

Strategic Review of Housing Strategy for Older and Vulnerable People

Report No 1: Older People and Sheltered Housing

Section 1 - Executive Summary

Kingston Council (RBK) currently lacks a strategy for older and vulnerable people's (O&VP) housing. Affordable housing within the borough is in short supply, with around 4,800¹ council homes and over 6,000 households currently on the waiting list. It was agreed in 2012 that a strategic review would be undertaken to address the needs of specific O&VP groups for whom the Council in many cases has a statutory duty.

The Older and Vulnerable Peoples' Housing Strategy Review formed part of the 'One Kingston' suite of projects (OK5, Project 2) and ran from May 2013 to January 2014, led by Housing Services. It took a cross departmental look at housing supply and demand issues for older people, plus certain groups of vulnerable adults and young people. The Project Board, chaired by Simon Pearce, Executive Head of Adult Social Care, included representatives from Housing Services, Adults and Children's Services, Clinical Commissioning Group and third sector partners. The process included desktop research, discussions with key officers and external partners, also interviews and focus groups held with the relevant client groups.

In relation to sheltered housing, this project was limited in scope to a review of the accommodation provided and managed by RBK. The project's main conclusions concerning older people and RBK's sheltered housing support the consensus in most areas, but challenge a few commonly accepted views:

Summary of Older People Findings

- A growing demographic, with increasingly diverse needs and expectations as the 'baby boomer' generation reaches older age. RBK might expect to see an increase in the number of such people seeking help, support and access to social housing in future.

¹ Source: RBK statement of accounts 2012/12: exact total 4,814 includes 21 shared ownership homes.

- Interviews and focus groups with older owner occupiers suggest that even when their homes become too big and hard to manage, many are reluctant to downsize for emotional reasons and fear of losing neighbours and friends. Older owner occupiers who are living in homes that are too large for their needs comprise a substantial minority of Kingston households.
- Some under-occupiers amongst the older population might be willing to downsize but their options are limited and not as attractive as they might be. This applies also to older council tenants, who would benefit the council by moving to a smaller home. At present older people on housing benefit are exempt from the 'bedroom tax'². If that were to change, the demand to downsize might increase greatly.
- Across tenures, older people say they need 'that little bit of help' to sustain successful lives and maintain their independence at home; often small amounts of support and help with home repairs and upkeep are enough to make the difference. Many older people, including in sheltered housing, showed poor awareness of available services.
- A majority of older people are 'digitally excluded' though some would be willing to learn IT skills with help and support.
- A few older homeowners would seem to have been pressured by family to take up sheltered housing to enable the family home to be occupied by other family members or be sold.

Summary of Older People Recommendations

These are a mixture of broadly strategic recommendations, together with some proposals concerning the more significant operational issues. Each recommendation, if agreed for adoption, would need to be further developed into an action plan with identified responsibilities and measurable targets and outcomes.

Recommendation OP1: *Housing Services, Social Care, Health and Clinical Commissioning should develop an overarching strategy for preventative support services, i.e. 'that little bit of help', involving pooled resources and initiatives. (See page 38)*

Recommendation OP2: *Housing Services should lead on the development and promotion of better 'downsizing pathways' to encourage older owners to downsize. (See page 39)*

Recommendation OP3: *Housing Services should lead on the exploration, with relevant providers and experts, of the local market potential for further private retirement leasehold housing and other innovative tenures. (See page 40)*

² Housing benefit is currently reduced by 14% for one 'extra' bedroom and 25% for two or more 'extra bedrooms', on average around £14 per week for one bedroom under occupied and £24 per week for two.

Recommendation OP4: *Housing Services should lead on the exploration, with relevant providers and experts, of a scheme to assist older owner occupiers who face care home costs for the remainder of their lives, through development of schemes to temporarily lease their property for supported living or renting to a homeless family, thereby preventing the need for the family to sell. (This option would need to be explored alongside the provisions in the Care Bill with respect to the Deferred Payment Scheme.) (See page 40)*

Recommendation OP5: *Housing Services, with Adult Social Care Contracts, Commissioning & Performance Team, local social landlords and voluntary organisations, should consider the practicalities of developing a wider ranging handyperson service through the pooling of resources with a view to reducing cost overall through greater economy of scale. (See page 41)*

Recommendation OP6: *Housing Services, Health and Adult Social Care should agree a mechanism to coordinate the promotion of preventative services for older people. This should reduce duplication and improve accessibility. (See page 42)*

Recommendation OP7: *Housing Services, Health and Adult Social Care should agree a mechanism to encourage new and innovative services to help older people access the internet, most likely through suitable commercial and third sector partners. (See page 42)*

Recommendation OP8: *Housing Services should revisit sheltered rehousing policies concerning older people who already own a suitable home, or have recently sold one. (See page 42)*

Recommendation OP9: *RBK should review management arrangements for disabled adaptations including:*

- *A monthly 'adaptations panel', or similar, held between Housing Services and OTs*
- *A 'fast track' adaptations procedure whenever an older person is 'bed blocking' in a hospital or care home*
- *Measures to overcome the reluctance of private landlords to agree to disabled adaptations being carried out*
- *Measures to reduce wastage when previously adapted properties are vacated and relet.*

(See page 43)

Recommendation OP10: *RBK's Housing Development Strategy should take account of the changing needs and aspirations of older people; it should focus on procuring aspirational housing based on HAPPI recommendations and should also consider the case for extra care housing as part of an integrated provision. (See page 46)*

Summary of Sheltered Housing Findings

- RBK's sheltered housing now fulfils a different role from that for which it was originally built. Sheltered housing initially provided a home for older council tenants coming out of family housing, where they could feel 'looked after' in later years. It now accommodates a broad range of people aged from 55. Residents comprise three main groups: those who are now old, frail and in need of support – these are mainly the survivors of the original cohort; the 'active older' group who need little or no support; vulnerable people, mainly single men, coming from an unsettled background having experienced problems such as homelessness and drug or alcohol dependency.
- RBK sheltered housing continues to perform a valued service despite some acknowledged problems. Residents express high satisfaction levels.
- RBK sheltered housing accommodates some very vulnerable people who will need ongoing support for their lifetimes.
- The sheltered housing service is unprepared to deal with the changes that may be coming, possibly within months, as a result of further funding pressures from Supporting People (SP).
- RBK's sheltered housing mostly falls short of modern aspirational standards, however only one in three purpose built schemes are considered 'difficult to let'³.
- Falling demand is being managed through 'de-sheltering'⁴ non-purpose built blocks as vacancies occur that cannot easily be filled by older people in need of support. This is a flexible approach with scope to fine-tune supply as needed.
- RBK is developing options for remodeling some of RBK's sheltered housing stock. Some of that work is being undertaken as part of Housing Project 3. In addition there is data from past appraisals, though this now needs updating. Past attempts to re-model some of the sheltered stock between the mid 1990's and 2007, achieved limited success, due to various financial problems and the distraction of the stock transfer ballot.
- Schemes, even those that have had recent improvements, often fail basic mobility requirements, such as lifts to upper floors and walk-in showers.
- Sheltered residents need help to overcome 'digital exclusion'. Around a third are not 'connected' and say they would like help to access the internet. Another third say they are unlikely to ever use the internet, but would like someone to help them complete online forms, do online shopping, etc.

³ Source: sheltered managers' subjective grading of each purpose built scheme on scale 0 to 4; any scheme scoring 2 or below.

⁴ De-sheltering means that where flats under sheltered management within general needs estates become vacant, they revert to general needs on subsequent letting.

- The view that ‘there is no demand for extra care sheltered housing in Kingston’ is based on apparent lack of applicants, for which there may be other explanations, masking an underlying need for housing with access to care and support.

Summary of Sheltered Housing Recommendations

These are a mixture of broadly strategic recommendations, together with some proposals concerning the more significant operational issues. Each recommendation, if agreed for adoption, would need to be further developed into an action plan with identified responsibilities and measurable targets and outcomes.

Recommendation SH1: *There will be a need for further joined up discussion involving leading officers in Housing Services and Adult Social Care Contracts, Commissioning & Performance Team , together with portfolio members, to resolve the ‘vision’ for sheltered housing over the medium term, as part of a wider vision for RBK’s housing and support offer for older people. (See page 64)*

Recommendation SH2: *Discussion of an interim funding regime for RBK’s sheltered housing should begin immediately between Housing Services, Adult Social Care and Finance to resolve:*

- *A short term ‘settlement’ for 2014/15 that will enable the sheltered service to continue safely, while further changes are under discussion*
- *Scenario planning for the years following 2014/15 based on different levels of SP income that might be available*
- *Feasibility of developing a charging framework that would be able to manage personalised charging for bespoke services such as telecare and emergency alarms and encompass RBK tenants and others who are not tenants*
- *Feasibility of increasing the proportion of cost that is recovered through service charges*
- *Feasibility of developing income generating services such as a chargeable 24 hour emergency response service.*

(See page 64)

Recommendation SH3: *RBK should aspire over the longer term to take all shared units out of the permanent dwelling stock, either through remodeling, repurposing as temporary accommodation or redevelopment (internally or following sale to a RP). But for now, some ‘shared’ schemes remain relatively popular – a tribute to good management that has managed to overcome a potential source of dissatisfaction and discord. The initial focus should therefore be on finding solutions for the poorest schemes. (See page 65)*

Recommendation SH4: *As part of a future discussion about the vision for sheltered housing, renaming the service should be considered, alongside changes to eligibility. (See page 67)*

Recommendation SH5: *A review of eligibility criteria should be undertaken as part of reaching a new 'vision' for sheltered housing that acknowledges the evolution of housing and support needs of older people that has taken place. For consideration:*

- *More proactive management of sheltered allocation criteria to maintain social balance*
- *Review of lower age limits*
- *Withdrawing eligibility from owner occupiers.*

(See page 67)

Recommendation SH6: *RBK should seek to develop better processes for allocating sheltered housing. For consideration:*

- *Ensuring that a pool of pre-assessed applicants is available for every vacancy, cutting down delays and ensuring better matching between the need and the offer*
- *Assessment visits to be undertaken by staff with the most suitable skills*
- *Allocation decisions to formally involve the sheltered management team*
- *Redesigning the allocation process for Fountain Court*
- *Lessons learned from successes and failures post-allocation are studied and applied to future offers.*

(See page 68)

Recommendation SH7: *Operational discussions should continue between Housing Services and Mental Health and Looked after Children's services with a view to firming up and implementing short term proposals for the use of redundant sheltered schemes. (See page 69)*

Recommendation SH8: *Where schemes are to be retained for older people, improving disabled access will be a key priority. This includes provision for mobility scooters. Where accessibility cannot be readily and economically improved, thought has to be given to the cost and practicality of alternatives such as more substantial remodelling or redevelopment to provide homes to modern mobility standards. (See page 70)*

Recommendation SH9: Further expensive remodeling should be avoided until Housing Services and Adult Social Care between them have mapped out a clearer vision for the sheltered housing stock and service. Relatively minor upgrades, such as changing baths to showers during Better Homes improvement works, should still proceed if the cost is justified over a short payback period, say 3 to 5 years. (See page 70)

Recommendation SH10: Housing Services should continue working up existing scheme options to feasibility stage, including remodeling, redevelopment and closure. All scheme option appraisals that include closure or redevelopment should include proposals for rehousing existing occupants based on a careful needs appraisal. Any proposals that are considered for implementation will require resident consultation. The alternative offer should preferably always be better than the existing, e.g. extra care sheltered housing for the more vulnerable, aspirational older people's 'lifetime' flats for the less vulnerable. (See page 70)

Recommendation SH11: RBK departments should institute a regular risk review session, perhaps held only once a year, where practitioners from estate management, sheltered housing management, allocations, asset management and Adult Social Care Contracts, Commissioning & Performance Team meet together to review risk ratings and rankings of each sheltered scheme. Risks to viability would include: falling demand, escalating void levels, rising levels of antisocial behavior and complaints, failure of support provision, need for expensive major repairs or renewals. Where needed, investment decisions should then be brought forward in order to pre-empt any crisis from developing. (See page 71)

Recommendation SH12: The future sheltered vision may include further scheme remodeling and redevelopment, leading to decant needs. Housing Services should map decant needs with a view to determining the need for additional extra care housing and/or aspirational 'lifestyle' housing based on HAPPI principles. Housing Services should seek a consensus with ASC around a strategy to develop one or more additional extra care schemes in the borough. (See page 72)

Background to this Report

Origins

As indicated in the Executive Summary, this project came about as one element of the One Kingston Programme, and was undertaken between May 2013 and February 2014. It was originally conceived as a project to help the Council to understand the housing needs of older people and to make more informed decisions about future housing supply. At the Annual Housing conference 2012 there was a strong call to develop similar strategies for a range of other vulnerable groups in Kingston. As a result this project was broadened to include a review of housing needs for a number of vulnerable groups as well.

Objectives

Objectives are as formally set out in the Project Initiation Document, May 2013:

“Project 2, Older & Vulnerable People’s Housing (O&VP) will enable the Council to make informed decisions about supply and the projected needs of O&VP through to 2020. An effective strategy will help address the balance between future O&VP housing needs and the supply of suitable long term housing.

This strategy will consider the need for new housing supply for O&VP, both public and private, and how to make the best use of existing accommodation.

Consequences of sub-optimal housing strategies will fall on other RBK and public services: public health, education, adult social care (ASC), children’s services (CS), crime and justice, etc. Hence the strategy aims to align with Adult Social Care, Children’s’ Services, NHS and Public Health strategies. The project will provide an opportunity to generate collaborative solutions across departments and to involve customers and the third sector.

The first objective of the project will be to identify the likely housing needs of O&VP through to 2020 to enable better medium-term planning. The project will include a review of current housing provision, particularly of the Council’s sheltered housing, which makes up around 20% of RBK’s total housing stock.

The strategy that emerges will include options for redevelopment of existing HRA land and sites, private and registered provider developments and procurement of homes through private landlords. It will, therefore, also closely link to OK5 Project 3, Affordable Housing Supply.”

Project Manager and Board

A project manager, Paul Kingsley, was recruited externally. He was appointed on the basis of his longstanding experience as a provider and consultant in the field of supported and sheltered housing. A Project Board was then recruited as a ‘task and finish’ supervisory group, aiming to meet six-weekly until the project closed in February 2014. Project board members were tasked with:

- Shaping the project
- Securing better outcomes and greater buy in from key stakeholders
- Helping the project to keep on track and managing and reducing risks
- Ensuring that the Council’s equalities responsibilities were being met
- Providing an effective channel for input and exchange of information between the project team and internal and external stakeholders
- Ensuring the accuracy and relevance of data and analysis.

The O&VP Project Board had formal responsibility to approve progress reports to the Housing Project Board and to communicate concerns that could not be resolved within the project. It was also responsible for agreeing the final report and recommendations.

Project Board members represented a good cross section of internal and external stakeholders. Those regularly attending meetings included:

- Simon Pearce, Executive Head of Adult Social Care and Board Chair
- Loraine Shaile, Older People’s Housing Team Manager
- Justine Rego, Data Team Strategic Business
- Angela Parry, Supporting People and Commissioning Manager Adult Social Care
- Peter Hodges, Chair Kingston MENCAP
- Tom Bell, Age Concern Kingston
- Andy Redfearn, Development Manager Surrey YMCA
- Dawn Secker, Practice Lead Adult Social Care

- Mac Heath, Head of Integrated Youth Support Children’s Services
- Theo Harris, CEO Kingston Centre for Independent Living
- Sylvie Ford, Kingston Clinical Commissioning Group
- Jo Williams, Interim Group Manager, Housing Strategy and Project Sponsor
- Paul Kingsley, Project Manager and Secretary to the Board.

Information Gathering

The project methodology involved several processes. The project manager first sought to gather background data through interviews and meetings with over 50 council officers and external stakeholders. They helpfully pointed him to a wealth of additional data on file or in the public domain. RBK’s Strategic Business Unit put together all the tables and graphs drawing on local and national datasets to an agreed plan under the direction of Justine Rego.

