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**COMMISSIONING STRATEGY FOR OLDER PEOPLE'S ACCOMMODATION**

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**Background**

1. The Committee considered and approved the Joint Commissioning Strategy for Older People's Services, and the draft Older People's Commissioning Plan 2005-2008 at its meeting in September 2005. The Strategy, which went on to be approved by the Executive at its Business Meeting in October 2005 provides the framework for the actions of Cardiff Council and Cardiff Local Health Board to work jointly with health and social care partners to address the immediate pressures on services and the need for long-term service models that ensure increased capacity for preventative, early intervention, primary care and community based services.
2. The Commissioning Strategy for Older People's Accommodation, as one of the sub-strategies due to be developed within the larger strategy is now in the process of being drafted and is presented here to provide the Committee with an opportunity to comment on its content and direction (attached at **Appendix A**).
3. At the meeting, Councillor John Dixon, Executive Member, Health Social Care and Wellbeing will be making a statement, and the Strategy will be explained to Members by Michael Murphy, Chief Adult Services Officer, and Alan Clouth, Operational Manager, Commissioning Support.

**Issues**

4. The Accommodation Strategy for Older People is being developed under the auspices of the Older Persons Advisory Planning Group. The draft Strategy has been produced with input from a wide range of organisations and benefited greatly from demographic work undertaken by the Cardiff Research Centre. The attached draft will be issued for consultation with a wide range of agencies including:-
  - Older Peoples groups, including those focussing on ethnic minorities;
  - Relevant parts of the Council eg Adult Services (including Supporting People), Housing, Older Persons' Strategy Officer, Planning etc;
  - Cardiff Local Health Board;
  - Cardiff and the Vale Health Care Trust;
  - Voluntary organisations, particularly those focussing on Older People;
  - Housing Associations;
  - Private sector providers of Care Homes and retirement accommodation;

- Neighbouring LA's where there is some 'cross traffic' of older people seeking accommodation;
  - National Public Health Service;
  - Welsh Assembly Government (which is encouraging LA's to develop strategies).
5. The presentation to Scrutiny Committee is the first step in the consultation process. The Strategy is likely to change as a result of the consultation. The consultation process will last 3 months and the final Strategy will be completed by June 2007.
  6. The Strategy will be expected to feed into the Housing Strategy and the Supporting People Operational Plan.

### **Principal issues identified within the Strategy**

7. In terms of demographic profile Cardiff is atypical within Wales and will not face the same 'demographic time-bomb' as other parts of the country prior to 2020. The population of people over the age of 75 will increase by only 0.9% over this period.
8. This fact combined with other demographic changes such as an increasing number of couples with children suggests that there may not be a significant increase in demand for health and social care services from older people before 2020.
9. It is a matter of much importance that population projections for older people should be accurate and reliable. The demands upon, and budgetary requirements of Adult Services will be profoundly affected by significant changes in the population within these age groups. In order to assist Members in understanding the population trends that are reported in this strategy and reasons for them, officers within the Cardiff Research Centre have prepared an information document for the Committee, which is attached to this report at **Appendix B.**
10. In spite of the future population trends, there is a current shortage of accommodation for older people with dementia and some other groups such as older people with substance misuse problems. The significant increase in Care Home accommodation within the next year or so may resolve this problem if it is affordable.
11. An increasing majority of older people own their home and there is increasing potential for self funding both in terms of capital for purchasing specialist accommodation or undertaking repairs/adaptations and in terms of revenue for paying rent in private sector retirement accommodation. There will however remain a proportion of older people in rented accommodation and on low incomes and a question for the Council is the degree to which this group and wealthier older people can be integrated within mixed tenure developments.
12. Aspirations are changing and accommodation in a Care Home is not a popular option for the majority of older people. Models which enable older people to

maintain their independence and desired lifestyle, support couples remaining together, provide flexible care and support when required, allow 'ageing in place' and maintain connections with families, friends and communities are what older people want. Extra Care is a model which meets many of these aspirations, however there is a need to ensure that new Extra Care developments do not become institutional and disconnected from the communities within which they sit.

13. There is currently a demand for sheltered accommodation if in the right location and of the right style. However the increasing number of couples with increasing expectations may undermine demand for this accommodation, which is predominantly of a single bedroom style. There is a mismatch between areas with greatest demand and the distribution of accommodation. There is the potential for re-focussing sheltered accommodation towards an enhanced or extra care model through the provision of more integrated care and support within the schemes.
14. There is a need to provide more support to informal carers as it is often families that enable older people to continue to live independently in accommodation of their choice.
15. There is a wide variety of services which support people to remain in their own homes for example, care and repair, domiciliary care, occupational therapy, district nursing, floating support. These services are crucial and must work together in an integrated and preventative way. The introduction of telecare has the potential to greatly improve the chance of vulnerable older people remaining independent. There is a need for easier access to information regarding these services, particularly for older people from minority ethnic communities.

### **Way Forward**

16. Councillor John Dixon, Executive Member, Health Social Care and Wellbeing will make a statement, Michael Murphy, Chief Adult Services Officer, and Alan Clouth, Operational Manager, Commissioning Support will give a presentation outlining the strategy (handouts of the presentation attached at **Appendix C**) and Members will then have the opportunity to ask questions.

### **Legal Implications**

17. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Executive/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers of behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances

## **Financial Implications**

18. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Executive/Council will set out any financial implications arising from those recommendations.

## **RECOMMENDATIONS**

The Committee is recommended to:

- i) Consider the draft Commissioning Strategy for Older People's Accommodation, and the presentation from officers and make their comments and observations known to the Executive Member, regarding the content of the draft document and the current approach of the Strategy.
- ii) Agree the way forward with regard to future consideration of this issue.

MARTIN HAMILTON  
Chief Officer, Scrutiny, Change & Efficiency  
31<sup>st</sup> January 2007

## **Background papers**

Papers and Minutes, Community and Adult Services Scrutiny Committee, 8<sup>th</sup> September 2005.

# Report to Children and Adults Scrutiny Committee

## COMMISSIONING STRATEGY FOR OLDER PEOPLES' ACCOMMODATION

**Please note:**

**THIS IS A DRAFT  
IT MAY CONTAIN INACCURACIES**

### 1. PURPOSE

A strategy for Older Person's accommodation is required in order to provide a coherent framework and evidence base for the development of services over the next 10 years. There are a number of related issues which need to be addressed within the strategy:

- Existing models of provision such as Care Homes and conventional sheltered accommodation are being challenged as desirable models for a future in which older people are likely to be home owners and have higher expectations;
- Funding the current pattern of service provision for older people is likely to be unsustainable and new patterns of service which support older people to be independent for longer will be required;
- There is insufficient supply of some kinds of accommodation, for example, for people with dementia, which is impacting on Delayed Transfers of Care and choice for service users;
- A sounder evidence base and clearer intentions for the development of new models of accommodation, support and care such as Extra Care and Telecare are required.

The Strategy was developed under the auspices of the Accommodation Sub Group of the Older Persons Advisory Planning Group which is, in turn, part of the Joint Commissioning Framework.

This Strategy draws on and develops the objectives contained in Cardiff's Joint Commissioning Strategy for Older People and the Older People's Strategy. It includes commissioned work, for example, on demographic projections that was undertaken by the Cardiff Research Centre.

The Older People's Accommodation Strategy will feed into the Housing Strategy which will be ready by April 2007. A market needs analysis exercise is being undertaken to support the Housing Strategy. The results of this exercise will not be available for April but will inform development of the Housing Strategy and Supporting People Operational Plan in future years.

It is recognised that the accommodation and care needs of older people are complex and diverse and that they are best addressed and delivered by the council working in partnership with others. Therefore the development of this strategy required the participation of a wide range of stakeholders including Adult Services (including Supporting People), Housing, Local Health Board, Housing Associations and Voluntary organisations. The work of the group was helped by inputs from the Welsh Assembly Government and the Institute of Public Care.

## **2 SCOPE OF STRATEGY**

The Strategy covers:

- People over the age of 65 who live in Cardiff or are placed by Cardiff in Out of County placements;
- Informal carers of Older People;
- A period of 10 years from 2006 to 2016;
- Accommodation and housing/health/social care services which enable people to remain in their own home or, if not possible, a home-like alternative;
- A range of stakeholders including the local authority, health authority, voluntary organisations, registered social landlords and the private sector.

## **3 CONSULTATION**

Consultation took place with older people through Cardiff Older People's Forum and Cardiff Minority Ethnic Older People's Council feedback is included in the 'Aspirations of Older People' section of the strategy.

The Older Persons Congress held in September 2006 was used to seek the views of Older People via a questionnaire and approximately 120 were returned. The results of this exercise can be found under 'Aspirations of Older People' below.

Information regarding the needs and aspirations of Older People nationally was obtained via a literature search.

The final draft Strategy will be consulted upon widely, including through the Joint Commissioning Framework which includes representatives from Council, Health and Independent Sector organisations.

