsy and Traveller Accommodation Assessment, Housing Requirement Study and Economic Assessment of Affordable Housing Study. This Older Person's Strategy research will help inform the delivery of the Local Plan, as well as supporting the development of the Council's new Housing Strategy and Health and Well Being Strategy.

4.1 The Draft Local Plan Policy Review

In preparing the Local Plan policies in relation to Older Persons' Housing consideration should be given to how the plan will deliver housing to meet the needs of older people in both the market and the affordable sectors, taking account of issues such as:

- The varied and changing housing aspirations of older people for market and affordable housing as well as specialised housing, Extra Care housing and Care Homes in both tenures;
- The social and community needs of older people (e.g. good standards of accessibility to shops, medical services, open space, community facilities and public transport) to ensure that housing for older people is well located so as to promote physical and mental wellbeing and reduce social isolation;
- Sefton's different locations and their varied housing markets resulting in differing viability of schemes;
- The potential of locations in Sefton to deliver various forms and tenures of housing to meet the needs of older persons from the Borough;
- Models of good practice in design for housing and neighbourhoods so that people can remain in their own homes as their health and circumstances change;
- The site specific requirements of large scale specialist accommodation (e.g. Care Homes, Extra Care / assisted living schemes);
- Considering how accessibility in existing town and local centres and residential neighbourhoods can be improved for all people.

At the point of commissioning the Older Person's Housing Strategy in August 2014, the development of the Local Plan was well advanced. Sefton Council requested an early review of the draft Local Plan policies in advance of the completion of the research study. Further

consideration was given to submission draft Local Plan policies prior to the completion of the study.

Since commissioning the study, the Government has commenced consultations on revised Housing Standards which will form part of the Building Regulations. The implications of the proposals in relation to accessibility and wheelchair user housing set out in the consultation paper have been taken into account in the study and recommendations on how Sefton Council may respond to this are set out in section 6 of this report.

4.1.1 The Local Plan as a whole

The need for this study is a result of Sefton Council's consideration of the implications of the forecasts for the growth in the number of older people in the Borough and the need to prioritise the development of sufficient suitable housing to meet the varied and changing needs of older people over the next 15 to 20 years or so

For a Local Plan to be effective in the delivery of this priority, it is recommended that it should be identified as a theme running through the Plan, set out clearly in the objectives and followed through in the development strategy, housing and design policies. The Local Plan should prioritise the delivery of housing for older people:

- The Spatial Portrait, describing the Borough and the issues it is facing, should include key facts about population and household forecasts for older people;
- The vision and objectives should identify the need to meet the identified housing needs of older people; these are clearly set out in the submission draft Plan;
- The Development Strategy for the Plan as a whole and its sub-areas should make provision for sufficient development to meet the differing housing needs of older people in each sub-area, taking account of the availability of suitable sites; the development strategy recognises the need for 15% of future housing development to be Extra Care housing for older people, it does not however, identify the scale of the need for market housing for older people or for accessible or adaptable housing;
- The housing requirement should ensure that the overall number of houses to be planned for is sufficient to provide for both the market and affordable housing needs, including housing for older people;
- The affordable housing policy should set thresholds and a percentage requirement that will deliver sufficient affordable homes in total and various types and sizes of affordable homes suitable for older people in appropriate locations, whilst maintaining the viability of the development of the site as a whole;
- Housing policies should recognise the need to ensure that suitably sized sites can be made available for Care Homes and Extra Care housing either in conjunction with other residential development or as part of mixed use development schemes;
- The housing policies should set out the circumstances that would trigger the Building Regulation optional requirement for Category 2 (Accessible and Adaptable Homes) and Category 3 (Wheelchair accessible and adaptable) homes to ensure that there is a wide choice of new market and affordable housing that is accessible and capable of being adapted to meet people's changing needs. This will be particularly important for

smaller homes and housing that is located close to town and local centres, community hubs and with good public transport links

- The allocation of sites as suitable for older people's housing should prioritise those close to shops, health services, community facilities and public transport
- Community and transport policies should seek to create Lifetime Neighbourhoods with accessible routes suitable for use by wheelchair users, mobility scooters and people with other mobility difficulties;
- The Development Principles for site allocations and development briefs for the marketing of sites in the Council's ownership should support the delivery of the Plan's requirements by identifying the proportion (or minimum number), type and tenure of housing required on each site and any specific types of housing for older people (such as where Category 2 and 3 homes will be required) to help to support the delivery of the Council's objective; and
- Section 106 agreements should be drawn up to implement the requirements for the delivery of affordable housing policies and specialist older people's housing schemes. The Infrastructure Policies should state the infrastructure that will be required to support the delivery of sites through S106 and subsequently the Community Infrastructure Levy (CIL).

4.1.2 The Spatial Portrait

This includes key facts about the population and household size and highlights the forecasts for increasing number and percentage of the population and households aged over 55 and over 75. Data on those currently and forecast to be in care and in Extra Care accommodation should also be included. This should be compared with national data. Any differentials in the sub-areas of the Borough should be also highlighted. The challenges facing Sefton from the changing population structure are highlighted in the key issues and challenges section.

4.1.3 Objectives

The draft Local Plan has 12 objectives including:

- 2. To help meet the housing needs of Sefton's changing population for market and affordable housing; homes for families, the elderly, people with other special housing needs and others.
- 4. To meet the diverse needs for homes, jobs, services and facilities, as far as possible close to where they arise.
- 7. To make sure that new developments include the essential infrastructure, services and facilities that they require.
- 8. To improve access to services, facilities and jobs

Objectives are an important part of the Local Plan as they set out the priorities for the Plan and the direction for change that will be developed in more detail through the policies and allocations. There should be a clear linkage between the objectives and policies. The draft Sefton Local Plan objectives are concise and generic and refer in general terms to the needs of older people in the Plan area.

Objective 2 recognises the importance of meeting the housing need of all the population and does include reference to providing housing for elderly people. This objective could be strengthened by promoting the development of sustainable communities that provide the various types of housing needed, planned alongside the social and community infrastructure needed to live healthy lifestyles and ensuring that there are accessible linkages (by walking, cycling and public transport) to shops, health and social care, indoor and outdoor leisure and recreation facilities. Although it is recognised that Policy SD2 on Principles of Sustainable Development promotes this.

An additional objective on accessible design would provide a basis for ensuring the new housing is accessible, adaptable and energy efficient, and promoting older persons' housing in locations accessible to services etc. so as to promote social inclusion. Examples include:

- In order to reduce the need to travel and to reduce social isolation, encouragement should be given to building homes for older people close to or easily accessible to shops, leisure and community facilities, health services and green infrastructure.
- All new housing development should be designed to be accessible to all users, capable of adaptation to meet people's changing needs, energy efficient and incorporate access to digital technologies.

In view of the increasing emphasis being given to health and well-being, an objective highlighting the main priority areas for Sefton may also be helpful. For example:

- To seek to ensure that healthier lifestyles and environments and social inclusion are provided as part of new development with green infrastructure, recreational, leisure, sports, community and cultural facilities, as well as health services being provided where required. Objective 10 addresses these concerns in a generic manner: "to achieve high quality design and a healthy environment"

The transport objective could seek to ensure that development gives priority to walking; cycling and public transport in its design and by supporting safe and secure access for mobility and visually impaired people. It should reflect the needs of older people by ensuring that town and local centres and neighbourhoods are accessible for all, including wheelchair, powered scooters users, and those with walking difficulties. Public transport links from new neighbourhoods and any large scale older persons' housing development to town and local centres and community hubs should be developed alongside the new housing development and be readily accessible to those with walking difficulties to ensure social integration.

4.1.4 Development Strategy

The Plan's Development Strategy sets out the scale of development being planned for in the Borough as a whole and its distribution to the sub-areas, where appropriate. The following are general comments.

The Development Strategy should make provision for sufficient new housing development phased over the lifetime of the Plan to incorporate the delivery of sufficient homes that are affordable, provide for those with special needs and requiring care, specialist older persons' housing and market housing to meet the full, objectively assessed needs of older people.

Where the Development Strategy identifies a level of development in sub-areas of the Borough, there should be sufficient provision in each sub-area to deliver the needs set out above.

4.1.5 Sustainable Development Strategy

Paragraph 5A.2 of the draft Sefton Local Plan refers to “the importance of the ‘presumption in favour of sustainable development’ which should be seen as a golden thread running through both plan-making and decision-taking. This requires that local authorities positively seek opportunities to meet the development needs of their areas. In particular, Local Plans should meet objectively assessed needs for both housing and employment development, with sufficient flexibility to adapt to rapid change”.

The development strategy recognises the need for 15% of future housing development to be extra care housing for older people, it does not however, identify the scale of the need for market housing for older people or for accessible or adaptable housing, although it is accepted that they may be difficult to quantify;

4.1.5.1 SD1 Presumption in favour of sustainable development

Planning applications that accord with the policies in this Local Plan (and, where relevant, with policies in Neighbourhood Plans) will be approved, unless material considerations indicate otherwise.

Where there are no policies relevant to the proposed development, or relevant policies are out of date at the time of making the decision, the Council will grant permission unless material considerations indicate otherwise, taking into account whether:

- Any adverse impacts of granting permission would significantly and demonstrably outweigh the benefits, when assessed against the National Planning Policy Framework taken as a whole; or
- Specific policies in the Framework indicate that development should be restricted.

This policy is mainly procedural and we advised that it would be beneficial to include an additional strategic policy to promote the development of sustainable communities. This has been included as Policy SD2 the Principles of Sustainable Communities, these principles reiterate the objectives of the Plan.

The application of the Policy on Principles of Sustainable Communities policy should aim to ensure that consideration is given to the interrelationships between housing and other forms of development so that towns can function efficiently and provide for all the needs of

residents, businesses and visitors. With regard to considering the housing needs of older people, it is proposed that proposals should:

- Ensuring there is an appropriate mix of house, types, sizes and tenures including affordable housing and specialist older persons' housing to meet the Borough's needs;
- Designing housing and support services to enable vulnerable and older people to live independently for longer;
- Prioritising the development of the most accessible locations for older persons' housing;
- Providing appropriate infrastructure to meet the needs of older people within the local community including health and social care, landscaping and open space, leisure, sport and community facilities;
- Ensuring that development is accessible by public transport, walking and cycling for all users;
- Supporting the health, safety, social and cultural well-being of residents; and
- Contributing to the achievement of equality and social inclusion.

4.1.6 Design Policy

The Plan includes a strategic design policy covering development principles: Strategic Policy EQ12 — Development Principles Design has been revised during the period this study has been prepared. It states all development in Sefton must:

- Development will only be permitted, where it is of a high quality design that responds positively to the local character and distinctiveness of the surroundings.
- To achieve high quality design, development must demonstrate that the following have been considered:
 - Scale, density, massing, height, landscape, layout, alignment, orientation, materials, access, active frontages, townscape, architecture and amenity.
 - Retaining or creating good quality landmark and gateway features.
 - Ease and safety of movement and circulation of walkers, cyclists, vehicles and people with limited mobility, both within and into the site
 - Safety and security of those within and outside the development.
 - Preservation and enhancement of views towards, within and out of the development.
 - Flexibility and adaptability to change in order to be sustainable.
 - The delivery of high quality, well-connected and well-maintained public space.

The policy includes the need to provide for ease of movement and circulation for walkers, cyclists, vehicles and those with limited mobility sufficient circulation space within and to sites for the less mobile. It may be helpful to explain the specific requirements that the Council will be seeking through more detailed design policies supported by guidance in a Supplementary Design Document.

Aspects to be addressed relevant to mobility concerns of older people that could be included in the policy statements guidance include:

- Town and local centres and community hubs should provide high quality accessible pedestrian environments designed to be used by those with walking difficulties and visual impairment. They should incorporate sheltered seating and toilets. Where appropriate, they should be accessible to motorised scooter users and those with walking aids. Bus stops should be located within easy and level walking distance of town and local centres and community hubs.
- Disabled parking spaces should be provided within town and local centres and community hubs, supermarkets and out of centres stores, hospital and health centres, community and leisure centres, parks, (and anywhere else locally specific). Level access should be provided from disabled parking spaces to the pedestrian area.
- The design of developments generally should discourage crime and anti-social behaviour
- New housing development for older people (including Care Homes and Extra Care / assisted living homes) should be designed with high quality, well designed areas of open space and /or gardens that will provide an attractive setting for the housing.

Reference to designing out crime should also be considered as fear of crime and anti-social behaviour is a factor that increases social isolation of older people. For example by requiring: All development should be designed to create safe environments by:

- Ensuring the natural surveillance of street and public spaces
- Providing convenient, well designed and safe access and movement routes
- Designing new housing areas so that there is a clear distinction between public and private space;
- Routes through open spaces should be clearly defined, well lit and carefully landscaped with safety in mind.

4.1.7 Health and Wellbeing Strategy

No policies were originally have been provided for review on health and wellbeing. It is noted that Strategic Policy EC1 Planning for a Healthy Sefton has been included in the draft Plan.

With the growing recognition of the importance of promoting health and wellbeing through planning, the introduction of a policy to reflect the Council's strategy may be helpful. Key aspects of the Council's Health and Well-being Strategy and other health concerns that can be addressed through planning that could be included in such a policy include:. The justification provides a clear explanation to the background for the need to this policy.

4.1.8 Housing Policies

Three policies on housing from Chapter 3 of the Local Plan entitled Housing and Communities contains have been supplied for comment.

Policy HC1 on Affordable and Special Needs Housing sets out the policy to provide affordable and/or special needs housing on sites of more than 15 houses and the provision of a percentage of these to be intermediate housing. The justification to the policy explains that

special needs housing is intended for people with specific needs including frail elderly people and those with physical or other disability. It sets out the circumstances when special needs housing will be accepted as an alternative to affordable housing. The justification explains that it does not include Care Homes or housing for elderly people.

The justification to the revised policy explains the requirements for the tenure mix of special needs housing where these replace the affordable housing requirement. There is evidence nationally that Extra Care/ assisted living schemes can be developed to provide a mix of private and affordable homes provided that there is a clear policy position to require mixed tenure. It is noted that reference is made in the justification to Policy HC2 to the level of need for market as well as social / affordable rented and intermediate assisted living homes and the preference for the provision of a mix of tenures on suitable sites. The justification has been revised to explain the use of the term bed spaces.

Policy HC2 on Housing Type, Mix and Choice sets out the requirement for the mix of dwelling types on new developments of 15 or more dwellings to contribute to addressing the identified needs as quantified in the most up to date Strategic Housing Market Assessment, subject to certain provisos. The current breakdown for dwellings of various sizes and for market housing is set out in the justification. The Policy sets out the minimum level to be provided for 1 and 2 bedroomed and 3 bedroomed homes but states that these levels do not apply to wholly apartment/flatted, Extra Care, and Sheltered Housing developments. Any new affordable dwellings are also exempt.

The introduction to the policy highlights the forecasts of an increasing proportion of the population in the Borough that will be over 55 and the need to plan for their housing requirements. The second paragraph of Policy HC2 includes a provision that at least 20% of all new homes, in developments of 15 homes or more, should be designed to meet the Lifetime Homes Standards. The third paragraph states that where housing for older people is provided as part of a larger scheme, this should, where appropriate, be located within the scheme in the most accessible location for local services and facilities. Also that there will be a presumption against further Residential Care Accommodation which would result in or exacerbate oversupply.

The justification explains that most older people will continue to live in their family homes as they age. The wording of this paragraph has been improved in the revised draft to explain that many older people may chose or wish to move home as they age and the most frequent reasons cited are to a smaller home to reduce the costs associated with a larger family home, to move to a more accessible location closer to shops and services when they are no longer able to drive, to move to a house that is on one level or capable of adaptation for mobility or health reasons, or to be closer to their family.

Where people are living in market homes, they will generally continue to look to remain in the same tenure. If they are unable to find a suitable home they often will have no other choice but to remain in their family home, often resulting in increased social isolation and fuel poverty if they are unable to afford to heat their home.

For residents in both market and affordable housing, many older people seek to adapt their homes to cope with reduced mobility. However where this is not possible, they will look for homes with level access such as bungalows or flats with lifts, in accessible locations, usually in the same tenure as previously. Where necessary, independent living will be supported by care in the community. The loss of the car also has an impact on the choice of location to live. Wheelchair accessible housing will be required for the least ambulant, although this may be required by people of any age group.

When increased levels of care are required, specialist housing such as assisted living or Extra Care may be the next step. Care homes provide for high dependency and for the increasing numbers of those with dementia. Provision for those needing respite care or care following a stay in hospital is also required. Where suitable sites can be found in urban areas, some providers are developing a retirement village with a Care Home, assisted living apartments and bungalows or flats with a mix of market and social tenures. This form of development enables older people to stay within the same community as they age and make use of the support and community facilities provided on site. In view of the amount of land required for such schemes, suitable sites may be difficult to find in accessible locations.

The justification to Policy HC2 has been revised to explain the range of housing choices that are available to older people and clarified what type of housing for older people would be acceptable under this policy.

The Policy sets a relatively low target of at least 20% of new homes on schemes of over 15 homes being designed to meet Lifetime Homes Standard. It will be important for this standard to be applied to smaller market homes as well as affordable homes to ensure that there is a growing stock of homes that are accessible and adaptable for older people. The current policies do not set out any requirement for wheelchair accessible or adaptable housing.

The Council should also decide whether to make a commitment to the requirement for new housing to be built to the new Categories 2 and 3 Standard as this would provide a greater level of choice for older people who do not require specialist housing and would enable them to adapt their homes to meet their changing levels of mobility and so remain independent for longer.

It will become increasingly important for a greater choice of market homes to be available to meet the needs and aspirations of older people. To help deliver this requirement, it is recommended that, as a minimum, all housing development on sites that are close to town and local centres and community hubs or where they are well served by public transport should be built to Category 2 (Accessible and Adaptable) Standard and that an agreed proportion should be Category 3 (Wheelchair User) Standard. The proportion of Wheelchair User homes should be selected to reflect the findings of this study and other research undertaken on the needs of households with mobility limitations in the Borough. It will be important for these standards to be applied to smaller one and two bedroomed homes. Further consideration should be given to setting the requirements for Categories 2 and 3 housing on other sites and it is recommended that there should be a move towards adopting the Category 2 standard as the norm for new housing throughout the Borough if justified by evidence.

The justification to Policy HC2 defines the term “specialist housing” for older people as sheltered accommodation, Extra Care accommodation and residential care” and notes that there is a currently a significant supply of Sheltered Housing (especially in the affordable sector) and for Registered Care (Residential and Nursing Homes) in Sefton. The wording of this section has been improved to promote mixed tenure specialist housing developments.

The policy has been strengthened to require housing for older is people provided as part of a larger development to be located in the most accessible part of the development close to services and facilities. The justification further explains the importance of accessibility to public transport.

It is noted that more detailed guidance on the delivery of housing for older people will be set out in a Supplementary Planning Document.

4.1.9 Principles for Development on Accessible and Strategic Sites

The location of housing for older persons should ideally be on sites with good accessibility to shops, health services, open space and community facilities on foot or by public transport. Sites that meet all the locational requirements will probably be limited. In order to ensure that the most suitable sites within settlements are used to deliver a suitable range of housing for older people, it is recommended that “Development Principles” are set out as part of the site allocation requirements in the Local Plan. These should include the type, mix and tenure of housing that will be sought through negotiation, specifying the type of older persons’ housing to be sought, as well as any other infrastructure requirements.

When suitable sites that are in the Council’s ownership are released, these should be marketed with a detailed Development Brief which should include the type and mix of housing that will be sought on the site, highlighting the type of older persons housing being sought.

Sites that may be suited to Care Homes and other large scale development of specialist older persons housing should also be identified. If these are strategic sites on the edge of settlements, proposals for the development of the site should consider how public transport can be provided or improved to ensure that their accessibility is improved for residents, employees and visitors.

4.1.10 Delivering the Local Plan requirements through S106 and Community Infrastructure Levy

Clear policies should be included on the implementation of S106 agreements and Community Infrastructure Levy in relation to the requirements for affordable housing; specialist older persons’ housing where there are restrictions relating to the age of the occupants; and the infrastructure requirements associated with new market housing development, Care Homes and mixed use schemes incorporating housing.

5. Good Practice Case Studies

This section sets out a selection of Good Practice Case Studies from across the country in relation to Prevention, Support and Advice, Sheltered Housing, Extra Care and use of planning Policy to support the housing needs of Older People.

5.1 Prevention, Support and Advice



AskSARA is an award-winning guided advice tool developed by national charity the Disabled Living Foundation (DLF). It is designed to help people, particularly older people, to find easy to understand solutions to daily living problems such as bathing, mobility and communication.

AskSARA is designed to be simple to use and requires users to have internet access to access the options and reports. Users choose the topic they wish to research, respond to the Yes/No questions and a report is generated dependant on their answers. The report contains advice written by the DLF's team of occupational therapists as well as details of products which may help. The information is drawn from the DLF's impartial database of equipment or ideas of how to manage your condition or general information as to how to make daily living easier. Several Local Authorities in the UK are using AskSARA via a licence agreement to provide universal advice and information about daily living equipment and support to residents.

5.1.1 Middlesbrough Staying Put Agency

The Middlesbrough Staying Put Agency is an advice & repair service enabling older, vulnerable and disabled people to stay in their own home and maintain independence. The Agency is Middlesbrough's Home Improvement Agency and was established in 1991. It works with Social Care and other organisations to provide a service to help older people, people of all ages with disabilities and those who are otherwise vulnerable to remain and live more independently in their own homes. The Agency gives advice on repairs, improvements or adaptations and provides information about financial assistance and can offer practical help to investigate other sources of funding. The Agency also provides Housing Options advice.

The Agency operates the Middlesbrough Mobile Adapt and Mend Service (MMAMS) Handyperson scheme which offers essential minor repairs and adaptations which can include minor plumbing and joinery repairs, grab rails, stair rails, half steps and clearing guttering. The service also offers help with organising house repairs, adaptations or improvements through their Private Works service. For a small administration fee they will:

- Visit your home to discuss what work is wanted
- Obtain estimates from contractors for the work
- Provide advice on practical matters whilst the work is in progress
- Liaise with builders
- Inspect the work to ensure it has been carried out to an acceptable standard

5.2 Sheltered Accommodation

5.2.1 Prince Charles House, St Austell Cornwall

Figure 5.1 Prince Charles House, St Austell, Cornwall



Prince Charles House in St Austell is a pioneering supported housing eco-development of 31 1 and 2 flats for older people which are all for Affordable Rent. It was completed in April 2012 and is now home to residents who are enjoying living in this spacious and well-designed building.

Prince Charles House replaced an outdated 1960s Sheltered Housing scheme and represents a £5.9m investment by the Ocean Group, of which £3.5m was funded by Cornwall Council from the Eco-communities programme. It is a great example of design which helps older people and those who need support to live independently. South facing balconies have views of St Austell Bay and glazed 'winter gardens' capture the sun's warmth to help heat the flats. Prince Charles House was shortlisted in the Housing Design Awards and is gaining national recognition

Prince Charles House meets the highest standards of sustainability including energy efficiency and insulation and has achieved BREEAM Outstanding, the highest rating from the Building Research Establishment (BRE) environmental standards. The developer and contractor made sure the community was well informed during the construction phase and kept disruption to a minimum. They were rewarded with a Gold award at the National Considerate Constructor's awards.

The construction and operation of Prince Charles House demonstrate how an exemplar project can benefit the community and residents. Construction, interior design and art students from nearby Cornwall College were all involved in the construction process. People in St Austell and beyond were able to keep tabs on the construction through the [Prince Charles House Website](#). Ocean housing worked with residents to create a green charter to help them make the most of the building's environmental features.

5.2.2 Heald Farm Court, St Helens

Figure 5.2 Heald Farm Court, St Helens



In a joint venture with Helena Extra, MHA provides an opportunity for retirement living, together with the availability of round-the clock care, in Newton-le-Willows, part of the borough of St Helens.

The £14 million Heald Farm Court scheme comprises 86 two bedroom apartments, with a variety of designs, some with balconies, terraces or gardens. Each apartment is suitable for wheelchair access. Together with three bungalows, the apartments are grouped around communal and leisure facilities, which form the heart of the development and include a café, lounge, health and well-being centre, and landscaped gardens. Of the 88 sheltered units, 44 are for social rent and 44 for outright sale or shared ownership. The development comprises: 154 Apartments, 65 Retirement Living Apartments, 86 Retirement Living with Care Apartments, 3 Bungalows.

5.3 Extra Care

Extra Care housing is a rapidly growing sector of the housing and care market. This model of housing and care can offer many elements of traditional residential care in terms of on-site care provision but considerably more in respect of accommodation standards, independence, community involvement and individual wellbeing.

5.3.1 Sunnyfield Lodge, Ripon, North Yorkshire

North Yorkshire County Council has managed a very successful programme of Extra Care development across the County which has given many people the chance to live in their own home with care and support when they otherwise may have had to move into residential care. The County Council is working with private providers, Housing Associations and developers to develop a portfolio of Extra Care developments across the County. Extra Care schemes are typically developed using a financial model that relies on Government and Local Authority grant. NYCC is addressing this by packaging up a number of Extra Care housing schemes to achieve economies of scale and is attractive enough to entice investors to this mainly rural area.

At the time of writing, the main package of sites and developments is about to be procured, however, some Extra Care sites across North Yorkshire have already been successfully developed.

Figure 5.3 Sunnyfield Lodge, Rippon, North Yorkshire



The emphasis on good quality design is at the forefront of the Council's Extra Care housing delivery programme. The Council has an 'Accommodation with Care Design and Ethos Guide'²⁶ which sets out the minimum design standards expected for Extra Care Developments. The aim is that each development is not just a place to provide care but rather is centred on the tenant or homeowner. Each scheme is future-proofed to allow for changing needs and priorities of individuals and the older population. The design of the internal layout of each apartment will be flexible to allow for the changing care and support needs of individual residents and to maximise their ability to continue to receive care and support at home. Schemes are seen as community assets which allow residents to continue to engage with the local community but also enable them to feel their home is secure and private. Each scheme is developed in response to site circumstances and local requirements, providing a diversity of accommodation across the County.

One example of this is Sunnyfield Lodge, situated in the city of Ripon. The scheme provides 35 self-contained, one-bedroom apartments and five, two-bedroom apartments. There are 32 apartments for rent and eight available on a shared ownership basis. The scheme includes wheelchair access throughout with each apartment providing a high standard of accommodation that includes a fitted kitchen, walk in shower and full central heating.

Details of the scheme are set out below:

²⁶ <http://www.northyorks.gov.uk/article/26959/Extra-care---information-for-professionals>

Table 5.1 Sunnyfield Lodge, Rippon, North Yorkshire

Landlord	Hanover Housing Association						
Year built	2007						
Floors	Three						
Number of lifts	One						
Accommodation	Thirty five, one-bedroom and five, two-bedroom self-contained apartments for rent and shared ownership						
Accessibility	All apartments are wheelchair accessible						
Services	24-hour care/support services are available on site Concessionary TV licence						
Service providers	Housing and support provided by Hanover Housing Association Care provided by North Yorkshire County Council						
Facilities	Door entry and intercom system to every apartment; 24-hour emergency response alarm to every apartment; lounge and restaurant; laundry; guest room; hair salon; therapy room; assisted bathroom; activities lounge; sensory garden; cycle/scooter store; conservatory; shop; and chiropodist						
Regular activities	Coffee morning; entertainment in the main lounge; church services; library service; social activities; film shows; bingo; quizzes; afternoon teas; craft/art sessions; and musicians						
Pets	The scheme is pet-friendly						
Tenure type	Thirty two apartments for rent, eight for shared ownership						
Eligibility	55 or over and with a housing and/or care need						
Rent	<table> <tr> <td>Net Rent £454.75</td> <td rowspan="5">} Total Monthly Charge £923.68 (1 Bed)</td> </tr> <tr> <td>Service Charge £195.20</td> </tr> <tr> <td>Support Charge £77.94</td> </tr> <tr> <td>Water/Heating £21.58</td> </tr> <tr> <td>Catering £174.21</td> </tr> </table>	Net Rent £454.75	} Total Monthly Charge £923.68 (1 Bed)	Service Charge £195.20	Support Charge £77.94	Water/Heating £21.58	Catering £174.21
Net Rent £454.75	} Total Monthly Charge £923.68 (1 Bed)						
Service Charge £195.20							
Support Charge £77.94							
Water/Heating £21.58							
Catering £174.21							

5.3.2 Ryefields Village, Warrington

Figure 5.4 Ryefields Village, Warrington



In partnership with Warrington Borough Council, Arena Housing Association and Extra Care Charitable Trust, Ryefields Retirement Village was developed in 2002. It was the first of its kind

in the North West, offering a better way of life for older people in Warrington and surrounding areas.

This Extra Care Development is on a much larger scale than the previous example, reflective of its more urban context. It is a partnership between The Extra Care Charitable Trust and Your Housing Group. The development contains 243 one and two bedroom apartments alongside self-contained bungalows for rent, shared ownership and purchase.

Table 5.2 Ryefields Lodge, Warrington

Landlord	Your Housing Group
Year built	2002
Floors	Three/Four
Number of lifts	Three
Accommodation	243 one and two bedroom apartments and self-contained bungalows
Accessibility	All apartments are wheelchair accessible
Services	CCTV. On-site care staff (24 hours / 7 days), non-resident management staff (24 hours/ 7 days) and community alarm service Flexible care and support options.
Service providers	Housing and support provided by Your Housing Group Care provided by Extra Care Charitable Trust
Facilities	communal accommodation with bistro, hobby/craft room, library/IT suite, residents lounge, pamper bathroom and assisted bathrooms, communal landscaped gardens, dining room, laundry, guest facilities, shop, hairdressing salon, jacuzzi, bar/pub, library, assisted bathing facility
Regular activities	Indoor bowls, health & fitness, video production, pottery, woodwork, internet, library, theatre workshops, gardening, trips, bingo.
Pets	The scheme is pet-friendly
Tenure type	Rent, shared ownership and outright sale
Eligibility	55 or over and with a housing and/or care need
Rent/Cost	One bed rental property- £123.86 2 bed rental - 137.30
	Open Market Value of the properties is approx. £99,500 for a one bed apartment or bungalow and £125/130,000 for a two bed apartment or bungalow.

5.3.3 Whitebeck Court, Manchester

Figure 5.4 Whitebeck Court, Manchester



Whitebeck Court is a 91 apartment Extra Care development for those aged 60 and over in a renovated existing 16 storey high rise block of flats in Charlestown, north Manchester, five miles from the city centre. The tower was originally built in 1970 and was owned by Manchester City Council. When the last general needs tenant was re-housed in 2006, the City Council considered several options for the block, including demolition and disposal on the open market. Through this process and as part of the Council's 'Future Living Needs for Older Persons' strategy, a strategic need for older persons' accommodation was identified as north Manchester - and particularly Higher Blakeley and Charlestown - has the highest proportion of elderly people in the city and a demand from those under occupying their current homes.

The City Council submitted an application to the Department of Health for funding to refurbish the tower block to provide Extra Care, receiving £6.54m for refurbishments totalling £8.9m. The remaining funding came from Manchester City Council/Northwards Housing (Manchester's ALMO) from the Decent Homes Programme and the save to invest initiative.

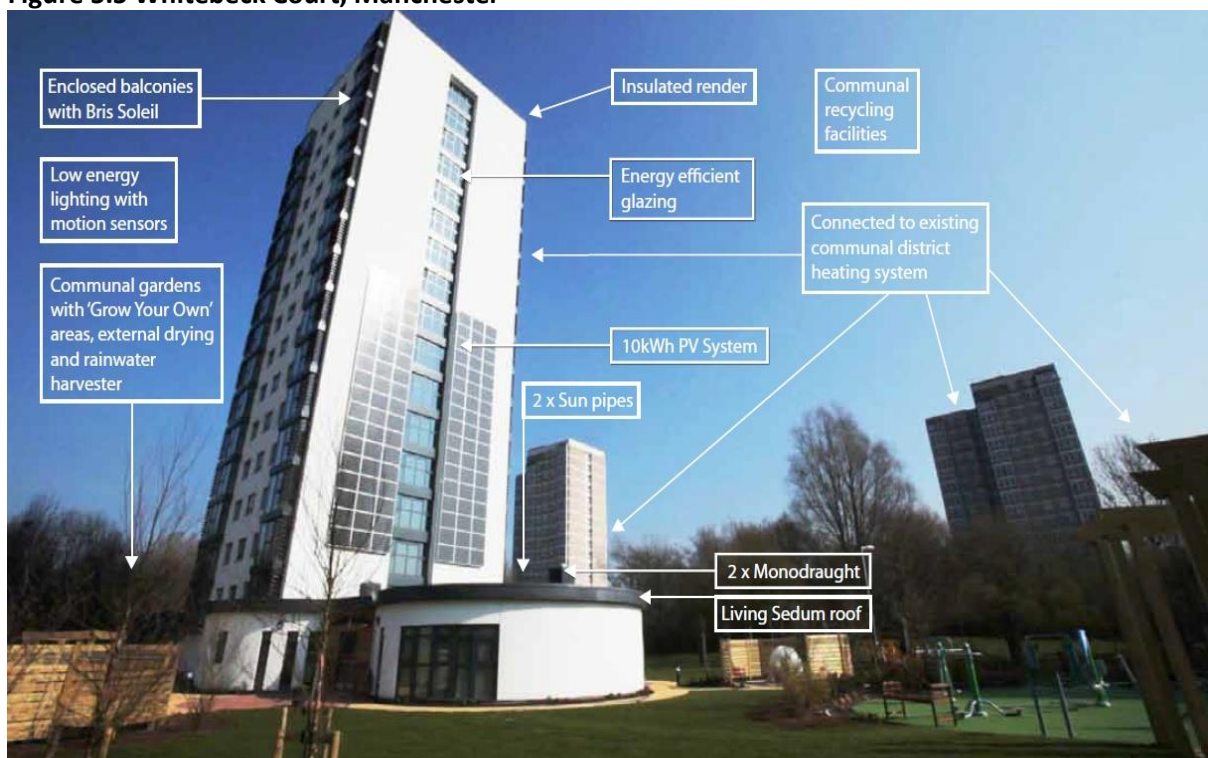
Planning permission was granted in March 2009, work commenced in September 2009 and completed in March 2011. The refurbishment included demolition of balconies to create more space, and installation of new windows and solar panels. A new storey was added to house the 'Sky Lounge' – a rooftop communal lounge for residents use. Each floor has a unique colour scheme to help dementia sufferers recognise where they are. Wet rooms were installed for those with mobility problems, and the two lifts were fitted with seats. The apartments are fully wheelchair accessible.

In addition to the redevelopment of the block, a new extension was added to the ground floor which houses the 'Eric Hobin Well Being Centre' which is managed by Manchester City Council and is available to residents and the local community. The centre offers services to around 50 older people who need personal support and is staffed by a dedicated team. The

main day centre incorporates a community cafe and a large multi-purpose venue providing a range of therapeutic and social activities for local older people. Along with the other facilities, the centre includes a hairdressers, small shop and computer suite.

The renovation delivered 91 apartments, 61 2 bedrooms and 30 one beds. The housing management is provided by Northwards Housing and 24/7 on site care is provided by Care Watch UK. Although the development was originally planned for 50% rent and 50% sale all of the apartments are now for Affordable Rent and Weekly rent is £67.53 for a one bed roomed apartment plus a service charge of £18.04. A two bedroomed apartment is £78.47 per week plus a service charge of £18.04.

Figure 5.5 Whitebeck Court, Manchester



5.4 Use of Planning Policy

Several Local Plans and policies currently in development include policies to promote the inclusion of housing suited to the needs of older people as part of policies on residential mix. The DCLG Chief Planner voiced strong support in September 2014 for the need for more homes suitable for the older people. Examples of such policies include:

- Durham County Local Plan
- Cheshire East Local Plan
- East Hampshire Joint Core Strategy
- South Bucks Core Strategy

- Ryedale District Council Local Plan

5.4.1 Durham County Local Plan Submission Draft 2013

To contribute towards meeting the needs of the County's ageing population; the Council requires 10% of private or intermediate housing on sites of 0.5ha or 15 units or more which, in relation to design and house type, increase the housing options of older people. All of these properties must be built to Lifetime Homes Standards. Appropriate house types considered to meet this requirement include:

- Level access flats;
- Bungalows;
- Sheltered Housing or Extra Care Scheme; or
- Housing products that can be shown to meet the specific needs of a multi-generational family.

Where it can be demonstrated that this requirement would undermine the viability of the scheme, either in terms of financial viability or lack of market demand, then at least 10% of the total units on the site should be developed to Lifetime Homes Standard.

