

# **Royal Borough of Kensington and Chelsea**

## **Older People's Housing Needs – Research Paper Executive Summary**

**May 2008**

## 1 INTRODUCTION

1.1.1 In October 2007, the Institute of Public Care (IPC) was commissioned by the Royal Borough of Kensington and Chelsea to assist in the development of an older people's housing strategy. This report is based on an analysis of the available local information and statistics about older people and housing, and indicates the strategic direction for the Council over the next decade.

1.1.2 The main aims of this research paper, as set out in our brief were to establish whether or not the Royal Borough has "the right profile of accommodation and related services to meet older people's needs across the continuum of housing, health and social care needs" and whether the existing provision is fit for the future.

## 2 VISION OF THE FUTURE

2.1.1 Most older people will continue to live in their own homes, in housing that is already built. This means that much of the strategic emphasis from local authorities needs to be on providing the support and adaptations needed to enable older people to live independently in their own homes.

2.1.2 Older people's aspirations are changing and the model of traditional housing and support for older people will also need to change. Coming generations of older people will be more mobile: although they will want to stay in their own homes as long as possible, they may not wish to remain in the same home. They are likely to be more willing to move in order to downsize, to live in cheaper, more accessible accommodation and to release equity.

2.1.3 The vision of moving to the country to retire looks increasingly less attractive as people who have lived in cities throughout their lives identify poor transport and services as reasons for staying put. However, older people are concerned about security and crime and put safety high on their agenda.

2.1.4 Within the owner occupied sector, some people will want to purchase retirement housing, while others (for example, people in some ex-Right to Buy property) will be looking for shared ownership options. Diversity is needed not just in terms of the type of housing, but also in the forms of tenure. Given that currently about 40% of older people in the Borough are owner occupiers, it is likely that roughly the same tenure balance needs to develop in sheltered and extra care housing.

### 3 POLICY CONTEXT

3.1.1 The government's policy response to demographic pressures as captured by *Transforming Social Care* is to promote personalisation of services alongside promoting greater efficiencies and a stronger emphasis on preventative interventions. Although not overtly stated it is also clear that people will increasingly be expected to contribute more to the costs of their own accommodation and care as they grow older. It is assumed that assistive technology will have an important part to play in supporting people to live in the community, alongside a range of provision designed to support people at home for as long as possible.

3.1.2 The key policies relating to older people, housing and support which will contribute to achieving this goal may be summarised in terms of:

- Personalisation; reflected in user focussed services and greater user choice
- Sustained preventative strategies aimed at supporting independence and achieved partly through developments in technology
- Better informed commissioning through joint strategic needs assessment involving closer working between housing, health and social care services
- Innovation and diversity in service provision, including increased provision of extra care housing
- Recognition of, and support for the role of the voluntary and community sector
- A focus on outcomes that requires careful thinking about service objectives and what clients want
- Reducing inequalities and improving access to services across tenures and communities.

3.1.3 The Royal Borough has set out a vision for later life where older people 'stay in their own homes whenever possible and are provided with a range of accessible, high quality social care services to enable them to do so' and 'have a range of options for more supported living if they can no longer continue to live at home with help' (*A Bright Future for Us All, An Older People's Strategy for Kensington and Chelsea 2007-2017*). This vision, jointly produced by the Local Authority and the Primary Care Trust, identifies the development of a wider range of housing for older people and more services to support them at home and reduce social isolation as priorities.

3.1.4 There is a need to ensure that there is an overarching strategy to pull together the various local strategic documents and ensure that it is kept up to date as the context changes. In addition, it is important to ensure that the objectives relating to older people's housing permeates other departments, for example, planning and building development, transport and leisure.

### 4 CURRENT AND FUTURE POPULATION

4.1.1 There are wide variations between the Office of National Statistics and the Greater London Authority's (GLA) population projections and outside the context

of this piece of work there is a need for these differences to be reconciled into one consistent approach.

- 4.1.2 We were asked and have used the GLA's high estimate projections in most instances in the report. This shows that the population of people aged 65 and above is projected to increase by 10.6% and the population of people aged 85 and above is projected to increase by 10.8% between 2008 and 2025 in Kensington and Chelsea. Although older women outnumber older men, the percentage increase in older men is the most significant. This will mean an increase in the number of older couples.
- 4.1.3 The older black and minority ethnic population will increase from 13 to 16% of the total older population in the borough between 2008 and 2025 although it is a smaller proportion of the oldest old population.
- 4.1.4 Older people are most numerous in the relatively affluent south of the borough. However, older people in poverty in the north are likely to have the most call on support and care services. Services need to be tailored to the needs of these different populations.
- 4.1.5 There is little detailed information on the migration of older people in Kensington and Chelsea, but increasingly it looks as if little outward migration is desired. Discussions with older people indicate that they value the good transport, social and other facilities in the borough.
- 4.1.6 In order to achieve a mixed economy of provision of housing and support for older people and to facilitate cross-subsidising provision for older people, it will be important to retain affluent older people in the borough by ensuring that there is housing and support that meets their needs.
- 4.1.7 The proportion of pensioner households living in social and privately rented housing in Kensington and Chelsea is significantly higher than both the Greater London and the national average.

## **5 VULNERABLE OLDER PEOPLE**

- 5.1.1 An increase of 261 older people with dementia in the borough between 2008 and 2025 is projected. The borough will need to plan how it will accommodate and care for these people. The role of extra care housing in relation to dementia needs to be carefully considered.
- 5.1.2 Projections for severe depression among older people vary between 593 and 989 in 2008. Health and social care services will need to think about how to tackle non-cognitive mental health issues among older people.

5.1.3 The numbers of people unable to manage a self-care activity provides a base-line indicator of those who may require some level of formal or informal support or care. For example, 30% of people aged 85 and above need help climbing stairs (equivalent to 820 people in Kensington and Chelsea in 2008) and 24% of people aged 85 (equivalent to 656 people) and above need help with bathing.

5.1.4 There are a relatively low number of informal carers in the borough reflecting the high number of lone pensioner households.

## **6 CURRENT ACCOMMODATION**

6.1.1 In 2001, more than half (51%) of people aged 65 and over in Kensington and Chelsea with a long-term limiting illness lived above ground floor level. It is not known how many of these properties are accessible, but it can be assumed that most older properties will not be.

6.1.2 17.9% of pensioners living alone in the borough have no central heating; and 14.7% of all people aged 65 and over have no central heating, compared with 11.6% in England and Wales.

6.1.3 There are 1,186 units of sheltered housing in Kensington and Chelsea, mostly in the north and south of the borough with little in the four central wards. There are a number of bedsits, few properties are wheelchair accessible and few have two bedrooms. There is also little sheltered or extra care housing for market rent, sale or shared ownership.

6.1.4 There are three extra care housing schemes which are all for social rent in the north of the borough but none in the south and none for sale or shared ownership.

## **7 HOUSING SUPPORT SERVICES**

7.1.1 Support to older people who are not in social housing is limited to the Community Alarm Service, Assistive Technology and Staying Put. It is not clear what impact these services actually have on people's ability to stay in the community.

7.1.2 Preventive technology is developing slowly; the provision of floating support is relatively limited and there is limited independent advice and information on practical and financial available to older people across tenures.

## 8 POLICY OPTIONS AND RECOMMENDATIONS

8.1.1 The policy options and recommendations are set out below:

- There is a need to ensure that there is one overarching strategy which pulls together the various local strategic documents and that this is then regularly updated as policy and priorities change.
- This strategy should then be widely communicated across the council and permeate departments other than social care and housing, for example, planning and building development, transport and leisure to create not just homes for life but lifetime neighbourhoods. There is a need to ensure that supplementary planning guidance reflects the future requirements for the strategy.
- There is a need to adopt a consistent policy on the use of GLA and ONS data for strategic planning across the Borough.
- Although the proportion of older population from BME groups is not projected to increase significantly, there is a need to ensure that the range of housing and support available meets the needs of the borough's diverse populations and that services are equally accessible to all communities.
- There is a need to explore and extend models of equity release, and other approaches, to helping people on low incomes maintain their homes, for example, placing a charge on their property to be recovered when the property is sold.
- It is important to identify older carers providing large amounts of care to ensure that they are receiving support, and to avoid a crisis admission to a care home or hospital of the person receiving care.
- More information is needed about the numbers and needs of the small but growing number of older people with complex needs, for example, homeless older people.
- The needs of the large number of older people living above ground floor level must be considered in relation to the maintenance and installation of lifts or transfers to accessible accommodation, if these people are not to become isolated.
- More help is needed to improve the fuel efficiency of older people's homes across tenures targeted on the most vulnerable.
- The development of a Housing Options Service to help and support vulnerable older people who are considering moving should be considered. Older people need practical and financial advice to help them make decisions about where they live. This should extend beyond the typical 'one stop shop' approach to providing information just about local authority services.
- There is a need for a more coordinated approach to housing support services, (such as Staying Put and assistive technology) and effective targeting across tenures to enable the most vulnerable to continue independent living. This

could be achieved through a single assessment process for all services, linked also to the Falls Service.

- Further development of the handyperson service, including preventive work, such as home safety checks and remedial services for vulnerable older people across tenures should be investigated.
- Co-ordination and joint working with the PCT on developing approaches to support the prevention agenda in relation to carers, intermediate care and other areas, may release additional funds.
- Awareness of housing support services, such as the Community Alarm Service, needs to be raised across tenures. Promotion of the housing and support available from sheltered housing to housing advice and assistive technology is needed.
- The borough should ensure that its planning policies apply the London Plan's recommendations that planning policies should ensure that all new housing is built to Lifetime Homes standards, as a minimum standard to age-proof new housing.
- A more flexible and pro-active approach by planning should be taken to encourage the development of mixed tenure, sheltered and extra care housing. By classifying Extra Care housing as C2, the borough would not be required to provide an affordable housing requirement. This could attract and encourage private sector provision and lead to the creation of wider choice for older people.
- There is a need to review the fitness of the sheltered housing stock for future needs, in terms of its size, number of bedrooms, and wheelchair accessibility, as there appear to be a large number of bedsits and little provision for the likely increase in older couples. The review needs to establish which schemes are already suitable as homes for life, which could be adapted within a reasonable cost, and which are not amenable to adaptation within cost limits. Given the shortage of land for building the development of sheltered housing needs to be a priority.
- Once fitness for purpose has been established, sheltered housing schemes should be classified as housing for older people which can continue as a home for life where people can remain as their need for support and care increases.
- An assessment of support needs as part of the allocation process to sheltered housing will improve targeting. Effectively support could be decoupled from schemes with the availability of a menu of support and care to those residents who are assessed as needing support and care. This will aim to free staff time to provide outreach support to older people in the local community.
- The borough should seek actively to promote a mixed tenure extra care housing scheme in the south of the borough. In the longer term, a target of 30-40% of extra care housing for sale or shared ownership would be appropriate to reflect the existing tenure mix in the borough.
- There is a need to develop an agreed Extra Care standard for Housing and Social Care. The Extra Care Housing Toolkit (available at

[www.cat.csip.org.uk/housing](http://www.cat.csip.org.uk/housing)) provides guidance on minimum standards in terms of design and the quality of care which may assist the development of a local standard.

- Further work is needed to identify future capital and revenue funding for the development of extra care schemes. There will be increasing competition for the central government funding that is available, although this is increasing in the short-term.
- There is a need to ensure fair access to floating support across the borough and across tenures.
- Floating support could be linked to the reconfiguration of service provision in sheltered housing, with sheltered schemes providing hubs for floating support and a menu of different levels of support available according to need.
- Opportunities to provide floating support in the private sector may exist although there could be tough competition with existing private sector providers.
- Maintaining and developing day opportunities for older people living alone will protect against isolation and depression.
- There is a need for more understanding about the role of the voluntary sector in providing a broad range of preventive services to older people.

## 9 CONCLUSION

9.1.1 In conclusion, in order to meet its strategic objectives and provide greater choice and independence for older people, Kensington and Chelsea needs to concentrate on three key areas:

- Improve the targeting of services on the most vulnerable older people.
- Raise awareness of available services across all tenures.
- Develop a more mixed economy of housing with support and care by reviewing the sheltered housing stock and developing extra care housing schemes which include housing for sale and shared ownership.



# Royal Borough of Kensington and Chelsea

## Older People's Housing Needs – Research Paper

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## 1 INTRODUCTION

In October 2007, the Institute of Public Care (IPC) was commissioned by the Royal Borough of Kensington and Chelsea to assist in the development of an older people's housing strategy. This research paper is based on an analysis of the available local information and statistics about older people and housing, and indicates the strategic direction for the Council over the next decade.

The main aims of the research paper, as set out in our brief were to establish whether or not the Royal Borough has "*the right profile of accommodation and related services to meet older people's needs across the continuum of housing, health and social care needs*" and whether the existing provision is fit for the future.

This document aims to identify the appropriate strategic direction for Kensington and Chelsea over the next ten to fifteen years, and to explain the rationale behind the proposed policy suggestions. It is aimed at all older people in the borough, across tenure and income groups, and across all types of housing provision, both ordinary as well as specialist housing. Although focussing on accommodation issues for older people, it goes beyond that brief, recognising that where people live cannot be considered in isolation from the health, social care and community support services that maintain people's well being and quality of life.

The project was commissioned by Housing, Health and Adult Social Care on the instruction of Liz Zacharias, Head of Supporting People with co-ordination provided on a day to day basis by Abigail Garraway, Commissioning Manager. The work has been guided by a Project Team which included staff from: Housing Policy, Planning, Environmental Health, Housing, Tenants Management Organisation, Health, Finance, Adult Social Care and an Older People's Service Provider.

The IPC activities undertaken to develop this document have been:

- Analysis of national census data, local information, prevalence and projection models to identify current and future populations, those that may show particular demand for services, and particularly significant issues for Kensington and Chelsea.
- Mapping of council, housing association and private and voluntary stock and support services to identify where older people live now and how they are supported.
- Analysis of current take-up of services.
- A review of national policy guidance and research on best practice in relation to the housing and support services that can maintain older people within the community.
- One half day consultation event and discussions with local sheltered housing Provider Reference Group including: representatives from NHHT, Anchor, Womens Pioneer, Harrison Housing, Service, Octavia, and Kensington Housing Trust.
- Conduct and analysis of older people's focus groups.

## 1.1 National policy context

The Government's key housing policy goal is to ensure that everyone has the opportunity of living in a decent home, which they can afford, in a community where they want to live. The need for older people to be able to achieve and sustain a good quality of life and to be supported to pursue an active and healthy lifestyle is a key goal for health and social care. Much of current government policy in this area is aimed at shifting the balance of care away from residential care to enable people to live at home or in a supported housing setting.

There are a number of key policies relating to older people, housing and support which will contribute to achieving this goal which may be summarised in terms of:

- Personalisation reflected in user focussed services and greater user choice.
- Sustained prevention and supporting independence achieved partly through developments in technology.
- Better informed commissioning through joint strategic needs assessment involving closer working between housing, health and social care services.
- Innovation and diversity in service provision, including increased provision of extra care housing.
- Recognition of, and support for the role of the voluntary and community sector.
- A focus on outcomes that requires careful thinking about service objectives and what clients want.
- Reducing inequalities and improving access to services across tenures and communities.

In addition, there are a number of policy initiatives relating to planning and the built environment which affect the housing of older people.

These themes emerge in many recent strategy and policy documents which affect the housing and housing-related support of older people:

### ***Lifetime Homes, Lifetime Neighbourhoods, 2008***

The new National Strategy for Housing in an Ageing Society, published in February 2008, makes housing and ageing a cross-government priority. Service providers are expected to work more closely together and to be more innovative in the way in which they deliver services across the housing, health and social care agenda to increase the range of housing options available to older people. The strategy provides:

- £35 million of new funding up to 2011 for housing information and advice for older people, handyperson services, and housing improvement agencies;
- a 31% increase in Disabled Facilities Grant with the budget rising to £166 million by 2011; and for
- all public housing to be built to Lifetime Homes Standards by 2011, and a similar expectation for all new housing by 2013.

Regional and Local Plans are to take proper account of ageing and Ecotowns are to be designed as Lifetime Neighbourhoods.

***Towards Lifetime Neighbourhoods: Designing sustainable neighbourhoods for all, DCLG/ILC, 2007***, develops the concept of lifetime neighbourhoods which address sustainability in terms of the built environment, housing, infrastructure, services and shared social space.

***PPS3: Housing (2006)*** requires local planning authorities (LPAs) to plan for a mix of housing on the basis of the different types of households that are likely to require

housing over the plan period. This will include having particular regard to - the accommodation requirements of specific groups – including older people 'through assessing the extent to which older people's housing is required in the Borough'.

***Transforming Social Care, Local Authority Circular LAC (DH) (2008)***<sup>1</sup>, sets out the vision for the development of a personalised approach to the delivery of adult social care, and how the Department of Health (DH) and sector leaders propose to develop a sector led programme to support councils with social service responsibilities in delivering this modernisation agenda. Details of the new ring-fenced Social Care Reform Grant to help councils to redesign and reshape their systems over the next 3 years are provided.

***Putting People First – a shared vision and commitment to the transformation of Adult Social Care, NHS/ADASS/LGA, 2007*** sets out seven outcomes to ensure that people, irrespective of illness or disability are supported to: live independently; stay healthy and recover quickly from illness; exercise maximum control over their own life; sustain a family unit which avoids children being required to take on inappropriate caring roles; participate as active and equal citizens; have the best possible quality of life, irrespective of illness or disability; and retain maximum dignity and respect. The paper highlights the role of the new ***Performance Framework*** and ***Joint Strategic Needs Assessment***, and outcomes-focused commissioning in delivering services better suited to the diverse needs of clients of adult social care.

***Delivering Health and Well-being in Partnership: the crucial role of the new local government performance framework, DCLG/DH, 2007***, sets out how the new local performance framework for local authorities (working alone or in partnership) will operate to drive improved outcomes in health and social care for local areas.

***Our Health, Our Care, Our Say, Department of Health, 2006***

The White Paper stresses the importance of prevention and the need to fit services to people, rather than people to services. It outlines an enhanced role for local authorities and aims for better integration of health and social care provision. Services are to be provided closer to home with more focussed support for people with long-term conditions. The White Paper established the post of Director of Adult Social Services with responsibility for the *whole* community of older people in a local authority.

***A Sure Start to Later Lifer, Ending Inequalities for Older People, DCLG Social Exclusion Unit, 2006*** highlighted the need to bring services together around older people.

***Independence, Well-Being and Choice, Department of Health, 2005***

The Green Paper aimed to shift focus to a more proactive and preventative model of care, personalising service provision and providing greater choice to service users and their carers. The objectives include making better use of technology to support people, and provide a wide range of supported housing options.

The government aims to expand the role of **Individual Budgets** and **Direct Payments** as a means of achieving its personalisation goals. The Borough is a pilot site for individual budgets (IBs). This aims to enable individuals to devise and purchase their own care and support package in a flexible way tailored to their own personal requirements. Individual budgets may reduce demand for local authority provided care services as people may seek alternative provision.

***Local Area Agreements*** (LAAs) will be a key mechanism for the planning and prioritisation of local services from April 2008. LAAs are expected to bring together

housing, health, social care and other key agencies to find better ways of working. One of the four themes that LAAs have to address is 'Healthier Communities and Older People' which includes tackling health inequalities.

***Building Telecare in England, Department of Health, 2005*** provides local authorities and their partners with guidance on developing telecare services for their communities. It also sets out the purpose of the Preventative Technology Grant and expectations for the use of the grant. Its aims include to: reduce the need for residential/nursing care; increase choice and independence for services users; contribute to care and support for people with long term health conditions; reduce accidents and falls in the home; and support hospital discharge and intermediate care.

***Housing National Report – Supporting People, Audit Commission, October 2005***  
The report recognised the popularity of sheltered housing and floating support services, but considered that existing demands and unmet needs will require rationalisation and prioritisation of services.

### **Decent Homes**

The government expects all social housing to reach the Decent Homes Standard by 2010. The TMO aims to achieve this for all the Council's housing stock by 2010.

### **UK Fuel Poverty Strategy, 2001**

The strategy aims to eradicate fuel poverty among vulnerable groups by 2010 and for all people in England by 2016. Any household with one or members aged 60 or more is considered to be vulnerable.

**In summary**, the government's policy response to demographic pressures and concerns about the inflexibility of much current provision is the promotion of personalisation and variety in provision, with the expectation that people will increasingly be expected to contribute to the costs of their own accommodation and care as they grow older. It is assumed that assistive technology will have an important part to play in supporting people to live in the community, with the development of a combination of low level preventive services and more intensive services designed to support people at home for as long as possible.

