



Leicestershire Adult Social Care

Accommodation strategy for
older people 2016 – 2026



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Foreword:



**By Councillor Dave Houseman MBE,
Leicestershire County Council cabinet member for adult
social care**

A long-term adult social care accommodation strategy is very important for older people in Leicestershire.

Firstly, we have to recognise it takes time to change the range of support and accommodation available for local people so they can retain their independence for as long as possible.

Decisions about where older people live – or modifications they might make to their home – are best planned in advance, rather than at a time when pressures may abound. As a council, we also need to start planning and taking action

We have to celebrate the fact that people are living longer but there are challenges as a result of a growing older population. Latest figures show there will be an estimated increase from 59,900 to 94,400 of people aged over 75 years between 2015 and 2030 – that's an increase of 39.74 per cent at a time of reduced public sector resources.

It is hoped that this strategy will help start the debate locally to encourage people to plan for their later lives, to enable them to have more autonomy, choice and control in the way they manage their homes and be able to live the lives they want.

Retirement housing needs to be a positive choice which enables older people to feel part of the community they choose, and provide the lifestyle that supports their wider health and wellbeing.

Accommodation significantly impacts, positively or negatively, on people's wellbeing and is an integral part of the county council's social care assessment and support planning responsibilities under the Care Act 2014.

It is vital that advice and information is provided as to how people can reduce the risks associated with dementia, loneliness and reduced mobility.

There is support there through equipment and adaptations, assistive technology, warm home schemes, re-ablement and the right choice of accommodation which can help people to remain safe, active and independent.

For people who need more specialist accommodation, such as residential care or extra care housing, we need to ensure it is provided in ways that best meet people's needs and promotes independence.

We want to increase our provision of extra care housing. However, to be viable it needs to be a real alternative to either residential care, or for people who would otherwise be requiring large packages of support in the community.

We want to ensure people receive information about their options so they clearly understand what is best for them.

We will work with our district and borough council partners with a view to boost house building suitable for older people and secure accommodation that offers different options and tenures.

Prevention is at the heart of this strategy and we will strive to find new ways of managing the demands of an increasingly older population by finding ways to support the older people of Leicestershire to gain the most out of their later years.

Executive summary

This high level strategy reflects the Adult Social Care vision to prevent need, reduce need, delay need and meet the need for health and social care services. It considers the demands of an increasingly older population; the aspirations of older people; and considers cost effective models of accommodation alternatives to support the older population over the coming years. The strategy is intended to guide, co-ordinate and facilitate Adult Social Care's contribution to developing different types of accommodation support for older people.

As highlighted in the attached outline delivery plan (Appendix 4), although a number of key actions can be taken forward within Adult Social Care, success is absolutely dependent on further collaboration with partners. It is hoped that the strategy can be used to help inform and influence local plans.

The Care Act 2014 recognises the importance of accommodation in promoting an individual's wellbeing. It expects housing factors are part of the assessment and that the local authority takes account of the suitability of the persons living accommodation in meeting the individual's long term conditions and need for personal care and support. The Act identifies the requirements and the procedures where a local authority is responsible for meeting a person's care and support needs in relation to accommodation. Specific work regarding residential and nursing care provision is being undertaken and so is not dealt with in detail in this strategy. This strategy aims to identify alternatives to residential care to ensure that provision of residential care will be sustainable for those where it is the most appropriate option.

This strategy is not intended to be a 'housing strategy' where the perspective is housing based but given the important role housing plays in an individual's health and wellbeing, and therefore on their need for health and social care services, the strategy recognises the value of working in a preventative and integrated way with the housing sector, health partners, and the voluntary sector, to deliver a flexible and co-produced plan that achieves the required outcomes for partners and citizens. The implementation of this strategy intends to build on the many successful partnership approaches already delivered locally and provide further opportunities to develop approaches that not only meet the priorities of Adult Social Care, but can also support the delivery of joint local strategies such as the Sustainable Transformation Plan.

The successful delivery of this strategy will provide improved outcomes for older people by enabling more people to remain living in their home of choice, with greater levels of independence and reduced risk to their physical and emotional wellbeing, thus having an improved quality of life in their older age.

The development of this strategy involved a 12 week consultation with key partners and stakeholders, including focus groups and an on-line survey. The outcomes of the consultation reinforced the need to make sure that older people themselves are at the forefront of the housing debate. Having clear and accessible information and the opportunity to discuss options and what that means for them is vital to help people plan for their later life in a timely way, or be able to address the circumstances they already find themselves in. The strategy recognises that older people shouldn't feel obliged to move and there are many things that can be done to support independent living in general purpose housing, if this is the person's wish. However, the consultation has indicated that some people would want to downsize or move to more specialist retirement living if there were attractive and affordable options for them to move to.

It is clear that the delivery and promotion of Leicestershire County Council's Accommodation Strategy for Older People will require on-going multi-agency collaboration to achieve real change. The outline Delivery plan will be further developed in the coming months alongside key partners to ensure alignment with other key strategies and plans relating to older people's accommodation needs.

Introduction and background

Older people want the same as everyone else from their accommodation i.e. shelter, affordability, somewhere they feel safe and autonomous, have privacy, are able to relax and be with family and friends. In general they may want to feel part of a community and have accommodation that can give them a sense of financial security, pride and status. The exact expectation or reality of what that accommodation looks like, where it is located and how it is financed will vary but in the main people want to reside somewhere they feel they have choice and control to say “this is how I want to live and be treated in my own home”.

Older people may see remaining or ‘staying put’ in their current home as a sign of independence. It is important that older people are well informed about the various options that are open to them regarding accommodation when determining the best way to maximise independence and maintain health and wellbeing.

On average older people spend more time at home than other generations, making them more susceptible to the effects of poor-quality housing. According to Age UK¹, over-65s spend around 80 per cent of their time in their own homes, with over-80s spending 90 per cent of their time at home. Due to increasing life expectancy older people are now more likely than ever to be resident in housing that may not best meet their needs either due to the property size, design or the person’s ability to maintain. It is also more likely that families do not live locally, so may be less able to provide some of the practical support their older relatives may need.

Older people are especially vulnerable to loneliness and social isolation and it can have a serious effect on their health. According to Age UK, more than 2 million people in England over the age of 75 live alone, and more than a million older people say they go for over a month without speaking to a friend, neighbor or family member. People can become socially isolated for a variety of reasons, such as deteriorating health or mobility, no longer being the hub of their family, leaving the workplace or the deaths of spouses and friends. Insight work undertaken by the Frail Older People’s Work stream, as part of Leicester Leicestershire and Rutland’s Better Care Together Programme, has identified accommodation based support as a key factor in addressing loneliness and isolation.

Older people’s accommodation is a complex picture because there is no fixed definition of what constitutes ‘old age’, some older people’s housing schemes have entry criteria of 55 years of age but may have people living in them over the age of 100 years. People’s choice of accommodation varies significantly and can be determined by personal circumstances or attachment to a property or community, rather than purely practical decisions which considers both current and future needs such as health, accessibility, running and maintenance costs. Older people therefore sometimes find themselves having to make decisions about their accommodation at a time of crisis, rather than in a planned way.

The scope of this strategy is in connection to the statutory responsibilities of the County Council to meet the wellbeing and social care needs of older people with either a physical or mental impairment, to enable them to achieve specified outcomes such as maintaining personal hygiene and a habitable home environment. The approach is to work in a preventative way with partner agencies, to consider how the accommodation people live in and the practical housing support available can help people to live independent, active lives for longer.

This strategy is being developed at a time of unprecedented reduction in public expenditure. It is vital that cost effective ways to enable older people to maintain/adapt their accommodation or move to more suitable accommodation where they can maximise their independence are developed.

¹ Age UK Housing in Later Life, 2014

Legislative and Strategic Drivers

The Council is committed to the principles of the Care Act² 2014, including personalisation (i.e. enabling older people to exercise control over how they are supported and cared for), prevention, promoting wellbeing and integration.

This strategy recognises that Leicestershire County Council (LCC) and its service providers must ensure that:

- The county council serves a diverse population.
- Everyone should have access to the resources and facilities which the county council commissions.
- Full account is taken of people's views and expectations when designing and delivering services.
- Resources are distributed in such a way as to ensure that equality of access and opportunity is maintained as a priority and a right.
- The County Council will, when necessary, target delivery of services to individuals and groups;
- The Council fulfils its responsibilities, as required by the Care Act, for market shaping and sustainability and ensuring the market reflects a strong local focus.
- The needs of carers and the importance of advocacy are recognised.

The Care Act states that the local authority must take into account the suitability of living accommodation in meeting individuals long term conditions and need for personal care and support and expects that housing factors are part of all assessments. If a person has been assessed as requiring a certain type of accommodation to meet their needs, then they have the right to the choice of options available for that type of accommodation. If that choice is out of the local authority's area the responsibility for meeting that person's needs still remains with the 'placing authority'. This principle does not apply where the person moves to accommodation in a different area of their own volition without the local authority making the arrangements.

The Care Act established the universal deferred payment scheme, which means that people can delay selling their house to pay for their care at a point of crisis or during the transition into care. Leicestershire County Council already had these arrangements in place.

The National Dementia Strategy³ identifies the importance of providing housing and housing support options for people with dementia and their carers. Housing should be part of a jointly commissioned strategy, including assistive technology and other health and social care support that deliver improved outcomes and end of life care for people with dementia.

If people living in residential care or supported living (including extra care) and in some cases in their own home, lacks mental capacity and are being deprived of their liberty, through continuous supervision and control and are not free to leave, a Deprivation of Liberty has to be authorised. This is to ensure they are looked after in a way that is in their best interest and does not inappropriately restrict their freedom.