## 4 KEY OUTCOMES OF THE STRATEGY

The key outcomes of the strategy will be:

- Reduced number of people entering residential care
- Reduced hospital admissions and reduced Delayed discharges of Care for accommodation reasons
- Increased percentage of older people remaining at home, and in 'home for life' properties, including sheltered accommodation
- Increased support for older people in the community with a preventative focus
- Fair access to services
- Increased use of equity to help people remain in their homes through the funding of maintenance and repairs
- Accommodation for older people which provides a 'context' for care rather than being dictated or unnecessarily constrained by care or support needs.
- Provision of a range of accommodation to suit aspirations and needs including the opportunity to buy or part buy accommodation
- Support for positive transfers to more suitable accommodation, in part, to release family housing
- Information and advice available for older people to make their own choices about services
- Joined up development and management approach for the provision of services to older people
- Simpler application process for Older People's (OP) accommodation

## 5 NEEDS ANALYSIS

### Key statistics relating to Older People in Cardiff

Work has been undertaken by Cardiff Research Centre on population trends and projections for post retirement age groups in Cardiff.

<b>Projected changes in Total Persons in Cardiff from 2004 to 2019</b>						
	2004	2009	2014	2019	Total Change	% change
<b>65 - 74</b>	22,200	21,700	24,500	27,000	4,800	21.62
<b>75 +</b>	22,100	22,800	22,600	22,300	200	0.9
<b>All 65+</b>	44,300	44,500	47,100	49,300	5,000	11.29

*Source: Population trends for post retirement age groups in Cardiff from 1989 to 2019 (December 2006)*

- As can be seen from the above information the population of people of 65 and over in Cardiff will increase by about 11% over the next 13 years however the group that rely most heavily on health and social care services will remain almost static with only a 0.9% increase.
- The position in Cardiff is therefore atypical and contrasts with Wales which show an approximate 32% increase in numbers of people over 64 with about a 27% increase in 75+ age group.
- Between 2019 and 2029 the 65 + age grouping in Cardiff will increase in size by about 23% compared with an increase of about 55% for Wales as a whole.
- Over 75% of older people aged 65 or more own their properties. Of those that do not own their own property 47.5% rent from the local authority, 25.5% from other social landlords and 27.0% rent privately or live rent free.
- Average equity held by older people in Cardiff averages about £150,000 in 2006.
- Male life-span is increasing which will result in an increased number of couples with a trend for women to become widows at an older age.
- Marriage rates for those born in the 1930's were higher than before or since and this was the generation that produced the 'baby boomers' of the 1950s and early 1960's. There will therefore likely to be an increase in the numbers of married couples with children over the next 10 years. This is likely to result in a lower probability of entering institutional care *Source: Demographic aspects of population ageing. ESCR*
- 60 to 80 year olds are over-represented in 1945-1960 dwellings or earlier that are likely to showing design weaknesses and therefore there is no prospect of a major reduction in the need for repair to housing stock.

## Long term illness

	<b>2004 Base Year estimate</b>	<b>2009 Projected Estimate</b>	<b>2014 Projected Estimate</b>	<b>2019 Projected Estimate</b>	<b>Change 2004 - 2019</b>
<b>Age Group</b>	<b>Persons</b>	<b>Persons</b>	<b>Persons</b>	<b>Persons</b>	<b>Persons</b>
<b>Population 65 -74</b>	22,200	21700	24500	27000	4,800
<b>Long term illness @ 41%#</b>	9102	8897	10045	11070	1968
<b>Population 75+</b>	22,100	22,800	22,600	22,300	200
<b>Long term illness @ 53%#</b>	11713	12084	11978	11819	106
<b>Total population aged 65 + with a long term illness</b>	20815	20981	22023	22889	2074
<b>Total population all ages</b>	316,797	325,766	339,040	353,415	36,618

# Percentage of people who reported a long term illness which limited their lifestyle

Source: National Statistics 2004

On average, between 2004 and 2019, an additional 138 people per year over the age of 65 will have a limiting long term illness. This is an average annual increase of about 0.7%.

### Disability

In the 65 – 79 age group 25% report a moderate level of disability and 11% report a severe level of disability. In the 80+ age group these percentages become 34% and 30% respectively.

<b>Age group</b>	<b>2004 Base Year estimate</b>	<b>2009 Projected Estimate</b>	<b>2014 Projected Estimate</b>	<b>2019 Projected Estimate</b>	<b>Change 2004 -2019</b>
<b>Population 65-79</b>	31541	30437	32898	35452	3911
<b>Severe Disability @ 11%</b>	3469	3348	3618	3899	430
<b>Population 80+</b>	12807	14037	14197	13880	1073
<b>Severe Disability @30%</b>	3842	4211	4259	4164	322
<b>Total population aged 65 + with a Severe Disability</b>	7311	7559	7877	8063	752
<b>total population all ages</b>	316,797	325,766	339,040	353,415	36618

On average between 2004 and 2019 an additional 50 people/year over the age of 65 will have a severe disability. This is an average annual increase of about 0.7%.

## **Minority Ethnic Communities**

Census based statistics show that ethnic minority communities in Cardiff, particularly the population of Pakistani and Bangladeshi heritage, are on the whole substantially younger than the 'white' resident population.

A piece of work is planned to project forward the population from Minority Ethnic Communities in Cardiff to show how the numbers of older people will increase.

Minority ethnic groups are significantly under-represented in the 'owner occupied without a mortgage' tenure group. The highest group of owner-occupiers with a mortgage was 'Asian' groups, while 'black' groups were significantly higher in the Cardiff Council tenure category.

The 2001 census figures show that the majority of minority ethnic communities in Cardiff live within Butetown, Riverside, Grangetown, Plasnewydd, Adamsdown and Cathays, with smaller communities in Ely, Canton and Splott.

The Housing Needs Survey carried out by Cardiff Council in 2002, identified that 12.9% of all Black Households and 8.2% of all Asian households were in housing need, compared to 3.7% of all Cardiff households.

Information from consultation with Minority Ethnic groups in Cardiff suggests that there is a change taking place in the Asian community with increasing mobility in second and third generations leading to a breakdown in the traditional pattern of family composition which is that the children live in the parent's home. However there is still a higher percentage of adult children living with their parents than in the black communities.

Minority ethnic communities are very diverse and differ in their needs. For example, the Department of Works and Pensions report, 'Focus on older people (2005)', says that about 50% of older people from the Bangladeshi/Pakistani group had a limiting long term illness but just 20% of those of Chinese origin.

### **Statistics related to learning disabilities**

The table below details the age range of adults with a learning disability who live in Cardiff and are known to Adults and Children's Services:

There are currently 108 service users with a Learning Disability aged over 60 which is 12.4% of the total number. This is projected to rise to 16-17% by 2008. Eric Emerson and Chris Hatton have undertaken work for the Department of Health, which seeks to estimate current and future need and demand. Their 2004 report concludes that there will be a 41% increase of people aged 60-79 by 2011 and a 56% increase in those aged over 80.

## Statistics related to Dementia and Depression

The figures below for the numbers of older people with a moderate or severe cognitive impairment is based on the Nuffield Institute for Health assumptions that 21.9% of people aged 85+, 7.2% of people aged 75-84 and 2.3% of people aged 65-74 will have a significant cognitive disability.

<b>Age group and prevalence</b>	<b>2004</b>	<b>2009</b>	<b>2014</b>	<b>2019</b>
<b>65-74</b>	22212	21660	24461	27009
<b>Prevalence (2.3%)</b>	511	498	563	621
<b>75-79</b>	9329	8777	8437	8443
<b>Prevalence (5.7%)</b>	532	500	481	481
<b>80-84</b>	7663	7951	7574	7302
<b>Prevalence (11%)</b>	843	875	833	803
<b>85-90</b>	3368	4297	4455	4239
<b>Prevalence (21%)</b>	707	902	936	890
<b>90 +</b>	1776	1789	2168	2339
<b>Prevalence (32%)</b>	568	572	694	748
<b>Total population in Cardiff</b>	316797	325766	339040	353415
<b>Total population aged 65 plus</b>	44348	44474	47095	49332
<b>Total prevalence of dementia 65+</b>	<b>3161</b>	<b>3348</b>	<b>3506</b>	<b>3544</b>

The figures above represent a 12% increase in numbers of older people with a significant level of dementia between 2004 and 2019 with the majority of the increase being before 2014. This is an average annual increase of about 0.75%.

On average there will be an extra 25 people per year with a significant level of dementia over the age of 65 in Cardiff.

Conservative estimates of mental health problems in older adults suggest a prevalence of perhaps 40% of people attending their GP, 50% of general hospital inpatients, and 60% of care home residents.

Two-thirds of NHS beds are occupied by people age 65 or over and up to two-thirds of some inpatient groups either have mental health problems already, or will go on to develop them during their inpatient stay.

