Produced by the Corporate Research Team, Borough of Poole – January 2012
For further info contact: Sara Ireland, Tel 01202 633361, Email s.ireland@poole.gov.uk

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ASSESSMENT OF THE NEED FOR EXTRA CARE HOUSING IN POOLE

FINAL VERSION January 2012

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1. Introduction

1.1 Main aim of the needs assessment

To estimate the potential demand for older people's housing with care in Poole. To provide quality, evidence based guidance on the number of units of extra care housing that may be required in Poole.

1.2 Specific objectives of the needs assessment

- To estimate the number of older people in Poole aged 65 and over, for 2011 to 2021, with a focus on the expansion of the very elderly population aged 85 and over.
- To identify the 'population in need of extra care housing', based on the prevalence of key factors within the elderly population, for example age, health and dependency levels, housing tenure, elderly carers.
- To identify the 'target population for extra care', based on current relevant populations known to social services, health and housing.
- To provide an understanding of older people's preferences for housing and care in Poole.
- To estimate the demand for extra care housing in Poole based on the need, target populations and preferences for housing and care.

1.3 Background

Extra Care Housing (ECH) describes a type of housing, care and support that falls somewhere between traditional sheltered housing and residential care. It is essentially a hybrid bringing together the high level care services offered in residential care, with the accommodation and independence provided by traditional good quality housing. Its purpose is to:

> *'provide well-designed housing that enables people to self care for longer and gives them access to care and other services, which help them retain their independence.'*[1]

Poole and Bournemouth's Joint Commissioning Strategy for Older People 2010-15, identifies the need to 'develop different models of mixed tenure accommodation including extra care housing' as a priority. The development of ECH has been identified as a priority, for a number of reasons.

1. We face a demographic challenge, not just of increasing numbers of older people, but increasing numbers of the very elderly who will require higher levels of care and support.
2. National and local research and consultation indicate that older people want to retain as much independence as possible and live in their own homes.
3. There is an emerging policy shift towards reducing the reliance on residential care to meet the long term care needs of older people.
4. For a number of older people deteriorating health and inappropriate accommodation can result in an admission to residential care. ECH, through the integration of accommodation and care, has the potential to provide the level of support needed to enable such people to remain part of the community.

[1] Housing Learning & Improvement Network (2008), Extra Care Housing – What is it? Factsheet no.1

5. Delays in moving ‘medically fit’ older people into more suitable forms of provision have created significant pressure on acute hospital beds. The provision of ECH, enabling people to return to the community, would contribute to efforts to address the issue of delayed transfers.
6. There are concerns that traditional models of sheltered housing are no longer appropriate for the needs of older people.
7. Wider national policy issues including citizen and customer choice, the need to develop sustainable communities, the need for improved efficiency in public expenditure.

Poole is currently developing an Extra Care Housing Strategy that sets out its vision and plan for the provision of ECH now and into the future. This requires an understanding of the potential demand for extra care housing. This report provides estimates of the demand for ECH in Poole, and outlines the underlying evidence and analysis used to derive these estimates.

2. Executive Summary

Background

- Poole is currently developing an Extra Care Housing Strategy that sets out its vision and plan for the provision of ECH now and into the future. This requires an understanding of the potential demand for extra care housing. This report provides estimates of the demand for ECH in Poole, and outlines the underlying evidence and analysis used to derive these estimates.

What we mean by Extra Care Housing

- Extra Care Housing (ECH) describes a type of housing, care and support that falls somewhere between traditional sheltered housing and residential care. It is essentially a hybrid bringing together the high level care services offered in residential care, with the accommodation and independence provided by traditional good quality housing.

Reasons for developing Extra Care Housing in Poole

- We face a demographic challenge, not just of increasing numbers of older people, but increasing numbers of the very elderly who will require higher levels of care and support.
- National and local research and consultation indicate that older people want to retain as much independence as possible and live in their own homes.
- There is an emerging policy shift towards reducing the reliance on residential care to meet the long term care needs of older people.
- For a number of older people deteriorating health and inappropriate accommodation can result in an admission to residential care. ECH, through the integration of accommodation and care, has the potential to provide the level of support needed to enable such people to remain part of the community.
- Delays in moving 'medically fit' older people into more suitable forms of provision have created significant pressure on acute hospital beds. The provision of ECH, enabling people to return to the community, would contribute to efforts to address the issue of delayed transfers.
- Wider national policy issues including citizen and customer choice, the need to develop sustainable communities, and the need for improved efficiency in public expenditure.

Steps to estimating the demand for Extra Care Housing in Poole

- This analysis followed a number of steps in order to quantify the potential demand for extra care housing in Poole:
  1. Identify the potential need for extra care (Section 3), based on the prevalence of relevant characteristics in the population, for example age, health and dependency levels.
  2. Seek an understanding of older people's preferences for housing and care (Section 4).
  3. Bridge the gap between the potential population in need of extra care and the current relevant population known to social services, health and housing. (Section 5). It identifies the target population for whom extra care housing may have been or still could be an alternative and appropriate form of provision, and attempts to estimate what volumes of extra care housing may be required to maintain these identified groups of older people within ECH.

Demographic factors affecting the need for housing and care (Section 3)

- Key demographic factors that will affect the need for extra care housing in Poole are: the number of older people, in particular the expansion of the very elderly population; health and dependency levels; housing and tenure; and family and (informal) carer circumstances.
- Poole has high numbers and proportions of older people, higher than the national average. 30,400 older people aged 65 and over live in Poole. They constitute 21% of the overall population, 5% higher than for England and Wales overall.
- Poole's population is ageing. The number of older people (aged 65+) is predicted to increase by more than a fifth to 2021. Numbers of over 65s will increase by 6,500 to 36,900 by 2021.
- The fastest growing age group in the entire population will be those aged 85 and over. By 2021, there could be an additional 1,400 people aged 85 and over, a 27% increase from 2011. The proportion of the population aged 85+ for England in 2021 will still be less than that for Poole in 2011.
- Health and dependency levels will be key factors linked to the need for extra care housing. Estimates suggest there could be around 2,400 people aged 75 and over with a limiting long term illness (LLTI) and not in good health currently living in the community in Poole in 2011. Numbers could increase to around 2,800 by 2021.
- The tenure mix in the community has implications for the type and models of ECH locally. Currently Poole has high levels of owner occupation; (81%) among older people in Poole; significantly higher proportions than for England (68%). Of the seventeen percent of pensioner households that rent, most are in the social rented sector, either council tenants (9.8%) or housing association tenants (3.2%).
- A key benefit of extra care housing over institutional provision is it enables couples to remain living together, and carers can continue to care with support. Informal (unpaid) care by relatives and friends underpins the formal (paid) care system. Current estimates suggest around 3,800 people (12%) aged 65 and over provide unpaid care in Poole.

Older people's preferences for housing and care in Poole (Section 4)

- Local insight was sought about people's housing and care preferences after they reached retirement age, through the autumn 2012 Poole Opinion Panel.
- A high proportion of respondents (61%) had considered their future care needs.
- The majority of respondents (67%) wanted to be supported to live in their own home, if they required help and support in the future.
- The proportion preferring to receive help or support at home increased significantly for the 75+ age group (79%), and for those with a LLTI whose daily activities are limited a lot (76%). This suggests that people are less willing to move from their homes for help and support after the age of 75, and/or if they have a LLTI which significantly limits their daily activities.
- Respondents by tenure type showed significant differences in preferences for housing with care in Poole
- Home owners had the highest proportions who wanted to receive this support at home (70%). In Poole, 81% of older people own their own homes, significantly higher proportions than for England (68%).

- Just over a fifth (23%) of people would consider moving into a housing scheme that provides help and support. People aged between 60-74 were most likely to consider this as an option, as were those with a LLTI whose day to day activities were limited a little.
- Fifty per cent of private rented tenants and 38% of housing association tenants would consider moving to a housing scheme that provides help and support. These groups were significantly less likely to want to be supported at home. Council tenants were also more likely to consider a housing scheme (29%).
- Circumstances under which respondents current homes were most likely to no longer be suitable were: if the current level of support was reduced, they could no longer get about and use public transport, their partner's health worsened, or they could no longer climb stairs. Around two thirds of respondent's homes would no longer be suitable in these scenarios.
- Research shows that even if housing is no longer ideally suited to changing needs, adaptations can be made and care can be provided, so staying put is often the most attractive option for older people.
- The most important features for a housing scheme with support according to the autumn 2012 POP respondents were: having your own bathroom; location and proximity to public transport; property that is easy to get around; cost; and location and proximity to shops.
- There was no significant difference in importance scores for the different features for a housing scheme between respondents with a LLTI and those with no LLTI. The top 5 features remained the same. Having a community alarm, the number of rooms, meals provided, having own front door and allowing pets were of slightly greater importance to respondents with a LLTI.

Quantifying the demand for ECH in Poole (Section 5)

- Quantifying the potential demand for ECH is difficult. **The figures provided are not precise measures of demand, but suggest that a significant baseline provision of 420 ECH units overall across Poole could be justified.**
- Target groups for extra care housing are:
    - Older people who could be diverted from moving into residential care;
    - Vulnerable older people living in the community with a LLTI who may have a preference for moving into ECH;
    - Older people in receipt of intensive home care whose needs can be more efficiently met in extra care; and
    - Older people with mild to moderate levels of dementia.
- **There is significant potential demand for ECH as an alternative to residential care, an estimated 230 ECH units for Poole. 120 units at social rents and 110 units for self funders. These will need to cater for older people with high-level dependency needs, especially those aged 85+, with co-morbidities, complex conditions and increasing numbers with dementia.**
- Currently around 1,300 people aged over 65 live in care homes in Poole. Just over half (53% - 684 people) were receiving care supported through Poole Adult Social Care. In 2010/11 there were 278 people aged 65+ admitted to residential care supported through Poole Adult Social Care Services.