The second broad phase of work comprised interviews and focus groups held over approximately two months in September and October. An external experienced social worker, Diana Kuznetsova, was recruited to undertake the bulk of the interviews. Assisting her was Andrew Bushell, a third year social work student on secondment to RBK’s Resettlement Team. Debbie Hunter, from Strategic Business, provided the team’s ‘back office’ and data analysis support. In all, the team succeeded in interviewing 176 individuals and holding nine focus groups involving a total of 76 individuals. The interviewees involving older people included:

- RBK sheltered tenants - 67
- Older owner occupiers and private tenants – 17
- Older tenants in RBK general needs housing – 30
- Older tenants in housing association general needs housing – 4

Focus groups involving older people comprised:

- RBK sheltered tenants – 3 groups, 32 people
- Housing association sheltered tenants – 2 groups, 15 people
- Older owner occupiers and other older tenants – 1 group, 13 people

In addition, use was made of STAR (Survey of Tenants and Residents) data from 2012. This survey had been carried out for RBK by ARP Research. It was possible to re-interrogate the raw data to produce a number of useful conclusions.

Analysis and Challenge

Following the data gathering and analysis stages, draft conclusions and recommendations were developed and exposed to constructive challenge from board members and peers within Housing Services. Concurrently, progress reports were presented to a range of council committees: Housing Partnership Board, People's Services Committee, Health and Wellbeing Board. The work on older and sheltered people's housing was also the subject of a workshop at RBK's Annual Strategic Housing Partnership Conference on 21st November.

Formal Consultation

Draft conclusions and recommendations were circulated to colleagues and external stakeholders prior to the report being finalised for publication in February 2014.

Acknowledgements

It would be impractical to name each individual who contributed to this review by the provision of advice, challenge and practical support. It would also be unfair to pick out just a few. The Project Manager expresses gratitude to them all, without whose help this project would not have been possible. Thanks also for the good humour with which everyone responded to requests for help, quite often at unreasonably short notice!

Older People's Housing - National and London Context

Demographic and Social Change

The so-called 'population time bomb'; a lurid reference to the steeply rising ratio of older people to people of working age, is already upon the UK. For example, there are currently⁵ 8.1 million people aged 75 and over out of a total UK population of 64.5 million (or 12.6%). By 2020 those numbers will rise to 9.0 million out of 67.1 million (or 13.4%). That ratio is set to continue rising and by 2033 some 60% of households will be made up of people aged 65 and over. Of concern to Government, housing, health and social services, pension funds and many other institutions underpinning society, is the fact that there may not be enough working and taxpaying adults around in future years to support children and the economically inactive old and frail. Increasing longevity and declining birth rates have been twin factors behind the change.

However, these changes have been somewhat offset by immigration, which since the 1950's has been bringing in mainly adults seeking work. As immigrant communities have established, their cultures have often encouraged larger families than the indigenous white population, at least for a generation or two. At the other end of the age spectrum, Government is introducing changes to the state retirement age through to 2018 which mean that the ratio of 'working age' people to 'dependents' (as officially defined by state retirement age) will not continue to deteriorate; in fact it is set to improve from 613 per 1,000 to 593 per 1,000. But the 'real world' ratio of economically active to dependant people may remain cause for concern, given levels of unemployment and under-employment and the rising cost of caring for older people.

Social and cultural shifts have disrupted the expectation of previous generations that adult children should take care of their parents in old age. The settled family structures of previous generations have given way to more complicated and transitory households; adult sons and daughters may feel less willing or able to help due to relationship, work and housing insecurities, quite apart from a lack of time and space to care for older relatives. Where there are two partners in a household (no longer the default family), it is more likely that both will be working than, say, two generations ago.

Such has been the cultural change, older people who previously cared for their own parents often now desire, at all costs, to avoid 'becoming a burden'. And those with wealth tied up in their housing often feel obligated to put the preservation of their children's inheritance before their own needs. It is now commonly expected that 'the Government' or 'the Council' should be relied on to take care of old and frail people.

⁵ ONS National Population Projections, 2012-based projections, comparing March 2013 and March 2020

Older people themselves are beginning to reflect the growing diversity of lifestyles within the population. Earlier generations of immigrants have now reached old age, with a variety of cultural needs and expectations for their later years. The diversification of 'lifestyles' that became the trademark of the baby-boomer post-war generation is now increasingly reflected in the lifestyles of older people. These include gay and lesbian households, homes shared by friends and homes where people have chosen to remain single. This increasing diversity of lifestyle and identity is matched by the variation of peoples' circumstances as they age.

The Politics and Economics of Older People's Housing in England

Politically, socially and economically, the UK has moved on a long way since the previous Government's upbeat policy paper on housing and older people 'Lifetime Homes, Lifetime Neighbourhoods' (2008), which set out a vision:

"Older people will have housing that supports healthy, active and independent living in welcoming communities. Housing, neighbourhoods and communities will be more inclusive, attractive and sustainable for an ageing population. There will be more mainstream and specialist homes of the right type in the right location for older people. New housing will be planned and built to Lifetime Homes Standards and new communities will be built to be Lifetime Neighbourhoods. The implications of ageing for housing and communities will be well understood by professionals and the public alike. Excellent information and advice will be available for all. Many more homes will be warm and comfortable. Major and minor adaptations will be more easily obtained. Home improvement and handyman services will be widely accessible in every part of the country. Where housing services are needed they will be more personal, progressive, high quality and joined-up."

While that vision may remain a broadly shared aspiration, the ability to deliver it did not survive the financial crash and subsequent Government's austerity policies. Current Government housing strategies are set out in 'Laying the Foundations', 2011 and the programmes that have flowed from it. The focus now is on encouraging a flourishing private housing market, both rented and home ownership, through financial incentives and relaxed planning constraints. But since the financial crash in 2008, housebuilding starts in England have been running mostly well below 30,000 a quarter⁶, some three quarters of their pre-crash levels and far below most accepted estimates of need. The lifetime homes standard has been dropped. And the 'new deal' for older people now just comprises relatively small amounts of public subsidy for housing advice, handyman services, etc.

⁶ source: DCLG housing quarterly statistical releases, passim

The social housing sector itself is becoming more commercial by the encouragement of new 'for profit' players, competition and reinvigorated right to buy sales. Newbuild housing for social rent funding programmes have been replaced by the Homes and Communities Agency's 'affordable housing programme', where lower grant rates have been offset by higher 'affordable rents' at up to 80% of market rents. The grant funding round 2011-15 aimed to invest £4.5bn at an average grant rate per home of £30, 500. The next funding round is being discussed on the basis of a grant per home of around £20,000, which some registered providers have said would lead them to forego the restrictions imposed by the HCA alongside grant support, and develop entirely privately instead. So the future of social and even 'affordable' new housing supply looks limited in the short to medium term.

More positively, the Greater London Authority has indicated that may consider funding some new homes for social rent in its 2015/18 affordable homes programme. A £40m capital funding programme was also made available by the Greater London Authority, over the five years from 2013/14, for developments in London of specialist housing to meet the needs of older people and adults with disabilities in London.

The Politics and Economics of Support for Older People in England

Supporting People (SP) services help around one million people at any one time, including approximately 825,000 older people with support needs. These services are mostly delivered by the voluntary and community sector and housing associations. Government has trimmed, but retained its commitment to funding local councils' housing support, with £6.5 billion pledged over the current Spending Review Period (2011 to 2015). However, councils remain free to spend the money on other priorities if they wish. The Government is supporting experiments to explore personal budgets for SP services – providing people with greater control over their support budgets so that they can then choose services that best suit their lives, needs and aspirations. Also being tested is a 'payment by results' model for providers in relation to SP services, with the aim of encouraging innovation and value for money of housing-related support services.

Sheltered housing tenants have been the largest group of beneficiaries of SP, but at the lowest cost per person. Within sheltered housing, SP typically funds the cost of 'housing related support', as provided by scheme managers or floating support workers, comprising:

- Provision of community alarm or warden call service
- Help with tenancy issues, benefits and managing money
- Signposting to other agencies and services
- Help with life-skills to live independently.

Local authorities' SP allocations from central Government have been shrinking steadily for a decade. Alongside the reducing levels of social care grant allocation, councils will struggle to avoid further reducing levels of SP funding in future years. Under pressure from local authority SP teams, many social landlords have already 'rationalised' the housing management and support they offer in sheltered housing, reducing or eliminating site-based staff and replacing an increasing range of face-to-face services with the telephone. Naturally these moves were often contentious with residents, who correctly foresaw a reduction in their service. A major departure for SP teams has been to move funding away from the baseline sheltered service, delivered to all tenants, towards a service more focused on individual support needs, with funding that follows the support. Alongside that shift, some SP authorities have continued to financially support a 'baseline' staff presence in sheltered housing, recognising that there is a cost to maintaining the capacity to respond flexibly to individual support needs.

The best of sheltered housing has always been about the creation of an environment where residents can maintain healthy lives for longer. The Care Bill now going through parliament brings hope that local authorities will retain a focus on Housing Services' role as part of delivering an integrated wellbeing service combining housing, health and care. Hopefully, the new duty to be placed on local authorities to consider housing, health and care needs together will encourage local authorities to consider the wider benefits of specialist housing for older people. Providing suitable homes with access to support and care for older people, thereby postponing entry into residential care by a year, is said to be able to reduce costs by £26,000 per person⁷.

Sheltered Housing in Brief

Sheltered housing in its heyday between the 1950's and 1970's fulfilled a clear function as part of local authority housing strategy – a 'cradle to grave' housing service providing rented homes for working class families to raise children in family accommodation and then, after the kids had left home, homes where older people could retire and feel 'looked after' in their later years. Life expectancy was shorter and most people saw themselves as 'old' at age 65. While people generally died younger, they also spent fewer years living with ill health and infirmity.

Sheltered housing was generally built in conformity to one of two broad types of development. Though construction of this type of housing has ceased, the old terminology is still in use:

⁷ Lansley, McCreddie & Tinker - 2004

Category 1

Category 1 schemes comprised a group of flats designated for older people. These might have been built as single block or as a group of unconnected blocks. Where land use permitted, bungalows would sometimes be built and were considered the ultimate aspirational home for older people. But space standards were generally low, with bed sits typically around 25m square. In comparison, current minimum space standard for a Greater London Authority funded affordable one bedroom home would be 37m square, half as big again as a 1970's bedsit.

Most such schemes would lack community facilities, or these would be minimal, say a small common room, office or library. The support/management service was generally provided by a visiting scheme manager or 'warden' (as they continue to this day to be called by residents).

Category 1 schemes were generally considered to be more suitable for 'active older people', with some flats on first floors, usually no lift, and few concessions to reduced mobility internally. The developers of Category 1 schemes evidently expected that as active older people became frailer, the council's allocation system would provide transfers to suitable ground floor accommodation or into residential care.

Category 2

Category 2 schemes were purpose built 'enclosed' developments of typically between 24 and 36 individual flats, connected by heated corridors (generally within a single structure) and usually equipped with a common room, laundry, warden's office, warden's accommodation, plus a range of optional additions such as lift, library, activity room, hairdressing/treatment room, kitchen. Provision was generally made for a resident 'warden' and occasionally even for a resident assistant warden. Category 2 schemes were considered to be more suitable for older people who were less active and more dependent on support. The more recent schemes were usually better adapted to reduced mobility, including some designed to full wheelchair standard throughout.

These categories and service models never quite gained the public's understanding and the term 'sheltered housing' is still often mistaken for care or nursing homes.

Extra Care

As design thinking evolved into the 1980's an additional category came into being, known as 'Category 2½' and later as 'Extra-Care Sheltered Housing' or 'very sheltered housing'. Though lacking a formal definition, such schemes were designed for the needs of frail older people with

higher levels of dependency. As such they incorporated full wheelchair accessibility and a high level of communal provision. In addition to the norms of Category 2, these schemes typically added hairdressing or treatment room, scooter store, a catering kitchen, offices and sleepover facilities for care staff. To achieve financial viability these schemes were usually built on a bigger scale of up to 60 flats, even more on occasion. Daily support and 24/7 care might be provided by a single organisation, though it became common under SP for these functions to be contracted out to separate organisations, necessitating service level agreements and joint working protocols to manage a complex interdependency.

An influential set of publications including an extra care needs assessment toolkit is available from the Housing Learning Improvement Network⁸ (Housing LIN). The Housing LIN Supported Housing for Older People (SHOP) toolkit proposes that extra care developments should be capable of having the range of health and care services being delivered into them to ensure that they can remain lifetime homes, e.g. supporting re-ablement, intermediate care, and end of life care. Research quoted in the SHOP publication supports the contention that well designed housing options for older people will reduce the level of admissions into residential care for housing related reasons. Extra care housing will also promote improved health, such as reducing falls and fractures, which in turn will lessen the demand for care services. There are now established extra care scheme development standards set out by the Homes and Communities Agency and the Greater London Authority for schemes that qualify for capital grant.

Beyond Sheltered Housing – Aspirational Homes for Older People

Times have changed since the previous Government's publication of Lifetime Homes, Lifetime Neighbourhoods (2008), when it still seemed possible that substantially better housing and care provision for older people might be around the corner, thanks to continuing Government funding and a new focus on delivering more integrated and better services. There had been a decade's build-up of expectation, including a transformation of thinking about person-centred support and care, representing a complete 180 degrees shift from previous institutional models.

And in the following year, already under the shadow of the credit crunch, the influential, 'Housing our Ageing Population: Panel for Innovation' (HAPPI)⁹ made wide ranging proposals for future provision of housing to meet the needs and aspirations of older people. HAPPI noted the

⁸ Housing LIN SHOP 'toolkit' for extra care housing.

⁹ Housing our Ageing Population: Panel for Innovation, established June 2009, jointly under the Housing Corporation (now Homes & Communities Agency) and Department for Communities & Local Government.

general preference of older people in England to stay put in family homes acquired over a lifetime, often houses with gardens, even though the priorities that led people to choose these homes no longer applied in older age. But HAPPI also noted the lack in Britain of suitable housing options for those who did wish to move, thus reinforcing the notion that moving is always a last resort. Yet in visits to European housing schemes for older people, HAPPI found evidence of different attitudes to ageing, and different approaches to housing and care. Case studies showed that a housing 'offer' tuned to the priorities of older age could have real appeal, tempting 'empty nesters', and those prepared to plan for future care needs, to trade in burdensome larger homes for something better suited.

The HAPPI report, based on these visits to schemes in several European countries, set out some useful models and design principles for housing schemes for older people to lead full and comfortable lives into very old age. Emphasising the space of the home, HAPPI identified ten key design elements:

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones'.

Since publication in December 2009, the HAPPI report has been a catalyst for some innovative housing developments for older people across the housing market, both private and public led and funded. High quality aspirational and spacious homes targeted at older people have challenged perceptions and stigma of older people's housing schemes. The present Government, like the last, endorses their work and recommendations. The RBK Housing Development Team is currently working up proposals for two such schemes, each comprising ten flats, based on HAPPI principles.

Older People in Kingston

An Introduction to the Royal Borough of Kingston upon Thames

Kingston upon Thames is seen as a clean, safe and healthy borough, where many families enjoy an excellent quality of life. Kingston has a vibrant culture, excellent schools, a resilient local economy, and a strong voluntary and community sector. It also has a high quality residential environment and a wealth of parks and open spaces. This makes Kingston an attractive choice for people who come here to work, live and study and for leisure. But whilst Kingston ranks as the third least deprived of all 33 London boroughs, there are extremes of advantage and disadvantage across the borough. Wide variances between 'best' and 'worst' wards in terms of average life expectancy bear this out.

Kingston now has a population of 163,900¹⁰ which is the third smallest of any London borough (after the City of London and Kensington and Chelsea). More than one in four of Kingston's population is aged 55 or over, one in eight is aged 65 or over and one in fifty is aged 85 or over. Kingston's 'older' population, i.e. aged 55 or over, is set to grow in the years to 2020 by nearly 9%.