## . Depression

Within the general community, depression is present in around 15% of older people. Severe depression affects about 5% of this population

Age group	2004 Base Year estimate	2009 Projected Estimate	2014 Projected Estimate	2019 Projected Estimate	Change 2004 -2019
Population 65+	44348	44474	47095	49332	4984
<b>Depression @15%</b>	<b>6652</b>	<b>6671</b>	<b>7064</b>	<b>7380</b>	<b>728</b>
<b>Severe Depression @ 5%</b>	<b>2217</b>	<b>2223</b>	<b>2354</b>	<b>2460</b>	<b>243</b>

On average there will be an extra 48 people per year, over the age of 65, with depression of which approximately 16 will have severe depression, within the general community in Cardiff.

## Substance Misuse

There are a number of older people who have a range of physical and mental impairments, including dementia, as a result of long term alcohol misuse. These people are often inappropriately placed in hostels and wards where their behavioural problems and vulnerability can put themselves and others at risk. There is likely to be continuous or at least intermittent alcohol misuse and there is a limited potential for behavioural change.

## Living alone

The trend for older people not to live with their children is likely to continue and most older people live alone or with a partner of a similar age. The tendency of people to live alone increases with age with about 50% of people over 75 living alone, the majority of whom are women.

### Number of Males and Females Aged 65 & Over Living Alone

Local Authority	Lone Males			Lone Females			Total
	65-74 years	75-84 years	over 85 years	65-74 years	75-84 years	over 85 years	
<b>Cardiff</b>	<b>1950</b>	<b>1609</b>	<b>500</b>	<b>5587</b>	<b>5147</b>	<b>1948</b>	<b>16,741</b>

Source: Themes Table T06, Census 2001, Office for National Statistics

Living alone and loneliness have been identified as factors prompting older people to move home, often into residential care. Research indicates that loneliness is not necessarily relieved by the provision of statutory care or living in sheltered accommodation. Single women without children are particularly likely to move into a residential home. Men of a similar age are less likely to enter institutional care because they are more likely to be married.

There is likely to be an increasing percentage of older people living with a spouse over the next 10 years due to higher marriage rates and reduced male mortality. A higher percentage will have children due to the 'baby boom' of the 1950's and early 1960's. The children will be in their 60's and may be caring for grand-children and may also be working.

## Deprivation

Although in general Cardiff is regarded as a relatively prosperous area within Wales there are areas of relative deprivation. The report 'Deprivation and Health: Cardiff' produced by National Public Health Service for Wales (March 2006) shows that the following areas, representing 46% of the population of Cardiff are amongst the most deprived fifth of wards in Wales. The areas are:-

Butetown; Ely; Adamstown; Splott; Riverside; Caerau; Plasnewydd; Llanrumney; Grangetown; Cathays; Trowbridge; Llandaff North.

These wards largely form the 'southern arc' of relative deprivation referred to in numerous reports.

Deprivation impacts on Older People for example, difficulty in funding repairs or keeping the home adequately heated. Older single women who often have low incomes are amongst the most deprived groups in society.

## 9 CARERS

Information from the 2001 Census showed that in England and Wales over half of carers providing 50 or more hours of care a week were aged over 55, this coincides with the ages that carers are most likely to report to be in "not good health" themselves.

It is important to consider this group, as the carers themselves may need help in the future. There are 5,753 carers aged 65 or over in Cardiff out of a total of about 31,000. About three fifths of carers are women (56%).

The table below shows that for each age group the percentage of carers declines; from 16.2% for the 65 to 74 age group to 2.7% for the 90 and over age group.

Age Group of Carers	No. Carers	% of total Carers	% Providing 50 + hr/wk
65-74	3694	16.2	33.9
75-84	1816	10.9	48.3
85-89	198	5.7	56.5
90 and over	45	2.7	34.5

*Source: 2001 Census Topic Report Sept 2004*

Areas of Cardiff with the highest % of carers tend to be those areas with the highest % of older people. There is also a positive correlation between level of deprivation and % of carers who describe themselves as 'not being in good health'.

On the whole, female carers are likely to spend longer hours providing care than male carers. The group with the highest proportion of carers providing 50 hours of care a week or above are female carers aged between 85 and 89, almost seven tenths of whom provide this level of care.

## 10 INFERENCES FROM STATISTICS

The numbers of very old people (75+) are projected to increase very slowly in Cardiff over the next 15 years but will increase by about 10% from 2019 to 2029. However the health and wellbeing of these older people will be the crucial determinant of the future needs for services.

At present the most important reasons for social care service use are as follows, listed in order of importance:-

- a) Health problems (physical and mental), functional disability, Activities of Daily Living problems, a need for rehabilitation and similar;
- b) A lack of, or break-down in, informal care, or stress on carers;
- c) Poor or inappropriate housing;
- d) Social reasons, such as loneliness, fear of crime and abuse.<sup>1</sup>

Assuming no significant medical breakthrough, for example, a drug that ameliorates the effects of dementia, there will be a small increase in number of people with a chronic illness or severe disability (<1%), mitigated by the health advantages and increased support arising from an increase in the percentage of older people living as couples.

An increasing percentage of older people with children will give the potential for more informal care but this cannot simply be assumed and increased support for carers to enable them to better manage the competing demands of other caring responsibilities and the workplace will reduce the need for statutory social care. The heaviest responsibility of care falls of older women and this is made worse by high incidence of poor health, particularly in areas of relative deprivation.

There is also the potential for an increased percentage of older people so self-fund their care through the release of equity on their properties. There is however a risk of increasing inequality between those with reasonable pensions and equity and those with neither and an objective of any accommodation strategy must be to avoid the creation of a stark two tier system.

Services such aimed at minimising the extent to which chronic conditions result in dependency problems will be particularly important in reducing the overall demand for services.

## 11 ASPIRATIONS OF OLDER PEOPLE

Information has been collected from Cardiff Older Persons Congresses in 2005 and 2006.

In 2005 the participants identified the following as priorities:

- Independent living was a priority.
- All properties should be accessible and fitted with appropriate equipment to allow access by people with disabilities.

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<sup>1</sup> Bebbington, Darton and Netten (2001) Care Homes for Older People: Admissions, Needs and Outcomes  
Wittenberg, Hancock and Comas-Herrera (2002) Demand for long term care in the UK

- Decoration, care and repair of properties were an issue in maintaining health and well being.
- Upkeep and maintenance of private and Council accommodation was an issue in maintaining health and well being.
- Free accommodation provided for some social groups, meant that less finance was available to deal with older persons housing issues.
- Any works on adaptations needed to be carried out to properties should be done so quickly.

Information from the 2006 Older Persons Congress was based on questionnaire to which there were 120 responses. Respondents were representative in terms of tenure (72% home owners) and proportion of people from ethnic minority communities (7.5%) however there was a preponderance of woman (89%). Over 40% of the respondents were aged between 65 and 74, with a further 32% aged between 74 and 85. Only 4 people were under 50, and 9 were over 85.

- 16% of respondents thought they were likely to move in the future;
- 48% of home owners would prefer to buy if they had to move, 28% would prefer to rent;
- 63% thought that there was a shortage of accommodation and support for older people, 18% thought there was not.

Respondent were asked for their preference for the future should they need support. The responses were as follows:-

**What is your preference for care and support if you ever need help looking after ?**

<b>Accommodation Option:</b>	<b>1<sup>st</sup> choice</b>	<b>2<sup>nd</sup> choice</b>	<b>3<sup>rd</sup> choice</b>
Stay at home with care and support from friends & family	37	1	1
Stay at home with care and support from trained care workers	22	14	1
Move to a smaller home of my own	5	8	3
Move to sheltered housing with a warden	8	8	4
Move to sheltered housing with a warden and other services like a hairdresser/outings	5	6	6
Move in with my family	0	2	1
Move to a private residential home	2	0	3
Move to a local council residential home	1	0	2
Move to a residential home run by a charitable organisation	0	2	8
Other	2	0	0
<b>Total</b>	<b>82</b>	<b>41</b>	<b>29</b>

The results from the Older Persons Congress reflect the results of a MORI survey carried out for the Commission for Social Care Inspection (CSCI 2005) (appendix 1). The Omnibus Survey, Office for National Statistics found that the favoured option for both older men and women is to receive care from both relatives and professionals

Meetings with the Older Persons' Forum and the Cardiff Minority Ethnic Older Persons' Council raised a number of accommodation issues:-

- There was concern that Private Sector Developments provided as part of new build were not always suitable for older people, forcing older people to live outside a recognised community. Private Sector developments were seen as too expensive and sometimes built on unsuitable sites.
- Some members thought that the Accommodation Strategy should also refer to wider issues such as Council Tax as older people were 'disproportionately affected by Council tax rises'
- There was some support for mixed developments, that is, designated older people and mainstream housing, rather than segregated developments for older people.

