

# Blackpool Council's Housing Plan for the Ageing Population 2017 - 2020

Blackpool Council



# Blackpool Council's Housing Plan for the Ageing Population 2017 – 2020

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## FOREWORD

Older people play an important role in Blackpool's future and we are committed to making sure that Blackpool is a great place to live where healthy later life is enjoyed by everyone. We respect people's wish to remain independent for as long as possible and are keen to develop support models to help people as they move from one life stage to another.

We will work with developers to increase the range of housing provision for older people to ensure new homes within the borough positively reflect the hopes and desires we all have for later life. We will empower residents to make informed decisions on their future needs by making information on housing and support needs readily available.

Whilst this strategy focuses on older people who have support needs, it also seeks to enable everyone to prepare for later life, giving people the choices they need to live the best lives possible.

For the strategy to be effective, it is intended that organisations involved with supporting the ageing population adopt a holistic approach to services in order to deliver high standard of care and utilise the resources available.

## CHAPTER 1: PLAN STRUCTURE

This plan is split into the following 7 sections:

- 2 Introduction:** explains the purpose for developing an older persons strategy - 'Blackpool Council's Housing Plan for the Ageing Population'.
- 3 Our Visions, Outcomes and Objectives:** this chapter explains the strategies visions, expected outcomes and objectives.
- 4 The National Context:** provides a national overview of housing related concerns for older people.
- 5 Addressing an ageing demographic in Blackpool:** this chapter identifies i) the growth and needs of older people living in Blackpool using projected data, ii) the demands placed on Blackpool Council support services and iii) the housing needs of local residents aged 55+ in order to shape future housing related services to ensure we continue to meet their growing needs.
- 6 Resources:** provides an overview of current and future predicted resources.
- 7 ACTIONS:** Provides an overview of services currently delivered in Blackpool (for each objective) and sets out how these will be further developed.
- 8 ACTION PLAN**

**Appendix 1:** Older Person's Consultation

**Appendix 2:** Action Plan

## CHAPTER 2: INTRODUCTION

### What is the need for an older persons housing strategy?

**The ageing population of Britain presents a new challenge for housing.** The number of people living over and above the age of 65 is increasing at a faster rate than all other age groups. The Office of National Statistics (ONS) projects an increase of 39% in people aged 65 and over living in England by 2030 (v's 2014). It is projected the number of people aged 80 and above will more than double by 2037 and the number of people aged over 90 will triple. **Blackpool specifically will see a 28% increase in residents aged 65+ within the next 25 years** which will have a direct impact on housing provision and related services.

**Housing provision in Blackpool reflects the overall national picture in not adequately meeting the diverse needs and aspirations of the current and projected older population.** Financial restraints imposed by Government budget cuts has meant service providers within the local authority must be innovative in the way key housing and support services are delivered to meet the needs of the ageing population.

**Housing and housing-related support have a key role to play in supporting a 'shift in the balance of care' and reducing the use of institutional care settings.** Thus for residents Blackpool Council supports people to remain independently at home for as long as possible, thereby creating a sense of security and reducing the demand on care homes and hospitals.

People's housing needs change as they grow older and in some cases they may need additional support. If these support needs are not met it may become difficult for people to remain in their own homes and increases the risk of poor health - therefore undermining the aim to 'shift the balance of care'. The benefits of providing relevant housing and support at the right time can save Local Authorities and the NHS a considerable amount of money.

**The new Care Act 2014 aims to integrate health and social care.** The Act identifies housing as potentially playing an important role in effective integration. The Care Act Guidance (15.53) states: *"Housing plays a critical role in enabling people to live independently and in helping carers to support others more effectively. Poor or inappropriate housing can put health and wellbeing of people at risk, where as a suitable home can reduce the needs for care and support and contribute to preventing or delaying the development of such needs"*

There are a number of areas where housing providers can make a contribution to improving health and well-being including:

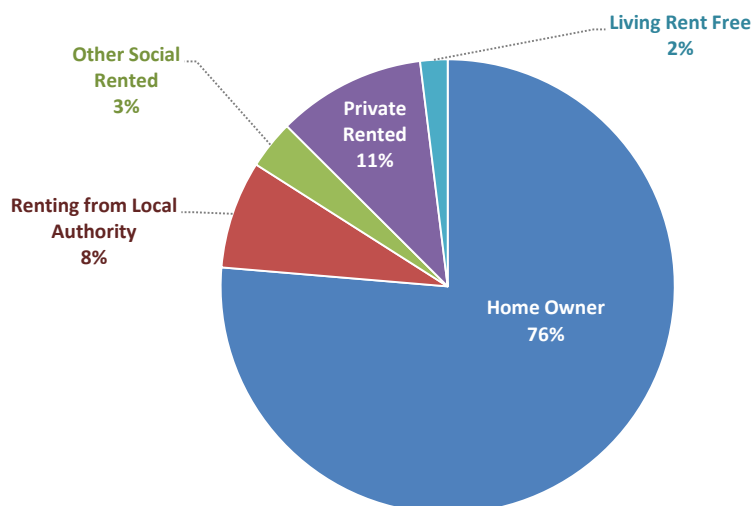
- Loss of mobility and increased disability
- Prevention of falls
- Preventing illnesses caused by living in cold properties
- Mental well-being

As a result of the above Blackpool Council requires an all-encompassing strategy for residents aged 55+. The aim of the strategy will be to promote individual well-being, good health and aspirations for older people living in Blackpool. We acknowledge this strategy is published at a particularly challenging time with substantial reductions to overall public funds, thus, further emphasising the importance for all key stakeholders to work in collaboration in order to plan and meet the needs of Blackpool's ageing population.

## CHAPTER 3: OUR VISIONS, OUTCOMES AND OBJECTIVES

National research has found that older people prefer to remain in their own homes for as long as possible. In Blackpool over ¾ of the population aged 65 and above live in their own home. A further 10% live in the the private rented sector with only 7.6% in local authority accommodation (figure 1).

Figure 1: Living Tenure OND 2011



Blackpool Council’s Housing Plan for the Ageing Population is built on the fundamental premise that having i) good quality range of accommodation and ii) housing related support services for older people living in the borough are essential contributing factors to health, wellbeing and overall quality of life.

With support from Public Health, Adult Social Care, Great Places Housing Group, Blackpool CCG, Age UK and Blackpool Coastal Housing this strategy is proposing a number of initiatives to ensure a wide range of housing and services are provided to enable older people to live independently.

### Our Vision

*“To promote individual well-being, good health and aspirations for older people in Blackpool by shaping future services to meet their needs. To co-ordinate accommodation and housing related support enabling older people to maintain their independence and improving the overall quality of life experience”*

### Key Outcomes

1. All older people living in Blackpool have access to warm, safe, secure and affordable homes which enables them to live independently wherever possible
2. Information and advice is available to all older people empowering them to make appropriate lifestyle choices
3. Homes and neighbourhoods meet the current and future needs of Blackpool’s older population and supports independence, health and wellbeing

### Objectives



To achieve the Outcomes there are **six key objectives driving Blackpool Council's Housing Plan for the Ageing Population.**



The Blackpool Council's Housing Plan for the Ageing Population complements existing strategies relating to older people's housing and support, including:

- Health and Wellbeing Strategy 2016 – 2020
- Homelessness Prevention Strategy 2014 and forthcoming Homelessness Prevention Strategy 2017-2020
- Commissioning Strategy: Adults and Children's Social Care (2015 -2018)
- Housing Related Support Commissioning Strategy (2014- 2016)
- Older Adults (65+) Mental Health Services (including Dementia) Commissioning Strategy 2009-2019

The strategy also meets one of the commitments made in Blackpool Council's Plan 2015-2020: 'Creating Stronger Communities and Increasing Resilience'. This will be achieved by ensuring steps are in place to:

- i) Meet the changing needs and aspirations of older people
- ii) Ensure older people's homes continue to meet their needs
- iii) Make best use of existing housing stock designed specifically for older people and
- iv) Co-ordinating accommodation and support to reduce care needs

## CHAPTER 4: THE NATIONAL CONTEXT

In 2011, Central Government recognised that housing and planning policies needed to consider and reflect the needs of older people. Its strategy '*Lifetime Homes, Lifetime Neighbourhoods*' recognised there was an increase in people aged 65+ living in ordinary housing and included a core recommendation that planning general needs housing should take into consideration the needs of the ageing population. The strategy also identified the need to increase housing options available to older people.

The Homes and Communities Agency established HAPPI (Housing our Ageing Population: Panel for Innovation) in 2009. The panel was made up of 13 sector experts and focussed on assessing how to improve the quality of life for older people; change perceptions around mainstream and specialist housing for the demographic; raise aspirations for higher quality homes and spread awareness of the range of options available. Among a number of recommendations, it explored possibilities for new innovative designs for older people's housing and identified ten key design elements as essential consideration for developments (see below):<sup>1</sup>

1. Space and flexibility
2. Daylight in the home and in shared spaces
3. Balconies and outdoor space
4. Adaptability and 'care ready' design
5. Positive use of circulation space
6. Shared facilities and 'hubs'
7. Plants, trees, and the natural environment
8. Energy efficiency and sustainable design
9. Storage for belongings and bicycles
10. External shared surfaces and 'home zones'

There have been subsequent reports, HAPPI 2 & 3, that reemphasise how **better housing options for older people could have economic benefits in the form of reduced health and social care costs**. HAPPI reports stress that by creating appealing and "right size" housing for older people to move into, a chain of house moves is triggered to support the next generation. HAPPI 3 recommends that Local Plans give the necessary priority to older people's housing needs and re-iterates that new development of retirement housing embrace HAPPI design principles.

Following a reduction to the supporting people grant in 2010, a number of **social housing providers have had to evaluate and make a number of changes to the delivery of supported housing services**. Funding for accommodation based support services has become less common resulting in providers offering a 'floating support' service.

**Older people are active users of health care services** which has serious implications for care providers, particularly the NHS. **Older people accounted for nearly 43% of the £21.2 billion gross current social care spend for Local Authorities in 2011/12**. What determines the extent of that burden on services is not just the number of old people but their state of health and dependency.

The older population will continue to grow as people live longer. As a result of this growth, the UK has now reached a point where there are more people over the state pension age than children<sup>2</sup>. **Supply of specialist older persons' accommodation is not meeting demand**. Shelter has reported

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<sup>1</sup> HAPPI – Housing our Ageing Population: Panel for innovation, December 2009

<sup>2</sup> Improving Opportunities for Older People – Department for work and pensions



that if levels of demand for retirement housing remain constant, supply will have to increase by more than 70% in the next 20 years.<sup>3</sup>

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<sup>3</sup> A better fit – creating housing choices for an ageing population – Shelter 2012

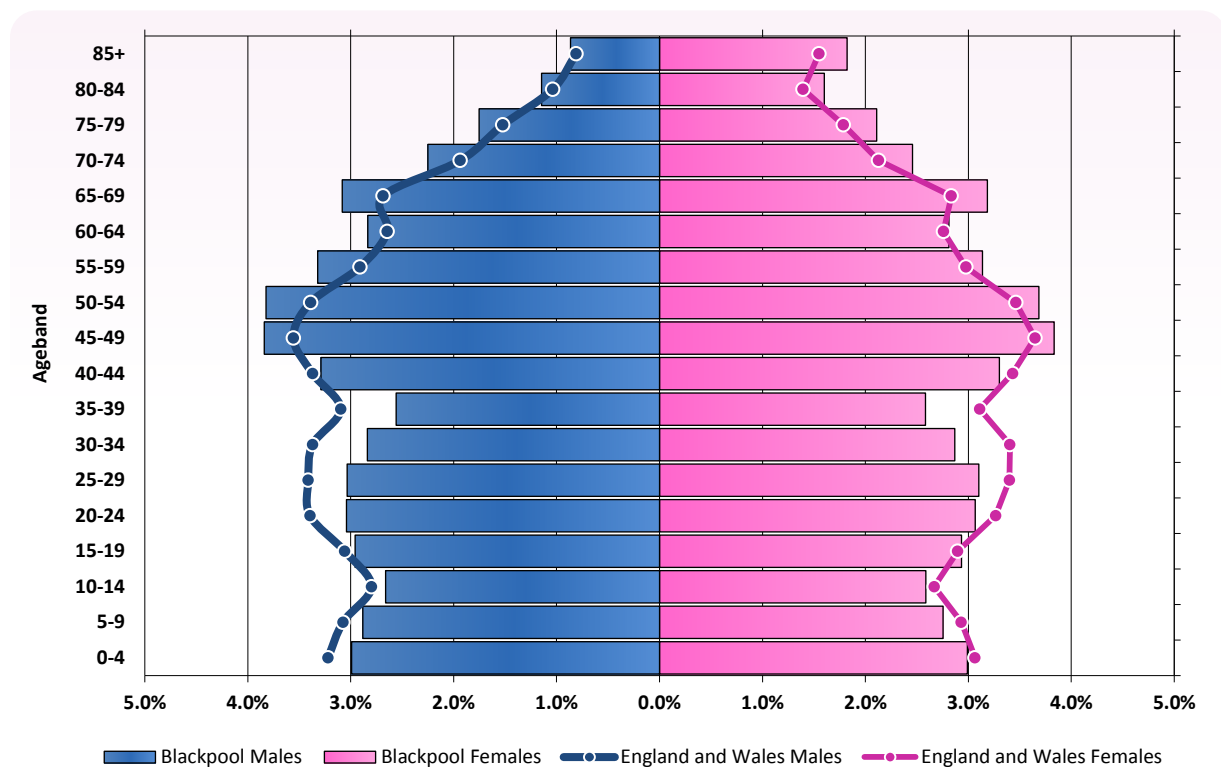
## CHAPTER 5: ADDRESSING AN AGEING DEMOGRAPHIC IN BLACKPOOL

This chapter aims to identify the growing needs of local residents aged 55+ to enable Blackpool Council, and partner agents, to plan and shape future accommodation and housing related support services. The following information has been used:

