



STOCKPORT  
METROPOLITAN BOROUGH COUNCIL

# **Extra Care Housing Strategy 2013-29**

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## INTRODUCTION

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This document sets out the Council's Strategy for the provision of Extra Care Housing (ECH) within the Borough. A key set of strategic aims have been identified for the Borough. They are:

- To ensure that older people have increased choice and information about ECH.
- To enable older people to maintain their independence through the provision of ECH.
- To increase the supply of ECH in response to the need for housing identified using the More Choice Greater Voice model.
- To facilitate the provision of land for new build ECH.
- To work with Registered Providers and other housing developers to meet the identified need for ECH within the Borough.
- To be aware of new ECH Schemes nationally looking for innovative provision, good practice and funding opportunities.

The remainder of this document sets out the context for the Strategy, the identification of need, the level of provision required and our proposals for achieving the above objectives.

## CONTEXT

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The needs of an ageing population are now a national priority in terms of service provision. Increasing numbers of older people in the future, along with increased expectations, could have a major impact on public spending. To address this and meet the aims of the personalisation agenda, there is a need to help as many older people as possible to maintain their independence and arrange their own care and support. Appropriate housing is the key to helping older people to retain their independence for longer, and along with flexible, accessible, care can help to minimise unplanned calls on assistance from the Council and the NHS.

The current Government plans to transform care and support so that people can plan for their care needs, accessing high quality care over which they have exercised choice and control. ECH can play an important role in delivering such services. In

July 2012 the Government published both the draft Care and Support Bill and the Social Care White Paper; '*Caring for Our Future*': Reforming care and support. The White Paper provides a boost to housing with the announcement of a £200m capital allocation over 5 years in order to fund up to 6000 new units of specialised housing for older and disabled people.

Whilst the majority of older people would prefer to stay in their own home for as long as possible, some older people would like to move into more accessible housing that is easier to maintain and manage. Even investing in adaptations (perhaps funded through Disabled facilities Grant) cannot always provide the environment needed. Often the only alternatives available are sheltered housing or residential care. ECH can extend the options available to older people seeking alternative accommodation.

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### WHAT IS ECH?

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ECH is a combination of housing, care and support designed mainly with the needs of frailer, older, people in mind, although ECH has also been provided for people with a learning disability. The accessible, well designed, flats are enhanced by flexible care and support services available 24 hours a day. On a continuum of housing options for older people, ECH sits between traditional sheltered housing and residential care. People living in ECH have their own self-contained homes with support and access to care 24 hours a day depending on their assessed needs. The level of support needed by residents will vary and this means that there is likely to be a mix of ability amongst residents, with a general aim of having residents in a scheme divided equally between low, medium and high need groups

ECH Schemes vary in their size and design and the range of services and community facilities reflect the fact that there is no statutory or other definition for this type of scheme. Schemes can be wholly or partially designed for certain groups, such as people with physical disabilities or dementia.

Properties can be rented, owned outright or purchased through shared ownership. ECH requires a range of funding including capital and revenue and this can be sourced through grant aid, loans, income from sales, charges to residents, Supporting People and adult care, (for those residents who are Fair Access to Care Services, (FACS), eligible). It is therefore up to commissioners and providers to

consider all the options available and to design and develop ECH which is most suited to their own Local Authority Area.

Although 'Extra Care' is a recognised term, some organisations have chosen to use other terms such as 'flexi-care' or 'retirement living'.

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## WHY PROVIDE ECH?

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Successive governments have promoted ECH as something that Councils should be ensuring is in place and capital funding has been provided through the Department of Health and the Homes and Communities Agency.

### **ECH as a housing option**

ECH can offer an attractive option to older people wishing to move, and provides an alternative to residential care for some people. Older people interested in downsizing from family housing (either social rented or owner occupied) may see ECH as something that would meet their needs. This could result in a move that, at the same time as meeting their needs, also frees up family housing for others to move into.

### **ECH and potential savings to the public purse**

ECH can also prevent hospital admissions and assist in timely discharges thus offering savings to local authorities and to health. In 2011 the International Longevity Centre UK reported that a study showed that ECH led to better outcomes and reduced costs compared with home care alone. People over 80 entering ECH were half as likely to move into institutional care within 5 years as a similar group receiving home care in the community. A quarter of residents entering ECH with a care package, or who later required a care package, saw a decline in their social care needs over 5 years. ECH service users aged over 80 also had a lower incidence of hospitalisation than domiciliary care users, leading to savings of up to £544 per person per year. They were also less likely to experience falls, with the overall costs to local authorities and the NHS of each fall being £1,882. The Alzheimer's Society reports that one quarter of hospital beds at any time are occupied by people aged 65 and over with dementia and that this group will stay in longer than expected and their dementia-related symptoms will worsen.

“Providing an alternative pathway, the value of integrating housing, care and support, (National Housing Federation, 2013), looked at a number of cases including a 74 year old person with dementia who moved into ECH. This placement was able to deliver a saving of up to £300 a week against the cost of a residential care placement. In addition, the provision of the combination or appropriate housing, with flexible care and support, is highly likely to have prevented hospital admissions which would have occurred based on the persons previous living arrangements. This study estimated that living in the extra care scheme identified offered a potential saving to social care budgets of £17, 222p.a.

It is therefore clear that Extra Care Housing, if allocated to those with appropriate needs and with effective care and support services being delivered, does have the capacity to offer savings both to local authorities and health. This is an important reason why Extra Care Housing is a service that is being supported by Stockport Council.

## CURRENT PROVISION OF ECH IN STOCKPORT

Stockport first developed ECH following a review of the sheltered housing stock in the borough carried out in 2004/05. This concluded that Stockport should develop an Extra Care Service in partnership with social landlords in three localities; Edgeley, Marple and Reddish. Two existing sheltered schemes in each of the three localities were identified, (six schemes in all), as the schemes were close enough to allow a care team to operate across both schemes. In 2008 £360,000 was awarded to the Council by the Department of Health ECH fund to remodel Birch Court in Marple. The service began operating in September 2008.

There are currently 212 flats, 62 in Marple, 89 in Reddish and 61 in Edgeley. The 6 schemes are in good condition, and well- maintained by the landlords who have also committed investment to improve them. However because they are not built to current ECH standards, they cannot provide the level of service that a new build scheme can.

- Most are one-bedroom, and some are one-person, with a very small bedroom. This makes them unsuitable for those with significant mobility problems.
- There is only one scheme, Birch Court, where there are excellent standards of accessibility, both in the communal area and in individual flats. This is a result of the scheme having received Department of Health funding allowing for extensive communal facilities including a catering standard kitchen and assisted bathing facility.
- Only two schemes have all flats fitted with showers. The remainder still have the original baths, unless work has been completed to individual flats through a Disabled Facilities Grant (DFG).
- Staff office accommodation is limited

A new scheme of 55 flats are under development at Smithy Croft. This scheme consists of 27 flats to rent with 14 for outright sale & 14 for shared ownership.