- A retrospective case file analysis found that 44% of people admitted to residential care could be cared for within ECH. For the majority ECH would only be suitable had it been considered earlier, prior to the point of admission to residential care.
- From the retrospective case analysis it is clear that an individual factor, generally, did not result in an admission to residential care. It was the presence of a range of factors, including chronic illness, impaired mobility, dementia, previous hospital admissions, and carer breakdown, which gradually escalated in severity over time. These often caused a decline in the service users' health and wellbeing, which culminated in a critical event, often a hospital admission that led to a recommendation for permanent residential care.
- **Estimates suggest a demand for 190 ECH units, for vulnerable older people (aged 75+) living in the community, with poor health or a disability who have a preference for ECH. These include older people in the community with mild to moderate levels of dementia, some currently in sheltered housing and some currently in receipt of intensive levels of home care. Of these 40 units would be at social rents and 150 units for self funders.**
- Currently 271 older people living in the community aged 65+ are receiving intensive home care packages (10+ hours of care over 6 or more days a week), supported through Poole Adult Social Care Services. A further 275 people are receiving home care packages with high levels of support (2-10 hours 6 or more days a week).
- 1299 people aged 65 and over are living in Poole Housing Partnership (council owned) Sheltered Housing. 87 (7%) of these tenants were receiving home care supported through Poole Adult Social Care Services. Only 1 person was receiving intensive levels of home care, and 28 were receiving high levels of home care.
- Analysis of tenancy terminations for PHP tenants aged 65+, over the three year period 2009 to 2012, indicated that 100 tenancy terminations (11%) were due to a move into residential or nursing care homes, or long term hospital care. These covered both sheltered and general housing tenancy terminations.
- Based on Census data indicating 52% of 75-84 year olds and 26% of 85+ year olds live as a couple in Poole. Of the 190 units for vulnerable older people in the community, 130 ECH units would be for people living alone and 60 ECH units for couples.

3. Demographic factors affecting the need for ECH

3.1 Key points

- Key demographic factors likely to affect the need for extra care housing in Poole now and in the future are: the number of older people, in particular the expansion of the very elderly population; health and dependency levels; housing and tenure; and family and (informal) carer circumstances.
- Poole has high numbers and proportions of older people, higher than the national average. 30,400 older people aged 65 and over live in Poole. They constitute 21% of the overall population, 5% higher than for England and Wales overall.
- Poole's population is ageing. The number of older people (aged 65+) is predicted to increase by more than a fifth to 2021. Numbers of over 65s will increase by 6,500 to 36,900 by 2021.
- The fastest growing age group in the entire population will be those aged 85 and over. By 2021, there could be an additional 1,400 people aged 85 and over, a 27% increase from 2011. The proportion of the population aged 85+ for England in 2021 will still be less than that for Poole in 2011.
- It is estimated around 1,800 people living in the community aged 75-84, and 600 people aged 85+, have a LLTI and are not in good health in Poole in 2011. Numbers could increase to around 2,000 75-84 year olds and 800 85+ year olds by 2021.
- Estimates suggest around 2,350 people aged 65+ were affected by late onset dementia in Poole in 2010 and around 900 of these lived in a care home. If current rates continue, the number of people with dementia could increase by +1000, by 2025.
- Currently there are high levels of owner occupation (81%) among older people in Poole, significantly higher proportions than for England (68%). Of the seventeen percent of pensioner households that rent, most are in the social rented sector, either council tenants (9.8%) or housing association tenants (3.2%).
- Informal (unpaid) care by relatives and friends underpins the formal (paid) care system. Current estimates suggest around 3,800 people aged 65 and over (12%) provide unpaid care in Poole. A key benefit of extra care housing over institutional provision is it enables couples to remain living together, and carers can continue to care with support.

3.2 Introduction

Key demographic factors that could affect the need for extra care housing in Poole now and in the future are[2]:

- The number of older people, in particular the expansion of the very elderly population
- Health and dependency levels
- Housing and tenure
- Family and (informal) carer circumstances

The following sections outline the current and future demographic profile of Poole, and how the above key factors are prevalent within the population. This will give an indication of the population at risk, which may require extra care housing. More detailed 2011 Census data will become available from March 2013, which will significantly improve our understanding of the population at risk.

[2] PSSRU (2006), Future demand for long-term care 2002-2041: Projections of demand for older people in England. http://www.pssru.ac.uk/pdf/dp2330.pdf

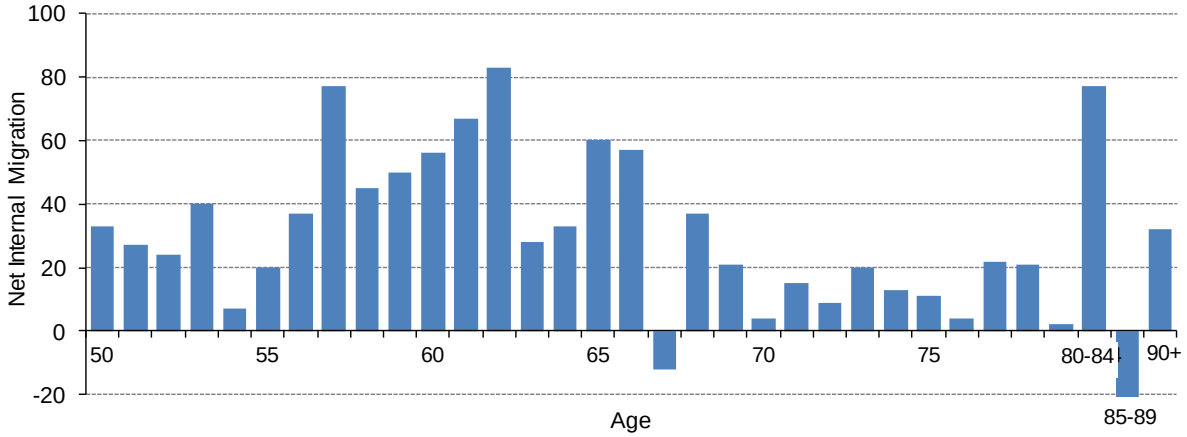
3.3 Poole's population of older people 2011 to 2021

Poole has high proportions of older people – higher than the national average

In Poole there are currently 30,400 older people aged 65 and over[3]. They constitute 21% of the overall population, 5% higher than for England and Wales overall.

Figure 1 clearly shows the high net inflow of older people into Poole as a result of migration, especially between the ages of 55 and 65, thereafter numbers tail off. However, the net inflow continues into the oldest (aged 80+) age groups. The net inflow of older people aged 65 and over into Poole from 2007-09 was around 370 people overall.

Figure 1: Net migration of people into Poole age 50+, by age, 2007-09



Source: FHSA GP Registration data 2007-09

Numbers of older people are predicted to experience significant growth to 2021

Poole's population is ageing. Older people aged over 65 will become an increasingly significant proportion of the population.

In the short term to 2016, the population aged 65 and over in Poole is projected to increase by 12%, an increase of 3,700 people to 34,100, Table 2.

By 2021, the population aged 65 and over is projected to increase by more than a fifth (+21%) to 36,900. That is an increase of 6,500 older people in Poole over the next 10 years.

Table 2: Population aged 65 and over, Poole 2011-2021

Age group	2011	2016	2021	Growth 2011-16	Growth 2011-21	% Growth 2011-16	% Growth 2011-21
65-74	14,700	17,600	18,100	2,900	500	20%	3%
75-84	10,700	10,800	12,400	200	1,600	1%	15%
85+	5,000	5,700	6,300	700	700	14%	12%
Total 65+	30,400	34,100	36,900	3,700	2,800	12%	8%
Total pop	148,100	155,800	163,100	7,700	7,300	5%	5%
% 65+	21	22	23				

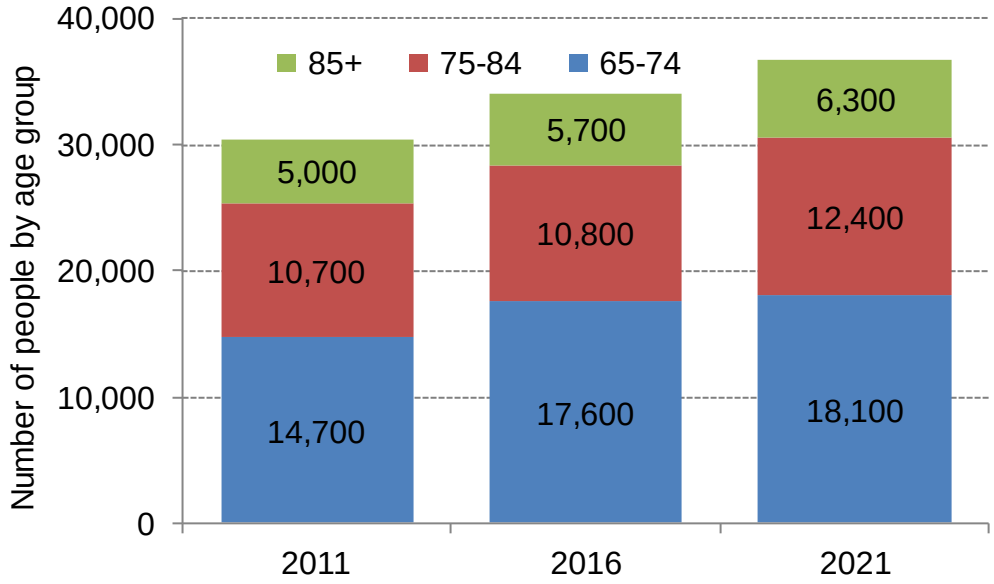
Source: ONS 2011 Census-based MidYear Estimates and 2011-based interim sub-national population projections
*Figures have been rounded to the nearest 100

[3] Office of National Statistics 2011 Census-based Mid Year Estimates

Rapid expansion of the very elderly population aged 85 and over

The fastest growing age group in the entire population will be those aged 85 and over, Figure 3. This age group will increase by more than a quarter by 2021, an increase of around 1,400 to 6,300 people aged 85 and over.

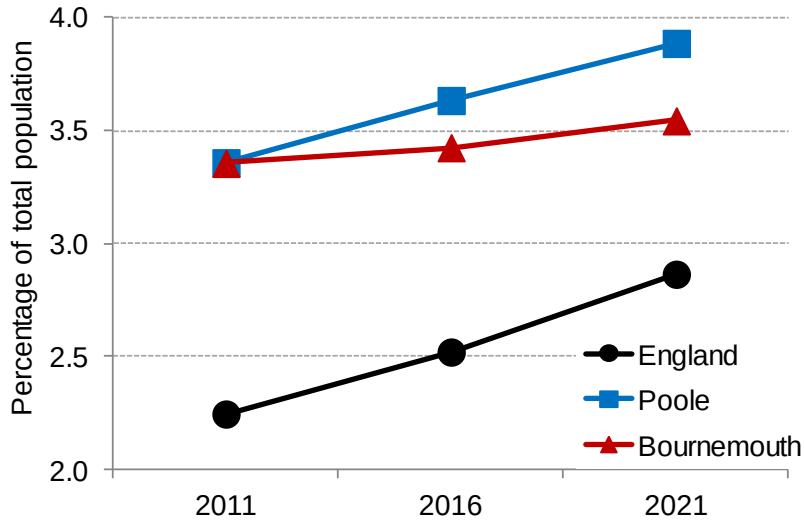
Figure 3: Number of people aged 65 and over, by age group, Poole 2011 to 2021



Source: ONS 2011Census-based Mid Year Estimates and 2011 interim sub-national population projections

Poole is projected to have a larger proportion of its population aged 85+ than Bournemouth, Figure 4. By 2021 the proportion of the population aged 85+ for England will still be less than that for Bournemouth and Poole in 2011.