Whilst more than one in four of the population came from Black, Asian and Minority Ethnic (BAME) groups, only one in seven of those aged 55 or over are BAME. This drops to one in twenty for those aged 85 and over. Kingston is predicted to become more ethnically diverse over the next decade. However, Kingston remains less ethnically diverse than London as a whole, where over 40% of the population is from BAME groups. Kingston has significant numbers of Koreans, Tamils and Arabs relative to the size of its population.

High average house prices¹¹ and a changing benefit system ('benefit cap', 'bedroom tax', Universal Credit, council tax benefit, etc) will present increased challenges to people across the spectrum of income and wealth who need, or wish, to live in Kingston. But those fortunate enough to have an existing housing asset are in a strong position, particularly when considering 'downsizing'. Strong land values could also be of benefit to RBK when considering the disposal of surplus housing sites.

¹⁰ Source: Office for National Statistics (ONS) Mid-2012 Population Estimates

¹¹ Source: Land Registry House Price Index 27/09/2013: the average Kingston house price in August was £338,306.

Throughout this report, unless otherwise stated, age 55 and over is the definition of ‘older’, in line with RBK’s current housing allocation policy for letting of properties designated for older people. Wherever possible the data in this report includes a range of age bands.

As demonstrated through a range of health data, below, neither age 55 nor age 65 could be said to mark the start of ‘vulnerability’, much less ‘infirmary’ for the majority. The age band 75 to 84 is now the youngest at which a majority of people report a long-term health problem or disability that limits day-to-day activities.

The older population of Kingston (as a percentage of total population, and in absolute numbers) has been growing and now slightly exceeds the London average percentage. In 2012, there were estimated to be 37,100 people 55 and over living in Kingston. This was equivalent to 22.7% of the population, compared with 28.4% across England & Wales and 20% in London¹². This represents an increase of 4,700 residents aged 55 and over between 2001 and 2012, including 400 residents aged 85 and over¹³.

Age group	Kingston upon Thames			England & Wales	
	Males (number)	Females (number)	Total (number)	Age group as % of Total population	Age group as % of Total population
55-59	4,100	4,100	8,200	5.0%	5.7%
60-64	3,700	3,900	7,600	4.7%	5.7%
65-74	5,300	5,700	11,000	6.7%	9.1%
75-84	3,000	3,900	6,900	4.2%	5.6%
85+	1,000	2,300	3,400	2.0%	2.3%

¹² Source: Office for National Statistics (ONS) Mid-2012 Population Estimates. Figures may not add due to rounding.

¹³ Source: ONS Mid-2001 and Mid-2012 Population Estimates.

Total 55+	17,200	20,000	37,100	22.7%	28.4%
All ages	80,100	83,800	163,900	100%	100%

The older population of Kingston is set to grow further. According to the latest GLA population projections, the 55+ population in Kingston will increase by 3,300 between 2014 and 2020, an average of 550 residents per year. This includes an estimated 300 residents of aged 85 or over, an average of 50 per year¹⁴. By 2020, those born in the 1960s baby boom will be aged roughly between 55-59 and post-war baby boomers will have moved from the 65-69 age band into the 70-74 age band. This explains the large increase in 55-59 and 70-74 year olds.

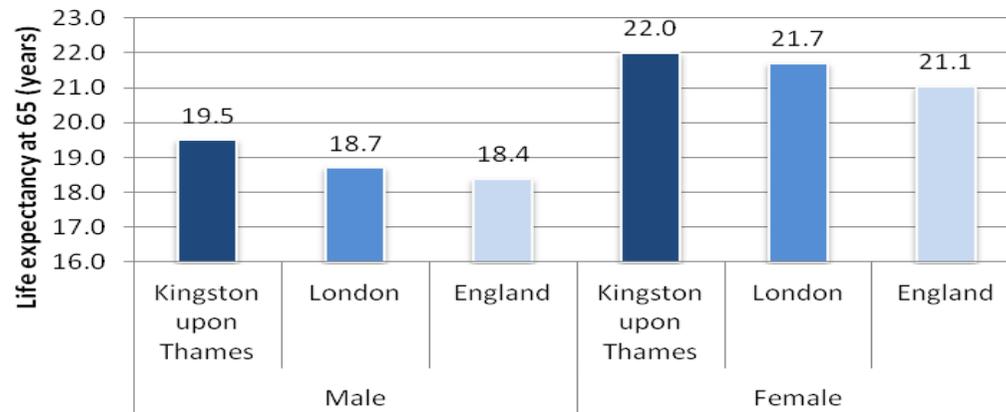
Age group	Projected population change, 2014-2020	
	Number	Percentage
55-59	1,300	15.2%
60-64	300	4.3%
65-69	-500	-7.9%
70-74	1,400	29.5%
75-79	400	10.8%
80-84	200	5.3%
85-89	100	3.8%
90+	200	14.7%

¹⁴ Source: Greater London Authority (GLA) 2012-round SHLAA Standard Fertility Population Projections. Figures may not add due to rounding. These projections will not align with ONS population estimates.

Total 55+	3,300	8.8%
------------------	-------	------

Older People and Health

Older people in Kingston can expect to live slightly longer than the averages for London and England. Life expectancy at birth and at age 65 has risen almost every year since 1991/1993, following national and regional trends. Kingston’s population projections take account of greater life expectancy, when compared with London and England.



Averages disguise the fact that there are significant variations in life expectancy across the borough. For example life expectancy in Norbiton ward for males is 76 years, compared with 83.1 years for males in Old Malden and Tudor. For females life expectancy in Norbiton is 77.6 years compared with 90.5 years in Tolworth & Hook Rise¹⁵.

¹⁵ Source: London Health Programmes, Health Needs Assessment Toolkit. Life expectancy by ward, aggregated data for 2006/2010.

Whilst people can normally expect to live longer than previous generations, they may not enjoy a healthy life in later years. This has an impact on the demand for housing, health and social care provision. Fortunately, disability-free life expectancy at ages 16 and 65 is higher in Kingston than the averages for London and England, for both males and females¹⁶.

	At age 16 (years)		At age 65 (years)	
	Male	Female	Male	Female
Kingston	53.2	53.5	11.9	13.0
London	49.3	50.4	10.1	10.8
England	49.1	50.1	10.2	10.9

It is possible to roughly estimate how many older people may need help with their daily lives through illness or infirmity. By combining old but detailed national survey data on health (ONS Living in Britain Survey 2001) with more up to date local population estimates, it has been possible to provide some additional estimates of the number of older people in Kingston with a range of health and social care issues¹⁷. The full set of tables is published separately on the RBK website. The starting point is that Kingston’s population aged of 65 and over is 21,300¹⁸, or 12.5% of the total. Some highlights:

- The number of people aged 65 and over who will not be able to manage at least one domestic task on their own will grow from 8,850 in 2012 (5.4% of the current population) to 9,803 in 2020 (5.8%). Domestic tasks include household shopping, washing and drying dishes, using a vacuum cleaner and dealing with personal affairs.
- The number of people aged 65 and over who will not be able to manage at least one self-care activity on their own will grow from 7,295 in 2012 (4.5% of the population) to 8,030 in 2020(4.7%). Self-care activities include bathing and showering, dressing and undressing, feeding and taking medicines.

¹⁶ Source: ONS 2007-09 Disability-free life expectancy (experimental statistics)

¹⁷ Source: Prevalence rates taken from ONS Living in Britain Survey 2001 (see www.poppi.org.uk) and applied to GLA 2012-round SHLA Standard Fertility Population Projections

¹⁸ Source: Office for National Statistics (ONS) Mid-2012 Population Estimates.

- The number of people aged 65 and over who will not be able to manage at least one mobility activity on their own will grow from 4,056 in 2012 (2.4% of the population) to 4,458 in 2020(2.6%). Mobility activities include going outdoors and walking down the road, getting up and down stairs, getting to the toilet and getting in and out of bed.

Data is also available to show the number of older people in Kingston who have a long-term health problem or disability that limits their day-to-day activities either a lot or a little¹⁹:

Long-term health problem or disability that limits day-to-day activities...	Age (number)				Age (percentage)			
	50-64	65-74	75-84	85+	50-64	65-74	75-84	85+
Males	2,055	1,511	1,504	683	16.40%	30.70%	53.30%	74.20%
Females	2,163	1,700	2,121	1,530	17.00%	32.50%	57.00%	80.50%

Older Carers

The 2011 Census provides a glimpse of who is currently providing care to these people. Around one in 12 of Kingston’s population is an unpaid carer. And amongst the 65’s and above, more than one in 8 is an unpaid carer. There are 781 people aged 65 and over who provide 50 or more hours of unpaid care. That compares with an average paid working week in the UK of 43.6 hours

Older People and Ethnicity

¹⁹ Source: ONS 2011 Census, Table DC3602EW – Long-term health problem or disability by NS-SEC by sex by age

Kingston is less ethnically diverse than the outer London average, but is much more diverse than England and Wales as a whole. In Kingston 74.5% reported themselves as 'white' in the 2011 census, compared with 61.4% in outer London and 86% in England and Wales as a whole. The largest minority ethnic groups among the local older population are Indian and Other Asian (e.g. Tamil and Korean).

In line with London and England, Kingston's older population is less diverse than the borough average. As of 2011, 14% of 55+ year olds and 4.4% of 85+ year olds came from Black, Asian and Minority Ethnic (BAME) groups, compared with the borough average of 25.5%.

The percentage of older people from BAME background will rise as current generations of younger BAME citizens move towards old age.

Ethnic Group	All ages	55+ population		85+ population	
	Percentage	Number	Percentage	Number	Percentage
White	74.5%	31,220	86.0%	3,196	95.6%
Mixed/Multiple ethnic group	3.9%	326	0.9%	15	0.4%
Asian/Asian British	16.3%	3,722	10.3%	101	3.0%
Black/African/Caribbean/Black British	2.5%	355	1.0%	12	0.4%
Other ethnic group	2.7%	689	1.9%	18	0.5%
Total population	100%	36,312	100%	3,342	100%
Black, Asian and Minority Ethnic (BAME) population	25.5%	5,092	14.0%	146	4.4%

Age Distribution of Older People

People aged 55 and over are unevenly distributed within Kingston, as the table below shows. For example the percentage of the ward population aged 55 and over in St James is double, at 30%, that of St Marks and Canbury. The population aged 85 and over varies even more widely; in St James ward it is nearly three times higher than in Norbiton. The wards with the highest populations of the 55 plus age group are Old Malden and St James.

Ward name	Number of residents aged 55+	% of residents aged 55+	Number of residents aged 85+	% of residents aged 85+
Alexandra	2,509	27.1%	173	1.9%
Berrylands	2,345	24.8%	242	2.6%
Beverley	2,380	23.5%	259	2.6%
Canbury	1,908	15.4%	164	1.3%
Chessington North and Hook	2,201	25.2%	179	2.0%
Chessington South	2,501	24.4%	181	1.8%
Coombe Hill	2,548	24.6%	281	2.7%
Coombe Vale	2,382	24.4%	174	1.8%
Grove	1,829	16.7%	197	1.8%
Norbiton	1,784	17.7%	125	1.2%
Old Malden	2,681	28.4%	192	2.0%
St James	2,683	29.9%	298	3.3%
St Mark's	1,555	14.8%	167	1.6%
Surbiton Hill	2,337	22.3%	338	3.2%
Tolworth and Hook Rise	2,322	23.6%	170	1.7%
Tudor	2,347	24.5%	202	2.1%

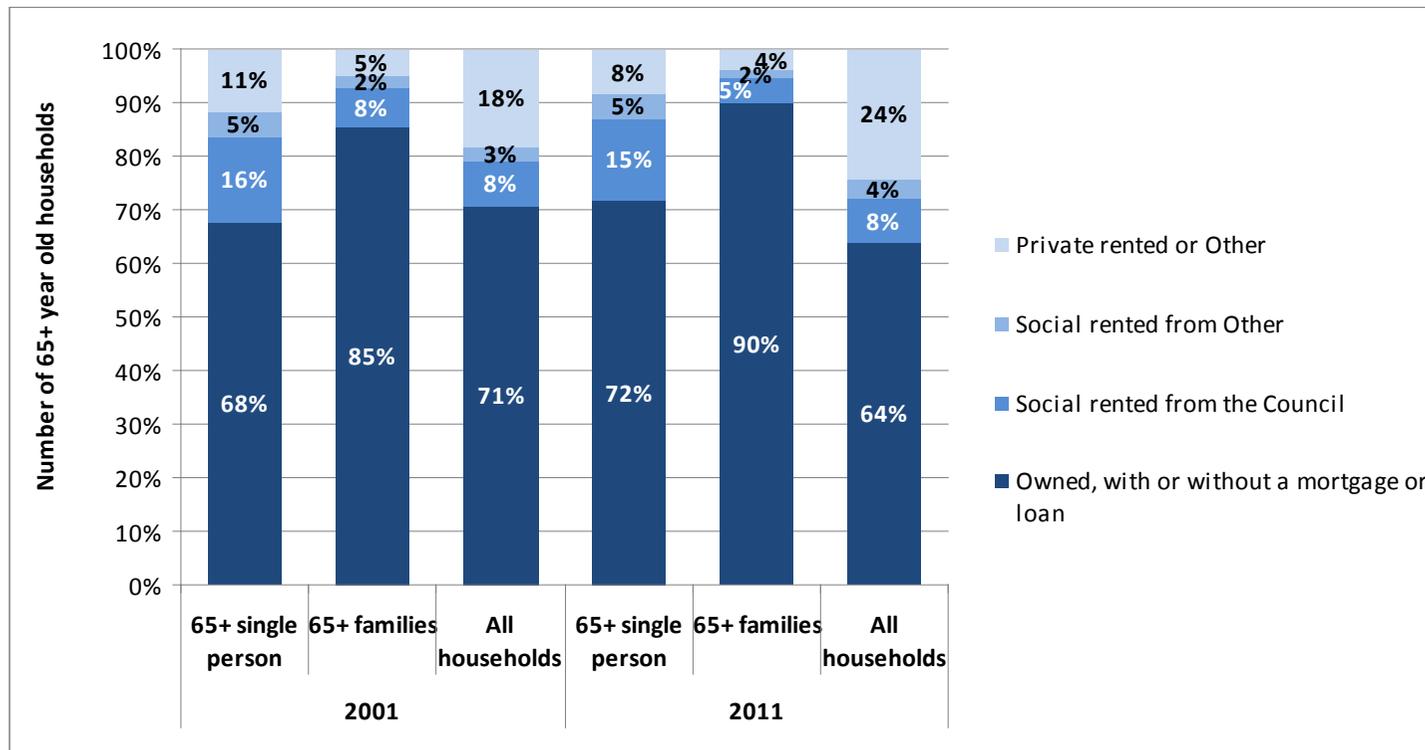
Tenure Arrangements of Older People in Kingston

The 2011 census provided a window into the tenure arrangements of older people in Kingston. In the borough as a whole there were 13,344 households where the main adults were aged 65 or over. Of these: two in five households consisted of a couple; two in five consisted of a female living alone; one in five consisted of a male living alone. Berrylands and Field Wards had the greatest number of single older households of both sexes, while Old Malden and St James had the greatest number of couples.

Households where HRP is aged 65+	Living in a couple	Males living alone	Females living alone	Total
Alexandra	430	146	303	879
Berrylands	327	221	431	979
Beverley	323	139	368	830
Canbury	228	147	294	669
Chessington North and Hook	366	140	355	861
Chessington South	417	137	329	883
Coombe Hill	408	133	351	892
Coombe Vale	383	112	345	840
Grove	193	195	377	765
Norbiton	202	156	299	657
Old Malden	483	132	314	929
St James	439	147	375	961
St Mark's	164	147	314	625
Surbiton Hill	331	180	367	878
Tolworth and Hook Rise	364	125	341	830
Tudor	381	139	346	866
Borough total	5,439	2,396	5,509	13,344

Older Owner Occupiers

As shown below, Kingston's 'older' single person households and families (where all are aged 65 and over) are overwhelmingly home owners. And the percentages have increased between the 2001 and 2011. Kingston's home ownership rate for families aged 65 and over was an amazing 90% as recorded by the 2011 Census.



