

RECORD OF EXECUTIVE DECISION TAKEN BY AN EXECUTIVE MEMBER OR OFFICER

This form can be used for any decision but **MUST** be used to record:

- any decision taken by the Elected Mayor or an individual Councillor
- a key decision taken by a Council Officer

In these circumstances the form must be completed and passed to the Head of Members' Services no later than NOON on the second working day after the day on which the decision is taken. No action may be taken to implement the decision(s) recorded on this form until 7 days have passed and the Head of Members' Services has confirmed the decision has not been called in.

1. Description of decision

The draft Bedford Borough Older Persons Accommodation Strategy 2011-2016 is approved for public consultation.

2. Date of decision

12 August 2011

3. Reasons for decision

In developing a strategy, there is a requirement for the Council to have considered the views of the public before formally adopting it as a Council strategy. It is proposed that an 8 week public consultation is undertaken to gather these views before putting the final version forward for adoption.

4. Alternatives considered and rejected

The Council could chose to consider adopting the Older Persons Accommodation Strategy 2011-16 without a public consultation, but this would leave the Council open to challenge as to its validity as a Council policy and is therefore rejected.

5. How decision is to be funded

From existing resources.

6. Conflicts of interest

		Did Standards Committee give a dispensation for that conflict of interest? (if yes give details and date of dispensation)

The Mayor has been consulted on this decision DBM

Signed R. Lewis Date 12 Aug 2011

Name of Decision Taker Portfolio Holder for Adult Services

This is a public document. A copy of it must be given to the Head of Members' Services as soon as it is completed.

Date decision published: 19.8.11
Date decision can be implemented if not called in: 30.8.11

BEDFORD BOROUGH COUNCIL

04TH AUGUST 2011

REPORT BY: HEAD OF SUPPORTED HOUSING

SUBJECT: APPROVE THE DRAFT BEDFORD BOROUGH OLDER PERSONS ACCOMMODATION STRATEGY 2011-16 FOR PUBLIC CONSULTATION

1. EXECUTIVE SUMMARY

- 1.1 The number of people over the age of 65 living in Bedford Borough is projected to rise by 59% by the year 2030. In order to cope with the increasing demands this places on infrastructure and Council services, the Older Persons Accommodation Strategy has been developed.
- 1.2 This strategy sets out the approach that the Council will take to provide accommodation that is affordable and meets the needs and aspirations of the older person's population of Bedford Borough.

2. RECOMMENDATIONS

- 2.1 The draft Bedford Borough Older Persons Accommodation Strategy 2011-2016 is approved for public consultation.

3. REASONS FOR RECOMMENDATIONS

- 3.1 In developing a strategy, there is a requirement for the Council to have considered the views of the public before formally adopting it as a Council strategy. It is proposed that an 8 week public consultation is undertaken to gather these views before putting the final version forward for adoption.

4. IMPLICATIONS

(a) Legal

The Council is obliged to undertake public consultation when considering adopting a new policy. This consultation exercise will allow for the views of the public to be gathered before considering the adoption of the policy.

(b) Policy

The Council will take a decision on whether to adopt the Bedford Borough Older Persons Accommodation Strategy 2011-16 as a formal policy document. This can only be considered after the views of the public have been gathered.

(c) Resource

There are no resource implications. The public consultation will take place within existing resources.

(d) Risk

Failure to undertake a public consultation could lead to the Council being open to challenge if there is a formal adoption of the Bedford Borough Older Persons Accommodation Strategy 2011-16.

(e) Environmental

None.

(f) Equalities Impact

The consultation will be undertaken in line with fair access best practice to ensure that all views within the community are gathered.

5. DETAILS

- 5.1 Since 2001, there has been a significant growth in the over 50's population within Bedford Borough. This trend is projected to continue with a significant growth in the over 65's population within Bedford Borough over the next 20 years. The Bedford Borough Older Persons Accommodation strategy has been written to identify the implications of this population growth, and to help shape the delivery of accommodation to meet the needs of the population.
- 5.2 Alongside the demographic changes that are projected to take place within Bedford Borough, the aspiration of older people are also changing. Most significantly, more people are expressing a desire to remain within their own home and receive care in that setting. Plans will need to include the increased availability of telecare, telehealth and reablement services, the requirement to reduce reliance on domiciliary care in the light of shrinking care budgets, and increasing pressure on budgets for aids and adaptations provided to homeowners by the Council with more people wishing to remain at home. This presents a significant challenge when projecting the future accommodation needs of the older person's population in Bedford Borough.
- 5.3 The Bedford Borough Older Persons Accommodation Strategy attempts to quantify the impact that extra care, reablement services, aids and adaptations telehealth and telecare, will have on the need for individuals to enter residential care provision. It is expected that as these services increase, there will be a quantifiable change in the demand for residential care provision.
- 5.4 In order to be able to formally adopt this strategy, a full public consultation is required to ensure that the views of the residents of Bedford Borough are reflected in the aims and objectives of the strategy. Therefore an 8 week public consultation that will run from late August to late October will be used to gather views.
- 5.5 The views of the public will be gathered in a variety of ways including;
- Newsletters

- Website consultation forms
- Presentations at the Older Persons Partnership board
- Presentation to various forums including but not limited the Mature Citizens Action Group

5.6 Once the views of the public have been gathered, the responses will be collated and the strategy will be amended accordingly in consultation with the portfolio holder for Adults Services. The final strategy document will then be put forward to full executive in November to consider adopting it as a Council policy.

6 **SUMMARY OF CONSULTATIONS AND OUTCOME**

6.1 The following Service Groups or Officers and/or other organisations have been consulted in preparing this report:

Executive Director for Adults and Community Services

7 **WARD COUNCILLOR VIEWS**

7.1 Not applicable for this report.

Report Contact Officer: Andrew Kyle, Head of Supported Housing –
01234 276192

File Reference:
Previous Relevant Minutes(s): None

Background Papers: None
Appendices: Draft Bedford Borough Older Persons
Accommodation Strategy 2011-2016

Older People's Accommodation Strategy 2011-2016

Bedford Borough Council

Consultation Version

August 2011

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Executive Summary

Since 2001, there has been a significant growth in the over 50's population within Bedford Borough. This trend is projected to continue with a significant growth in the over 65's population within Bedford Borough over the next 20 years. This strategy has been written to identify the implications of this population growth, and to help shape the delivery of accommodation to meet the needs of the population.

The key features of Bedford Borough's current and projected demographic structure with implications for the scale, type and tenure of older people's accommodation are:

1. The number of people aged 65+ is forecast to rise by 59% between 2010 and 2030. Older age groups are projected to rise by much higher levels with those aged 80-84 increasing by 74% and the aged 85+ population increasing by 123%. The number of people aged 65+ as a proportion of the total population will rise from 15.7% to 22%. This will create increased demand for personal support and care. The reliance on nursing and residential services to provide support and care will be reduced by planned growth in Extra Care accommodation and other community support services...
2. There are very high rates of home ownership among older people which implies a need for significantly increased provision of sheltered housing for sale. At the same time, the proportion of older people living in owned accommodation who are living as couples will increase, primarily due to improved male life expectancy. This will result in couples remaining in their own homes later in life and will dampen this rise in demand for owned sheltered housing.
3. While renters are a minority among older people, they are concentrated in the more deprived wards and have poorer health at an earlier age and a much higher proportion living alone compared to people in owned accommodation. While the demand for rental sheltered housing in the Borough is forecast to decline, there will continue to be a strong demand generated by these groups.
4. Though the Borough's rural area has a high proportion of older people, the total numbers are small relative to the large concentration of older people in the urban wards of Bedford and Kempston towns and in the wards bordering the urban area. The wards on the edge of the urban area are also those where the majority of the residential development planned in the Borough over the next 20 years will be located.

Alongside the demographic changes that are projected to take place within Bedford Borough, the aspiration of older people are also changing. Most significantly, more people are expressing a desire to remain within their own home and receive care in that setting. Plans will need to include the increased availability of telecare, telehealth and reablement services, the requirement to reduce reliance on domiciliary care in the light of shrinking care budgets, and increasing pressure on budgets for aids and adaptations provided to homeowners by the Council with more people wishing to remain at home. This presents a significant challenge when projecting the future accommodation needs of the older persons population in Bedford Borough.

During the life of this strategy, we will quantify the impact that extra care, reablement services, aids and adaptations telehealth and telecare, will have on the need for individuals to enter residential care provision. It is expected that as these services increase, there will be a quantifiable change in the demand for residential care provision. As these changes are quantified the model projecting future needs will be adjusted accordingly.

By adapting the 'More Choice Greater Voice' Model for Bedford Borough, the following needs for accommodation have been identified.

Population 75+ 2015	13600			
	Bedford Model. Units per 1000 population over 75	Units Required under the Model	Existing number of units in 2010	Change - Additional units required under the Model
Care with nursing residential care	45 65	612 884	367 818	245 66
Extra care for sale	22	299	135	164
Extra care for rent	22	299	0	299
Sheltered (rent)	62	843	1025	-182
Sheltered (sale)	30	408	192	216
	136	1849	1352	497

Source: Bedford Borough Council adaptation of the More Choice Greater Voice Model 2011

This model highlights that an additional 497 units of specialist accommodation for older people will need to be developed over the lifetime of this document. In order to achieve this, a number of actions will be undertaken.

Short Term Objectives within the next 3 years

- An older persons accommodation working group is set up which involves service providers and is tasked with delivering this strategy
- We will identify suitable sites for the development of 150 Extra Care housing units for sale in accessible locations within the urban area of Bedford/Kempston by 2014 to meet the projected increased demand from the owner occupier population
- We will identify suitable sites for the development of 200 sheltered housing/assisted living for sale
- We will encourage new housing developments to have 10% of homes built to the lifetime homes standard
- We will develop an options appraisal for the 6 Council owed registered care homes in preparation for the expiry of the contract with a national provider in 2013

- We will develop a forward plan to meet the projected increase demand for aids and adaptations, including telecare, telehealth and reablement
- We will review the existing conventional sheltered housing stock for rent with landlords to identify potential schemes for decommissioning, or upgrading
- We will continually monitor the impact of extra care provision, reablement services, aids and adaptations, telehealth and telecare on the requirements for residential care provision and adjust the model for future needs accordingly
- We will consider the conversion of Madenbury House into Extra Care Housing by conducting a full options appraisal
- We will facilitate the leasehold sale of 49 units of conventional sheltered housing by Hanover Housing Association.
- We will identify suitable sites for the development of Registered Care with Nursing provision within the Bedford/Kempston urban area.

Medium Term Objectives within the next 5 years

- We will reduce the current stock of rented sheltered housing/assisted living accommodation by 200 units by 2016, focussing on those with low demand
- We will replace existing sheltered housing/assisted living for rent with new high quality units for rent by encouraging landlords to undertake a rolling programme of improvements
- We will increase the number of sheltered housing/assisted living units available to purchase in accessible locations by 200 by 2016 through encouraging private developers to enter the Bedford Borough Market
- We will assisting the Council in delivering the River Valley Park Extra Care scheme which will deliver specialist housing for older people for purchase as part of the rowing lake development.

In order to measure success against these objectives, this document will be subject to an annual review, with regular monitoring of the action plan.

1 Introduction

- 1.1 The number of older people within Bedford Borough is projected to increase significantly over the next 20 years. This will place increasing pressure on housing services and Adult Social Services to deliver accommodation solutions that meet the needs and aspirations of the older persons population. This document seeks to identify what Bedford Borough Council should do to meet the needs and aspirations of the increasing older persons population, and how to use and improve on the existing resources available.
- 1.2 The terms “older people” or “older persons” are general terms usually referring to people over 65 years of age. In recent times, anyone over the age of 50 may have been classified in the older persons demographic. Within this document specific age groups are referred to where appropriate, but in general the older persons population refers to over 65's.
- 1.3 In the development of this document, considerable effort has been put into accurately forecasting what impact the projected increase in the older persons population will have on the requirement for specialist accommodation. Any conclusions drawn in this document are the result of detailed analysis based on the Bedford Borough demographic position. Care has been taken to avoid applying arbitrary models without first considering whether they are applicable to the Bedford Borough context.
- 1.4 The policy direction and recommendations set out in this document have been carefully developed to ensure that they are realistic and can be delivered within the resources available to the Council. However, this document is intended to be a working document that will be regularly reviewed during its lifetime and adapted to meet emerging needs and changes within Bedford Borough. This document should be read in conjunction with the Bedford Borough 'Joint Commissioning Strategy for Older People' as the two documents complement each other.

2 The types of housing available to older people

- 2.1 The vast majority of over 50's in Bedford live in mainstream private housing, predominately as owner occupiers, with some individuals in the private rented sector. When considering the over 65's in Bedford, the numbers living in mainstream private housing drops slightly below the levels in the 50-64 age range, demonstrating an increased reliance on the social rented sector for housing provision.
- 2.2 This would suggest that the future generations of over 65's are less likely to be reliant on housing solutions in the social rented sector as they are already housed within the mainstream private housing sector, and will expect specialist housing for sale or rent in the private market to be available to them.
- 2.3 For over 65's with a housing need there are a number of different types of housing that can be considered to meet various care and housing needs. An analysis of the current housing provision in Bedford is found in chapter 6.

Retirement Housing

- 2.4 Retirement Housing can be categorised as general needs housing preferably built to lifetime homes standards which is available to individuals over 50. It is independent housing. It will usually be two bedrooms in size and placed in accessible locations that link well with the wider community. There will usually be a community alarm facility in each property and access to visiting services such as visiting wardens on demand.
- 2.5 It is not expected that individuals accessing retirement housing will have any particular support or care needs, but individuals will be able to receive low level support or low levels of domiciliary care within this setting. In Bedford there are only 70 units currently available for rent that may fall into this category.

Sheltered Housing/Assisted Living

- 2.6 Sheltered Housing Schemes offer specially designed housing for the elderly, with access to the assistance of a warden, alarm systems in times of emergency and the advantages of social activities and companionship. Sheltered Housing can sometimes be referred to as Assisted Living.
- 2.7 Each unit of accommodation in a Sheltered Housing Scheme has its own front door. Schemes comprise of groups of unfurnished self-contained flats or bungalows. Some schemes are modern complexes with communal facilities such as a lounge, laundry, guest room and gardens, whilst others are groups of bungalows or flats, sometimes with a small individual garden. Accommodation is available for couples and for single people and can be privately owned or social housing.
- 2.8 Typically, each sheltered scheme will have some type of warden attached to it to provide support to residents. The warden provides low level support, such as help with form filling or claiming of benefits, which is intended to maintain independence. Domiciliary Care may be provided to some residents at a relatively low level of perhaps 4 or 5 hours per week, but more substantive care would not

normally be delivered within a Sheltered Housing or Assisted Living environment. A Sheltered Housing or Assistive Living scheme will not normally cater for frail elderly individuals.

- 2.9 In Bedford there is an extensive supply of sheltered housing for rent available with 1025 units provided through local Housing Associations, Trusts and Charities. There is a limited supply of leasehold or private sheltered with just 192 units available in Bedford at present. Details of these can be found at Appendix C.

Enhanced Sheltered Housing

- 2.10 Enhanced Sheltered Housing is often used to describe sheltered housing schemes which have been remodelled to provide a level of care on-site. In years past, these may have been referred to as schemes for the Frail Elderly or Very Sheltered Housing.
- 2.11 Whilst these services benefit from a sheltered housing environment with some care provided onsite, they do not have the same level of design built into an extra care provision. Often an Enhanced Sheltered Housing Scheme will have been developed as the most cost effective way of managing existing resources in an area, or to convert large amounts of sheltered housing into a higher level of provision.
- 2.12 Within Bedford, there are no existing Enhanced Sheltered Housing Schemes.

Extra Care Housing

- 2.13 Extra Care Housing is housing first, with facilities provided on-site to enable independence to be maintained. This may include domiciliary or personal care provision, but would not include nursing care.
- 2.14 Typically, Extra Care Housing schemes will have a mixed community of over 50's with around one third not requiring care, one third requiring low level care, and one third requiring medium to higher level care. Typically it is expected that up to 15 hours of care per person per week can be delivered in an Extra Care setting, although more care can be provided depending on the individual and the ability of the scheme to meet their needs. Usually, once the upper threshold is exceeded, an evaluation of the suitability of independent accommodation will need to take place as the individual may be better cared for in a registered care provision.
- 2.15 Extra Care Housing will have a range of communal facilities on site as well as a dedicated 24 hours a day on site care team providing domiciliary care. The facilities will usually include assisted bathrooms, a pharmacy as well as leisure facilities.
- 2.16 It is first and foremost a type of housing. It is a person's individual home. It is not a care home or hospital and this is reflected in the nature of its occupancy through ownership, lease or tenancy. Typically there will be access to care and support 24 hours per day either on site or by call.

Registered Care Provision

- 2.17 Registered care provision is accommodation registered with the Care Quality Commission meeting the minimum requirements for the provision of personal care. The accommodation will incorporate a number of design features including infrastructure for assistive technology. There will usually be guest facilities on site.
- 2.18 Typically accommodation consists of en-suite rooms rather than self-contained flats. Tenure is usually on license but individuals can receive tenancies or in some cases they may be able to purchase accommodation. However the qualification for accessing the accommodation will usually be the level of care an individual requires.
- 2.19 A persons support needs must be 'substantial' or 'critical' under Bedford Borough's Adult Services Eligibility Policy before adult services would consider supporting a placement in registered care. Even then it would usually be the least preferred outcome.

Retirement communities

- 2.20 Retirement communities are large scale purpose built developments. They usually provide good standard accommodation for sale or rent with a wide range of facilities available on site. Accommodation includes spacious apartments for those who are physically able and want independence, similar to Sheltered Housing or Assisted Living, and Serviced Apartments where residents have care provided on a similar basis to extra care housing. There is also a care home providing nursing and residential care as part of the scheme and some retirement communities also include specially designed apartments for couples where one has dementia.
- 2.21 The Department of Health has described retirement communities as large-scale extra care housing, comprising 'an all-embracing, comprehensive alternative to both sheltered housing and residential care providing for a whole range of needs and individual circumstances'.
- 2.22 They are a relatively new option for accommodation in the UK. As a result, little is known what it is actually like to live in such communities and whether they adequately cater for the needs of the older age groups. Recent research into retirement villages by Keele University¹ concluded that the viability of providing accommodation and care for a mix of 'fit' and 'frail' residents in retirement village needs to be examined further before the model becomes more widely used

¹ Dr Miriam Bernard, Professor of Social Gerontology, Keele University, The 37th Annual Conference of the British Society of Gerontology Sustainable Futures in an Ageing World, 4th – 6th September 2008, Sustainable Futures and the Development of New Retirement Villages

3. The Context and Demography of Bedford Borough

Population Trends

- 3.1 The following contextual and demographic analysis is based on Office for National Statistics (ONS) 2001 Census data and 2009 population estimates and projections. It also makes extensive use of the Projecting Older People Population Information System (*POPPi*) which provides projections for Bedford Borough on a range of older people characteristics and needs by applying known national prevalence rates to ONS population projections.
- 3.2 An analysis was also undertaken of Bedford Borough Adult Social Services Referral Assessments and Placements in Nursing and Residential during the period April 2009 to December 2010.
- 3.3 It is important to note that the following analysis was undertaken on the ward boundaries pre-May 2011 as this is the only published data available at this time. Any amendments required as a result of the ward changes will be undertaken once the demographic data has been updated to reflect the new ward profiles.

Existing Population Structure

- 3.4 Bedford Borough combines the urban area of Bedford and Kempston towns, which comprise almost two-thirds (64.3%) of the Borough's population, and a large rural area with slightly over one-third (35.7%) of the population.
- 3.5 The Borough's population rose from 148,100 in 2001 to 158,000 in 2009, an increase of 6.7%.
- 3.6 The Borough has a slightly younger age profile than either the East of England or England with an average age in 2009 of 39.5, compared to 40.6 in the region and 39.9 in England. The proportion of older people is also lower, with 15.5% of the Borough's population in 2009 aged 65+ compared to 17.2% in the East of England and 16.3% in England:
- 3.7 There are significant differences between the demographic profiles of the Borough's urban and rural areas.
- 3.8 Bedford and Kempston has a much younger age profile, with only 30.4% of its population aged 50+ compared to 38.6% in the rural area.

Fig. 3-1: Bedford Borough Population 50+: Urban and Rural Comparison (2009)

Age	Bedford Borough		Bedford and Kempston Towns		Rural Areas	
	Population	%	Population	%	Population	%
50-64	28,300	17.9	16,400	16.1	11,900	21.1
65-74	12,600	8.0	7,000	6.9	5,500	9.8
75-84	8,400	5.3	5,300	5.2	3,100	5.6
85+	3,400	2.1	2,200	2.1	1,200	2.1
Total 50+	42,700	33.3	30,900	30.4	21,800	38.6

Source: ONS, Mid Year Estimate, 2009. Totals may not add due to rounding.

- 3.9 While the Borough's total population rose by 6.7% between 2001 and 2009, older age groups increased at a significantly higher rate, with those aged 75-84 rising by almost 10% and those aged 85+ by 25.8%:

Fig. 3-2: Number of People Aged 50+, 2001-2009

Age	Bedford Borough		
	2001*	2009*	% Increase
50-64	25,400	28,300	11.3
65-74	11,700	12,600	7.5
75-84	7,700	8,400	9.7
85+	2,700	3,400	25.8
Total Population	148,100	158,000	6.7

Source: ONS, Mid Year Population Estimates

Population Projections

- 3.10 The strong population growth experienced from 2001 to 2009 is forecast to continue since much of Bedford Borough is situated in one of the growth areas of the former Milton Keynes and South Midlands (MKSM) sub Region and approximately 10,500 new homes are planned for 2010-2021. As a result, the population is projected to grow significantly to around 170,700 by 2021 and 181,700 by 2031.

Fig. 3-3: Bedford Borough Population 2009 to 2031²

Age Range	2009*	2011**	2021**	2031**
0 – 4	9,800	9,900	9,800	9,800
5 – 9	9,100	9,400	10,000	10,200
10 – 14	10,000	9,800	10,500	10,500
15 – 19	10,200	10,100	9,700	10,400
20 – 24	9,600	9,700	9,000	9,900
25 – 29	10,000	10,200	10,500	10,100
30 – 34	10,300	10,300	11,500	10,600
35 – 39	11,800	11,300	11,300	11,700
40 – 44	12,600	12,600	11,000	12,600
45 – 49	11,800	12,300	11,600	11,900
50 – 54	10,000	10,500	12,500	11,000
55 – 59	9,100	8,900	11,700	11,000
60 – 64	9,200	9,300	9,600	11,300
65 – 69	6,700	7,300	7,800	10,400
70 – 74	5,900	5,800	8,200	8,500
75 – 79	4,700	4,900	6,200	6,900
80 – 84	3,700	3,800	4,500	6,600

² Bedford Borough also produces population forecasts using its own population model. Unlike the ONS projections which are trend based, these take account of planned housing growth. There is little difference between the ONS and Borough estimates of the population aged 65+ in 2021. However, in 2031 the Borough is forecasting a higher 65+ population of 43,200 compared to 40,500 by ONS.

85 – 89	2,300	2,400	3,200	4,400
90 and over	1,100	1,300	2,200	3,700
Totals	158,000	160,000	170,700	181,700

Source: *ONS, Mid Year Population Estimates; **ONS Sub National Population Projections, 2008

- 3.11 This trend of much higher growth in the older population than in the total Borough population is forecast to continue, and even accelerate, through to 2030. The 65+ population is projected to rise by 59% between 2010 and 2030, but older age groups are projected to rise by much higher levels with those aged 80-84 increasing by 74% and the 85+ population by 123%. This compares to the increase of just 14% projected for the total Borough population over the next 20 years. All of these increases are higher than those projected for England.

Fig. 3-4: 65+ Population Projections for Bedford Borough

Age Range	2010	2015	2020	2025	2030	BB % Change 2010-2030	England % Change 2010-2030
65-69	7,000	8,600	7,800	8,700	10,200	46	39
70-74	5,900	6,500	8,100	7,400	8,300	41	34
75-79	4,800	5,300	5,900	7,400	6,800	42	37
80-84	3,800	4,000	4,600	5,200	6,600	74	71
85+	3,500	4,300	5,100	6,300	7,800	123	101
Total 65+	25,000	28,700	31,500	35,000	39,700	59	51

Source: POPPI based on 2008-based subnational population projections, ONS

- 3.12 As a result, older people will form a much greater proportion of the total Borough population, with the proportion aged 85+ doubling over the next 20 years:

Fig. 3-5: Proportion of Bedford Borough Population aged 65+

	2010	2015	2020	2025	2030
Total Population	159,000	164,200	169,600	175,200	180,600
Population aged 65 and over	25,000	28,700	31,500	35,000	39,700
Population aged 85 and over	3,500	4,300	5,100	6,300	7,800
Population aged 65 and over as a proportion of the total population	15.7%	17.5%	18.6%	20.0%	22.0%
Population aged 85 and over as a proportion of the total population	2.2%	2.6%	3.0%	3.6%	4.3%

Source: POPPI based on 2008-based subnational population projections, ONS

- 3.13 This major increase in the numbers aged 85+ will clearly result in a demand for additional Nursing and Residential Care and, also, Extra Care provision.

Ethnicity

- 3.14 Bedford Borough is one of the most ethnically diverse authorities in the East of England with up to 100 different ethnic groups. In 2001, 19.2% of the population was from minority ethnic groups (BME³), compared to 13% nationally, and there has been substantial increase in the BME population since 2001 due to significant international in-migration, though this has largely been people aged 18-30.
- 3.15 The BME population is primarily concentrated in the urban area of Bedford and Kempston with particularly large BME communities in Queens Park (57.8% in 2001) and Cauldwell (43.8%) wards.
- 3.16 Most BME groups in the Borough have a much younger age profile than the overall population. However, the number of older people from BME groups is growing, with the largest being Asian/Asian British. Though presently concentrated in the younger cohorts (under 75) of older people they will, as they age, also form a higher proportion of older cohorts.
- 3.17 For example, Asian/Asian British groups currently form just 1.5% of the 85+ population and 2.7% of those aged 75-84, but they represent 4.4% of the 65-74 age group, and 5.0% of those aged 55-64. There may also be a greater prevalence of illness and disability among Asian older people; the proportion aged 65+ reporting a limiting long term illness or disability in the 2001 Census was 59% compared to 47% among the White population.

Fig. 3-6: Population Aged 55+ by Ethnic Group 2007

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85+
White (includes British, Irish and Other White)	16,767	11,096	7,866	3,093
Mixed Ethnicity (includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	63	40	18	5
Asian or Asian British (includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	906	526	223	48
Black or Black British (Black Caribbean; Black African; and Other Black or Black British)	298	335	143	21
Chinese or Other Ethnic Group	143	50	30	2
Total	18,178	12,047	8,280	3,169

Source: Projecting Adult Needs and Service Information System (PANSI) for 55-64, and POPPI for 65+. Data is not published for the 50-64 age group so 55-64 has been used.