## **1.2 Local context**

### **A Vision for Later Life**

The Council has set out a vision for later life where older people '*stay in their own homes whenever possible and are provided with a range of accessible, high quality social care services to enable them to do so*' and '*have a range of options for more supported living if they can no longer continue to live at home with help*' (A Bright Future for Us All, An Older People's Strategy for Kensington and Chelsea 2007-2017). This vision, jointly developed by the Council and the Primary Care Trust, identifies the development of a wider range of housing for older people and more services to support them at home and reduce social isolation as priorities.

Choosing Good Health Together – Kensington and Chelsea's Public Health and Well-being Strategy 2007-2012 presents a vision for Kensington and Chelsea as '*a borough where everyone has the opportunity to lead a healthy and independent life and can access good quality health and social care services when they need them.*' The seven priorities include home and environment, but there is little specific mention of older people.

The Strategic Objectives for Housing, Health and Social Care (HHA&SC) based on the overall aim to '*improve the quality of life, health and well-being of residents and visitors to the borough, and work with local businesses, through straightforward integrated information and advice backed up by really good services that make a real difference*' reflect the Borough's core values of well-maintained, good and responsive services.

The Commissioning Strategy for Adults (2007-2010) sets out a vision for the social care market in 2010 which reflects the concern to shift the balance of care away from residential care. Thus, the development of predominantly home-based support, including extra care and supported housing; increased use of a range of assistive technologies; and increased emphasis on prevention; and closeness of provision – within borough boundary, or close neighbourhood are key objectives.

In order to support independent living in the right place; provide equal access with more choice and control; and prevent dependence, key issues identified in the Commissioning Strategy for Adults 2007-2010 include:

- Continuing the decommissioning of residential care, with the move to supported housing (extra care).
- Maintaining continued good performance in terms of helping people to live at home, and in the quality and effectiveness of the assessment and care delivery processes.
- Creation of an Enablement Team in In-House Home Care Service to support intermediate care and better; timely discharge from hospital or avoidance of unnecessary admissions (*already established*).

Progress has been made with the continued expansion of choice through re-provision of residential care into extra care, with the decommissioning of Edenham Care Home and the development of the new Ellesmere facility; and conclusion of a contracting process for domiciliary care with the award of a two year block contract for home care, starting in April 2007.

In implementing the Commissioning Strategy, the following implications were noted:

- A need to look at alternative funding solutions through private capital, mainstream capital development with partner organisations where new developments or significant reinvestment is required.
- Innovative and attractively designed housing offering security of tenure and high standards of support and care incorporating flexible, smart technology.
- Developments that offer a mix of rental and purchase options including shared equity schemes.
- Ensuring that the market supplies sufficient providers equipped with skills and resources to deliver home care and supported living services within supported housing environments.
- Further analysis of the cost-effectiveness of extra care.

Key themes which run through these and other strategy documents are: the emphasis on supporting independent living through access to good quality housing and services; and the provision of a range of housing options which include extra care, telecare, and other types of housing and support which may be suited to individual needs and preferences, for example, of older black and minority ethnic residents. In addition, a need for advice and information and an integrated approach to commissioning have been highlighted.

Other recent strategic documents are listed below:

The new Supporting People Strategy identifies the need to move to more flexible support services for older people in sheltered housing and the wider community; carry out a strategic cost benefit review of the funding of community alarms; an increase in the volume and range of housing improvement activity; and increase the proportion of services for older people with higher needs. The previous Five Year Supporting People Strategy, 2005-2010 included: development of an extra care scheme to speed up hospital discharge; development of a service for people with dementia; and development of support provision for older people within BME groups, as priorities for older people.

RBKC Strategic Priorities Plan 2006-2007 sets out key priorities for housing and adult social care including: support for vulnerable groups through appropriate housing and housing options and explore integrated commissioning to enhance the role of housing in meeting wider health needs; and to implement a range of innovations to improve the choice and control offered to residents and to enhance their quality of life.

RBKC Community Strategy 2005-2015 contains eight thematic goals, including the goals of *a borough with good quality housing that is well managed and put to the best possible use to meet people's needs* and achieving *'a borough where everyone has the opportunity to lead a healthy and independent life and can access good quality health and social care services when they need them'*.

The Community Strategy includes the aims of increasing the supply of housing for a wide range of people; preventing homelessness and ensuring temporary accommodation is of a suitable standard; and improving the delivery of housing services including the housing options for elderly people, and the delivery of housing information and advice.

Planning for Commission of Long Term Care for Older People in RBKC, 2005 – highlighted the need to identify the long-term care needs of older people over the next 10-15 years.

The Housing Strategy 2003-2008 includes the aim of supporting independent living. Its revised vision is to:

- Use resources efficiently in order to meet housing need and prevent homelessness
- Deliver housing services to published standards
- Redevelop public sector housing stock to achieve a 100 year life span.

The Carers Joint Strategy 2005-2008 agreed by the council and the PCT set out a number of strategic objectives including: to identify new and hidden carers and ensure they have access to information on the availability of carer support services and their right to a carer's assessment; to increase the number and quality of carers' assessments so they are valued by carers, giving them the opportunity to discuss their own support needs and be offered assistance to help them sustain their caring role and maintain their health and well-being; and to encourage a partnership approach by all relevant organisations in delivering the carers programme, ensuring it is well managed and monitored and is efficient, effective and value for money. The action plan section of the strategy is currently being updated.



Policy 3A.13 of the London Plan (February 2008) states that Borough policies should provide for special needs housing, including sheltered housing with care support, staffed hostels and residential care homes, for older persons and other client groups, based on up-to-date estimates of need. Boroughs should undertake comprehensive assessments of the need for extra care homes, residential care homes, nursing care homes, or other appropriate specialist housing for older persons. Assessment of need should be on the basis of continuity of care and of provision as close as possible to family and friendship networks of the persons concerned: it should normally be located within the borough that has the statutory responsibility for care.

Close liaison is recommended to promote and protect such housing provision among borough planning, housing and social services, health authorities and hospitals, the voluntary sector and private care providers. Boroughs should have regard to this policy in addressing the needs of London's diverse communities (Policy 3A.17).

Policy 3A.5 (Housing choice) of the London Plan states that Boroughs should take steps to identify the full range of housing needs within their area. DPD policies should seek to ensure that:

- new developments offer a range of housing choices, in terms of the mix of housing sizes and types, taking account of the housing requirements of different groups
- all new housing is built to 'Lifetime Homes' standards
- ten per cent of new housing is designed to be wheelchair accessible, or easily adaptable for residents who are wheelchair users
- In undertaking an assessment of housing needs, a borough should consult fully and ensure that the assessment includes the full range of different communities within the borough, such as black and minority ethnic communities, disabled people and older people and households with specialist or different requirements, and that such communities are consulted on how policy is derived from the needs assessment.

Policy H27 of the Unitary Development Plan welcomes the provision of sheltered housing, and in particular 'very sheltered housing' (now known as 'extra care' housing), having regard to the distribution of similar types of accommodation within the area. The reasoned justification notes that the most pressing need is for 'very sheltered housing.' Policy SC2 resists the loss of accommodation for social and community use (which could include 'extra care' facilities).

Supplementary Planning Guidance: Elderly Persons' Accommodation (2004) sets out the planning policy framework related to development proposals for the re-use or redevelopment of existing residential or nursing homes; outlines the justification the Council will require in support of applications involving the loss of elderly persons' accommodation from within the Borough; and establishes the key considerations by which proposals for new elderly persons' accommodation will be determined.

From 2006, the Department of Communities and Local Government has granted new powers to the GLA including in the area of housing.

There is a need to ensure that there is an overarching strategy to pull together the various local strategic documents and ensure that it is kept up to date as the context changes. In addition, it is important to ensure that strategy relating to older people's housing permeates other departments, for example, planning and building development, transport and leisure.

## 2 CURRENT AND FUTURE POPULATION

### 2.1 Population characteristics

#### 2.1.1 Population data

In 2001, the population of older people in Kensington and Chelsea was relatively low compared with the national average (see Table 1): there were 19,415 people aged 65 and above in Kensington and Chelsea, representing 12.2% of the Borough's total population of 158,919, compared with 15.9% in England as a whole (ONS, 2001).

**Table 1: Number of people aged 65+ and as percentage of total population, 2001**

Age range	K&C	K&C %	England %
65-74	10,159	6.39	8.35
75-84	6,750	4.25	5.60
85+	2,506	1.59	1.94
<b>Total</b>	<b>19,415</b>	<b>12.2</b>	<b>15.9</b>

Source: NOMIS Table UV04 (2001 Census)

#### 2.1.2 Population projections and demographic change

Long term population projections can only be an indication of the future trends in population by age and gender. Any projection over 10 to 15 years into the future is likely to be no more than an approximation of what will actually happen, but it does provide an indication of future trends which can assist commissioners and providers in preparing for future demand. The projections do not take into account any future policy changes.

Comparing Tables 2 and 3, it is clear that there are considerable differences between the ONS and GLA population projections for Kensington and Chelsea. This is due to the GLA concern about under-reporting in the 2001 Census, and different perspectives on the effect of in- and out-migration. The ONS projections for the older population in Kensington and Chelsea (see Table 2) indicate a higher percentage increase between 2008 and 2020 than for England as a whole (33% compared with 26%). For the 85 and above population, numbers are projected to increase by 54%.

**Table 2: Population aged 65 and over, projected from 2008 to 2020 (Source: ONS)**

Age range	2008	2010	2015	2020	% change 2008-2020
65-74	12,100	12,800	14,800	15,200	25.6
75-84	7,600	7,700	8,600	10,100	32.9
85+	3,700	4,000	5,000	5,700	54.1
<b>Total population 65+</b>	<b>23,400</b>	<b>24,500</b>	<b>28,400</b>	<b>31,000</b>	<b>32.5</b>

Source: POPPI data. Figures may not sum due to rounding. Crown copyright 2006 (Figures are taken from Office for National Statistics (ONS) sub-national population projections by sex and quinary age groups. The latest sub-national population projections available for England are based on the revised 2004 mid year population estimates and project forward the population from 2005 to 2029.)

These ONS 2004-based population projections informed the government's most recent funding settlement (for 2008-2011). ONS projections are derived from assumptions about births, deaths and migration based on trends over the last five years. The growth projected by the ONS may be an over-estimate and may be a result of inaccuracies in the ONS' predictive model. In comparison, the GLA projections take into account future housing capacity and predict a more modest level of growth.

The GLA publish two estimates: a high estimate and a low estimate. The GLA low estimate is entirely driven by the increase in homes as seen annually since mid-2001 from data collected at borough level by the LDD up to 2006 and the LHCS from 2006 to 2027.

The GLA high estimate (see Table 3) was prepared to establish the impact on London of the Government Actuary's Department's (GAD) 2004-based population projection for the United Kingdom. The GLA data management group recommends that the High estimate is used for longer-term population change. This is the estimate which provides the basis for the projections in this research paper. It lies between the ONS projections and the GLA low estimate.<sup>1</sup>

**Table 3: Population aged 65 and over projected from 2008 to 2020 (Source: GLA – High estimate 2006)**

Age range		2008	2010	2015	2020	% change 2008-2020
65-74	Male	4764	4859	5345	5538	16.2
	Female	5662	5868	6292	6201	9.5
75-84	Male	2837	2792	2858	3029	6.8
	Female	3779	3708	3759	4082	8.0
85 +	Male	1072	1133	1242	1326	23.7
	Female	1663	1627	1702	1704	2.5
<b>Total population 85+</b>		<b>2735</b>	<b>2760</b>	<b>2944</b>	<b>3030</b>	<b>10.8</b>
<b>Total population 65+</b>		<b>19777</b>	<b>19987</b>	<b>21198</b>	<b>21880</b>	<b>10.6</b>

Taking the GLA high estimate figures as the most accurate available projections, in 2008, the proportion of people aged 65 and above in Kensington & Chelsea is projected to be 11.5%, slightly lower than in 2001. However, this is a higher proportion of older people than the average for Inner London which in 2008 is projected to be 8.8% (see Table 4), but lower than the national average.

In all age groups, older women outnumber older men. Logically, this means that older women are more likely to be living on their own.

<sup>1</sup> For comparison, while the GLA 2006 high estimate indicates an increase from 2,735 to 3,030 (or 10.8%) in the 85 and over population between 2008 and 2020, the 2006 low estimate indicates an increase from 2,707 to 2,965 (or 9.5%) in the 85 and over population for the same period. Both estimates lead to similar strategic implications for older people's accommodation needs in Kensington and Chelsea.

The biggest projected increase is in the number of older men, a trend reflected across the country.

**Table 4: Projected proportion of older people of the total population, 2008**

Age range	K&C Total	K&C % of total population	Inner London % of total population
65-74	10,426	6.0	4.7
75-84	6,616	3.8	3.0
85+	2,735	1.7	1.1
<b>Total 65+</b>	<b>19,777</b>	<b>11.5</b>	<b>8.8</b>

Source: GLA 2006 interim projections for 2008 (high estimate)

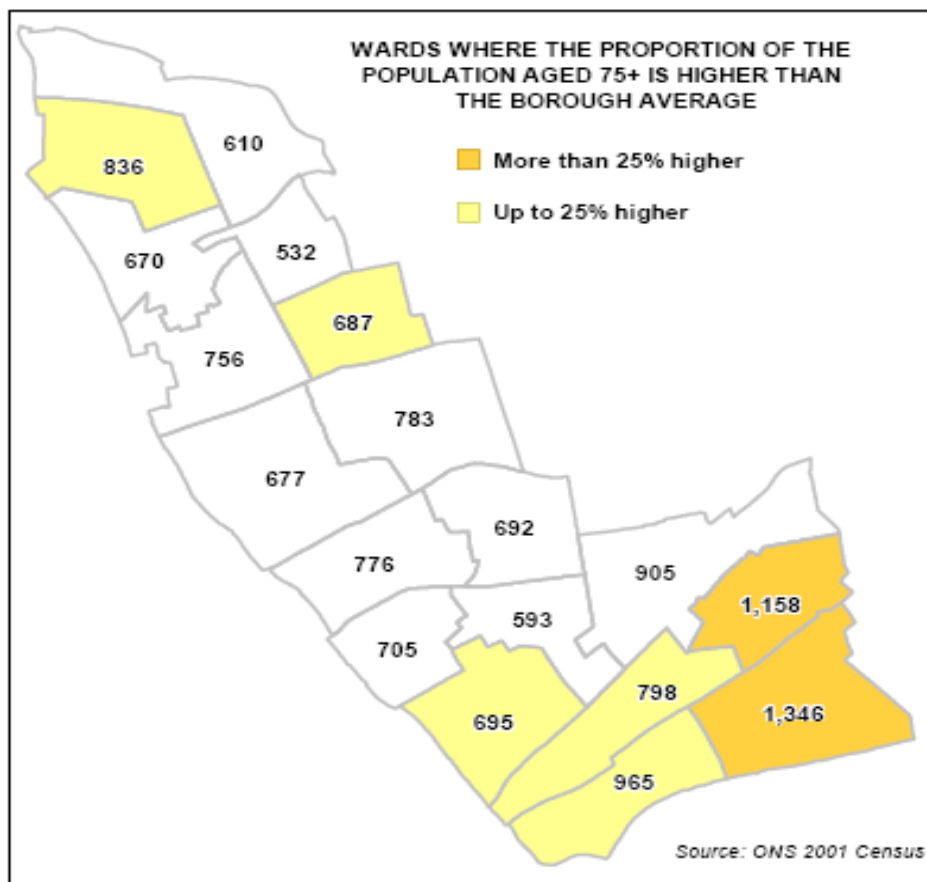
Although the projected growth for the older population to 2020 is low relative to that for England as a whole, it will have an impact on the need for housing and support in the borough. Much of the increase is projected to take place in the next seven years. Given that a typical extra care scheme can take five years from inception to completion, action is needed sooner rather than later. In addition, other parts of the country with more dramatic increases are likely to take priority in funding allocations.

The wide variation between the different projections creates some uncertainty in estimating future needs for older people's accommodation and housing related support over the long-term. Currently there is a difference of around 50% between the ONS and the GLA high estimate of the total population aged 65 and over in 2020. Reconciliation of the ONS and GLA data and a consistent policy on which data to use for strategic planning across the Borough is needed to avoid this uncertainty.

### 2.1.3 Distribution of older people

Kensington and Chelsea has the highest population density of all local authorities in England and Wales: 131 people per hectare compared with the London average of 45.6. Geographically, the highest concentration of older people is in the south of the borough as the map below demonstrates (See Figure 1) with a couple of wards (St Charles and Pembridge) in the north also having higher than average numbers of people aged 75 and above. People aged 75 and above are more likely to use services than younger age groups.

**Fig. 1: Resident Population April 2001: older people age 75+ years**



(Source: PCT Public Health Report 2005)

### 2.1.4 Households

A quarter of households in Kensington and Chelsea have at least one member who is of pensionable age (compared to a third in England) and nearly one fifth (18.7%) are older people only.

There are 14,414 pensioner households and 5,315 households including a pensioner and non-pensioner in the borough. Pensioner households are more densely located in the south in Royal Hospital, Hans Town and Cremorne wards; and also further north in Norland, Pembridge, Campden and Holland wards. Only in Royal Hospital ward does the proportion of older people exceed the national average due to the location of the Royal Hospital (Source: 2001 Census Neighbourhood Statistics).

Analysed by sub-area, the largest number of older person households are found in the South West of the borough (see Table 5).

**Table 5: Older person only households and sub-area**

Sub-area	Older person h/holds	% with older person h/holds	% of total older person h/holds
North	3,632	15.4	25.2
Central	2,933	16.3	20.3
South West	4,491	20.6	31.2
South East	3,357	24.6	23.3
<b>Total</b>	<b>14,413</b>	<b>18.7</b>	<b>100.0</b>

Source: Housing Needs Survey 2004

### 2.1.5 Ethnic diversity

The population of older people is much more ethnically diverse than in many other local authorities. In 2008, thirteen per cent of people aged 65 and above are projected to be from a black or minority ethnic community or of mixed ethnicity (see Table 6), the same proportion as that reported in the 2001 Census with the majority living in North Kensington.

**Table 6: People aged 65-74, 75-84, and 85+ by ethnic group, year 2008**

Age range	White (includes British, Irish & Other White)	Asian or Asian British (includes Indian; Pakistani; Bangladeshi; White & Asian; & Other Asian or Asian British)	Black or Black British (includes Black Caribbean; Black African; White & Black Caribbean; White & Black African; & Other Black or Black British)	Chinese or Other Ethnic Group or Other Mixed	All people
65-74	8,789	539	660	438	10,426
75-84	5,897	270	312	137	6,616
85+	2,523	73	103	38	2,737
<b>Total</b>	<b>17,209 (87%)</b>	<b>882 (4.5%)</b>	<b>1,075 (5.4%)</b>	<b>613 (3.1%)</b>	<b>19,779 (100%)</b>

Source: GLA high estimates, 2006

There will be a significant increase in the numbers of older people from black and minority ethnic (BME) groups in the short to medium term: a 40 per cent increase between 2008 and 2025 in the *number* of older BME people, but this will only represent an increase from 13 per cent to 16 per cent *as a proportion* of the older population in the Borough, according to GLA population estimates.

The tapering of the proportion of older people from BME communities with age, is associated partly with historic patterns of immigration, and partly with the poorer health experienced by older people from BME communities, which affects their life expectancy.

Within the Borough, a higher proportion of BME people aged 65 and above report '*not good*' health and illness compared with older White people. Thirty four per cent of Black older people, 27 per cent of Asians, and 27 per cent of Chinese/others compared with 20 per cent of White people aged 65 and above reported '*not good*' health (ONS, 2001).

Although it is expected that the pressure on services resulting from an ageing ethnic minority population will be low in the short to medium term, there will be a need to include a range of housing and support that meets the needs of the borough's diverse population and to ensure that services are equally accessible to all communities.

### **2.1.6 Migration**

It appears that there is relatively limited out-migration among the older population (although a detailed breakdown was unavailable), and in discussions older people themselves expressed little interest in moving out of the borough. This means that older people contribute to the stability of local communities.

Patterns of migration in and out of Kensington and Chelsea mean that the size of the older population and the proportion it forms of the total are growing much more slowly than the national average (Older People's Strategy). Although there is a considerable population turnover in some parts of the borough, this applies to the younger population – mostly people of working age.

Long-term older residents are likely to have good social networks in their neighbourhoods which can protect against social isolation. However, given the high cost of housing in the borough, it is likely that many older people will lack family close by, who might in other areas be able to provide the informal care and support that would enable them to live independently in their own homes, because their children are unable to afford homes in the Borough and move away.