The Council will support the provision of housing for vulnerable people and specialist housing provision, including nursing homes and residential and Extra Care facilities, in appropriate locations and where there is an identified need.

5.4.2 Cheshire East Local Plan submission draft 2014

New residential development should maintain, provide or contribute to a mix of housing tenures, types and sizes to help support the creation of mixed, balanced and inclusive communities. This could include Self Build and Key Worker Housing.

To meet the needs arising from the increasing longevity of the Borough's older residents, the Council requires developers to demonstrate how their proposal will be capable of meeting, and adapting to the long term needs of this group. This could include the provision of Lifetime Homes and Bungalows and other measures to support Health and Wellbeing and independent living through new developments that recognise the needs of older people, those with dementia and other vulnerable people. This will include developing dementia-friendly communities.

Development proposals for accommodation designed specifically for the elderly and people who require specialist accommodation will be supported where there is a proven need; they are located within settlements; accessible by public transport; and within a reasonable walking distance of community facilities such as shops, medical services and public open space.

5.4.3 East Hampshire Joint Core Strategy adopted 2014

To address housing requirements and to help to create sustainable communities new residential development will be required to:

- Maximise the delivery of affordable housing;
- Provide a range of dwelling tenures, types and sizes to meet housing needs;
- Provide housing that meets a range of community requirements, including retirement, Extra Care housing and other housing for the elderly. Those with special or supported needs and people wishing to build their own homes; and
- Meet Lifetime Homes Standard as appropriate.

Through the allocation of sufficient sites and/ or the granting of planning permission the Council and the National Park Authority will provide for housing and Extra Care accommodation, including Continuing Care Retirement Communities and Retirement Villages, to meet the needs of the ageing population within the District provided that the proposed sites and development are in locations to suit the needs of the elderly.

5.4.4 South Bucks Core Strategy adopted 2011

The Council will support and encourage the provision of new accommodation for older people, including nursing accommodation and Extra Care units. Favourable consideration will be given to planning applications for specialist accommodation for the elderly on sites currently (or most recently) used for community infrastructure or employment, subject to the provisions of Core Policies 5, 6 and 10. Such accommodation should be provided in sustainable locations within settlements (normally in the Principal or Secondary settlements) where there is good access to services and facilities.

5.4.5 Ryedale District Council Local Plan Adopted Sept 2013²⁷

Housing is covered in Section 4 of the Local Plan which sets out that the provision of a choice of new homes to address a range of requirements is central to the stability and sustainability of the wider District economy and that of local communities. A greater number of affordable homes and provision of housing to address the needs of the ageing population are highlighted as areas which must be provided for over the Plan Period if communities are to be balanced, resilient and sustainable.

Policy SP4 covers the Type and Mix of New Housing - The Plan recognises that the ageing population presents a specific issue for the District and that diversifying the range of open market accommodation suitable for older people will be important. Building new homes to Lifetime Homes standards, the provision of smaller open market dwellings, a greater supply of bungalows and new retirement apartment schemes are all cited as areas which will assist in addressing the requirements of older people. This Plan supports the provision of a range of accommodation by specialist private sector developers and housing organisations which is specifically designed to support the needs of an ageing population. The types of need will vary and provision will need to be made for:

- Independent living in one or two bedroom units of various types

²⁷ http://www.ryedaleplan.org.uk/attachments/category/12/Local_Plan_Strategy_text_only_version_5_sept_13.pdf

- Warden controlled care facilities for people with some age related or minor disabilities
- Care homes for those whose needs can be met in traditional residential homes
- Extra Care facilities as described in the North Yorkshire County Council programme
- Nursing homes for critical needs of people requiring 24 hour nursing care

Of particular interest to this study, Policy SP4 specifically requires that at least 5% of all new homes built on schemes of 50 dwellings or more should be built as bungalows, providing this is viable in conjunction with other requirements or where there are overriding design reasons why this cannot be achieved.

6. Developing Appropriate Solutions

In this section we present our conclusions and make recommendations for actions for inclusion in the Sefton Older Persons Housing Strategy. Overall current provision for older people is characterised by a certain amount of diversity and choice. As we have described, the vast majority of older people live in 'mainstream' housing however there is a requirement for specialist provision and scope for a greater number of options within the specialist provision.

There are a number of key areas which make up a suite of appropriate solutions and we present them here under the following headings:

- New Development and Provision
- Development Standards
- Sheltered/ Assisted Living
- Extra Care
- Strategic Planning and Joint Working
- Information and Advice
- Aids, Adaptations and Continued Use of Existing Housing
- Preventative Support Services

The recommendations in this section are based on a range of development solutions from new homes aimed at older, independent households to the direct provision of specialist accommodation with care and support. Specific development of Sheltered or Extra Care Housing is considered at 6.1.3 and 6.1.4 All of these should be considered, alongside the recommendations in relation to advice/support and planning policy, to ensure that a range of needs are met and that the need for and provision (and cost) of specialist housing and with care is minimised. Funding homes for older people requires subsidy in areas out with private development opportunities which are limited to markets where development can be delivered commercially.

In relation to all of the recommendations, an early dialogue should be undertaken with private developers, RPs, care providers, social service, service users and funders, particularly the Homes and Communities Agency (HCA) to inform their development and delivery.

6.1.1 New Development and Provision

As discussed, the majority of older people in the Borough will not move or will choose to meet their needs in the private market by moving to smaller/more manageable accommodation or to be closer to family to receive support. This is particularly true of the more affluent housing markets in the Borough where older people are likely to have sufficient equity in their existing homes to meet their arising need in the private market. However, we know that suitable, appealing homes for those wishing to downsize is in limited supply and that new supply in the private market is unlikely to directly address the needs of older people without intervention, rather it will develop mainly to meet the need of family households and first time buyers.

Promotion of development in planning terms rests with the local authority, however, delivery no longer does. Given this and that most new housing is delivered on private developments, we recommend that **Sefton Council consider the use of planning policy to encourage the provision of homes suitable for older households as part of new build developments.** The Local plan should identify need and seek to address the demand and requirement clearly. It should have specific remit to consider housing needs of older people within the policies. This may include the requirement for both market and affordable housing on accessible sites close to town, district and local centres and public transport to be developed for or include a percentage target for provision of flats and/or bungalows for older people. Consideration should be given to evidence of need in the locality.

For example, the Council could consider a requirement for a certain percentage (up to 20%) of single storey dwellings (flats or bungalows) as part of new residential developments. This could be part of the Affordable Housing provision or the market housing or a proportion of both and this may be varied by area. This could both support moves which mean older households are independent for longer, promote the development of inclusive communities and also mean that family homes are freed up and brought to the second hand market, particularly in areas of high demand. This could have a role in areas where the increasing concentration of older households could impact on the provision of services and facilities and local schools rolls, as well as the availability of a local workforce to provide necessary care and support.

One such example of this approach is in Durham, where the County Council are currently out to consultation on their Local Plan. This requires that affordable housing delivered as part of new developments includes a proportion of bungalows for households aged over 50. Similarly, Ryedale District Council's Local Plan requires that 5% of all provision on new build developments should be single storey dwellings suitable for older people. The final approach to this and the resultant policy will need to be reviewed by the Council and considered in light of the Buildings Standards Review when finalised.

Clearly there will be challenges in developing and implementing such a policy as the provision, particularly of bungalows, is an inefficient use of available development land and may reduce the number of homes delivered overall. **Sefton Council should consider the impact of such a policy as part of the next Economic Viability Assessment to be undertaken,** either as a percentage of developments as a whole or as part of the affordable housing provision. In addition, many house builders will not have an agreed single storey/bungalow house type and **Sefton Council should work with house builders, RPs and the HCA to consider ways to aid the design process and agree minimum standards and look at best practice in provision of this type in other areas.**

The Council and its partners should also look for other opportunities to provide homes for older people. This might include development of land in Sefton Councils ownership, on former garage sites, for example, land in control of RPs or other public land, such as sites in the ownership of the HCA, particularly in the lower value market areas of the Borough where development viability may be too severely impacted by the provision of homes suitable for older people. Consultation with the HCA suggests available land assets in Maghull and the opportunities for this to be developed for older persons provision should be explored with the Agency. The Council should prepare development briefs to set out clearly the type and mix of

housing that would be sought on each site. This would require close working arrangements to be established with other landowners at an early opportunity.

The HCA is currently encouraging providers to bring forward proposals for older persons housing either through the Affordable Homes Programme (currently open for bids Via Continuous Market Engagement Oct 2014) and the soon to be announced rounds of the Homelessness Change Programme and the Care and Support Specialist Housing Round II. **Opportunities to access funding to support new provision should be taken where possible.**

Whichever way this is taken forward, **consideration should be given to the tenure mix** of provision for older households and the housing market area in which they are to be developed. For example, owner occupation in older households is higher in the northern markets - in Formby and Maghull/Aintree almost 90% of households headed by someone aged over 65 are in owner occupation, and provision aimed at older people is likely to be appealing to owners who wish to downsize but retain some equity in their homes for later care needs or inheritance. House prices and land values in the northern markets of the Borough are also higher, providing more equity for a subsequent purchase and greater viability for delivery.

By contrast, over half of households headed by a person over 65 are in social or private rented accommodation in Bootle and so provision of suitable accommodation to purchase is less likely to be accessible to those who need it and provision should be focussed on the rented sectors. The tenures should include sale, shared ownership and affordable/social rented and the viability of the mix of tenures also be explored in any updates to the Economic Viability Assessment.

Consideration should also be given to whether some or all of the older persons accommodation should be restricted by condition to occupation by over 55s or over 65s and/or those with a local connection to the area. This would ensure that new provision (or a proportion thereof) secured via planning policy would remain for older people in the longer term, meaning that subsequent sales or lets were restricted to occupation by households aged over 55. There are issues with this, particularly in relation to the ability to market and sell properties and to obtain mortgages. Although most would fund the purchase from the equity from the sale of an existing home there may be issues with inheritance or families assisting with a purchase. Sefton Council should consider the issues and advantages of such an approach and seek legal advice on the practicalities of application.

Where Sefton Council is to support and widen the choice of new housing designs by encouraging targeted or specialist provision, it must also ensure that the appropriate care, support and advice is available as part of the overall package both to ease the transition for movers, enhance the offer for accommodation providers and to ensure that those who move into specialist accommodation are able to remain there as long as possible.

As well as direct provision, where sites generate an affordable housing contribution in the form of a commuted sum or 'off site' provision in lieu of direct provision, the use of these should be considered to subsidise the provision of affordable accommodation specifically for older people.

In summary, most specialist accommodation provision will be required in the higher demand areas in the north of the borough. The north of the borough is also more likely to be most viable and an attractive development proposition for the private sector. Some affordable provision will also be required. In the South of the borough where housing need and demand is more likely to be in evidence in the social rented sector affordable housing should also be provided, with much less emphasis on market developments which are likely to be less viable given lower house prices and a smaller population of owner occupiers. Need in the South of the borough will be characterised by specialist affordable accommodation and it is likely that development economic viability will be more challenging and often requiring subsidy.

6.1.2 Commuted Sums

All commuted sums which the Council are eligible for should be collected. This should be the case even where local sites for their use have not yet been identified. If a local site cannot be found commuted sums should be used elsewhere in the borough.

Pooled commuted sums are most likely to be needed in the less viable markets of Netherton and Bootle but also to support provision of new accommodation on marginal developments across the Borough. It may be that consideration needs to be given to the appropriateness of commuted sums generated in the higher value, northern markets being used to subsidise the provision of Affordable Housing for older people in Bootle and Netherton.

6.1.3 Development Standards

The vast majority of new housing delivery and therefore new housing for older people in the Borough will be in the form of private development and Sefton Council will need to ensure that new provision is of a good standard and design. Firstly, developers of new build development should be encouraged to consider development to the criteria in the Lifetimes Homes Standard/proposed Category 2 in the proposed Housing Standards (currently out to consultation) across all tenures given that the retrofitting and subsequent removal of aids and adaptations in existing homes is often not cost effective.

Consideration should also be given to whether the Local Plan should include a requirement for new homes to be built to the nationally described space standard to ensure that new homes provide sufficient space and storage. This will be important for smaller homes. **Sefton Council should include a policy in its draft Local Plan in line with the guidance in the consultation on Housing Standards set out in chapter 4 above; this should cover both category 2 and 3 homes.**

It may be helpful to explain the specific requirements that the Council will be seeking through more detailed design policies supported by Supplementary Design Guidance. Examples of policy statements could include:

- Town and local centres and community hubs should provide high quality accessible pedestrian environments designed to be used by those with walking difficulties and visual impairment. They should incorporate sheltered seating and toilets. Where appropriate, they should be accessible to motorised scooter users and those with

walking aids. Bus stops should be located within easy and level walking distance of town and local centres and community hubs.

- Disabled parking spaces should be provided within town and local centres and community hubs, supermarkets and out of centres stores, hospital and health centres, community and leisure centres, parks, (and anywhere else locally specific). Level access should be provided from disabled parking spaces to the pedestrian area.
- The design of developments generally should discourage crime and anti-social behaviour
- New housing development for older people (including Care Homes and Extra Care / assisted living homes) should be designed with high quality, well designed areas of open space and /or gardens that will provide an attractive setting for the housing.

This is not simply about the advantages of accessible homes and neighbourhoods but a reflection of the merging of health, housing and social care priorities and budgets in the longer term and the need to prevent hospital admissions caused by trips and falls, excess cold etc. and also to enable hospital discharges to homes which are accessible with short term mobility issues. This is also about improving the accessibility of new housing and ensuring an increasing supply of homes that are accessible for occupiers and their family and friends to meet their changing needs throughout their lifetimes. Improving the accessibility of homes will benefit older people as they become less mobile and those of all ages who use wheelchairs and other mobility aids.

It is recommended that in advance of the adoption of the Housing Standards **consideration should be given in the Sefton Local Plan as to the locations where Category 2 and 3 housing will be justified in relation to the factors set out in the guidance above, the proportion of each type of housing required and the requirements in respect of affordable and market housing.** Similar terminology to that used in the consultation report should be used, referring to Accessible Housing and Wheelchair Accessible and Adaptable Housing. Further it is recommended that policies should ensure that these standards should apply to smaller homes as well as specialist housing that are required by older people.

6.1.4 Sheltered/Assisted Living

Recent private provision in Sefton has been centred on the retirement/sheltered home market, which is restricted to a limited number of developers, particularly since the recent recession. The only significant builder of sheltered accommodation/assisted living is currently McCarthy & Stone; Jones Homes were active but have recently removed from the market. Several examples of this type of development are under construction and in management in Sefton, particularly in Southport.

As context for this type of development and Extra Care, nursing homes were quickly developed in the period 2002-2008 to meet demand and many during recession did not achieve expected margins due to high costs to manage and run against limited income from the users often supported by capped weekly benefit from the Local Authority. Southern Cross was a high profile example. With hotels, nursing homes were the largest category of “in restructuring” of assets by the Banks. McCarthy and Stone also suffered and restructuring and change in financing has turned the company around but not without capital and share reappraisal. This

market is prone to cyclical factors primarily the ability to sell an asset to make use of the product by occupiers. The general developer does not become involved in this specialist marketplace.

A factor of this type of development is the high capital outlay before return. In general needs, speculative housing developments house builders commence marketing and seek pre-sales with a phasing of the development. Developing assisted living usually consists of flats and additional facilities which all need to be completed prior to first occupation. Additionally potential occupiers and buyers downsizing are relying on sales of their existing property and usually wish to see the completed homes to be reassured of their choice to move. Another real factor is cost to build as this type of accommodation, which is of a higher specification than general needs and giving a lesser gross to net sales area due to the larger hall and corridors, common areas etc. Suitable sites are also likely to attract competition from mainstream, alternative development. As such, there is often negation around the viability of development and the provision of affordable housing within it. **It may be that any affordable housing commuted sums from developments of this type are specifically applied to support the provision of older people's housing in the same or other parts of the Borough.**

Recent market intelligence suggests that, typically, a house of 70-75 m² (two bedroom terrace) would cost £90 per ft²/£969 per m² to build with fees etc. at around £100 per ft²/£1,077 per m². This does not include land cost or profit etc. Flatted construction for sheltered/assisted living is likely to cost £130 per ft²/£1400 per m² to build. Generally these developments need to achieve sales values in excess of £200 per ft² and usually closer to £300 per ft² due to the higher build costs and ancillary charges, profit and site costs.²⁸

Practically this means buyers selling existing property need more than £220,000 for a one bedroom purchase or £350,000 for two bedrooms. Stamp duty legal costs and moving costs all require consideration as do service charges and care costs. Buyers of retirement accommodation often seek to have at least a third of their sale proceeds surplus to supplement future living expenses. The consequence is that private development of this type will only occur in affluent areas where markets exist for both the sale of existing family homes and the purchase of retirement accommodation.

Mixing retirement flats and Extra Care units is now an emerging model of the typical offer of providers such as McCarthy and Stone. When a retirement complex is considered in less established areas or on greenfield sites this has to be of sufficient scale to offer a wide range of facilities and amenities within the project and thus become a "village". To achieve this, usually on green field sites, the uses include retirement flats, assisted care units, bungalows, and Care Home/respite provision. The capital outlay is considerable as the developer tends to be an investor seeking longer term involvement and full model and return is similar to that of other major commercial investments. Achieving full occupation can take time and requires confidence in the completion of the project and confidence in management.

The market has delivered several developments of this type in the North of the Borough and is likely to continue to do so, given the population trends, land values and market dynamics.

²⁸ Updated costs should be obtained at the time of any proposed development

However, private provision of this type is unlikely to occur further south, particularly around Bootle. This is an area where fewer older households have equity to release and also have more long term limiting illnesses which may mean they need care and support earlier and for longer than their more affluent neighbours. The current provision of Sheltered Housing is broadly in line with LIN Housing Toolkit estimates of the number of units required in a population of this size. As developments age and become less fit for purpose demand may decline and RPs should consider refurbishment or replacement. **Particularly in the Bootle housing market area, the Council should seek to support and encourage the modernisation and refurbishment of existing Sheltered Housing where appropriate to improve the overall quality of the available stock and support the older resident population.** This should be through supporting improvements to existing provision or new build development and, where funding is available, this should be focussed on the housing market areas of Bootle and Netherton. The Council should engage with RP partners and the HCA to gauge the likelihood of land and/or funding and would be advised to consider bids to future rounds of the HCA/Department of Health Care and Support Specialised Housing Fund to support this.

6.1.5 Extra Care

Although most older people will remain in their own homes as discussed, a proportion of older households will need both specialist housing and care provision, particularly as the population living with dementia and long term limiting illness increases. One of the main solutions to the needs of these groups emerging in recent years is Extra Care Housing. As we have seen in the literature review and case studies, Extra Care developments cater for a wide range of needs and can also change the care and support provision as the needs of residents change, either in the short or long term. Whilst there are service charges to access care and support in Extra Care, the provision is more cost effective than residential care and its flexibility can aid hospital discharges and avoid or delay the need to move to residential care.

In relation to Sefton, **we consider the provision of Extra Care to be an appropriate solution given the size and age of the older population.** There are two schemes with planning permission and currently under development at the 90 unit scheme at Damfield Lane and 24 units with dementia care at Parkhaven Court, both in Maghull. **We recommend that the Council use these schemes to learn lessons for the provision of further such developments, particularly in relation to:**

- Mix of care needs (low, medium and high)
- Final tenure mix
- Lettings and sales periods
- Rent levels and service charges
- Sales values
- Demand for shared ownership units
- Origin of occupants (i.e. within/ outwith local market/Sefton Council)
- Supporting amenities and their use
- Provision of care and support services

6.1.5.1 Assessing Demand for Extra Care

It is extremely difficult to quantify the demand for models of specialist housing, partly because there are some relatively new models of housing provision, but also because it is hard to quantify what will make one person choose to move to one model of housing, such as Extra Care, while another will remain in their own home, or prefer another model such as Sheltered Housing or residential care. We can, however, make some assumptions around potential future demand based on good practice and precedent elsewhere²⁹.

The LIN Housing toolkit suggests two main approaches to assessing future need for various types of specialist housing provision for older people. The toolkit indicates that while neither method is exact they can be used alongside other data to at least establish a baseline for estimating potential demand. The two approaches are:

- Modelling through Care Home Demand
- Modelling from Population Data

Modelling through Care Home demand data assumptions are based on current Care Home provision. Sefton Council were unable to provide demand analysis and vacancy rates within residential and nursing home provision at the time of the research. Similarly there has been no analysis of the number of Care Home residents who could have been enabled to stay in their own home if particular support and care interventions had been available to them. It is likely that any existing low demand would be further exacerbated by provision of new Extra Care housing, but the shift from an institutional to home based setting would be in line with policy direction and research findings relating to the preferences of older people themselves.

Extra Care is a new and developing model and is, to a large extent, untested on any wider scale. As mentioned above, there are existing developments currently underway, or planned in Maghull and Southport and the outcomes of these developments should be closely monitored in terms of demand, uptake, client satisfaction and the subsequent impact on services such as adult social care, health services and housing support provision. It is the analysis of these outcomes which will help to further refine plans for future provision of Extra Care housing in the borough.

Using both the Care Home Demand and the Population Data modelling approaches we can see that with an assumption that 67% of Care Home residents could be housed in Extra Care accommodation 1,742 Extra Care units are required as at 2014. The 45% assumption indicates a need of 1,170 units while the population data approach indicates a total need for Extra Care of 1,346. This suggests that between 1,200 and 1,700 Extra Care units are a reasonable estimate of need.

²⁹ The Borough of Poole have used an assumption of 44% of residential care admissions which extra care housing could have provided and alternative to residential care. Brighton and Hove have a target of reducing the level of admission to residential care by 21% over a three year period. East Sussex calculates that 64% of current Extra Care residents would need some form of residential care or Elderly Mentally Infirm (EMI) or nursing care alternative, with the remaining 36% requiring domiciliary care at home or in sheltered accommodation if they were unable to live in Extra Care housing. Oxford Brookes University/ Institute of Public Care suggests 2/3 of older people recently admitted to care homes could have benefited from Extra Care provision.

While there is no similar proxy for the Care Home model to estimate future demand for Sheltered Housing if we use the population based approach, estimated demand for Sheltered Housing for rent is 1,794 in 2014. From the data presented in Table A2.18 we know that RPs currently provide a total of 1,554 units of specialist housing for older people. From our survey of RPs we know that there are Sheltered Housing units in five submarket areas (but not Formby) and that no RPs are currently providing Very Sheltered or Extra Care Housing. The number of housing for older people units currently provided is within 200 units of the 1,554 units calculated above, and using this methodology we do not think new provision of Sheltered Housing for rent should be a priority. Over time the Council should monitor existing provision of Sheltered Housing to ensure current supply is fit for purpose and is modernised to meet today's expectations and standards where appropriate. Where schemes become obsolete consideration should be given to new supply of sheltered accommodation, although this too will be dependent on the success of the Extra Care model, which may be deemed more appropriate for new development.

While these estimates only provide an indication of potential future demand ongoing review and appraisal should be made of these figures.

6.1.5.2 Guidance

The information from the schemes in Maghull should inform the development of further Extra Care across the Borough. This exercise should also aim to ascertain the interest from developers in provision of this type. Given that there are few sites in the area in Council or public ownership, developments of this type are likely to be brought forward by private providers and RPs and the possibility and suitability of allocated or windfall sites to accommodate development should be considered. Any guidance should not be overly onerous as to stifle interest but rather it should set out minimum standards for Extra Care Developments, including:

- Standards in each Extra Care unit -own front door, kitchen, bathroom, lounge and one or two bedrooms etc.
- The availability of care and support staff
- Resident choice and control over services
- Advice around tenure mix and type by housing market area
- Social activities
- Housing management policies
- Use of assistive technology
- Inclusion and links with the local community

North Yorkshire County Council have developed their strategies for Extra Care based on detailed and robust Joint Strategic Needs Assessment (JSNA) and now have around 15 new schemes in the development pipeline. These are mainly in rural areas and market towns on sites in the control of the County Council which will be procured collectively. They have

produced a Care and Design Guide for Extra Care Housing Developments³⁰ **and we recommend that Sefton Council consider the development of similar guidance to inform future developments.** In conjunction with a stakeholder group which includes service users and providers, the Council should also **consider developing Extra Care Design Guidance**, perhaps alongside the development of house types and accessibility standards as set out above. Reference should also be made to the HCAs Non Mainstream Design Guidance from 2012³¹.

North Yorkshire is also consulting on a **Care and Support Strategy**³² which, amongst other areas, seeks to provide assurances to potential providers of housing around the type of care which will be available in the future and **Sefton Council should also consider a similar approach as developments progress.**

6.1.5.3 Development

In relation to the development of new Extra Care facilities, **Sefton Council should proactively seek partners and site opportunities to develop Extra Care for sale and mixed tenure across the Borough and develop a model specification for Extra Care that will aid providers as they consider development in different markets in the Borough.** The provision of further Extra Care will invariably be led by site availability in combination with a partnership approach. The Local plan should identify need and seek to address the demand and requirement clearly. It should have specific remit to consider housing needs of the elderly within the policies.

It will be more viable to develop in the northern housing markets of the Borough and development of Extra Care in the Bootle or Netherton market areas is likely to need greater public sector leadership and subsidy and a higher proportion of rented and/ or shared ownership units than in areas where households will have sufficient equity to purchase outright.

Sites which are suitable for developments of this type are usually centrally located with services nearby, particularly transport, doctor's surgery, Post office, general store etc. Car sharing schemes can be used in town locations as car parking is limited and could be offered for use to the wider community. Mixing retirement flats/bungalows and Extra Care is also an emerging model. Residents of surrounding retirement accommodation can access care and support facilities and amenities within the Extra Care 'hub' such as cafes (which could be run as a social enterprise), bathing facilities, chiropody services etc. The receipts of sales of surrounding retirement flats/bungalows may also aid in the funding of the development as a whole.

Where possible, Extra Care housing should act as a hub for care and support services that provide outreach to the neighbourhood. This could also include linking housing for people with learning or physical disabilities with the care services on site.

³⁰ http://www.northyorks.gov.uk/media/12213/Accommodation-with-care-design-and-ethos-guide/pdf/Design_and_ethos_guide_%28Jan_2011%29.pdf

³¹ <http://www.homesandcommunities.co.uk/download-doc/6434/10967>

³² <http://www.northyorks.gov.uk/article/29404/Care-and-support-where-I-live-consultation>

In Extra Care accommodation, the density and number of units of the project is key to viability and maximising site value. Developments of this type will have higher development costs and will take longer to sell for similar reasons as that set out above. Where site constraints exist such as demolition of existing structures, site conditions, poor infrastructure - this further reduces economic viability and the need for subsidy of capital costs. The market for such development is still emerging but is based on tested formula and most providers we have consulted cite 50 units as a minimum development size and that at least 60 units over 2 or 3 storeys is the norm, with an expectation that developments will be larger in more in urban areas.

Examples from other areas and good practice show that two bed apartment sizes are generally around 70m² and one beds around 50m². The required site sizes for smaller (40 to 60 units schemes) with parking and associated common areas etc. will be around 2 to 3 acres/circa 1ha and larger developments of around 150 units will require sites of around 5 to 8 acres/2 to 3 ha. Total development costs on larger schemes will be in the region of £30 to £50m. Public or brownfield land could reduce the land cost element of this, such as disused filling stations, garages, older style offices, churches, schools/playing field surplus sites or NHS disposal may present opportunities.

6.1.5.4 Funding and Finance

Although some protection has been given to the health sector, we know that local government, housing and social care are faced with unprecedented and continuing financial pressures which directly and indirectly affect housing for older people. These include:

- Reductions in Supporting People funding
- Decreases, changes and uncertainty in capital funding for housing via the HCA
- The withdrawal of support for housing Private Finance Initiatives (PFI) which had been one of the major sources of funding for Extra Care
- Reductions in grants to voluntary and third sector organisations which often play a significant role in providing advice and support for older people.

In addition, many older people are impacted by welfare reforms, which can have a significant impact on scheme viability, particularly where residents are in receipt of welfare payments, including Housing Benefit.

Capital funding is therefore in short supply and models to fund the development of Extra Care are many and varied and have been developed to respond to funding opportunities and availability at the time of development. That said, future rounds of the Care and Support Housing Fund 2013-17, administered by the HCA via the Department of Health will offer opportunities to support new development of this type particularly in relation to provision for the private market. The Affordable Homes Programme via the HCA will also offer subsidy for Affordable Housing units within Extra Care and opportunities to engage with the programme through Continuous Market Engagement in 2015-18 should be considered and early dialogue on new developments should involve the HCA.

Local Authority Housing Revenue Account or Prudential Borrowing may also be a possible route, based on borrowing against the expected income stream. A gross return for any development is likely to require to be in the region of 8 to 10% before deductions. Usually this will result in a net return of 4 to 4.5%. Funding models can be created based on income. However the construction costs are substantial and support funding has to carry the differential between this type of project and standard housing. Other capital funding sources are likely to include bond issues, Investment Trusts and investment from Pension Funds. The use of subsidy generated via Section 106 planning obligations/commuted sums may also contribute although are unlikely to be significant sources.

It will also be important to clarify which providers will provide what in relation to the development/building and the services. Services can be configured in various ways but generally approaches include:

- An integrated approach where the same organisation owns the building and provides housing management, care and support services
- Separating housing and care so that the developer provides the housing management services and another service provider delivers the contract for the care and support services. This model is often used when the organisation providing the building and housing management services is not a domiciliary care services provider.

While we have provided relevant information on design, costs and financing, when considering funding sources for both capital and revenue costs and the approach to development appraisals in developments of this type, Sefton Council should also make reference to Housing LIN resources, such as the Technical Brief – Funding Extra Care Housing³³.

6.1.6 Strategic Planning and Joint Working

Older people live in a variety of settings and access a wide range of services. The Council, NHS, RPs, the voluntary sector and the private sector all have a role in delivering these services. At present the majority of housing, health and social care agencies are working in isolation to provide their key services and there is a gap in delivery through partnership and joint working. Through consultation we are aware that there is recognition of this situation and a willingness to work more collaboratively.

We recommend that the development of an overarching Older Persons Strategy is progressed as an integral element of the Borough Housing Strategy. We note that the work to develop a new housing strategy will commence during early 2015 and it is advised that Older Persons' Housing will be an important component of this. We also recommend that a Housing Strategy and Monitoring and Advisory Group is established with formal reporting structures. This group should consist of housing, health and social care commissioners and delivery agents including RPs, Support Providers, the voluntary sector, private sector providers, developers, and representatives from the older population across the borough.

³³http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Technical_briefs/Technical_Brief_02_FundingECH.pdf

Each partner within the advisory group will be facing individual pressures associated with efficiency measures and more difficult economic circumstance, by working together some of these challenges may be mitigated and innovative solutions developed. By extending partnership working beyond the public sector the group will open up access to a wider range of skills, perspectives and expertise which in turn should lead to increased quality of service and access to choice.

The group should however note that there are wide differences in demography, wealth and development prospects across the borough and solutions will not be the same in all areas.

Joint working and partnership should extend beyond the Advisory Group and colleagues should work to ensure that **Housing is represented in the Health and Social Care structures** and should, for example, be a partner within the work of the Health and Wellbeing Board.

We have suggested that **older people themselves are included in the Advisory Group** and involved in the development of policies and services that affect the wider population. While this research has consulted with a number of older people through cross tenure focus groups and we recommend that this continues as the strategy develops.

6.1.7 Information and Advice

As the vast majority of older people live in mainstream rather than specialist housing there is a need to make sure that they are aware of available services and how to access these services. These may be support or care services, aids, adaptations, repair and maintenance, housing options and advice and affordable warmth schemes.

Access to good quality advice and support are crucial in ensuring older people have access to the most appropriate housing and support. **A gap identified in Sefton is the provision of prevention and support services, with a need for greater signposting towards community based services. Voluntary services are very active in Sefton but there is a lack of signposting towards these. A Directory of Services is currently being developed/ updated and once in place should be made widely available to service providers, support agencies and older people.**

In some areas all older patients coming into contact with health care services are automatically offered an assessment of their home with an action plan to ensure it facilitates the delivery of appropriate care and support. This is currently being tested through a pilot scheme in Sefton, the outcomes of which should be **closely monitored and the approach mainstreamed** if it demonstrates significant benefits for older people and their ability to access appropriate services.

Often older people are unaware of the housing options which are available to them, they may misunderstand current provision and how it differs from older models available to their parents, how to apply for or access alternative housing choices. The strategy should highlight the **need for support through informal networks of family and friends, alongside provision of high quality information and advice service at a local level.** Information and advice services need not be provided by the Council, but the Council should work with RPs and other providers

to ensure these services are in place. It should also **explore the potential for the housing options approach** (which has primarily been aimed at homeless people to date) being used to look at all of an individual's housing options and choices in the widest sense, focusing on early intervention and all possible housing tenures. It can also cover other areas, such as debt and health issues.

Age UK supports the **'One Stop Shop'** approach to provision of services. The 'Support for Independence' approach brings together Home Improvement Agencies, Aids & Adaptations and Fuel Poverty assistance in a One Stop Shop provision providing easy access and increased linkages between services. **Sefton Council should further explore the potential for developing such an approach.**

We know that it can be difficult to encourage older people to engage and think about their future housing options before a crisis occurs. First Stop funding has been successful in developing this area but as the funding has now ended this may also diminish. **There is a need for good, understandable advice to enable older people to make informed choices.** Examples like the ASKSARA initiative should be explored to determine how such a service can be provided in Sefton. As a starting point Sefton Council should **review current provision of information and advice services and publicise sources of information for older people and this could be delivered via the action plan from the Older Persons Housing Strategy.** Such a service would need to take into account the specific circumstances of each individual.

6.1.8 Aids, Adaptations and Continued Use of Existing Housing

Across the area there should be an increased focus on prevention. As the population ages, living in existing homes, **the need for aids and adaptations will increase.** Adaptations are key to enabling people to sustain independent living, through prevention of falls; benefits for health and wellbeing, and by allowing people to make full use of their homes. There are, however issues of access to these services, the time taken for assessments to be carried out, for works completed and the funding for such provision. **Joint working** should consider how to **achieve more effective delivery of aids and adaptations. Health and social care outcomes and indicators need to give greater priority to the impacts of preventative housing services for older people designed to improve the home environment, promote independence and reduce demand on the care system.**

Fuel poverty has been highlighted as an issue in Sefton with many older people living in large homes which give the impression of relative wealth, while many of these residents are asset rich but cash poor and may be unable to heat the large home they occupy or organise repairs and maintenance. Older people may also struggle to maintain their homes in a good state of repair. Living in a well maintained home can also reduce risk of injury and associated hospital admission; fuel poverty and general wellbeing. **Collective energy provider switching schemes and insulation schemes could be targeted at those older households in greatest risk.** A pilot scheme developed by the Affordable Warmth team is currently running in Sefton and aims to identify those households most vulnerable to being cold. The scheme uses housing providers to assess the home, provides advice and signposting to suitable services and enforcement powers where landlords should do more to address warmth in the property. **An evaluation of this scheme should be undertaken with services rolled out where it proves beneficial.**

There is also a role in **providing support to older people to move home/downsize**. Moving can result in more appropriate accommodation which meets their needs and lifestyle for longer. Older people require additional support if a move means leaving a long standing family home, existing community networks and established routines. There is scope to develop support services which enable older people to fully understand the housing options which are available to them, so that they make informed housing decisions and receive practical support and assistance with the moving process such as clearing lofts, booking removals, moving fuel providers etc. More could be done to **promote 'downsizing' schemes** amongst social housing tenants and across all tenures, including owner occupiers, who are amenable to a move. This would free up larger family homes and allow the older person to occupy a property which better suits their needs. Given our findings that there are mixed perceptions of different forms of Sheltered Housing and the housing options approach should be used to inform people what current provision is available and actively 'market' or raise awareness of the new forms of specialist housing. This awareness raising exercise should be undertaken by all partners including the Council, local RPs and housing support providers.

6.1.9 Preventative Support Services

There is widespread agreement about the advantages and benefits of enabling older people to live independently at home. Preventative support services such as aids, adaptations, handyman services all play a critical role in achieving this, although this role could be extended. These services are particularly effective for people who only require a low level of support to enable them to live independently. Benefits of such provision can be financial (to both the individual and statutory bodies) and have been shown to contribute to a reduction in unplanned hospital admissions and reduction in delayed hospital discharge.

Social isolation and loneliness are recognised issues within the older population, particularly single people. Many older people receive community alarm and telecare facilities which provide significant benefits in terms of maintaining independence and wellbeing. Supportive local community and strong social networks are also recognised as important in supporting older people to live independently at home. There are many developments in assisted technologies which have great potential to enable older people live safely and independently at home. The Council should **explore ways to further develop assisted technologies as part of a suite of preventative and support measures, including identification of potential delivery partners**.