Most of the current ECH in Stockport is rented from social landlords but there are 2 private leasehold schemes within the borough and another, Smithy Croft, with mixed tenure options under development.

### CURRENT OPERATING MODEL

ECH in Stockport was set up on what was described as a “core and cluster” model whereby 2 schemes geographically close to each other operate as one area- based service with a care team working between the two schemes. This was designed to generate sufficient care hours to justify having a care team on site 24/7.

In August 2008 a contract was awarded to Borough Care Limited following a competitive process. This contract was extended twice and there had to be a full re-tendering exercise in 2013 to allow a new contract to be in place by September 2013 in line with SMBC procurement regulations.

When ECH began, there were discussions with landlords about alternatives to the existing delivery of support through a scheme based manager, employed by the landlord and also delivering a housing/building management service. However, landlords did not wish to alter existing arrangements at that point. The existing SP

funded arrangements therefore continued, and a care contract was simply bolted onto this. Following consideration of best practice and learning from the 2010 service evaluation, the new contract, which was won by Creative Support, is for one provider to deliver both care and support in an integrated way.

Initially BCL were required to provide overnight cover but due to insufficient demand, this stopped in September 2011 and instead a Service Level Agreement, (SLA), was set up with another agency to provide a mobile response service overnight. This arrangement works well and will continue into the new contract but is being kept under constant review.

## PERFORMANCE

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A range of performance information is collected to measure how far ECH delivers against its stated objectives. This includes dependency levels of residents, the ability of ECH to offer a real alternative to standard residential care, and level of customer user satisfaction. The level of social activity offered in schemes is also measured.

In 2008 4% of residents had high needs, 6% medium and 90% low/no needs. In 2013 (July) 30% had high needs, 15% medium and 55% low/no. This shows a significant change and good progress towards the desired population profile of 1/3 high, medium and low needs.

In the year 2011/12, 11 people were diverted from residential care by moving into ECH and 40 people were, as of April 2012, being supported in ECH with a level of needs that could only have been met previously in residential care. In January 2012 all residents were asked to take part in a user experience survey and 47% responded. 73% felt reassured by having access to care and support and over 80% said that if their situation changed, they would rather stay in ECH with additional support than move into residential care.



## ECH EVALUATION REPORT

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In 2010 an evaluation of the first 2 years of ECH activity was carried out. This concluded that:

- ECH has established itself as a key component of housing with care and support provision in the borough.
- ECH is in demand as an alternative to residential care and its use is assisting in managing the rising cost of residential placements.
- The current use of what were sheltered housing schemes does affect service delivery and more could be achieved if purpose built schemes were in use as ECH.
- Greater use should be made of Telecare to operate alongside care and support.
- The service model and partnerships now need to be reviewed.
- Demand exceeds supply and there are gaps in provision. This limits the ability of ECH to offer an alternative to residential care.

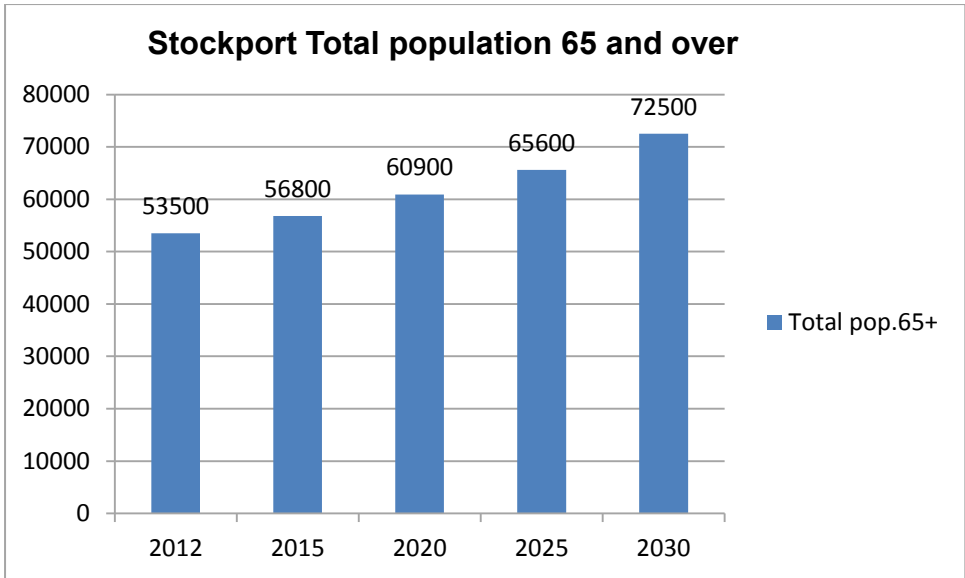
## CURRENT DEMAND FOR ECH IN STOCKPORT

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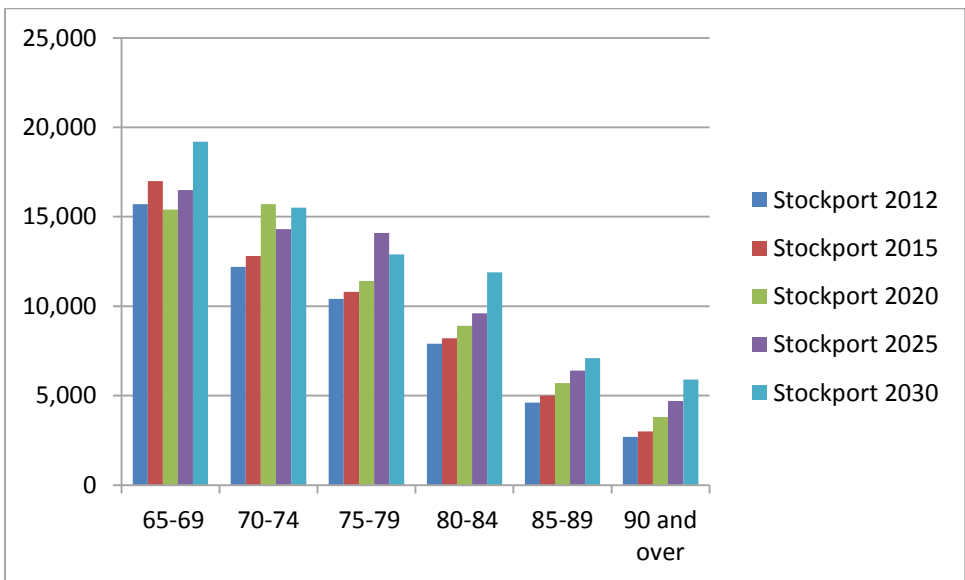
There is a healthy register for people waiting for ECH in Stockport. As of March 2014 there were 57 people on the ECH register in Stockport. Of those 57, there were 17 people who selected Edgeley as their first choice and most would only consider the Edgeley area. 17 people selected Reddish as their first choice, 9 chose Heald Green and 13 chose Marple.

