

# Extra Care Housing Strategy for Solihull 2018 – 2023

## 1. Introduction

Solihull has a priority to support people to remain independent in their own homes for as long as possible and reduce the proportion of people admitted to and living in long term care. Not only is this considered a more affordable option for the Council and for older people, but national research also suggests that older people experience better outcomes from living in other forms of accommodation for as long as they can, rather than move into residential care.

In 2013 the Council published an Independent Living and Extra Care Housing (ILEX) Strategy, which aimed to promote independent living by :-

- Enabling vulnerable people to continue to live independently in their own home through provision of support services
- Encouraging provision of a wider range of suitable and affordable independent accommodation for people who need or choose to move.

Since that time there have been a number of developments in the Borough, both those commissioned by the Council and those that are market led by private developers, to add to a range of long standing sheltered housing schemes. The number of extra care housing developments is due to grow significantly over the next few years as new Extra Care schemes in the pipeline are built.

This strategy is intended to replace the Extra Care elements of the ILEX Strategy, setting out the overarching vision for extra care housing for older people in Solihull for the next 5-10 years, taking account of the local demographic and social changes, existing and new developments already planned and best practice from across the country.

The Council is currently refreshing the current Market Position Statement and once produced it is advised that this should be read in conjunction with this strategy.

This strategy is being developed in the context of unprecedented budget pressures for the local authority. This means that the future model of Council commissioned extra care housing has to be affordable and cost effective, supporting people eligible for adult care and support to maintain their independence for as long as possible, and reducing demand for more expensive alternatives.

The Council's priority is to enable people to remain living in their own homes and to support a reduction in the need for packages of care and support. Support available to people to achieve this aim includes support to carers, assistive technology, home adaptations, access to universal provision etc.

It is a key aim of this strategy for extra care housing to give clarity to people, social workers and potential providers of housing and care of the preferred local model which is both affordable and future-proofed to meet people's expectations in terms of

independent living, helping to promote extra care as a housing choice at the right time as people age.

## 2. Definition

Extra Care housing is a concept rather than a specific type of housing. Across the country, Extra Care housing provision has evolved in response to different local circumstances, including the challenges associated with reductions in budgets, which is why an official agreed definition is still elusive and the models are diverse.

The Department of Health and Social Care definition of Extra Care Housing<sup>1</sup> (ECH) is quite generic, and accommodates the wide range of models in place.

*“Purpose built accommodation in which varying amounts of care and support can be offered and where some facilities and services are shared”*

Locally, the vision for extra care housing is that it will include a mixed community in terms of levels of need, to reflect the aspiration that ECH be vibrant communities and not feel like institutional care. The focus will be on older people with care or other needs, without being age specific, and could include people with a learning difficulty or a mental health condition where the presenting need is age related.

Extra care housing is one housing option for older people, and has the potential to provide an alternative to residential care for older people who can no longer be cared for in their own home. Like residential care, extra care can provide some economies of scale. Where the level of care required cannot economically be provided in a person’s current home, extra care housing should be an option to enable people to have access to a level of care and support that will enable them to retain their sense of independence and quality of life, albeit in a more supported environment.

Department of Health guidance for commissioners<sup>2</sup> on extra care suggests a housing model of care that represents a real alternative to residential care is likely to have the following defining characteristics;-

- Self contained living space including separate bathroom and kitchen facilities
- Alarm system and/or other electronic technology
- Some element of personal care e.g. bathing, dressing, helping to use toilet
- Domestic support e.g. cleaning, handyperson,
- Communal facilities
- 24 hour community support, including access to support services at night.

This flexible care service available 24/7 has been fundamental to Extra Care, and while this is usually through a dedicated care team ‘on site’, this can be and is provided in different ways, depending on the care needs of the individuals living in the scheme.

The main purpose of Extra Care is to provide well-designed housing that enables

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<sup>1</sup> The Extra Care Housing Toolkit .D of H October 2006

<sup>2</sup> Extra Care Housing for Older People: An Introduction for Commissioners. D of H

people to look after themselves for longer and to provide access to care and other services which help them to retain or regain their independence.

For some individuals Extra Care is a real alternative to residential care, and can be a home for life for many. However, it is important to ensure that people are supported well in Extra Care, particularly those people who are nearing end of life, and those with dementia, so that Extra Care is not seen simply as a step up from Care at Home. The support is not just in terms of care needs, as another key element is whether the person can hold their own tenancy with or without support.

Despite the variety of design and service delivery, research and experience shows that good extra care is about a community ethos, and not just about the design of the building.<sup>3</sup>

While Extra Care is primarily a housing choice, it is a shift away from traditional methods of care. However, it is acknowledged locally and nationally that it is a concept that is still not well enough known or understood.

### **3. Demand for Extra Care**

Published by ADASS and Housing Learning and Improvement Network (LiN)<sup>4</sup>, the Strategic Housing for Older People (SHOP) toolkit provides a Framework for addressing the housing demand and supply challenges for the increasingly aging population.

While it is acknowledged that there is a clear preference for older people to remain in the family home, many older people do consider a move to alternative accommodation, but this is heavily influenced by what is available, affordable and suitable. People are more likely to opt for a change if there are attractive options available. Predicting demand is complex, as the number of people wishing to remain in their family home may be heavily influenced by lack of knowledge or choice rather than a real preference.

SHOP suggests there are two approaches to projecting future demand;-

- Population data
- Care Home demand –the report suggests that nationally at least one third of residents of care homes could have been diverted to Extra Care if appropriate information and advice had been available.

#### **3.1 Local Demography**

Solihull Observatory has completed a needs assessment projecting demand in Solihull up to 2025 in November 2017. (See Appendix 1) The population estimation shows that there are 44,466 people in Solihull aged 65+. This represents 21% of the population.

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<sup>3</sup> CSIP Extra Care Housing- What is it? February 2008

<sup>4</sup> SHOP Toolkit, 2013

In the ten years from 2006 to 2016 the number of Solihull residents aged 65+ increased by 26% (9,100 individuals). This is higher than the increases across England which has a 23% increase and the West Midlands where there was a 22% increase. The increase in population aged 85+ was significantly greater at a 57% increase compared to increases in England at 28% and in the West Midlands 31%.

Population projections from the ONS (Office for National Statistics) show that the older population will continue to increase rapidly over the medium term, with growth focused on people aged over 75 and over. However between 2016 and 2026 the 65 to 74 population in Solihull is expected to fall slightly by 2% (460 individuals). These figures will be offset by increases of 37% (5,201 individuals) of individuals aged 75-84 and 28% (1856 individuals) aged 85+. By 2026 it is expected that those aged 75 and over will represent nearly one in eight of the Solihull population and those aged 85+ will be 4% of the total population.

Data relating to the living arrangements of older people shows that up to the age of 80 the majority of older people in Solihull live in a couple, thereafter those living on their own as a result of being widowed become an increasingly significant factor. This is consistent with the pattern nationally.

Data from a recent national Shelter report shows that older people tend to live in houses and only a small number live flats.

The growth in the over 75 population is not evenly spread across the Borough, suggesting that the priority for support for older people is in the south of the Borough. Distribution of 75+ Population – see Appendix 2

The data for the future demand has been taken from Housing LIN SHOP and adjusted slightly to take into account Solihull's specific health and care needs. The data shows that in 2014 there is a demand of 3,387 units of specialist housing (Sheltered Housing, Enhanced Sheltered and Extra Care) with a supply of 1,674 units. By 2025 the Solihull demand for specialist housing increases to 4,699 units, which will include a mix of affordable provision and market led options.

For extra care housing, there is a projected undersupply of around 445 units<sup>5</sup>. However, further detailed work commissioned earlier in 2018 from Housing LIN SHOP, which takes into account the number of schemes that have been granted planning permission in recent months, suggests that by 2025 there may in fact be an imbalance of provision across the authority, with oversupply in certain parts of the Borough, in particular the south central locality – see Appendix 3

The tenure mix in each locality reflects the relative affluence of the area, but affordable provision to meet local needs in all localities will still be required.

By 2035, it is expected there will be further housing and care requirements driven by demographic growth and the SHOP@analysis suggests consideration should be given to developing new types of accommodation, including mixed age housing

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<sup>5</sup> Source: Strategic Housing for Older People (SHOP) Analysis Tool, Housing LiN

within general needs schemes to help promote community cohesion and support local service delivery . Solihull is well placed due to its current high levels of services and its location, to support new innovative service models, including private rental options.

### 3.2 Solihull Place Survey 2016

For the 2016 survey respondents age 55 and over were asked to complete some additional questions around future housing options. These respondents were asked whether, in the light of the national shortage of housing options for people wanting to downsize from family housing to smaller properties in their later years, they would be interested in downsizing now or in the future.

Of the 385 people responding to this question, 19% said they would be interested in downsizing and 81% said no.

There were only small variations across the Borough on this measure.

	Yes	No
North Solihull	15%	85%
Rural	22%	78%
Urban West	19%	81%
Solihull	19%	81%

72 respondents expressed a preference for a type of property that they might be interested in, with the most frequently cited being a bungalow to purchase (44%) and a smaller property for purchase (28%). Only 4 % (3 people) chose the Extra care option.

Only 26% of respondents (18) said they would prefer a development specifically designed for older people.

The inference from the Place Survey is that more needs to be done to ensure people have information about the options to downsize, including Extra Care, if this is to be seen as an attractive housing option for older people. Housing choices need to be given a profile in the context of encouraging people to plan for their potential care and support needs in later years, including financial planning.

A detailed marketing plan for ECH is a key element of the implementation of this Strategy. This will include promoting the concept of 'autonomy with security' and address the lack of awareness of the model with people, their families, GP's and social workers.

## **4. The Case for Extra Care**

There is significant body of reports and analysis about Extra Care, though much of the evidence is around 10 years old when Extra Care developments were on the increase.

Often quoted is a piece of work undertaken in East Sussex<sup>6</sup> to build the business case for Extra Care, which identified that the best impact and financial returns were delivered by clients at the high end of the medium dependency care band i.e. 10-14 hours per week at time of entry.

This evaluation also highlighted both the challenge and the importance of preserving the integrity of the extra care model, with close attention paid to the initial and on-going allocations to ensure that overall dependency levels do not rise too high or fall too low.