Lewin<sup>2</sup> highlights the particular difficulties that older immigrants and refugees may face in terms of isolation, often living far from other family members, and asserts that this can have adverse effects on their mental and physical health.

### **2.1.7 Poverty, benefits and income**

While the south of the Borough is relatively affluent, there is significant deprivation in parts of north Kensington: one in four older people in North Kensington are estimated to be living in poverty, as opposed to just one in ten in South Kensington and Chelsea. The greatest levels of poverty are found in the four most northerly wards, but there are also pockets in South Kensington, such as World's End and parts of Earl's Court (ODPM, Index of Multiple Deprivation, 2004). In contrast to North Kensington, the levels of poverty in Chelsea are some of the lowest in England (with the exception of Cremorne ward).

Although the greatest numbers of older people are in the south of the borough, those likely to have the highest demand for services due to poverty related factors are largely in the north. Thus, some diversity of service provision tailored to the differing

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<sup>2</sup> Lewin F A (2001) 'The meaning of home among elderly immigrants: directions for future research and theoretical development', *Housing Studies*, 16, 3, 353-370.

characteristics of the north and the south of the borough and the needs that accompany them will be needed.

Older people living in social housing with high care needs are the largest category of older people in the borough according to the MOSAIC ward classification (which classifies all consumers in the United Kingdom into 61 types aggregated into 11 groups and was originally designed to support micro-marketing). There are concentrations of older people living in social housing with high care needs in Cremorne, Hans Town, Norland, Royal Hospital and St. Charles wards. MOSAIC also indicates concentrations of older people in crowded apartments in high density social housing in Cremorne, Hans Town, Norland and Golborne wards; and concentrations of independent older people with relatively active lifestyles in Cremorne, Stanley, Norland, Redcliffe and St Charles wards.

Table 7 shows the numbers of older people in receipt of the three main state benefits available to older people. Based on population projections for 2008, nearly 30 per cent of the older population is in receipt of pension credit and just under 10 per cent in receipt of attendance allowance. The 2007 Index of Deprivation for older people indicated that there are 5,341 people aged 60 and above affected by income deprivation in the borough.

**Table 7: Benefits claimants and pensions recipients in Kensington and Chelsea**

	Male	Female	Total
<b>State pension recipients (Sept 2004)*</b>	<b>5,800</b>	<b>11,200</b>	<b>17,000</b>
<b>Pension credit claimants (August 2006)**</b>	<b>n/a</b>	<b>n/a</b>	<b>5,850</b>
<b>Attendance allowance (Feb 2005)*</b>	<b>600</b>	<b>1,200</b>	<b>1,800</b>

\* Source: DWP

\*\* Source: NOMIS

The average weekly income of single older people (60+) who are new tenants of general needs social housing in 2006/07 was £145; and for older couples - £222 (CORE data).

### 2.1.8 Life expectancy and Standardised Mortality Rate

For 2003-2005, life expectancy in Kensington and Chelsea was the highest in the UK: 82.2 for men and 86.2 for women and it has steadily risen over the last ten years<sup>3</sup> but people in the fifth of wards with the lowest life expectancy live 7.4 years shorter than those in the fifth with the highest life expectancy. Life expectancy in St Charles ward is significantly lower than the national average<sup>4</sup>.

Standardised mortality rates show the rate of death in a population (where variations in age structure are adjusted or 'standardised' in order to enable comparison between areas with younger or older populations). In 2004, the Borough had a lower mortality rate (67) than London (99) or England (99) for all causes of death<sup>5</sup>.

<sup>3</sup> DH Community Health Profile, 2007

<sup>4</sup> DH Community Health Profile, 2006

<sup>5</sup> ONS, Health Statistics Quarterly, 27



## 2.2 Housing Tenure

The proportion of pensioner households living in social and privately rented housing in Kensington and Chelsea is significantly higher than both the Greater London and the national average (see Table 8). In addition, there are high proportions of lone pensioner households in private rented and social housing in Kensington and Chelsea.

**Table 8: Pensionable households by tenure**

Households	RBK&C	%	Greater London	%	England	%
<b>Owned</b>	<b>7,067</b>	<b>40%</b>	<b>406,601</b>	<b>59%</b>	<b>3,939,809</b>	<b>68%</b>
<b>Rented from council</b>	<b>2,308</b>	<b>13%</b>	<b>152,502</b>	<b>22%</b>	<b>974,654</b>	<b>17%</b>
<b>Other social rented</b>	<b>4,484</b>	<b>26%</b>	<b>68,857</b>	<b>10%</b>	<b>424,115</b>	<b>7%</b>
<b>Private rented or living rent free</b>	<b>3,716</b>	<b>21%</b>	<b>65,111</b>	<b>9%</b>	<b>438,082</b>	<b>8%</b>
<b>All (where Household Reference Person is of Pensionable Age)</b>	<b>17,575</b>		<b>693,071</b>		<b>5,776,660</b>	

Source: NOMIS (based on Census 2001)

With the exception of Cremorne ward, social housing is concentrated mainly in the north of the Borough. Twenty per cent of households in Golborne and St Charles wards are pensioner households in social rented housing (Older Peoples Strategy Appendix). Kensington and Chelsea Tenant Management Organisation (TMO) manages 9,500 homes, of which around 2,500 have been bought under the Right to Buy. 28% of all council accommodation is rented by older people, most of whom will be in the general needs stock.

There are 50 Registered Social Landlords (RSLs) operating in the Borough with 12,048 properties for rent. Providers commented that there was a need for regular review of the numbers of older people in general needs social rented housing.

In 2004/05 there were 789 properties available for re-letting by social landlords. In April 2005, there were 9,436 households waiting for permanent accommodation from the TMO and RSLs reflecting the continuing shortage of affordable housing. In 2006-07, 40 of the 349 general needs lettings in housing associations in the borough went to older person households; and 10 out of 87 general needs lettings in the TMO stock. Eight general needs lettings were to households aged 75 or above (CORE data). In 2006/07, 76 out of 318 lettings of supported housing went to households with one or more person aged 60 or above (CORE data).

There are an estimated 29,000 dwellings in the private rented sector representing 30 per cent of all homes in the Borough. This compares with a London average of 17 per cent (ONS, 2001). The Borough has the third highest proportion of private rented accommodation in England. More than one in five pensionable households (21%) rent privately. Nine per cent of households in Brompton ward and eight per cent of households in Hans Town are pensioners in private rented accommodation.

Based on the 2001 Census, there are 34,613 owner occupied properties. Levels of owner occupation are below the national average which may be due in part to the Borough having the highest residential property prices in the country. In September 2007, the average price of a detached house was £3.0 million; a semi-detached £2.1

million; a terrace £1.8 million, and over £600,000 for a flat/maisonette (UK Land Registry).

The 2004 Housing Needs Survey found that more than half (52.8%) of older person households were owner occupiers (compared with 40% in the 2001 Census) and the majority (97%) of these were mortgage free. There is therefore a sizeable group in the borough of older people with a substantial asset which they could use for a variety of purposes including: down-sizing, equity release, or buying housing with care.

Most older people (81.9%) live in 1 or 2 bedroom properties, however 18.1% of older person households are in 3 or 4 bedroom properties. Low over-crowding and high under-occupancy were most common among mortgage-free owner occupiers, and least common among council and RSL tenants (Housing Needs Survey 2004). Some of the under-occupiers may be interested in down-sizing should suitable properties and appropriate advice be available. Greater diversity and choice in provision of housing for older people may facilitate this.

There is a growing issue in terms of the legacy of the right to buy developing an unfortunate consequence for older leaseholders in flats in particular. Many of these would have bought 25-30 years ago when property prices and maintenance costs were relatively affordable and at a time that they were still working and receiving an earned income. The difficulty now is that many ordinary pensioners with a modest income are living in properties which demand an increasing service charge which they can no longer afford to pay. Whilst their property may be valuable and they are thus 'asset rich', many do not have the income to meet the increasing costs of maintaining their home and the service charge. There is a need to look at equity release, and other approaches to helping people on low incomes to maintain their homes, for example, placing a charge on their property to be recovered when the property is sold.

The Supporting People Five Year Strategy 2004-2009 identified social isolation among owner-occupiers and private tenants as a pressing issue.

There are over 5,000 second homes in the Borough and a lower than average number of empty properties (Homelessness Strategy).

In 2005/06 there were 216 net housing completions in the borough; and in 2006/07, there were 165 net housing completions. The figures refer to net new build properties, conversions and change of use to residential (RBK&C Planning Department).

## **2.3 Vulnerable Older People**

### **2.3.1 Over 85s**

Amongst the total population of older people there are some groups who are more likely to need support: in particular people aged 85 and over are more likely than others to experience limiting long-standing illness, dementia and other conditions associated with old age.

There were 2,506 people aged 85 and above in the borough in 2001 (ONS, 2001). Between 2008 and 2020, the number of people aged 85 and above is projected to grow by 11% from 2,735 to 3,030 (see Table 3).

Of particular interest is the growth in the numbers of men aged 85 and above between 2008 and 2020. Where these men are in couples, they may be caring for frail partners

and this will increase the need for two-bedroom housing with support; where they live alone, they are likely to need support and care.

The move to shift the balance of care away from residential care will dampen the demand for residential care among the growing number of very old people in the borough. However, this shift can only be achieved through the provision of a range of housing options and appropriate support and homecare to enable older people to live at home. This will be discussed in more detail in the gap analysis and design of future provision section.

### 2.3.2 People living alone

Whether or not people live in a couple is an important consideration for the development of a housing strategy for older people. One of the biggest factors affecting the demand for services is the proportion of people living alone.

In 2008, it is estimated that there are nearly 7,000 people aged 65 and above living on their own in Kensington and Chelsea (see Table 9). The proportion of older people living alone, particularly aged 75 and above is predicted to increase significantly over the next ten to fifteen years. This increase is partly associated with changing patterns of marriage and divorce.

Lone pensioner households are more common in Kensington and Chelsea (15.1%) than in London (12.7%) or England (14.4%). Over a third of all single person households in the borough are older person households (Housing Needs Survey). Single person pensioner households are more densely located in the south and central areas of the borough: Royal Hospital (23%) and Hans Town (21%) wards in particular, have high proportions of lone pensioner households (Older Peoples Strategy Appendix).

**Table 9: People aged 65 and over by age band (65-74, and 75 and over) and gender living alone, projected to 2025**

Numbers predicted to live alone	2008	2010	2015	2020	2025	% change 2008-2025
<b>Males aged 65-74</b>	<b>810</b>	<b>826</b>	<b>909</b>	<b>942</b>	<b>966</b>	<b>19.3%</b>
<b>Females aged 65-74</b>	<b>1869</b>	<b>1937</b>	<b>2076</b>	<b>2046</b>	<b>2017</b>	<b>7.9%</b>
<b>Total population aged 65-74</b>	<b>2679</b>	<b>2763</b>	<b>2985</b>	<b>2988</b>	<b>2983</b>	<b>11.3%</b>
<b>Males aged 75 and over</b>	<b>1095</b>	<b>1099</b>	<b>1148</b>	<b>1219</b>	<b>1358</b>	<b>24.0%</b>
<b>Females aged 75 and over</b>	<b>3211</b>	<b>3147</b>	<b>3223</b>	<b>3413</b>	<b>3715</b>	<b>15.7%</b>
<b>Total population aged 75 +</b>	<b>4306</b>	<b>4246</b>	<b>4370</b>	<b>4632</b>	<b>5073</b>	<b>17.8%</b>

Source: GLA & POPPI. Figures may not sum due to rounding. Crown copyright 2006. (Figures are taken from 2001 Census, Households Families and People GHS04 Percentage of men and women living alone by age, ONS. Numbers have been calculated by applying percentages of men and women living alone in 2001 to projected GLA high estimate figures).

The projections indicate that lone women outnumber lone men by more than two to one. Lone older women are more likely to live in unfit housing<sup>6</sup>. However, the proportion of lone men aged 75 and above is expected to rise by 24% between 2008 and 2025. Older divorced men living alone are particularly at risk of social isolation. Research indicates that older men without partners are more likely to live in residential care despite lower levels of disability than lone older women<sup>7</sup>. This indicates that with better support in the community, admissions of lone older men could be reduced. With the projected increase in lone older men of 24% between 2008 and 2025, it will be important to provide better alternatives to residential care, either through adequate provision of care and support to enable them to remain in their own homes, or if necessary, through extra care, in order to avoid increased and inappropriate admission to residential care.

### 2.3.3 Limiting Long-Term Illness (LLTI)

People aged 75 and above reporting a limiting long-term illness (LLTI) are most numerous in Chelsea (ONS, 2001) reflecting the concentration of older people in this part of the Borough, rather than a high prevalence of poor health in this area. The greatest prevalence of poor health among older people is in North Kensington (ONS, 2001). In the four most northerly wards, levels of limiting long-term illness across age bands are nearly a third higher than the national average. Absolute numbers of older people with LLTI are higher in the south of the borough, but the higher levels of deprivation in the north mean that the need for support is likely to be greater in the north (see Appendix 3).

More than a 20 per cent increase is projected between 2008 and 2025 in the number of people aged 85 and over with a limiting long-term illness from 1,582 to 1,924 (see Table 10). This group is of particular concern as they are likely to have high care and support needs.

**Table 10: People aged 65 and over with a limiting long-term illness, by age band (65-74, 75-84, 85 and over), projected to 2025**

<b>People with a LLTI</b>	<b>2008</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>% change 2008-2025</b>
<b>Aged 65-74</b>	<b>3522</b>	<b>3624</b>	<b>3931</b>	<b>3966</b>	<b>3984</b>	<b>13.1%</b>
<b>Aged 75-84</b>	<b>3061</b>	<b>3008</b>	<b>3062</b>	<b>3290</b>	<b>3619</b>	<b>18.2%</b>
<b>Aged 85+</b>	<b>1582</b>	<b>1596</b>	<b>1703</b>	<b>1752</b>	<b>1924</b>	<b>21.6%</b>
<b>Total population aged 65+</b>	<b>8166</b>	<b>8228</b>	<b>8696</b>	<b>9008</b>	<b>9527</b>	<b>16.7%</b>

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, table S016 Sex and age by general health and limiting long-term illness. Numbers have been calculated by applying percentages of people with a limiting long-term illness in 2001 to projected GLA high estimate figures.)

<sup>6</sup> Adams S (2001) 'Living independently: linking housing and care services for older people', *Housing, Care and Support*, 4, 2, 19-23.

<sup>7</sup> Tinker A (1997) *Older people in modern society*, 4<sup>th</sup> edn., London, Longman

### 2.3.4 Dementia

While dementia can affect younger people, its prevalence increases significantly with age. According to statistics from Dementia UK, there are a total of 1,320 with dementia in the Borough (Draft Older People's Mental Health Strategy). This compares with an estimate of 1,468 people in Kensington and Chelsea aged 65 and above with dementia, (based on the GLA population projections) (see Table 11).

**Table 11: People aged 65 and over predicted to have dementia, by age band (65-69, 70-74, 75-79, 80-84 and 85 and over) and gender, projected to 2025**

People predicted to have dementia	2008	2010	2015	2020	2025
<b>Aged 65-69</b>	<b>87</b>	<b>87</b>	<b>97</b>	<b>90</b>	<b>95</b>
<b>Aged 70-74</b>	<b>117</b>	<b>122</b>	<b>129</b>	<b>144</b>	<b>136</b>
<b>Aged 75-79</b>	<b>243</b>	<b>231</b>	<b>250</b>	<b>264</b>	<b>295</b>
<b>Aged 80-84</b>	<b>353</b>	<b>363</b>	<b>342</b>	<b>375</b>	<b>403</b>
<b>Aged 85 +</b>	<b>667</b>	<b>669</b>	<b>711</b>	<b>729</b>	<b>799</b>
<b>Total population aged 65 +</b>	<b>1468</b>	<b>1474</b>	<b>1529</b>	<b>1603</b>	<b>1729</b>

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. The most recent relevant source of UK data from population samples is the Medical Research Council's Cognitive Function and Ageing Study (MRC CFAS), February 2002. This study involved a longitudinal examination of population samples of people aged 65 and over in six sites across England and Wales. The prevalence rates (see Appendix 3 have been applied to GLA high estimate projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2025.)

The projections indicate an increase of 261 (18%) older people with dementia in the borough between 2008 and 2025. This means that more housing with care will be needed to accommodate them. Some people with mild to moderate dementia can be accommodated in extra care housing schemes.

Data from the PCT has been used to estimate the type of care which is likely to be needed and the numbers of people needing it based on the GLA projections (see Table 12). This suggests that there are nearly 500 people with dementia in the Borough requiring constant care or supervision which is projected to rise to around 588 by 2025.

**Table 12: Numbers of people with dementia needing different types of care**

Care need	Prevalence	Number
<b>(None)</b>	<b>(5%)</b>	<b>(73)</b>
<b>Long interval care (care needed once a week)</b>	<b>11%</b>	<b>161</b>
<b>Short interval care (care needed at regular intervals during the day for dressing, meals etc)</b>	<b>50%</b>	<b>734</b>
<b>Critical interval care (constant care or supervision required)</b>	<b>34%</b>	<b>499</b>
<b>Total</b>		<b>1467</b>

Source: Forget Me Not Audit Commission 2000 p11 citing Ely et al and Medical Research Council cognitive function and dementia in 6 areas of England and Wales: the distribution of MMSE and prevalence of GMS organicity level in the MRC CFA study, Psychological Medicine Vol 28, p319-35 1998

The Public Accounts Committee reported that between one half and two-thirds of people with dementia are never formally diagnosed; and between one half and two-thirds of carers do not receive a formal carer's assessment. It is likely that there are a significant number of people with dementia in Kensington and Chelsea who have not been identified. The Committee found that lack of respite or domiciliary support frequently means that dementia patients end up requiring costly care in hospital or residential homes much earlier than if their carers were properly supported<sup>8</sup>.

### 2.3.5 Learning disability

There are about 76 people with a learning disability over the age of 55 in Kensington and Chelsea. Of these, 33 are aged 65 or above. Eight people with a learning disability aged 65 and above live in the borough: 4 in Supported Housing; 3 in residential care; and 1 in nursing care.

### 2.3.6 Other health problems

The numbers of older people suffering a variety of conditions may be roughly estimated by applying national prevalence rates to the local population figures by age. However, as people are likely to suffer from more than one condition as they grow older, this approach will not give absolute numbers as it will involve some double counting.

Older people with mental health problems are more likely to use health services for both mental *and* physical problems than other people. A study of mental health in older people<sup>9</sup> identified a prevalence rate of 10 per cent for neurotic symptoms and disorders (including depression). Based on the GLA high estimate, this would suggest 1,980 people aged 60-74 with significant levels of neurotic symptoms, of which 990 would be severe. The study found a strong link with physical health. People with a long term physical health problem were more likely to have mental health problems and people with mental health problems were more likely to have problems with activities of daily living (ADLs) and to use more services.

The Audit Commission<sup>10</sup> reported that between 10 to 16 percent of people over the age of 65 develop clinical depression. Applying prevalence data to the GLA high estimates, the number of older people with severe depression is estimated to range between 593 and 989 people (see Table 13) which compares with an estimate of between 390 and 770 older people in the Supporting People Five Year Strategy 2004-2009.

**Table 13: People aged 65 and over predicted to have severe depression in Kensington and Chelsea projected to 2025**

People predicted to have depression	2008	2010	2015	2020	2025
<b>Aged 65 and over: lowest estimate</b>	<b>593</b>	<b>600</b>	<b>636</b>	<b>656</b>	<b>688</b>
<b>Aged 65 and over: highest estimate</b>	<b>989</b>	<b>999</b>	<b>1060</b>	<b>1094</b>	<b>1147</b>

Crown copyright 2006

<sup>8</sup> Public Accounts Committee (2008) *Improving services and support for people with dementia*, 6<sup>th</sup> report of session 2007-2008, HC 228, TSO

<sup>9</sup> The Mental Health of Older People, ONS, 2003

<sup>10</sup> Audit Commission (2002) *Forget-me-not: developing mental health services for older people*, London, Audit Commission.

A prevalence rate for schizophrenia among older people of 1% suggests there are 197 sufferers in Kensington and Chelsea<sup>11</sup>.

### 2.3.7 Self-care

Nearly one-third of older people in Kensington and Chelsea are estimated unable to manage one or more self-care activity, such as bathing or dressing (see Appendix 3). The numbers of people unable to manage a self-care activity provides a base-line indicator of the numbers of older people who may require some level of formal or informal support or care. As people grow older, they are increasingly likely to need some assistance with self-care. According to the General Household Survey, 30% of people aged 85 and above need help climbing stairs (which would be equivalent to 820 people in Kensington and Chelsea in 2008) and 24% of people aged 85 and above need help with bathing. Providing support and care or adaptations and equipment at home to people to carry out self-care activities enables them to live independently.