The current older population may be less familiar with online services and tend to value face to face and telephone advice. Support and advice services should **continue to provide face to face contact, home visits, paper and telephone based information which are more accessible to the older generations**.

Sefton Council provided a Home Improvement Agency and Handyperson service until March 2013. While subject to budget cuts and efficiency savings much of the Home Improvement Agency services have been brought in house, although now the service focuses almost entirely on the delivery of Disabled Facilities Grants (DFGs) and minor adaptations. This was a crucial service in enabling older people to remain in their own home. There are some local handyman services but older people would benefit from a dedicated service which is well publicised

through the Council, statutory and voluntary providers. **The Council should consider the creation of a dedicated Home Improvement Agency where there are opportunities and finances to do so. The Council should consider the wider efficiencies which access to trusted trader and handyman services would provide and look at models to deliver this, including cross subsidy from self funders purchasing services from the scheme.**

6.1.10 Suggested Additional Research

Part of the brief has been to identify additional future research which although beyond the scope of this study will be beneficial to consider where resources allow.

Further research studies to consider include:

- Research to develop Design Guidance for Extra Care
- Further analysis of need and demand for Extra Care
- Research to provide the evidence base to develop a Care and Support Strategy
- A Comprehensive, scheme by scheme, review of existing Sheltered Housing and the development of an associated Sheltered Housing Strategy
- Research to provide a more comprehensive understanding of the Private Rented sector in the South of the Borough and the role it provides in meeting needs of older people now and in the future
- Research to identify households with the potential to downsize, to explore the alternative housing options available to them and the impact downsizing will have on the wider stock availability
- In depth research on housing support provision and impact/ cost benefit analysis of supply and associated outcomes.
- Research to identify costs of, good practice within and potential providers of Home Improvement Agency services.
- Research to further explore Fuel Poverty amongst the older population, the extent of the issue, the effects of Fuel Poverty, barriers to accessing help and assistance and an evidence base to support initiatives to alleviate fuel poverty

APPENDIX 1 – DOCUMENT REVIEW

Document Review

In order to full understand and assess the housing market for older people within Sefton, it is essential to first consider the wider policy and legislative backdrop in terms of housing, housing support, social care and health care. As part of this exercise an extensive literature review of national and local policies, frameworks and guidance papers has been carried out. This covered the documents shown in Figure A1.1:

Table A1.1: Literature

Literature Type
National Policies, Frameworks and Guidance
The Government's Housing Strategy Laying the Foundations: A Housing Strategy for England, 2011
Providing Housing Support for Older and Vulnerable People Policy, 2014
Lifetime Homes, Lifetime Neighbourhoods: National Strategy for Housing an Ageing Society, CLG, DH and DWP, 2008
Improving Housing with Care Choices for Older People, PSSRU, Housing LIN, 2011
Strategic Housing for Older People: A Resource Pack, ADASS and Housing LIN, 2011
The Localism Act 2011
The Health and Social Care Act 2012
JRF Paper – Older People Support Experiences
Key Local Policies, Strategies and Documents
Sefton Health and Wellbeing Strategy, 2013- 2018
Joint Strategic Needs Assessment- Older People, Updated Key Messages, NHS Sefton,2012
Market Position Statement, Adult Social Care, Sefton Council, 2014
Affordable Housing Viability Study, 2010
Strategic Housing Market Assessment, 2013
Local Plan
Sefton Development Plan
Better Housing, Better Life Consultation on Housing Strategy 2008 to 2013
Private Sector Housing Strategy Statement
Sefton Council Older Persons Housing Strategy, 2005

This chapter provides a summary of the principal national and local policy documents of significance to the study.

National Policy Context

The last few years have seen a number of changes in the social care, health and planning arena. The coalition government have introduced a wave of reforms to the welfare system which has led to a revision in housing benefits and a move towards universal credits, all set within the limits of the Comprehensive Spending Review. These changes, along with others, such as the planned rise in the state pension age, will have an impact on older people now and in the future.

This chapter reviews some of the most significant policies, frameworks and guidance in terms of older people's housing.

Welfare Reform

Significant changes to the welfare state were brought in by the Welfare Reform Act 2012. The Act aims to simplify the benefits and tax credits systems and encourage unemployed people back into work. One of the main impacts of the Act in terms of housing is the new rules around the size of accommodation which Housing Benefit (and later Universal Credit) will cover for working age tenants in the social rented and private rented sectors.

All current and future working age tenants renting from a local authority or housing association will receive housing support based on the need of their household from April 2013. The size criteria allow one bedroom for each person or couple living as part of the household with the following exceptions:

- Children under 16 of the same gender are expected to share
- Children under 10 are expected to share regardless of gender
- A disabled tenant or partner who needs a non-resident overnight carer will be allowed an extra room.

This means those tenants whose accommodation is larger than they need may lose part of their Housing Benefit:

- Those with one spare bedroom will lose 14 per cent of their Housing Benefit
- Those with two or more spare bedrooms will lose 25 per cent.

The impact of this is that households that are unable to 'top up' their rent through other income (by around £15 per extra bedroom per week) will either mount up rent arrears or need to move to smaller accommodation. As a result, there is likely to be higher demand for smaller properties for social and private renters who are supported by housing benefits.

The Government's Housing Strategy, Laying the Foundations: A Housing Strategy for England, 2011

In 2011 the Coalition Government introduced a new approach to housing in '*Laying the Foundations: A Housing Strategy for England*'. This strategy places great emphasis on the need for the provision of new and sustainable housing with the launch of a new £400 million 'Get Britain Building' investment fund. Throughout the strategy there is a strong direction towards localism, empowerment for local authorities and service providers, along with the simplification of planning policy to allow flexibility and speed for consent.

The Strategy outlines a number of core objectives:

- Increasing the supply of housing
- Reforming social and affordable housing
- Encouraging a thriving private rented sector
- Reducing the number of empty homes
- Improving the quality of the housing experience and support
- Maintaining standards of quality, sustainability and design.

Of particular relevance to this study is Chapter six, which discusses housing strategy in relation to older people:

“Good housing for older people can enable them to live healthy, independent lives and reduces pressure on working families in caring for older relatives. It can also prevent costs to the NHS and social care. For some older people a move to a smaller, more accessible and manageable home can also free up much-needed local family housing. The government is committed to enabling people to make an informed choice about their housing and care in later life.”

The strategy provides examples of how housing for older people will be improved through the following steps:

- Investing £1.5 million in the FirstStop information and advice service. FirstStop is a free, independent service for older people, their families and carers and aims to help older people make informed decisions about their housing, care and support options.
- Introduction of Handyman Schemes from 2011 to 2015 to deliver small home repairs and adaptations.
- Support for Home Improvement Agencies (HIA). HIA’s provide a range of support services to disabled and older residents including housing advice, handyman services, hospital discharge services and the coordination of house adaptations.
- Stimulating the development of attractive equity release products
- Encouraging local authorities to make provision for a wide range of housing types across all tenures, including accessible and adaptable general-needs retirement housing, and specialised housing options including sheltered and Extra Care housing for older people with support and care needs.
- Decisions on the mix and type of provision, including Lifetime Homes to be determined at the local level with no national regulation to be introduced.
- Support for the development of innovative housing solutions such as Homeshare (matching someone who needs some companionship or a little help to carry on living in their own home, with someone who is willing to give a little help and needs accommodation).

Overall the approach adopted in the Government’s Housing Strategy toward the provision of housing for older people is a move towards the decentralisation of decision making, with local authorities encouraged to deliver a mixture of housing best suited to their own situation. Similarly, there is a movement towards enabling the individual to make their own decisions about social care and housing.

This movement towards ‘localism’ is emphasised further in the 2011 Localism Act.

Localism Act, 2011

As the name suggests, the Localism Act introduced a number of measures to move power away from national government to local people:

“The Localism Act sets out a series of measures with the potential to achieve a substantial and lasting shift in power away from central government and towards local people. They include:

new freedoms and flexibilities for local government; new rights and powers for communities and individuals; reform to make the planning system more democratic and more effective, and reform to ensure that decisions about housing are taken locally. “

The objectives of the Act can be separated into three distinct categories, each with specific outcomes, these are summarised below:

New freedoms and flexibilities for local government, by³⁴:

- Giving local authorities more formal legislative powers including a ‘general power of competence’.
- Enable councillors to play a full and active part in local life without fear of legal challenge through the abolition of Standard Board process and the clarification of rules on predetermination.
- Having directly elected mayors in English cities.
- Transferring functions away from central government and quangos to public authorities in cities.

New rights and powers for local communities, by:

- Introducing community right to challenge and community right to bid legislation.
- Enabling local residents to call local authorities to account for the careful management of taxpayers’ money.

Reform to make the planning system clearer, more democratic and more effective, by:

- Introducing a new right for communities to draw up a neighbourhood plan so that residents have the opportunity to directly shape their own communities.
- Reforming the way that local plans are devised in order to reduce bureaucracy.

Reform to ensure that decisions about housing are taken locally, by:

- Enabling local authorities to make their own decisions to adapt housing provision to local needs through the reform of various policies on social housing allocations, tenure and homelessness.
- Giving local authorities more control over the funding of social housing.
- Giving people who live in social housing new ways of holding their landlords to account, and making it easier for them to move on.

³⁴ A plain English guide to the Localism Act, CLG, 2011

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/5959/1896534.pdf

The Care Act 2014³⁵

The Care Act 2014 set out the framework for the future provision of adult social care. The Act aims to radically transform the provision of adult social care, and all previous social care law will be repealed.

Prevention is critical to the vision of the Care Act. The new care and support system will actively promote wellbeing and independence, rather than offer a responsive service in times of crisis. Prevention is described in the following three categories:

- Primary - interventions to prevent development of needs eg advice, befriending aimed at individuals who have no current particular health or care needs
- Secondary - targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce further deterioration or prevent other needs from developing
- Tertiary- are interventions aimed at minimising the effects of disability or deterioration for people with established or complex health conditions, supporting people to regain skills / manage or reduce need where possible

Home adaptations, falls prevention, handyman & telecare are cited as examples of secondary prevention and adaptations/ equipment as tertiary. A new duty is placed on local authorities to establish and maintain information and advice services relating to care and support for all people in its area.

In addition local authorities must have regard to '*sufficiency of provision*', including housing/ related provision, in terms of both ensuring a range of housing / accommodation types and related housing services and should encourage the development of accommodation options that can support choice and control and promote wellbeing. Reference is also made to assessment and eligibility, and integrated assessment should include housing.

The Health and Social Care Act, 2012

Any developments in relation to housing for older people must also be tied in with the wider policy developments in health and social care. The Health and Social Care Act was introduced in 2012 and sets out the government's vision for the NHS. Again the Act shows a movement towards decentralisation, personalised care and care within the community:

Greater voice for patients (part 5), by:

- Strengthening the collective voice of the patient at all levels of the system.
- The NHS Commissioning Board, Clinical Commissioning Group, Monitor and Health and Wellbeing Boards will all have duties with regards to involvement of patients, carers and the public.
- Introducing Healthwatch England; a new national body representing the views of users of health and social care services.

³⁵ Briefing: Care Act Guidance || Potential Implications for Housing Service Providers, Care & Repair England, October 2014

Greater accountability locally and nationally (parts 1 and 5), by:

- Establishing a hierarchy of accountable bodies from the NHS Commissioning Board at the national level through to Local Healthwatch and Health and Wellbeing Boards at the Local Authority level.

White Paper- Caring For Our Future: Reforming Care and Support, 2012

Following on from the Health and Social Care Act, the government published a White Paper on reforming care and support. This document sets out an individual centric approach to care:

“Our vision is one that promotes people’s independence and wellbeing by enabling them to prevent or postpone the need for care and support. We will also transform the system to put people’s needs, goals and aspirations at the centre of care and support, supporting people to make their own decisions, to realise their potential, and to pursue life opportunities.”

In particular the White Paper outlines highlights housing for older people as an area for action:

- Introduction of a care and support housing fund, which will provide £200 million of capital funding over five years from 2013/14 to encourage providers to develop new accommodation options for older people and disabled adults.
- NHS organisations, working with their local authorities, to give particular consideration to developing housing for older and disabled people.
- Support for aids and adaptations via Home Improvement Agencies.
- Accelerated roll-out of tele-health and tele-care in the NHS and social care during a five-year programme to develop the market. This is being supported by an investment of up to £18 million over four years by the Technology Strategy Board.

National Planning Policy Framework (NPPF), 2012

As part of the simplification to the planning system in England, a new National Planning Policy Framework was introduced in 2012 which again seeks to shift power away from central government towards local authorities. The framework provides detailed planning guidance for local authorities to follow in a comprehensive and consistent way.

Within the NPPF, Strategic Housing Market Assessments (SHMA) have been introduced as a fundamental instrument for local authorities to identify the demand and supply of housing for different need groups, including for older people.

Older People are defined in the NPPF as:

“People over retirement age, including the active, newly-retired through to the very frail elderly, whose housing needs can encompass accessible, adaptable general needs housing for those looking to downsize from family housing and the full range of retirement and specialised housing for those with support or care needs.”

By definition then, the NPPF recognises the vast differences in circumstances and need for older people’s housing to meet these differing requirements.

Policy and guidance relating directly to older people's housing is set out below.

Providing Housing Support for Older and Vulnerable People Policy, 2014

In early 2014, the Government expanded on its Housing Strategy 2011 (see A1.1.1) objectives on older and vulnerable people by introducing policy on 'Providing Housing Support for Older and Vulnerable People':

"Older people occupy nearly a third of all homes. Nearly two-thirds (60%) of the projected increase in the number of households from 2008 to 2033 will be headed by someone aged 65 or over.

As people get older, their housing needs often change. Some people need support to be able to continue living in their own homes. Some people, of all ages, have disabilities that mean their homes need to be adapted. "

While the policy lacks detail, it highlights the need to work with councils to help them improve their housing-related support services. It also stresses the preference to have people live at home for longer by:

- Promoting the development of 'lifetime neighbourhoods'; places that are designed to be lived in by all people regardless of their age or disability that offer services and accessibility and flexibility.
- Improving choice for those who wish to move, through the Department of Health's £315 million Care and Support Specialised Housing Fund between 2013/2014 and 2017/2018. Phase 1 of the fund was announced in July 2013 and will deliver more than 3,500 affordable homes for older people and adults with disabilities or mental health needs.
- The National Planning Policy Framework which requires local planning authorities to assess the full housing requirements in their area and plan for a mix of housing based on demographic trends and the needs of different groups in the area, including older people.
- Introduced a 50% council tax discount on family annexes as of 2014.

The government has also secured £6.5million over the period 2011 to 2015 for 'Supporting People Services' (also known as housing related support services) which are run through 152 top-tier local authorities. Supporting People Services have the autonomy to decide where to spend the money to best meet local needs with services mostly delivered by the voluntary and community sector, and housing associations.

Innovative ways of delivering value for money services are also being explored in a series of eight locally developed Payment by Results pilots, the results these will be available in late 2014.

Lifetime Homes, Lifetime Neighbourhoods: National Strategy for Housing an Ageing Society, CLG, DH and DWP, 2008

This strategy was introduced by the previous Labour government and has since been superseded by the 2011 Housing Strategy; however it does provide a useful summary on what older people want in terms of housing, based on research carried out by The Housing and Older People Development Group (HOPDEV).

- Housing should be well designed with growing older in mind; it should meet the needs of all age groups. We should build adaptable 'homes for life'.
- Space is important: we often need room to accommodate visiting family or a carer, and need good storage space.
- Housing design should be user-friendly, low maintenance and safe –a downstairs WC and bathroom with shower and bath are especially important. Our homes should also be affordable to heat.
- Access to green, private space, and a safe neighbourhood is important, as is housing that is accessible to good local transport, facilities and amenities.
- Access to independent information and advice about our housing options is needed.
- Support is necessary for people to stay living in their own homes. A reliable repairs and adaptations services is needed for that bit of help around the home.
- People want to be listened to, to be involved in the design of everything that will affect us, from planning and lifetime homes standards, to the creation of safer environments, to testing new equipment and IT devices.

Lifetime Neighbourhoods

A Lifetime Neighbourhood (1) is one in which civic and social processes together with physical conditions achieve the following outcomes:

- An environment that is accessible and inclusive, aesthetically pleasing and safe (in terms of both traffic and crime)
- A community that offers plenty of services, facilities and open space
- A strong social and civic fabric, including volunteering and informal networks
- A culture of consultation and user empowerment amongst decision makers
- A strong local identity and sense of place

CLG published its findings on research into the concept of Lifetime Neighbourhood in 2011(2). It is increasingly recognised that it is not just our homes, but also the neighbourhoods where we live that have a significant role in keeping us well and independent as we grow older. Recognising the importance of neighbourhood as a determinant of well-being in later life and its crucial role in supporting older people's independence, the Department for Communities and Local Government commissioned the Centre for Housing Policy at the University of York to explore and develop the idea of a 'lifetime neighbourhood', and search out and present examples of how the idea has been taken forward in different parts of the country.

Lifetimes Homes Standard and Wheelchair Accessible Housing

The Lifetime Homes Standard (3) is a series of sixteen design criteria intended to make homes more easily adaptable for lifetime use at minimal cost. The concept was initially developed in 1991 by the Joseph Rowntree Foundation and Habinteg Housing Association.

The London Plan (4) has taken the lead nationally in adopting the principles of Lifetime Homes. The London Plan Housing Supplementary Planning Guidance (November 2012) (5) sets out detailed design guidance to seek to ensure that all new housing is built to 'Lifetime Homes' standards and ten per cent of new housing is designed to be wheelchair accessible, or easily adaptable for residents who are wheelchair users.

The design of Lifetime Homes makes it easy for wheelchair users to visit the property, but does not necessarily provide full wheelchair access throughout the home. Accessibility for wheelchair users within the household can be increased by utilising some of the cost-effective adaptability criteria built in from the outset, but space and access will not match wheelchair housing standards and some degree of compromise will be required by a member of the household who uses a wheelchair.

It is recognised that there is a need for many more wheelchair accessible homes, both privately and publicly funded. It is therefore important that Lifetime Homes are not seen as the whole solution and that policies ensure that wheelchair accessible homes are developed as well.

DCLG Consultation on “Housing Standards Review - Technical Consultation” September 2014 (6)

DCLG commenced a consultation in September 2014 on the “Housing Standards Review - Technical Consultation”. Further guidance is yet to be published on the implementation of the review and the transitional arrangements.

The consultation document sets out proposed amendments to a number of technical standards set out in the Building Regulations including standards for “Accessible, adaptable and wheelchair user dwellings” and a “nationally described space standard” which sets out minimum space and storage standards for new dwellings. When adopted it would incorporate the requirements for Lifetime Homes and Wheelchair Accessible Homes into the Building Regulations, provided that policies were included in Local Plan setting out where the Optional Requirements for these types of homes were to be delivered.

It is proposed that Building Regulation M4 should contain two sets of ‘Optional Requirements’ that are alternatives to a mandatory baseline. The three parts of Regulation M4 are as follows:

- M4(1) Category 1 - Visitable dwellings
- M4(2) Category 2 - Accessible and adaptable dwellings
- M4(3) Category 3 - Wheelchair user dwellings

These define three different sets of provisions; each offering different levels of functionality. Only one requirement will apply to any given dwelling. The aim for each requirement is to make reasonable provision so that:

- Category 1 – dwellings that can, as a minimum, be visited by a wide range of people, including some wheelchair users,
- Category 2 - dwellings that provide a higher level of accessibility that is beneficial to a wide range of people who occupy or visit the dwelling, and provides particular benefit to older and disabled people, including some wheelchair users; and
- Category 3 - dwellings that are suitable, or potentially suitable through adaptation, to be occupied by wheelchair users

Unlike other Building Regulations requirements the optional requirements for Category 2 and 3 dwellings and nationally described space standard will not be mandatory. They will only be applicable where a local planning authority has put a plan policy in place specifically triggering the application of the optional requirement or nationally described space standard in particular circumstances.

The circumstances where a local planning authority can apply an optional requirement or a nationally described standard are to be clearly set out in guidance/criteria set out by the Government, and the setting of any such policy will also be subject to the National Planning Policy Framework viability test.

The consultation states that the first step is for a local planning authority to stipulate that an optional requirement or the nationally described space standard applies in that area in plan policies. It would not be appropriate to apply optional requirements or the space standard through supplementary planning guidance, since that is not subject to a sufficient level of scrutiny.

Once in a local authority plan, when an application for planning permission is received the authority may choose to apply the optional requirement or nationally described standard as necessary. Authorities will do this as a planning condition. To ensure maximum certainty and consistency the Government expects authorities to set out as clearly as possible in the plan policies the circumstances when an optional requirement or the nationally described space standard will apply. If there is a need to appeal the planning condition this may be conducted through normal planning appeal routes.

These optional requirements for category 2 and 3 dwellings will be available to local planning authorities to use in setting their housing policies, and with particular reference to meeting the current and future housing needs of a wide range of people including older and disabled people.

Optional requirement referred to as ‘Category 2 Accessible and Adaptable dwellings’ provides higher levels of accessibility and adaptability than Category 1 dwellings. The requirements are similar to current requirements for the Lifetime Home Standards and have been developed from the standards.

Category 3 dwellings are intended to be capable of meeting or being adapted to meet the needs of a wide range of household members including most wheelchair users. The proposed guidance for Category 3 dwellings builds upon previous consultation proposals

Where a local authority adopts a policy to provide enhanced accessibility or adaptability they should do so only by reference to the optional requirements in the Building Regulations, and clearly state in their Local Plan the proportion of new development which needs to comply with the requirements for category 2 – accessible and adaptable dwellings, or category 3 - wheelchair adaptable or accessible dwellings.

The decision by a local authority to adopt a policy should rest on the outcome of its housing needs assessment and taking into account other relevant factors and issues. Factors which might influence a decision include:

- The likely future need for housing for older and disabled people (including wheelchair user dwellings)
- Whether particular sizes and types of housing are needed to meet specifically evidenced needs (for example retirement homes, sheltered homes or Care Homes)
- The accessibility and adaptability of its existing housing stock
- The overall impact on viability

Guidance on wheelchair user dwellings in Part M of the Building Regulations sets a distinction between wheelchair accessible (a home readily useable by a wheelchair user at the point of completion) and wheelchair adaptable (a home that can be easily adapted to meet the needs of a household including wheelchair users).

It is envisioned that Local Plan policies may set out what proportion of category 3 dwellings in affordable rent or social rent should be built to be wheelchair accessible at completion. For all other tenures, Local Plan policies should only require compliance with the wheelchair adaptable standard.

Strategic Housing for Older People: A Resource Pack, ADASS and Housing LIN, 2011

Published by the Housing Learning and Improvement Network (HLI), supported by the Association of Directors of Adult Social Services (ADASS), and written by the Institute of Public Care (IPC) at Oxford Brookes University, Strategic Housing for Older People (SHOP):

“Provides a framework and a basket of accompanying tools for councils, public and private sector developers and providers to develop their strategic market position and take the initiative in designing and building homes that older people want, including Extra Care housing.”

The Resource Pack is divided into two distinct sections which lay out in detail the steps that a local authority should take in order to assess demand and supply for older people’s housing and thus provide a sufficient mix of provision; some of the key messages from each section are highlighted below:

Section A: Understanding Demand and Supply for Older People’s Housing, Care and Support:

- There is a clear preference (62% in one study) for older people to remain in their own home with care and support from friends and family should they need care.
- The disparity between the richest group and the poorest is wide, although comparative affluence in older age is increasing substantially due to housing equity and occupational pensions.
- The older people’s population and its wealth is not distributed equally around the country and often not equally within any one local authority area.
- Predicting future demand for housing with care services is subject to a large number of variables. To gain an accurate view studies need to be aspirational, not a review of current stock and choices.
- Local authority planners and commissioners need to be clear about the volume of housing suitable for older people that might be needed, and where that can be located. In addition, they need to engage more effectively with primary health care and hospital to identify more integrated approaches across housing, health and social care for older people.

In order to successfully understand the market for older people’s housing, local authorities are advised to ask the following questions:

- How is the local market structured, for example in terms of size, value, users?
- Who are the key players in the market place, and what products and services do they offer?
- What is the quality of services on offer? What is competition like in this area?
- What related services are provided which could impact on demand?
- What is the current capacity and capability in the marketplace?
- What are the drivers behind the market?
- What business opportunities are regarded as most desirable? What is the scope for innovation and expansion in the market?
- What price for different types of accommodation might the market bear?

Section B: Developing Extra Care Housing

- Extra Care housing can take a number of different style and formats but principally it housing which has been built, designed or adapted in order to facilitate the owner/ tenants care and twenty four hours a day (either on site or by call) support needs now and in the future.
- Evidence shows that type of housing has a beneficial impact on both health and wellbeing. It also offers financial cost savings as health and care can be delivered onsite, in one place and at home, supporting people 'live well at home'.
- Extra Care housing can serve as a wider community resource, and support 'age friendly' neighbourhoods and 'place- shaping'.
- Wider benefits to the housing market can be felt by Extra Care housing, for example it can free up family housing at a lower housing unit cost than new builds.
- Extra Care housing is not about providing a further form of institutional care, it is about providing flexible and attractive homes for individuals which can meet their aspirations as well as their needs.

Improving Housing with Care Choices for Older People, PSSRU and Housing LIN, 2011

This report sets out findings on an evaluation by Personal Social Services Research Unit (PSSRU) of 19 Extra Care schemes that received capital funding from the DH Extra Care Housing Fund and opened between April 2006 and November 2008.

The key findings were:

Delivering person centred outcomes:

- Outcomes were generally very positive; with most people reporting a good quality of life- Of those who were still alive at the end of the study over 90% remained living in their Extra Care scheme.
- For most people physical functional ability appeared to improve or remain stable for the first 18 months after they moved in, and more than half had either improved or remained stable by 30 months.
- Cognitive functioning remained stable for the majority, but at 30 months a larger proportion had improved rather than deteriorated.

Costs and cost-effectiveness:

- Costs varied according to the level of physical and cognitive impairment.
- Combining care and housing management arrangements were associated with lower costs.
- When matched with a group of equivalent people moving into residential care, costs were the same or lower in Extra Care housing.

Improving choice:

- People had generally made a positive choice to move into Extra Care housing.
- Funding of Extra Care housing is complex and particularly in the current financial climate it is important that incentives that deliver a cost effective return on investment in local care economies are in place if this is to be a viable option for older people in the future.

- More capital investment and further development of marketing strategies are needed if Extra Care housing is to be made more available and more appealing to more able residents.
- Take up of Extra Care housing is low.

Widening Choices for Older People with High Support Needs, Joseph Rowntree Foundation, 2013

This study undertaken throughout 2011 featured over 70 older people with high support needs across four fieldwork sites: Dorset, Swansea & Gower, Leeds and Oxford.

Another 50 people took part in six in-depth case studies examining the design, experiences and outcomes of specific models, including: time banks (in Bromley and an initiative across Northern Ireland); senior cohousing (in Fife and Glasgow); mutually supportive communities (in Suffolk); and self- help networks (in Cambridge).

There were 10 key findings from the study:

- A diversity of people, possibilities and approaches exists in terms of support;
- Support based on mutuality and reciprocity makes a positive difference;
- Successful models are clear about their purpose and outcomes;
- Knowledge, innovators and networks help to make this happen;
- Nurturing relationships and trust are central to all models;
- Mutuality and reciprocity mean different things;
- Asset-based and community-led approaches matter;
- Resources and resourcefulness are important;
- Problem solving is a central, sustaining feature;
- There are challenges of scale and replicability.

Local Policy Framework

Strategic Housing Market Assessment, SHMA 2013

The SHMA for Sefton sets out a long term (up to 2030) strategic assessment of housing demand and supply across different sub-market areas and for different user groups within the local authority area. The SHMA has been prepared in accordance with National Policy Planning Framework (NPPF) which highlights the need for SHMA's to be used as a key piece of evidence in determining housing needs.

For the Sefton SHMA, information has been collected for the following sub-market areas:

- Southport
- Formby
- Maghull/Aintree
- Crosby
- Bootle
- Netherton

The SHMA provides detailed analysis of stock information across these sub-areas which we will draw upon in Section 3. In terms of the provision of housing for older people, the document states the following:

“The key challenge here will be to meet the needs of an ageing population with the number of people aged 65 and above expected to increase by 19,100 (32%) from 2012 to 2030. Demographic change is likely to see a requirement for additional levels of care/support along with provision of some specialist accommodation in both the market and affordable sectors – it is estimated that around 14% of new provision should be specifically for older people.”

Chapter Nine of the Sefton SHMA looks specifically at housing for older people, the main findings are outlined:

- In 2011 it is estimated that 34.2% of the population of Sefton was aged 55 or over compared with 28.7% in the North West region and 28.0% for the whole of England. Within Sefton there are also some notable differences with the Bootle/Netherton area having a relatively young population and the Rest of the Borough being generally older.
- Population projections shows that Sefton (in line with other areas) is expected to see a notable increase in the older person population with the total number of people aged 55 and over expected to increase by 14% over just 10-years.
- Under- occupancy of homes (particularly within the private sector) is expected to increase.

Furthermore, three recommendations are set out in the SHMA relating to older people’s housing in particular:

- R15: The Council should consider how it seeks to influence the mix of properties of different sizes through specifying the sizes or types of housing to be delivered. This should include consideration of the need for new housing provision for older people.
- R16: The Council should work with RPs to encourage households to downsize to smaller properties. It should also encourage developers to provide market (and affordable) housing for older people, such as extra care, which may have a greater impact on the numbers of older people downsizing.
- R17: The Council should continue to proactively plan to meet the housing needs of older people. This might include seeking to provide a proportion of housing on suitable sites as homes specifically for this group (e.g. extra-care housing). Such an approach is currently being used in the neighbouring authority of West Lancashire.

Sefton Health and Wellbeing Strategy, 2013- 2018

The Health and Wellbeing Board for Sefton has outlined the following strategic objectives for Health and Wellbeing in Sefton:

- Ensure all children have a positive start in life.

- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health.
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes.
- Promote positive mental health and wellbeing.
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing.
- Build capacity and resilience to empower and strengthen communities.

In relation to older people living in Sefton, the Health and Wellbeing Strategy describes the current situation in the local authority area:

“There are 56,400 people over 65 years living here, an increase of 2,900 since 2001, and 7,300 people who are over 85 years old, an increase of 14% since 2001. The numbers of older people living in Sefton is expected to further increase to 83,000 by 2035. This projection will pose a significant challenge for the commissioners as demand for services rise.”

To meet the strategic objective above on supporting older people, the Health and Wellbeing Board have set out a number of actions in terms of housing:

Strategic Objective: Support older people and those with long term conditions and disabilities to remain independent and in their own homes

- Seek to deliver care closer to home with organisations working more closely together to improve community services and support.
- Facilitating closer organisational and multi-disciplinary team working; in order to prevent inappropriate hospitalisation and ready access to healthcare.
- Working collaboratively in integrated services to support and improve recovery from fragility fractures, strokes, and long term conditions
- Improve people’s ability to reach their best possible level of independence by redesigning re-ablement services in different local settings
- Work to provide an integrated approach to hospital discharge and the provision of support and care in the home, to enable people to recover more quickly and reduce the numbers of people returning back to hospital
- Informed advice and information on choices and services is available, and offered appropriately

Sefton Housing Strategy 2009-2013

The current Housing Strategy for Sefton highlights four strategic priority areas:

1. To provide affordable and sustainable homes in neighbourhoods where people want to live
2. To enable people to live at home independently and improve their health
3. To deliver and sustain a balanced housing market
4. To ensure equal access to housing and services

As part of priority area two, the Sefton Housing Strategy set out a number of action points which included commission additional Extra Care housing schemes for older people, developing new housing and support services in accordance with the Supporting People's Strategy and enhancing partnership working with NHS Sefton. These actions had been met by the end of the Housing Strategy time period.

Market Position Statement, Adult Social Care, Sefton Council, 2014

In May 2014 Sefton Council prepared a Market Position Statement (MPS) to follow on from the Sefton Adult Social Care Strategic Plan and Priorities, 2013 to 2020 which was part of the Council's Health and Wellbeing Strategy.

The MPS provides an assessment of current and future demand and supply along with guidance on what models of adult social care service provision the Council would encourage. It aims to:

"Identify gaps in social care and support provision and to help social care providers develop their business plans so that they are better positioned to provide services to our residents in the future, whether those services are funded by the Council or not."

The document is centred around the four strategic priorities outlined in the Sefton Adult Social Care Strategic Plan and Priorities, 2013 to 2020:

1. Promoting Independence and Self-Sufficiency
2. Developing the Market- to enable adults to access universal preventative opportunities
3. Protecting the most vulnerable
4. Safeguarding- ensuring that adults feel safe and supported.

The MPS looks at all aspects of demand and supply of services but also looks at particular need groups such as dementia and mental health sufferers. The need to address a growing aging population has been highlighted in the report and the resultant demand for services. Table A1.2.3 provides an extract from the MPS on the forecast of service needs for the over 65 age group.

Table A1.2.3: Extract from the Market Position Statement, Adult Social Care Services, 2014

Total population aged 65 and over forecast...	2012	2014	2016	2018	2020	Change 2012 to 2020
To be admitted to hospital as a result of a fall	1,274	1,317	1,342	1,389	1,438	12.9%
To have a fall	15,837	16,367	16,861	17,372	17,865	12.8%
To be unable to manage at least 1 self-care activity on their own	20,155	20,785	21,409	22,112	22,752	12.9%
To have a BMI above 30	15,353	15,809	16,175	16,421	16,763	9.2%
To have dementia	4,249	4,450	4,603	4,817	5,013	18%
To live alone	22,259	22,862	22,401	23,952	24,533	10.2%

To be unable to manage at least 1 domestic task on their own.	24,641	25,385	26,122	27,000	27,794	12.8%
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Source: 2.2.3 Market Position Statement, Adult Social Care, Sefton Council, 2014
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The position statement goes on to highlight a number of services that it would encourage, all of which would help to deliver against the four priorities set out above. The document stresses that this list is by no means a prescriptive one and encourages service providers to be innovative in their delivery.

Models of Care encouraged include:

- **Community Resilience** - actively working to support and encourage the community to become more resilient through strong networks of support.
- **Advice and Guidance**- encouraging the development of effective, easily accessible, and trustworthy advice and guidance for people, focussed on enabling them to look after themselves in order to remain fit and healthy now and in the future.
- **Early Intervention/Prevention**- encouraging a focus on promoting wellbeing and preventing or delaying the need for social care support and signposting people appropriately in order to promote independence and resilience.
- **Assistive Technology**- encouraging the use of technology, including Assistive Technology, to improve outcomes for people, particularly where it provide opportunities for innovation, greater flexibility, and efficiency in providing personalised care and support and reduces the level or cost of other care and support needed.
- **Community Services / Supported Living**- user-led and flexible services, with personalised outcomes to meet individual need.
- **Reablement**- promoting the principle and practise of reablement, providing opportunities for service users to re-establish skills, confidence and independence.
- **Day Services**- encouraging a broader range of outcome-focused opportunities, which move away from more traditional models, providing flexibility, promoting independence and inclusion by enabling individuals to access activities and facilities within the community.
- **Extra Care**- Encouraging Extra Care Housing models that provide suitable alternatives to long term residential and nursing care and enable individuals to maintain independence in their own home with flexible care and support to meet their changing needs, particularly where these models seek to enable existing Sefton residents to remain within our community.
- **Respite**- Encouraging providers to explore models of delivery which promote flexibility, including respite in the home and short breaks, to enable the carer to attend appointments etc. and reduce disruption for the individual being cared for.
- **Employment, Education and Training**- Promoting employment, education and training opportunities for the individuals who use the services provided.
- **Personal Support**- personalised support using Direct Payment.

Better Housing, Better Life Consultation on Housing Strategy 2008 to 2013

A consultation process was carried out on the Sefton Housing Strategy to both engage with the community and to confirm that the four strategic priorities set out above were the right ones for the area. As part of the consultation, Sefton Council carried out a survey of the Citizen's Panel, focus groups, interviews, workshops and e-consultations. A number of groups, including older people, were consulted directly about their views. Overall the consultation was in agreement about the strategic priorities set out.

In terms of the outcomes from the older people's consultation, the following views were expressed:

- More advice and support was required on how to deal with the cost of fuel.
- The consultation group recognised the limited role that local authorities can have in a recession.
- They appreciated being involved in the consultation and planning process and hoped this would continue.
- It was thought that a single point of contact for housing issues would be beneficial.
- Relying on websites and online services has a limited benefit for older people.

