



**Review of housing and care needs of Older People in  
the London Borough of Harrow  
Report from Contact Consulting**



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# **1 Executive Summary**

## **Drivers for change**

The majority of older people will live until the very end of their lives in general housing and may need adaptations and other forms of help and advice to cope with their homes. The great majority of older people are owner-occupiers.

The needs of elders within Black and Minority Ethnic communities have been under-addressed but responding appropriately and with sustainable facilities and services raises complex issues.

Much specialised accommodation is in sheltered housing, some of which is now quite old, lacks the space standards and facilities that are now accepted as normal and for a variety of other reasons may no longer be suitable.

New models of enhanced and extra care housing have emerged, offering not only the possibility of supporting higher levels of dependency but also an environment for a lively and active old age.

The significant growth of the oldest section of the older population brings with it marked increases in the number of those with dementias and other forms of cognitive impairment. Their needs and those of older people with functional mental health needs have been under-developed.

Many people with Learning Disabilities are now passing into old age and need appropriate settings and services in which to enjoy their old age.

Expectations among older people will continue to increase, both in relation to their physical surroundings and access to facilities but also their right to be consulted and to participate in decisions that affect their lives.

## **A value base**

A strategy for achieving a future pattern of housing and related services for older people in Harrow must be grounded on more than a consideration of bricks and mortar or statistics and costs. It should grow out of an explicit set of values.

The recognition that old age has the potential to be a time of growth and development, rather than one of passive decline.

The awareness that housing is a crucial element in the capacity of older people to maintain the lifestyle they choose and that it cannot be looked at in isolation from that whole.

In this area, as in the many other areas of service for which it is responsible Harrow Council aims to provide genuine options and real choice to all its citizens.

Harrow Council recognises that it has obligations to respond to the rights that older people have as citizens: the right to a quality of life, the right to a private life, the right to participate in the life of the community, and so on.

The Authority and its partners recognise the past tendency of those providing accommodation and related services to adopt a paternalistic and risk adverse approach to older people.

The Authority is committed to engaging older people as participating stakeholders in the development of policy and the evaluation of delivery in all areas of the Authority's work and particularly in relation to those that directly impact upon the lives of older people.

The Authority aspires to a situation in which housing will provide a context for receiving appropriate levels of care, rather than choice of housing being dictated or constrained by the need to receive care.

Taken together, these values and influencing factors lead us to a vision of the future provision of a range of care services and of accommodation settings that will give older people choice and quality of life.

The introduction of new forms, such as extra care housing or housing based forms of accommodation for people with dementia, must be balanced by the phasing out of some older accommodation and models of care.

The introduction of a wider range of choices for those who want to own all or part of their home, irrespective of their care needs, will imply a reduction in the proportion offered on a basis of rent.

The process of change must be carefully handled to inform and involve those who will be most directly affected: current and future tenants and residents.

### **The population of Harrow**

The 2001 census enumerated almost 207,000 people in Harrow of whom 22,409 were women over 60 years of age and 12,444 were men over 65 years of age. Seventy-five years and above is widely recognised as a key threshold in planning services for older people and Harrow had in 2001 14,609 people who were aged seventy-five years of age or more.

Among the older cohorts there is significant variance between the projections based on the 1991 census and the actual number revealed by the 2001 census. There are many more people in the cohort preceding old age (45-64), about the number predicted in early old age (65-74) and significantly fewer than previously predicted in advanced old age (75+). All groups are now projected to grow at a moderate rate to 2028. The most marked growth will be in the key cohort of those seventy-five years or more (rising from 14.5k in 2001 to 22.3k in 2028), suggesting steady increases in likely demand for

accommodation and related services to meet the threat to independence posed by chronic health conditions and reductions in mobility.

At 14.5% the proportion of people over 65 years of age within the population of Harrow puts it slightly above the middle range for outer London Boroughs where the range is from 10.5% (Kingston-upon-Thames) to 17.7% (Havering) with an average of 13.8%. The position in relation to those 75 years of age and over is closer to the higher end of the range that extends from 4.8% (Brent) to 8.2% (Havering) with an average of 6.6%.

