

Annex A: Older People and dementia

This annex focuses on housing and services for older people and people with dementia. It does not include the following:

- Information and advice for older people (covered in section 4 of the main report)
- General needs housing for older people (covered in section 5 of the main report)
- Independent Living at Home and other practical and preventative services (covered in section 7 of the main report)

Most of the data is summarised in the Annex, with tables and charts provided in Appendix A1 that goes with this Annex. The tables and charts are numbered sequentially so that those in the Appendix can be clearly linked to the text in this Annex.

1. Introduction and local context

There will be a major growth in the older population; people aged 75 and over 65% growth in the population with dementia up to 2030. This will put increasing demands on the health and social care economy, without a continued shift towards promoting independence, choice and control and from reactive crisis to early intervention. Supported housing has an important role to play if the Council is to reduce its reliance on residential care and improve the care and support offer for older people.

The health and Well-being Market Position Statement (MPS) published in April 2014 aims for older people to achieve safe, healthy and independent lives.

The Council support around 4,500 older people with care and support needs to live at home.

The MPS also states that almost £38 million was spent on care and support services for older people in 2012/13. The budget for 2014/15 is £18.5 million, over a 50% reduction.

Priorities are to improve early diagnosis of dementia, reduce the need for long term care, falls prevention and Intermediate care interventions.

2. What is working well in housing and support services

- Berneslai have reviewed their under one roof schemes, some have been decommissioned and others have had significant capital investment with the majority letting well
- Day care services for older people have been reviewed and the new health and Well-being service including a service for people with dementia are successful and popular. One of the services is based in Westmeads extra care scheme
- There are a number of community based services designed to support people with dementia including a memory assessment advisor (funded by the CCG) and dementia support and outreach services (funded by the Council)
- Reablement works well as part of the Independent Living at Home Service
- The Council has reduced its reliance on residential care
- The budget for housing related support has been reduced and is now £312,126 with a further review due shortly

3. Adult Social Care performance data and care management data on older people

Summary

- Department of Health NASCIS data for adult social care shows that Barnsley has a higher than average expenditure on residential care (despite low fee levels) and a much lower than average expenditure on day and domiciliary care than its comparator group and the England average. It also has more people aged 65+ receiving residential care and fewer people receiving community based services than its comparator authority and England averages. This indicates that in both financial and delivery terms the system in Barnsley is still unbalanced and weighted towards institutional care rather than community solutions and prevention
- Of the 223 people on the adult social care database with a mental health problem who are living in the community:
 - 173 (77.6%) are older people (aged 65+). The majority of people with a mental illness are older people with dementia

- Of these 173 people: 40.5% are living in owner occupied housing; 30.7% social renting; 1.7% private renting; and for 27.2% their tenure status is not known
- Just under 40% of older people with a mental illness live alone
- Of the 347 people on the adult social care database with a mental health problem who are living in a care or nursing home placement:
 - The vast majority - 322 (92.8%) . are aged 65+; and two-thirds are recorded as for people with dementia (the remaining third are not recorded)
 - 25% of the placements are into nursing care and 75% into residential homes
- Of the 1277 people on the adult social care database with physical who are living in the community
 - 1050 (82.2%) are older people aged 65+
 - Of the 1050 older people: 47.8% are home owners; 39.3% social renting; 1.9% private renting; and for 11% the tenure status is not known
 - 566 (53.9%) of older people with a physical disability are living alone
- Of the 947 people age on the adult social care database with a physical disability or sensory impairment who are living in a care or nursing home placement:
 - 921 (97.3%) are aged 65+ of physically frail or sensory impaired care home placements are for older people with
 - 98% have a physical disability, 1% a sensory impairment, with 1% not known
 - 22% are placed into nursing and 78% into residential care
 - 76.7% of placements in care homes last from 1 . 3 years, with a further 15.2% 4-6 years, and 8% 7 years or more

Tables and charts providing further detail of the NASCIS data (Figures 1-10) and Barnsley adult social care and housing support client data (Figures 11-36) that underpin the summary data above are provided in the Appendix for Annex A.

4. Supply of accommodation, floating support and other services

Residential Care and Nursing Homes for Older People

The table below shows the total of care and nursing home places (beds) for each of the Area Council areas, and the number of homes which take people with dementia . the latter is homes not beds as the CQC data base does not specify the number of dementia beds for each home.

Tables are provided in Appendix 6 listing each home individually for each of the six Area Council Areas and spatial maps are provided in Appendix 7 to show the spread of homes across the borough.

Figure 37: Total of Care and Nursing Home Beds for Older People in Barnsley

Area	Residential beds	Nursing beds	Total beds	No of homes with Dementia beds
Central	271	245	516	6
Dearne	143	33	176	4
North	218	117	335	3
North East	125	157	282	5
Penistone	0	72	72	1
South	189	200	389	6
TOTAL	946	824	1770	25

Extra care housing

Information about the extra care (EC) housing schemes and service was provided by Anne Asquith in the form of a report she did for senior colleagues at the Council.

There are four schemes that have been designed and developed as extra-care schemes, each with a range of on-site facilities. The scheme manager service is funded by the Council. There is no on-site care provision to provide a background service during the day or overnight or to respond to emergencies.

The four EC schemes provide 217 units of accommodation in total (each of which can accommodate a single person or couple). The schemes are run by three separate landlord / support providers, all of which are Registered Providers (RPs). The majority of accommodation is rented, with a small number for shared ownership.

The Council supported the capital bids made by the respective RPs. Details of the scheme costs and what they provide is set out below:

Figure 38: Scheme costs and what they provide

Scheme	Units	1 bed apartment	2 bed apartment	1 bed bungalow	2 bed bungalow
Lavender Court (Together Housing)	Opened: March 2007 Total cost: £5,000,000.00 (inc £2,750,000.00 HCA grant funding)				
▪ Rented	52	25	19	0	8
▪ Shared ownership	0	0	0	0	0
▪ Owner occupier	0	0	0	0	0
Cherry Tree Court (Together Housing)	Opened: April 2011 - Total cost: £6,833,759.00 (inc £3,300,000.00 HCA grant funding)				
▪ Rented	60	1	59	0	0
▪ Shared ownership	0	0	0	0	0
▪ Owner occupier	0	0	0	0	0
Westmeads (SYHA)	Opened: April 2008 Total cost: £4,680,062.00 (inc £3,355,629.00 HCA grant funding)				
▪ Rented	49	0	42	0	7
▪ Shared ownership	8	0	8	0	0
▪ Owner occupier	0	0	0	0	0
Fitzwilliam Court (Guinness)	Opened: February 2011 Total cost: £6,037,000.00 (inc £2,268,260.00 - HCA and £1,423,989.00 DoH grant funding)				
▪ Rented	46	9	37	0	0
▪ Shared ownership	2	0	2	0	0
▪ Owner occupier	0	0	0	0	0
Total:					
Total capital spend	£22,550,821				
Total HCA grant	£11,673,889				
Total DoH grant	£1,423,989				

The recently commissioned scheme developed by SYHA at Newsome Vale has minimal communal facilities and is not being marketed as extra care. There is a

Well-being service with two part-time staff whose role is to engage with the local community and promote social and leisure activities.

Sheltered Schemes and other older people's schemes for rent

Details of the supply of sheltered housing across the Borough is set out in the tables below and based on the following definitions and designations:

Berneslai Under One Roof schemes have been designated as sheltered housing, although they do not always meet general definitions. Other Berneslai schemes for older people have been called "Other OP Schemes". All housing association schemes have been designated as sheltered housing.