Sefton Local Plan

The Local Plan is a statutory document which sets out the Borough's planning policies and priorities. The draft Sefton Local Plan covering the period from 2015 to 2030 is currently out for consultation. A draft Local Plan [the 'preferred option'] was available for public comment in 2013 with almost 1,200 comments received.

Policy PC2 sets out guidance on affordable and special needs housing:

- Affordable housing and/or special needs housing will be sought as part of proposals for new developments of 15 dwellings or more (or for residential and other conversions involving 15 or more additional dwellings net) where there is a proven need based on the most recent SHMA or other robust evidence.
- The Council requires affordable housing to be provided in all parts of the Borough except Bootle, on the basis of 30% of the total scheme (measured by bed spaces) and split by 80% social rented and 20% intermediate housing.
- Where special needs housing is provided, either in addition to or as an alternative to affordable housing, it should be provided in proportion to the above overall scheme proportions and mix of tenure. This would apply whether the scheme is solely for special needs housing or as part of a mixed affordable and special needs housing development.

Additional supplementary planning policy guidance on affordable and special needs housing is expected to follow. Once adopted the local Plan is expected to replace the Sefton Unitary Development Plan.

Affordable Housing Viability Study 2010

Sefton Council commissioned the consultants, Three Dragons, to carry out an Affordable Housing Viability Study in 2010, specifically to consider housing affordability targets covering a range of housing market circumstances across the Borough.

The consultants carried out four main strands of research; discussions with Sefton Council, analysis of information, use of a toolkit to analyse scheme viability and a workshop with developers, land owners and their agents and representative.

Seven sub market areas within the Borough of Sefton were identified. These included Prime Sefton, Formby, Crosby (with Hightown and Rural Hinterland), Maghull and Aintree, Southport, Litherland, Orrell and Urban Sefton, and Bootle and Seaforth. These were consistent with the submarkets highlighted in the SHMA.

The study found a huge variation in local housing markets, particularly in terms of house prices and consequently, viability. This was particularly true between the coastal settlements which include Birkdale, Blundellsands, Formby, Crosby – and – to a lesser extent, Southport, and Urban Sefton which includes Bootle and locations such as Litherland and Orrell. To demonstrate this, they give an example:

“A 30% affordable housing contribution in Prime Sefton will generate nearly £3 million per hectare at 40 dph, whilst the same scheme in Bootle will have costs almost £0.5 million per hectare greater than its revenue. “

Due to the great variation in local housing, the consultants suggested an options approach to setting affordable housing proportions. The main conclusions and policy recommendations from the study are set out below:

Two key options were proposed for setting affordable housing proportions for spatial planning policy purposes:

- Option 1: Adopt a dual target broadly splitting the main urban area of Sefton including Bootle and Seaforth and Litherland, Orrell and Urban Sefton (call ‘lower value Sefton’) versus the remaining higher value sub markets. On this basis, we would suggest a 30% target for the higher value areas and a 15% target for lower value Sefton.
- Option 2: Adopt a more location specific based approach, including a three way policy target. This would set a target of 30% for Prime Sefton and Formby; 25% for Crosby, Maghull and Southport; and, 10% for Litherland, Orrell and urban Sefton, Bootle and Seaforth.

Private Sector Housing Strategy Statement, 2009- 2012

The Private Sector Housing Strategy 2009 – 2012 supports the Sefton Housing Strategy Statement and provides more detail about the Local Authority’s plans affecting private sector housing.

Particular emphasis is placed on vulnerable households within Sefton; the highest concentration of which are in private rented homes, pre 1919 homes, and the Linacre/Derby and Southport East areas. It is also recognised that there are a large number of empty homes, and a large number of homes that need to be adapted in order for their tenants to live independently.

In relation to older people's housing in particular, the statement refers to 'maintaining independence' by introducing a borough-wide adapted properties register in order to provide a streamlined, quicker service for the provision of Disabled Facilities Grants.

Joint Strategic Needs Assessment (JSNA) – Older People Updated Key Messages, NHS Sefton, 2012

The Sefton Joint Strategic Needs Assessment is a *"blueprint for the way Sefton Council and the local NHS identify and understand the health, well-being and social care needs of people who live in Sefton."*

The JSNA seeks to regularly pull together quantitative and qualitative information on the needs of the local population in order to identify:

- The major issues to be addressed re health and well-being
- The actions that local agencies will take to address those issues
- The basis for all the key strategies and plans produced by the Council and the local NHS to help them get the right services from the right providers.

The key messages from this guidance document which specifically relates to older people are outlined below:

- An increasingly elderly population are likely to attend A&E and be admitted to hospital as a result of falls, representing 7% more by 2015.
- Sefton has the highest proportion of residents aged 65+ and 75+ than both its neighbouring and demographically similar PCTs – 21% are currently aged 65+ - and Sefton's population is growing older
- Deaths at home in Sefton are rising and Sefton's rate of deaths at home is better than comparable LAs and is similar to other north Mersey LAs.
- The areas of highest income deprivation affecting older people are concentrated in the south, and in central Southport. There are some pockets of income deprived older people in Ainsdale, Norwood and Manor.
- The number of people receiving direct payments is increasing, as is the rate of households receiving intensive homecare.
- Sefton has a higher than average % of older people who are satisfied with their home and neighbourhood.

Sefton Council Older Persons Housing Strategy, 2005

In 2005, Peter Fletcher Associates published an extensive older persons housing strategy for Sefton Council designed to:

“Provide information on the current and future housing needs, preferences and aspirations of existing and potential older residents of the Borough across all tenure types.”

Surveys, interviews and consultations with housing providers, stakeholders and older people were carried out along with an extensive data analysis exercise across seven sub-market areas with Sefton.

When asked what housing for older people should be like participants responded with the following priorities:

- **Location** – It is important to be in a good neighbourhood close to selected amenities (shops, health centre etc.) and good public transport.
- **Standards and design** – which included features such as walk in showers, good security, accessible sockets and storage etc.
- **Affordability and Management** – it is important that people have disposable income for affordability is important in terms of a good quality of life; in the group meetings in south Sefton older people cited the Eldonians as a model development.
- **Choice** – respondents wanted a range of options; some would choose to live in a mixed developments, others were interested in the possibility of a retirement village; some would want to ‘stay put’ and other to move into more specialised accommodation.

In terms of the demand and supply of older people’s housing the study found there to be:

- An oversupply of nursing home places.
- An oversupply of residential home places.
- A possible **under supply** of both nursing and residential Elderly Mentally Infirm (EMI) places when the number of places are compared with other authorities. However there is recognition that the Council are developing alternative options for example home based models for people with dementia.
- An **under or adequate supply** of community based intermediate care places.
- An **under supply** of Extra Care housing for rent and sale.
- An adequate of Sheltered Housing for rent.
- An adequate supply of leasehold and shared ownership Sheltered Housing.
- An **under supply** of floating support services to support people across all tenures.

In summary, the document provides a total of 20 recommendations set within an overarching strategy that treats older people as active citizens. Each of the recommendations are set out below:

Recommendation 1 -Develop an overarching Strategy for an Ageing Population

Recommendation 2 - Develop a delivery vehicle to co-ordinate the implementation of the Older People's Housing Strategy

Recommendation 3- Develop a comprehensive Housing Options service

Recommendation 4 - Develop a Trusted Tradesperson Scheme

Recommendation 5- Planning Recommendations for General Needs Housing - all new general needs housing in the borough should be developed to Lifetime Homes standards. All new flatted blocks, whether for sale or rent, should have lifts to all storeys above the ground floor to ensure that they are accessible to older people and planning guidance should be provided for the development of 'granny flat' extensions in general needs housing.

Recommendation 6- Planning Recommendations for Specialist Housing - Supplementary guidance should be provided for developers who wish to develop retirement or extra care housing in the borough.

Recommendation 7 -Set up an inter-agency task group to develop accessibility criteria to be applied to all refurbishment and upgrading programmes for sheltered housing and any new sheltered schemes; and to be used as a minimum criteria for accepting sheltered housing as 'fit for purpose'.

Recommendation 8 -Develop a ten-year plan for the improvement or decommissioning of sheltered housing schemes, including Category 1 and Category 2, that have been assessed as not providing high quality accommodation.

Recommendation 9 -Review the lettings policies of high rise blocks in Sefton, taking account of estimated future demand, in order to develop a plan to decommission or retain these blocks as sheltered housing, or to provide additional services into the blocks.

Recommendation 10 - Develop three 'Core and Cluster' extra care housing scheme on geographically dispersed locations as an interim model of extra care housing.

Recommendation 11-To develop at least 300 additional units of extra-care housing with selected partners.

Recommendation 12 - To develop a model of using Direct Payments to fund care services in extra-care housing.

Recommendation 13-Housing Related Support for Older people Recommendations -The need to facilitate joint working between care and support staff should be considered.

Recommendation 14 - Recommendations for Supporting People Priorities -Supporting People should work with providers to develop flexible tiered levels of support.

Recommendation 15-Community Alarms Recommendations-Working Group and Action Plan to be set up.

Recommendation 16- Social Services Recommendations- increased joint working.

Recommendation 17 -**Allocations and Lettings Recommendations**- development of Letting Criteria for sheltered housing.

Recommendation 18 - **Adaptations Recommendations**- including the Development of an Aids and Adaptations Information Pack for service users.

Recommendation 19-Using regeneration funding to support older people.

Recommendation 20 - **Meeting the needs of black and minority ethnic communities.**

Summary of Document Review

This section summarises the key messages from the relevant literature and document review.

National Policies Key Messages:

- There has been a major push towards more house building via the £400ml investment from the 'Get Britain Building Fund'.
- Encouragement for older people to be cared for in the community through investment in mechanisms such as FirstStop, Home Improvement Agencies and Handyman Schemes.
- Support for innovative housing solutions such as Homeshare.
- Greater decentralisation of power to local authorities through the Localism Act 2011
- Movement towards more individual, personalised care.
- More flexibility and freedom within the planning system.
- Older people want well designed, adaptable homes that offer space, amenities and flexibility.
- Movement towards greater community consultation and involvement in the decision making process.
- Older people's population and wealth is not distributed equally around the country and often not equally within any one local authority.
- Local authority planners and commissioners need to be clear about the volume of housing suitable for older people that might be needed.
- Extra Care housing is seen as a good option in terms of health and well-being as well as cost but take up is low.
- Marketing of Extra Care housing needs to be improved.
- Successful models of provision are clear about their purpose and outcomes.

Local Policies Key Messages:

- The SHMA, the Health and Well-being Strategy and the current Housing Market Strategy are the key local documents relating to housing for the area.
- The Sefton area is recognised as having a **relatively older (and increasing)** population when compared with the rest of England.
- According to the SHMA it is estimated that around **14% of new provision should be specifically for older people.**
- Three recommendations from the SHMA relate to older people's housing:
 - **R15:** The Council should consider how it seeks to influence the mix of properties of different sizes through specifying the sizes or types of housing to be delivered. This should include consideration of the need for new housing provision for older people.
 - **R16:** The Council should work with RPs to encourage households to downsize to smaller properties. It should also encourage developers to provide market (and affordable) housing for older people, such as Extra Care, which may have a greater impact on the numbers of older people downsizing.

- **R17:** The Council should continue to proactively plan to meet the housing needs of older people. This might include seeking to provide a proportion of housing on suitable sites as homes specifically for this group (e.g. extra-care housing). Such an approach is currently being used in the neighbouring authority of West Lancashire.
- The Health and Wellbeing Strategy is working towards the objective of supporting older people and those with long term conditions and disabilities to remain independent and in their own homes. It seeks to do this by, among other things, joint working to improve community services and support, improving advice on the choice and services available and by introducing quality assisted technologies.
- The Sefton Housing Strategy set out a number of action points which included commission additional Extra Care housing schemes for older people, developing new housing and support services in accordance with the Supporting People's Strategy and enhancing partnership working with NHS Sefton.
- Huge variations in the local housing market exist, particularly in terms of house prices and consequently, viability. This is particularly true between the coastal settlements which include Birkdale, Blundellsands, Formby, Crosby – and – to a lesser extent, Southport, and Urban Sefton which includes Bootle and locations such as Litherland and Orrell.
- The areas of highest income deprivation affecting older people are concentrated in the south, and in central Southport. There are some pockets of income deprived older people in Ainsdale, Norwood and Manor.
- According to the Sefton Council Older Persons Housing Strategy, 2005, when asked what housing for older people should be like participants responded with the following priorities:
 - **Location** – It is important to be in a good neighbourhood close to selected amenities (shops, health centre etc.) and good public transport.
 - **Standards and design** – which included features such as walk in showers, good security, accessible sockets and storage etc.
 - **Affordability and Management** – it is important that people have disposable income for affordability is important in terms of a good quality of life; in the group meetings in south Sefton older people cited the Eldonians as a model development.
 - **Choice** – respondents wanted a range of options; some would choose to live in a mixed developments, others were interested in the possibility of a retirement village; some would want to 'stay put' and other to move into more specialised accommodation.
- The same study found there to be an **under or adequate** supply of community based intermediate care places, **an under supply of Extra Care** housing for rent and sale, and an **under supply of floating** support services to support people across all tenures.

APPENDIX 2 – DATA REVIEW

Data Review

In this section we provide a detailed demographic and housing market analysis in order to more fully understand the profile of Sefton and need and demand for Older Persons' within this setting.

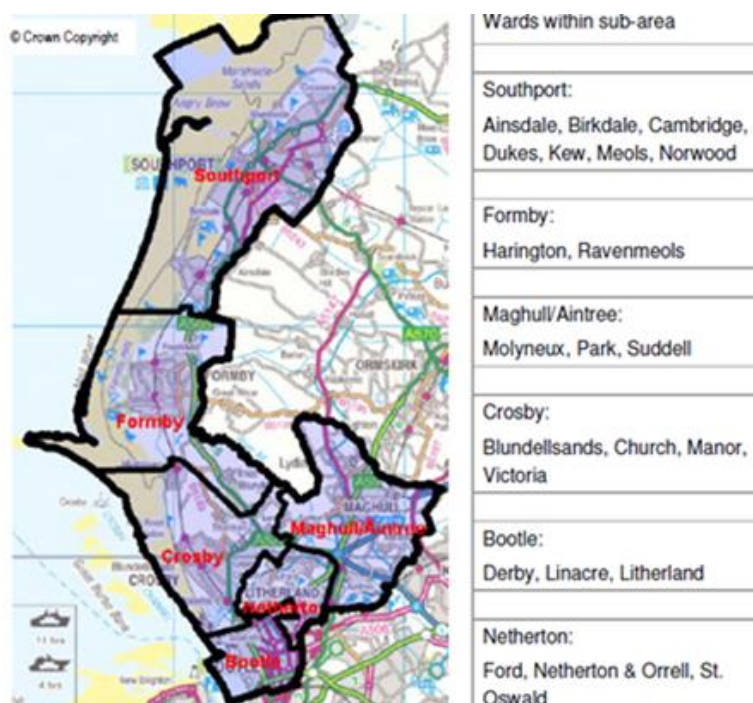
There are four main areas of analysis:

- Contextual and Demographic Data
- Social Rented Sector
- Private Rented Sector
- House Prices and Affordability

Detailed analysis is provided on the existing markets within the local authority area³⁶, and a settlement summary profile is provided for:

- Bootle
- Crosby
- Formby
- Maghull/ Aintree
- Netherton
- Southport

Map A2.1: Sub Market Areas within Sefton



Source: HNDA 2014

³⁶ The areas have been identified in the most recent HNDA

Contextual and Demographic Data

In order to fully understand and examine the housing market for older people in Sefton, it is first essential to build up a picture of the wider economic and demographic characteristics of the area. This section sets out a profile for Sefton using data on local demographics, income, employment and affordability.

Population

The first, and perhaps most important, demographic characteristic to map in order to identify need, is the current population of Sefton. Table A2.1 outlines the population of the local authority area and each of the sub market areas within it.

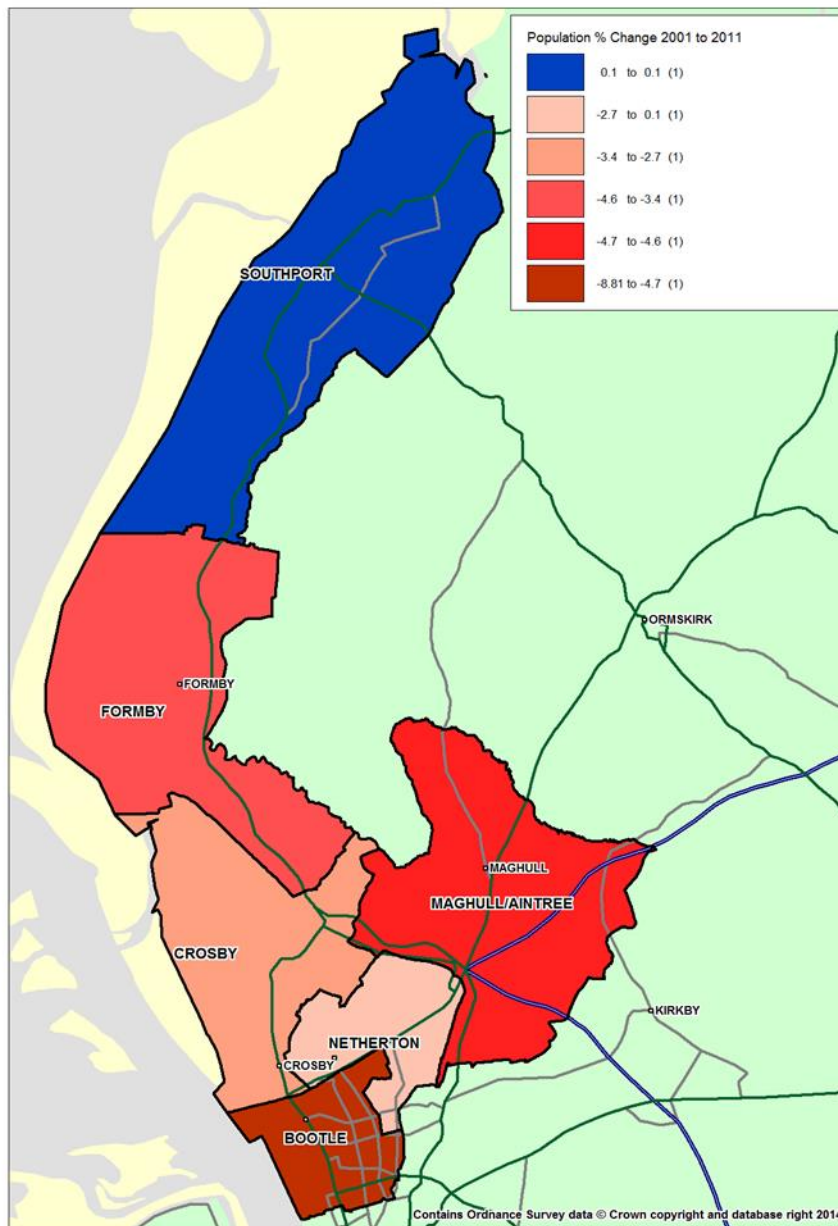
At the 2011 Census, Sefton had a population of 273,790. Southport makes up the largest sub-market with 33% of Sefton's population residing there; this is followed by Crosby (18%) and the remaining sizeable communities of Maghull/Aintree, Netherton, Bootle and lastly Formby.

Table A2.1. Population of Sefton Sub Market Areas 2001 to 2011

Area	Population 2001	Population 2011	Absolute Change	% Change
Bootle	39,362	35,896	-3,466	-8.8%
Crosby	50,835	49,097	-1,738	-3.4%
Formby	24,999	23,845	-1,154	-4.6%
Maghull/ Aintree	39,159	37,338	-1,821	-4.7%
Netherton	38,270	37,233	-1,037	-2.7%
Southport	90,329	90,381	52	0.1%
Sefton	282,954	273,790	-9,164	-3.2%
NW England	6,729,764	7,052,177	322,413	4.8%
England	49,138,831	53,012,456	3,873,625	7.9%
Source: Census 2001 and 2011				

Since the last census the population of Sefton has fallen by 3.2%, this compares with population increases across the North West and England of 4.8% and 7.9% respectively. The decline in population has been present across the local authority area, with only Southport experiencing a rise, of just 0.1% over the period. Bootle has seen the largest decrease of 8.8%.

Map A2.1 2011 Population Change 2001 to 2011 65+



Age Structure

Table A2.2 provides a profile of Sefton by age and sub-market area. Overall the local authority has relatively fewer younger people; 33.4% of its residents fall within the under 29 years age bracket compared with 37.5% across the North West and 37.5% across England. In addition, the local authority has relatively more older people; 27.5% of the Sefton population are over 60, compared to just 22.8% across the North West and 22.3% across England as a whole.

The pattern of age distribution differs within each sub-market area and reflects the difference within each distinct community. Bootle and Netherton for example have a higher than average

population in the 'Under 15' age group at 18.9% and 18.3% respectively. Similarly both these areas have smaller '75 plus' populations, at just 6.0% in Bootle.

The towns of Formby, Southport and Aintree however have significantly older populations than the average for the North West and England. Almost 13% of Formby's population fall within the '75 plus' group for example, compared to 7.7% in both the North West and England.

Also significant to note for this study is that the largest age group for Sefton is the '45 to 59' category with almost 22% of the population. This differs from the North West region and England overall where the largest single group is the younger '30 to 44' bracket. As the 45 to 59 age group get older they will form the new generation of older people and this should be taken into account when planning for future provision of service for older people.

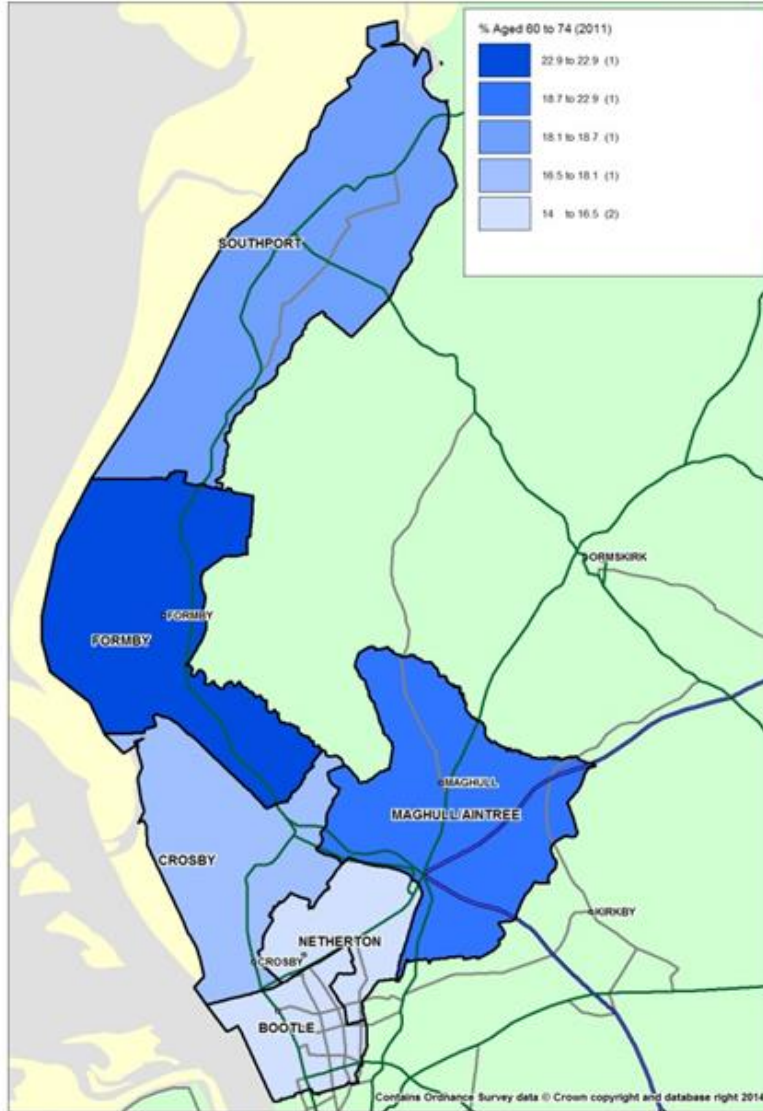
Table A2.2 % Age by Area, 2011

Area	Under 15	15 to 29	30 to 44	45 to 59	60 to 74	75 plus
Bootle	18.9	22.0	19.2	20.0	14.0	6.0
Crosby	15.3	17.3	17.4	24.0	16.5	9.4
Formby	15.0	13.1	15.2	20.9	22.9	12.9
Maghull/Aintree	13.9	16.3	16.6	22.8	18.7	11.8
Netherton	18.3	19.7	18.7	21.0	14.0	8.4
Southport	15.7	16.1	17.1	21.0	18.1	12.1
Sefton	16.1	17.3	17.4	21.6	17.2	10.3
NW England	17.5	20.0	19.8	19.8	15.1	7.7
England	17.7	20.0	20.6	19.4	14.6	7.7
Source: Census 2011						

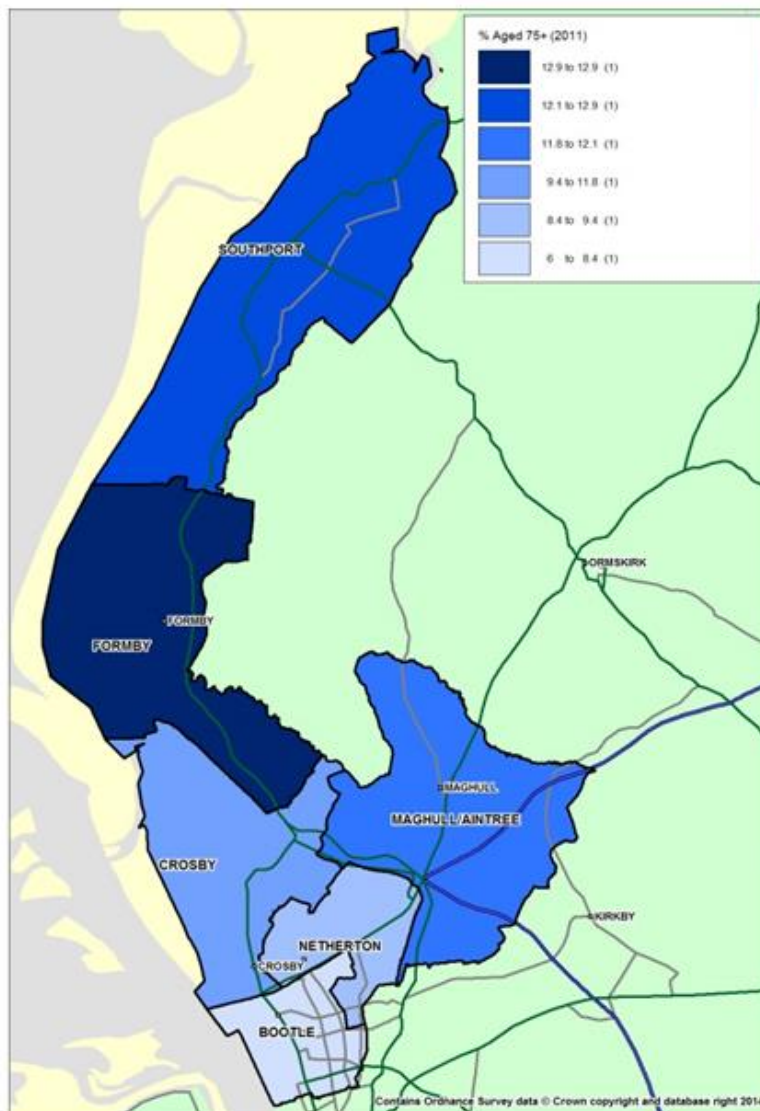
Overall the population of Sefton has fallen over the period 2001 to 2011 (see Table A2.3). However this decrease is not consistent across all age groups. Table A2.4 highlights the % change in population by age group and sub-market area.

Perhaps the most significant finding to note is the substantial increases in population in the '75+' age group. Maghull/ Aintree has experienced a rise of 48.2% while Formby has experienced an increase of 36.8% which is far higher than the rate of growth for both the North West (9.1%) and England (10.9%). Indeed, all sub-market areas within Sefton, with the exception of Bootle, have experienced population increases in the '75+' age group.

Map A2.2 2011 Population Aged 60 to 74



Map A2.3 2011 Population Aged 75+



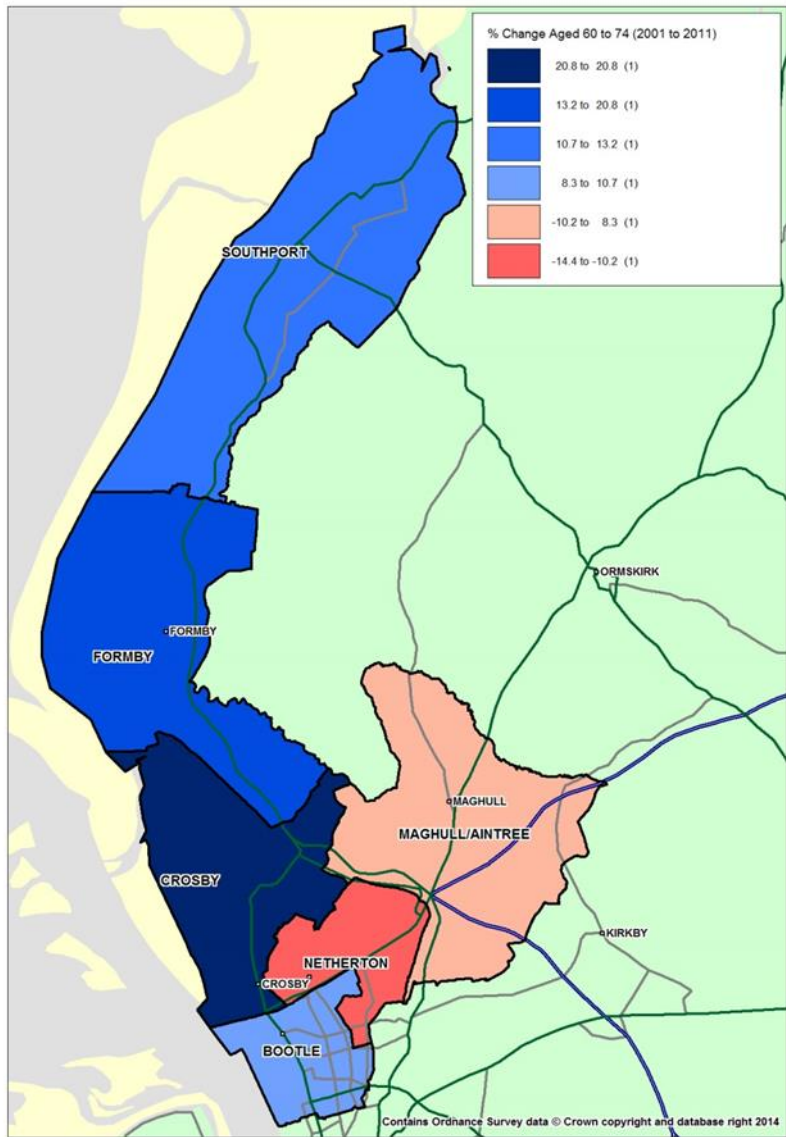
These large increases in the older populations of the local authority have been offset by decreases in the younger age groups, particularly the working age group '30 to 44' and the 'under 15' age group.

Table A2.3 % Change in Age by Area, 2001 to 2011

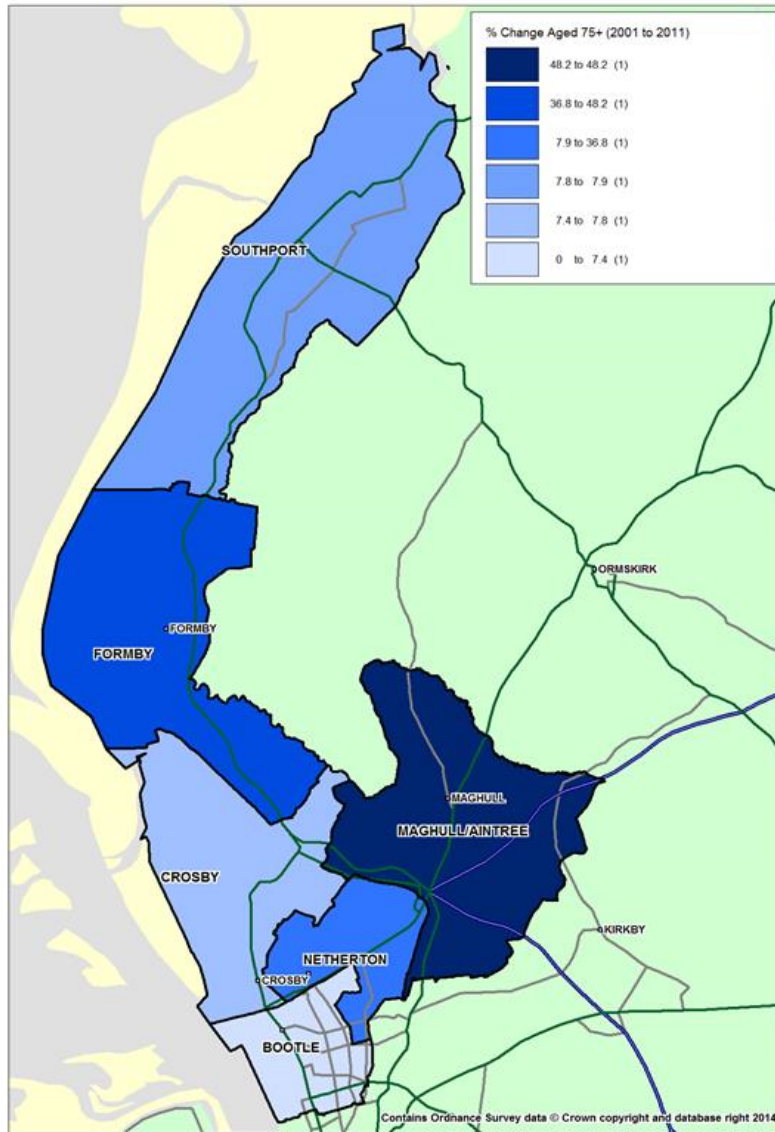
% Change	0-15	15-29	30-44	45-59	60-74	75+
Bootle	-21.7%	11.1%	-19.1%	10.8%	8.3%	0.0%
Crosby	-16.8%	9.3%	-19.8%	22.6%	20.8%	7.4%
Formby	-14.8%	-7.4%	-21.6%	-13.0%	13.2%	36.8%
Maghull/Aintree	-26.5%	-6.6%	-30.1%	-1.8%	-10.2%	48.2%
Netherton	-22.5%	3.0%	-20.8%	20.8%	-14.4%	7.9%
Southport	-8.9%	9.5%	-19.3%	8.3%	10.7%	7.8%
Sefton	-17.3%	5.1%	-21.3%	8.8%	5.1%	14.6%

NW England	-4.9%	13.8%	-6.2%	8.9%	15.9%	9.1%
England	1.0%	14.4%	-1.6%	10.7%	18.9%	10.9%
Source: Census 2011						

Map A2.4 2001 – 2011 Population Change 60 to 74 Years



Map A2.5 2001 – 2011 Population Change 75+ Years

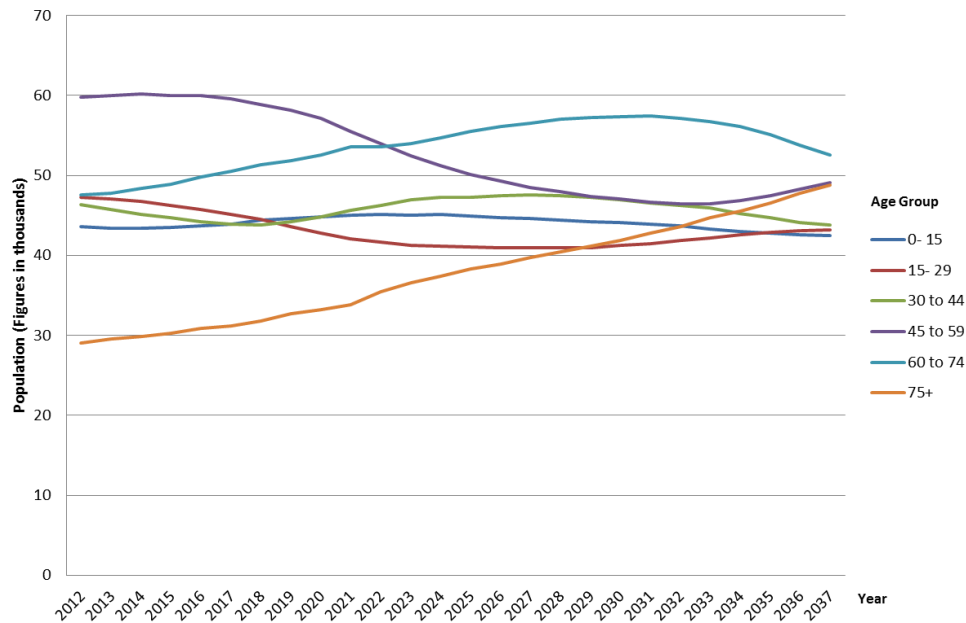


Population Projections

The Office for National Statistics published 2012 based subnational population projections for each local authority in spring 2014. Figure A2.1 and Tables A2.4 and A2.5 present these projections, broken down by age category.