### **Population trends in Stockport.**

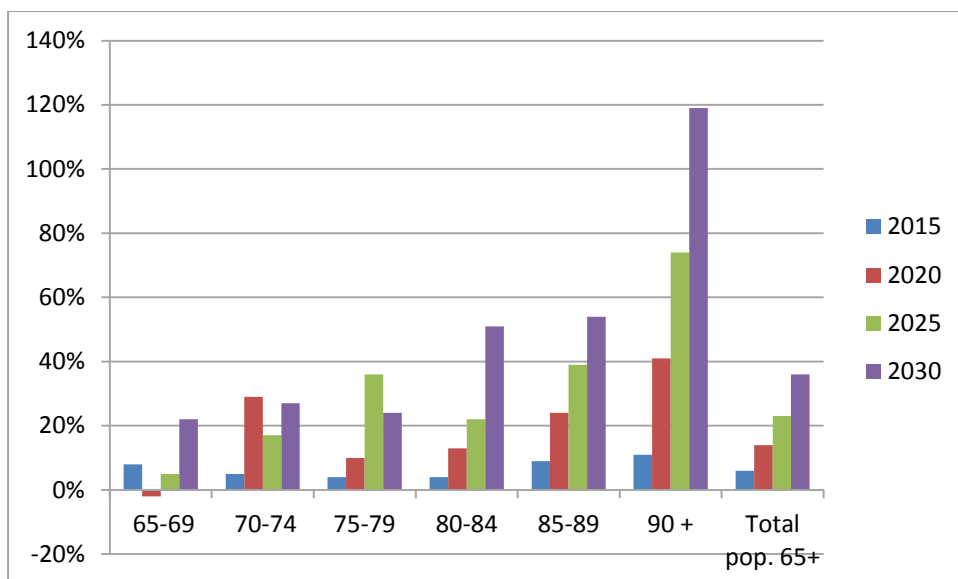
The following graphs and tables summarise population trends, the prevalence of long term limiting illness in people over 65 and Social Care usage in Stockport. This suggests that demand for ECH will continue to increase.



Graph 1: Stockport population aged 65 and over from 2012-2030.



Graph 2: Stockport Population 65 and over in 5 year age bands from 2012-2030.



Graph 3: Percentage increase in population from 2012 baseline.

**Stockport: People aged 65 and over with a limiting long-term illness, living alone, by age, projected to 2030**

	2012	2015	2020	2025	2030
People aged 65-69	1,424	1,542	1,397	1,497	1,741
People aged 70-74	1,658	1,740	2,134	1,943	2,106
People aged 75-79	2,209	2,294	2,421	2,995	2,740
People aged 80-84	2,437	2,530	2,746	2,962	3,671
People aged 85 and over	2,946	3,229	3,834	4,480	5,247
Total population aged 65 to 74	3,082	3,282	3,531	3,440	3,847
Total population aged 75 and over	7,592	8,053	9,001	10,437	11,658

**Social Care Usage**

	2012	2015	2020	2025	2030
Annual Residential admissions	409	434	465	501	554
Residential Care population	1,679	1,809	2,071	2,398	2,724
Residential Care (LA Supported)	1,325	1,406	1,508	1,624	1,795
Intensive Homecare	836	849	872	895	926
Community based support	4,186	4,444	4,765	5,133	5,672
<b>% increase from 2012</b>	<b>2012</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Annual Residential admissions	0%	6%	7%	8%	11%
Residential Care population	0%	8%	14%	16%	14%
Residential Care (LA Supported)	0%	6%	7%	8%	11%
Intensive Homecare	0%	2%	3%	3%	3%
Community based support	0%	6%	7%	8%	11%

### Long term limiting illness/ condition

Stockport	2012	2015	2020	2025	2030
<b>Limiting long term illness</b>	25,122	26,655	28,753	31,431	34,667
<b>Dementia</b>	3,846	4,122	4,641	5,278	6,005
<b>Stroke</b>	1,219	1,308	1,420	1,551	1,710
<b>Falls</b>	14,290	15,256	16,586	18,019	20,097
<b>Mobility</b>	9,974	10,643	11,742	12,963	14,470
<b>% increase from 2012</b>	<b>2012</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
<b>Limiting long term illness</b>	0	6%	14%	25%	38%
<b>Dementia</b>	0	7%	21%	37%	56%
<b>Stroke</b>	0	7%	16%	27%	40%
<b>Falls</b>	0	7%	16%	26%	41%
<b>Mobility</b>	0	7%	18%	30%	45%

These graphs and tables highlight the increasing number of people aged over 65 within the population of Stockport (Graph 1). In 2012 the population of Stockport aged over 65 was 53,500 people. By 2030 this figure is projected to have increased to 72,500 a 36% increase on the 2012 figure. By 2030 each of the age groupings show an increase over the 2012 population figures (Graph 2), with the aged 90 and over age group showing the largest proportionate increase (119%), (Graph 3). As the population ages, the tables show an increase in the number of people with a limiting long term illness and an increase in the residential care population and users of intensive homecare and community based support. This suggests that Stockport needs to develop services to respond to the inevitable pressures that an increased older population will bring. Further information about trends in older people with dementia is included in Appendix 2. Research and good practice indicates that ECH can provide an alternative to institutional care for people with dementia provided that the correct levels of care and specialist support are available.

There needs to be a range of housing options available to offer real alternatives to those who feel that remaining in their current home is not the best arrangement for them. ECH should be part of this range of options.

The following projections of older people's housing in Stockport have been calculated using the Wokingham Matrix model as featured in the 'More Choice Greater Voice' (MCGV) report (CLG, CSIP, Housing LIN 2008). This uses ratios for each housing category that assume a national 'norm'. When applying these ratios to Stockport, it is important to note that Stockport differs from the national 'norm' in the following ways.

Stockport has a high proportion of owner occupation in terms of general needs accommodation, (78% of households, Housing Needs Assessment 2011), compared with a National figure of 66%, (English Housing Survey, Household Report 2010-11). The overwhelming majority, approximately 90%, live in general needs housing, i.e. homes that are not specifically designed for older people, (Stockport Older Person's Housing Strategy 2012-15.)

According to the 2011 Census, Stockport has a larger proportion of people aged 65+ (18% of total population) than England (16%).

In Stockport there are higher levels of owner occupation amongst the older population than nationally. According to the 2001 Census, 83% of 65-74 year olds and 75% of 75-84 year olds in Stockport were owner occupiers compared to 76% and 68% respectively in England.

In the Social Rented Sector, 14% of 65-74 year olds and 19% of 75-84 year olds in Stockport were in rented accommodation in 2001. In comparison, in England the figures were 19% and 25% respectively, (2001 Census).

Only 3% of 65-74 year olds and 6% of 75-84 year olds rented in the private sector or lived rent free in Stockport in 2001 compared to 5% and 8% respectively in England (2001 Census).