² Statutory guidance to support local authorities implement the Care Act 2014

³ The National Dementia Strategy, 2009

Equality and diversity considerations are also important when considering accommodation needs. As the composition of the older population diversifies in terms of interests, ethnicity, marital status, living arrangements, religion, it may become more challenging to provide environments that will meet everyone's preferences but every effort should be made to help address people's preferences, for example the inclusion of multi-faith prayer rooms in shared accommodation.

The Better Care fund (BCF) is required to achieve specific performance measures in relation to avoiding admissions to hospital and residential care, preventing delayed transfers of care, preventing readmissions to hospital for people discharged from hospital and undergoing reablement, reducing injuries in people over 65 years as a result of a fall and improving the customers experience.

There is a strong recognition locally of the value of joint initiatives between District and Borough councils, health and social care to achieve these measures. Specific housing related schemes have been piloted under the 'umbrella' of the Lightbulb Project funded through the BCF. Pilot projects focusing on adaptation processes across the County and districts, improving self- help options through advice and information, exploring opportunities for smarter procurement, targeting housing support services to link with primary and secondary health services have started to build a strong evidence base around the contribution housing can make to the wider health and care economy. A small Hospital Housing Enablement team have been very effective in quickly addressing housing related issue that could have delayed discharges from hospital.

Leicestershire District Councils 'Housing Offer for Health and Wellbeing Report'⁴ describes the 'Housing Offer' that Leicestershire's district and borough councils can contribute to the delivery of the local Health and Wellbeing Strategy's objectives and includes a range of support for older people.

Lightbulb is a partnership programme supported by the seven District Councils, health partners and the County Council to bring together a range of practical housing support into a single point of access or referral. A business plan has now been produced to establish this way of working going forward and will form a key part of the delivery of this strategy.

⁴ Leicestershire District Councils 'Housing Offer for Health and Wellbeing Report', September 2013, by Domini Gunn and Trish Nixon

Current demand and supply of accommodation for older people in Leicestershire

The older person population of Leicestershire is projected to increase significantly up until 2036. The Leicestershire Joint Strategic Needs Assessment (JSNA) predicted that between 2015 and 2030 the number of people aged over 75 years is expected to increase by 39.74% (from 59,900 in 2015 to 94,400 in 2030).

Pensioner households make up between 21% and 25.7% of all households in the various districts of Leicestershire.

See appendix 1 (page 28) for projected demographic information.

Accommodation that older people occupy includes;

- General purpose housing
- Lifetime homes
- Sheltered/retirement schemes
- Homeshare schemes
- Shared Lives Services
- Extra Care housing
- Residential and nursing care

For further descriptions and details of local supply please see appendix 2 Page 29)

There is a need for local data to evidence the need for different types and tenures of accommodation in relation to the forecasted demographic changes to inform planning and policies. Leicester and Leicestershire Housing and Economic Development Needs Analysis (HEDNA) 2016 is currently being prepared that will help to identify the areas of Leicestershire where there are higher numbers of older people and predicted changes in supply and demand for older person's accommodation. Current data available is from the Strategic Housing Market Analysis (SHMA) 2014.

Age is used as an indicator for modelling services, however it must be noted that age does not necessarily correlate to health and wellbeing status, the need for support or the cost to the public purse. The majority of older people are able to live healthily and independently in general purpose housing without the need for moving or specialist adaptations. However, for some people their accommodation will either positively or negatively impact on them as they experience the natural effects of ageing, long term health conditions or acute illnesses.

Consideration is also being given to the accommodation needs of working aged adults who have long term health conditions, including physical and mental health conditions and learning disabilities. Although outside of the scope of this strategy, ensuring alignment with accommodation developments relating to those of working age will be key.

The majority of the current older generation in Leicestershire are owner occupiers.

Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011 (SHMA 2014)

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	85.04%	81.63%	72.11%
Rented from council	6.80%	8.65%	13.44%
Other social rented	3.47%	4.50%	7.06%
Private rented or living rent free	4.70%	5.22%	7.38%

The data available does not show the numbers of older people who have moved to live with families or are sharing properties with family and friends, either intergenerational or from the same generation. It is also difficult to identify older people living in the private rented sector.

A toolkit has been developed by Housing Learning and Information Network(Lin), in association with the Elderly Accommodation Council (EAC) and endorsed by the Department of Health, to identify potential demand for different types of specialist housing for older people and model future range of housing and care provision.

The definitions of these 3 types of housing has been defined by the Housing Lin is as follows;

Sheltered Housing; where some form of scheme manager (warden) service is provided on site on a regular basis but where no registered personal care is provided. An on-call service only does not qualify. In most schemes there will be some shared facilities such as a resident's lounge and possibly a laundry and garden.

Enhanced Sheltered Housing; Staffing provision is higher than for sheltered and there may be additional shared facilities and some meal provision but below extra care provision.

Extra Care Housing; Registered personal care is provided 24/7

The toolkit suggests per thousand people over 75 years there should be:

125 x conventional sheltered housing properties

20 x enhanced' sheltered housing properties

25 x extra care properties

This equates to 170 specialist units per thousand people over 75.

The analysis below shows there to be a total of 91 specialist units per 1,000 people aged 75 and over in Leicestershire in 2012⁵

Locality	Affordable	Market	Total	Supply Per 1,000 aged 75+
Blaby	900	34	934	120
Charnwood	802	352	1,154	88
Harborough	517	349	866	120
Hinckley & Bosworth	479	191	670	76
Melton	298	21	319	74
NW Leicestershire	411	85	496	68
Oadby & Wigston	264	211	475	85
Leicestershire	3,671	1,243	4,914	91

⁵ Strategic Housing Market Analysis (SHMA)2014.

Local searches have identified the following privately owned (market) retirement property in Leicestershire, some of which have been built since 2012;

	Schemes	Individual Units
Age Exclusive- Alarm only	14	348
Sheltered -Visiting warden	17	682
Enhanced Sheltered - On site warden	20	683
Extra care housing with 24/7 care	3	215
Total	54	1928

The Geographical Spread of identified Private Retirement Properties in Leicestershire by Area is as follows;

Blaby	7	260
Charnwood	12	398
Harborough	12	434
Hinckley	9	448
NWL	4	117
Melton	3	81
O & W	7	190
Total	54	1928

Along with housing partners work is required to have a common understanding of definitions so that there is a consistent understanding of what can be expected to be provided in different categories across Leicestershire. This could be extended to also make the description of the accessibility standards provided clearer. This would mean that when discussing provision with developers or with potential tenants there would be greater clarity.

There are many more sheltered housing schemes around the County than Extra Care schemes. Some districts have reviewed their sheltered housing provision and undertaken a refurbishment and/or decommissioning programme; however some schemes still provide outdated facilities that do not meet the required current space and accessibility standards and lack facilities, on-site support and have minimal social activities for meeting the needs and aspirations of current older people. Local experience indicates that current conventional sheltered housing stock is often difficult to fill.

Some districts have a significant number of properties that have adaptations or are supported by lifelines, assistive technology and 'warden' services that would make them suitable for older people but they are officially classified as 'general needs'. Some districts have extended their lifeline and support service to non-council tenants. There is an opportunity to further enhance the use of assistive technology within specialist accommodation and general needs accommodation.

As the criteria for moving into sheltered housing is generally only based on age there are often people within the scheme who are able and willing to support some of the less able residents. Encouraging tenants 'sense of community' should be promoted.

During the development of the strategy engagement was undertaken with Strategic Housing Officers who identified that there are a number of under-utilised older persons housing schemes across the County that could provide opportunities for meeting the needs of the increasing older population. The Districts and boroughs are already working with developers to bring forward developments for extra care/ retirement housing, where it meets identified need, in line with their Core Strategy policies.

The roles and responsibilities for leadership, quantifying the demand for different types of housing, future investment (capital and land transfer) and attracting and agreeing development needs to be determined between the County Council and the District and Borough Councils at a senior level. The local knowledge of the districts and boroughs is essential but a county wide approach is needed so that officers can work together to shape facilities. Adult social care needs to work closely with policy officers in strategic planning and economic growth departments within the County Council to ensure this strategy influences planning policies and decisions for the benefit of our service users.

Residential Care

Nationally residential care living is reported to account for approximately 4% of over 65 year olds⁶. Based on the figure of there being 134,000 people over 65 years in Leicestershire and there currently being 180 Care Homes registered with the CQC in Leicestershire, totaling 4,818 beds, this equates to 3.6% if all available beds are occupied. The Adult Social Care Outcomes Framework (ASCOF) shows that permanent local authority commissioned admissions to residential care has been decreasing in Leicestershire, despite the increasing older population. Residential care is an expensive resource for individuals and for the local authority. Research suggests that in many cases older people would prefer alternative options to residential care. It is therefore important to ensure alternative approaches and options are found.

Permanent admissions to residential care of people over 65 per 100,00 population - Leicestershire	2012/13	2013/14	2014/15	2015/16
	798.1	756.2	711.8	593.6

Bottom national quartile = 768.2, Average national quartile = 631.0, Top national quartile = 513.3

The market position statement produced by Leicestershire County Council identifies that of the 180 Care Homes registered with the Care Quality Commission in Leicestershire (total of 4,818 beds); 151 are registered as residential care, (3,297 beds) and 29 are registered as nursing homes (1,521 beds). The market position statement shows the spread of homes are in the following districts;

Locality	Number of residential homes	Total number of residential beds	Number of nursing homes	Total number of nursing beds
Blaby	21	426	3	137
Charnwood	47	831	10	489
Harborough	14	354	3	246
Hinckley & Bosworth	27	615	3	159
Melton	9	276	1	61
NW Leicestershire	19	376	5	234
Oadby & Wigston	14	383	4	195
Total	151	3,297	29	1,521

⁶ Homes and ageing in England, Helen Garrett and Selina Burris, Building Research Establishment ref Source ONS 2011

A survey carried out by Leicestershire County Council in September 2015 identified that the homes were running at between 90 to 95% occupancy. This includes a mixture of self- funded places and places commissioned by health and social care.