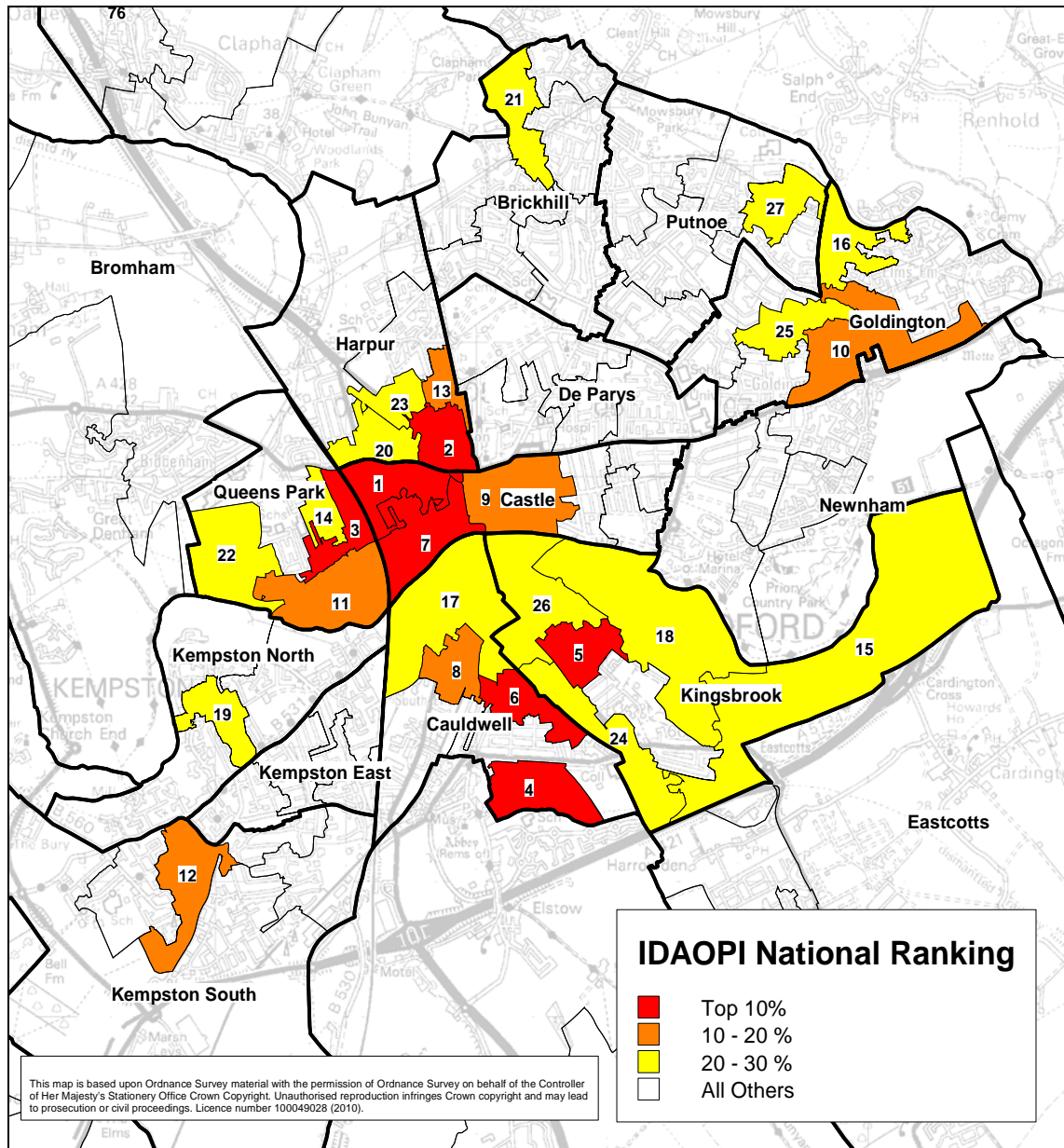
³ BME groups are defined as all ethnic groups except 'White British'.

Deprivation

- 3.18 The Indices of Deprivation 2007 provide a national ranking of an area's deprivation levels using a series of measures (income, employment, health, etc) which are then weighted and combined to form the most commonly referenced measure of deprivation, the Index of Multiple Deprivation (IMD) 2007.
- 3.19 While the primary purpose of the Indices of Deprivation is to measure deprivation at the neighbourhood level, a summary measure of deprivation at the local authority level is also provided.
- 3.20 Bedford Borough is in the mid range on overall deprivation, ranking 183 out of 354 local authorities in England on the IMD (where 1 is the most deprived). However, this overall average ranking for the Borough masks the significant pockets of deprivation which do exist in Bedford and Kempston towns.
- 3.21 The geography used to identify local areas of deprivation is the Lower Super Output Area (LSOA)⁴. Of the 102 LSOAs in Bedford Borough, 3 are among the Top 10% most deprived areas in England on the IMD (parts of Castle, Cauldwell and Harpur wards). A further 6 areas are among the Top 20% most deprived (parts of Castle, Cauldwell, Goldington, Kempston North and Kingsbrook (2) wards).
- 3.22 The Indices of Deprivation 2007 also provide a measure of Income Deprivation Affecting Older People (IDAOPI). On this Index, Bedford Borough has 7 LSOAs among the 10% most deprived in England, all in Bedford town, and a further 6 among the 20% most deprived, all in either Bedford or Kempston.
- 3.23 Across the Borough, almost 16% of older people are income deprived, but rates in parts of Castle, Harpur and Queens Park wards approach or exceed 50%.
- 3.24 The 27 LSOAs in Bedford and Kempston which fall into the Top 10%, 20% and 30% most deprived nationally on older people income are mapped below:

⁴ LSOAs average approximately 1,500 people and there are 102 in Bedford Borough. The large urban wards are divided into up to 6 LSOAs.

Fig. 3-7: Income Deprivation Affecting Older People Index (IDAOPi) 2007



Source: Indices of Deprivation 2007, DCLG

Living Alone

3.25 The number of people aged 65+ in Bedford Borough who are projected to live alone will rise significantly over the next 20 years:

Fig. 3-8: People Aged 65+ Projected to Live Alone in Bedford Borough

	2010	2015	2020	2025	2030
Males aged 65-74 predicted to live alone	1,240	1,460	1,540	1,560	1,800
Males aged 75 and over predicted to live alone	1,666	2,006	2,380	2,924	3,264
Females aged 65-74 predicted to live alone	2,010	2,370	2,490	2,490	2,850
Females aged 75 and over predicted to live alone	4,392	4,758	5,368	6,344	7,137
Total population aged 65-74 predicted to live alone	3,250	3,830	4,030	4,050	4,650
Total population aged 75 and over predicted to live alone	6,058	6,764	7,748	9,268	10,401

Source POPPI

- 3.26 This is important for understanding the demand for future housing and may also act as an indication of the need for support for those who may experience social isolation.
- 3.27 It should be noted, however, that while the number of people living alone will increase, it is likely to decline as a *proportion* of older people, particularly among the 85+ population. This is largely due to gains in male life expectancy and may also be related to deprivation with much higher proportions of older people likely to live in couples in such wards as Brickhill, Bromham and Putnoe than in the more deprived areas such as Castle, Cauldwell, Harpur and Kingsbrook.
- 3.28 Overall, the Bedford Borough Population Model forecasts that the proportion of those aged 85-89 living in households⁵ who live as couples will rise from 37% in 2011 to 42% in 2021 and to 46% in 2031. For those aged 90+ the proportion living as couples is forecast to rise from 23% in 2011 to 32% in 2021 and 36% in 2031.
- 3.29 This, also, will have significant implications for the housing needs of older people since those living in couples are more likely to want to stay in their existing home, and, should they need to move, their requirements may not be met by the size, characteristics and tenure of existing housing for older people.

Limiting Long-Term Illness (LLTI)

- 3.30 Rates of limiting long-term illness by age have been combined with population projections for the Borough to project the numbers of older people suffering from a long-term illness or disability:

⁵ This excludes residents of residential and nursing care facilities.

Fig. 3-9: Population aged 65+ with Limiting Long-Term Illness

	2010	2015	2020	2025	2030
People aged 65-74 with a limiting long-term illness	4,668	5,464	5,754	5,826	6,695
People aged 75-84 with a limiting long-term illness	4,333	4,685	5,290	6,348	6,751
People aged 85 and over with a limiting long-term illness	1,907	2,343	2,779	3,433	4,250
Total population aged 65 and over with a limiting long-term illness	10,908	12,492	13,822	15,606	17,695

Source: POPPI

- 3.31 Significant growth (62%) is projected over the next 20 years in the number of people aged 65+ with a LLTI and, again, this has major implications for such areas as the provision of aid and adaptations, housing design, and support, care and health services.

Dementia

- 3.32 Estimates of people with dementia have been produced by POPPI using the Alzheimer's Society's Dementia Prevalence Rates:

Fig. 3-10: Prevalence of Dementia

Age	% Males with Dementia	% Females with Dementia
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-84	10.2	13.3
85+	19.7	25.2

Source: *Dementia UK report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007*

- 3.33 The resulting projections for Bedford Borough indicate a possible increase of 1,600 people aged 65+ with dementia between 2010 and 2030, with a rise of over 130% in the numbers aged 85+:

Fig. 3-11: Dementia Projections for the 65+ Population

	2010	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	87	108	97	1109	127
People aged 70-74 predicted to have dementia	161	178	224	202	227
People aged 75-79 predicted to have dementia	283	310	351	439	397
People aged 80-84 predicted to have dementia	456	479	547	617	785
People aged 85-89 predicted to have dementia	461	539	617	711	850
People aged 90 and over predicted to have dementia	360	505	622	798	1,063
Total population aged 65 and over predicted to have dementia	1,808	2,119	2,458	2,876	3,450

Source: POPPI

Learning Disabilities

- 3.34 The number of people in the Borough aged 65+ with learning disabilities is projected to rise by more than 300 by 2030.

Fig. 3-12: People aged 65+ Projected to have Learning Disabilities

	2010	2015	2020	2025	2030
People aged 65-74 predicted to have a learning disability	279	325	346	348	400
People aged 75-84 predicted to have a learning disability	171	186	211	255	272
People aged 85 and over predicted to have a learning disability	66	82	98	123	153
Total population aged 65 and over predicted to have a learning disability	516	593	656	726	825

Source: POPPI

Provision of Unpaid Care

- 3.35 The number of people aged 65+ who provide unpaid care to a relative or friend is projected to rise by 51% over the next 20 years. The projected rate of increase within the 85+ age group is considerably higher at 123%, reflecting the high rate of population growth in this age group and the increasing proportion who will live as couples.

Fig. 3-13: People aged 65+ Providing Unpaid Care

	2010	2015	2020	2025	2030
People aged 65-74 providing unpaid care to a partner, family member or other person	1,864	2,182	2,297	2,326	2,673
People aged 75-84 providing unpaid care to a partner, family member or other person	842	911	1,029	1,234	1,313
People aged 85 and over providing unpaid care to a partner, family member or other person	145	178	212	262	324
Total population aged 65 and over providing unpaid care to a partner, family member or other person	2,852	3,271	3,538	3,822	4,310

Source: POPPI

Domestic Tasks, Self-Care and Mobility

- 3.36 This section looks at the number of people aged 65 and over in the Borough who are unable to carry out at least one of the following types of tasks: domestic tasks; self-care activities; and mobility activities. This data provides an indication of the extent to which support in these three areas will be required in the future.

Fig. 3-14: People Aged 65+ Unable to Manage at least 1 Domestic Task

	2010	2015	2020	2025	2030
People aged 65-69 unable to manage at least one activity on their own	1,552	1,932	1,732	1,920	2,256
People aged 70-74 unable to manage at least one activity on their own	1,828	2,011	2,539	2,295	2,560
People aged 75-79 unable to manage at least one activity on their own	2,160	2,356	2,672	3,340	3,024
People aged 80-84 unable to manage at least one activity on their own	2,130	2,238	2,536	2,860	3,642
People aged 85 and over unable to manage at least one activity on their own	2,702	3,370	3,970	4,788	6,002
Total population aged 65 and over unable to manage at least one activity on their own	10,372	11,907	13,445	15,203	17,484

Source: POPPI

Fig. 3-15: People Aged 65+ Unable to Manage at least 1 Self-Care Activity

	2010	2015	2020	2025	2030
People aged 65-74 unable to manage at least one self-care activity on their own	2,830	3,310	3,555	3,533	4,042
People aged 75-84 unable to manage at least one self-care activity on their own	3,356	3,597	4,078	4,851	5,230
People aged 85 and over unable to manage at least one self-care activity on their own	2,314	2,865	3,365	4,041	5,064
Total population aged 65 and over unable to manage at least one self-care activity on their own	8,500	9,772	10,998	12,425	14,336

Source: POPPI

Fig. 3-16: People Aged 65+ with Mobility Problems

Mobility - All People	2010	2015	2020	2025	2030
People aged 65-74 unable to manage at least one activity on their own	1,372	1,595	1,742	1,714	1,956
People aged 75-84 unable to manage at least one activity on their own	1,745	1,861	2,111	2,504	2,724
People aged 85 and over unable to manage at least one activity on their own	1,570	1,945	2,285	2,745	3,440
Total population aged 65 and over unable to manage at least one activity on their own	4,687	5,401	6,138	6,963	8,120

Source: POPPI

- 3.37 Combining the domestic task, self care and mobility projections indicates very substantial increases in the numbers of people who will experience difficulties. Consequently, the services that are provided to assist with each of these types of tasks are set to experience increasing pressures over the next 20 years, with considerably elevated numbers of older people requiring these services if they are to remain independent.

Analysis at Ward Level

- 3.38 The data presented above provides a picture of the likely trends over the next 20 years for Bedford Borough as a whole. Within the Borough, however, there is considerable variation in demographic and socio-economic structure by ward.
- 3.39 This distribution of older people by age, tenure, living alone, and living with a limiting long-term illness has major implications for housing-related care strategies. It is important that the four factors of age, tenure, living arrangements and health are examined to consider what impact these will have on the future level, nature and location of older people accommodation in Bedford Borough.

Age Distribution

- 3.40 Figure 3-17 sets out the number of people aged 50-64 and 65+ by ward in 2009. This is limited to household residents and excludes those in nursing and residential care facilities.
- 3.41 While the *proportion* of people aged 50+ is significantly higher in the rural (38.6%) than the urban (30.4%) area, Table 1 shows that the vast majority of older people are either located within Bedford and Kempston towns or in the wards such as Bromham and Clapham which directly border the urban area.
- 3.42 This simply reflects the urban/rural population split in the Borough with approximately two-thirds of the total population living in the urban area and a significant proportion of the rural population living in wards bordering Bedford and Kempston.
- 3.43 Figure 3-18 shows the ranking of wards by the number of household residents aged 65+. Putnoe and Brickhill wards stand out in particular, with their current age profiles reflecting the timing of the original development of these areas.
- 3.44 Other features of the chart include the low numbers of older people in two of the large, deprived wards in Bedford (Cauldwell and Queens Park), and the low numbers in small-population rural wards, even though older people represent a high proportion of the population of many of these rural wards.

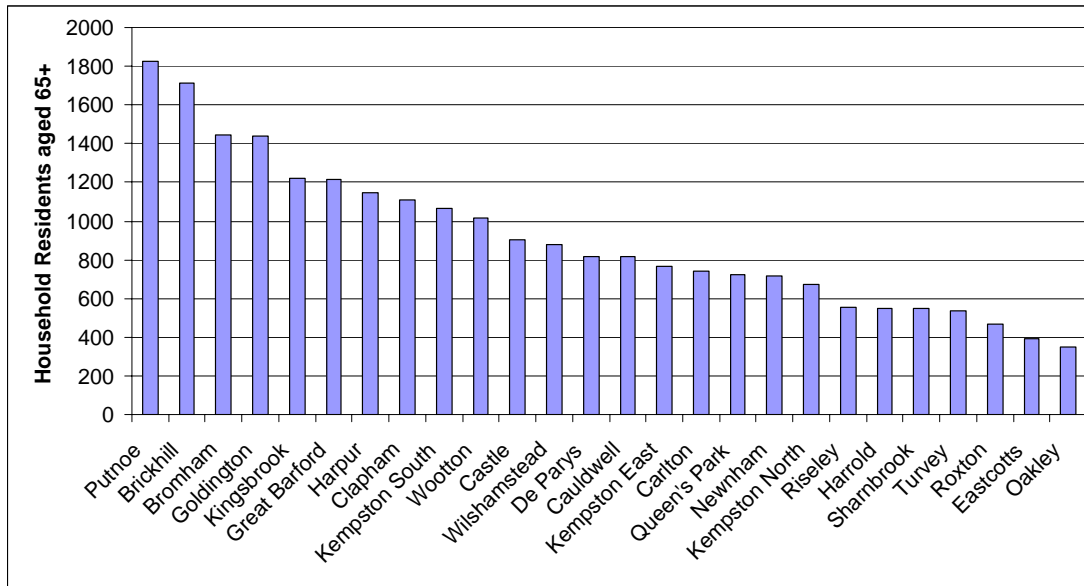
Figure 3-17: Population aged 50-64 and 65+ by Ward, 2009

Ward	Total Ward Population	Pop* Aged 50-64	Pop* Aged 65+	% of Population* Aged	
		Number	Number	50-64	65+
Brickhill	8,535	1,871	1,716	21.9	20.1
Bromham	8,153	1,819	1,446	22.3	17.7
Carlton	2,906	749	740	25.8	25.5
Castle	8,651	1,299	902	15.0	10.4
Cauldwell	9,348	1,127	816	12.1	8.7
Clapham	6,439	1,218	1,110	18.9	17.2
De Parys	5,679	924	817	16.3	14.4
Eastcotts	3,623	567	392	15.7	10.8
Goldington	9,036	1,423	1,437	15.7	15.9
Great Barford	6,149	1,289	1,212	21.0	19.7
Harpur	8,397	1,197	1,146	14.3	13.6
Harrold	3,328	665	550	20.0	16.5
Kempston East	6,295	1,068	768	17.0	12.2
Kempston North	5,642	1,039	675	18.4	12.0
Kempston South	7,791	1,375	1,066	17.6	13.7
Kingsbrook	9,776	1,349	1,221	13.8	12.5
Newnham	5,711	946	719	16.6	12.6
Oakley	2,559	583	351	22.8	13.7
Putnoe	8,343	1,833	1,827	22.0	21.9
Queen's Park	8,469	866	720	10.2	8.5
Riseley	2,791	707	557	25.3	20.0
Roxton	3,064	801	470	26.1	15.3
Sharnbrook	2,971	673	547	22.7	18.4
Turvey	2,909	652	535	22.4	18.4
Wilshamstead	5,630	1,104	877	19.6	15.6
Wootton	5,851	1,058	1,014	18.1	17.3
Bedford Borough	158,046	28,202	23,631	17.8	15.0

* Household population only – excludes residents of residential and nursing care facilities. The population denominator is the total ward population.

Source: 2009 Mid Year Estimates, ONS; 2001 Census; Analysis by Community Intelligence Team, Bedford Borough Council

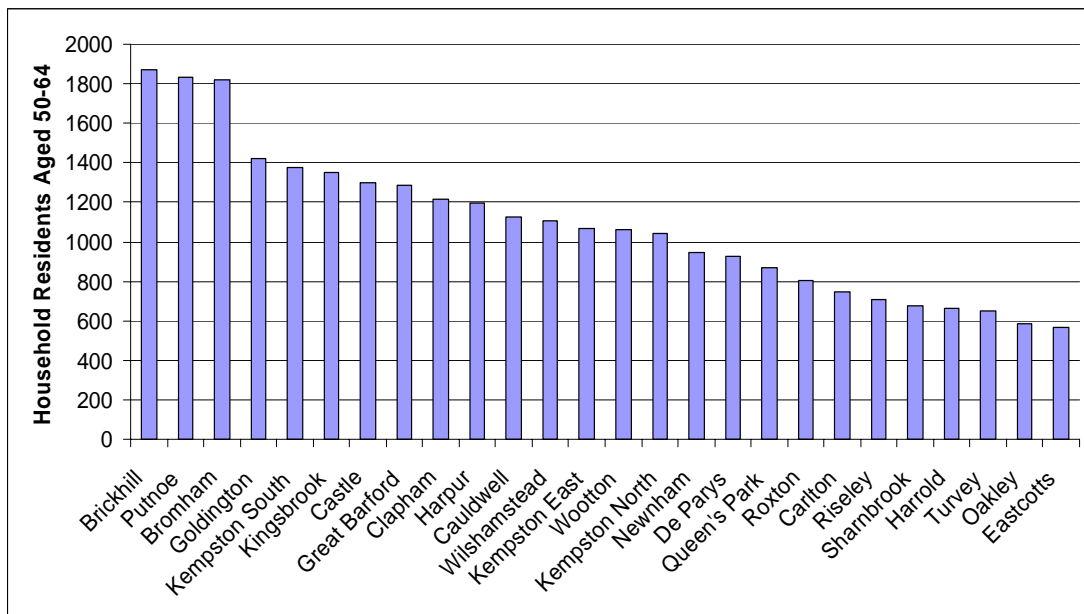
Figure 3-18: Household Residents Aged 65+ by Ward, 2009



Source: 2009 Mid Year Population Estimates, ONS

3.45 It is also instructive to examine the distribution of the 50-64 age group by ward since this represents the next generation of older people, and the accommodation strategy needs to reflect this future demand. Figure 3-19 for the 50-64 population confirms the pattern of the 65+ population, with the same wards of Brickhill, Putnoe and Goldington having the highest numbers of residents aged 50-64.

Figure 3-19: Household Residents Aged 50-64 by Ward, 2009



Source: 2009 Mid Year Population Estimates, ONS

3.46 The key implications of the spatial distribution of older people in the Borough for older people accommodation planning are:

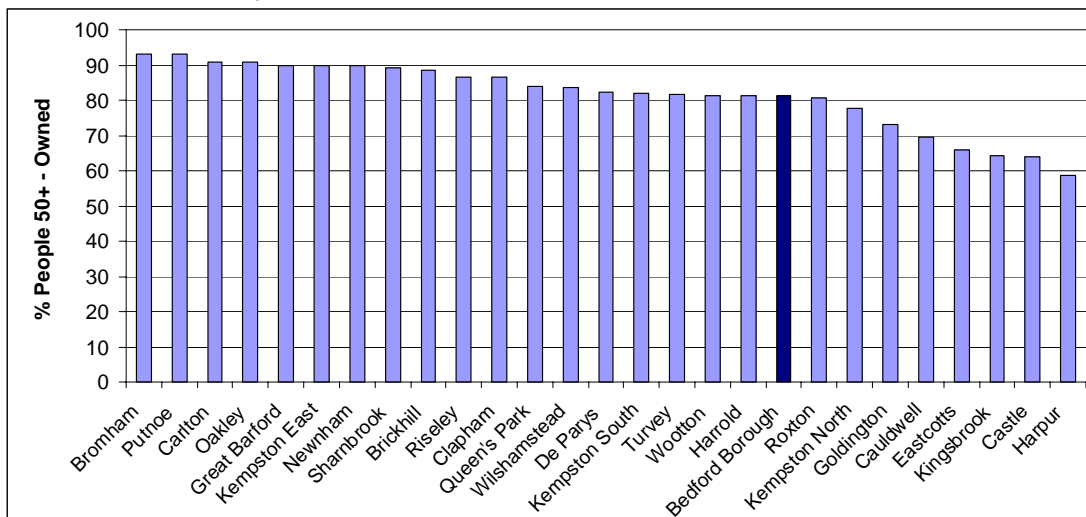
1. A concentration of older people in Bedford and Kempston towns and rural wards immediately bordering the urban area.
2. A strong concentration of older people in the arc extending from Brickhill to Putnoe to Goldington wards.
3. A generally lower proportion of older people in the more deprived wards, particularly Cauldwell and Queens Park.

3.47 This means that any additional provision should be focussed on the urban areas of Bedford and Kempston.

Tenure

3.48 The key feature of Figure 3-20, which shows the proportion of household residents by ward living in owned accommodation, is the generally high level of home ownership among older people. The exceptions are the more deprived urban wards such as Kingsbook, Castle and Harpur as well as Eastcotts ward, which includes the Shortstown area. Data is only available for 2001, but is unlikely to have changed significantly since that time.

Figure 3-20: Proportion of Household Residents Aged 50+ Living in Owned Accommodation by Ward, 2001



Source: 2001 Census, Table TT05, ONS

3.49 Among those aged 50-74⁶ in 2001 the level of ownership in the Borough was higher still at 83.9% with Bromham (94.2%), Putnoe (94%) and Brickhill (90.6%) reporting extremely high levels.

3.50 The lowest rate of ownership was in Harpur ward (64%) and levels in other deprived wards were also significantly below the Borough average. Furthermore, even if residents of more deprived wards own a property it is likely, on average, to be of lower value than properties located in more affluent areas.

3.51 Looking at the younger cohorts of older people, those aged 50-74, the level of home ownership is even higher (Figure 3-21), and there is the same pattern of

⁶ These people will now be aged approximately 60-84 and will form the majority of the demand for older people accommodation over the next several years, so are good indicator of the current tenure of older people in the Borough.

variation of ward. This suggests that the future demand by tenure for older people accommodation will feature:

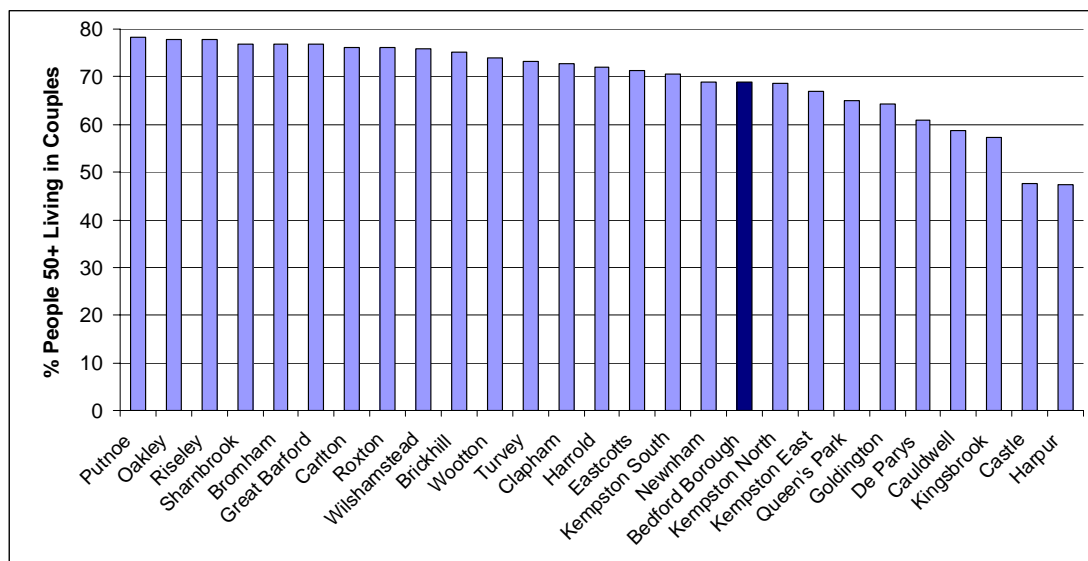
4. A strong demand for specialist older persons accommodation for sale to people who currently own their homes.
5. A continuing demand for older persons rental accommodation from people living in social and private rented housing in the more deprived wards of the Borough.