**Table 1: MCGV Model 2014 results for Stockport.**

	Nos. Required	Current Provision (2012)	Shortfall	Ratios Suggested by the 'Norm'
Conventional Sheltered Housing For Rent	1375	1551*	-176	50 per 1000 pop aged 75+
Leasehold Sheltered Housing	2062	746	1316	75 per 1000 pop aged 75+
Enhanced Sheltered Housing for rent	275	0	275	10 per 1000 pop aged 75
Enhanced Sheltered Housing for sale	275	0	275	10 per 1000 pop aged 75
Extra Care Sheltered Housing for sale	344	150	194	12.5per 1000 pop aged 75
Extra Care sheltered housing for rent	344	240	104	12.5 per 1000 pop aged 75
Housing based provision for dementia	275	0	275	10 per 1000 pop aged 75
Registered Care Home-personal care	1787	1101	686	65 per 1000 pop aged 75
Registered Care Home: Nursing Care	1237	508	729	45 per 1000 pop aged 75

\*Figures exclude Stockport Homes Category 1 accommodation as these are not sheltered 'schemes' as such and Stockport Homes have reviewed their allocation policies in relation to age restricted properties.

The MCGV model identifies a shortfall of 194 units of ECH for Sale and 104 units of ECH to rent in 2014 (Table 1). By 2029 the figures are 256 and 166 respectively, (Table 2).

**Table 2: MCGV Model 2029 results for Stockport.**

	Nos. Required	Current Provision (2012)	Shortfall	Ratios Suggested by the 'Norm'
Conventional Sheltered Housing For Rent	1624	1551*	73	50 per 1000 pop aged 75+
Leasehold Sheltered Housing	2436	746	1690	75 per 1000 pop aged 75+
Enhanced Sheltered Housing for rent	325	0	325	10 per 1000 pop aged 75
Enhanced Sheltered Housing for sale	325	0	325	10 per 1000 pop aged 75
Extra Care Sheltered Housing for sale	406	150	256	12.5per 1000 pop aged 75
Extra Care sheltered housing for rent	406	240	166	12.5 per 1000 pop aged 75
Housing based provision for dementia	325	0	325	10 per 1000 pop aged 75
Registered Care Home-personal care	2111	1101	1010	65 per 1000 pop aged 75
Registered Care Home: Nursing Care	1462	508	954	45 per 1000 pop aged 75

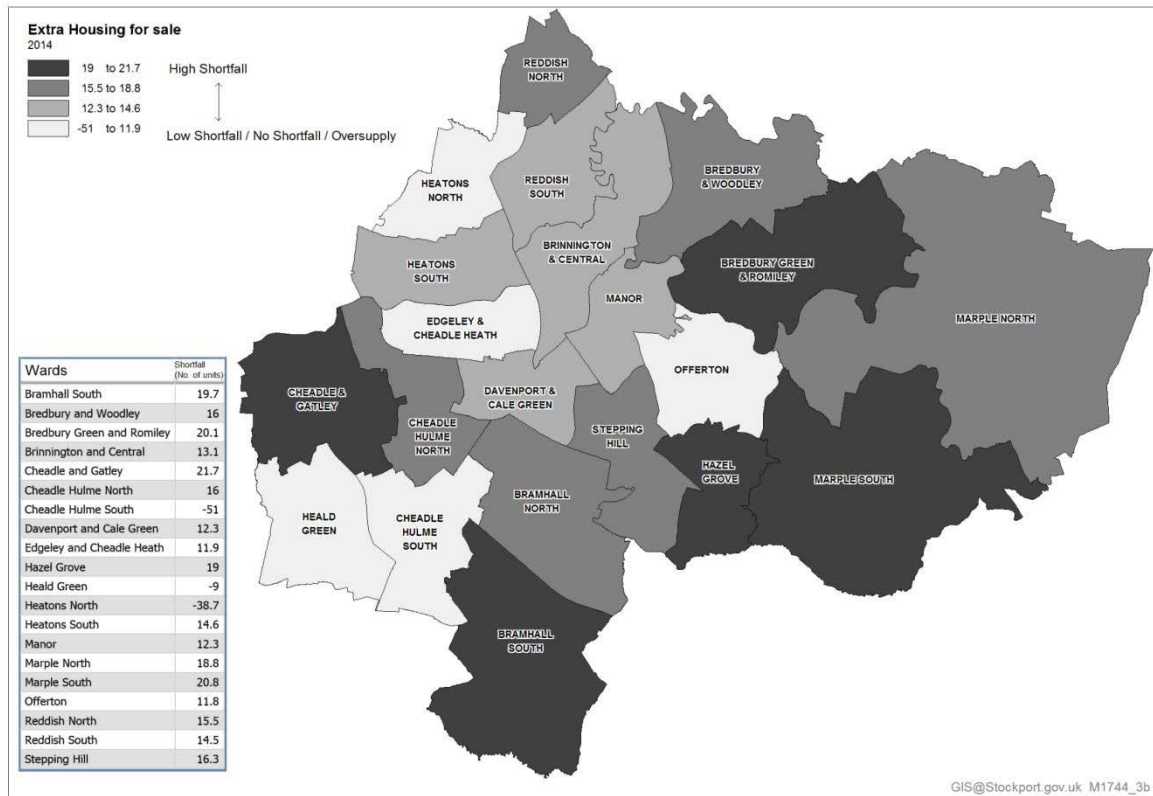
\*Figures exclude Stockport Homes Category 1 accommodation as these are not sheltered 'schemes' as such and Stockport Homes have reviewed their allocation policies in relation to age restricted properties.

**MCGV Model results for Stockport- ECH.**

Table 3

	ECH for Sale			ECH for Rent		
	Nos. required	Current Provision (2012)	Shortfall	No Required	Current Provision (2012)	Shortfall
2014	344	150	194	344	240	104
2019	363	150	213	363	240	123
2024	402	150	252	402	240	162
2029	406	150	256	406	240	166