A very significant feature of the older population of Harrow is the presence of a very substantial number of people over 75 years of age within the Indian community. In the 2001 census 1,059 people over 75 years of age identified themselves as Indian. This compares with just 39 over 75 who identified themselves as Pakistani, 6 Bangladeshi and 62 as Black Caribbean.

We estimate that around 2,300 older people in Harrow will be experiencing some difficulty in bathing, showering or washing all over. This is a clear indicator of a likely volume of need for bathroom adaptations, or purpose designed accommodation and personal assistance, or a combination of these.

Within Harrow we estimate that there will be more than 3,200 older people who have difficulty in getting up and down stairs. With such a high proportion of the two in houses where the facilities are distributed between two or more floors this is a significant challenge.

Using the methodology developed by Ely and colleagues we estimate that there are likely to be at least 2,000 older people in Harrow experiencing a moderate to severe levels of cognitive impairment. This is a rather higher number than estimated in the Community Care Business Plan.

Even in the oldest cohorts homeowners are in the great majority. Among men home ownership among those seventy-five years of age or more is at 76.7%, among women the level is slightly lower at 68.9%. For those who are eighty-five years of age or more the levels of ownership are 65% for men and 57.8% for women.

Looking at the rising generation of older people we see that for those currently between sixty and sixty-four years the rates of ownership are significantly higher at 87.2% for men and 85% for women. In ten years time this is the cohort that will be crossing the key threshold of seventy-five years of age with some likely to require specialised housing. Although there may be some transfer out of ownership in advanced old age the trend is clearly toward a diminishing role for rented accommodation in old age as levels of ownership rise.

## **Current provision of services**

Contrary to the widely held perception Harrow does not have a massive over abundance of sheltered housing when standardised as a number of units per thousand people over 75 years of age. Taking rented and leasehold units together the total supply of 1,921 units represents 132.8 units per thousand of those 75 years and above compared with the national average of 136.2.

The provision of other forms of specialised accommodation in Harrow in Registered Care Homes, Homes with Nursing Care and those providing specialised accommodation for older people experiencing mental infirmity is relatively limited. The ratio of registered places in residential care to the population over 75 years of age is 28.5 per thousand, and that for nursing home places (including specialist EMI beds) is 37.1 per thousand. When judged against the CSCI standard indicators it is expected that the levels of provision will decrease as alternatives in home support packages and housing based solutions, such as Extra Care housing, provide more appropriate alternatives for increasing numbers of older people. The scope of this report does not allow for a detailed examination of the range of social care provision.

## **The Policy context**

The foundations for the development of a pattern of provision within which people might expect to be supported and cared for within their own homes rather than in an institutional setting was laid in the NHS and Community Care Act 1990. Fifteen years later, the aspirations of that legislation have still to be realised, not least because it has proved difficult to liberate resources from institutional provision to fund new services. However, the last ten years has seen a raft of new legislation, guidance and policy advice from central government which simultaneously informs, drives and constrains local planning with a view to supporting and sustaining older people in their own homes for as long as possible and to enable them to live as independently as possible. Section Five of the report reviews the key elements of that legislation and guidance.

Over the past few years officers and members in Harrow have worked hard to provide a solid foundation for the modernisation of services through a wide range of reviews, strategy documents and the like. A full list of those we have reviewed is included in Appendix a. Seen from the variety of perspectives offered by these documents older people and their housing needs seem to have a relatively low profile within the current corporate priorities of the Council. That is not to say that older people and their needs make no appearance, but rather that many other concerns crowd them out of a prominent place in most of the documents reviewed. In summary we conclude that the issue of housing and older people is widely recognised but inadequately addressed.