- **Projected data:** using 'Projecting Older People Population Information System' (POPPI) and 'Projecting Adult Needs and Service Information System' (PANSI)
- **Blackpool Council data:** analysing information held by Adult Social Care, Care & Repair and the Housing Options Team.
- Feedback from the resident the consultation event

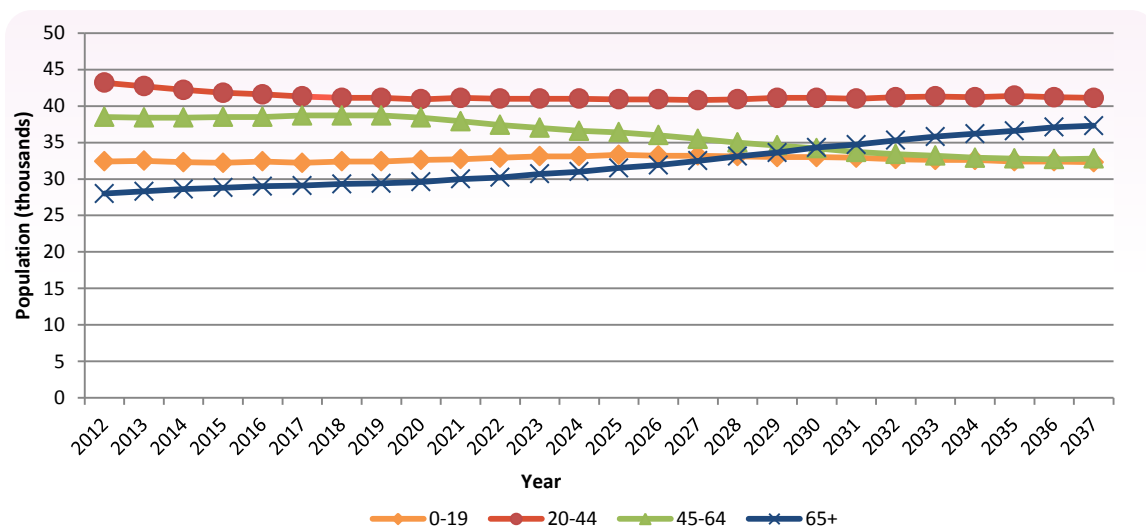
### 5.1 Projected Data

Figure 2: Population Pyramid (Mid 2014 Estimated Resident Population) – NHS Blackpool



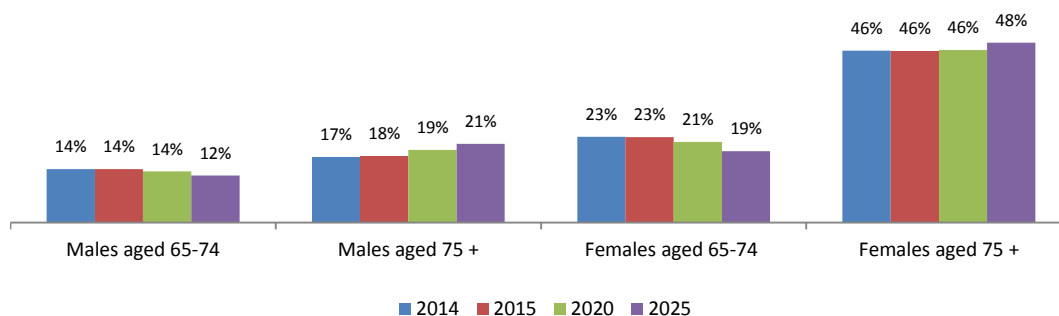
There are a higher proportion of people over the age of 65 living in Blackpool than the national average for England and Wales (Figure 2). Women are living longer than men with a noticeable difference from the age of 75 onwards.

Figure 3: 2014 Based Subnational Population Projections for Blackpool



Projections for the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 25 years, far in excess of the levels of increase shown in all other age bands (Figure 3). The over 65 population is projected to rise by 28% from 28,500 in 2014 to 36,500 in 2039 and will then make up over a quarter (26%) of Blackpool’s total population.<sup>4</sup>

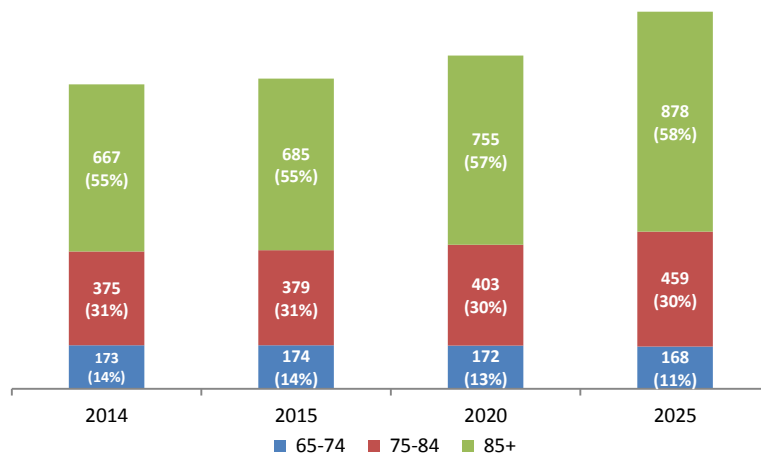
Figure 4: Projections for Living Alone: Broken down by gender (ONS)



Blackpool will see a growth of people aged 65 and over who live on their own (13% increase between 2014-2025) of which the majority will be made up by women (figure 4).

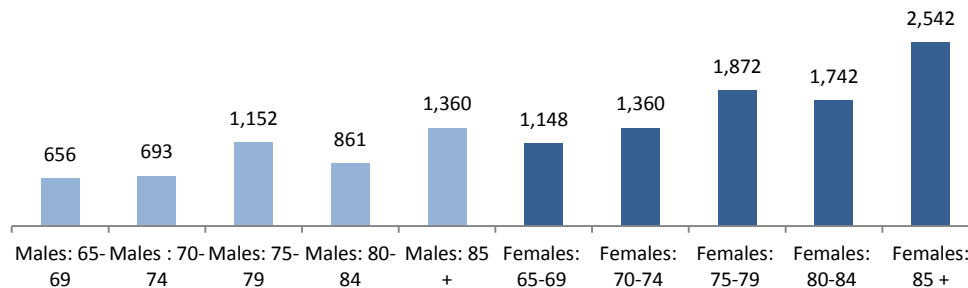
Figure 5: Projections for Living in a Care home - ONS

<sup>4</sup> Joint Strategic Needs Assessment - Blackpool



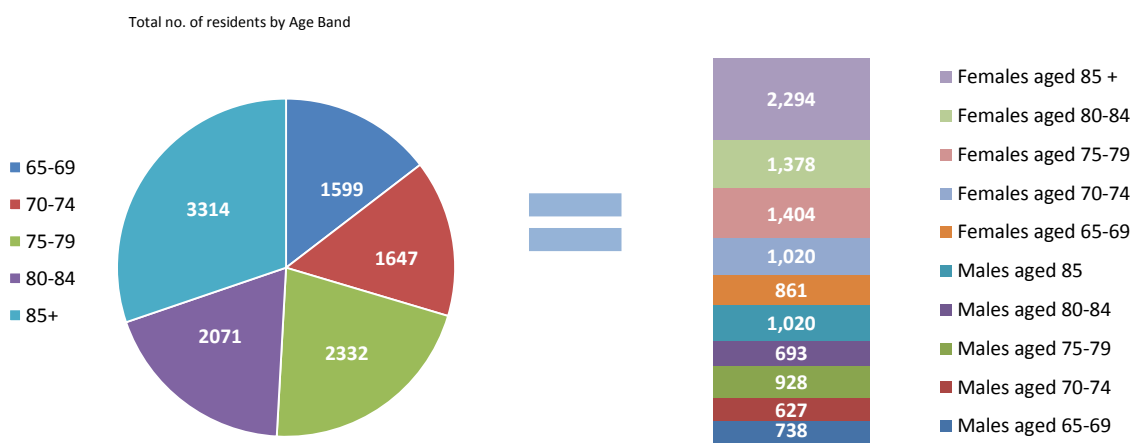
People aged 85+ are more likely to be in a private nursing home and this proportion will slightly increase in coming years (figure 5)

Figure 6: Support with Domestic Tasks (Projection for 2025) - ONS



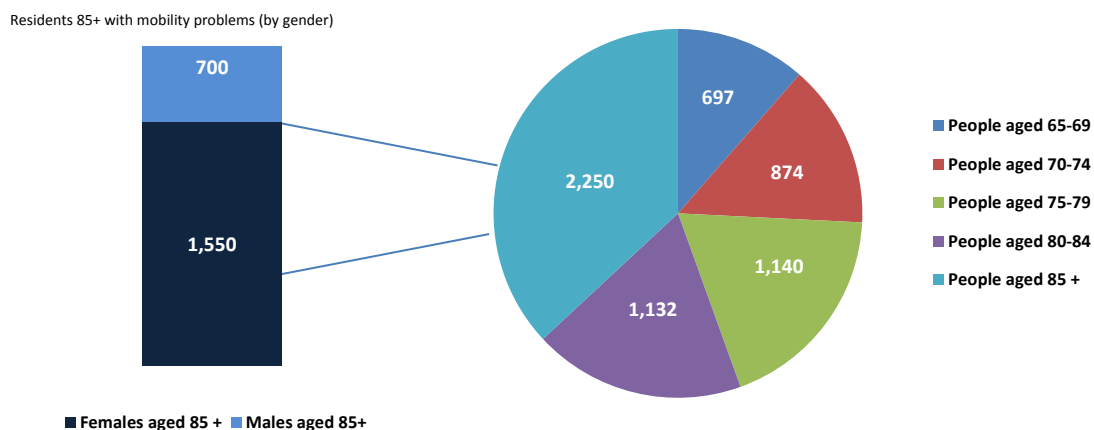
**By 2025 Blackpool will see a 25% increase (from 2014) in people aged 65 and over who will need support with domestic tasks.** Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities. Figure 6 demonstrates the older you are, the more unlikely you will be able to manage at least one domestic task. Women are more vulnerable than men in this regard based on volumes.

Figure 7: Support with Self Care (Projections for 2025) - ONS



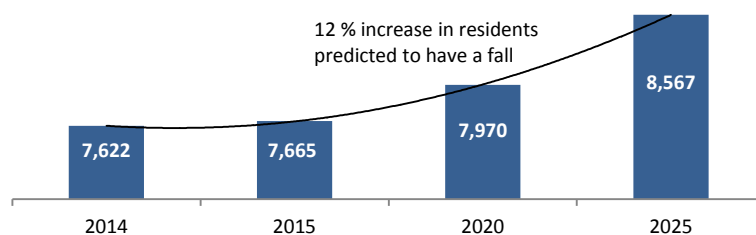
The number of people unable to manage at least one self-care activity on their own is projected to rise by 14% in 2025. Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails and take medicines. As with domestic tasks, the older you are, the increased likelihood of needing support with self-care (figure 7).

**Figure 8: Older people with mobility problems (projections for 2025) - ONS**



It is projected that by 2025 Blackpool will have 6093 people over the age of 65 (a 15% increase from 2014) who will be unable to manage at least one mobility activity on their own (figure 8). Activities will include i) going out of doors and walking down the road, ii) getting up and down the stairs, iii) getting around the house on the level, iv) getting to the toilet and v) getting in and out of bed.<sup>5</sup> Almost 37% of older people with a mobility issue will be over the age of 85 of which 2/3 will be women.

**Figure 9: Residents aged 65+ predicted to have a fall - ONS**



Blackpool will see a 12% increase in residents aged 65 and over predicted to have a fall (figure 9).

### Projected data for the 55-64 age group

The projected data for 55-64 age group is recorded in a different way so a direct comparison is not possible.

<sup>5</sup> Poppi

Figure 10: Projection for residents with physically disabilities

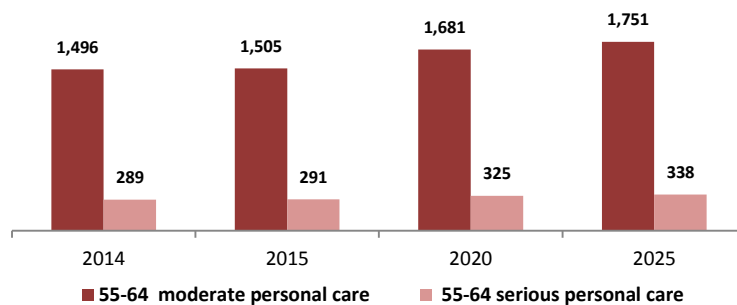


Figure 10 shows there will be a steady increase in people with physical disabilities requiring personal care which includes; i) getting in and out of bed, ii) getting in and out of a chair, iii) dressing, iv) washing, v) feeding and vi) use of the toilet. ‘Moderate personal care disability’ means the task can be performed with some difficulty; ‘severe personal care disability’ means that the task requires someone else to help.<sup>6</sup>

## 5. 2 Blackpool Council Data

Figure 11: Residents moved into permanent residential care home (55+) – Blackpool Council

Year	Most vulnerable					Total no. of Residents
	55 - 64	65 - 74	75 - 84	85 - 94	95+	
2010	10	35	77	78	5	205
2011	13	21	96	104	20	254
2012	12	27	117	121	29	306
2013	10	43	104	138	22	317
2014	16	28	102	135	21	302
2015	9	45	118	159	22	353

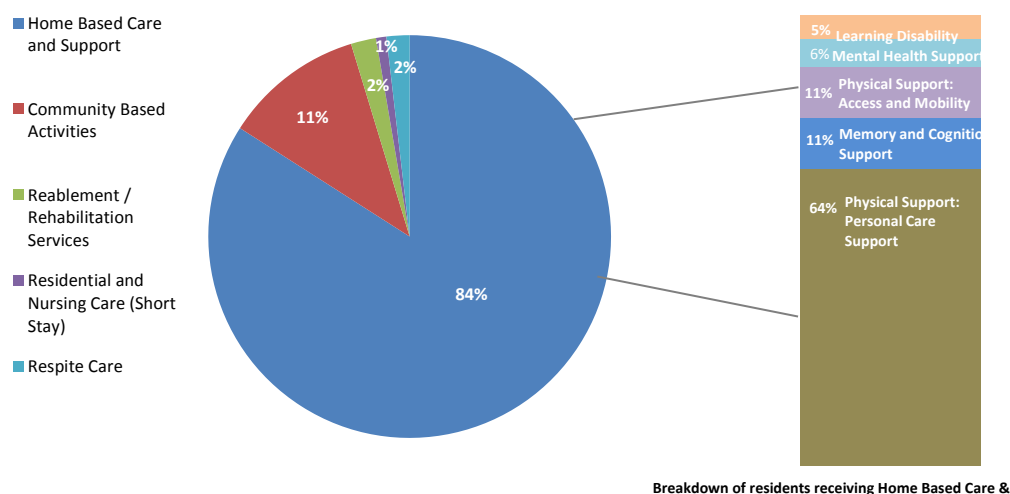
72% increase

Figure 11 shows the data Blackpool Council has on the number of people aged 55 and over who have moved into permanent residential care homes. **Since 2010 there has been a 72% increase in residents moving into permanent care with the most vulnerable age group being 75+.**

<sup>6</sup> PANSI – Projecting Adult Needs and Service Information



**Figure 12: Residents receiving care packages from Blackpool Council Adult Social Care**



At the time of writing this strategy, Blackpool Council’s Adult Social Care Team was supporting 1680 residents over the age of 55 with personalised care packages. Of these residents 66% are over the age of 75. (The number of residents receiving care packages can change on a weekly basis due to changes in individual circumstances). Care packages are delivered in four different settings with majority of support being offered to residents within their own homes (1412 - see figure 12).