The population in care homes are predominantly aged over 75. Charnwood has the largest growth in its population aged 75 and over. However, in percentage terms the largest growth, between 2011 to 2036, is projected to be in Harborough (126%), Melton (111%) and North West Leicestershire (110%)⁷.

Specific work regarding residential care provision is being undertaken and so is not dealt with further in this strategy.

⁷ Strategic Housing Market Analysis (SHMA) 2014.

Local Research and Consultation

The research and consultation undertaken as part of developing this strategy indicated that the level of familiarity with different types of housing related support is variable and more information is needed. Respondents stated they would be most likely to use search engines such as Google, Yahoo or Bing or go to family and friends as well as council websites if they needed more information about how to improve theirs or their families' home environment. However it was also highlighted that although many are, the perception was that not all older people have access to or are familiar with using the internet. Respondents indicated that making sure information is available to families, the development of wider community support networks and more staff being able to provide advice on housing support would help people plan for older age. Some Parish Councils are already actively offering assistance through e.g. Libraries, parish newsletters, 'village watch' etc and showed an interest in doing more.

Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership. Respondents to the consultation said that help to understand legal jargon and financial information is needed.

Respondents suggested a proactive and direct approach to encouraging people to plan for later life whilst recognising that many people have the capabilities to manage their own decisions. The consultation showed that there is confusion about where to get information and advice and a 'one stop shop' was suggested. People identified estate agents, GP surgeries, patient participation groups and chemists as opportunities for providing more proactive advice and information about housing issues and planning for later life. Retirement classes and community groups such as U3A (university of the third age) and other charity and voluntary organisations were suggested as being able to be ambassadors for sharing information.

The consultation highlighted that information and support regarding housing related support and housing options does need to be available to people at times of crisis as sometimes, even if the person has tried to plan for their later life, circumstances can sometimes happen that means the person still needs to make further changes.

Discussion at the focus groups identified that although people value their privacy social contact is important. People's aspirations are changing and voluntary and community sector groups need to offer something different to traditional services, seen as being 'for older people' and activities that link older people to the wider community and offer choice are valued.

Residents consulted with from existing sheltered schemes identified that as the cost of private rented properties has increased they think the cost of living in sheltered accommodation has become more attractive. They said that they would like some of the properties to have a more modern feel and title as people think they are living in a residential home and the décor in some schemes is very dated. They highlighted the need for regular activities that are open to the wider community as well as the tenants. They identified requirements for things like space for scooters as older people are now frequently using them to get about.

Some residents groups are already organising activities such as outings, falls prevention and exercise groups, walking groups, film nights, etc The schemes are supported to be self-sustaining but can be facilitated by the voluntary sector or the local district/borough council leisure services or housing support services to make the schemes more vibrant and attractive to let and to enhance the quality of life of the tenants. Residents in the focus group commented that they have had experience of feeling 'told off' for helping fellow tenants e.g. when providing a meal for someone.

Feedback from the consultation highlighted that loneliness; isolation; transport; maintaining the home and dementia are issues that people feel needed to be considered.

The focus groups indicated people's aspirations were often to remain in their current home for as long as possible and put off considering alternatives. People were afraid that if they identified they were 'struggling' families or professionals would think they 'needed to go into a home'. They were also fearful of losing money or assets they had worked hard for.

It was noted during the consultation that going forward the value of people's pensions may not be as much as some had anticipated and some are drawing down on their pensions to pay off mortgages and other loans. This will have an impact on their accommodation options.

The practicalities of moving can be a barrier to people wanting to move. People responding to the survey were generally supportive of suggestions including;

- Part exchange or bridging loans
- Help with independent legal/financial advice
- Well-designed properties, including bathrooms and kitchens to meet specific mobility needs
- Inclusion of 'smart home' features e.g. easy-to-use controls, including heating controls, electric door and window openers, remote controlled curtains, motion activated night lighting
- Help with removals, moving phone, utilities, 'decluttering' previous property and explanation of the controls and appliances on day of move and follow-up support if needed.
- Handyman shortly after the move to fit e.g. grab rails to suit the individual's needs, rather than providing a standard set of fittings
- Providing accommodation that has communal spaces to act as health and social hubs for the residents and the wider local community.
- Clearly advertised and transparent information from the outset about exit fees, event fees or buy back options, with details provided in the purchasers pack in line with Standards for retirement communities September 2015 provided by the Association of Retirement Community Operators (ARCO)

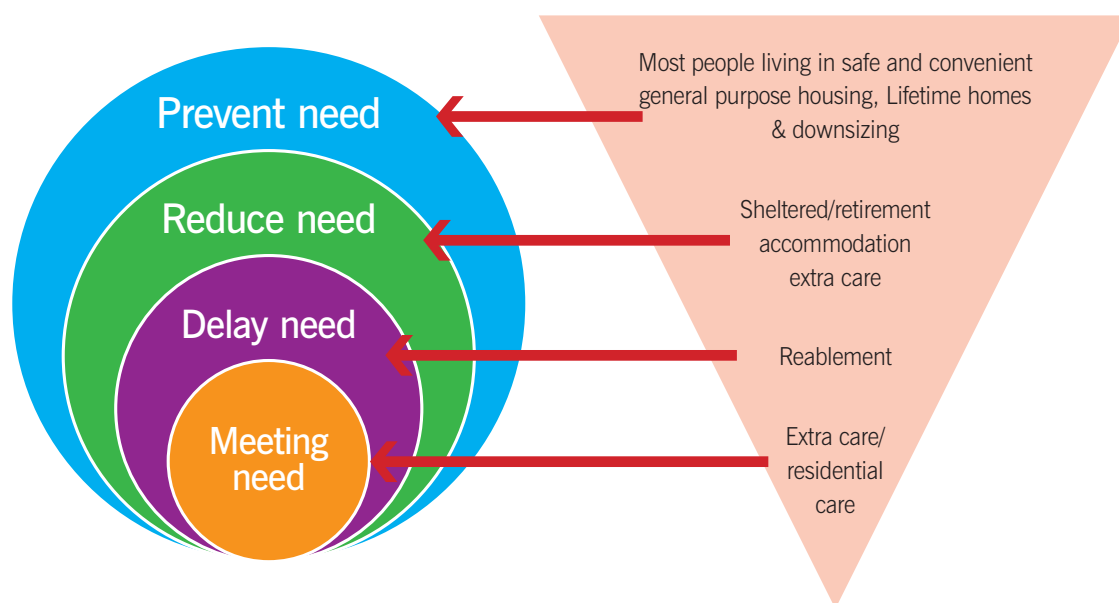
One respondent said the suggestions "shows an understanding of the stresses and worries felt by older people when they have to make a major move".

Extra care housing was a particular focus of the consultation. There was a high level of support for this type of provision and numerous examples of positive outcomes achieved for individuals. It was evident that many people did not understand the unique nature of extra care, to provide self-contained accommodation and provision of care and support that is available 24 hours per day, unless they had personal experience of it.

The feedback from the consultation suggested people would like to see stricter planning regulation in terms of the provision of a mix of housing in new developments which includes bungalows and restrictions on buy to let.

Leicestershire Adult Social Care Strategic Approach

Leicestershire's Adult Social Care Strategy is the proposed plan for the next four years to put in place a new, more cost-effective approach to delivering adult social care. The model, which is a 'layered' approach (see diagram below) will meet our obligations under the Care Act 2014 and is designed to ensure that people can get the right level and type of support, at the right time. This strategy looks at how, by working with partner agencies, our approach to housing for our older population can contribute to achieving the change required. There is clearly overlap and accommodation related services can contribute in different ways to prevent, reduce, delay and meet need.



Each domain will now be examined in turn with specific consideration of the accommodation need of older people.

Prevent need

People are able to make informed choices about their present/ future accommodation needs to maintain good health and wellbeing

The Chartered Institute for Housing and other representatives from the housing sector have worked with the key NHS and social care bodies to produce a Memorandum of Understanding (MoU)⁸ to aid the integration of housing, health and care. The MoU demonstrates to the health sector the central role of the home and related support services in improving the health and promoting the wellbeing of tenants and residents. It identifies key features of the right home environment (both permanent and temporary) are:

- It is warm and affordable to heat;
- It is free from hazards, safe from harm and promotes a sense of security;
- It enables movement around the home and is accessible, including to visitors;
- There is support from others if needed.

⁸ Memorandum of Understanding(MoU) to support joint action on improving health through the home Dec 2014

Advice and information

Providing co-ordinated advice and information to the whole population about making homes safe and convenient and supporting people to plan for their future needs, will enable older people to remain independent and within their chosen community.

Whilst social care practitioners would not be expected to deal with housing issues per se it is important that professionals across health and social care consider the impact of housing issues on the person's current or future wellbeing. More front line workers need to be supported to understand what accommodations options are available locally and who to contact so that the range of alternatives that are appropriate to meet people's needs is fully considered with the person.