The projections show a relatively modest increase in the Sefton population between 2012 to 2037 of 2.2% (see Table 3.4). This compares to 3.6% for the North West and 7.2% for England. However within that there are significant increases projected within the over 75 age group (a 68.3% increase over the 25 years) and declines projected within the younger age groups, most significantly, in the 45 to 59 age group of 17.9%.

Figure A2.1 Population Projections for Sefton 2012 to 2037 by Age



Source: ONS 2012 Based, Subnational Population Projections

Table A2.4 Population Projections for Sefton 2012 to 2037 by Age (Figures in thousands)

AGE	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
0- 15	43.6	43.4	43.4	43.5	43.7	43.9	44.4	44.6	44.8	45	45.1	45	45.1	44.9	44.7	44.6	44.4	44.2	44.1	43.9	43.7	43.3	43	42.8	42.6	42.5	
15- 29	47.3	47.1	46.8	46.2	45.7	45.1	44.5	43.6	42.8	42.1	41.7	41.3	41.2	41.1	41	41	41	41	41.3	41.5	41.9	42.2	42.6	42.9	43.1	43.2	
30 to 44	46.4	45.7	45.1	44.7	44.2	43.9	43.8	44.2	44.8	45.6	46.3	47	47.3	47.3	47.5	47.6	47.5	47.3	47	46.6	46.2	45.9	45.2	44.7	44.1	43.8	
45 to 59	59.8	60	60.2	60	60	59.6	58.9	58.2	57.1	55.5	54	52.5	51.2	50.1	49.3	48.5	48	47.4	47.1	46.7	46.5	46.5	46.9	47.5	48.3	49.1	
60 to 74	47.6	47.8	48.4	48.9	49.8	50.5	51.3	51.8	52.6	53.6	53.6	54	54.7	55.5	56.1	56.5	57	57.2	57.3	57.4	57.1	56.7	56.1	55.1	53.8	52.6	
75+	29	29.6	29.9	30.3	30.9	31.2	31.8	32.7	33.2	33.8	35.5	36.6	37.4	38.3	38.9	39.7	40.4	41.2	41.9	42.8	43.6	44.7	45.5	46.6	47.8	48.8	
All	273.7	273.5	273.6	273.8	274	274.3	274.6	274.9	275.3	275.7	276.1	276.5	276.9	277.2	277.6	277.9	278.2	278.4	278.7	278.9	279.1	279.3	279.4	279.6	279.7	279.8	
Source: ONS 2012 Based, Subnational Population Projections																											

Table A2.4 above shows a detailed breakdown of the ONS population projections for Sefton.

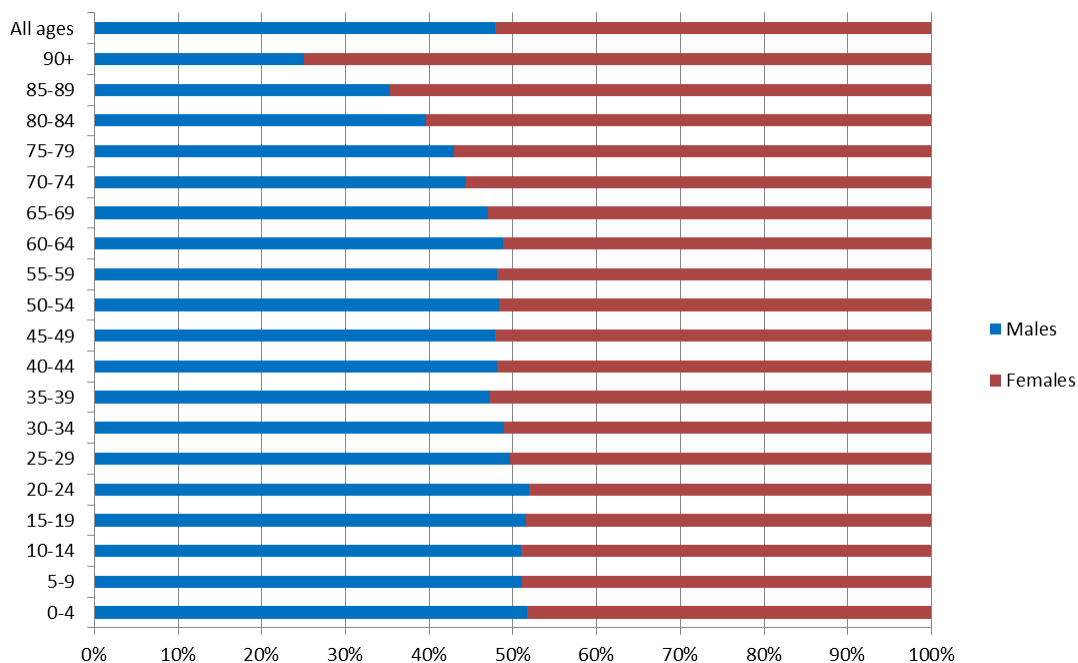
Table A2.5 Projected Change in Population by Age (Population in thousands)

	2012			% Change 2012 to 2022			% Change 2012 to 2037		
	Sefton	NW	England	Sefton	NW	England	Sefton	NW	England
0- 15	43.6	1,243.2	9,484.9	3.4%	6.3%	9.7%	-2.5%	2.2%	9.4%
15- 29	47.3	1,409.8	10,567.5	-	-7.3%	-3.1%	-8.7%	-0.6%	7.6%
				11.8%					
30 to 44	46.4	1,373.6	10,873.3	-0.2%	1.1%	3.8%	-5.6%	-2.8%	3.0%
45 to 59	59.8	1,420.2	10,498.8	-9.7%	-0.6%	4.3%	-	-5.2%	5.2%
							17.9%		
60 to 74	47.6	1,081	7,857.4	12.6%	10.5%	13.3%	10.5%	18.4%	29.1%
75+	29	556.6	4,212	22.4%	29.2%	31.7%	68.3%	82.1%	90.6%
All	273.7	7,084.3	53,493.7	0.9%	3.6%	7.2%	2.2%	7.9%	16.2%

Source: ONS 2012 Based, Subnational Population Projections

The ONS projections also provide data on the Sefton population by age and sex, summarised for 2012 in Figure A2.3. The data shows that the distribution of the population by sex is relatively even within younger age groups. However, as the population ages, females become more predominant, reflecting the higher life expectancies of females, 62% of the '75+' age group are females.

Figure A2.3 Age Group 2012 by Sex



Source: ONS 2012 Based, Subnational Population Projections

Household Profiles

Information on households has been sourced from the 2011 Census and helps to provide an understanding of the local housing market, the type of stock available as well as the demographic composition of households within Sefton.

Table A2.6 provides a summary of the number of households within each of the sub-market areas with Sefton. As of 2011, there were 117,930 households in the local authority area with Southport and Crosby contributing the most (33% and 18% respectively).

Since 2001 there has been a slight increase in the number of households (0.9%) compared to the North West region (7%) and England (7.9%). The largest increase in the number of households has been in Southport, with a rise of 2.5% while both Formby and Bootle have seen decreases of 0.8% and 3.5% respectively.

Table A2.6 Number of Households, 2001 and 2011

Area	Households (2001)	Households (2011)	Absolute change	% change
Bootle	16,600	16,011	-589	-3.5%
Crosby	20,769	21,008	239	1.2%
Formby	10,056	9,973	-83	-0.8%
Maghull/Aintree	15,205	15,386	181	1.2%
Netherton	15,336	15,673	337	2.2%
Southport	38,899	39,879	980	2.5%
Sefton	116,865	117,930	1,065	0.9%
NW England	2,812,789	3,009,549	196,760	7.0%
England	20,451,427	22,063,368	1,611,941	7.9%

Source: Census 2011

Average Size of Households

In terms of household size, Sefton has on average, 2.32 residents per household, which is slightly less than the average for the region (2.34) and England as a whole (2.40) which may reflect the comparatively higher proportion of single pensioners across the local authority. Since 2011, the trend has been towards smaller households, this is true for both Sefton and the North West but not for England as a whole.

Table A2.7 Average Household Size, 2001 and 2011

Area	Average Household Size (2001)	Average Household Size (2011)
Bootle	2.37	2.24
Crosby	2.45	2.34
Formby	2.49	2.39
Maghull/Aintree	2.58	2.43
Netherton	2.50	2.38
Southport	2.32	2.27
Sefton	2.42	2.32

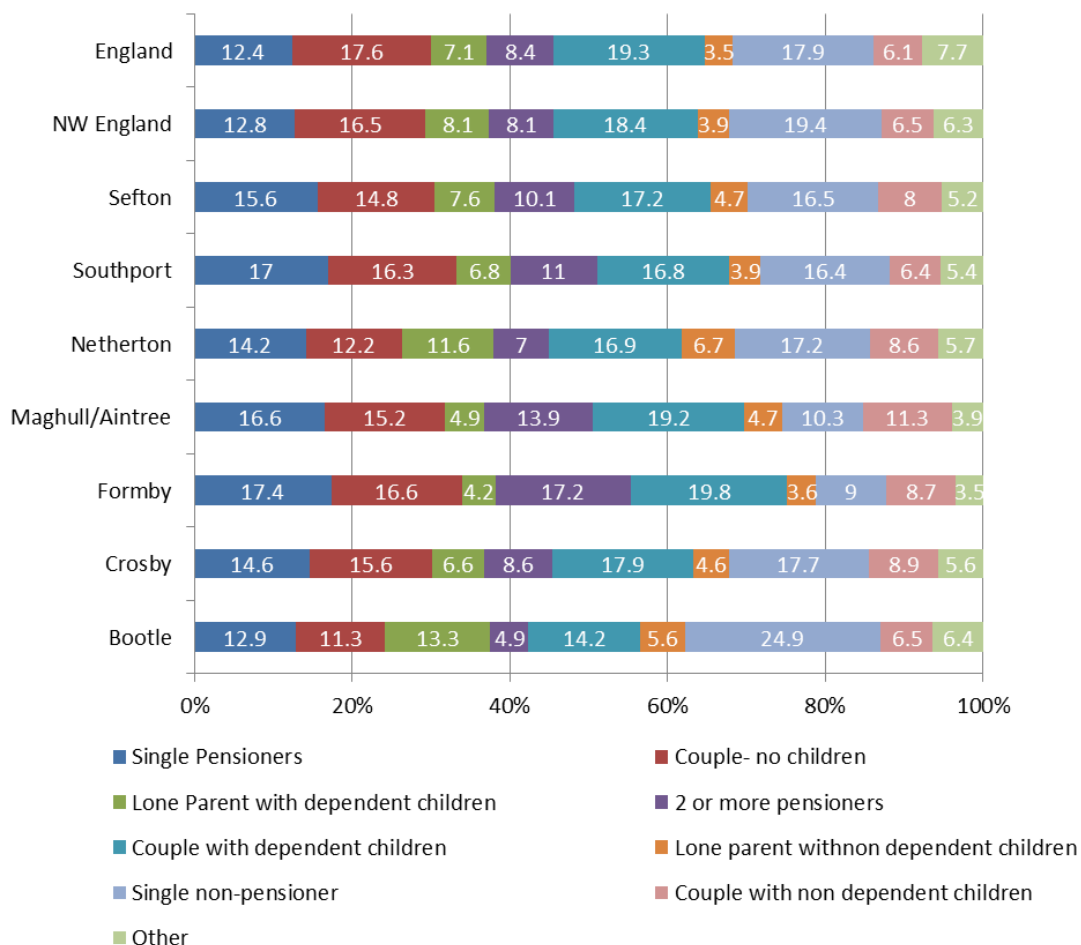
NW England	2.39	2.34
England	2.40	2.40
Source: Census 2011		

Household Composition

Figure A2.3 provides Census information on household composition for Sefton and its sub-market areas. The largest sub-section of the population fall within the 'Couples with Dependent Children' category (17.2%). This is also true for both the North West Region (18.4%) as well as the rest of England (19.3%). There is however a larger proportion of the population in the 'Single Pensioners' (15.6%) and '2 or More Pensioners' group (10.1%) when compared with the North West and England.

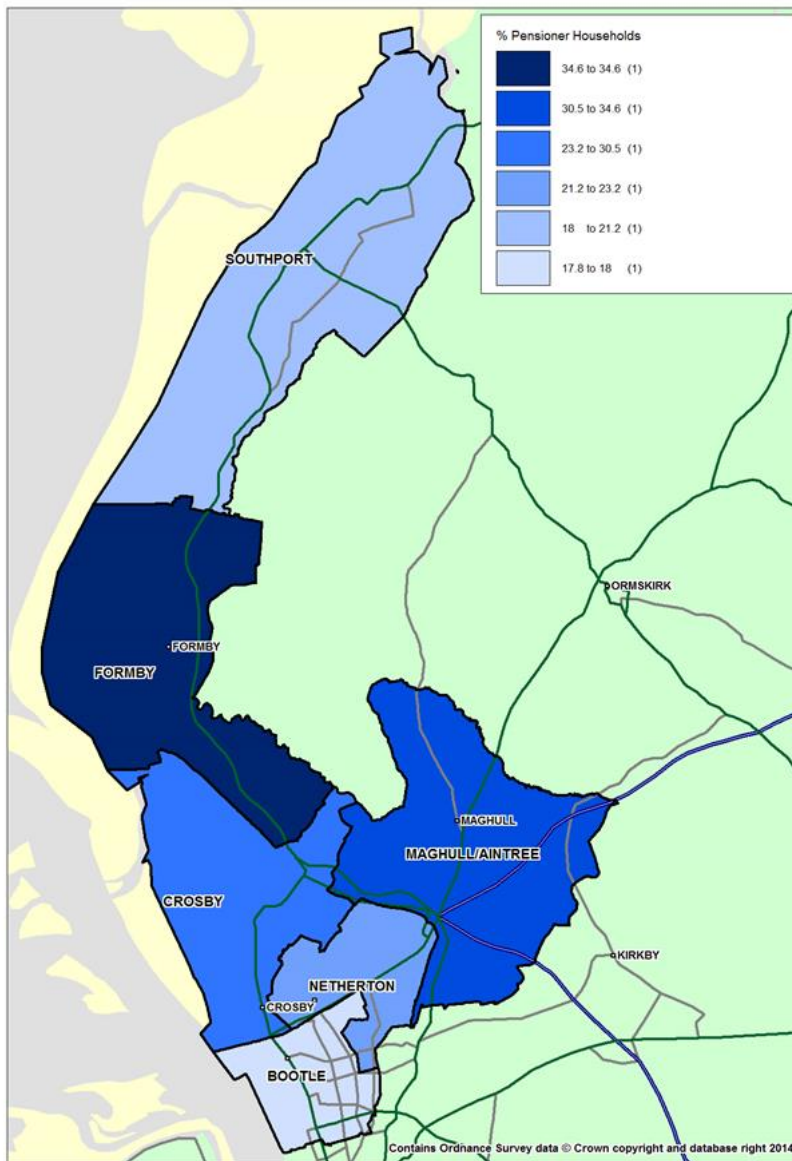
Differences can also be seen within Sefton. Formby and Southport for example both have higher proportions of households in the 'Single Pensioners' grouping, 17.4% and 17% respectively. Conversely, Bootle has fewer households with pensioners and a far higher proportion of households within the 'Single, Non-Pensioner' classification; 24.9% compared to 19.4% in the North West and 17.9% across England.

Figure A2.3 Household Composition 2011



Source: Census 2011

Map A2.6 % Pensioner Households



Employment

Table A2.8 provides information on unemployment levels and economic activity again sourced from the 2011 Census. Overall across Sefton there are some 133,012 people who are economically active (in employment as employees or self-employed). The local authority has an unemployment rate³⁷ of 7.3%, higher than both the North West and England at 6.9% and 6.3% respectively.

The figures again differ by sub-market area with Bootle having a very high unemployment rate of 13.2% and Formby, a below average rate of 3.9%.

³⁷ that being those not in employment and not in full time unemployment rather than just the unemployment claimant count.

Table A2.8: Levels of Employment and Unemployment

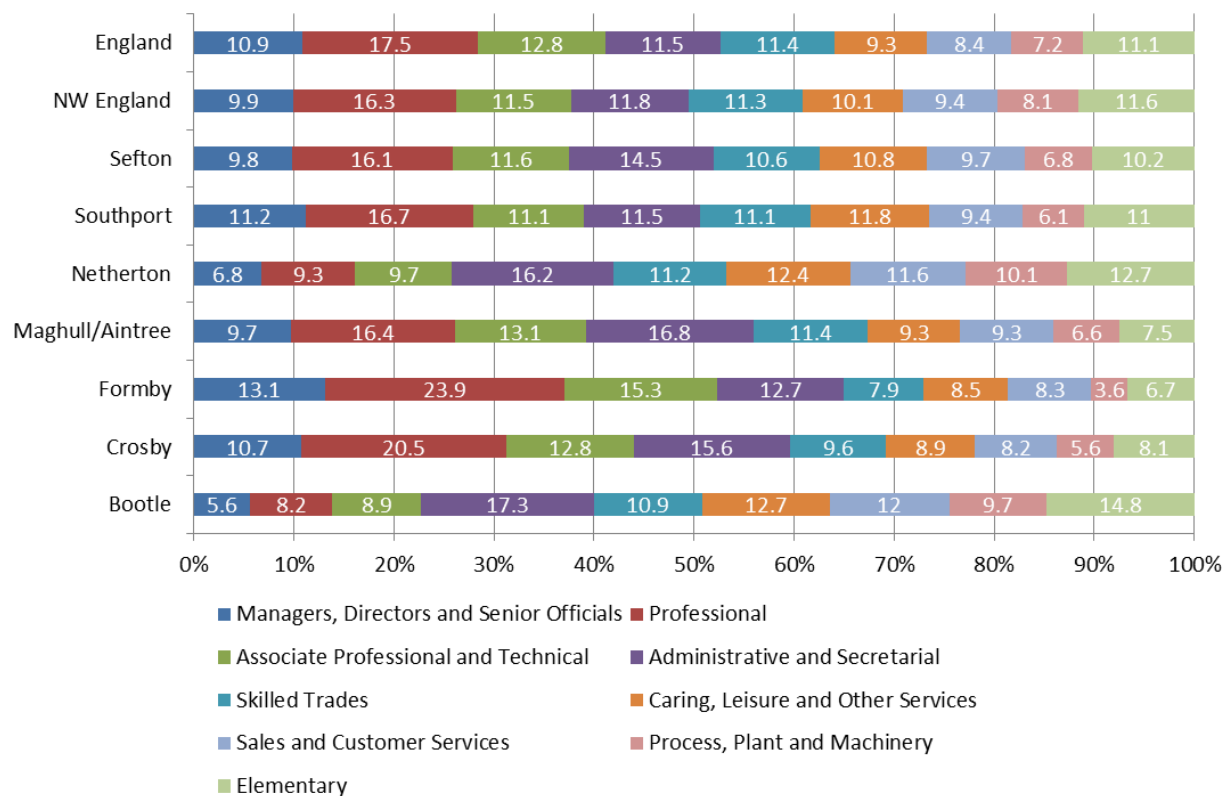
Area	Unemployed	Economically Active	% Unemployed
Bootle	2,225	16,828	13.2%
Crosby	1,733	25,202	6.9%
Formby	429	10,948	3.9%
Maghull/Aintree	863	18,740	4.6%
Netherton	1,920	17,817	10.8%
Southport	2,538	43,477	5.8%
Sefton	9,708	133,012	7.3%
NW England	242,499	3,515,910	6.9%
England	1,702,847	27,183,134	6.3%

Source: Census 2011

Figure A2.8 provides a breakdown of data on Employment Classifications across Sefton. From this we can see that Sefton has a relatively balanced economy with representation across all occupations. The largest occupational group is 'Professional Services' at 16.1% which is in line with both the North West and England overall at 16.3% and 17.5% respectively. Consistent with the rest of the North West, the local authority also has a slightly higher proportion of residents in the 'Administrative and Secretarial Services' grouping at 14.5%.

By sub-market area both Formby and Crosby stand out as having higher than average proportions of the population in the 'Professional Services' class at 23.9% and 20.5% while Bootle and Netherton are both relatively under-represented in this group with just 8.2% and 9.3% respectively.

Figure A2.4: Employment by Occupation



Source: Census 2011

Incomes

The Annual Survey of Hours and Earnings (ASHE) provides information at local authority level on income, this has been summarised in Table A2.9. The results show that residents of Sefton receive higher gross weekly earnings than in the North West Region as a whole, £488.30 compared with £483.20, although this is still lower than the comparative figure for Great Britain.

Table A2.9: Incomes

	Sefton	North West	Great Britain
Gross Weekly Pay			
Full-time workers	488.3	483.2	518.1
Male full-time workers	535.3	519.4	558.8
Female full-time workers	425.7	432.2	459.8
Hourly Pay- Excluding Overtime			
Full Time Workers	12.36	12.27	13.08
Male full-time workers	13.02	12.75	13.68
Female full-time workers	11.42	11.59	12.26

Source: Annual Survey of Hours and Earnings Provisional Results 2013

It should be noted that a significant proportion of the Sefton population out-commute for employment to neighbouring Liverpool (see 3.1.8), and Figure 3.1.9 confirms that this pattern of out-commuting is likely to be down to wages. It shows that those residents who live in Sefton but work elsewhere, consistently earn more than those who work in Sefton; a difference of £1,816 on average in 2013.

Figure A2.5: Average Annual Full Time Earnings in Sefton- Workplace and Resident



Source: ASHE

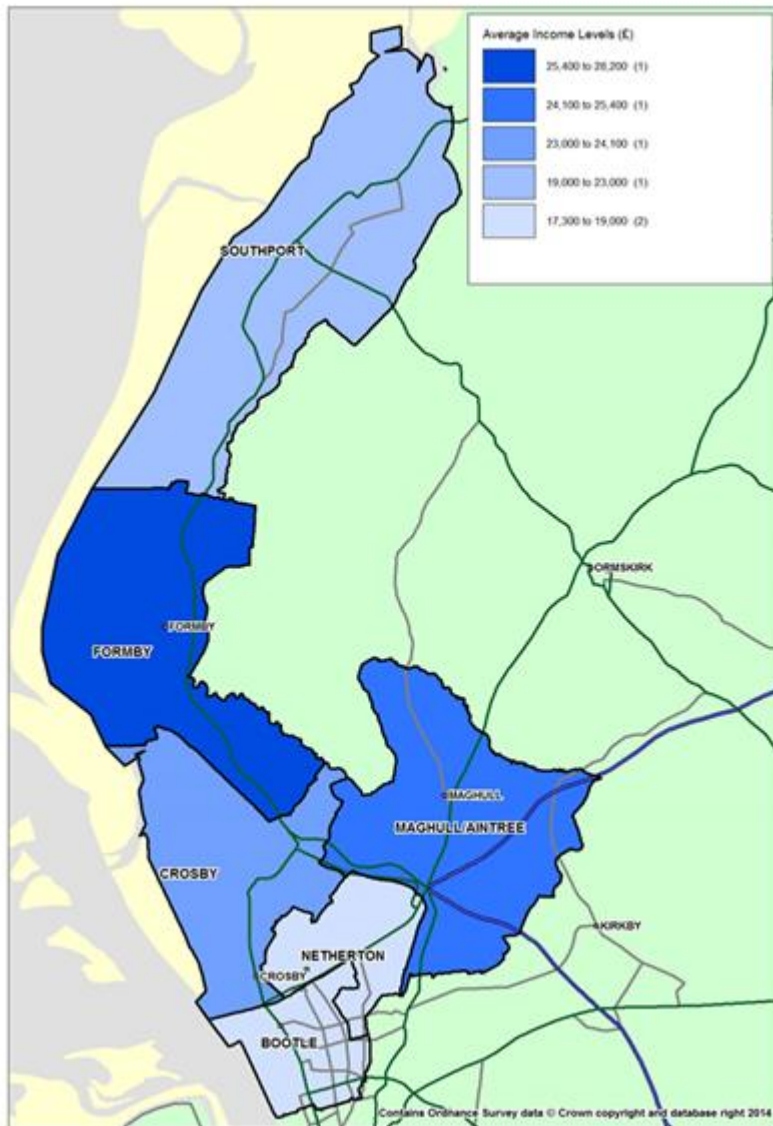
Analysis of income by sub-market was carried out for the Sefton HNSA and is presented in Table A2.10. The data shows that around 45% of households have an income below £20,000 with a further third in the range of £20,000 to £40,000. The overall average (median) income of all households in Sefton was estimated to be around £22,400 with a mean income of £29,800. Incomes are lowest in Bootle (median of £17,400) closely followed by Netherton (£19,000) and highest in Formby (median of £28,200).

Table A2.10: Income Levels by Sub-Area by %

	Bootle	Crosby	Formby	Maghull/ Aintree	Netherton	Southport	Sefton
Under 10K	24.8	10.8	5.7	8.8	20.9	12.6	13.9
£10k to £20k	32.2	30.4	28.5	30.0	31.9	30.6	30.7
£20k to £30k	19.2	19.6	19.1	19.6	19.4	19.7	19.5
£30k to £40k	9.6	13.8	13.6	13.7	11.2	13.8	12.9
£40k to £50k	4.8	8.4	10.6	9.2	5.6	7.7	7.6
£50k to £60k	3.4	4.8	6.3	5.3	3.4	4.4	4.5
£60k to £80k	5.0	5.6	6.6	5.8	5.2	5.4	5.5
£80k to £100k	0.9	4.0	4.2	4.1	2.4	4.0	3.4
Over £100k	0.0	2.7	5.5	3.6	0.1	1.9	2.0
Total	100	100	100	100	100	100	100
Median	£17,391	£24,057	£28,175	£25,380	£18,984	£22,978	£22,440
Mean	£22,866	£31,630	£37,044	£33,369	£24,960	£30,212	£29,768

Source: Income data modelling from HNDA

Map A2.7 Average Income

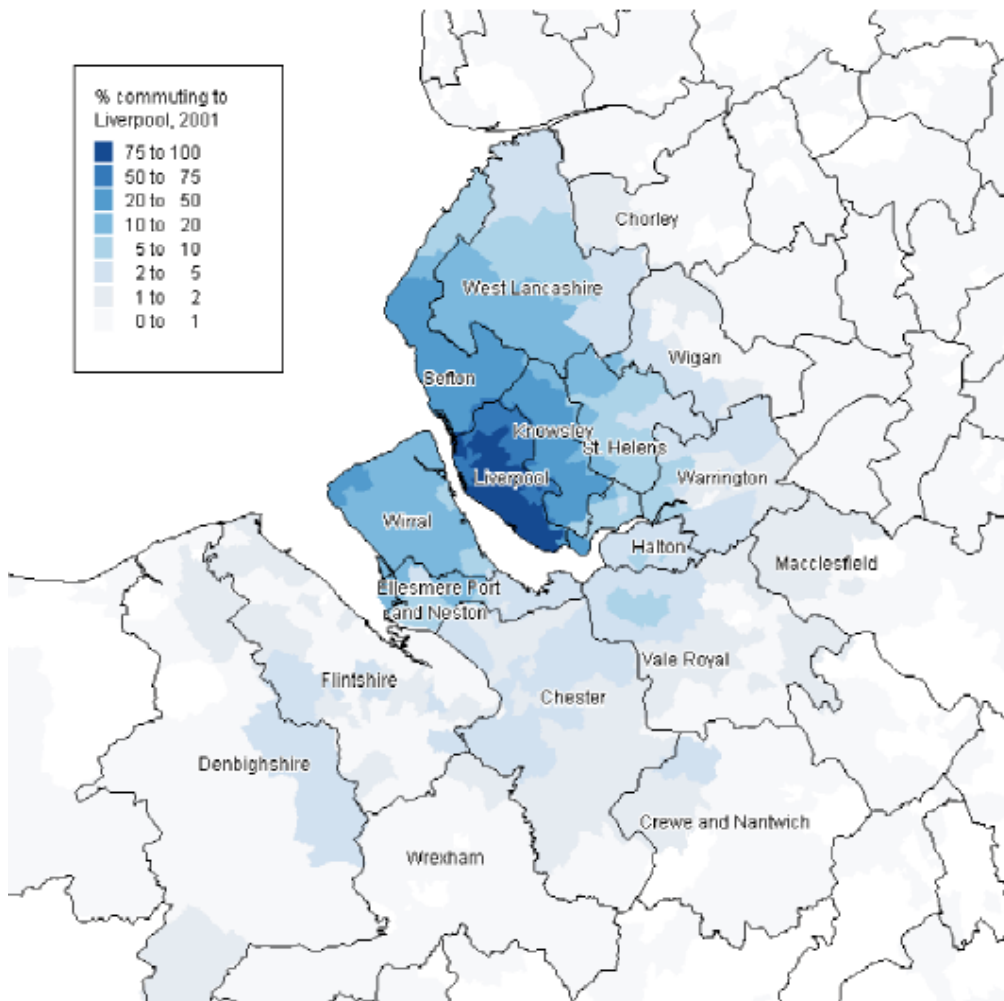


Travel to Work

Travel- to- Work information has been carried out for Liverpool based on the 2001 Census. As yet, information from the 2011 census on travel to work has yet to be published.

Figure A2.6 provides a geographical picture of the Liverpool Travel-to-Work area. Analysis as part of the City Relationships research programme has found that 26% of the Sefton working population commute to Liverpool for employment. However it also notes that there is a clear geographical divide between the southern part of the borough, which is close physically and in character to Liverpool, and the northern towns around Southport, which have a more 'independent' character.

Figure A2.6: Liverpool Travel to Work Area



Source: <http://www.theworkfoundation.com/Assets/Docs/Liverpool%20City%20Region.pdf>

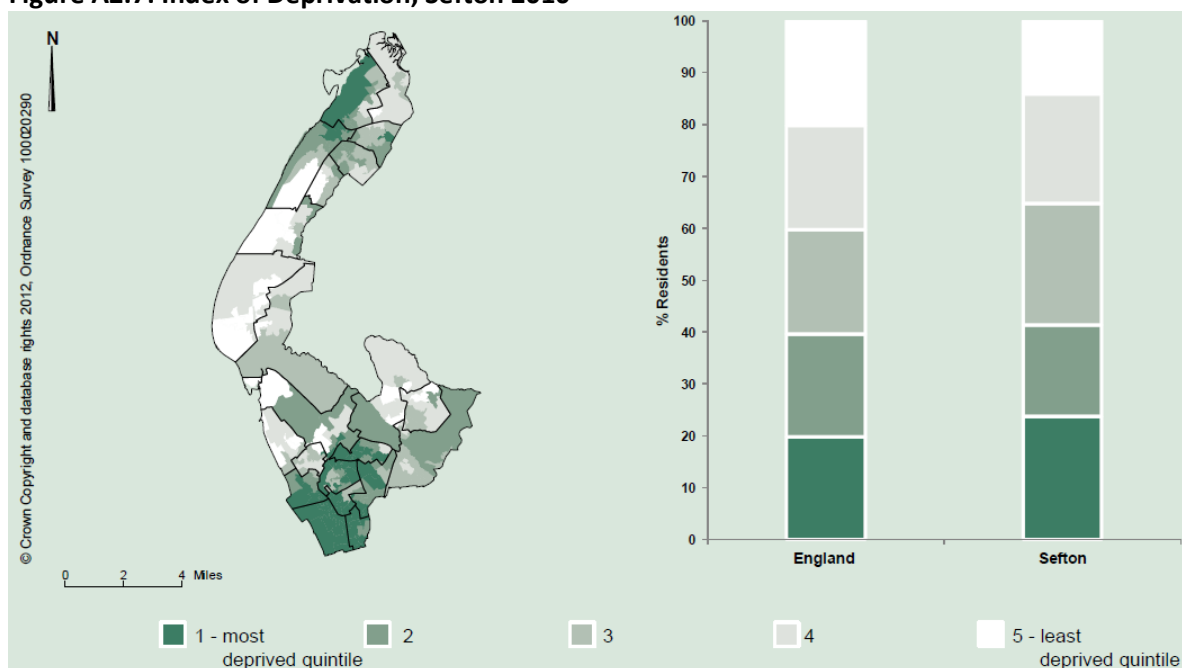
Deprivation

The Index of Deprivation provides detailed information on deprivation at Lower-layer Super Output Area (LSOA) geography level. Figure A2.6 provides a breakdown for Sefton. The figure shows differences in deprivation levels in Sefton based on national quintiles. The darkest coloured areas are some of the most deprived areas in England.

Deprivation is concentrated in parts of Bootle and Netherton and in the wards of Church in Crosby and in the Southport ward of Cambridge.

Overall the local authority has higher levels of deprivation when compared with the national average.

Figure A2.7: Index of Deprivation, Sefton 2010



Source: Health Profile for Sefton 2012, English Public Health Observatories

Life Expectancy

Life Expectancy in Sefton is slightly lower than the average for England at 76.6 years for males and 81.8 years for women. Again variations exist within the local authority with life expectancy rates at their lowest in the ward of Church in Crosby at 71.0 years for men and 79.4 years for women, followed by Linacre in Bootle where life expectancy rates are 71.3 for men but comparatively lower for woman at 75.7 years.

At the other end of the spectrum, life expectancy figures for males are at their highest in the Maghull/ Aintree ward of Sudell at 82.5 years and for women in the Crosby ward of Blundellsand at 85.9 years, which is way above the national average.

Table A2.11: Life Expectancy at Birth

Area	Male	Female
Bootle		
Derby	72.7	77.6
Linacre	71.3	75.7
Litherland	74.4	80.1
Crosby		
Blundellsand	77.7	85.9
Church	71.0	79.4
Manor	78.1	81.9
Victoria	77.7	82.9
Formby		
Harington	80.7	84.4

Ravenmeols	79.2	83.6
Maghull/ Aintree		
Molyneux	79.5	85.6
Park	79.7	85.2
Sudell	82.5	83.0
Netherton		
Ford	75.6	81.4
Netherton and Orrell	76.1	79.9
St Oswald	74.1	77.2
Southport		
Ainsdale	78.6	84.0
Birkdale	77.6	83.4
Cambridge	74.4	79.6
Dukes	74.4	80.7
Kew	74.9	79.9
Meols	77.0	82.7
Norwood	75.9	80.9
Sefton	76.6	81.4
England	77.7	81.8
Sefton Council 2011 Census Profiles (Updated in 2013).		

Long Term Illness

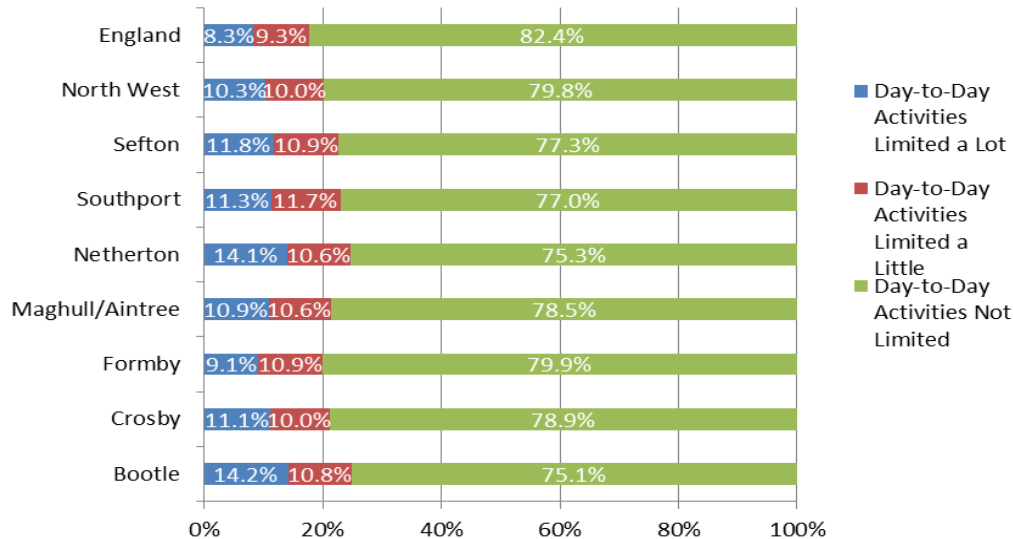
According to the 2011 Census, Sefton has over 62,000 residents who are either affected a little or a lot by limiting long term illnesses see Table A2.12. This represents around 23% of its population. Again there is a considerable degree of variation within Sefton (see Figure A2.8) from Formby; where only 20% of the population report long term limiting illnesses through to Bootle where around a quarter of the population report long term limiting illnesses. This is interesting given that the population of Formby is considerably older than Bootle and suggests that while Formby does have a higher elderly population; it is a relatively healthy older population.