**Figure 13: Residents receiving ‘home based care and support (by age and gender) – Blackpool Council**

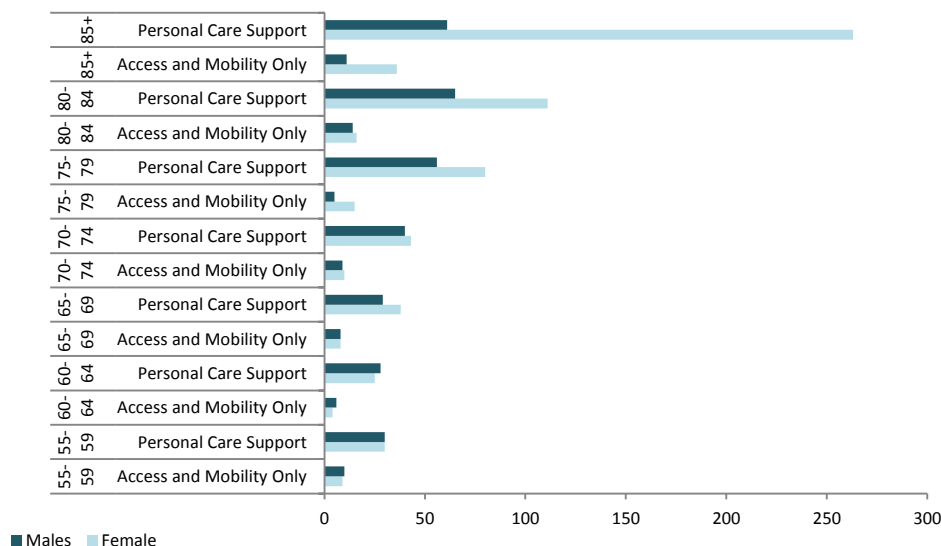
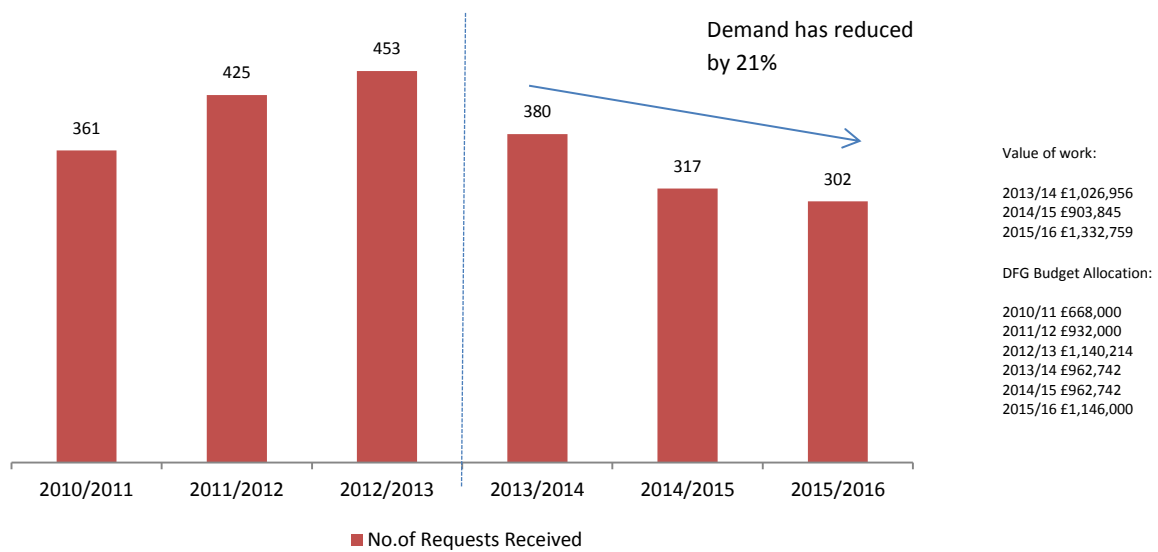


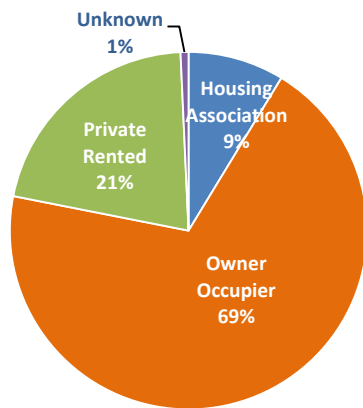
Figure 13 shows the number of residents receiving physical support within their home broken down by gender and age. Just over half of residents (53%) receiving a care package are aged 80+. Of those residents in receipt of home based care and support 75% are receiving some form of physical support. It is clear more females are receiving support which significantly increases from the age of 85 accounting for 81% of people receiving support within this age band.

**Figure 14: Requests for DFG Funding (2010-2015), Blackpool Council's Care and Repair Service**



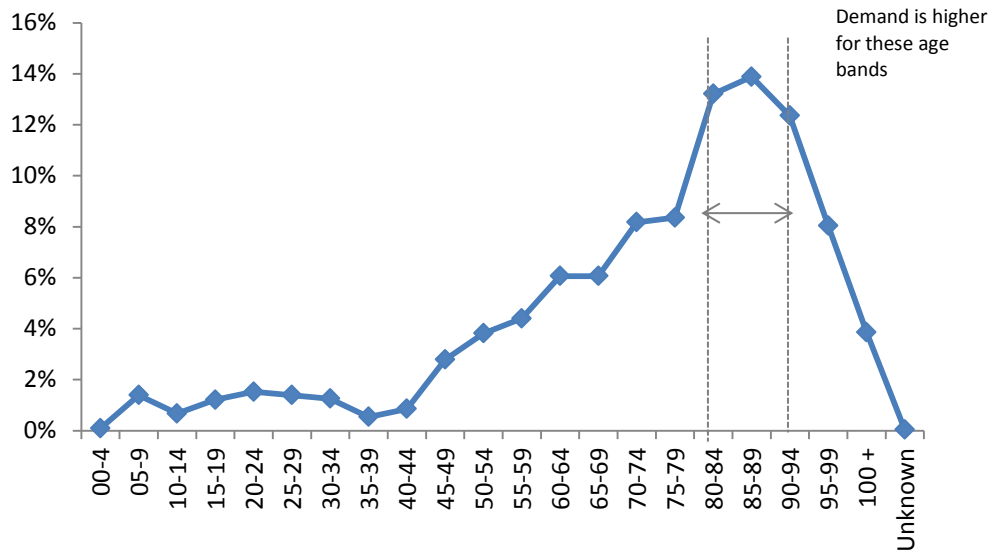
Whilst there is demand for Disabilities Facilities Grant (DFG) funding from residents for adaptations, since 2013 there has been a reduction in requests received by Blackpool Council's Care and Repair Team (Figure 14). There could be a number of reasons contributing to the reduction in demand, however, this service is under immense pressure and has a historical backlog of requests. In 2015 residents were waiting approximately 2 ½ years to have their application approved.

**Figure 15: Demand for DFG broken down by tenure (2010-2015), Blackpool Council's Care and Repair Service**



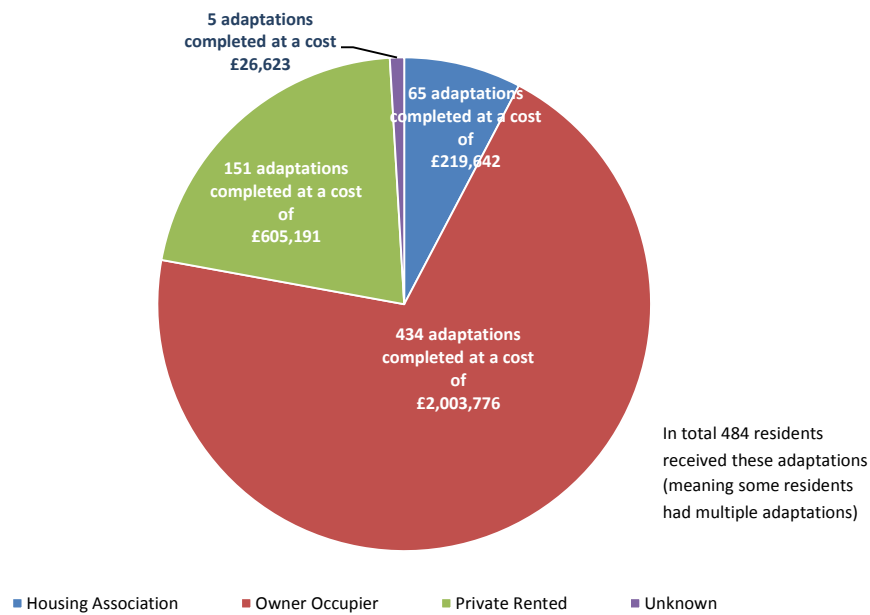
Just under ¾ of requests for adaptations received for the same period by the Care & Repair Team are by owner occupiers (figure 15)

Figure 16: Demand for DFG by Age Band (2010-2015), Blackpool Council's Care and Repair Service



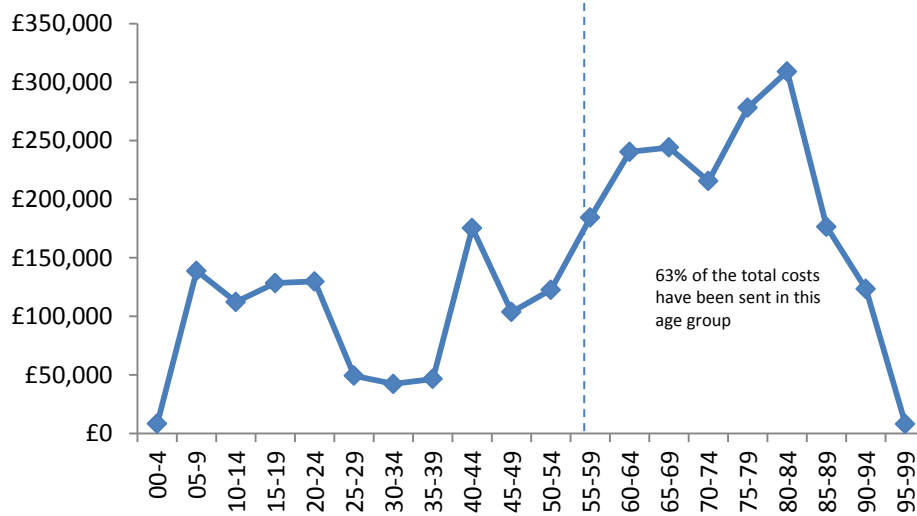
The demand for adaptations increase as you become older with a noticeable increase between the ages of 80-94 (figure 16)

Figure 17: Completed adaptations by tenure (sample for 2010-2015), Blackpool Council's Care and Repair Service



The biggest spend on adaptations (sample provided by Blackpool Coastal Housing) is on owner occupied properties followed by privately rented properties (figure 17). (Separate funds are used to adapt properties within the Council's portfolio)

Figure 18: Cost of adaptations by Age Band (sample for 2010-2015), Blackpool Council's Care and Repair Service



The total cost for these adaptations is £2,855,232 of which 63% has been spent on residents above the age of 55 (figure 18).