This research also suggested that on-going careful management is needed to ensure that schemes' residents are able enough to form and shape a vibrant community, but sufficiently in need of care to reap the financial benefits. If dependency levels are too low the enabling benefits of extra care are not realised, while if overall levels are too high, then it becomes too close to residential care.

More recent research by Aston University for the Extra Care Charitable Trust<sup>7</sup>, suggests that where schemes successfully combine health, social care, and housing services for older people, especially where a qualified nurse is part of the offer, the chief beneficiary of Extra Care is the NHS, reducing GP appointments, hospital visits and hospital admissions. However this has so far only been demonstrated in large schemes such as those provided by ECCT (who also commissioned this research).

Locally, there has been little data collected and therefore very little evidence to support the difference that Extra care has made to the outcomes for people who live in the three existing schemes. For example, quality of life before and after admission has not been measured or compared to that of people living on their own in the community. We have no real evidence that extra care in Solihull is avoiding admissions to residential care, or is more cost effective than other models of housing and support. However, in terms of increasing the range of choices available for older people, extra care has an important role to play.

#### 4.1 Private Extra Care Development

Solihull provides an attractive residential environment. However the housing market is often difficult to access, with high levels of owner occupied - and relatively high value – homes, but a relatively small social sector and little in the way of intermediate tenure housing. This is true of both housing for older persons as well as the general housing market.

Securing suitable sites can be difficult and this makes Solihull a relatively expensive place to develop and deliver accommodation-based provision.

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<sup>6</sup> The Business Case for Extra Care Housing in Adult Social Care: An evaluation of Extra Care Housing Schemes in East Sussex. Housing LiN Case Study 78<sup>i</sup>

<sup>7</sup> Summary of Findings from Aston University Extra Care Charitable Trust 3-Year Longitudinal Research Project Published 2015

78% of homes in the Borough are owner occupied and 44% of these owned outright. This is a higher proportion than for the region and country as a whole and reflects the older age profile of the Borough and the high levels of prosperity in some parts of Solihull. However, many of these owners can be 'asset rich, cash poor'.

Over the past five years there have been a number of private extra care proposals in the Borough. These have sometimes taken the form of providing a wider range of accommodation including a care home alongside extra care (sometimes also called assisted living).

The number of private extra care developments is therefore expected to grow significantly over the next few years as pipeline schemes with planning approval are built. In Solihull it is very unusual for a consented scheme not to be carried through to completion.

Local surveys indicate that many older people wish to remain living in their existing home. This emphasises the importance of effective universal services and also more age-friendly housing. The Council is committed to continually developing the effectiveness of this approach. Of particular importance is the development and uptake of adaptive and assistive technology and telecare which helps people to remain in their own homes for longer. Other important elements include providing information and advice on:

- home repairs
- home adaptations
- keeping warm
- keeping safe
- housing and other personal debt.

The Council will be launching a new 'Community Wellbeing Offer' in 2019. The extent of future demand for extra care and other specialist housing may therefore be partly mitigated through better use of assistive technology, reablement services, ensuring good support for carers and through supporting people to do more for themselves. It is important that people are able to access different models of care appropriate for their own individual circumstances.

An important part of understanding the local demand for extra care is therefore to look beyond demography and take account of people's preference to stay at home and receive support to remain independent and able to continue to live in the home that they currently live in wherever possible and where this is what they choose.

To better understand the need for extra care in Solihull, the Council commissioned the Housing Learning and Improvement Network (Housing LIN) to assess this using its 'Strategic Housing for Older People' ('SHOP@') methodology. This uses a future service prevalence rate based on the local commissioning and care approach and market opportunities. The prevalence rate and the ONS population projections for

people over 75 calculate the expected future service need which is compared to the existing provision (from the Elderly Accommodation Council) and 'pipeline' schemes. The 'SHOP@' results highlight future service oversupply or shortfall across each locality. The Council is using this to help assess applications and also influencing future development plans and commissioning strategies. The full study has been published alongside the draft Strategy.

The studies conclusions were that, Borough-wide, there is a potential oversupply of market extra care housing in the period up to 2020, but with a shortfall by 2025 and beyond. There is a variation of provision across the Borough and this is summarised in Appendix 4. Table 12.3 shows a large surplus in the 'South Central' area (Shirley, Olton and St. Alphege ward areas), partly off-set by smaller shortages in all other ward areas. The Council recognises that older people moving to extra care may wish to remain close to their local area and schemes that can help meet local need and which are in proportion to their local context can make an important contribution to housing and care.

This Strategy is concerned with extra care housing but schemes sometimes come forward as part of a wider proposal including nursing and dementia care. The research revealed a borough wide surplus of nursing and dementia provision to 2025 with a shortfall to 2035. For residential care, the Borough wide surplus to 2035 is due to large surplus in the 'South Central' area (Shirley, Olton and St. Alphege wards). Nursing Care has a Borough wide surplus to 2025, but a shortfall to 2035. A surplus to 2035 in the 'South Central' and 'Rural and North Central' areas (Bickenhill, Blythe, Dorridge and Hockley Heath, Elmdon, Knowle, Lyndon, Meriden and Silhill wards) is offset by a large shortfall in the 'North' area (Chelmsley Wood, Kingshurst and Fordbridge, Smiths Wood and Castle Bromwich).

Projecting need is inherently difficult and uncertain. One of the difficulties of need assessment is estimating the ability of local people to afford housing and care options, both in terms of initial purchase and on-going costs. It is likely that this is a challenge for Solihull, especially where new developments are in higher priced areas. This pressure can result in self-funders of care exhausting their funds and then requiring the assistance of the Council.

Taking into account pipeline development, the Council therefore believes that market extra care housing is reaching capacity and that any further development should concentrate on newly emerging forms of provision and service models.

The Council anticipates that developers will continue to bring forward applications for extra care schemes on brownfield sites and on allocated sites in the new Local Plan. One area of market development that has not been provided in Solihull to date is extra care housing for market rent and fixed and shared equity. Each of these can be expected to help meet an element of future demand. Age-friendly housing within general needs development can also play an important part in meeting future need. The Council is therefore keen to work with developers and care providers to develop such housing approaches.



An important planning implication of the Council's need assessment is that levels of need do not currently justify 'very special circumstances' that would be required to support proposed development in the Green Belt. The National Planning Policy Framework and Policy 17 of the Solihull Local Plan addresses Countryside and Green Belt issues and is clear that inappropriate development will not be permitted in the Green Belt, except in very special circumstances. It is unlikely that a proposed extra care scheme - with or without a nursing or dementia element - will clearly outweigh the harm by virtue of inappropriateness to the Green Belt. Scheme proposals for affordable extra care are more likely to support a 'very special circumstances' case.

The Council's planning policies are also important to ensure housing provision helps meet local needs and sustain mixed and balanced communities. A sustainable, mixed and balanced community will include a mix of:

- Tenures
- Housing to support households with a range of incomes
- Housing type and size to allow residents to move within the area as their housing needs change
- Sufficient range and choice to accommodate households at various lifecycle changes.

Solihull Council is currently developing a new Local Plan and it is projected that this will be adopted in the spring/summer of 2020. Two important proposed policy developments which are relevant to this Strategy are described below.

Policy 4 'Meeting Housing Needs' deals with the provision of suitable affordable and market housing to contribute towards meeting borough-wide needs. The national planning regime distinguishes between 'C2' (residential institutions) and 'C3' (dwelling houses) for the purpose of considering the impact on amenity of an area. There is potential for uncertainty between the C2 and C3 use classes and this has become increasingly the case as more flexible models of extra care and supported housing (including domiciliary care) have emerged.

The Council's approach therefore will therefore be to assess whether a development provides the characteristics of a self-contained unit of accommodation. Care developments containing units 'with their own front door' will be regarded as dwellings and it is proposed that developments of this nature – whether classified as C2 or C3 - will trigger an obligation to provide affordable accommodation on site. If the site is considered unsuitable for on-site affordable housing provision the Council will accept a commuted sum so as to meet the need off site.

With regard to general market housing, it is important that developers provide a range of suitable smaller housing that is attractive to older person households who wish 'downsize'. Policy 4 aims to secure a range of house types and sizes so as to achieve socially balanced and mixed communities.

## **5. Funding for Council commissioned Extra Care**

This strategy is being developed at a time when there is a Medium Term Financial Strategy savings target to deliver a recurrent saving of £220k per annum from 2019/20 against a current budget of £1.496 million. Extensive financial modelling has been undertaken to ensure that the changes to the way we commission ECH in the future and what the expected offer will be should have a positive impact on managing the costs of this type of provision.

Extra Care housing needs to be an attractive offer in order to persuade people that this is a desirable option to move late in life. Solihull is fortunate in that its existing affordable, commissioned schemes are still relatively new and attractive, and the three upcoming schemes will also be purpose built new schemes.

From a revenue perspective, extra care housing brings together a combination of revenue streams to deliver a well-co-ordinated offer to individuals. The elements to be funded include;-

- Housing, including management and maintenance
- Leisure, social and health activities
- Support, including help with housework

Sources of funding include the individual's own resources, housing benefit, service charges and other ad hoc funding as well as funding from Adult Care and Support to meet eligible needs.

## **6. Current Extra Care Schemes**

Extra care housing has been previously commissioned as an alternative to residential care and sheltered housing. There is also the option for couples to stay together where one or both has care needs that would otherwise require an admission to residential care.

Solihull currently has 3 commissioned extra care facilities, Hampton House, Phoenix House and Trinity Apartments which have between 33 and 52 individual flats , with care and support available 24 hours a day 365 days per year .

There is a mix of on site facilities such as a restaurant where tenants and leaseholders are currently required to pay for at least 1 meal a day; communal lounge facilities; other communal rooms such as hairdressers, treatment rooms, and a community-run shop. These commissioned extra care services are expected to cater for, and not exclude people with a range of needs which older people may have. For example dementia, learning disabilities, mental health problems (including drug and alcohol misuse) and physical disabilities.

Within the specification for these three schemes the model currently includes a separation of landlord and provider functions between different agencies as this has previously been seen as good practice on the basis that it has the potential to enable more choice of provider. Tendering of services also enables the Council to obtain

value for money. The separation of landlord and care provider functions is not seen as essential in any future model. Where they are separate, it is important to have clarity in the boundaries of roles and responsibilities, and the provider and landlord are expected to work together to provide a 'seamless service'.

Responsibilities are defined within the specification and certain functions such as the provision of activities, require involvement of both the landlord and care provider.