### 2.3.8 Carers

People's need for care and support is inevitably greatly influenced by the capacity of their informal carers to continue caring. Identifying and supporting very old carers who provide substantial amounts of care is important in order to enable frail older people to live in the community.

Available evidence indicates that there is a low percentage of carers in the borough compared with London, and England as a whole (SP Strategic Review of Older People). Less than 1% provide 50 or more hours care a week in Kensington and Chelsea compared with an average of 2% in England. The 2005-2008 Carers Strategy estimated that there are approximately 1100 carers over 65 years old who might benefit from a carer assessment and support. Many of these may need services in their own right. The actions following from the Strategy are currently being updated.

Figures from the Carer's Strategy indicate that there are 1,690 older carers (see Appendix 3) and the projections indicate that the number of older people providing large amounts of unpaid care is projected to increase by 15 per cent between 2008 and 2025 (see Table 14):

**Table 14: People aged 65 and over providing 50 or more hours unpaid care to a partner, family member or other person, by age (65-74, 75-84, 85 and over), projected to 2025**

<b>People providing 50 or more hours unpaid care to a partner, family member or other person</b>	<b>2008</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
<b>Aged 65-74</b>	<b>208</b>	<b>214</b>	<b>232</b>	<b>235</b>	<b>235</b>
<b>Aged 75-84</b>	<b>112</b>	<b>111</b>	<b>113</b>	<b>121</b>	<b>133</b>
<b>Aged 85 and over</b>	<b>20</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>24</b>
<b>Total population aged 65 and over</b>	<b>340</b>	<b>345</b>	<b>366</b>	<b>378</b>	<b>392</b>

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, table S025 Sex and age by general health and provision of unpaid care. The term "unpaid care" covers

<sup>11</sup> Cohen et al, (2000) Schizophrenia and older adults, American Journal of Geriatric Psychiatry, 8, 19-28, 2000

any unpaid help, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age. Numbers have been calculated by applying percentages of people providing unpaid care in 2001 to GLA high estimate projections).

Couples are likely to remain in the community when one partner is caring for the other, especially if the alternative is separation when the cared for partner goes into residential care. The likelihood of the carer dying or becoming ill, so that the cared-for person needs institutional care as an emergency, increases with age. An older person receiving 50 hours care from another older person are together some of the most vulnerable people in the borough. Identifying these cases would be a useful aid to ensuring the effective targeting of care and support.

Census data indicates that 35 per cent of all carers are from the BME community (although it is not known how far this applies specifically to older carers). White Other and Black carers are numerically the largest groups after White British/Irish carers. Nine per cent of the White British/Irish and Asian population are carers.

There is some evidence that female carers from south Asian communities generally experience the greatest difficulties in negotiating and organising support from formal agencies because of language and communication difficulties; and limited knowledge of what services are available<sup>12</sup>.

As the older BME population increases, it will be important to ensure that support for older BME carers is accessible and appropriate.

### 2.3.9 Carers receiving services

Kensington and Chelsea's services to carers have been rated as excellent. Comparing the difference between the total projected number of carers aged 65 and above in Table 14, and those receiving a service following an assessment in Table 15, it appears that in 2008, just over a half received a service following an assessment or review. This gap may be due to reporting arrangements as in the past, CSCI did not record information and advice to carers. Ongoing professional support to carers is now being recorded. There is a need to identify and assess older carers to ensure effective targeting of services and to prevent crisis admissions to residential care or hospital.

**Table 15: Number of carers receiving different types of services provided as an outcome of an assessment or review, by age group of carer, aged 65 and over**

	2008	2010	2015	2020	2025	% change 2008-2025
<b>Number of carers aged 65 and over receiving services</b>	<b>193</b>	<b>195</b>	<b>207</b>	<b>214</b>	<b>224</b>	<b>16.1%</b>

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. The information is taken from Community Care Statistics 2006-07 (Referrals, Assessments and Packages of care for Adults) National Statistics/Health and Social Care Information Centre. The statistics give information on referrals, assessments and packages of care for adults in England, purchased or provided by Councils with Social Services Responsibilities (CSSRs). The 2006-07 RAP figures have been applied to the GLA high estimates of the 65 and over population, to give estimated projections of the numbers of carers receiving services, to 2025).

<sup>12</sup> Katbamna S, Ahmad W, Bhakta P, Baker R & Parker G (2004) 'Do they look after their own? Informal support for south Asian carers', *Health and Social Care in the Community*, 12, 5, 398-406.



### 2.3.10 Homeless

Research has found that older people are particularly vulnerable when sleeping rough both to mental and physical health problems and to physical assault (First London Older People's Assembly Older People in London - facts and figures). There is some concern that older men in particular have lost out in the move away from large hostels towards smaller, highly supportive hostels for other client groups which do not cater to their needs.

There appears to be little information about the age profile of the homeless population (Supporting People Five Year Strategy 2004-2009). In 2006-2007, seven people were accepted as homeless on the grounds of their vulnerability due to their old age (P1E quarterly returns, DCLG). However a higher number, 25 rough sleepers aged 55 and above were contacted by homeless outreach teams and/or arrived in homeless accommodation (Broadway Chain Activity Report 2006/07).

### 2.3.11 Travellers

The GLA, on behalf of 32 of the London boroughs, commissioned Fordham Research to undertake the first Gypsy and Traveller Accommodation Assessment (GTAA) for London in 2007. The draft report on the 'London Borough's Gypsy and Traveller Accommodation Needs Assessment' (version 4) was published in November 2007. The aim of the study is to establish how many units of accommodation are needed, and the backlog of unmet need for gypsies and travellers in London by borough, sub-region and region. It sets out the type of accommodation required, but precisely where and how the accommodation should be provided is beyond the scope of the report.

There is one authorised Travellers site in Kensington and Chelsea on Latimer Road beside the Westway with 20 pitches and capacity for 38 caravans. A total of 35 caravans were counted at the last count in January 2007 (CLG data). The Fordham Research report states that in Kensington and Chelsea there is an additional need between 2007-17 for 11 extra pitches (7 between 2007-12, and 4 between 2012-2017). However, the current numbers of older people within the Gypsy and Traveller community in Kensington and Chelsea are not known, but are clearly likely to be small.

The government advises that in the case of Gypsies and Travellers, it will probably not prove realistic to try and forecast need for up to 15 years ahead, as is recommended within the Strategic Housing Market Assessment guidance for the rest of the community. However, the most accurate projections possible covering the next 5-10 years should be made. It should be possible to identify:

- The proportion of travelers aged 65 and above.
- The intentions of those households planning to move which may free up spare pitch or bricks and mortar capacity.
- The likely rate of household formation and annual population increase.
- Travelling patterns within the survey area and in and out of surrounding areas<sup>13</sup>.

### 2.3.12 Substance misuse

Activity data within the PCT's specialist alcohol treatment agencies indicate that they are in contact with approximately 450 problem drinkers. They are unable to ratify this figure as they cannot distinguish those individuals who attend more than one service,

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<sup>13</sup> CLG, *Gypsy and Traveller Accommodation Needs Assessments* October 2007

however they estimate that the actual numbers needing a treatment intervention is likely to be significantly higher. The age profile of problem drinkers is not known.

The known prevalence rates of alcohol dependence of 1-3.5% result in a range of between 198 and 692 older people affected by dependence on alcohol in the Borough using the GLA high estimates<sup>14</sup> which is not very useful as predictive tool.

According to Department of Health indicators, the number of people in drug misuse treatment services is higher than average in Kensington and Chelsea. There were 20 people aged 60 and above in Kensington and Chelsea who were reported to the National Drug and Treatment Monitoring System as receiving structured drug treatment in the second quarter of 2007/2008. There may be a small but growing number of older drug misusers in the Borough who may need specialist housing and support.

There is no information about the misuse of prescription drugs by older people in the Borough.

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<sup>14</sup> Analysis of the Needs of Older People 2001 KCWHA and RBKC p48

### **3 CURRENT ACCOMMODATION AND SERVICES**

#### **3.1 People's own homes**

##### **3.1.1 Flatted accommodation**

Kensington and Chelsea is ranked fourth highest amongst English and Welsh local authorities for the proportion of properties that are flats (ONS, 2001 Census) and 97% of the council's rented accommodation is in flats. In 2001, more than half (51%) of people aged 65 and above in Kensington and Chelsea with a long-term limiting illness lived above ground floor level. Given that 30% of people aged 85 and above need help with stairs, more older people are likely to have difficulties with access to their home than in other authorities. There is a need to consider ways to address this in order to avoid social isolation for many older people.

##### **3.1.2 Decent homes**

According to the 2005 Housing Needs Survey, 7.2% of older people in Kensington and Chelsea live in unsuitable housing. The TMO plans to bring all homes under its management up to Decent Homes standard by 2010 and all sheltered housing schemes are expected to reach the standard by the government deadline. The Decent Homes standard is concerned with standards of repair and is different from the Lifetime Homes standard which is about flexibility and adaptability of accommodation to changing needs over the life course.

##### **3.1.3 Private Sector Renewal Strategy**

The Renewal Strategy has several key objectives which directly relate to older people which include:

- Improving the quality of housing through increasing the amount of private sector housing in decent condition, especially homes occupied by vulnerable groups; and improving access to suitable housing for persons with disabilities and increasing the supply of such housing.
- Addressing fuel poverty and energy use through: making homes affordable to heat; and promoting the use of energy efficiency to protect the environment.

The Strategy is underpinned by a range of measures which support older and vulnerable households in improving, maintaining and adapting their homes, including 'Keep Warm Grants' to improve energy efficiency within the properties on low incomes. Warm Front Grants provide insulation and heating measures for small number of vulnerable households.

##### **3.1.4 Affordable Warmth Strategy and fuel poverty**

According to the 2001 Census, 17.9% of pensioners living alone in the borough have no central heating; and 14.7% of all people aged 65 and over have no central heating (see Table 16), compared with 11.6% in England and Wales. The importance of an evenly warm ambient temperature for older people is well understood, as is the increased risk of excess winter deaths for older persons, especially in the 85+ age group.

**Table 16: People aged 65 and over by age band (65-74, 75-84, 85 and over) living in a dwelling with no central heating in 2001**

Age range	Total 65 and over population	Number of 65 and over population with no central heating	Percentage of 65+ population with no central heating
65-74	10,159	1,452	7.48%
75-84	6,750	1,036	5.34%
85 and over	2,506	363	1.87%
<b>Total population aged 65+</b>	<b>19,415</b>	<b>2,851</b>	<b>14.68%</b>

Source: GLA & POPPI. (Figures may not sum due to rounding. Crown copyright 2006. Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, table SO54 shared / unshared dwelling and central heating and occupancy rating by age. Figures in this table have not been projected forward as the figures would not be reliable.)

Note: The Census definition of central heating includes gas, oil or solid fuel, night storage heaters, warm air and under-floor heating.

Fuel poverty is defined as needing to spend at least ten per cent of basic household income on fuel. This was found to affect 27 per cent of all households in England in 1996. Over half of these households consisted of older people. Sixty per cent of people aged over 60 living alone were in fuel poverty<sup>15</sup>. Households living in the least energy-efficient homes tend to be older and vulnerable to illness (15 per cent are aged over 75). Over one third of households living in the least energy efficient homes are older people. Fuel poverty is particularly likely to affect older people.

The Council's Affordable Warmth Strategy aims to help people out of fuel poverty, but also to prevent them from getting into fuel poverty in the first place. The strategy targets low income and vulnerable older householders and advocates the use of grants and other approaches to help reduce fuel consumption and alleviate the causes of fuel poverty.

The Council works in partnership with other organisations to ensure that older and vulnerable groups are able to access services and are provided with the advice and support they may need to resolve problems in their homes. This includes partnership work to implement the *Warm Zones* project to agreed targets.

Despite these initiatives there are still significant numbers of older people without central heating in the Borough and there is scope for increasing effort in this area.

## 3.2 Sheltered housing

### 3.2.1 Ordinary sheltered housing

There are 1186 units of sheltered social rented housing in 34 locations (see Appendix 2), mostly located in the north and south of the Borough, with little or no provision in the four central wards (see Map 1). At least 22 out of the 34 schemes are not fully wheelchair accessible and there appear to be relatively few two-bedroom properties. The strategic review of Supporting People services found that all sheltered schemes would meet the Decent Homes Standard. A number of bedsits remain, often with generous space standards. Flats within sheltered schemes are linked to the

<sup>15</sup> First London Older People's Assembly Older People in London - facts and figures.

Community Alarm Service. In addition, there are 352 private sheltered and assisted living units of accommodation in the borough in four locations, (including 244 at the Royal Hospital which are not generally available to borough residents).

Ordinary sheltered housing is accessed through the choice based lettings process on the basis of age with no requirement for a support assessment. Sheltered vacancies get flagged up for all people over 55, and as the waiting time is less than for general needs housing, there is a perverse incentive to choose sheltered as a way of resolving housing need. Applicants for sheltered housing and their partners must normally be aged 60 or above, unless they are disabled when they may be considered from 55 up. The same rules and points apply for allocations to sheltered housing as for general needs housing<sup>16</sup>. Applications are prioritised in the following order:

- Application through the Common Housing Register
- Self Referral
- Other non-statutory agencies

Since 2003, occupancy of sheltered and extra care social rented housing in the borough has consistently been at over 90%, with many schemes operating at 100%. This may reflect either high demand and possible undersupply, or the lack of suitable alternatives, or the effect of the allocations policy, or a combination of these factors.

Most schemes in the Borough currently have a site based scheme manager. Some sheltered providers commented that on-site wardens can play an important role in supporting scheme based social activity, reducing the social isolation of residents. However, the strategic review of SP services for older people (and the Supporting People 5 Year strategy 2004-2009) identified an apparent oversupply of support to people in sheltered housing through on-site wardens, and uncertainty that the current mix of provision will meet future needs in terms of ethnicity, support needs and expectations. The review recommended that one of the sheltered schemes should no longer provide support services.

In More Choice, Greater Voice<sup>17</sup>, a 'norm' for conventional sheltered housing of 125 units of sheltered housing per 1,000 population aged 75 and over is assumed, with a combination of housing for rent and leasehold according to the local tenure balance. Applying this model to the projected population of 9,351 people aged 75 and above in Kensington and Chelsea in 2008, would indicate a need for 1,169 units of accommodation, of which more than 450 would be for sale (applying a 60:40 split between accommodation for rent and for sale). This indicates that currently there is not enough for sheltered housing for sale, and a level of sheltered housing for rent which meets projected need in 2025.

In discussions with a group of providers, a number of trends were noted in terms of new residents: an increase in the number of older men who tended to be more independent and have lower expectations; and increases in the number of people with mental health needs and dementia. Anchor have recently moved to a needs based lettings policy which has resulted in more applications from couples. Two providers have a small number of former hostel residents in their sheltered schemes.

The strategic review found that a mixed group of older people currently occupy sheltered schemes, with some people having no needs at all, while others have

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<sup>16</sup> RBK&C Housing Allocation Scheme, May 2007

<sup>17</sup> More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people, DCLG/CSIP 2008

substantial and increasingly complex needs, including mental health problems, dementia, alcohol abuse, and sensory and physical deprivation which current service levels do not meet (also *Supporting People Five Year Strategy 2004-2009*). Equally, the review found that there were many people in general needs tenancies who would benefit from the kind of support provided in sheltered housing, if it was provided in their own home.

The strategic review of sheltered housing suggested designating some schemes for older people, with the support separated from the bricks and mortar (ie floating). This would fit well with the plans of some sheltered providers to develop scheme based floating support which could extend support to older people not living in sheltered housing. However, there are concerns that this model needs to have robust systems in place for it to work, including digital call equipment and assistive technology.

The borough has had some discussions about the possibility of banding sheltered housing in terms of the level of scheme manager input. This approach would enable a more targeted approach in service delivery and allow older people to choose the level of service they require. It can also free staff time to be used in providing support to older people in the wider community. Dorset County Council is currently piloting the provision of a menu of four different service levels to older people in sheltered housing with six housing associations, and Cornwall County Council is also introducing a similar initiative.

Getting a thorough assessment of care and support needs before allocating an older person to ordinary sheltered or extra care housing is recommended in order to ensure they are getting the right level of support and moving into appropriate accommodation. The review of extra care conducted by CIVIS suggested that if support is to become more person-centred, there needs to be an assessment of support needs as part of allocation process.

The cost effectiveness of ordinary sheltered housing with support has in the past been questioned, but a recent study from Communities and Local Government indicates that for a total cost of £258.7 million, the net financial benefits are £1090.9 million nationally. The main saving identified was a reduction in the costs of residential care<sup>18</sup>.

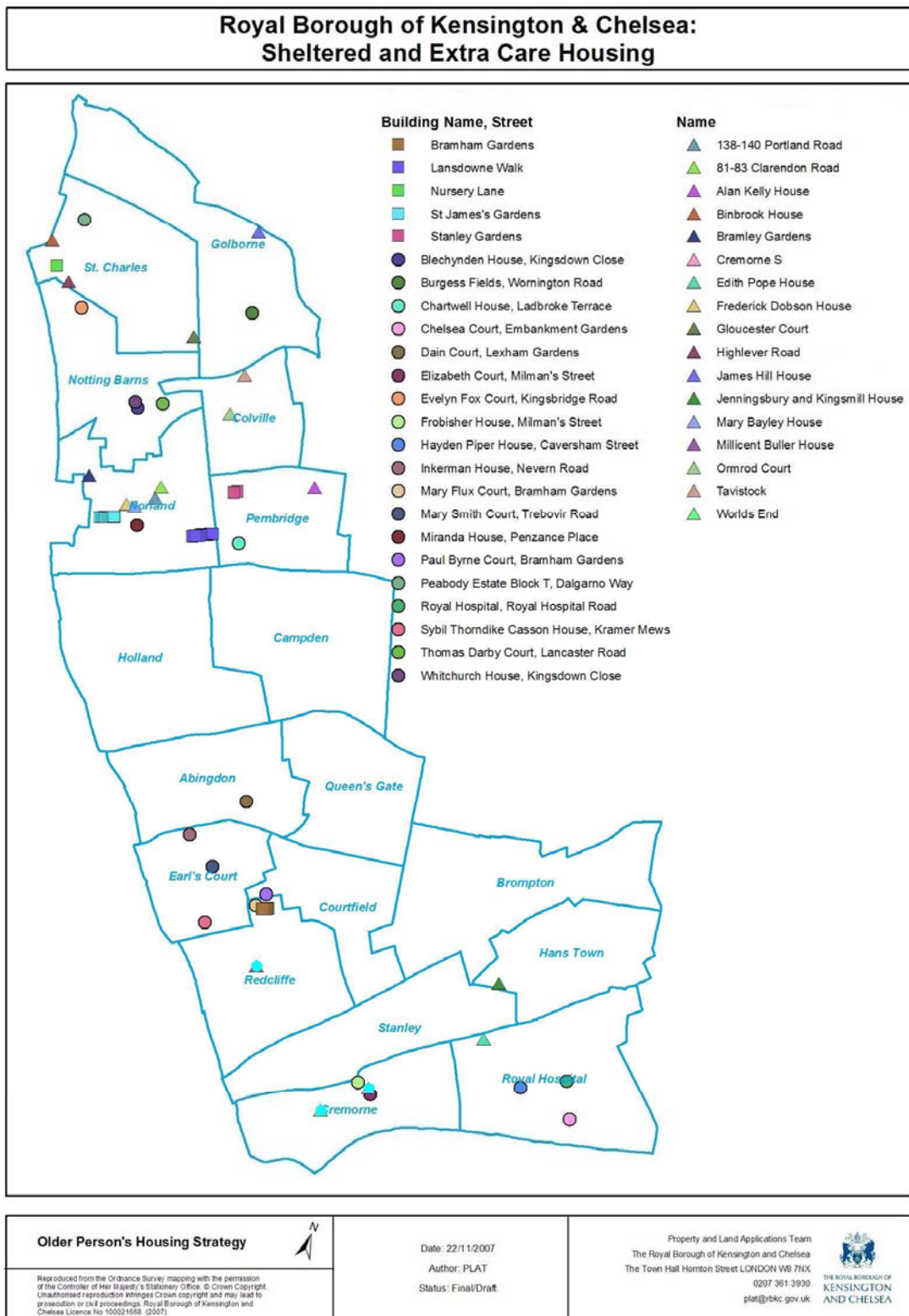
To summarise: there appears to be not enough sheltered housing for sale. There are people in sheltered housing who do not need support, others who require higher levels of support; and people outside sheltered housing who would benefit from this type of support. Better targeting of services could be achieved through assessment of support needs as part of the allocation process; a menu of support services could then be offered to residents of sheltered housing and the wider community with sheltered schemes acting as a hub for the delivery of these services. Some sheltered housing is not fit for future needs. A review is needed to establish which sheltered schemes are fit for the future, which could be adapted and which could not.