Figure 4: Percentage of the population aged 85+, Poole, Bournemouth & England, 2011 to 2021



Source: ONS 2011Census-based Mid Year Estimates and 2011 interim sub-national population projections

3.4 Health and dependency of older people

Health and dependency levels will be key factors linked to the need for extra care housing.

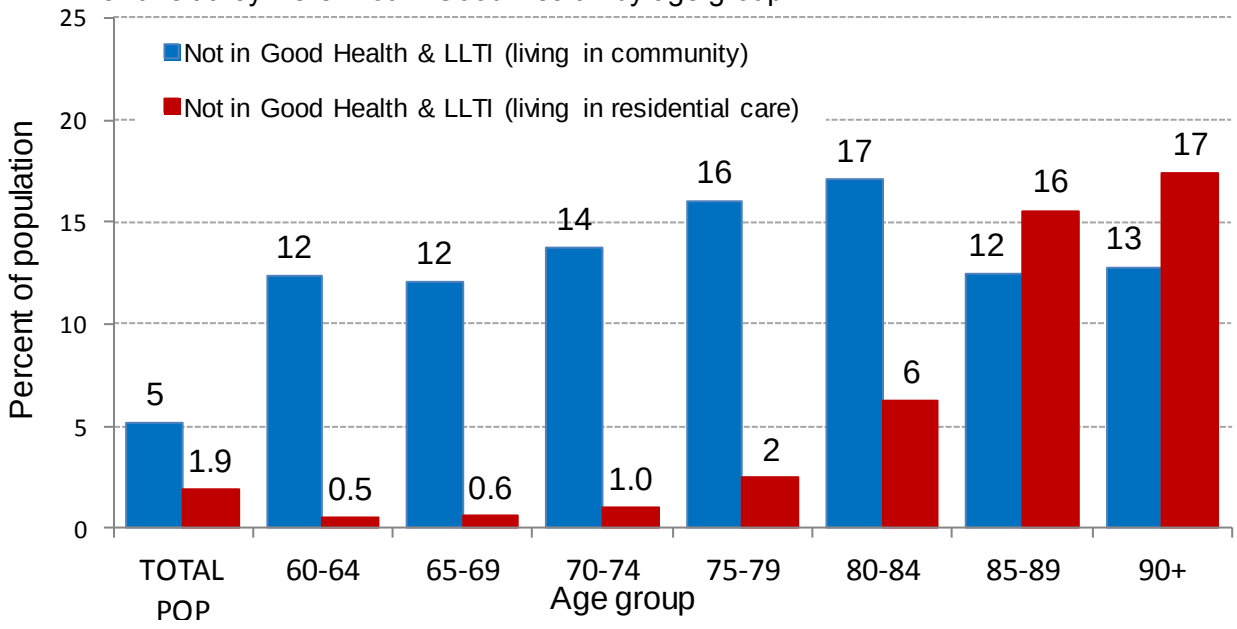
Understanding the local prevalence of 'limiting long term illness', which implies some level of disability or sensory impairment, and dementia among older people will give an indication of the population for whom Extra Care may be appropriate[4].

Older people in the community with a limiting long term illness (LLTI) in Poole
The importance of this group is that it represents a good proxy of those vulnerable older people, living in the community, for whom ECH may offer appropriate housing with care to meet their increasing care and support needs. These are people who have not yet reached the point at which residential care is necessary, but have an emerging need for an intensive level of home care that could be organised more efficiently in an ECH scheme.

Figure 5 below gives the proportions of Poole's population, living in the community, who stated that they had both a LLTI and felt that they were 'not in good health' in the 2001 Census. Equivalent data for the 2011 Census will be available from March 2013.

As expected proportions increase significantly with age. 17% of 80-85 year olds living in the community stated they had both a LLTI and were not in good health. Proportions fell for those aged 85 and over due to increases in this group living in residential and nursing homes.

Figure 5: Percentage of Poole's population who stated they had a 'Limiting Long Term Illness and felt they were 'Not in Good Health' by age group



Source: 2001 Census

Estimates suggest that currently there could be around 1,800 people living in the community aged 75-84, and around 600 people aged 85+, with a LLTI and not in good health in Poole, for whom ECH may offer appropriate housing with care to meet their increasing care and support needs (Table 6). Obviously not all these people will want to move into ECH, whether they are prepared to move will depend on how much they need to move (e.g. because of ill-health, inappropriate housing) and what the alternatives are. Many will prefer to be supported in their own homes. The following Section 4 on 'Older people's preferences for housing and care' provides some local insight into housing and care preferences.

[4] Lewis, G. (2007) Predicting who will need costly care: How best to target preventive health, housing and social programmes. London: King's Fund.

Numbers could increase to around 2,000 75-84 year olds and 800 85+ year olds by 2021. These estimates are based on the assumption that future rates of LLTI by age remain unchanged. However, these estimates are based on rates calculated from 2001 Census data. They will be reviewed once comparable 2011 Census data becomes available from March 2013.

Table 6: Estimated number of people aged 65+ living in the community in Poole with a LLTI and not in good health, 2011 to 2021

	2011	2016	2021	Growth 2011-16	Growth 2016-21
Age 65-74	1,883	2,253	2,344	370	91
Age 75-84	1,763	1,787	2,043	24	256
Age 85+	624	711	797	87	86

Source: Based on rates calculated from 2001 Census data, and applied to ONS 2011Census-based Year Estimate

Number of people with dementia in Poole

Estimates suggest that in Poole around 2,350 people were affected by late onset dementia (onset after age 65) in 2010[5].

Dementia is an age related condition. The number of people with dementia increases significantly from the age of 65 onwards. Estimates suggest that in 2010 almost three quarters (73%) of people with late onset dementia in Poole were aged over 80. Over a fifth (21%) is aged over 90.

The expected increase in the number of older people, especially the increase in the numbers of the very elderly, is likely to cause a significant increase in the number of people with dementia over the coming decade. The 2011 Dementia Needs Assessment for Poole estimates that the number of people with late onset dementia could increase by 1000, by 2025.

Current estimates suggest just over a third (36.5%) of people with dementia live in a care home, around 900 people in Poole in 2010. If current rates continue unchanged, around 1,350 people with dementia may require care home beds by 2025, an increase of 450 (+50%) from 2010. 61% of this increase in people with dementia living in a care home to 2025, will be among those aged 90 and over, 36% will be aged 75 to 89. High numbers of these will have moderate or mild dementia.

Support in extra care housing should play a key role in reducing the need for residential care for people with dementia in Poole, enabling these people to live independently for longer.

Likely future changes in the health and dependency of older people

National data suggest that in England and Wales, from 2005-07 to 2008-10, there were improvements in both life expectancy and healthy live expectancy at age 65. In other words people are living longer and spending longer periods of their lives in very good or good health (Table 7)[6].

[5] Needs assessment of residential and nursing care for people with dementia to 2025 – Borough of Poole 2011 Update http://www.boroughofpoole.com/your-council/how-the-council-works/research/dementia-needs-assessment/

[6] Office of National Statistics (2012), Health Expectancies at birth and at age 65 in the United Kingdom 2008-10 http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/2008-10/stb-he-2008-2010.html

However, for older males there was also an increase in the period of time spent not in good health (+ 0.3 years), as healthy life expectancy did not increase at the same rate as life expectancy overall. For females 'non-healthy' life expectancy fell by the same amount.

Table 7: Life expectancy and healthy life expectancy at age 65, England 2005-07 and 2008-10

	Year	Expected years	
		Males	Females
A) Life expectancy at age 65	2005-07	17.3	20.1
	2008-10	18.0	20.6
	Change 2005-07 to 2008-10	**+ 0.7**	**+ 0.5**
B) Healthy life expectancy at age 65	2005-07	9.9	11.0
	2008-10	10.3	11.8
	Change 2005-07 to 2008-10	**+ 0.4**	**+ 0.8**
C) Non-healthy life expectancy at age 65 (A minus B)	2005-07	7.4	9.1
	2008-10	7.7	8.8
	Change 2005-07 to 2008-10	**+ 0.3**	**- 0.3**

Source: Office of National Statistics

Trends in the years of non-healthy life expectancy or disability are important as they will impact on the level of housing and care required by older people in the future. Falling rates would off-set part of the impact of the rise in the numbers of older people.

There are different views about likely future trends[7]. In the absence of compelling evidence either way, this analysis assumes that rates will remain constant in line with the Census data shown in Figure 5. However, future advances in medical technology, in particular new drug treatments for conditions such as dementia, could significantly improve levels of healthy life expectancy in the future.

3.5 Household type and tenure

Household type and tenure are further key factors that will influence the need for ECH. Section 4.5 shows there are significant differences in preferences for help and support in old age based on tenure. Also understanding tenure in Poole is key to estimating the split between ECH at social rents and ECH for self funders.

Currently there are high levels of owner occupation (81%) among older people in Poole, significantly higher proportions than for England (68%)[8]. The vast majority (69%) of pensioner households own their homes outright, Figure 8.