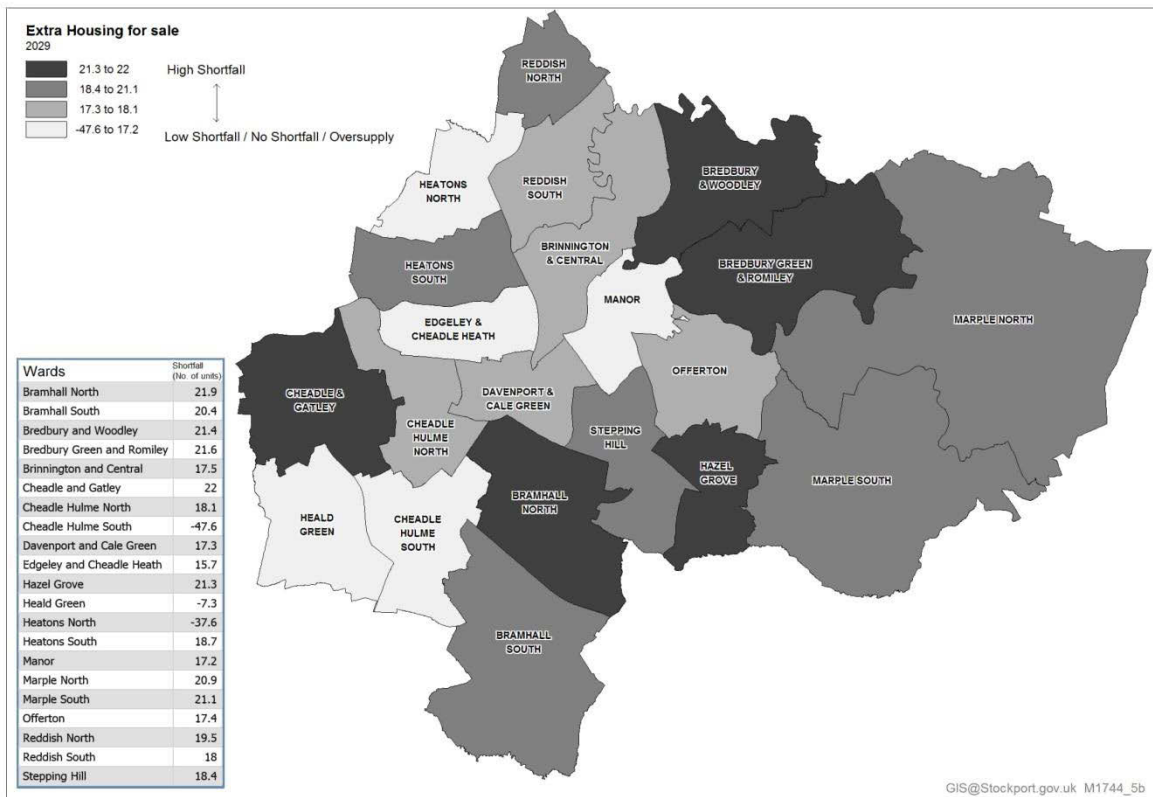
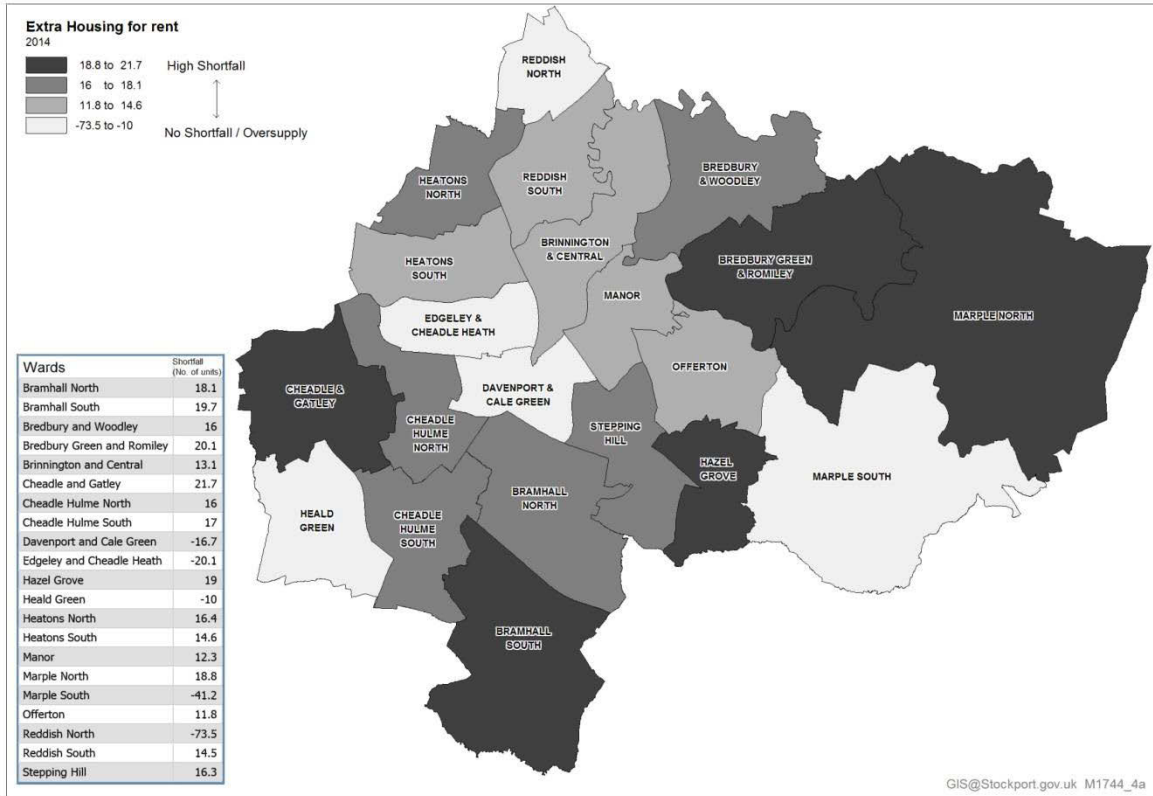
The maps below illustrate the geographical distribution of need for ECH for Sale and to Rent in 2014 and 2029.