The model which has previously been adopted is specified as providing 'an alternative to residential care and sheltered housing,...able to deliver a level of provision which equates to that currently expected of registered care services and meeting the same complexity and intensity of an individual's needs. Applicants should have identified care and support needs'. The objective of the model is to promote and enable independent living and, wherever possible, enable the tenant or leaseholder to have their home for life, thus reducing dependence on more intensive services. The model does, however, recognise that there may be circumstances where needs cannot be fully met and people may need to leave the extra care setting.

There are 3 care and support bandings within the existing model –

Low (1 to 14.5 hours per week);

Medium (15 to 22.5 hours per week);

High (23 to 30 hours per week).

The table over compares the planned hours of care per week to the actual for each scheme: [Source: ACS Finance -SMBC]

<b>Banding of Care</b>	<b>Planned Hours per Week</b>	<b>Actual average Hours per week for period March 2018</b>	<b>Variance</b>	<b>% of Actual average hours for period March 2018</b>
Low	318	376	58	31.13%
Medium	825	374	(451)	30.96%
High	1167	458	(709)	37.91%
<b>Total</b>	<b>2,310</b>	<b>1,208</b>	<b>(1,102)</b>	<b>100%</b>

The intention of the specification was that in each scheme one third of people should be in each of the bandings. In reality, across the 3 schemes on average only 16% of the hours utilised are in the higher needs band, against a target of 33% which effectively means that the Council incurs costs to meet the potential for higher

needs, such as having two carers available overnight in case of emergencies. This feature of current provision is not cost effective, and affects the long term financial sustainability of the current model.

There are other features in existing schemes, such as Assisted Bathrooms which are not popular with residents and are underused, but are costly to maintain. Also restaurant style kitchens and dining spaces which tenants are required to access as part of their lease or tenancy agreement, regardless of their preference. This means the service charges for the schemes are higher than they would be if these facilities were not provided.

Referrals are made to the Solihull Home Options for extra care services and individuals are assessed by social workers to determine their level of social care need. The Allocations Panels manage the allocations and waiting list following recommendation from the landlord, in partnership with the care provider. The Allocations Panels also approve any change of bandings.

The specification for these schemes has required the care provider to include all costs for night staffing and any management time and non planned care hours (e.g. support with activities not allocated to a specific individual) within the overall calculation of their hourly rate.

The landlord provides a range of social activities, which vary across each scheme. This is funded through rents and other non ASC budgets.

#### 6.1 Learning from the current model

Experience with the current extra care services has suggested that it is difficult to find people who need the highest and medium banding of care and support and are able or wish to move to extra care at that point in their life. People with the highest level of needs are either unable to cope with the difficult process of a house move or families want them to move into residential care due to perceived vulnerability and risk.

Shared ownership purchasers tend to have the lowest level of needs and there is a clause in the current specification which enables people with no needs to purchase. This is necessary to protect the financial viability of the service for the landlord.

Due to the financial model adopted, the provider would not be able to recoup the cost of night staffing and management if the scheme is working at less than capacity. This is the case even when there are no void properties, the reason for under-utilisation of hours being that mainly people on lower bandings are living in these extra care schemes.

Research into models of care in other authorities suggests that there are a number of different banding models used, and different mixes to support a mixed community of needs and therefore try to balance the levels of need while making schemes viable.

For example, in Darlington<sup>8</sup> the following mix is applied;-

High – 40% of the population

Medium – 40% of the scheme population

Low – 20% of the scheme population

However, their experience is similar to that in Solihull, with the balance of needs across their schemes is towards low needs (59%) and only 19% falling into the high needs category instead of the target 40%.

If people with high levels of need, including the need for night time care are dispersed in small numbers across a number of schemes, while it may provide more balanced communities, it may not be possible to meet their needs in a cost effective way.

In Lincolnshire<sup>9</sup>, they too have a 20, 40, 40% principle, but the levels of care included in their banding is significantly less than the Solihull model.

Low (20%) - up to 5 hours of care a week

Medium (40%) – 5-10 hours per week

High (40%) - 10+ hours a week

Following further consideration of the various options, a new specification has been developed for commissioned ECH in Solihull whereby we will move towards individually assessed support plans based on eligible needs. At the point of allocation the aspiration will be that each scheme will have broadly a third each of low, medium and high needs. The definitions of low, medium and high needs have been revised down, as follows;-

Current Model	Proposed Model
Low 0-14.5 hours per week	Low 0-10 hours per week
Medium 15-22.5 hours per week	Medium 10.25- 15 hours per week
High 23-30 hours per week	High 15.25 + hours per week

Night time call outs are potentially a measure of need and dependency, but attempts to get information from providers about planned and unplanned care provided overnight during August and September 2017 was inconclusive as information was sketchy and shows a very mixed picture.

It is clear that there is insufficient data to make a firm judgement about the need for overnight care. Providers report that the expectations of existing people living in the schemes, is based on its availability since it is included in the service specification. At this stage, we cannot demonstrate evidence of the level of need dictating the need for 2 carers to be available 24 hours a day.

<sup>8</sup> Darlington Extra Care Housing Strategy 2013-2017

<sup>9</sup> Lincolnshire County Council Putting People First :Extra Care Housing Strategy 2009-2012

New models of extra care will be adopted for all schemes in Solihull from Autumn 2018, based on individual assessed needs of tenants, to help future-proof ECH services and enable greater flexibility for landlord, care agency and individuals.

Moving forward, the challenge will be to continue to develop the model to reflect changing needs, expectations and funding, while continuing to meet the needs, expectations and commitments given to existing tenants.

## **7. Elements of our revised model**

Innovations and best practice from elsewhere in the country suggest that there is not one model of extra care, and having a range of models depending on the individual scheme and the weight of needs can improve cost effectiveness. The challenge is to ensure there is sufficient demand for services to make them economically viable.

For example, having an on-site care team available 24 hours a day can be seen as highly desirable, as it provides for rapid response to crisis or illness, helps to ensure consistency and quality, and reduces travel costs associated with ad hoc domiciliary care. However, a 24 hour care team is only possible if there is sufficient volume of care hours needed from the scale of the scheme, if sufficient residents chose or are required to use it and are prepared to pay for it.

No one model will meet every situation, so a degree of flexibility is required, not least to encourage further innovation. For example, an off-site care model could incorporate not just people who live in the scheme, but those in the local community who might need planned or unplanned care at night, which would broaden the benefits from the scheme and make it more cost effective. The night staff could have a base in the scheme in between calls.

It is proposed that overnight care is an essential element of the local model, but this can be delivered in a range of ways, based on the levels of need in any individual scheme.

Changes to the current specification(s) could include:-

- Innovations by providers to ensure the most flexible and cost effective ways of delivering 24/7 care and support on a scheme by scheme basis, based on the eligible needs of people who live there.
- More effective use of assisted technology to monitor vulnerable individuals with emergency on call arrangements rather than overnight staff to ensure people and their families have a sense of security,
- Moving away from assisted bathrooms in every scheme where not already in place as they are expensive to maintain and give the impression of a residential care facility rather than extra care which is off putting for some people considering this as an option
- Include wet rooms in individual apartments to mitigate the absence of Assisted Bathrooms in every scheme, working flexibly with local residential care providers should an individual have a specific need for a bath.

- Develop a different meal offer such as a 'community café' or similar, rather than a restaurant style offer, which would be more cost effective to deliver, give more choice to individuals, increase opportunities for social enterprises, and bring in other local people to encourage a sense of community and reduce isolation.
- Work with the local voluntary sector to deliver community activities, including day opportunities where appropriate, which gives greater flexibility and choice, both to the tenants and to the local community.

Some of this would need to be carefully managed to ensure that it happened, requiring a skilled scheme manager or other new type of role to span the housing and care needs of tenants.

Day opportunities which are also open to the wider community will be a key component of Extra Care Housing in Solihull.

The Extra Care Model is made up of a wide range of facilities, funded from different sources, some of which are essential, others which may be part of the model but are desirable rather than essential.

Essential Facilities	Desirable Facilities
Communal Lounge with Wi-Fi	Activity/hobby room
Dining Space	Hair dressing
Communal toilets	Assisted Bathroom (depending on needs)
Mobility scooter store and charging points	Guest room with en-suite
Car parking	Greenhouse
Lift	
Managers Office	
Laundry	
Staff and ancillary accommodation	
Community Alarm Services	

## 8. New Extra Care Options in the Borough

The Extra Care Housing market in Solihull will also see some expansion in the next few years, two commissioned directly and another initiated by developers, but including rented accommodation. These developments include;-

- Saxon Court (former Coleshill Heath School Site) – North Solihull (51 units 43 x 1 bed and 8 x 2 bed apartments) older people extra care. Completion Late Autumn 2018 Developer: SCH
- Sunhaven Solihull Lodge. 32 x 1 Bed self-contained apartments and 4 x 2 Bed self-contained apartments for older people. Completion late Autumn 2018. Developer: Upward

- ECCT Retirement Village development at Powergen site – 261 apartments which 156 affordable (52 rent and 104 shared ownership) units OP extra care for completion in Spring 2020

## 8.1 Saxon Court

This scheme will be delivered by Solihull Community Housing (SCH) on behalf of the Council. The Council will be the landlord and this will be the only extra care scheme in the north of Solihull when it opens in late autumn 2018

The care element for this scheme will be commissioned by Adult Care and Support, and it planned that care will be provided by the lead provider in this locality of Care and Support at Home, as an extension to the existing contract. The overall aim is to have an experienced provider in place to deliver flexible packages of care and support to residents. People moving into the scheme may already have a level of care at home already in place, so the majority of care and support costs would be covered by the equivalent transfer from the relevant budgets, e.g. home care budgets.

The service provided will be enhanced with greater use of assistive technology and telecare than seen so far in Solihull's extra care schemes. SCH are very experienced in this regard through their Safe and Sound service and other initiatives in their well being offer, so are well placed to deliver an exemplar service.

The apartments at Saxon Court will be let to people on the Council's Housing Register and who have housing and care need. This will be overseen by a Panel (or a virtual panel) that brings together officers from SCH, the Council's Adult Social Care Directorate and the care and support provider. The Panel will help to ensure that an appropriate balance is maintained on the care and support needs of residents across the scheme.

It is expected that some of the lettings to the extra care scheme will be to existing elderly Council tenants and this will provide an additional benefit in helping to free-up family housing to meet other needs on the Housing Register.