Figure 19: Cost of adaptations by Type (sample for 2010-2015), Blackpool Council's Care and Repair Service

Type of Adaptation	Total no completed (2010-2015)	Total Cost	Average cost per adaptation
LAS	239	£1,062,233	£4,444
Stair-lift	171	£448,784	£2,624
Ramp	56	£127,292	£2,273
Other	26	£82,578	£3,176
Extension	24	£427,621	£17,818
CTH	23	£48,269	£2,099
TFL	19	£177,687	£9,352
Clos-o-mat	16	£63,822	£3,989
OBS	15	£17,849	£1,190
Curved Stairlift	14	£54,281	£3,877
Steplift	12	£126,130	£10,511
GFF	8	£85,668	£10,708
GWC	5	£26,292	£5,258
Kitchen alterations	4	£23,803	£5,951
Re-instatement	3	£6,659	£2,220
Door alterations	2	£2,030	£1,015
Dropped kerb	2	£2,155	£1,078
GF Facilities	2	£32,275	£16,137
New Door	2	£2,850	£1,425
Flooring	1	£1,632	£1,632
New window/blind	1	£460	£460
Paving/driveway	1	£3,110	£3,110
Ramp and LAS	1	£9,380	£9,380
Ramp, hardstanding	1	£6,540	£6,540
Re-instate	1	£4,383	£4,383
Toilet	1	£1,967	£1,967
Bedroom alterations	1	£7,262	£7,262
Faulty tap	1	£125	£125
Gateway	1	£495	£495
Remove door, raise floor	1	£1,400	£1,400
WHB	1	£200	£200

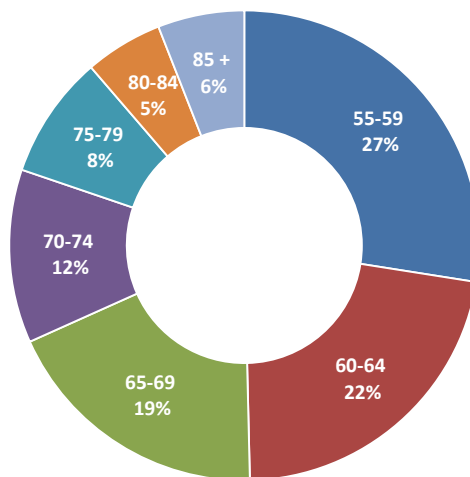
The largest spend on adaptations has been on Level Access Showers and stair lifts which accounts for just over half the DFG budget for 2015-2015 (53%) (figure 19)

### 5.3 Social Housing Register

To better understand the accommodation and housing related support needs of local residents aged 55+ Blackpool Council analysed the social housing register. This accounts for 11% of the housing stock profile in Blackpool but plays an important role in providing specialist accommodation for local residents.

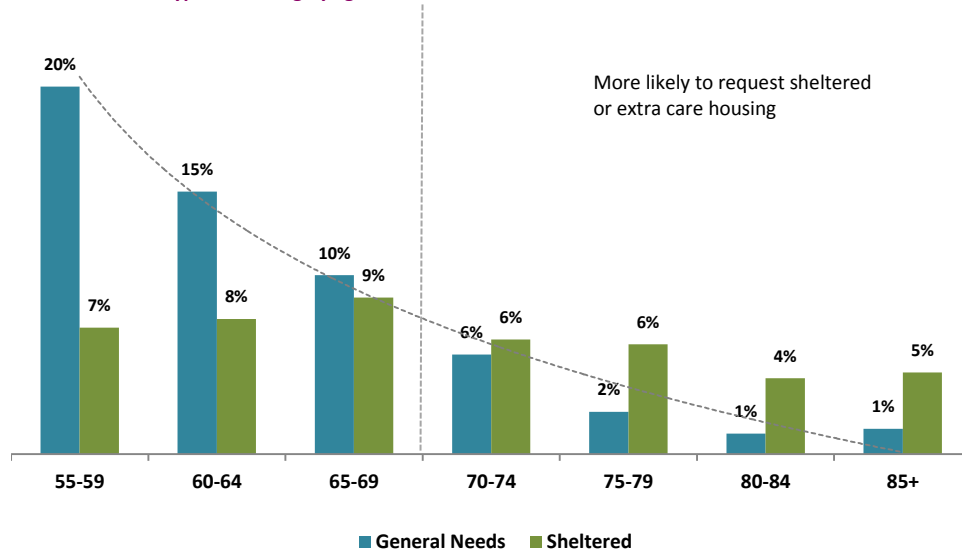
Between May 2012 – 2016 3696 applicants over the age of 55 approached Blackpool Council for support to be rehoused (via 'My Home Choice Fylde Coast')

Figure 20: Percentage of the total number of applicants by age band



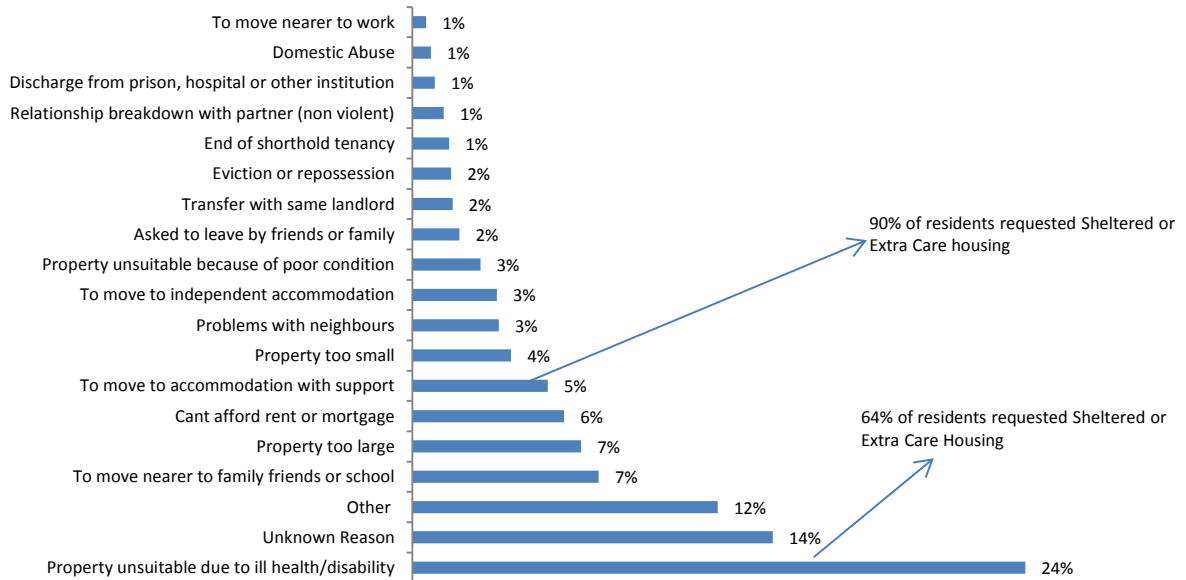
Of the applicants aged over 55, almost half were in the age range 55-64 (figure 20), with almost an equal number of males (1041) and females (1009). 45% of those on the waiting list requested to be rehoused in either sheltered or extra care housing accommodation.

Figure 21: Demand for type of housing by age band



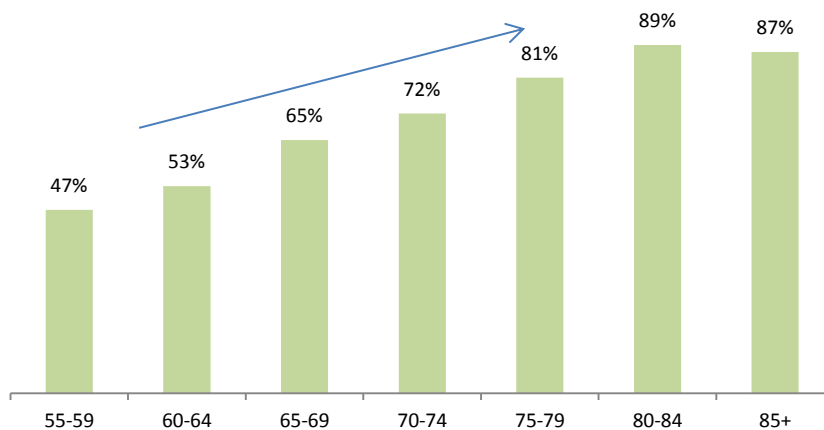
The demand for general needs accommodation reduces the further up the age range you go (figure 21).  $\frac{3}{4}$  of the residents in the age groups 75+ requested either sheltered or extra care accommodation.

**Figure 22: Reasons for wanting to move**



A property being 'unsuitable due to ill health/disability' was the primary reason residents requested to be rehoused (figure 22). Of those applicants, more than half requested for sheltered or extra care housing which was also popular amongst applicants looking for 'accommodation with support'.

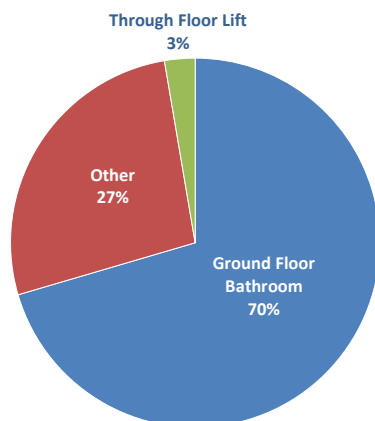
**Figure 23: Percentage of residents requesting sheltered or extra care housing with existing medical conditions**



The majority of residents aged 70+ with existing medical conditions asked for sheltered or extra care housing.



Figure 24: Types of adaptations required



Majority of residents requesting sheltered or extra care housing did not require an additional room for a carer. Of those requesting adaptations almost ¾ asked for a ground floor bathroom.

### Consultation Events

To support the development of this strategy, Infusion, Blackpool Council’s in-house research team, held two consultation events where residents had an opportunity to provide feedback on services. Members of their team provided impartial support to ensure discussions were balanced and open for all to participate. Their key findings are:

#### 1. People want to stay in their home

One of the overriding reasons for people wishing to stay in their own home was familiarity with and liking the area in which they live. The support from neighbours and accessibility of local services within their area also supported this decision. Some residents were not clear on the alternative housing options available and were reluctant to investigate further due a perception that “they wouldn’t be able to afford it”.

#### 2. Awareness of support services is mixed

Knowledge on support services available from the Council, its partners and third sector organisations was mixed. Two thirds of consultees did not use the internet, or at best irregularly, so information pathways tended to be based on friendship groups and places they visit. Information was often only looked for when they had a need for services rather than in a planned way.

#### 3. The little things are often the big things

Rather than large scale adaptations, elderly residents would like support with smaller issues, such as, accessing reliable contractors for gardening and repairs services. Residents are prepared to contribute towards the costs of these services but there was limited knowledge on where to find further information.

#### 4. Blackpool Council is seen as a ‘trusted friend’ and the first point of contact for information on local services.

Overall, residents wanted to feel safe and know they can rely on people and services when they become unwell. A full report on the findings of the consultation event can be found in appendix 1.

## Conclusions

Demand from older people for health, social care, and housing-related services is rising significantly and services will struggle to cope unless this demand is addressed by:

- Enabling more people to help themselves through better information provision and housing that promotes independence.
- Providing services more efficiently and effectively, including through better co-ordination.
- Investing in prevention where it is clear that it will reduce needs for acute services. In the context of older people's housing, this includes home improvements to keep residents safe and warm, and providing low level support where it promotes health and wellbeing.

The provision of timely and appropriate adaptations and effective heating measures, as well as simple help with repairs and gardening is very important. Currently services are not keeping up with demand.

While most older people are home owners and want to stay within their own home, a significant minority look to move into accommodation with support in the social rented sector, often because their existing homes are unsuitable as their health needs change.

## CHAPTER 6: RESOURCES

It is well documented that revenue funding for the provision of health services for older people across the country is under great pressure and Blackpool is no different. Small increases in annual budgets have failed to keep pace with greater increases in demand. Within the local authority, public health budgets have been significantly reduced. Public Health have over the past few years invested in assisting the Blackpool Care and Repair service to help residents manage in their own homes and have helped to top up energy efficiency funding. However, it is expected that there will be no further funding support from Public Health for Care and Repair and energy efficiency works.

Adult Social Care services are also subject to budgetary pressures within the Council, and as a result, over the coming years they will reduce the funding available to deliver some of the discretionary support through Care and Repair, such as for handypersons services. Funding for statutory adaptations and equipment to enable people with reduced mobility to continue to live independently in their own homes continues to be available to meet local demands.

The introduction of the Better Care Fund over the last two years is designed to provide opportunities for more flexibility in how funding is used between health and social care. The Fund is expected to increase significantly over the next four years, although in the case of the local authority, at the expense of other funding support from central government. There may be opportunities to provide more services to older people that are paid for by service users.

Funding for investment in the existing housing stock has been focussed in recent years on energy efficiency, often targeted at the most vulnerable residents to help provide affordable warmth. While Blackpool has been pro-active in facilitating investment in insulation measures and upgraded heating systems, the funding currently available is very limited.

There has been uncertainty over the viability of traditional supported housing models, resulting in fewer new specialist housing schemes being built. Specialist housing for older people that includes elements of care and support requires a commitment to revenue funding – both to retain existing homes and give confidence for investment in new provision. But recent announcements from Central Government will allow for opportunities to develop services which meet the growing needs of residents. The Spring Budget 2017 pledged an extra £2bn in grant funding for social care. The Government is seeking to establish a new model of Housing Benefit for supported housing accommodation from April 2019 that gives developers the confidence to bring forward new schemes. The Housing White Paper – ‘Fixing Our Broken Housing Market’ sets out the Governments plans to address some of the challenges faced by local authorities and developers, including developing housing for older people.

There have been recent commitments to increased capital funding to boost the housing supply. £7.1 billion has been allocated to increase national housing supply through an expanded and more flexible Affordable Homes Programme. Funding is available through the Homes and Communities Agency (HCA) and developers are encouraged to apply for capital funding through the Continuous Market Engagement (CME) process.

There are other funding streams available to develop new homes with some developers taking advantage of the increasing opportunities of investment by large financial institutions looking for stable long term rental income streams. This model of funding has enabled providers to develop larger schemes which are financially viable without any requirement for grant funding.

The increased opportunities for capital investment in new specialist housing can help address the continuing challenges in finding revenue funding for support through developers' trialling new innovative approaches using assistive technology to support independent living. This helps to empower residents and enable cost savings to the social care budget through reduced care costs.

The benefits of living in good quality accommodation, where support is available if needed, are well documented. Given Blackpool has an ageing population, it is essential to work in partnership with providers to develop a wide range of appropriate accommodation using all funding streams available.