Housing support services such as advice and information services, housing options advisors, in-reach housing support into hospitals and primary care services can help people to cope with issues relating to their tenancy and keeping their homes warm and in good repair that could be causing them emotional stress or practical difficulties. People need opportunities to talk about their worries and options as well as just receiving information. A project, run by the Bridge in Loughborough, to provide specialist advice and advocacy for people over the age of 60 years and practical support to access appropriate housing has resulted in better utilisation of social housing stock within Leicestershire and has helped improve the knowledge of local adult social care teams.

Ensuring people have access to independent advice, including independent financial advice, to enable them to make informed decisions is vital.

Developing a sense of community and neighbourhood support

A study commissioned by the Leicestershire Housing Partnership undertaken by SITRA recommended a focus on improving the local environment to support older people. Focusing on the communities' strengths, assets, skills and aspirations to deliver the services the community want and support. The Local Area Co-ordinator programme, being developed by Public Health, and the multiagency Community Hub pathway work aims to achieve this.

A report entitled 'Living well in old age – Supporting mental health and wellbeing in later life'⁹ describes the importance for older people to have opportunities to contribute to their local community, as well as receive support from the community if required, and opportunities to expand networks and develop new trusted friendships.

Social prescribing describes a means of enabling primary care services to refer people with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary or community sector, to help people adopt healthier lifestyles or improve social aspects of their lives. First Contact Plus is the service championing this work by co-ordinating and helping people to navigate support available.

Adaptations and Equipment

Older people's housing needs can mostly be accommodated through simple alterations to their current homes such as modernising heating systems, good home maintenance, handrails, raised sockets, easy reach storage areas, low maintenance gardens, good lighting, raised toilet seats, walking aids, bath hoists, replacing baths with showers. Design guides and 'trusted contractors' who understand the needs of older people could be developed.

⁹ Living well in old age – supporting mental health and wellbeing in later life. Kings College London, Meredith Fendt-Newlin et al

Telecare, telehealth and other assistive technology systems that alert an individual, a carer or a call centre through alarms and sensors can be adapted to suit each individual within their own home as part of their care needs assessment regardless of accommodation type and tenure. Assistive technologies can include helpful devices such as medication reminders, property exit or movement sensors and flood detectors (for those with low level dementia), falls detectors and environmental control systems for those with mobility difficulties and health monitoring systems for those with long term conditions. Evidence relating to the cost effectiveness of assistive technology is still limited but it is generally considered that, if delivered in a preventative way, telecare and telehealth can substantially reduce mortality, reduce the need for admissions to hospital, lower the number of bed days spent in hospital and reduce the time spent in Accident & Emergency.

Accommodation Choice

Working with housing partners to facilitate increased availability of Lifetime homes and bungalows will result in people having homes that can meet their needs as they get older and experience changes to their health and social circumstances, so delaying the need for them to move to alternative accommodation. A number of neighbourhood plans have identified a need for suitable older people's accommodation in their area. It was suggested that social care professionals could be used as consultants on planning applications for older person's schemes.

A study of 1,500 people over 60 years in 2013 showed over half are interested in moving¹⁰ (88% of those who didn't was because they felt their current accommodation already suited their needs). The study showed more people were interested in downsizing than in purchasing specialised property.

Downsizing can be attractive to individuals as a way of cutting outgoings and releasing funds to help them enjoy a more comfortable retirement and prevent difficulties with home maintenance, heating a large property etc. Older people also recognise the benefit of freeing up accommodation for the younger generations they care about.

A survey carried out among retireeasy.co.uk subscribers, found the average age at which people envisage downsizing is 65. However it needs to be recognised that when considering downsizing many older people may still want access to a garden, keep pets etc. Two bedrooms appeared to be the preferred choice, providing space for family, carers, storage, hobbies or separate bedrooms for a couple. Bungalows were found to be very popular with older people downsizing but it is clear that there remains an inadequate supply and consequently increases prices. District and Borough Council strategies will be considering providing bungalows in locations where a specific demand for bungalows can be established and bungalows on smaller plot sizes may make them more affordable to provide and afford. Working with developers to understand the issues for them would also help.

The practicalities of moving can be a barrier to people wanting to move and a number of opportunities to overcome this, including bridging loans, help with removals and inclusion of shared space to host social events and dedicated parking features are more likely to encourage people to consider it.

For those who do downsize a forced move, either due to rules being imposed by a housing provider or because of a life event such as illness or bereavement, is likely to have a negative impact on older people's health and wellbeing. A voluntary and planned move will be far more likely to improve the person's wellbeing and sense of choice and control.

¹⁰ The top of the Ladder, Wood 2013.

The equity release market is reported to have hit an all-time high supporting the development of high-quality residential developments for older people¹¹. However Elderly Accommodation Counsel (EAC) findings¹² shows some owners may want to relinquish the responsibility and move into rented property as they grow older but that people are wary of leaseholds and service charges. (See appendix 3, page 32 for further details)

At present;

The importance of the home environment in supporting good health and wellbeing is not as well understood as it could be within adult social care and clear information and advice about what people can do for themselves is not readily available within teams to be able to share with service users.

We will;

- Work closely with housing organisations, providers and partners to take a more proactive approach to providing advice and information which relates to housing, to enable people to take more responsibility for maintaining their homes, make changes and plan for their older age.
- Explore delivery of a more co-ordinated approach to the provision of easily accessible and consistent advice and information, in different formats.
- Promote the development of community, neighbourhood support and social prescribing and identify opportunities within local communities where people can be supported to consider their future accommodation needs.
- Utilise evidence from local projects to enable older people to access advocacy and advice and practical support to access appropriate housing related support that people find useful.
- Agree a common language for describing specialist accommodation for older people locally.
- Work with local planning authorities to influence the types of homes delivered to better meet the needs and aspirations of older people in response to the evidence of need and demands.
- Empower frontline staff to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence.
- Share and promote new learning on how the home and housing interventions, e.g. dementia friendly housing and housing adaptations can deliver health outcomes and improve wellbeing.
- Support older people with dementia, learning disabilities and mental health problems to live in homes that support their wellbeing and that of carers.
- Identify innovative solutions through individual and community networking to address transport issues that enable older people to remain active and independent and connected to their local community, including those living in specialist retirement accommodation and extra care housing.

¹¹ Housing an Ageing population (England) House of Commons Library Briefing Paper number 07423

¹² Should I stay or should I move EAC 9th December 2015

Reduce need

By working with individuals and partner agencies we will identify those people most at risk of needing support in the future and intervene early to help people to stay well and prevent decline.

Council's and some social landlords provide adaptations in their tenanted properties and local authorities administer Disabled Facilities Grants (DFGs) in other tenure properties, to fund home adaptations such as stairlifts, level access showers(LAS) and ground floor extensions, in order to facilitate access into and within the home for older and disabled people. The Disabled Facilities Grant allocation is now part of the integrated Better Care Fund.

A study in 2015 by the national body for home improvement agencies Foundations has shown that elderly people who had adaptations made to their home via the DFG move into residential care around 4 years later than those who have not¹³. Many people will not be eligible or want to apply for a DFG but could benefit from adapting their homes to enable them to retain their independence or just incorporating design features that make life easier as they get older.

DFG's completed in Leicestershire between 1.4.15 and 31.1.16 (10 months)

All	lifts	LAS/toilets	>10K e.g ramps, door alterations	Children
473	123	275	39	36

Adaptations can sometimes take a considerable time to be provided. Reducing waiting times and speeding up the delivery of home adaptations is essential to ensure people's housing needs are met in a timely way and anticipate future needs if the person has a progressive condition. Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice¹⁴ recommends timescales for each stage of the process. The Lightbulb Programme is already having a positive impact on achieving this.

Homeshare schemes are another way of reducing the needs of older people for health and social care services. Limited research currently exists into the outcomes achieved from these relatively underdeveloped opportunities for older people. Currently there is no Homeshare scheme in Leicestershire, but there is potential for development particularly in areas with a high student population such as Loughborough.

Significant progress has been made locally in developing techniques that effectively identify those that may be at a high risk of increasing health and social care needs by analysing their medical history (known as risk stratification). This provides the opportunity to target services to reduce the risks.

¹³ Foundations, Public Sector Executive 8.12.15

¹⁴ Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice 2013

At present;

Adaptations, services are generally limited to people who identify themselves to social care services, although they are provided in a preventative way without the person needing to be Care Act eligible.

We will;

- Work alongside the Lightbulb programme to develop a stronger partnership approach to aid the integration of housing, health and care.
- Explore opportunities to develop a more proactive and innovative approach to develop the private housing adaptation and daily living equipment market, including use of trusted assessors and accreditation schemes.
- Utilise health risk stratification tools and patient management and tracking systems, to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation.
- Maximise the use of assistive technology to develop services across the county, in line with emerging evidence.
- Explore evidence and opportunities to develop homeshare schemes.

Delay need

We will focus on support for people who have experienced a crisis or have an illness or disability by providing accommodation and housing related services in a way that makes them resilient to avoiding a crisis in the future, or able to manage effectively if it does happen again.

Housing schemes linked to supporting recovery and reablement, for those who have experienced a crisis or who have defined illness or disability, has received policy support from the Department of Health as one means of prolonging and regaining independence¹⁵. Reablement can enable patients/ service users with physical and mental health needs to stay in their own homes for longer, reduce the need for home care or residential care and improve outcomes for users.

Reablement can be used to help individuals to maintain or regain their independence and avoid unnecessary admissions to hospital. Reablement includes a range of therapeutic interventions including; developing skills, confidence and stamina; problem solving including finding new safer techniques for doing things and ways of conserving energy; using adaptive approaches including use of equipment, assistive technology and adapting the environment.