Source: ONS 2011 Census DC4104EW - Tenure by household composition

Owner occupiers, almost by definition, tend not to call on RBK's housing resources in their lifetimes unless 'something goes wrong'. Examples were found in the consultations of older homeowners/those living in family owned accommodation, who had fallen on hard times as a result of ill health (including mental ill health and various addictions), bankruptcy, divorce or separation, bereavement or family pressures to vacate. RBK might expect to see an increase in the number of such people seeking help, support and access to social housing in future. This would be

as a result of less stable economic conditions, a growing older demographic and the entry of the baby boomer generation into older age, bringing more diversity of lifestyle and household situation (possibly less stable than the traditional nuclear family structure).

Older Private Renters

Focusing on those aged 65 and above, older private renters represent just 7 % of Kingston's 10,500 older households. If these follow the household trend then around half of these households will comprise single people.

Private renters face disproportionate housing insecurity and poor housing. Many continue to approach the council each year for assistance with housing problems. It is likely that numbers will grow year by year as the older population grows and within it the proportion of single person households and those in insecure housing.

Older Council Tenants

Within the council's general needs rented stock of 4,800 homes, 29% of tenancies are held by people aged 55 and over, 17% by people aged 65 and over and 3% by people aged 85 and over²⁰. The sheltered housing population is explored further on in this report.

Older Council Leaseholders

Data concerning the age and family makeup of council leaseholders, generally those who have exercised the right to buy a flat or maisonette, is too thin to trust. Information will get sparser as the original 'right to buy' households sell on to persons unknown to the council.

Under Occupation

Any discussion of when a home is 'big enough' or 'too big' for a particular household is subjective and political. Of course Government and councils have to turn such value judgements into allocations policy for the social rented housing stock, but in the homeowner sector such rules do not apply. Thus the following information needs to be read with a health warning.

²⁰ First named tenant

Kingston’s population aged 65 and over is ‘under-occupying’ the housing stock very significantly. Assuming that a single person household has a maximum ‘need’ for a two bedroom home, then almost one single person household in two lives in a home that is bigger than their needs. In families where all family members are aged 65 and over (overwhelmingly couples one would presume), and assuming again that the maximum ‘need’ is for a two bedroom home, then three households in four are ‘under-occupying’ their present home. The table below illustrates this.

The significance is twofold. On a conservative estimate, if just one in ten of these households in Kingston aged 65 and over were finding it difficult to maintain their homes, they would represent 571 struggling households. And if RBK were instrumental in helping that same one in ten to downsize to somewhere more suited to their needs, then the same number of family sized houses would be returning to the market to enable growing families to obtain a more spacious home. Under-occupation, therefore, presents both a challenge to services and an opportunity for some beneficial ‘market influencing’.

The number of under-occupying owner occupier households aged 65 and over is 5,712. How many are finding it difficult to maintain their home is not known but the following suggest it is more than one in ten households:

- 8,850 people aged 65 and over unable to manage at least one domestic task on their own
- 7,295 people aged 65 and over unable to manage at least one self-care activity on their own
- 4,056 people aged 65 and over unable to manage at least one mobility activity on their own
- 7,645 people aged 65 and over with a long-term health problem or disability that limits day-to-day activities.

Older people's households by number of bedrooms, 2011	One person household: Aged 65 and over		One family only: All aged 65 and over		Other household types: All aged 65 and over	
	No.	%	No.	%	No.	%
All	6,762	100.0%	3,562	100.0%	177	100.0%
1 bedroom	1,717	25.4%	189	5.3%	17	9.6%
2 bedrooms	1,998	29.5%	708	19.9%	56	31.6%
3 bedrooms	2,449	36.2%	1,827	51.3%	77	43.5%
4 bedrooms	471	7.0%	663	18.6%	18	10.2%

5 or more bedrooms	127	1.9%	175	4.9%	9	5.1%
--------------------	-----	------	-----	------	---	------

Source: ONS 2011 Census DC1402EW - Household composition by no. of bedrooms

Older People Consultation

One-to-one Interviews

The consultation team carried out a total of 66 one-to-one interviews with RBK sheltered residents and a further 52 with a range of older people in other tenures. These comprised 30 tenants of RBK general needs housing, 17 owner occupiers and private renters, plus one housing association tenant. RBK tenancy records provided the majority of leads. Public Health provided the majority of non-tenant leads from a database of older people who had previously been interviewed as part of a 'keeping warm' initiative. The project is especially grateful to Charlie Knell in Public Health for her help with this. Names and introductions were also provided through housing association partners and others.

Taking the whole group of interviewees aged 55 and over, 90% described themselves as 'white'. This is slightly more than the 86% that would have been predicted from census population estimates. After that the largest group was Asian (5%), followed by Black Caribbean and Arabian (one each). Over 40 questions were asked using a standard template and a mix of closed and open ended questions. Key findings and observations included:

- Sheltered tenants were the most positive about their home: 83% said it met their present need quite or very well, compared with 68% who were living in RBK general needs. This finding was consistent with the 2012 STAR survey of tenant satisfaction which also showed a large difference in satisfaction between these groups, although clearly there has been progress in improving general needs satisfaction levels since 2011 when the STAR survey was actually conducted. Owner occupiers also scored highly with 75% positive about their present home.
- Each of the three main groups (RBK sheltered tenants; RBK tenants in general needs; owner occupiers) reported consistently on disability; between 50% and 54% said they suffered from a disability.
- Most sheltered tenants were satisfied with their homes. There were three main issues for those who were not so happy:
 - Tenants not living on ground floor, or where the scheme had no lift, said that their biggest issue was managing stairs
 - Tenants, especially those in bedsits, said their home was too small for their needs
 - Tenants who shared bathrooms disliked it.

- While sheltered tenants generally preferred living on the ground floor because of difficulty managing stairs, they felt less safe than those living on upper floors because of fear of break-ins.
- Negative aspects of sheltered accommodation (in addition to property issues above) included 'undesirable neighbours'. Some sheltered tenants complained about their neighbours and expressed dissatisfaction with RBK for not choosing to house similar groups of people together (for example housing an elderly woman between loud tenants with substance misuse issues).
- Some sheltered tenants wanted to have a pet, such as a cat or a dog. A lot of tenants spoke of becoming lonely with age and being in need of company.
- Positive aspects of sheltered accommodation included easier/faster response to queries, help and advice from warden.
- People who had issues with RBK had mainly complained about the repairs service, citing long time slots given by contractors, limiting their plans, need for better attitude from council staff and easier ways to contact RBK and get a response.
- Tenants who had mobility problems and struggled getting in and out of a bath wanted a walk in shower or a lower bath. Tenants stated that when they had approached RBK and requested a wet room, the answer was "no budget".
- Sheltered tenants said they wanted to have more entertainment/hobby groups and activities such as coffee mornings or bingo nights. However they also expressed reluctance about taking part regularly. While loneliness was very common amongst tenants, they also tended to 'keep themselves to themselves'.
- Compared with general needs tenants, people felt more secure living in sheltered accommodation.
- General need tenants struggled more with 'getting things done for them', such as repairs, maintenance, etc, compared with sheltered tenants.
- A few stories from general needs tenants suggested that their need for adaptations and support had been missed or ignored, including allegedly:
 - A tenant who had not had a bath or shower for 6 years due to mobility problems and being unable to climb in or out of the bath.
 - A tenant living without a cooker or heating in a flat full of damp, mould and strong odour. The tenant was not looking after herself and seemed to be in need of support.
- Older people, especially those with physical disabilities were having difficulty looking after their gardens and doing practical things in their homes, such as painting, decorating, changing light bulbs, replacing curtains. Several stated that they would like RBK to provide them with list of discounted contractors who would do odd jobs which do not class as repairs and maintenance.
- General needs tenants had better social support networks, especially family members, compared with people in sheltered accommodation.
- Tenants who occupied large houses made some revealing comments:

- Many would have liked to exchange for a smaller property because of difficulty looking after their homes, managing stairs or struggling with large heating bills. Most would have preferred a bungalow.
- However, often they changed their mind when considering the ability to have family around, or keeping a spare room for storage.
- Many did not have a good opinion about sheltered accommodation
- In the end, many would prefer to do adaptations to their homes to be able to live there for as long as possible.

Focus Groups

Older people contacted were generally offered the option of participating in a focus group or undertaking a one-to-one interview. Sixty people chose the focus group option and as a result four were held within RBK sheltered schemes, two within housing association sheltered schemes and two at a public venue where a mixture of owner occupiers, private and council tenants attended.

Generally, comments followed those made during one-to-one interviews. Some additional observations included:

- In relation to planning for the future, tenants had a more ‘take each day as it comes’ outlook than owner occupiers. Sheltered tenants did not feel so in control of their futures. In part this was explained by the life stories that some people told, for example suffering some disaster in their lives which had resulted in loss of a previous relationship, home or business.
- Reasons for moving into sheltered housing also included numerous cases of health and mobility problems, and a few ‘downsizers’ who simply wanted a smaller home.
- When asked if they would make the same choice again about moving into sheltered housing, almost all sheltered residents said yes
- When asked ‘What’s good about sheltered housing?’ the presence of the scheme manager came high on the list. Others mentioned the fact that sheltered rent is “all inclusive” i.e. rent, community charge, utilities in one manageable package
- When asked ‘What’s not so good about sheltered housing?’, repairs were often cited, including the length of time from reporting to carrying out a repair. There was also concern with security at one scheme.
- Other concerns included limited space available for mobility scooters.
- Residents in housing association sheltered schemes had noticeably fewer complaints about property issues; this reflected a noticeable difference in amenity standard, perhaps reflecting more recent construction.
- Sheltered residents had varied views about their need for support, most presently didn’t need it but acknowledged that they might in future.

STAR Survey Summary

As part of this project, raw data was re-interrogated from RBK's 2012 STAR survey (Survey of Tenants and Residents) originally carried out by ARP Research. As a result some comparisons could be made between RBK sheltered residents and RBK tenants aged 55 and over in general needs housing. Findings of interest included:

Overall Quality of Home

- Residents in sheltered housing were much more satisfied than those in general needs housing with the overall quality of their home, with 83% in sheltered satisfied compared to 59% in general needs
- Satisfaction in general needs housing increased with age, from 50% satisfied under the age of 55 to 78% in those aged 85+. Satisfaction in sheltered housing did not show a clear pattern according to age.
- Men were more satisfied than women in both types of housing.
- Asian/Asian British residents in general needs housing were more satisfied than other ethnic groups. Satisfaction in sheltered housing did not show a clear pattern according to ethnicity.

Overall Condition of Home

- Residents in sheltered housing were much more satisfied than those in general needs housing with the overall condition of their home, with 80% in sheltered satisfied compared to 52% in general needs.
- Residents aged 65+ in general needs housing were more satisfied than those under 65. Satisfaction in sheltered housing did not show a clear pattern according to age.
- Men were more satisfied than women in both types of housing.
- Asian/Asian British residents in general housing were more satisfied than other ethnic groups. Satisfaction in sheltered housing varied by ethnicity.

Satisfaction with Support for Vulnerable Customers

- Residents in sheltered housing were much more satisfied than those in general needs housing with the support for vulnerable customers, with 69% in sheltered satisfied compared to 37% in general needs.

- Men in general needs housing were more satisfied with the support for vulnerable customers than women. There was no difference within sheltered housing.
- Asian/Asian British residents in general needs housing were more satisfied than other ethnic groups. Satisfaction in sheltered housing did not show a clear pattern according to ethnicity.

Priorities

- Residents in both types of housing thought that repairs and maintenance, followed by the overall quality of their home, were their two most important priorities.
- People in general needs housing thought anti-social behaviour was also a priority but this was not identified as a high priority for those in sheltered housing.
- Value for money and keeping residents informed were the next most popular areas of priority.
- A higher proportion of residents from Black and Minority Ethnic Groups living in general needs housing thought that support and advice on claiming welfare benefits and paying rent was a priority compared to those from the White ethnic group.

Older People Recommendations

'That Little Bit of Help'

Across tenures and departmental budgets, RBK needs to support and develop provision of 'that little bit of help' that enables Kingston's large and growing older population to sustain successful lives and maintain independence at home. Without access to small scale help, older people find it increasingly hard to manage ordinary day-to-day tasks that make a real difference to their quality of life. As a result some older people are left needlessly isolated and depressed in their own homes and may be at greater risk of avoidable accidents and ill health. According to a Joseph Rowntree Foundation/ Counsel and Care Inquiry (2005), it is often simpler support, such as befriending and help with cleaning, DIY, gardening or pet care, that older people value most. The consultation programme that this project has carried out with local residents supports that conclusion locally.

Projects delivering 'that little bit of help' are often run by third sector organisations. While these may depend on some council grant aid, they are often also able to lever in match funding from non-council sources, as well as deploying local volunteers. It has been stated by local organisations that one paid volunteer coordinator should be capable of leveraging in at least three 'full time equivalent' volunteers, though these are likely to comprise a large number of part time volunteers. Thus, the third sector can potentially offer good value for money in support of the council's 'health and wellbeing' agenda. Departments including Housing Services, Public Health, Clinical Commissioning Group and Adult Social Care should be working together to coordinate strategies and funding in this area of preventative service. Coordination will be increasingly important as individual departments face cutbacks in funding.

There are many examples of small scale projects for older people that could be, and in some cases are currently being supported, including:

- Handy help/handyperson services for small scale household jobs and gardening
- House moving service/assistance
- Help for people discharged from hospital with shopping, transport and making sure their home is tidy
- Befriending services
- Volunteer emergency pet care when older people are ill or in hospital
- Multi generational projects where older people can pass on skills such as gardening to younger people
- Transport to attend lunch clubs, outings and other activities.

- Social and cultural activities coordinator
- Exercise and fitness classes
- Computing classes
- Help for visually impaired with practical tasks, such as clothes shopping, form-filling or reading letters.

Even in straitened times, preventative measures should repay their investment over time and prolong independent living. This would require departments such as Housing Services, Social Care, Public Health and Clinical Commissioning to develop an overarching strategy involving pooled resources and initiatives.

Recommendation OP1: *Housing Services, Social Care, Health and Kingston Clinical Commissioning Group should develop an overarching strategy for preventative support services, i.e. ‘that little bit of help’, involving pooled resources and initiatives.*

Better Downsizing Pathways

This leads on to the help that the council should consider offering older tenants and owner occupiers who might benefit from downsizing from a large and difficult to manage family home to alternative, smaller accommodation options. It is in RBK’s interest to develop and promote better ‘downsizing pathways’ to encourage older owners to downsize. There currently appear to be few attractive downsizing pathways for older people who need some support and assistance, and those that do exist are seemingly not well promoted.

Developing and promoting better ‘pathways’ to encourage older householders to downsize is a challenging task, even in the social rented sector, but more mobility would ease the housing market for growing Kingston families (assuming most homes sold don’t get snapped up by in-comers). And a home better suited to ageing should give the occupant the chance of a longer life spent in independence and with dignity. More downsizing might also benefit RBK directly, if for example, an offer of a more suitable rented or leasehold home is exchanged for an agreement whereby RBK can lease the former owner occupied property for a number of years for letting to a homeless family. It should be noted, nevertheless, that older people said, during the consultation, that the bond to the home where they brought up their family is often strong and emotional. Proposals need to acknowledge and address the factors that might hold people back, such as fear of losing neighbours and friends.

RBK may also have a role in supporting and encouraging the growth of responsible financial advice to older owner occupiers, for example about equity release and gifting schemes that enable older people to afford the cost of staying put. The equity release market is now becoming

more competitive with better deals on offer; however this sector is still plagued with inappropriate and expensive products being sold. There are also schemes such as Age UK's 'gifting scheme', whereby the organisation takes over lifetime responsibility for upkeep of the home and provision of support and care in exchange for the property being gifted to Age UK.