Figure 39: Central Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Central				
Berneslai Homes	Churchfield	Yes		34
Berneslai Homes	King Street	Yes		51
Guinness Northern Counties HA	Joseph Court	Yes		27
Dodworth				
Berneslai Homes	Pollyfox		Yes	50
Kingstone				
Guinness Northern Counties HA	Ashby Court	Yes		30
Yorkshire Metropolitan Housing	Chestnut Court	Yes		46
Stairfoot				
Berneslai Homes	Hudsons Haven	Yes		29
Worsbrough				
Berneslai Homes	Elm Court		Yes	35
Berneslai Homes	Maltas Court		Yes	29
Hanover Association Housing	Hanover Court	Yes		28
TOTAL				359

Figure 40: Dearne Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Dearne North				
Berneslai Homes	Chestnut Grove		Yes	23
Berneslai Homes	Church Street Close	Yes		30
Yorkshire Metropolitan Housing	Park Court	Yes		45
Dearne South				
Berneslai Homes	Heather Court	Yes		42
Berneslai Homes	Willowcroft	Yes		34
Chevin Housing Association	Hallam Court	Yes		24
TOTAL				198

Figure 41: North Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Darton West				
Berneslai Homes	Priestley Avenue		Yes	32
St Helen's Ward				
Yorkshire Metropolitan Housing	St Edwin's Croft	Yes		37
TOTAL				69

Figure 42: North East Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Cudworth				
Berneslai Homes	Rosetree		Yes	52
North East				
Royston				
Berneslai Homes	Meadow Crescent		Yes	36
TOTAL				88

Figure 43: Penistone Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Penistone East				
Berneslai Homes	Glebe Court	Yes		34
Penistone West				
Berneslai Homes	Pendon House	Yes		35
Equity Housing Group	Weavers Court	Yes		30
TOTAL				99

Figure 44: South Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Darfield				
Berneslai Homes	Woodhall Flats	Yes		32
Hoyland Milton				
Berneslai Homes	Gray Street		Yes	23
Berneslai Homes	St Andrews		Yes	28
Guinness Northern Counties HA	St Helen's Court	Yes		26
Rockingham				
Berneslai Homes	Saville Court	Yes		41
Wombwell				
Berneslai Homes	Shipcroft	Yes		47
TOTAL				197

Figure 45: Total sheltered/older peoples housing for rent

Area	Total No. of units
Central	359
Dearne	198
North	69
North East	88
Penistone	99
South	197
TOTAL	1010

The table below shows the supply of leasehold and shared ownership retirement housing in the borough

Figure 46: Leasehold and shared ownership retirement housing

	Scheme Name	Number
Central – Kingstone		
Guinness Northern Counties HA	Ashby Court	17
Chevin Housing Association	Helena Close	10
North – Old Town		
Chevin Housing Association	Redbrook View	17
Chevin Housing Association	Redbrook Walk	18
South – Darfield		
Guinness Northern Counties HA	Shroggs Head Close	13
South – Hoyland Milton		
Chevin Housing Association	Oldfield Close	18
South – Rockingham		
Guinness Northern Counties HA	Rockingham Close	32
TOTAL		125

Intermediate care

Intermediate care (IC) services are commissioned by the CCG and the Council. There are 48 beds at Mount Vernon hospital plus the following:

- 21 step down beds in residential care homes at a cost of £400 per person per week
- ILA Independent Living at Home provides intermediate care at home for up to 6 weeks
- Hospital at Home based at Mt. Vernon
- Rapid Response to keep people who have nursing needs at home e.g. Intravenous antibiotics or similar clinical interventions

5. Findings

Extra care housing

Eligibility and allocations

Applications for the four schemes are via the Berneslai Homes lettings process. They maintain the waiting lists but individual Scheme Managers do home visits to assess applicants' needs. Allocations are decided by a panel. The panel meets once notice has been given on a property and includes representatives from:

- Berneslai Homes
- Assessment and Care Management
- Joint Commissioning
- Landlord / support provider

Assessments are undertaken when a void occurs. Where there is no-one suitable on the waiting list the Council is at risk of underwriting the void costs. Individual agreements with each of the RPs require the Council (adult social care purchasing budget) to cover income loss on voids after four weeks. To date costs have been low (2013/14 - 5 weeks at Lavender Court and 2 weeks at Westmeads) but continued low demand could see costs increasing.

The four schemes were designed for single people and couples aged 55 and over with care and support needs. In certain circumstances they can be let to younger people.

To maintain balanced communities an allocations process was agreed based on the following and in line with similar processes for extra care:

- 10% of applicants should have housing related support needs only (to meet the sheltered housing eligibility criteria)
- Remaining 90% to be split between:
 - 20% with low care needs (typically 4 - 10 hours / week)*
 - 70% with medium to high care needs (typically 10+ hours / week and including individuals at risk of going into a care home)*

*based on 'fair access to care' assessment criteria (facs)

With no care on site schemes struggle to meet high level needs and a snapshot showed large variations in residents needs with two schemes with a majority of residents with low level or no needs. Figure 47 shows that none of the schemes are supporting people many people with high level needs who would otherwise be in a care home.

Figure 47: Residents Needs

Scheme	HRS Needs only	Low care	Medium /High Needs
Lavender Court	4%	53%	43%
Westmeads	40%	16%	44%
Cherry Tree Court	9%	70%	21%
Fitzwilliam Court	69%	22%	9%

Service model

The Council funds a support service delivered by a Scheme Manager employed by the RP for residents eligible for Housing Benefit. Their role is to provide support to residents and promote social inclusion through the arrangement of activities and events. Schemes also have a community alarm and telecare.

The weekly cost for support (Scheme Manager, alarm and telecare) is £20 per unit per week in all four schemes.

There is no scheme based care commissioning. Residents eligibility for care is via FACs or self funded and is the same as it would be if they remained living in their previous home.

Emergency calls go to the Scheme Manager Monday . Friday during the day and the community alarm service out of hours.

When Westmeads scheme opened in 2008, an informal arrangement was made with a home care provider 'TLC Homecare' to have free use of an office facility within the scheme, in return for a small amount of 'ad-hoc' care provision. TLC Homecare continued with this arrangement until 2013.

The Fitzwilliam Court scheme was commissioned with care on site 24 hours / day. The contract was held by the Care and Support arm of Guinness, who also provide landlord and support functions, enabling an integrated service. This facility enabled Fitzwilliam Court to attract clients with dementia (reflecting the inclusion of DH funding in the development of the scheme), and those whose care needs could not be easily met in the community. The funding for the on-site care contract was withdrawn in April 2013, due to Council budget cuts.

Without any ~~extra~~ that would be available in the community the schemes cannot provide an alternative to residential care and/or meet high level or complex needs. As a consequence:

- Since April 2013 calls to BMBC Independent Living at Home service has increased typically from residents with dementia, requiring a response vehicle to attend to assist them back to their apartment
- Between April 2013 and March 2014, 14 residents moved from the schemes into permanent residential placements funded by the local authority. Based on an assumption that these were basic residential, rather than higher dependency or nursing placements, the weekly cost of **£369.39** equates to **£5,171.46** gross per week for this cohort (**£268,975.92** per annum).

A number of local authorities including the one in the case study below are seeking to ensure that extra care is cost effective.

In East Sussex the County Council (ESCC) carried out an evaluation of their extra care housing schemes which was published in June 2013. The report was based on a snapshot taken between November 2012 and January 2013 of people living in five Extra Care schemes. It was a desktop exercise using Adult Social Care tools of assessment; social care assessments, reviews and support plans supplied for each person, authenticated by scheme visits and staff discussions and supplemented by housing needs assessments and housing support plans. The information was also verified by a sample moderation exercise by ESCC Practice Managers. Findings included:

- Extra Care is a preventative service model which enables people to remain in the community and not enter residential or nursing care
- Analysis of hypothetical alternative placements for the current population in the schemes show that 63% would otherwise be in residential or

nursing care

- Extra Care offers value for money and a sustainable care delivery model for social care, housing and health. On average, the cost of a placement in extra care is half that of the alternative placements

Catering

Each of the schemes has a purpose built restaurant on site. In order to promote resident choice the Council agreed to underwrite the costs. In 2011/12 the cost of this was £84,000 and support was withdrawn in November 2011. Since that time the RPs have been responsible for catering services:

Cherry Tree Court

A private company 'Toast and Roast' run the catering service without any financial support, Tuesday to Friday, 9am - 4 pm and Sundays 9.30am - 1.30pm.

Lavender Court

A private company run the catering service, without financial support and 'Grannys Kitchen' is open Monday - Friday from 9am until 2pm.

Westmeads

The 'Turnaround cafe' run by Probation using Community Payback clients offers a choice of hot lunches 7 days per week on a pre-booked basis

Fitzwilliam Court

Yes2Ventures, a social enterprise company established the 'Friendship Cafe' which is open 7 days per week between 9am and 2pm. Guinness provided a £10,000 underwriting for the first operating year

Demand

There is confusion about who the schemes are for and what benefits they can deliver for older people with care and support needs with the current service model.