A number of Issues were raised specifically by the Cardiff Minority Ethnic Older persons Council:-

- Many of the older minority communities owned their own homes because of cultural reasons – to provide a transitional home for children and grandchildren etc. Support for these community elders to remain in their own homes was vital. There was an increasing tendency for children with higher education to move for work and they may buy houses unsuitable for accommodating their parents.
- Any provision should ideally be provided near to local shopping centres and if possible community centres/places of worship.
- Any information on accommodation or accommodation related services such as Care and Repair should be provided in local Minority Ethnic languages as should any available information on benefits. This view is supported by recent research conducted by the University of Salford into the usage of housing, social care and health by Minority Ethnic elders which indicated that lack of information and language barriers were significant problems across Wales.

Research on the housing decisions of people over the age of 60 years found that the design, quality and standard of housing is a critical factor in the way older people live. Older people specifically want housing that:

- Is designed to help manage reduced mobility and disability;
- Provides safety, security, comfort and pleasure, and
- Has sufficient flexibility and space to allow them to sustain their individual lives.

Feedback from older people indicates that they want a 'compression of morbidity', that is, they want to add life to years not necessarily years to life. Preventative community based services intended to support older people to remain active, healthy and engaged in their communities will support this wish.

There is a view that accommodation decisions by older people will be increasingly driven by lifestyle issues not frailty and with the possibility of increased self funding through the use of housing equity the desire will be for high quality, flexible services and greater choice.

## 12 MARKET SUPPLY

### TYPES OF ACCOMMODATION

A problem which besets the quantification of types of accommodation is that of definition eg there is no statutory definition of 'sheltered accommodation'. Current work being undertaken on behalf of WAG is aiming to produce a definitional matrix. There is a particular problem in classifying private provision alongside public provision, For example, how does 'extra care' equate to the more commonly used term 'assisted living' used in the private sector.

The Local Health Board has a responsibility for providing accommodation and support for those people who meet the criteria for Continuing Health Care. Provision can be in hospital settings, Care Homes or other appropriate accommodation.

Nursing Home and Residential Home accommodation is largely provided through the private sector although the Adult Services retains some capacity. This position has changed radically since the early 1990's when the bulk of Care Home places were provided directly by Councils. The Council does however continue to have an important statutory responsibility and associated procurement role in relation to the provision of Care Home beds. The National Assistance Act 1948 empowers local authorities to make arrangements for providing residential accommodation for persons aged 18 or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them.

Nationally 60% of care home placements are funded by the Local Authority, 33% by the resident and/or family and about 7% by Health.

The Council and Housing Associations both provide accommodation designed specifically for older people and, increasingly, private organisations are building what is generally described as retirement accommodation. Housing Associations and the private sector provide accommodation for rent and for sale. There is wide variation in the quality of this accommodation, the degree of impairment which can be supported and the cost to the resident.

It must not be forgotten that the largest amount of accommodation for older people is provided by the older people themselves in general housing and many moves are within the general housing stock. It is often in the 'family home' that older people wish to remain.

### Care Homes

There are currently 43 larger Care Homes in Cardiff of which 13 offer a Nursing Home level of care.

In total there are approximately **1670** beds in Cardiff of which 765 are registered within the 13 Nursing Homes. This figure is made up of 1447 places in larger Homes, about 60 places in small Homes (1, 2 or 3 beds) and about 160 places in Homes managed by the

Council, including Jane Hodge and St Winefrides.

Only 2 Homes will currently accept the Cardiff payment rate for nursing care and there are 122 third party contributions ('top up') with the average being £39/week (August 2006). Only 2 Homes in Cardiff take EMI Nursing level clients and only one of those at Cardiff's payment rate.

About half of Homes offering residential levels of care do not accept the Cardiff rate and there are 110 third party contributions the average contribution being £46/week (August 2006). The range of third party contributions is between £3/week and £192/week.

Over the last couple of years about 100 beds have been lost due to closures and it is anticipated that there may be a further 125 beds lost over the next 18 months. On the other hand four new large Homes are opening within the next year offering 388 beds. There will therefore be a net increase of 263.

The demand for residential care in the City continues to fall. In 2003/4 admissions peaked to 887 and at the end of June 2006/7 this had dropped to 762. Numbers of older service users funded in residential care homes have gradually decreased over the last 3 years while the number of nursing home packages funded remains fairly static (about 450 users). Average length of stay in a Care Home is about 2 years.

Occupancy rate of Homes in Cardiff is >95%. Laing and Buisson suggest that a rate of no more than 90% is required if there is to be a reasonable amount of choice for older people seeking care home placements. Homes registered for nursing care tend to be larger, 59 beds on average, than other Homes which are on average 30 beds.

The lack of choice is demonstrated by the Cardiff Delayed Transfer of Care (DTCOC) figures which show that 40% of patients delayed in August 2006 were waiting for a place in the care home of their choice, though not all in Cardiff. Waits for Care Homes can be anything from 2 weeks to 2 years and self-funders may be prioritised over Council funded people where waiting lists do exist.

There is an acute shortage of EMI beds. The LHB are currently reviewing with Cardiff and Vale NHS Trust the level of EMI inpatient beds required to meet the needs of Cardiff residents for assessment. The previous commitment to commission long term care beds within Cardiff and Vale NHS Trust is also being reviewed with a view, in line with the joint mental health strategy, to commission capacity within the community..

Currently transfer from hospital to EMI nursing care can take 3 months or longer. Transfer to EMI residential care can take 1 month or longer. Transfer to Residential can take 3 weeks and those who have the finances to self-fund can find a place in 1-2 weeks.

There are different ways in which the appropriate level of care homes provision may be calculated. If the average placements per 1000 of the population across the UK were applied to Cardiff the population the number of Care Home beds would be about **1660** rising to about **1900** in 2019 (appendix 3).

If however the Welsh average of 11 beds/100 people over the age of 75 is applied to the Cardiff population the number of beds would be **2434**.

The Laing and Buisson UK market survey 2004 suggests the following need for Care Home provision:-

Age group	Number in Cardiff (2004)	% requiring care home	Number needing Care Home
65-74	22212	0.9	200
75-84	16992	4.3	730
85+	5144	20.7	1065
<b>Total</b>	<b>44348</b>		<b>1995</b>

*Source: The Liang and Buisson "Care of Elderly People" UK Market Survey 2004*

Assuming that the level of need stays the same and there is no alternative provision then the number of older people requiring a care home would increase to **2281** by 2019. This equates to an average increase in demand of 20 beds per year over the 15 year period between 2004 and 2019.

The Laing and Buisson figure is a midpoint between the Welsh and UK averages and represents a reasonable baseline for estimating the shortage of care home provision in Cardiff. On this basis there is a current shortage of approximately 300 Care Home beds in Cardiff. With the net increase of about 263 beds referred to above this gap will be substantially closed.

Any significant transfers into Care Homes, for example, from hospital for people with Continuing Health Care needs, would obviously increase the gap as would further Care Home closures. Equally any significant transfer of demand away from Care Homes, for example into Extra Care or Enhanced Sheltered Accommodation for people with lower level needs will diminish the gap. The development of private sector retirement accommodation referred to below could also impact on demand.

80% of Care Home admissions for all adults (over 18) are for people over the age of 75 and nearly 50% are for people over the age of 85. The average age for admission to a Care Home in Cardiff is about 85 and this is slowly increasing. Given that the population of people over the age of 75 will only increase by about 1% by 2019 the demand for Care Home beds is unlikely to increase significantly.

There is a shortage of Homes that will consider people with an alcohol or drug dependency.

There is a shortage of respite beds in care homes. A task and finish group is being established which will produce more detailed information regarding the need for respite care in Cardiff.

### **Extra Care Schemes**

Currently there is no Extra Care Housing in Cardiff. Extra Care housing in Cardiff is seen as offering an alternative and more appropriate form of provision for those who would otherwise be entering residential care. In the interest of developing a balanced community there should be a mix of dependency levels, often working on a third low dependency (eg less than 5 hours care/week), a third medium and a third high dependency (eg greater than 14 hours care/week).

A separate Design Guide for Extra Care has been produced. In essence Extra Care can be defined by the following characteristics:-

- Self contained accommodation;
- Geographical cluster of dwellings (often in the same building);
- Design features and technology which facilitate independence;
- 24 hour domiciliary care staff on site;
- Meals available;
- Communal facilities;
- Accommodation is most often rented however an option to purchase is also possible.

One Registered Social Landlord (RSL) is currently working with the Council to develop an Extra Care scheme in Pentrebane with 40 units and a further site has been identified for a larger Extra Care development in Llanishen.