### **3.2.2 Extra care housing**

Extra care housing can broadly be defined as housing into which a range of care and support services can be delivered on-site 24 hours a day. Extra care housing is designed to provide full mobility access with residents living in their own flats. Care is tailored to meet the individual needs of residents and care staff can help with all types of personal and practical care including bathing, dressing, changing beds, cooking and doing laundry. Some residents need very little help and others need a lot of help and

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<sup>18</sup> Research into the Financial Benefits of the Supporting People programme, CLG, 2008



could not remain in their own homes without this type of care. This mixed dependency model allows residents to provide some mutual support, reflecting the wish of some older people not just to be independent but interdependent.

However, not all “extra care” housing has care available on-site, some schemes are not fully wheelchair accessible, and some exclude people with dementia. There is no universally accepted definition of extra care housing.

One of the key reasons for developing extra care housing is to prevent people moving into residential care provision. Recent research<sup>19</sup> into the financial benefits of the Supporting People programme indicate that for a total cost of £31.4 million, extra care housing (sometimes described as very sheltered housing) results in a net financial benefit of £138.7 million nationally. Most of this is attributed to savings on residential care.

Extra care housing can provide an alternative to residential care where individuals receive regular personal care in accommodation that is adapted to meet their needs. Extra care should be one of a number of choices for older people including providing care to people to enable them to live in their own homes (including assistive technology) or access to sheltered housing with flexible support.

Kensington and Chelsea has four extra care housing schemes providing 81 units of accommodation (see Table 17), all of which are new build provision, including two schemes for older people with dementia or mental health problems (Miranda House and Highlever House). Three schemes are in North Kensington and one (Miranda House) in Holland Park.

There is no extra care provision in the south of the borough, and there is no *leasehold* or *shared ownership* extra care housing available in Kensington and Chelsea. Apart from the in-house scheme, all existing schemes are provided by Octavia Housing and Care. The schemes in RBKC are as follows:

**Table 17: Current Extra care housing in Kensington and Chelsea**

Provider	Scheme	Units	SP funded	Accessibility
<b>Octavia Housing &amp; Care</b>				
24 hr cover, waking night staff	<i>Miranda House – 1 bed flats for rent – W11 4PD</i>	20	Yes	<i>None</i>
	<i>James Hill House – 26x1&amp; 2x2 bed flats for rent- W10 5BN</i>	28		<i>Full</i>
24 hr cover, waking night staff	<i>Highlever Road – W10 6PL</i>	5	Yes	<i>Full</i>
<b>RBK&amp;C – Social services</b>				
24 hr cover, waking night staff	<i>Burgess Field – studio &amp; 1 bed flats for rent – W10 5QJ</i>	28		
<b>Total</b>		<b>81</b>		

<sup>19</sup> *ibid*



All extra care housing in Kensington and Chelsea except for Burgess Field is exempt from the Common Housing Register. Applicants must meet most or all of four eligibility criteria: receipt of Higher Disability Living Allowance or Attendance Allowance; likely to need a high level of supervision/help; be housebound with mobility problems but able to transfer to and from bed with or without some assistance; have mental health issues. Social workers or social care coordinators make referrals, and applicants must have an up to date Needs Assessment. Applicants are then assessed through a Higher Needs Placement Panel which was established in February 2008 to ensure a standardisation of approach across the Borough in terms of assessing older people for possible nursing, residential, or extra care placements. Allocations are prioritised in terms of those in greatest need.

Comparing the provision of extra care housing in Kensington and Chelsea with the level of provision in Hammersmith and Fulham, Westminster, and England per 1,000 of the population aged 65 and over, Kensington and Chelsea appears a little below the average:

**Table 18: Units of extra care housing per head of population over 65**

	Units per 1,000 population aged 65+
<b>Kensington and Chelsea</b>	<b>4.1</b>
<b>Hammersmith and Fulham</b>	<b>4.7</b>
<b>Westminster</b>	<b>2.8</b>
<b>England</b>	<b>4.8</b>

Source: Elderly Accommodation Counsel

The above analysis indicates that there is relatively low provision of extra care housing units in Kensington and Chelsea which may explain the current waiting list for extra care accommodation. In addition, evidence from a number of providers (Women's Pioneer, Family Housing and Servite) confirms unmet demand for additional units of extra care, some of which comes from people who would otherwise have gone into residential care<sup>20</sup>. Both the CIVIS review and the Supporting People Strategic Review of older people services concluded that initially no more than 30 units of extra care housing should be developed in the South of the Borough.

Social housing providers do not have information about older people in the private sector. Given the lack of extra care housing for sale or shared ownership in Kensington and Chelsea, it can be assumed that there is additional unmet demand among owner occupiers for extra care housing for sale.

There are two possible models for the future of extra care housing. The first involves relocating people from residential care into extra care housing and transferring the same volumes of care, and does not effectively reduce institutionalisation. This model is not attractive to people with lower level care needs. The alternative model is to develop housing suitable for older people into which a range of services can be delivered and where people are able to stay even if their needs change. This mixed dependency model can accommodate people with varying care needs and mixed tenures. In doing this, it creates more balanced and interdependent communities.

<sup>20</sup> CIVIS report on extra care

There is some provider interest in developing extra care housing in Kensington and Chelsea. For example, both Anchor and NHHT are developing mixed tenure extra care housing in other areas, with a mixture of shared ownership, outright sale and social renting. A long-term strategy would be to provide more of this kind of housing with a tenure balance that reflects the tenure balance within the community to accommodate varying levels of need.

As a means of reducing the need for residential care, the Department of Health has made £40 million available in 2007-08 to develop new extra care housing places in England in areas where need could be demonstrated (as reflected in relevant strategies, particularly local Supporting People strategies and regional housing strategies) and subject to a number of criteria through Extra Care Housing Fund. The Local Authority circular LASSL(DH)(2007)2 accompanying the Social Care Reform Grant also highlights a number of specific revenue and capital programmes that the Department of Health will be taking forward to enhance independent living opportunities for older people: including a further £80m grant programme for extra care housing over the next 2 years, approximately £40m per annum. Further details of the bidding arrangements are expected in early 2008.

There is also scope to expand or develop services for which people are prepared to pay. In relation to extra care housing, many new-build schemes in the public sector are mixed tenure developments incorporating a proportion (usually between 25% and 50%) of properties for sale. This reflects the housing market in the area of the scheme, and also helps raise capital for the project. In Kensington and Chelsea, a new mixed tenure scheme could be developed on the basis of 40% for sale including some shared ownership, reflecting the local housing market.

There is considerable debate about the costs of meeting design and layout needs that can either be borne by the market or met by housing and care providers. Due to competition from alternative uses, particularly general housing, requirements to provide affordable housing can mean that some extra care schemes are financially unviable.

Typically, a 50-unit new extra care scheme may cost around £5 million, *not* including land costs. Land prices are high, currently £18 million per hectare. Many schemes take 5 years from inception to occupation. The primary sources for capital are Housing Corporation Grant, Department of Health Extra Care Housing Grant, Private Finance Initiative, other housing capital loans and equity products, charitable donations and private finance.

What is clear is that no single agency can deliver extra care housing in the volume that will be needed in future years. The development of extra care housing involves partnership working. Extra care housing schemes can only be developed and maintained through a partnership of stakeholders, including planners, commissioners, providers and developers.

There are very few large new sites within the borough suitable for housing development and it would therefore be sensible for the borough to look at remodelling or rebuilding some of the existing sheltered housing stock which does not meet a minimum standard as a home for life. This could be done by building up in order to maximise the use of the available footprint.

### 3.2.3 Accommodation for older people with a learning disability

The borough aims to develop tenure neutral flexible services that can meet the housing and care /support needs of all clients. This means where ever possible people should not have to move from their homes, but should receive person centred, personalised services that are tailored around their circumstances.

Octavia Housing and Care provide 3 two-bed flats and a one-bedroom flat for frail older people with a learning disability at Abbey House (W2) which is funded by Supporting People.

### 3.3 Residential and Nursing Home Care

Kensington and Chelsea has the second lowest rate of admission to residential/nursing home care in London<sup>21</sup>. In March 2007, there were a total of 320 people aged 65 and over supported by the council in residential accommodation: 195 in residential accommodation equivalent to 908 per 100,000 people aged 65 and above; and 125 in nursing accommodation equivalent to 590 per 100,000 people (see Table 19). This compares with a London average of 1,358 per 100,000 people aged 65 and over in residential care; and 913 per 100,000 people aged 65 and over in nursing care.

**Table 19: Number of people aged 65+ in residential and nursing care**

Age	65-74	75-84	85+	Total
<b>Residential care</b>	<b>40</b>	<b>60</b>	<b>95</b>	<b>195</b>
<b>Nursing care</b>	<b>20</b>	<b>45</b>	<b>60</b>	<b>125</b>

According to NHS data at 31 March 2007.

Data is not available about the number of self-funded older people in residential care, although the numbers of formerly self-funded residents applying to the council for financial support are very low (less than 5 a year). It is estimated that 20-30% of people in residential care are self-funders, and some of these people will move out of the borough.

In the last couple of years, there have been several changes in the provision of registered care places within Kensington and Chelsea. New accommodation has opened at Highlever Road – 5 new dementia places; James Hill House – 28 new extra care places; and Ellesmere House, a former Council care home next to Chelsea and Westminster Hospital, due to open early in 2008 – 10 rehabilitation beds including people discharged from hospital, 20 personal care beds for people with dementia, and 30 nursing home beds, including provision for 30 self-funders. Closures have occurred of Joan Bartlett House (30 beds) and Edenham (45 beds of which 12 for people with dementia).

Once Ellesmere House is open, it is anticipated that there will be no need for more residential nursing care in Kensington and Chelsea. A report to the Joint Health Partnership Board in 2005 found that the demand for subsidised residential care placements has dropped and that there is no evidence to show that this trend will be reversed. The Older People's Community Strategy Appendix also anticipated that there is unlikely to be additional pressure on existing care home provision in the short to medium term. The SP Strategic review of older people services reported a fall in the

<sup>21</sup> Supporting People Five Year Strategy 2004-2009

number of residential care admissions, although it was also noted that demand fluctuates. Although the new provision is expected largely to meet the need for subsidised placements, continued investment in extra care housing, floating support, intermediate care and care at home will be needed to continue the shift in the balance of care.

There are nine Registered Care Homes in the borough: four providing personal care and five providing nursing care providing a total of 389 places (see Table 20).

**Table 20: Registered Care Homes in Kensington and Chelsea**

	Places designated for older people	Places designated as dementia care	Number of places
<b>Alan Morkill House</b>	<b>26 – personal care</b>	<b>21</b>	<b>47</b>
<b>Mary Smith Ct.</b>	<b>16 – personal care</b>		<b>16</b>
<b>St Teresa' Home</b>	<b>25 – personal care</b>		<b>25</b>
<b>St Wilfred's</b>	<b>44 – personal care</b>		<b>44</b>
<b>Thamesbrook</b>	<b>36 – nursing care</b>	<b>20</b>	<b>56</b>
<b>Avon House</b>	<b>35 – nursing care</b>		<b>35</b>
<b>Ellesmere House</b>	<b>30 – nursing care 10 - rehab</b>	<b>20</b>	<b>60</b>
<b>Princess Louise</b>	<b>53 – nursing care</b>		<b>53</b>
<b>Kensington Nursing Home (BUPA)</b>	<b>37 – nursing care</b>	<b>16</b>	<b>53</b>
<b>Total</b>	<b>312</b>	<b>77</b>	<b>389</b>

In addition, 3 Beatrice Place is a 24 bedded Continuing Care NHS Nursing Home for older people with severe and enduring mental health needs. The House also has one respite bed, referrals for which must be made to the medical team and the nursing staff will visit the person to assess them before admission.

There are also a number of registered care homes with and without on-site nursing in neighbouring authorities: Wandsworth, Westminster, Hammersmith and Fulham. The number of in-borough placements has ranged between 42 and 47 over the last four years; and the number of out of borough placements has grown from 152 in 2004/05 to 193 at the start of 2007/2008 (193 out of 235 people were placed out of the borough at the start of 2007/08) although numbers do fluctuate.

As far as possible the Borough aims to place individuals who have been assessed as needing a placement in the Borough, unless they choose to live elsewhere, closer to

family and friends, or if they have very specialist needs which cannot be met within the Borough. Of 28 service users presented to the Higher Needs Panel, ten were placed out of borough to be near relatives.

As part of the assessment or review, the social worker has to obtain the service user's and carer's view about their long-term care preferences. On the whole, when the Borough makes a placement at a distance from the borough, these placements are made based on service user or family choice and no pressure is placed on any individual as a result of delayed discharges or, lack of local availability. Managers check that such choices are made for a good reason and that a family member or friend is already very involved with that person so that the service user is not isolated as such placements cannot be closely monitored. The borough's residential placement monitoring service is one of the few services in the country that offers 2 annual monitoring visits.

Kensington and Chelsea does not place people temporarily in interim placements to avoid a delayed discharge, though people can go directly into long-term care if they have no rehabilitation potential. However, sometimes, people may be placed in an interim placement if they are awaiting a placement in an 'extra care' facility. At present the Borough has a waiting list of 4 people for extra care. In addition, some people are currently in interim dementia beds awaiting a permanent place in the new Ellesmere scheme.

In 2007/08, the budget for older people's placements in private and voluntary homes was £5,626,000. The cost of operating the one in-house Kensington and Chelsea home was £2,859,000. Table 21 presents part of the 2007-2008 budget for housing, health and social care services for older people in Kensington and Chelsea.

**Table 21: Excerpt from budget for housing, health and social care, 2007-08**

<b>Services for older people</b>	<b>Expenditure - £000</b>	<b>Income - £000</b>	<b>Net - £000</b>
<b>Nursing</b>	<b>3,121</b>	<b>753</b>	<b>2,368</b>
<b>Residential (private and voluntary)</b>	<b>5,626</b>	<b>1,359</b>	<b>4,267</b>
<b>Residential In-House (Thamesbrook)</b>	<b>2,859</b>	<b>947</b>	<b>1,912</b>

### **3.4 Hostels**

The council provides Supporting People funding to 104 units of homeless hostel accommodation which accepts older people. In total, the borough has 463 units of accommodation for single homeless people and rough sleepers.

The focus on hostels for homeless people is on hostels as places of change and transition, access to training and employment. The needs of older people do not figure prominently in these changes, although there are older people living in hostels, an estimated 5,000 in the UK in 2004.

The Coalition on Older Homelessness defines older people as those over 50 years of age. People who have a history of homelessness, due to their life experiences, have a lower life expectancy and often age prematurely. A 55 year old homeless man can exhibit the chronic ill health and vulnerabilities that would usually be associated with someone in their 70's. This is also a barrier to accessing appropriate services. Where

one of the criteria is chronological age, people who have aged prematurely can be excluded from appropriate housing and support.

The Coalition considers that sheltered housing can work well for people with a history of homelessness provided they receive appropriate support. Some people from hostels can be integrated into generalist schemes and with some initial resettlement support become part of the community.

Extra care is a model that could potentially work well for older people with a history of homelessness and complex needs. The combination of independence, their own front door, access to communal facilities and the availability of health and social care on site is the sort of model that small numbers of this client group need<sup>22</sup>.

### **3.5 Planning and Borough Development**

Planning provides an essential framework for the future development of housing for older people in Kensington and Chelsea. The Council's forthcoming Local Development Framework (LDF) will encourage the provision of new housing suitable for older people living in the borough. Although many older people are now staying at home for longer because they are able to receive care services in their own home, there is still a need for some additional care facilities in the borough. It is the Council's aim to increase provision in order to provide greater choice for residents. There is a particular need for more 'extra care' housing. Extra Care housing can be classified as Use Class: C2, Residential Institutions, because of the provision of personal care and treatment, and would not, therefore attract an affordable housing requirement. The Council will also be encouraging the provision of more sheltered housing and retirement villages, although the need for this form of development is not as great as that for 'extra care' provision. The Council's 'Core Strategy: Interim Issues and Options' consultation took place between February and April 2008. The consultation report included a number of questions on the future provision of housing for older people in the Royal Borough.

### **3.6 Housing Support Services**

According to the new Supporting People strategy, the volume of need for Supporting People funded services to older people will increase over the next ten years: in 2008, some 1341 units are needed, a figure which rises to 1461 units by 2017. The strategy suggests that the current split between accommodation-based and non-accommodation based services, eg, floating support, does not reflect assessed need. Currently, 967 of the 1351 available units are accommodation-based - about 70 per cent of the provision. The strategy suggests that, by 2017, 815 of the 1461 units needed should be non-accommodation based services: a proportional rise from a little over a quarter of all provision for older people to a little over half.

In 2007/8, Kensington and Chelsea's Supporting People programme will fund services to 3,460 people at a cost of £10.9 million of which one-fifth will be on services for older people. Services provided in the Borough that receive SP funding consist of: sheltered housing, extra care housing, floating support services, the Home Improvement Agency, and the Community Alarm Service.

The Supporting People Strategic Review of older people services identified a number of support needs. In order of priority, these included:

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<sup>22</sup> Older People's Housing Strategy - Addressing your older homeless population, Coalition on Older Homelessness, January 2007

- Community alarm
- Housing management – repairs/rent
- Help with finances
- Accessing services e.g. health, social services
- Mobility issues

In the strategic review of Supporting People older people services (2007), a number of issues emerged: method and quality of service delivery; appropriateness of the level of housing related support being delivered; support needs of service users; diversity; referrals to and eligibility for supported housing projects; and the standard and quality of housing stock. Supporting People services appear to be located mainly in the north of the borough.

### 3.6.1 Staying Put

The only housing related service that older people living in the private sector are likely to receive is the 'Staying Put' service. The Staying Put Service is a not-for-profit home improvement agency which provides a number of different services. The aim is to improve older or vulnerable people's living conditions, leading to improved health and a better quality of life. This is achieved by assisting people to repair, improve and adapt hazardous or unsuitable homes to enhance their safety, security and wellbeing. Staying Put carries out the majority of adaptations for housing associations and privately owned and rented properties in the borough.

The 'Staying Put' service is jointly funded by Supporting People, Housing Initiatives and a very small amount from Adult Social Care and Housing Needs. It provides a service to up to 400 people per year. In addition to assisting people to repair, improve, maintain or adapt their home, the service also helps with security works. In 2006/07, 156 people received support to adapt their home, and over 1030 were provided with assistance for small/minor repairs. Staying Put adds 10% to the cost of adaptations as fees<sup>23</sup>.

Some providers commented that information and support for private tenants and owner occupiers on repairs is patchy and there is potential for more support, for example, through the promotion of equity release, although in the past there has been little take-up of equity release.

Staying Put operates a handyperson service for which there is increasing demand. The service is targeted at people over sixty or who are otherwise vulnerable. It carries out a variety of tasks from changing tap washers to minor aids and adaptations, to enable people to maintain their independence and remain in their own homes. The funding and contract for this are currently being revised. This service is eligible for Supporting People funding. The HIA receive monies from several sources, the majority of which are through a grant, and each has a set of targets. The borough is looking to bring all funding streams and Performance Indicators (PIs) together using the SP framework. In order to achieve this, a number of elements are being set in place, including: a steady state contract; service specification; targets; PIs; and contract review arrangements. In the future the borough intends to fund the following services: Advice, Handyperson, Financial/Technical, Domestic Violence.

Adult and Social Care has agreement to set aside up to £15,000 for the Handyperson service, once the new service is agreed. There is a waiting list for handyperson

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<sup>23</sup> Supporting People Strategic Review – Older people services, 2007

services which indicates unmet demand and scope for the further development of the service to include preventive work, such as home safety checks and remedial services.

### 3.6.2 Home improvements and Disabled Facilities Grants

Thirty-five older people received a DFG in 2006/2007 and 33 older people had major adaptations carried out by TMO in 2006/2007. The type of Staying Put and TMO adaptations carried out and the quantity of each were as follows:

**Table 22: Number of adaptations provided in 2006/2007**

Adaptation	Staying Put	TMO
Level Access Shower	22	27
Stair Lift	4	1
Over Bath Shower	1	3
Entryphone System	1	
Ramp	2	
External Lift	2	
Kitchen Adaptation	2*	
Through Floor Lift	1	
Garden Adaptation		1
Automatic door opener		1

\* Both installed along with level access showers

Three older people received funding from their housing association for their adaptation. All three adaptations were Level Access Showers, with one each from Peabody, Guinness and WPHA.