Consultation with staff in the five Adult Social Services Locality Teams raised the following issues:

- They did not consider the current service offer to be sufficient for them to be able to recommend it to face eligible clients and their families
- The lack of on-site care provision, particularly at night, was consistently raised as the greatest barrier preventing the schemes being an alternative to residential care

- Clients with dementia prone to wandering at night or people with a history of night time falls cannot be accommodated
- Misleading clients and their families by describing the four schemes as 'extra-care'. The term 'posh sheltered housing' was used to describe the schemes
- Changing the service model including withdrawing care and funding for catering
- Lack of provision in the west of the Borough and new luxury residential care in this area (all four schemes are in the east)

Commissioning models

A number of local authorities have been reviewing their arrangements for block contracting care in extra care in favour of more flexible and personalised arrangements. Alongside of this commissioners are increasingly focused on outcomes and in extra care this means diverting people from residential care and providing a home for life.

In Sunderland the local authority works with a number of providers to develop and deliver extra care housing, including provision for people with dementia and has made a clear commitment to phase out the use of residential care beds. They are moving away from block contracts but retaining care on site 24/7. At the most recent scheme the LA is working with Housing and Care 21 (H & C 21), which owns and manages the building and provides care. H & C 21 takes responsibility for initial care assessments of applicants wishing to buy or rent a property. All residents are required to pay for a minimum number of hours of care each week (self funded or assessed and funded by the LA). H & C 21 have the ability (within agreed parameters) to flex care up and down without the need for re-assessment by a LA Care Manager. They receive payment of residents' aggregated virtual budgets from the LA. In addition the LA pays for some additional hours during the day in order to ensure staff on site to respond to emergencies and meet changing needs and they also fund the overnight service.

Some providers have adapted this model, for example setting a weekly Well-being charge to cover the costs of staff on site (2 waking staff) overnight where the LA is reluctant to enter into a long term funding commitment. The RP can either deliver the care if they are registered to do so or contract with an independent domiciliary care agency. In this model LA care managers can use the Well-being service as part of a residents care package e.g. a bedtime call each evening and fund the costs. Other residents self fund or are assisted to claim Attendance Allowance to cover the cost of the charge

All the extra care schemes are in the east of the borough and the majority of the units are for rent. A mixed tenure scheme in the west would help to address the needs of owner occupiers. The service model for care and support could be based around a Well-being charge with the majority of the costs being met by residents.

Sheltered housing

Capital investment

In 2010 Berneslai reviewed their older persons housing provision. This included investment in 11 schemes and decommissioning and demolition of 6 schemes as a result of their unsuitability or because they were uneconomical to convert or upgrade. They also deregulated the age access requirements to more than 10 schemes (350 units) making them general needs. Almost 600 units of older persons housing stock were taken out of the market.

Capital investment in the older persons stock was %Decent Homes+ (completed 2010) and an ongoing programme of %Barnsley Homes Standard+ works. This provided an investment of between £12 - 15K per property which equates to around £5.5M on the 11 under one roof schemes. In addition schemes had the following improvement works carried out, bringing the total investment to around £10.5 million:

- Disability Discrimination Act compliance works £160K
- Installation / upgrade of communal heating systems £3M (including several %Green Energy biomass and ground source systems)
- Fire Alarm and Emergency lighting upgrade £100K
- Emergency Call Equipment replacement £125K
- Provision of secure mobility scooter storage and £180K charging facilities.
- Improvements to communal entrances £850K (up to 2014/2015 more to follow in 2015/2016)
- Conversion of former wardens accommodation £200K (up to 2014/2015)

General needs council housing

People aged 65 and over make up 32% of Berneslai tenant population and therefore are a key driver in maintaining and developing sustainability and community strategy ambitions. Berneslai provides the following services for older people:

- Investment in adaptations, across the stock, for those tenants (whatever their age) who wish to remain in their own home
- New developments to Lifetime Homes standard and some property types in new developments that suit older people
- Prioritising older people within the waiting system for schemes and properties that have suitable design characteristics

Sheltered housing service model

In 2013 Council significantly reduced the level of support provided under Supporting People+ funding. Berneslai now provide good neighbour support in the form of staff resources to designated schemes to sustain residents independence, comfort and quality of life. The service undertaken by Scheme Managers is more focused on building management, organisation of social activities, maintaining wellbeing and being a good neighbour+.

The only service funded by the Council into all the sheltered schemes is the community alarm monitoring and response service provided by the Independent Living at Home Service.

All the under one roof schemes have a 60+ lettings criteria. Some schemes in the East of the borough will consider applicants 40 and over if no one over 60 applies.

Some providers such as Yorkshire Housing Association have declined Council funding and made their own arrangements for support services for their residents. Others such as Guinness have tendered out the community alarm contract and provide a monitoring only service at a cost of £1.50 per week.

The Independent Living at Home service funded by the Council is local and provides a response which is considered to be important as part of the move to prevention and early intervention.

PFA experience elsewhere is that local authorities are moving away from funding support services including community alarms for specific types of housing and shifting towards funding based on individual need and adult social care assessment.

Property survey

PFA asked all the Registered Providers with sheltered housing to complete a property survey form to help to provide a better understanding about future

sustainability. The five schemes surveyed offer a range of tenures, one and two bedroom accommodation which let well. Details of the survey responses are provided in the Appendix to this Annex and key findings are summarised below:

- All 5 schemes were sheltered housing schemes between 21 and 30 years old. 4 were owned by The Guinness Partnership and 1 was an equity Housing scheme
- Of the 195 units, 147 (75%) were for rent and 48 (25%) shared ownership
- 115 units were one and 80 were two bedroom. None were bedsits. None shared bathrooms or toilets
- 3 schemes were described as being in a desirable area and 2 in a reasonable area. None were in in an unpopular area. All were close to public transport. 4 had good pedestrian access and 3 were close to shops
- Void levels were low - 5 voids (2.6%) at the time of the survey . and most re-lets took 4 weeks or less. This indicates a good level of demand for these schemes, even though they all stated that they had at least one other sheltered scheme within a mile
- In terms of re-lets/re-sales during the 12 months prior to the survey (mid 2014-15) almost all 14 applicants were already living in Barnsley, with 1 from a neighbouring authority and 1 outside the area. Of these 8 were owner occupiers, 5 social or private tenants and 3 living with family
- The main reasons for moving were: wanting sheltered or smaller accommodation, followed by location and being close to family
- All but 1 schemes seemed to have good accessibility for people with limited mobility, both into and within the scheme. All 4 schemes with more than 1 storey had a lift, and accessibility within the flats was described as easy in 3 schemes and reasonable in 2 schemes, even though flat sizes were described as moderate in 4 of the schemes
- All had a community alarm service, and all or most schemes had common rooms, laundry, guest room and care parking. One had an assisted bathroom and 1 a buggy store
- 4 schemes had improvements in the past 12 months (kitchens and bathrooms (2 schemes) and roof (1 scheme), and 2 had improvements planned over the next 12 months

Overall, all 5 schemes seemed to be popular, easy to re-let/re-sale the shared ownership units and none of them had sustainability issues.

The majority of sheltered housing in Barnsley is for rent with only 65 units of accommodation for sale (shared ownership and leasehold).

Intermediate care

Mount Vernon generally take patients with complex needs and 99% come from the acute trust. At the time of the review the hospital was not collecting data on re-admissions but were about to start doing this in accordance with their new contract being negotiated with the CCG to include 6 weeks and 6 months following discharge.

The average length of stay at Mount Vernon is 28 days. 75% of patients go home but this can include patients from care homes, with a small percentage receiving end of life care.

There is an IC assessment team in the acute trust made up of senior nurses and therapists who make referrals to Mount Vernon.

In the six months prior to the review there were 98 people ready to leave hospital and placed in care homes for a minimum of 2 weeks, funded by the NHS Resilience Fund

The National Audit of Intermediate Care Commissioner report published in November 2014 by the NHS Benchmarking Network states that the average number of IC beds commissioned = 23.7 per 100k population for 2014.

The Barnsley population in 2011 was c.230k. Using this metric Barnsley should have around 55 intermediate care beds rather than 69 (Mt. Vernon and care home beds)

The benchmarking report also stated:

'two health economies, not taking part in NAIC 2013, invest materially more in home based intermediate care services than other health economies (approximately five times the average)'

There is evidence (limited) that some health and social care economies are shifting away further from bed based to community based IC.

6. Predicting future demand

6.1 Demographic and household projections

Figures 48-51 below show a significant growth in the older population (45.5% for people aged 75-84 and 82.7% for people aged 85+) up to 2030, and also a 64.6% growth in the number of people aged 65+ with dementia.

The population growth will put significant additional pressure on housing, care and support services in the borough.