Leicestershire hospital pathways work¹⁶ has identified 'Pathway 2' as home based reablement for people to maximise their independence following a hospital admission and 'Pathway 3' as being for patients who are medically fit for discharge from hospital but deemed not to be initially safe to return to their home. Residential reablement schemes provide a safe environment for optimising health and well-being and undertaking further assessments and reablement prior to the person returning home. This can help to make significant improvements in the timeliness and effectiveness of discharge from

¹⁵ The NHS Outcomes Framework for 2014/2015

¹⁶ Better Care Together Leicester, Leicestershire and Rutland Pathway redesign

hospital, especially for frail older people, reducing length of stay and thus avoiding the negative impact that may occur as a result of a longer stay in hospital.

The Hospital Housing Enabler Project (part of the Lightbulb Programme) has been liaising with housing providers who have been able to identify 'hard to let' properties that are suitable for people waiting to be discharged from hospital on either a temporary or permanent basis. The housing providers have been flexible regarding their admission criteria and tenancy agreements. If required health and social care support can then be provided to facilitate the person's reablement in this environment. There may be opportunities to extend this provision further.

At present;

Although there has been a number of developments locally, including the commissioning of bed based reablement (including extra care units) by health colleagues, increased use of assistive technology, development of falls prevention strategies and the introduction of Local Area Co-ordinators, there is still a need for further integration of services, ensuring new ways of working are thoroughly evaluated and that effective approaches are embedded into 'business as usual' delivery models.

We will;

- Review the evidence and opportunities to establish if it is beneficial to utilise sheltered and extra care schemes to provide opportunities for reablement.
- Support the development of residential reablement opportunities.
- Review our contracts to include incentives for domiciliary/sheltered/ retirement/extra care and residential care providers to re-able customers and reduce packages.
- Promote greater use of telecare and telehealth to support recovery.

Meeting need

For those assessed as eligible for funding and needing support that can't be provided to someone by their family and community, services will be provided in a targeted and innovative way that ensures affordability, maximise the use of the individual's assets and community resources and maintains the person's optimum level of choice and independence.

A person-centred approach by staff developing 'health, housing and care packages' with older people in any accommodation will benefit from inclusion of activities and opportunities for social relationships to prevent social isolation and loneliness. Communal facilities, such as restaurants, activity rooms or health facilities, either in sheltered schemes, extra care schemes or care home settings, should be encouraged to be available for usage by older people from the wider community.

Shared Lives

Shared Lives schemes support people and/ or their Carers, by helping people to feel able to continue managing for longer and identify support before they hit crisis. The Share lives scheme run by the Council is mainly for people with a learning disability, although this does include some older people. It has been difficult to effectively use the scheme for older people in many cases due to finding people whose homes are suitable to accommodate the physical needs of older people, or people who are able to manage older people with more complex needs such as advanced dementia.

Extra care

National evidence suggests that extra care housing can help to reduce levels of social isolation and loneliness, which are known to affect people's emotional and mental wellbeing. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing and can therefore help to reduce the risk of older people needing greater levels of health and social care support associated with mental health decline¹⁷.

Extra Care is regarded as an effective alternative to residential care as a way of meeting needs of people who can no longer manage living in general purpose or sheltered/retirement housing, even with adaptations or a support package. In 2012/3 East Sussex County Council commissioned an independent evaluation of its extra care housing that concluded that when assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential/elderly mentally ill/nursing care¹⁸.

There are currently five extra care housing schemes in Leicestershire, that are funded or commissioned by Leicestershire County Council, plus a further development being built in Loughborough that is due to be available during 2017. These schemes have been set up under differing arrangements and so it is difficult to demonstrate cost effectiveness, therefore it is recognised that the current extra care model may not be achieving the savings originally forecast. The cost of extra care compared for both the individual and the local authority varies considerably dependent on the person's level and type of needs and their personal and financial circumstances. The non-financial outcomes or indirect financial savings therefore also need to be taken into consideration in determining the benefits of extra care.

Extra care schemes are intended to be a person's 'home for life', so schemes need to be able to support people with complex health and social care needs, with the support of the local services. This includes supporting people with long term conditions, people with acute illnesses, supporting people following discharge from hospital or when they are palliative or end of life.

The International Longevity Centre undertook a study of 3 extra care schemes and found extra care does delay the need for transfer to institutional care, when compared to a matched group in the community¹⁹. About 10 per cent of residents in extra care housing in this study enter institutional accommodation from extra care housing after five years of residence compared to 19 per cent of those living in the community in receipt of domiciliary care. The difference improves for people entering extra care aged over 75 years when their chances of entering institutional care are reduced by 47% in the first two years and by 35% in the first five years, when compared with a matched group in the community.

¹⁸ Extra Care Housing in East Sussex, Evaluation Report, Georgiana Robertson Consultant, Social Care and Housing, June 2013

¹⁹ Establishing the extra in extra care housing Kneale 2011

Evidence²⁰ shows that extra care residents are potentially less likely to call upon emergency, out of hours and routine health care advice and assistance, than older people living alone in the community, due to the support and reassurance available from support staff and neighbours within their scheme. Extra care schemes also offer opportunities for cost effective delivery of therapeutic, treatment and health promotion activities, such as flu jabs, lunch clubs, nutrition, exercise and general wellbeing advice sessions. No evidence has been found to show if this same level of prevention could be achieved in other forms of sheltered or retirement accommodation but this could be achievable depending on the ethos and role of the scheme manager.

One study²¹ of 3 extra care schemes found it does appear to reduce the number of admissions to hospital by one day a year for people aged 80 years plus, when compared to a matched group in the community, but it does not appear to impact materially on the lengths of stay once admitted. This research also found lower levels of domiciliary care were required.

Extra care schemes can greatly help to reduce carer strain for older couples, especially for a carer who is looking after someone with dementia.

Some people do have a level of physical or mental health need that exceeds that which can be reasonably met or managed by the extra care provider or have needs that have the potential to lead to serious risk or disruption to others. This has been identified where;

- they require regular night time attention that can't be provided by the resources available within the scheme.
- the person has advanced dementia.
- their required level of nursing care exceeds that of the community nursing service.
- they require specialist health services which cannot be met in a community setting.
- they cannot meet criteria that the Housing Provider may have such as capacity to enter into and maintain a tenancy and financial ability to pay rent and service charges, even with the support available.

The consultation explored and gained support towards the proposed change to the eligibility criteria to the schemes where the Council commissions the core support service. It was recommended that people must be assessed in accordance with the Care Act guidance and identified as a result to have care needs that are eligible to be appropriately met by the provision of an extra care housing scheme.

Characteristics of suitable applicants will include the following;

- Those who may otherwise be placed into residential care but where there is a realistic chance that the person could live in a more independent setting. This could include people with physical or mental health conditions, people with communication difficulties, people with sensory difficulties, people at risk of exploitation or abuse, people with a learning disability.
- Those likely to need increased care services in the future and it is considered that extra care could prevent, reduce, delay or meet the needs of the person, e.g. people with a recent diagnosis of dementia or other long term conditions.
- Those whose accommodation is severely affecting their health, wellbeing or independence (including where current housing is resulting in isolation).
- People who have health care needs which can be met by the Primary Healthcare Team or other community health services.

Currently applicants must usually be either 55 years and over or aged 60 or over, depending on the eligibility criteria determined by the landlord, although in exceptional circumstances, for example if

²⁰ Housing Learning and Information network – A discussion paper on the cost effectiveness of Extra Care Services. Gerald Pilkington Associates

²¹ Establishing the extra in extra care housing, Kneale 2011

the person has early onset dementia, people under 55 years may be considered. There was general agreement through the consultation that the age criteria should be applied flexibly although this may increase the demand on places and need for more places.

To date extra care has not generally been considered for people with a learning disability. However it has been identified that there are an increasing number of mature people with a learning disability who are currently living with ageing parents that extra care may provide suitable future accommodation for. Some people with learning disabilities encounter issues related to ageing at an earlier stage in their lives and are more likely to continue to need support and care as they grow older. As long as the accommodation remains suitable for them, people with a learning disability living in a Supported Living schemes should not be expected to move from their home just because of their age, however as the person becomes an 'older person with a disability' extra care may be a better option for them to consider. This would continue to allow people to be part of their existing community and possibly prevent or delay a more costly move into residential care.

To accommodate the rising prevalence of older people with dementia, all extra care schemes should be 'dementia friendly' by providing an enabling environment and suitably trained and consistent staff. There was significant discussion during the consultation about the ability of extra care schemes to accommodate people with advanced dementia and some residents expressed that they found it difficult having people in the scheme with dementia. However it was generally felt that schemes need to do all they can to meet everyone's needs for as long as possible and that creating supportive and caring communities and understanding amongst residents to be able to accommodate each other's needs should be positively supported by the staff and plans for managing risks put into place.

Ensuring a balanced community of people with differing needs is key to the successful delivery of extra care schemes and needs to be understood by the allocations panel.

Estimating the need for extra care housing is dependent on how it is perceived by the general public (especially those in the target market) the local authority and other public service commissioners. Location has been identified as a key determinant of success. Schemes ideally need to be accessible to the local community including access to; transport links, local shops, supermarkets, banks, Post Offices, GPs, community and leisure facilities, social amenities, places of worship, libraries. The development of any future schemes should be seen as an opportunity to enhance the locality and existing services and for extra care schemes to operate as a community hub.

Residential care

Residential care and residential nursing care can be provided for both permanent and respite placements in accordance with Leicestershire Social Services Eligibility Criteria and Practice Guidance. The care home market is reasonably stable in that occupancy is not so high that the council is unable to find places when they are needed (although sometimes not as close to home as they would want and issues relating to top up fees were raised during the consultation), but not so low that it threatens the financial viability of care homes in Leicestershire. It is important that when people move into residential care there is still a focus on maximising and maintaining individual's independence and wellbeing.