## CHAPTER 7: ACTIONS

**Objective 1: Ensure residents have access to clear and accurate information on housing options and support services so they are able to make informed decisions on their future needs**

### The importance of providing accurate information

**This strategy recognises the importance of choice, through the delivery of a range of housing and housing-related support options to those who need them.** However, it is not enough that this support exists. We need to ensure that older people know about the housing and support services that are available and how to get them. This is particularly the case for homeowners who don't have a landlord to turn to for housing advice or help with accessing other services.

The Care Act 2014 guidance stipulates *'information and advice services should cover more than just basic information about care and support and should also address the contribution of finances, health and housing in preventing the development of the need for care and support'*.

Housing Learning and Improvement Network (LIN)\* have identified that the lack of awareness of housing options available is one of the reasons why older people choose to remain in their current home<sup>7</sup>.

Good information empowers people to take a more active role in directing their care and support. Many older people receive a significant amount of support through informal networks, family and friends, and their advice can be important in reaching decisions about issues such as moving home or seeking adaptations. However, we believe that awareness can be increased through the provision of high quality information and advice services. **There is a role for national information services, but there is also an important role for local contextualised information and advice.**

The internet has become the main source of information for many people, however, older people currently have lower levels of internet usage than the rest of the population. This may change over time but other sources of information and advice still need to be available. Many older people value face to face advice or advice by telephone. Services which undertake home visits are particularly important for people who are unable to travel or who live in remote areas.

### Our Current Position

#### 1. Housing Options Team

Blackpool Council's Housing Options Team acts as almost a "one stop shop" for housing needs from basic advice through to rehousing. Although Housing Options does not work exclusively with older people, or those with a care need, there are a range of services and interventions available to this client group.

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<sup>7</sup> Janet Sutherland (2011) 'Housing LIN Viewpoint No. 19: Viewpoint on Downsizing for Older People into Specialist Accommodation'

\* The Housing Learning and Improvement Network (LIN) is a sophisticated network bringing together housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

The generic role of Housing Options Officers means that whether customers approach through the front door, via telephone, a 3<sup>rd</sup> party or even an application for Social Housing they receive the same holistic housing needs assessment.

In the first, instance Housing Options will work with customers and services to enable people to remain in their own homes, wherever it is safe to do so. These interventions can include providing tenancy support, debt and welfare advice, income maximisation and appropriate referrals to additional support services where necessary (for example, Occupational Therapy, Social Care and Vitaline).

Where this is not appropriate a range of alternative housing options can be explored. These include social housing (general needs, sheltered accommodation, adapted housing and Extra Care Housing), private rented housing and supported housing.

## **2. Adult Social Care**

Adult Social Care play an important role in providing residents with information and advice. They have regular contact with staff from Blackpool Coastal Housing to ensure residents' needs for adaptations and mobility equipment are met.

## **3. On-line information**

'Blackpool4me' is an online directory of local organisations that provide services to assist local people in meeting their needs - the resources directory is owned by Blackpool Council.

There is limited information provided on Blackpool Council's website to support vulnerable residents identify housing options available to them. Future North West: The Regional Forum on Ageing conducted research on information and advice provided to older people by 23 top tier local authorities, including Blackpool, in the North West. The conclusion of their research highlighted that information and advice was not easy to find on council websites. Furthermore, a number of websites contained outdated and therefore inaccurate information. Specifically, their feedback on Blackpool Council's website is shown below:

*'Struggled to find any advice or information. Closest came from the Centre for Independent Living page. By searching for 'advice' I found the Council's on-line directory Blackpool4Me which is OK but wouldn't answer my question'*

In response to this report some changes have been made to the website. However we recognise there are still gaps in information and more work is needed.

A working group has been established to review the information currently provided on 'non-statutory' services. The aim is to agree a way forward to ensure accurate and useful information is readily available to allow residents to make informed choices.

There are also third sector voluntary groups provide valuable information, advice and support to older people living in Blackpool. However, it is important to ensure information is widely available.



**What we will do to improve this area:**

**Update information on Blackpool Council's website** – we will review and develop online information on housing and support for older people on Blackpool Council's website taking on board the recommendations made by residents at the consultation event and Future North West.

**Review information and advice services** – we will examine services (internal and external) who provide information and advice on housing and support for older people to ensure the information is i) accurate, ii) meaningful and iii) easy to understand.

**Publicise information sources** – we will review how information is currently being published and take appropriate steps to ensure information is widely accessible to all older people living in Blackpool.

**Continuous monitoring of the 'community advice and information contract'** – to ensure that local residents have another means of accessing accurate information on support services.

## Objective 2: Deliver cost effective housing related services in a more co-ordinated way for older people

Blackpool Council is making changes to the way support services are delivered to residents. With the introduction of the Better Care Fund some services have now been integrated as part of the holistic approach to support services.

### Our Current Position

There are some critical points of change in people's lives where their housing requirements change and where effective co-ordination of services is especially important:

#### 1. Declining health or mobility

At some point, many older people within the community suffer health conditions or declining mobility. While they are likely to seek medical help they may also require support to adapt or maintain their homes, or look at alternative housing options. We need to ensure that they are helped to get this full range of support as soon as they need it, through referrals from health professionals and appropriate responses. There are opportunities to improve co-ordination as the Vanguard programme establishes new models of service provision<sup>8</sup>:

##### Extensive Care

The aim is to improve care for people who need it the most by providing one comprehensive service to meet their needs and reduce the risk of hospitalisation. Doctors, nurses, care co-ordinators and other professionals are based together and work collaboratively to provide the necessary support to keep residents well for longer. This service is for people aged 60+ and have at least two long-term health conditions. 'Extensive Care' services are currently based at South Shore Primary Care Centre and Moor Park Health & Leisure Centre.

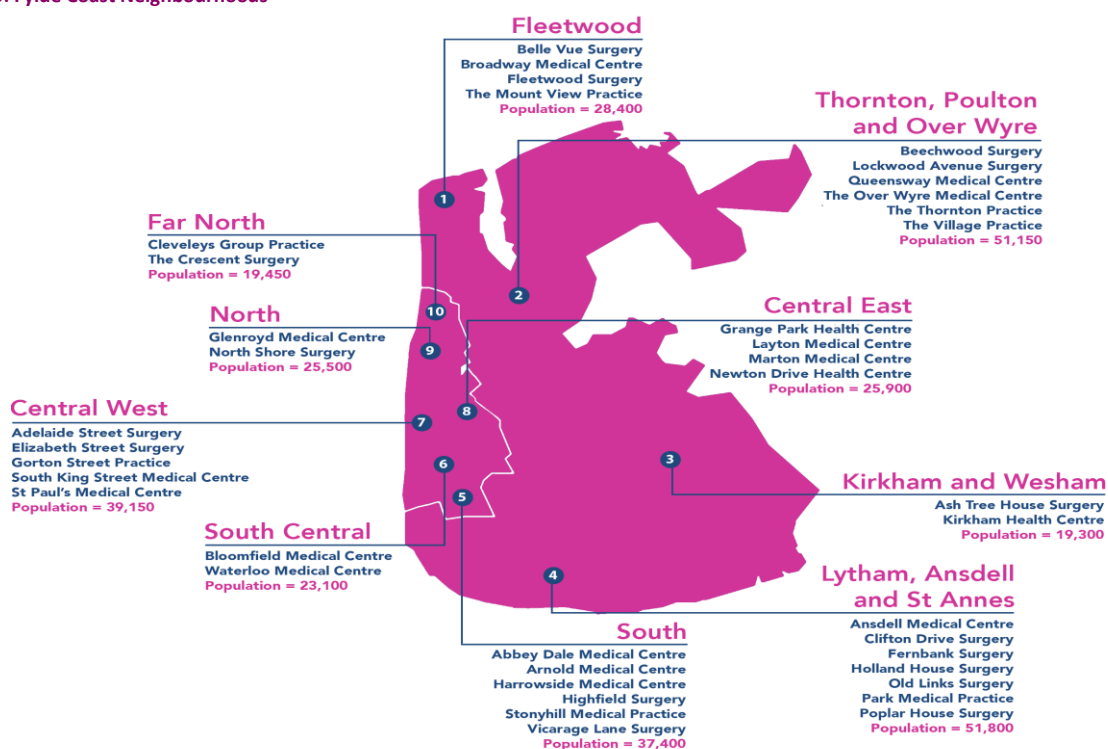
##### Enhanced Primary Care

Enhanced Primary Care is available to patients who require additional support with long-term medical conditions, such as COPD, diabetes and heart problems. Under Enhanced Primary Care, each of the 6 'neighbourhoods' in Blackpool (figure 25) will benefit from a dedicated Integrated Neighbourhood Team made up of professionals including Health and Well-Being staff, Nurses and Rehabilitation Therapists. Patients in receipt of treatment will continue to be monitored by staff. These teams are accessible to other professionals and residents via a neighbourhood 'hub'. Staff will be able to advice on how to access other local support services (for example, voluntary groups).

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<sup>8</sup> <http://blackpoolccg.nhs.uk/wp-content/uploads/2016/02/Item-11-EPC-Model-Blackpool.pdf>

<sup>9</sup>Figure 25: Fylde Coast Neighbourhoods



## Community Orientated Primary Care approach

GP practices have now grouped together into “neighbourhoods” and are developing a new Community Orientated Primary Care approach. Their purpose is to engage with their partner organisations and build on local assets to improve health (for example, community choirs, walking groups, art clubs and volunteering)

## 2. Hospital Discharge

Hospital stays provide an opportunity to review whether adaptations and support at home are required, and in some cases are points where the ability to cope at home changes significantly. It is important that there is effective planning between services for hospital discharge including housing.

### Health Link Worker

Blackpool Council’s Housing Options Team currently funds a Health Link Worker (HLW). Working alongside the hospital discharge team the HLW provides practical housing advice, support and, where necessary, sources alternative housing for people who are unable to return home.

Not all patients with housing needs are identified by the hospital discharge team and it is for this reason the HLW is in place to support health professionals to identify them. The role is promoted throughout the hospital to ensure patients are aware of this valuable service that is available to them.

<sup>9</sup> <http://blackpoolccg.nhs.uk/local-services/new-models-of-care/>

The HLW is fully trained and integrated into the wider Housing Options Team and can continue to address any outstanding housing issues faced by patients following safe discharge.

The benefits to the patient are clear. The wider preventative remit of this role also saves costs to health services and council departments by; i) reducing demands on the need for temporary accommodation and ii) preventing delayed discharge of patients where housing is a contributing factor.

**What we will do to improve this area:**

- Develop actions that continue to improve linkages between services, for example, develop links between the Vanguard Programme and support for older people around affordable warmth issues or those considering alternative housing options.

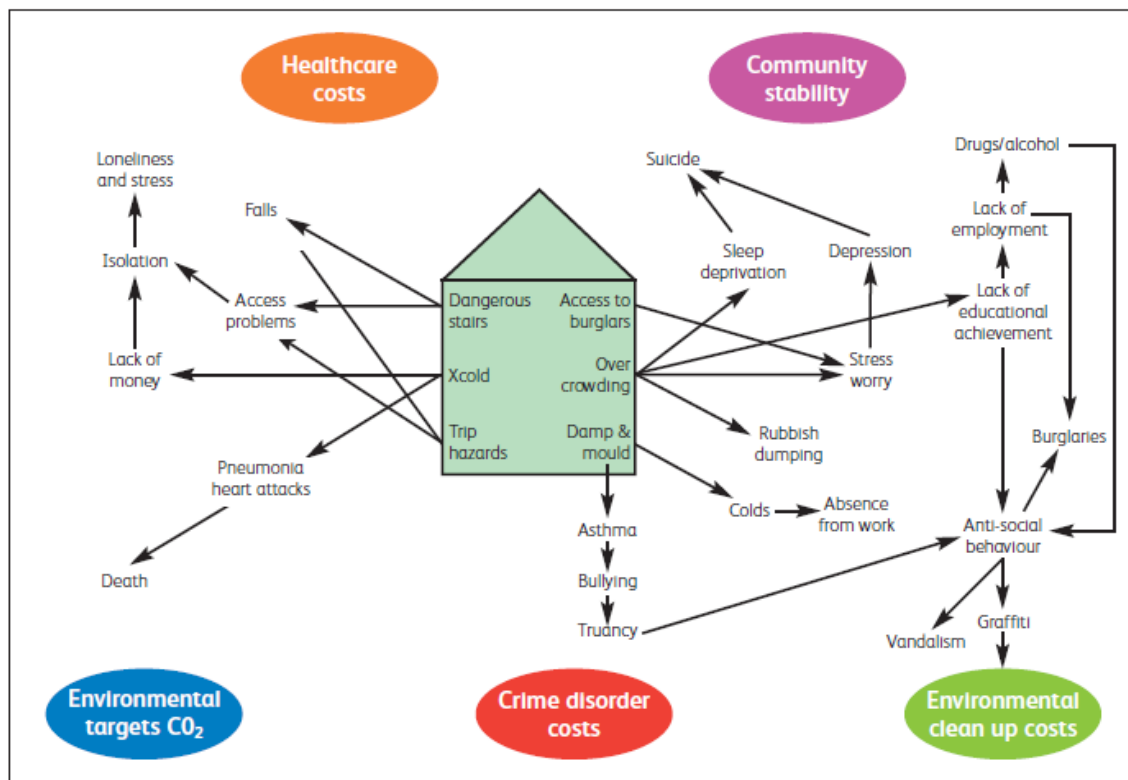
**Objective 3: Ensure general needs housing stock meets the changing needs and aspirations of older people**

**The contribution of appropriate housing and support to health and well being**

Housing plays a key role in contributing to an improvement in health, wellbeing and overall quality of life for residents, particularly in later life. Delivering good quality housing is not just about bricks and mortar, it is also about ensuring that housing can continue to meet the future health needs of older people. As identified earlier in this paper, the older population in Blackpool is projected to rise by 28% over the next 25 years. Given Blackpool Council’s longstanding policy of ‘shifting the balance of care’ it is essential to plan now so that the housing stock in Blackpool can meet future demand.