It is certain that a proportion of the people entering Care Homes, particularly those entering residential care could have their needs met in an Extra Care Scheme. In one study 30% of residents in the Care Home sample could have entered Extra Care at the time of admission to residential care. *Source: What makes older people choose residential care and are there alternatives? IPC 2003*

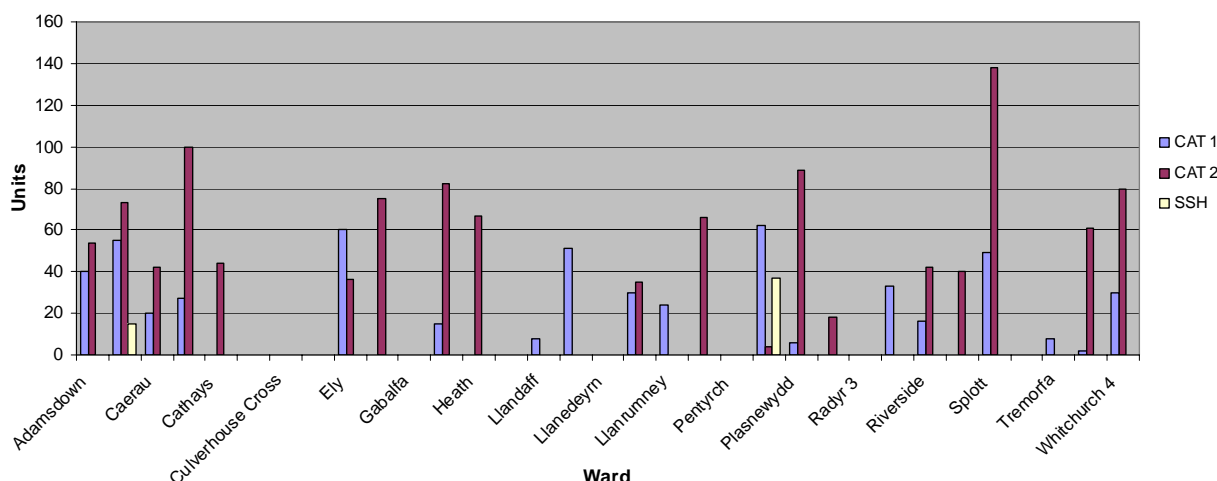
Taking a more conservative estimate of 20% would give a figure of approximately 150 people per year. To this figure could be added those older people on the Housing waiting list whose needs could best be met within an Extra Care scheme.

## Sheltered Accommodation

There is the following sheltered accommodation (cat 1, 2 and 2.5) provided by the Council and Housing Associations in Cardiff:-

Landlord	Number of Sheltered Units
Aelwyd HA	33
Cadwyn HA	25
Cardiff Community HA	188
Linc Cymru HA	44
Hafod HA	60
Shaw Co-operative	40
Taff HA	46
United Welsh HA	185
Wales and West HA	738
Cardiff County Council	364
<b>Total</b>	<b>1723</b>

Number of Units in Sheltered Schemes by Ward



There are 39 units/1000 people over 65 (about 4%) and 77 units/1000 people over 75 (about 8%). Nationally there are currently around 5% of people over 65 living in sheltered accommodation which would equate to around 2220 people for Cardiff. *Source: Our Homes, Our Lives p5.*

The figure of **1723** refers to units rather than people therefore the number of tenants is likely to be greater than this figure but not substantially so. Also the figure does not include private sector sheltered accommodation. It would seem therefore that the position in Cardiff is not far off the national average.

Category 1 units have a community alarm only. Category 2 units have an warden (on-site or mobile) as well. In Housing Association units there is a roughly even split between category 1 and 2 units. The vast majority of units are single bedroom flats.

There are 69 schemes of which 10 are Council owned.

- 66% of tenants are female and over 33% are over 80 years of age.
- New service users currently being placed are older and frailer than in previous years.
- Most tenants have come from rented accommodation.

There are around 6210 people on the Council's Housing waiting list of which 542 are over the age of 60 (Jan 07). Of the over 60's 114 are over 65 and waiting for a place in a sheltered scheme. Of these people 59 applicants have expressed a need for more support to remain independent and their average age is around 77. Twenty seven applicants expressing a wish for more support are over the age of 80 and may be better suited to Extra Care Accommodation.

Currently (Jan 07) 129 people over the age of 65 are receiving 1027 hours/week of domiciliary care from the Council in Local Authority and Housing Association sheltered accommodation. This represents about 8% of tenants and they receive, on average, about 8 hours of care per week. The percentage of people over the age of 65 in LA and HA sheltered accommodation is about 4% yet they receive about 6.65% of total domiciliary care hours (15,456 hours/week) and therefore these tenants are about 50% more likely to receive domiciliary care than the general 65+ population. The take up of domiciliary care is still relatively low however with only about one third of schemes having 5 or more tenants receiving care.

In Cardiff the demand for traditional sheltered remains high, where the demand is lower it is far more likely to be attributed to the geographical location or poor design of the building. As male life span increases there is likely to be a need for larger units which can cater for the needs of an increasing number of couples.

### **Minority Ethnic Communities and Sheltered Accommodation**

Previous BME housing needs surveys, identified Somali elders in Cardiff as a group with significant housing needs and this resulted in the development of Red Sea House (RSH) – a sheltered Housing scheme, in partnership with Taff H.A, located in Butetown. RSH is unique in Wales, in that it provides, in addition to standard, category 2 features, a café which serves nutritious, economic and culturally specific food to the tenants. The capital for building this facility was funded by Social Housing Grant, in recognition of the specific needs of this client group and the surrounding community.

The Chinese community in Cardiff have identified the need for appropriate accommodation for Chinese elders.

About 63 places in sheltered accommodation out of 1723 places are specifically designed for people from Minority Ethnic Communities ie about 4%. *Source: Supporting People Operational Plan*

### **Private sector Retirement Housing**

There is a lack of coordinated development between the private sector and the public sector and it has been difficult finding information about private sector development in Cardiff. Some discussion has taken place with the private sector and there is a wish to work more in partnership.

There are approximately 900 units of private sector retirement accommodation in Cardiff with another 330 units in development (May 2006). The majority of these are flats and are either for sale or command high rents. A relatively small number are available for part-purchase. The main developers in Cardiff are McCarthy & Stone, Wales & West, Pegasus Retirement Homes, Sunrise Senior Living and Holiday Retirement.

Private developers have profiled Cardiff and believe there is a significant shortage of 'top end' accommodation with a potential demand for a further 2500 places.

Some developers are care led but others recognise a demand for 'hotel style' accommodation with generous space standards and an activity based life style. The typical resident would be an 84 year old widow with a good income who values security and independence. This accommodation fits somewhere between sheltered accommodation and nursing home care and residents typically remain about 3.5 years. About 40% move onto Nursing Home accommodation. This kind of facility is not registered with the Care Standards Inspectorate and residents arrange their own care. The model is sometimes described as 'assisted living'.

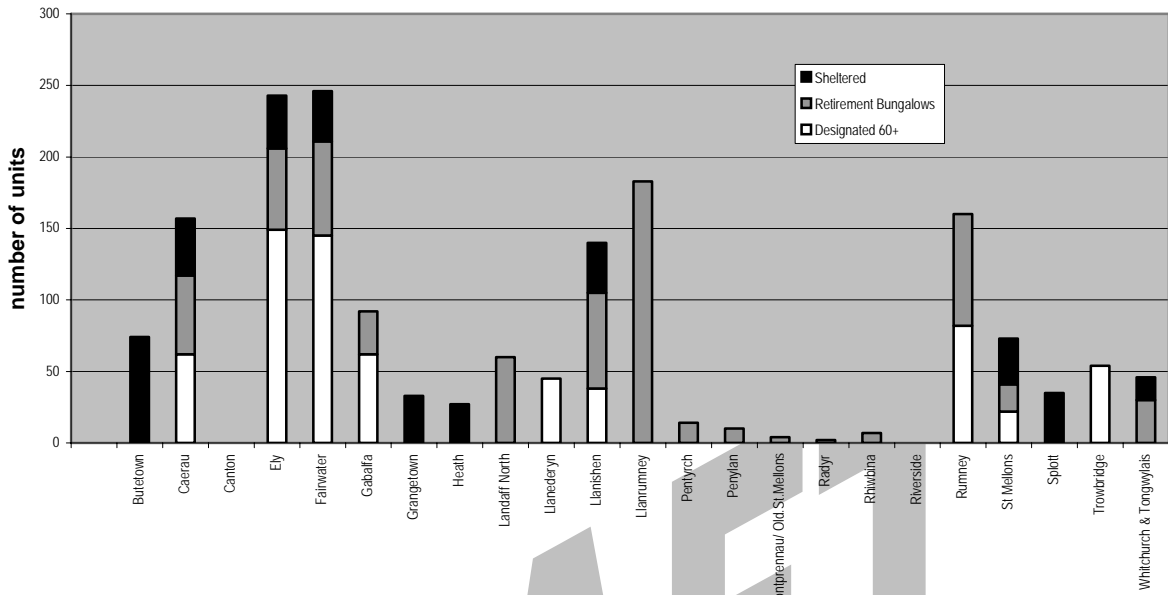
A rent of £1400/month is regarded by the private sector as a 'mid-market' product. Fees in one top end residential home vary between £600 and £2000 per week.