3.52 This means that a range of provision should be made available for residents of the Borough which includes a mix of tenures and is not limited to the for sale market or the social rented market.

Living In Couples

3.53 Figure 3-22 indicates that a high proportion of household residents aged 50+ live in couples, except in the more deprived wards such as Cauldwell, Kingsbrook, Castle and Harpur. Again, the latest data is for 2001. Estimates by the Community Intelligence Team at Bedford Borough Council indicate that the proportion living in couples has increased since 2001.

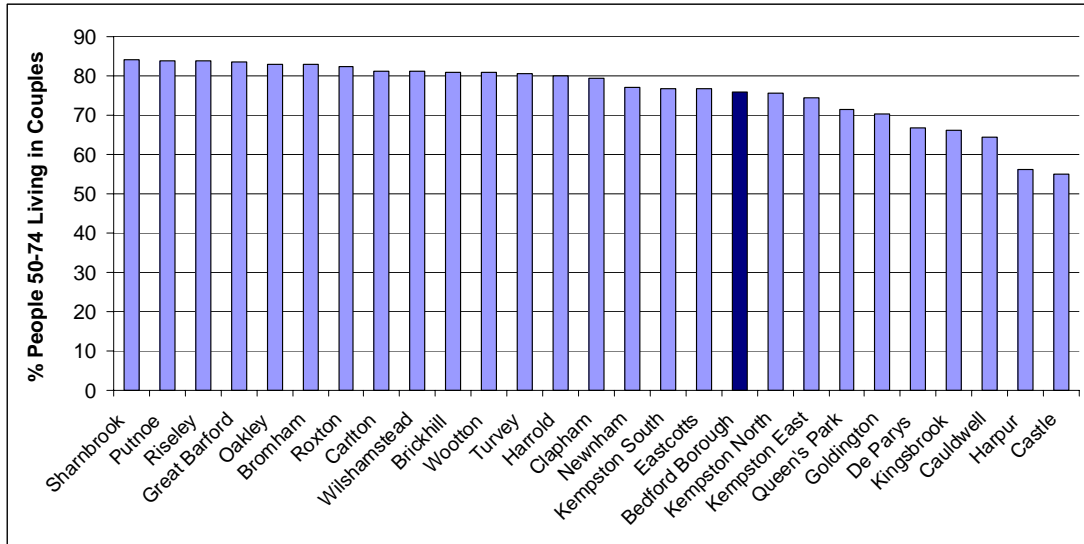
Figure 3-22: Proportion of Household Residents Aged 50+ Living in Couples by Ward, 2001



Source: 2001 Census, Table TT05, ONS

3.52 As expected, the proportion of household residents aged 50-74 who live as couples is higher than for all people aged 50+ (Figure 3-23). Again, there is a very strong relationship with deprivation, with the lowest rates in the deprived wards.

Figure 3-23: Proportion of Household Residents Aged 50-74 Living in Couples by Ward, 2001



Source: 2001 Census, Table TT05, ONS

- 3.53 People living in couples are more likely to want to remain in their existing home, and are more likely to be able to do so if one person in the partnership is in ill-health due to the presence of a potential carer. With significant improvements in male life expectancy, the proportion of older people living in couples is expected to increase significantly over the next 20 years, particularly among those aged 80+.
- 3.54 Consequently, this data suggests the following implications for older people's accommodation needs in the Borough:

6. The high and growing proportion of older people living in couples may result in more people remaining in their own homes for longer. When they do move they may have higher care needs, possibly requiring Extra Care provision.
7. The future stock of older people accommodation will require a greater supply of larger units suitable for couples. A significant proportion of this should be for sale, reflecting the high home ownership rates among older people who live in couples.
8. Demand for older people's accommodation for one person will continue to be generated, in particular, by residents of more deprived areas, with a continuing need for rental units since their home ownership levels are lower.

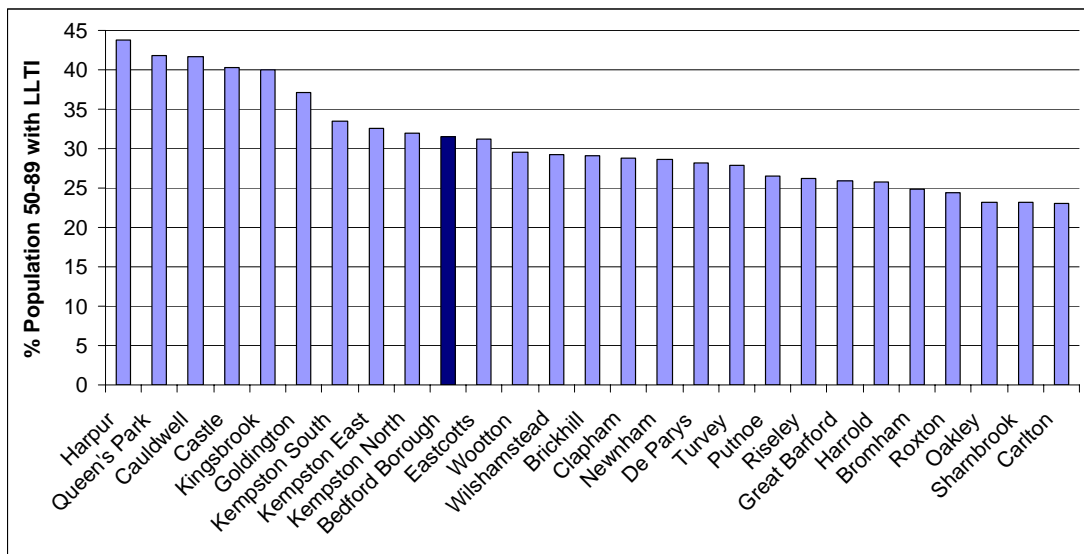
- 3.55 This means that a range of accommodation options including 1 bedroom and 2 bedroom properties for sale, for rent and within the social rental sector need to be developed. A higher number of these properties should be within the extra care sector to reflect the potentially higher care needs of those leaving their own homes.

Limiting Long Term Illness and Disability

3.56 Whether an older person can stay in their existing home, and the type of specialist older people accommodation they require if they do move, is greatly influenced by their health. A surrogate measure of the health of older people is the proportion who indicated in the 2001 Census that they suffered from a limiting long term illness (LLTI) or disability.

3.57 Figure 3-24 shows the proportion of household residents in each ward aged 50-89 who reported a LLTI. By far the highest rates are among residents of the more deprived areas in the Borough.

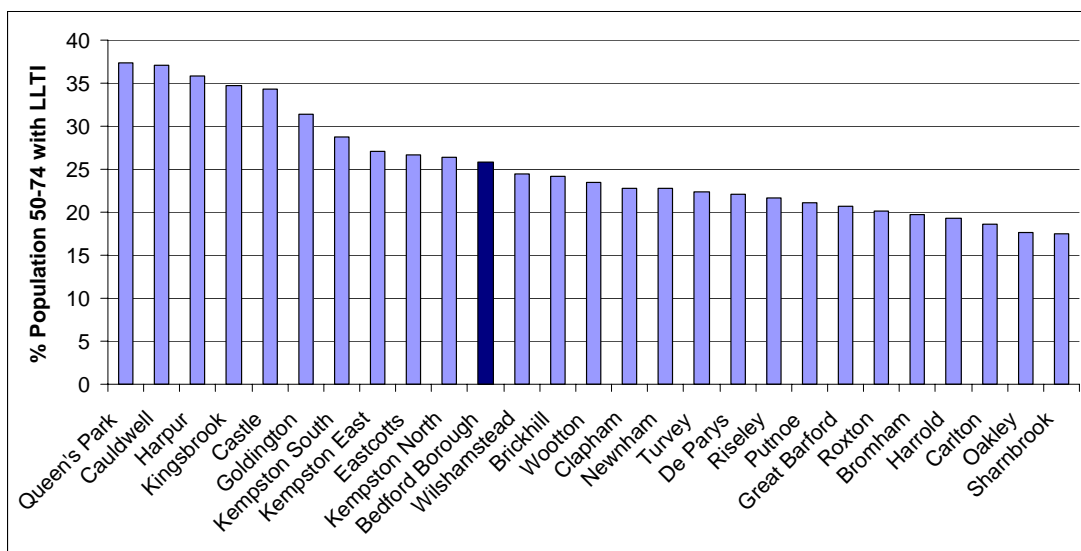
Figure 3-24: Proportion of Household Residents Aged 50-89 with a Limiting Long Term Illness or Disability by Ward, 2001



Source: 2001 Census, Table ST016, ONS

3.58 The same pattern is seen among household residents aged 50-74 in 2001. Indeed, the relative difference between residents of the most deprived and least deprived wards is even greater among this younger cohort of older people, indicating that residents of deprived wards are not only more likely to have a LLTI but to be in poorer health at a younger age.

Figure 3-25: Proportion of Household Residents Aged 50-74 with a Limiting Long Term Illness or Disability by Ward, 2001



Source: 2001 Census, Table ST016, ONS

3.59 The key implications for the planning of older people's accommodation are:

9. At any given age, older people in more deprived areas are likely to be in poorer health and to need greater provision of specialist older people accommodation than residents of more affluent areas.
10. Residents of more deprived wards will generate a disproportionate demand for older people accommodation due to lower home ownership, fewer living in couples, and poorer health than residents of more affluent areas.

3.60 This means there will continue to be a demand for social rented older persons accommodation in the and around the more deprived urban areas. The level of need is likely to be higher, possibly at an extra care level, and therefore consideration must be given to the location of extra care for social rented tenants in a more urban setting.

Deprivation and Older People Characteristics

3.61 A recurring theme of the above data is the strong relationship between deprivation levels and the characteristics of older people.

3.62 The table 3-26 below summarises the differences between older people living in the least deprived and most deprived areas on the previous 4 indicators, on income levels, and on the results of the analysis of Social Services Referrals Assessments of people aged 50+ in the Borough which are presented later in this chapter.

3.63 The differences are consistent across all these measures and confirm the overriding conclusion that while future demand for older people accommodation will increasingly be shaped by the residents of less deprived areas who own their homes, have higher incomes, live in couples and have better health, the residents of more deprived areas will exert a *disproportionate* influence on the future market. They will continue to sustain a significant demand for older people

accommodation for rent, including a continuing demand for rental Sheltered housing.

Fig. 3-26: Comparison of Older People Characteristics by Deprivation

Characteristic	Older People Resident in Least Deprived Wards	Older People Resident in Most Deprived Wards
Have a Limiting Long-Term Illness or Disability	Lower	Higher
Life Expectancy	Higher	Lower
Living in Couples	Higher	Lower
Living Alone	Lower	Higher
Owned Accommodation	Higher	Lower
Rented Accommodation	Lower	Higher
Claiming Pension Credits	Lower	Higher
Level of Adult Social Services Referrals	Lower	Higher
Level of Assessments with Critical Needs	Lower	Higher

Source: Bedford Borough Council

Analysis of referrals made to Bedford Borough Council Social Services

- 3.64 To compliment the analysis at ward level and show the strong spatial variation by deprivation levels, a detailed analysis was undertaken of the characteristics of older people whose needs were assessed by Bedford Borough Adult Services in 2009-2010 and the outcomes of these Assessments. This analysis confirmed the link between deprivation and older people accommodation needs.
- 3.65 The original dataset had a total of 2,797 records. From this, the following groups were deleted:
- Residents outside the Borough
 - Records for which no Referral Eligibility Status was recorded
 - Residents of Residential Care and Nursing Homes.
- 3.66 This reduced the dataset to 2,519 records. The age and gender split is:

Fig 3-27 Age and Gender Split of referrals in 2009-10

Age	Total	Gender	Gender by %
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		Male	Female	Male	Female
50-64	451	216	235	47.9	52.1
65+	2068	831	1237	40.2	59.8
75+	1624	646	978	39.8	60.2
All 50+	2519	1047	1472	14.6	58.4

Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

- 3.67 Referral Eligibility Status has four assessment categories: Critical; Substantial; Moderate; and Low. The breakdown by age and gender of the 2,519 records is:

Fig 3-28 Assessed needs of referrals in 2009-10 by Age

Referral Eligibility Status	50-64		65+		75+		All 50+	
	Number	%	Number	%	Number	%	Number	%
Critical	146	32.4	540	26.1	441	27.2	686	27.2
Substantial	228	50.5	1343	64.9	1059	65.2	1571	62.4
Moderate	74	16.4	177	8.6	117	7.2	251	10.0
Low	3	0.6	8	0.4	7	0.4	11	0.3

Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

- 3.68 The Referral Eligibility Status by Gender for the 1,047 Male clients and the 1,472 Female clients aged 50+ is similar, with a slightly higher proportion of males assessed as Critical:

Fig 3-29 Assessed needs of referrals in 2009-10 by Gender

Referral Eligibility Status	Total	Male		Female	
		Number	%	Number	%
Critical	686	304	29.0	382	25.9
Substantial	1571	656	62.6	915	62.2
Moderate	251	83	7.9	168	11.4
Low	11	4	0.4	7	0.5
All 50+	2519	1047	100	1472	100

Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

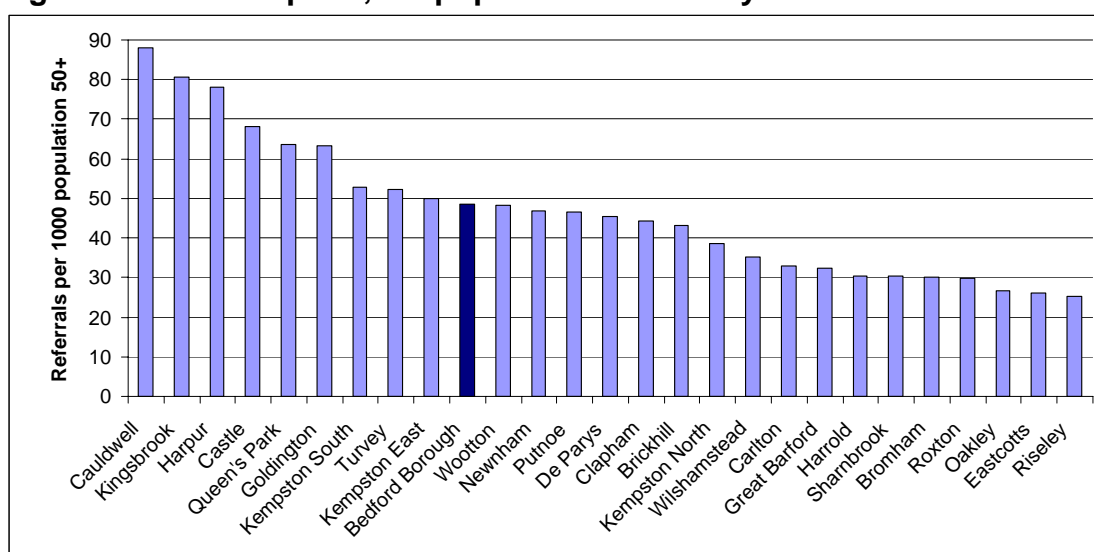
Analysis by Ward

- 3.69 An analysis was undertaken of the 2,519 records to determine whether there was any spatial pattern to referrals and, if so, whether this could be related to socio-economic variables and levels of social deprivation.
- 3.70 In order to compare wards, it is necessary to standardise ward populations to remove the impact of the large variation in ward populations. Standardisation took the form of aggregating the 2009 ONS Mid Year Population Estimates for

Lower Super Output Areas into wards, and then calculating the number of referrals per 1000 population⁷ by ward in the age groups 50-64, 65+, 75+ and for the entire 50+ client group.

- 3.71 Since the Referrals data excludes residents of Residential Care and Nursing Homes, the number of residents⁸ in these establishments in each ward was subtracted from the ward populations so that only the household populations were used.
- 3.72 Looking, firstly, at the full dataset of 2,519 records for all 50+ clients, it is clear that there is significant variation between wards and, also, that this is strongly correlated with deprivation since the 6 wards with the highest rates of Referrals all have areas of significant deprivation:

Fig 3-30 Referrals per 1,000 population ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

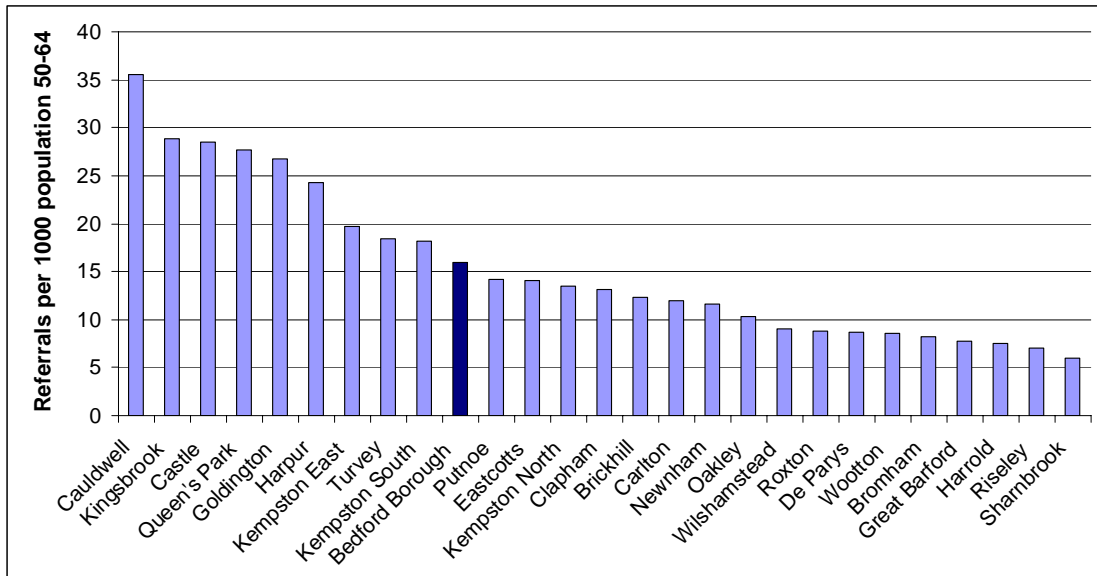
- 3.73 Caution should be exercised when looking at the rates in some rural wards which have small populations (e.g. Carlton, Oakley). While the data has been standardised to remove the impact of variations in ward populations, minor variation in the number of Referrals can have a large impact upon the rate in a small rural ward. It may be more meaningful to look at aggregated data for groups of rural wards.
- 3.74 Analysis was also undertaken of the 50-64, 65+ and 75+ age groups to see whether the patterns were different or whether the relationship with deprivation might be even stronger among younger clients. It might, for example, be expected that residents of more deprived wards would present earlier than residents of more affluent areas.

⁷ It should be noted that these are *not* Annual Referral Rates since they cover the 19+ month period 1st April 2009 – 9th December 2010

⁸ Since there are no robust estimates of 2009 Residential Care and Nursing Home populations by ward, 2001 Census data has been used.

3.75 The 50-64 age group exhibited a similar pattern to the All 50+ with an even greater relative difference between the wards with highest and lowest rates:

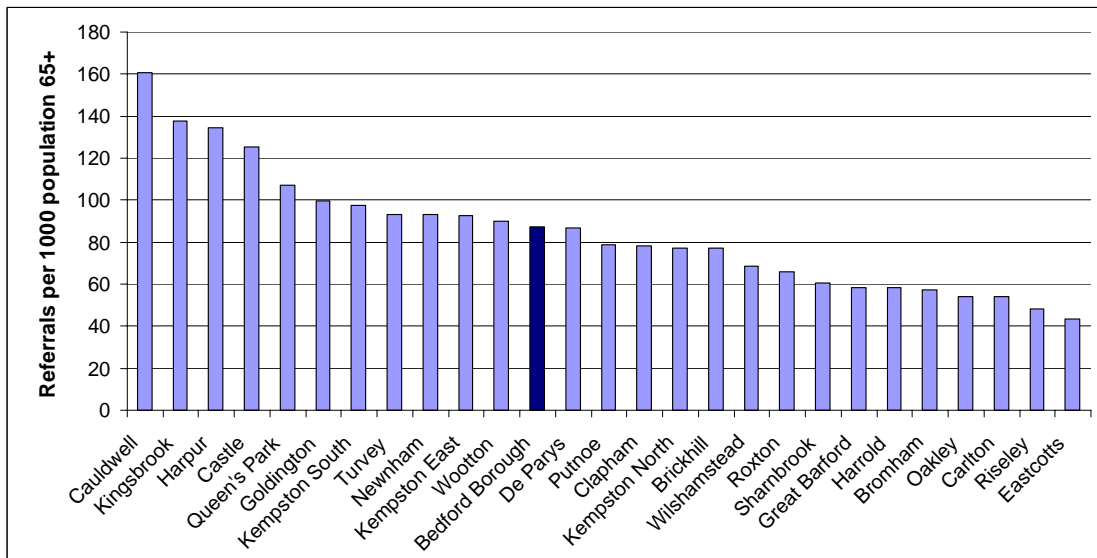
Fig 3-31 Referrals per 1,000 population aged between 50-64 ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

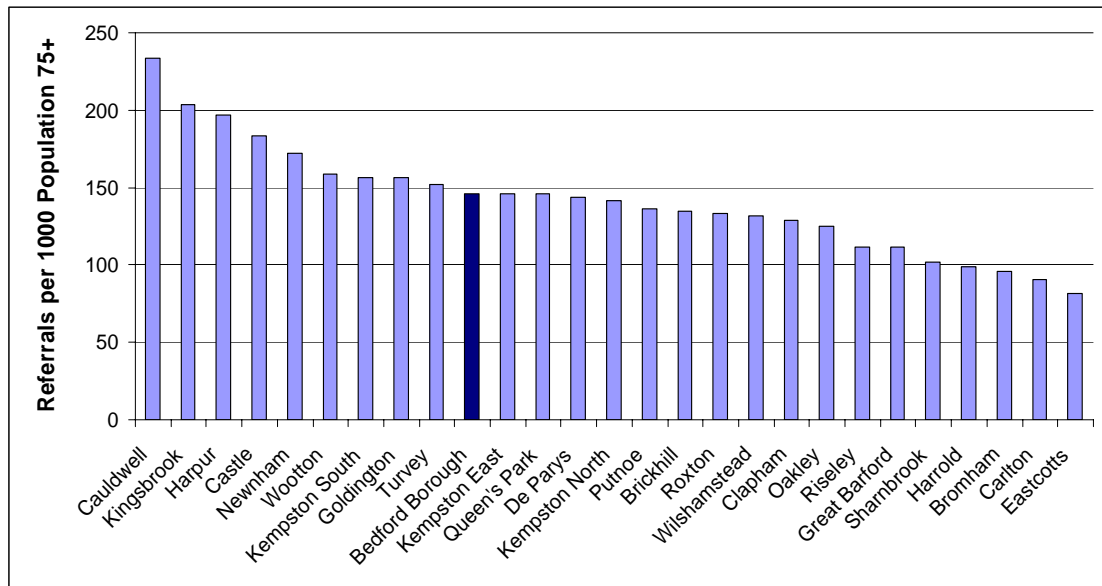
3.76 Both the 65+ and 75+ client groups show a similar pattern of distribution by ward, though some less deprived wards (e.g. Newnham and Wootton) rank higher as age increases:

Fig 3-32 Referrals per 1,000 population aged 65+ ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

Fig 3-33 Referrals per 1,000 population aged 75+ ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

Analysis of Critical Referrals by Ward

- 3.77 Another key issue is whether Referrals classed as **Critical** exhibit any spatial pattern since this might have implications for the location of supported older people accommodation.
- 3.78 Figure 3-34 sets out the Referral Eligibility Status for the full 50+ client group by ward and Figure 3-35 for clients aged 75+.