Blackpool Council’s Joint Strategic Needs Assessment (JSNA) identifies housing as a wider determinant of better health. Poor housing has an adverse effect on an individual’s physical and mental wellbeing. Older people are more likely to live with chronic health conditions which can be exacerbated by poor quality housing.

**Figure 26: The links between poor housing conditions and public health**



Poor housing conditions such as overcrowding, damp, indoor pollutants (such as excess particulates from cooking or smoking) and cold have all been shown to be associated with physical illnesses including eczema, hypothermia and heart disease (figure 26). Housing can also have an impact on mental health as families try to cope with poor living conditions.

The association between living in poor housing and health problems is particularly acute among those above retirement age:

- Pensioners in poor housing are a third more likely to have fair, bad or very bad health compared with those in good housing (58% vs 38%).
- Almost a fifth (19%) suffer from low mental health compared with 11% in good housing.
- Almost twice as many of pensioners living in poor housing suffer from wheezing.
- More than one in four pensioners living in poor housing suffer from shortness of breath while walking at their own pace or are too breathless to leave their home.
- Where housing does not adequately meet the needs of residents it can cause someone to disengage with the community.

Figure 27: The cost and benefits to the NHS of reducing HHSRS Category 1 hazards to an acceptable level for households aged 55 or more<sup>10</sup> (using NHS and HHSRS data from the English Housing Survey 2010)

Hazard	Number of Category 1 Hazards	Average repair cost per dwelling	Total cost to repair	Savings to the NHS per annum if hazard fixed	Payback (years)
Excess cold	689,666	£4,344	£2,995,907,903	£441,564,353	6.78
Falls on stairs	476,776	£989	£462,535,027	£71,609,794	6.46
Falls on the level	197,177	£792	£156,129,838	£34,700,172	4.5
Falls between levels	93,723	£1,134	£106,290,746	£17,519,361	6.07
Fire	33,325	£4,115	£137,132,934	£12,725,126	10.78
Collision and entrapment	27,664	£592	£16,369,553	£5,898,263	2.78
Falls - baths	36,013	£486	£17,487,933	£7,254,790	2.41
Dampness	11,385	£7,523	£85,653,060	£3,325,961	25.75
Hot surfaces	55,985	£1,871	£104,731,366	£7,868,316	13.31
Lead	41,927	£1,677	£70,306,239	£5,194,893	13.53
Entry by intruders	11,576	£1,180	£13,665,167	£3,226,578	4.24
Radon	63,518	£1,127	£71,568,454	£5,329,649	13.43
Sanitation (personal hygiene)	20,138	£1,119	£22,539,641	£2,336,281	9.65
Food safety	15,373	£961	£14,781,003	£1,782,264	8.29
Pests (Domestic hygiene)	13,442	£709	£9,531,479	£1,612,639	5.91
Overcrowding	509	£16,748	£8,524,561	£48,943	174.17
Noise	1,230	£1,137	£1,398,960	£349,771	4
Carbon monoxide	3,751	£508	£1,907,042	£364,193	5.24
Structural collapse	1,169	£288	£336,667	£100,569	3.35
Electrical problems 2	2,692	£2,111	£5,681,466	£360,016	15.78
Ergonomics 3	3,288	£470	£1,544,131	£395,108	3.91
Un-combusted fuel gas	2,246	£523	£1,175,477	£212,525	5.53
Lighting	0	£0	£0	£0	0
Water supply	0	£0	£0	£0	0
Excess heat	0	£0	£0	£0	0
Explosions	0	£0	£0	£0	0
<b>All dwellings with a Category 1 hazard</b>	<b>1,431,482</b>	<b>£2,990</b>	<b>£4,279,628,929</b>	<b>£623,779,566</b>	<b>6.86</b>

<sup>10</sup> Off the Radar – Housing disrepair and health impact in later life

There are significant costs to the NHS for treating patients with symptoms caused by poor property conditions. Figure 27 demonstrates that by investing in properties to remove category 1 hazards the NHS could save £624 million in first year treatment costs. Excess cold is the no.1 hazard ranked by cost of repair.

Housing market failure within Blackpool is considered to have significantly adverse impact on the health and wellbeing of residents. Older people are the primary users of health services, with an estimated 40% of the NHS budget spent on caring for people aged 65 and over.<sup>11</sup> It is evident that providing appropriate housing and support for older people is key in order to reduce demand on already stretched local authority and health services. Investment in appropriate housing and support packages can result in considerable financial savings relieving pressure for service providers.

### **Our Current Position**

Blackpool Council conducted a Private Sector Housing Condition Survey in 2008 and found that around 23,000 dwellings in were classified as 'non-decent', with the majority of these failing to provide a reasonable degree of thermal comfort due to inefficient heating systems and poor insulation. Non-decent dwellings are most associated with pre-1919 properties, along with the private rented sector, converted flats and low-income occupiers.<sup>12</sup>

The Council recognises that housing stock in parts of Blackpool is of a poor standard and has responded in the following ways including:

- Being a key player in the development of the Cosy Homes in Lancashire scheme (CHiL) which improves heating and insulation in properties.
- Funding from the Council for Home Owners Assistance provides financial support to owner occupiers to allow them to conduct necessary maintenance work.
- Introduced selective and additional licensing within the inner areas of the town to improve property conditions within the private rented sector. The Council is now able to compel landlords to comply with basic standards, reasonable management practices and ensure landlords pass a fit and proper person test.
- Robust enforcement: allied to selective licensing the Council's Public Protection teams aim to take a robust and proactive approach to housing and planning enforcement and work with partner agencies to target the worst offenders.
- New planning policies have been established requiring higher standards for new conversion of guest house accommodation to residential use.
- Transience: Council led programme to identify underlying issues faced by vulnerable residents with an aim to improve communities.

In addition to the above, The Blackpool Housing Company has been established, which is a wholly Council owned regeneration company to lead market change within Blackpool. The core purpose of The Blackpool Housing Company is to make a critical intervention in the private rented market in the inner areas of the town. The Company will intend to acquire poor quality properties and improve

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<sup>11</sup> Off the Radar – Housing disrepair and health impact in later life

<sup>12</sup> The Fylde Coast Strategic Housing Market Assessment (SHMA) Blackpool Council, Fylde Council and Wyre Council December 2013

standards, offering customers better choice and quality of accommodation. Where possible, density will be reduced creating good sized homes instead of multiple small flats. The Company aims to have a portfolio of 1000 properties in 8 years which will significantly improve the inner areas of the town.

Blackpool Council were awarded £55 million to invest in council stock to bring it up to the Decent Homes Standard between 2008 – 2015. As a result of this investment all of Blackpool Council's properties now meet the Decent Homes Standard, including being safe and thermally efficient.

### **What we will do to improve this area**

Blackpool Council understands the importance of having a range of attractive accommodation for older residents. Despite the above measures, improving stock conditions for owner occupier properties has continued to be a challenge for the local authority. However, Blackpool Council will continue to support improvements in this area by:

- Making better use of funding available to support owner occupiers facing financial hardship to carry out necessary maintenance work in order to ensure their property meets minimum standards set by the Housing Act 2014.
- Ensuring appropriate plans are in place to deliver selective and additional licensing schemes effectively. Where appropriate, extend schemes to ensure property standards are retained.
- Continuing with any funding opportunities to improve energy efficiency within owner occupier and privately rented properties.
- Using a targeted approach, improve heating and property insulation for elderly people living in their own home, particularly those aged 75+ due to vulnerabilities and health implications.
- Blackpool Housing Company to continue investing in the refurbishment of properties to provide high quality, safe and warm homes within the private rented sector
- Using funds from the Ashden award, CHIL will work with AgeUK Lancs to extend the hospital in-reach programme to offer the "Take Home and Settle" scheme at Blackpool Victoria Hospital. With the support of hospital staff, vulnerable patients with long term health conditions, exacerbated by cold, will be offered a range of support services, including affordable warmth assistance, to ensure their homes are suitable preventing delays with hospital discharge.



## Objective 4: Ensure older people's homes continue to meet their needs by providing appropriate support and provisions of care

National research shows that most elderly people prefer to remain in their own home which reinforces Blackpool Council's approach to 'shift the balance of care'. As identified earlier, the majority of people aged 65 and over living in Blackpool are home owners and for this reason it is important that our services are able to meet their changing needs.

### Our Current Position

Preventing the need for institutional care has significant cost saving benefits to the local authority and health service providers. We have a range of services to support older people to remain in their own home:

#### 1. Care and Repair (Blackpool's Home Improvements Agency (HIA))

Care and Repair which is managed by Blackpool Coastal Housing provides an assortment of services whose aim is to maintain the independence of the most vulnerable residents within the area through the following services:

- i. Assistance with Home Adaptations through the 'Disability Facilities Grants' scheme enabling residents to stay safe and independent for longer in their home. . The types of adaptations can vary from minor works (such as installing grab rails) to major works (for example, installing through floor lifts). (This service is discussed in more detail below)
- ii. Handyperson Scheme – a service helping residents to carry out small repairs such as fitting curtain rails.
- iii. Trips & Slips Safety Inspections are undertaken in properties of the over 60's and under 60 (if disabled) to remove hazards which could cause the residents to fall. Residents are advised on how to prevent trips and falls within their own home. Should there be a need for additional equipment, such as grab rails and bannisters, a referral is made to the Occupational Therapist. Additional security measures are provided (if available) to maintain safety of the individual and help them with their daily living needs. These measures include door chimes and carbon monoxide alarms.
- iv. Blackpool Equipment Service (BES) which has been commissioned by Blackpool Council and Blackpool Clinical Commissioning Group provides a service of delivery and installation of equipment via direct referrals from clinicians (Occupational Therapist).
- v. Home Owner Assistance service, as mentioned earlier in the paper, may provide financial assistance to owner occupiers who require essential repairs to their property.
- vi. Loop Systems service installs Loop Systems, Loop Pads and Microphones for customers who have a sensory impairment. Referrals are made by Blackpool Council's Sensory Service Team (part of Adult Social Care) who also provide the equipment.
- vii. 'Winter Warmth' which also runs alongside ChiL, aims at assisting local residents remain warm, safe and independent in their own home and reduce admissions into hospital. Care and Repair are the main point of contact for all Affordable Warmth enquiries.

Owner occupiers, who are experiencing long term health problems, may apply for funding to install fixed heating and undertake boiler repairs and new installations. Other measures, such as draught proofing, gas safety and window installations have been completed with additional funding provided by Foundations Independent Living Trust (FILT) the charitable arm of the national body for home improvement agencies and handyperson services.

## 2. **Cosy Homes in Lancashire (CHiL):**

As referenced earlier, Blackpool Council is a key player in the development of CHiL - a partnership between 14 local authorities and the County Council in Lancashire. The scheme targets properties in poor conditions in deprived areas and provides free or subsidised boilers and insulation. The scheme launched in April 2014 and has invested £5.1m supporting vulnerable households across Lancashire to keep their properties warm.

## 3. **Assistive Technology:**

Vitaline offers a range of services that are designed to keep people safe in their own home and thus enables them to live an independent lifestyle. They are currently supporting 5000 residents in Blackpool. They provide a 24/7 telecare service and tailor services to meet individual needs. Blackpool Council's sheltered housing units are equipped with emergency call with vitaline offering support to residents in the absence of the Sheltered Housing Officer.

With the aim of supporting independent living, Vitaline provides a range of individually designed assistive-technology packages coupled with a personal mobile response to emergency calls. Equipment ranges from basic pendant alarms through to the very latest wireless controlled environmental sensors that can detect a potential problem without the need of client input e.g. movement sensors that will 'know' if there has been no movement in a property – a possible indication of a fall.<sup>13</sup>

Vitaline forms part of the social care assessment and if residents are eligible for the service the running costs are calculated based on individual financial assessments. Vitaline is also available privately. Among the benefits, Vitaline's Telecare can provide:

- Early detection of emergencies and a fast response to them
- Early detection of lifestyle changes that may indicate deterioration in health
- The opportunity to address problems at an early stage before they become acute
- A sense of security and peace of mind for the client<sup>14</sup>

## 4. **HealthChecks**

The Council's investment in Health Checks is key. This universal programme where patients between 40 and 75 are invited to meet their GP for a full health and wellbeing check. Those at low risk of developing long term health conditions are invited every 5 years and those at high risk will receive an annual invite. GPs are able to use this opportunity to provide the

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<sup>13</sup> Vitaline Annual Report 2015

<sup>14</sup> Ibid

necessary clinical intervention to prevent ill health or secondary complications, undertake brief interventions and onward referral to health promoting services and activities.

## 5. Adult Services – Tailored Care packages

Residents are offered a choice of settings to have their care packages delivered, including at home. At the time of writing this strategy, Adult Services were delivering 1412 personalised care packages to residents homes to support independent living. (See ‘addressing an ageing demographic’ for further details).

Research carried out for the Department of Communities and Local Government found that there was an expenditure of £97.3m on housing support services (including, but not wholly, HIA services). This in turn saved £725.3m which would have been spent on residential or hospital care.

The following benefits can be realised by providing an effective HIA service:

- Postponing entry into residential care by just one year through adapting people’s homes saves £28,080 per person
- The average cost of a major housing adaptation is £6,396 and has an average life of at least five years
- A fall at home that leads to a hip fracture costs the state £28,665 on average (£726 million a year in total). This is 4.5 times the average cost of a major housing adaptation and over 100 times the cost of fitting hand and grabs rails to prevent falls
- Housing adaptations reduce the need for daily visits and reduce or remove costs of home care (savings range from £1,200 to £29,000 a year)
- A hospital discharge service speeds up a patient’s release from hospital by installing items such as a key safe, grab rail and securing loose carpets to prevent falls. This creates savings of £120 a day - the amount charged to a local authority when patients block beds in hospital.<sup>15</sup>

‘Foundations’ also researched the value of HIA services and concludes that it is much less expensive for people to be supported by HIAs and other support providers to live at home than to be looked after in an institutional care setting.