SCH, as the Landlord, will provide or facilitate the provision of a range of activities to promote a sense of community which is so central to the concept of extra care, building an inclusive and vibrant community. There is scope to attract other older people living in the wider community who may be lonely or isolated as part of a menu of day opportunities. These activities will be funded through a mix of service charge, fund raising, attendee's fees and other revenue streams.

The role of the SCH Court Manager is seen as key to the success of the scheme, requiring a skill set beyond that of a traditional scheme manager/warden dealing with day to day issues as they occur, such as disputes between residents, parking issues, anti social behaviour of residents, but also identify vulnerability of tenants, liaising with other stakeholders to ensure the co-ordination of care and support, creating the sense of community through engagement and involvement of tenants in



the day to day running of the scheme, and ensuring the programme of events and activities is co-produced with tenants and local people.

Other facilities such as hair dressing, therapy room, small shop etc. are being considered, but are likely to be dependant on consultations with residents and the community as the scheme develops.

## 8.2 Sunhaven

This extra care scheme will be delivered by Upward Housing (CIC) as landlord and Upward Care as the care provider. It is designed for older people consisting of 36 units (32 x 1 Bedroomed and 4 x 2 Bedroomed units) to be built on the site of the former Sunhaven Care Home in Solihull Lodge, and anticipated completion is late Autumn 2018.

Upward Housing (CIC) are developing the scheme along with a supported living development on the site of the former Coombes House care home for people with learning disabilities. This follows a competitive tender process in 2015 based on Solihull's current model of extra care, with all tenants having an assessed social care need, with allocations being made by the Allocations Panel including ACS, SCH, the landlord and the care provider. The tender, and Upward's financing for both schemes is based on a 5 to 10 year contract for the care at the Sunhaven site.

Discussions with Upward have enabled us to agree a revised specification that reflects the latest thinking in the model to be adopted.. Upward have experience of Extra Care Housing elsewhere, which includes opportunities for short term placements (Care Hotel model) or for placements out of hospital to support timely discharges and support people who need some support but do not require bedded care.

It is proposed that short term placements including Out of Hospital placements be part of the Solihull model going forward, though this will be managed carefully to ensure it is not disruptive to long term tenants.

## 8.3 Shirley Village -Extra Care Charitable Trust (ECCT)

Extra Care Charitable Trust provides larger extra care 'Villages' with 250+ units, of which a portion are for outright sale, some are sold on a shared ownership (part ownership) basis and a smaller proportion (around 50-60) are for rent.

ECCT are developing their first extra care scheme in Shirley, Solihull (as yet unnamed) and this will be completed in 2020. The care for people living in rented properties only will be commissioned by Solihull Council. This care is provided by ECCT as there is no separation of the landlord and care functions in their model. Whilst it does not provide the customer with a choice of care provider, the model has been found to work well in terms of a more seamless service for the individual.

SMBC will have 100% nomination rights to the rented units of accommodation from its Housing Register and database of adults eligible for SMBC Adult Social Care support on initial lettings and 75% on re-lets.

Applicants must comply with an agreed Occupation Age Principle.

In order to ensure that there is an active community, the aim will be to achieve a balance between the number of active residents and those who are frail.

The age of the primary applicant is the determining age, when applicants have partners.

Allocations will seek to reflect the following age profile:

50-65	66-75	76-85	86-95	96 plus
10%	20%	35%	30%	5%

\* The age profile will be reviewed on an annual basis by the Panel.

Applicants with a care need will be matched with the village age profile and the village will aim to deliver 750 hours of care weekly with the approximate levels of care as follows, 30 individuals with care between 5 and 10 hours, 15 individuals with 10 hours care each and 15 individuals with 30 hours care each.

ECCT commence marketing at least 2 years before their schemes are ready in order to ensure that the offer is clear and they can fill as many of their properties before opening. Work started on site early in 2018.

## 9. Workforce Implications

The SHOP@analysis highlights an important issue for Solihull, as for all local authorities, of the reduction in the available workforce and family carers in the future to support older people as they age. This reduced carer workforce supports the development of specialist housing as it employs better use of carer time, less time spent travelling between people and easier delivery of bespoke training to provide quality care services and the ability to vary support as required.

Even so, the complex nature of extra care requires a variety of responses in order to flourish, including the response to workforce challenges, with roles that potentially cross over between housing and care. Creating attractive roles in extra care housing demands more effort to raise the profile, explain the nature of the work and the opportunities available. The mix of frailty and complexity of need in extra care, which may include people with enduring mental health conditions, substance misuse, anti-social behaviour or chronic loneliness, also points to gaps in learning and development in the workforce. This challenge is one being faced by schemes currently, and more needs to be done to address the workforce challenges.

This Council recognises the challenge for care providers to maintain a skilled workforce at capacity both for the wellbeing and safety of local citizens and because of the sector's importance to the economy in Solihull. The Council's Employment and Skills Team undertake recruitment drives and are able to work exclusively with new care providers to generate local interest.

The Council's Adults Care and Support Directorate work with partners including our in-house Workforce Development Team, Skills for Care, local NHS, further and higher education and other training providers, as well as drawing on the specialist training assets of local care providers (including individual employers) to support workforce development in the local sector.

Future workforce planning is a collaborative endeavour, and seeks to increase the size and diversity of our care workforce as well as responding to new skill sets, responding to societal change and the wider use of technological support in care settings.

At a local level new developments that are not accessible by a choice of means of transport and situated in close proximity to key local services are more likely to have an acute workforce problem. The Council is considering the possibility of proposing an employment policy in the draft Local Plan so that the workforce issues of a proposal are assessed as part of the planning application.

### **10. Next Steps**

The Strategy highlights areas for further work with stakeholders in order to move forward. An Implementation Plan is in place to help make the aspirations in the strategy a reality, and this will be reviewed annually.

## 11. Extra Care Strategy - Key Actions 2018/19

Action	Lead	Timescale	Commentary
Set up an Extra Care project group to deliver the action plan	Strategic Commissioner for Older People	In place	The project group reports in to Housing Options for Older People Board and includes officers from Commissioning, Operations, Finance, Housing , and Comms
Retendering of the care at Hampton, Trinity and Phoenix- Summer 2018	Strategic Commissioner for Older People	Tender process to start September 2018 – Contract Award January 2019	Current contracts ended Feb 2018- extended til August 2018. Second extension agreed by Procurement Board for new contracts to start 6 <sup>th</sup> April 2019 following retendering
Identify the cohort of individuals with intensive or complex packages of care who may become at risk of not being able to continue to remain in their own homes , or for whom this is no longer affordable	Head of Service	From April 2018 – On track	Need to agree a broad level of needs for each scheme, and then this will be on-going to identify who the potential people for extra care option are so that conversations can take place in a timely way. Also need to include flexibility so there is a clear and agreed plan if ACS doesn't have referrals so that the cost of voids and rent loss does not fall on the Council.
Develop a marketing plan for Extra Care including access to a range of information on Extra care	Communications Team Lead/ Commissioning Officer	By end of July 2019 – in progress	Plan in development to promote the offer
Develop proposals for the use of extra care for reduce hospital stays and for admission avoidance as a integrated commissioning approach as part of	Strategic Commissioner for Older People/ Head of Service	By end of September 2018 – complete	Units to be set aside to provide short term reablement flats linked to intermediate care to support effective discharge from hospital and transition of care and respite from the community.

SupportUHome			
Consider how Extra Care can offer a range of activities to the wider community within existing budgets e.g. Day opportunities to combat isolation	Strategic Commissioner for Older People –	In progress Nov 18	Link to review of day opportunities for older people and schemes in Community Well being offer
Review the assessment, allocations , admission processes and nomination rights to ensure process works and is owned by all partners	Head of Service	Complete	Partners include ACS, Landlord, Care Agency and SCH - process reflects current ACS priorities to reduce costs of residential care
Consider how improved access to community health services, including telehealth in extra care could improve overall health and reduce hospital admissions	Strategic Commissioner Older People and Head of Service for SW Teams	Not yet progressed -tba	Due to changes in CCG, this action has not yet been progressed.
Develop an outcomes and performance framework with which to measure the impact of Extra Care, some of which will be common, others individual to specific schemes.	Commissioning Officer / Business and Quality Manager	By end of March 19	Examples to include ;- age on admission, dependency levels, amount of care provided, well-being scores, frequency of emergency calls, length of stay, involvement in community activities etc. including survey results – based on current outcomes framework for Sheltered Housing.  Also linking to other measures e.g. decrease in intensive home care packages, reductions in

			admissions to residential and nursing care, increase in number of people supported to live at home
Consideration of the extra care workforce as part of the External Workforce project	Commissioning Manager	Not yet progressed -tba	Commissioning Manager not yet in post to progress this action
Consider how Brokerage could support self funders to access extra care tenancies	Commissioning Business Manager	By end of March 2019	Part of the Brokerage Development Plan

DRAFT

### Specialist Housing for Older People in Solihull – November 2017

This note summarises key demographic data relating to Solihull's older population and the future care requirements associated with a rapidly ageing population. Consideration is also given to the appropriate number of specialist housing units for older people that Solihull will require now and in the future. These demand estimates are derived from an openly available planning tool that uses national prevalence rates as well as local demographic factors to calculate the number of units required to meet the underlying need in the population.

The term 'specialist housing for older people' is used in this note to refer to a range of housing options built to assist older people with their accommodation and support needs in later life. Key features include individual dwellings with their own front door (whether for rent, sale or shared ownership), communal areas such as lounges and restaurants, scheme manager (or other types of support service) and varying levels of personal care and support.

#### Demographic Factors

The underlying demand for specialist housing for older people will be linked to Solihull's ageing population. Over the medium term there will be more frail older people aged with multiple and complex needs, increasing numbers of older people with dementia and increasing numbers of older people living alone. These factors will drive additional demand for specialist housing and for associated social care services, particularly among those aged 75 and over.

Research shows that multiple morbidities are the norm in those aged 65+ across countries where studies have been conducted, that the occurrence of multiple conditions and number of conditions rises with age and that a combination of factors including the ageing population and increasing levels of obesity mean that the numbers of individuals with multiple chronic conditions is rising<sup>10</sup>.

