



# **Older People's Housing Scrutiny Inquiry Report**

# Introduction and Scope



## 1.0 Introduction

1.1 It is recognised nationally that the ageing society poses one of the greatest housing challenges. The Government now predicts that by 2026 older people will account for almost half (48 per cent) of the increase in the total number of households, resulting in 2.4 million more older households than there are today. Within Leeds, the proportion of residents aged 60 or over is likely to rise by approximately 18% in the period up to 2021.

1.2 As well as increasing population figures, the expectations and aspirations of older people are also evolving in terms of the quality and choice of housing and housing support services available to them. In particular, many older people are wanting to remain independent in their homes, for as long as they are able. The Government's vision is therefore focused around supporting older people to live independently within their own homes and to exercise greater choice and control over their lives.

1.3 As the housing needs of older people are not homogenous, the housing options available to older people need to reflect this. In view of this, we agreed to conduct an inquiry into older

people's housing in Leeds to explore how the Council and its partners are responding to the national vision for older people's housing at a local level.

1.4 As well as considering the housing options available for older people, we also recognised the need to explore the development of housing related support services for older people. We noted that such support services would need to be rooted in the evolving national 'personalisation' agenda: that recipients of social care services should play an integral role in shaping or choosing the services they use so that they can be empowered to live independently. One of the guiding principles therefore is to promote a strategic shift away from residential care and acute settings into community-based housing and support services, including extra care provision.

1.5 The provision of personalised services that maximise prevention opportunities will clearly contribute to the objective of reducing the need for placements into residential care and therefore we recognised that services such as housing support, adaptations and assistive technology can all play a crucial role in reducing dependency on day care

# Introduction and Scope

services, residential care placements and hospital placements.

1.6 In acknowledging the significant role of Adult Social Care in this area of work, we invited Members of the Adult Social Care Scrutiny Board to contribute to our inquiry. Whilst it was noted that there was already a crossover of membership between the two Scrutiny Boards, the Chair of the Adult Social Care Scrutiny Board had taken up this invitation on behalf of the Board.

1.7 When determining the scope of our inquiry, we learned that the Adult Social Care Scrutiny Board had already agreed to conduct an inquiry into adaptations. In view of this, we decided not to focus on adaptations as part of our inquiry in order to avoid duplication. However, both inquiries refer to the Government's vision to build more accessible homes in the future in line with its criteria for Lifetime Homes, as set out in the national Strategy 'Lifetime Homes, Lifetime Neighbourhoods' (2008). Further reference to this matter is made later in our report.

1.8 At the time of conducting our inquiry, we also acknowledged

that the Council was in the process of revising its Leeds Housing Strategy and therefore attention was given to ensuring that the needs of older people in Leeds were being recognised and addressed within the updated Strategy and in line with other strategic outcomes and priorities.

## Scope

1.9 The purpose of the Inquiry was to make an assessment of and, where appropriate, make recommendations on the following areas:

- Links between the national 'personalisation agenda' and the future development of flexible and bespoke housing related services for older people;
- Implications of the increasing older people population on housing related services and the identification of future planning needs;
- The current review of the Leeds Housing Strategy and its need to respond to the relevant strategic outcomes and priorities within the Leeds Strategic Plan and Leeds Local Agreement;

# Introduction and Scope

- The Leeds Older People's Housing Strategy and accompanying action plan;
  - The condition of sheltered housing stock in Leeds and proposals for improvement, with particular reference to the Supporting People Programme and PFI bid proposals for modernising housing provision for older people;
  - Issues surrounding affordable housing for older people;
  - Ensuring that older people have a safe and secure environment to live in, with a sense of belonging to and participating in communities;
  - The role and development of Assistive Technology, Telecare and Telehealth services in promoting the capacity of older people to live independently;
  - Methods of addressing social isolation when promoting the capacity of older people to live independently;
  - Problems relating to fuel poverty and older people.
- 1.10 In acknowledging the increased emphasis around extra-care provision, we were particularly interested in exploring the extra-care housing model. We therefore held our February 2009 meeting at the Moor Allerton Care Centre in Leeds, which is based on the extra-care model, and combined this with a tour of the Centre. We also conducted a visit to Sheffield's Brunswick Gardens Retirement Village as this is one of only a few extra care 'villages' in England. We were therefore keen to learn more about the benefits of developing a scheme of this size and to take back any lessons for future developments in Leeds.
- 1.11 In discussing the expectations and aspirations of older people, it was also vital that we considered the views of older people themselves. We therefore welcomed the contribution of the Leeds Older People's Forum to our inquiry. The Forum currently has over 120 members from older people's voluntary sector organisations in Leeds and during our inquiry, particular reference was made to the valuable work conducted by the Forum around older people and social isolation.
- 1.12 We would like to sincerely thank everyone for their contribution

# Introduction and Scope

and commitment to our inquiry, and particularly to the staff and residents at Moor Allerton Care Centre and Brunswick Gardens Retirement Village for their kind hospitality.