Recommendation OP2: *Housing Services should lead on the development and promotion of better 'downsizing pathways' to encourage older owners to downsize.*

Private Retirement Leasehold Housing and Other Innovative Tenures

According to data compiled by the Elderly Accommodation Counsel, there are 85 retirement homes in Kingston; these include care homes and council and housing association sheltered schemes. Seven schemes are listed as being privately run, which looks like an under-estimate. Estimates provided by Housing LIN 'SHOP@' toolkit, which uses ONS Census data, suggest that Kingston's current leasehold market in older person's housing comprises 371 units (including sheltered, enhanced sheltered, extra care but excluding care homes). It predicts a demand for 391 units by 2020, based on no change to tenure preferences between 2013 and 2020. But demand reflects available supply, and there may be less socially rented older person's housing available by 2020, reducing people's options and therefore pushing up demand for private sector housing. There may be ways in which this market could be encouraged, enabling older people to downsize and lead more comfortable lives into old age. The effect again would be to free up more family housing for growing Kingston families.

Allegedly private retirement leasehold housing hasn't proved popular in Kingston. To challenge these assumptions and explore whether the borough can be instrumental in removing some perceived blockages would require a renewed dialogue with private and social housing providers who might be interested in provision for older people. It is suggested that a specialist seminar or conference be held, to enable those with specialist knowledge and those with a stake in older person's housing in Kingston to explore these issues more fully together. One strand of such discussion could be around the conclusions of the HAPPI report (CLG 2009), based on visits to successful schemes in several European countries, which sets out some useful models and design principles for housing schemes where people can lead full and comfortable lives into very old age. These include the co-housing concept which is common elsewhere but virtually unknown in England.

Recommendation OP3: *Housing Services should lead on the exploration, with relevant providers and experts, of the local market potential for further private retirement leasehold housing and other innovative tenures.*

Assisting Older Owner Occupiers facing Care Home Costs

There is an opportunity for RBK to assist older owner occupiers who face care home costs for the remainder of their lives, through development of schemes to temporarily lease their property for renting to a homeless family, thereby preventing the need for the family to sell. The Care Bill now going through Parliament will settle the question of how much an older person will have to pay for care in their lifetime before the state steps in. The proposed figure is a maximum of £72,000, but 'real world' costs of care incurred are likely to be higher before the state steps in, due to differentials between the market cost of care and the nominal cost for calculation purposes, which is based on the discounted rates that local authorities have negotiated. In addition, charges for 'board and lodging' lie outside that figure but will be capped at £12,000 a year. There will be provision for 'deferred payment' in certain circumstances, whereby care costs are initially picked up by the council, but local authorities will for the first time be charging interest until the debt is repaid upon eventual sale of the property.

The new regulations will still leave many homeowners and their families with a worry about going into residential care or a nursing home, due to fear of running out of money and having to sell the family home/future inheritance. A leasing scheme as referred to above could provide the older person with an income towards care and 'board and lodging' costs, thus preserving more of the value of the family inheritance when the time comes to sell. Meanwhile the council could get access to a family home for leasing to a homeless family. There are also third sector organisations operating in Kingston, for example Reside, able to make use of short term leasing to provide, in their case, supported living for disabled young people,

Recommendation OP4: *Housing Services should lead on the exploration, with relevant providers and experts, of a scheme to assist older owner occupiers who face care home costs for the remainder of their lives, through development of schemes to temporarily lease their property for supported living or renting to a homeless family, thereby preventing the need for the family to sell. (This option would need to be explored alongside the provisions in the Care Bill with respect to the Deferred Payment Scheme.)*

Handyperson Schemes

Several 'handyperson' schemes currently operate in Kingston, some paid for, some provided free. These include Housing Services' full time handyperson, made available as part of the responsive repairs contract and accessed through job orders placed by sheltered scheme and estate managers. The housing handyperson service is popular, able to resolve minor difficulties that vulnerable tenants encounter in their home, free at point of use, and without undue bureaucracy. Age Concern Kingston also runs a similar paid-for service. RBK should consider expanding its service when retendering maintenance contracts to increase the amount of handyperson resource. (Note: it is planned to offer two handyperson operatives rather than one under the new maintenance contract to commence in April 2014) In addition RBK should review with Adult Social Care Contracts, Commissioning & Performance Team, local social landlords and voluntary organisations whether a wider

ranging handyman service could be developed through the pooling of resources. This might reduce cost overall through greater economy of scale and would be part of the preventative services strategy.

Recommendation OP5: *Housing Services, with Adult Social Care Contracts, Commissioning & Performance Team , local social landlords and voluntary organisations, should consider the practicalities of developing a wider ranging handyman service through the pooling of resources with a view to reducing cost overall through greater economy of scale.*

Promoting Preventative Services for Older People

RBK should promote its preventative services for older people more widely. The strategy should target not just older people but trusted professionals and ‘community influencers’ whose word of mouth is influential. Whilst recognising that RBK has only limited resources at its disposal there is a wide range of preventative support services that can be accessed through Housing Services , Health, Adult Social Care and the third sector. It is important to ‘cross promote’ all available preventative services in the borough so that older people can be advised of all suitable services, however they make their first approach.

The ‘Kingston-i’ web pages on RBK’s old website gave a good overview of the range of preventative services; they will hopefully reappear on the new website soon. However local consultation indicated that internet-based information is an insuperable barrier to a significant number of older people. A third or more of the older people consulted in focus groups seemed unable and would have no interest in learning how to access the internet.

This means that two thirds of older people might be enabled to join the ‘connected society’, for the remaining third the most reliable means of spreading information is through word of mouth via trusted professionals and ‘community influencers’, such as ward councillors, doctors, community nurses, carers, estate managers, occupational therapists, social club staff and so on. It is recommended, therefore, that RBK should develop information resources with three audiences in mind: direct to older people without internet skills; direct to the growing number of ‘connected’ older people; ‘indirect’ to the networks of trusted professionals and community influencers, who act as mediators of information to older people.

All routes to older people will need ongoing monitoring and evaluation for effectiveness and value for money. Moreover, RBK’s advice and assistance services and processes should remain ‘age friendly’. The best way to ensure this is by regular scrutiny of services by suitable experts, including third sector partners and older service users. This work could be entrusted to KRISP and other resident forums.

Recommendation OP6: *Housing Services, Health and Adult Social Care should agree a mechanism to coordinate the promotion of preventative services for older people. This should reduce duplication and improve accessibility.*

Encouraging Older People to Access the Internet

Roughly a third of older people said they might be willing to try to learn IT skills with help and support. A similar number are already connected to the internet. As more tech-savvy generations enter older age this ratio is likely to change. RBK should therefore encourage new and innovative services to help older people access the internet, most likely through suitable commercial and third sector partners. Until recently such innovation has tended to stop at (or in RBK's case before) the installation of PCs in sheltered schemes. But as technology marches on, thought should now be given to supporting the spread of wi-fi hotspots in public locations accessed by older people where they can freely access the internet through their own devices - even perhaps supporting initiatives to provide discounted tablet PCs to older people.

Recommendation OP7: *Housing Services, Health and Adult Social Care should agree a mechanism to encourage new and innovative services to help older people access the internet, most likely through suitable commercial and third sector partners.*

Sheltered Rehousing Policies concerning Older Homeowners

It is important to promote private solutions for those able to afford it. It seems a little unfair that older people who own a home (or even two as was heard on one occasion) are eligible to apply for council sheltered housing. Comments made at an older people's focus group suggested that a few older homeowners get pressured by family to 'go on the council' to enable the family home to be occupied by other family members or be sold. It is recommended that RBK revisits rehousing policies concerning older people who already own a suitable home, or have recently sold one. A lack of restriction means that a 'moral hazard' is created for older people or relatives to exploit, fuelling demand from people who would have had the financial means to resolve their own housing problem.

Recommendation OP8: *Housing Services should revisit sheltered rehousing policies concerning older people who already own a suitable home, or have recently sold one.*

Management Arrangements for Disabled Adaptations

RBK should look again at the way disabled adaptations are managed. The outcome should be the speedy identification of a household's needs, leading to a quick decision, followed by quick and cost effective implementation.

Older people in privately owned or rented accommodation who are permanently and substantially disabled may be eligible for a Disabled Facilities Grant (DFG) to provide major adaptations to their homes, e.g. stair lift, level access shower or ramps. Council tenants in the same position and in need of adaptations are also able to request help from RBK. An occupational therapist's (OT's) assessment is required for this, though control of adaptations lies within Housing Services.

Liaison arrangements are in place to ensure where possible that OT recommendations to Housing Services for major adaptations (or if necessary a housing transfer) are made before the point of need, with the aim of ensuring that the work can be completed in time to avoid a breakdown in the home care management situation, due to lack of suitable accommodation or care facilities.

This is a complex operational area involving a range of stakeholders. These may include residents, private landlords, Housing Services, Occupational Therapists, third sector organisations who provide advice and practical assistance, hospitals, Adult Social Care. Each has a different perspective and set of financial constraints. For example in the case of privately rented housing it is usually difficult to secure major adaptations that affect the structure or appearance of a property, but would enable a disabled resident continue living safely and comfortably. Private landlords mostly do not welcome adaptations that might reduce the appeal of the property to a future incoming tenant, even if paid for by someone else. It is also hard for RBK to justify an expensive adaptation when there is no guarantee that it will be retained for future use if the existing tenant eventually moves on. HRA and DFG funds are currently rationed and may need to reduce in the coming years, so it is essential that investments are not squandered as a result of being removed after a short period.

There is also recognised wastage where the council has invested in adaptations for a particular tenant, who subsequently moves out. Under pressure of time to get the property re-let, it is not usually possible to find a disabled applicant with matching needs. This means expensive equipment, such as a stairlift, is removed rather than re-utilised for someone else.

A further inherent difficulty with the management of disabled adaptations is that budgets are fixed while demand is hugely unpredictable. Most adaptations are relatively inexpensive and can be budgeted for annually. Occasionally however the demand will come along for, say, a tracked hoist or through-floor lift that is hugely expensive.

There seems to be agreement across departments that the efficiency and speed of current processes could be improved, along with better liaison arrangements. Hopefully more effective joint working between Adult Social Care (OT department) and Housing Services on this would deliver savings to the council.

One suggestion is to introduce a 'fast track' procedure whenever an older person is 'bed blocking' in a hospital or care home but could, with suitable adaptations, return to a home in the community. The cost of a residential care bed in the private and voluntary sector is over £500 per week. Considering the weekly cost of delay, there is insufficient urgency in the current process. Part of the adaptations budget could be placed under direct Adult Social Care control for urgent cases, subject to appropriate controls. If homecare costs are racking up at more than £500 per week, there is no point spending two additional weeks deciding whether £1,000 investment in an adaptation that would get someone back home is justified – it is self evidently an investment with a two week payback and should be progressed.

Protecting the council's DFG investment in privately rented accommodation might be resolved through a special agreement with the landlord to ensure the retention of the property for letting to a disabled person for a certain number of years. This could include, for example, offering a form of income guarantee or compensation where a landlord agrees to an alteration which makes the property hard to let, should the current disabled tenant vacate within a certain period. This would help allay landlords' understandable concern at the prospect of being unable to re-let a highly adapted property. The cost of such a measure should be weighed against the cost of having to move the tenant into the social sector and undertaking adaptation works there instead.

RBK should also consider possible measures to reduce wastage when adapted properties become void, through earlier and more accurate matching of waiting list data with information held on property adaptations. Joint work on a more accessible database of property features (responsibility of Housing Services) including adaptations in place, and suitability for various forms of further adaptation, together with a more accessible database of disability requirements of applicants (responsibility of Occupational Therapists), could make it possible to match disabled applicants more often and more accurately with pre-adapted homes.

Occupational Therapists, Housing Services and other agencies need to work more closely together to achieve these aims. For example a monthly adaptations panel, which has worked well in other local authorities, could contribute towards a solution. This would ensure effective communication and challenge between the key players and that informed decisions are made relatively quickly.

Recommendation OP9: *RBK should review management arrangements for disabled adaptations including:*

- *A monthly 'adaptations panel', or similar, held between Housing Services and OTs*

- *A 'fast track' adaptations procedure whenever an older person is 'bed blocking' in a hospital or care home*
- *Measures to overcome the reluctance of private landlords to agree to disabled adaptations being carried out*
- *Measures to reduce wastage when previously adapted properties are vacated and re-let.*

Development

Housing Services is currently reviewing its development strategy, which needs to take account of the changing needs and aspirations of older people. It remains essential that within RBK's limited social housing stock, that every effort is made to steer older 'empty-nesters' towards relinquishing their family sized homes, so that these can be relet to younger families with children. As previously noted, the appeal of RBK's traditional sheltered housing offer has declined. RBK now needs to offer aspirational housing more suited to the modern lifestyles of older people, if they are to be tempted to relinquish their family homes. At the same time, to the extent possible, such housing should enable older residents to live with dignity into old age and frailty without the need for a further move. The influential, 'Housing our Ageing Population: Panel for Innovation' (HAPPI) set out the design agenda for such housing, and its design principles are repeated below:

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones'.

Older people who may already be entering a stage of frailty and dependency may be in need of housing with care and support that is already at hand. As noted elsewhere in this report, extra care sheltered housing, which provides such assistance onsite, may have a role to play within a spectrum of housing provision. The case for undertaking extra developments will need further careful assessment on a case by case basis, not simply to ensure demand, but also to determine the sustainability of care and support funding in future years.

Recommendation OP10: *RBK's Housing Development Strategy should take account of the changing needs and aspirations of older people; it should focus on procuring aspirational housing based on HAPPI recommendations and should also consider the case for extra care housing as part of an integrated provision.*

Kingston's Sheltered Housing

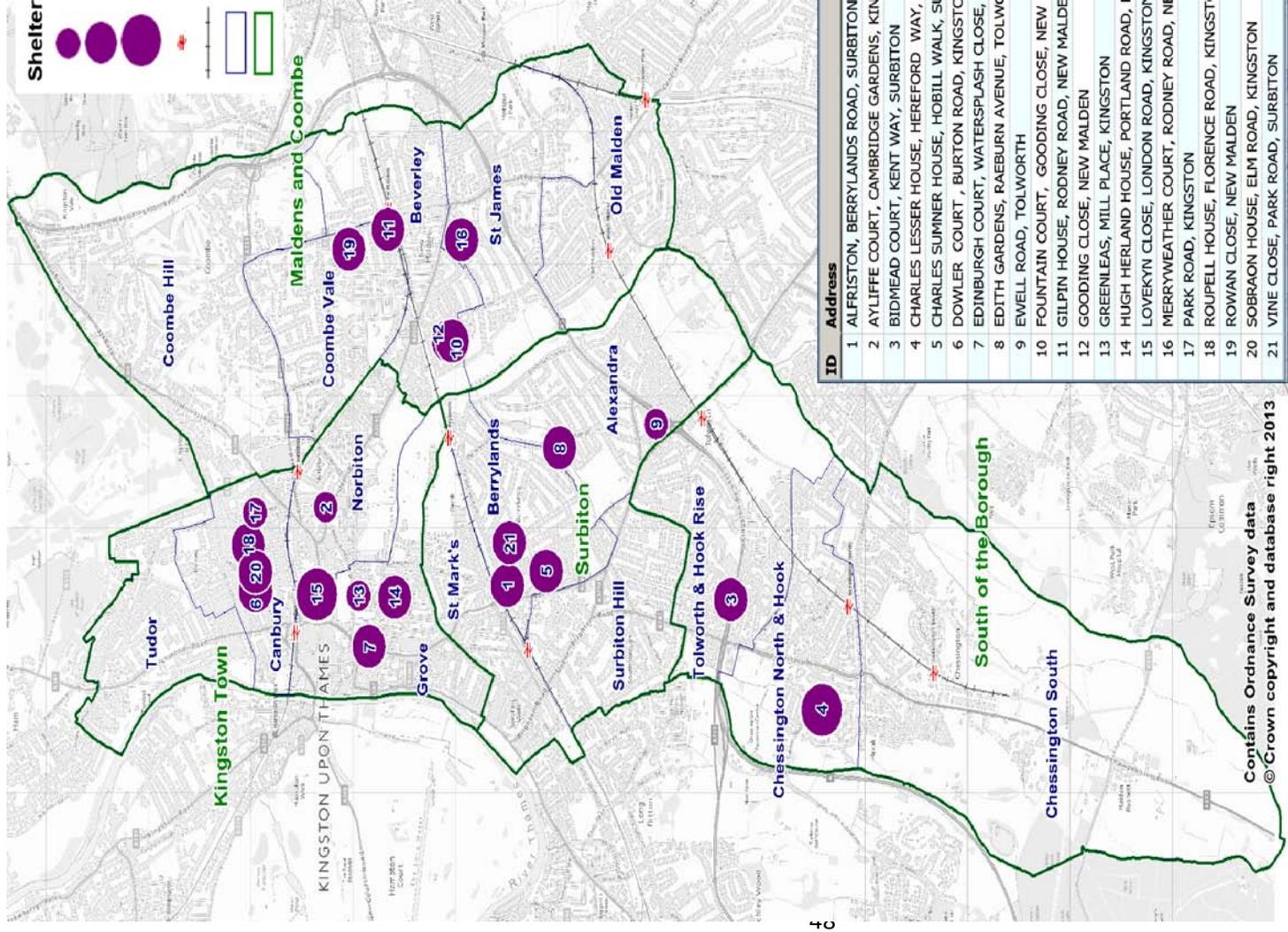
History and Background

RBK built the bulk of its sheltered housing in the 1960s and 1970s as part a significant expansion of council housing in that era. Twenty three 'enclosed' or 'category 2' schemes were constructed, though many were at the low end of provision for 'category 2' schemes. Notably, many sheltered schemes provided only very small flats or bed-sits, some having shared bathroom facilities. Most schemes were built without lifts, making many of the flats inaccessible to anyone who later became disabled or frail. Following two scheme disposals, 21 schemes remain.