The table below (Table 23) details the distribution of service users receiving DFG funding in 06/07 by postcode.

**Table 23: Postcode of people receiving a Disabled Facilities Grant**

POSTCODE	Number of Service Users		
	TMO	HA/Owner occ.	Combined
W10	17	15	32 (44%)
W11	7	11	18 (25%)
SW10	6	3	9 (12%)
SW3	2	5	7 (9%)
W14	1	2	3 (4%)
SW5	0	2	2 (3%)
W8	1	0	1 (1%)
W2	0	1	1 (1%)
SW7	0	1	1 (1%)



More than two-fifths (42%) of DFGs are provided to people aged 60 to 74; 36% are provided to people aged 75 to 84; and just over one-fifth (22%) are provided to people aged 85 and above.

Expenditure on home improvements and Disabled Facilities grants is moderate relative to the costs of care home placement which it may help to delay or avoid (see Table 24). On average, most adaptations cost less than £5,000 (the exceptions are bathroom hoists and wheelchair step-lifts). The Audit Commission in a number of reports has stressed the effectiveness and value for money of investment in adaptations and equipment. There is evidence of savings on residential and intensive home care and better outcomes for older people and their carers.<sup>24</sup>

**Table 24: Expenditure on home improvements and Disabled Facilities Grants 2006/07**

Spend	£	No. of home improvements/adaptations
Home Improvement Agency	124,605	22
Disabled Facilities Grant	235,903	30

Most adaptations are carried out within the public sector. This may reflect a lack of awareness among other tenures about the service. The current home improvement grant threshold is £15,000. Assured tenants, some of whom have a repairing obligation may be unable to carry out repairs above this threshold.

The home improvement agency has identified an increasing need for work on: aids and adaptations; essential repairs; central heating; and insulation measures. Potentially the agency could increase the range and volume of work it carries out to maintain older people in their homes.

### 3.6.3 Equipment

A total of 6,817 items of equipment were provided last year to 1,629 older people with disabilities in the borough from Adult Social Care Services: 38% to people aged 85 and above.

The majority of clients for equipment were people living in the north and the south of the borough although the difference in the number of items of equipment provided to the north, south and central areas were not so marked (see Table 25).

**Table 25: Items of equipment provided to clients by postcode, 2006-2007**

Postcode of client	No. of clients	No. of items	Cost (£000s)
W10	346	1296	94
W11	354	1391	108
W2	15	35	4
SW5	93	451	27
SW7	97	448	48
W14	62	337	35

<sup>24</sup> L.Turner & F.Heywood, Better Outcomes, Lower Costs, 2006, DWP Office for Disability Issues.

Postcode of client	No. of clients	No. of items	Cost (£000s)
W8	184	870	76
SW1	24	71	3
SW10	227	872	57
SW3	462	1022	83

### 3.6.4 Floating support

The TMO provides a Home Visiting Service, TMO2YOU, specifically for TMO tenants over 55 years of age who are in need of extra help, support and advice at home. The TMO has reconfigured the accommodation-based service to provide reduced support hours to the sheltered service users and a new provision of floating support to other older people in the community.

TMO2YOU offers regular, planned visits by locally based TMO staff who: provide information about available health and other services; ensure people are well and check that Community Alarm Equipment is working; check the condition of clients' homes and if necessary report repairs; offer advice on budgeting and benefits; get other professionals involved to help people continue an active and independent life; identify things that people may need assistance with now and in the future should their circumstances change at any point. TMO2YOU aims to enable the provision of the most appropriate assistance to help people stay independent and look after their health. Where appropriate, the TMO staff can assist in co-ordinating services and linking in with new ones.

In addition to TMO2YOU, there are 108 floating support placements for older people, currently provided by three other organisations (see Table 26). One service has been broadened to cover people in general needs accommodation.

**Table 26: Floating support in RBK&C (excluding TMO2YOU)**

Provider	Service name	Units
Notting Hill Housing Group	Home Floating Support Service	51
Octavia Housing & Care	Octavia Floating Support	35
Kensington Housing Trust	Mobile Support Service	22
Total		108

Recent evidence from the Department of Communities and Local Government indicate a net financial benefit of £25.9 million from a cost of £37.8 million for floating support nationally, mainly as a result of reduced costs of residential care. Equally there are benefits in terms of improved quality of life and a reduced burden of care for carers.

The number of people receiving floating support appears relatively low and the fact that the use of floating support services is high, operating in the region of 95-100% of capacity indicates that this is an area which needs to expand to meet the rising number of frail older people living at home. It is not clear that the delivery of floating support services is equally accessible across the borough and across tenures. The borough needs to ensure that there is fair access to floating support.

### 3.6.5 Community alarm service

The Community Alarm Service (CAS) is provided by the TMO. The service is available to people in all tenures. However, it is not clear from the CAS Review whether the service is used equally by all groups of older people within the borough. Referrals come through self-referral, social services, health and housing departments. Supporting People (SP) funding of the Community Alarm Service usually depends on whether or not an older person is entitled to Housing Benefit.

In 2005/06, SP funding accounted for 20% of the Community Alarm Service total annual budget of £453,365. CAS is contracted to provide 473 units under the £89,594.87 Supporting People funding. Of the 366 SP clients, a significant majority (357) were TMO residents, of which 171 lived in sheltered housing and 181 in general needs housing. Of the 357 TMO residents, 348 were on a visiting contract and 9 on a monitoring contract. The service is consistently underutilised and provides at least 100 units less than contracted for under SP funding (CAS Review 2006). The review recommended the introduction of three SLAs: for the sheltered service, floating support service and community alarm service.

There were approximately 2,500 other users of the Community Alarm Service who are not funded from the Preventive Technology Grant in November 2007 including 1,100 'dispersed' alarms installed into individual properties; and 1,400 'hard-wired' alarms installed in sheltered housing schemes.<sup>25</sup> With more than 8,000 people aged 65 and above with a limiting long-term illness in the borough, it seems likely that the monitoring service could be expanded to cover more people living in the community.

There are two levels of service:

- Visiting service similar to a basic floating support service where the user supplies CAS with a set of keys on the day of installation so that CAS can act as the first responders for all emergencies. The charge for this services is £23.00 per month + VAT
- Monitoring service similar to a traditional community alarm service where the user identifies 2-3 responders who live locally, hold keys and whom CAS can contact anytime to visit in an emergency. The charge for this service is £13.00 per month + VAT

Support is provided over a three to six month time period, however some service users with high support needs have been provided with support over a one to two year period. The one year plus support option has only occurred in a minority of cases, but the service needs to monitor such cases and ensure that the needs of the service users can be better met by the service in the first place. A risk and needs assessment for all service users should help to address the latter. (CAS Review 2006)

In addition to the pendant there are a range of other alarm operated triggers such as Flood, Fall or Bed sensors, Automatic Medication dispensers, health monitors, Gas sensors etc.

The consensus of service users and stakeholders is that planned check calls provided by CAS are an essential support service in terms of maintaining independence. However it would be appropriate for the service to consider transferring this aspect of support into the TMO2You floating support service (CAS Review 2006).

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<sup>25</sup> Supporting People Strategic Review – Older people services, 2007

Both the Supporting People Strategic review and the CAS review identified the high priority of the CAS service. Unit costs are above those of similar services in other West London boroughs, but service quality is good and performance has been assessed as average. Analysis of the Stakeholders and Service User response demonstrates that there is a demand for the alarm service in relation to the primary client group, which are older people with support needs (CAS Review 2006).

It appears that there is little take-up of the service among owner occupiers and private tenants which may reflect limited awareness of the availability of the service among older people in these tenures. The new Supporting People strategy recommends a strategic cost benefit review of the funding of community alarms in the borough which would clarify how to develop the service in the future.

### **3.6.6 Assistive Technology**

There is a growing body of evidence that assistive technology is a cost effective service. It enables users to remain independent for longer and to feel safer and more confident living at home. Risks are reduced and impact minimised and the pressure on carers is reduced.

Kensington and Chelsea are piloting assistive technology. At the end of November 2007 there were:

- 161 people in receipt of assistive technology funded from the preventative technology grant.
- 91 of these started assistive technology in 2007/08.
- There have been 183 people receiving assistive technology since the start of the project.
- 19 of the active users have various sensors in addition to the basic call alarm.

These figures do not include people benefiting from assistive technology equipment in James Hill House, Miranda House, Burgess Fields and Highlever Road supported living schemes.

The budget for 2007/08 is £300,000 which at £500 per user is estimated to provide services to 600 people. For 2007/08 the target for new users was 300. Equipment can be recycled for up to 6 years. The service is funded by the Preventive Technology Grant which is due to end in April 2008. The future of the service is therefore not clear.

Referrals can be made by: self referral / friend / relative; care Managers / OT needs assessment; Intermediate Care Service; Hospital Discharge Planning; GP; Falls Service; District Nurse; Community Rehab Service; Community Alarms Service; and Voluntary Organisations.

A range of preventive and monitoring technology is available:

- Fall detectors, bed/chair/wheelchair occupancy sensor, passive Infra red sensors, epilepsy sensors
- Property Exit Sensor, Bed Occupancy Sensor, passive Infra Red sensors, Zoning Buttons (enable management of which areas of the applicants home will be monitored & at what times)
- CO Detector, Smoke Detector, Temperature Extremes Sensor, Flood Detector, Natural Gas sensor, Gas Shut Off Valve
- Bogus Caller / Panic Button, Dummy bell box

Fall detectors and property exit sensors are the most frequently supplied type of sensor.

A number of systems have been put in place to support and promote the assistive technology service, including:

- An assistive technology implementation group, composed of Occupational Therapists, Care managers, CAS, PCT (community rehab service), Supporting People and the voluntary sector (Age Concern).
- A full time assistive technology assessment and development worker;
- Courses to raise awareness of the service among staff.
- The appointment, by CAS, of a contractor able to install more complicated equipment, such as gas shut off valves (requiring qualified gas fitter and electrician) in one visit.
- Leaflets and publicity materials to promote awareness among staff and users.
- The purchase of demonstration kits.
- Users of the Enablement Service and intermediate care and community rehabilitation services are offered assistive technology free for six weeks.
- The assistive technology worker is in the process of identifying users most likely to require assistive technology, such as people with dementia or people over the age of 80, and, with the agreement of their care manager, undertaking an “assistive technology review” and arranging for the service to be provided where appropriate.

Although referrals are increasing steadily, the rate of increase in referrals is less than expected. Anecdotal evidence suggests that some users are put off by the monthly service charge of £23 (which is the normal cost of the Community Alarm Service) because they are already paying for Homecare services, even people in receipt of disability benefits, such as attendance allowance. Supporting People pays for equipment and maintenance costs with some additional cash limited help for users in receipt of housing benefit. Further work is planned into the implications of integrating assistive technology with the fairer charging policy and an assistive technology strategy is planned .

### **3.6.7 Housing advice**

Although the data on housing advice services is limited, 14% of people contacting the in-house housing advice service in 2006-07 were over pension age (equivalent to 13 people) and 12% in the first 6 months of 2007-2008.

Supporting People will shortly be recruiting a person to give housing advice for older people. The aim will be to provide effective and timely housing information and advice to enable older people to access housing, support and care services which can best meet their needs across all tenures.

## **3.7 Care and support services**

### **3.7.1**

According to Department of Health indicators, a high proportion of older people are supported to live at home in Kensington and Chelsea. More than half of women (56%) and nearly a third of men (29%) aged 85 or above use social services in K&C. Utilisation rates are higher in areas of deprivation, poverty and high density social housing reflecting poorer health and inability to pay for care privately in these areas.

The budget for care and support services in 2007-2008 (see Table 27) indicates that home care followed by day care/day opportunities represent the main items of expenditure on care and support to older people at home.

**Table 27: Excerpt from budget for housing, health and social care, 2007-08**

Services for older people	Expenditure - £000	Income - £000	Net - £000
Home Care	7,507	2,540	4,967
Day Care	2,870	705	2,165
Meals	425	175	250
Supported Accommodation	809	103	706
Other Services	2,781	1,624	1,157

### 3.7.2 Homecare

As part of the aim *to work in partnership to improve residents' independence and quality of life*, the Community Strategy 2005-2015 aims to increase the number of households receiving intensive home care per 1,000 population for 65 year olds plus from 15.5 in 2005-2006 to 17.0 in 2008-2009. Based on GLA projections for 2008, one would therefore expect there to be 323 people currently in receipt of an intensive home care package.

In 2007/2008, a total of 254 residents of the borough aged 65 and above were receiving an intensive home care package (i.e. more than 10 hours per week) of whom 205 had physically and sensory frailty and disability and 39 mental ill-health (see Appendix 3). Six of these people receive 100 hours or more of home care per week; and 7 from 50 to 99 hours; and 71 from 20 to 49 hours per week.

Table 28, based on PAF indicators applied to population projections, provides an estimate for current provision considerably higher than the actual figure and projects a 46% increase in the next 17 years.

**Table 28: Households receiving intensive home care (10 hours or more, 6 or more visits per week) for people aged 65 and over, projected to 2025**

	2008	2010	2015	2020	2025	% change 2008-2025
Number of households receiving intensive home care for people aged 65 and over	354	370	429	469	517	46.0%

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. Social Services Performance Assessment Framework Indicators 2005-2006, CSCI / National Statistics, reference AO/C28. The rates per 1000 have been applied to GLA high estimate population projections of the 65+ population to give estimated projections of the numbers predicted to receive intensive home care to 2025.)

### 3.7.3 Domiciliary and day opportunities

The borough currently has 2 in-house day centres: EPICs and Gertrude Street costing just over £1.5 million per annum; and three private and voluntary day centres: Kensington Day Centre, the Quest, and Pepper Pot and a number of other day opportunities available for older people which are provided by the voluntary sector (see later section). There are also two day hospitals in the borough (one of which is for mental health patients and the other for frail older people). However, some providers commented on the need for more day centres for older people with mental health needs, particularly dementia.

**Table 29: Older people aged 65 and over helped to live at home, projected to 2025**

	2008	2010	2015	2020	2025	% change 2008-2025
<b>Number of older people helped to live at home</b>	<b>1844</b>	<b>1864</b>	<b>1977</b>	<b>2040</b>	<b>2139</b>	<b>16.0%</b>

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. Social Services Performance Assessment Framework Indicators 2005-2006, CSCI / National Statistics, reference AO/C32.1 The 2005-06 performance figures have been applied to the GLA high estimate of the 65+ population, to give estimated projections of the numbers predicted to need help to live at home to 2025).

The number of people receiving help to live at home is projected to increase by 16 per cent between 2008 and 2025 if current levels of provision remain constant (see Table 29). This would be an increase of nearly 300 people.

### 3.7.4 Community based services

The number of older people receiving community based services is also projected to increase by 16 per cent between 2008 and 2025 (see Table 30). This would be an increase of 451 people.

**Table 30: Older people aged 65 and over receiving community-based services provided or commissioned by the CSSR (Council with Social Services Responsibilities), projected to 2025.**

	2008	2010	2015	2020	2025	% change 2008-2025
<b>Number of older people receiving community-based services provided or commissioned by the CSSR</b>	<b>2821</b>	<b>2851</b>	<b>3024</b>	<b>3121</b>	<b>3272</b>	<b>16.0%</b>

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006. The information is taken from Community Care Statistics 2005-06 (Referrals, Assessments and Packages of Care for Adults), National Statistics/Health and Social Care Information Centre. The 2005-06 RAP figures have been applied to the GLA high estimate of the 65 and over population, to give estimated projections of the numbers predicted to receive community-based services provided or commissioned by the CSSR, to 2025.)

The projected increases in the provision of care between 2008 and 2025 are most marked in terms of intensive home care which is projected to increase by 46 percent.

These increases will put significant pressure on care budgets and highlights the need to think about new ways to provide care effectively and support informal carers.

### **3.8 Health Services**

The PCT is currently developing a primary care strategy. The location of health centres, clinics and hospitals in the borough is provided in Map 2 (see below). The PCT has been particularly successful in tackling delayed discharge and is seen as a high performer in this area.

The number of people in Kensington and Chelsea receiving NHS funded continuing care at home has grown from 9 in 2002/3 to 27 in 2005/2006 (Source: K&C PCT).

#### **3.8.1 Intermediate care, home from hospital and rehabilitation**

A project manager is being appointed to develop an intermediate care strategy. The main current source of residential intermediate care, rehabilitation and re-ablement is Thamesbrook. From early 2008, there will be 10 rehabilitation beds at the new Ellesmere home funded by the PCT.

Of 32 admissions to Thamesbrook for rehab or step-down/assessment, 1st April to 31st December 2007: 24 were admitted for rehabilitation; and 8 were admitted for step-down/assessment with rehabilitation input to determine accommodation options.

All of those admitted were referred because they were unable to return home with home care/enabling and Community Rehabilitation Team (CRT) services, due to high nursing care needs, dementia or mental health needs and poor mobility. One had been street homeless and had been in emergency hostel accommodation. Fifteen had been described by hospital medical teams as having no potential for rehabilitation. Twenty-three had diagnoses of mental health or cognitive difficulties severe enough to negatively impact on their ability to manage independently, including 15 diagnosed with dementia.

People are discharged after extensive assessment, therapy input, formal review and, where accommodation other than return home is required, agreement from a High Needs Panel. Of those admitted in the 9 months up to the end of December 2007:

- 10 were discharged home with Enabling Home care, home care and/or family support;
- 7 to nursing care, including one person who chose to self fund nursing care
- 6 to residential care, including 3 to Dementia care units and 1 awaiting extra care sheltered
- 1 to extra care sheltered who was predicted to need nursing care;
- 6 still pending discharge of whom 5 are likely to return home, one is likely to need residential care.

In addition, the PCT also opened a new 10-bed rehabilitation unit in 2007, the Alexandra Unit, located within the Princess Louise Nursing Home in the north of the borough, and created additional continuing care beds in the Nursing Home itself. PCT staff will provide in-reach rehabilitation services to a second rehabilitation unit, which is to be run by an independent sector organisation, when it opens in February 2008.

Between April and December 2007, the enablement services received 215 referrals, an average of about 24 a month. The service works with older people who would benefit from focused support to regain confidence. The support provided is to assist people to



live in their own homes as independently as possible. The success rate (in terms of enabling people to live in their own homes) between April and August 2007 was over 40%, with another 27% partially successful (see Table 31).

**Table 31: Enabling Results from April 2007 to August 2007**

Result	Instances	Total Hours provided	% of Instances
Successful	49	1357.6	41%
Partially successful	32	981	27%
Unsuccessful	37	808	31%
No indication	2	25.5	2%
<b>Totals</b>	<b>120</b>	<b>3172.1</b>	<b>100%</b>

The main reasons for unsuccessful enabling was that the person was not suitable for enabling (13); required continued agency/in-house input (7); enabling was cancelled or refused (5) or the person's health deteriorated (5).

There is evidence that Homecare Re-ablement helps people improve their level of independence. CSED have just completed a study, working with four councils, which shows that for many the benefits are still present 2 years later: <http://www.csed.csip.org.uk/silo/files/longit-study-bc.pdf>. The results of this study, working with Leicestershire, Salford, Sutton and Wirral, provide valuable evidence that a substantial proportion of users continued to require no homecare package 2 years after re-ablement.

### 3.8.2 Healthy Living Centre

The Homelessness Directorate has funded the development of a Healthy Living Centre with backing from Supporting People. It is due to open as part of a hostel remodelling project in Redcliffe Gardens in 2008.