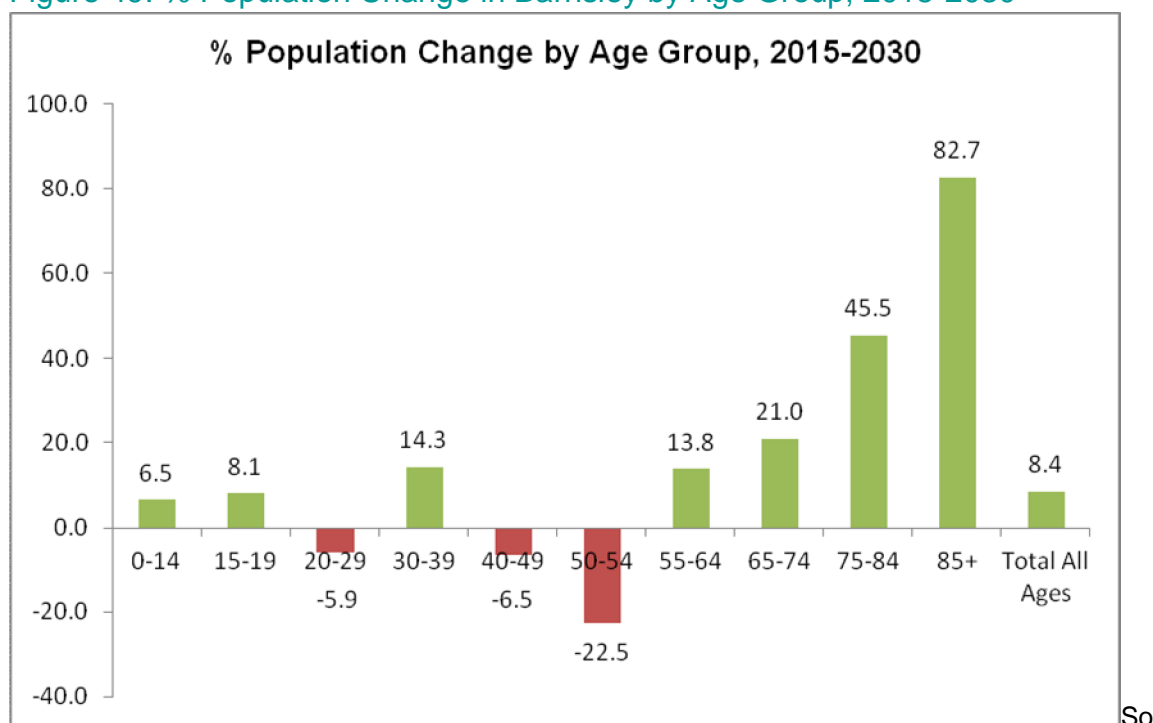
Local Authority Population Projections

Figure 48: Barnsley Population Projections, 2015-2030 (thousands)

Age	Year of Projection				Additional No. 2015-2030	% Change 2015-2030
	2015	2020	2025	2030		
0-14	41.3	43.8	44.3	44.0	2.7	6.5
15-19	13.6	12.4	14.0	14.7	1.1	8.1
20-29	28.9	28.9	26.8	27.2	- 1.7	- 5.9
30-39	27.9	30.7	32.1	31.9	4.0	14.3
40-49	34.0	29.3	29.1	31.8	- 2.2	- 6.5
50-54	17.8	18.3	16.1	13.8	- 4.0	- 22.5
55-64	29.7	33.1	35.5	33.8	4.1	13.8
65-74	25.2	26.4	27.2	30.5	5.3	21.0
75-84	14.3	16.4	19.6	20.8	6.5	45.5
85+	5.2	6.2	7.6	9.5	4.3	82.7
Total All Ages	237.9	245.5	252.3	258.0	20.1	8.4

Source: ONS 2012-based Sub-National Population Projections

Figure 49: % Population Change in Barnsley by Age Group, 2015-2030



Source: ONS 2012-based Sub-National Population Projections

Figure 50: Number of People aged 30-64 in Barnsley Predicted to have Early Onset Dementia, 2014-2030

Gender and Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
Males aged 30-39	1	1	1	1	1	0	0
Males aged 40-49	4	4	3	3	3	-1	-25
Males aged 50-59	19	20	22	21	19	0	0
Males aged 60-64	14	14	15	17	18	4	28.6
Total males aged 30-64	38	38	41	42	41	3	7.9
Females aged 30-39	1	1	1	1	1	0	0
Females aged 40-49	4	4	4	3	4	0	0
Females aged 50-59	12	13	14	13	12	0	0
Females aged 60-64	8	8	9	10	11	3	37.5
Total females aged 30-64	26	26	28	28	27	1	3.8

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 51: Number of People aged 65+ in Barnsley Predicted to have Dementia, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
65-69	177	177	166	183	207	30	16.9
70-74	288	304	359	340	378	90	31.3
75-79	481	486	566	677	641	160	33.3
80-84	710	731	798	949	1,151	441	62.1
85-89	667	706	800	956	1,167	500	75.0
90+	480	539	628	834	1,069	589	122.7
Total 65+ Population	2,802	2,942	3,317	3,940	4,612	1810	64.6

Source: POPPI (Projecting Older People Population Information System)

Demographic conclusions

Future demand for extra care and sheltered housing for rent and sale/shared ownership, and for accessible downsizer housing of all tenures should be seen within the context of:

- 75% of the projected population growth up to 2030 is older people . 16,100 out of 21,000. Growth of the older population is more rapid after 2020
- SHMA data shows that over 50% of projected household growth from 2011 to 2021 is older households . an additional 4142 older households. Projecting that further to 2030 will almost double the number of new older households to 8,000

This means growing housing need and demand from older households. The SHMA survey shows that 70.3% of older people want to remain in their own home, and with 29.3% considering other renting or purchase options (12.2% purchasing on the open market; 6.5% buying sheltered; 5.2% part buying sheltered; 4.8% buying extra care and 3.1% part buying extra care)

6.2 Predicting future need and demand

PFA used the Strategic Housing for Older People Analysis Tool (SHOP) developed by the Housing Learning and Improvement network and endorsed by the Department of Health. It uses data generated by Elderly Accommodation Counsel's national records to predict future housing and care needs of older people. The tool has been used to predict future need for sheltered/retirement housing for rent and sale and extra care for rent and sale.

The tables below shows the future predicted need for Barnsley.

Figure 52: 75+ Long-term migration population figures to use as a multiplier for SHOP tool:

Year	Age Group – 75+
2015	19,500
2020	22,600
2025	27,200
2030	30,300

For extra care housing we have used an 80% rent/20% sale and shared ownership split for the SHOP figures in Figures 53 and 54 below. For sheltered housing we have worked on a 50% rent/50%sale and shared ownership split.

Figure 53: Projecting future supply against the SHOP Toolkit model

Type of Provision	Current supply (2015)	Suggested provision per 1000 of population 75+	Suggested supply 2015	Suggested supply by 2020	Suggested supply by 2025	Suggested supply by 2030
Housing based provision for dementia	0	6	117	136	163	182
Extra care/enhanced sheltered housing for rent	207	36	702	814	979	1091
Extra care/enhanced sheltered housing for sale	10	9	176	203	245	273
Sheltered for rent	1010	62.5	1219	1412	1700	1894
Sheltered for sale/shared ownership	125	62.5	1219	1412	1700	1894

Figure 54: Projecting net future supply against the SHOP Toolkit model

Type of provision	Suggested supply 2015	Suggested supply by 2020	Suggested supply by 2025	Suggested supply by 2030
Housing based provision for dementia	117	136	163	182
Extra care/enhanced sheltered housing for rent	495	607	772	884
Extra care/enhanced sheltered housing for sale	166	193	235	263
Sheltered for rent	209	402	690	884
Sheltered for sale/shared ownership	1094	1287	1575	1769

Residential and nursing home care

The SHOP tool has not been used to predict future need for residential or nursing care. This is to take account of the Council's view that there is currently an over supply, and its wish to further reduce reliance on residential and nursing care and the local market, which has empty beds, and where supply is not aligned to demand. In addition there are some issues of poor quality provision. Until these issues have been addressed with providers it is not helpful to use the SHOP tool to predict future need for residential and nursing home care.

Dementia

The SHOP tool recommends a supply of 182 units of housing based (i.e. not care home registered) accommodation for people with dementia. However, we are aware that the Council has no experience of such provision. This report includes a recommendation to develop housing based models for people with dementia and in recognition of the lack of independent research about the effectiveness of different types of provision, suggests developing one scheme and monitoring and evaluating the design and service model. The findings and lesson learned could then be used to inform a wider development programme.