### **Designated accommodation**

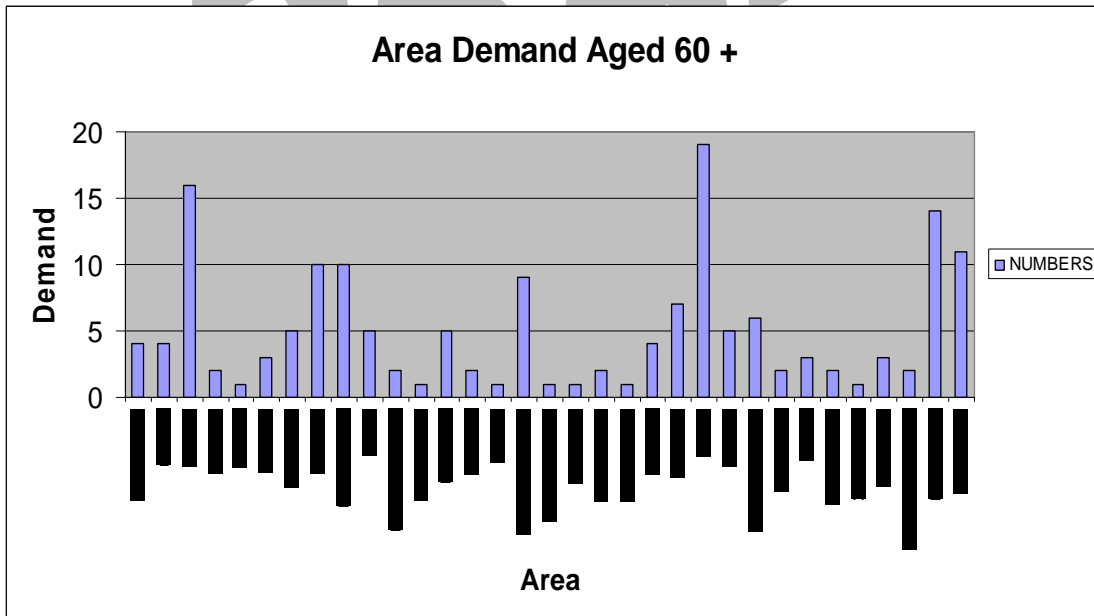
The Council has about 1300 properties which are designated for older people. About half of these properties are bungalows and the rest are flats.

# Distribution of Accommodation in Cardiff and demand

## COUNCIL PROPERTY FOR OLDER PEOPLE



66% of the preferences of those on the waiting list are for 20% of wards and those wards, as a whole, have an average number of schemes.



It can be seen from these two graphs that demand does not match supply. Further work is required to profile supply against the population distribution of older people in Cardiff.

## **SERVICES SUPPORTING PEOPLE IN ACCOMMODATION**

### **Disabled Facilities Grants (DFG)**

Adaptations are provided to over 700 people from a grant of approximately £6 million people.

### **Care & Repair Service**

Care & Repair Cardiff exists to help support older and/or disabled people to repair and improve their homes thereby enabling them to live at home with increased safety and comfort. The Agency provides a variety of Caseworker and Handyperson services for their clients as well as undertakes the Rapid Response Adaptation Programme and a keysafe project.

### **Assistive Technology/Telecare**

Assistive technology and telecare is part of the 'whole' system approach for designing services to meet the needs and aspirations of older people as it can enhance their independence.

A range of sensors can be provided which will link to the Cardiff Community Alarm centre. For example, sensors can indicate whether someone has fallen or whether the temperature of the house has fallen below an adequate level. When a sensor is triggered there will be a range of responses, from reassurance via a telephone link, to direct intervention from the mobile response service, family, domiciliary care or the emergency services.

The introduction of telecare has been shown to increase people's independence and help them to continue living in their own homes. Carers who need to provide close support and supervision find the equipment both useful and acceptable and it reduces the level of surveillance that they need to provide.

Telecare can help to support people at home with cognitive impairments such as dementia however there is evidence that it can also increase the number of times the carers are required to attend the person being cared for. It is important therefore that there is an adequate response mechanism which does not put additional pressures on informal carers.

The use of telecare does not substitute for care or support by people however it can effectively supplement that help and increase the efficiency of its use.

A substantial 2 year capital grant is being made available by WAG from 2006 to March 2008 for the introduction of telecare. This grant should allow at least 1000 telecare installations.

### **Floating support for Older People**

The Tenant Support Scheme's aim is to enable tenants live independently without risk of their tenancies failing. Where there is a risk of failure as a result of a person's housing related support need, the Tenant Support Team will work in partnership with statutory and voluntary agencies to fulfil our objective, which is to ensure a seamless service and successful long-term maintenance of a person's tenancy.

The Team assess and if relevant can provide a housing related support service to up to 645 service users via external support contractors and an in-house support team. The support that can be offered varies from assistance with benefit forms, assistance with life skills and neighbour disputes. This list is endless and can be tailored to meet the needs of the individuals support needs. The support compliments, it does not replace the care services that can be offered via Adult Services.

The Tenant Support Scheme is a Supporting People Revenue Grant scheme. The authority receives a grant of approximately £3.7 million. The service offered is a free service.

Older Persons Floating Support Service by Taff provides 25 units of floating support for Older People. It is a Supporting People Grant funded scheme that is administered through the Supporting People programme and provides ongoing low level support to enable people to sustain their accommodation. This service is subject to fairer charging which is linked to income

### **Domiciliary Care**

The number of hours of domiciliary care provided is increasing (16% in last year) but the number of service users is decreasing (3% in last year) reflecting the impact of the eligibility criteria. This increase in hours is both for younger adults and people aged over 65, where people with more complex needs are being supported at home.

This can be accounted for by an increase in large packages of care. There has also been a fall in the use of residential care and it is suggested that there is a causal link. Approximately 40,000 hours are provided per week to approximately 2600 service users.

The total budget for Domiciliary Care is approximately £15m of which approximately £7m is spent on in-house home care and £8m on private agencies. Half of private agency expenditure is spent on domiciliary care for older people.

### **Occupational Therapy service**

The City and County of Cardiff provide a community based Occupational Therapy service to adults, including older people, who have a permanent and substantial disability, and are residing in Cardiff. The Occupational Therapy staff are employees of the Local Authority, and undertake over 5,000 Specialist Assessments per annum of the clients in their own home environments.

The Occupational Therapy Assessment focuses on the ability of the individual to manage their everyday tasks and identifying solutions to those difficulties and/or reducing risk.

The Assessment may also include moving and handling of the individual and reducing any risks to the carer(s).

The Occupational therapy service will help the older person by:-

- Giving advice on other ways of undertaking Daily Living tasks
- Recommending and providing equipment (on loan) to enable the older person to be as independent as possible within their own home. (via the Joint equipment service)
- Recommending and facilitating works of minor adaptation to the home of the older person (such as handrails, ramps etc)
- Recommending works of major adaptation to the home of the older person using a Disabled Facilities Grant (such as stairlift, level access shower,)

- Assessment and provision of manual handling equipment to reduce risks to carers (and demonstration to families in its use). This could include ceiling tracked hoists as well as mobile hoists.

## **Equity release**

The majority of older people are home owners and have a considerable amount of wealth locked up in their properties, a fact which private sector developers of specialist accommodation are exploiting.

At the same time it is also true that many of these home owners do not have sufficient disposable income or the physical ability to keep their homes in good repair. Poor housing conditions are known to have a detrimental effect on both physical and mental health. The release of equity through fair and regulated mechanisms therefore offers the opportunity for older people to maintain their properties and adapt them to meet their needs thus reducing the need for a forced move into specialist accommodation.

It offers the opportunity to tie in with existing grants to provide a more comprehensive and focussed service.

It worth noting however that those older people living in poorer properties are likely to have both less equity and higher repair costs.

There are also concerns expressed about the flexibility and portability of existing products and the complexity and cost involved in accessing them.<sup>2</sup>

A number of authorities in South Wales, including Cardiff Council, are working with an organisation called ART Homes to enable owner occupiers to access money tied into the value of their homes. The product will enable eligible owners to borrow a percentage of their property's value in return for a secured charge being registered against that property. The loan will not require any monthly repayments and is paid on sale of the property. This loan will help older people on low incomes to access money to repair and adapt their property that they would not be able to obtain through a traditional loan on the high street. If the two year pilot is successful this scheme could provide a model for the rest of Wales.

## **Energy advice, grants and fuel poverty**

Older people over the age of 65 are particularly vulnerable to suffering from ill health linked to fuel poverty. As well as causing illness and making existing health conditions worse, inadequate warmth in a home can affect physical dexterity in an older person, making them more vulnerable to being injured through falling. There is also a link between fuel poverty and the number of excess deaths that occur during the winter months. Evidence shows that this link particularly affects the older population because 93% of excess winter deaths occur in people aged over 65 (*NEA 2006: 6*). *National Energy Action, February 2006, Health and Fuel Poverty – Improving Health Through Affordable Warmth (NEA, London)*

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<sup>2</sup> Housing needs and options for Older People – Age Concern submission to the Housing Review for Older People (2003).