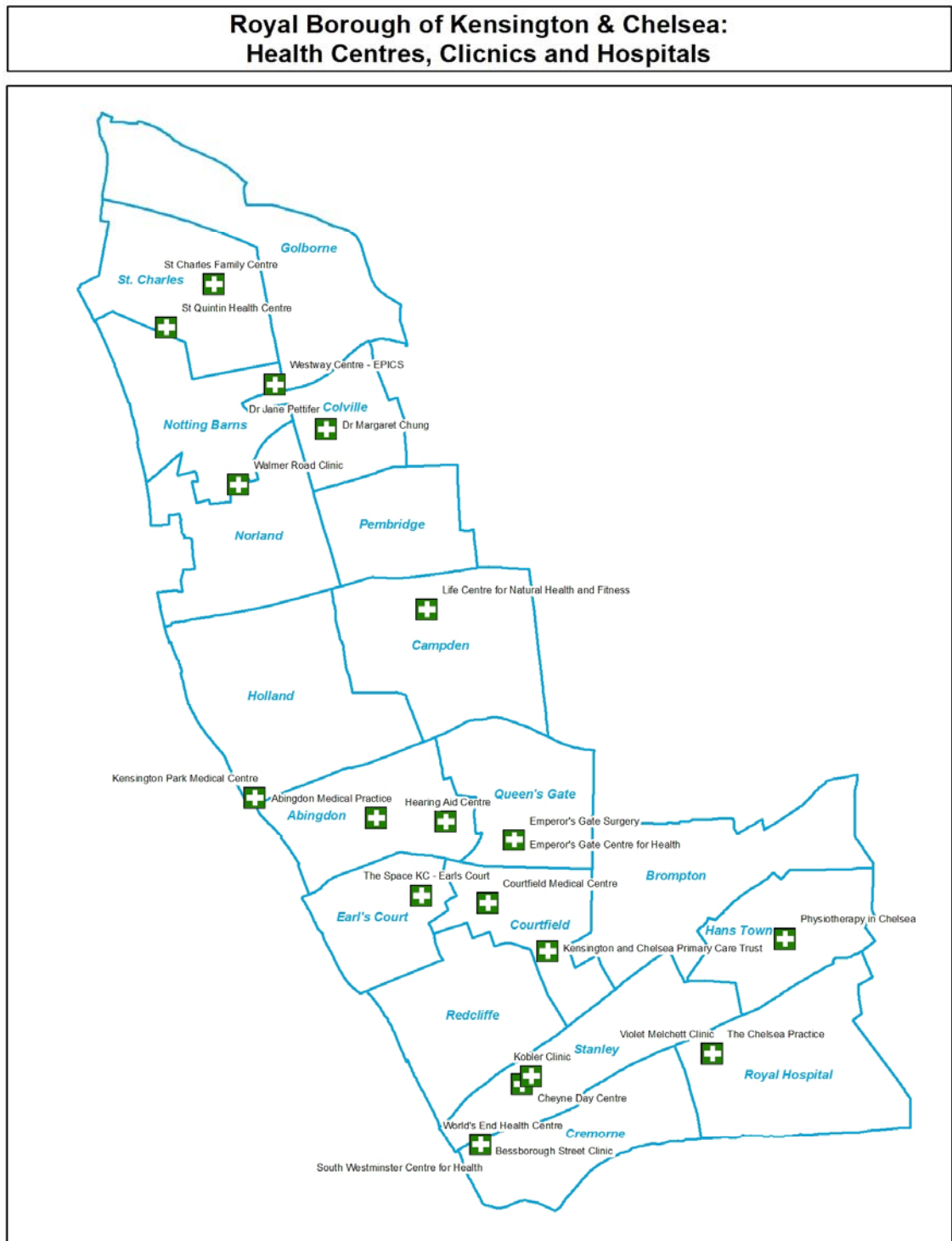
### 3.8.3 Hospitals

Three acute hospitals serve residents of the Borough: Chelsea & Westminster, Hammersmith, and St Mary's Paddington (only the first is within the Borough's boundaries). St Charles Hospital in the north of Kensington and Chelsea provides elderly, palliative and mental health services (see Map below).

### 3.8.4 Mental health services

A draft strategy for the development of older adult's mental health services was issued in August 2007 for consultation.

Several professionals from different agencies may be involved in the care and treatment of older adults with mental health problems, and coordinating their input can be challenging. Older adults with mental health problems may be involved with two assessment processes: the single assessment process (SAP) and the care programme approach (CPA).



<p><b>Older Person's Housing Strategy</b></p>	<p>Date: 22/11/2007                  Author: PLAT                  Status: Final/Draft</p>	<p>Property and Land Applications Team                  The Royal Borough of Kensington and Chelsea                  The Town Hall Hornton Street LONDON W8 7NX                  0207 361 3930                  plat@rbkc.gov.uk</p>
<p><small>Reproduced from the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationery Office. © Crown Copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Royal Borough of Kensington and Chelsea Licence No 100521658 (2507)</small></p>		

Both assessment processes are currently being used in Kensington and Chelsea at this present time. eSAP, a multi-agency electronic tool is now being used to assist with the alignment process and the harmonisation of referral and assessment systems.

In the North of the Borough, memory assessments services are provided by Central and North West London NHS Foundation Trust (CNWL) and are part of older adult's mental health services. In the South of the Borough, physicians at the Westminster and Chelsea Hospital provide memory assessment services. Referrals are only made to the older adult's mental health team if the patient has particularly challenging behaviour.

An integrated community mental health team has been established for (North) Kensington and Chelsea. The staff working with older adults are based together at St Charles Hospital.

The Dementia Development Team plays a critical role in providing information, training and support to older adults, carers and staff across the statutory and voluntary sector, which in turn enables the quality of life of people with dementia to be improved. The team also contribute to service planning and service development. In addition to their Health Promotion role, the Dementia Development Team also focuses on promoting and developing good practice in dementia care with a wide range of staff in all agencies and also with family carers.

### **3.8.5 Doctors**

GPs are the first port of call for the majority of health complaints, and the General Household Survey (2001) found that on average those aged 65–74 had five GP consultations and those aged over 75 had seen their GP six times in the previous 12 months.

There are 43 GP surgeries in the borough: many GPs are single-handed. Most GP surgeries are in W10 and W11, with more limited provision in other parts of the borough. The GPs in Kensington and Chelsea have formed a single Practice Based Commissioning Consortium in the borough. One of their first projects is to identify very high intensity users – which would include older people and to look at hospital avoidance. They are also bidding to provide a rapid response service and have identified integrated care for older people as a priority.

### **3.8.6 Falls prevention**

Thirty per cent of people aged 65 and over fall each year. It is estimated that falls in people over 60 cost the NHS and social services £981 million annually. The Falls Service has provided a single point of access across Kensington and Chelsea for all community based falls referrals. The Falls Service is based on best practice, implementing the milestones and evidence base outlined in the National Service Framework for Older People and NICE guidelines. The Falls Service operates as part of the Kensington and Chelsea Rehabilitation Services. The service performs a risk assessment on clients who are falling or at risk of falls through our single point of access. From the risk assessment they are triaged to either further assessment or other PCT interventions. It offers one to one multi-disciplinary therapy through the Community Rehabilitation Team.

The Falls Service had between 450-500 clients from March 2006-2007. There are an average number of 33 referrals per month and the Service is currently stretched in terms of capacity. The Falls Service is staffed by 1.5 Therapists and 0.5 Assistant.

Further assessment is through the Allied Health Falls Assessment Clinic (26 clients from 06/07 held approximately monthly). There is a similar falls assessment clinic in the North of the borough through Princess Louise of Kensington (PLK) Day Hospital, this has medical and nursing input which the South based clinic does not (Numbers for March 06 -07 were 156 however only around 70% of clients were from Kensington and Chelsea).

Falls education and exercise classes are also provided with a new class just commencing in the South of the borough in October. The class in the North of the borough operates at PLK (24 clients were seen in 2007). An evidence based exercise programme is also being run. This programme received around 60 referrals over the last year.

Based on international statistics it is estimated that 6,000 older people will fall every year in Kensington and Chelsea (Gillespie, 2004 and Kensington and Chelsea PCT 2006). However referral numbers have remained static throughout the year at around 30 per month. To capture the number of fallers in the borough, awareness of the service needs to be raised. One way to improve referrals and access to the community is through promotion. Following major promotional events referral numbers have always increased. Therefore to enhance prevention and to provide rehabilitation and support to older people it is planned to expand the role of promotion within the Falls Service through an additional Assistant support to focus on promotion.

### **3.8.7 Continence service**

Kensington and Chelsea PCT provide a continence service which is principally for older people. The service is a nurse based service providing education, expertise and management for people living with continence issues. It also provides support to general nursing teams to improve their ability to deliver a service. In the last full year, 1,091 people (nearly 80% female) received the continence service.

### **3.9 Voluntary sector**

There are four main voluntary sector organisations providing services for older people in the Borough are: Open Age; Sixty Plus; Age Concern and Pepper Pot.

Open Age is a user led charity working across the Royal Borough of Kensington and Chelsea and Westminster enabling retired older people, from 50 to over 100 years old to sustain their physical and mental fitness, maintain active lifestyles, and develop new and stimulating interests.

The organisation provides a wide range of physical, creative and mentally stimulating activities to enable older people to develop new skills and fulfil their potential, as well as to encourage and support social interaction and reduce loneliness, isolation and depression. The New Futures 50 Plus programme supports people over 50 into employment and training. There is also a drop in information service.

Over 100 weekly activities are provided across a multitude of community sites, which include Open Age's own Positive Age Centre in North Kensington as well as community centres, sheltered housing, church halls and libraries. The Positive Age centre (Dalgarno Gardens) run by Open Age is based in the north of the borough and runs a variety of activities for older people. Activities vary from those that are health and fitness related such as yoga, chair exercise and walking groups to creative and performing arts sessions and weekly groups with speakers. The organisation provides

daily computer classes and drop in computer sessions from their own dedicated fully accessible computer suite as well as from other venues across Kensington, Chelsea and Westminster. A weekly outings group visits attractions in and around London.

Open Age averages about 300 individuals directly participating in activities they provide in Kensington and Chelsea on a weekly basis. In addition to this an average of about 200 individuals a week are attending New Horizons (Open Age leads consortium) which opened in September 2007 - target is 500 a week.

Open Age is leading a Consortium (which also includes Sixty Plus) running New Horizons a pioneering multi activity centre for older people in Chelsea which opened in Autumn 2007. New Horizons is an activity centre for older people of all ages over 50, providing new interests and challenges, supporting health and well-being and encouraging fun and enjoyment. Celebrating age, stage and experience, it offers opportunities for older people to share and pursue their interests, develop new skills and keep active and engaged. Opportunities include: creative and performing arts, physical activities (chair exercise, dance, yoga etc) languages, computers, information sessions, trips out, complementary therapies, information, advocacy and intergenerational work. There is also a café providing healthy snacks and lunches. Partnering the Consortium, RBKC Social Services and Kensington and Chelsea Primary Care Trust each contribute to a portion of the revenue costs.

Based in North Kensington, Sixty Plus is a volunteer-involving organisation with around 150 volunteers of all ages, providing a range of services to over 60s, primarily in Kensington and Chelsea. Services include befriending, practical help, escorting to appointments, convivial group shopping trips, and gardening. Monthly outings are organised for older people with support needs as part of New Horizons.

Breaking down the services based on last year's figures:

- Befriending (personal and telephone) - 45 per year
- Escorted group shopping trips – 50
- Practical help users – 150 people / 800 tasks in a year including escorting
- Garden Guardians – 60 people / 145 tasks
- South trips – 140 people
- Intergenerational projects – 75 people over all schemes / 105 young volunteers involved
- One-off drama project – 14 older people
- Health Wise – 400 taking part in a variety of health promotion initiatives events, workshops etc. 15 benefiting from individual support
- Health Fair – 450 attendees

An accredited intergenerational project works with young people matching them as volunteers to read to older people with sight loss, provide IT training for housebound older people, and English language support to those wanting informal tuition. Young and old also work together on occasional arts projects.

A health promotion project, Health Wise, is based on peer support and self-help and organises awareness raising events at neighbourhood level as well as leading on an annual health fair at the Town Hall. Sixty Plus publishes the 'Sixty Plus Guide: Information for Older People in Kensington and Chelsea' and is an original consortium partner in New Horizons.

Age Concern, Kensington & Chelsea, is a membership organisation providing services to older people in the Royal Borough of Kensington & Chelsea only. Main services include:

- A Home Bathing Service with referrals from the Local Authority – 120 people per week;
- Dementia Outreach and Support on a one to one and group basis, with an open referral process - 40 people per week;
- A free, information, signposting and referral/practical help service funded by RBKC. Provides information and help with a wide range of local services and benefits, including housing issues, access to health and social care services, pension and disability benefits, help with utility bills, leisure/learning and volunteering opportunities etc; for older people, their families and carers – 1600 enquiries per annum and 5,600 newsletters a quarter.
- A weekly Toe Nail Cutting Service on a paid for basis - £12 per appointment in the Pepper Pot Day Centre and New Horizons – 8-10 people per week.

The Pepper Pot Day Centre was established to offer a culturally sensitive and a uniquely appropriate service to the African and Caribbean elders and adults with special needs. It aims to provide a comprehensive service for active and disabled older people, from the African and Caribbean community, in Kensington & Chelsea, to enable them to live more independently in their own homes. There are wide range of activities including: a lunch club, recreational services such as bingo and outings, health promotion, such as yoga and reflexology, a meals at home service; Day Care Services; and a Drop in Service.

The voluntary sector plays an important, but little understood part, in providing a broad range of preventive services that contribute to the physical, social and emotional health and well-being of older people, impacting on their ability to continue to live in their own home. With the growing policy importance of the voluntary (or third) sector, a fuller understanding of the role it plays in helping older people to stay well in Kensington and Chelsea would be useful.

## 4 WHAT DO OLDER PEOPLE WANT?

### 4.1 National Perspective

Most older people want to remain in their own home for as long as possible. However this does not necessarily mean that they do not want to move. Older people move for a variety of reasons including: convenience, location, better accessibility, security, easier to maintain and manage property, availability of care, and to release equity.

Research by Karen Croucher to inform *Lifetime Homes, Lifetime Neighbourhoods* (DCLG, 2008) found that the factors which underpinned older people's decision to move or to stay put are common across very diverse groups. The key factors were: attachment to current home, complexity of family/caring relationships, neighbours and neighbourhood (especially for lesbian, gay and transgender older people), access to services and amenities, and health and well-being<sup>26</sup>.

Croucher found that two bedrooms were seen as a minimum requirement for most people. Some people (particularly from the Asian community) wanted better independent advice about the housing options available to them; and there was also felt to be a lack of low intensity support, for example, help with small repairs. Sheltered housing was seen as a 'good thing' but there was little awareness of extra care housing or the potential of assistive technology. Older lesbians and gay men were concerned about possible homophobic attitudes among staff and other residents in specialist housing and care homes.

The Audit Commission, in partnership with Better Government for Older People<sup>27</sup> set out some of the aspirations of older people gleaned from a range of consultation exercises:

- Having choice and control over how they live their lives.
- Opportunities to contribute to the life of the community, and for that contribution to be valued and recognised (interdependence).
- Comfortable, secure homes.
- Safe neighbourhoods.
- Friendships and opportunities for learning and leisure.
- The ability to get out and about.
- An adequate income.
- Good relevant information.
- The ability to keep active and healthy.
- Tackling ageism.
- Being involved in making decisions.
- Joined up services.

The next generation of older people from the baby boomer generation are likely to have higher expectations and demands of public and private services, with a more individualistic and consumerist approach to housing and support services than their predecessors.

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<sup>26</sup> Karen Croucher, *Housing Choices and Aspirations of Older People*, DCLG, 2008

<sup>27</sup> Audit Commission *Older People: Independence and Wellbeing*, 2004

## 4.2 Local Picture

The Borough's strategic priorities plan identifies five key areas that people in general say they want from public sector services:

- Choice to decide who they live with, where and how
- Independence - to have maximum control over their own lives
- Dignity and respect
- Safety, and
- Consistent and competent services.

Consultation with African Caribbean older people in 2005 for the community strategy identified a concern that they were becoming more isolated as their children were often obliged to move away. They also experienced difficulties getting advice on benefits.

Consultation with residents in sheltered housing for the Strategic Review of Supporting People Services for older people in 2005 found that service users did not necessarily want the pre-arranged package of support on offer to everyone in sheltered housing, but would prefer to be able to ask for help when needed. Black and minority ethnic service users and carers said they would prefer more access to specialist services in the community rather than new housing schemes.

Three focus groups with service users from across the borough and from different tenures (including a group of older people from the Persian community) elicited a number of points about the current and future housing and support:

- The location of housing for older people is important, they want to be near good transport, hospital and health services, and shops, more than close to their family.
- Reasons for moving were principally to avoid stairs, to have more space to accommodate family members, and to move to a better location.
- More information about sheltered housing is needed. Many people seemed to think that sheltered housing was something similar to residential care, with limited space, and a lack of control or privacy. Some people who were owner occupiers expressed frustration that they were not eligible for sheltered housing.
- Single older owner occupiers who want to move into sheltered housing for security and to reduce the costs and responsibility of maintaining their homes lack opportunities in Kensington and Chelsea.
- None of those taking part had come across extra care housing.
- Staying Put services are highly valued.
- Adaptations such as walk-in showers, doors wide enough for wheelchairs, and storage for buggies, were highly valued. People wanted to know whether adaptations such as chairlifts were available in social housing.
- Owner occupiers need help with 'the hassle' of organising and paying for repairs.
- Care homes are seen as a last resort.
- Working lifts for those living above the ground floor are important to enable people to live independently and avoid isolation.
- When people become disabled, they want good level ground floor access.
- Older people want information and *independent* advice about how to maximise their finances; how to use the equity from their home; help with form filling; debt; financial planning; benefits take-up.
- Services need to be flexible to adjust to changes in people's housing and support needs.



- People with pets who cannot access sheltered housing felt that there should be more flexibility.
- A number of services were mentioned as very good: including support received from social care with shopping and carrying; stroke after-care and support.
- Where older people were dissatisfied with local authority care, they had organised their own private care through the internet in one case.
- Individual budgets were seen as providing an opportunity for people to take control of their care.
- Help with shopping is something that many older people need, although some people were using the internet to get home deliveries.
- Trust is important in care provision and support networks.
- Preventive and assistive technology will help people live independently with mild dementia. This should be built into the specification for new specialist housing for older people.
- Some people thought a scheme similar to adult placement where a younger person stays with them in return for a bit of help would work where people have a spare room.
- Older people do not want to exclude people with dementia from sheltered and extra care housing, sufficient care and facilities need to be in place to support them in this, eg, day centres.
- Although older people want to stay put if their health deteriorated, some thought their children would want them to move so that they would be supervised.
- There was little interest in moving out of the borough, especially as it might increase social isolation.
- Some people feel strongly that they should not have to pay for care when they have already paid taxes.
- Greater information about the risks and likelihood of ill-health and disability in old age was needed to help people prepare and plan for their future housing and support needs.
- Older people want to be able to engage in social activities and to have opportunities for volunteering. More information about such opportunities is needed.
- People wanted to be considered in terms of what they could contribute, not just what they need. They emphasised interdependence.
- Older people wanted to be able to maintain their dignity, social contacts, opportunities to develop, help with their gardens and minor repairs such as plumbing.

Evidence from 21 discovery interviews with older people conducted as part of the Supporting People strategy development confirms many of the findings from national and other local consultation and research. Older people emphasised their preference for their own home, but were obliged for health reasons (particularly difficulties in relation to stairs) to move into specialist housing or residential care. Adaptations to the home were valued as a way of maintaining independent living. Good neighbours and informal carers played a vital role in supporting independence, and help with form filling and accessing services was also important. The very high levels of informal care provided by some carers indicates their role in delaying or avoiding moves to residential care, and the importance of ensuring that they are supported.

## 5 GAP ANALYSIS AND THE DESIGN OF FUTURE PROVISION

From this survey of the current and future characteristics of the population and current and planned services in the Royal Borough of Kensington and Chelsea, a number of points emerge which indicate that there are gaps in terms of the profile of accommodation and related services to meet the needs of older people across the continuum of housing, health and social care.

### Current and future population

- Both providers and older people confirmed their strong commitment to living in Kensington and Chelsea. Older people do not appear to want to leave the borough as they grow older.
- The steady overall growth in the population will put pressure on existing services; and the more pronounced increases in particularly vulnerable groups, very old people living alone, with long-term limiting illness and providing high levels of care; and older people with dementia will add to the pressure for more intensive support.
- The population is diverse with a large number of relatively affluent older people in the south of the borough and smaller numbers of older people living in poverty, concentrated in the north. There is a need to develop a range of services recognising that these different populations may have different needs.
- The growth in the number of men aged 85 and above between 2008 and 2020 is likely to increase the need for two-bedroom housing with support as many will be part of a couple.
- There is a need for adequate provision of care and support to enable the projected 24% increase in lone older men aged 75 and above to remain in their own homes, or if necessary in extra care housing, to avoid inappropriate admissions to residential care.