We are recommending:

- an initial development of a 5 x five person flats or bungalows = 25 unit housing scheme on one site for people with dementia (including one of the five person units that could be used to house younger people with dementia) . see Appendix for Middlesbrough example
- Putting a further development programme in place, depending on the learning from the pilot . up to the 182 units recommended in the SHOP tool

In addition, we had a brief discussion with the Chair of the Dementia Action Alliance as part of this work and they have indicated a willingness to work with the council as a consultation group for designing dementia friendly housing based models in the borough.

There is good practice around the design principles for housing for people with dementia and organisations such as the Dementia Services Development Centre at the University of Stirling, the Housing LIN, JRF, Kings Fund and others have all published material about improving design to meet the needs of people with dementia.

It was originally planned that 10% of the allocations for the Fitzwilliam Court extra care scheme would be to people with dementia but this did not go ahead because of the high cost of providing specialist staff.

A number of the care homes have developed dementia units but many of these are considered to be poor quality . often a small dining area separate from the rest of the home and without any additional staffing, understanding or expertise in dementia care.

In EMI homes the focus is on tasks rather than outcomes for residents.

There is no reliable data on numbers or % of people with dementia in general residential care but many of the homes are thought to want to move residents with dementia on into specialist units.

Around the country there are a range of different models, the main ones being:

- Small group living schemes
- Clusters or courtyard developments
- Extra care schemes with dementia units

There is no single model of provision that can be considered as good practice. Instead there are a range of different schemes with their own designs, service models and funding arrangements. Appendix 8 of the main report provides a number of examples of housing based models for people with dementia.

There has been little in the way of formal research about housing models and dementia and the outcomes they can deliver compared to residential care or similar. PFA research in the north-east of England in May 2013 included interviews with local authority commissioners. The key themes emerging were:

- At an early stage of thinking and planning housing services for people with dementia
- Recognising the need but not being sure of the design or service models required and a perception that they may be less flexible than community services
- Recognition that extra care housing cannot meet the needs of everyone with dementia
- Wanted to offer an alternative to long term care
- Lack of good practice and evidence of cost effectiveness and improved outcomes

However, there are a growing number of authorities looking to develop housing based models for people with dementia, both to improve choice and quality of provision, and based on the recognition of the need for a wider range of options between home and long-term registered care.

Extra care housing

The SHOP tool recommends a further 884 rented and 263 leasehold/shared ownership units of extra care by 2030 in addition to the current supply. This is based on a market split of 80% rent and 20% sale. However, we are aware that the Council is at present very cautious about extra care. It does not have a commissioned service in the 4 existing schemes and the recently opened scheme at Newsome Vale has not been developed or marketed as an extra care development.

We are therefore proposing that the Council adopts a step by step approach, whereby the Council:

- Firstly, the Council develops a cost effective commissioning model for care and support services for the existing extra care schemes so that they can fulfil their potential to provide an alternative to residential care
- Secondly, once this is done develop a mixed tenure scheme in the west of the borough with a cost effective care and commissioning model built in from the start and careful monitoring of the care level mix of people living in the scheme
- Thirdly, following these initiatives the Council should re-visit the SHOP tool figures and agree a new development programme aligned to the likely future need and demand across all tenures

Where extra care is developed for sale and/or shared ownership it is assumed that some of these schemes will be private sector and deliver care and support services to residents independently of the Council (other than for residents who are eligible for personal budgets or direct payments).

Sheltered housing for rent and retirement housing for sale and downsizer housing.

Sheltered housing for rent

The SHOP tool identifies a net need for a further 884 sheltered units for rent by 2030, based on a 50%rent/50%sale and shared ownership tenure split. We understand that the existing stock of sheltered housing for rent is able to meet current demand. However, it is ageing and some upgrading and renewal will be needed over the years. However the projections do not take account of the impact of the rent cap on RPs development programmes. Anecdotally a number of providers are saying that they will not develop any provision over the next four

years and others are taking a much more cautious approach to future development.

Retirement housing for sale and shared ownership

In addition, based on a breakdown of 50% rent/50% sale and shared ownership the SHOP tool predicts the need for an additional 1769 units of market and shared ownership sheltered housing by 2030. The percentage breakdown is lower than the 64% home ownership in Barnsley to allow for the fact that some older households might want to release equity by moving from ownership to rent, and others might not be able to afford retirement housing.

The private market is underdeveloped with one provider (McCarthy and Stone) with a 70% market share. Mainstream house builders have been slow to identify the opportunities in the older person's market. Also a number of the specialist providers such as Churchill Retirement Housing and others have concentrated their developments in the south with only two developments in the north in Manchester and Cheshire (and two more planned, one in Southport on Merseyside and the other in Wetherby in West Yorkshire).

Downsizer housing

The predicted need for sheltered and retirement housing should be seen to include a wide range of new models of provision could include the following:

- Ordinary housing types with fewer bedrooms than the family home but often with good space standards and on the same size footprint. These might be a mix of houses, flats, cottages and bungalows - see the downsizer housing section 5.4.3 of the main report
- New flatted blocks designed to meet the needs of older people with or without communal facilities or services
- Remodelled sheltered schemes

Examples of mainstream housebuilders developing housing for older people are provided in section 5, and case study examples of retirement housing and assisted living are provided in Appendix 12 of the main report.

We would propose that in the context of an ageing population, the predicted growth of older households and the constraints likely for RPs, the Council sets the following targets for both downsizer housing and purpose designed

retirement housing for older people over the next 15 years, with a flexible approach to the mix:

- Downsizer housing/sheltered housing for rent - **500 additional units by 2030** across the borough, mix of downsizer housing and flatted retirement housing blocks
- Downsizer housing/ Retirement housing for sale/shared ownership - **Additional 800 units by 2030** in higher house price areas of the borough, mix of downsizer housing and flatted retirement housing blocks

We would also suggest that the Council actively works with and encourages private sector investment and development of older peoples housing in the borough.

7. Recommendations

These recommendations are in addition to those in section 4 on information and advice, section 5 on general needs housing and section 7 on independent living services in the main report.

- Keep the allocations process and payments for void losses in extra care housing under review
- Develop a cost effective commissioning model for extra care scheme that enables the schemes to provide an alternative to residential care for older people and other vulnerable groups and shares the risks and costs between the Council, providers and residents. It is recommended that the Council approaches the current providers to seek their views, consults with residents and their families about a new model and any associated costs. The new service could be piloted in one of the schemes before being rolled out to the other three
- Work with a provider to develop a mixed tenure extra care scheme in the west of the Borough and following this agree a further development programme up to 2030, balancing the needs figures in the SHOP tool with local knowledge of the market
- Agree development targets for sheltered housing for rent, and retirement housing for sale/shared ownership and downsizer housing
- Consult with sheltered housing providers and the Independent Living at Home Service about funding alarms and telecare for residents with care and support needs as part of adult social care packages to include:

- Fire detection and door entry systems where these are linked to the community alarm
- Hard wired systems . will these be retained or replaced with dispersed alarms?
- Information sharing protocols between adult social care, ILHS and landlords to enable landlords and ILHS to identify and refer residents at risk (with residents permission) and requiring a care assessment
- Develop a cost effective revenue funding model for supported housing for people with dementia in line with fee levels payable for EMI residential care beds which in Barnsley are low and pilot a housing based model for people with dementia. Following evaluation agree a further development programme of housing based provision for people with dementia based on the lessons learned
- Engage with Dementia Action Alliance (DAA) as the consultation group for designing dementia friendly housing models. Barnsley Dementia Action Alliance was formed from the local Community Dementia Forum which provided an arena for local people affected by dementia to share their knowledge and opinions.
- Shift intermediate care services from institutions (hospital and residential care) into community based services