Fig 3-34 All Referrals aged 50+ 1st April 2009 – 9th December 2010 by Assessed Eligibility Status

Referral Eligibility Status – All 50+

Ward	Total Referrals	Critical	Substantial	Moderate	Low
Brickhill	155	39	99	16	1
Bromham	98	32	55	10	1
Carlton	49	19	26	4	
Castle	150	39	91	20	
Cauldwell	171	45	105	20	1
Clapham	103	29	66	6	2
De Parys	79	31	43	5	
Eastcotts	25	6	13	6	
Goldington	181	45	118	18	
Great Barford	81	20	55	6	
Harpur	183	54	104	25	
Harrold	37	11	24	2	
Kempston East	92	24	58	10	
Kempston North	66	20	42	4	
Kempston South	129	38	80	11	
Kingsbrook	207	37	137	32	1
Newnham	78	20	51	6	1

Oakley	25	13	11	1	
Putnoe	170	45	115	9	1
Queen's Park	101	28	64	8	1
Riseley	32	9	21	1	1
Roxton	38	9	22	7	
Sharnbrook	37	12	21	3	1
Turvey	62	18	42	2	
Wilshamstead	70	21	37	12	
Wootton	100	22	71	7	

Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

Fig 3-35 All Referrals aged 75+ 1st April 2009 – 9th December 2010 by Assessed Eligibility Status

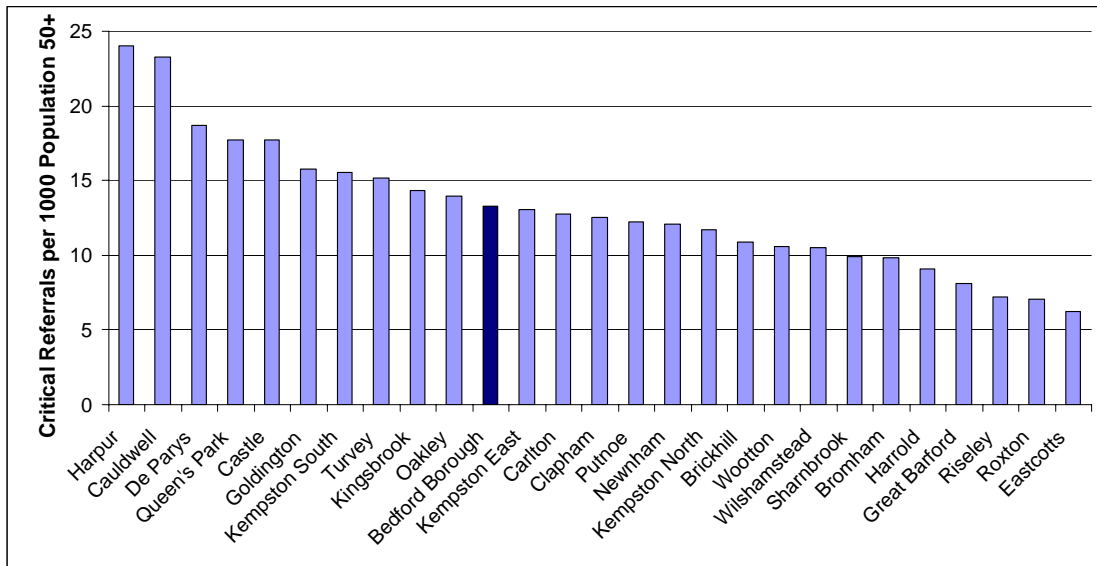
Referral Eligibility Status – All 75+

Ward	Total Referrals	Critical	Substantial	Moderate	Low
Brickhill	112	28	71	12	1
Bromham	65	17	43	5	
Carlton	29	9	18	2	
Castle	88	21	60	7	
Cauldwell	94	22	64	7	1
Clapham	66	23	39	3	1
De Parys	61	27	32	2	
Eastcotts	13	2	9	2	
Goldington	109	26	77	6	
Great Barford	59	16	40	3	
Harpur	126	35	74	17	
Harrold	26	8	16	2	
Kempston East	56	16	35	5	
Kempston North	44	14	30	0	
Kempston South	77	21	50	6	
Kingsbrook	128	22	89	17	
Newnham	55	14	38	2	1
Oakley	16	8	8	0	
Putnoe	117	34	77	5	1
Queen's Park	56	15	40	1	
Riseley	22	8	13	0	1
Roxton	24	7	14	3	
Sharnbrook	24	9	13	1	1
Turvey	38	10	27	1	
Wilshamstead	46	13	29	4	
Wootton	73	16	53	4	

Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

- 3.79 Analysing the *rates* of assessments classed as Critical per 1,000 population aged 50+ by ward does again reveal a strong relationship with deprivation:

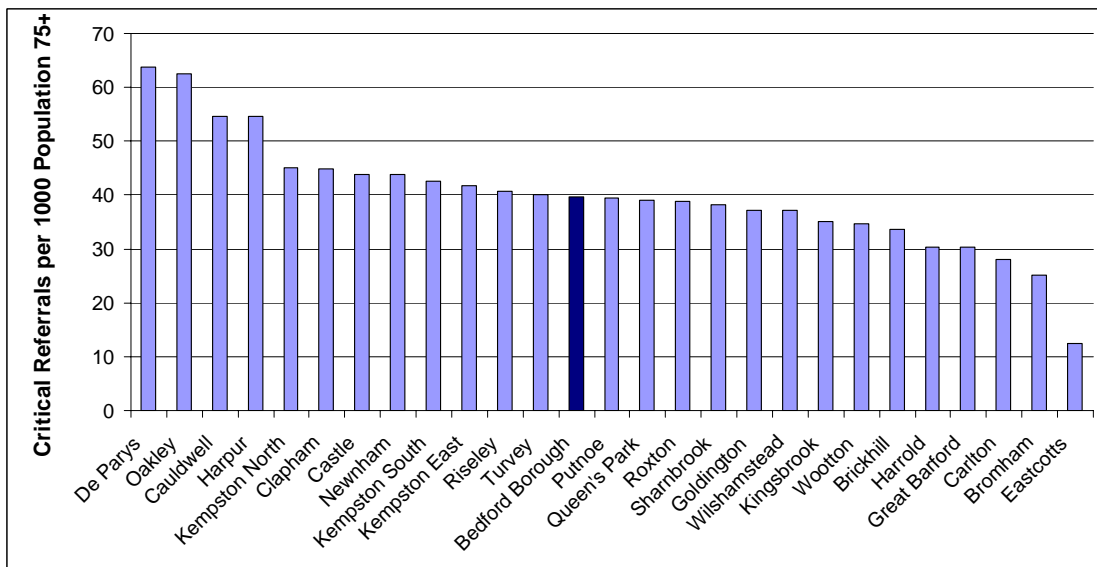
Fig 3-36 Number of referrals assessed as Critical for 50+ ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

- 3.80 This suggests a similar pattern to the analysis of *total* Referrals by wards.
- 3.81 Looking specifically at the 75+ age group, however, the relationship between the rate of Critical assessments per 1000 population and deprivation becomes less pronounced, suggesting that Critical assessments are more related to deprivation among those aged 50-74 than those over 75:

Fig 3-37 Number of referrals assessed as Critical for 75+ ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

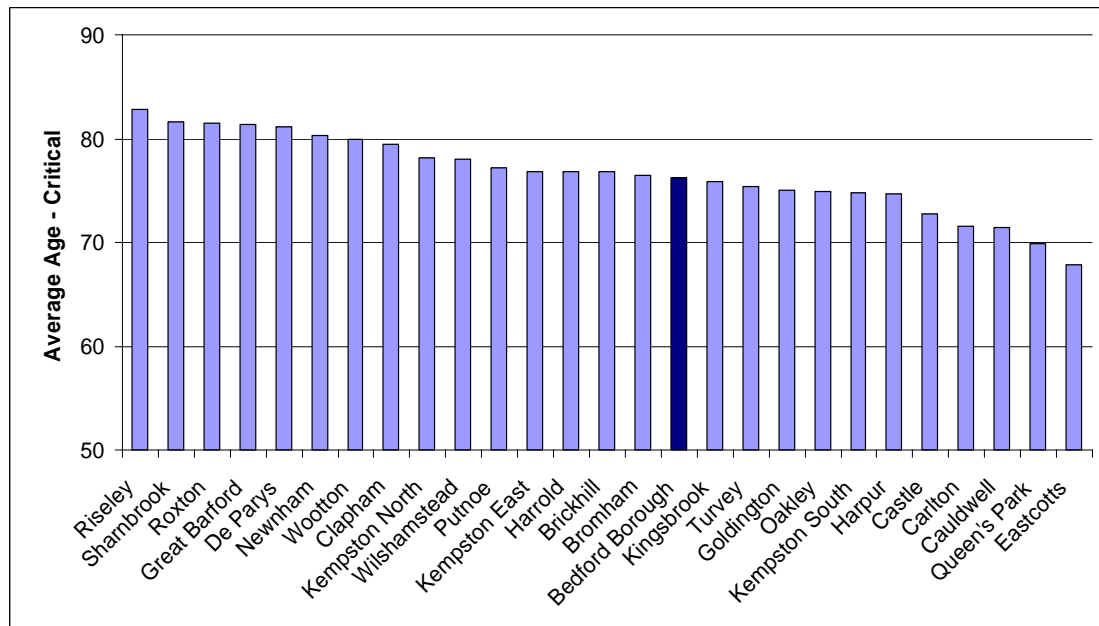
- 3.82 Combining the analysis of overall referral rates with that of Critical assessment rates suggests that wards with high levels of deprivation not only have higher

rates of total referrals but they also have higher rates of Critical referrals, particularly in the younger age ranges of older people.

Analysis by Age

- 3.83 Combined with intelligence regarding the age profile and spatial distribution of older people in the Borough, analysis of the ages at which people are assessed as having Substantial or Critical needs may assist in planning older people's accommodation.
- 3.84 Again, caution must be exercised when interpreting results for the smaller rural wards as both populations and number of assessments are low. This analysis may be of more value when planning for older people's populations in the larger urban wards (and the larger of the rural wards).
- 3.85 The average age by ward at which people are assessed as having Substantial needs varies little – from 75.5 in Kempston East to 81.8 in Wilshamstead, and is of little value.
- 3.86 There is significantly more variation in the average age at which people are assessed as having Critical needs. This varies from 67.8 in Eastcotts to 82.8 in Riseley (though both are based on very few cases):

Fig 3-38 Average Age of those assessed in Critical Need ranked by Ward



Source: Bedford Borough Council. Data supplied by the Performance Team, analysis by Community intelligence Team.

- 3.87 The pattern is inconclusive but there is again some evidence that people are assessed with Critical needs at a younger age in the more deprived wards. The apparent exception is Eastcotts ward – however, this is only based on 6 records and it should be noted that all 6 are resident in the more deprived part of the ward (Shortstown).

3.88 This data might be applied to the age and location profiles of older people in the Borough to identify likely future numbers and locations of people who may be assessed with Critical needs.

Key Conclusions

3.89 Looking at the distribution of older people in the Borough, the proportion is highest in rural wards such as Carlton. However, these rural wards mainly have smaller populations so the highest concentrations of older people are in Bedford Town wards such as Brickhill and Putnoe, or in rural wards on the fringes of the urban area such as Bromham and Wootton. These areas all have very high levels of home ownership among older people.

3.90 The wards bordering the urban area are where the vast majority of residential development planned for the Borough over the next 20 years will take place.

3.91 The more deprived wards in the urban area generally have a low proportion of older people. For example, Cauldwell and Queens Park wards which both have significant areas of deprivation have under 9% of their populations aged 65+ whereas the much more affluent Putnoe ward has 22.2%. Consequently, the characteristics of older people living in the more affluent areas (high rates of home ownership and living in couples, and low levels of long-term illness) will tend to dominate the future demand for older people's accommodation in the Borough.

3.92 Combining these factors, there are two key conclusions drawn regarding the tenure of future demand for older people's accommodation in Bedford Borough:

a. There is a clear need for a significant increase in sheltered housing for sale since the existing stock of sheltered housing is largely rental and is unlikely to appeal to the high proportion of older people in the Borough who are home owners. However, the scale of this demand may be somewhat reduced by the high proportion of people who are living in couples and the generally better health enjoyed by older people in the wards with the greatest concentrations of older people (e.g. Bromham, Brickhill and Putnoe) which will allow them to remain longer in their present housing.

b. The existing stock of sheltered housing for rent may have little appeal to those moving from owned accommodation and the current supply is likely to exceed future demand. However, while demand for rental sheltered housing in Bedford Borough will decline, the reduction may not be as strong as forecast in the More Choice Greater Voice model. There are significant numbers of potential tenants from the more deprived wards in the Borough who tend to be renters, to live alone, and to have greater care and support needs at a younger age. Sheltered rental housing will continue to be the accommodation of choice for many of these older people.

3.93 As a result, the relative demand for sheltered housing for sale in Bedford Borough is likely to be somewhat less than that suggested by the More Choice Greater Voice model, and the relative demand for sheltered housing for rent is likely to be greater than indicated by the model.

Summary of Demographic Trends

- 3.94 The key features of Bedford Borough's current and projected demographic structure with implications for the scale, type and tenure of older people's accommodation are:
- a. The number of people aged 65+ is forecast to rise by 59% between 2010 and 2030. Older age groups are projected to rise by much higher levels with those aged 80-84 increasing by 74% and the aged 85+ population increasing by 123%. The number of people aged 65+ as a proportion of the total population will rise from 15.7% to 22%. This increase will create increased demand for Nursing and Residential Care and for Extra Care accommodation.
 - b. There are very high rates of home ownership among older people which implies a need for significantly increased provision of sheltered housing for sale. At the same time, the proportion of older people living in owned accommodation who are living as couples will increase, primarily due to improved male life expectancy. This will result in couples remaining in their own homes later in life and will dampen this rise in demand for owned sheltered housing.
 - c. While renters are a minority among older people, they are concentrated in the more deprived wards and have poorer health at an earlier age and a much higher proportion living alone compared to people in owned accommodation. While the demand for rental sheltered housing in the Borough is forecast to decline, there will continue to be a strong demand generated by these groups.
 - d. Though the Borough's rural area has a high proportion of older people, the total numbers are small relative to the large concentration of older people in the urban wards of Bedford and Kempston towns and in the wards bordering the urban area. The wards on the edge of the urban area are also those where the majority of the residential development planned in the Borough over the next 20 years will be located.

4 The Housing Aspirations of Older People

- 4.1 Consumer research with older people shows that their aspirations in relation to housing and care in older age are growing. This is driven by higher levels of home ownership, higher aspirations around lifestyle, and a wish to sustain independence even if older people have health and care needs.
- 4.2 Older people tend to move for different reasons at different stages of their lives.
- 4.3 Some choose to move at an earlier age due to 'pull' factors such as better location, or smaller, easier to manage home. These people have tended to move to other general needs housing, for example a house, flat or bungalow.
- 4.4 Other older people choose to stay where they are for as long as possible, even if their current home may not be easy to manage, and then move at a later stage due to 'push' factors such as illness, disabilities which makes it harder to get around the house, loneliness, or death of a partner.
- 4.5 In making their choices a number of factors are becoming increasingly important:
 - *Space*: older people are looking to good space standard accommodation. This is reflected in the fact that much of the existing sheltered housing stock is now becoming hard to let or sell, in particular small units such as bedsits
 - *Two bedrooms*: the wish for two bedrooms is becoming the norm
 - *Location*: location has always been, and is still a critical factor, in older people making a housing choice that suits them. This will involve consideration of where services and facilities are close to hand
 - *Accessibility to services*: A growing number of older people are looking to move to somewhere where both the building and services will be able to support them if they become frailer without them having to make a further move
 - *Service approach*: older people are increasingly looking for a service model that is flexible and allows them purchase services as they need them
 - *Couples remaining together*: older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home
- 4.6 In relation to both public and independent sector services, older people and other groups of the population are looking for:
 - Improvements in quality year on year
 - Fairness and equity in how they pay for services
 - Transparency on what they are getting for what cost, and flexibility in being able to purchase services as and when they need
- 4.7 In the spring/summer of 2010, a consultation exercise with residents of Bedford Borough was undertaken. Three focus group consultations took place and included a total of 63 people participated. A range of housing types and tenures were represented that included owner occupiers, private renters and those renting

from a Registered Social Landlords. The people who participated in the consultation lived in a range of housing types including: houses, flats, bungalows and sheltered housing schemes.

- 4.8 A standard set of questions based upon the Care Services Efficiency Delivery (CSED) toolkit (see <http://www.housingcare.org/downloads/kbase/2990.pdf>) was used. The questions gauge participant's awareness of the different housing and support services that are available to them as they get older, and get them to think about their current and future housing needs.
- 4.9 The following analysis offers an overview of the main findings from this piece of research, broken down by theme and by group.

Staying Put

- 4.10 The vast majority of people who have been involved in this research want to stay in their own home as they get older. Despite this, there was a wide acknowledgement that there may come a time when this is no longer possible. Those who said that they would like to move were mainly looking to downsize or move into more accessible accommodation, such as a bungalow. Very few people said that they wanted to move into sheltered housing or another type of retirement accommodation. Almost everyone said that they would want to stay in their current home for as long as they possibly could.

Support Services

- 4.11 In terms of looking at the services that people would need to enable them to stay in their current home, there was an acknowledgement of the importance of low-level support services, such as domestic assistance, home maintenance, meal delivery service and gardening. Many people said that this type of low-level support would help them immensely in the pursuit of retaining independence.
- 4.12 There was a strong dependence upon friends and family to provide many of the support services that people may need as they get older. Many already had family members who helped them, including the provision of personal care, domestic help and carrying out tasks such as shopping. For some, there appeared to be an aversion to 'outside' help, particularly for this type of low-level support and personal care. This contrasted with the general view.

Awareness

- 4.13 All of the people who were consulted were asked about their awareness of a range of support services that are currently provided:
- Home improvement agencies – Several people had heard about the Home Improvement Agency and felt that they often hear that they have run out of money towards the end of the financial year. A significant number of other people had not heard of them.
 - Handy person schemes – most people also knew about Age Concern's handyman service, which a few had used but had found quite expensive.
 - Aids and adaptations – everyone had heard about these and several people had applied for aids and adaptations but the waiting time was long, e.g. having been assessed as qualifying for a walk in shower, one person had waited for 2

years and one for a year and still waiting. Several people did not know where to go to find out about them.

- Home care – everyone had heard about home care but many were not sure who to contact or how it worked exactly and what sort of home care services were available.
- Community alarms – most but not all the people had heard about community alarms and several people had them. However, some people felt that older, more isolated people may not realise that they are entitled to a community alarm and link with Care link. One man had looked into buying your own phone with an ability to press a button and get straight through to a person of their choice in an urgent or emergency situation. Everyone felt that this was a great service for helping to keep older people independent in their homes.
- Assistive technology – some people had heard about some of the sensors and what they can do but were not aware of Bedford Care Link actually having any assisted technology in operation at the current time.

4.14 There was a noticeable difference in awareness between the urban and rural groups. The rural group contained very few people who knew about these services.

Housing Options

General Accommodation

4.15 Several people highlighted the attraction of bungalows for older people, allowing for easier access in and around the property. Most, if not all, of those who would consider a move said that they would like to move into a general needs bungalow. However, they also mentioned that cost was an issue and bungalows were expensive. Social rented bungalows were also considered difficult to find.

Specialist Retirement Accommodation

4.16 This includes sheltered housing, extra care, residential and nursing care.

4.17 For the majority, moving into specialist retirement accommodation would only happen when it was absolutely necessary, and due to not being able to stay in their own home for health reasons. Overall, the decision to move into retirement accommodation was not felt to be a positive one, and would be seen by many as a last resort. When asked about what point this decision should be made, many agreed that it would be best to make this decision while one still had their physical and mental health, but the reality was that most would only move into retirement accommodation when they were forced to do so. Most people were aware of residential and nursing care and many knew about sheltered housing but few had heard of Extra Care.

4.18 Like many other surveys few people would see Residential Care as a positive choice but many more would consider sheltered housing except where a bedsit was the only option⁹.

⁹ Housing Choices and Aspirations of Older People – Research from the New Horizons Project by the Karen Croucher Centre for Housing Policy, University of York, published by the Department for Communities and Local Government February 2008

Considerations

- 4.19 When asked about the considerations that would determine where people would move to and in what type of accommodation, location was paramount to many, for different reasons, including proximity to local amenities, proximity to good public transport routes, and a familiarity with the location, including family ties.

Information

- 4.20 There was a general view that there was not enough information about housing and support options although people living in Bedford were noticeably better informed. Suggestions were made to improve access to information which included better provision in public buildings and GP surgeries. There was a view that the free Sunday newspaper would be a good option.

Access to other services

- 4.21 Transport figured significantly as an issue along with access to a range of social activities. Again there was a noticeable difference between the urban and rural areas. Anti-social behaviour was more of an issue for those living in Bedford and particularly the town centre.

Sheltered Housing

- 4.22 People who are living in sheltered housing were asked why they moved in:

- To be near to family
- Moving to rented after owning own home, no longer wanted the responsibility
- House and garden became too much to manage
- Wanted some support
- Family/friends wanted older relative to be safe
- Wanted to have a social life/be part of a community of contemporaries as felt isolated in previous accommodation

- 4.23 Most people were happy with the decision to move. They liked the following aspects of sheltered housing:

- Living within a scheme – social aspects – there were mixed views as some scheme have no social activities
- Privacy/own space – was thought to be good
- Size of accommodation – most people were satisfied with this but did complain about the size of the studio flats and the single one bedroom flats
- Warden – even though the Wardens role has changed it is still one of the main things that they like about living in sheltered
- Location – this varied depending on where the scheme was but mostly reported to be quite good locations
- Communal spaces - most people are happy with the communal spaces at the scheme and like having a lounge where they can meet people socially
- Gardens - most people in sheltered housing liked having a communal garden and some do some work in the garden when they feel like it

- Accessibility within the scheme (lifts etc) – this was felt to be another advantage of living in a sheltered housing scheme
- Security- most tenants remark on the safety and security that having a door entry system and an easily accessible building gives to older people

4.24 Virtually everyone who lived in sheltered housing wanted to remain there unless they became too frail

4.25 When considering what they dislike:

- Some people do not enjoy all the sides of communal living (smells in the corridor and people commenting on what you have been seen doing etc). Some people find the buildings too warm and the accommodation too small, although in the main they have got used to things.
- Most people were happy with the Warden services and their own Warden in particular. However, there has been changes in the involvement of the Warden with social activities and in some scheme this has had quite a devastating effect on the social life of the scheme. These tenants were quite unhappy with this.

4.26 The people who did not live in sheltered expressed the following views:

- Communal living was not for everyone
- The properties were too small
- Bedsits were unacceptable
- Moving to sheltered housing was an option if they were unable to manage their existing home. Location would be an important factor

Household Survey

4.27 As part of the consultation with older people in Bedford Borough, Peter Fletcher Associates also undertook a household survey. The survey only received 340 returns covering 622 people. However the results correlated strongly with the focus groups responses, and with national studies conducted. A full document of the survey can be found at Appendix B.

4.28 Of particular note in the survey was the response from owner occupiers. 82% of respondents identified themselves as owner occupiers. 88% of respondents indicated that they wished to remain in their own homes. This has significant implications both for the need for additional housing, and the type of housing that may be required.

4.28 Of additional note is the type of housing people would be prepared to move to. Overwhelmingly this was either bungalows or two bedroom accommodation. There was little appetite for sheltered accommodation, and virtually no indication that bedsits would be acceptable.

Summary

4.29 The desire to remain within your own home is a key finding of these consultations, and this correlates strongly with nationally conducted studies. This has significant implications for Bedford Borough in the following terms.

- a. The range and tenure of specialist housing provision with Bedford Borough may not need to rise in proportion to the increase in population with more people wishing to remain at home
- b. The desire of older people to remain in their own home for as long as possible would suggest that many of them would have specialist needs above the level that conventional sheltered housing or assisted living could provide, and therefore Extra Care Housing would need to be considered
- c. Any new specialist housing provision must be of a significantly higher standard than has been provided in the past, particularly to the for sale market
- d. Consideration will need to be given to the potential pressures on the provision of domiciliary care, and the pressure on aids and adaptations provided to homeowners by the Council with more people wishing to remain at home.
- e. The size of the accommodation, its quality and access to services both within the scheme and in the wider community are important factors in persuading people to move into Extra Care or Sheltered Housing schemes

5 Current Policy Context

5.1 This review of relevant policies and strategies is divided into two parts:

- **National review** – a brief summary of prevailing national policy with respect to housing provision for older people
- **Local strategic review** – a brief summary of relevant local strategies that relate to housing provision for older people

Evolving National Policy

5.2 Although there was a change in Government in May 2010, the new administration appears to be retaining at least some continuity of approach. The new Government recognises the impact of an ageing population and is clear that a coherent and integrated approach is required and it is building its policy around four key themes that echo the previous Government's approach:

1. The need to engage older people as partners and put decision-making directly in the hands of older people, for example through personalisation
2. Ensuring that preventative interventions are available that relate to all aspects of older people's lives. This involves developing a strategic approach to older people that goes beyond health and social care
3. Recognition of the contribution that older people can make to society, and the need for a focus on quality of life and well-being
4. Ensuring that all older people are able to contribute to and be part of society by addressing issues of social exclusion amongst older people

5.3 The key Government drivers include:

- The Government's Comprehensive Spending Review (CSR) in October 2010 set out significant changes to the way services will be planned and delivered. Funding for Local Government has reduced, with year on year reductions to total 27% by the end of the 4 year period. Most Local Government funding is no longer ring fenced, creating greater flexibility in local spending decisions.
- Confirmed in the CSR were previous announcements that a significant amount of regulation of the public sector was to be removed. This includes planning targets, performance indicators and the role of the Audit Commission. This creates greater flexibility with local authorities able to make decisions that best suit local circumstances.
- There will be significant changes to the way new housing is developed in the future. The Government intends to increase housing supply by reforming the planning system so it is more efficient, effective and supportive of economic development. It intends to introduce a New Homes Bonus that matches the additional council tax from every new home for each of the following six years. It will also reduce the regulatory burden on the house building industry over the Spending Review period. New intermediate rental contracts, called affordable rents will be introduced that are more flexible, at rent levels between current market and social rents (80% of market rents). The increased rental income is intended to simulate investment from housing providers who will be expected to commit more of their own resources to development. This is likely to be the main vehicle for future development of rented accommodation.

- The CSR also identified an additional £2 Billion via CLG and DOH to support an integrated approach to the planning and delivery of preventative services with specific mention of re-enablement services and Assistive technology.
- The Supporting People budget was set at over £6 billion which represents a stand still position. In real terms, this will see a reduction estimated to be approximately 11% due to the impact of inflation
- The White Paper *Equity and Excellence: Liberating the NHS*, Department of Health, 12 July 2010 sets out the government's vision for the national health services. It sets out:
 - A new structure for delivering health through groups of GP practices, abolishing Primary Care Trusts, while transferring strategic planning responsibility for public health to local authorities
 - Supports the further development of personalisation
 - Supports great integrated planning and service delivery between Adult Social Services and Health
 - Prevention is seen as a key theme
- Currently the *Putting People First* compact, with its cross government goal of delivering choice and a personalised approach to promoting independence, and enabling and supporting for both active and vulnerable older people in the community, is the main driver of personalisation. The new government explicitly supports this approach.
- The *Living well with Dementia: National Dementia Strategy* (DH February 2009) which set out an approach to one of the consequences of an ageing population and considers a range of options. Subsequently two implementation plans have been published; the most recent one, *Quality Outcomes for People with Dementia*, which builds on the work of the National Dementia Strategy was published in September 2010.

Regional policy

- 5.4 At the time of writing this strategy, the Government was consulting on removing the regional spatial strategy targets through primary legislation. Further changes have been proposed which may lead to other regional structures being removed along with the related plans and strategies.

Implications for Bedford Borough Council

- 5.5 Within the context of a reducing budget, local authorities will have much greater freedom to make decisions about how they meet local needs.
- There will be more emphasis on local housing and planning strategies
 - There will be stronger mechanisms for joint planning of social care, health, support and housing with the dropping of ring fences, the transfer of some strategic health planning responsibilities to local authorities, and the creation of Health and Well-being Boards.
 - There will be new funding for integrated social care and health initiatives that will prevent admission or readmission to hospitals. Bedford Borough Council had already been developing this ahead of the Government's policy statement
 - The model for funding housing such as Extra Care is under review with a capital allocation being given directly to Bedford Council to facilitate Housing for Older People including Extra Care Housing
 - Personalisation will play an increased role in transferring control to individuals

- Reductions in Supporting People funds will see continued restructuring of the way support is delivered

Evolving Policy in Bedford Borough

- 5.7 This section summarises the elements of the main strategies that, in turn, have a bearing on this strategy. Bedford Borough Council became a Unitary Authority in April 2009. As a consequence, some of the strategies in effect date from the previous Bedfordshire County Council and are currently being replaced with strategies specifically designed for Bedford Borough.