### Vulnerable older people

- Between 2008 and 2025, an increase of more than 250 people with dementia is projected. The borough will need to plan how it will accommodate and care for these people. The role of extra care housing in relation to dementia needs to be carefully considered.
- There are a number of specific groups of older people about which there is relatively little information available in terms of numbers and needs, for example, homeless people, drug and alcohol misusers, people with learning disabilities, gypsies and travellers. Anecdotally, there are a small but growing number of older people with complex needs. Although, their numbers are likely to be low, early case-spotting may enable the borough to address their needs on an individual basis.
- There is little specialist provision for older BME residents. In particular, there are significant numbers of carers among some minority groups; more information is needed about their profile, their needs and the needs of the people who they care for.

### Current accommodation

- There are a large number of older people living above the ground floor, most of these will be social and private tenants, and people who exercised the Right to Buy. It is likely that many of them, particularly those living in older accommodation, will be in inaccessible properties and at risk of becoming socially isolated due to limited mobility.
- There are a growing number of older leaseholders who bought flats under the Right to Buy and are having difficulty meeting the costs of maintenance and service charges. Equity release has not attracted much interest, but there may be alternative approaches to releasing funds for maintenance, such as a charge being placed on a property to be recovered when the property is sold, which need to be examined.
- There are a high proportion of older people with no central heating, living in fuel poverty. It is likely that many of these older people will be private tenants.
- There are a considerable number of older people who are mortgage free owner occupiers who could use their assets to downsize or move to accommodation better suited to their needs.
- Some older people are deterred from moving to accommodation better suited to their needs because of the effort involved. The development of a 'Moving On' scheme, based on the Bristol Housing Options Service which aims to enable people to make informed decisions about their accommodation and care options rather than move them to other accommodation, would help older people to access the accommodation and support they need<sup>28</sup>.
- There are few services available to owner occupiers and private tenants, however home improvement services are popular and the need for adaptations and help with repairs are likely to increase. There is a need for more Home Improvement Agency/Staying Put services. However, the service needs to be evaluated in terms of the outcomes it achieves. Effective targeting of this service to private tenants and owner occupiers and a greater rehabilitative input could be funded by more paid for services to those in a position to pay.

### Sheltered and extra care housing

- Demand for ordinary sheltered housing remains high, but much sheltered housing will not meet rising expectations in terms of wheelchair accessibility, size, and the needs of couples.
- It is not known how much existing sheltered housing is fit for future needs, how much could feasibly be adapted to meet those needs, and how much could not.
- There is little targeting of existing ordinary sheltered housing on those who need it most, as allocations continue to be mainly determined by age.
- There is limited sheltered or retirement housing for sale or shared ownership.

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<sup>28</sup> Mountain, G & Buri, Report of the Evaluation of Pilot Local Housing Options Advice Services for Older People, Sheffield Hallam, 2005

- There is limited provision of extra care housing for rent, and no extra care housing for sale or shared ownership. There is no extra care housing in the south of borough where older people are concentrated. The south of the borough would offer a good location for the development of a mixed tenure, mixed dependency scheme. Given the high property prices in the borough, some people will be attracted to leasehold schemes as a way of preserving some of their equity.
- The borough needs to find ways to use planning controls to facilitate the use of the limited sites and land available for the development of extra care housing. A flexible and pro-active approach is needed.

#### Care and support

- An older person receiving 50 hours care from another older person are together some of the most vulnerable people in the borough. Identifying these cases would be a useful aid to ensuring the effective targeting of care and support.
- Preventive technology is developing slowly in the borough. Preventive and assistive technology can help people to continue to live independently and reduce the burden on carers.
- There is limited awareness among older owner occupiers and private tenants of the range of housing related support available, from the Community Alarm Service to sheltered housing.
- Floating support is relatively limited. It is not clear that the delivery of floating support services is equally accessible across the borough and across tenures.
- The development of floating support could be linked to the reconfiguration of service provision in sheltered housing, with sheltered schemes providing hubs for floating support and other preventative services.
- The waiting list for handyperson services indicates unmet demand and scope for the further development of the service to include preventive work such as home safety checks and remedial services for vulnerable older people across tenures.
- There is little independent advice and information available to older people, both practical and financial advice. Older people want to be able to access independent and trustworthy advice to enable them to manage their finances, organise repairs and maintenance to their homes, and in some cases, purchase care and support.
- There appears to be sufficient provision of residential care within the borough although this needs to be monitored as out of borough placements are rising.
- Some providers mentioned a need for better coordination between health, social care and other services to help older people live at home.

In summary, there is scope to widen the range of housing and support options available to older people and a need to configure services differently to enable the growing number of older people to live independently by increasing the role of

adaptations and assistive technology, and a need to ensure that all older people are able to access this, including private tenants and owner occupiers. With limited resources, efforts are needed to ensure that there is:

- Better targeting of limited resources.
- A more varied range of options across the different tenures.
- Integrated and consistent delivery of services.

## **6 FINANCE AND FUNDING**

Across London, social care budgets are increasingly tight: most authorities are over-budget and there is no immediate prospect that the situation will improve. Although the projected increase in population is lower than in many other authorities in England, there will be an increase in numbers which will put pressure on existing services in Kensington and Chelsea, especially as other parts of the country with higher levels of need will take priority in funding allocations by central government.

In the context of a reducing or stationary Supporting People budget, the Borough needs to prioritise its available resources to achieve the required outcomes and to think creatively about how to lever in additional funding from other sources, including the private sector to maximise its effectiveness.

Many of the policy options in this strategy could be funded within existing budgets through better targeting of existing resources. Some services may require additional resources, however, the available evidence indicates that floating support, sheltered and extra care housing generate savings further down the line by supporting people to live independently and consequently reducing the numbers of people needing residential care. However, it may take time to achieve these savings and in the short-term there will be additional costs which need to be allowed for.

The sources of revenue funding are local authority contracts for personal social care, NHS primary care budgets, Supporting People Grant, housing management contracts, rent, service charges, and finance by residents and their informal carers.

The financial implications and potential sources of funding for the policy options and recommendations in this research paper need to be identified to inform how they are prioritised.

## 7 POLICY OPTIONS AND RECOMMENDATIONS

Many of the options identified in this research paper are consistent with those identified in the Supporting People Strategic Review, the Supporting People Strategy and the report to the Overview and Scrutiny Committee report on older people's housing. All three are in general agreement about the direction of travel but there is a need to reconcile the different recommendations in order to ensure a consistent approach.

The policy options and recommendations are set out below:

- There is a need to ensure that there is one overarching strategy which pulls together the various local strategic documents and that this is then regularly updated as policy and priorities change.
- This strategy should then be widely communicated across the council and permeate departments other than social care and housing, for example, planning and building development, transport and leisure to create not just homes for life but lifetime neighbourhoods. There is a need to ensure that supplementary planning guidance reflects the future requirements for the strategy.
- There is a need to adopt a consistent policy on the use of GLA and ONS data for strategic planning across the Borough.
- It is important to identify older carers providing large amounts of care to ensure that they are receiving support, and to avoid a crisis admission to a care home or hospital of the person receiving care.
- More information is needed about the numbers and needs of the small but growing number of older people with complex needs, for example, homeless older people.
- More help is needed to improve the fuel efficiency of older people's homes across tenures targeted on the most vulnerable.
- The development of a Housing Options Service to help and support vulnerable older people who are considering moving should be considered. Older people need practical and financial advice to help them make decisions about where they live. This should extend beyond the typical 'one stop shop' approach to providing information just about local authority services.
- There is a need for a more coordinated approach to housing support services, (such as Staying Put and assistive technology) and effective targeting across tenures to enable the most vulnerable to continue independent living. This could be achieved through a single assessment process for all services, linked also to the Falls Service.
- Further development of the handyperson service, including preventive work such as home safety checks and remedial services for vulnerable older people across tenures, should be investigated.
- Co-ordination and joint working with the PCT on developing approaches to support the prevention agenda in relation to carers, intermediate care and other areas, may release additional funds.

- Awareness of housing support services, such as the Community Alarm Service, needs to be raised across tenures. Promotion of the housing and support available from sheltered housing to housing advice and assistive technology is needed.
- The borough should ensure that its planning policies apply the London Plan's recommendation that planning policies should ensure that all new housing is built to 'Lifetime Homes' standards, as a minimum standard to age-proof new housing.
- There is a need to review the fitness of the sheltered housing stock for future needs, in terms of its size, number of bedrooms, and wheelchair accessibility, as there appear to be a large number of bedsits and little provision for the likely increase in older couples. The review needs to establish which schemes are already suitable as homes for life, which could be adapted within a reasonable cost, and which are not amenable to adaptation within cost limits. Given the shortage of land for building, the review of sheltered housing needs to be a priority.
- An assessment of support needs as part of the allocation process to sheltered housing will improve targeting. Effectively support could be decoupled from schemes with the availability of a menu of support and care to those residents who are assessed as needing support and care. This will aim to free staff time to provide outreach support to older people in the local community.
- A more flexible and pro-active approach by planning should be taken to encourage the development of mixed tenure, sheltered and extra care housing. By classifying Extra Care housing as C2, the borough would not be required to provide an affordable housing requirement. This could attract and encourage private sector provision and lead to the creation of wider choice for older people.
- There is a need to develop an agreed Extra Care standard for Housing and Social Care. The Extra Care Housing Toolkit (available at [www.cat.csip.org.uk/housing](http://www.cat.csip.org.uk/housing)) provides guidance on minimum standards in terms of design and the quality of care which may assist the development of a local standard.
- Further work is needed to identify future capital and revenue funding for the development of extra care schemes. There will be increasing competition for the central government funding that is available, although this is increasing in the short-term.
- There is a need to ensure fair access to floating support across the borough and across tenures.
- Opportunities to provide floating support in the private sector may exist although there could be tough competition with existing private sector providers.
- Maintaining and developing day opportunities for older people living alone will protect against isolation and depression.



- There is a need for more understanding about the role of the voluntary sector in providing a broad range of preventive services to older people.

In the longer term:

- The needs of the large number of older people living above ground floor level must be considered in relation to the maintenance and installation of lifts or transfers to accessible accommodation, if these people are not to become isolated.
- Once fitness for purpose has been established, sheltered housing schemes should be classified as housing for older people which can continue as a home for life where people can remain as their need for support and care increases.
- Floating support could be linked to the reconfiguration of service provision in sheltered housing, with sheltered schemes providing hubs for floating support and a menu of different levels of support available according to need.
- The borough should seek actively to promote a mixed tenure extra care housing scheme in the south of the borough. In the longer term, a target of 30-40% of extra care housing for sale or shared ownership would be appropriate to reflect the existing tenure mix in the borough.
- Although the proportion of older population from BME groups is not projected to increase significantly, there is a need to ensure that the range of housing and support available meets the needs of the borough's diverse populations and that those services are equally accessible to all communities.
- There is a need to explore and extend models of equity release, and other approaches, to help people on low incomes maintain their homes, for example, placing a charge on their property to be recovered when the property is sold.

In conclusion, in order to meet its strategic objectives and provide greater choice and independence for older people, Kensington and Chelsea needs to concentrate on three key areas:

- improve the targeting of services on the most vulnerable older people;
- raise awareness of available services across all tenures; and
- develop a more mixed economy of housing with support and care by reviewing the sheltered housing stock and developing extra care housing schemes which include housing for sale and shared ownership.

## Appendix 1

### Documents reviewed

RBK&C Older People's Strategy 2007-2017

Supporting People Strategic Review – Older people services, 2007

Supporting People Five Year Strategy 2004-2009

K&C Health Profile

MOSAIC data

RBK&C Housing Strategy 2003-2008

RBK&C Rehousing Plan 2006-2007

Choosing Good Health Together - K&C Public Health and Well-being Strategy 2007-2012

Affordable Warmth Strategy for K&C, 2005

RBK&C Housing Allocation Scheme, May 2007

RBK&C Housing Needs Survey, 2004

CIVIS Extra care review

Carers Strategy

Allocations Policy, 2007

Homelessness Strategy

Draft Older Peoples Mental Health Strategy

Private Sector Renewal Strategy

Community Alarm Service Review, 2006

## Appendix 2

### Ordinary sheltered housing in Kensington & Chelsea

Provider and service	Service name	Units	SP funded	Fully wheelchair accessible
<b>TMO – Sheltered</b>	Sheltered housing management	176		
TMO2U + CAS monitoring	<i>Tavistock – W11 1AN</i>	33	No	All
TMO2U + CAS monitoring	<i>Blechynden/Whitchurch House – studio, 1 &amp; 2 bed flats for rent – W10 6SW</i>	41	No	None
TMO2U + CAS monitoring	<i>Cremorne – studio &amp; 1 bed flats for rent – SW10 0BY</i>	34		None
TMO2U + CAS monitoring	<i>Nursery Lane – studio, 1 &amp; 2 bed flats for rent – W10 6QD</i>	35		All
TMO2U + CAS monitoring	<i>Worlds End – SW10 OE</i>	33		None
<b>Women's Pioneer Housing</b>	Women's Pioneer sheltered housing	176		
Part-time warden + CAS	<i>Bramham Gardens – studio to 2 bed flats for rent – SW5 0JJ</i>	23	Yes	None
9-5 warden + CAS	<i>Dain Court – studio &amp; 1 bed flats for rent – W8 6JF</i>	31	Yes	None
9-5 warden + CAS	<i>Mary Smith Court – studio &amp; 1 bed flats for rent – SW5 9NF</i>	46	Yes	Some
Part-time warden + CAS	<i>Mary Flux Court – studio, 1 &amp; 2 bed flats for rent – SW5 0JE</i>	43	Yes	Some
9-5 warden + CAS	<i>Stanley Gardens – studio, 1 &amp; 2 bed flats for rent – W11 2NQ</i>	33	Yes	Some
<b>William Sutton</b>	William Sutton sheltered housing	123		
9-5 warden + CAS	<i>Binbrook House – W1- 5HF</i>	52	Yes	None
9-5 warden + CAS	<i>Jenningsbury House – SW3 3SH</i>	35	Yes	None
9-5 warden + CAS	<i>Kingsmill House – SW3 3QY</i>	36	Yes	None
<b>Family Mosaic</b>	Sheltered housing RBKC	110		
9-5 warden + CAS	<i>Chelsea Court – studio &amp; 1 bed flats for rent – SW3 4LS</i>	78	Yes	Some
9-5 warden + CAS	<i>Paul Byrne Court – studio, 1 &amp; 2 bed flats for rent – SW5 0HF</i>	32	Yes	None
<b>Anchor</b>		101		
9-5 warden + CAS	<i>Sybil Thorndike House – studio</i>	41	Yes	All

<b>Provider and service</b>	<b>Service name</b>	<b>Units</b>	<b>SP funded</b>	<b>Fully wheelchair accessible</b>
	<i>&amp; 1 bed flats for rent – SW5 9JG</i>			
9-5 warden + CAS	<i>Thomas Darby Ct – studio, 1 &amp; 3 bed flats for rent – W11 1TT</i>	60	Yes	Most
<b>Servite</b>	Sheltered housing RBKC	99		
9-5 warden + CAS	<i>Millicent Buller House – studio, 1 &amp; 2 bed flats for rent – SW10 9HF</i>	39	Yes	None
9-5 warden + CAS	<i>Hayden Piper House – studio flats for rent – SW3 4AF</i>	31	Yes	None
CAS	<i>Edith Pope House – SW3 5RP</i>	21	Yes	None
	<i>Thorndike Close</i>	8		
<b>Octavia Housing &amp; Care</b>	Octavia Housing Support service	81		
<b>Notting Hill Housing</b>	Sheltered housing RBKC	80		
9-5 warden + CAS	<i>Bramley Gardens – 1bed flats for rent – W11 4BT</i>	30	Yes	None
9-5 warden + CAS	<i>Bramley Road – W10 6SZ</i>	1	Yes	All
9-5 warden + CAS	<i>Gloucester Court – W10 6JJ</i>	25	Yes	None
9-5 warden + CAS	<i>Ormrod Court – W11 1NP</i>	24	Yes	None
<b>Inkerman Housing</b>				
9-5 warden + CAS	<i>Inkerman House – studio, 1 &amp; 2 bed flats for rent – SW5 9PH</i>	32	Yes	Some
<b>Harrison Homes</b>				
9-5 warden + CAS	<i>St James Gardens – 1 bed flats for rent – W11 4RE</i>	48	Yes	None
<b>Octavia Housing</b>		86	Yes 81/86	
Peripatetic warden + CAS	<i>138-140 Portland Road – W11 4LX</i>	11 + 1	Yes 11/12	None
CAS	<i>81-83 Clarendon Road – W11 4XQ</i>	20	Yes	None
Peripatetic warden + CAS	<i>Frederick Dobson House – W11 4BZ</i>	32 +1	Yes 32/33	None
Peripatetic warden + CAS	<i>Mary Baly House – W11 4DB</i>	18 +3	Yes 18/21	None
Peripatetic warden + CAS	<i>Flat 8, 81 Clarendon Road – W11 4XQ</i>	1	Yes	None

<b>Provider and service</b>	<b>Service name</b>	<b>Units</b>	<b>SP funded</b>	<b>Fully wheelchair accessible</b>
<b>Peabody</b>				
9-5 warden + CAS	<i>T Block Dalgarno Gardens – 1 &amp; 2 bed flats for rent – W10 5LB</i>	29	Yes	None
<b>Presentation</b>				
9-5 warden + CAS	<i>Alan Kelly House – studio &amp; 1 bed flats for rent for older BME – W11 3EL</i>	10	Yes	All
<b>Kensington Housing Trust</b>				
9-5 warden + CAS	<i>Evelyn Fox Court – studio, 1 &amp; 2 bed flats for rent – W10 6QF</i>	35	Yes	Some
<b>Total</b>		<b>1186</b>		
<b>Other sheltered housing</b>				
<i>Royal Hospital Chelsea On-site care staff</i>	<i>Royal Hospital Chelsea – studio flats for rent for ex-army – SW3 4SR</i>	244	No	Some
<i>Sheppard Trust Warden + CAS</i>	<i>Lansdowne Walk – studio &amp; 1 bed flats for rent – W11 3LN</i>	28	No	
<i>Goldsborough Estates Assisted living, non-res staff + CAS</i>	<i>Chartwell House – 1 &amp; 2 bed flats leasehold &amp; market rent - W11 3PG</i>	31	No	
<i>Guardian Management Services Warden + CAS</i>	<i>Elizabeth Court – 1 &amp; 2 bed flats for leasehold – SW10 0DA</i>	49	No	

## Appendix 3

### Proportion of the total population comprising people aged 75+ who report a LLTI

	Proportion of total population comprising people aged 75+ with a LLTI	Compared to average
North Kensington	2.8%	-3%
South Kensington	2.3%	-20%
Chelsea	3.8%	+33%

Source: ONS 2001 Census cited in Older Person's Strategy Appendix

### Percentage of population predicted to have dementia at different ages

Age Range	Men	Women
65-69 year olds	1.4%	1.5%
70-74 year olds	3.1%	2.2%
75-79 year olds	5.6%	7.1%
80-84 year olds	10.2%	14.1%
85 and above	19.6%	27.5%

### People aged 65 and over unable to manage at least one self-care activity on their own, by age group (65-74, and 75 and over), projected to 2025

People unable to manage at least one self-care activity on their own	2008	2010	2015	2020	2025	% change 2008-2025
Aged 65-74	2294	2360	2560	2583	2595	13.1%
Aged 75 and over	4115	4074	4207	4462	4905	19.2%
<b>Total population aged 65+</b>	<b>6408</b>	<b>6434</b>	<b>6767</b>	<b>7044</b>	<b>7499</b>	<b>17.0%</b>

Note: Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails.

Source: GLA & POPPI (Figures may not sum due to rounding. Crown copyright 2006.

22% of 65-74 year olds and 44% of men and women aged 75 and over are unable to manage on their own at least one of the self-care activities listed. The data is taken from Bridgwood, A. (1998) People Aged 65 and Over: Results of an Independent Study Carried Out on Behalf of the Department of Health as Part of the 1998 General Household Survey, page 46. The prevalence rates have been applied to GLA high estimates of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the self-care activities listed, to 2025.)

### Number of carers by age and hours of care provided

Age	Carers	0-19 hours	20-49 hours	50+ hours
65-74	1,100	800	100	200
75-84	495	340	40	115
85+	95	60	15	20
<b>Total</b>	<b>1690</b>	<b>1200</b>	<b>155</b>	<b>335</b>

Source: Carers Strategy

**Number of older people receiving intensive home care (07/08)**

<b>Category</b>	<b>Live-in carer</b>	<b>Supported living</b>	<b>Other</b>	<b>Total</b>
Physical and sensory frailty and disability	5	1	200	205
Mental health	1	-	38	39
Mental health: dementia	-	-	3	3
Substance misuse	-	-	3	3
Learning disability	-	2	1	3
Other vulnerable people	-	-	1	1