For instance a study of primary care patients in Scotland<sup>11</sup> found that among those aged 85+ 82% of patients had multiple conditions, with an average of 3.6 conditions per patient among this group. In addition the incidence of a mental health condition increased as the number of physical morbidities increased and among those from deprived neighbourhoods (i.e. those most likely to be eligible for funded social care).

This is consistent with recent trends that show that life expectancy at birth as well as life expectancy at aged 65 is rising at a faster rate than disability free life expectancy and healthy life expectancy. Despite the fact that there have been reductions in some disabling diseases and unhealthy behaviours (such as smoking) which have a beneficial impact on health expectancies there are signs that the prevalence of others, particularly diabetes and obesity, is still rising<sup>12</sup>.

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<sup>10</sup> Jan Hartmann et al, Providing Better Care at Lower Cost for Multimorbid Patients

<sup>11</sup> Karen Barnett et al, Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study; *The Lancet*, Volume 380, No. 9836, pg. 37-43, July 2012

<sup>12</sup> Carol Jagger, Trends in life expectancy and healthy life expectancy, Newcastle University Institute for Ageing and Institute of Health & Society, March 2015

## Population & Population Growth

ONS Mid 2016 population estimates show that there are 44,466 people aged 65+ in Solihull representing 21% of the population. This is above both the England and West Midlands averages (both 18%). Out of 152 upper tier Local Authorities in England Solihull has the 29<sup>th</sup> highest proportion of older people aged 65+.

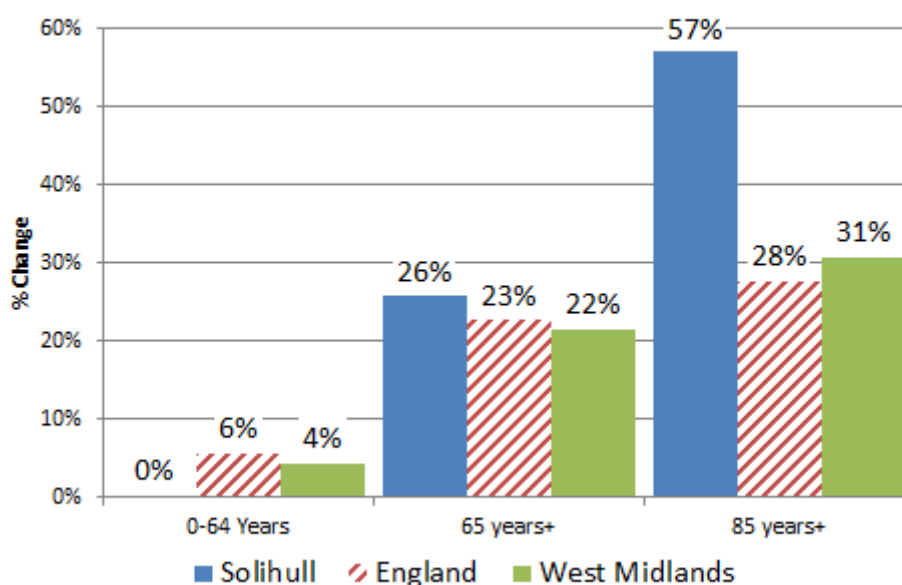
Of this older population there were 20,736 aged 75+ representing nearly 10% of the population, compared to 8% for both England and the West Midlands and 6,590 aged 85+ (3.1% compared to 2.4%).

	Solihull Count	% Population		
		Solihull	England	West Midlands
Age 65-74	23,730	11.2%	9.8%	10.0%
Age 75-84	14,146	6.7%	5.7%	5.9%
Age 85-84	4,176	2.0%	1.5%	1.5%
Age 85+	2,414	1.1%	0.9%	0.9%
All Age 65+	44,466	21.0%	17.9%	18.3%
All Age 75+	20,736	9.8%	8.1%	8.3%
All Age 85+	6,590	3.1%	2.4%	2.4%

Source: ONS Mid Year Population Estimates 2016

In the ten years 2006 to 2016 the number of Solihull residents aged 65+ increased by 26% (+9,100 individuals), compared to increases of 23% across England and 22% in the West Midlands. The increase in the 85+ population, at +57% (+2,400 individuals), is even more pronounced and significantly greater than the increases in England (+28%) and the West Midlands (+31%). By way of context, there was no population growth at all among the remainder of the Solihull population (those under the age of 65 years) between 2006 and 2016.

### Percentage Population Growth 2006-2016



Source: ONS Mid Year Population Estimates

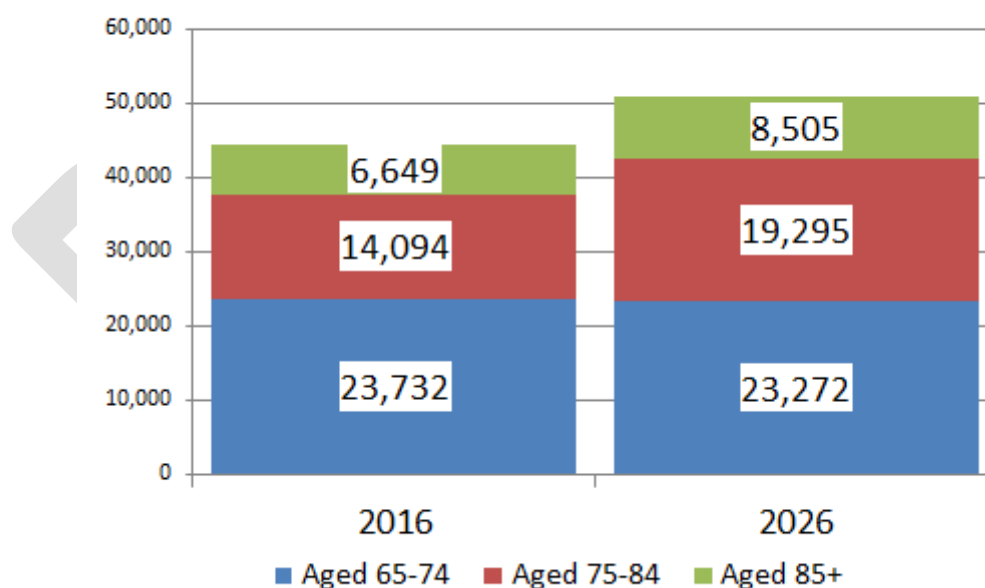


Population projections from the ONS show that the older population will continue to increase rapidly over the medium term, with this growth concentrated among those aged 75 and over. Between 2016 and 2026 the 65 to 74 population in Solihull is expected to fall slightly (-2%, -460 individuals), although this will be offset by increases of 37% (+5,201 individuals) among those aged 75-84 years and 28% (+1,856 individuals) among those aged 85+. By 2026 it is expected that those aged 75 and over will represent nearly one in eight of the Solihull population and those aged 85+ 4% of the total.

<b>Solihull Population Projections 2016-2026</b>						
	Population Count		Change 2016-2026		% Population Total	
	2016	2026	Count	%	2016	2026
Aged 65-69	12,878	12,730	-148	-1%	6.1%	5.7%
Aged 70-74	10,854	10,542	-312	-3%	5.1%	4.7%
Aged 75-79	7,961	10,969	3,008	38%	3.8%	4.9%
Aged 80-84	6,133	8,326	2,193	36%	2.9%	3.7%
Aged 85+	6,649	8,505	1,856	28%	3.1%	3.8%
All Aged 65-74	23,732	23,272	-460	-2%	11.2%	10.4%
All Aged 75+	20,743	27,800	7,057	34%	9.8%	12.4%

*Source: ONS Population Projections*

## Solihull Older Population 2016-2026



### Older Population Profile

Many older people who move home are forced into doing so by a crisis such as an unexpected loss of income, bereavement or severe health problems. The 2011 Census provides some evidence on the extent of Solihull's older population who may be vulnerable to such events.

At the time of the 2011 Census 30% of those aged 65+ in Solihull lived on their own (11,900 individuals), broadly in-line with the national and regional averages. Proportionally more lived in a pensioner couple (44% compared to 41% for England).

	Solihull Count	% Total		
		Solihull	England	West Midlands
Living Alone	11,924	30%	31%	31%
Pensioner Couple	17,604	44%	41%	42%
Communal Establishment	987	2%	3%	3%
Other Shared Household	9,081	23%	24%	25%
65+ Population	39,596			
<i>Source: ONS Census 2011</i>				

Data relating to the living arrangements of older people shows that up to the age of 80 the majority of older people in Solihull live in a couple, thereafter those living on their own as a result of being widowed become an increasingly significant factor. This is consistent with the pattern nationally.

	Solihull Living Arrangements % Total		
	Living in a couple	Living Alone - Widowed	Living Alone Other
Age 65 to 69	76%	10%	14%
Age 70 to 74	70%	17%	13%
Age 75 to 79	60%	29%	11%
Age 80 to 84	49%	42%	9%
Age 85+	28%	63%	8%
All Aged 75+	48%	42%	10%
All Aged 65+	61%	27%	12%
All Aged 75+	48%	42%	10%
<i>Source: ONS Census 2011</i>			

Of the 21,000 households in Solihull occupied by those aged 65 only 81% were owner occupied (67% owned outright, 6% owned with a mortgage) and 15% socially rented. Owner Occupation levels are much higher than nationally or regionally (both 73%). As with the rest of the country older people who live on their own are most likely to live in Social Housing (21% compared to 6% among pensioner couples).