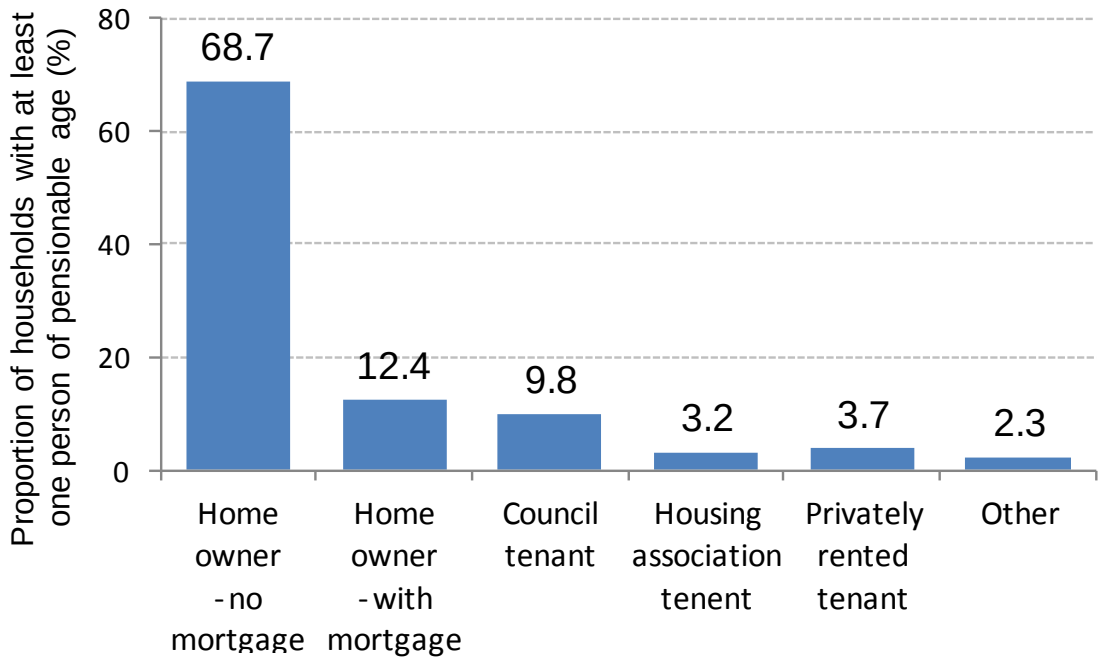
Of the seventeen percent of pensioner households that rent, most are in the social rented sector, either council tenants (9.8%) or housing association tenants (3.2%).

Note these are 2001 Census data, for which updates will become available from March 2013.

[7] PSSRU (2006), Future demand for long-term care 2002-2041: Projections of demand for older people in England. http://www.pssru.ac.uk/pdf/dp2330.pdf

[8] 2001 Census

Figure 8: Tenure of households with at least one person of pensionable age in Poole



Source: 2001 Census

3.6 Family and informal carers

Informal (unpaid) care by relatives and friends underpins the formal (paid) care system. Current estimates suggest around one tenth of people in Poole provide some form of informal care. This figure increases to 12% for people aged 65 and over[9]. Therefore, in Poole estimates suggest there are currently around 3,800 carers aged 65 and over[10].

In our retrospective case review of residential care admissions in Poole, we found carer breakdown to be a contributing factor to the admission to residential care in 46% of the cases reviewed (Section 5.6). A key benefit of extra care housing over institutional provision is it enables couples to remain living together, and carers can continue to care with support.

While it provides a national perspective, given the lack of local detail, a key source of information on carers is the 2009/10 Survey of Carers in England commissioned by the NHS Information Centre. This survey found that:

- Nationally 12% of people aged 16+ were looking after or giving special help to a sick, disabled or elderly person
- A quarter (25%) of carers were aged 65 and over
- 48% provided care for 20 or more hours per week.
- Carers performed a wide variety of tasks for the person they mainly cared for - they were most likely to provide practical help (such as preparing meals, shopping and doing the laundry)
- 37% were the only support for their main cared for person
- Half (50%) were looking after someone aged 75 or older
- Carers were most likely to be looking after a close family member, such as a parent (33%), or a spouse or partner (26%).

If the provision of informal care were to be reduced over a period of time, this would have a massive impact on the shape and cost of long-term care in the future.

[9] Figures based on 2001 Census
[10] Figure based on 2001 Census proportions applied to ONS 2011 census based mid year estimates

Many believe the pool of potential family care givers is under threat from changes such as more women going out to work, increases in divorce rates, more single person households, and fewer generations of families living together. Also many families may not be able to provide the specialist care that people with more complex conditions and dependencies such as dementia will increasingly require.

However, the consensus view according to a number of studies[11] is that there is no strong evidence that families are less willing to care for their dependent older people now than in the past. However divorce and remarriage may make caring relationships more complex.

[11] Joseph Rowntree Foundation (1996) Meeting the Costs of Community Care,
House of Commons Health Committee (1996) Long Term Care: Future Provision and Funding

4. Older people's preferences for housing and care

4.1 Key points

- There is extensive national data, and a high level of agreement between studies on the housing and care preferences of older people.
- Local insight was sought about people's housing and care preferences after they reached retirement age, through the autumn 2012 Poole Opinion Panel.
- A high proportion of respondents (61%) had considered what their future care needs might be.
- The majority of respondents (67%) wanted to be supported to live in their own home, if they required help and support in the future.
- The proportion preferring to receive help or support at home increased significantly for the 75+ age group (79%), and for those with a LLTI whose daily activities are limited a lot (76%). This suggests that people are less willing to move from their homes for help and support after the age of 75, and/or if they have a LLTI which limits their daily activities a lot.
- Home owners had the highest proportions who wanted to receive this support at home (70%). In Poole, 81% of older people own their own homes, significantly higher proportions than for England (68%).
- Just over a fifth (23%) of people would consider moving into a housing scheme that provides help and support. People aged between 60-74 were most likely to consider this as an option, as were those with a LLTI whose day to day activities were limited a little.
- Fifty per cent of private rented tenants and 38% of housing association tenants would consider moving to a housing scheme that provides help and support. These groups were significantly less likely to want to be supported at home. Council tenants were also more likely to consider a housing scheme (29%).
- Circumstances under which respondents current homes were most likely to no longer be suitable were: if the current level of support was reduced, they could no longer get about and use public transport, their partner's health worsened, or they could no longer climb stairs. Around two thirds of respondent's homes would no longer be suitable in these scenarios.
- Research shows that even if housing is no longer ideally suited to changing needs, adaptations can be made and care can be provided, so staying put is often the most attractive option for older people.
- The most important features for a housing scheme with support according to the autumn 2012 POP respondents were: having your own bathroom; location and proximity to public transport; property that is easy to get around; cost; and location and proximity to shops.
- There was no significant difference in importance scores for the different features for a housing scheme between respondents with a LLTI and those with no LLTI. The top 5 features remained the same. Having a community alarm, the number of rooms, meals provided, having own front door and allowing pets were of slightly greater importance to respondents with a LLTI.

4.2 Preferences of older people for housing and care – national perspective

It is important to distinguish between the need for housing and care (outlined in Section 3), and older people's preferences for their future housing and care.

There is extensive national data on what older people want, and a high level of agreement between different studies[12]. Research has shown that older people's aspirations are both increasing and changing. Some key issues highlighted in national research studies are outlined below:

- The need for older people to maintain independence and control, at home despite frailty, for as long as possible are important to them.
- Older people want to be supported to live in their own home and residential care tends to be the last option considered.
- Older people who are owner occupiers are often reluctant to move into rented sheltered accommodation or residential care, because they do not want to erode their capital in paying for somewhere to live.
- The majority of older people do not want to move, and many will only consider a move within a very small geographical area. There is often a strong preference to remain in the locality close to familiar transport, support and care networks.
- Older people are moving into sheltered housing later in life, often in their late seventies (not their mid-sixties as occurred twenty years ago); dependency levels at the point of moving are increasing.
- A physical environment which incorporates high standards for personal space and privacy and security is increasingly important.

4.3 Findings - Poole Opinion Panel Survey Autumn 2012

In order to gain some local insight a number of questions were asked in the autumn 2012 Poole Opinion Panel, about what people's housing and care preferences might be after they reached retirement age. The Poole Opinion Panel is the Borough of Poole citizens' panel.

Questions were asked about:

- Whether people had considered what their future housing and care needs might be;
- Their preferences for future help and support, if it was needed;
- Potential reasons why their current home might no longer be suitable; and
- What people felt would be the most important features for a housing scheme.

860 responses were received out of a sample of 1716, giving a response rate of 50%. Results are weighted by MOSAIC group (lifestyle data) to make them representative of Poole's population.

It is important to note that older people in Poole are not a homogeneous group and will become less so. Their experience of later life varies hugely dependent on age, gender, ethnicity, social class, wealth, and health. It is important that the wider ranging needs of an increasingly varied older population are integral to future service development and provision.

4.4 Consideration of future care needs

A high proportion of respondents (61%) had considered what their future care needs might be, Table 9.

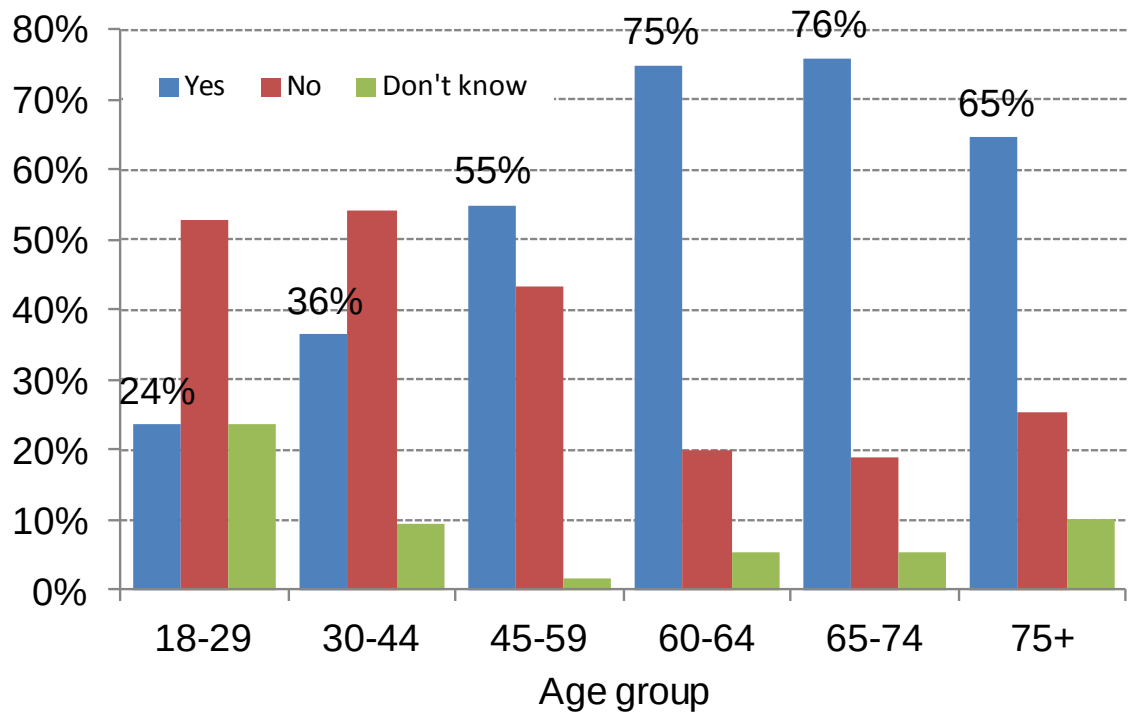
[12] New Policy Institute (2012), Market Assessment of Housing Options for Older People. http://www.npi.org.uk/files/New%20Policy%20Institute/Market%20Assessment%20of%20Housing%20Options%20for%20Older%20People.pdf

Table 9: Have you considered what your future care needs might be when you get older?