At present;

Sometimes alternative housing options, such as adaptations and the use of assistive technology, Shared Lives or extra care housing needs to be more carefully considered before a move to residential care is arranged. Systems such as Just Checking²² may not be as widely used as they could be and the use of the current extra care schemes in the county need to be relaunched to ensure they are being used appropriately and are delivering the required outcomes.

We will;

- Explore opportunities to develop the Share Lives scheme run by the Council. Introduce revised eligibility criteria for new applicants to extra care schemes where the Council has nomination rights.
- Ensure comprehensive assessments and robust allocation protocols are in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way.
- Review and further develop our approach to 24 hour on site care and support provision for extra care to ensure value for money for individuals and the council that can deliver specific health and social care outcomes and added social value.
- Utilise information from the Housing and Economic Needs Analysis, and localised analysis being undertaken by some Borough and District Councils, to identify the needed for extra care accommodation in different locations and tenures.
- Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders to provide new extra care/ retirement accommodation in areas where required.
- Work with partners to ensure combined property assets used effectively to develop accommodation for older people.
- Utilise evidence from other areas to inform size, scope and design of new extra care schemes.
- Clarify ratio of residential care to extra care housing required and increase the balance of extra care provision.
- Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities for acting as equipment and wheelchair loan store, site for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities, providing temporary support in times of crisis.

²² www.justchecking.co.uk

Finance

It is essential that implementation of this strategy delivers a preventative approach to support the delivery of the Medium Term Financial Strategy. Investment can only be made if there is evidence that outcomes will be delivered and assurance given that cost effective models of accommodation are being used. It is expected that savings can be realised but further work to understand this is required.

Leicestershire County Council need to understand and keep abreast of the impact of proposed changes to housing benefit payments, rent rates and caps, right to buy schemes and other policy or legislative changes, introduced nationally or locally, affecting people living in private rented properties or in social housing and the impact on providers to maintain existing properties and invest in new stock.

Conclusion

The majority of older people live independently in general purpose housing. Supporting people to make their homes safe, accessible, warm, secure and convenient and to make informed choices about moving to more suitable accommodation where relevant, can prevent, reduce and delay the need for health and social care services.

The strategy fits with feedback received through the consultation process from the wider public and with our partners and other stakeholders. The implementation of the strategy will support the delivery of the overarching Adult social Care Strategy and the Sustainability and Transformation Plan. Local activity, particularly in relation to the Lightbulb programme, developing advice and information and community and neighbourhood developments, will strengthen the offer to enable older people to remain active, independent and safe.

Co-ordinated advice and information is key to supporting people to take responsibility to plan for their future housing needs, including financial advice, information about daily living equipment, adaptations and assistive technology. Front line health and social care workers need to be confident to discuss with older people and, where relevant, their carers about maintaining healthy housing and planning for older age. Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership. Available accommodation options needs to be available to people from all tenures but desirable opportunities are especially needed for the majority of older people who are home owners.

Evidence exists that, provided well, extra care can reduce need for health and social care services. Some of the same benefits can potentially be achieved from enhanced retirement/sheltered schemes depending on the level of support available from assistive technology, visiting health, social care and support staff. Schemes that act as a hub and maintain close links with the local community deliver greater outcomes. It is anticipated that future sheltered and extra care housing developments will be mixed tenure to meet the diverse needs and financial resources of our ageing population.

Housing schemes linked to reablement, including adaptations and other housing support services, can delay the need for people to move to alternative accommodation and delay the need for more costly health and social care services.

For people who can no longer manage living in general purpose or sheltered accommodation extra

care can provide not only a more cost effective alternative to residential care but also achieve more positive outcomes in terms of optimising independence and reducing loneliness for some people. Some evidence exists that shows people with medium to high needs that have entered aged 80 years plus are most likely to provide the best financial return on investment in developing and providing this type of accommodation. We have reviewed the local situation to ensure the current strategy is effectively delivering outcomes and providing value for money and that we maximise the opportunities extra care can offer going forward.

Our current provision of specialist older person's housing (including sheltered and extra care) in Leicestershire is still significantly below the anticipated demand to meet the needs of the increasing numbers of older old people based on the toolkit endorsed by the Department of Health.

There is a need to ensure accommodation for older people is given high priority for housing strategy decisions through working with partners to review the adequacy of the current provision and identify potential locations and funding options, (including securing private investment) for improving the existing stock or increasing capacity to meet projected demands.

Specialist accommodation needs to be targeted and it is vital that clear contracts and protocols are developed and understood that ensure allocation of places in schemes is used appropriately, kept under review and where relevant care is adjusted in a timely way.

Appendix 1 Demographic Projections

The numbers and proportions of the population in Leicestershire aged 65 and over will continue to increase (JSNA)

POPPI projections 2015	2015	2020	2025	2030	% increase from 2015 to 2030
People aged 65-69	42,400	38,600	41,200	47,900	11.48%
People aged 70-74	31,700	40,200	36,900	39,600	20.00%
People aged 75-79	24,400	29,000	37,100	34,300	28.86%
People aged 80-84	17,800	20,500	24,800	32,000	44.38%
People aged 85-89	11,100	12,900	15,500	19,100	41.88%
People aged 90 and over	6,600	8,300	10,700	14,000	52.86%
Total population 65 and over	134,000	149,500	166,200	186,900	28.30%
Total Population 75 and over	59,900	70,700	88,100	99,400	39.74%

Projected number of people with dementia for 65+ year olds in Leicestershire from 2010 to 2030 JSNA

	2015	2020	2025	2030
65 – 69 year olds	525	477	510	584
70 – 74 year olds	876	1,092	999	1,075
75 – 79 year olds	1,455	1,711	2,148	1,978
80 – 84 year olds	2,186	2,532	3,016	3,797
85 + year olds	4,169	5,134	6,432	8,159
	(45%)	(47%)	(49%)	(52%)
Total for people with dementia 65+ yr	9,211	10,946	13,105	15,593
Total of All 65+ yrs	136,000	151,500	168,000	188,300

Projected number of people aged 65 and over with a limiting long term illness JSNA

	2015	2020	2025	2030
65 – 74 year olds	26,974	28,467	28,176	31,343
75 – 84 year olds	22,512	26,307	32,286	34,262
85 + year olds with	10,324	15,586	15,776	19,894
Total for people with LLTI 65+ yr	59,810	67,360	76,238	85,499
Total for All 65+ yrs	136,000	151,500	168,000	188,300

Pensioner households by local authority area: (Census 2011) SHMA 2014

	Blaby	Charnwood	Harborough	Hinckly and Bosworth	Melton	NW Leics	Oadby & Wigston
Single pensioner	4,741	7,980	4,368	5,608	2,692	4,706	3,031
2 or more pensioners	4,141	6,371	3,841	4,683	2,218	3,678	2,461
All households	38,686	66,516	34,898	45,377	21,490	39,128	21,339
Total % pensioner households	23%	21%	23.5%	22.7%	22.8%	21.4%	25.7%

Appendix 2 Accommodation that older people occupy

General purpose housing; either owner occupied or rented, that isn't specifically designed for older people.

Homeshare is an intergenerational housing scheme which looks to match an older person with living space with another person, who provides an agreed amount of support in exchange for a low rent level. The other person is often a student, or a younger person undertaking an internship. Specific and qualified care is not provided. Rather, companionship and general help e.g. domestic tasks, shopping, help to use the computer and gardening are the primary means of support offered. For significant numbers, the real benefit of homesharing is the security of having someone in the house at night

In the UK, the Homeshare Association is administered by Shared Lives Plus, who maintains a record of all programmes running across the UK. In June 2015, Lloyds Bank Foundation and the Big Lottery Fund each invested £1m in the Homeshare National Programme with pilot schemes taking place in Oxfordshire and greater London. There currently doesn't appear to be any scheme in Leicestershire (Leicester City do have a scheme).

A high proportion of UK homesharers are from Australia, New Zealand, Eastern Europe and other countries and are visiting the UK to broaden their experience. Some are mature students but many are working.

Evidence from the UK and overseas suggests Homeshare is most successful in urban areas where:

- There are significant numbers of older people living alone;
- Property is expensive to rent or buy;
- Transport links are good;
- There are significant student populations including mature and overseas students.
- Some new rural schemes have identified large groups of young people at the bottom of council house waiting lists.

The costs of Homeshare are those of advertising the programme and employing one or more co-ordinators and administrative support staff. Some programmes recoup some or all of their costs from charges made to participants. For a Homeshare programme to be established in an area, there will be a need for it to spend some time awareness raising, advertising and recruiting participants. Unit costs are likely to be high initially but to reduce once the scheme has reached a 'critical mass' of participants to be able to make timely matches between compatible people.

Homeshare is not a regulated service and there are no legal restrictions on which people or organisations could set up a programme. However, some of the more successful programmes are embedded within established not for profit organisations working in the field of adult services or supported housing.

Safeguarding is a key consideration in all of the UK schemes. Homesharers, the suitability of the home and the needs of the Householders are assessed before any introductions are made. This is done face to face by most schemes. All schemes have a verification process that includes DBS, reference checks and interviews for the Homesharer. Structured support is also seen as essential during the first few weeks by all schemes in order to support the transition for both participants and help resolve any initial issues and refine and clarify, where necessary, the support being provided by the Homesharer. Most schemes operate a trial period for the Homeshare relationship with regular telephone contact, face to face meetings and end of trial review. The average monthly charge is around £140 for the Householder and £160 for the Homesharer, some schemes charge VAT and some have additional administration and matching fees. In all but one of the UK schemes the Homesharer pays no additional rent but commits up to ten hours of support to the Householder per week.