## **Issues and expectations**

The debate around housing for older people in Harrow has focussed on specialised housing. Whilst only a minority of older people in the Borough live in the rented sector and a relatively small proportion of them occupy sheltered housing this has had prominence to the detriment of other policy and service areas.

Discussion has centred on the condition of the sheltered stock, the role and location of staff and the appropriateness of allocation policies but not informed by consideration of more fundamental issues. Who is this accommodation for? What lifestyle and range of requirements do we think will be required? The answers to issues around the volume, design and location of stock and the function of staff all flow from consideration of these questions. In our main report we shall attempt to suggest the options for answering these questions and the consequences that follow.

Our study thus far indicates that there is not a vast over abundance of sheltered housing but that it is not sufficiently differentiated and in need of investment.

The current situation in which older people, and those approaching old age, which are in housing need are encouraged toward sheltered housing is not sustainable. People in this age group receive no genuine offer of options for their future accommodation. There is a need for comprehensive information and the development of an advice strategy for this age group.

That vast majority of older people in Harrow who live in general housing as owner occupiers are under served. There are clear difficulties, well recognised by officers who are attempting to tackle them, with the delivery of adaptations and other building related services for home owners. At this stage our conclusion is that this is about resources for delivery more than the funding of works themselves. In our main report we shall indicate other extensions to the service that may be required to provide a comprehensive response to the needs of older people in general housing if aspirations to maintain independence and achieve quality of life are to be met.

The range of needs to be found among the substantial populations of elders from Black and Minority Ethnic communities are currently under-addressed. Whilst work is in hand to develop housing policies in relation to these needs our judgement is that this is an agenda that will need substantial further work.

In seeking to set a direction for the development of housing strategies within the broader context of health, housing and social care objectives we feel that Harrow has further work to do to ensure that appropriate linkages are made internally within the various Council directorates and externally with the PCT. There is an urgent need for corporate ownership and direction in this area.

The current range of initiatives seems not to be built from a client focus. Initiatives are about improving systems, not about shaping services to the

needs of individuals. Effort has been put into managing supply rather than entering into dialogue about emerging demand. There seems to be little appreciation of the dynamics of changing needs and the aspirations of older people.

We would not wish to appear wholly negative about the situation. We recognise an aspiration to make a substantial move forward and a good deal of realism about the limitations of the current situation. That latent enthusiasm for a new pattern is inhibited by a lack of information, and therefore of excitement, about what the future might look like. In our main report we shall attempt to provide some information about the range of services and housing that might constitute a pattern fit for older people in Harrow in the twenty-first century. However delivering on that vision will need champions within the Borough and we believe there will be a substantial task to equip and excite those champions with first hand experience of the good practice around the country that can be harnessed to the benefit of the older people of Harrow, present and future.

### **Funding the Future**

There are a number of routes available to fund this new pattern of provision and in Section Eight we review:

- Private finance initiative
- Selective transfer of stock to a housing association
- Specific grant for extra care housing
- Partnership arrangements involving other statutory agencies
- Revenue Funding

### **Outline of a new pattern of provision**

Although owner occupation is the majority tenure among older people in Harrow those services that might respond to their specific needs are under-developed and have been developed in an unrelated way. The future pattern for these services in Harrow requires a strengthening of staff resources within the Home Improvement Agency. The most pressing need is for additional staff able to deliver the technical element of the service. Further development should include the development of handyperson services providing a range of small scale and flexible services.

One of the difficulties encountered by those working in the area of specialist housing for older people is the lack of nationally agreed definitions. This is most evident in the emerging field of Extra Care Housing where different commissioners and providers have widely disparate assumptions about what this will comprise. In seeking to describe a new pattern of specialist housing for older people some degree of precision is required if misunderstanding is to be avoided. Some measure of diversity is desirable and some elements that we might see as desirable may be difficult to achieve in all settings. We therefore propose a matrix that sets out what, in Harrow, will be regarded as the essential and desirable characteristics of the various categories of

specialist housing that we see as making up the range of options for older people here. The matrix offered within the report is intended as the basis for detailed work between the officers of the Council and their various partners rather than as a final statement of definitions.