Bedford Borough Partnership Sustainable Community Strategy 2009 - 2021

- 5.8 The Bedford Borough Sustainable Community Strategy has seven themes:
- Thriving – with a stronger local economy delivering higher levels of growth and employment for the benefit of the Borough's existing and future residents;
 - Greener – supporting a high quality natural and built environment which is valued and enjoyed by all; which encourages biodiversity and supports the development of a low carbon community, including local businesses, capable of adapting to the impacts of climate change;
 - Aspiring – where all the Borough's children and young people are able to lead safe, healthy and happy lives and are provided with opportunities to develop their self-esteem, maximise their life chances and realise their full potential;
 - Healthy – where everybody has access to high-quality health and social care services when they need them and the help they need to lead healthy and independent lives;
 - Safer – where people live safer lives;
 - Inclusive – where all people feel part of the wider community and are proud to celebrate its rich diversity; where inequalities are reduced and all people are able to participate in the sporting, artistic and civic life of the Borough;
 - Growing – where the supply and quality of housing and transport is capable of supporting the needs and aspirations of the Borough's population now and in the future
- 5.9 There are six aims under the **Healthy** theme:
- Increase life expectancy for all across the Borough
 - Reduce health inequalities by focussing effort on deprived areas and increasing opportunities for healthier lifestyles
 - Improve help and advice to vulnerable adults and older people to enable them to continue living in their own homes and so maintain their independence for as long as possible
 - Transform adult social care services by improving access, choice, control and advocacy for users and carers through the provision of self directed care
 - Improve dementia services by raising awareness and understanding, and providing earlier diagnosis, intervention and higher quality care
 - Improve the safeguarding and well-being of vulnerable adults and older people
- 5.10 Under the **Growing** theme are five aims, including:
- Improve housing and transport for vulnerable people to promote independence

Bedford Joint Strategic Needs Assessment (JSNA) 2010

- 5.11 The updated JSNA¹⁰ produced jointly by NHS Bedfordshire and Bedford Borough Council in 2010 set out the following priorities for older people:
- Improve the health and well being of older people and carers.
 - Improve the quality of life of older people and carers.
 - Support older people and carers to make positive contributions.
 - Support older people and carers to have maximum independence, choice and control.
 - Safeguard older people and carers from discrimination, harassment and abuse.
 - Support older people and carers to have economic well being.
 - Support older people and carers to be treated with dignity and have their views respected.

Bedfordshire Supporting People Strategy 2008-13

- 5.12 This document was produced by Bedfordshire County Council and is currently under review following the disaggregation of the Supporting People shared service between Bedford Borough and Central Bedfordshire Councils.

Bedford Borough is currently reviewing its housing strategy.

Bedfordshire and Luton Strategic Housing Market Assessment (SHMA) 2010

- 5.13 The SHMA specifically examined the need for accommodation for Older People within the sub-region of Bedfordshire and Luton. Whilst this assessment covers a much wider area than just Bedford Borough, the key findings relating to older people are of interest.
- Older people are not a homogenous group, it is those that are likely to be frail or suffer long term limiting illness that merit additional policy focus over and above other household types – but councils may wish to encourage developers to produce housing that is suited to more active elderly people so that there is an option for households should they wish to take it;
 - The requirement for specialist and extra care housing should be considered part of the overall housing requirement for the sub-region. Households requiring extra care housing will include some owner occupiers as well those requiring rented housing, and shared ownership schemes should also be considered for owner occupiers with lower equity stakes available;
 - Authorities should provide owner occupiers who wish to stay in their current homes with information about where they can receive impartial advice about equity release to fund repairs or adaptations;
 - To help tackle under-occupation in the current social housing stock, housing should be provided that will meet the aspirations of older people living in social rented housing.

- 5.14 **A Healthier Bedfordshire 2010/11 to 2013/14**¹¹, the strategic plan for NHS Bedfordshire has three strategic priorities which will drive implementation plans:
1. Investing a greater proportion of our money into prevention (healthy lifestyles, early intervention and promoting independence).
 2. Creating effective support in local communities to reduce the reliance on hospital care, including times of urgent need.

¹⁰ <http://www.bedfordshire.nhs.uk/publications/jsna.php>

¹¹ www.bedfordshire.nhs.uk/your_voice/bedfordshire_consultation.php

3. Offering more choice and convenience, by commissioning quality services closer to home based on the needs and preferences of Bedfordshire patients.

5.15 **The Healthy Bedford Borough Strategy 2010-2015** highlights the need to reduce health inequalities by focussing efforts on deprived areas and increasing opportunities for healthier lifestyles. Among its aims are the development of extra care options for older people and improvement of dementia services.

5.16 Bedford Borough Council and NHS Bedfordshire are implementing their Joint Older People's Commissioning Strategy 2010 -2013. The aims are:

1. Prioritise better prevention services with early intervention.
2. Give older people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them.
3. Tackle inequalities and social exclusion and improve access to the services people need
4. Provide more support in the community, as opposed to segregated services, for older people
5. Support people to self-manage any health conditions with the right help from integrated health and social care services
6. Ensure that all delivery promotes independence, choice and control for older people, helping people to realise their full potential and become active citizens within their local communities
7. Recognise the essential role played by carers and support them to maintain that role

Bedfordshire Older People's Accommodation Strategy (Bedfordshire County Council June 2008)

5.17 The housing and accommodation strategy for older people; "Changing lifestyles – Choices for the future" is still relevant, though it will be replaced by this Bedford Borough strategy. The Bedfordshire strategy proposes:

- A joint strategic approach across 3 areas of housing provision: owner occupation; social housing; and residential care provision
- The need to create balanced communities where intergenerational integration is the norm and where people feel safe and included. We need to maximise opportunities that arise around new build to create lifetime homes and to use section 106 arrangements and other national and regional and private funding schemes to create imaginative and innovative social housing options
- To shift the focus away from sheltered schemes which have become outdated towards leasehold and shared equity options across the spectrum of social housing from sheltered to extra care schemes to homes in new developments
- Supporting People funding is refocused from bricks and mortar based support towards floating support targeting resources to those who most need them
- To maximise Carelines and Assistive Technology support across all sectors
- A reduction in Care Home provision by 30% with the retained homes becoming centres of excellence for people with dementia and specialist provision
- A shift away from care home provision towards more extra care provision
- The provision of 1451 units of Extra Care for Bedford Borough by 2025, some of which is available to purchase.

6 Current Supply and Future Requirements

- 6.1 Older People live in mainstream housing, as well as more specialist provision, such as Extra Care Housing, or Registered Care provision. This chapter focuses on the provision of specialist housing for older people.

Current Supply

Housing Provision

- 6.2 Bedford has a significant supply of specialist housing for older people. The table below demonstrates a breakdown of the housing based provision, including Extra Care provision, by location. A full list of all services can be found in Appendix C.

Fig. 6-1: Specialist housing provision for older people in Bedford 2010

Housing Type	Bedford/ Kempston	Village	Total Number of Units
Non Supported Housing	55	15	70
Sheltered Housing for rent	932	93	1025
Sheltered Housing for leasehold or sale	192	0	192
Extra Care Housing	135	0	135
Total	1314	108	1422

Source: Bedford Borough Council adaptation of the More Choice Greater Voice Model 2011

- 6.3 Key features of current supply
- A total of 1422 specialist housing units the majority of which are in the form of sheltered housing for rent.
 - The majority of the provision is centred in the urban areas of Bedford and Kempston.
 - Limited provision in the rural villages is consistent with the planning strategy of focussing development in the growth area and recognising the need for specialist provision to be in sustainable/accessible areas.
- 6.4 The Bedford Borough Core Strategy and Rural Issues Plan highlights the focus on growth within designated areas, and a limit on the growth in rural environments. The document has the following objectives;
- The areas of Bedford, Kempston and the northern Marston Vale (the Growth Area) are the focus for development.
 - Wootton, Stewartby and for the future Wixams are identified as Growth Area key service centres.
 - 16,270 new homes are built in the Growth Area.
 - In the Rural Policy Area development is focused on key services centres which are identified as Bromham, Clapham, Great Barford, Harrold, Sharnbrook and Wilstead.
 - 1300 new homes are built in the Rural Policy Area and affordable housing is provided to meet the needs of local people. This may include the allocation of sites for 100% affordable housing for local people.

6.5 Current issues

- Over the past 5 years, there has been no specialist housing provision developed for older people in Bedford.
- There has been some provision suitable for the over 65's has been through mainstream housing, such as the provision of mobility homes, or through aids and adaptations.
- Since 2005, 157 mobility standard homes have been delivered and 1,575 homes have been adapted. No lifetime standard homes have been built.
- The lack of development, particularly in providing extra care housing is creating a pressure on more acute services such as registered care.
- The choice available to older people wishing to purchase specialist housing is very limited, with no extra care provision currently available for sale.

Care Provision

6.6 Bedford is well served with registered care provision for older people. The table below gives a breakdown of the number and type of units available for older people. A full list of services can be found in Appendix C.

Fig. 6-2: Residential Care provision for older people in Bedford 2010

Residential Care Type	Bedford/Kempston	Village	Total Number of Units
Care with nursing	338	29	367
Residential Care	735	83	818
Total	1073	112	1185

Source: Bedford Borough Council 2011

6.7 Key features of current supply

- The provision is mainly centred on the urban areas of Bedford and Kempston with only 3 care homes located in rural villages. The reasons for having an urban centred provision are similar to the reasons detailed above in specialist housing.
- Over the past 5 years there have been two developments for registered care provision in Bedford. Anjulita Court, Care with Nursing, 62 units and Manton Lane, Care for Older People, 78 units
- The Manton Lane provision is currently nearing completion, and will be accepting clients in 2011. The 78 units at Manton Lane have been included in the table above due to the imminent opening.

6.8 Current Issues

- There is a good supply of residential care within Bedford Borough
- The Council currently purchases just under 50% of the available care beds
- The increase in the prevalence of older people with dementia is just one reason why there needs to be an increased emphasis on the provision of residential care with nursing

Current and Future Need

6.9 Earlier sections of the report have examined the projected changes in the population aged 65+ and the implications for future housing needs and aspirations. This section seeks to quantify these findings with the help of a model developed by

Contact Consulting called the More Choice Greater Voice Model. The model provides an indicative figure for a range of specialist housing types using a ratio of 180 units of specialist housing per 1,000 of the population over 75. The Royal Commission on Long Term Care identified that the national average provision is 136 units of specialist housing per 1,000 of the population over 75.

Fig. 6-3: Specialist housing provision for older people in Bedford 2010 compared to More Choice Greater Voice Model

Population in Bedford Borough over 75 in 2010	12,100		
	Actual Number of Units	Actual units per 1000 pop over 75	MCGV suggested norms
Extra care	135	11	25
Housing with Dementia	0	0	10
Enhanced Sheltered	0	0	10
Enhanced Sheltered for sale	0	0	10
Sheltered (rent)	1025	85	50
Sheltered (sale)	192	16	75
Totals	1352	112	180

Source: Bedford Borough Council 2011, More Choice Greater Voice Model

6.10 A study of the way the More Choice Greater Voice model has been developed has highlighted the need to adapt the model to local circumstances. The authors emphasise that the suggested norm of 180 units per 1,000 population over 75 and the definitions of housing types are a starting point for consideration rather than a model to be rigidly applied. This is evident when considering that the More Choice Greater Voice Model was based on work undertaken in the Borough of Wokingham, an area with a much greater range of housing provision for older people than Bedford Borough. A comparison between the Borough of Wokingham and Bedford Borough highlighting the major demographic differences is contained at Appendix D.

Factors Influencing Future Need

6.11 When considering how to use the More Choice Greater Voice Model for Bedford Borough, the following factors were considered.

6.12 The existing Sheltered Housing stock within Bedford Borough is of a variable standard, with some purpose built accommodation, and some properties converted to sheltered housing. Concerted efforts have been made to eliminate bedsit accommodation, and schemes with accessibility issues. This has led to the decommissioning of 4 sheltered housing schemes in the past 3 years, with at least another 3 schemes proposed to be decommissioned.

6.13 Despite these reductions there has been a consistent void rate of around 15% across the sheltered housing stock indicating a low demand for services. The picture is highly variable with some schemes maintaining healthy waiting lists

whilst other schemes have little more than half of their units occupied by older people.

- 6.14 There are currently 320 people over the age of 60 on the Social Housing Waiting List. Some of these applicants may wish to access general needs housing, but all will be eligible to enter Sheltered Housing if they chose to do so.
- 6.15 Older people living in deprived areas are more likely to have a limiting illness or disability, to live alone and to be renters. They are more likely to need care at a younger age and, if they have to move, will not generally have the option of purchasing a property. This should be taken into account in determining the location of future provision as the analysis shows that the most deprived areas are located within the urban area and sheltered housing for rent will continue to be the accommodation of choice for many of the older people who live in these areas.
- 6.16 Older people in owned accommodation are more likely to be in good health, to live in a couple, and to want to remain in their existing home. If they have to move, they are more likely to want to purchase a property from the general housing stock than move to rental accommodation or specialist accommodation which is largely for rent. However, the immaturity of the market in Bedford Borough for sheltered housing and assisted living for sale makes it difficult to predict the numbers required and the level of demand there will be.
- 6.17 Providing sheltered and extra care accommodation for sale will expand the choices available to this group who may not be attracted to sheltered accommodation for rent and will start to create a market for this type of accommodation which is currently untested in the Borough. However, it should be noted that on the basis of the research into the composition of future households the scale of this demand may be limited by the high proportion of people who are living in couples and the generally better health enjoyed by older people in the wards with the greatest concentrations of older people (e.g. Bromham, Brickhill and Putnoe) which will allow them to remain longer in their present housing.
- 6.18 In addition, older people living as couples who stay in their existing property are more likely to be able to do so due to the possibility of care provided by the partner. This means it is likely that at the point of requiring specialist housing, their needs will have risen to a point where conventional sheltered housing and assisted living schemes will no longer be able to meet their needs. This suggests a greater amount of Extra Care housing will need to be provided for these individuals, with a mix of for rent and for sale available.
- 6.19 There are better outcome for those in Extra Care Settings¹², with a much lower rate of referral to care provision than conventional Sheltered Housing. This suggests that Extra Care housing may be able to mitigate the demand for an increase in residential care provision.

¹² The Extra Care Housing Evaluation Initiative, PSSRU at the Kent University, the London School of Economics and Manchester University

What the Future Provision Looks Like

- 6.20 Taking account of the factors influencing future need outlined above, it is expected that demand for the existing model of sheltered housing for rent will decline. Any new provision of sheltered housing for rent will need to improve its offer, particularly in the area of space standards.
- 6.21 There is a clear need to increase the number of Extra Care housing units provided, particularly units for sale within Bedford Borough. There is also a need to increase the number of sheltered housing/assisted living units for sale to meet the increasing number of owner-occupiers that may wish to access some form of lower level specialist housing.
- 6.22 The most appropriate location for the provision of additional sheltered housing/assisted living and Extra Care housing will be in and adjoining the urban centres of Bedford and Kempston and key village centres. This reflects both the indicative needs and the Councils planning policies, maximising access to services and amenities.
- 6.23 Within Bedford Borough, there are no enhanced sheltered housing schemes currently in operation. Given the factors influencing future provision, there is little scope for introducing this model into the Borough. The needs of owner-occupiers and those in rented accommodation will be better provided for, over a longer time period in an Extra Care setting.
- 6.24 This is also true of Housing based provision for dementia. We would expect that provision for people with dementia would be made available within Extra Care housing developments. This presents the best opportunity for people in the early stages of dementia to remain independent. The level of care that can be provided in an Extra Care housing development will also mean that individuals with moderate dementia can be supported for longer before requiring more specialist care provision such as nursing care for dementia.
- 6.25 The overall aim of providing specialist accommodation for older people should be to assist them in remaining independent for as long as possible. Providing a range of housing based solutions will help to increase their levels of independence and activity and is likely to result in a slight reduction in the number of individuals entering the care sector.
- 6.26 With these factors in mind, the table below shows the proposed typology of specialist housing provision for older people in Bedford.

Fig. 6-3: Typology of specialist housing provision for older people in Bedford

	Housing Type		Characteristics of Population	Design and Facility Requirements	Services
General Needs Housing	Retirement Housing	Essential	Independent Population	Self contained accessible accommodation, in an accessible location for amenities and services.	An alarm service is available to those that choose
		Desirable		Meets lifetime homes standards. Guest room is provided. Property has a mainstream housing appeal.	A visiting/ floating warden service is available on request.
Specialist Housing	Sheltered Housing/ Assisted Living	Essential	Semi-Independent Population	Purpose built self-contained accommodation with on-site communal facilities. All accommodation is accessible. A guest room is provided on site	An alarm service is provided to those that choose. A visiting warden is available on request.
		Desirable	Low level care needs	En-suite facilities are provided. An IT suite is available to all	Access to low level care is available dependent on needs. Recreational activities organised.
	Extra Care Housing	Essential	Mixed Dependency Population with roughly 1/3 of individuals with no care needs, 1/3 of individuals with low care needs and 1/3 of individuals with care needs of up to 15 hours per week	Purpose built self-contained accommodation with en-suite facilities. A range of communal facilities are available including a shop, a restaurant, a pharmacy, assisted bathrooms, IT suite, as well as a range of leisure facilities. The building will be designed with assistive technology hardwired,	On site warden, care staff on site 24/7. Recreational and social programme provided.

				and provision for adaptations in the fabric of the building.	
		Desirable	Provision for dementia care individuals is available	Communal facilities are available to the wider community. Cinema is provided on site	Interaction with the external community is encouraged. Joint working with colleges and schools is undertaken.
Non-Housing Care	Registered Care	Essential	Dependent individuals that require personal care of at least 15 hours per week	The space and design standards outlined by the Care Quality Commission are met, with assistive technology part of the fabric of the building.	Staffing levels and practices are commensurate with the Care Quality Commission standards
		Essential	Highest level of dependency is accepted	Guest facilities are available. A range of communal facilities to stimulate individuals is provided.	Highest levels of care and interaction are provided.
	Registered Care with Nursing	Essential	Dependent individuals that require personal care and nursing care of at least 15 hours per week	The space and design standards outlined by the Care Quality Commission are met, with assistive technology part of the fabric of the building.	Staffing levels and practices are commensurate with the Care Quality Commission standards including 24 hour on site nursing
		Essential	Highest level of dependency is accepted	Guest facilities are available. A range of communal facilities to stimulate individuals is provided.	Highest levels of care and interaction are provided.

Source: Bedford Borough Council 2011

Quantifying Provision

- 6.27 Within the More Choice Greater Voice Model, a range of the types of specialist housing for older people was suggested. This approach is suggested on the basis of balancing estimates of need with the direction of policy and demand in the market. The table below demonstrates the suggested type and level of provision in the More Choice Greater Voice Model.

Fig 6.4: The suggested type and level of provision in the More Choice Greater Voice Model

Accommodation Type	Units per 1000 population over 75
Conventional sheltered housing for rent	50
Leasehold sheltered housing	75
Enhanced sheltered housing	10
	10
Extracare sheltered housing	12.5
	12.5
Housing based provision for dementia	10
Registered Care Home – Personal Care	65
Registered Care Home – Nursing Care	45

- 6.28 As detailed above, this model does not fit with the current supply or the future vision of services within the Bedford Borough area. There is no identified need or demand for enhanced sheltered housing. The number of units of sheltered for sale are also much higher than the current market in Bedford Borough demands, or could be expected to demand.
- 6.29 The national average for specialist housing provision as set out by the Royal Commission for Long Term Care is 136 units per 1000 population above the age of 75. In Bedford, the current level of 112 units per 1000 population above the age of 75 demonstrates a significant shortfall currently against the national average.
- 6.30 With this in mind the More Choice Greater Voice model has been adapted for Bedford. The target provision for all forms of specialist housing for older people has been set at the Royal Commission average of 136 homes per thousand population over 75. This represents a realistic target against which to transition the existing provision over the life of this strategy. It is accepted that some people under 75 require specialist housing but this does not invalidate the use of the average as a benchmark. The needs of those under 75 will have affected demand in all areas.
- 6.31 The More Choice Greater Voice model suggests a 50/50 split between Extra Care Housing for Sale and for Rent. This feature has been retained. It is recognised that there will be a need for a range of tenures in Extra Care Housing developments.
- 6.32 The tenure split of specialist housing for older people in the More Choice Greater Voice Model suggested a greater emphasis on the for sale market, with less provision for the rental market. However in the Bedford Borough context it is expected that demand for rented sheltered properties and for extra care homes will

be proportionately greater than the More Choice Greater Voice Model suggests. The demographic drivers are discussed in detail in Chapter 3.

6.33 In developing the Bedford Borough Model, the above facts have been considered and have influenced the adoption of the More Choice Greater Voice Model in the following way.

- The national average of 136 units of specialist accommodation per 1,000 population over the age of 75 should be applied
- There should be a managed reduction in the level of sheltered housing for rent and an increase in the provision of for sale provision seeking initially to work towards a ratio of 2:1 rented to sheltered housing/assisted living. It creates a level of 62 units per 1,000 population over the age of 75
- The enhanced sheltered provision is not included as there is limited scope for it in Bedford Borough
- It is assumed that the housing needs of those with dementia will be met through the provision of Extra Care housing and more specialist registered care.

Fig. 6.4: Proposed distribution of specialist housing provision for older people in Bedford at 2010 compared to More Choice Greater Voice Model

Population 75+ 2010	12100	
	MCGV model. Units per 1000 population over 75	Bedford Model. Units per 1000 population over 75
Care with nursing	45	45
Residential care	65	65
Extra care for sale	12.5	22
Extra care for rent	12.5	22
Housing with dementia	10	0
Enhanced sheltered rent	10	0
Enhanced sheltered (sale)	10	0
Sheltered (rent)	50	62
Sheltered (sale)	75	30
Total	180	136

Source: Bedford Borough Council 2011, More Choice Greater Voice Model

6.34 Based on this model, Figure 6.5 shows how the current provision of specialist housing for older people compares with the projected needs

Fig 6.5: Current provision of specialist housing for older people compared with the indicative needs

Population 75+ 2010	12100			
	Bedford Model. Units per 1000 population over 75	Units Required under the Model	Existing number of units in 2010	Difference - Additional units required under the Model
Care with nursing	45	545	367	178
Residential care	65	787	818	-31
Extra care for sale	22	266	135	131
Extra care for rent	22	266	0	266
Sheltered (rent)	62	750	1025	-275
Sheltered (sale)	30	363	192	171
	136	1645	1352	293

Source: Bedford Borough Council adaptation of the More Choice Greater Voice Model 2011

- 6.35 The model highlights that based on current provision there is an over-provision in the sheltered housing for rent sector, and that there is an under provision in sheltered housing for sale and in the provision of extra care housing. In terms of overall units currently available there is a shortfall, but there is also clearly an imbalance in the way the units are provided.
- 6.36 There is a very slight overprovision of registered care without nursing. The model highlights a need for an increase in the number of individuals requiring nursing care. This correlates to the projected increase in the number of 85's requiring care.
- 6.37 There will need to be a rebalancing of the existing provision in order to meet the current and emerging needs and aspirations of the older persons population of Bedford Borough Council. This will require a transition from the existing balance and range of provision.
- 6.38 In the longer term, the impact of additional extra care units, the provision of reablement services, aids and adaptations, telehealth and telecare, may mean that the residential care requirements of the older persons population will not lead to a demand for the numbers of units indicated in the model. This will be kept under review during the lifetime of this strategy and reflected in future revisions of the model.

Future Indicative Levels of Provision

- 6.39 Based on the model for Bedford there is an indicated need for additional sheltered housing for sale and for extra care housing, as well as nursing care. The tables below demonstrate the needed increase in units against the current level of provision to reach an overall target in 2020, and the interim targets in 2015 which this strategy will aim to meet.

Fig. 6-6: Indicative need for specialist housing provision for older people in Bedford Borough to 2020

Year		2010	2015	2020
Population 75+		12100	13600	15600
	Bedford Model. Units per 1000 population over 75	Units Required under the Model	Units Required under the Model	Units Required under the Model
Care with nursing	45	545	612	702
Residential care	65	787	884	1014
Total	110	1332	1496	1716
Extra Care for Sale	22	266	299	343
Extra Care for Rent	22	266	299	343
Sheltered (rent)	62	750	843	967
Sheltered (sale)	30	363	408	468
Total	136	1645	1849	2121

Source: Bedford Borough Council adaptation of the More Choice Greater Voice Model 2011

Fig. 6-7: Proposed change to distribution of specialist housing provision for older people in Bedford Borough to 2015

Population 75+ 2015	13600			
	Bedford Model. Units per 1000 population over 75	Units Required under the Model	Existing number of units in 2010	Change - Additional units required under the Model
Care with nursing	45	612	367	245
residential care	65	884	818	66
Extra care for sale	22	299	135	164
Extra care for rent	22	299	0	299
Sheltered (rent)	62	843	1025	-182
Sheltered (sale)	30	408	192	216
	136	1849	1352	497

Source: Bedford Borough Council adaptation of the More Choice Greater Voice Model 2011

Conclusions

- 6.40 Overall there is an indicative need for an additional 770 units of specialist housing to be provided by 2020 in order to meet the projected demand based on the model. This will require that an additional 497 units of specialist housing is provided over the life of this strategy to 2015.

- 6.41 It is important to note that although an additional 497 units are required, there is also a significant move away from providing sheltered for rent towards sheltered for sale. This rebalancing will require time to achieve.
- 6.42 There is also a need for considerable extra care development. When considering the additional extra care housing units, these should be provided equally as rented and for sale, or shared ownership. This will provide real choice within the market for current owner-occupiers of mainstream housing.
- 6.43 The development of extra care provision, reablement services, aids and adaptations, telehealth, and telecare will impact on the need for care and nursing care provision. The level of impact is not yet quantified, but there will need to be a careful monitoring of referrals to residential care provision as these services are expanded, with the model estimating future need updated accordingly.
- 6.44 New provision should be focussed on the urban areas of Bedford and Kempston and key village centres in order to provide accessible provision in line with current planning policy.

7 Future Strategy

- 7.1 The indicative levels of provision outlined in Chapter 6 represent a significant shift from the current range of provision available within the Bedford Borough area. In order to reach the stated levels of provision developed by the Bedford model, there will need to be a managed transition of the housing stock.
- 7.2 The proposed changes to the level of conventional sheltered housing for rent will perhaps take the longest period of time to realise. There may be some decanting of existing properties which will require sensitivity to those living within them, as well as consideration of the asset strategies attached to each scheme.
- 7.3 It is also uncertain as to how quickly the sheltered housing/assisted living market will develop. A further consultation will be need to be undertaken with the older persons population in Bedford Borough to find out more about the potential of this market.
- 7.4 The development of new Extra Care housing schemes is likely to progress much faster. This is highlighted by the following schemes already in development.
- 7.5 Extra Care Housing Schemes with Planning Permission;
- Cardington Court – 55 units of extra care for rent
Ladyslaude Court – 22 units of extra care for sale
- 7.6 Extra Care Housing Schemes with a resolution to grant planning permission
- St Bedes School – 104 units of extra care, 51 for rent and 53 for shared ownership
- 7.7 Assisted Living with Care Schemes with a resolution to grant planning permission:
- Turvey Station - 78 'assisted living' homes linked to a 68 bed care home with nursing. The assisted living homes will either be extra care or sheltered housing mostly or entirely for sale
- 7.8 Planning permission is not yet determined for;
- A proposed mixed development at Landsdowne Road of a 47 unit extra care scheme linked to a 67 bed nursing care home. This development is part of the large redevelopment of the former University of Bedfordshire properties around Warwick Avenue and Landsdowne Road.
- 7.9 If all of the above schemes are developed, then there is a potential additional 153 units of Extra Care for rent and 153 units of Extra Care or Assisted Living for sale or shared ownership developed by 2013. This will have an impact on the demand for care provision, as individuals living in an Extra Care setting are less likely to move to a residential or nursing care provision. There will also be an additional 135 units of care with nursing provided.