## Adaptations

### The Importance of aids and adaptations

As people become older their needs may change. Home adaptations and improvements can often be key in ensuring people’s homes continue to meet their changing needs and allow them to live an independent life. The Autumn Statement 2015 committed to providing £500m in Disability Facilities Grant (DFG) funding by 2019-20 to cover adaptation costs for 85,000 homes. It is estimated that this funding will prevent 8,500 people from needing to move into care homes.<sup>16</sup>

Prevention is critical to the vision of The Care Act 2014 and guidance states that care and support systems must actively promote well-being, independence, aiming to prevent needs arising rather than only responding when people reach crisis point.

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<sup>15</sup> Handypersons Evaluation, Department of Communities and Local Government, February 2011

<sup>16</sup> Autumn statement 2015, para 1.109

Prevention is described in terms of three general approaches – primary, secondary and tertiary:

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

Home adaptations, prevention of falls, handypersons and telecare are cited as examples of secondary prevention in the Care Act (para 2.8) and adaptations/ equipment also as tertiary prevention (para 2.9).

Under current DFG rules people should have to wait no longer than 18 months to get funding and have the work completed. Local Authorities have six months from the date of receiving a formal application to provide a decision. If the grant is approved then payments should be made and the works completed within a further 12 months.<sup>17</sup>

Every year, two thirds of councils, including Blackpool Council, are missing their legal deadline to pay for vital adaptations causing suffering to people who are dependent on these changes<sup>18</sup>. According to Julia Skelton (Director of Professional Operations), College of Occupations Therapists ‘Many DFGs are not progressed because additional funding cannot be secured. The impact of this is a sizeable increase in care costs; and a detrimental decrease in the wellbeing, dignity, and the ability to live independently for many people (including disabled children) and their carers.’

A resident having to wait so long, particularly an elderly resident, for an adaptation reduces the effectiveness of this preventative measure and could even have a detrimental impact on their health and well-being. Their needs could have changed during this period and the initial works identified may no longer be suitable. ‘Foundations’, which oversees the national network of Home Improvement Agencies, found that where appropriate adaptations had been made for older people they were able to postpone moving into a care home by an average of four years. Their research suggested the average cost of a placement in residential care is around £29,000 per year whereas the average cost of providing adaptations is less than £7,000. A well-run adaptations service can not only improve the lives of people, but can also result in significant savings for local councils.

National research highlights the negative impact on health and well-being for older people when there are significant delays with carrying out relevant adaptation work. Whilst adapted stock is being utilised this may not necessarily be a favourable option for older people in Blackpool as most are homeowners (over 76% of the older population).

### **Are adaptations always appropriate?**

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<sup>17</sup> The Long Wait for a Home, April 2015, Leonard Cheshire Disability

<sup>18</sup> The Long Wait for a Home, April 2015, Leonard Cheshire Disability

Analysis by Demos revealed that 58% of over-60s generally are interested in moving to a more suitable home but feel restricted by a lack of suitable alternative housing or a fear of moving to an unfamiliar environment. Demos polling also shows that three-quarters (76%) of those over 60s occupying three, four and five bedroom houses wish to downsize<sup>19</sup>

To enable owner occupiers within Blackpool to have attractive alternative housing choices we need to build more suitable homes that older people will want to move in to, whilst looking at ways to better incentivize and support older people to help them downsize or move into already adapted properties. Although measures are in place to utilise adapted properties within social housing sector, requests for adaptations from residents living in this tenure is relatively low (9%) compared to owner occupiers (69%).

Relocating to more suitable accommodation can often enable older people to retain their independence for longer but can also reduce public health expenditure through the reduction in falls, reduced isolation and fewer illnesses related to the stress of living in unsuitable accommodation.

The decision to move can be traumatic for older people and can result in decision making inertia. This problem is particularly relevant for owner occupiers where there are numerous legal and financial decisions and hurdles related to moving.

#### **What we will do to improve this area:**

Blackpool is projected to see a 15% increase (by 2025) in residents aged 65 and over who will be unable to manage at least one mobility activity on their own. Inevitably Care and Repair services will be fundamental in meeting this growing demand. However, due to pressures on the Adult Social Care budget funding for the 'Handyperson' and 'Trips, Slips and Safety Inspections' will reduce over the coming years. Funding for statutory adaptations and equipment to enable people with reduced mobility to continue to live independently in their own homes continues to be available to meet local demands.

Blackpool Council understands the value and benefits of all Care and Repair functions and will investigate opportunities to continue delivering a full range of services. Residents have provided some positive feedback on current services (based on attendees at the consultation event), however, we acknowledge there is a need to further promote these support services.

A working group has been established to review Care and Repair functions with the aim to shape future services in order to meet the growing needs of residents. Blackpool Council and BCH are committed to delivering services to an excellent standard and have the following vision for Care and Repair:

*Vision: Is to enable older and vulnerable people to remain in their own homes, in their own communities, living as independently as possible, through the improvement of their housing conditions and their level of comfort, security and well-being.*

BCH, in partnership with Blackpool Council has developed a new policy and procedure for adaptations to streamline the process to reduce waiting time. The policy places a great emphasis on

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<sup>19</sup> The Top of the Ladder: Demos September 2013

reviewing housing options with the applicant to determine whether a move would be a better option.

The DFG Policy has been written to try and address some of the issues that are causing unacceptable waiting times for residents. The key improvement areas addressed in the policy are:

- Adopting a 'necessary and appropriate' and 'reasonable and practicable' attitude to adaptations requested, e.g., suitability of receiving a request for a level access shower for a resident who lives in a second floor flat, or suitability of carrying out major extension works to properties without considering alternative options.
- Ensuring Occupational Therapists are aware of and 'buy into' the notion of appropriateness and suitability when assessing residents.
- In some cases land charges on works in excess of £5000 will be placed on owner occupier properties and this will be reinvested in further adaptation works.
- Providers of social housing in Blackpool will be contacted with a view to them contributing 50% towards major adaptation works, and the savings will be reinvested into further adaptations.

BCH has also procured a number of new building contractors to carry out adaptations work. These contractors then price works via a mini-tender process, thus ensuring financial efficiency.

Lancashire Fire and Rescue Services (LFRS) are piloting the Safe and Well Programme which complements the services offered by Care and Repair. The programme aims to mitigate risk factors, other than fire, that impact on health and wellbeing caused by living in inappropriate housing, for example, falls prevention. There are re-occurring themes framed around brief advice / intervention by which LFRS will be seen to have a positive influence with a scope to develop interim measures whilst inspecting a property.

### **Our commitments**

Whilst some improvement work is underway, we make the following commitments to deliver an effective Care and Repairs Service:

1. We shall follow through on changes to the policy and procedures for adaptations to streamline the process to reduce waiting times and serve its intended purpose of being a preventive measure.
2. Work in partnership with Lancashire Fire and Rescue Service to deliver their Safe and Well Programme to ensure all available resources are utilised and we adopt an holistic approach to service delivery.
3. We will further emphasise the importance of providing advice and advocacy for all older people regardless of tenure to identify what the real problems may be with their home and how these issues can be addressed. This includes a review of all housing options open to the

client, advice on legal entitlements, welfare, benefits, financial matters and other support services.

4. Public Health are developing a self-care strategy which will further develop actions that encourage people with long term conditions to manage their own health and healthcare. It is hoped that the strategy will identify specific preventative measures which in return will reduce the demand for adaptations (future proof).
5. Mechanical Equipment (stair lifts) will be installed more quickly to ensure older people are not put at further risks.
6. To ensure Care and Repair serves its intended purpose as a 'preventative' measure, we will take into account feedback from residents and continue to work with relevant agencies to shape and deliver a full range of services to meet the needs of the elderly population in Blackpool.
7. Ensure the correct care package is provided, as well as appropriate adaptations, so that homes can continue to meet resident's needs.

**Objective 5: Improve and make better use of existing sheltered housing stock designed specifically for older people**

**What is the role of sheltered housing in Blackpool?**

Older people’s social and housing expectations are changing. As with the rest of the population, older people have higher expectations of independence, choice and control over their lives, as well as access to activities, and participation in employment, volunteering and local communities.<sup>20</sup> It is important to have suitable housing to accommodate older people with these aspirations, but also be able to offer care and support as people age and become frailer.

Sheltered housing can potentially offer a valuable resource for local people and communities in terms of providing:

- Appropriately designed properties for people with support needs; potentially freeing up housing which could be better utilised.
- Allowing older people to have the sense and feel of independent living
- Promoting health and well-being for older people
- A supportive community life for the ageing population

Figure 28 shows a selection of outcomes to which sheltered housing, possibly combined with care and/or health services, may be able to contribute to.

**Figure 28: Relevant health and adult social care outcomes for sheltered housing**

<b>Outcome</b>	<b>Adult Social Care Outcomes Framework (ASCOF) 2013/14<sup>21</sup></b>
<b>1</b>	Enhancing the quality of life for people with care and support needs
<b>2</b>	Delaying and reducing the need for care and support
<b>3</b>	Ensuring that people have a positive experience of care and support
<b>4</b>	<b>Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm</b>

<b>Outcome</b>	<b>NHS Outcomes framework 2013/14<sup>22</sup></b>
<b>1</b>	Enhancing the quality of life for people with long term conditions
<b>2</b>	Helping people to recover from periods of ill health or following injury

<b>Outcome</b>	<b>Public Health Outcomes framework 2013/2016<sup>23</sup></b>
<b>1</b>	Increased healthy life expectancy

<sup>20</sup>Croucher, K (2008) *Housing Choices and Aspirations for older people*, Department of Communities and Local Government.

<sup>21</sup> Department of Health (2012), Adult Social Care Outcomes Framework 2013/14.

<sup>22</sup> Department of Health (2012), NHS Outcomes Framework 2013/14

<sup>23</sup> Department of Health (2012), Public Health Outcomes Framework for England 2013-2016.



The model for sheltered housing has changed over time with external factors such as the reduction in public expenditure being a major contributor. Recent changes in Supporting People funding, as well as high service charges in retirement housing, have led to the withdrawal of scheme wardens and replaced with 'floating support' and the greater use of assistive technology. Whilst the Government has set out evidence showing how telecare and telehealth technology can help reduce admissions to residential care, residents who took part in the Age UK inquiry into sheltered housing noted a concern that assistive technology may lead to reduced human contact.

At the time of writing this strategy the Governments proposal to reduce rents by 1% over the next four years and setting local housing allowance rates will have a significant impact on the support services being offered within sheltered housing units. The uncertainties caused by the Welfare Reform has stopped many local authorities and housing associations from investing and building new specialist/supported housing.

### **Our Current Position**

Blackpool Council owns 791 units of sheltered accommodation, around 80% of all socially rented sheltered accommodation in the borough. The purpose of these units is to offer residents the security and support they need whilst allowing them to remain independent. With the exception of Dunson Court, the accommodation mostly comprises of ground floor flats in groups of 30-60 homes, often with an associated community centre. The accommodation is physically easily accessible, usually has a hard-wired emergency call system, and is grouped with other accommodation.

The Sheltered Housing Officer offers low level support to residents working across 2-3 schemes with an approximate caseload of 100 residents. Support can vary depending on individual needs and will include tasks such as:

- Supporting new tenants to settle into their homes, conducting risk assessments and developing tailored support plans to meet individual needs.
- Making regular contact with tenants in person or by the use of the intercom system.
- Providing general advice and support on how to access services.
- Providing residents with support to enable them to sustain their tenancy.
- Assisting tenants to apply for benefits.
- Contacting relatives and calling medical services such as a doctor or ambulance in an emergency.

The Sheltered Housing Officers also work in partnership with other agencies to deliver additional services which would benefit the schemes. They work office hours Monday-Friday with Vitaline providing support outside of these hours.

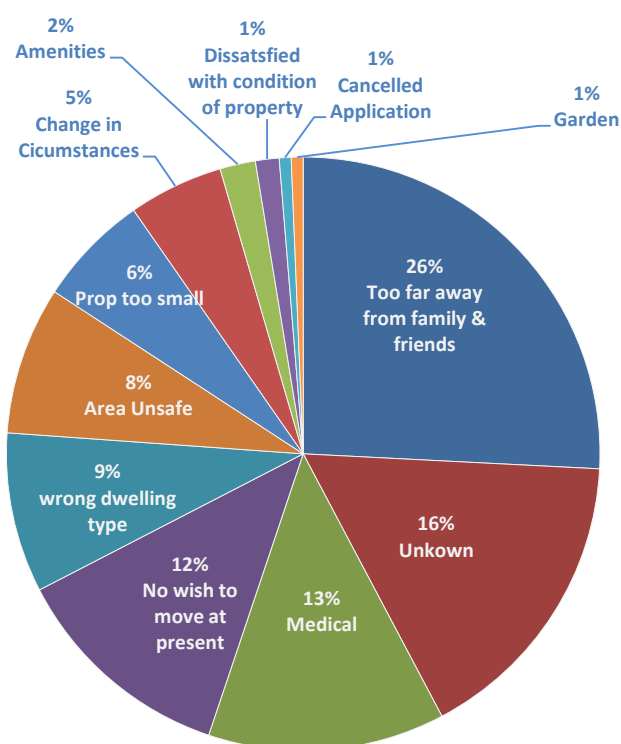
Blackpool Council's sheltered housing units are not designed for people who are very frail and require high levels of care and support. The age criteria is 55 and over, however, on occasions properties have been let to younger tenants with vulnerabilities needs who would benefit from the additional support provided.

Outcome of the Sheltered Housing STAR Survey 2013-14, conducted by Blackpool Coastal Housing, showed that over 89% of respondents were satisfied with the services provided by the Sheltered Housing Officer. Furthermore, 61% of residents felt the support offered prevented them from being admitted to hospital or moved into residential care. This highlights that Sheltered housing units

within the Council’s portfolio do serve their intended purpose of promoting health and wellbeing by enabling to live independent lives.