	Solihull Households	% All Pensioner Only Households		
		Solihull	England	West Midlands
Owens Outright	15,881	76%	67%	69%
Owens with a Mortgage	1,162	6%	6%	5%
Shared ownership	92	0.4%	0.5%	0.5%
Socially rented	3,052	15%	20%	20%
Privately rented	524	3%	4%	4%
Living rent free	246	1%	2%	3%
All Pensioner Only Households	20,957			
<i>Source: ONS Census 2011</i>				

According to a recent national Shelter report<sup>13</sup>, older people tend to live in houses and only a small number live in flats as follows:

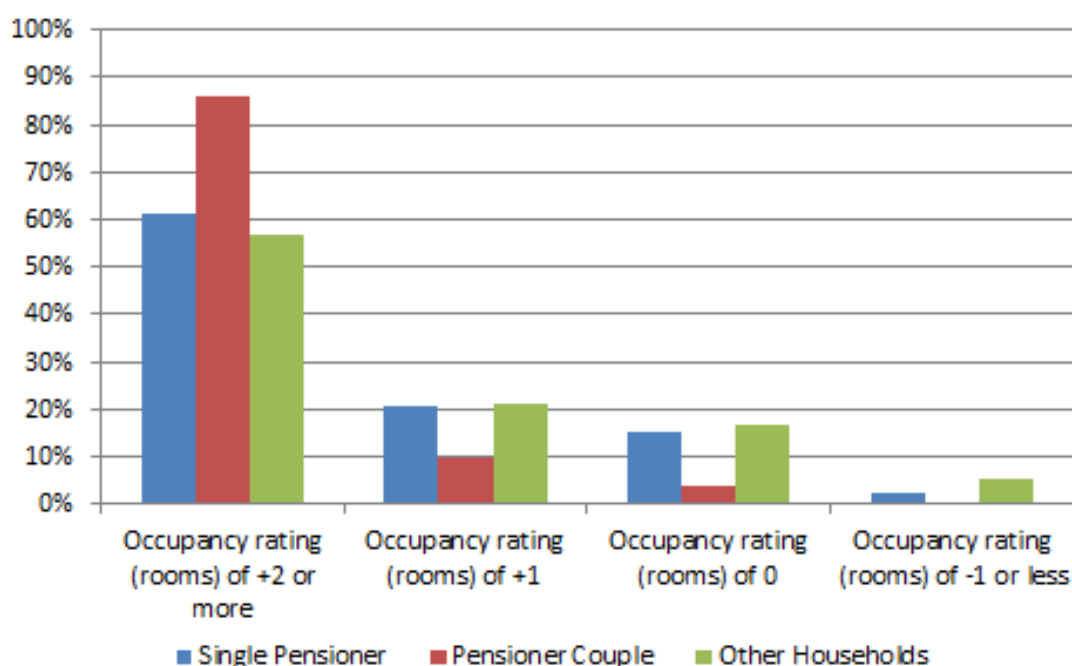
- 65% live in houses (detached, semi detached or terraced);
- 20% live in bungalows; and
- 16% live in flats.

In part this explains why levels of under-occupancy<sup>14</sup> is more common among pensioner households (particularly pensioner couples) than households occupied by working age people.

<sup>13</sup> Shelter (2012) A better fit? Creating housing choices for an ageing population. Accessed via: [shelter.org](http://shelter.org)

<sup>14</sup> The Census Occupancy Rating provides a measure of under-occupancy and over-crowding. For example a value of - 1 implies that there is one room too few and that there is overcrowding in the household. It relates the actual number of rooms to the number of rooms 'required' by the members of the household (based on an assessment of the relationship between household members, their ages and gender).

## Occupancy Rating in Solihull



Source: ONS Census 2011

14% Solihull residents aged 65+ describe their general health as bad or very bad (5,249 individuals), rising to 24% of all those aged 85+ (1,151 individuals). This is broadly in-line with the national average and below that for the West Midlands.

	Population with Bad/Very Bad Health			
	Solihull Count	% Total		
		Solihull	England	West Midlands
Age 65 to 74	2,116	10%	11%	12%
Age 75 to 84	1,982	15%	17%	19%
Age 85+	1,151	24%	23%	27%
Age 75+	3,133	17%	18%	21%
Age 65+	5,249	14%	14%	16%

Source: ONS Census 2011

24% Solihull residents aged 65+ say that their day to day activities are limited a lot by long-term ill health or disability (9,211 individuals), rising to 52% of all those aged 85+ (2,505 individuals). This is broadly in-line with the national average and below that for the West Midlands.

Day to Day Activities Limited a Lot by Long-term Ill Health or Disability				
	Solihull Count	% Total		
		Solihull	England	West Midlands
Age 65 to 74	3,037	15%	16%	18%
Age 75 to 84	3,669	28%	29%	32%
Age 85+	2,505	52%	52%	56%
Age 75+	6,174	34%	35%	38%
Age 65+	9,211	24%	25%	27%
<i>Source: ONS Census 2011</i>				

At the time of the 2011 Census over 5,900 Solihull residents aged 65+ identified themselves as having a caring role. This represents 15% of the 65+ population, broadly in-line with the England average. Significant numbers (2,196 individuals) of these older carers provide 50 hours or more per week.

Provision of Unpaid Care 65+ Population				
	Solihull Count	% Population 65+		
		Solihull	England	West Midlands
Provides no unpaid care	32,577	85%	86%	85%
Provides 1 to 19 hours unpaid care a week	3,053	8%	7%	7%
Provides 20 to 49 hours unpaid care a week	686	2%	2%	2%
Provides 50 or more hours unpaid care a week	2,196	6%	5%	6%
Provides Care Total	5,935	15%	14%	15%
<i>Source: ONS Census 2011</i>				

As the table below shows among those providing 50 hours of care or more per week are slightly more likely to report that their own health is either bad or very bad.

	General Health of Solihull Carers Aged 65+		
	Very good or good health	Fair health	Bad or very bad health
Provides no unpaid care	53%	33%	14%
Provides 1 to 19 hours unpaid care a week	63%	30%	7%
Provides 20 to 49 hours unpaid care a week	46%	41%	13%
Provides 50 or more hours unpaid care a week	39%	43%	18%
<i>Source: ONS Census 2011</i>			

Around 2,750 Solihull residents aged 65 and over claim Disability Living Allowance equating to a claimant rate of 6.2%. This is below both the England (7%) and the West Midlands (8%) averages. The DLA claimant rate falls among older age groups, with just 1.2% of those aged 85 in receipt of the benefit.

	<b>Disability Living Allowance</b>			
	Solihull Claimants	% Age Group Population		
		Solihull	England	West Midlands
Aged 65-69	550	4.3%	6.4%	7.0%
Aged 70-74	1,050	9.7%	10.1%	11.4%
Aged 75-79	630	7.9%	8.6%	10.2%
Aged 80-84	340	5.5%	6.2%	7.6%
Aged 85-89	150	3.6%	3.7%	4.5%
Aged 90+	30	1.2%	1.0%	1.0%
All Aged 65+	2,750	6.2%	7.2%	8.3%
All Aged 75+	1,150	5.5%	6.1%	7.4%
All Aged 85+	180	2.7%	2.7%	3.3%
<i>Source: DWP February 2017</i>				

5,644 Solihull residents aged 65 and over claim Attendance Allowance equating to a claimant rate of 12.7%. This is in-line with the England average but slightly below that for the West Midlands (13.5%). The DLA claimant rate rises among older age groups, with over 42% of those aged 85 in receipt of the benefit.

	<b>Attendance Allowance</b>			
	Solihull Claimants	% Age Group Population		
		Solihull	England	West Midlands
Aged 65-69	150	1.2%	1.5%	1.7%
Aged 70-74	523	4.8%	5.1%	5.4%
Aged 75-79	866	10.9%	11.3%	12.2%
Aged 80-84	1,295	21.0%	21.3%	23.8%
Aged 85-89	1,477	35.4%	35.2%	40.1%
Aged 90+	1,333	55.2%	52.4%	58.3%
All Aged 65+	5,644	12.7%	12.2%	13.5%
All Aged 75+	4,971	24.0%	23.3%	25.7%
All Aged 85+	2,810	42.6%	41.6%	46.7%
<i>Source: DWP February 2017</i>				

5,300 Solihull residents aged 65 and over were claiming pension credits in February 2017 representing 12% of state pensioners. This is below both the England (15.5%) and West Midland (16.9%) averages). As the table below shows the proportion claiming Pension Credits rises with age (21% of all aged 85+) and that for each aged band the Solihull rate is below the national average.

	Pension Credit Claimants			
	Solihull Claimants	% State Pension Recipients		
		Solihull	England	West Midlands
Aged 65-74	990	8.3%	11.7%	12.3%
Aged 75-84	1,070	9.4%	12.9%	13.5%
Aged 75-79	980	12.4%	15.6%	16.6%
Aged 80-84	860	13.8%	17.7%	20.0%
Aged 85-89	770	18.2%	22.7%	26.7%
Aged 90+	630	26.6%	32.1%	38.2%
All Aged 65+	5,300	12.0%	15.5%	16.9%
All Aged 75+	3,240	15.6%	19.4%	21.7%
All Aged 85+	1,400	21.2%	26.1%	30.8%

*Source: DWP February 2017*

### Projecting Care Needs in the Population

The Projecting Older People Population Information System (POPPI) provides a range of projections around the care needs of the older population in Solihull based on national prevalence rates and local population characteristics. These projections highlight the increasing numbers of people with health conditions that are likely to require some form of care, which combined with rising numbers of older people living alone and/or requiring some support arrangements will create significant pressures on social care provision. It also implies that the need for specialist housing for older people will increase.

The tables below show a range of health conditions, care requirements and circumstances that will contribute to the pressures on the care system and specialist housing demand in Solihull.

For instance, in 2017 it is estimated that around 5,900 Solihull residents aged 75+ are unable to manage at least one mobility activity<sup>15</sup>. By 2027 this number is expected to increase by more than 1,900. Similarly the number aged 75+ with dementia is expected to increase by 33% (+946 individuals) in this 10 year period with 13% of all those aged 75 and over subject to this condition in 2027.

	Solihull 75+ Population (Requiring Support Arrangements)			
	2027 Snapshot		Change 2017-2027	
	Total	% 75+ Population	Number	%
Living Alone	13,869	49%	3,408	33%
Unable to Manage a Mobility Task	7,842	28%	1,943	33%
Unable to Manage a Domestic Task	16,388	58%	4,102	33%
Unable to Manage a Self Care Activity	13,292	47%	3,296	33%
Continence (Regular Bladder Problem)	5,670	20%	1,427	34%
Fall in 12 month period	9,160	32%	2,342	34%
Hospital Admission due to Fall	1,036	4%	256	33%

*Source: POPPI*

<sup>15</sup> Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

	<b>Solihull 75+ Population (Health &amp; Care Conditions)</b>			
	<b>2027 Snapshot</b>		<b>Change 2017-2027</b>	
	<b>Total</b>	<b>% 75+ Population</b>	<b>Number</b>	<b>%</b>
People Whose Days to Day Activities Are Limited a Lot by Long Standing Illness/Disability	9,211	33%	2,266	33%
Dementia	3,801	13%	946	33%
Visual Impairment (Moderate/Severe)	1,346	5%	8	1%
Hearing Impairment (Severe)	4,013	14%	1,042	35%
Long Standing Health Condition due to Heart Attack	1,511	5%	388	35%
Long Standing Health Condition due to Stroke	769	3%	205	36%
Long Standing Health Condition due to Bronchitis/Emphysema	481	2%	126	35%
Diabetes	3,339	12%	850	34%
<i>Source: POPPI</i>				

### Demand for Specialist Housing for Older People in Solihull

There are a number of approaches to predicting demand for specialist accommodation for older people. The approach initially used here was adapted from the Strategic Housing for Older People Analysis Tool (SHOP) developed by the Housing Learning and Improvement Network (LIN)<sup>16</sup>. The toolkit applies national prevalence rates to the local population of older people to provide indicative levels of required provision by various forms of accommodation for older people. However, it should be noted that the approach does not take account of local policy or service developments or future changes in the health of the population and as such should be treated as a guide to future demand rather than a definitive prediction.