## 12 PATHWAYS

Householders over the age of 60 years are considerably less mobile than younger people with 63% of those over 85 not having moved in 20 years or more. However around 40% of older people will move once or more past the age of 65 years; this may be either into another home, residential or nursing home accommodation or a relative's home. Older peoples' reasons for moving are varied with decisions being made about housing at different stages of their lives.

Some move early in retirement, largely for lifestyle and housing reasons. The majority of these people are used to having adequate space and good living conditions.

More move later in retirement, usually triggered by a circumstance such as health reasons, death of a partner, or concerns about safety. Sheltered accommodation is more popular with these later movers. It appears from a very limited local survey that about 6% of admissions to Care Homes come from Sheltered Accommodation.

Women are at most risk of entering residential care, particularly those that live alone and have no children. Older men tend to be married and are cared for by their partners therefore they enter residential care at a later age than women. High physical dependency levels and severe dementia put a strain on carers and make it difficult for people to live alone. A lack of appropriate community based support, preventative services and appropriate housing also increase the likelihood of older people entering residential care.

Some older and less active people wish to downsize their property in order to release capital and some will see sheltered accommodation as an option if no other tenure options are available.

Many older people who move are those who enter residential accommodation precipitated by a crisis or a spell in hospital and feel they are no longer able to live independently. On the basis of a very limited survey of one quarter's figures it appears that about one third of people who enter a Care Home have previously been in Hospital.

## 13 PRELIMINARY ANALYSIS OF GAPS IN PROVISION

Older people are a very diverse group, and their requirements are not homogenous. A person's age does not determine completely their needs, experience, lifestyle and aspirations. Aspirations of older people are changing and the bulk of existing provision, that is, care home beds and single bedroom flats will become less attractive. There is also current unmet need, for example, for older people with a significant cognitive impairment.

Home ownership has increased dramatically over recent years and it is anticipated that a higher proportion of the population than ever before will wish to remain in the private sector as they age. However, at present the specialist accommodation available to purchase decreases as the level of dependency increases

The availability of housing equity may prompt a boom in private sector retirement housing. This appears to be happening in Cardiff and the Council's planning function needs a strategic line in order to support planning decisions.

There is therefore a need to provide or reconfigure services to meet the existing and future demands for accommodation for older people taking into consideration

what is known about the wishes of older people and the factors which precipitate unwanted moves.

The recommendations below are intended to meet some of the needs identified in the previous part of this strategy. Other recommendations are likely to follow the broader consultation exercise.

## **1. Community based preventative support**

1. Provide additional support for the 2000 carers aged over 75 who are providing high levels of care (~ 50 hours/week) with a particular focus on women over the age of 85. Carers in the most deprived areas of Cardiff report having the poorest health and it is often this poor health which forces admission to residential care.
2. Encourage and support the provision of more contact and social engagement for the 17,000 people over the age of 65 who live alone. Loneliness, anxiety and fear of crime are factors which can undermine an older person's ability to remain at home.
3. Extend community based activity programmes to keep older people healthy and socially engaged.
4. Focus the new Telecare grant on support for older people to remain independent, particularly those suffering with dementia, who are in danger of falling or who are carers.
5. Monitor the Council's equity release pilot and extend the service should the pilot prove successful.
6. Explore the need for a comprehensive information and advice service for older people which would increase awareness of the support services available to help them to live at home and what alternative may be available. The need for provision of information in a range of languages and formats must be recognised. The service could also help people through the complex process of moving from their home if necessary or desired.

## **2. Sheltered Accommodation**

1. Establish a clear vision for the future of sheltered accommodation with a focus on 'enabling' older people with physical or mental impairments to 'age in place'.
2. Identify opportunities to pursue the use of enhanced sheltered/extra-care sheltered housing as an alternative to residential care, which may require some re-modelling, and how linkages between these two types of provision can best be made to improve the quality of life for older people.
3. Consider and introduce the range of new telecare available into sheltered accommodation to support 'ageing in place'.
4. Consider how the provision of personal care to tenants within schemes can be more coordinated to improve efficiency and support an 'enabling' approach to the provision of care.
5. Identify ways in which existing sheltered housing schemes and/or new developments could link with or be an additional resource centre in providing care

and support services to older people in their locality

6. Identify ways to review the assessment for and allocation of sheltered housing, in line with the Supporting People initiative and Unified Assessment
7. Identify existing policies which need to be reviewed, to ensure owner-occupiers have additional opportunities to consider, such as accessing social sheltered housing, as alternative to funding major renovations or adaptations
8. Consider the appropriateness of mixed tenure for re-modelled and future schemes to give the opportunity for existing home owners to purchase units through the sale of their family home.

### **3 Extra Care Provision**

1. Develop further Extra Care provision as an alternative to residential care and as a preventative facility for those who enter before they need that level of care.
2. On the basis the potential diversion of people from residential care into Extra Care and those on the housing waiting list who are over 80 and need more support there is the potential demand for about 180 places per year. Approximately 100 units within Housing Association properties are planned to be in place by 2008.
3. Explore the use of Extra Care for people who have a significant level of cognitive impairment.

### **4 Care Homes**

1. The net increase of 263 beds in the next 18 months will be prioritised for use by people with Continuing Health Care needs and Dementia.
2. Further Care Home development will be discouraged in favour of Extra Care and Enhanced Sheltered schemes.
3. Care Home owners will be encouraged and supported to move from residential level of care provision, for which there is a diminishing need, to a nursing level of care.

### **5 Gaps in provision for people with a Learning Disability**

The projected increase in the number of older people, people with complex needs and those with challenging behaviours, indicates a need for more “sheltered housing” such as ‘Core and Cluster’, ground floor accommodation and suitable local services to enable people to return to Cardiff. Strategically planned services will be procured to deliver high quality, cost effective provision, within existing resources.

### **6 Gaps in provision for people from Minority Ethnic Communities**

The Council will not develop sheltered accommodation specifically and exclusively for particular minority ethnic groups but will encourage a cultural focus within schemes that have a high percentage of tenants from a particular community. This will ensure that language, cultural and religious observances, food, personal care and other aspects of service are appropriate and acceptable without the need to be exclusive and segregated.

## **7 Gaps in provision for people with alcohol misuse problems**

There is a need for a small residential facility with small 4 bed units and 24 hour cover. 80% of beds would be for men and the approach would be on harm reduction rather than abstinence.

There is also a need for a separate unit providing more security and 1:1 assistance for when the service user leaves the building. There would be a need for high levels of 24 hour support and the approach would be abstinence based.

The Substance Misuse Accommodation Working Group set up in 2005 is identifying the accommodation and support needs of individuals who misuse alcohol and drugs including older people.

**DRAFT**

## Appendix 1

### Results of MORI survey carried out for the Commission for Social Care Inspection (CSCI 2005).

#### Preferences for receiving social care

*Which of the following would you prefer to happen if you need care and support looking after yourself?*

Preference	%
Stay in my own home with care and support from friends and family	62
Stay in my own home but with care and support from trained care workers	56
Move to a smaller home of my own	35
Move to sheltered housing with a warden	27
Move to sheltered housing with a warden and other social care services, eg hairdressing, outings	25
Move in with my son or daughter	14
Move to a private residential home	11
Move to a local council residential home	7
Move to a residential home provided by a charitable organisation	3
None	1
Don't know	2

## Appendix 2

### Registered for older people (Oct 2006)

Home Name	Maximum number of beds
Atlantic View Care Home	53
Barclay Court	40
Belle Vue	41
Burges House Care Home	110
Cartref Care Home (Lake Road East)	34
Cartref Station Road	57
Cathedral View	30
Countisbury	36
Danesbrook House	14
Dorothy Lewis	40
Grangelodge	25
Gwynfa	16
Hillcrest Care Home	31
Hillcroft Residential Care Home	25
Lakeside House Nursing Home	50
Lindisfarne House	39
Llanedeyrn Home	39
Nazareth House Nursing Home	54
Penylan House	49
Pontcanna House	21
Quarry Hall Care Centre	86
Regency House Nursing And Residential Home	70
Romilly Nursing & Residential Home	54
St Albans Nursing Home	45
St Isan	39
St Judes	29
St Pauls Residential Home	7
The Court Nursing Home Limited	60
The Penylan Residential Hotel Care Home	15
Ty Coch Nursing Home (Llanishen)	48
Ty Derwen	32
Ty Draw Lodge	24
Ty Hafod Care Home	31
Ty Melin Residential Home	19
Ty Newydd	39
Wentworth Lodge	16
Woodcroft	29
<b>Total</b>	<b>1447</b>

#### Local Authority

Jane Hodge	32
Cae Glas	37
St Winifredes	55
Ty Mawr	20
Iorwerth Jones	45

Small Homes	~ 60
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## Appendix 3

The application of UK rates of Care Home occupancy to the population of Cardiff

### People living in communal nursing and residential care homes UK

Age group and prevalence	2004	2009	2014	2019
<b>65-74</b>	22212	21660	24461	27009
<b>Percentage (0.8%)</b>	178	173	196	216
<b>75-79</b>	9329	8777	8437	8443
<b>Percentage (3.6%)</b>	336	316	304	304
<b>80-84</b>	7663	7951	7574	7302
<b>Percentage (3.6%)</b>	276	286	273	263
<b>85-90</b>	3368	4297	4455	4239
<b>Percentage (12.2%)</b>	411	524	544	517
<b>90 +</b>	1776	1789	2168	2339
<b>Percentage (25.8%)</b>	458	462	559	603
<b>Total population in Cardiff</b>	316797	325766	339040	353415
<b>Total population aged 65 plus</b>	44348	44474	47095	49332
<b>Total population in care homes 65+</b>	<b>1659</b>	<b>1761</b>	<b>1875</b>	<b>1904</b>

Source: Projections from Census 2001 Data

## ***Community and Adult Scrutiny Committee 7<sup>th</sup> February 2007***

### **Background comments explaining population trends and projections for older persons produced by Cardiff Research Centre in December 2006.**

Cardiff Research Centre has carried out a detailed analysis of population trends for older population age groups in Cardiff, specifically those aged:

- 65 to 74
- 75 plus, &
- Total aged 65 plus

The population projections of older age groups produced for Cardiff are based upon a trend based analysis of two components of population change, namely:

- Age and gender specific mortality rates, &
- propensity based Age and gender specific net-migration assumptions.