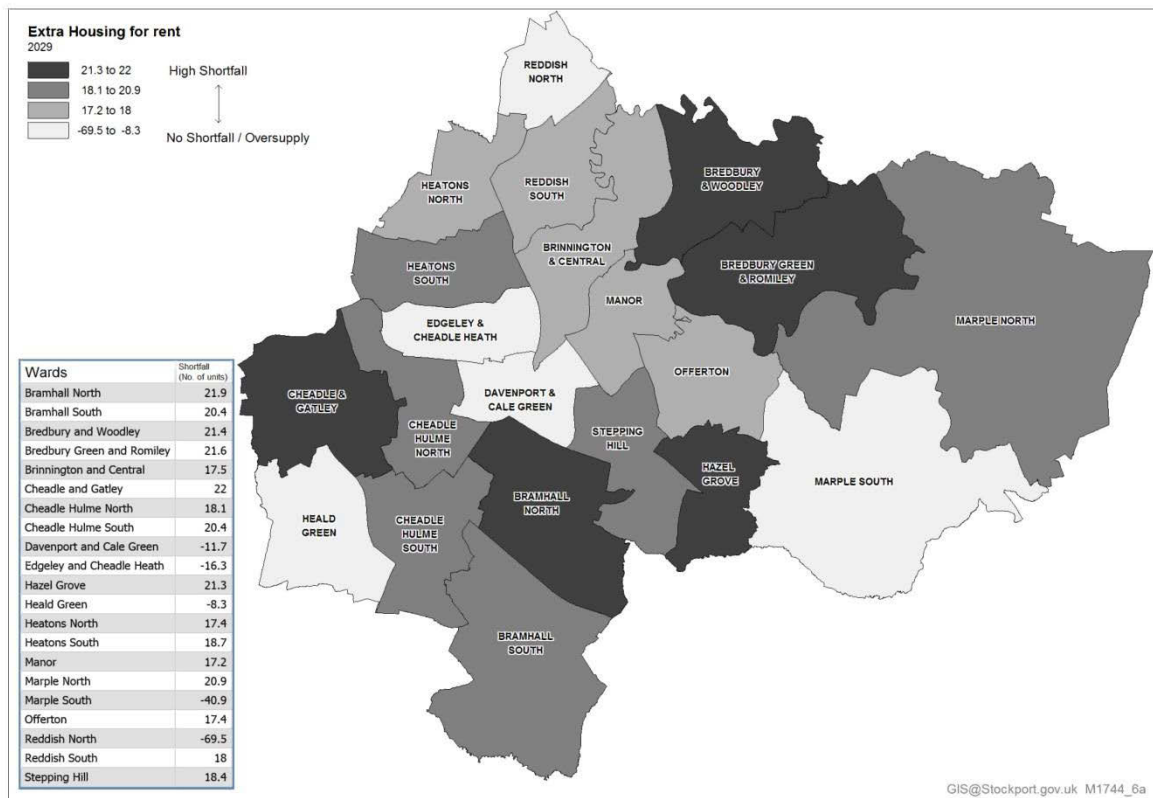


The maps show that the five wards in greatest immediate need of ECH for sale in 2014 are (1) Cheadle and Gatley, (2) Marple South, (3) Bredbury Green and Romiley, (4) Bramhall South and (5) Hazel Grove.

The five wards in the greatest immediate need for ECH for rent in 2014 are (1) Cheadle and Gatley, (2) Bredbury and Romiley Green, (3) Bramhall South (4) Hazel Grove and (5) Marple North.







The maps show that the five wards in greatest immediate need of ECH for sale in 2029 are (1) Cheadle and Gatley, (2) Bramhall North, (3) Bredbury Green and Romiley, (4) Bredbury and Woodbury and (5) Hazel Grove.

The five wards in the greatest immediate need for ECH for rent in 2029 are (1) Cheadle and Gatley, (2) Bramhall North, (3) Bredbury Green and Romiley (4) Bredbury and Woodley and (5) Hazel Grove.

There are a number of ECH Schemes in the pipeline which will meet some of the need identified including the proposed new scheme in Heald Green being developed by Your Housing Group with the help of Affordable Housing Grant. While Heald Green is not listed above, it is adjacent to Gatley so will address some of the need in that area. The scheme will consist of a mixture of affordable rent, shared ownership and properties for outright sale.

A leasehold scheme has been developed by Adlington (Gladman Care Homes Ltd) in Heaton Chapel. This is a new concept in Stockport with care being delivered on

site by a not for profit provider. The developer aims to attract self-funders who would not normally seek Stockport Council assistance in service provision. A further site is under consideration in Romiley.

In order to validate the MCGV results, Social Workers were asked, based on their knowledge and experience, to identify the areas where they felt was the greatest unmet need for ECH. They identified the following areas which would benefit most from ECH: Cheadle, Bramhall, Romiley, Bredbury, Brinnington, Portwood, the Heatons, Hazel Grove, Offerton and Central Stockport.

### TYPE OF ECH NEEDED

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The above data allows proposals to be developed which would meet the ECH needs identified within the Borough;

Schemes will provide self-contained flats exclusively for older people, with access to care 24 hours a day and support available 7 days a week.

There should be a range of communal facilities to support residents and which could be open to the wider community. In order to achieve economies of scale without feeling 'institutional' in nature, schemes should be approximately 50 units

For schemes based on former sheltered housing units, more than one scheme can operate as ECH, as with the current model where two schemes are covered by one care team.

ECH schemes should be located close to good transport links and close to a wide range of community facilities in order that people with limited mobility can reach them.

ECH should be available for rent, outright purchase or for shared ownership. Applicants for each scheme will be carefully assessed to ensure that their care needs match the desired profile for a scheme of 1/3 high needs, 1/3 medium needs and 1/3 low needs in order to create a viable and sustainable scheme.

ECH schemes should adopt the most up to date recommended standards for older persons housing, which will maximise accessibility and take into account recommendations for good design in relevant reports e.g. the Housing our Ageing

Population Panel for Innovation report (HAPPI) (2009) or Design Principles for Extra Care (CSIP/LIN 2008). For former sheltered housing schemes, agreements should be reached with landlords to work to minimum design and management standards.

The following table summarises some of the key desirable features of an ECH scheme:

Apartments	Self-Contained flats with showers
Accessibility	Scheme to be accessible with automatic opening main doors and lift. Individual flats to maximise useable space and to be fitted with level access showers. Design considerations to include for mobility impairment, sensory (visual and hearing) impairment and cognitive impairment. Ideally a scooter store should be included.
Style	No-institutional, domestic style to be created by careful use of colour, texture, lighting, fixtures and fittings provided.
First Impressions & Layout	The entrance should be clear and welcoming, with a layout that is easy to understand, with clear signage and, where needed, separation of public and private space.
Communal Space	Flexible communal open space, giving opportunities for social gatherings and health and cultural activities. Kitchen facilities but full catering kitchen not required. An assisted bathing or shower room should be provided. Good quality, safe and accessible outdoor space.
Staff Facilities	Sufficient office and rest facilities for the staff team.
Pet friendly	Where possible landlords/leases should allow residents to have pets including cats and dogs.

### FUNDING ECH SCHEMES - CAPITAL AND REVENUE

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Opportunities will be sought to work with Registered Providers to develop schemes with any capital grant funding that is available. The Council will also work with private scheme providers where appropriate. Sources of capital funding may include:

- Capital funding from the Homes and Communities Agency Annual Development Programme.
- Capital funding from the DOH Care and Support Specialist Housing Fund. The closing date for bids in the first round was 18.01.13. There is a second bidding round for the provision of Private ECH which closed on 15.03.13.
- Properties provided through S106 Agreements.
- Sales of properties on schemes developed for sale.
- Contributions from the housing provider.
- Free or low cost land made available to the developer.
- Charitable funding.

Sources of Revenue funding include:

- Rental and housing management charges.
- Housing Benefit.
- Adult social care funding of care.
- Supporting People funding.
- Health or Health/Social Services funding of scheme services/facilities.
- A personal (“Wellbeing”) charge.

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### RESPONDING TO DEVELOPMENT OPPORTUNITIES

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The Council will work in a number of ways to meet the objective of increasing the supply of ECH within the Borough. The Council will work with other providers in order to build up scheme proposals and to take advantage of any funding opportunities which may emerge. Development proposals may include the use of Council land for ECH. The Council will also use the planning system through S106 agreements to encourage and facilitate the provision of ECH. The Council will investigate other development models used in other parts of the country for ECH to see if they can be used within Stockport. The Council will support other providers through information and advice where appropriate to facilitate ECH.

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### SUMMARY

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**In summary the principal aim of this strategy is to increase the number of units of ECH that are available to rent or purchase within the borough. This is necessary in order to meet the need for ECH that has been identified using the More Choice Greater Voice model. Providing more ECH will increase the housing choices available to older people and enable them to maintain their independence. Increased provision of ECH will provide an important, cost effective, alternative to residential care for some older people.**

The actions required to take this work forward are outlined in the action plan below.