Whilst there is still a demand for sheltered housing in Blackpool the number of residents expressing an interest when properties become vacant has reduced over time with some schemes being more difficult to let, mainly due to its location (figure 29). In 2012-13 there was an overall average of 13 bids per property which has reduced slightly to 11 bids for 2015-16. It is important to note that whilst demand maybe reducing slightly, properties mainly become vacant due to residents passing away or moving into more appropriate accommodation.

**Figure 29: Reasons for refusing Sheltered Housing Stock, Blackpool Coastal Housing**



The table below outlines Blackpool Council’s sheltered housing stock and shows the main reasons residents have refused properties.

Scheme Name	No. of Units	Average number of residents applying for property (2012-2016)	Main reasons for refusals
Lennox Gate	40	35	No wish to move at present & medical conditions
Aysgarth Court	96	23	Property is too far away from family and friends + no wish to move at present
Stronsay	24	22	Property is too far away from family and friends
Lowmoor	41	20	Property is too far away from family and friends
Lostock	30	18	Medical conditions + no wish to move at present
Warren	22	17	Too small
Bostonway	43	13	Property is too far away from family and friends
Cherry Tree	33	12	Medical reasons
Ibbison Court	47	12	Area is unsafe
Ashfield Court	19	11	Property is located too far away from family and friends
Kincraig	38	10	Property is too far away from family and friends

Sevenoaks	52	10	Property is too far away from family and friends + Medical Conditions
Dunsop Court	60	9	Wrong type of dwelling + too small
Kilmory	37	9	Property is too far away from family and friends
Kipling	21	9	Property is too far away from family and friends + No wish to move at present
Horsebridge	23	8	No wish to move at present
Spencer Court	50	8	Wrong type of dwelling
Washington Court	20	8	Property is too far away from family and friends + change of circumstances
Argosy	48	6	Wrong dwelling & no wish to move at present
Tarnside	37	2	Property is too far away from family and friends

It is clear that the desirability of sheltered schemes can be affected by the area and community they are located in. Residents want good, safe access to transport, shops and amenities as well as families and community activities. As areas have changed, some schemes are no longer in areas perceived as safe or desirable for older residents and have proven to become harder to let.

### What we will do to improve this area:

As identified earlier in the report ('addressing an ageing demographic in Blackpool') Blackpool has a growing population and there will be an increase in residents requiring care and support, particularly people aged 75+. To meet this growing demand, we are committed to:

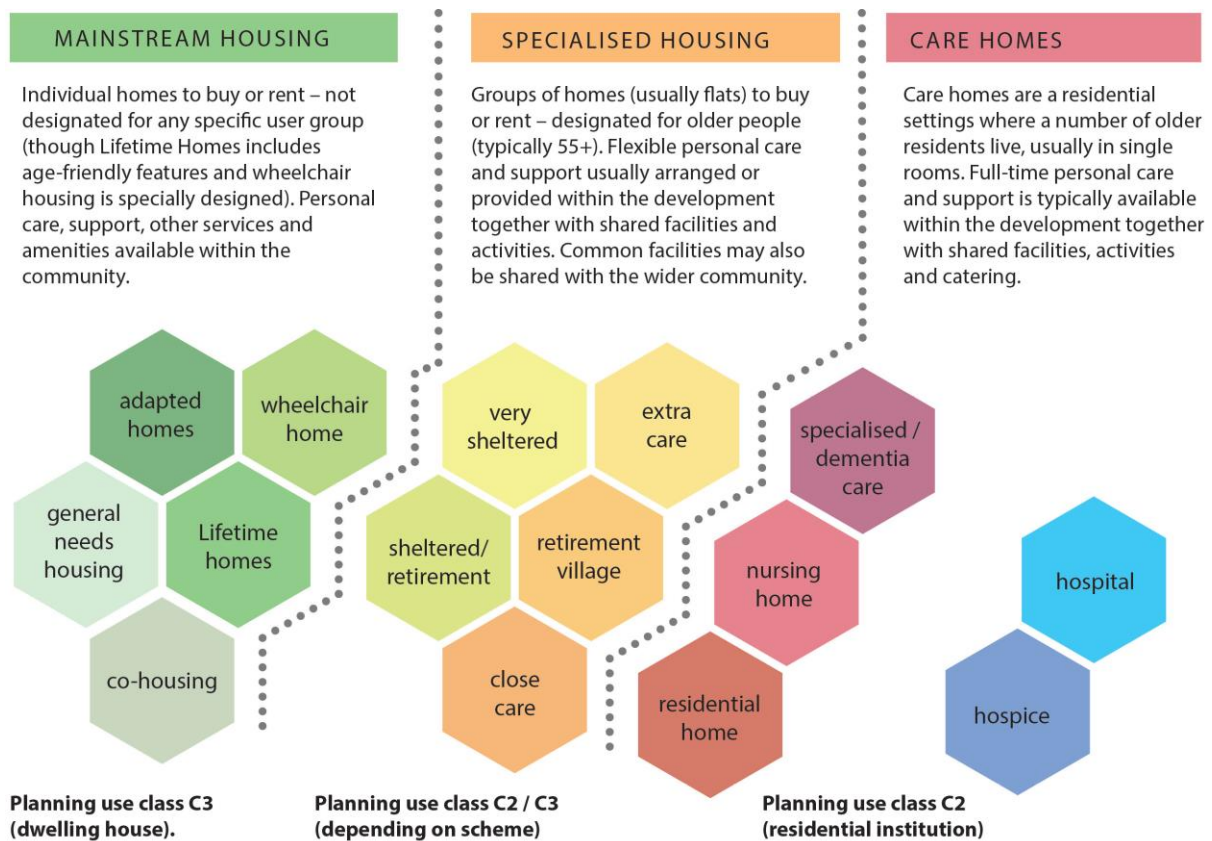
Overall sheltered housing is meeting the needs of residents in Blackpool, however consideration does need to be given to some schemes which appear to be 'unpopular'. Blackpool Council, in partnership with BCH will make financial investment to remodel Dunsop Court so that this scheme can meet the growing health needs of older people in Blackpool.

- Ensure sheltered housing units are meeting the relevant NHS, Adult Social Care and Public Health outcomes framework and continue to respond to evolving needs.
- Improve existing sheltered housing stock through redevelopment of sites to deliver homes in which older people can age while maintaining their independence and receive care when this is needed.
- Making a financial investment to remodel Dunsop Court so that this scheme can meet the growing health needs of older people in Blackpool.

**Objective 6: Provide a strategic framework for commissioning new specialist housing to meet the growing needs and aspirations of older people**

A wide range of consumer research with older people shows that their aspirations in relation to housing and care in older age are growing. This is driven by higher levels of home ownership (and so equity and capital wealth), higher aspirations around lifestyle, and a wish to sustain independence even if older people have health and care needs. This is translating into a growing view that being frail does not necessarily mean giving up and going into a care home. Aspirations have been and are continuing to change at a rapid pace and will continue to do so.

The below diagram<sup>24</sup> provides an overview of the housing options available in later life:



Blackpool will see an increase in the number of older people with support needs; therefore, it's important for support services to plan so they can meet demand. SHOP@ is an online analysis tool kit to help local authorities and providers identify potential demand for different types of specialist housing in England and Wales. SHOP@ has compiled data from a number of sources and made simple assumptions that supports an initial options or market appraisal by local partners. Information has been drawn from the following:<sup>25</sup>

- Elderly Accommodation Counsel's national housing database
- POPPI (Projecting Older People Population Information)
- Daffodil (older people in Wales projections)







<sup>24</sup> HAPPI 2, Best & Porteus

<sup>25</sup> <http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/>

- Latest Office for National Statistics census data
- A selection of other tools, including:
  - ADASS/Housing LIN Resource Pack, *Strategic Housing for Older People: Planning, designing and delivering housing that older people want, and*
  - The Housing LIN et al guide, *Housing in Later Life; Planning ahead for specialist housing for older people*
  - Department of Health/Department for Communities and Local Government toolkit *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*

SHOP @ Tool kit has identified there is a shortage of sheltered, enhanced sheltered and extra care housing in Blackpool (figure 30)

Figure 30: Current need for specialist accommodation in Blackpool – SHOP @

	Demand	Supply	Variance	% Variance	
<b>Sheltered Housing</b>	1650	1152	-498	-30%	
<b>Enhanced Sheltered (Rent)</b>	264	60	-204	-77%	
<b>Extra Care (rent)</b>	330	94	-236	-72%	
<b>Registered Care</b>	1452	1688	236		 16%
Residential Care	858	998	140		 16%
Nursing Care	594	690	96		 16%

By 2035 Blackpool will need to increase its specialist housing stock by 43% in order to accommodate the needs of local residents. (figure 31)

Figure 31: Estimated future need for specialist accommodation in Blackpool – SHOP @

	2014	2015	2020	2025	2030%	2035%
	% increase from 2014					
		1%	8%	26%	33%	43%
<b>Sheltered Housing</b>	<b>1,650</b>	<b>1,663</b>	<b>1,788</b>	<b>2,075</b>	<b>2,188</b>	<b>2,363</b>
Sheltered Housing: Rent	1,353	1,363	1,466	1,702	1,794	1,937
Sheltered Housing: Lease	297	299	322	374	394	425

<b>Enhanced Sheltered</b>	<b>264</b>	<b>266</b>	<b>286</b>	<b>332</b>	<b>350</b>	<b>378</b>
<b>Extra Care</b>	<b>330</b>	<b>333</b>	<b>358</b>	<b>415</b>	<b>438</b>	<b>472</b>
<b>Registered Care</b>	<b>1,452</b>	<b>1,463</b>	<b>1,573</b>	<b>1,826</b>	<b>1,925</b>	<b>2,079</b>
Residential Care	858	865	930	1,079	1,138	1,229
Nursing Care	594	599	644	747	788	850

## Factors to take into consideration when developing specialist housing for the elderly

### Dementia

The number of people living with dementia is set to grow. Housing and housing-related support services play an important role in ensuring people living with dementia are able to retain independence. The design of buildings and their surroundings for people with dementia is recognised as important in the development of both generic and specialist housing. Physical spaces should be easy to navigate and be accessible for people living with dementia to enjoy a more meaningful and inclusive life.

### Loneliness

Loneliness is a large and growing problem among older people. Risk factors associated with a greater sense of loneliness include poor health, living alone, being widowed and having limited social, civic and cultural networks. All of these risks tend to increase with age, as such people aged 80 + are almost twice as likely to report feeling lonely most of the time.

The impact of loneliness can have a significant impact on health, such as poorer mental health to greater risks of falling and hospitalisation which will have cost implications for the NHS, social care and the wider economy. Schemes which have sought to tackle loneliness on a small scale have consistently shown a positive impact and associated cost savings in reducing falls and hospital admissions.

The way in which specialist older people's housing units are designed, including the provision of facilities, the presence of communal areas and the incorporation of new technology may help to promote social inclusion.

### Extra Care Housing

Extra Care Housing is a concept rather than a housing type as there different kinds of housing and services that come under this label. Extra Care housing enables economies of scales to be achieved so people who are unable to remain in their own homes, because the level of care they need cannot economically be provided, have access to care that will enable them to retain their sense of independence. The provision of flexible, on-site care, available when needed, is a key component of extra care housing. Key to this housing option is the shift of emphasis from 'quality of care' to 'quality of life'. Research suggests Extra Care housing delivers positive outcomes for older people and delays admission into residential homes, which results in cost savings.

## Lifetime Homes

The Lifetime Homes standards were developed by Habinteg and Josphe Rowntree Foundation. Lifetime Homes are ordinary houses and flats which incorporate 16 design criteria that can be universally applied to new homes with an average cost £1,100 or less. The idea behind Lifetime Homes is that adaptations, such as installing stair lifts, can be done easily saving costs (figure 32).

**Figure 32: Estimated cost savings by developing Lifetime Homes, Leonard Cheshire Disability**

	Cost of adaptation in a standard home	Cost of adaptation in a Lifetime Home
Installing a ramp	£450	£0
Widening entrance door	£2500	£0
Widening internal doors	Estimated this could be four doors, the total would be £2000	£0
Installing a stair lift	£9,600	£2,400
Installing ten grab bars	£2500	£500
Wet-room conversion of bathroom	£3,500	£0
Initial building costs	£0	£1,100
<b>Total</b>	<b>£20,550</b>	<b>£4,000</b>

In an ideal housing market older people wishing to move to more suitable accommodation would have a variety of options and choices of desirable accommodation. In making these choices a number of factors are becoming increasingly important:

- i. *Space*: older people are looking to good space standard accommodation. This is reflected in the fact that a growing amount of early sheltered housing, built to poor space standards, and often without a separate bedroom, is now becoming hard to let, for example Dunson Court.
- ii. *Two bedrooms*: the growing aspirations of older people, and the desire for an additional bedroom for relatives, friends or carers to come and stay, means that the wish for two bedrooms is becoming the norm for the majority of older people, including single person older households.
- iii. *Location*: location has always been, and is still a critical factor, in older people making a housing choice that suits them. For people in later retirement, most wish to move to a location where services and facilities are close to hand. This is evident when reviewing demands for sheltered housing units within the Council's portfolio.
- iv. *Accessibility to services*: A growing number of older people are looking to move to somewhere where both the building and services will be able to support them if they become frailer without them having to make a further move. The needs of residents aged 75+ to be taken into consideration when designing properties as the requirement for needing support is more likely.
- v. *Service approach*: older people are increasingly looking for a service model (alongside the housing) that is flexible and allows them to pay a small fixed service charge and then to have

a service model with different options that allows them to purchase services as they need them

- vi. *Couples remaining together*: older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home

**What we will do:**

- Explore funding opportunities available to develop specialist supported accommodation, in particular extra care schemes, within the Borough
- Investigate the inclusion in Part 2 of the 'Blackpool Local Plan' to provide a supportive planning policy basis for new specialist housing for the elderly



**CHAPTER 8: ACTION PLAN**

The strategy action plan (see appendix 2) details how Blackpool Council, in partnership with key partners, will achieve the commitments made within The Plan.