- 1.13 Our inquiry has clearly demonstrated that housing is not just about bricks and mortar, it is about providing an environment where older people can be supported to live independently by a range of services. Quality housing and housing services promote the capacity of vulnerable people to live independently and to exercise choice and control over their lives. As far as practicable, older people should be supported in their housing choices. However, it is equally important to ensure that the drive towards promoting independent living and the use of modern assistive technology does not lead to social isolation as a consequence.
- 1.14 We acknowledge that the Council and its partners have already committed a lot of time and resources in developing older people's housing and housing support services. Many of our recommendations therefore seek to build upon existing activities to help meet current aspirations for older people's housing provision.

# Conclusions and Recommendations



## 2.0 National and local policy drivers for improving older people's housing.

- 2.1 We acknowledge that the expectations and aspirations of older people are evolving in terms of the quality and choice of housing and housing support services available to them. In particular, many more older people wish to remain independent in their homes, for as long as they are able, and to exercise greater choice and control over their lives.
- 2.2 We therefore recognise that the development of affordable and accessible housing, including new housing, will be a key element of the drive to promote independent living. Housing support services will also play a critical role in delivering the wider social care agenda around promoting the capacity of older people to live independently within their own homes and to exercise greater choice and control over their lives.
- 2.3 However, this strategic shift in social and health care policy for older people, from a dependency culture towards an enabling and promoting independence culture, where support and care is provided at home or close to home as opposed to institutional or

residential based care, is not a recent development.

- 2.4 We understand that the Government first published its Strategic Framework around Quality and Choice for Older People's Housing in January 2001. This Strategic Framework promoted the interdependence between housing, social care and health in delivering services for an increasingly ageing population.
- 2.5 The more recent Government Strategy 'Lifetime Homes, Lifetime Neighbourhoods' (2008) continues to highlight the key aspirations of older people's housing and acknowledges that good housing is critical if we are to manage the mounting pressures of care and support expenditure and provide the best possible help and support to an aging society. However, this particular Strategy places more emphasis on designing and building homes that are generally accessible to a wide range of people, than to build homes that are not future-proof, so become inappropriate to our changing needs. Further reference to the development of such Lifetime Homes and Lifetime Neighbourhoods is made in paragraphs 6.1 to 6.15 within our report.

## Conclusions and Recommendations



- 2.6 During our inquiry, we were pleased to note that in response to the national policy drivers for improving older people's housing options and support services, the Council, and its partners, developed the Leeds Older People's Housing Strategy 'Home Not Alone' (2005 – 2010). This was the first housing and support strategy for older people in Leeds.
- 2.7 The overall vision of the Leeds Older People's Housing Strategy is to improve the quality of life of older people through providing a range of housing options, care and support services which will promote independence for all older people in Leeds. It's aim therefore is to help integrate housing, support and care to promote the independence and well being of older people and to influence and deliver improvements to the quality and choice of housing available for older people in the city.
- 2.8 We learned that the Action Plan accompanying the Leeds Older People's Housing Strategy is in the process of being updated to ensure that it corresponds with the relevant key themes and improvement priorities identified within the current Leeds Strategic Plan 2008 - 2011 and also the revised Leeds Housing Strategy 2009 – 2012.
- 2.9 The Leeds Strategic Plan is one of the key strategic documents for the city and we acknowledged that the Thriving Places theme within the Plan includes the strategic outcome: 'Improved quality of life through mixed neighbourhoods offering good housing options and better access to services and activities'. Both the Thriving Places and Health and Wellbeing themes contain improvement priorities relating to improving housing decency, increasing the supply of affordable housing, reducing homelessness and fuel poverty, and increasing the number of vulnerable people helped to live at home.
- 2.10 At the time of our inquiry, the Leeds Housing Strategy was in the process of being updated. In May 2009, we were given the opportunity to consider and comment on the draft updated Leeds Housing Strategy. We noted that the updated Strategy is also closely aligned to the improvement priorities, strategic outcomes and themes included within the Leeds Strategic Plan and that its vision is to 'create opportunities for people to live independently in quality, affordable housing'.

# Conclusions and Recommendations



2.11 Whilst we acknowledge the need to update the Leeds Older People's Housing Strategy Action Plan to ensure that it corresponds with both the Leeds Strategic Plan and Leeds Housing Strategy, we would also emphasise the importance of this Action Plan being seen within the context of other key strategies aimed at promoting the wider health and wellbeing agenda for older people. Such strategies include the recent national Dementia Strategy; the Leeds Mental Health Strategy; and the Older Better Strategy. This will help to avoid duplication and provide a more coherent approach in enabling and promoting independent living for older people.