Table A2.12 Population with a Long Term Limiting Illness

	All Usual Residents	Day-to-Day Activities Limited a Lot	Day-to-Day Activities Limited a Little	Day-to-Day Activities Not Limited
Bootle	35,896	5,085	3,861	26,950
Crosby	49,097	5,458	4,915	38,724
Formby	23,845	2,176	2,606	19,063
Maghull/Aintree	37,338	4,058	3,953	29,327
Netherton	37,233	5,252	3,949	28,032
Southport	90,381	10,173	10,575	69,633

Sefton	273,790	32,202	29,859	211,729
North West	7,052,177	724,045	702,760	5,625,372
England	53,012,456	4,405,394	4,947,192	43,659,870
Source: Census 2011				

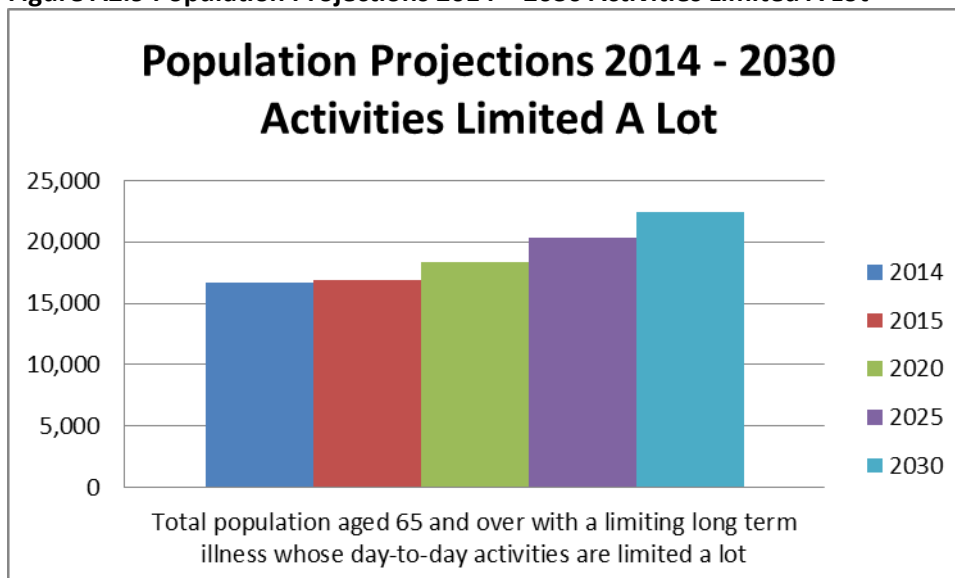
Figure A2.8 % of Population with Limiting, Long- Term Illness by Area



Source: 2011 Census.

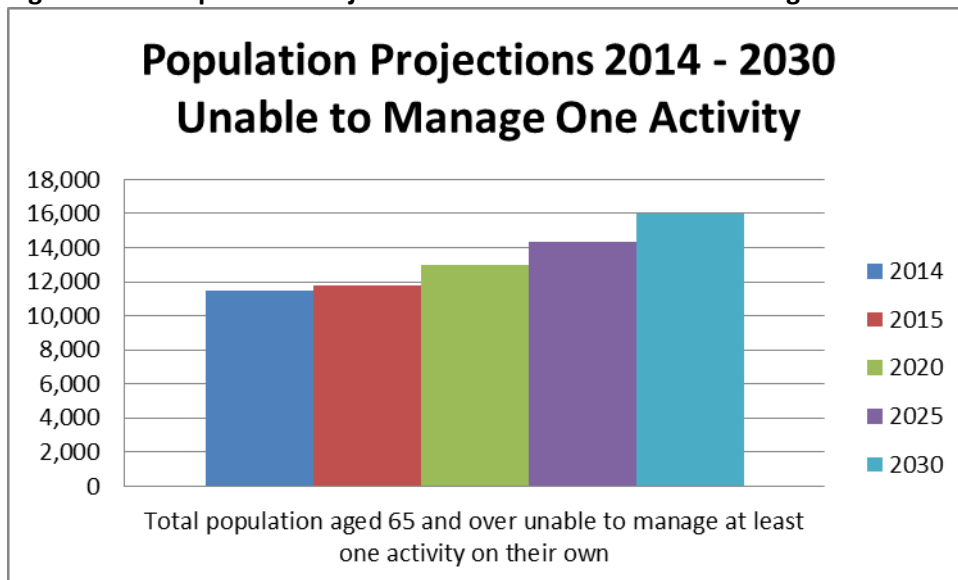
POPPI (Projecting Older People Population Information) data uses existing Census data and prevalence rates to predict future prevalence rates of a number of conditions in the 65+ age group. Figure A2.9 below shows the predicted rise of the number of people in Sefton with a long term limiting illness whose activities are limited a lot from 16,661 in 2014 to 22,452 by 2030.

Figure A2.9 Population Projections 2014 – 2030 Activities Limited A Lot



POPPI data predicts a rise in the number of people aged 65 and over in Sefton who are unable to manage at least one activity from 11,475 in 2014 to 16,028 by 2030.

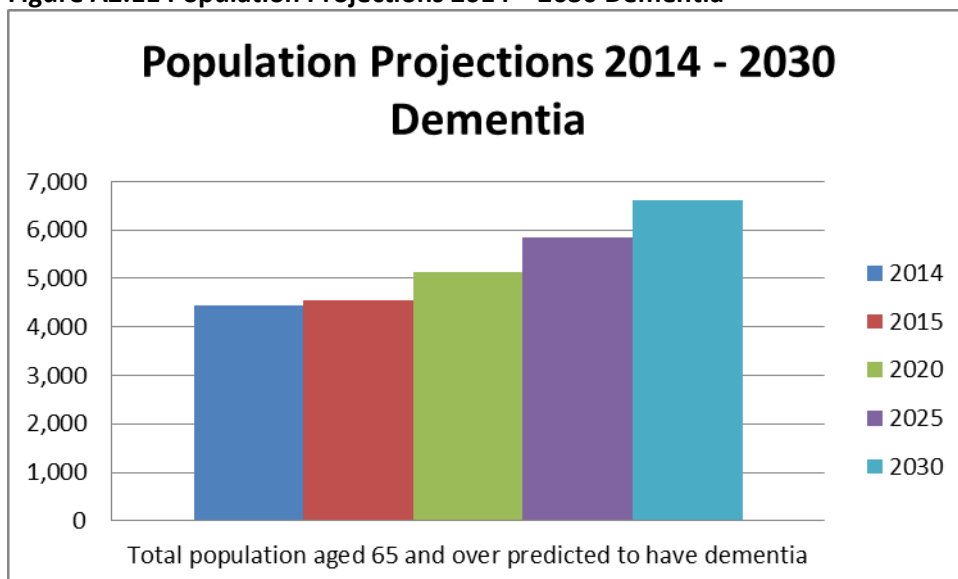
Figure A2.10 Population Projections 2014 – 2030 Unable to Manged At least One Activity



Dementia

POPPI data predicts a rise in the number of people aged 65 and over with dementia in Sefton from 4,445 in 2014 to 6,624 by 2030.

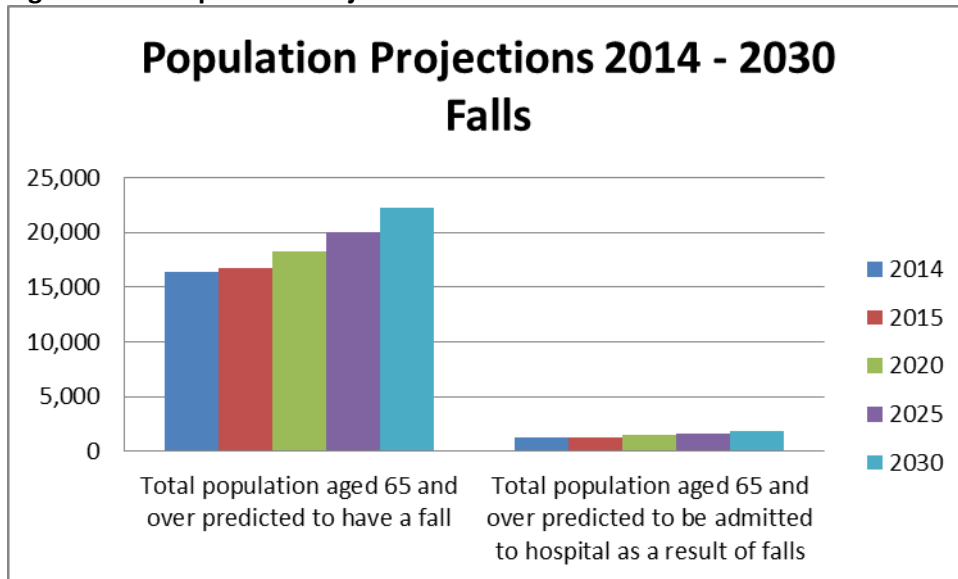
Figure A2.11 Population Projections 2014 – 2030 Dementia



Frail Elderly

POPPI data indicates that there will be an increase in the number of elderly people living in Sefton who will have a fall from 16,412 in 2014 to 22,254 in 2030. Similarly there is a predicted increase in the number of people aged 65 and over who will be hospitalised as a result of a fall. This will rise from 1,319 in 2014 to 1,812 during 20130.

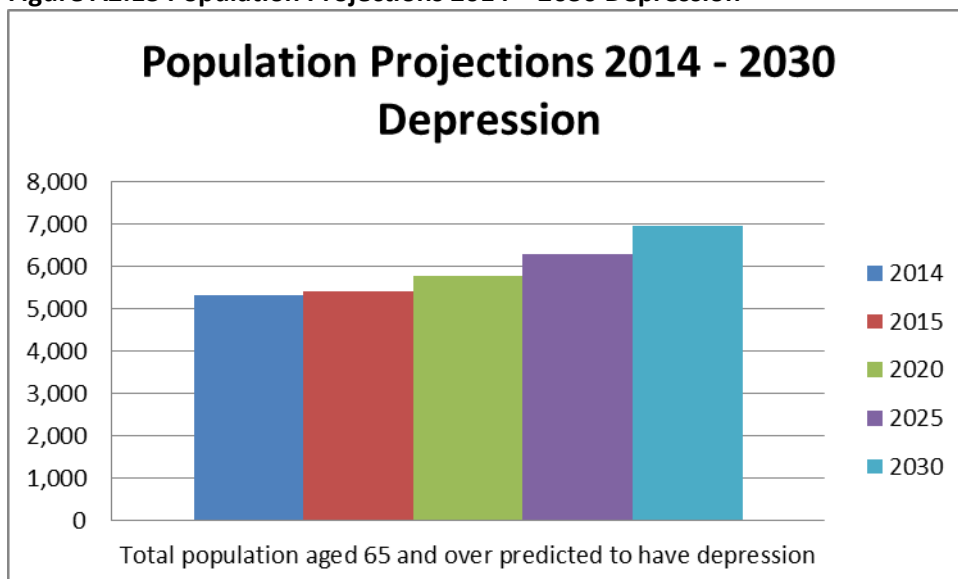
Figure A2.12 Population Projections 2014 – 2030 Falls



Depression

POPPI data indicates that there will be an increase in the number of elderly people living in Sefton who have depression from 5,317 in 2014 to 6,946 in 2030.

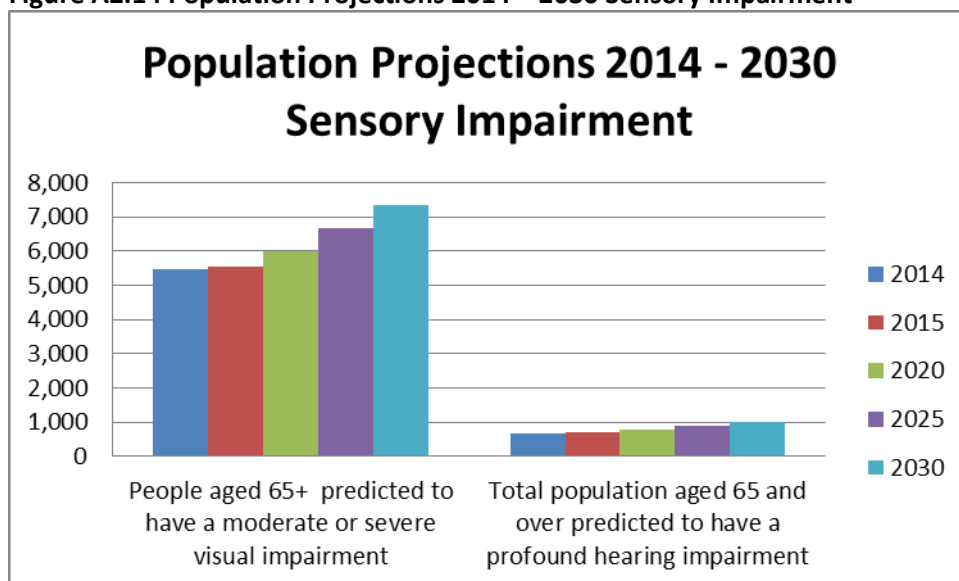
Figure A2.13 Population Projections 2014 – 2030 Depression



Sensory Impairment

POPPI data indicates that there will be an increase in the number of elderly people living in Sefton who have a moderate or severe visual impairment from 5,461 in 2014 to 7,341 in 2030. The number of people aged 65 and over with a profound hearing impairment is considerably lower but is predicted to experience a similar rise from 688 during 2014 to 1,015 in 2030.

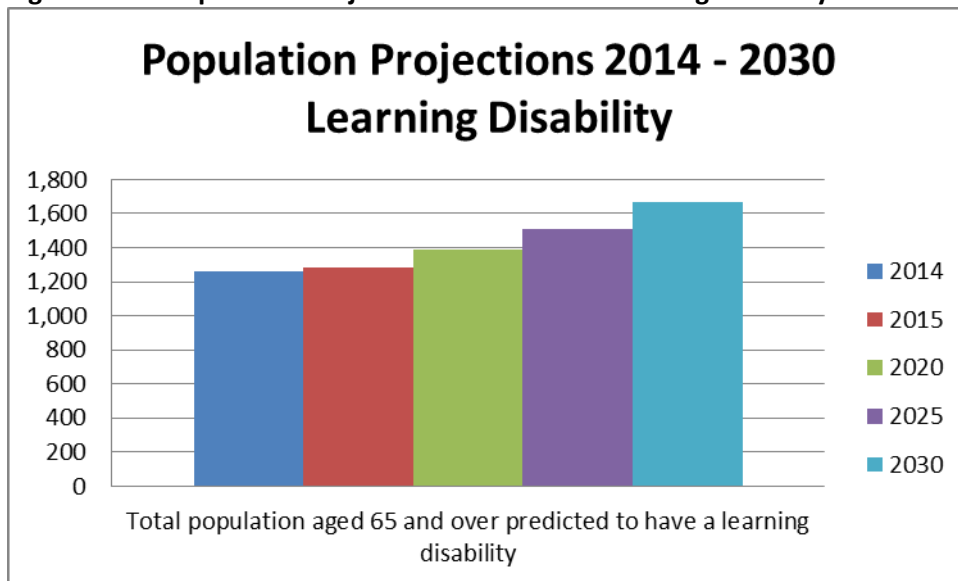
Figure A2.14 Population Projections 2014 – 2030 Sensory Impairment



Learning Disability

POPPI data indicates that there will be an increase in the number of elderly people living in Sefton who have a learning disability from 1,264 in 2014 to 1,671 in 2030.

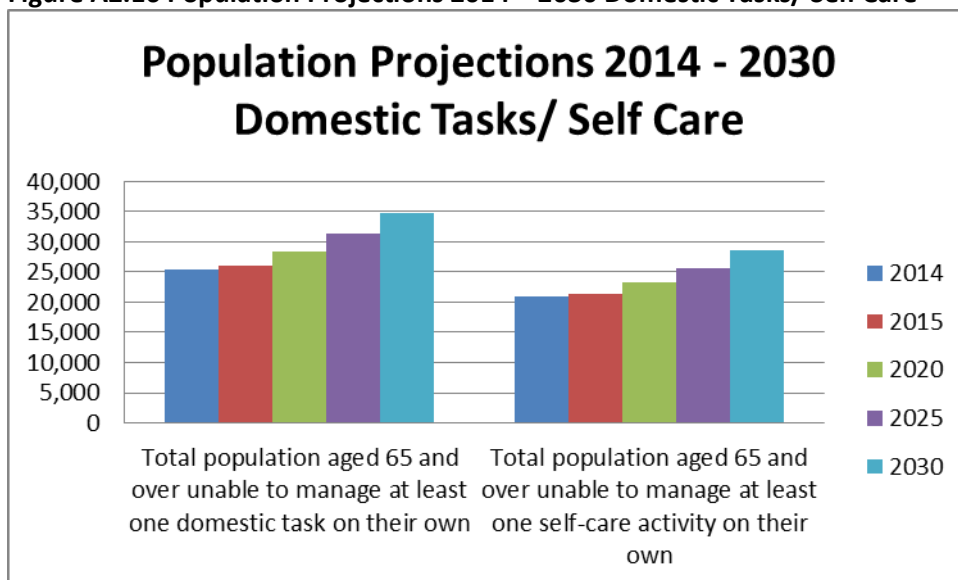
Figure A2.15 Population Projections 2014 – 2030 Learning Disability



Domestic Tasks and Self Care

POPPI data indicates that there will be an increase in the number of people in Sefton aged 65 and over who will be unable to manage at least one domestic task on their own. Numbers are predicted to rise from 25,476 during 2014 to 34,804 during 2030. There will also be an increase in the number of Sefton residents who are 65+ who are unable to manage at least one self-care activity on their own. The rise will be from 20,856 during 2014 to 28,527 during 2030.

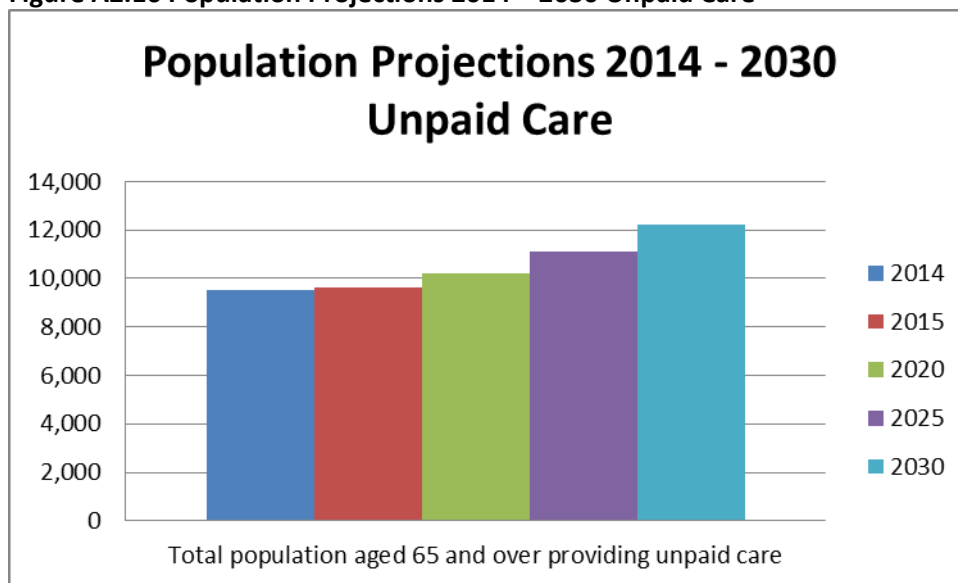
Figure A2.16 Population Projections 2014 – 2030 Domestic Tasks/ Self Care



Provision of Unpaid Care

POPPI data also indicates a rise in the number of people aged 65 who provide unpaid care from 9,511 during 2014 to 12,201 during 2030. A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment. No distinction is made about whether any care that a person provides is within their own household or outside of the household, so no explicit link can be made about whether the care provided is for a person within the household who has poor general health or a long term health problem or disability.

Figure A2.16 Population Projections 2014 – 2030 Unpaid Care



Adult Social Care Services

Snapshot data provided by Sefton Council Adult Social Care (October 2014) shows that there are a total of 5,079 people in Sefton who are in receipt of Adult Social Care Core Services. We can see from the table below that the most commonly provided service is Home Care with 38% of services provided falling into this category. The second most common service provided is Long Term Residential Care (21%), followed by Day Care (15%) and Long Term Nursing Care (11%).

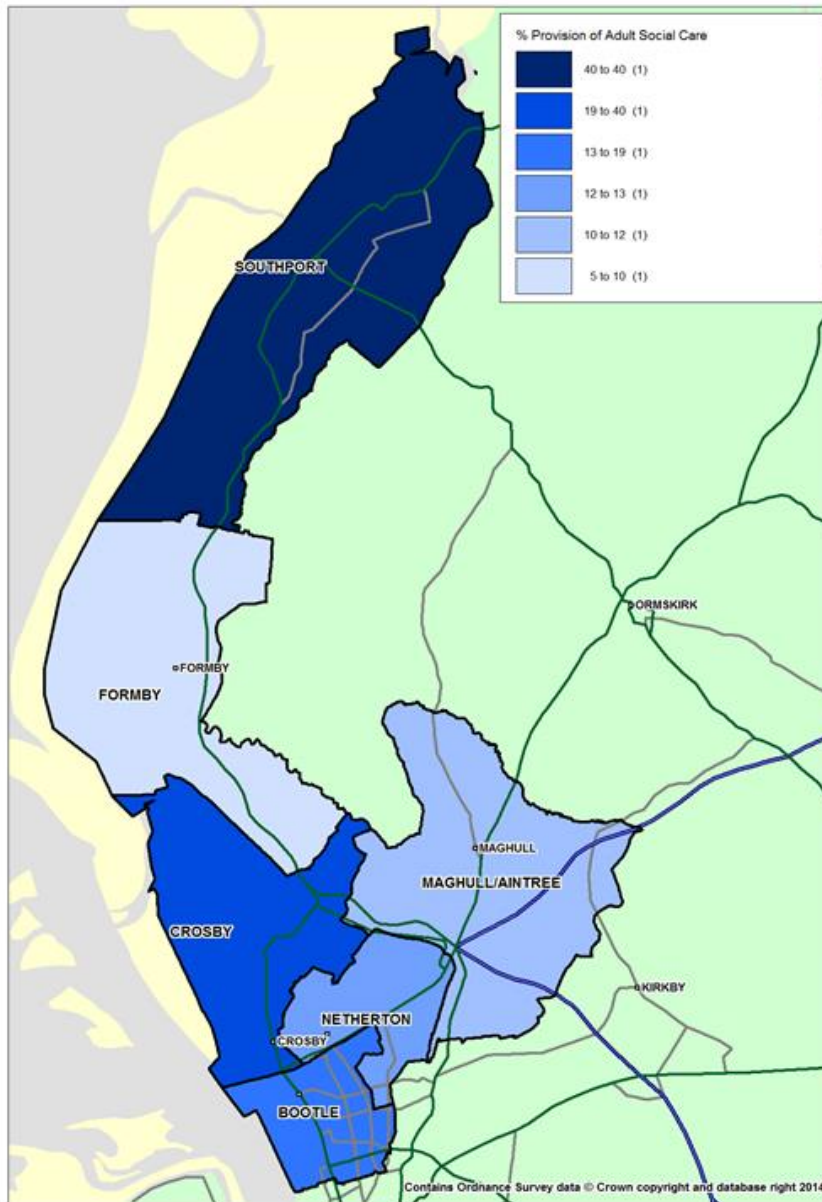
The area of Sefton where the greatest proportion of Adult Social Care Services are provided is in Southport, with 40% of services being provided there. This is followed by Crosby (19%), Bootle (13%), Netherton (12%), Maghull/ Aintree (10%) and Formby (5%).

Table A2.13 Adult Social Care Services

	Community Support Day Care	Home Care	Nursing Long Term	Residential Long Term	Short-Term	Supported Living/Sh	Total no.	Total %	
Bootle	38	117	248	49	108	9	76	645	13%
Crosby	48	144	367	89	230	10	90	978	19%
Formby	8	52	118	47	29	3	13	270	5%
Maghull/Aintree	32	110	249	27	61	6	28	513	10%
Netherton	23	112	280	91	77	2	42	624	12%
Southport	70	250	674	275	553	38	189	2049	40%
Total no.	219	785	1936	578	1058	68	438	5079	100%
Total %	4%	15%	38%	11%	21%	1%	9%	5079	

While much of the residential care provision is in the social sector provided by the Council there are two other main providers which offer council block funded Extra Care. Parkhaven Court in Maghull has capacity for 21 people while James Horrigan Court in Netherton has capacity of 71 people receiving varying levels of care.

Map A2.8 Adult Social Care Provision



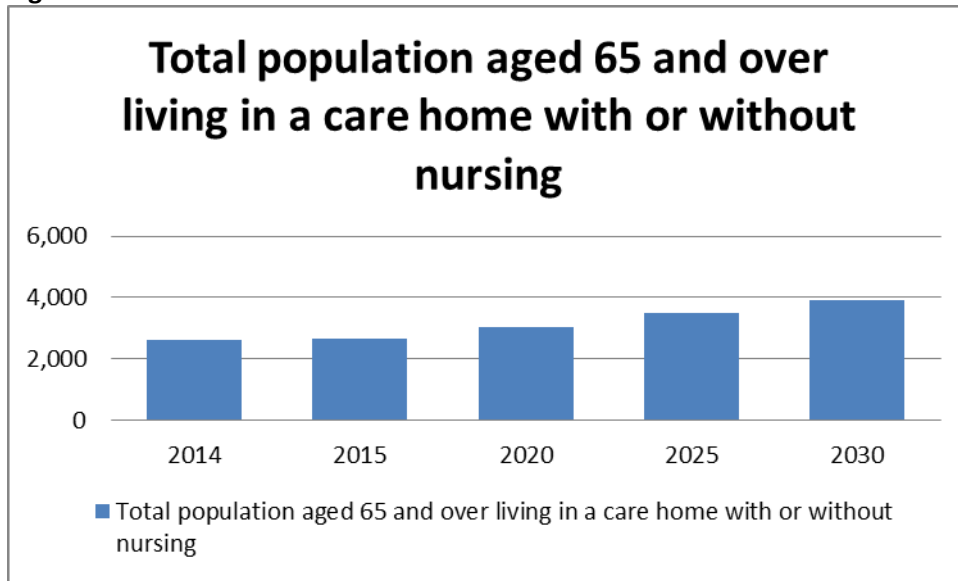
The hourly rate for Extra Care provision ranges from £11.72 to £12.82 and in Parkhaven Court the average number of hours received is 14, while in James Horrigan Court the average number of hours support provided is 12.5. This means that on average care packages in these Extra Care schemes range from £146.50 to £179.48 per week (£7,618 to £9,332.96 per annum). This compares well to the average cost of £389 per week (£20,228 per annum) in council provided residential care and £510 (£26,520 per annum) in nursing care.

POPPI data provided below shows the number of people living in a Care Home in Sefton using population projections based on 2011 Census data. This shows a total of 2,600 Care Home residents in Sefton during 2014 and a predicted rise to 3,918 during 2030. If even one third of

these residents (867 at 2011 levels) were to move to Extra Care rather than residential or nursing care savings of between £9.4m and £14.9m could be realised.

Additional data provided by the Council shows that there are 15 older persons leaseholder schemes which have residents who previously received housing support through the Supporting People funding route. This data provides a good indication of the minimum level of schemes of this nature. Across the 15 schemes there is capacity for 678 older person households.

Figure A2.17 Care Home Residents 2014 - 2030



Tenure

Table A2.14 provides data on the tenure of households across Sefton. From this we can see that the vast majority of households in the area are either owned outright or owned with a mortgage or loan (70.5%) which is higher than the owner occupancy rates for both the North West (64.5%) and England (63.4%) and perhaps reflects the affordability of houses across the local authority. Owner occupancy rates are particularly high in Formby where 53.3% of households are owned outright. This is noteworthy as residents will therefore have high levels of equity that could be released. Levels of private renting are significantly higher in Bootle compared with the average for the North West and for England. Socially rented housing is lower across all areas of Sefton when compared with the regional and national averages.

Table A2.14 Tenure by Area

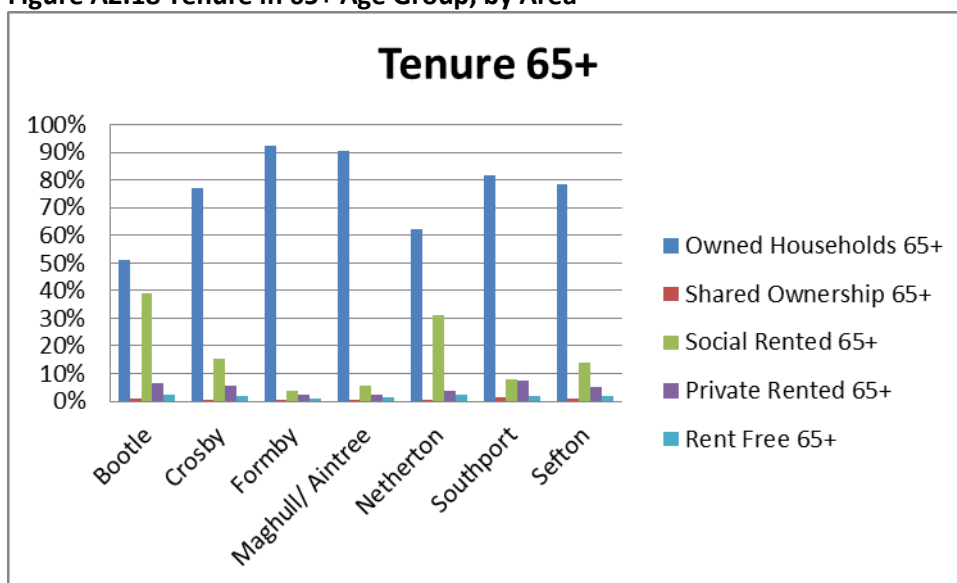
	Bootle	Crosby	Formby	Maghull/ Aintree	Netherton	Southport	Sefton	NW	England
All Households	5177	10,112	5,388	15,386	5,312	21,512	117,930	3,009,549	22,063,368
Owned; Owned Outright	18.7%	35.3%	53.3%	47.0%	24.5%	39.0%	35.9%	31.0%	30.6%
Owned; Owned with a Mortgage or Loan	26.4%	38.0%	36.1%	40.8%	34.2%	33.5%	34.6%	33.5%	32.8%
Shared Ownership (Part Owned and Part Rented)	1.0%	0.2%	0.3%	0.3%	0.6%	0.7%	0.6%	0.5%	0.8%
Social Rented;	7.8%	3.9%	0.7%	1.3%	13.8%	1.0%	4.2%	7.7%	9.4%
Private Rented; Private Landlord or Letting Agency	27.9%	8.8%	2.2%	3.3%	17.3%	6.0%	10.3%	10.6%	8.3%
Private Rented; Other	16.0%	11.8%	5.7%	5.6%	7.6%	17.3%	12.3%	14.1%	15.4%
Living Rent Free	1.0%	1.0%	0.9%	0.8%	0.7%	1.4%	1.1%	1.3%	1.4%
Source: Census 2011									

Table A2.15 and Figure A2.18 show that the majority of the 65+ age group in Sefton live in Owner Occupation (78%). Owner occupation is greatest in Formby (93%) and Maghull/ Aintree (90%) and lowest in Bootle (51%). Correspondingly the greatest proportion of the population living in social rented housing is seen in Bootle (39%) and Netherton (31%) with the least 65+ household in this tenure found in Formby (4%). There is an average of 5% of 65+ households living in the private rented sector in Sefton and the greatest proportion are found in Southport (7%) and Bootle(7%). Across the borough only 2% of 65+ households are living rent free and only 1% living in shared ownership.

Table A2.15 Tenure in 65+ Age Group, by Area

	Bootle	Crosby	Formby	Maghull/ Aintree	Netherton	Southport	Sefton
Owned Households 65+	51%	77%	93%	90%	62%	82%	78%
Shared Ownership 65+	1%	0%	0%	0%	1%	1%	1%
Social Rented 65+	39%	15%	4%	6%	31%	8%	14%
Private Rented 65+	7%	5%	2%	2%	4%	7%	5%
Rent Free 65+	2%	2%	1%	1%	3%	2%	2%

Figure A2.18 Tenure in 65+ Age Group, by Area



Dwelling Information

Semi-detached housing constitutes around 45% of all of Sefton's housing, this compares with 35.7% across the North West and 30.7% across England, see Table A2.16. Detached and terraced housing make up relatively lower proportions of the housing stock at 15% and 19.2% respectively.

By sub-market area there is large stock of semi-detached housing in Maghull/ Aintree where over 70% of dwellings are semi-detached. Levels of detached housing are higher than average in Formby at 42.3% and in Bootle there is a higher than average proportion of terraced housing at 52.1%.

Table A2.16 Type of Dwelling by Settlement

	Bootle	Crosby	Formby	Maghull/ Aintree	Netherton	Southport	Sefton	North West	England
All Household Spaces	17,517	22,220	10,270	15,815	16,091	42,692	124,605	3,150,410	23,044,097
Detached	532	2,685	4,340	2,345	894	7,956	18,752	558,252	5,128,552
%	3.0%	12.1%	42.3%	14.8%	5.6%	18.6%	15.0%	17.7%	22.3%
Semi-Detached	3,871	9,891	4,775	11,089	6,708	20,178	56,512	1,123,976	7,076,395
%	22.1%	44.5%	46.5%	70.1%	41.7%	47.3%	45.4%	35.7%	30.7%
Terraced	9,129	4,491	277	1,220	6,065	2,733	23,915	944,608	5,642,969
%	52.1%	20.2%	2.7%	7.7%	37.7%	6.4%	19.2%	30.0%	24.5%
Flat	3,980	5,145	868	1,159	2,423	11,811	25,386	514,840	5,095,953
%	22.7%	23.2%	8.5%	7.3%	15.1%	27.7%	20.4%	16.3%	22.1%
Other	5	8	10	2	1	14	40	8,734	100,228
%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.3%	0.4%
Source: 2011 Census									

Size of Dwellings

In terms of overcrowding and occupancy rates, Sefton has just under 3,600 homes classed as overcrowded and almost 47,000 classed as under occupied, see Table A2.17. This means that Sefton has relatively less households that are overcrowded compared with the average for the North West and England at 3.0% and relatively more households that are under occupied compared with the North West and England at 39.8%. Rates of overcrowding are highest in Bootle at 4.4% although this is still below the regional and national averages. Under occupancy rates are highest in Formby at 56.2%, which is significantly higher than the average for the North West and England.