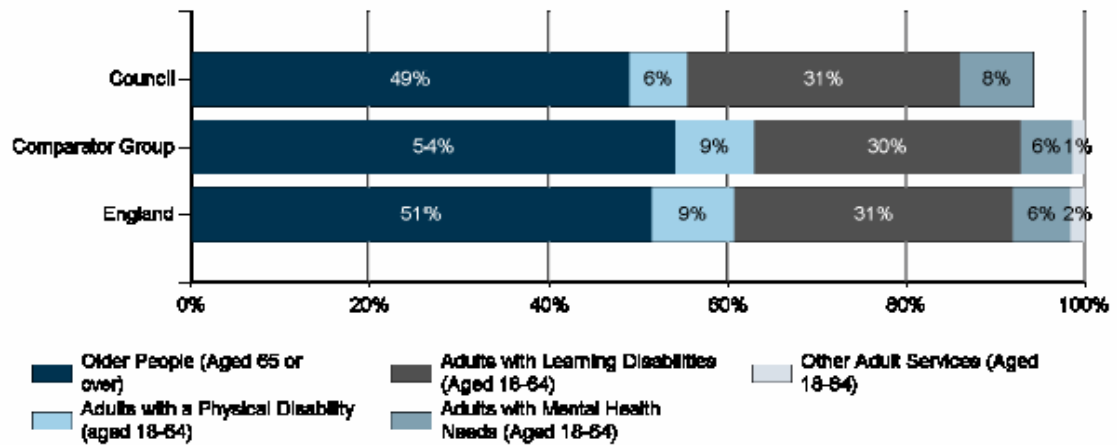
Annex A - Appendix

Appendix A1: Older People and dementia

Adult Social Care performance data and care management data on older people – links to section 3 of Annex A

Social Care Barnsley Department of Health NASCIS data

Figure 1: Percentage distribution of Total Gross Current Expenditure on Adult Social Services by client type, 2013-14

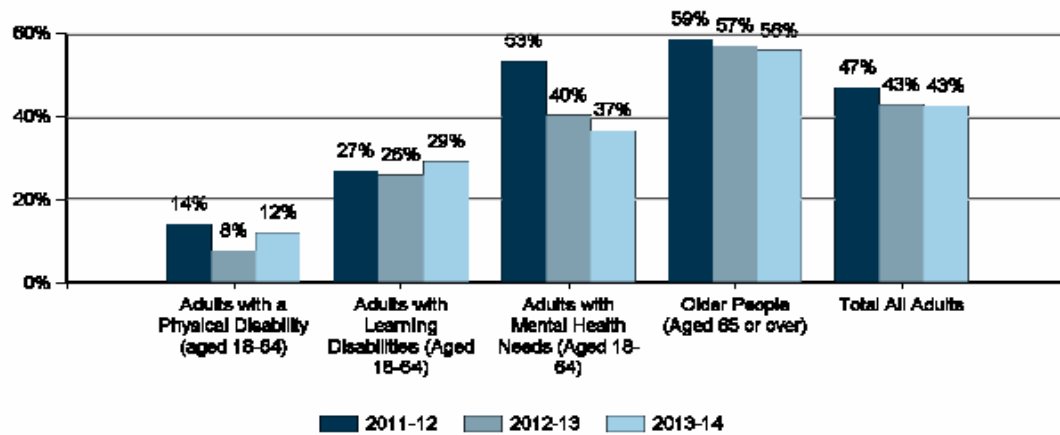


Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 2: Percentage of Total Gross Current Expenditure spent on Residential and Nursing by client type, 2011-12 to 2013-14



Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

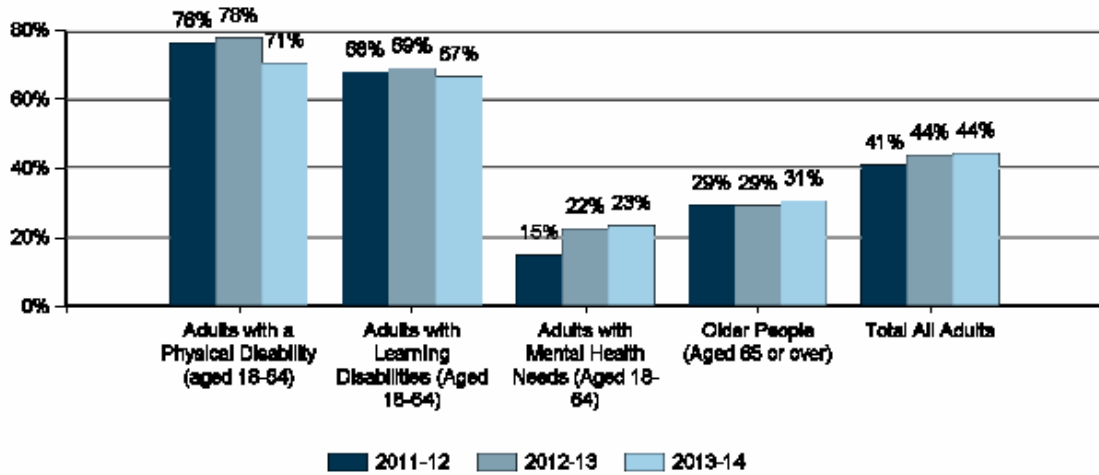
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

The council has reduced its reliance upon residential care. It is estimated that anywhere up to a third of beds are empty and there are some issues with poor quality providers.

Fee levels are low compared with other local authorities:

- Residential £376.78
- Residential EMI £407.86
- Nursing £487.67
- Nursing EMI £529.39

Figure 3: Percentage of Total Gross Current Expenditure spent on Day and Domiciliary Care by client type 2011-12 to 2013-14

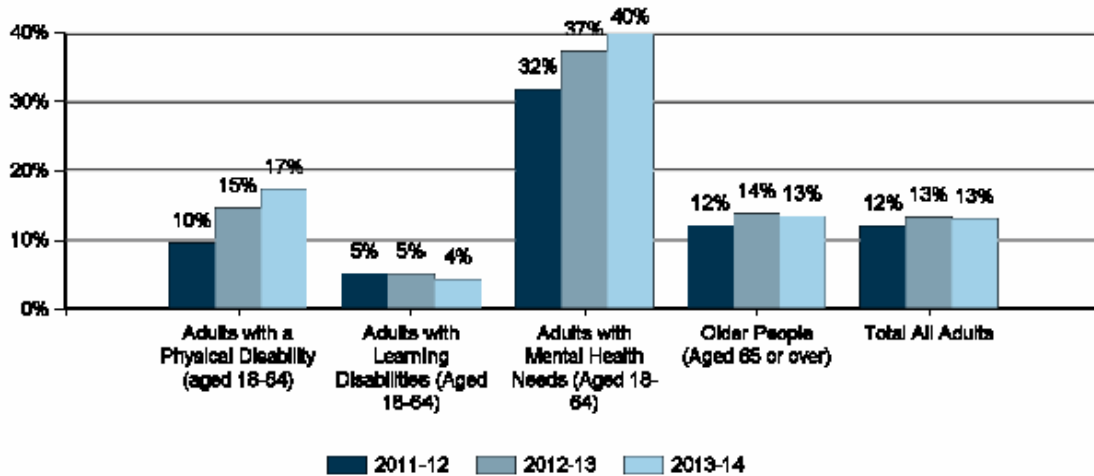


Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 4: Percentage of Total Gross Current Expenditure spent on Assessment and Care Management by client type 2011-12 to 2013-14

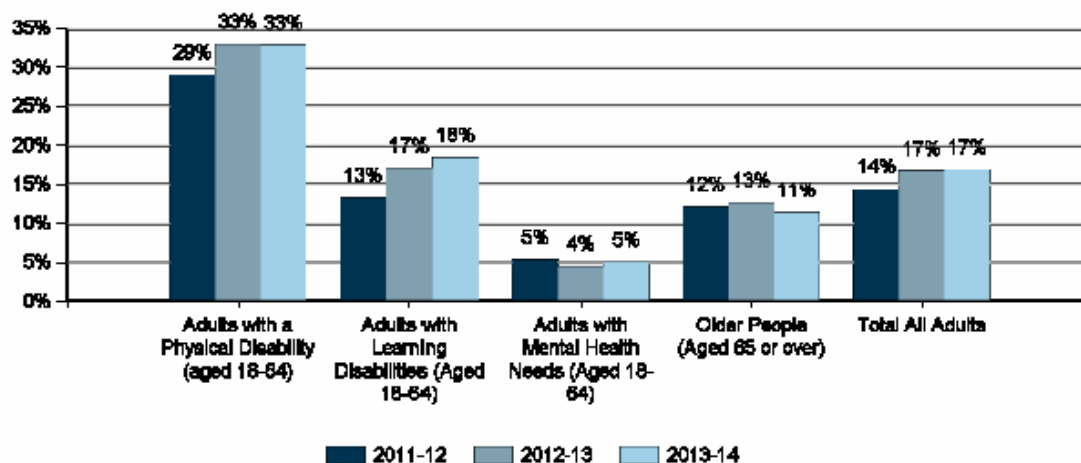


Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 5: Percentage of Total Gross Current Expenditure spent for Day and Domiciliary Care spent on Direct Payments by client type 2011-12 to 2013-14



Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 6: Number of people aged 65 and over, per 100,000 population, receiving residential care (RC), nursing care (NC) and community based services (CBS) and the ratio of those receiving RC&NC to those receiving CBS, as at 31st March (over the last 3 years)

	Council			Comparator Average	England
	2011-12	2012-13	2013-14	2013-14	2013-14
Residential Care	1,860	1,762	1,752	1,680	1,239
Nursing Care	340	318	334	496	537
Community Based Services	5,742	5,165	4,125	5,709	4,262
Ratio of RC + NC to CBS	0.3830	0.4028	0.5057	0.3812	0.4167

Source: ASC-CAR table S1, and RAP table P2s.