2.12 Once available, we would like the updated Leeds Older People's Housing Strategy Action Plan to be brought back to Scrutiny for consideration.

**Recommendation 1**  
**That the updated Leeds Older People's Housing Strategy Action Plan is seen within the context of other key strategies aimed at promoting the wider health and wellbeing agenda for older people, such as the Dementia Strategy, Leeds Mental Health Strategy and Older Better Strategy.**

**Recommendation 2**  
**That the updated Leeds Older People's Housing Strategy Action Plan is brought back to the relevant Scrutiny Board for consideration once available.**

## **3.0 Addressing fuel poverty and improving decency standards.**

3.1 Links between the quality of housing, health and wellbeing is compelling. In particular, we noted that excess cold is a major cause of increased winter mortality, especially amongst older people, and exacerbates conditions such as rheumatism, arthritis, bronchitis and cardiovascular illness, which older people are also more likely to experience. In view of this, we explored the measures being taken to address fuel poverty and improve decency standards within older people's housing in Leeds.

3.2 We were pleased to note that one of the key actions identified in the updated draft Leeds Housing Strategy is to reduce the number of older people living in fuel poverty. The official definition of fuel poverty is where a household is spending more than 10% of their household income on meeting energy costs. As the

# Conclusions and Recommendations



Council and other housing-related services have limited power to control energy prices, it is clear that the focus needs to be around promoting energy efficiency measures as a means of reducing energy costs and eliminating excess cold.

- 3.3 During our inquiry, we acknowledged the good work already carried out by the Council's Fuelsavers Team in monitoring the incidence of fuel poverty in the city; providing a free and impartial advice service about energy efficiency; and taking a lead role in delivering the Council's Affordable Warmth Strategy (2007 - 2016).
- 3.4 The Fuelsavers Team works with a range of partners, including NHS, the ALMOs, Environmental Health, Adult Social Services and the Energy Providers to implement interventions to meet the Governments Fuel Poverty Targets. In addition, the Fuelsavers Team has developed a number of initiatives designed to tackle fuel poverty amongst the most vulnerable households, such as 'Health through Warmth' and 'Warm Front'. However, we noted that the updated draft Leeds Housing Strategy now recommends that the Council looks beyond these initiatives to

turn Leeds into a 'Warm Zone' area. We understand that there are currently 13 'Warm Zone' areas in the UK, including one covering the Kirklees authority area.

- 3.5 Warm Zones give every household in the catchment area the opportunity to insulate their homes better and to make their homes warmer, reduce energy consumption and cost, reduce carbon emissions and to make a positive contribution to the environment. The scheme works on a ward-by-ward basis, by carrying out initial doorstep assessments and then more detailed surveys to establish the improvements required. All households are entitled to loft and cavity wall insulation, with households in fuel poverty, on income related benefits or occupying hard to treat homes offered improvements to heating systems. All households also receive benefit entitlement and energy efficiency advice.
- 3.6 We understand that Warm Zones are operated on a not-for-profit basis and typically funded through partnerships with local government, European Union agencies, energy companies and other supporters. Whilst we acknowledge that there will be resource implications for

# Conclusions and Recommendations



developing this initiative across the city, the existing neighbourhood analysis of fuel poverty rates will enable the Council to prioritise the delivery of the 'Warm Zone' in the council wards with the highest levels of fuel poverty.

- 3.7 We support the development of an area based initiative for Leeds based upon the Warm Zone model and recommend that the Executive Board also commits to the development of such an initiative in Leeds over the next 12 months.

**Recommendation 3**  
**That the Executive Board commits to the development of an area based Initiative for Leeds based upon a 'Warm Zone' model over the next 12 months as a method of addressing fuel poverty, particularly amongst vulnerable households such as older people.**

- 3.8 We are aware that the Government has already set a target to bring all social housing (stock managed by local authorities, ALMOs and housing association) up to the decency standard by 2010/11 and therefore the Council and the Leeds ALMOs are committed to ensuring that all social housing meets the decency standard by 2010/11. However, we recognise that such properties

are likely to fall out of decency if investment is not maintained or enhanced post 2011. We are therefore pleased that this has been acknowledged within the updated draft Leeds Housing Strategy and that the Council and the Leeds ALMOs are now exploring options for maintaining and enhancing the level of investment in council housing post-2011.

- 3.9 In acknowledging that just under 70% of older people live in the private sector, it is clear that measures to improve decency standards in this tenure will also have a significant impact on the lives of older people in the city.