	Number of responses	% of responses
Yes	518	61.4%
No	273	32.4%
Don't know	52	6.2%

Older people were more likely to have considered their needs, three quarters of those aged 60-64 and 65-69 (Figure 10). However, the proportion for the oldest group aged 75+ was lower (65%). Respondents with a limiting long term illness (LLTI) were also more likely to have considered their future care needs. Three quarters of those whose day to day activities were limited a lot, compared to 60% of those with no LLTI.

Figure 10: Proportion of respondents who had considered their future care needs by



4.5 Preferences for care and support

Most respondents, if they needed help or support, would want this support at home (67%). This reflects the results of previous research, at both national and local level[13].

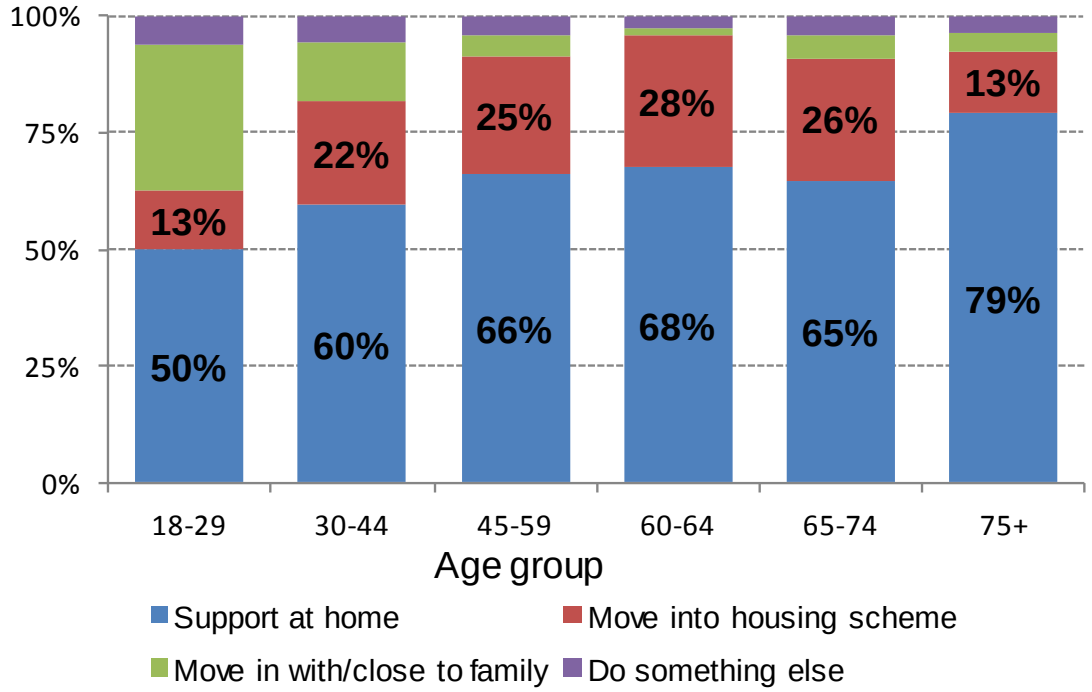
According to the Poole Opinion Panel just over a fifth (23%) would consider moving into a housing scheme that provides help and support. Six per cent would consider moving in with or close to family and 4% would do 'something else'.

[13] Community Strategy Consultation 2009, Poole Older People's Strategy 2010, Shaping Poole Survey 2011

Preferences by age group

The proportion preferring to receive help or support at home increases for the 75+ age group, Figure 11. At this age preference for moving into a housing scheme falls significantly, from 26% for those aged 65-74, compared to 13% for those aged 75+. It appears that older people are less inclined to move from their homes for help and support after the age of 75.

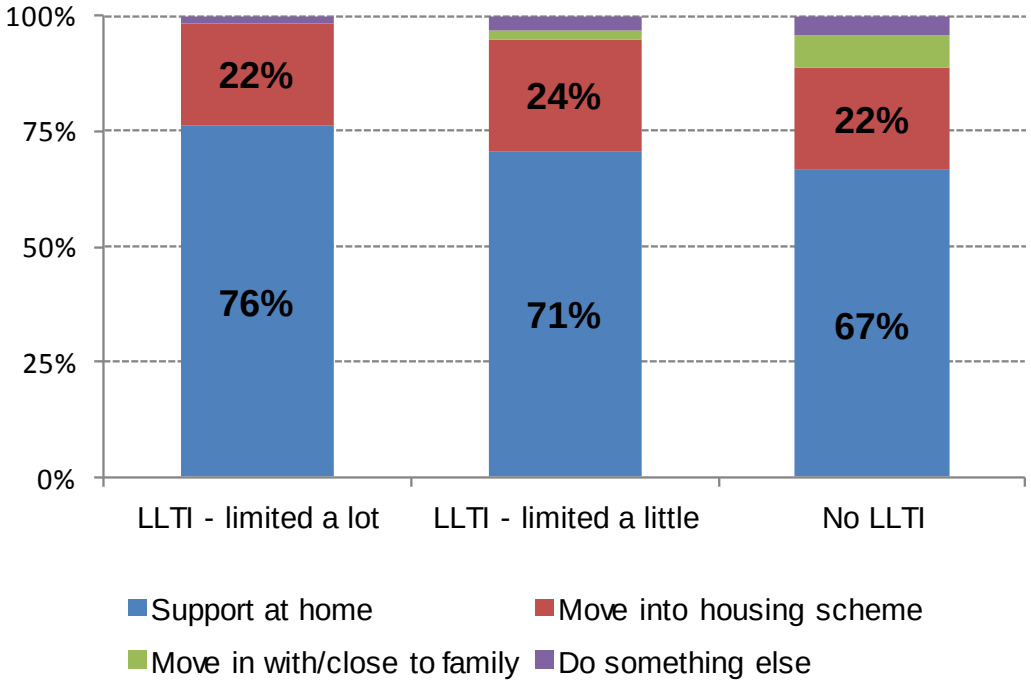
Figure 11: Preferences for help or support , by age



Preferences by level of Limiting Long Term Illness (LLTI)

Respondents with a LLTI were more likely to want to be supported in their own home, Figure 12. 76% of those whose day to day activities were limited a lot wanted to be supported at home compared to 67% with no LLTI. Preference for moving into a housing scheme was highest for those whose day to day activities were limited a little (24%).

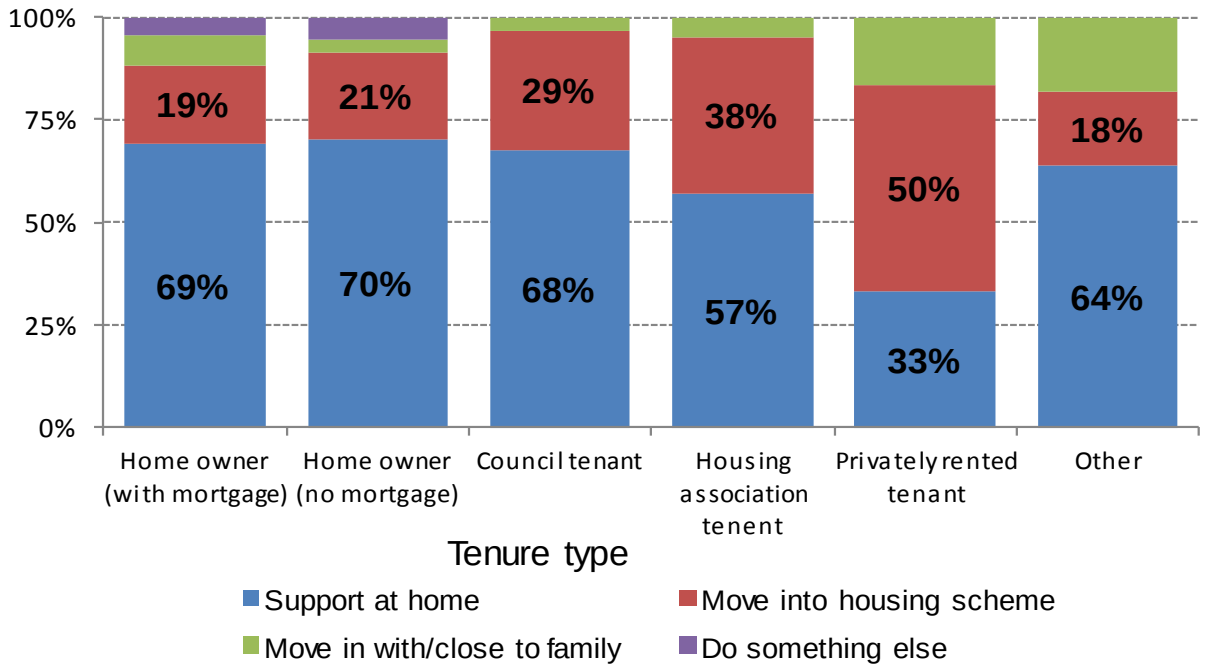
Figure 12: Preferences for help or support , by level of limiting long term illness (LLTI)



Preferences by Tenure Type

Respondents tenure type showed the most significant difference in preferences for help and support in old age, Figure 13. Home owners had the highest proportions who wanted to receive this support at home (69% & 70%). In Poole, 81% of older people own their own homes, significantly higher proportions than for England (68%)[14]. The vast majority own their homes outright, 69% own their homes outright and 12% own with a mortgage.

Figure 13: Preferences for help or support , by tenure type



Housing Association tenants and private rented tenants were significantly less likely to want to be supported at home (57% and 33% respectively). Fifty per cent of private rented tenants and 38% of housing association tenants would consider moving to a housing scheme that provides help and support. This is significantly higher than proportions for Poole overall (23%). Council tenants were also more likely to consider a housing scheme (29%).

However, this may be a reflection of the wider range of options (to a move to specialist housing) open to owner occupiers, and the greater likelihood that owner- occupiers will be able to adapt their home to their needs, rather than a genuine preference or choice. Also, older people with a LLTI are more likely to live in social rented accommodation and less likely to be owner occupiers, than other older people.