- 7.10 In the Councils Allocations and Designations Plan, there is an aspiration to provide a Continuing Care Retirement Community at River Valley Park. This would provide specialist housing for older people based on an Extra Care Housing Model. The development at River Valley Park is linked to the development of a rowing lake.
- 7.11 The model highlights a need for an additional 531 units of registered care provision within Bedford Borough by 2020. This is primarily in the nursing care area. There is no current need for additional residential care provision within Bedford Borough, with the expected needs being met until at least 2015.
- 7.12 There is currently a proposed development of over 90 units of nursing care at the Progress Ford Site on the Broadway in Bedford. At present no planning permission application has been submitted but discussions with the Council are ongoing. If all of the proposed care with nursing schemes are developed, this will deliver an additional 225 units of care with nursing over the lifetime of this strategy, meeting the identified needs for 2015.
- 7.13 It is likely that the provision of additional nursing care will take a significant amount of time to develop. In the main this will be to allow sufficient evaluation of the impact Extra Care housing and reablement services, including telehealth and telecare will have on the increased demand for nursing care provision. The indicative levels or need in the model may not rise as quickly.
- 7.14 The Council owns 6 existing Registered Care homes which are currently contracted out to a national provider. This contract is due to expire in 2013. In the meantime the Council will consider how to make the best use of these assets upon the expiry of the contract in order to meet the ongoing care needs of the older person's community in Bedford Borough.

Conversion of Existing Units

- 7.15 A detailed consideration of the existing sheltered housing provision with Bedford has shown there is limited scope for conversion to alternative specialist provision. Many of the existing sheltered housing schemes do not have the required space standards to convert to Extra Care, without considerable investment in remodelling. The Council will explore possibilities and encourage development where they exist. In particular:
- Maydenbury House – Bedford Citizens Housing Association – 30 units. This may be suitable to convert to a form of Extra Care with some remodelling to the existing building.
 - Hanover Court Wootton, 38 units and Hanover Court Bedford 61 units – Hanover Housing Association. Hanover Housing Association has expressed a desire to sell as leasehold up to half of the properties contained at these schemes.

Main Objectives

- 7.13 There is a need over the next 5 years to change the current offer of specialist housing for older people and registered care provision. Taking into consideration

the existing developments in progress, the Council should seek to deliver to the following objectives.

7.14 Short Term Objectives – by April 2013

1. An older persons accommodation working group is set up which involves service providers and is tasked with delivering this strategy
2. Identify suitable sites for the development of 150 Extra Care housing units for sale in accessible locations within Bedford by 2013 to meet the projected increased demand from the owner occupier population
3. Identify suitable sites for the development of 200 sheltered housing/assisted living for sale
4. Encourage new housing developments to have 10% of homes built to the lifetime homes standard
5. Develop an options appraisal for the 6 Council owed registered care homes in preparation for the expiry of the contract with a national provider in 2013
6. Develop a forward plan to meet the projected increased demand for nursing care provision
7. Develop a forward plan to meet the projected increase demand for aids and adaptations, including telecare, telehealth and reablement
8. Review the existing conventional sheltered housing stock for rent with landlords to identify potential schemes for decommissioning, or upgrading
9. Monitor the impact of extra care provision, reablement services, aids and adaptations, telehealth and telecare on the requirements for residential care provision and adjust the model for future needs accordingly
10. Consider the conversion of Madenbury House into Extra Care Housing by conducting a full options appraisal
11. Facilitate the leasehold sale of 49 units of conventional sheltered housing by Hanover Housing Association.
12. Ongoing consultation with the older persons population on the key strands of this strategy is undertaken throughout the life of this strategy.

7.15 Medium Term Objectives

1. Reducing the current stock of rented sheltered housing/assisted living accommodation by 200 units by 2015, focussing on those with low demand
2. Replacing existing sheltered housing/assisted living for rent with new high quality units for rent by encouraging landlords to undertake a rolling programme of improvements
3. Increase the number of sheltered housing/assisted living units available to purchase in accessible locations by 200 by 2015 through encouraging private developers to enter the Bedford Borough Market
4. Assisting the Council in delivering the River Valley Park Extra Care scheme which will deliver specialist housing for older people for purchase as part of the rowing lake development.

7.16 In order to reach these ambitious targets, progress will have to be continually monitored. This will involve the older persons accommodation working group conducting regular reviews of this strategy. As demographic changes occur and Central and Local Government Policy is updated, this document will require amendment. To this end, this document will be subject to review on an annual basis as part of the Strategy Action plan.

Bedford Borough Council Older Persons Accommodation Strategy 2011-2016

Action Plan

Short Term Objectives – By 2014

	Objective	Baseline	Outcome	By Whom	By When	Costs Involved	Progress	Status
1	An older persons accommodation working group is set up which involves service providers and is tasked with delivering this strategy	None	The objectives of this strategy are delivered, improving the range of accommodation options available to older people in Bedford		October 2011	None – Officer Time		
2	Identify suitable sites for the development of 150 Extra Care housing units for sale in accessible locations within Bedford by 2014 to meet the projected increased demand from the owner occupier population	Allocations and designations plan	Sites are identified suitable to provide extra care in accessible locations		October 2012	None – Officer Time		
3	Identify suitable sites for the development of 200 sheltered housing/ assisted living for sale	Allocations and designations plan	Sites are identified suitable to provide sheltered housing/ assisted living for sale		October 2012	None – Officer Time		
4	Encourage new housing developments to have 10% of homes built to the lifetime homes standard	None	All new housing schemes built have some lifetime homes standard units		March 2013	None – Officer Time		
5	Develop an options appraisal for the 6 Council owned registered care homes in preparation for the expiry of the contract with a national provider in	None	A clear plan is in place to maximise the potential of the 6 council owned sites post 2013		March 2012	Officer Time – Some capital may be required		

	2013					for the options appraisal		
6	Develop a forward plan to meet the projected increased demand for nursing care provision	None	A clear plan is in place which identifies where and when additional nursing care units are delivered.		October 2012	None – Officer Time		
7	Develop a forward plan to meet the projected increase demand for aids and adaptations, including telecare and telehealth.	None	A clear plan is in place which identifies the resources required to meet increased demand for aids, adaptations, telecare and telehealth		October 2012	None – Officer Time		
8	Review the existing conventional sheltered housing stock for rent with landlords to identify potential schemes for decommissioning, or upgrading	None	An asset strategy is developed in conjunction with landlords that delivers improvements to the sheltered housing stock		March 2013	£5,000 for asset review – Officer Time		
9	Monitor the impact of extra care provision, reablement services, aids and adaptations, telehealth and telecare on the requirements for residential care provision and adjust the model for future needs accordingly	None	The impact of these services on the demand for residential care services is quantified, and the model is updated accordingly		October 2012 and then annually	None – Officer Time		
10	Consider the conversion of Madenbury House into Extra Care Housing by conducting a full options appraisal	None	A clear decision can be made on whether it is feasible to convert Madenbury House into an Extra Care provision		March 2013	Officer Time – Some capital may be required		

11	Facilitate the leasehold sale of 49 units of conventional sheltered housing by Hanover Housing Association.	None	49 units of conventional sheltered housing are available for leasehold sale		March 2013	None – Officer Time		
12	Ongoing consultation with the older persons population on the key strands of this strategy is undertaken throughout the life of this strategy	None	The views and aspirations of the older persons population in Bedford Borough have been incorporated into the delivery of the strategy		October 2011 and then annually	£500 for events and transport costs		

Medium Term Objectives – By the end of this Strategy

	Objective	Baseline	Outcome	By Whom	By When	Costs Involved	Progress	Status
1	Reduce the current stock of rented sheltered housing/assisted living accommodation by 200 units by 2016, focussing on those with low demand	1025 units available in 2011	The number of units of conventional sheltered/ assisted living for rent is reduced to meet the levels of demand		Dec 2016	None – Officer Time		
2	Replace existing sheltered housing/assisted living for rent with new high quality units for rent by encouraging landlords to undertake a rolling programme of improvements	1025 units in 2011	The asset strategy developed with landlords is implemented over the lifetime of this strategy		March 2016	Capital Costs to be identified in the asset strategy		
3	Increase the number of sheltered	192 units in 2011	The sites identified as suitable for development		Dec 2015	None - Officer		

	housing/assisted living units available to purchase in accessible locations by 200 by 2016 through encouraging private developers to enter the Bedford Borough Market		are promoted to private developers					
4	Assisting the Council in delivering the River Valley Park Extra Care scheme which will deliver specialist housing for older people for purchase as part of the rowing lake development.	None	The Councils preferred position on the delivery of the River Valley Park is implemented		March 2016	None – Officer Time		

Appendix A

Older Persons Household Survey Results 2010

The results of the household survey are divided into the following sections:

- Demography
- About your home and neighbourhood
- Help and support
- Finances
- Future housing requirements
- Key point summary

A household survey was carried out as part of the overall programme of research into older persons' housing in Bedford. A total of 900 residents were contacted who were aged 50 or over. The survey was a mixture of a postal and an online survey. The people who were sent the postal survey were identified by a number of agencies who forwarded the surveys on. This ensured that the survey complied with the Data Protection legislation and that respondents could remain anonymous.

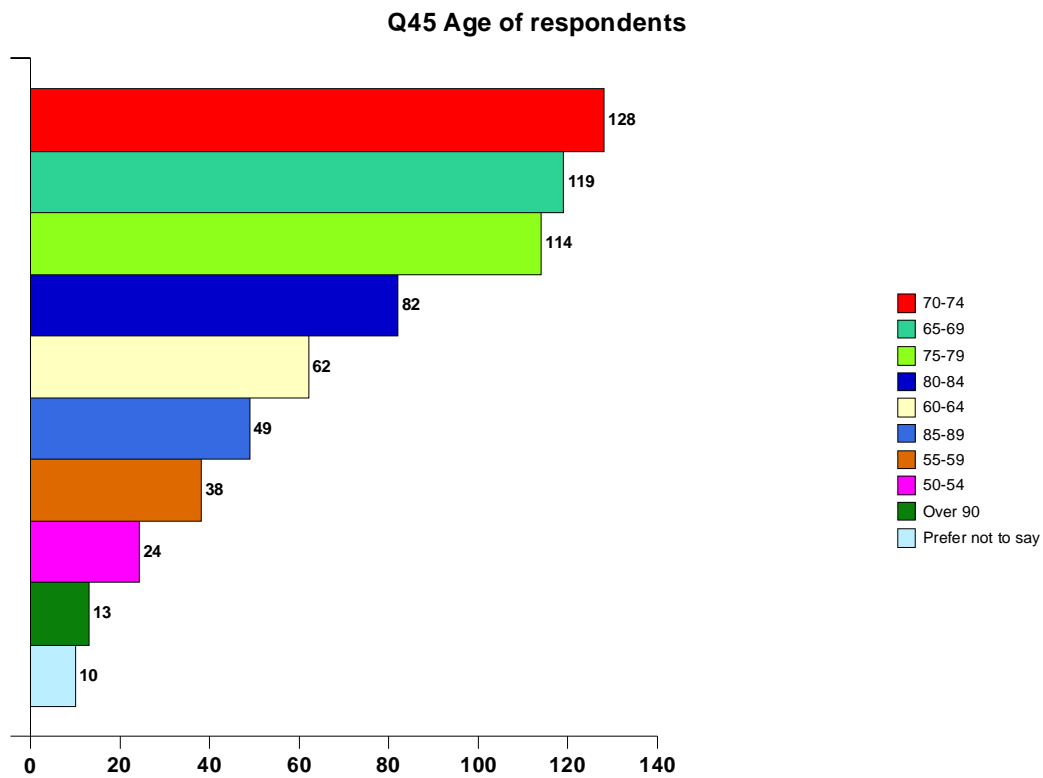
Demography

The survey was not designed to be statistically relevant but to complement information being gathered as part of the older person's consultation. (See above)
A total of 340 returns were made. (37.7% response rate)

This covered a total of 622 people. However not all the questions were answered by everyone and so the figures in each table are based on the numbers that responded to each question: The age range of respondents was:

- 21.3% under 65
- 68.1% 65-84
- 10.4 % over 85

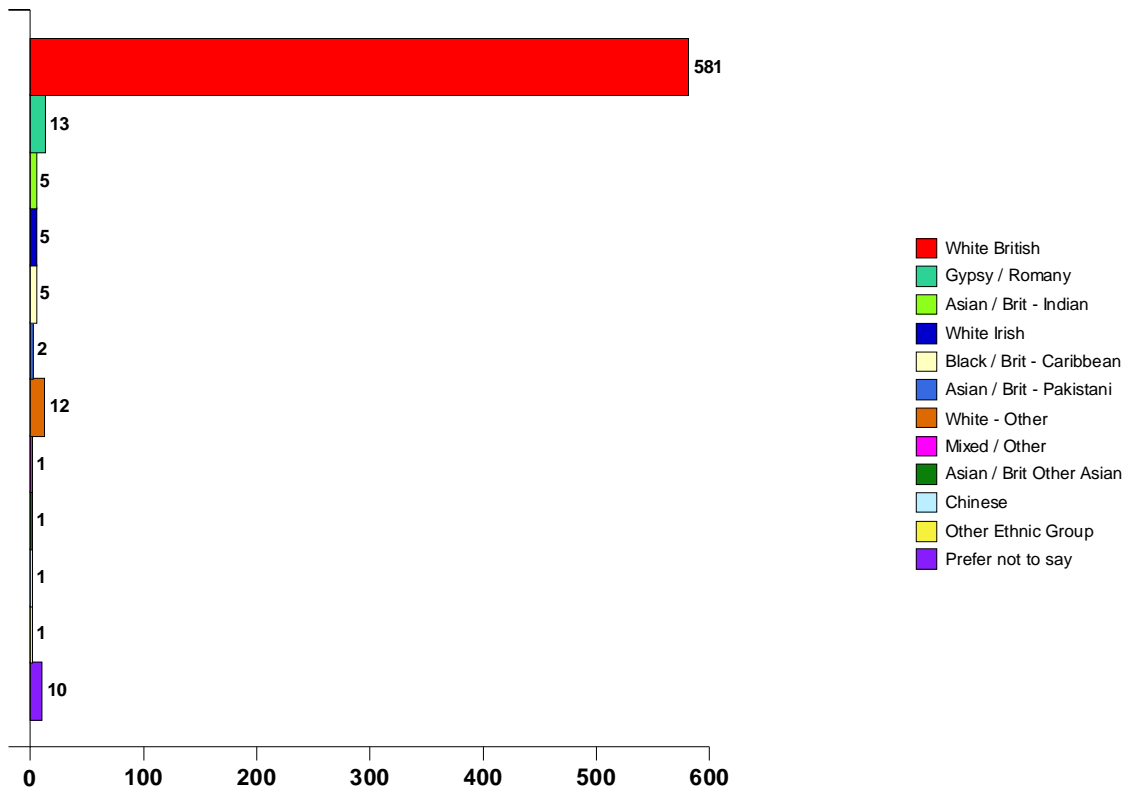
Fig. 3-1: Age



The respondents were made up of:

- 42 % single people
- 46.4 % Couples
- 24.2 % disabled
- 15.3% wheelchair/electric scooter user
- 58.7% were female and 41.3% male
- 92.1 % of the respondents identified themselves as White British, just under 2% identifying themselves as “white other” and 2% identifying themselves as Gypsies/Romany:

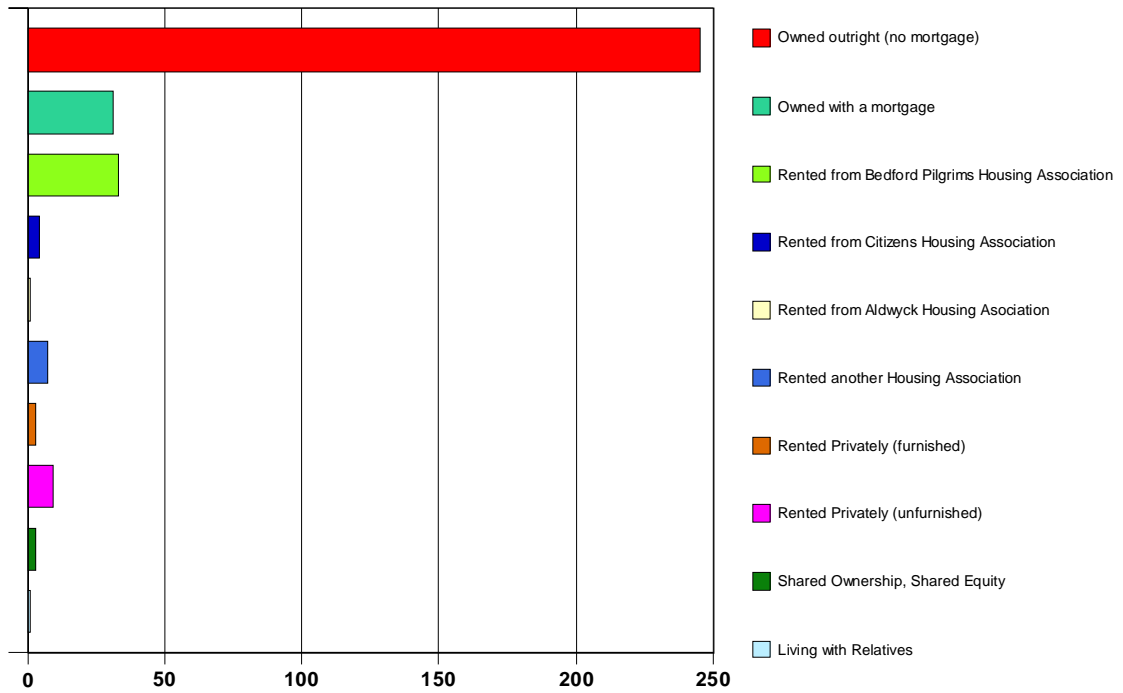
Fig. 3-2: Ethnicity



About your home and neighbourhood

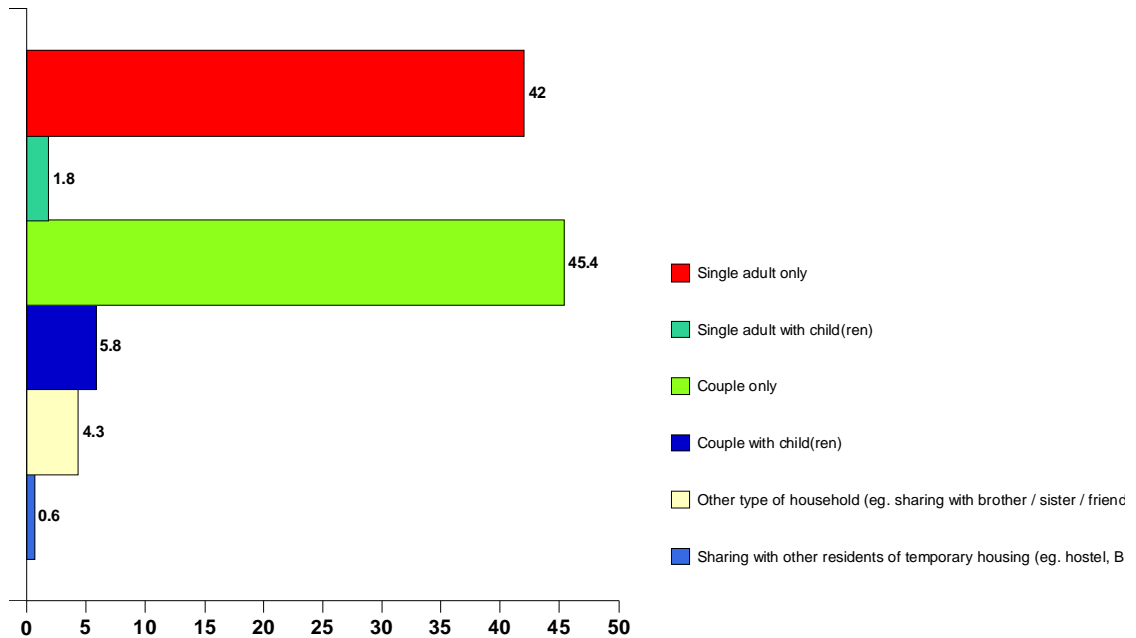
81.9% of the returns were from people living in owner occupation and 13.4% from people living RSL accommodation (9.8 % rent from Bedford Pilgrims HA). This differs from the overall profile for Bedford with a greater representation from people living in owner occupation.

Fig. 3-3: Type of Property



The vast majority of households are either single people or two people households- 88.4%:

Fig. 3-4: Household Size

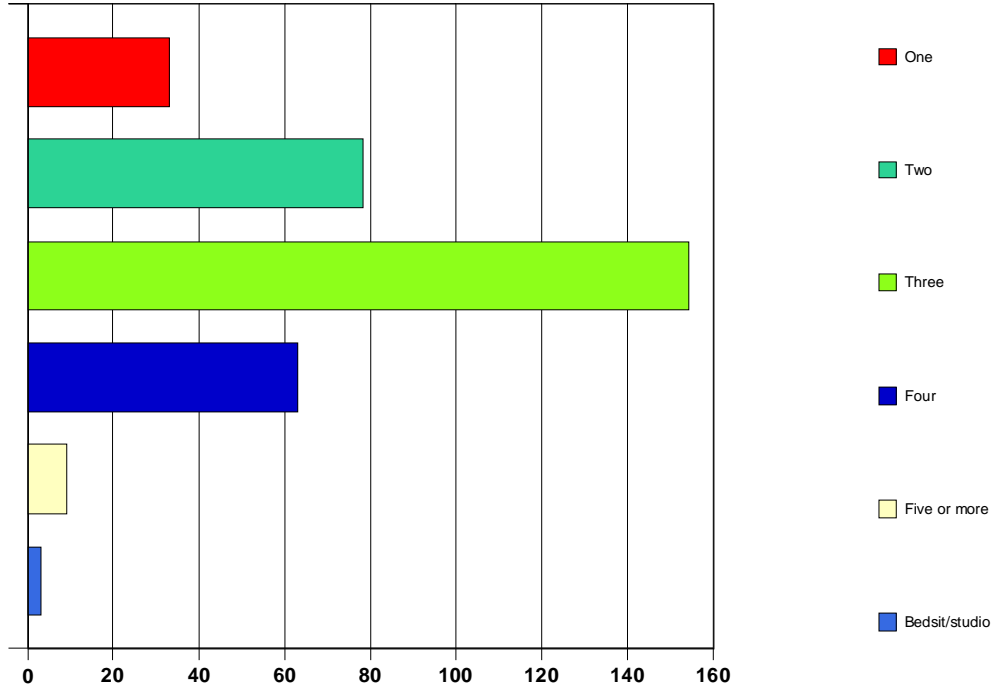


Their living circumstances:

- 56.2% had lived in the same property for 20+ years 17.7% 10+ years
- 0.9% live in a bedsit

- 9.7% live in a one bed property
- 22.9% in a two bed
- 66.4% live in properties with 3 beds or more
- 11% living with children

Fig. 3-5: Number of Bedrooms



When comparing the current family size and the size of the properties there is clear evidence of under-occupation. However, when the next Figure is considered we can see that most people regularly have someone to stay.

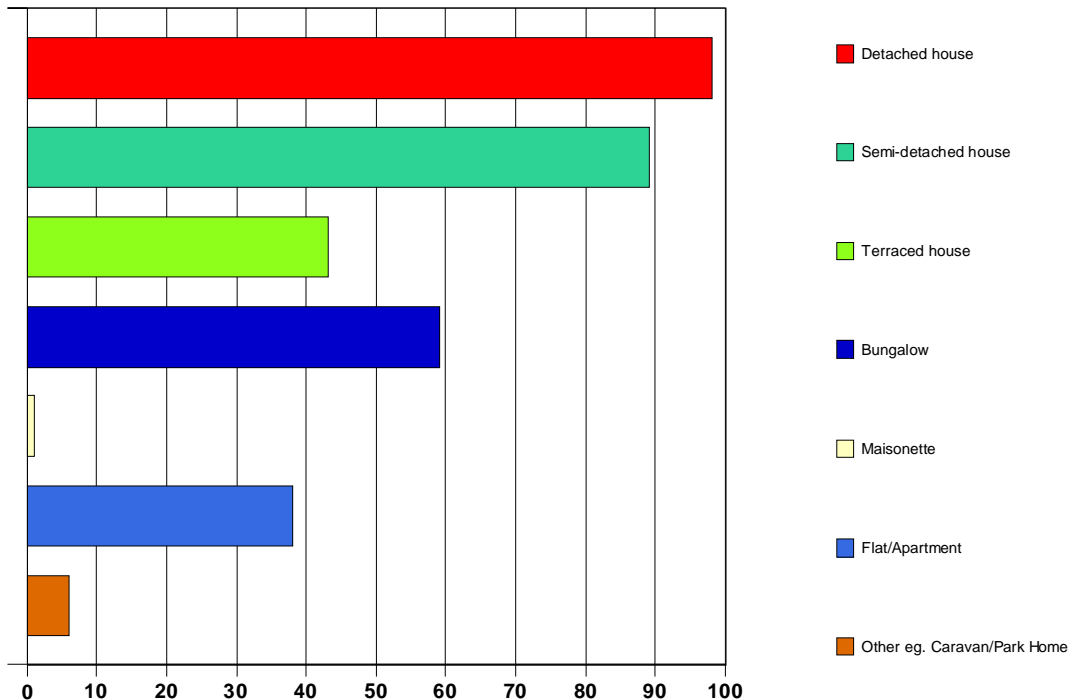
Housing research nationally has noted that older people prefer two bedroom properties and this illustrates at least partly why the extra bedroom is important. This may also be an important factor in the drop in popularity of some sheltered housing as it suggests that people prefer guests to stay in their own home and not a guest room. A very significant proportion of those staying are carers or children for whom a guest room would be inappropriate.