Shared Lives services; offers long term support, short breaks and daytime support in and from the homes of local families. The Shared Lives Service run by Leicestershire County Council is registered and inspected by the Care Quality Commission (CQC). Carers are trained and are all approved and monitored and paid for the services they provide which can include helping with personal care, encouraging independent living skills, joining in leisure activities. Issues faced by the service are finding people whose homes are suitable to accommodate the physical needs of older people or people who are able to manage older people with more complex needs such as advanced dementia.

Lifetime homes; this is accommodation that meets a set of standards which make properties more accessible, safer, more convenient and adaptable to changing needs, such as being suitable for the fitting of a stairlift or vertical lift or having space for a bedroom downstairs, having doors and halls wide enough for a wheelchair and space to turn a wheelchair, walls able to take an adaptation etc.

In October 2015, new national housing Optional Space Standards were introduced which largely put the Lifetime Homes Standard in place. Building Regulations M(4) Category 2, 'accessible, adaptable dwellings' included a new standard for accessibility, higher than the current national minimum standard, which a local authority can apply where needs and viability tests are met.

The cost of building to the Category 2 standard for a 3-bedroom property was estimated by the Housing Standards Review to be £521 more than building to current Part M. However, this has been disputed as not fully reflecting both space and process costs that make the actual additional costs higher than this. However the estimated £521 cost could be met by just one week in residential care.

A positive partnership with local planners, who have responsibility for deciding if proposed development go ahead or not and the standards applied is key to ensure accommodation for older people is viewed as a priority.

The core capital finance for new housing schemes is:

- Social Housing Grant – available to Registered Providers (generally housing associations) through the Homes and Communities Agency (HCA) has been a funding source but will cease for any schemes not already agreed.
- Developers own resources, either for outright sale or shared ownership.
- Adult Social Care or Housing Authority resources
- Clinical Commissioning Group
- Section 106 agreements

Sheltered / Independent Living/ Assisted Living/retirement schemes; accommodation that provides older residents independent living with a limited level of support, provided by registered social landlords and the private housing sector, either for sale or rent. Nationwide there has been a move away from their being resident wardens and most schemes are now just connected to a lifeline call centre with a visiting scheme manager. One feature of this type of accommodation is the concept of promoting the mutual support residents can offer each other, practically and emotionally. Design of this accommodation varies considerably but some of the older schemes tend to have small rooms and narrow corridors, creating problems for people requiring wheelchairs, equipment or someone present to help with care and may only be suitable for single people rather than couples. Conversion cost for some of these schemes can be expensive and attract value added tax, making new build a more attractive option as the tax does not apply there. By comparison some private modern schemes can provide a very high specification and facilities. Private schemes may not have admission criteria, other than possibly related to age and accept people for lifestyle or pre-emptive reasons with no care needs on admission or for many years.

Some private schemes have exit fees, event fees or buy back options. The Office of Fair Trading recommends these should be clearly advertised and transparent from the outset with details provided in the purchasers pack. This shouldn't put you off but ensure you are aware of the Standards for retirement communities September 2015 provided by the Association of Retirement Community Operators (ARCO)

Extra Care Housing; is defined as well designed accessible housing, primarily for older people, that provides self-contained accommodation and offers care and support that is available 24 hours per day. It generally includes some communal facilities and should be able to accommodate people's changing needs by providing flexible and responsive services. Extra care should be underpinned by an ethos and culture that promotes wellbeing and independence.

Sheltered/retirement and extra care housing providers will not be registered as a care home with the Care Quality Commission. The provider of any domiciliary care has to register. In practice, it appears that as long as individuals are free to choose who provides their planned care and support using their own money or personal budgets, availability of care around the clock – the core 24/7 service – can be packaged together with housing services and so far has not resulted in needing to be registered as a care home.

Residential and nursing care; Institutional settings where a number of people, usually living in single rooms, have access to on-site care, generally for people with high dependency needs; registered with CQC under different categories including residential, nursing, dementia.. Generally, care is expensive but varies from home to home and can be funded through a mix of individuals fully funding or receiving financial support from health or social care.

Appendix 3 Equity Release

In order to make funds available to help pay for the cost of care, to adapt or maintain their homes, and to support their incomes for other living expenses many older people have turned to equity release as a means of supplementary pensions and other assets.

There are a range of products that let people access the equity (cash) tied up in their property as a lump sum, in smaller amounts or a combination of both.

There are two main types of equity release plan available: lifetime mortgages and home reversions.

Lifetime mortgage plans provide a loan secured against the home of the recipient. The loan accumulates compound interest over time and must be repaid from the sale of the recipient's home; either at death or when moving into long-term care.

Home reversion involves the older person selling their home, or part of it, to a reversion company who will in turn provide a lease allowing the older person to remain in their home rent-free (or for a token rent), either until death or movement into a care home.

Concern has been highlighted due to the compound interest attached to equity release loans, which can reach 'staggering' sums after a number of years; particularly given that equity release packages can be made available to people as young as 55, hence the need for independent financial advice is always recommended.

Appendix 4 Outline Delivery Plan

This section identifies key actions that have been identified through the development of the strategy, however as the implementation is absolutely dependent on working with partners; before anything can be taken forward decisions are needed to determine governance arrangements, leads and timescales for delivery. Further co-production with partners and stakeholders is required to develop this outline action plan.

	What we will do	How we will achieve this	By whom/when
	Prevent Need		
1	Work closely with housing organisations, providers and partners to take a more proactive approach to providing advice and information which relates to housing, to enable people to take more responsibility for maintaining their homes, make changes and plan for their older age.	Develop a Communication and Engagement plan including targeted and proactive approaches to prompt people to consider their future accommodation needs in a timely way and be aware of the options available to them	
2	Explore delivery of a more co-ordinated approach to the provision of easily accessible and consistent advice and information, in different formats.	Ensure housing related support issues identified in the strategy are addressed in the advice and information strategy, including access to independent financial advice. Develop relevant sources of information through local schemes such as, First Contact Plus and Lightbulb.	
3	Promote the development of community, neighbourhood support and social prescribing and identify opportunities within local communities where people can be supported to consider their future accommodation needs.	Work across the council and with health to identify opportunities for people to talk about their worries and options in relation to their current or future accommodation needs and receive practical advice and support.	Possible links to 'making every contact count'
4	Utilise evidence from local projects to enable older people to access advocacy and advice and practical support to access appropriate housing related support that people find useful.	Consider evidence in relation to the developing Lightbulb approach to remove barriers to accessing information, advice and advocacy	
5	Agree a common language for describing specialist accommodation for older people locally.	Draft to be develop by the Housing Services Partnership Group to agree and endorse	
6	Work with local planning authorities to influence the types of homes delivered to better meet the needs and aspirations of older people in response to the evidence of need and demand.	Utilise the HEDNA to inform the Local Infrastructure plan, Local Neighbourhood plans and work with Districts and Boroughs to effectively meet the needs of older people in Leicestershire	
7	Empower frontline staff to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence.	Provide training for relevant staff to understand the impact of housing on individuals wellbeing and what accommodation options are available and how to signpost people to relevant support.	Lightbulb have already started doing some work with the LCC Customer Services Team
8	Share and promote new learning on how the home and housing interventions, e.g. dementia friendly housing and housing adaptations can deliver health outcomes and improve wellbeing.	Develop a network of 'champions' to cascade relevant information e.g. from the Housing Lin Set up a Special Interest Group/Action Learning Group (virtual or real)	

9	Support older people with dementia, Learning disabilities and mental health problems to live in homes that support their wellbeing and that of carers.	Consider specific housing needs of people living with these conditions and identify appropriate solutions to meet the individual's needs and share good practice examples. Ensure housing issues are integral to relevant strategies relating to these service user groups.	
10	Identify innovative solutions through individual and community networking to address transport issues that enable older people to remain active and independent and connected to their local community, including those living in specialist retirement accommodation and extra care housing.	Work with stakeholders including providers, voluntary sector groups and Local Area Co-ordinators to explore if they can help individuals and communities to find local solutions to transport issues and opportunities for people to contribute to their local community as well as receive support and expand networks.	
Reduce Need			
11	Work alongside the Lightbulb programme to develop a stronger partnership approach to aid the integration of housing, health and care. Engage with the developments of Lightbulb to maximise the opportunities to reduce the need for social care services.	Engage with the developments of Lightbulb to maximise the opportunities to reduce the need for social care services. Develop and expand the role of Occupational Therapists (OT's) and 'Trusted Assessors' to be able to provide assessments and interventions that maximise people's safety and independence.	
12	Explore opportunities to develop a more proactive and innovative approach to develop the private housing adaptation and daily living equipment market, including use of trusted assessors and accreditation schemes	Review in partnership our approach to adaptation and provision of daily living equipment, including trusted assessors.	OT's and Lightbulb have already started developing a training programme for trusted assessors.
13	Utilise health risk stratification tools and patient management and tracking systems, to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation.	Work alongside the Research team and Leicester University to examine national evidence and explore local opportunities.	
14	Maximise the use of assistive technology across the county, in line with emerging evidence including promote greater use of telecare and telehealth.	Work with key stakeholders to examine national evidence and explore local opportunities to deliver innovative services. Identify 'responder services' that can prevent un-necessary admissions to hospital. Raise public awareness of what technology enabled care is, potential uses and benefits, where it can be obtained. Training and competencies developed for relevant staff. Identify local 'champions' to work across different agencies	Public health, Assistive Technology Team LCC.