4.6 Suitability of current housing

To understand the suitability of current housing in older age, and possible 'move motivators', respondents to the autumn 2012 Poole Opinion Panel were asked under what circumstances their current home would still be suitable.

The circumstances under which respondents current homes were most likely NOT to be suitable were: if the current level of support was reduced, they could no longer get about and use public transport, their partner's health worsened, or they could no longer climb stairs, Figure 14. Around two thirds of respondent's homes would no longer be suitable in these scenarios. Figure 15 provides a useful summary of move motivators in later life.

[14] 2001 Census

However, previous research shows that even if housing is no longer ideally suited to changing needs, adaptations can be made and care can be provided, so staying put is often the most attractive option for older people. As illustrated above the majority of older people in Poole show a preference for being supported in their own homes.

Figure 14: Possible drivers for moving from current home

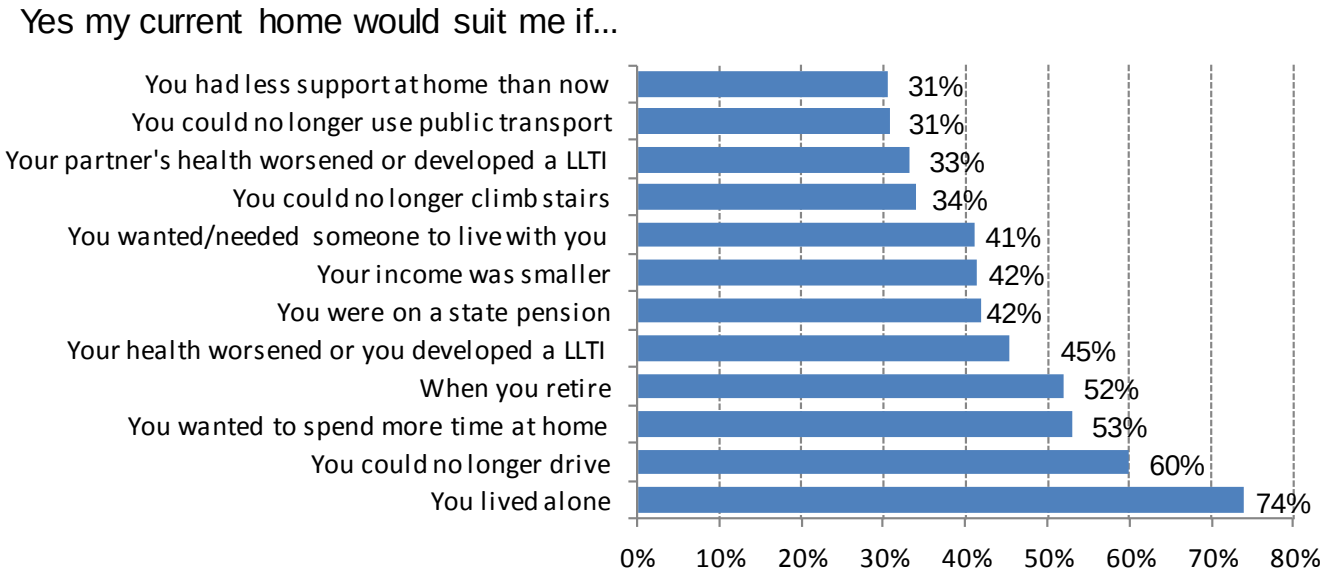
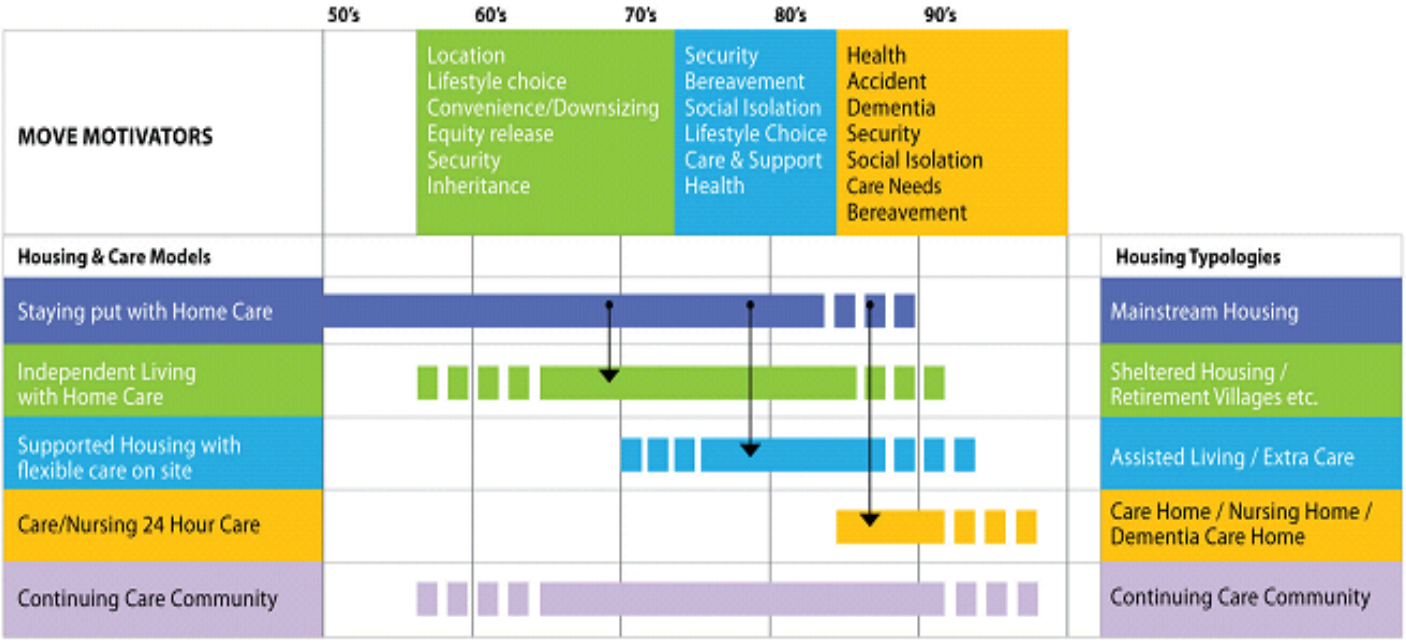


Figure 15: Move motivators in later life



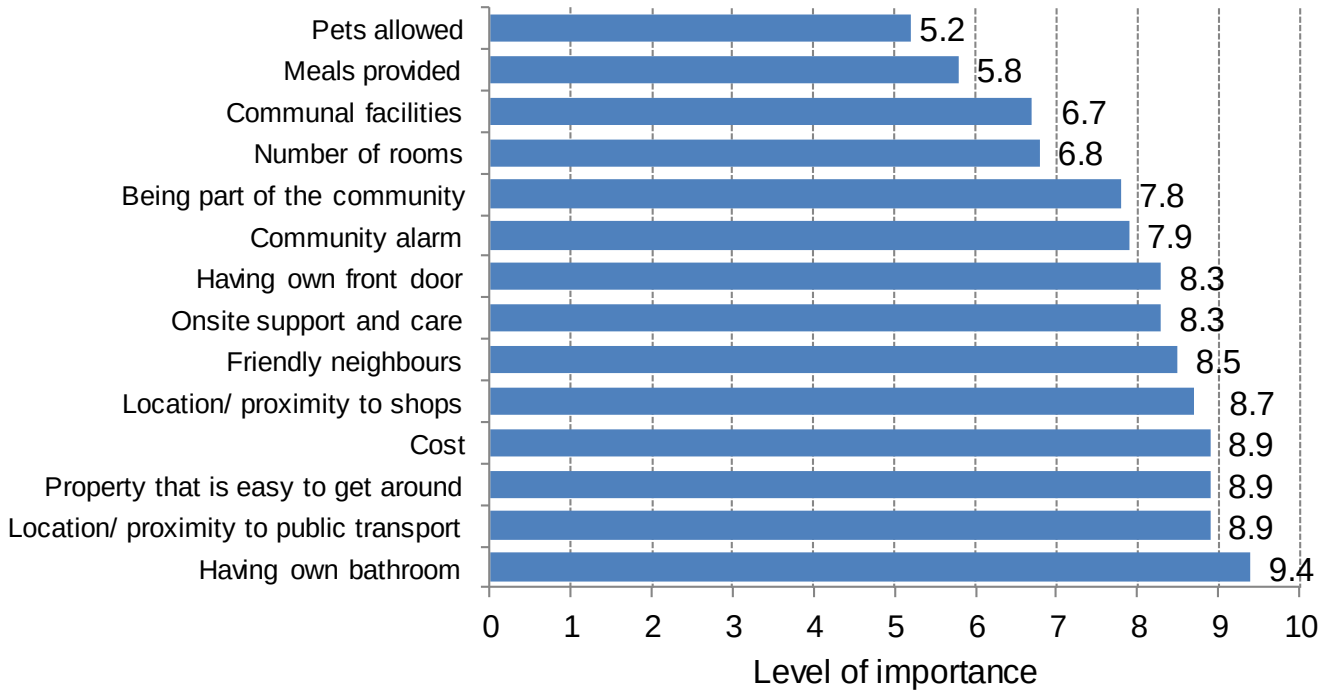
Source: The Housing Forum 2011

4.7 Most important features for a housing scheme

The Autumn 2012 Poole Opinion Panel asked 'If you ever needed to move to a housing scheme with support, how important would you consider the following features, on a scale of 1 to 10' (1 is very un-important and 10 is very important). Figure 16 gives the overall scores of importance for each feature.

The top 5 features were:
1. Having own bathroom
2. Location and proximity to public transport
3. Property that is easy to get around
4. Cost
5. Location and proximity to shops

Figure 16: Housing scheme features by level of importance



<u>Important features for a housing scheme for those with a LLTI</u>

There was no little difference in the importance scores between respondents who had a LLTI and those who had no LLTI. The top 5 features remained the same. Having a community alarm, the number of rooms, meals provided, having own front door and allowing pets were of greater importance to respondents with a LLTI. However, the overall ranking of the features remained unchanged.