Fig. 3-6: Casual stays

	Base	Frequency		
		Frequently (at least once a week)	Occasionally (once a month)	Sometimes (at least once a year)
Base	471	29 6.2%	121 25.7%	321 68.2%
Children	144	11 7.6%	45 31.3%	88 61.1%
Grandchildren	131	10 7.6%	46 35.1%	75 57.3%
Friend	87	3 3.4%	13 14.9%	71 81.6%
Brother/sister	64	1 1.6%	7 10.9%	56 87.5%
Other relation	41	2 4.9%	9 22.0%	30 73.2%
Carer (not related)	4	2 50.0%	1 25.0%	1 25.0%

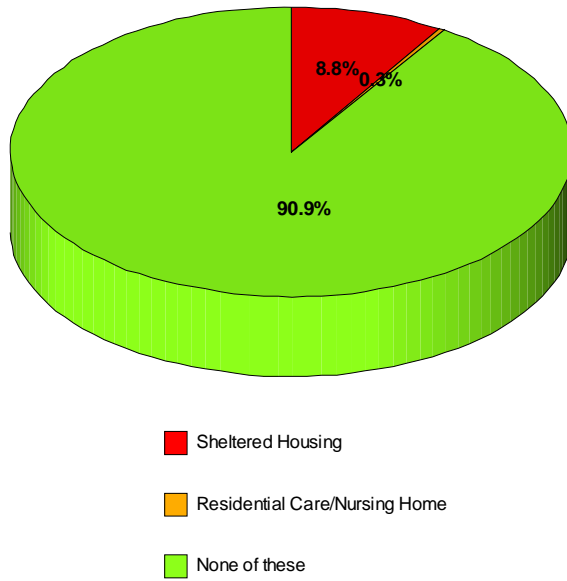
29.3% of those responding live in a detached house which is the largest single group while 26.6% live in a semi detached house. 19.3% live either in a flat or bungalow and 1.8% live in a caravan:

Fig. 3-7: House Type



Respondent were asked if they lived in specialist accommodation:

Fig. 3-8: Specialist Accommodation



8.8% lived in sheltered accommodation.

In the following Figure we consider property size

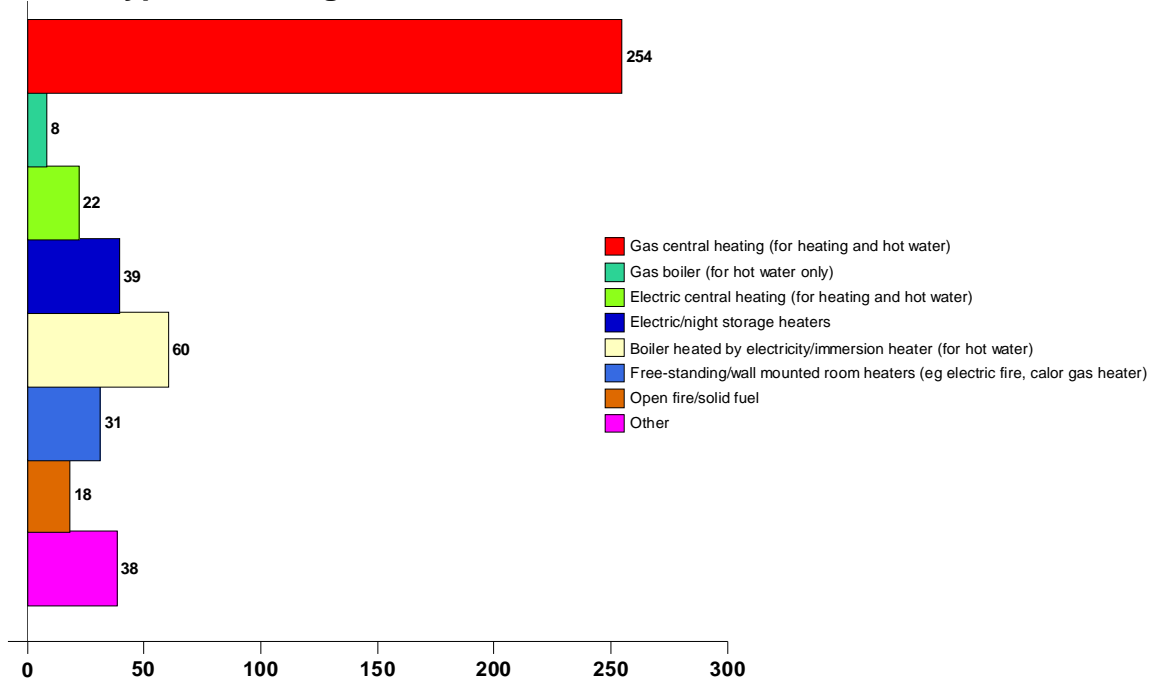
Fig. 3-9: Properties where respondents have said the rooms are too small

	Base			
		Too Big	About Right	Too Small
Base	1313	12 0.9%	1096 83.5%	205 15.6%
Bathroom	337	2 0.6%	259 76.9%	76 22.6%
Living room(s)	325	5 1.5%	301 92.6%	19 5.8%
Bedroom(s)	326	4 1.2%	289 88.7%	33 10.1%
Kitchen	325	1 0.3%	247 76.0%	77 23.7%

It is noted that about 15.5% reported that elements of their properties were too small. This is important when considering mobility, the need for adaptations and also the impact on future demand.

A number of questions were asked about the condition of the property. The Figure below demonstrates that the vast majority of people are dependant on gas central heating.

Fig. 3-10: Type of heating



However two thirds of respondents thought their heating and hot water systems were “about right” while a third have identified some form of problem. 21.9% said their heating was too expensive. This reflects the increasing costs of both gas and electric but particularly gas.

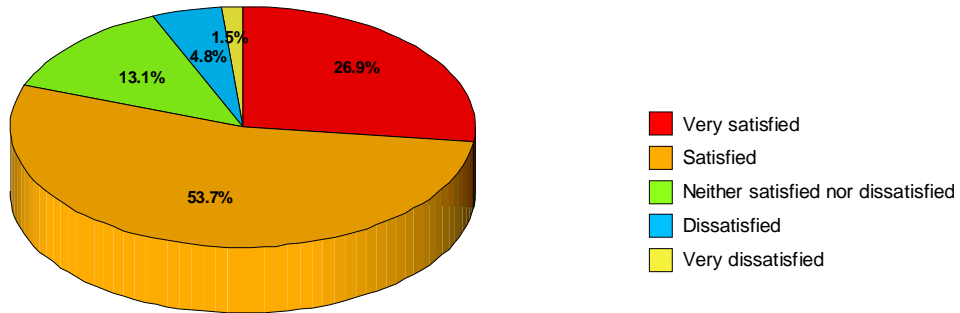
Over 8% of people also said that they were not warm enough. Both of these findings support the importance placed on home insulation programmes. 0.8% said that their home was too warm. This is a particular problem in older sheltered schemes where community heating systems may not have individual controls and there may be hot water pipes running through properties that also can not be turned off. Particularly in hot weather this can create unpleasant conditions and should be addressed within modernisation programmes.

Fig. 3-11: Heating and Hot Water

Base	324 100.0%
Heating and hot water variables	
<i>Would prefer a different type of heating</i>	26 8.0%
<i>Too warm</i>	2 0.6%
<i>Not warm enough generally - need extra heating</i>	26 8.0%
<i>Not warm enough in cold weather</i>	49 15.1%
<i>Too expensive</i>	71 21.9%
<i>Difficult to work central heating controls</i>	16 4.9%
<i>Difficult to work or control appliances eg radiators / boiler</i>	14 4.3%
<i>Don't know how to use it properly</i>	15 4.6%
<i>Radiators in wrong position</i>	22 6.8%
<i>Can't get enough hot water at any one time</i>	10 3.1%
<i>Not reliable / breaks down</i>	5 1.5%
<i>About right</i>	209 64.5%

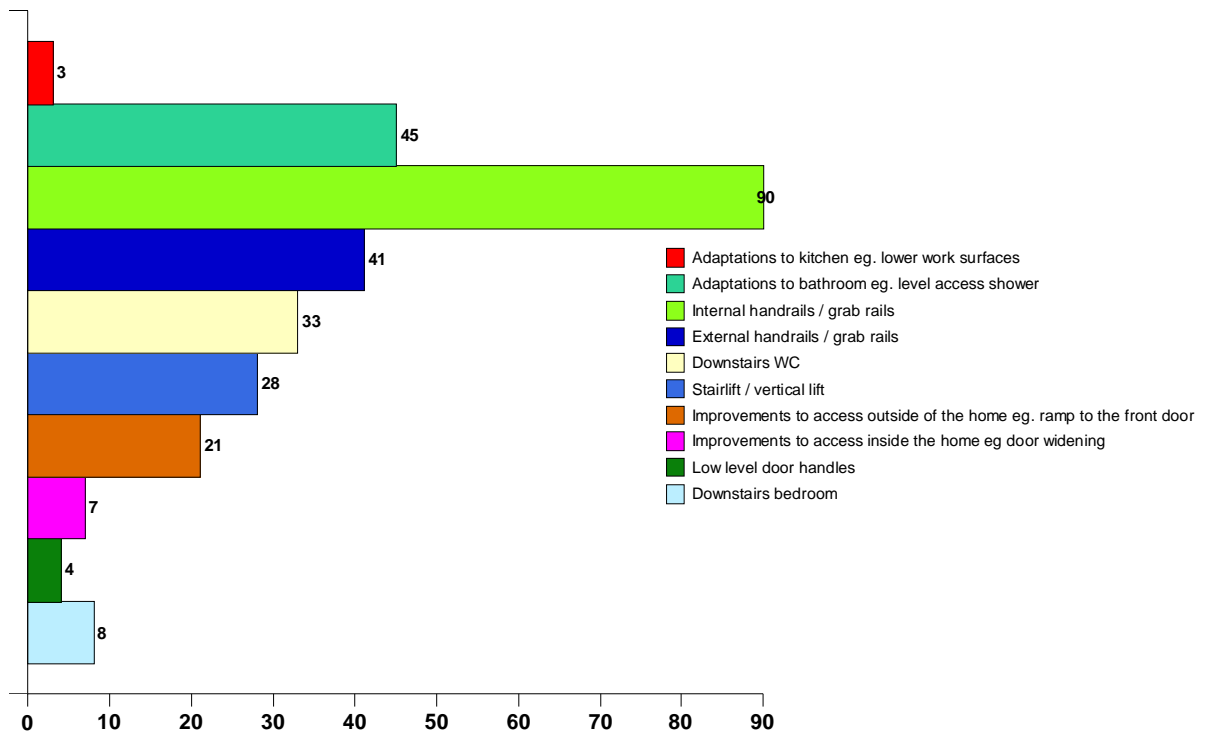
80.6% of respondents were either very satisfied or satisfied with the state of repairs to their home with 6.3% either dissatisfied or very dissatisfied.

Fig. 3-12: State of Repairs



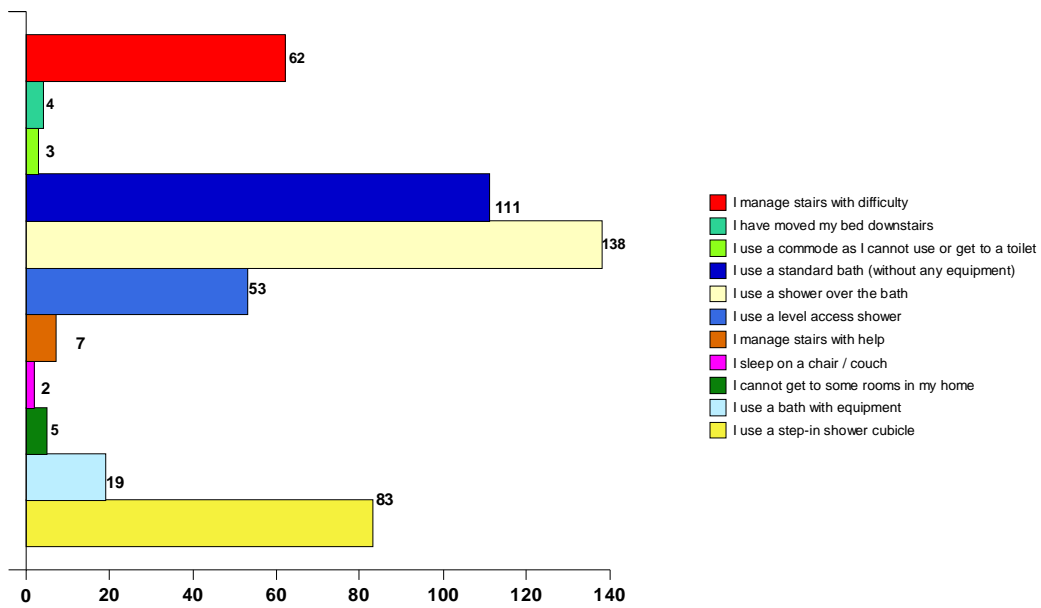
For those who have had adaptations carried out to their homes by far the largest type of work has been the fitting of handrails both in the house and externally. This is followed by the fitting of flat floor showers:

Fig. 3-13: Adaptations



For those people who responded to this question access to a shower seems to have been important. 21% said that they had difficulty managing stairs while a majority of people make use of some form of shower confirming that this is an important facility:

Fig. 3-14: Mobility in the home



Moving from the home to the neighbourhood most people like where they live but a significant number 13.2% say that they are not close enough to facilities such as shops. The issue of feeling safe linked to the area being noisy is also a factor. Respondents to this question were able to make multiple choices

Fig. 3-15: Neighbourhood

	Base		
		Like	Dislike
Base	1866	1717 92.0%	149 8.0%
Feeling of safety	258	237 91.9%	21 8.1%
Friendliness	263	247 93.9%	16 6.1%
Quiet neighbourhood (no noise nuisance)	264	241 91.3%	23 8.7%
Close to shops and facilities	266	231 86.8%	35 13.2%
Close to public transport	277	254 91.7%	23 8.3%
Pleasant, clean surroundings	260	242 93.1%	18 6.9%
Access to green space nearby	278	265 95.3%	13 4.7%

Help and Support

A series of questions were asked about what help was being received and what additional help is required. Although comparatively small numbers of people received or needed help with personal tasks, a much greater number identified domestic tasks such as gardening as areas where help was being received or was needed. This reflects the increasing emphasis on Handyperson services and the need for low level domestic services.

Fig. 3-16: Help Required

	Base			
		Currently get help	Need help	No
Base	3641	481 13.2%	220 6.0%	2940 80.7%
Getting up / going to bed	256	17 6.6%	4 1.6%	235 91.8%
Dressing / undressing	256	19 7.4%	6 2.3%	231 90.2%
Going up / down stairs	240	11 4.6%	5 2.1%	224 93.3%
Getting washed	245	13 5.3%	4 1.6%	228 93.1%
Getting in / out of the bath/shower	255	20 7.8%	15 5.9%	220 86.3%
Using a toilet / commode	240	5 2.1%	3 1.3%	232 96.7%
Preparing a meal	250	18 7.2%	8 3.2%	224 89.6%
Managing medication	251	15 6.0%	6 2.4%	230 91.6%
Doing laundry / ironing	261	34 13.0%	16 6.1%	211 80.8%
Shopping (heavy)	272	59 21.7%	24 8.8%	189 69.5%
Shopping (light)	255	32 12.5%	10 3.9%	213 83.5%
Cleaning the home	277	69 24.9%	24 8.7%	184 66.4%
Cleaning windows	296	98 33.1%	46 15.5%	152 51.4%
Gardening	287	71 24.7%	49 17.1%	167 58.2%

A question was asked about how aware people were of services. Although 69.9% were aware of aids and adaptations and 68% were aware of Community Alarms 56.4% did not know about a Handy Person service and 64.7% did not know about a Home Improvement Agency.

Fig. 3.17: Awareness of Services

	Base	Used service /housing type		
		Aware	Not aware	
Base	2090	1157 55.4%	887 42.4%	46 2.2%
Careline (Electronic equipment that helps you stay safe and independent in your own home)	293	175 59.7%	103 35.2%	15 5.1%
Community Alarms (usually a pull cord to a central alarm service)	269	183 68.0%	81 30.1%	5 1.9%
Equipment and Adaptations (equipment to help you get in and around your home e.g. grab handles, level shower)	276	193 69.9%	75 27.2%	8 2.9%
Home Improvement Agency (local organisation providing information about adapting your home)	249	86 34.5%	161 64.7%	2 0.8%
Handy Person Service (provides small repairs and services around the homes of older / disabled people)	275	115 41.8%	155 56.4%	5 1.8%
Gardening Service (assistance with gardening, mowing grass)	263	118 44.9%	137 52.1%	8 3.0%
Sheltered Housing (see definition at Q.35)	238	177 74.4%	59 24.8%	2 0.8%
Extra Care Housing (see definition at Q.36)	227	110 48.5%	116 51.1%	1 0.4%

Respondents were asked where they would go if they needed advice the largest source was Age Concern/CAB or other charitable or voluntary organisations. However, there is a spread of other sources including the internet. A large group of people turn to the media for their source of information.

Fig. 3-18: Looking for Advice

Base	215 100.0%
Where do you normally go for housing information, advice ...	
<i>Council Customer Service Centres</i>	34 15.8%
<i>National telephone advice and information service</i>	5 2.3%
<i>Housing Advice Centre</i>	5 2.3%
<i>Bedford Pilgrims Housing Association</i>	23 10.7%
<i>Bedford Citizens Housing Association</i>	10 4.7%
<i>Aldwyck Housing Association</i>	2 0.9%
<i>Aragon Housing Association</i>	2 0.9%
<i>Other Housing Association</i>	2 0.9%
<i>Internet</i>	47 21.9%
<i>Faith Groups</i>	10 4.7%
<i>Citizens Advice Bureau / Age Concern / Other voluntary agency / Charity</i>	84 39.1%
<i>Newspapers</i>	68 31.6%
<i>Radio</i>	42 19.5%
<i>Local libraries</i>	41 19.1%
<i>Other</i>	39 18.1%

The main type of information people wanted was on safety and security but there was a need for information across a wide range of topics:

Fig. 3-19: Types of Advice Needed

Base	275 100.0%
What kind of information would you or other people living...	
<i>Financial matters including claiming benefits</i>	77 28.0%
<i>Safety and security</i>	93 33.8%
<i>Healthy eating / lifestyle</i>	45 16.4%
<i>Home improvements</i>	76 27.6%
<i>General help and support</i>	89 32.4%
<i>Leisure and social activities and clubs</i>	79 28.7%
<i>Getting involved in your local community and volunteering</i>	45 16.4%
<i>No</i>	72 26.2%

One of the main areas for respondents was advice concerning financial matters and this is reflected in the level of concern about their ability to pay the bills:

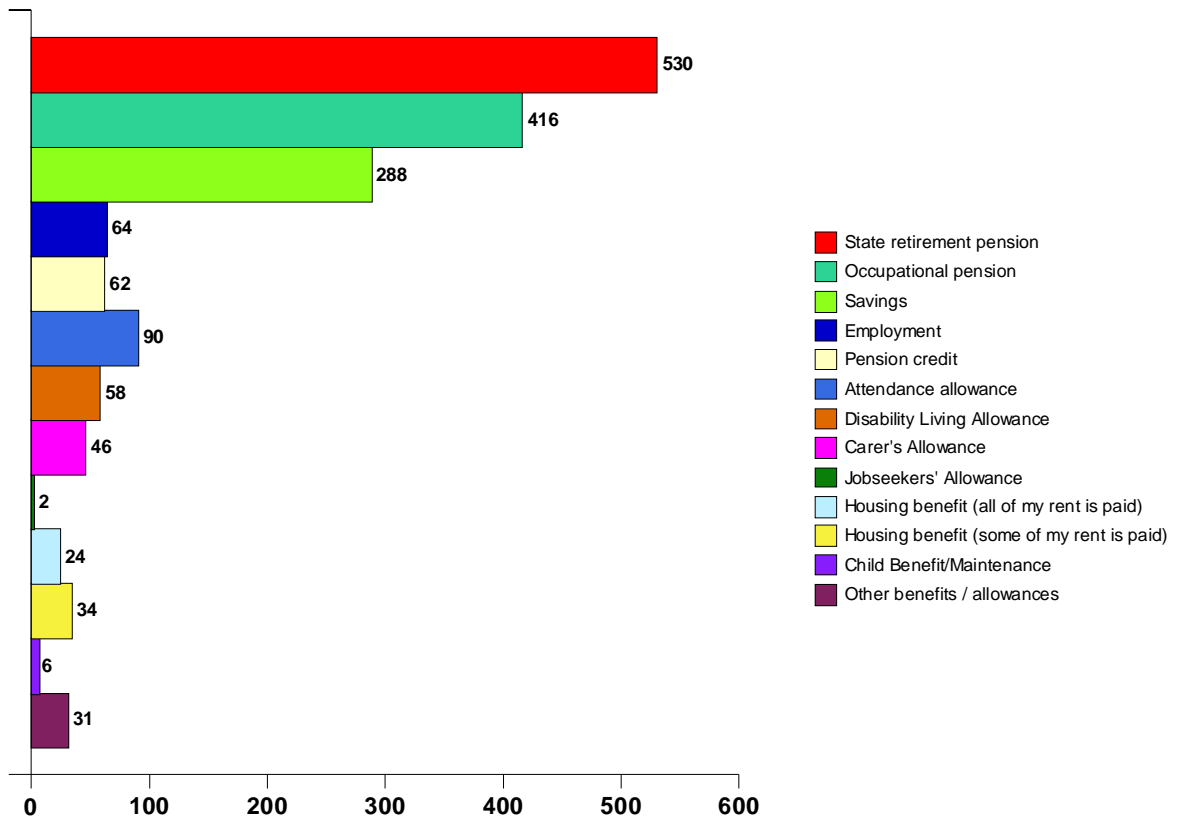
Fig. 3-20: Paying Bills

	Base				
		Very concerned	Fairly concerned	Not really concerned	Not concerned at all
Base	1571	157 10.0%	349 22.2%	424 27.0%	641 40.8%
Household bills (eg. Council Tax, Water, Electricity, Gas)	79	13 16.5%	26 32.9%	28 35.4%	12 15.2%
Rent / Mortgage	460	48 10.4%	81 17.6%	110 23.9%	221 48.0%
Repairs and maintenance to your home	552	74 13.4%	196 35.5%	167 30.3%	115 20.8%
Debts (eg. Credit Cards)	480	22 4.6%	46 9.6%	119 24.8%	293 61.0%

A majority of people were concerned about paying day to day bill and there were also a majority who were worried about maintaining their home.

People were asked about their income, over 83.7% had a State pension and slightly fewer than 65.7% had an occupational pension while 10% were in employment. A significant number of people (45.5%) also rely on savings making them vulnerable to changes in interest rates:

Fig. 3-21: Income



Moving

The next series of questions concerned moving home. Only a small proportion of the total respondents intended to move. However 24.2% of people under 60 said they were thinking of moving in the next 5 years:

Fig. 3-22: Thinking about moving

Base	320 100.0%
Thinking about the next five years, are you most likely to?	
<i>Move somewhere else (on your own / with partner)</i>	37 11.6%
<i>Move somewhere else (with the family / friends you live with)</i>	1 0.3%
<i>Move to live with family / friends</i>	2 0.6%
<i>Stay in your own home (Go to Section 5)</i>	280 87.5%

However 22.2% of people between 60 and 69 said they were thinking of moving in the next 5 years:

Fig. 3-23: Thinking about moving-between 60 and 69

Base	33 100.0%
Thinking about the next five years, are you most likely to?	
<i>Move somewhere else (on your own / with partner)</i>	7 21.2%
<i>Move somewhere else (with the family / friends you live with)</i>	1 3.0%
<i>Stay in your own home</i>	25 75.8%

For those that did most wanted to move closer to family and friends while 30% wanted a smaller property:

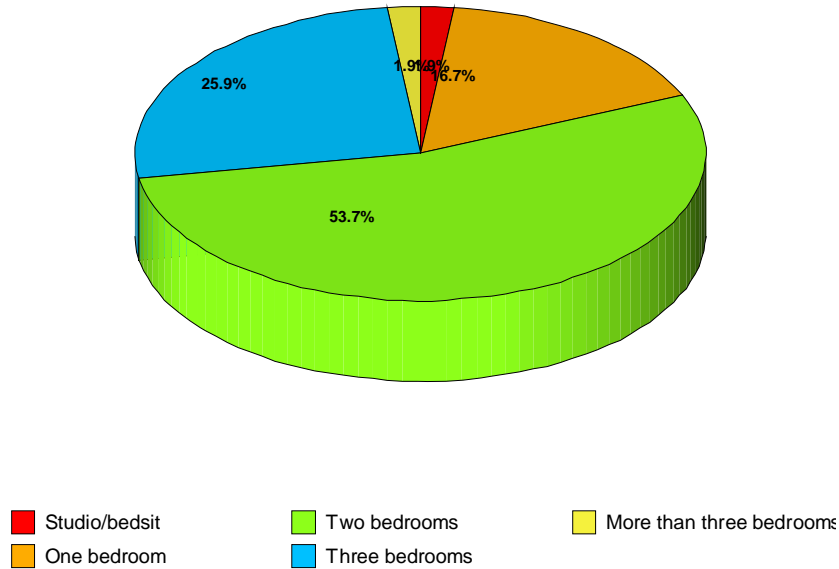
Fig. 3-24: Intending to Move

Base	40 100.0%
What are the main reasons why you intend to move? Please ...	
<i>Want larger property or one which is better in some way</i>	4 10.0%
<i>Need smaller property (current property difficult to manage)</i>	12 30.0%
<i>Cannot afford rent / mortgage payments</i>	4 10.0%
<i>Need housing suitable for older disabled person</i>	11 27.5%
<i>Want to buy</i>	1 2.5%
<i>Lacking or need separate kitchen / bathroom/ toilet</i>	2 5.0%
<i>Major disrepair of home</i>	1 2.5%
<i>Want own home / live independently</i>	2 5.0%
<i>Divorce / separation / family stress</i>	1 2.5%
<i>Living in temporary accommodation (e.g. B&B, short term with family / friends)</i>	1 2.5%
<i>Forced to move (e.g. eviction, repossession, tenancy ending, have to leave family home)</i>	1 2.5%
<i>To be closer to family / friends to give / receive support</i>	14 35.0%
<i>To be closer to family for social reasons</i>	10 25.0%
<i>To move to a better neighbourhood / more pleasant area</i>	7 17.5%
<i>To be closer to facilities e.g. shops, doctors</i>	13 32.5%
<i>To be closer to work / new job</i>	1 2.5%
<i>Want a smaller garden</i>	13 32.5%
<i>Want a larger garden</i>	1 2.5%
<i>Overcrowding</i>	1 2.5%

For those that did express an interest in moving:

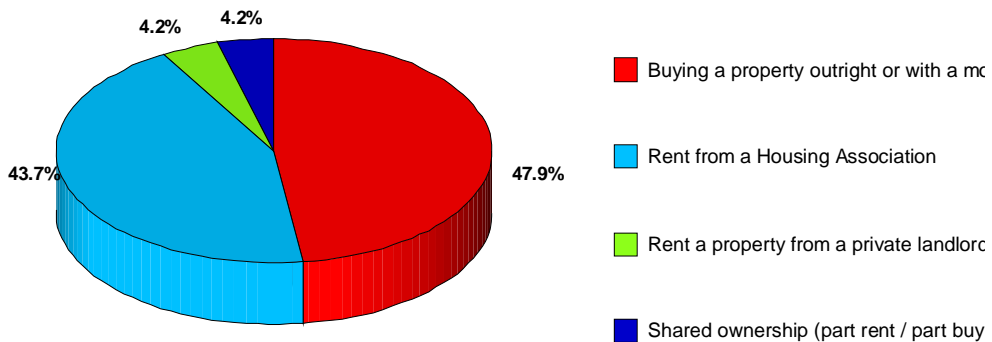
- 64.4% would prefer a bungalow and 53.7% want two beds
- Few want sheltered and very few would consider a bedsit

Fig. 3-25: Size of Accommodation



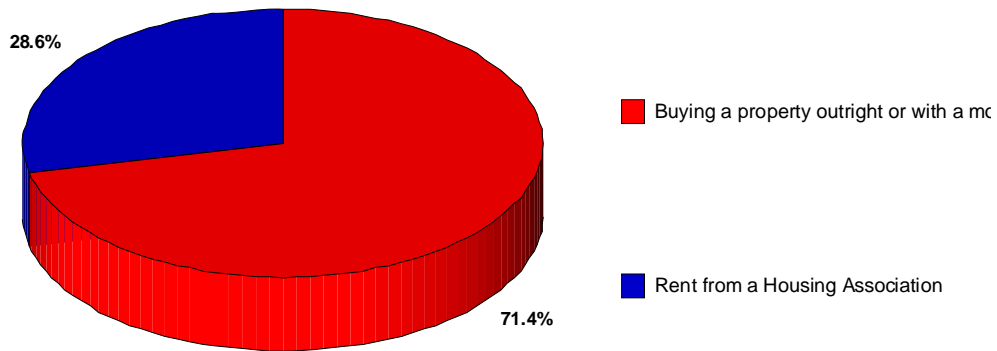
Of the available options buying an alternative property was the most popular followed by renting; however, a significant proportion would choose to consider shared ownership. In the under 60 groups a slightly higher proportion would consider purchase (55.6%)

Fig. 3-26: Housing Options



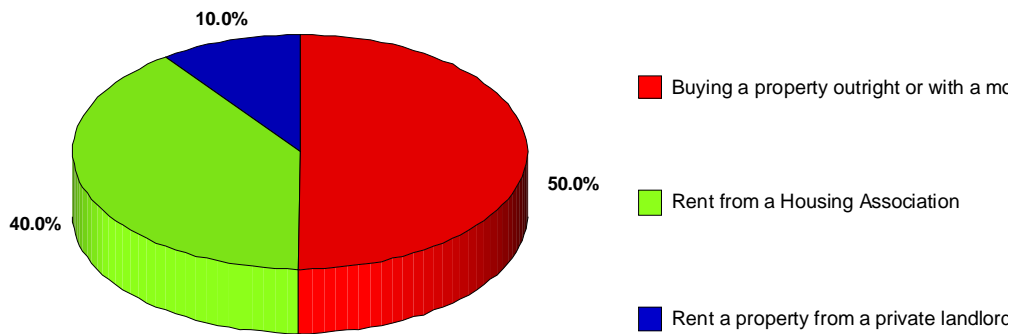
Most noticeable are the number of people aged between 60 and 69 who are considering a move who would prefer to purchase:

Fig. 3-27: Housing Options: People Ages 60 to 69



People in the younger age bands were much more interested in renting. 40% would consider social renting while 105 would consider private renting

Fig. 3-28: Housing Options: People Ages 50 to 99



Very few people would consider Sheltered Housing and this was common across all age groups. Of those willing to consider sheltered housing about half would prefer to either purchase outright or part purchase.