- 3.10 Running alongside this inquiry, we also conducted a separate inquiry into Private Rented Sector Housing in Leeds and found that both locally and nationally, the private rented sector is seen to be the tenure where the greatest proportion of vulnerable households live in non-decent homes. We therefore recognised the importance of addressing excess cold and fuel poverty across all tenures and stressed that this must remain a key future priority, with a particular focus on the older housing stock, where many private sector tenants, including some

# Conclusions and Recommendations



of the most vulnerable members of society, reside.

3.11 However, we were pleased to learn that an overall approach for enhanced action is intended through a refresh of the actions to deliver the Private Rented Sector Strategy. This will include the development of the Strategy to reflect new themes such as the Leeds Affordable Warmth Strategy; the Regional Fuel Poverty Strategy and Home Energy Conservation Act recommendations.

3.12 We also noted that NHS Liverpool had given funding of around £9 million to improve private sector housing conditions in Liverpool. Whilst acknowledging that the Liverpool model needs to be tested to identify whether comparable investment can be made in Leeds, we still recognised the need for the Council to work more closely with key partners and also central government to continue developing innovative approaches towards addressing poor housing conditions and to maximise on available resources. We therefore made a recommendation to the Director of Environment and Neighbourhoods to this effect.

## **4.0 The challenge of providing housing related support services.**

4.1 It is clear that rising life expectancy and the growing number of older people will increase the need for additional services or support to maximise the capacity of elderly or vulnerable people to continue living independently.

4.2 Supporting People is the national programme for commissioning housing related support services for vulnerable adults. This programme is managed through a Commissioning Body, which comprises representatives from the Council, NHS Leeds and the West Yorkshire Probation Service. The programme is administered on a day-to-day basis by the Housing Strategy and Commissioning section, which sits within the Environment and Neighbourhoods Directorate. We understand that all proposals made by the administering authority, relating to the commissioning of services, need to be unanimously approved by the Commissioning Body and that the three partner agencies have an equal decision making capacity.

# Conclusions and Recommendations



- 4.3 The Supporting People programme currently commissions 371 services, through 68 organisations, for approximately 12,000 people and we noted that such services range from sheltered warden services for older people, homeless hostels and supported housing for people with learning disabilities.
- 4.4 In addition to the information provided during our inquiry, we also received quarterly update reports on the Supporting People programme as part of our 2008/09 work programme.
- 4.5 We learned that in 2008/09, the Leeds Supporting People programme received a grant settlement of £32.9 million, a reduction of £3 million from the position in 2003/04. As a result, we noted that efficiency savings of approximately £7.5 million have needed to be generated since 2003 in order to balance the budget, given the real increases in costs, and to also commission new strategically relevant services. Such services have formed part of the Partnerships for Older People's Projects (POPPs) which aim to assist vulnerable older people with mental health problems to achieve and maintain independent living arrangements. It was reported that such efficiency savings have been achieved through competitive tendering and contract management.
- 4.6 We were also made aware that whilst the Supporting People grant settlement will be maintained at £32.9 million in 2009/10, it is now expected to be reduced by a further £1 million in 2010/11, which will need to be found from existing services. Given the level of efficiencies already achieved to date, we acknowledge the challenge of achieving this additional saving through the application of value for money measures without compromising service quality.
- 4.7 In addition, we also learned that during 2009/10, Supporting People funds will be paid to the Council as a 'named' grant under section 31 of the Local Government Act 2003. This will allow local authorities more flexibility to allocate funding according to local need, but will still be viewed as housing related support. However, it is expected that Supporting People funding will be absorbed into the Area Based Grant from April 2010 onwards, following this transitional year, and can therefore be used for any purpose the Council believes is appropriate.

## Conclusions and Recommendations



4.8 We acknowledge that since the start of the Supporting People programme, the Government has been clear about its intention to mainstream the commissioning of housing related support services within local authorities. Whilst the allocation of funding now rests with local authorities, there are still clear expectations by Government and the Audit Commission that housing related support services will continue to be delivered to vulnerable groups of people to enable them to achieve independent living outcomes. It is vital that the removal of the ring-fenced funding for housing related support services does not have a detrimental affect on existing services. The Council should ensure that from April 2010, housing related support services receive sufficient funding through the Area Based Grant to at least maintain existing services, with a view to enhancing provisions in the future.

4.9 We learned that the Leeds Commissioning Body has agreed to commission a piece of research into the wider benefits and outcomes that are generated through the provision of housing-related support services. We welcome this research and would like the

findings to be brought back to Scrutiny once available.

### **Recommendation 4**

**That the Council ensures that from April 2010, housing related support services receive sufficient funding through the Area Based Grant to at least maintain existing services, with a view to enhancing provisions in the future to meet with any increased demands for such services.**

### **Recommendation 5**

**That the findings of the research commissioned by the Leeds Commissioning Body into the wider benefits and outcomes generated through the provision of housing-related support services, is brought back to Scrutiny for consideration.**

4.10 We understand that local authorities are also expected to have local housing related support policies in place to take forward their commissioned services. We therefore noted that a local housing related support strategy will be developed for Leeds under the umbrella of the updated Leeds Housing Strategy. We would also like this strategy to be brought back to Scrutiny for consideration once available.