## ACTION PLAN

### ECH Strategy Action Plan

	Objective	Actions	Timescales	Lead and Key Partner	Outcomes
1	Establish ownership of strategy and reporting mechanisms.	Carry out Consultation with Councillors other directorates, providers and users to establish 'buy in' to strategy	April 2014	Strategic Housing	Strategy has been consulted upon and is supported by relevant groups. Mechanism established for reporting progress of strategy.
2.	To ensure that older people have increased <b>choice and information</b> about ECH	Amendments to "My Stockport" website to map older person's provision.  FLAG to be updated My Care, my choice update	November 2013  April 2014	Strategic Housing & Adult Social Care	Older people are aware of what ECH is available & what it consists of so they are able to make informed choices.
3.	To work with adult social care to establish robust evidence on <b>Value for Money</b> and cost benefit analysis to fund services in ECH. Further evidence/develop business model to support provision of care in ECH schemes	Contact East Sussex to find out how they achieved this Replicate the modelling that they did	May 2014		Confirmation that ECH can offer savings to alternative ways of delivering services
4.	Establish feasibility of increasing supply of ECH in line with modelling through <b>existing</b>	Registered Providers: Approach RP's to identify sheltered schemes with the potential to operate as ECH and carry out	From Jan 2014	Strategic Housing & Registered Providers Private developers.	Identify the number of units that it is feasible to deliver by 2018.

	Objective	Actions	Timescales	Lead and Key Partner	Outcomes
	<b>sheltered</b> and leasehold schemes.	feasibility study.  Investigate the potential of current leasehold schemes in Stockport to operate within the ECH framework			
5.	Establish feasibility of increasing supply of ECH through <b>new provision.</b>	Work with private developers to provide ECH For Sale using strategy findings to inform location and size of schemes. Looking at land and funding opportunities with Registered Providers to provide affordable ECH using this strategy to inform size and location of schemes.	Annual bid cycle with HCA.	Strategic Housing, Registered Providers and developers.	Identification of sites and funding package.
6.	Be aware of new ECH- schemes looking for innovative developments and funding models	Research best practice in scheme development and finance – evaluate the suitability of these ‘models’ for use in Stockport	On-going	Strategic Housing	Database of current best practice in scheme development and finance. Incorporation of any best practice into new scheme proposals.
7.	Ensure that strategy is up to date	Monitor and review the strategy annually. Annual report to xx	Annually	Strategic Housing	Strategy has been reviewed and updated

## APPENDIX 1

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### **How the ECH Strategy links to other Council Strategies.**

The provision of ECH addresses needs identified in a number of Stockport Council strategies including the Older Person's Housing strategy, Joint Health and Wellbeing strategy and Older People's Joint Commissioning Strategy. These are detailed in Appendix 1.

### **The Older Persons Housing Strategy**

Stockport's Housing Strategy for older people, "Quality, Choice and Independence" was launched in July 2012. It aims to address the needs of those aged 60 and over, as well as those who are planning for their future. The strategy reflects the national policy agenda, under which there is a shift taking place towards preventative services that enable people to remain independent in their own home as they grow older. The national housing strategy, "Laying the Foundations: A Housing Strategy for England (2011) offers a "new deal" for older person's housing, including investment in Home Improvement Agencies, Disabled Facilities Grants and improved housing advice.

In "Quality, choice and independence" the need for greater choice in housing options for older people was identified as an issue that needed to be addressed. Around 90% of older people, aged (60+), live in general needs housing. Such housing is not ideal as most has not been designed with the needs of older/ frailer people in mind. It can also lead to under-occupation of homes.

The strategy suggests that in order to respond to the needs of an ageing population likely to suffer with ill-health and long-term conditions, greater choice and assistance are required to provide:

- An alternative to expensive and inappropriate residential homes placements
- A greater supply of more appropriate and affordable retirement housing, built to accessible standards. This would help facilitate down-sizing, free up family housing and address increased demand for expensive adaptations.



- A better variety of tenure options, to help match the borough's demographics around the proportion of older home owners who are asset rich but income poor.
- Design and space standards greater than some existing older persons housing, especially some sheltered homes which are very small, which makes them less attractive as well as less able to accommodate people with impaired mobility.

ECH offers all of the above advantages.

The strategy made recommendations in five areas and an action plan captures the planned activity. This ECH Strategy supports the following recommendations in particular:

- Improving housing choice for older people; there should be a focus on new mixed tenure housing options (shared ownership and outright sale) able to support independent living, affordable housing developments for older people and housing able to meet the needs of people with dementia. There should be support for older people to downsize their accommodation/ move to more appropriate accommodation if they choose to.
- Improving Quality; to ensure that an appropriate and quality product is being provided, there should be a continued reduction in older and less attractive conventional sheltered housing. There should also be support in ensuring that older people live in good quality sustainable housing that is accessible, well maintained, fuel efficient and suitable for their needs.
- Maintaining Independence; to provide support for older people to live independently in accommodation that contributes towards keeping them healthy and investment in telecare.
- Partnership working; a commitment to working with existing and new partners, including those in health and the private sector.

## **Stockport Joint Health and Wellbeing Strategy 2012-2015**

This document, produced jointly by the new NHS Clinical Commissioning Group, SMBC and sets out the priorities for health and wellbeing in the borough and how these will be addressed and in particular, how health and social care services will work in partnership to deliver these services. There are 6 key chapter themes, one of which is “Healthy ageing and quality of life for older people” and the vision includes many areas which ECH is known to contribute positively to. These include;

- providing a real alternative to residential care
- offering personal and flexible services
- encouraging healthy ageing
- Encouraging self- help and independence
- providing opportunities for social interaction/ activity
- Supporting carers
- Enabling people to return from hospital without delay
- Delivering “seamless” services

Another chapter theme is titled Prevention and Maximising Independence. The delivery plan under this chapter theme mentions working with partners to explore housing options that maximise independence such as ECH. ECH is specifically referred to in the strategy delivery plan but no specific targets are set. This ECH strategy will help to clarify what the Council can deliver in terms of ECH now and in the future in order to contribute to the health and wellbeing strategy.

## **Stockport Older People’s Joint Commissioning Strategy**

The two key objectives for this Strategy are that:

- Older people enjoy longer healthier lives.
- Good quality health and wellbeing services meeting people’s needs and respecting their dignity.

One of the specific outcome measures for the Strategy is that:

- Older people have greater choice of accommodation and support and are supported to live longer in their preferred place.