Fig. 3-29: Sheltered Housing

Base	32 100.0%
Future sheltered accommodation tenure considered	
<i>Rent</i>	19 59.4%
<i>Buy</i>	17 53.1%
<i>Part rent / part buy (shared ownership) Apartment (ground floor)</i>	4 12.5%

A greater proportion of people who would consider Extra Care would prefer to rent:

Fig. 3-30: Extra Care

Base	26 100.0%
Future Extra Care housing tenure considered	
<i>Rent</i>	17 65.4%
<i>Buy</i>	11 42.3%
<i>Part rent / part buy (shared ownership)</i>	2 7.7%

19.4% of respondents would consider Residential Care while 51.6% would not:

Fig. 3-31: Residential Care

Base	31 100.0%
Would you consider a residential care home.	
Yes	6 19.4%
No	16 51.6%
<i>Don't know</i>	9 29.0%

For those who would consider purchasing most would be prepared to pay more than £150,000 for a property:

Fig. 3-32: Planning to Buy

Base	298 100.0%
Price of future property	
<i>Up to £50,000</i>	9 3.0%
<i>Between £50,000 and £75,000</i>	9 3.0%
<i>Between £75,000 and £100,000</i>	24 8.1%
<i>Between £100,000 and £125,000</i>	14 4.7%
<i>Between £125,000 and £150,000</i>	35 11.7%
<i>Between £150,000 and £175,000</i>	49 16.4%
<i>Between £175,000 and £200,000</i>	53 17.8%
<i>£200,000 or more</i>	105 35.2%

However there are some noticeable differences between age groups, only 20% of those between 60 and 69 would consider purchasing a property over £200,000

Only 2% would consider equity release as an option:

Fig. 3-33: Equity release

Base	557 100.0%
Interested in equity release	
<i>Yes</i>	13 2.3%
<i>No</i>	371 66.6%
<i>Not sure</i>	35 6.3%
<i>Not relevant to me</i>	73 13.1%
<i>Maybe in the future</i>	65 11.7%

The majority of people who prefer to live in Bedford or its suburbs with a significant number of people preferring the rural villages north of Bedford:

Fig. 3-34: Where to live

Base	31 100.0%
Which areas would you consider living in?	
<i>Bedford Town Centre</i>	12 38.7%
<i>Bedford Sub-urban areas</i>	14 45.2%
<i>Kempston</i>	4 12.9%
<i>Rural Villages North of Bedford</i>	11 35.5%
<i>Rural Villages East of Bedford</i>	5 16.1%
<i>Rural Villages West of Bedford</i>	5 16.1%
<i>Rural Villages South of Bedford</i>	6 19.4%
<i>Biggleswade</i>	1 3.2%
<i>Sandy</i>	1 3.2%
<i>Amphill</i>	1 3.2%
<i>Flitwick</i>	1 3.2%
<i>Dunstable</i>	1 3.2%
<i>Houghton Regis</i>	2 6.5%
<i>Leighton Buzzard</i>	2 6.5%
<i>Rural Villages around Biggleswade and Sandy</i>	2 6.5%
<i>Rural villages around Amphill</i>	4 12.9%
<i>Rural Villages around Flitwick</i>	4 12.9%
<i>Rural Villages around Leighton Buzzard</i>	2 6.5%

Summary of the key points of the household survey

Survey sample

- Survey to 900 households. 340 completed questionnaires received-a 37.7% response rate

About your home

- Tenure: 81.9% owner occupiers; 13.4% social renting
- Bedrooms: Most respondents live in properties with three bedrooms (66.4%); two (22.9%); one (9.7%)
- Housing type: 9.9% lived in terraced houses; 26.6% semi detached and 29.3% detached; 19.3% live in flats or bungalows. 1.8% live in a caravan
- Size of rooms: most people said size of rooms was 'about right'
- Heating and hot water: 54% of households have gas central heating
- State of repair: 78.6% are either satisfied or very satisfied. 6.3% are dissatisfied or very dissatisfied

Who lives in your household?

- Household size: 43.8% are one person; 45.4% two person
- 5.6% of households contained a couple and children
- Mobility aids: 15.3% wheelchair/electric scooter user
- People who stay regularly: 6.2% on a weekly basis; 25.7% on a monthly basis; 68.2.7% at least once per year
- Under-occupation: The number of people who live in properties with 3 or more bedrooms confirms wide spread under-occupation

Help and support

- Adaptations: Most frequent adaptations were; internal handrails (32%); and bathrooms (16%)
- Help required: help was most required with gardening (17.1%); cleaning windows (15.5%); cleaning the house (8.7%)
- Information and advice: most needed on information on general help and support (32.4%) leisure, social activities (28.9) followed by financial matters (28.%)
- Most likely sources of information were: CAB (39.1%); Newspapers (31.6%) internet (21.9%)

Future housing requirements

- Moving intentions: 87.9.% wish to stay put over the next 5 years;

12.5%

- Reasons for moving: main reasons were smaller property and housing suitable for disability; and a smaller garden
- Tenure preferences on moving: 43.7% wanted social rented housing; and 47.9% wished to buy a home, 4.2% shared ownership and 4.2% private rented
- Property type for movers: most wanted a bungalow (64.4.7%)
- Property size for movers: most wanted two bedroom housing (53.7%), followed by three bedroom housing (25.9%)
- Specialist housing for movers: there was interest in both sheltered housing and extra care across all tenures; low interest in care homes

Income and affordability

- Ability to pay bills and repairs: 39.4% of the households were fairly or very concerned about their ability to pay household bills and repairs; with 18% concerned about paying rent/mortgage and 48.9% concerned about repairs and maintenance
- 64.4% would prefer a bungalow and 67.4% want two beds
- Equity release: only 2.3% of owner occupiers said they were interested and 14.1% were not sure.
- Affordability of open market purchase: If planning to buy a property, 6% said they could afford up to £75k; 24.5% between £75 and £150k; and 69.4% at least £150k. There is a potential market for a variety of home ownership products

Conclusions on the Household survey

A significant proportion of people are under occupying their property and this may present the opportunity to develop more attractive smaller properties for rent or sale to help make best use of existing stock. People between 60 and 69 are the group who are most interested in moving and they are the group who would most prefer to purchase

Many people need help to maintain their property and this confirms the need the importance of both advice on property maintenance/finance but also the role of the HIA

Most people want to stay in their current home and most have lived in that home for some time. Again this suggests that responses related to property based services are important

A significant number of people said that elements of their home were too small

There is a need for information across a range of topics

For those who are considering a move most do not see sheltered housing or residential care as an option. This suggest that more choice needs to be made available for those who want or need to move but have support or care needs

Very few people would consider moving into a bedsit

A significant proportion of people would prefer to either purchase or part purchase if they moved

Income levels also suggest that a significant proportion of older people would have to pay for any support or care services that they would receive. This leads to a question about how well the private and Third Sector markets have developed and also presents an opportunity to further develop these areas in line with the Government's interest in expanding the Social Enterprise market in Health and Social Care

Appendix B

List of Housing and Care Services By Type Available in Bedford

Housing without Support

Service Name	Contact Details	Tele No.	Provided By	Description	Support Duration	No. Of Units
Abbey Close	Ravensden Road, Renhold, Bedford, MK41 0JU	01234 325227	Renhold Charity Cottages	4 1 bed bungalows wheelchair accessible with alarm service but no dedicated support service.	Social Rented	4
Rays Close	Cardington Road, Bedford, MK42 0BE	01234 352387	Bedford Citizens Housing Association	1 bed bungalows without support	Social Rented	9
Springfield Drive	Springfield Drive, Bedford, MK43 8NX	0300 500 6262	Aldwyck HA	1 bed flats provided without support for over 50's	Social Rented	11
Scattered Dwellings	Bedford, MK40 1AB	01234 352387	Bedford Citizens Housing Association	A mix of studios, 1 beds and 2 beds provided in various locations for people over the age of 50. No support is provided	Social Rented	46
Total Housing Without Support						70

Sheltered Housing Service Name	Contact Details	Tele No.	Provided By	Description	Support Duration	No. Of Units
St Johns Homes	343 Bedford Road, Kempston, MK42 8QB	01234 853669	St Johns Homes Trust	A mix of studio and 1 bed flats with some communal facilities and resident staff onsite	Long term	21
Harpur House	Cardington Road, Bedford, MK42 0BS	01234 369500	The Bedford Charity (The Harpur Trust)	A mix of 1 and 2 bed properties built to mobility standards with some communal facilities and non-resident staff and community alarm service	Long term	24
Darrell Jeffreys House	65 Chaucer Road, Bedford, MK40 2AL	01234 219500	Abbeyfield Bedford Society Ltd	A mix of studio and 1 bed flats with non-resident staff and community alarm service available	Long term	13
Christie House	1 Newham Road, Bedford, MK40 3NZ	01525 717097	Thomas Christie Charity	1 bed flats with some communal facilities and resident wardens on site	Long term	16
Dover Crescent	Raglan Court, 1 Devizes Avenue Bedford, MK41 8QT	0845 070 7772	Raglan Housing Association	Support for Frail / Older people with support needs	Long term	33
Hillier Court	Hillier Court, Tavistock Place, Bedford, MK40 2RZ	01582 869100	Aldwyck Housing Association	Hillier Court is a sheltered housing scheme for the over 60's. The scheme is managed by Aldwyck's Housing Management team and Visiting Support Officer, Carolyn Withers. There is a communal lounge and guest bedroom on site and like all Aldwyck's schemes for the older people, there is a 24 hour	Long term	28

				emergency call system.		
St Cuthberts Court	St Cuthberts Court, Newnham Street, Bedford, MK40 3JA	01582 869100	Aldwyck Housing Association	St Cuthberts Court is a sheltered housing scheme for the over 60's. The scheme is managed by Aldwyck's Housing Management team and Visiting Support Officer, Carolyn Withers. There is a communal lounge and guest bedroom on site and like all Aldwyck's schemes for the older people, there is a 24 hour emergency call system	Long term	31
Lansdowne Road	18 Lansdowne Road, Bedford, Beds, MK40 2 BU	01234 352004	Bedford Citizens Housing Association	Self contained sheltered accommodation consisting of mainly one –bedroom flats. A communal lounge, gardens, guest room and laundry are provided. A part time scheme manager and 24 hour emergency cover are provided. This scheme is for single people and couples over 60 who require some support. A waiting list is currently in operation.	Long term	9

Kimbolton Road	37 Kimbolton Road, Bedford, Beds, MK40 2PB	01234 352004	Bedford Citizens Housing Association	Self contained sheltered accommodation consisting of mainly one –bedroom flats. A communal lounge, gardens, guest room and laundry are provided. A part time scheme manager and 24 hour emergency cover are provided. This scheme is for single people and couples over 60 who require some support. A waiting list is currently in operation.	Long term	11
Maydenbury House	Maydenbury House, 160 Kimbolton Road, Bedford, Beds, MK41 8RS	01234 352004	Bedford Citizens Housing Association	Self contained sheltered accommodation consisting of mainly one –bedroom flats. A communal lounge, gardens, guest room and laundry are provided. A part time scheme manager and 24 hour emergency cover are provided. This scheme is for single people and couples over 60 who require some support. A waiting list is currently in operation.	Long term	30
Bedesmans House	Bedesmans House, Duckmill Lane, Bedford, Beds, MK42 0AL	01234 352004	Bedford Citizens Housing Association	Self contained sheltered accommodation consisting of mainly one –bedroom flats. A communal lounge, gardens, guest room and laundry are provided. A part time scheme manager and 24 hour emergency cover are provided. This scheme is for single people and couples	Long term	31

				over 60 who require some support. A waiting list is currently in operation.		
C0handos Court	Chandos Court, Bedford, Bedfordshire, MK40 2JL	01234 352059	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need. Wardens ensure as far as possible the safety and wellbeing of residents on a day to day basis.	Long term	113
Blenheim Court	Bleinham Court, Walcourt Road, Kempston, Bedfordshire, MK42 8SX	01234 359841	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	31
Bunyans Mead	Bunyan Mead, High Street, Elstow, Bedfordshire, MK42 9XY	01234 343792	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need. This scheme consists of a mixture of bungalows and flats.	Long term	33
Farrell Road	Farrell Road, Wootton, Bedfordshire, MK43 9DU	01234 359841	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	19
Queens Court	Queens Court, Bedford, Beds, MK40 2JT	01234 344994	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	43
Russell Court	Russell Court, Bushmead Avenue, Bedford, Beds, MK40 3RW	01234 211879	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	43

Williamson Court	Williamson Court, Williamson Road, Bedford, Beds, MK42 7HJ	01234 852189	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	34
Windsor Court	Windsor Court, Mile Road, Bedford, Beds, MK42 9UL	01234 350267	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	33
Woburn Court	Woburn Court, St. Johns Avenue, Kempston, Bedfordshire, MK42 8JN	01234 852173	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	20
Carelink Alarms	Gina Greene	01234 716426	Bedford Pilgrims Housing Association	Carelink provides a direct link to help from their homes; a unit is attached to a phone which connects to BPHA's Carelink Control Centre. A mobile warden team respond to emergency callouts.	Long term	20
Boswell Court	Boswell Court, Bedford, Beds, MK40 2JH	01234 270118	Bedford Pilgrims Housing Association	Housing with support for people over 60 who have a housing and support need	Long term	113
Hanover Court Wootton	Hanover Court, Mepham Road, Wootton, Bedfordshire, MK43 9EQ	01234 768033	Hanover Housing	Sheltered accommodation for the elderly. The scheme has a common room, laundry and a guest room. The scheme also welcomes pets. All flats have a pull cord linked to our 24 hour on call service.	Long term	38

Hanover Court	Hanover Court, 42 Linden Road, Bedford, Beds, MK42 2BW	01234 356355	Hanover Housing	Sheltered accommodation for the elderly. The scheme has a common room, laundry and a guest room. The scheme also welcomes pets. All flats have a pull cord linked to our 24 hour on call service	Long term	61
Wisson Court	Wisson Court, Hampton Close, Wilstead, Bedfordshire, MK45 3JN	01234 768033	Hanover Housing	Sheltered accommodation for the elderly. The scheme also welcomes pets. All flats have a pull cord linked to our 24 hour on call service.	Long term	6
Warwick House	Warwick House, 38-40 Linden Road, Bedford, Beds, MK40 2DD	01234 354232	Jephson Housing Association	A conversion of 30 flats for people of retirement age or people with housing related support needs. Self contained semi-independent accommodation with the extra convenience of specialised fittings and linked to a 24 hour emergency response centre. Communal facilities –residents lounge for special activities, laundry, shower room and communal garden. Scheme Manager is on site 5 days a week.	Long term	30

The Lodge	The Lodge, High Street, Clapham, Bedfordshire, MK41 6AJ	01234 270786	Jephson Housing Association	A conversion of 30 flats for people of retirement age or people with housing related support needs. Self contained semi-independent accommodation with the extra convenience of specialised fittings and linked to a 24 hour emergency response centre. Communal facilities –residents lounge for special activities, laundry, shower room and communal garden. Scheme Manager is on site 5 days a week.	Long term	30
Saunders Gardens	13-15 Saunders Gardens, Bedford, Bedfordshire. MK40 4PS	07843 471181	Presentation Housing	Housing with support for people over 60.	Long term	18
Raglan Court	Raglan Court, Devizes Avenue, Bedford, Bedfordshire, MK41 8QT	0845 070 7772	Raglan Housing Association		Long term	32

Edward Arnold Court	Edward Arnold Court, Emmerton Road, Kempston, Bedfordshire, MK42 8QS	01234 841459	Housing 21	Low – level support category 1 sheltered accommodation with resident court Manager. Court comprises of 25 1 person / 1 bedroom flats and 35 2 persons / 1 bedroom flats. Residents have access to communal facilities i.e. lounge area laundry room etc. There is a 24-hour alarm / call centre facility available in all properties.	Long term	61
Sheltered Housing Total						1025

Extra Care Housing Service Name	Contact Details	Tele No.	Provided By	Description	Support Duration	No. Of Units
Dame Alice Court	Dame Alice Court, 19 Newnham Street, Bedford, Beds, MK40 3NR	01234 347733	Anchor Trust	Sheltered Housing with Alarm on call service. Care Team on site 24hrs	Long term	39
Tavistock Court	Tavistock Court, Queens Street, Bedford, Beds, MK40 2UD,	01234 716425	Bedford Pilgrim Housing Association	Extra Care housing for frail elderly people offers residents companionship and support from professional staff and care workers. The staff co ordinate the work of carers from care agencies to ensure that all residents get the help they need. All schemes are linked to bpha's 24 hour carelink alarm system via emergency pull cords. Residents also have the option of a personal pendant for added security. The facilities include a guest room, communal lounge/and or dining room, laundry, assisted bathroom, hairdresser room activity room and courtyard garden.	Long term	32

Sir Williams Harpur House	Sir William Harpur House, Clyde Crescent, Brickhill, Bedford, Beds, MK41 7FB	01234 346370	Bedford Pilgrim Housing Association	Extra Care housing for frail elderly people offers residents companionship and support from professional staff and care workers. The staff co ordinate the work of carers from care agencies to ensure that all residents get the help they need. All schemes are linked to bpha's 24 hour carelink alarm system via emergency pull cords. Residents also have the option of a personal pendant for added security. The facilities include a guest room, communal lounge/and or dining room, laundry, assisted bathroom, hairdresser room activity room and courtyard garden.	Long Term	37
Lilibet Court	Lilibet Court, 50 De Pary's Avenue, Bedford, Beds, MK40 2TP,	01234 212280	Lilibet Court	Accommodation based service, Care team based on site and Canteen on site.	Long term	27
Extra Care Total						135

Leasehold Service Name	Contact Details	Tele No.	Provided By	Description	Support Duration	No. Of Units
Aspley Court	1 Warwick Avenue, Bedford, MK40 2UH	0845 8805560	Peveral Retirement	A mix of 1 and 2 bed flats available on a leasehold basis for people that require housing with support. A range of on-site communal facilities are available	Leasehold	59
Homebrook House	1 Cardington Road, MK42 0RL	0845 8805560	Peveral Retirement	1 bed flats available on a leasehold basis for people that require housing with support. A range of on-site communal facilities are available	Leasehold	58
Montgomery Court	Walcourt Road, MK42 8SY	0300 500 6262	Aldwyck HA	A mix of 1 and 2 bed bungalows built to mobility standards for people with support needs	Leasehold	29
The Limes	30-34 Linden Road Avenue, MK40 2UX	0800 678 1221	Orbit HA	A mix of 1 and 2 bed flats for people with support needs with an on site warden team and alarm service	Leasehold	46
Leasehold Total						192
Total Number of Housing Units						1422

Residential Care Homes

Name	Provider Name	Type of Home - Care	Type of Care	Total number of places
Bedford Charter House	BCHA		D, OA, PD	64
Brook House	Riseley Beds Ltd		D, MH, PD	20
Bushmead Court	Casisan Ltd		D, OA, PD	27
Danecroft	Mr Christopher Ryan		D, OA, PD	33
Elcombe House	St Andrews Care homes Ltd		D, OA, PD	22
Fenwick House	WAGh Ltd t/a Fenwick House		D, OA	30
Henrietta house	Lansglade Homes Ltd		D, OA, PD	25
Hepworth House	Mr, Mrs Hepworth-Lloyd		D, OA	18
Highfield	BUPA Care Homes (Bedfordshire) Ltd		D, OA, PD	34
Lansglade	Lansglade Homes Ltd		D, OA, PD	31
Lillibet Lodge	Mrs Charlotte Chesyre		D, OA, PD	25
Lillibet House	Mrs Charlotte Chesyre		D, OA, PD	30
Lloyd Lodge	Lloyd Lodge Ltd		D, OA, PD	18
Manton Lane Care Home			OA	78
Oasis House	GB Care Ltd		D, OA	30
Parkside	BUPA Care Homes (Bedfordshire) Ltd		D, LD, OA, PD	31
Parkview Lodge	Mr Mrs Tramunto		D, LD, MH, OA, PD	14
Puttenhoe	BUPA Care Homes (Bedfordshire) Ltd		D, OA, PD	29
Rivermead	BUPA Care Homes (Bedfordshire) Ltd		D, OA, PD	33
Salvete	Mr Mrs Bhatt		D, OA, PD	40
Sandhurst Lodge	Dr Gulati		D, MH, PD	10
Shakespeare House	Mr Mrs Vijama		D, OA, PD	18
Sharnbrook House	Greensleeves Home Trust		D, OA, PD	30
Southway	BUPA Care Homes (Bedfordshire) Ltd		D, OA, PD	42
St Andrews	St Andrews Care homes Ltd		D, OA	19
St Margarets	Casisan Ltd		D, LD, OA, PD	21
The Mallards Care Home	Lansglade Homes Ltd		D, OA, PD	22
Waterloo House Care Home Ltd	Waterloo House Care Home Ltd		D, OA	24
Total number of Residential Care Provision				818

Residential Care with Nursing Provision

Name	Provider Name	Type of Home - Care	Type of Care	Total number of places
Airedale Nursing Home	The Airedale Nursing Home	with nursing	OA, PD, TI	35
Anjulita Court	Methodist Housing	with nursing	OA, D	62
Annandale Lodge	Parkcare Homes Ltd	with nursing	OA, PD	26
Beacon House	Lansglade Homes Ltd	with nursing	D, OA, PD	40
Crescent Nursing home	Apex Care Homes Ltd	with nursing	D, LD, MH	28
Crossways Nursing Home	Contemplations Homes Ltd	with nursing	OA, TI	30
Dial House Nursing	Dial house Care Ltd	with nursing	D, MH, OA, TI, PD	50
Kimbolton Lodge	Riseway Care Services Ltd	with nursing	OA	36
Milton Ernest Hall	Ross Healthcare Ltd	with nursing	OA, PD	29
The Willows Residential and Nursing Home	Hestia Healthcare	with nursing	D, OA, PD	31
Total number of Residential Care with Nursing Provision in Bedford Borough				367
Total Number of Care Places including Care with Nursing available in Bedford Borough				1185

Appendix C

Comparison of Bedford Borough and Wokingham

	Bedford	Wokingham
1. % aged 65+ in Owned Housing*	76.2%	84.4%
2. % aged 65+ living as Couples*	56.5%	63.4%
3. % aged 65+ with a Limiting Long Term Illness or Disability*	45.2%	39.7%
4. Median House Price 3 rd Qtr 2010	£185,000	£275,000

Deprivation

Index of Multiple Deprivation (IMD) 2007

Number of Lower Super Output Areas	102	100
<ul style="list-style-type: none"> In 0-10% Most Deprived Nationally In 10-20% Most Deprived Nationally In 20-30% Most Deprived Nationally 	3 6 15	0 0 0

Percentage of Residents belonging to each of the 5 National Deprivation Quintiles on the IMD 2007:

	Quintile	Bedford Borough	Wokingham
Least Deprived	1	26.6	84.5
	2	24.6	9.5
	3	17.0	4.8
	4	23.1	1.1
Most Deprived	5	8.7	0.0

Income Deprivation Affecting Older People Index 2007

Number of Lower Super Output Areas	102	100
<ul style="list-style-type: none"> In 0-10% Most Deprived Nationally In 10-20% Most Deprived Nationally In 20-30% Most Deprived Nationally 	8 10 19	0 0 0

* Household Residents Only