In addition, as new estates were built some 600 flats within general needs schemes were designated as 'sheltered'. These met or came close to meeting the Category 1 definition and 270 remain in use today as sheltered housing following many years of 'de-sheltering'.

Following the closure and sale of the schemes at Waters Square and Yew Tree House, the remaining 21 category 2 schemes are spread fairly widely around the borough, as the map below indicates. The densest concentration is in Kingston Town neighbourhood, and the lowest concentrations are in the far North, East and South of the borough (e.g. Tudor, Old Malden and Chessington South wards, where there are no sheltered schemes).

The map overleaf shows the size and location only of RBK's 'Category 2' schemes. There are in addition numerous other 'Category 1' sheltered properties scattered around the borough.



Contains Ordnance Survey data
©Crown copyright and database right 2013

As proven by this project's research, sheltered housing continues to accommodate some very vulnerable people who may need ongoing support, by whatever means, over their remaining lives, or until a care home becomes necessary. Moreover, residents are significantly more satisfied with sheltered housing than with general needs housing, even though recent letting priorities have undermined the former social cohesion of sheltered schemes. Now three distinct social groups sometimes co-exist; longstanding residents, now becoming old and frail; the 'younger old' who simply needed a rented flat, are not vulnerable and often don't play any part in the scheme's social life; people, men in the main, who were nominated because of a need for support due to homelessness, mental health or substance misuse issues. Yet existing residents seem to highly value the 'sheltered housing experience'; they are loyal to their 'warden' and many would resist substantial change. Elected members and officers are caught in a dilemma, as it is difficult to 'sell' the long term benefit of change when current constituents are contented with the status quo. As a result, recommendations are bounded by what it might be possible to achieve in the next few years, rather than some notional, but probably unachievable, ideal.

Past Reviews and Option Appraisals

Over nearly two decades, as needs have changed, RBK has attempted to address deficiencies in its sheltered stock, including potential oversupply, by means of various strategic reviews and options appraisals. Some of these initiatives are listed below:

- Community Services review of sheltered housing 1996 - resolved to 'de-shelter' estate based sheltered housing to reduce the size of the sheltered stock (progressed on Cambridge Road Estate with only 25 flats now remaining and Millfield with only 8 now remaining); also to investigate six schemes for remodeling (remodeling was put on hold)
- Best Value Review and Older People's Working Group 2000-2003 - considered development of 'extra-care sheltered housing', day services and lunch clubs, plus a refurbishment programme for sheltered housing blocks. This included a detailed options appraisal of eight sheltered schemes with a view to remodeling and redevelopment, undertaken by Calford Seaden in 2003. (None of these initiatives were progressed while attention focused in 2004 on a housing stock transfer option that was eventually aborted.)
- Sheltered Housing Working Group 2007-2008 - proposed:
 - Reduction in amount of sheltered stock (progressed through continuing de-sheltering of estate-based schemes)
 - Improvement of schemes, wherever possible, to provide lift access and independent units (not progressed very far for financial reasons)
 - Sale of Yew Tree House (subsequently sold) and recycling of receipts within Housing Services (planned)
 - Remodeling two schemes for general needs, Greenleas and Roupell House (both remain under sheltered management and are partially decanted).

- Review of options for Waters Square (subsequently sold to a registered provider).

De-sheltering Progress since 1998

The gradual reduction in the borough's sheltered stock, from 1,178 in September 1998 (earlier figures unavailable) to 866 in September 2013, reflects the council's efforts to address an identified over-supply of sheltered housing. De-sheltering means that where flats under sheltered management become vacant within general needs estates, they revert to general needs on subsequent letting. Reduction has also taken place through the decommissioning and sale of Waters Square and Yew Tree House to make way for new housing association developments including affordable rent.

Remodeling and Improvements Progress

RBK's 1996 to 2007 remodeling and redevelopment aspirations have made limited progress for financial reasons. In 2012, Government introduced a new self-financing system for councils' housing revenue accounts (HRA) which freed them to manage their own finances. Under these reforms RBK is moving into territory where further investment in its housing stock will be possible, post the Better Homes programme in 2017.

Despite past financial constraints, RBK has carried out a range of HRA funded improvements to some schemes. Lifts were retro-installed at Charles Lesser House. Stair lifts were installed at Charles Sumner House serving partial upper floors. At Fountain Court, cabling was installed for assistive technology. Roupell House received an upgraded kitchen to enable Age Concern to provide a new lunch club (which sadly lasted only a few months before funding was lost). Sobraon, Gilpin, Charles Sumner and Charles Lesser Houses all had some wet rooms installed to replace baths. And at Hugh Herland, Charles Sumner, Gilpin and Charles Lesser Houses, treatment/hairdressing rooms were adapted from existing facilities.

Since 2012, Better Homes works, mainly bathroom/kitchen replacement, have been carried out at Charles Sumner, Vine Close, Edinburgh Court, Dowler Court, Lovekyn Close and Ayliff Court. Cyclical works have also been carried out in Charles Lesser, Charles Sumner, Fountain Court, Edith Gardens, Bidmead Court & Park Road & Edinburgh Court.

Closures

Proposals in the Housing strategy 2011 to 2014 for the closure and sale of two schemes were successfully carried forward: Yew Tree House and Waters Square have been sold to housing association partners who will develop alternative social housing for families at 'affordable' rents. RBK will retain nomination rights. Meanwhile Greenleas and Roupell House remain under sheltered management but are partially decanted awaiting a strategic decision.

Quality, Strategic Relevance and Value for Money

The above three headings provide a useful template to discuss the benefits and shortcomings of RBK's sheltered housing in a little more detail.

Quality of Accommodation

There is no central record of the internal space standards of existing RBK sheltered schemes, although typically 1970's bedsits are around 25 sq m. New social/affordable housing in London, is required to be a minimum 37 sq m (with shower room), or 39 sq m (with bathroom) for a one person flat²¹.

The HAPPI panel for innovation's second report, 2012, recognises that the highly aspirational space standards for older people's housing that it highlighted in its first 2008 study may no longer be economically achievable. But their recommendations on space standards remain far beyond present RBK sheltered provision:

- Accessibility to wheelchair standards i.e., in excess of Lifetime Home Standards with lift access to all apartments
- A mix of space standards that exceed 'minimum' requirements and that are dictated by meeting the accessibility requirements (two bed flats at least 70m sq. and one bed flats at least 58m sq.)
- Notwithstanding proposed housing benefit reform, provision of predominantly two bed apartments because of the greater flexibility that they offer.

It is evident that RBK's sheltered housing falls short of modern space standards, and that this has been one factor behind many people's refusal of an offer of sheltered housing. It is quite a complex picture, with some schemes overall more popular than others. But in general any ground floor flat is going to be more desirable for most applicants than a first floor flat where there are no lifts; any self-contained one bed flat is usually going to be more popular than a studio flat, and a self-contained studio flat is going to be more popular than a studio flat with shared bathing facilities.

However it may not be true that this problem will become progressively worse. Arguably, society's expectations in terms of social housing space standards are on the cusp of a downturn. Welfare benefit changes are now forcing many benefit dependent households to revise

²¹ GLA supplementary planning guidance, November 2012

downwards their expectation of the number of bedrooms they are entitled to. For single adults over 25 entitled to housing benefit, Government will be extending the 'single room rate' cap to age 35. For those single people on better incomes who can rent privately, high costs in London are forcing many more to share, or to stay on with parents. Few single people or couples starting out can afford to buy in London. These changes have produced what might be called 'forever families', where adult children remain indefinitely in the parental home as they cannot afford to move out into private rented or home ownership. Older single people and couples too are running out of options to rent or buy within their means in Kingston.

These changes may increase the demand for low cost rented flats for single people and couples, even where space standards are poor. If demand from older people wanes further, there may be a growing demand from younger single people and couples, the 55 plus, or even 45 plus generation.

Sharing of Bathrooms

Today's minimum expectation for a permanent home would be to have one's own fully self-contained space behind one's own front door. On that basis around one in four flats within the sheltered stock fall short of modern expectations. The table below shows where sheltered residents are required to share a bathroom with an adjoining unit. The design of these eight schemes requires that nine out of ten residents are required to share a bathroom with one other household.

Address	Total Units	Bedsits - Shared Facilities
Charles Lesser, Hereford Way, Chessington	44	36
Charles Sumner, Hobill Walk, Surbiton	37	29
Dowler Court, Burton Rd, Kingston	26	26
Gilpin House, Rodney Road, New Malden	26	25
Greenleas Mill Place, Kingston	17	9
Hugh Herland, Portland Road, Surbiton	35	33
Roupell House, Florence Road, Kingston	22	22
Sobraon House, Elm Road, Kingston	33	32
	240	212

RBK should aspire over the longer term to take all shared units out of the permanent dwelling stock, either through remodeling, repurposing as temporary accommodation or redevelopment (internally or following sale to a RP). But for now, some 'shared' schemes remain relatively popular – a tribute to good management that has managed to overcome a potential source of dissatisfaction and discord. The initial focus should therefore be on finding solutions for the poorest schemes. *(See Recommendation SH3 on page 66).*

Accessibility

As housing intended for older people, a further modern expectation would be for full level access (including by lift) to and within all homes and communal areas. It has been a requirement since the Disability Discrimination Act 1995 for landlords to make 'reasonable adjustments' to all communal areas potentially accessed by disabled people, so that they do not face discrimination through physical obstacles. Excessive cost or difficulty might be an arguable defence, but under challenge it would be for a court to decide.

Since 1995 RBK has undertaken retrofitting lift installation works in two existing schemes. However it is often extremely difficult and expensive to retrofit lifts into buildings that were not designed for them and there remain 16 category 2 and 21 category 1 schemes where some tenants are required to use stairs. Lack of full accessibility limits the allocation of upper floors to 'active' older people, in the full knowledge that injury, illness or simply advancing years will eventually make it difficult for most people to continue living comfortably in their home. Current allocation policies do not permit tenants in this situation to simply 'move downstairs' to the next available vacancy in the scheme that is their home; instead they must compete through choice based lettings for ground floor accommodation which might be anywhere in the borough. This often causes hardship to tenants and the loss of friends and neighbours, and it is recommended that existing policy in this area is reconsidered, while noting that any change in allocations policy creates losers as well as winners. *(See Recommendation SH5 on page 68)*

The 16 category 2 schemes with continuing accessibility issues are listed below.

- Alfriston, Berrylands Road, Surbiton
- Ayliffe Court, Cambridge Gardens, Kingston
- Bidmead Court, Kent Way, Surbiton
- Charles Lesser House, Hereford Way, Chessington
- Dowler Court, Burton Road, Kingston

- Edith Gardens, Raeburn Avenue, Tolworth
- Ewell Road, Tolworth
- Greenleas, Mill Place, Kingston
- Hugh Herland House, Portland Road, Kingston
- Lovekyn Close, London Road, Kingston
- Merryweather Court, Rodney Road, New Malden
- Park Road, Kingston
- Roupell House, Florence Road, Kingston
- Rowan Close, New Malden
- Sobraon House, Elm Road, Kingston
- Vine Close, Park Road, Surbiton.

Out of all schemes only Fountain Court is considered by the sheltered management team to score a full 4 out of 4 on accessibility.

Over recent years there has been another significant development, the proliferation of mobility scooters. These have become more affordable and help enrich the lives of people who might not otherwise be able to get out and about on their own. However no provision was ever made in the design of most sheltered schemes for their safe and secure storage and recharging. Lack of suitable facilities is currently creating problems of safety and security in sheltered schemes and needs to be addressed as part of any improvement or remodeling programme. All future developments, especially for older people, should anticipate the need for scooter provision. *(See Recommendation SH5 on page 68)*

Standard of Repair

The sheltered management team currently scores the standard of repair of all schemes as a '3 out of 4' with the exceptions of Greenleas, which scores 2, and Fountain Court and Gooding Close, which score 4. Welcome progress is being made through the Better Homes programme on improving the fabric of the sheltered housing stock after decades of under investment. This programme is essentially about replacing like for like and not about upgrading, which has led to some criticism that resources aren't being used to best effect. For example, contractors are replacing old baths with new baths rather than with walk in showers, even where these have been requested.

At a time of undertaking Better Homes replacement works, the possibility of making minor improvements should be considered, for example exchanging baths for level access showers. The marginal cost of such improvements would arguably be a sensible additional investment. (See *Recommendation SH9 on page 71*).

Attractiveness and Fitness for Purpose

This section addresses data gathered on perceived attractiveness and fitness for purpose, which incorporates a degree of subjectivity. The sheltered management team was asked to rank the following issues on a score of 0 to 4: Internal design quality & space standards; DDA, accessibility (lifts, ramps, door openings); communal facilities, grounds & gardens; location (amenities, transport, mobility); demand (ease of letting). Schemes with shared bathrooms were excluded from the sift.

Only two schemes scored a minimum 3 out of 4 on all criteria. These then are RBK's most attractive and fit for purpose sheltered schemes; both are Category 2: Edinburgh Court and Fountain Court. Two popular schemes would also have been included in this list, but were disqualified due to shared bathrooms: Charles Lesser House and Gilpin House.

In the next rank of attractiveness and fitness for purpose, greater than or equal to 2 on all criteria, came the following 10 category 2 schemes. All but three of these schemes (Bidmead, Charles Sumner, Rowan) would have been in the top set but were let down by poor accessibility scores:

- Alfriston, Berrylands Road, Surbiton
- Ayliffe Court, Cambridge Gardens, Kingston
- Bidmead Court, Kent Way, Surbiton
- Edith Gardens, Raeburn Avenue, Tolworth
- Ewell Road, Tolworth
- Lovekyn Close, London Road, Kingston
- Merryweather Court, Rodney Road, New Malden
- Park Road, Kingston
- Rowan Close, New Malden
- Vine Close, Park Road, Surbiton

There were also eight Category 1 schemes that scored greater than or equal to 2 on all criteria. None scored more than 2 on accessibility:

- Alderton, Coombe Road, Kingston
- Capel, South Place, Surbiton
- Deerhurst, Gloucester Road, Kingston
- Delft House, Acre Road, Kingston
- Horley, Howard Road, Surbiton
- Percy Court, South Place, Surbiton
- School Lane, Red Lion Road, Surbiton
- Tilford, Howard Road, Surbiton.