## Conclusions and Recommendations



4.11 As the allocation of funding now rests with local authorities, we were pleased to learn that the Supporting People Commissioning Body has agreed that decisions relating to service commissioning will be made within the context of the Leeds Strategic Plan and the Leeds Local Area Agreement so that all new and re-commissioned services will contribute directly to the delivery of these strategic outcomes.

4.12 However, during our inquiry we noted the implications of the national personalisation agenda for social care and associated services on the commissioning of housing related support services. The personalisation agenda is focused around enabling clients to design, choose and control the services that they use. Whilst this encompasses a number of elements, particular reference was made to the Individual Budgets element. This is where a client receives an indicative funding value, which could be comprised of several funding sources, and uses this funding to purchase services from selected providers, whether they are from the public, private or voluntary sectors.

4.13 With regard to housing related support, which is commissioned

through the Supporting People programme, this will be included within Individual Budgets if the client is also in receipt of a social care service. As the Supporting People programme block purchases sheltered warden services, by scheme, we noted that this potentially conflicts with the principle of individuals purchasing services and also the concept of creating a genuine 'open market' so that clients have a real choice in how they buy a service. There may also be a conflict between promoting choice and safeguarding vulnerable people as clients may decide to purchase a service outside of the Supporting People commissioned services, which may not have been subjected to the same levels of rigorous testing. We believe that this will need to be taken into consideration in the development of the Leeds Housing Related Support Strategy.

**Recommendation 6**  
**That the implications of the personalisation agenda and the role of Individualised Budgets in the commissioning of housing related support services is taken into consideration in the development of the Leeds Housing Related Support Strategy.**

# Conclusions and Recommendations



**Recommendation 7**  
**That the Leeds Housing Related Support Strategy is brought back to the relevant Scrutiny Board for consideration once available.**

## **5.0 The effective use of Assistive Technology.**

- 5.1 During our inquiry, we acknowledged that the use of assistive technology will play an increasingly important role in promoting the capacity of vulnerable people to live independently.
- 5.2 In 2004, the Audit Commission defined assistive technology as *“any item, piece of equipment, product or system that is used to increase maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties”*.
- 5.3 We learned that community equipment, Telecare and Telehealth services are three of a range of services providing assistive technology intended to support people to live as independently as possible. Other assistive technology services include adaptations services, wheelchair services and environmental controls.
- 5.4 The Leeds Community Equipment Service is an

integrated (between the Local Authority and NHS Leeds) service delivering all aspects of equipment provision for health and local authority service users in Leeds. Under its umbrella, Leeds Community Equipment Service oversees all aspects of relevant staff training; information and advice to actual and potential users of community equipment; service development; and the storage, delivery, fitting, collection, maintenance and cleaning of community equipment.

- 5.5 We learned that the service holds an average of 600 core stock items of equipment and orders large numbers of individual “one off” specialised items. The type of equipment provided by the service includes: bath boards, bath seats, raised toilet seats, toilet frames, riser recliner chairs, specialist cutlery, zimmer frames, walking sticks, wheelchairs, commodes, urinals, bedpans, hoists, specialised beds and pressure relieving mattresses.
- 5.6 With regard to Telecare, we learned that this is a service that supports older and vulnerable people to live independently in their own home through the use of simple sensors. Telecare provides 24 hour monitoring of an individual,

## Conclusions and Recommendations



ensuring an alert is raised if the sensor detects any problems.

- 5.7 Telecare in Leeds builds upon the already existing Care Ring pendant alarm system to offer added security at home. Telecare sensors are discretely placed around the home on ceilings, doors and walls or may be worn by the service user in the form of a pendant, watch or belt. They can be of benefit to those who are having difficulties maintaining their safety at home due to physical or mental impairments.
- 5.8 We noted that Care Ring service users ordinarily need to nominate two key holders who can be contacted in the event of an emergency. However, it has been identified that a significant number of potential Telecare service users do not have access to such a resource and therefore the Supporting People Commissioning Body has agreed to commission a citywide mobile response service, provided through the Council's security service, from April 2009, for an initial two-year term. It is assumed that the service will be working with 600 service users by the end of 2010/11.
- 5.9 We were informed that if a Telecare sensor activates in an individual's home, an alert is

automatically raised to a 24 hour response centre who will maintain contact with the service user to check on their safety. Often, practical advice and reassurance is all that is required but on some occasions physical help may be needed. On these occasions the response centre staff will arrange the appropriate support by contacting a family member, mobile response, or if necessary an emergency service. The response centre have access to information on the service user and can identify what sensor in the home has activated to ensure the appropriate responses are arranged promptly.