15	Explore evidence and opportunities to develop homeshare schemes.	Further national and local research required.	
Delay Need			
16	Review the evidence and opportunities to establish if it is beneficial to utilise sheltered and extra care schemes to provide opportunities for reablement.	Work with partners to monitor outcomes from current housing related reablement projects and consider options for further pilots. Develop the general public's understanding of reablement as an intervention that requires active participation to achieve recovery, resilience and choice and control.	
17	Support the development of residential reablement opportunities.	Work with partners in relation to the Sustainability and Transformation Plan to ensure housing solutions are integral to future strategies to develop a comprehensive approach.	
18	Review our contracts to include incentives for domiciliary/sheltered/retirement/extra care and residential care providers to re-able customers and reduce packages.	Ensure all relevant contracts are outcome focused and include added social value in connection to delivering housing related support and acting as community resources.	
Meet Need			
19	Explore opportunities to develop the Share Lives scheme run by the Council.	Identify possible solutions to help more people to offer placements for older people.	
20	Introduce revised eligibility criteria for new applicants to extra care schemes where the Council has nomination rights.	Re-launch the revised eligibility criteria and processes with relevant front line workers, Extra Care Providers and Allocation Panels and wider stakeholders. Undertake a marketing campaign to inform the wider public about extra care housing and other types of specialist housing provision, across tenders to encourage appropriate nominations. Explore appropriate nominations for people who have disabilities and are getting older, where extra care may provide the most appropriate accommodation choice to meet their needs.	
21	Ensure comprehensive assessments and robust allocation protocols are in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way.	Establish multi-agency steering group for the new Derby Road scheme to develop 'blue print' for policies and procedures. Proactively market and develop processes to ensure extra care schemes are able to demonstrate that they are meeting the needs of people with protected characteristics reflecting the diversity of the population served. Develop an Extra Care Forum to share learning between schemes. Hold Extra Care Stakeholder events to facilitate future developments.	

		<p>Ensure schemes are equipped to meet the needs of people who have or develop dementia and manage people who are 'end of life'.</p> <p>Ensure schemes are well integrated with local health services.</p> <p>Explore opportunities for health partners to enhance and maximise the delivery of health outcomes and develop methods for capturing outcome data.</p>	
22	Review and further develop our approach to 24 hour on site care and support provision for extra care to ensure value for money for individuals and the council that can achieve specific health and social care outcomes, and added social value.	Work with stakeholders to develop a new contract that promotes the required 'community balance', supports people with long term conditions and people with acute illnesses and delivers a flexible, personalised service that maximises individuals independence.	
23	Utilise information from the Housing and Economic Needs Analysis, and localised analysis being undertaken by some Borough and District Councils, to identify the needed for extra care accommodation in different locations and tenures.	<p>Develop a priority list of locations considered most suitable for future developments.</p> <p>Explore opportunities for developing 'enhanced sheltered housing'.</p>	<p>Work already underway in some districts.</p> <p>Lightbulb Hospital Enable Team have a task and finish group to explore opportunities with some Registered Social Landlords</p>
24	Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders to provide new extra care/retirement accommodation in areas where required.	<p>Identify the requirement for mixed tenure/shared ownership retirement accommodation and work with partners to promote new developments.</p> <p>Utilise evidence from other areas to inform size, scope and design of new schemes.</p>	
26	Work with partners to ensure combined property assets used effectively to develop accommodation for older people.	Consider options in relation to the Sustainable Transformation Plan.	
27	Clarify ratio of residential care to extra care housing required and increase the balance of extra care provision.	<p>Use demand modelling and market shaping information available.</p> <p>Analyse details of people being admitted to residential care to see if alternative accommodation options have been explored and reasons why they were/ were not suitable</p>	
28	Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities for acting as equipment and wheelchair loan store, site for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities, providing temporary support in times of crisis.	<p>Consider opportunities with relevant partners and stakeholders.</p> <p>Work locally to develop innovative options.</p>	

Appendix 5 Risk Log

Risks to achieving the Accommodation Strategy for Older People

	Risk	Mitigations
1	Resistance to respond to proposals for preventative services due to competing priorities and financial constraints.	Identify where evidence exists and share with decision makers. Strong leadership from all partner organisations, including Public Health. Regular engagement with Members to raise awareness and promote benefits.
2	Information from HEDNA not defining requirements at a local enough level or providing details that can be translated into meaningful data to inform future strategic decisions.	Combine with local knowledge held by districts and boroughs and local research and intelligence e.g. applications through choice based lettings, intelligence from local estate agents etc.
3	Not properly understanding what people want regarding their future accommodation, resulting in schemes invested in being under occupied	Adequate engagement and demand modelling.
4	Advice and information not co-ordinated leading to confusion about where to get information from and confusing messages given to the general public, people needing services and front line staff.	Work within the agreed advice and information strategy. Develop a clear communication plan
5	Lack of capacity for front line staff to engage in training	Incorporate into wider communication strategy.
6	Insufficient funding to deliver adaptations to those who are eligible in a timely way. Private contractors expensive and not delivering customer focused/ age friendly services	Protect funding for home adaptations, particularly through Disabled Facilities Grant (DFG) allocations. Maximise the efficiencies being identified through the Lightbulb programme e.g. development of approved list of contractors and schedules of rates. Explore opportunities to support people to undertake private home modifications and adaptations and work with contractors to deliver services that people have confidence in and feel provide value for money.
7	Delays in the implementation of the Lightbulb programme	There is a separate risk log and mitigations plan for this as part of the Lightbulb business case.
8	Providers not delivering services in ways that promoting activity and independence.	Support plans need to be specific and agreed so result in the required outcomes. Ensure contracts are outcome focused and performance managed.
9	Sheltered/retirement housing and extra care schemes not providing the 'vibrancy' or facilities that people want or paying for.	Ensure there is a competitive market for retirement housing. Ensure extra care schemes adhere to the ethos of providing a mixed community of people with differing care needs.
10	Lack of resources to develop opportunities within sheltered housing schemes to enhance offer to people moving in, living in the wider community, in need of reablement	Work with residents and housing providers to find innovative solutions through individual and community networking. Undertake selected pilot schemes to develop robust evidence of what are the costs and benefits. Partners to combine assets and commissioning
11	Those who are lonely or socially isolated or have disabilities may not have the resources or desire to move home in later life	Explore and promote service which help with the practicalities of moving

12	Extra care schemes not having sufficient nominations or being financial viable.	Ensure assumptions made in financial modelling are fully understood and allocations are in line with agreed model. Ensure clear communications with stakeholders and the wider community.
13	Shared lives scheme not identifying sufficient opportunities for older people	Identify target numbers. Promote specifically for older people's hosts. Monitor supply and demand and issues when can or can't meet people's needs to inform future planning
14	Continued high demand for residential and nursing care placement	Maintenance of services and approaches that have helped to reduce demand over past year. Further analysis to understand what is making the difference. Further demand modelling and market shaping. Implementation of new ideas and services contained within the strategy and ongoing monitoring and analysis.
15	Planning Practice Guidance may affect the development of new schemes.	Need Planning decisions and local Community Infrastructure Levy schedules to be sympathetic to the housing needs of older people and acknowledge the benefits communal areas can deliver to all older people in the community proportionate to the value and size of the development.
16	Changes to housing benefit affecting people's ability to afford accommodation required to meet their housing needs	Understanding the proportion of people receiving housing benefit and impact of changes.
17	Availability and affordability of land for new developments	Need to ensure all Partners are engaged and utilising available resources. Partnership working with Planners, Suggested retirement housing should be treated as affordable housing and given 'enhanced planning status'
18	Engagement of private housing development market – competition with other types of housing e.g. affordable family housing.	Need to have good communication mechanisms with local developers and share evidence of demands. Partners to be flexible and innovative to maximise use of opportunistic private developments.
19	Criticism if inconsistent available choice for families and prospective service users in different parts of the County or for different minority groups. People not wanting to move to different parts of the County. People from out of Leicestershire taking up the local provision. Unable to control disproportionate opportunistic developments by the private building market in different locations.	Clearer evidence of demands in different areas of the county to be well publicised. Allocation policies and protocols to extra care housing schemes will give priority to Leicestershire residents and strengthen access across all Leicestershire residents.
20	Extra care schemes not genuinely provide homes for life so people still having to move into residential care.	Monitor and analyse numbers of people who need to move.
21	Local communities and volunteers not responding to need to support older people living in their communities.	Maximise use of communications plan to reach as many people in the community as possible. Work with stakeholders and local area co-ordinators to identify opportunities and share good ideas.
	Lack of effective partnership working to deliver the objectives of the strategy and related strategies	Consider opportunities to incorporate activities into existing meetings and agendas where relevant. Clarify governance responsibilities and ensure senior management sponsorship

Appendix 6 Abbreviations used in this report

Adult Social Care Outcomes Framework (ASCOF)
Association of Retirement Community Operators (ARCO)
Care Quality Commission (CQC)
Better Care fund (BCF)
Disabled Facilities Grants (DFGs)
Elderly Accommodation Council (EAC)
General Practitioners (GP's)
Homes and Communities Agency (HCA)
Housing and Economic Development Needs Analysis (HEDNA)
Joint Strategic Needs Assessment (JSNA)
Learning and Information Network (Lin)
Leicestershire County Council (LCC)
Level access shower (LAS)
Memorandum of Understanding (MoU)
Occupational Therapists (OT's)
Projecting Older People Population Information (POPPI)
Strategic Housing Market Analysis (SHMA)
U3A (university of the third age)