The table below shows the outputs from the Housing LIN SHOP tool for Solihull as predicted in November 2017. This compares the projected demand for specialist older people housing based on 2014 population estimates against the supply of specialist housing units in 2014<sup>17</sup>.

At this point in 2014 the Housing LIN SHOP tool estimated that Solihull had a requirement for just under 3,500 specialist housing units for older people and a supply just less than 1,700 specialist housing units available in the borough.

As a result, according to the Housing LIN SHOP tool, Solihull had around 1,800 fewer specialist housing units for older people than required for a population the size of Solihull - an under-supply of around 52%. This ranges from an under-supply in the number of extra care units of 87% (445 units) to an under-supply of 43% in sheltered housing (1,097 units).

<sup>16</sup> Accessed via: [Housing.LIN.org](http://Housing.LIN.org)

<sup>17</sup> Supply data is based on the Elderly Accommodation national housing database



	Solihull Demand 2014 <sup>^</sup>	Solihull Supply 2014	Difference	
			Units	%
<b>Sheltered Housing</b>	<b>2,550</b>	<b>1,453</b>	<b>-1,097</b>	<b>-43%</b>
For Rent	1,020	576	-444	-44%
Leasehold	1,530	877	-653	-43%
<b>Enhanced Sheltered</b>	<b>408</b>	<b>156</b>	<b>-252</b>	<b>-62%</b>
For Rent	41	15	-26	-63%
Leasehold	367	141	-226	-62%
<b>Extra Care</b>	<b>510</b>	<b>65</b>	<b>-445</b>	<b>-87%</b>
<b>Specialist Housing Total</b>	<b>3,468</b>	<b>1,674</b>	<b>-1,794</b>	<b>-52%</b>
<sup>^</sup> Demand – the demand figures are based on 2014 population estimates				
<sup>^</sup> Supply – the supply figures were based on 2014 figures				
Source: Strategic Housing for Older People Analysis Tool, Housing LIN				

The analysis below enhances this general approach by accounting for Solihull's specific health and care needs. This is based on the assumption that the health of older people will not be uniform across the country and that in less deprived communities a smaller proportion of those aged 75+ will have care needs than those in more deprived Local Authority areas.

In order to do this a basket of key health and care measures have been created with Solihull data compared to all other Local Authorities in the country. This is similar to the approach taken by Interactive Toolkits Ltd in developing their Housing Options for Older People Toolkit<sup>18</sup>. The health measures chosen to adjust the Housing LIN national prevalence rates are shown in the table below:

Measure	Source
% 75+ in Receipt of Disability Living Allowance	Department for Work & Pensions 2017
% 75+ with Limiting Long Term Illness or Disability	ONS Census 2011
% Single Pensioner Households	ONS Census 2011
Mortality Rate 65-74 year olds	NHS Digital 2012-2014
Income Deprived 65+ Population	Department of Communities & Local Government: Index of Multiple Deprivation 2015

As well as adjusting for Solihull's specific health and care needs the original Housing LIN model has been updated to 2017 based on more recent population data and up-to-date supply figures for the number of extra care units.

The adjusted specialist housing demand figures for Solihull in 2017 are in the table below. This estimates that Solihull currently has an under supply of 47% (-1,533 units) in all specialist housing for older people, ranging from a 78% (-468 units) shortfall in extra care units to 40% (-954) in sheltered housing.

<sup>18</sup> Accessed via: [interactivetoolkits.co.uk](http://interactivetoolkits.co.uk)

	Adjusted Solihull Demand 2017	Supply	Difference	
			Units	%
<b>Sheltered Housing</b>	<b>2,407</b>	<b>1,453</b>	<b>-954</b>	<b>-40%</b>
For Rent	802	576	-226	-28%
Leasehold	1,605	877	-728	-45%
<b>Enhanced Sheltered</b>	<b>267</b>	<b>156</b>	<b>-111</b>	<b>-42%</b>
For Rent	134	15	-119	-89%
Leasehold	134	141	+7	+5%
<b>Extra Care</b>	<b>602</b>	<b>134</b>	<b>-468</b>	<b>-78%</b>
<b>Specialist Housing Total</b>	<b>3,276</b>	<b>1,743</b>	<b>-1,533</b>	<b>-47%</b>
<i>Source: Solihull Observatory, Housing LIN</i>				

Sharp increases in Solihull's 75+ population over the next 10 years suggest that, if supply remains unchanged and there are no substantive changes in the health profile of the older population, that the gap between the underlying need for specialist housing and the number of available units will be significantly greater by 2027. Under this scenario, total undersupply of specialist housing will have increased to 61% (-2,704 units) by 2027.

	Adjusted Solihull Demand 2027	Supply	Difference	
			Units	%
<b>Sheltered Housing</b>	<b>3,267</b>	<b>1,453</b>	<b>-1,814</b>	<b>-56%</b>
For Rent	1,089	576	-513	-47%
Leasehold	2,178	877	-1,301	-60%
<b>Enhanced Sheltered</b>	<b>363</b>	<b>156</b>	<b>-207</b>	<b>-57%</b>
For Rent	182	15	-167	-92%
Leasehold	182	141	-41	-22%
<b>Extra Care</b>	<b>817</b>	<b>134</b>	<b>-683</b>	<b>-84%</b>
<b>Specialist Housing Total</b>	<b>4,447</b>	<b>1,743</b>	<b>-2,704</b>	<b>-61%</b>
<i>Source: Solihull Observatory, Housing LIN</i>				

However, since this analysis was undertaken, Solihull Council has become aware of a number of new schemes on the horizon, so commissioned a more detailed report from Housing LIN with the aim of having a more granular view of projections based on local geography, rather than simply a Borough wide view. This analysis<sup>19</sup> also takes account of the significant new service development in Solihull now expected in the next two years with planning consent, moving to planning consent or where it is considered very likely that the developments will come forward - see Appendix 3 (Pipeline Schemes). In view of this, a more up to date housing requirement for 2018- 2035 has been generated which suggests that in the short term there may actually be oversupply of housing with care by 2025 in south central locality (Shirley, Olton and St Alphege), although the need for further units is projected to rise again by 2035 – see Appendix 4 (Service Shortfall 2018-35).

## Conclusion

Population growth of this magnitude has significant implications in terms of health and care needs, demand for services and the future housing requirements of Solihull's older population. This is consistent with a range of projections from POPPI, which suggest that in the ten years 2017-2027:

<sup>19</sup> SHOP@Report Solihull. Housing LIN July 2018

- 3,400 more Solihull residents aged 75+ will be living alone;
- There will be over 900 more with dementia;
- The number needing help with self-care activities could increase by 3,300 and those with at least one mobility issue could rise by 1,900.

The weakness of this population based approach to quantifying likely housing demand is that even when adjusted for the relative health of Solihull's older population compared to other Local Authority areas it does not take into account people's aspirations as to what form of accommodation they would prefer.

It should also be noted that older people in Solihull are more likely to own their own home and are less likely to rent either privately or through a social landlord than across England as a whole. At the time of the 2011 Census, 81% of pensioner only households in Solihull were owner occupied (76% owned outright).

This relatively high level of home ownership, suggests that, on the whole, older people in Solihull are more likely to be able to afford and access a range of open market housing options.

In this context, any assessment of the future supply of specialist housing should form a part of the wider ambition to create a range of attractive housing options for older people. Options which include health and care needs but also encompass opportunities for downsizing (particularly as a large majority of Solihull pensioner households have multiple spare rooms) and equity release.

### Distribution of 75+ Population

Just under 12% of Solihull residents aged 75+ live in the three North Solihull wards of Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood (2,400 people), with 88% (18,200 people) in the rest of the borough.

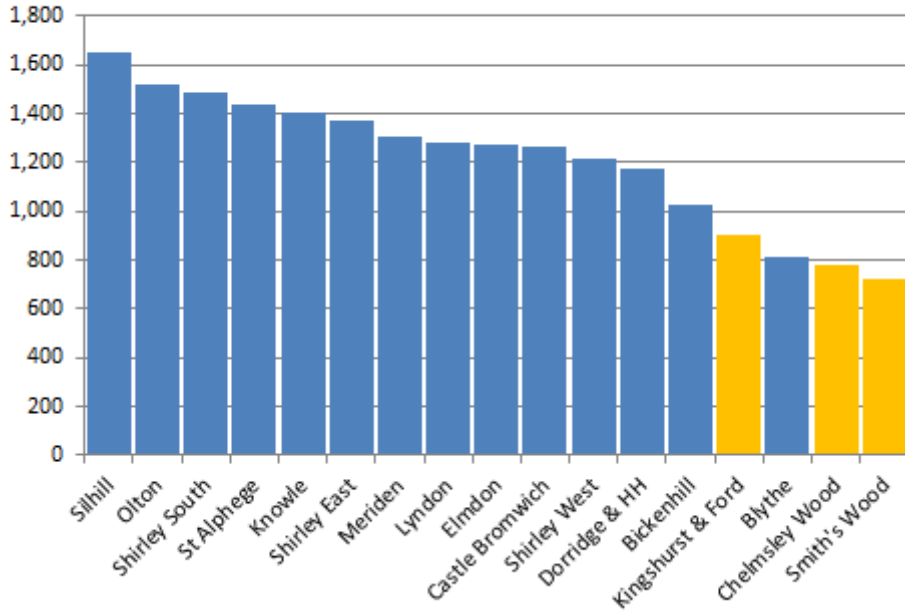
In North Solihull just 6% of the total population are aged 75+ compared to 11% of the total population in the rest of the borough.