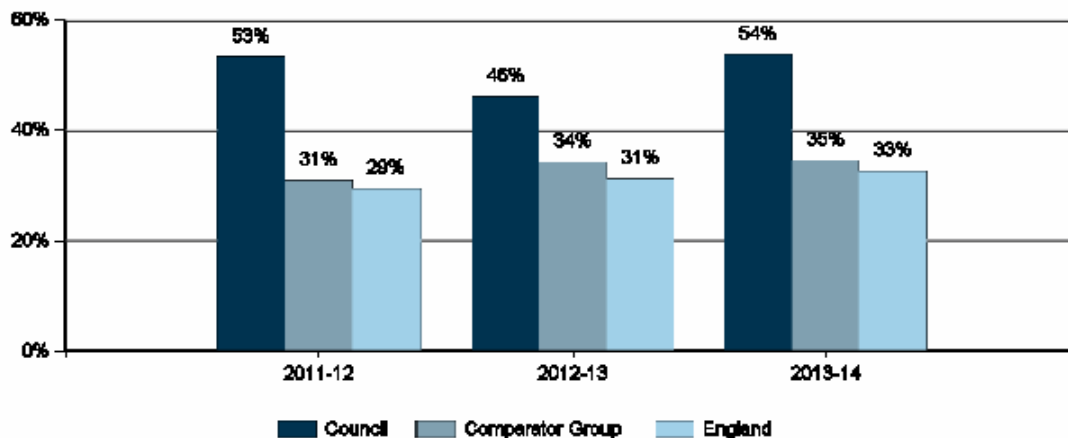
Data for 2013-14 are based on final data.

Residential care excludes adult placements, unstaffed and other homes.

Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Reliance upon residential care has been reducing but is still above the comparator and England averages.

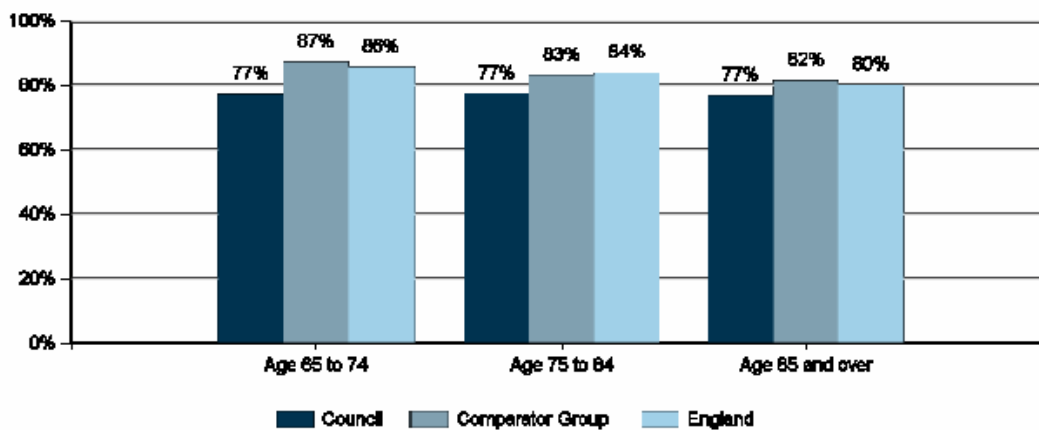
Figure 7: Number of carers looking after people aged 65 and over, as a percentage of clients aged 65 and over receiving services, 2011-12 to 2013-14



Source: RAP tables C1 and P1.
Data for 2013-14 are based on final data.

Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Figure 8: Achieving independence indicator (ASCOF measure 2B), by age group, 2013-14

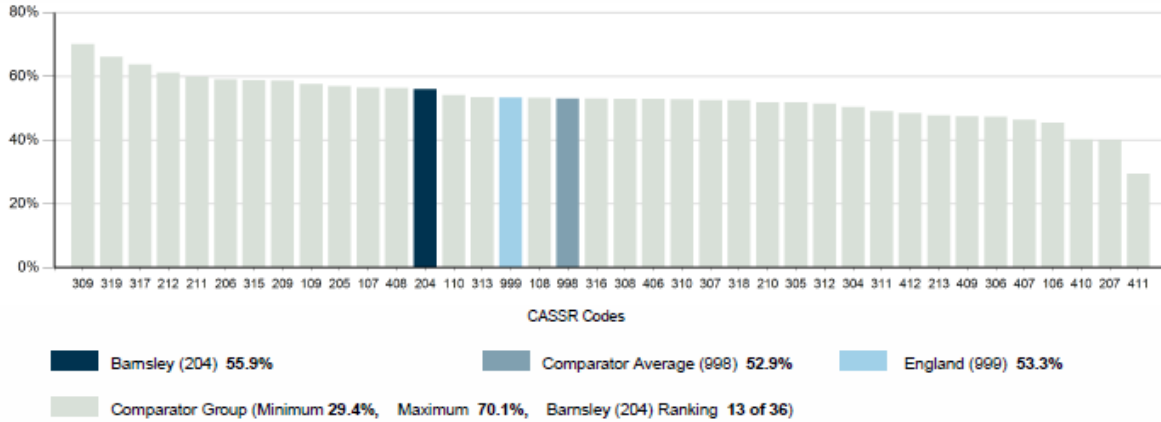


Source: ASC-CAR table I1.
Data for 2013-14 are based on final data.

Percentage of clients still in their own home after 91 days following discharge from hospital where the intention was for the client to return to their own home.

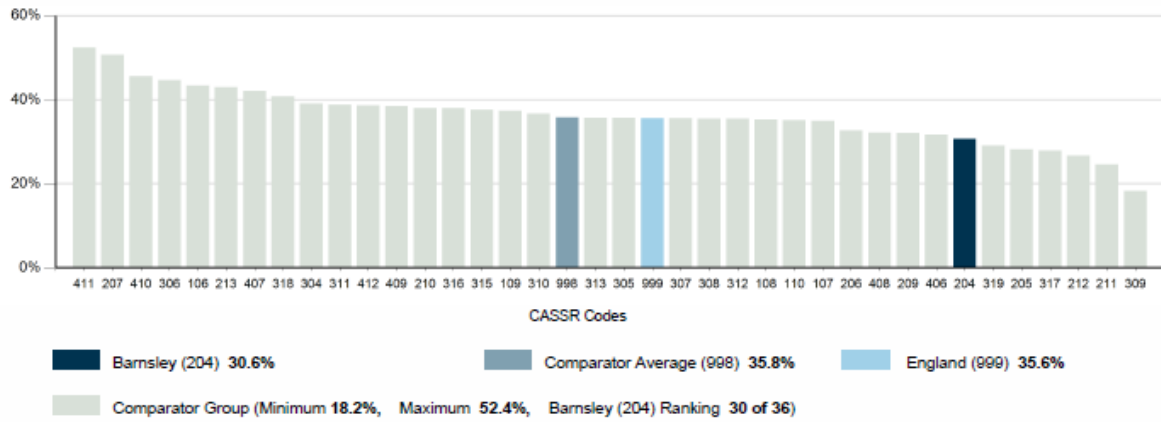
Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Figure 9: Nursing and Residential Care: Proportion of Gross Current Expenditure across client types. Older People (65 and over)



Source: PSS-EX1
 Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
 Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
 All missing data items have been estimated to create national totals.

Figure 10: Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types. Older People (65 and over)



Source: PSS-EX1
 Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
 Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
 All missing data items have been estimated to create national totals.