- 5.10 It was reported that since its introduction in October 2006, Telecare equipment has been provided to over 2,500 people. We acknowledge that the use of Telecare systems have enabled people to be supported at home for longer, preventing untimely admission to hospital and promoting early discharge. Telecare therefore aims to provide reassurance to carers and family and also promotes confidence in service users.
- 5.11 We learned that Telehealth monitoring is the remote exchange of physiological data between a patient at home and remote health care staff to assist

## Conclusions and Recommendations



in diagnosis and monitoring. This could include support for people with chest/breathing problems, heart conditions, or diabetes. It includes a home unit to measure and monitor temperature, blood pressure and other vital signs for clinical review at a remote location, (for example, a hospital site), using phone lines or wireless technology.

- 5.12 It was highlighted that Telehealth provision is led by NHS Leeds who are currently conducting pilot programmes to assess the effectiveness of the systems. The money to run these programmes has come from the Preventative Technology Grant allocated to Adult Social Care by the Department of Health.
- 5.13 We were pleased to learn that a Leeds Telecare / Telehealth Development Group has been set up to ensure that there are close links between the agencies leading on all related initiatives. We learned that a wide range of stakeholders are members of this Development Group and include representatives from the Local Authority, NHS Leeds, service users, practitioners and equipment suppliers.
- 5.14 In March 2009, we were also pleased to learn that funding for

Telecare services would become mainstreamed from April 2009. Whilst acknowledging that this funding will help to maintain current services, it was hoped that such services could be expanded further in the future. We learned that a piece of research had been commissioned to assess the impact of Telecare services in Leeds, which will take into account the cost benefits of providing this service in terms of reducing the need for residential placements and preventing untimely admissions to hospital. It is hoped that this research will assist in identifying potential additional funding bids to expand the service further. In welcoming this piece of research, we would also advise that further analysis around future projections for Telecare services in Leeds is included in this research to help determine the level of service capacity required to meet future demands.

**Recommendation 8**  
**That further analysis around future projections for the demand of Telecare services in Leeds forms part of the wider piece of research work commissioned to assess the impact of Telecare services in Leeds.**

# Conclusions and Recommendations



5.15 Within the updated draft Leeds Housing Strategy, it also states that actions will be taken to identify the contribution Telecare services, and more specifically the mobile response service, has made to promoting independent living. One of the key actions identified is to use the Supporting People contract management process to monitor the effectiveness and long-term requirement of the mobile response service and to carry out an options appraisal to determine whether the service should be remodelled and/or subject to competitive tender. We therefore welcome these proposed actions.

## 6.0 Delivering Lifetime Homes and Neighbourhoods.

6.1 We believe that well designed, inclusive housing will help to meet housing needs, improve health, reduce discrimination and create more balanced and inclusive communities. It is clear that it will be more cost effective to build new homes that are generally accessible to a wide range of people than to build homes that are not future-proof, so become inappropriate to our changing needs.

6.2 We learned that the 'Lifetime Homes' standard is a set of 16 design criteria that aim to

promote mobility within the home. This standard will therefore have an impact on the size of accommodation (allowing for wheelchair use and access and space for lifts and hoist in the future), layout of accommodation (allowing for direct access from bedroom to bathroom if required), access to the home and parking space. We understand that to meet these standards, new homes would need to be designed and constructed to be able to be readily adapted to meet future needs and for flexibility in use.

6.3 We acknowledge that by adhering to these design standards, this will increase the cost of housing production, ranging from around £165 to £545 per unit. However, we also recognise that this is a small fraction of the cost of adapting a property or placing a person into residential care.

6.4 We noted that the Leeds Older People's Strategy (2005-2010) already makes reference to the Lifetime Homes standards, stating that all developers should be encouraged to develop Lifetime Homes in order to build in flexibility of use.

6.5 However, we are pleased to learn that within its Strategy 'Lifetime Homes, Lifetime Neighbourhoods' (2008), the

# Conclusions and Recommendations



Government now makes a commitment to ensure that all public housing will be built to Lifetime Homes standards by 2011. This is reflected within the updated draft Leeds Housing Strategy, which states that all housing developed through the Affordable Housing Strategic Partnership will now conform to the Lifetime Homes standards and that all new social housing developments are to conform to the Lifetime Homes standard from 2011.