At a ward more than 1,300 older people aged 75+ live in each of Silhill (1,650), Olton (1,520), Shirley South, St Alphege and Knowle. Fewer than 1,000 older people aged 75+ live in each of the three North Solihull Regeneration wards as well as Blythe in south Solihull.

At a ward more than 1,300 older people aged 75+ live in each of Silhill (1,650), Olton (1,520), Shirley South, St Alphege and Knowle. Fewer than 1,000 older people aged 75+ live in each of the three North Solihull Regeneration wards as well as Blythe in south Solihull.

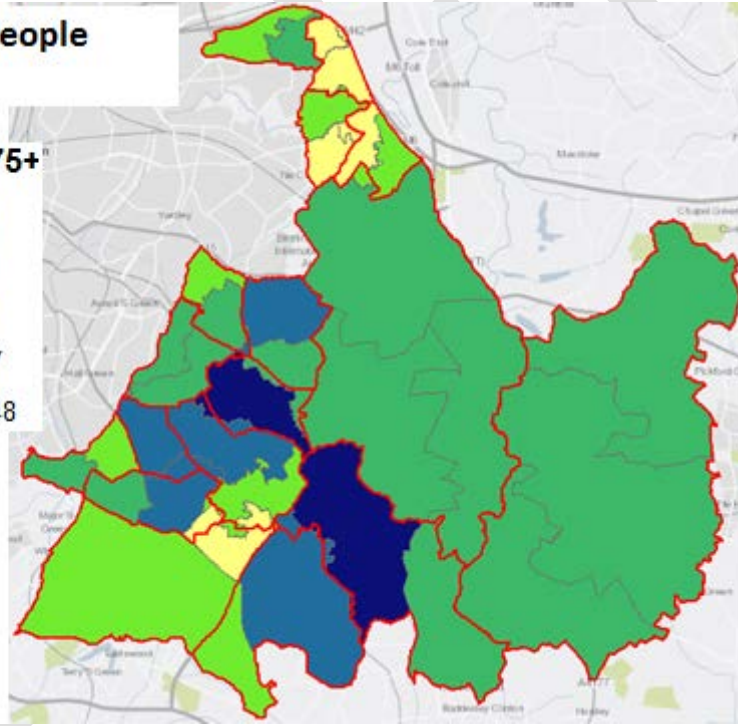
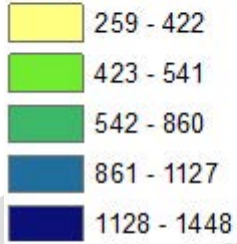
Population Aged 75+		
Ward	Count	% Total
North Solihull Wards		
Kingshurst & Fordbridge	902	7%
Chelmsley Wood	778	6%
Smith's Wood	718	6%
Rest of Borough Wards		
Silhill	1,651	13%
Olton	1,520	12%
Shirley South	1,488	12%
St Alphege	1,432	10%
Knowle	1,407	13%
Shirley East	1,371	11%
Meriden	1,308	11%
Lyndon	1,278	9%
Elmdon	1,272	10%
Castle Bromwich	1,265	11%
Shirley West	1,212	10%
Dorridge & Hockley Heath	1,176	11%
Bickenhill	1,024	8%
Blythe	809	6%
Totals		
North Solihull	2,398	6%
Rest of Borough	18,213	11%

# Number of People Aged 75+

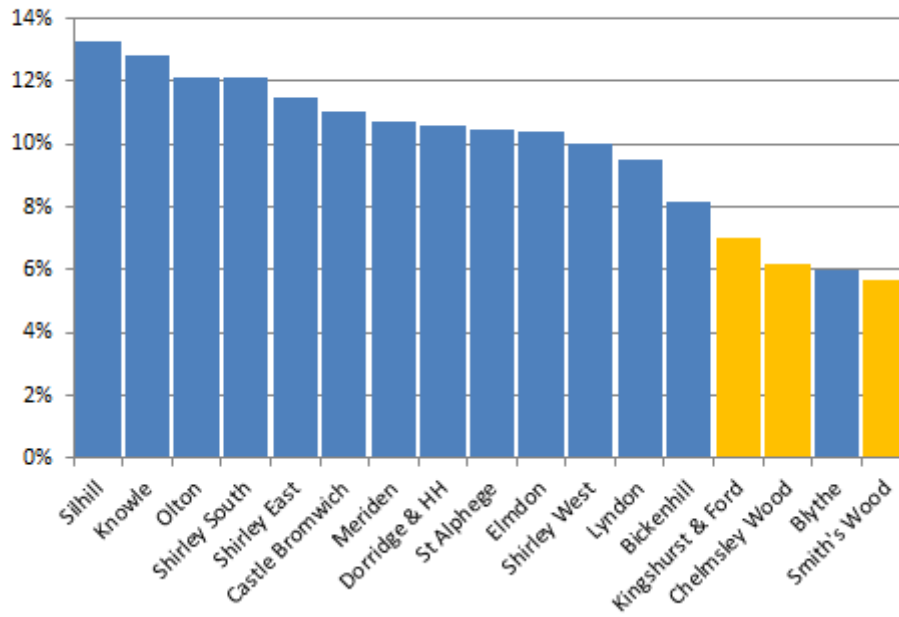


## Number of People Aged 75+

### People aged 75+

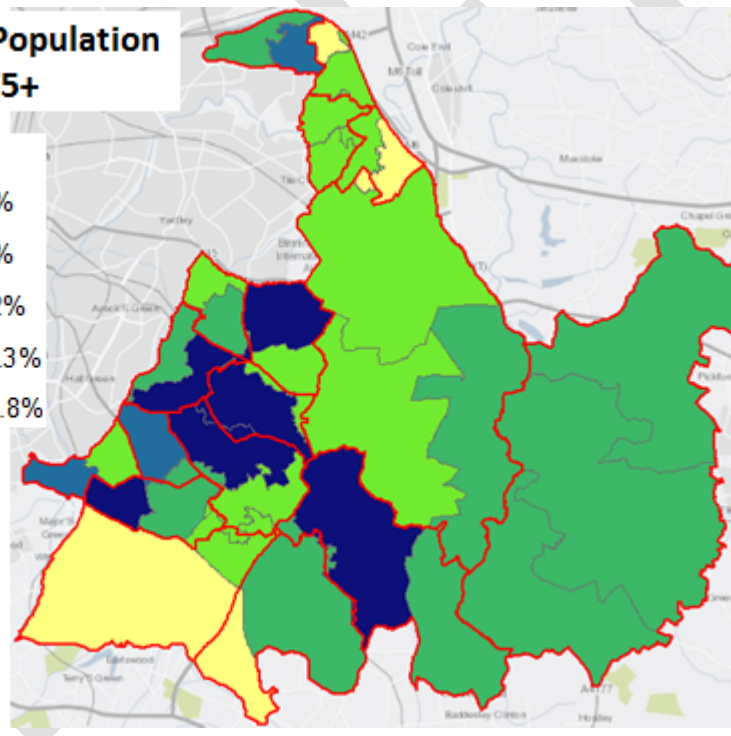
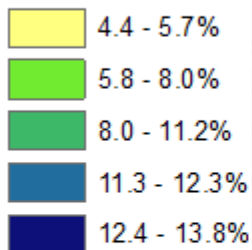


## Percentage of Population Aged 75+



### Percentage Population Aged 75+

#### % aged 75+



## Solihull ECH Pipeline Schemes (August 2018)

<b>EXTRA CARE SCHEMES</b>	<b>PLANNED NUMBER</b>	<b>TENURE</b>
Wyevale BICKENHILL	30	Leasehold sale
Saxon Court CHELMSLEY WOOD (now open)	51	Affordable Rent
ECCT SHIRLEY WEST	261	52 Affordable Rent; 104 shared ownership; 105 open market leasehold sale
The Green SHIRLEY WEST	66	Leasehold sale
Tudor Grange ST.ALPHEGE	44	Leasehold sale
Sunhaven SHIRLEY WEST	38	Affordable Rent
Olton	60	Affordable Rent

### SHOP@Report Solihull - Service Shortfall 2018 – 2035

The following tables subtract the future need from the current supply to calculate the future service shortfall. Negative numbers equates to oversupply.

Housing with Care and Housing with Support are split into public sector and private sector requirements in Tables 12.2 and 12.3

Table 12.1	Housing with Support Shortfall				
	2018	2020	2025	2030	2035
Rural & North Central	5	71	223	313	407
North	207	231	286	319	353
South Central	-42	4	109	171	236
<b>Total</b>	<b>170</b>	<b>306</b>	<b>619</b>	<b>803</b>	<b>995</b>
	Housing with Care Shortfall				
	2018	2020	2025	2030	2035
Rural & North Central	144	173	239	279	320
North	83	93	117	132	147
South Central	-450	-430	-384	-357	-329
<b>Total</b>	<b>-224</b>	<b>-164</b>	<b>-27</b>	<b>53</b>	<b>137</b>

Table 12.2	Public Sector: Housing with Support and Housing with Care Shortfall				
	Sheltered Shortfall				
	2018	2020	2025	2030	2035
Rural & North Central	127	142	162	143	117
North	206	220	248	257	264
South Central	63	74	87	74	56
<b>Total</b>	<b>396</b>	<b>436</b>	<b>498</b>	<b>474</b>	<b>436</b>
	Housing with Care Affordable				
	2018	2020	2025	2030	2035
Rural & North Central	119	126	135	126	115
North	56	62	75	78	81
South Central	-262	-257	-251	-257	-265
<b>Total</b>	<b>-86</b>	<b>-69</b>	<b>-42</b>	<b>-52</b>	<b>-69</b>

Table 12.3	Private Sector: Housing with Support and Housing with Care Shortfall				
	Retirement Housing Shortfall				
	2018	2020	2025	2030	2035
Rural & North Central	-123	-71	61	170	290
North	1	11	38	62	89
South Central	-105	-69	22	97	180
<b>Total</b>	<b>-226</b>	<b>-130</b>	<b>121</b>	<b>329</b>	<b>559</b>
	Housing with Care Leasehold Shortfall				
	2018	2020	2025	2030	2035
Rural & North Central	24	47	105	152	205
North	27	31	43	53	65
South Central	-189	-173	-133	-100	-64
<b>Total</b>	<b>-137</b>	<b>-95</b>	<b>14</b>	<b>105</b>	<b>206</b>