Analysis of these components of population change for Cardiff over the fifteen year period from 1989 to 2004 have been applied to the City's base year population for persons aged 65 to 74 and 75 plus to produce figures.

Following this, it became apparent that the changes witnessed across the UK on average from 1989 to 2004 were not matched by the changes that had occurred in Cardiff.

#### 65 to 74 years

There had been a decrease of 14% in Cardiff's population aged 65 to 74 years old, compared with an average decrease of 3% in Wales and a negligible decrease of less than half a percent across the UK.

#### 75 plus

There had been an increase of 15.7% in Cardiff's population aged 75 plus, on a par with the average UK increase of 16.2%, but lower than the Wales average increase of 21.8%. Although Cardiff recorded a significant increase in persons aged 75 plus between 1989 and 2004, this was not replicated in many other cities, for example Liverpool (-9.2%), Manchester (-6.8%), Greater London (-5.3%) and Sheffield (-1.0%) all experienced a decreasing number of persons aged 75 and over. Of the major English cities only Leeds (7.6%) and Birmingham (5.5%) experienced a notable increase in population aged 75 plus during this period.

### Total aged 65 plus

For all persons aged 65 plus Cardiff experienced a decrease of 1.4% between 1989 and 2004, while the average increases in the UK and Wales were 6.9 and 7.4% respectively.

In summary the number of persons in Cardiff aged 75 plus is projected to increase very marginally by 2019 because of the expected continuation of net out-migration for all age groups from 50 to 74 years, the increasing number of deaths occurring to each population peer group as it ages, plus the fact that in 2004 the number of persons aged 65 to 74 had been in decline for 10 years.

Beyond 2019 the population aged 75 plus is projected to increase by almost 10% in ten years, while the population aged 65 to 74 increases by a further 12% in ten years if trends continue, assuming there are no major changes to the age and gender specific net migration profiles of peer groups aged 40 plus at the present time.

### Explanatory Comments

The 'demographic time-bomb' has become a well used phrase in recent years referred to worryingly by policy makers, politicians, the media and the general public themselves. The premise that the population age structure of the United Kingdom is becoming increasingly 'top heavy' is firmly rooted in an evidence based assessment of demographic trends which include the longitudinal monitoring of average life expectancy, mortality and fertility rates plus the effects of international migration to and from the UK.

However, not every local authority area, or region of the UK has experienced, or can reasonably expect to experience the same degree of ageing in the population. While some locations have a long tradition of being a virtual 'retirement home' attracting post retirement populations from all over the country, for example Hastings on England's south coast, other locations, like Cardiff, have maintained a younger population age structure and not witnessed the same degree of population 'ageing' due largely to macro and micro economic factors including the elasticity of the local labour market, higher education institutions and housing market conditions.

What becomes clear is that large and medium sized cities have witnessed a different pattern of population change in recent years to the national averages. Net out migration of older working age persons, and early post retirement age groups has resulted in decreases, rather than the assumed increases in post retirement age groups.

Clearly, peaks and troughs in the levels of births will affect general population totals for specific age groups in the years that follow, as of course would exceptionally high numbers of deaths. For example, even today we see a bulge

in populations aged 55 to 60 and 40 to 45 due to the post second world war baby booms.

These population bulges will influence projected population levels for these peer groups as they age into the future, especially the national average. However at small area level, the impacts of net migration patterns will, especially for large and medium sized cities, alter the level of population change for the elderly when projected into the medium term future.

# An Older People's Accommodation Strategy for Cardiff

Presentation to Scrutiny Committee  
7th February 2007

# Current position

- Presentation to Scrutiny is the first stage of the consultation process.
- Following consultation the proposals will be sharpened into an Action Plan
- The Final draft and Action Plan will be ready in April 2007
- The Final draft will return to Scrutiny prior to presentation to the EBM (probably July)

# Why we need a Strategy

- Existing housing provision for older people will not meet changing aspirations and needs of older people
- Evidence needed to shape an acceptable and affordable future provision
- Gaps in affordable accommodation resulting in problems such as DTOC

# Scope of Strategy

- People over the age of 65 who live in Cardiff or are placed by Cardiff in Out of County placements;
- Informal carers of Older People;
- A period of 10 years from 2006 to 2016;
- Accommodation and housing/health/social care services which enable people to remain in their own home or, if not possible, a home-like alternative;
- A range of stakeholders including the local authority, health authority, voluntary organisations, registered social landlords and the private sector.

# Desired Outcomes

- Provision of a range of accommodation to suit aspirations and needs including cultural diversity which is sustainable
- Partnership working to provide a range services to all older people, appropriate to their individual needs
- Increased support and prevention in the community
- Reduced number of people entering residential care or hospital
- Reduction in delayed transfers of care from hospital
- Greater focus on quality of life and quality of service
- Information and advice to enable real choice

# CARDIFF

## POPULATION PROJECTION - OLDER PEOPLE

<b>Projected changes in Total Persons in Cardiff from 2004 to 2009</b>						
	<b>•2004</b>	<b>•2009</b>	<b>•2014</b>	<b>•2019</b>	<b>•Total Change</b>	<b>•% change</b>
<b>•65 - 74</b>	•22,200	•21,700	•24,500	•27,000	•4,800	•21.62
<b>•75 +</b>	•22,100	•22,800	•22,600	•22,300	•200	•0.9
<b>• All 65+</b>	•44,300	•44,500	•47,100	•49,300	•5,000	•11.29

# More information

- Increased life expectancy for men meaning more couples
- More people will be married with children
- Most older people will remain living on their own or with their partner
- 70%+ own their own home and average equity is £150,000 (2006)
- Increasing % of older people with Learning Disability

# Yet more information

- Increases of less than 1% per year in long term limiting illness, disability and dementia
- Likely to be a greater % increase in older people with a learning disability
- 50% of people over 75 live alone, the majority of whom are women
- 50% of carers between 75-84 provide over 50 hours of care/week

# Aspiration of older people

- Expectations are increasing and moves will be more 'choice' based than 'needs' based
- For example, people will want more spacious accommodation which supports their life style
- Most people want to remain in their own homes
- Most people do not want to live in Care Homes
- Half of people who want to move want to buy
- People want help maintaining their property
- Location is important – shops, transport, family, safety, but specialist needs sometimes drive decisions

# Minority ethnic communities

- Overall a younger population
- Very diverse needs
- Under represented in 'owner occupied without mortgage' tenure group
- A greater % identified as being in housing need
- Information and communication identified as problems in accessing services

# Supply of Accommodation

- Currently about 1700 care home beds; suggested need is about 2000
- Main gap in provision is for EMI beds
- Lack of choice impacting on DTOC
- New beds are expensive and most Homes do not accept Council rates
- Extra Care is an attractive alternative to residential care

# More on supply

- There are about 1700 units of sheltered accommodation
- 33% of tenants are over 80 but only 8% receive home care
- Demand for some schemes remains high
- Insufficient provision of schemes in most popular areas
- Increasing provision by the private sector

# Support services

- Repairs and adaptations – DFG, C&R, Equity release
- Telecare
- Floating support
- Domiciliary care
- Occupational therapy
- Energy advice and fuel poverty
- Voluntary organisation – Age Concern

# Preliminary proposals

- Re-configuration not increased capacity, although some short term deficits may need to be plugged eg EMI, LD, alcohol misuse
- Whole systems approach to supporting people in their own homes
- Reducing use of residential care and increasing Extra Care and Enhanced Sheltered
- Re-focussing sheltered accommodation
- Flexible tenure and greater use of equity to fund new provision
- Improve information regarding accommodation choices
- Culturally focussed not culturally exclusive accommodation for ethnic minority communities