Social Care client data on older people with mental health problems in Barnsley

Mental illness

Barnsley ASC Community Data – Mental Illness

Figure 11

Client Group	Number
Mental Illness	223

Figure 12

Client Sub Group	Number
Dementia	125
Not recorded	98

Figure 13

Age of Client with Mental Illness	Number	Percentage
Under 20 years	0	0%
20-24 years	1	0.4%
25-34 years	8	3.6%
35-44 years	6	2.7%
45-54 years	16	7.2%
55-64 years	19	8.5%
65-74 years	33	14.8%
75+ years	140	62.8%
TOTAL	223	100%

Figure 14

Age of Client with Mental Illness	Number	Percentage
Adults (under 65 years)	50	22.4%
Older People (65+)	173	77.6%
TOTAL	223	100%

Figure 15

Tenure of 65+	No.	% of that age group
Housing Association	10	5.8
Owner Occupied	70	40.5
Tenant Local Authority	43	24.9
Tenant Private Landlord	3	1.7
Not Recorded	47	27.2
Total	173	100.0

Figure 16

Age Group – Living alone	No.	% of that age group
Under 65	4	8.0
65+	67	38.7

Barnsley ASC Care home Placements Data Analysis – Mental Health

Figure 17

Client Group	Number	Percentage
Mental Health	347	23%

Figure 18

Client Group	Dementia	Not recorded
Mental Health	62%	38%

Figure 19

Client Group	Nursing	Residential
Mental Health	24.8%	75.2%

Figure 20

Client Group	Adult (under 65)	Older person (65+)
Mental Health	7.2%	92.8%

Figure 21

Age of Client with Mental Health	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.6%
45-54 years	1.4%
55-64 years	5.2%
65-74 years	11.5%
75+ years	81.3%

Figure 22

Years since admission of Client with Mental Health	Percentage
Less than 1 year	17.6%
1-3 years	51.0%
4-6 years	23.1%
7-9 years	3.7%
10-12 years	3.2%
13+ years	1.4%

Physical disability

Barnsley ASC Community Data – Physical Disability

Figure 23

Client Group	Number
Physical Disability and sensory impairment	1277

Figure 24

Client Sub Group	Number
Dual Sensory Loss	3
Hearing Impairment	17
Physically Frail/ Temporarily Ill	1048
Visual Impairment	81
Not recorded	128
TOTAL	1277

Figure 25

Age of Client with a Physical Disability	Number	Percentage
Under 20 years	1	0.1%
20-24 years	6	0.5%
25-34 years	21	1.6%
35-44 years	32	2.5%
45-54 years	70	5.5%
55-64 years	97	7.6%
65-74 years	190	14.9%
75+ years	860	67.3%
TOTAL	1277	100%

Figure 26

Age of Client with a Physical Disability	Number	Percentage
Adults (under 65 years)	227	17.8%
Older People (65+)	1050	82.2%
TOTAL	1277	100%

Figure 27

Accommodation Type for people with a Physical Disability	Number
Not recorded	135
Acute/long stay health care	0
Adult placement	1
Housing Association	111
Owner Occupied	580
Supported Accommodation	0

Accommodation Type for people with a Physical Disability	Number
Tenant . Local Authority	416
Tenant . Private Landlord	34
TOTAL	1277

Figure 28

65+ Tenure	No.	% of that age group
Housing Association	84	8.0
Owner Occupied	502	47.8
Tenant Local Authority	329	31.3
Tenant Private Landlord	20	1.9
Not Recorded	115	11.0
Total	1050	100.0

Figure 29

Age Group – Living alone	No.	% of that age group
Under 65	78	34.4
65+	566	53.9

Barnsley ASC Care and Nursing Home Placements Data Analysis – Physical Disability

Figure 30

Client Group	Number
Physical Disability	947

Figure 31

Client Group	Percentage
Physical Disability	64%

Figure 32

Client Group	Physically Frail/Temp Ill	Visual impairment	Not recorded
Physical Disability	98%	1%	1%

Figure 33

Client Group	Nursing	Residential
Physical Disability	21.8%	78.2%

Figure 34

Client Group	Adult (under 65)	Older person (65+)
Physical Disability	2.7%	97.3%

Figure 35

Age of Client with a Physical Disability	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.4%
45-54 years	0.7%
55-64 years	1.6%
65-74 years	9.3%
75+ years	88.0%

Figure 36

Years since admission of Client with a Physical Disability	Percentage
Less than 1 year	26.9%
1-3 years	49.8%
4-6 years	15.2%
7-9 years	4.6%
10-12 years	2.4%
13+ years	1.0%

Registered provider sheltered property survey and responses – links to section 4 of Annex A

PFA asked Registered Providers to complete a property survey form about their sheltered housing to help to provide a better understanding about future sustainability. The tables refer to the question numbers in the survey and so have not been given separate figure numbers in this Appendix.

Landlord

Landlord	Number of schemes
Equity Housing	1
The Guinness Partnership	4
TOTAL	5

Q1: Type of Property

Type of Scheme	Number
Sheltered/Residential	5
Extra Care	0
TOTAL	5

Q2. Age of Scheme

Age of Scheme	Number
Less than 10 years	0
11-20 years	0
21-30 years	5
Over 30 years	0
TOTAL	5

Q3. Tenure of units

Units	Number
Leasehold/Shared Ownership	48
Rent	147
TOTAL	195

Q.3 Size of units

Units	Number
Bedsit	0
1 bed	115
2 bed	80
3 bed	0
TOTAL	195

There are 2 units adapted for wheelchair use

Q4. Current vacancies

Units	Number
1 bed	0
2 bed	5
TOTAL	5

Q5. How long does it take to re-let or sell the units

	Less than 4 weeks	5-12 weeks	3-6 months	More than 6 months
1 bed flats	3	1	0	0
2 bed flats	1	0	0	1
TOTAL	4	1	0	1

Q6. Over the past 12 months – where were residents living prior to moving

	Number
Local Authority area	14
Neighbouring Local Authority area	1
Outside of Area	1

Q7. Of your new residents, in the past 12 months how many were previously:

	Number
Tenants . LA, RSL, private	5
Living with family	3
Owner occupiers	8
Homeless or living in temporary accommodation	0

Q8. What are the main reasons for people wanting properties here?

	Number
Want smaller accommodation	3
Location of scheme	2
Other reasons	5

The other reasons included, sheltered accommodation (5) and close to family (1)

Q9. How would you describe the area in which the scheme is situated?

	Number
Desirable	3
Reasonable	2
Unpopular	0

Q10. Location of scheme

	Yes	No	Total
Close to public transport	5	0	5
Close to local shops	3	2	5
Good pedestrian access	4	1	5

Q11. Is it difficult for people with limited mobility, e.g. people using a walking stick or frame to access any parts of the main building?

	Number
All parts easily accessed	3
Main entrance	2
Laundry	1
Lounge	1
Garden	1
Corridor	1
Other common parts	1

Q12. How easy is it for people with limited mobility, for example, people using a walking stick or frame, to move around inside their flat:

	Number
Easy	3
Reasonable	2
Difficult	0
TOTAL	5

Q13. Is there through floor lift access to all upper floors in main building?

	Number
Yes	4
No	0
N/A	1
TOTAL	5

Q14. Size of units

	Large	Moderate	Small
1 bed flats	1	3	0
2 bed flats	0	2	0
TOTAL	1	5	0

Q15. Do any units share bathrooms/toilets?

None of schemes shared bathrooms or toilets

Q16. Please show which of the facilities are available:

	Number
Communal Lounge	5
Dining room/Restaurant	0
Assisted bathrooms	1
Laundry	4
Guest room	4
Car parking	5
Buggy store	1

Q17. Does the scheme have an alarm system?

	Yes	No	Total
Community alarm service	5	0	5

Q18. Does the alarm service include a 24 hour mobile response service?

	Yes	No	Total
24 hour mobile response service	4	1	5

Q19. Within the last 12 months were there any improvements and/or repairs to any of the properties?

	Yes	No	Total
Improvements/repairs made	4	1	0

If yes, do these include any of the following?

	Number
External walls	0
Roof	1
Windows	0
External doors	0
Insulation	0
Rewiring	0
Central heating	0
Kitchens	2
Bathrooms	2

Q20. Within the next 12 months are there any improvements and/or repairs planned for any of the properties?

	Yes	No	Total
Improvements/repairs made	2	3	5

If yes, do these include any of the following?

	Number
External walls	0
Roof	0
Windows	1
External doors	0
Insulation	0
Rewiring	0
Central heating	0
Kitchens	0
Bathrooms	1
Lift to all floors	0

Q22. Are there any other sheltered housing schemes within a mile of your scheme?

All 5 of the schemes advised there were other sheltered schemes within a mile of them