Only four of these would have been in the top rank (minimum 3 score on all) but for poor accessibility scores:

- Capel, South Place, Surbiton
- Horley, Howard Road, Surbiton
- Percy Court, South Place, Surbiton
- Tilford, Howard Road, Surbiton

In short, poor disability access remains a problem, which can cause real hardship, but can be particularly expensive and difficult to remedy. Were it not for poor disabled access, there would be 15 schemes in the top set; 11 in category 2 and four in category 1.

Improving disabled access should, thus, be a key priority. Where accessibility cannot be readily improved, thought should be given to the cost and practicality of alternatives such as (more substantial) remodelling and redevelopment to provide homes to modern mobility standards.

Strategic Relevance

Kingston is a highly developed borough with few land opportunities. The sheltered housing stock and the land on which it sits therefore represent an irreplaceable resource. In utilising so much high value land, the sheltered housing stock must be seen to earn its keep (socially and economically), given the hunger for land and/or capital receipts for other important borough needs. So how should RBK assess the current strategic relevance of the sheltered housing stock, or perhaps each individual scheme in turn? One possible 'balance sheet' is outlined below.

For Retaining Buildings	For Developing Alternative Uses of Land
Scheme currently meets a strategic housing need, e.g. in housing vulnerable older people with support needs	Scheme no longer meets a strategic housing need, e.g. lettings to non-priority households simply to prevent voids
Current residents are satisfied, scheme is popular and in demand	Poor demand for scheme when voids occur, may not be sustainable.
Location is suitable for older people's needs (access, amenities, etc)	Location is unsuitable for older people's needs
Good neighbourhood, good community relations	Social breakdown, ASB
Future asset management costs are reasonable	High cost repairs or renewals due.
Existing building can offer a resource for other needs groups, such as adults with mental health needs.	Scheme is low density and sits on high value land; this could help finance housing of better quality and relevance to current needs.
Scheme is amenable to remodelling to improve accessibility, size of units, etc. Increased density can help with the cost.	Improving accessibility and density is uneconomic. Poor space standards cannot be put right without significant loss of units.

Subject to updating and further refinement, the data that has been captured as part of this review can be used to provide a matrix for prioritising various forms of action in the future and to explore different scenarios. (See *Recommendation SH10 on page 71*).

Value for Money

The National Audit Office defines good value for money (VFM) as “the optimal use of resources to achieve the intended outcomes.” A full VFM study would use a mix of quantitative and qualitative methods to address this question, such as:

- Financial and performance indicator analysis
- Review of policies and other internal documents
- Interviews or focus groups with stakeholders including staff and service users
- Literature review
- Benchmarking with peer group (and possibly more widely, e.g. comparable services in other countries).

RBK, in common with many local authorities, has seen no reason to develop accounting policies that allow sheltered housing to be analysed as a stand-alone business (real or virtual). A stand-alone set of management accounts for sheltered housing would have shown:

- All Income including rents, service charges, SP, personal charges – less voids and bad debts
- All expenditure including staffing costs, office costs and other direct overheads, indirect overheads (central management charge), asset management expenditure, property charges such as insurance, loan charges, depreciation and impairment
- Balance sheet value, overall surplus or deficit.

When reviews, such as this project, are undertaken, lack of detailed financial data becomes a handicap, making it difficult to fathom sheltered housing's strengths and weaknesses as a business. At present it cannot be clearly stated whether sheltered housing is a net contributor to, or a net drain upon the HRA. It would have been a project in itself to undertake a full VFM review of RBK's sheltered housing service, involving much new data gathering and analysis.

Asset Management

This report has earlier summarised the HRA funded improvements to sheltered schemes that have already been undertaken. They include some lift and stairlift installations, an upgraded communal kitchen, replacement of some baths with wet room showers and provision of some treatment/hairdressing rooms. Better Homes works have also been undertaken at six schemes, mainly bathroom and kitchen replacements. Cyclical works have also recently been carried out in seven schemes. There remains a long list of work still to do.

Social landlords are generally concerned that that sheltered housing will make disproportionate future demands on their maintenance resources, as elements of schemes built in the 1960s, 70s and 80s become worn out and need replacing and updating. For the present, maintenance costs do not appear to be grossly disproportionate between general needs and sheltered. The average cost per HRA property of responsive and void works in 2012/13, as provided by a recent HouseMark report²² was £861.15. Using a different methodology that omitted client-side costs, sheltered housing's average maintenance cost per property was £562.53. Adding these back would bring the two figures closer.

Support, Management and Services

²² Summary of Benchmarking Results 2012/13, HouseMark, October 2013. Cost per property includes direct works costs, direct non-pay costs, direct employee costs and allocated overhead costs of responsive repairs and voids. It includes 'client side' functions and 'contractor side' direct spend.

Since 2003, Supporting People (SP) has contributed to RBK's sheltered staff costs. However, SP cutbacks have forced, as a practical compromise, a reduction in the number of recipients being funded by SP from around 890 residents to 640. This leaves the support costs for around 250 to be split between self payers and the Housing Revenue Account. This has been a notional exercise, not necessarily representative of the reality of where support time goes, or of the current cost of providing support.

RBK's sheltered support service remains expensive from an SP viewpoint, at £9.88 per week per resident, as compared with between £2.49 and £8.08 in sheltered housing provided by other registered providers. In large part, registered providers have successfully responded to reductions in SP grant by restructuring their service to ensure that all elements that are Housing Benefit (HB) eligible are included in service charges, rather than charged to support. In order to allocate and charge such costs correctly, more sophisticated coding of costs would be required at scheme level. RBK Finance has indicated that there are no plans to change RBK's coding system to accommodate this type of service charge recovery. Moreover Department of Work and Pensions has recently tightened the rules on HB eligible service charges, reducing the range of expenditure that can legitimately be moved from 'support' to 'services', and thus has reduced the benefit of undertaking this exercise.

RBK's sheltered management receives a contractual Supporting People payment for the current financial year, 2013/14, totalling £297,064. Since this report was initially drafted, an SP budget reduction for 2014/15 has been agreed at £15,000. It has been proposed that the SP budget will reduce by a further £30,000 in financial year 2014/15. However Adult Social Care cannot guarantee that the sheltered support service will remain immune from competitive pressures in future years. These could take a number of forms including tendering of the service.

As part of future discussions between Housing Services, Adult Social Care and Finance about the vision for sheltered housing, it should be recognised that future viability may depend on developing a more adaptable charging framework. This would need to anticipate personalised charging for bespoke services such as telecare and emergency alarms and encompass RBK tenants and others who are not tenants. It should also enable all RBK service elements that remain HB eligible to be included in service charges, rather than be charged to a shrinking SP budget.

Since this report was initially drafted, Adult Social Care wishes to put on record its view that the current sheltered support service needs to move towards a targeted support model. ASC recognises that the finance systems in place need to be addressed and agrees this should be an action for 2014/15. ASC also sees a benefit from integrating the implementation of the sheltered support strategy with the commissioning of preventative services within Adult Social Care.

For some time the sheltered service has been eliminating away with the 'resident warden' service model, moving instead to a '9 to 5' model with scheme managers not expected to be on call out of hours throughout the year, as was the case. There is now an 'out of hours rota' on which scheme managers take turns, for when emergency call are routed through from the offsite call centre and require a response. Many scheme managers retain a tenancy on their scheme, which is now considered their private home. It is usually considered better practice that scheme managers do not live on site if the service does not require their presence outside normal working hours, when emergencies should be attended to via the emergency alarm service. Residents sometimes find it difficult to refrain from calling on off duty scheme managers for minor emergencies; equally it can be difficult for scheme managers to say 'no'. But this is not a critical issue and can be 'unwound' over time.

The Sheltered Housing Department also provides an emergency response service for residents with particular health or frailty needs. It operates via a wearable pendant that is linked to a mobile alarm unit located in the resident's home and is connected to their telephone line. People can use the pendant to summon help at the press of a button. These units can be installed in any property with a telephone line, which would enable the sheltered housing team to extend its service into the community were this to be agreed.

What would make this service unique for clients in the community is that, unlike other community alarm providers in the borough, the sheltered housing team is able to provide a rapid personal response to an alarm activation, 24 hours per day, 365 days a year, through the scheme managers' duty rota. In addition regular check calls can be provided by a scheme manager, either in person or by phone. Users would be able to choose the level of service they wish to receive, either response to alarm activation only, or response to alarm activation with regular check calls up to five days per week.

Currently RBK makes no charge for this service to tenants. Other local authorities and housing associations make a charge, which may or may not be subsidised. The cost of the service is usually tiered, dependent on the level of service users receive. This service has the potential to be offered more widely, including to owner occupiers and other housing providers. Opportunities to develop this as a service should be considered as part of a review of the SP contract with Adult Social Care Contracts, Commissioning & Performance Team. Sheltered Housing management has not stood still as SP funding has dwindled. The sheltered scheme managers' span of responsibility has increased in an effort to keep pace with reductions in funding. Each now looks after around 70 tenancies spread across three or four schemes. Although benchmarking data has not been obtained, this would seem to be quite a lean arrangement. The annual sheltered salary bill 2012/13 was £686,000, and RBK's sheltered management team has assessed the breakdown of staff time as follows:

- Support 62%

- Housing Management²³ 16%
- Services²⁴ 21%

Support tasks are funded by SP on a contractual basis. Housing management tasks are or should be funded out of rents, with the caveat that vulnerable tenants do require an 'intensive housing management service'. This is because normal housing management tasks, such as signing up a new tenant, may take longer and require specialised skills. This additional time could be argued as part of the support function, i.e. part of enabling that person to sustain a tenancy, and is potentially open to negotiation. Service tasks should always be funded out of service charge income.

Without taking account of the added cost of apportioned overheads, a 62% share of the £686,000 salary bill is £412,000, whereas the current (2013/14) SP contract is for £297,064, with the HRA and personal payers meeting the balance of costs. However RBK's contract is still the most expensive for SP in terms of cost per sheltered resident per week. As previously discussed, this is because the majority of other sheltered landlords have allocated a greater proportion of their costs to management and services.

Supporting People funding frameworks for sheltered housing have evolved in different directions under pressure to reduce costs. At one extreme some local authorities have cut off all SP funding for accommodation-based support in sheltered housing. Some of these authorities have actively promoted the transfer of scheme manager costs to housing benefit-eligible service charges. (Note: DWP has since moved to make this option much more difficult by defining HB-eligible service charges more narrowly). Other authorities have sought to maintain a supportive presence on-site, with consideration given to a 'standing charge' element towards the funding of scheme managers/wardens, while individual support costs above the basic level are funded separately. (*See recommendation SH2 on page 64.*)

²³ Including: dealing with low level ASB including first letter to tenants; arranging and conducting escorted viewings; arranging and conducting sign ups on new tenancies; managing termination of tenancies including completing pre void inspections; visiting tenants with low level tenancy issues.

²⁴ Including: monitoring cleaning, checking and ordering cleaning supplies; monitoring security of premises; monitoring ground maintenance; carrying out fire safety checks; monitoring lift operation; monitoring water checks (Aquavent); monitoring emergency lighting checks; carrying out weekly, monthly and annual site inspections; liaising with surveyors and attending site visits regarding communal repairs, etc; reporting repairs for communal areas; key management.

Options and Recommendations for RBK's Sheltered Housing

Need for a Vision

Reviewing the sheltered housing stock cannot be undertaken in the absence of a vision of the future housing and support offer for older people. For example should sheltered housing schemes serve as future community resource hubs or not? Is there an economic and social case for extra care or not? Is there a case for developing some non-sheltered housing specifically designed for older people, who might not immediately need support or care, along the lines of the HAPPI recommendations? Should support entitlement be fully separated from tenure in future or is there a role for accommodation that comes with a baseline supportive presence, as now? Should residents be able to choose from a menu of support and other services, rather than have them imposed? What level of funding for support activity is likely in future? Is it appropriate to plan new services if they are at risk of becoming unfundable at a later date (this might apply to extra care housing, for example)? Will the council have a future long term role in providing housing, support and care to older people, rather than acting purely as commissioner?

This project has brought together some of the key players and has been instrumental in beginning some of that dialogue. However it is beyond the time limits and resources of the project to steer those discussions to a conclusion. It is also beyond the scope of this project to be part of a contract renegotiation, but it is clear that the status quo is unlikely to be sustained past 2014. Unless that transition is carefully managed by Housing Services and Adult Social Care, there is a risk of the sheltered service simply imploding, should its funding be drastically cut in 2014.

Recommendation SH1: *There will be a need for further joined up discussion involving leading officers in Housing Services and Adult Social Care Contracts, Commissioning & Performance Team , together with portfolio members, to resolve the 'vision' for sheltered housing over the medium term, as part of a wider vision for RBK's housing and support offer for older people.*

As part of future discussions between Housing Services, Adult Social Care and Finance about the vision for sheltered housing, it should be recognised that future viability may depend on developing a more adaptable charging framework. This would need to anticipate personalised charging for bespoke services such as telecare and emergency alarms and encompass RBK tenants and others who are not tenants. It should also enable all RBK service elements that remain HB eligible to be included in service charges, rather than be charged to a shrinking SP budget.

Recommendation SH2: *Discussion of an interim funding regime for RBK's sheltered housing should begin immediately between Housing Services, Adult Social Care and Finance to resolve:*

- *A short term 'settlement' for 2014/15 that will enable the sheltered service to continue safely, while further changes are under discussion*
- *Scenario planning for the years following 2014/15 based on different levels of SP income that might be available*
- *Feasibility of developing a charging framework that would be able to manage personalised charging for bespoke services such as telecare and emergency alarms and encompass RBK tenants and others who are not tenants*
- *Feasibility of increasing the proportion of cost that is recovered through service charges*
- *Feasibility of developing income generating services such as a chargeable 24 hour emergency response service.*

Menu of Options

A useful start can be made by considering the range of possible options for the sheltered housing stock. These can be grouped under six "R's":

1. **'Remodel'**: e.g. install lifts, showers, convert bedsits to flats, add extra-care facilities
2. **'Reinvent'**: update the image and services
3. **'Repurpose'**: e.g. use some bedsits for other needs
4. **'Redevelop'**: e.g. increase density, mix tenures, build extra care or other forms of aspirational older people's housing
5. **'Reinvest via sale'**: generate capital to invest elsewhere
6. **'Risk-Manage'**: retain and pre-empt crises

1 - 'Remodel'

The option of installing lifts, converting bedsits to one bedroom flats, installing wet rooms in place of baths, adding extra-care and community facilities, etc, has already been pursued in Kingston, subject to the limits of annual budgets.

It is usually an expensive option to upgrade buildings around the existing structure. Around £70,000 per unit would be a 'back of envelope' starting estimate. This would be for the provision of a finished one bedroom flat with full disabled facilities through converting two bedsits into one new home, along with some communal accessibility upgrades carried out at the same time.