- 6.6 With regard to the private sector, we noted that the Government's aspiration is for all new housing to be built to these standards by 2013. We understand that the Lifetime Homes standards will be made a mandatory part of the Code for Sustainable Homes. However, as this Code is voluntary, it is difficult for planning policy to insist on such higher standards and therefore the focus has been around encouraging take-up on a voluntary basis from private developers.
- 6.7 We are aware that the Government intends to support industry to encourage take-up on a voluntary basis over the next few years and will review take-up in 2010, with a view to bringing forward regulation in 2013 if take-up in the private

sector has not matched market need or expectations. However, we believe that the Council should be proactive now in exploring opportunities for adopting a consistent approach towards all new housing regardless of its tenure in relation to Lifetime Homes Standards. We understand that during its inquiry into Adaptations, the Adult Social Care Scrutiny Board also felt that the Council should be exploring possible routes of adopting these standards across all tenures without the need to wait for any national regulations to be enforced.

- 6.8 The Adult Social Care Scrutiny Board was advised that the use of Supplementary Planning Guidance could be used as a way to place greater material weight on planning applicants to create more accessible housing. We understand that this approach is not unprecedented, as this has been adopted in London.
- 6.9 The document 'Accessible London: achieving an inclusive environment. The London Plan Supplementary Guidance' states that *'The Mayor will and boroughs should seek to ensure that all residential units in new housing developments are designed to Lifetime Home standards. These standards*

## Conclusions and Recommendations



*should be applied to all new housing, including conversions and refurbishments, and including blocks of flats, for both social housing and private sector housing, and should cater for a varying number of occupants'.*

6.10 In acknowledging the positive impact of this approach in London, the Adult Social Care Scrutiny Board agreed to recommend that the Director for Development also investigates and reports on the viability of adopting a model to be implemented, which reflects the spirit of the London Supplementary Planning Guidance for mandatory development to Lifetime Homes Standards, but suits the diversity and specific requirements of the City of Leeds, reporting findings to the Executive Board before 31 December 2009.

6.11 In recognising the need for the Council to adopt a more consistent approach towards Lifetime Homes Standards across all tenures, we too appreciate the importance of conducting a viability appraisal on how this will best meet the needs of the city. We would therefore echo the recommendation made by the Adult Social Care Scrutiny Board.

### **Recommendation 9**

**That the Director for Development investigates and reports on the viability of adopting a model to be implemented, which reflects the spirit of the London Supplementary Planning Guidance for mandatory development to Lifetime Homes Standards, but suits the diversity and specific requirements of the City of Leeds, reporting findings to the Executive Board before 31 December 2009.**

6.12 We also recognise that it is not just lifetime homes that are needed, but lifetime neighbourhoods, where the built environment offers 'age-proofed' communities. This would mean that the provision of accessible local amenities, such as community centres and shops, and the transport and street environment would be consciously planned for people of all ages and conditions in mind and therefore not exclude people as they age or become more frail or disabled. We believe that such inclusive planning can only help to achieve an increased sense of belonging and pride in local neighbourhoods that will help to build cohesive communities.

6.13 We acknowledge that the concept of Lifetime Neighbourhoods is not a new

## Conclusions and Recommendations



one, but it has been recognised nationally that this is yet to make a significant impact on planning and neighbourhood design. It is therefore vital that local planning policy takes account of ageing and the needs of older people. Within its Lifetime Homes, Lifetime Neighbourhoods Strategy, the Government has stated that it will incentivise good design by introducing a new Beacon theme on inclusive planning to recognise local authorities providing leadership in this area.

6.14 We understand that the new Homes and Communities Agency will also be charged with supporting the continued well-being of communities in England and ensuring that all new planning policies and initiatives give an explicit priority to design and quality. The Government also gives a commitment that future planning policy reform will fully reflect the high priority now given to address the challenges of an ageing society.

6.15 We would very much like to see Leeds be at the forefront of promoting innovative and inclusive planning design and quality across the city in line with the Lifetime Neighbourhoods concept and work towards achieving Beacon

status for leadership in this area.

6.16 We recommend that the Director of Development reports back to Scrutiny within 3 months on the existing and planned policies and guidance aimed at promoting innovative and inclusive planning design and quality across the city in line with the Lifetime Neighbourhoods concept, and how Leeds can work towards achieving Beacon status for leadership in this area.

**Recommendation 10**  
**That the Director of Development reports back to Scrutiny within 3 months on the existing and planned policies and guidance aimed at promoting innovative and inclusive planning design and quality across the city in line with the Lifetime Neighbourhoods concept.**

**Recommendation 11**  
**That the Director of Development reports back to Scrutiny within 3 months on how Leeds can work towards achieving Beacon status for inclusive planning.**

**7.0 Developing the extra care housing model.**

7.1 The development of extra care housing for vulnerable older

# Conclusions and Recommendations



people is a key strategic and service transformation objective for the Council. In view of this, we were interested in exploring the benefits of the extra-care housing model as an alternative to residential care.