In suggesting the future levels of provision for various categories of specialised housing for older people we have looked for guidance to a set of norms under development for the Department of Health to and the Office of the Deputy Prime Minister to support local planning.

These “norms” are inevitably arbitrary and may be moderated to take account of the rate of change that would be required to meet them. The pattern projected is for the medium to long-term and may need to be adjusted as newer forms are developed and mature. Table Twenty-three sets out possible targets for the provision of the various forms of accommodation for older people. Whilst the notional time frame is 2010 to 2015 some progress in moving toward this pattern may be achieved before 2010 and some will certainly stretch beyond 2015. The levels of provision for housing based alternatives indicated clearly interact with provision of places in registered homes providing personal care and those providing nursing care. The appropriate levels of provision in those categories will be monitored by reference to CSCI guidance.

**Table A Indicative levels of provision of various forms of accommodation for older people in Harrow 2010-2015**

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease	Resulting number of units	Provision per 1,000 of Population 75+
Conventional sheltered housing for rent (LA & RSL)		1,170	132.8	-445	725	50
Leasehold sheltered housing		722		+366	1,088	75
Enhanced sheltered housing	For rent	29		+116	145	10
	For sale	-		+145	145	10
Extracare sheltered housing	For rent	-	-	+182	182	12.5
	for sale	-	-	+182	182	12.5
Housing based provision for dementia		-	-	+87	87	6

Whilst the proposed reduction in provision of conventional sheltered housing for rent looks dramatic, over a period of time this can be achieved through three strands of development:



1. the decommissioning of some schemes that have reached the end of their design life,
2. a more focused allocation policy that looks at key threshold ages and vulnerability criteria.
3. the refurbishment and modification of some schemes to provide enhanced sheltered housing.

Some of the de-commissioned units may be refurbished to provide independent retirement living accommodation without specific services. Others may be demolished and the sites used to provide leasehold sheltered housing or opportunities to develop Extra Care housing.

**Table B Future ratios of provision against population of those 75+**

	Proposed number of units	Provision per 1,000 of Population 75+ 2016	Provision per 1,000 of Population 75+ 2028
Conventional sheltered housing for rent (LA & RSL)	725	34.2	31.7
Leasehold sheltered housing	1,088	51.3	47.5
Enhanced sheltered housing	For rent	145	6.8
	For sale	145	6.8
Extracare sheltered housing	For rent	182	8.6
	For sale	182	8.6
Housing based provision for dementia	87	4.1	3.8

By 2015 the total volume of provision of specialised housing will, by this scenario, have marginally increased rather than decreased but will have been greatly diversified and focused to match the patterns of need and aspiration within the older population. We recognise that the availability of suitable sites and of capital funding will represent major challenges in realising this programme.

Assistive Technology covers a wide range of devices and applications from those that are well established to those that are still in development. Sheltered Housing has long depended upon voice communication between a central point, such as the Warden's Office, and individual flats. This has generally included the provision of pull cords for emergencies, located in bathrooms, toilets and bedrooms. All Very Sheltered Housing schemes may be expected to have such systems in place. Current good practice would see staff equipped with portable units that allow them to communicate with residents wherever they are in the scheme and care staff to communicate with one another if they need assistance. Door entry can also be controlled from the portable units.

A key issue for Harrow is meeting the needs of a very diverse population representing a wide range of ethnic and cultural traditions. The temptation to aggregate and stereotype must be resisted. Each BME community has particular needs and the aspirations of their elders will vary, just as in the majority community. Some may wish to use facilities that are specific to their community, religion and culture; others will wish to be in a mixed setting. Some will wish to maintain traditional patterns, retaining elders within a multi-generational setting, others will wish to see the development of services and accommodation that are specific to the needs of older people. The Indian community already has a very substantial number of people over seventy-five years of age. Developing an appropriate range of services and facilities to meet their needs will be a high priority.