5. Demand for Extra Care Housing in Poole

5.1 Key points

- Target groups for extra care housing are: older people who could be diverted from moving into residential care; vulnerable older people living in the community with a LLTI who may have a preference for moving into ECH; older people in receipt of intensive home care whose needs can be more efficiently met in extra care; older people with mild to moderate levels of dementia.
- Quantifying the potential demand for ECH is difficult. The figures provided are not precise measures of demand, but suggest that a significant baseline provision of 420 ECH units overall across Poole could be justified.
- There is significant potential demand for ECH as an alternative to residential care, an estimated 230 ECH units. 120 units at social rents and 110 units for self funders. These will need to cater for high-level dependency needs, especially those aged 85+ with co-morbidities, complex conditions, and increasing numbers with dementia.
- Currently around 1,300 people aged over 65 live in care homes in Poole. Just over half (53% - 684 people) were receiving care supported through Poole Adult Social Care. In 2010/11 there were 278 people aged 65+ admitted to residential care supported through Poole Adult Social Care Services.
- A retrospective case file analysis found that 44% of people admitted to residential care could be cared for within ECH. For the majority ECH would only be suitable had it been considered earlier, prior to the point of admission to residential care.
- Estimates suggest a demand for 190 ECH units, for vulnerable older people (aged 75+) living in the community, with poor health or a disability who have a preference for ECH. These include older people with mild to moderate levels of dementia, and some currently in receipt of intensive levels of home care. Of these 40 units would be at social rents and 150 units for self funders.
- Around 2,400 people in Poole aged 75+ have a LLTI and state that they are ‘not in good health’. Results from the autumn 2012 Poole Opinion Panel suggest that 13% of these might consider moving to a housing scheme if they required help and support.
- 52% of 75-84 year olds and 26% of 85+ year olds live as a couple in Poole. Therefore, of the 190 units for vulnerable older people in the community, 130 ECH units would be for people living alone and 60 ECH units for couples.
- Currently 271 older people living in the community aged 65+ were receiving intensive home care packages (10+ hours of care over 6 or more days a week), supported through Poole Adult Social Care Services. A further 275 people were receiving home care packages with high levels of support (2-10 hours 6 or more days a week).
- Currently 1299 people aged 65 and over are living in Poole Housing Partnership (council owned) Sheltered Housing. 87 (7%) of these tenants were receiving home care supported through Poole Adult Social Care Services. Analysis of tenancy terminations for tenants aged 65+, over the three year period between 2009 and 2012, indicated that 100 tenancy terminations (11%) were due to a move into residential or nursing care homes, or long term hospital care. These covered both sheltered and general housing tenancy terminations.

5.2 Introduction

It is difficult to quantify the potential demand for extra care housing. In this report so far we have identified the potential need for extra care (Section 3), based on the prevalence of relevant characteristics in the population, and older people's preferences for housing and care (Section 4). This section bridges the gap between the potential population in need of extra care and the current relevant population known to social services, health and housing. It identifies target audiences for whom extra care housing may have been or still could be an alternative and appropriate form of provision. It attempts to estimate what volumes of extra care housing may be required to maintain these identified groups of older people within ECH.

5.3 Target population for extra care housing

The target groups for extra care housing can be summarised as follows:

- Older people who could be diverted from moving into residential care, who are likely to have high-level dependency needs;
- Older people in receipt of intensive home care whose needs can be more efficiently met in extra care. These could be living in sheltered housing or in own homes;
- Vulnerable older people (aged 75+) living in the community, with a LLTI and 'not in good health', who may have a preference for moving into ECH
- Older people with mild to moderate levels of dementia, whose needs could be met in an extra care housing setting.

5.4 Extra care as an alternative to residential care

Level of admissions to residential care

Currently it is estimated that around 1,300 people aged over 65 live in care homes in Poole[15]. In 2010/11 502 people aged 65+ were receiving residential care supported through Adult Social Care Services in Poole and a further 182 clients were receiving residential nursing care. Therefore, just over half (53%) of all people aged 65 and over living in residential care in Poole were receiving care supported through Poole Adult Social Care.

Over the 2 year period from 1 April 2010 to 31 March 2012, there were 513 admissions to residential care supported through Poole Adult Social Care Services; 235 in 2010/11 and 278 in 2011/12.

The likelihood of living in residential care increases with age, from 0.7% for those aged 65-74 to 3.9% for those 75-84 and 15.8% for people aged 85+[15]. The 2011 Census will provide more accurate local rates for Poole once data become available from March 2013.

If these rates were to continue, the number of people aged 65+ living in care homes in Poole could increase by around 300 to 1,600 by 2021[16], as a result of the ageing population.

In very broad terms, if future eligibility levels and the financial means of the pensioner population remained unchanged, this could increase the number of people aged 65+ receiving residential or nursing care supported by Adult Social Care Services in Poole by around 150 people by 2021. It is likely these numbers will be financially unsustainable for the council, as the future costs of traditional style support (e.g. residential and nursing care) will be unaffordable[17].

[15] Calculated using 2011 census based mid year population estimates and care home and long stay hospital rates – Care of the elderly UK market survey 2011
[16] Calculated using ONS 2011 based interim sub national population projections
[17] NHS Bournemouth and Poole Joint Strategic Needs Assessment 2010-15

The provision of ECH as an alternative to residential care could contribute to a reduction in the level of residential care admissions, whilst also meeting older peoples' aspirations for independence.

Proportion for whom ECH would provide an alternative to residential care

In order to estimate what proportion of this, generally very frail, residential care population is likely to be able to benefit from ECH, a retrospective case analysis was carried out of a sample of 41 older people admitted to care homes in Poole, over a period of 12 months, to 31 March 2012.

The analysis of case files suggests 44% of these people could be cared for within ECH, Table 17. For 7% there was insufficient information to make a judgement. Other studies have suggested rates ranging between 50-67%[18].

Table 17: Residents who might take advantage of ECH as an alternative to residential care

	Number	%
Could have entered ECH	18	44
Would not have benefited from ECH	20	49
Insufficient data to judge	3	7
Total	41	

Factors associated with a permanent admission to residential care

From the retrospective analysis of 41 cases it is clear that an individual factor, generally, did not result in an admission to residential care. It was the presence of a range of factors, which gradually escalated in severity over time. These often caused a decline in the service users' health and wellbeing, which culminated in a critical event, often a hospital admission that led to a recommendation for permanent residential care. The most prevalent factors (and their frequency in the sample) are shown in Table 18 below.

Table 18: Factors associated with permanent admission to residential care

Factor	Count	Percent
Mental health condition (number with dementia)	35 20	85% 49%
Impaired mobility / falls	35	85%
Physical ill-health	33	80%
Previous hospital admission(s)	33	80%
Carer breakdown	19	46%
Incontinence / UTIs	18	44%

[18] Oxford County Council, (2008) A framework for an Oxfordshire Extra Care Housing Strategy; Brighton and Hove Strategy for Extra Care Housing for Older People; Pippa Stilwell, Andrew Kerslake, (2004) "What makes older people choose residential care, and are there alternatives?", Housing, Care and Support, Vol. 7 Iss: 4, pp.4 - 8

Physical ill-health and mental health
In regard to the detail of the poor health/ illness that were prevalent, there was a high incidence of deterioration in continence especially UTIs. This then exacerbated the underlying long term /chronic condition and or contributed to poor mobility and falls.

Dementia, poor mental health and a lack of insight into the persons own care needs also featured highly.

Previous hospital admissions
33 cases, 80% of those reviewed had a recent hospital admission prior to admission to residential care. 19 cases (46%) had more than 3 prior admissions to hospital (one case had in excess of 16). For 27 cases (66%), admission to residential care had been directly from hospital.

Documentation, detailed a gradual decline in the service users health and wellbeing after each admission. In many cases there were a number of professionals /agencies involved and a lack of joined-up working. Each admission was treated as an isolated episode.

Of the 18 cases judged to be suitable for ECH, half had more than 3 hospital admissions prior to admission to residential care. Multiple hospital admissions could be a useful indicator for targeting older people at risk of residential care admission for whom ECH would be an appropriate option.

Carer breakdown
There is no doubt that informal care was a key factor in supporting people to remain in their homes. Large volumes of care were delivered by relatives or friends; in 29 (70%) cases informal carers were supporting the service user.

The Carers decline in coping and caring was a major factor in the admission to residential care for almost half the cases reviewed. The service users care needs had increased to such a level that the Carer was at breaking point. In most cases there was increased homecare support and adaptations and this had been increased one or more times.

One advantage of ECH over residential care provision is that spouses can stay together, and carers can continue to care with support. In Poole an estimated 3,800 people aged 65+ are providing informal care to relatives or friends.

<u>When ECH would provide an alternative to residential care</u>
For the majority of cases reviewed ECH would have only been a suitable alternative to residential care, had it been considered earlier, prior to the point of admission to residential care. If ECH is to become a viable alternative, those at risk of admission to residential care and likely to benefit from ECH must be identified and targeted early enough, otherwise the likelihood is they will stay in their own homes past the point where ECH would be an option.

Monitoring hospital admissions, levels of home care provision, carer strain and deterioration in physical and mental ill health, could provide useful criteria for when ECH could be an appropriate option. More work is required on setting out criteria for the early identification of those at risk of admission to residential care.

5.5 Current sheltered housing population

In total 1299 older people aged 65+ were living in Poole Housing Partnership (council owned) Sheltered Housing in December 2012[19]. The age / gender profile of these tenants is shown in Figure 19 below.

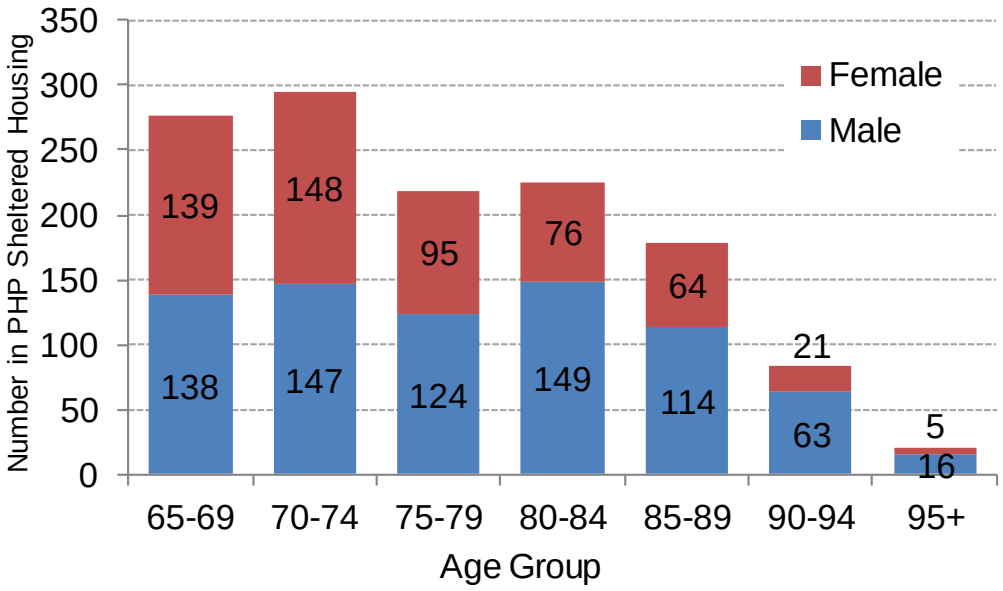
[19] Snapshot of PHP Sheltered Housing Tenancies on 12/12/2012

Tenants receiving home care and day care supported by Poole Adult Social Care Services

The majority (92%) of the sheltered housing population aged 65+ were receiving no support from Poole Adult Social Care Services.