- 7.2 We understand that extra care housing schemes are designed to offer more independent living for residents than residential care, with fully self contained accommodation (usually 1 or 2 bedroom apartments and sometimes linked bungalow properties) with access to shared communal facilities often termed a 'resource centre'. We have already established the importance of service users being given opportunities to exercise choice and be involved in influencing the services that they receive. Choice and involvement are in many ways integral to the whole model of extra care housing since the status of people as tenants gives them rights and potentially a level of control over their own lives that would often be lacking in other service settings.
- 7.3 As part of our inquiry, we were keen to visit an existing extra care housing scheme within Leeds and the Moor Allerton Care Centre was highlighted as one of the exemplar schemes. As part of our inquiry, we also agreed to conduct a visit to

Sheffield's Brunswick Gardens Retirement Village, which opened in March 2008 and consists of 217 one and two bedroom units of mixed tenure. As this is one of only a few extra care 'villages' in England, we were keen to learn more about the benefits of developing a scheme of this size and to take back any lessons for future developments in Leeds.

- 7.4 In February 2009, we held our public Board meeting at the Moor Allerton Care Centre and this was followed by a tour of the Centre, which gave us the opportunity to speak with the staff and residents.
- 7.5 The Moor Allerton Care Centre was established in December 2004 by MHA Care Group, a leading national charity that works to improve the quality of life and independence of older people through the provision of care homes and a range of housing and support services. This particular scheme is regarded as purpose built housing with care and day care facility for older people including those with dementia.
- 7.6 The Moor Allerton Care Centre comprises of:
- Yew Tree Court providing 45 units of housing with care, 28 of which are two-

# Conclusions and Recommendations



bedroom flats and 17 of which are one-bedroom flats; plus five flats commissioned by the local Primary Care Trust (PCT) to provide Intermediate Care.

- Rosewood Court providing 20 one-bedroom units of housing with dementia care, which can be occupied by a single person, or a couple.
- Bay Tree Resource Centre offering dementia day care services for up to 20 older people per day

7.7 We learned that to be eligible for a tenancy in Yew Tree Court, the Centre requires people to fit a number of the following criteria:

- Be aged 55 or over;
- Have a requirement for sheltered housing;
- Be frail or physically disabled;
- Exhibit some cognitive dysfunction, possibly with short term memory loss and some disorientation, provided they will be able to cope with the independent living aspects of extra care housing and be likely to derive psychological benefit from living in this setting in preference to, for example, residential care;

- Suffer from depression or some other mental illness, which is managed through appropriate treatment and support, and be likely to derive psychological benefit from living in this setting rather than a more specialist one;
- Have a degree of learning disability; again provided they will be able to cope with the independent living aspects of extra care housing;
- Have or be willing to have a Social Services assessment completed for required care needs.

7.8 For allocation of a flat in Rosewood Court, as well as some of the above criteria, we learned that people must also meet the following requirements:

- Dementia is the primary care need.
- A potential service user will have a diagnosis of dementia from an appropriate source - for example: Consultant Psychiatrist.

7.9 We were particularly interested to learn that the local Primary Care Trust funds five of the flats in Yew Tree Court as Intermediate Care places. These Intermediate Care flats

# Conclusions and Recommendations



are used to provide an alternative to hospital admission, or to facilitate earlier hospital discharges, for people who require short-term support to remain in their own homes.

7.10 During our tour of the centre, we noted the range of communal facilities on site to assist with daily living tasks, socialising and making friends. Yew Tree Court has a communal lounge; a dining room/restaurant; a hairdressing salon; communal laundry; guestroom and assisted bathrooms, all of which are open to all who reside at the centre. Within Rosewood Court, we noted that there is a specially designed lounge, dining area and a fully enclosed garden to enable those individuals living with dementia to safely enjoy their living environment.

7.11 We also visited the Bay Tree Dementia Day Care Centre, which offers care and therapeutic services to older people living with dementia.

7.12 In terms of security and safety measures, we noted that the door-entry system enables residents to speak to visitors from within their own apartments before opening the front door. Pull cords are also located in all apartments and

communal areas to summon staff if needed, which are responded to 24 hours a day, 365 days a year. Overall we believe that the provision of care provided within the Centre met with the philosophy of the extra care model in terms of promoting independent living within a safe and secure environment.

7.13 In January 2009, a working group of the Scrutiny Board and senior officers from the Environment and Neighbourhoods and Adult Social Care Directorates, conducted a visit to Sheffield's Brunswick Gardens Retirement Village. Brunswick Gardens is an extra care housing scheme developed in partnership by Arena Housing Group (landlord), the ExtraCare charitable Trust (care and support provider) and Sheffield City Council. It opened in March 2008 and consists of 217 one and two bedroom units of mixed tenure. It is one of only a few extra care villages in England.

7.14 Whilst extra care villages operate in a similar manner to the smaller schemes, there is considered to be greater scope for developing communal facilities. We were therefore keen to learn more about the