Table A2.17 Overcrowding and Under Occupancy Rates, 2011

	Overcrowded		Under Occupied	
	Households	%	Households	%
Bootle	706	4.4	4,421	27.6
Crosby	575	2.7	9,260	44.1
Formby	117	1.2	5,609	56.2
Maghull/Aintree	315	2.0	7,215	46.9
Netherton	620	4.0	5,664	36.1
Southport	1,256	3.1	14,804	37.1
Sefton	3,589	3.0	46,973	39.8
NW England	111,589	3.7	1,038,652	34.5
England	1,060,967	4.8	7,558,815	34.3

Source: Census 2011

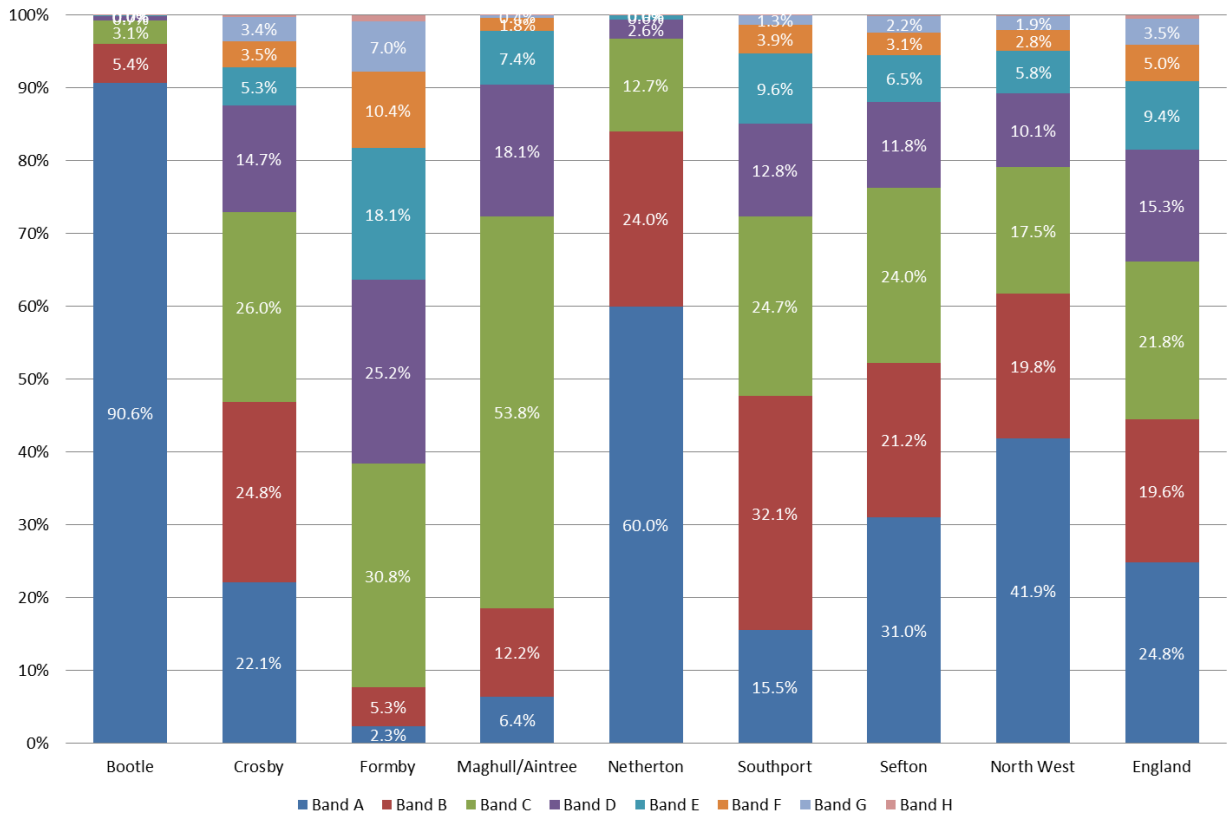
Council Tax Banding

Figure A2.19 provides a breakdown of housing data on council tax banding by sub-market area within Sefton. Overall Sefton has a similar distribution pattern to England in terms of banding with the majority of housing in bands A and B (52.2%).

However at sub- market level there are differences. Bootle for example has almost all of it's housing in category A (90.6%). Netherton also has a very high proportion of housing in the band A grouping (60%) while Maghull/Aintree has 53.8% of its stock in band C.

Similar to the rest of the region and England, relatively fewer housing falls into the more expensive bands D- H but Formby is a notable exception with 61.6% of its housing in Bands D- H compared to just 20.8% across the North West and 33.8% across England.

Figure A2.19: Dwellings by Council Tax Banding



Source: Census 2011

Social Rented Sector

This section examines the social rented sector in Sefton providing data on: housing supply; waiting list demand; rents; and tenancy turnover.

Housing Supply

Currently there are a total of 15,445 General Needs Self Contained units owned by RPs in Sefton. There are a further 2,056 Supported Housing units and 1,554 units of housing for older people. Sefton Council housing stock was subject to large scale stock transfer and the stock is now owned by One Vision Housing. The number of units held by each social landlord in each category in Sefton is provided in Table A2.18 below.

From this data we can see that there are a total of 19,055 social housing units in Sefton with around 8% of the stock being Housing for Older People and around 11% of the stock being Supported Housing.

Table A2.18 Social Rented Units by Landlord in Sefton

Landlord	General Needs	Supported Housing	Housing For Older People
Adactus Housing Association Limited	754	45	82
Adullam Homes Housing Association Limited	0	3	0
Anchor Trust	4	0	419
Arena Housing Group Limited	380	36	195
Beech Housing Association Limited	194	0	140
Birkenhead Forum Housing Association Limited	0	40	0
Chester & District Housing Trust Limited	1	0	0
Chorley Community Housing Limited	0	0	0
Cosmopolitan Housing Association Limited	255	82	0
Crosby Housing Association Limited	349	61	0
Developing Initiatives for Support in the Community	0	5	0
Equity Housing Group Limited	91	0	0
Habinteg Housing Association Limited	19	21	0
Hanover Housing Association	0	0	14
Home Group Limited	0	3	0
Jephson Homes Housing Association Limited	149	0	0
'Johnnie' Johnson Housing Trust Limited	0	0	24
Liverpool Housing Trust Limited	251	83	0
One Vision Housing Limited	9515	1519	0
Pierhead Housing Association Limited	405	27	119
Plus Dane (Merseyside) Housing Association Limited	795	36	45
Progress Care Housing Association Limited	0	34	0

Regenda Limited	272	6	0
Sanctuary Housing Association	0	18	0
The Abbeyfield (Southport) Society Limited	0	0	24
The Abbeyfield Society	0	0	41
The Riverside Group Limited	2011	34	451
Trinity Housing Association Limited	0	3	0
Total	15,445	2,056	1,554
Source: HCA Statistical Data Return dataset 2013			

Waiting List Demand

As at August 2014 there were 5,153 applicants on the social housing waiting list. The largest proportion of demand (60%) is for one bedroom properties, this is followed by demand for 2 bedroom (29%), and three bedrooms (10%). Fewer than 2% of waiting list applicants seek 4 bedrooms, while less than 0.2% seek five bedrooms, six bedrooms or bedsits.

Housing applicants are categorised according to housing need. Categories range from Band A: Urgent to Band F as shown in Table XX below. Thirty nine per cent (39%) of applicants are assessed as Band E, Low Priority; 24% as Band B, High Priority, and 21% as Band B, High Priority. Only 2% are assessed as Band A, Urgent and 3% as Band F, reduced Priority.

Table A2.19 Categories of Housing Need

BAND	REASON FOR HOUSING NEED
Band A Urgent Priority	Health/Welfare (Urgent) Statutory Homeless (Unintentionally with priority need) Regeneration Overcrowded (2 or more bedrooms)
Band B High Priority	Health / Welfare (High) Overcrowded (1 bedroom) Disrepair Under occupation
Band C Medium Priority	Health/Welfare (Medium) Homeless (no priority need) Homeless (intentional with priority need) Living with family and friends
Band D Low Priority	No assessed need and in employment
Band E No Priority	No assessed need and not in employment
Band F Reduced Priority	Reduced preference status due to unacceptable behaviour

Thirty per cent (30%) of housing waiting list applicants are aged 55 or over. This group comprises 15% aged 56 to 65, 10% aged 66 to 75 and 5% aged 75 and over. Over half (53%) of housing applicants in both the 66 – 75 and 75+ age groups are categorised as Band E, No Priority.

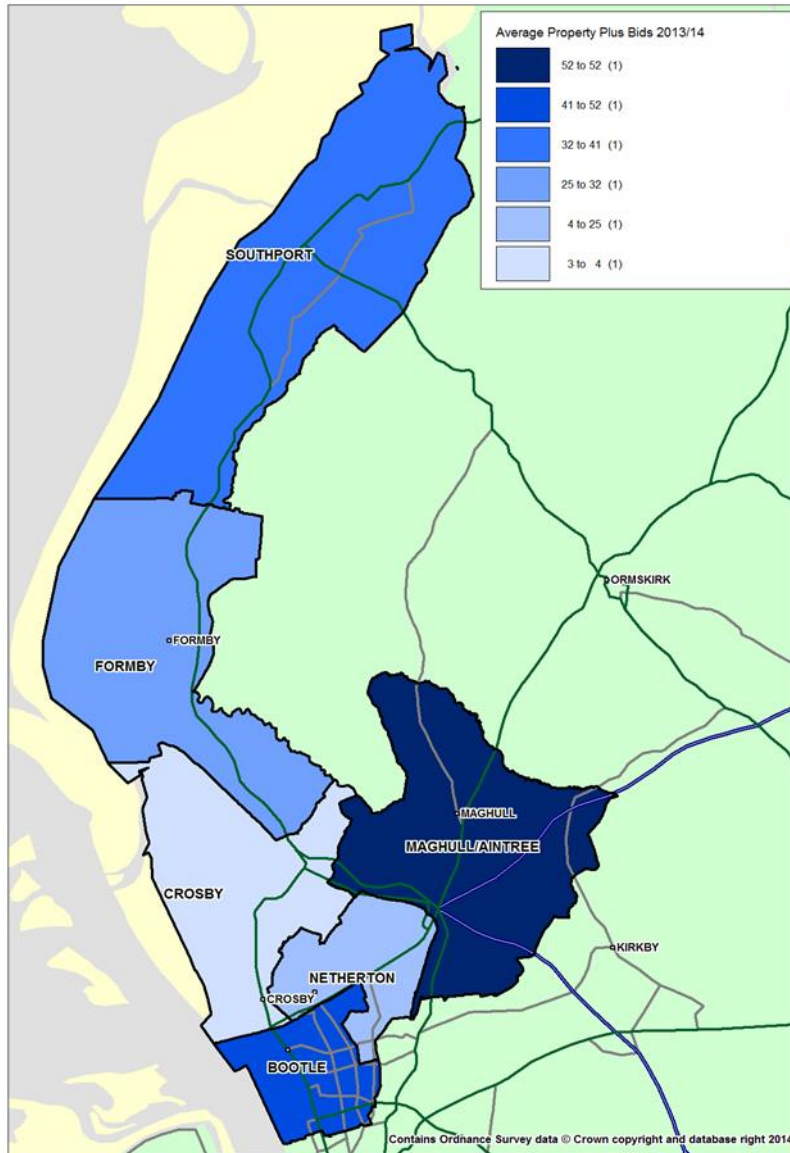
The housing letting system in Sefton is Property Pool Plus which operates a Choice Based Lettings System. This means that applicants must actively bid for properties which become available. A good indicator of the popularity of and demand for an area can be ascertained by analysis of the number of bids received for each property which becomes available for letting in an area. For housing allocation purposes Sefton is split into 18 letting areas.

We can see from Table A2.20 below that the area in which most allocations were made was in Bootle, followed by Netherton. The fewest number of allocations were made in Formby. The area with the highest number of bids per property available for relet is Formby which has on average 52 bidders for every property. Aintree/ Maghull (41 bids per property), Southport (32 bids per property) and Crosby (25 bids per property) all show high levels of demand. While the Netherton and Bootle areas show far fewer bids per available property, with an average of 3-4 bids, it also indicates relatively high demand in these areas compared to available stock.

Table A2.20: Property Plus Bids by Area 2013/14

Housing Area	No. of Properties	No. of Bids	Average No. Bids
Aintree/ Maghull	39	1615	41
Bootle	3524	12028	3
Crosby	289	7108	25
Formby	23	1200	52
Netherton	881	3479	4
Southport	194	6227	32
Source: Property Pool Plus August 2014			

Table A2.9 Average Property Plus Bids



Rents

RP rents in Sefton range from £62.79 to £77.06 for a one bedroom property and £79.22 to £100.64 for a three bedroom property. Housing for older people rents range from £64.43 to £82.12 for a one bedroom property (2.6% to 6.6% higher than general need properties) and from £65.41 to £98.67 for a three bedroom property (8.6% to 2% lower than general needs properties).

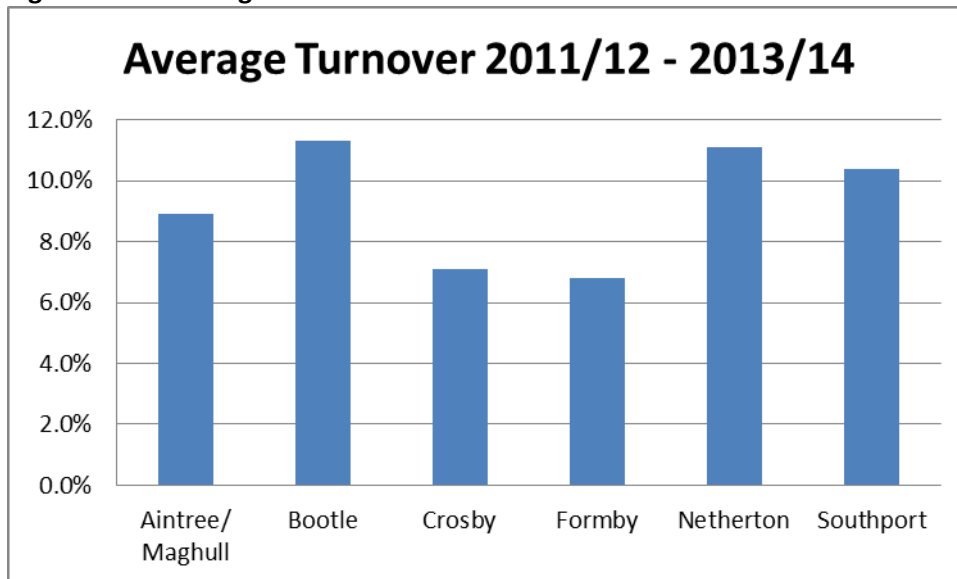
Table A2.21 Sefton RP Rents by Property Size

	GN 1 bed	GN 2 bed	GN 3 bed	HFOP bed	1 HFOP bed	2 HFOP bed	3
Adactus Housing Association Limited	74.58	80.58	88.25	80.57	80.80		
Anchor Trust			86.78	76.63	82.60	98.67	
Arena Housing Group Limited	73.04	79.87	87.74	67.90	80.93		
Beech Housing Association Limited	74.01	83.44	96.97	73.44	89.01	88.59	
Cosmopolitan Housing Association Limited	68.85	75.72	87.14	82.12	92.99		
Equity Housing Group Limited	76.47	90.14					
Habinteg Housing Association Limited	64.53	72.17	82.77	64.43	71.97	65.41	
Hanover Housing Association					88.94		
Jephson Homes Housing Association Limited		75.82	88.48				
'Johnnie' Johnson Housing Trust Limited				80.11			
Liverpool Housing Trust Limited	69.43	78.33	100.64	68.52	72.08	86.06	
One Vision Housing Limited	70.95	73.01	85.53	67.90	68.91		
Pierhead Housing Association Limited	67.01	74.24	79.22	67.49	84.36	82.46	
Plus Dane (Merseyside) Housing Association Limited	62.79	80.59	90.64	72.34	78.84	97.53	
Regenda Limited	77.06	79.77	91.89	79.43			
Sanctuary Housing Association				75.45			
The Abbeyfield Society				81.12			
The Riverside Group Limited	72.76	74.57	82.27	72.76	80.25	84.27	

Voids

One Vision Housing (OVH) is the largest social landlord in Sefton and its void data provides a good indication of demand for social housing across the borough. OVH voids arising have been at the rate of 8.8% during 2011/12, rising to 9.7% during 2012/13 and 11.5% in 2013/14. The average void period has fluctuated over this period ranging from 24 during 2011/12 and 2013/14 although peaking at 29.5 days during 2012/13. The areas with the highest level of turnover (a useful indicator of lower demand) are Bootle (11.3) and Netherton (11.1%). The areas with lowest turnover over the three year period were Crosby (7.1%) and Formby (6.8%).

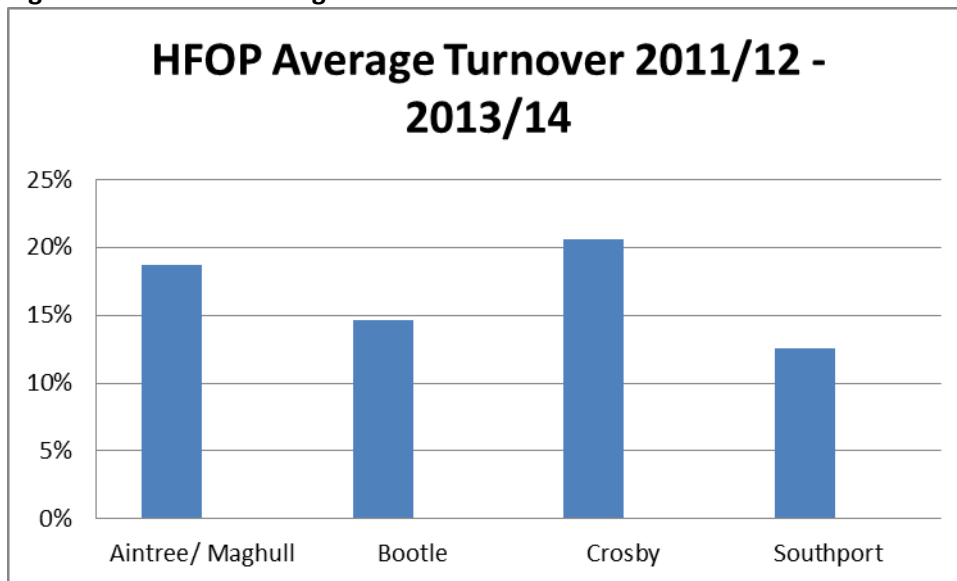
Figure A2.20 Average Turnover



We can directly compare this data with housing for older people owned by OVH in Sefton. OVH has a total of 250 units of housing for older people in Sefton. The majority of this type of housing is in Bootle (109 units), followed by Southport (53), Crosby (47), and Aintree/ Maghull (41). There are no housing for older person units in Netherton. The average turnover time in housing for older people differs markedly from that of the wider stock.

In housing for older people the area with the highest turnover is Crosby (21%), followed by Aintree/ Maghull (19%), Bootle (15%) then Southport (13%). Overall we can see that, as we might expect, turnover within housing for older people is significantly higher than in the general needs housing stock (16% compared to 10%).

Figure A2.21 HFOP Average Turnover



Empty Homes³⁸

There are approximately 5,822 (4.63%) empty properties in Sefton (including 370 empty second homes), of which 2632 (2.09%) have been empty for more than six months (as of April 2014). These long term empty properties can have a negative impact on adjacent homes and neighbourhoods and represent a wasted asset, which is especially relevant in view of Housing Shortages identified through Council studies and the high number of people on the housing register.

The empty property strategy represents a part of the Council's overall Housing Strategy and builds on the 2009-2012 Empty Homes Strategy. It sets out clear objectives on how the Council and its partners aim to tackle and reduce the number of longer term empty properties over the next 5 years.

The strategy also recognises the need to make best use of the availability of existing housing to address housing need and to help reduce the need for more new build housing on Greenfield sites, supporting the Local Plan Process.

The Council's aim is to focus our intervention activity to reduce the number of long term privately owned empty properties across the borough, therefore increasing housing supply. In order to achieve this Aim this strategy focuses on 3 key objectives:

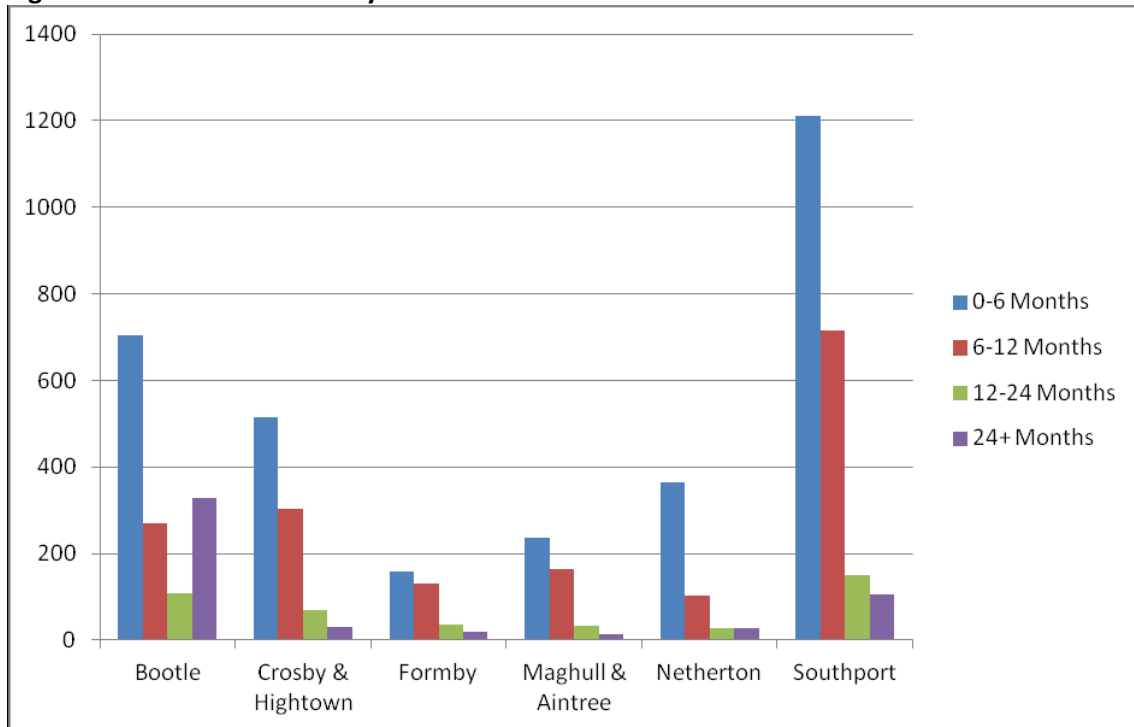
- Encourage empty property owners to bring properties back into use through advice and assistance, including early intervention and preventative measures.
- Utilise the full range of enforcement powers to bring problematic properties back into use, focussing primarily on those empty 2 years or more, through improved cross departmental working.

³⁸ Sefton Council Empty Homes Strategy 2014 - 2018

- Develop and implement a targeted approach to areas with higher concentrations of empty homes/high demand, working closely with credible partners, such as Housing Associations.

Figure A2.22 provides a breakdown of vacant homes by settlement, it can be seen that the majority of long-term empty properties are located in Bootle and Southport.

Figure A2.22 Vacant Homes by Settlement



Home Improvements

Sefton Council provided a Home Improvement Agency and Handyperson service until March 2013. While subject to budget cuts and efficiency savings much of the Home Improvement Agency services have been brought in house.

The service focuses almost entirely on the delivery of Disabled Facilities Grants (DFGs), minor adaptations (cost less than £1000), and a small number of private works for self-funding clients who require adaptations/improvements.

A current budget allocation is in place for 2014 of £2.2 million of which 38% of the budget (£830,000) has been awarded and a further £800 approved for DFG works later in the year. Approvals have increased 15% since 2013.

Mandatory Disable Facilities Grants are available from local authorities in England, subject to a means test, for essential adaptations to give disabled people better access to essential facilities within the home.

The number of applications for Disabled Facilities Grants made to Sefton Council has fallen considerably from a high of 477 during 2009/10 reaching a low of 251 applications during 2011/12 and showing small rises during 2012/13 and 2013/14.

The number of applications approved and the total amount awarded mirrors this trend and is also shown in Table A2.22 below. The average amount awarded has fallen from a high of £7,595 during 2009/10 to £5,191 during 2013/14.

Table A2.22 DFG Applications and Awards

	2009/10	2010/11	2011/12	2012/13	2013/14
No. applications for DFGs	447	309	251	256	271
No. approved applications for DFGs	448	375	263	257	334
Total amount awarded through DFGs	£3.403m	£2.791m	£1.807m	£1.592m	£1.734m
Average amount of DFG award	£7,595	£7,442	£6,870	£6,194	£5,191

House Prices and Affordability

Although this work is to consider the response of the Local Authority to the needs of older people in the Borough, we know that most older people will be self-funders and look to meet their needs either in their existing homes or by downsizing into more manageable/single storey accommodation or into retirement accommodation with some support and communal facilities. They are likely to meet these needs in the private market and so it is important to understand what provision is available, where it is and how much this will cost.

In this context, overall house prices are important for two reasons, both in terms of the equity which is likely to be released when older people sell and what the potential asking price is for suitable accommodation as the equity released from one will finance the other. With house prices rising at recent rates, many older people who have owned their homes for some years are likely to own them outright and their property will have increased in value, potentially quite significantly.

The most recently published **House Price Index**³⁹ data from the **Office for National Statistics** for June 2014 showed the annual national house price growth rate had fallen from 10.4% in May 2014, but that prices rose by 0.5% on the month to a record £265,000 for the average property. In the North West, the 12 month percentage change in house prices was 6.2%, with the UK average at 10.2%. Prices have risen in all regions of the UK since June 2013. The biggest increases are in England, where the average price is **£276,000** and the index was higher than its pre-crisis peak in 2008. These rises have been driven by growth in London, the south-east and east of England, where prices have reached record levels. Excluding London and the south-east, the average UK house price was **£201,000 and the increase was 6.1%**. Average price for all dwellings in the North West at June 2014 was £171,000 with the average price paid by a first time buyer at £132,000 and former owner occupiers paying £201,000 on average.

Looking at **HM Land Registry House Price Index** data⁴⁰ for the Sefton Local Authority Area, which looks at price paid, average house prices in Sefton (as of July 2014) were **£115,745** compared to £175,653 in England and Wales. In comparison, prices in September 2009 were £129,969 in Sefton and £156,153 in England and Wales. On average over the 5 year period considered, 225 homes were sold each year.

From Rightmove data in August/September 2014, most sales in Sefton over the past year were semi-detached properties which on average sold for £156,444. Terraced properties had an average sold price of £100,974 and flats averaged at £115,479. Sefton was recorded as having an overall average price of **£158,851**, was similar in terms of sold prices to nearby Wirral (£164,857), but was more expensive than Liverpool (£134,828) and Kirkby (£95,317). In the past year house prices in Sefton were 4% up on the year before and 5% down on 2007 when they averaged at £167,653. Looking at the asking prices of bungalows for sale in Sefton as a whole as of 28th August 2014 there were 264 bungalows priced from £89,995 in Litherland to £750,000 in Lydiate. The bungalows for sale were spread across the borough generally but there were none for sale (at the time of the search) south of Litherland.

³⁹ <http://www.ons.gov.uk/ons/re/hpi/house-price-index/june-2014/index.html>

⁴⁰ <http://landregistry.data.gov.uk/app/hpi>

The remainder of this section considers the market for and availability of single story dwellings/bungalows and properties marketed specifically as ‘retirement’ by market areas, taken from the SHMA.

Housing Market areas (as identified in the SHMA)

Using Borough-wide levels of self-containment for both migration and travel to work, the SHMA considered that Sefton could be considered as one housing market area. That said, the SHMA also considered the sub-areas of Southport, Formby, Crosby, and Maghull/Aintree as a separate housing market area to the sub-areas of Bootle and Netherton, as evidenced from primary data, secondary data, local residents and stakeholder feedback that there are few household moves between these two parts of the Borough. Therefore, the following section sets out information taken from Rightmove in the Northern and Southern market areas.

Market Area Characteristics

Northern – Sub areas of Southport, Formby, Crosby, and Maghull/Aintree

Southport

At the time of search there were over 1,000 properties for sale in the Southport sub area. They ranged in asking price from £29,950 to £1.3m.

Table A2.23 Properties for Sale - Southport

Type	Number Marketed
Detached	419
Semi Detached	497
Terraced	72
Flats/Apartments	447
‘Retirement’	85 (6%)
Bungalows	110 (8%)

Properties described as ‘retirement’ ranged from £39,950 for a purpose built one bed roomed retirement flat to £277,950 for a two bed roomed flat in the Hatherland House development which offers care and provides for people with dementia operated by MHA (this property is also available on a shared ownership basis). Six other apartments in the development were also for sale, with asking prices starting at £225,950 for two bed and £174,950 for one bed apartments. These were the highest current asking prices in the area and there were 15 apartments in the development for sale. Most of the retirement properties on the market were focussed on Lord Street and around Hesketh Park.

There were also 110 bungalows for sale in the area, with asking prices ranging from £119,950 for a two bed to £499,950 for a three bed. The available properties were spread across Southport.

Of the properties available to rent at the time of the search, 6 were bungalows with rents ranging from £550 pcm for a two bed to £795 for three beds. Fifteen ‘retirement’ properties were available to rent, ranging from £375 pcm for a one bed roomed apartment at Millhouse Lodge to £750 pcm for a one bed retirement flat in Birkdale.

Formby

At the time of search there were 404 properties for sale in the Formby sub area. They ranged in asking price from £65,000 to £2.6m.

Table A2.24 Properties for Sale - Formby

Type	Number Marketed
Detached	236
Semi Detached	100
Terraced	23
Flats/Apartments	39
'Retirement'	19 (5%)
Bungalows	42 (10%)

Properties described as retirement ranged from £85,000 for a purpose built one bed roomed retirement flat to £169,000 for a two bed flat in the McCartney and Stone development at Hilary Court in Formby. 12 other apartments in the development were also for sale, with asking prices starting at £159,995 for two bed and £95,000 for one bed apartments.

All of the retirement properties available were in Central Formby.

There were also 42 bungalows for sale in the area, with asking prices ranging from £140,000 for a two bed to £425,000 for a four bedroom bungalow. The available properties were spread across Formby.

In terms of the rental market in Formby, three bungalows were marketed with rents from £675 pcm to £800 pcm for two bedroom bungalows.

Crosby

At the time of search there were 653 properties for sale in the Crosby sub area. They ranged in asking price from £45,000 to £2.5m.

Table A2.25 Properties for Sale - Crosby

Type	Number Marketed
Detached	196
Semi Detached	200
Terraced	89
Flats/Apartments	149
'Retirement'	30 (5%)
Bungalows	30 (5%)

Properties described as retirement ranged from £45,000 for a purpose built one bed retirement flat in Summerford House to £299,000 for a two bed, new build bungalow which is part of the 'Blundellsands Classic' development in Crosby. Six other bungalows and two

apartments in the development were also being marketed, with asking prices starting at £285,000 for two bed bungalows and £190,000 for two bed apartments. All of the retirement properties available were close to the centre of Crosby.

There were also 30 bungalows for sale in the area, with asking prices ranging from £149,950 for a two bed to £590,000 for a four bedroom bungalow. The available properties were spread across the Crosby area.

Looking at the rental market there were two 1 bedroom retirement flats on the market, with monthly rentals of £104 and £131.

Maghull/Aintree

At the time of search there were 358 properties for sale in the Maghull/Aintree sub area. They ranged in asking price from £50,000 for a 1 bed retirement flat to £945,000.

Table A2.26 Properties for Sale – Maghull/ Aintree

Type	Number Marketed
Detached	111
Semi Detached	183
Terraced	21
Flats/Apartments	34
'Retirement'	15 (4%)
Bungalows	55 (15%)

Properties described as retirement ranged from £50,000 for a purpose built one bed retirement flat to £125,000 for a two bedroomed bungalow in the purpose built Swann Walk retirement development in Maghull. There were 8 properties available in the Mayhill Court Development in Maghull, ranging from £64,950 to £94,950. All but one of the retirement properties available were in Maghull.

There were also 55 bungalows for sale in the area, with asking prices ranging from £130,000 for a two bed to £750,000 for a six bedroom bungalow. The available properties were focussed on Maghull with 5 in Aintree.

Two bungalows are available for rent, both at £750pcm and one retirement flat at £495 pcm.

Southern – Sub Areas of Bootle and Netherton

Netherton

At the time of search there were 936 properties for sale in the Netherton sub area. They ranged in asking price from £25,000 for a 2 bed terrace to £595,000 for a 7 bed semi-detached property.

Table A2.27 Properties for Sale Netherton

Type	Number Marketed
Detached	86
Semi Detached	361
Terraced	355
Flats/Apartments	73
'Retirement'	2 (0.2%)
Bungalows	16 (2%)

Only two properties on the market were described as retirement. These were a 2 bed apartment at Carrick Court in Crosby with an asking price of £124,950 and a one bedroomed apartment at the Lynwood Road development which offers housing with support for £79,995 in the Walton area .

There were 16 bungalows for sale, with asking prices ranging from £89,995 for a three bed bungalow in Litherland to £239,950 for a two bedroom bungalow. The available properties were mainly in Litherland.

One 2 bed bungalow was available at £625 pcm and 3 one bed retirement flats ranging from £104 to £140 pcm, all via Adactus Housing Group.

Bootle

At the time of search there were 676 properties for sale in the Bootle sub area. They ranged in asking price from £25,000 for a 2 bed terrace to £470,000 for a 4 bed detached property.

Table A2.28 Properties for Sale Bootle

Type	Number Marketed
Detached	25
Semi Detached	199
Terraced	331
Flats/Apartments	61
'Retirement'	0 (0%)
Bungalows	8 (1%)

There were no properties on the market described as retirement and only 8 bungalows for sale in the area. Bungalow asking prices ranged from £95,000 for a two bed bungalow in Bootle to £230,000 for a two bedroom bungalow. The available properties were all in the very north of the Bootle area.

There was 1 retirement flat available, in Seaforth, with a rental of £511 pcm via Adactus Housing Association.

APPENDIX 3 – AREA PROFILES

Area Profiles

Bootle

Located in the South of Sefton, Bootle is characterised by the following features:

- **Population**- 2011 population of 35,896, down by 8.5% since 2001 and making up 13% of the Sefton population.
- **Age**- The '15 to 29' age group make up the largest age grouping. Higher than average in the 'Under 15' (18.9%) and lower than average in the '75+' category (6%).
- **Households**- Bootle has 16,011 households, a drop of 3.5% since 2001. Average household size is 2.24, lower than the average for Sefton, the North West and England.
- **Household Composition**- Almost a quarter of Bootle's households fall within the 'Single non-pensioners' group. It has relatively fewer families and pensioners.
- **Unemployment**- Bootle has the highest level of unemployment of all the sub-market areas at 13.2% compared with 7.3% across Sefton.
- **Occupation**- The sub-market has a relatively higher proportion of workers in the 'Sales and Customer Service', 'Process, Plant and Machinery Services' and 'Elementary Services' but far fewer residents in the 'Professional Services' group at 8.2% compared to 16.1% across Sefton.
- **Income**- Incomes are lowest in Bootle at £17,391 per annum for a Full Time Worker compared to £22,440 for Sefton as a whole.
- **Deprivation**- Of all the sub-market areas, Bootle has the highest number of LSOAs in the most deprived quartile for England.
- **Life Expectancy**- Life expectancy rates for both men and women living in Bootle are lower than for Sefton and England.
- **Long Term Illness**- Bootle has the highest rates of Limiting long term illness than any other sub-area at 24.9%
- **Tenure**- Almost 28% of the population rent privately, significantly higher than the average for Sefton at 10.3%.
- **Type of Dwelling**- Significantly more terraced housing, 52.1% and significantly less detached housing, 3%.
- **Council Tax Banding**- 90% of housing in Bootle is in council tax banding A.

Crosby

Located in the South West of Sefton, Crosby is characterised by the following features:

- **Population**- Crosby has a population of 49,097, a 3.4% decrease since 2001 and makes up 18% of the Sefton population.
- **Age**- The largest grouping by age is the '45 to 59' age group which makes up 24% of Crosby's population. It has a slightly lower representation of 'under 29s' and '75+' compared with the average for Sefton.
- **Household Composition**- Crosby has a relatively higher proportion of households in the 'Single' classification and 'couple with non-dependent children' categories. It also has fewer families compared with Sefton as a whole.

- **Unemployment**- At 6.9% unemployment, Crosby has an unemployment rate in line with the North West Region and England and lower than the Sefton average of 7.3%.
- **Occupation**- Crosby has relatively more residents in occupational groups one and two: 'Managers, Directors and Senior Officials' (10.7%) and 'Professional Services' (20.5%) groups compared to Sefton.
- **Income**- Mean salaries in Crosby are higher than the Sefton average at £24,057.
- **Deprivation**- The ward of Church within Crosby has been identified as having high levels of deprivation.
- **Life Expectancy** - The Crosby ward of Blundellsand has the highest life expectancy for females across Sefton at 82.5 years.
- **Long Term Illness**- 21.1% of Crosby residents report a long term illness, this compares to 22.7% across the Borough.
- **Tenure**- The vast majority of households in Crosby are owner-occupied (73.5%).
- **Type of Dwelling**- Terraced housing makes up the largest single type of housing at 44.5%

Formby

Located in the centre of Sefton, Formby is a popular coastal town with the following characteristics:

- **Population**- With a population of 23,845 Formby is the smallest sub-market area within Sefton.
- **Age**- Formby has a high '75+' population which has increased by 37% since 2001.
- **Household Composition**- Formby has a higher than average proportion of pensioners, 34.6% compared with 25.7% in Sefton. It also has a higher proportion of families.
- **Unemployment**- At 3.9%, Formby has the lowest unemployment rate in Sefton.
- **Occupation**- Formby has a higher proportion of residents in the 'Professional Services' group; 23.9% compared with Sefton; 16.1%.
- **Income**- At £28,175, average incomes in Formby are the highest in Sefton.
- **Life Expectancy**- Both wards in Formby have higher than the Sefton average life expectancy rates for both men and women.
- **Long Term Illness**- 21% of Formby residents report a long term illness, this compares to 22.7% across the Borough.
- **Tenure**- The vast majority of households in Crosby are owner-occupied (89.4%).
- **Type of Dwelling**- 42.3% of dwellings in Formby are detached compared to 15% in Sefton overall.
- **Council Tax Banding**- 61.6% of housing in Formby is in bands D-H compared to just 20.8% across the North West Region.