87 (7%) tenants aged 65+ were receiving home care through Poole Adult Social Care Services. 1 was receiving Intensive levels of home care (10+ hours 6 or more days a week), and 28 were receiving high levels of home care (2-10 hours 6 or more days a week).
14 tenants were attending day care for between 2 and 10 sessions per week.

Figure 19: Age and gender profile of PHP Sheltered Housing tenants in Poole, December 2012



Tenant pathways through Poole Housing Partnership (PHP) housing schemes

Table 20 gives a summary of the most common reasons for tenancy terminations for PHP Council Housing, where the tenant was aged over 65. The data covered 916 sheltered and general housing tenancy terminations over the period 2009 to 2012.

Over a third (37%) of tenancy terminations were due to the death of the tenant. 100 (11%) moved into residential or nursing care homes, or long term hospital care.

Table 20: Key reasons for the termination of PHP Council Housing tenancies, between 2009 to 2012, where tenants were aged 65 and over

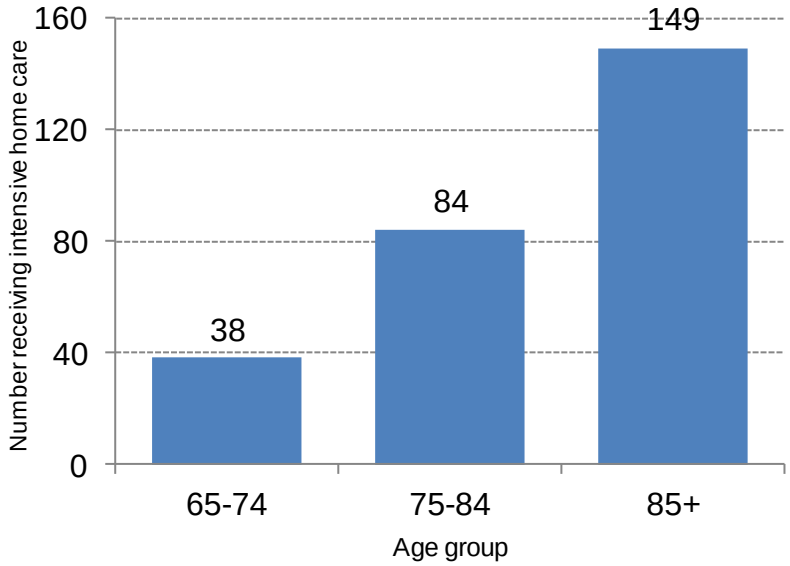
Reason given for PHP tenancy termination	Number	%
Death	341	37.2
Move to nursing home	60	6.6
Move to care home	37	4.0
Move to long term hospital	3	0.3
Moved in with family	16	1.7
Move to other Sheltered Housing	20	2.2
Moved to other Housing Association	7	0.8

5.6 Older people in receipt of intensive home care

In September 2012, 271 older people living in the community aged 65+ were receiving intensive home care packages, supported though Poole Adult Social Care Services[20]. Over half (55%) were aged over 85, Figure 21. Intensive home care is defined as 10+ hours of care over 6 or more days a week.

A further 275 people aged 65+ were receiving home care packages, supported though Poole Adult Social Care Services, with high levels of care (2-10 hours 6 or more days a week).

Figure 21: Number of older people receiving intensive home care in Poole, by age



The number of older people receiving home care supported through Poole Adult Social Care Services has declined since 2009/10 despite the increase in numbers of older people, as eligibility criteria for adult social care services have been raised.

[20] Snapshot at 30.09.2012

5.7 Estimated demand for extra care housing

It is extremely difficult to quantify the demand for extra care housing. The estimates below give an indication of what the current demand might be, based on both national research and the evidence set out in this report so far. While these figures are not precise they do suggest a significant baseline provision, of 420 units of ECH, across Poole could be justified, Table 22.

Table 22: Demand for ECH units in Poole

	All ECH units	ECH units at social rents	ECH units for self funders
ECH units for people diverted from residential care	230	120	110
ECH units for vulnerable older people (aged 75+) living in the community, with poor health or disability, who would consider moving to a housing scheme	190	40	150
TOTAL demand for ECH units	**420**	**160**	**260**

Estimated demand for ECH diverted from residential care

It is clear there is significant potential demand for ECH as an alternative to residential care for many older people, an estimated 230 ECH units in total for Poole. These will need to cater for high-level dependency needs. For older people especially those aged 85+, with co-morbidities, complex conditions and increasing numbers with dementia.

Table 23: Immediate demand for ECH units as an alternative to residential care

Summary data	
All people living in residential care aged 65+ (2011)	1300
People receiving residential care supported through Poole ASC Services aged 65+ (2010/11)	684
Proportion of people aged 65+ receiving residential care who are supported through Poole ASC Services	53%
Residential care admissions supported through Poole ASC Services for 2011/12	278
Proportion of residential care admissions where ECH could have provided an alternative to residential care	44%
Estimated demand for ECH units as an alternative to residential care admission (overall)	**230 units**
Estimated demand for ECH units as an alternative to residential care admission (at social rents)	**120 units**
Estimated demand for ECH units as an alternative to residential care admission (self funders)	**110 units**

The diversion of admissions from residential care to ECH could require the provision of approximately 120 ECH units (at social rents) in the first instance, Table 23.This is based on the assumption that of the 278 people admitted to residential care supported through Poole ASC Services in 2010/11, 44% could have be diverted to ECH.

This does not account for the potential demand from self-funders. Other studies have assumed that self funders will generate a similar level of demand[21].

It seems reasonable to use a similar assumption for Poole given that estimates suggest self funders comprised just under half the residential care population in 2011. Therefore, an additional 110 ECH units could be required for self-funders diverted from residential care to ECH, once the choice begins to be more freely available.

Estimated demand for ECH from vulnerable older people (aged 75+) living in the community with poor health or a disability who may have a preference for ECH

Estimates suggest a potential demand of 190 ECH units, for vulnerable older people (aged 75+) currently living in the community, with poor health or a disability who have a preference for ECH, Table 22. These include older people in the community with mild to moderate levels of dementia, and some currently in receipt of intensive levels of home care.

Of the 190 ECH units, 40 units would be at social rents, and 150 would be for self funders. Table 24 summarises key data, relating to the calculations.

Calculation of the numbers of ECH units for older people currently living in the community

Around 2,400 people living in the community in Poole aged 75+ have a LLTI and state that they are 'not in good health' (Section 3.4). In order to avoid double counting we have discounted people in this group likely to be admitted to residential care as they will have already been included in the estimates for ECH diverted from residential care shown in Table 23. Once this adjustment is applied this leaves around 1,900 people in Poole aged 75+ with a LLTI who state that they are 'not in good health', Table 24.

Results from the autumn 2012 Poole Opinion Panel suggest that 13% of 75+ year olds would consider moving to a housing scheme if they required help and support (Section 4.5). Therefore, around 250 people aged 75+ with a LLTI and 'not in good health' might consider ECH as an option. Assuming that 52% of 75-84 year olds and 26% of 85+ year olds live as a couple, this equates to around 130 ECH units for people living alone and 60 ECH units for couples. The total demand is 190 ECH units overall.

Calculation of social rented ECH units for older people currently living in the community

The tenure mix in the community has implications for the type and models of ECH locally. Currently there are high levels of owner occupation (81%) among older people in Poole, significantly higher proportions than for England (68%), Section 3.5.

Respondents' tenure type also showed significant differences in preferences for housing with care in Poole (Section 4.5). Housing Association tenants and private rented tenants were significantly more likely to consider moving into housing with care. Council tenants were also more likely to consider a housing scheme.

This may be a reflection of the wider range of options (to a move to specialist housing) open to owner occupiers, and the greater likelihood that owner- occupiers will be able to adapt their home to their needs, rather than a genuine preference or choice. Also, older people with a LLTI are more likely to live in social rented accommodation and less likely to be owner occupiers.

[21] Oxford County Council, (2008) A framework for an Oxfordshire Extra Care Housing Strategy

To estimate the split of ECH units for older people currently living in the community between social rented and self funders, the number of ECH units was distributed according to the tenure mix of households in Poole with at least one person of pensionable age (Figure 8). This was weighted according to the preference for ECH housing by tenure type (Figure 13).

The resulting distribution of ECH was 40 units at social rents and 150 units for self funders.

Table 24: Demand for ECH units in Poole for vulnerable older people in the community with poor health or a disability

Summary data	
Older people aged 75-84 (2011)	10,700
Older people aged 85+ (2011)	5,000
People aged 75-84 living in the community with a LLTI and 'not in good health' (2011) *	1,593
People aged 85+ living in the community with a LLTI and 'not in good health' (2011) *	321
People aged 75+ receiving intensive home care supported through Poole Adult Social care Services	233
Proportion aged 75+ who would consider housing scheme with care	13%
People aged 75-84 living in the community with a LLTI and 'not in good health' who would consider a housing scheme with care *	207
People aged 85+ living in the community with a LLTI and 'not in good health' who would consider a housing scheme with care *	42
Proportion of people 75-84 living in a couple (2001 Census)	52%
Proportion of people 85+ living in a couple (2001 Census)	26%
Potential demand for ECH units by vulnerable older people aged 75+ with LLTI and 'not in good health', who would consider moving to a housing scheme (overall)	**190 units**
Estimated demand for ECH units by vulnerable older people aged 75+ with poor health or a disability, who would consider moving to a housing scheme (at social rents)	**40 units**
Estimated demand for ECH units by vulnerable older people aged 75+ with poor health or a disability, who would consider moving to a housing scheme (self funders)	**150 units**

* in order to avoid double counting we have discounted people in this group likely to be admitted to residential care as they will have already been included in the estimates for ECH diverted from residential care in Table 22