The remodeling option seems very attractive at first sight. Indeed when done well it can be remarkably successful. A carefully phased programme, managed sensitively and allowing residents progressively to move within the scheme from an unimproved to an improved flat, would seem to offer:

- Improved living conditions for existing residents, without total destruction of the existing building and the associated cost of rebuilding from the ground up
- Prospect of continuity for the scheme's community, as long as it endures the upheaval of building works around residents
- Opportunity to involve the existing community in designing their own future

But there are obstacles:

- Unit for unit, the cost of remodeling may exceed the cost of demolition and rebuilding. A legacy of under-investment in maintenance and refurbishment, together with inferior building and design standards will all need to be addressed. Also VAT policies penalise remodeling against new build.
- Physical and cost constraints on phasing (the only way that residents might be able to stay within their scheme and benefit from its upgrading) may be problematic.
- Inconvenience and stress to residents may be caused by living on top of a build programme over many months.
- The alternative for tenants, to move permanently or temporarily to another building, is another option, but has cost implications for the landlord (rent loss, compensation) and may not be palatable to tenants if they are keen to stay in their community.
- Reduction in number of units (for example knocking three smaller units into two decent sized ones) will lead to future revenue loss.
- Not all residents may be able to be re-housed due to the loss of units; normally this would be addressed by building up a stock of voids through transfers and natural turnover before commencing a remodeling programme. In Kingston where supply currently exceeds demand this may be a manageable problem.
- Remodeling option would bypass any opportunity to increase site density via rebuilding, or to realise site value through sale and then recycling of the proceeds on a more 'efficient' development.

For the remodeling option to be successful and to achieve long term fitness for purpose it should involve residents and embrace aspirational principles of design, accessibility and services. The design principles are out there – notably in the work of the HAPPI expert panel and architects and developers who understand the process of successful resident engagement.

Progressively remodeling the sheltered stock to eliminate low quality bedsits and shared bathrooms, subject to budget, would be the default option of many sheltered landlords in a similar position. However in the absence of a clear vision for the future of the service it could prove a wasteful option. RBK has examples of investment in sheltered schemes that have, a number of years later, been earmarked for decanting and eventual closure.

Recommendation SH3: *RBK should aspire over the longer term to take all shared units out of the permanent dwelling stock, either through remodeling, repurposing as temporary accommodation or redevelopment (internally or following sale to a RP). But for now, some ‘shared’ schemes remain relatively popular – a tribute to good management that has managed to overcome a potential source of dissatisfaction and discord. The initial focus should therefore be on finding solutions for the poorest schemes.*

2 - ‘Reinvent’

Age-Friendly Housing

Reinvention implies updating the image and service for a modern clientele. The very term ‘sheltered’ may no longer be appropriate - in fact it seems to cause confusion, leading some to imagine that sheltered housing must be something like a residential care home. ‘Retirement housing’ no longer fits the bill as many older residents are still in work. The future unique selling point (USP) of sheltered housing may simply be that it is ‘child-free’ and for older people. Should the need to justify an onsite support presence be eliminated, then there is no reason why the eligibility criteria could not be further reduced to, say, any household aged 45 or 50 and over, without children, and wishing to live in a child-free environment.

A new ‘brand name’ needs to encapsulate the service provided and the customers it is designed for, for example ‘Age-Friendly Housing’.

Recommendation SH4: *As part of a future discussion about the vision for sheltered housing, renaming the service should be considered, alongside changes to eligibility.*

Revised Eligibility Criteria

Currently the allocations policy permits, in cases of low demand, the offer of sheltered accommodation to applicants without support needs, age 55 or over, including owner occupiers. The progressive impact of these lettings upon the existing community of older residents is not

currently being considered. It needs to be decided whether the current service needs to be reshaped around an unavoidably changing profile of tenants, and/or whether the profile of incoming tenants should be more proactively managed through eligibility criteria.

Younger applicants with physical or learning difficulties may also be considered for sheltered housing where it is agreed by Housing Services and Adult Social Care that this type of accommodation would be suitable. There is no stated lower age limit, which it would be helpful to clarify for the future. Sheltered housing managers take the view that age 35 would normally be the minimum age to avert the probability of lifestyle clashes with older residents. As discussed elsewhere, the offer of a sheltered home to an owner occupier may not provide a social benefit and should also be reviewed.

Recommendation SH5: *A review of eligibility criteria should be undertaken as part of reaching a new 'vision' for sheltered housing that acknowledges the evolution of housing and support needs of older people that has taken place. For consideration:*

- *More proactive management of sheltered allocation criteria to maintain social balance*
- *More flexibility on transfers within schemes*
- *Review of lower age limits*
- *Review of housing offers to owner occupiers.*

Allocations Process

RBK should seek to develop better processes for allocating sheltered housing. The aim should be: more informed decisions, resulting in better matches between offer and needs; quicker turnaround of voids; lowest voids works cost consistent with a flow of acceptances; learning from past successes and mistakes. It is recognised that low demand and the need to prevent long void periods is currently driving some aspects of sheltered allocations policy. It is contradictory to demand that allocations staff meet challenging voids targets while denying them the tools to reduce void levels. However some resultant allocation policies and procedures are now serving little social purpose.

It may be time to start again on policies and procedures for allocating sheltered housing, alongside a review of remodeling/redevelopment plans where lettings no longer serve much socially useful purpose. Processes might, for example, ensure that a pool of pre-assessed applicants is available for every vacancy, cutting down delays and ensuring better matching between the need and the offer; that assessment visits are undertaken by staff with the most suitable skills; that allocation panel decisions involve the sheltered management team; that lessons learned

from successes and failures post-allocation are applied to future offers. Taking certain sheltered allocations out of Choice Based Lettings should not be ruled out.

There is particular problem around the allocations process for Fountain Court, RBK's only extra care sheltered scheme. Allocations are managed via an Adult Services Placements Panel. Only those people with complex needs are currently presented to Panel. In terms of suitability for extra care housing, some of these people will not be suitable if their condition has seriously deteriorated. Others will be owner occupiers who will usually try to adapt their accommodation rather than move house. The very short turnaround times required after a vacancy has arisen mean that often the Panel often has no-one to put forward. What usually happens is that the flat is then let to someone who needs sheltered housing, but not the extra care on offer.

Recommendation SH6: *RBK should seek to develop better processes for allocating sheltered housing. For consideration:*

- *Ensuring that a pool of pre-assessed applicants is available for every vacancy, cutting down delays and ensuring better matching between the need and the offer*
- *Assessment visits to be undertaken by staff with the most suitable skills*
- *Allocation decisions to formally involve the sheltered management team*
- *Redesigning the allocation process for Fountain Court*
- *Lessons learned from successes and failures post-allocation are studied and applied to future offers*

3 - 'Repurpose'

This covers changes to the service that would be more radical than minor changes around age limits and names. This project has identified two council services that might have a need for sheltered-type accommodation for other purposes: Mental Health and Looked after Children. Where schemes are already partially decanted awaiting a strategic decision, such short to medium term arrangements could provide a win-win for the department concerned and Housing Services.

For example Adult Social Care has advised that there are a number of adult mental health and substance misuse service users aged 35 and over who would benefit from a period of time in shared accommodation because they do not have sufficient skills to live independently. In some cases they cannot remain at home because of family relationship difficulties or simply because it is time for them to move into a more independent setting. A pilot scheme using a four bedroom private landlord property is now being established. A specialist provider of mental

health and substance misuse care will deliver support to the four individuals in terms of working with them on their independent living skills, re-entering education, vocational or paid employment and supporting them if they are on medication. On current estimates, costs will be a quarter of the cost of conventional placements. This model is proposed to be extended to a sheltered scheme where further equivalent savings might be made, while bringing a partially empty sheltered scheme back into full use. It has been estimated that RBK might save in the region of £1 million over three years by repurposing one sheltered housing scheme for mental health use.

Recommendation SH7: *Operational discussions should continue between Housing Services and Mental Health and Looked after Children's services with a view to firming up and implementing short term proposals for the use of redundant sheltered schemes.*

4 - 'Redevelop'

Redevelopment will usually trump substantial scheme remodeling on purely financial grounds for some of the reasons already listed. However, decanting and closing a sheltered scheme is likely to stir powerful objections from residents, families and their representatives inside and beyond the council. Whatever the objective assessment of 'quality', on which a redevelopment proposal is based, every scheme is someone's home and they will often fight to save it. It is important to recognise the human and political sensitivities around any proposed scheme closure, whatever the ultimate benefits. But these would include:

- Unit for unit, the cost of demolition and rebuilding may be lower and may achieve a better product than a remodeled old building
- Redevelopment starts with a cleared site, leading to a faster construction period with fewer phases and complications
- Greater choice of contractor if resident involvement skills are not required
- Opportunity may be taken to increase site density and provide additional homes for sale or shared ownership, thereby generating cross-subsidy
- External grant from HCA /GLA may be more readily available for 'new development'.

Below is an example of the benefits to be gained by redeveloping two cleared sheltered sites through sale to registered providers and leveraging in external grant and subsidy. To avoid disclosure of financially sensitive information, data has been approximated and anonymised:

- RBK units at social rent before sale: 56
- Units at 'affordable' rent with retained nomination rights following redevelopment: 29
- Net rented units lost for allocation by RBK: 27

- Quality of original homes: serviceable but outdated, mainly bedsits and 1 bedroom flats, some sharing bathrooms
- Quality of redeveloped homes: all good quality family housing
- RBK capital receipt sufficient to grant fund a housing association new build scheme to replace most of the remaining 'lost' units with new homes at 'affordable' rents.

Redevelopment must remain one of the 'tools in the toolbox' when considering future options for the sheltered stock.

5 - 'Reinvest via sale'

RBK has several sheltered schemes combining low density development with high value land running into several million Pounds. Should these schemes be declared surplus to requirements, there is a logical case for closure in order to take the proceeds of sale for reinvestment on cheaper land. However the human factor makes this option difficult to exercise, especially for the politicians. Sale of 'surplus' sheltered schemes, in order to generate capital for use offsite, may be required as part of a future strategy, but is unlikely to be the easy option in most cases.

This project has provided the council with a dataset covering the entire sheltered estate from which various scenarios can be modeled. The new vision for sheltered housing will address the three main routes to achieving long term change: remodeling, redevelopment, sale and reinvestment.

Recommendation SH8: *Where schemes are to be retained for older people, improving disabled access will be a key priority. This includes provision for mobility scooters. Where accessibility cannot be readily and economically improved, thought has to be given to the cost and practicality of alternatives such as more substantial remodelling or redevelopment to provide homes to modern mobility standards.*

Recommendation SH9: *Further expensive remodeling should be avoided until Housing Services and Adult Social Care between them have mapped out a clearer vision for the sheltered housing stock and service. Relatively minor upgrades, such as changing baths to showers during Better Homes improvement works, should still proceed if the cost is justified over a short payback period, say 3 to 5 years.*

Recommendation SH10: *Meanwhile, Housing Services should continue working up existing scheme options to feasibility stage, including remodeling, redevelopment and closure. All scheme option appraisals that include closure or redevelopment should include proposals for rehousing existing occupants based on a careful needs appraisal. Any proposals that are considered for implementation will require resident*

consultation. The alternative offer should preferably always be better than the existing, e.g. extra care sheltered housing for the more vulnerable, aspirational older people's 'lifestyle' flats for the less vulnerable.

6 - 'Risk-Manage'

This is what an intelligent landlord must do when faced with uncertainties over the future viability of its sheltered housing. There is unlikely to be a quick and easy 'fix' for all the risks that sheltered housing currently faces, which may be summarised as:

- Risk of further decline in demand, leading to voids, rent loss and eventually to unsustainable schemes
- Risk of unforeseen major expenditure, such as a roof renewal or lift replacement, which may prove a wasted investment if the scheme is not wanted in the long term
- Risk of schemes deteriorating unacceptably while awaiting a decision on their future
- Risk of social problems, possibly arising out of allocation policies that mix incompatible social groups
- Risk of service levels reducing to unsafe levels, or a collapse of staff morale, as a result continuing funding reductions.

Recommendation SH11: *RBK departments should institute a regular risk review session, perhaps held only once a year, where practitioners from estate management, sheltered housing management, allocations, asset management and Adult Social Care Contracts, Commissioning & Performance Team meet together to review risk ratings and rankings of each sheltered scheme. Risks to viability would include: falling demand, escalating void levels, rising levels of antisocial behaviour and complaints, failure of support provision, need for expensive major repairs or renewals. Where needed, investment decisions should then be brought forward in order to pre-empt any crisis from developing.*

The Alternative Offer

If some existing sheltered sites are to be redeveloped in the future, provision will be needed for existing residents. As explored in earlier sections of this report, innovation and good practice in housing for older people is developing in a number of directions. At one end of the market, models of housing provision for frailer older people include extra care housing. The middle ground includes communities such as 'retirement villages' that anticipate the needs of older people anywhere between 'fit and active' through to 'frail and dependent', though such large communities are rarely a feasible option in an urban setting, due to land cost and scarcity. At the other end of the spectrum are 'lifestyle' developments aimed at older people, but which may lack some of the onsite services and facilities that would fully support residents 'in place'

into frailty and dependency. As part of a future RBK programme to update the sheltered housing asset, which options should be in particular contention?

Nationally there is wide recognition of the role of extra care housing in promoting the independence of older people, delaying or preventing admission to residential care and reducing demand for health and social care. The demand for extra care housing for rent and sale exceeds supply in most parts of the UK.

Despite the enthusiasm of the Older People's Working Group of 2003, extra care housing, day services and lunch clubs were not taken up as the 'way ahead' in RBK, as many other authorities sought to do around that era. One extra care scheme, Fountain Court, had already been opened in 1988, as part of a mixed tenure development also including Gooding Close, a leasehold housing scheme for older people. The development is attractive and in a good location, albeit slightly away from shops and public transport. But the sheltered scheme proved difficult to let and became filled with lower priority older people who mainly lacked a requirement for care. Moreover sales of the leasehold properties proved difficult and re-sales remain sluggish to this day. As a result the intended 24/7 onsite care team could never be financially justified, so the scheme continues to fall short of the full extra care scheme standard. No further extra care scheme was built.

Could there still be an unrecognised and untapped demand for extra care in Kingston? A quick an impressionistic survey completed for this project by social workers suggests that there may be a current need in the north of the borough where six older people were identified with care and supported housing needs (Three were aged 85 plus; two were living in RBK housing, one in private rented, two owner occupiers, one in residential care. All needed more than ½ hour a day of care and one needed 24 hour care). In addition, two people with brain injuries, currently in residential care, were considered possible candidates for independent living with appropriate support and care onsite. Lack of identified current need in the South of the borough does not imply that future cases of need will not arise.

RBK sheltered scheme managers also undertook the same exercise, together with two managers of housing association sheltered schemes. They identified 104 households with a potential need, of whom more than half required two hours or more of daily care. But in the experience of scheme managers, older people, even with substantial care needs, often do not wish to move to a new scheme unless there is absolutely no choice for health reasons. Again it would be worth investigating, as part of the suggested review, what attempts are normally made to steer people with higher care needs towards extra care.

The Housing LIN SHOP toolkit suggests that for planning purposes the demand for extra care sheltered housing can be calculated using a ratio 25 places per 1,000 in the population aged 75 and over. (That number in Kingston is 10,300). Applying that ratio to Kingston, RBK would require four to six extra care schemes, depending on size. This would stretch RBK's capacity to deliver, and is rather at odds with local thinking,

where the 'Fountain Court experience' has been taken as evidence that there is little or no demand for extra care housing. The role of extra care sheltered housing in Kingston requires further discussion, especially if RBK plans to decommission further schemes, as it will be important to have on offer some high quality schemes for people the council is seeking to move (decant).

It is likely that many older people currently living in sheltered housing would be attracted by the kind of aspirational 'lifestyle' homes based on HAPPI design principles, as discussed earlier, i.e. incorporating to the maximum extent possible:

- Space and flexibility
- Daylight in the home and in shared spaces
- Balconies and outdoor space
- Adaptability and 'care ready' design
- Positive use of circulation space
- Shared facilities and 'hubs'
- Plants, trees, and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and 'home zones'.

Recommendation SH12: *The future sheltered vision may include further scheme remodelling and redevelopment, leading to decant needs. Housing Services should map decant needs with a view to determining the need for additional extra care housing and/or aspirational 'lifestyle' housing based on HAPPI principles. Housing Services should seek a consensus with ASC around a strategy to develop one or more additional extra care schemes in the borough.*