Maghull/ Aintree

South East of Sefton and East of Liverpool, Maghull/ Aintree has the following characteristics:

- **Population**- Maghull/ Aintree has a population of 37,338, representing 13.6% of the Sefton population.

- **Age-** Maghull/ Aintree has an even age distribution with a slightly lower representation of the 'under 29' age bracket.
- **Household Composition-** Families and pensioners make up the largest household grouping in Maghull/ Aintree.
- **Unemployment-** Unemployment in Maghull/ Aintree is lower than Sefton at just 4.6% and second lowest in the Borough after Formby.
- **Occupation-** Patterns of employment by occupation are very similar in Maghull/ Aintree to the Sefton average with a slightly higher proportion of residents working in the 'Administrative and Secretarial Services' grouping.
- **Income-** Incomes in Maghull/ Aintree are higher than the Sefton average at £25,380 and the second highest in Sefton after Formby.
- **Life Expectancy-** Life expectancy rates in Maghull/ Aintree are higher than the average for both Sefton, the North West and England.
- **Long Term Illness-** 21.5% of residents report a long term illness, this compares to 22.7% across the Borough.
- **Tenure-** The vast majority of households in Maghull/ Aintree are owner-occupied (87.8%).
- **Type of Dwelling-** 70.1% of dwellings in Maghull/ Aintree are semi-detached.
- **Council Tax Banding-** 72.4% of properties in Maghull/ Aintree are in bands A to C.

Netherton

South of Sefton and North East of Bootle, Netherton is semi- rural but includes a large council estate, it has the following characteristics:

- **Population-** Netherton has a population of 37,233 representing 13.6% of the Sefton population.
- **Age-** Netherton has a higher proportion of 'Under 29s' and a lower proportion of '75+' compared with North West England and England overall.
- **Household Composition-** Netherton has a higher proportion of households falling into the 'Single, non- pensioner' age group (17.2%).
- **Unemployment-** At 10.8%, levels of unemployment in Netherton are the second highest in the Borough.
- **Occupation-** Patterns of employment by occupation are very similar in Netherton to the Sefton average with a lower proportion of residents working in occupational groups one and two.
- **Income-** Netherton has the second lowest average annual salary of all the sub-market areas at just £18,984.
- **Life Expectancy-** Life expectancy is lower than the Sefton average for each of the wards within Netherton.
- **Long Term Illness-** 24.7% of residents report a long term illness, this compares to 22.7% across the Borough.
- **Tenure-** Netherton has the highest level of socially rented properties in the local authority; 13.8%.
- **Type of Dwelling-** Most dwellings in Netherton are terraced (37.7%), there is also very little detached housing; just 5.6% compared to the average for Sefton of 15%.

- **Council Tax Banding**- 60% of Netherton's housing is in band A; significantly higher than the average for Sefton.

Southport

A large seaside town in the North of Sefton, Southport has the following characteristics:

- **Population**- Southport has a population of 90,381 and is the largest of the sub-market areas in Sefton. It is also the only area which hasn't experienced a decline in population since 2001.
- **Age**- Southport has a relatively older population with 12.1% of its population aged over 75 compared to 10.35 in Sefton overall.
- **Household Composition**-17% of Southport's households are occupied by a single pensioner; a higher rate than Sefton overall.
- **Unemployment**- Unemployment in Southport is 5.8%, lower than Sefton, the North West and England.
- **Occupation**- 27.9% of Southport residents belong to occupational classes one and two, this compares to the Sefton average of 25.9%.
- **Income**- Average incomes for Southport residents are around £22,978, slightly higher than the Sefton average of £22,440.
- **Life Expectancy**- Life expectancy rates are highest within the wards of Ainsdale and Birkdale in Southport and lowest in Cambridge and Dukes.
- **Long Term Illness**- 23% of residents report a long term illness, this compares to 22.7% across the Borough.
- **Tenure**- 72.5%of households in Southport are owner- occupied. There is also a higher proportion of privately rented accommodation; 17.3% compared with 12.3% in Sefton.
- **Type of Dwelling**- A relatively high percentage of dwellings are detached in Southport; 18.6%. There is also a higher percentage of flatted dwellings; 27.7% compared with 20.4% in Sefton.
- **Council Tax Banding**- 70.2% of Southport's housing is in bands A to C.

APPENDIX 4 – SURVEY AND CONSULTATION FINDINGS

Survey and Consultation Findings

Housing Provision

Data provided by Sefton Council indicates that there are 42 Sheltered Housing complexes in Sefton. The majority of these (19, 45%) are located in the Bootle housing sub market area with the second highest concentration in Southport (12, 29%) followed by Crosby (6, 14%), Maghull/ Aintree (3, 7%) and Netherton (2, 5%). There are no recorded Sheltered Housing schemes in Formby.

These findings were confirmed through the survey of RPs of housing and support providers. Eleven housing providers responded to the survey and indicated that they had general needs housing provision for older people in all areas and Sheltered Housing in five submarket areas (not Formby). No RPs are currently providing Very Sheltered or Extra Care Housing.

When we consider Sheltered Housing turnover ranges from between 11-15% (75% of respondents) to 0-5% (25% of respondents) when we look at general needs housing for older people turnover is marginally lower ranging from 0-5% (50%) to 6 – 10% (50%).

Void rates within Sheltered Housing are also within the higher range (between 0 – 5% and 11 – 15%) compared to general needs housing for older people with 0 – 10% voids.

When asked if there are any areas in Sefton which are particularly high demand for each type of housing provision survey respondents indicated that they experience high demand for Sheltered Housing in Southport, Crosby and Maghull. In relation to general needs housing which accommodate older people high demand was indicated in all six housing market areas although this was most frequently the case in Southport and Crosby. A similar question was also asked in relation to low demand for each type of housing provision; respondents indicated that there is low demand for Sheltered Housing in the Bootle area.

Survey respondents were asked to describe the accommodation they currently provide to older people in Sefton – 86% of respondents described their stock as ‘in good condition’; 57% described their property as ‘purpose built, older’; 57% described their stock as ‘mainly non ground floor’ and 57% described the properties as ‘mainly one bedroom’ while 43% described property as ‘mainly two bedroom’. Twenty eight per cent (28%) of respondents described their housing for older people as ‘purpose built, modern’.

When asked what type of staff support is available in each type of accommodation providers indicated that in general needs housing occupied by older people typically no support is available. In Sheltered Housing staff support includes:

- Visiting 7 days per week
- Warden on site weekdays
- Community alarm/ call service
- Housing support
- Social activities

Average weekly rents in general needs housing occupied by older people range from £61 to £120 with service charges ranging up to £20 per week. In Sheltered Housing average weekly rents also ranged from £61 to £120 with service charges ranging between £11 and £60 per week.

Survey respondents describe the age of residents in general needs accommodation as being between 55 and 75 years, while there is clearly a wider age range of residents in Sheltered Housing from 55 to over 96 years. Sheltered housing provides accommodation for all age groups over 55 while the general needs stock seems to be occupied by younger age groups, up to around 75 years of age.

The older residents of general needs accommodation were said to have the following needs:

- Older people without support needs (57% of respondents)
- Older people with support needs (43%)
- Older people with dementia (29%)
- Frail elderly (29%)
- Older people with mental health problems (29%)
- Older people with a physical and/ or sensory Impairment (29%)
- Older people with drug or alcohol problems (29%)
- Older people with long term conditions or other physical health needs (29%)
- Older people who are isolated or lonely (29%)

The older residents of Sheltered Housing were said to have the following needs:

- Older people without support needs (29% of respondents)
- Older people with support needs (57%)
- Older people with dementia (43%)
- Frail elderly (43%)
- Older people with mental health problems (43%)
- Older people with a physical and/ or sensory impairment (57%)
- Older people with drug or alcohol problems (57%)
- Older people with long term conditions or other physical health needs (29%)
- Older people who are isolated or lonely (43%)

From this comparison we can see, as one might expect that there is a greater proportion of older residents in general needs accommodation who do not have any support needs. In Sheltered Housing greater numbers of residents have support needs, physical and sensory health issues, drug and alcohol problems, dementia and mental health issues.

In terms of what service provision current older residents would benefit from we can see that those in general needs housing require most help in accessing aids and adaptations and in supervision and monitoring of health and wellbeing. Those in Sheltered Housing would also benefit from a range of additional support and services although the most frequently cited was 'help in establishing social contacts and activities'. Table A5.1 shows the views of survey respondents when asked 'Please indicate the type of services or solutions which might meet the needs of older people living in your housing'

Table A5.1 Services and Solutions to Meet Needs of Older People

Services and Solutions	General Needs	Sheltered Housing
Help in establishing social contacts and activities	43%	57%
Help in establishing personal safety and security	43%	43%
Advice, advocacy and liaison with statutory agencies	43%	43%
Emotional support, counselling and advice	43%	43%
Help in gaining access to other services (training, leisure, education)	43%	43%
Help in developing social skills/confidence or managing Behaviour	43%	43%
Help in managing finances and dealing with benefit claims	43%	43%
Supervision and monitoring of health and well-being	57%	43%
Accessing aids and adaptations	57%	43%
Help in setting up and maintaining a home	43%	43%
Help in developing domestic and practical skills	43%	43%
Peer support and befriending	43%	43%
Help in finding other accommodation	43%	14%
Provision of community alarms	29%	29%
Provision of home improvement, repair and handyperson services	43%	43%

Tenancy termination reasons amongst the older population living in general needs housing show that most survey respondents stated that tenancy termination was due to; death (43%), moves to residential care (43%), moves to Sheltered Housing (14%) or moves to housing with care (14%).

Tenancy termination reasons for people living in Sheltered Housing are similar with death and moves to residential care each accounting for 57% of responses, followed by moves to Sheltered Housing (14%), moves to housing with care (14%) or moves to a family setting (14%). These responses overwhelmingly suggest that for many older people in Sheltered Housing this is their final accommodation.

Housing Support

Four survey respondents are currently providing housing support services to older people in Sefton. These providers were providing 810 hours of support per week to over 1,700 people at the time of the survey. While a simple division of the number of hours support provided divided by the number of people supported indicates that an average of 48 minutes of support is provided on a weekly basis it may be the case that support is provided for longer less frequently to many people while other have more intensive support provision.

A range of support is being provided with three quarters (75%) of respondents providing community alarms, help in accessing aids and adaptations, and help in establishing personal safety and security, 50% of respondents also provide help in establishing social contacts and activities; advice, advocacy and liaison with statutory agencies; help in gaining access to other services; help in managing finances and dealing with benefit claims; help in setting up and maintaining a home; 25% provided: help in establishing social contacts and activities;

emotional support, counselling and advice; help in developing social skills/confidence or managing behaviour; supervision and monitoring of health and well-being; help in setting up and maintaining a home; help in developing domestic and practical skills; peer support and befriending; help in finding other accommodation; and provision of home improvement, repair and handyman services. No support providers were providing support in general needs accommodation.

When asked the average hourly costs of support provision respondents varied considerably from £0.40 to £20.36. The element of support which accounts for most of the costs staff costs and face to face contact. Three quarters (75%) of respondents stated that support was only available during office hours, Monday to Friday, 9 to 5, one provider (25%) offered support at weekends, evenings and as out of hours emergency. Fifty per cent (50%) of providers have staff with NVQ Level 3 and staff with client specific training while 50% have staff with no relevant qualifications.

Referrals to support services are received by 50% of providers from: the individual; Voluntary/ Community Organisations; and One Vision Housing Property Pool Plus (nominations/ lettings), while 25% of respondents receive referrals from: Sefton Council - Housing Options and Sefton Council - Social Care.

When asked if there are any gaps in current housing support provision for older people 75% of respondents said that there was a need for additional types of support, 25% said a lack of flexible support, 25% said lack of suitable accommodation. A further 25% said that there were no gaps. When asked what the key trends affecting support for older people were, 100% of respondents said: higher client needs and an ageing client group, while 25% said 'lack of funding'. In response to these trends providers indicated that this would impact on their capacity to support clients; customers requiring more one to one time from on-site staff. One provider said they need to ensure that they provide the right type of accommodation, with Extra Care being something to consider alongside non domiciliary care such as shopping and cleaning. Key housing issues for older people were identified as: funding availability (75%), housing suitability (50%), and housing support (25%).

When asked what are the main outcomes of the provision of housing support for older people in Sefton maintaining independent living; prevention of social isolation; increased personal security and increased social skills/ confidence/ managing behaviour were the most common responses. The full list of responses included:

- Maintaining independent living (75%),
- Prevention of social isolation (75%)
- Increased personal security (75%)
- Increased social skills/ confidence/ managing behaviour (75%)
- Prevention of Anti-social Behaviour (50%)
- Prevention of hospital admissions (50%)
- Access to social activities (50%)
- Access to home improvement, repair and handyman services (50%)
- Access to health services (50%)
- Prevention of rent arrears/ debt (25%)

- Access to training and education (25%)
- Access to personal/ community alarms (25%)

Future Strategy and New Provision

RPs and consultees were asked what their future strategy was in terms of their existing accommodation and also in relation to new provision. A selection of responses are provided below:

Most of our current stock within the Borough isn't targeted at older people. If we identify residents who need assistance to move or to stay at home, we will assess them on a case by case basis. At this stage we have no plans for significant remodelling of stock within Sefton, but we will continue to ensure that the assets are well maintained.

Stock appraisals and condition survey are in place alongside a modernisation strategy.

We are updating our existing schemes to attract new customers of a wider age range (from 55). Refurbishments are taking place following resident consultation to bring facilities and services up to date.

The service offers moves to our general needs customers as they often find that the accommodation no longer meets their housing needs and they require assistance in maintaining their tenancies.

Our sheltered accommodation schemes are due to be refurbished to ensure that we continue to meet our customers' needs particularly around dementia needs. The service will continue to offer intensive housing management and accommodation to older people.

We will continue to provide independent living.

We have made changes to the funding our service receives to make it more sustainable and secure; we made this move earlier this year. The service is due to be reviewed again this year to look at future service provision.

The private sector Extra Care capacity in the borough is not being met and we have plans for several more developments in the North of Sefton.

Survey respondents were asked what their future strategy was in terms of providing additional accommodation housing for older people in Sefton. A selection of responses are provided below:

We have no specific strategies for providing additional accommodation in Sefton at this stage.

We are very interested in any opportunities to bring Extra Care housing to the area, as we feel the need for this housing option is increasing

We are currently looking at our stock profile and considering a number of new developments for older people -these will be wheelchair standard, future proof and have mobility scooter storage on site where it is deemed suitable.

The HCA indicated that it is keen to support older persons housing and a number of bids were received for Extra Care housing although overall there were relatively few bids in the area. The HCA is looking to encourage more affordable housing bids in Sefton and is also looking to encourage older persons housing schemes. Any such developments would have to complement the wider offering and meet needs in terms of Extra Care of bungalow provision. HAPPI principles should be followed in any new developments for older people. There are a number of successful examples of mixed tenure Extra Care developments in the North West offering outright sale, shared ownership, market and social rent.

Consultees thought that new developments should focus on all the services people need in order to live in healthy environments. While aids and adaptations are an important element of housing support and advice consideration should be given to how much can be built into the property at the time of development.

Consultees thought that the future of Sheltered Housing needs to be considered with many instances of complaints arising as Sheltered Housing is allocated to younger people. Questions have been raised about the best way to deliver support to older people. The removal of ring fenced supporting people funding was considered to be the solution, but now many Sheltered Housing units no longer have on site staff/ wardens or times of service delivery have been reduced. The Essential Role of Sheltered Housing (EROSH) is exploring ideas around being more creative in the provision of Sheltered Housing, with Sheltered Housing complexes becoming a hub for older person's services. It is recognised that many Sheltered Housing complexes have great resources and common rooms and facilities, but this requires careful management. The Campaign to End Loneliness has highlighted that while Sheltered Housing was seen as a potential solution, many residents do not leave their own accommodation and loneliness persists.

Age UK is very supportive of Extra Care Housing as a good example of where 'bricks and mortar' and social care are integrated resulting in a healthy, fulfilled population. This in turn has a resultant reduction of demand on wider services. Some positive examples of Extra Care housing provide mixed tenure and mixed needs provision including dementia units.

The only concern around Extra Care relates to the flexibility of the model (there are no defined standards) and the potential consequences of tighter funding regimes which may result in some of the services being withdrawn or potentially the move to larger, more institutionalised provision. The model requires ongoing funding with robust agreements between the local authority and the care provider. The Extra Care model raises issues of tenancy rights and the difference between rights in Residential Care where the same rights are not in existence.

Information and Advice

Age UK is interested in the 'One Stop Shop' approach to provision of services. The 'Support for Independence' approach brings together Home Improvement Agencies, Aids & Adaptations

and Fuel Poverty assistance in a One Stop Shop provision providing easy access and increased linkages between services.

It can, however, be difficult to encourage older people to engage and think about their options before a crisis occurs. First Stop funding has been successful in developing this area but as the funding has now ended this may also diminish. There is a need for good, understandable advice to enable older people to make informed choices. For example people may decide to move into Sheltered Housing, but have they completely understood the level of service charges and how they will pay these?

Consultees agreed that investment in tele health, handypersons schemes and aids and adaptations are all crucial elements of an older persons housing strategy and investment in these areas will result in savings elsewhere, both in monetary terms but also in terms of health and wellbeing.

A number of consultees highlighted fuel poverty as an issue in Sefton with many older people living in large homes which give the impression of relative wealth, while many of these residents are asset rich but cash poor and may be unable to heat the large home they occupy or organise repairs and maintenance. Collective energy provider switching schemes and insulation schemes could be targeted at those older households in greatest risk. A pilot scheme developed by the Affordable Warmth team is currently running in Sefton and aims to identify those households most vulnerable to being cold. The scheme uses housing providers to assess the home, provides advice and signposting to suitable services and enforcement powers where landlords should do more to address warmth in the property.

Consultees also highlighted the Healthy Homes, Healthy People (HHHP) pilot intervention which is being delivered across two small areas of Sefton, during the Autumn of 2014. The pilot is focussed on improving health outcomes through housing related measures and will target areas based upon public health intelligence assessing vulnerability of residents to housing related poor health outcomes. Housing officers will visit the identified areas and offer to conduct a Housing Health and Safety Rating System (HHSRS) survey to assess the home for areas of concern. Following this assessment a range of options will be available to both the resident and local authority including advice on areas for improvement and assistance in applying for grants through to working with landlords and where necessary enforcing the required measures to sufficiently improve the property.

It was thought that there is a lack of good quality accommodation in the private rented sector.

There are many people in homes which are too big for them but they do not want to downsize due to attachments to the family home, to the local community and the sense of identity as a home owner.

While more people are now planning for older age many people do not and have to respond quickly when a crisis means their existing home is no longer suitable for them.

Wider community, facilities and amenities

Consultees identified distinct areas of the borough with greater wealth in the North with more poverty and deprivation in the South.

There are particular expectations of new housing developments and one is that of healthy environments which should allow people to stay active, keep fit and engage in active travel.

Consultation with Age UK highlighted an emphasis on improving **accessibility standards** in mainstream accommodation. Accessible housing has the potential to increase independence and reduce the strain on support services. Provision of Lifetime Homes can be unpredictable with some local authorities currently exceeding requirements. Although in some cases percentage of future provision may reduce where legislative requirements are lower than current provision.

Fostering of older people is another idea which has been tested in a number of pilot areas (London, Oxford). Early findings suggest that considerable resources are required to ensure success, although it is viewed as having potential in the future.

The private rented sector is another area in which to think about housing options for older people. Many older people do live in the sector and some local authorities are now looking for a private rented sector solution for older persons housing. There can be issues with house condition but early pioneers have done considerable work with reputable landlords to develop this option.

Consultation with older people in Sefton highlighted the importance of transport. The Comfy Bus service and free bus travel were highlighted as particularly good with one person saying *'I'd never go out if I didn't have a bus pass, sometimes I just get on the bus to meet people and have a gossip!'*

Security and feeling safe were also very important considerations for focus group participants. Door fobs, and a ban on cold callers added to feelings of security but many participants said that they would not go out after dark. The few who said they did go out after dark only did so if they could drive or were getting a lift with friends.

Parking was an issue for a number of residents who thought more spaces should be available to allow those who drove to park their cars and allow for families and carers to visit.

Gardens, balconies and open space were all features of accommodation which were valued by focus group participants. In all tenures outside space which did not require much maintenance (or was maintained as part of the service charge) were incredibly important to residents. One resident said:

'The balcony is great, I get to see people going about their daily lives – I have the whole world at my feet'

while another said

'It's amazing what extra a balcony gives you – that connection to the community adds years to your life!'

Resident priorities for the future of Sheltered Housing included making the flats bigger so that items of furniture which had sentimental value could be brought to the flat, one person said that they would not move if they could not take their existing furniture.

The focus group participants varied in terms of their use of online facilities, with several thinking they were of a generation who wouldn't use the internet. Others thought that while they were relatively able they did not need to know about the internet but would use online shopping services if they could no longer get out and about. Younger group participants thought that all future Sheltered Housing would need Wi-Fi in communal areas.

Attitude and social interaction were highlighted through the focus groups some people did not want to get involved in communal activities while others thought that more should be done to get people involved. Several examples of petty squabbles, social tension and a lack of cohesion amongst residents in Sheltered Housing, often as a result of factions within the social committee were provided and this seemed to be one of the greatest sources of dissatisfaction with accommodation.

Some focus group participants had negative views of Sheltered Housing believing it to be like nursing homes from thirty or forty years ago. Others had experience visiting residential care and said that residents lacked stimulation such as music and activities.

Several focus group participants living in assisted living housing said that they had made a planned move and has specifically chosen accommodation that was for the over 55 age group – several expressed their disappointment that lettings were now made to younger tenants who caused a nuisance through noise and anti-social behaviour.

Sheltered housing residents frequently thought that there should be greater on site staff presence, preferably 24hours a day, and 7 days a week to make people feel safer. The costs of such a service were discussed and several people said that they would pay more for this level of service provision.

One focus group in the North of the borough comprised almost entirely of owner occupiers and many of this group had moved to the Southport area for retirement because of the flat terrain and the good climate. This group predominately lived in flatted accommodation for ease of maintenance and accessibility. When asked about future moving intentions all were happy in their current accommodation and would not consider Sheltered Housing as it was associated with *'giving up if you give away your independence'* and one said *'I'm trying to hang on as long as possible'*. Sheltered housing was associated with the social rented sector and the owner occupiers liked having control over their property and identified themselves as owner occupiers and did not wish to relinquish this status. Considerations of care and the cost of care were acknowledged as a possible reason to move to the social rented sector if they could no longer afford to pay for the care they required they may be forced to move.

The vast majority of focus group participants were happy in their current accommodation – with only anti-social behaviour being given as a reason to move. Most thought that their current accommodation would be their final home. All valued their independence and thought that they would access services which would enable them to stay put. One said:

‘Why hurt me more by taking me out of where I want to be – it would be a major trauma’

Aids and Adaptations

Consultees identified that there are not a great deal of adapted properties, or properties which are suitable for adaptation. Older people said that they were unable to access a handyman service.

Support and Care

Some consultees were of the view that Sheltered Housing only accepted more vulnerable residents ‘until they made a mistake’ with other residents and staff likely to encourage a move when social care risk assessments indicate that the individual could remain in their home longer with appropriate support and mitigation of risk. There is scope to involve social care at an earlier stage to assess the suitability of accommodation rather than only getting them involved when the decision to move has been made.

Care Closer to Home and Virtual Wards were cited as examples of care and support which can enable older people to stay in the community longer delaying or preventing hospital admissions.

The Care Act requires a much greater focus on housing with the aim of greater integration of housing and care. Age UK is also interested in reducing hospital admissions, reducing readmission to hospital and ensuring that accommodation is suitable to allow patients to leave hospital timeously. This would require having a proper housing assessment as soon as the individual goes into hospital to ensure that their accommodation will be suitable for their needs on leaving.

Strategic Leadership and Joint Working

Housing is critical to overall public health outcomes and by improving living conditions we will see associated health improvements. Specific issues for older people include social isolation and this should be reflected in how new housing is planned. If there are large concentrations of older people in one location with no opportunities for intergeneration interaction this can further increase social isolation. Consultees identified a need for the NHS and local authority to work more closely together to carry out joint risk assessments to reduce risk in the home environment.

Consultees highlighted that as the older population increases the numbers of people with associated conditions will also increase. Long term conditions and disabilities, dementia, alcohol and drug misuse and loneliness and social isolation were all highlighted as key issues for the older population.

The consultation the CCG highlighted its three main strategic priorities as being:

- The frail elderly
- Unplanned care
- Primary care

These priorities were thought to link well to the older persons housing strategy but to date little meaningful joint working has taken place.

The demographic profile of the area is changing with an influx of older people, often the frail elderly, particularly in the North. Any housing plans to address and plan for this should be articulated to colleagues in the NHS who will have to plan services to match housing provision for older people. Conclusions and recommendations from this report should be shared with NHS and Adult Social Care colleagues.

It was thought that in the environment of cost savings and efficiencies there were significant opportunities to make savings through a joint strategic approach to provision of accommodation and services for older people.

APPENDIX 5 – ASSESSMENT OF FUTURE NEED

Assessment of Future Need

It is extremely difficult to quantify the demand for models of specialist housing, partly because there are some relatively new models of housing provision, but also because it is hard to quantify what will make one person choose to move to one model of housing, such as Extra Care, while another will remain in their own home, or prefer another model such as Sheltered Housing or residential care. We can, however, make some assumptions around potential future demand based on good practice and precedent elsewhere⁴¹.

The LIN Housing toolkit suggests two main approaches to assessing future need for various types of specialist housing provision for older people. The toolkit indicates that while neither method is exact they can be used alongside other data to at least establish a baseline for estimating potential demand. The two approaches are:

- Modelling through Care Home Demand
- Modelling from Population Data

Modelling through Care Home Demand

Overall, when using the existing number of Care Homes as a starting point it is advised to test a number of hypotheses, such as low, medium and high demand scenarios and we have adopted this approach here.

From Section 2.5 we know that POPPI data shows a total of 2,600 Care Home residents in Sefton during 2014 and that this is predicted rise to 3,918 by 2030. Using assumptions that 15%, 30% and 45% of the 2014 Care Home population could be accommodated in Extra Care housing, between 390 and 1,170 new Extra Care housing units could be required. By 2038, when the Care Home population is predicted to be higher (3,918) these same assumptions would indicate a need for between 588 to 1,763 Extra Care housing units. See Table A5.1 below.

Table A5.1 Potential Future Demand for Extra Care Housing (Care Home based)

	2014	2015	2020	2025	2030
Population	2,600	2,659	3,042	3,487	3,918
15%	390	399	456	523	588
30%	780	798	913	1,046	1,175
45%	1,170	1,197	1,369	1,569	1,763
67%					

While these assumptions are based on current Care Home provision, Sefton Council were unable to provide demand analysis and vacancy rates within residential and nursing home

⁴¹ The Borough of Poole have used an assumption of 44% of residential care admissions which extra care housing could have provided and alternative to residential care. Brighton and Hove have a target of reducing the level of admission to residential care by 21% over a three year period. East Sussex calculates that 64% of current Extra Care residents would need some form of residential care or Elderly Mentally Infirm (EMI) or nursing care alternative, with the remaining 36% requiring domiciliary care at home or in sheltered accommodation if they were unable to live in Extra Care housing. Oxford Brookes University/ Institute of Public Care suggests 2/3 of older people recently admitted to care homes could have benefited from Extra Care provision.

provision at the time of the research. Similarly there has been no analysis of the number of Care Home residents who could have been enabled to stay in their own home if particular support and care interventions had been available to them. It is likely that any existing low demand would be further exacerbated by provision of new Extra Care housing, but the shift from an institutional to home based setting would be in line with policy direction and research findings relating to the preferences of older people themselves. Given the overall demographic profile of Sefton and the influx of older people, particularly to the North of the borough it is likely that these levels of provision would experience sufficient demand. Final agreement of the level of Extra Care housing to be provided should be made in partnership with adult social care and providers to ensure suitable support providers are in operation to support the provision of Extra Care housing.

Extra Care is a new and developing model and is, to a large extent, untested on any wider scale. As mentioned above, there are existing developments currently underway, or planned in Maghull and Southport and the outcomes of these developments should be closely monitored in terms of demand, uptake, client satisfaction and the subsequent impact on services such as adult social care and housing support provision. It is the analysis of these outcomes which will help to further refine plans for future provision of Extra Care housing in the borough.

There is potential for significant savings to be made, if we assume that one third of future Care Home residents (867 at 2011 levels) were to move to Extra Care housing rather than residential or nursing care savings of between £9.4m and £14.9m could be realised (based on current costs shown in 2.5).

Modelling from Population Data

The LIN Housing Toolkit sets out the following calculations for estimating the need for specialist forms of housing provision for older people using the modelling from Population data approach:

Table A5.2 Potential Future Demand for Specialist Housing (Population based)

Form of Provision	Estimate of demand per 1000 of the 75+ population
Sheltered housing for rent	60
Extra Care housing for Rent	15
Extra Care housing for Sale	30
Housing based provision for dementia	6

The population of Sefton aged 75+ in 2014 was 29,900. Population projections indicate that the 75+ age group will rise steadily over the next 16 years reaching 41,900 by 2037. Table A5.3 below uses the LIN toolkit population data methodology to provide crude estimates of future need for Sheltered Housing, Extra Care housing and housing based provision for those with dementia.

Table A5.3 Estimated Demand of Specialist Provision for Older People using LIN Modelling from Population Data Approach

	2014	2015	2020	2025	2030
75+ population	29,900	30,300	33,200	38,300	41,900
Sheltered for rent @ 60 per 1,000	1,794	1,818	1,992	2,298	2,514
EC for rent @ 15 per 1,000	449	455	498	575	629
EC for sale @ 30 per 1,000	897	909	996	1,149	1,257
Total EC	1,346	1,364	1,494	1,724	1,886
Dementia provision @ 6 per 1,000	179	189	199	230	

Future Demand

Using both the Care Home Demand and the Population Data modelling approaches we can see that using the 67% of Care Home residents approach 1,742 Extra Care units are required as at 2014. The 45% assumption indicates a need of 1,170 units while the population data approach indicates a total need for Extra Care of 1,346. This suggests that between 1,200 and 1,700 Extra Care units are a reasonable estimate of need.

While there is no similar proxy for the Care Home model to estimate future demand for Sheltered Housing if we use the population based approach, estimated demand for Sheltered Housing for rent is 1,794 in 2014. From the data presented in Table A2.18 we know that RPs currently provide a total of 1,554 units of specialist housing for older people. From our survey of RPs we know that there are Sheltered Housing units in five submarket areas (not Formby) and that no RPs are currently providing Very Sheltered or Extra Care Housing. The number of housing for older people units current provided is within 200 units of the 1,554 units calculated above, and using this methodology we do not think new provision of Sheltered Housing for rent should be a priority within the borough. Over time the Council should continue to monitor current provision of Sheltered Housing to ensure current supply is fit for purpose, is modernised to meet today's expectations and standards as appropriate. Where schemes become obsolete consideration should be given to new supply of sheltered accommodation, although this too will be dependent on the success of the Extra Care model, which may be deemed more appropriate for new development.

While these estimates only provide an indication of potential future demand ongoing review and appraisal should be made of these figures. The Council is keen to estimate future demand for specialist provision for housing for older people by Housing Market Area (HMA), unfortunately population projections are incredibly unreliable as we reach smaller population areas such as wards and HMA's. In this section we have provided rough calculations of how the estimated demand for future provision may be broken down by HMA, we strongly advise that these figures are not used in isolation as the basis for calculation of future need.

With these caveats in mind we have used the data provide on Table A2.2 which shows the proportion of the population in each HMA by age group. Table A5.4 below shows how future need may potentially be distributed by HMA using these crude estimates.

Table A5.4 Estimating Future Need by HMA

Area	% of HMA aged 75+	Sheltered for rent @ 60 per 1,000	Total Extra Care
Bootle	13%	233	175
Crosby	18%	323	242
Formby	8.7%	156	117
Maghull/ Aintree	13.6%	244	183
Netherton	13.6%	244	183
Southport	33%	592	444
Sefton		1,794	1,346

APPENDIX 6 – RESEARCH METHODOLOGY

Research Methodology

Data and Document Review

The first research task involved a review of existing evidence and research reports relating to Housing Need and Demand and Older People in Sefton. The aim of the document review was to draw on data already held and to analyse, evaluate and draw on existing data sources, both to ensure that we have a full understanding of the contextual environment or to extract new information specific to the research topic, we also needed to ensure that we were not repeating work already undertaken. This task assisted in establishing the context, framework and current supply system.

A key element of this part of the study included a review of Local Plan process, both in terms of general policy provisions, site specific allocations (dedicated or mixed use) and possible s106 and other planning obligations

Review of Models of Older Persons' Housing

A further stage in the analysis of secondary data was to carry out a literature review of relevant research in the field of older persons' housing. A full up to date review has ensured we have been able to provide a thorough description of the issues and take cognisance of any recent developments in theory and delivery. The purpose of this review was to consider models which are currently in place and those which are being developed for the future to ensure appropriate provision of housing services to older people. The review of existing models was also used to help inform the remainder of the research including the survey development, drafting of topic guides for key stakeholders and development of the options for discussion with older people.

Consultation

Survey of Providers

Based on the research aims and the issues raised in the data and document review, we designed the online supply survey. The survey population was the current and potential future suppliers of housing and housing services for older people in Sefton, including those internal and external to Sefton Council. A mixture of open and closed questions were used to ensure we obtained both qualitative and quantitative data. The design of any survey questionnaire was an iterative process developed in conjunction with the Steering Group. The purpose of the survey was to gather views on the quality and appropriateness of current supply, how well the needs of older people are met by this supply; and understand any future plans for new supply and the nature of such supply and testing of delivery options for the future older persons' housing requirement.

The survey included questions which relate to current supply and demand for services as well as those which gather views on future supply and alternative models, such as:

- Profile information on existing service users
- Profile information on prospective service users
- Needs of older people – across all tenures
- Waiting list demand
- Reasons for refusal of accommodation, i.e. Sheltered Housing

- Tenancy terminations
- Details of voids
- Turnaround times
- Stock condition
- Stock profiles
- Warden activity
- Levels of support provision
- Gaps in service provision
- Costs of service provision
- Future identification of need and strategies for future delivery
- Plans for new specialist accommodation for older persons
- Budgetary allocations and financing/ funding models

Consultation with Older People

We held a series of focus groups with older people in the over 55 age group. We used existing networks and consultative fora in order to maximise the time available for consultation and to ensure that the needs of a wider range of groups of older people are taken into account. A total of four focus groups were held and included owner occupiers, people living in the private rented sector, the social rented sector, in Sheltered Housing and in supported housing.

Stakeholder Consultation

We will undertake semi-structured interviews with key players in dealing with solutions for housing for older people. These will include key players across the UK. We will agree the appropriate key stakeholders with Sefton Council at inception. The purpose of the consultation will be to gauge initial views on current provision of services, where there are gaps, future demand and types of future provision.

Key consultees included:

- Strategic Decision Makers within Sefton Council
- Sefton Council Housing, Planning and Adult Social Care Officers
- Local Older Persons' Networks, Groups and Fora
- Age UK
- HCA
- RPs with Older Persons Housing
- Specialist accommodation providers e.g. Priority Asset Management
- Other national/regional/local developers and house builders in the Sefton area
- Local lettings and estate agents
- Sample local authorities

Each interview focused on the individual/ organisations knowledge of current demand and new delivery options which are emerging. Specifically we discussed the needs, aspirations, and market preferences of older people alongside discussion around future provision, models of that provision and the areas in which development would be preferred. Local lettings and estate agents also provided detailed insight into market conditions and current supply in the older persons housing market.

Good Practice Review

Through the stakeholder consultation we sought views about existing models of provision across the UK which have been identified as good practice. We then identified several good practice examples which were explored in greater detail through telephone interviews and analysis of secondary data materials.

Developing Appropriate Housing Solutions

Once we had identified the needs of your older population, from the document review and the consultation, and the available models through the literature and good practice review, the next stage was to consider the appropriate response to identified needs in Sefton. We have identified policy options for the delivery of various types of new housing suitable for older people, including strategic policies on health and well-being, residential mix, affordable housing, design factors.