## APPENDIX 2

<b>Population aged 65 and over, projected to 2030</b>										
	Englan d	Stockp ort	Englan d	Stockp ort	Englan d	Stockp ort	Englan d	Stockp ort	Englan d	Stockp ort
	2012	2012	2015	2015	2020	2020	2025	2025	2030	2030
People aged 65-69	2,753,700	15,700	2,967,800	17,000	2,704,500	15,400	2,963,100	16,500	3,419,100	19,200
People aged 70-74	2,056,100	12,200	2,251,900	12,800	2,765,000	15,700	2,531,400	14,300	2,786,600	15,500
People aged 75-79	1,709,100	10,400	1,807,400	10,800	2,012,200	11,400	2,493,200	14,100	2,297,900	12,900
People aged 80-84	1,293,600	7,900	1,341,000	8,200	1,495,300	8,900	1,697,400	9,600	2,126,400	11,900
People aged 85-89	796,200	4,600	847,400	5,000	960,400	5,700	1,114,400	6,400	1,298,400	7,100
People aged 90 and over	468,200	2,700	526,900	3,000	644,500	3,800	811,200	4,700	1,033,800	5,900
<b>Total population 65 and over</b>	<b>9,076,900</b>	<b>53,500</b>	<b>9,742,400</b>	<b>56,800</b>	<b>10,581,900</b>	<b>60,900</b>	<b>11,610,700</b>	<b>65,600</b>	<b>12,962,200</b>	<b>72,500</b>
<b>Percentage increase in population from 2012 figure.</b>										
	Englan d	Stockp ort	Englan d	Stockp ort	Englan d	Stockp ort	Englan d	Stockp ort	Englan d	Stockp ort
	2012	2012	2015	2015	2020	2020	2025	2025	2030	2030
People aged 65-69			8%	8%	-2%	-2%	8%	5%	24%	22%
People aged 70-74			10%	5%	34%	29%	23%	17%	36%	27%
People aged 75-79			6%	4%	18%	10%	46%	36%	34%	24%
People aged 80-84			4%	4%	16%	13%	31%	22%	64%	51%
People aged 85-89			6%	9%	21%	24%	40%	39%	63%	54%
People aged 90 and over			13%	11%	38%	41%	73%	74%	121%	119%

## APPENDIX 3

### **'More Choice Greater Voice' results, top 5 wards with the highest shortfalls of ECH.**

#### **ECH for Rent 2014**

<b>Ward</b>	<b>Units Required</b>	<b>Current Provision</b>	<b>Shortfall</b>
Cheadle & Gatley	21.7	0	21.7
Bredbury Green & Romiley	20.1	0	20.1
Bramhall South	19.7	0	19.7
Hazel Grove	19.0	0	19.0
Marple North	18.8	0	18.8

#### **ECH for Sale 2014**

<b>Ward</b>	<b>Units Required</b>	<b>Current Provision</b>	<b>Shortfall</b>
Cheadle & Gatley	21.7	0	21.7
Marple South	20.8		20.8
Bredbury Green & Romiley	20.1	0	20.1
Bramhall South	19.7	0	19.7
Hazel Grove	19.0	0	19.0

#### **ECH for Rent 2019**

<b>Ward</b>	<b>Units Required</b>	<b>Current Provision</b>	<b>Shortfall</b>
Cheadle & Gatley	21.4	0	21.4
Bredbury Green & Romiley	21.3	0	21.3
Bramhall South	20.2	0	20.2
Marple North	20.2	0	20.2
Bramhall North	19.7	0	19.7

#### **ECH for Sale 2019**

<b>Ward</b>	<b>Units Required</b>	<b>Current Provision</b>	<b>Shortfall</b>
Cheadle & Gatley	21.6	0	21.6
Bredbury Green & Romiley	21.4	0	21.4
Bramhall South	21.3	0	21.3
Marple North	20.2	0	20.2
Bramhall North	20.2	0	19.7

#### **ECH for Rent 2024**

<b>Ward</b>	<b>Units Required</b>	<b>Current Provision</b>	<b>Shortfall</b>
Bredbury Green & Romiley	22.8	0	22.8
Cheadle & Gatley	22.5	0	22.5
Marple North	22.3	0	22.3
Bramhall North	22.1	0	22.1
Bramhall South	21.9	0	21.9

### **ECH for Sale 2024**

Ward	Units Required	Current Provision	Shortfall
Marple South	23.3	0	23.3
Bredbury Green & Romiley	22.8	0	22.8
Cheadle & Gatley	22.5	0	22.5
Marple North	22.3	0	22.3
Bramhall North	22.1	0	22.1

### **ECH for Rent 2029**

Ward	Units Required	Current Provision	Shortfall
Cheadle & Gatley	22.0	0	22.0
Bramhall North	21.9	0	21.9
Bredbury Green & Romiley	21.6	0	21.6
Bredbury & Woodley	21.4	0	21.4
Hazel Grove	21.3	0	21.3

### **ECH for Sale 2029**

Ward	Units Required	Current Provision	Shortfall
Cheadle & Gatley	22.0	0	22.0
Bramhall North	21.9	0	21.9
Bredbury Green & Romiley	21.6	0	21.6
Bredbury & Woodley	21.4	0	21.4
Hazel Grove	21.3	0	21.3

## APPENDIX 4

### Older People with Dementia

- Dementia is the loss - usually gradual - of mental abilities such as thinking, remembering, and reasoning. The most common dementia symptoms include loss of memory, confusion and changes in personality, mood and behaviour.
- Dementia usually affects older people and becomes more common with age. About 6 in 100 of those over the age of 65 will develop some degree of dementia, increasing to about 20 in 100 of those over the age of 85.
- Although most of the people who develop dementia are over the age of 60, it's important to remember that dementia is not a normal part of growing old, and that the majority of older people will never develop dementia.
- However given the aging nature of Stockport's population we can expect the numbers of people with dementia to rise.

### Predicted trends in volumes over time – Age & Gender

**Table 1: Trends in people with dementia – Stockport residents aged 65+**

Year	Males						Females						Persons					
	65-69	70-74	75-79	80-84	85+	65+	65-69	70-74	75-79	80-84	85+	65+	65-69	70-74	75-79	80-84	85+	65+
2010	98	178	215	297	382	1,170	72	156	371	597	1,170	2,366	170	334	586	894	1,552	3,536
2015	121	180	244	324	473	1,342	85	160	380	619	1,266	2,510	206	340	624	943	1,739	3,852
2020	109	224	252	384	581	1,550	74	191	393	656	1,404	2,718	183	415	645	1,040	1,985	4,268
2025	114	204	318	405	740	1,781	82	168	474	689	1,612	3,025	196	372	792	1,094	2,352	4,806
2030	132	214	292	515	873	2,026	94	185	419	836	1,840	3,374	226	399	711	1,351	2,713	5,400

Source: POPPI

- Currently 3,815 people in Stockport are predicted to have dementia. A third of these people are men, and two-thirds are women.
- Prevalence increases with age, 44% of those with dementia are aged 85 years or more, more than a fifth of the total population in this age group.
- GPs are therefore identifying around fifty percent of those with dementia.
- Assuming that prevalence rates remain the same, if the population changes as expected then by **2015 there are likely to be an additional 300 people** aged 65 and over with the condition and by **2025 there are likely to be an additional 1,409 people**.